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AGRC
Australian Gambling Research Centre

National Gambling Prevalence Study Pilot 2024

Key findings

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Australian Gambling Research Centre, Australian Institute of Family Studies

Research summary | September 2025

The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

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Contents

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This content discusses gambling harm and addiction, if you or someone you know is experiencing gambling-related issues please call Gambling Help on 1800 858 858 or visit their website to chat with a trained professional online.

This content discusses self-harm and suicide. If you or someone you know is in crisis, call Kids Helpline on 1800 55 1800 or Lifeline on 13 11 14. Both are available from anywhere in Australia 24 hours a day (toll free) and provide generalist crisis counselling, information and referral services.

The Suicide Call Back Service, 1300 659 467, offers free professional 24/7 telephone counselling support to people at risk of suicide, concerned about someone at risk, bereaved by suicide or experiencing emotional or mental health issues.

This content addresses domestic and family violence. Please take care while reading and if you think you would benefit from some support, call 1800 RESPECT – 1800 737 732 for 24-hour information and support.

Call Police on 000 any time you are worried about your safety or the safety of another person.

Acknowledgements

The Australian Gambling Research Centre (AGRC) was established under the Commonwealth *Gambling Measures Act 2012*. Our gambling research program reflects the Act, embodies a national perspective and has a strong family focus. Our work forms part of the functions of the Australian Institute of Family Studies (AIFS).

Key messages

A consistent national gambling prevalence study is essential to track trends, evaluate policy, and guide reform related to the evolving Australian gambling landscape.

In 2024, the Australian Gambling Research Centre ran the National Gambling Prevalence Study pilot (*n* = 3,881) to identify the most cost-effective and rigorous approach to running a gambling prevalence study in Australia.

2019 **57%**

2024 **65%**

of Australian adults gambled at least once in the last 12 months

11% 2019

15% 2024

of Australian adults were at some risk of gambling harm in the last 12 months

Among the 550,000 high-risk gamblers in Australia in 2024

68% experienced cognitive, behavioural or mental health conditions

16% experienced suicidal thoughts

66% experienced financial hardship (e.g. going without meals)

19% of those whose partner gambled weekly or more experienced intimate partner violence

Compared to the Interactive Gambling Study in 2019, this study reveals more Australians are being harmed by gambling amid rising participation, which reinforces the need for a coordinated public health response.

Any policy seeking to address gambling harm must consider links between riskier gambling and mental health, financial stress, and intimate partner violence. Future policy should be underpinned by and evaluated from a routine national gambling prevalence study.

Background

Gambling affects the health and wellbeing of many Australians, who collectively lose $32 billion on legal forms of gambling annually (Queensland Government Statistician's Office, 2025). These are the largest per capita losses of any country in the world (H2 Gambling Capital, 2025).

In recent surveys of Australians, most reported that there are too many opportunities to gamble (77%) and that gambling should be discouraged (59%), while few believed (17%) gambling is good for society (AGRC, 2023a, 2023b).

Given these community concerns, regular and accurate estimates of gambling participation and harm are necessary to monitor the Australian gambling landscape. Additionally, accurate and up-to-date national prevalence estimates are important for guiding future policy, research and harm interventions (Migliavaca et al., 2020).

The most recent national gambling prevalence estimates come from the Australian National University (ANU) Poll (Suomi et al., 2024) and the Household, Income and Labour Dynamics in Australia (HILDA) Survey (Wilkins et al., 2024). Both are longitudinal studies, which can introduce bias to prevalence estimates when participants drop out or adapt responses across repeated surveys. Cross-sectional designs avoid these sources of bias and are suitable for estimating prevalence at a single point in time (Gordis, 2014).

The most recent cross-sectional study aimed at estimating national gambling prevalence was the Interactive Gambling Study (IGS) (Hing et al., 2021). The IGS reported that 56.9% of Australians gambled in 2019, whereas the ANU Poll reported 64.3% for the same year on a similar range of gambling activities.

