

Director — Strategic Projects  
Media Industry and Sustainability Branch  
Department of Infrastructure, Transport,  
Regional Development, Communications and the Arts  
GPO Box 594  
Canberra ACT 2601

Sent via: [Online.Gambling@communications.gov.au](mailto:Online.Gambling@communications.gov.au)

30 April 2025

Dear BetStop Statutory Review team

## **Re: Statutory Review of BetStop — the National Self-Exclusion Register**

The Australian Medical Association (AMA) reiterates its long-held position that gambling is harming the wellbeing of individuals and families in a range of ways, including through adversely impacting mental health, physical health, financial security, and relationships. Harmful gambling is linked with comorbid mental health disorders and substance abuse, and can cause family breakdowns and financial distress. Gambling must be treated as a health issue that is free of stigma and treated by qualified health professionals.

In 2022–23 Australians lost a total of \$31.5 billion to gambling. Recent research from Equity Economics found that Australia's gambling losses amount to \$1,527 a year for each average Australian aged 18 and over.<sup>1</sup> It is difficult to pinpoint the real numbers of gamblers that are defined as “problem gamblers” or “addicted gamblers”, given the absence of national gambling prevalence studies and longitudinal studies. Conventional studies place this number at about 300,000 Australians. The AMA acknowledges the implementation of BetStop — the National Self-Exclusion Register and that some 40,000 people have decided to self-exclude since Betstop went live. Sadly, hundreds of thousands of gamblers have not taken this step.

The AMA continues to advocate for stronger regulatory reforms that were recommended in the ‘You Win Some, You Lose More’ [report](#) in June 2023. Recommendation 2 called for a national strategy to include early intervention when there is risk of harm and to provide appropriate treatment and support for those experiencing harm. Betstop provides neither and is, for many, a facility of last resort. Public health campaigns that have the best success are ones that focus on early intervention and support.

Betstop could be improved by linking the self-exclusion register with enhanced referral pathways to specialist treatments and peer-based support services. While the AMA acknowledges there is a support tools page on the Betstop website, more could be done by the government to increase support provided by medical practitioners, addiction specialists,

---

<sup>1</sup> Equity Economics (2025) Gambling in Australia's cost-of-living crisis, <https://www.equityeconomics.com.au/report-archive/gambling-in-australias-cost-of-living-crisis-the-blackhole-in-household-budgets>

financial advisers, legal support, and family counselling. In addition, the government should consider linking gambling warnings to the support services available.

The AMA strongly affirms there is an opportunity for medical practitioners to inform patients about the option of registering on BetStop. Medical practitioners must be aware of the potential adverse effects of harmful gambling on the physical and mental health of patients and their families and should be equipped with tools like BetStop to empower them to make healthy changes to their gambling behaviours.

The AMA is concerned by [reports](#) of loopholes to BetStop. There is evidence of registered people using different names, phone and email accounts, as well as Betstop not being implementable at a state and territory government level for pokies and lotteries. The AMA implores Betstop to be compliant across all forms of gambling, and for jurisdictions to be proactive in its implementation.

The AMA also urges the reviewers to consider Recommendation 13 of the 'You Win Some, You Lose More' report:

*The Committee recommends that the Australian Government work with the Australian Banking Association to develop a set of minimum gambling consumer protection standards for implementation by all banks, including a block on gambling merchant categories for self-excluded individuals using BetStop. If agreement is unable to be reached, minimum standards should be mandated in legislation.*

The unaccountability of banks currently is another loophole exacerbating gambling harm.

In conclusion, it is unrealistic to think that BetStop alone is a silver bullet of gambling reform. Expecting patients to voluntarily self-exclude when many are so deep in the clutches of gambling harm that they are unable to rationally consider what is best for them, is woefully impractical. But improvements to the delivery of BetStop, including informing patients in a healthcare delivery setting and closing current loopholes, may lead to improved results for those who can benefit from the register.

Yours sincerely

Dr Danielle McMullen  
**President**