

Theme 1: The experience of harms

At a population level the harms of gambling and substance use are substantial. The use of alcohol and other drugs collectively accounts for 7 percent of the total burden of disease in Australia.¹ Societal cost of substance use is estimated at \$104.7 billion.² Nationally, per capita gambling losses reach a total of \$31.5 billion per year,³ while the associated societal cost of gambling is estimated at over \$4.7 billion.⁴

Both gambling and substance use have a range of consequences that, at least for a subset of the population, are experienced as harms.⁵

An assumption of harm underpins policy approaches by the ACT Government through the *Strategy for Gambling Harm Prevention in the ACT (2019–2024)*—a document which positioned gambling as a matter of public health⁶—and the *ACT Drug Strategy Action Plan 2022–2026*—which is framed in terms of harm minimisation and has an overarching aim of improving the health and wellbeing of the Canberra community, and reducing the stigma experienced by people impacted by alcohol, tobacco and other drugs.⁷

HARM REFERS TO ANY NEGATIVE CONSEQUENCE CAUSED OR MADE WORSE BY A PERSON'S GAMBLING OR SUBSTANCE USE, OR BY SYSTEMIC FACTORS THAT EXERT FORCE ON THE LIVES OF THOSE WHO GAMBLE OR USE ALCOHOL OR OTHER DRUGS.

Figure 1.1 The Ottawa Charter

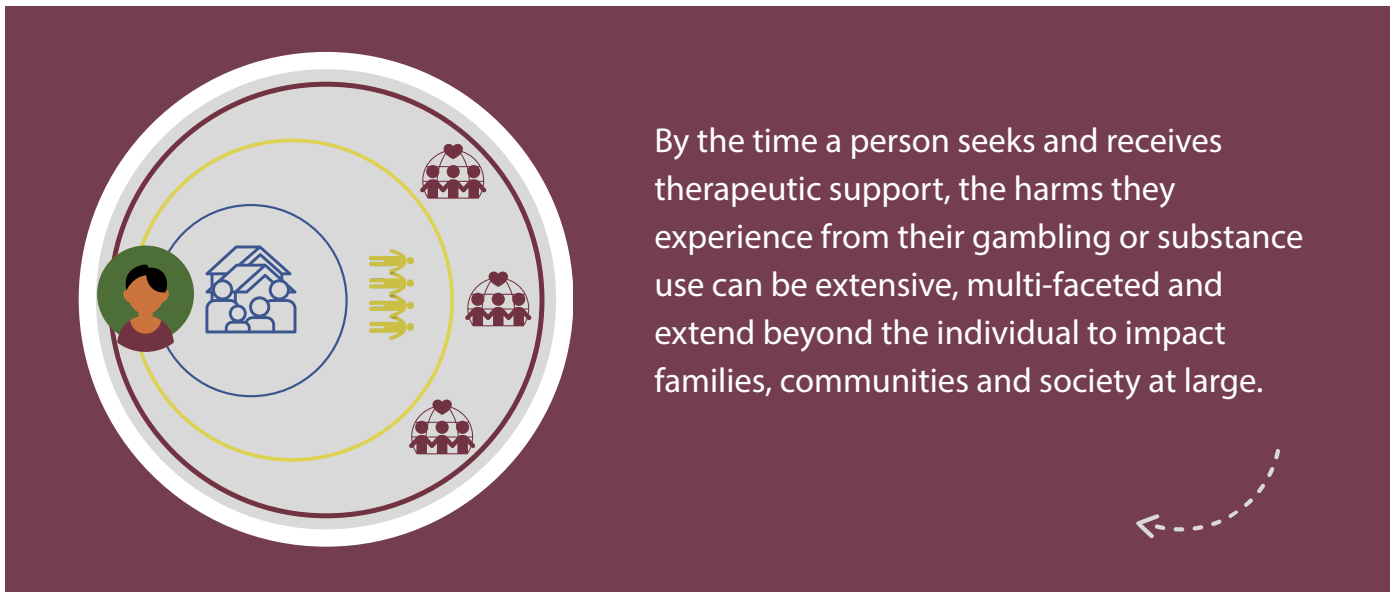


Adapted from <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

WHAT IS A PUBLIC HEALTH APPROACH?