Taken together, the prevalence estimates currently available are either outdated, affected by methodological limitations or have discrepancies across studies that limit their usefulness to policy makers, regulators, service providers and researchers. These issues highlight the need to conduct a routine and methodologically consistent national gambling prevalence survey. The National Gambling Prevalence Study Pilot's key goal is to determine the most cost effective and methodologically rigorous approach to running an ongoing national gambling prevalence study.

In the interests of providing timely data, the current report presents national prevalence estimates for gambling participation and gambling harm based on the National Gambling Prevalence Study Pilot. Given the known links between gambling and mental health (Tulloch et al., 2023), intimate partner violence (Dowling et al., 2016) and financial stress, this report includes these domains in its presentation and discussion of Australian gambling prevalence rates.

Methodology

AGRC conducted a probability-based study with mixed-mode data collection in August–October 2024. A nationally representative sample of 3,881 Australian adults was recruited via a combination of Random Digit Dialling (RDD), address based sampling and a probability-based online panel. Once recruited, surveys were conducted either online or through computer assisted telephone interviewing (CATI). In addition to focusing on gambling participation and experience of gambling harm, the survey included questions on general health and wellbeing, mental health, help seeking, financial stress and intimate partner violence. AGRC partnered with the Social Research Centre (SRC) to collect the survey data.

Reliability standards

The National Center for Health Statistics (NCHS) standards were applied to all prevalence statistics in the current report. A brief overview of the standards is described in the paragraph below but for a detailed description see Parker et al. (2017).

All 95% confidence intervals of prevalence estimates are calculated using the Clopper-Pearson method adapted for complex surveys by Korn-Graubard. Prevalence estimates are to be based on a minimum effective sample size of 30 and degrees of freedom ≥ 8. A prevalence estimate's confidence interval is required to have an absolute width ≤ 0.05 or if the absolute width is between 0.05 and 0.30 the relative confidence interval width must be ≤ 130%. All complements (1 – *p*) of prevalence estimates presented meet the above reliability standards.

Weighting

Weights were applied in 2 stages to ensure the sample was representative of the Australian adult population in Q2 2023. Base weights were calculated as the inverse of each respondent's selection probability and adjusted by the response rate. For recruitment modes where individuals were the sampling units, weights were based on the ratio of population to respondents in each city area. For recruitment modes where the households were the sampling units, weights were based on the ratio of households to respondents in each city area.

Base weights were adjusted using generalised regressions (GREG) to align weighted estimates for each recruitment mode with population values for key demographic characteristics. A combined weight was then created to allow analysis across all recruitment modes, ensuring equal contribution from each. Prevalence estimates based on weighted data are presented in the current report.

Table 1: Characteristics of participants in the National Gambling Prevalence Study Pilot 2024 consumer survey

Characteristics	% Unweighted *n* = 3,881 Weighted *N* = 20,879,708
State/Territory	
New South Wales	31.3
Victoria	25.7
Queensland	20.3
South Australia	7.1
Western Australia	10.7
Tasmania	2.2
Australian Capital Territory	1.8
Northern Territory	0.9
Age	
18–24 years	11.4
25–34 years	18.7
35–44 years	17.8
45–54 years	15.8
55–64 years	14.5
65–74 years	11.9
75+ years	9.9

Characteristics	% Unweighted *n* = 3,881 Weighted *N* = 20,879,708
Gender	
Men	48.9
Women	50.5
Non-binary	0.6
Birthplace and Aboriginal and/or Torres Strait Islander status	
Australian born	64.4
Aboriginal and/or Torres Strait Islander	2.8
Relationship and household status	
In a relationship/married/de facto	68.7
Lives with other people	87.1
Education, employment and income	
Bachelor's degree or higher	31.9
Currently employed	64.7
Median weekly gross personal income (AUD$)	1,250–1,499

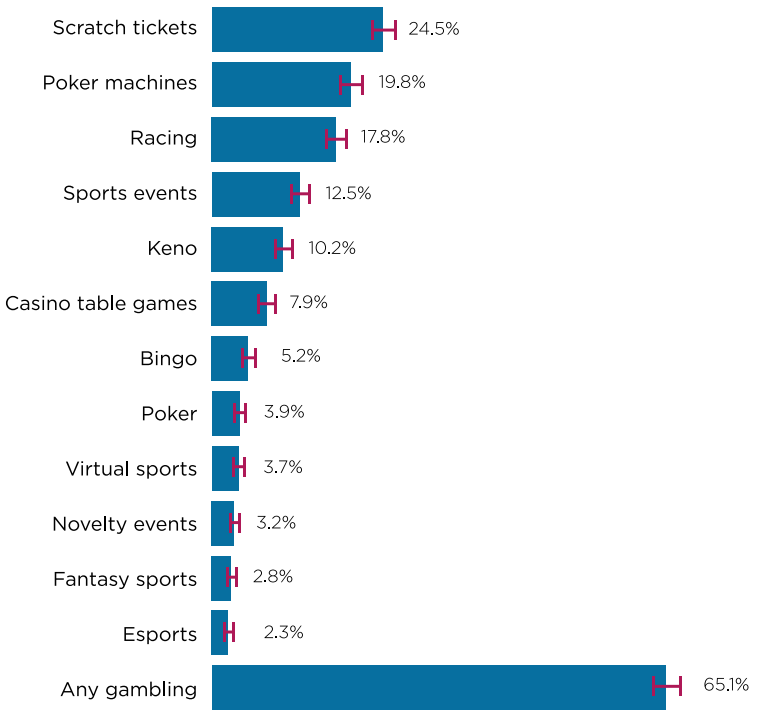
Notes: Percentages (%) are based on weighted estimates that correspond to the Australian adult population.

Gambling participation

In the 12 months prior to October 2024, 65.1% of Australian adults reported participating in at least one form of gambling. Among gambling activities offered in Australia, lotteries were the most popular, with 52.7% of adults participating at least once in the last 12 months. This was followed by instant scratch tickets (24.5%), poker machines (or Electronic Gaming Machines; EGM) (19.8%), race betting (on thoroughbred, greyhound or harness races) (17.8%), and sports betting (12.5%).

Prevalence rates for all forms of gambling activities surveyed are presented in Figure 1.

Figure 1: Proportion of Australian adults participating in various gambling activities at least once in the past 12 months, 2024

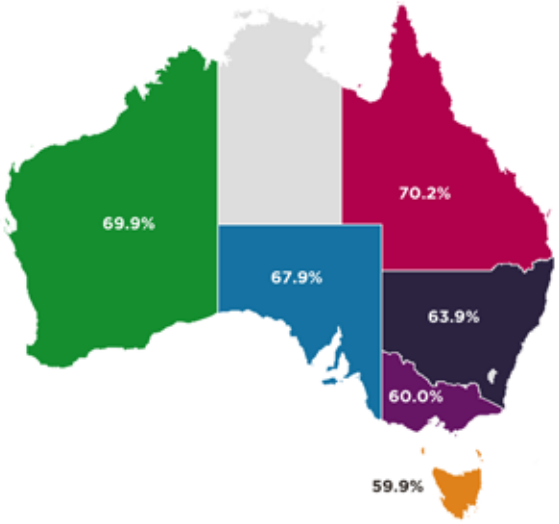


Notes: Percentages do not add up to 100% as participants could select one or more activity. Unweighted *n* = 3,881. Missing data < 0.2% (*n* = 6). Error bars represent 95% confidence intervals.

Participation by state

The prevalence of gambling at least once on any activity in the past 12 months varied across Australian states (see Figure 2). Queensland reported the highest prevalence at 70.2%, followed by Western Australia (69.6%) and South Australia (67.9%). New South Wales reported a slightly lower rate at 63.9%, while Victoria and Tasmania reported the lowest prevalence, at 60% and 59.9% respectively. The Northern Territory and Australian Capital Territory prevalence rates were omitted for not meeting reliability standards.