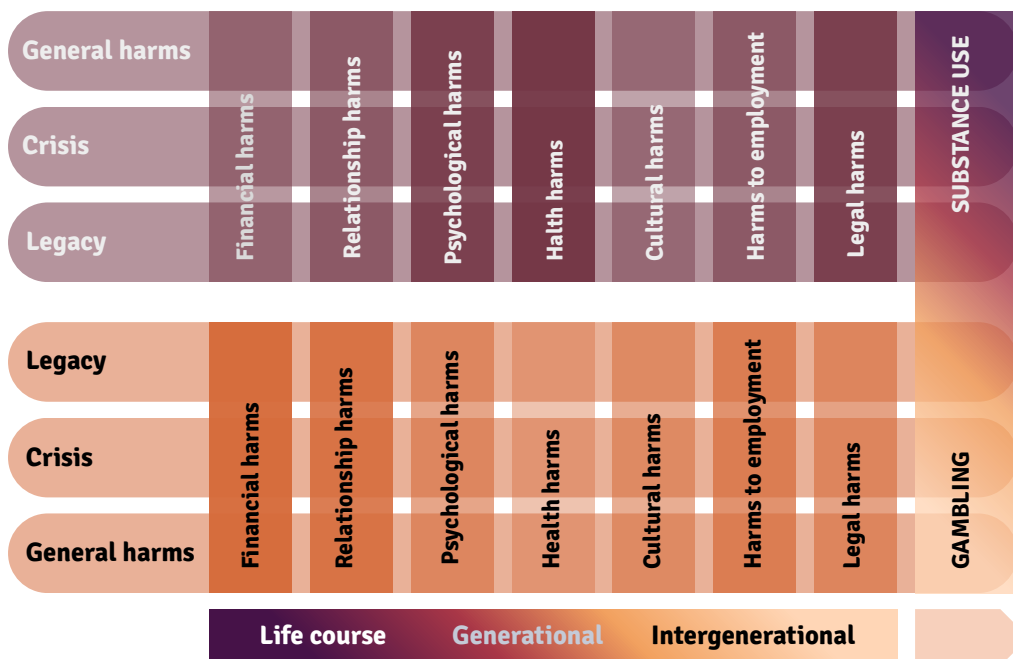
Public health approaches have been increasingly utilised in policy formation around substance use and, more recently, gambling. While the specificities of public health approaches vary by product,⁸ there are some important commonalities that emerge out of shared origins in the World Health Organisation's 1986 Ottawa Charter for Health Promotion. These commonalities include a focus on preventing or minimising harm at individual, community and societal levels, a concern for regulation and an emphasis on rejecting punitive custodial approaches.

Figure 1.2 Expanding circles of harm



A person may be motivated to seek (and to remain engaged with) treatment or other forms of support as a direct result of the harms they are experiencing—whether in the context of general harms or at a time of crisis.⁹ Conversely, they may not make the connection between harms experienced and gambling or substance use, or may identify greater complexity in their circumstances than simply taking ‘action’ or ‘responsibility’ to address harms. Indeed, many of the harms that are understood to emerge out of gambling or substance use have also been identified as contributing or exacerbating factors.¹⁰

Figure 1.3 Harms from gambling; harms from substance use



Adapted from *Conceptual Framework of Gambling Related Harm*, 2016
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-2747-0>

While there are possible common psychological, genetic and neural pathways that can make some individuals more susceptible to harmful gambling and substance use,¹¹ both behaviours share underlying risk factors beyond the individual. Harms are not evenly distributed or experienced across the population and people are exposed to different risk factors that may make them more or less likely to experience harms.

Both gambling-related harms as well as alcohol harms, have the potential to manifest more rapidly and intensely in lower socioeconomic status (SES) populations.¹³ While higher income groups gamble more frequently and consume greater volumes of alcohol, people with lower SES report greater harms from gambling, along with more hazardous drinking patterns and higher self-reported alcohol-related harms.¹⁴⁻¹⁶

Geographic proximity to venues providing access to alcohol and / or gambling products has been shown to be a significant factor in the increased risk of harm. A concentration of such venues in lower SES areas is an example of 'harm by design' that places local populations at greater risk of developing hazardous gambling and / or alcohol consumption behaviours and experiencing gambling or substance use harms.¹⁶⁻¹⁸

THE WAY THAT HARM IS EXPERIENCED IS SHAPED BY A COMPLEX INTERPLAY OF CULTURAL, SOCIAL, COMMERCIAL, AND INDIVIDUAL FACTORS, MEANING THAT NO TWO PEOPLE IN TREATMENT WILL HAVE THE EXACT SAME EXPERIENCE OF HARM.