Figure 2: Proportion of Australian adults participating in any gambling activities at least once in the past 12 months across states, 2024



Notes: NSW: unweighted *n* = 1,187. Vic: unweighted *n* = 964. Qld: unweighted *n* = 785. SA: unweighted *n* = 307. WA: unweighted *n* = 422. Tas: unweighted *n* = 112. The Northern Territory and Australian Capital Territory prevalence rates were omitted for not meeting reliability standards.

Regular gambling

Looking at frequency, 31.9% of Australian adults gambled at least monthly in at least one form of gambling, which can be referred to as 'regular gambling'. The top 5 gambling activities among regular gamblers were lotteries (73.8% of regular gamblers), poker machines (22.1%), race betting (17.1%), sports betting (15.4%) and instant scratch tickets (12.1%).

32%

of Australian adults gambled at least monthly in the last 12 months

Despite instant scratch tickets being reported as the second most popular activity among the general adult population, they were only the fifth most popular activity among monthly gamblers, suggesting instant scratch tickets are favoured by those who gamble less regularly.

Regular gambling and gender

In the current study, 35.9% of men and 28.3% of women reported gambling at least monthly. The most common forms of gambling among men who gambled regularly were lotteries (70.8%), race betting (22.8%), poker machines (22.4%), sports betting (21.6%) and then scratch tickets (9.5%). The most common forms of gambling among women who gamble regularly were lotteries (77.5%), poker machines (21.9%), scratch tickets (15.1%), race betting (10.2%) and then sports betting (7.9%). Men were more likely than women to bet on sports and women were more likely than men to buy scratch tickets. Moreover, bingo participation was 6.7% among women compared to 2.7% among men. Overall, these statistics highlight distinct gender preferences in the gambling activities of regular gamblers.

Gambling harm

Measuring gambling-related harm

Gambling-related harm is commonly assessed via the Problem Gambling Severity Index (PGSI). The PGSI provides a validated measure of at-risk gambling behaviour during the previous 12-month period.

It consists of 9 items (questions), such as 'have you bet more than you could really afford to lose?', with response options being never (0), sometimes (1), most of the time (2) and almost always (3).

Scores are summed for a total between 0 and 27.

Respondents are grouped into 4 categories based on their scores:

- non-risk ('non-problem') gambling (0)
- low-risk gambling (1–2)
- moderate-risk gambling (3–7)
- high-risk ('problem') gambling (8–27).

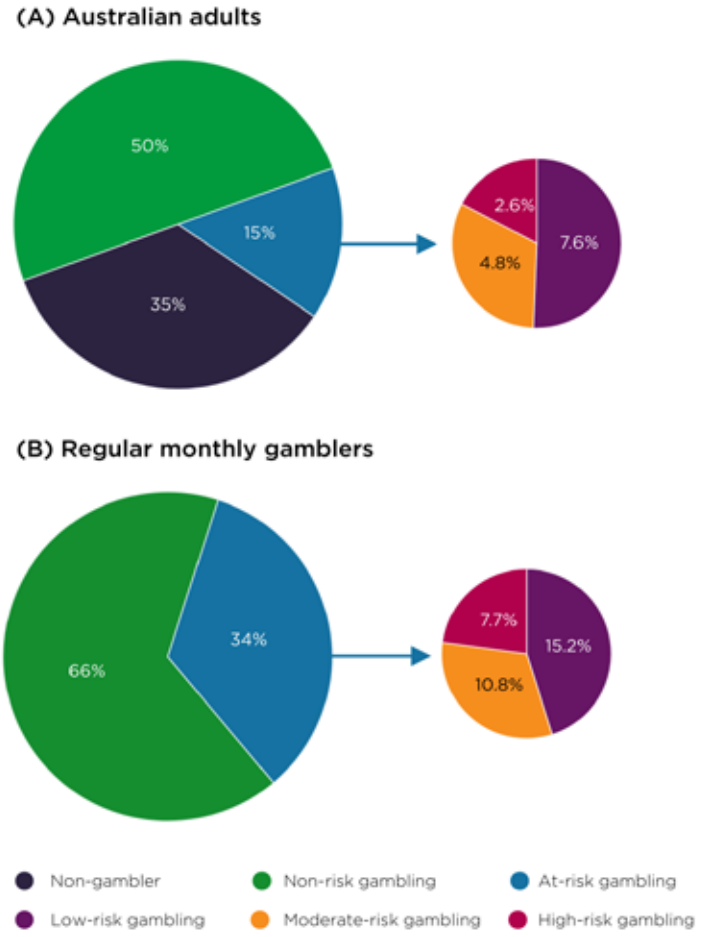
Respondents scoring 1+ may be classified as 'at-risk' of, or already experiencing, gambling-related harm. In this report, we use the term 'high-risk gambling' instead of 'problem gambling'. This is done to de-stigmatise people who are experiencing gambling harms, as the use of the term 'high-risk' is less stigmatising than the use of 'problem'. Further, the term 'high-risk gambling' focuses on a public health approach, moving away from a clinical definition.

Source: Ferris & Wynne, 2001

When assessing gambling harm, 15% of Australian adults were considered as being at some risk (i.e. a score of 1 or more). This included 7.6% at low risk, 4.8% at moderate risk and 2.6% at high risk. The Interactive Gambling Study (Hing et al., 2021), which also used the PGSI, reported that 10.3% of Australian adults were at some risk of gambling harm in 2010/11, increasing to 10.9% in 2019. Our results show the overall proportion of Australian adults at risk of gambling harm has continued to increase since 2019.

The risk profiles of all respondents according to the PGSI is presented in Figure 3. Of the population of regular gamblers in the current study (i.e. 32% of Australian adults), 33.8% were deemed at risk. Overall, regular monthly gamblers are over-represented in the higher risk categories compared to the general population. The split between low-, moderate-, and high-risk gambling is illustrated in Figure 3 for regular monthly gamblers.

Figure 3: Risk profile of Australian adults (A) and the subpopulation that gamble at least monthly (B) according to the Problem Gambling Severity Index (PGSI), 2024



Notes: Gambling risk profiles were assessed using the 9-item Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). Respondents were grouped into 4 categories based on their scores: non-risk gambling (0), low-risk gambling (1–2), moderate-risk gambling (3–7) and high-risk gambling (8–27). Respondents scoring 1+ may be classified as being at some risk of, or already experiencing, gambling problems. Unweighted (A) *n* = 3,881 with 1 missing value. Unweighted (B) *n* = 1,168 with one missing value.

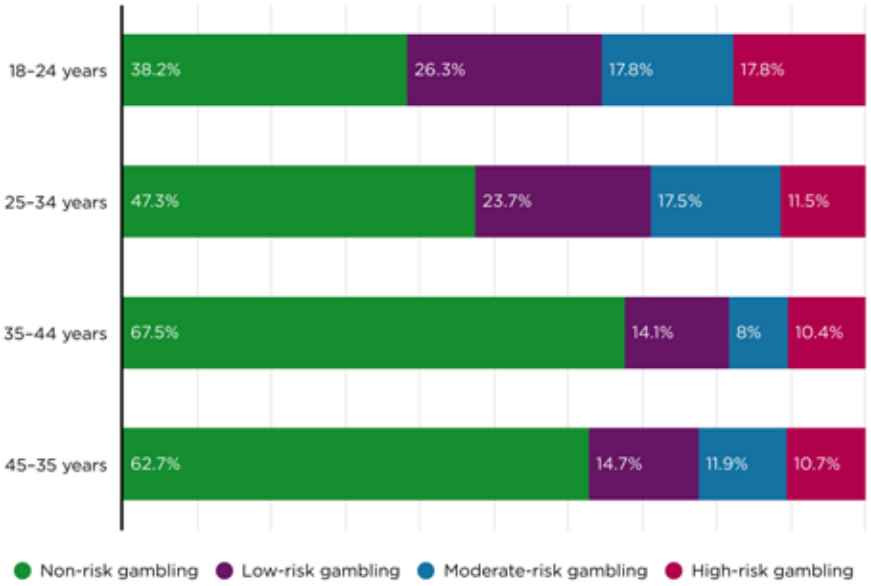
Gambling harm and age

The low-risk and moderate-risk gambling proportions among Australian adults across different age groups ranged between 5%–11% and 2%–6%, respectively. High-risk gambling prevalence increased from 3.1% in the 18–24 age group to 3.8% in the 45–54 age group. High-risk gambling prevalence was lower in older age groups, being just 1.5% among the 55–64 age group.