PEOPLE EXPERIENCING GAMBLING HARM WHO ARE LIVING ON THE LOWEST INCOMES SPEND A MUCH HIGHER PROPORTION OF THEIR HOUSEHOLD DISPOSABLE INCOME ON GAMBLING (26.5 PERCENT), THAN THOSE IN THE HIGHEST INCOME BRACKET (3.4 PERCENT), LEADING TO A HIGHER RISK OF FINANCIAL HARM.¹²

Exposure to trauma is strongly correlated to both gambling and substance use harms, with a significant gendered component. Women have been found to initiate gambling later in life but progress faster from 'recreational' to 'problematic' gambling, compared to men.¹⁹ What has been described as a gendered 'telescoping effect' has also been documented in some substance use disorders, such as those related to alcohol or to opioid use.²⁰

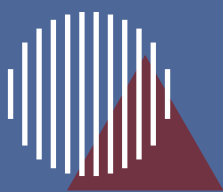
GENDER-AWARE TREATMENT FRAMEWORKS CAN HELP TO CHALLENGE BIASES THAT HAVE SIDELINED FEMALE EXPERIENCES OF GAMBLING AND SUBSTANCE USE HARMS.

Gambling and substance use can create harms that not only impact the individual. A person who is experiencing gambling harms typically affects six others.²¹ This impact is magnified in some communities. For example, researchers in Victoria found that 23.5 percent of First Nations people have been harmed by someone else's gambling, compared to 5.9 percent of the state's non-indigenous population—reflecting, in part, different modes of kinship and other interpersonal relationships. Gambling practices may be experienced by First Nations people as both beneficial—bolstering culturally acceptable forms of sociality—and harmful.

In recent years considerable effort has gone towards quantifying the harms to others from alcohol and, to a lesser extent, from other drugs, in part to exert pressure for policy reform.

Understanding the impacts of gambling and substance use as extending beyond the individual can allow for appropriate supports to be identified and put in place for a broader segment of the population who are experiencing harms from their own or someone else's gambling or substance use.

IN CULTURES BASED ON COLLECTIVITY AND THE SHARING OF RESOURCES, GAMBLING LOSSES HAVE A WIDE IMPACT, EXTENDING FAR BEYOND THE INDIVIDUAL.



Some forms of gambling are known to carry greater risks of harm. In the ACT, electronic gambling machines (EGMs) account for approximately one-third of harms (equivalent to a total of 2,277 Years of Health Life Lost due to a Disability [YLD]), followed by casino table games (1,118 YLD) and wagering products (1,115 YLD). Although lotteries (including keno and bingo) is the most prevalent form of gambling (39.0% of ACT adults bought a lottery ticket in the last 12 months), it accounts for relatively low burden of harm (376 YLD).²²



Research has shown that the most harmful substances to people using drugs are fentanyl, heroin and crystal methamphetamine. The most harmful substances to affected others is alcohol, crystal methamphetamine and cigarettes / tobacco. Overall, alcohol is the most harmful drug when harm to users and harm to others is combined. Taking into consideration the prevalence of each substance in Australia, alcohol is again ranked the most harmful substance overall, followed by cigarettes, crystal methamphetamine, cannabis, heroin and pharmaceutical opioids.²³



ACT Spotlight: In 2024, 5.7% of ACT adults reported experiencing harm due to another person's gambling; this represents approximately 21,000 ACT adults.²²

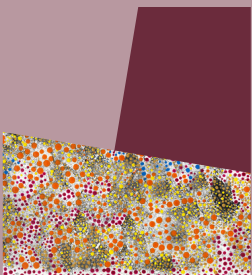
A focus on harms can lead to a deficit approach within the clinical setting. Individuals seeking treatment or other forms of support for their gambling or substance use are, in many instances, exhibiting strength and resilience through their treatment-seeking behaviour. Identifying and building on protective factors such as knowledge of harm minimisation, social connectedness, or personal goals and ambitions can be key to effective therapeutic relationships and positive treatment experiences.

In relation to **gambling**, you may hear reference to **harm prevention**. Harm prevention can refer to efforts that are intended to:

- Prevent gambling harm before it occurs
- Reduce the impact, duration, progression and complexity of gambling harm in individuals
- Reduce the impacts of gambling in the broader community

In relation to **substance use** you may hear reference to **harm minimisation** and **harm reduction**. Harm minimisation is an approach that involves:

- Preventing uptake and delaying first use, reducing harmful use and supporting people to recover (demand reduction)
- Controlling licit drug and precursor availability and reducing illicit drug availability and accessibility (supply reduction)
- Reducing risk behaviours and providing safer settings (harm reduction)



Knowledge point: Harms from gambling and / or substance use are complex and overlapping, impacting not just the individual but a wider circle including family, community and society at large.

Practice point: Explore with service users their understanding and experience of the impacts of their gambling and substance use and what they have observed about the impact on those around them.