Among regular gamblers, younger adults were disproportionately represented in higher-risk gambling categories compared to older adults, with 17.8% of the 18–24 age group being at high risk of gambling harm compared to 10.4% in the 35–44 age group. Figure 4 illustrates the distribution of gambling risk among regular gamblers

across different age groups. Risk category data for the 55–64, 65–74, and 75+ age groups were omitted due to not meeting reliability standards.

Figure 4: Classification of regular gamblers according to the Problem Gambling Severity Index (PGSI) by age, 2024



Notes: Unweighted *n* = 71 for those aged 18–24 years, 155 for 25–34 years, 198 for 35–44 years, and 233 for 45–54 years.

Gambling harm and gender

Among the Australian adult population, gambling harm varied between men and women. Men had higher proportions in all 'at-risk' levels compared to women: low risk (9.4% vs 5.9%), moderate risk (5.2% vs 4.5%) and high-risk gambling (3.5% vs 1.8%). These findings suggest that women are more likely to gamble without experiencing harm, whereas men are over-represented in the riskier PGSI categories.

Figure 5 illustrates the risk distributions of regular gamblers across men and women. These results show that men were generally over-represented in at-risk gambling categories, with high-risk gambling 1.6 times more prevalent among men than women.

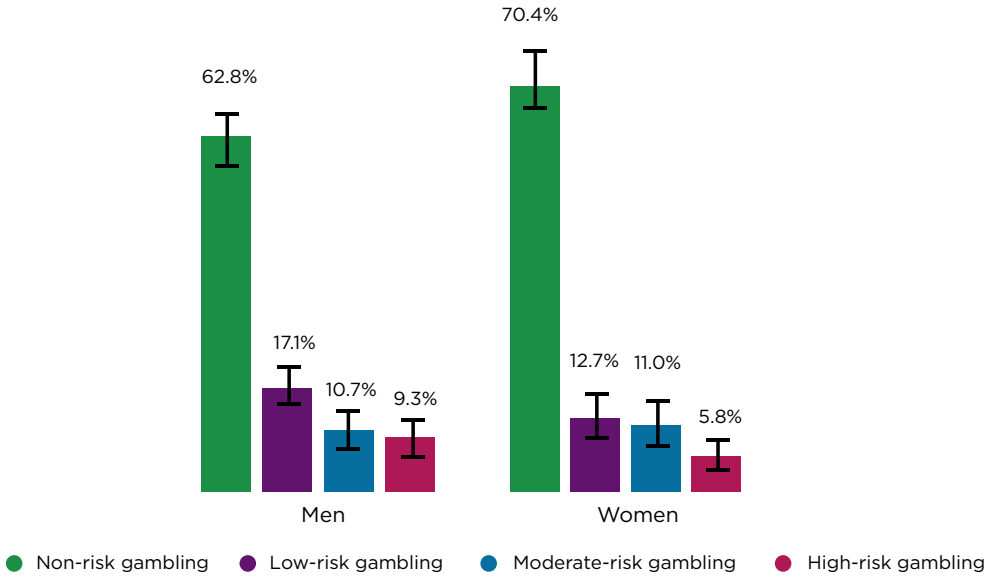
9.3%

of regular gambling men were at high risk of gambling harm in 2024

5.8%

of regular gambling women were at high risk of gambling harm in 2024

Figure 5: Classification of Australian adults who gambled on any activity at least monthly according to the Problem Gambling Severity Index (PGSI) by gender, 2024



Notes: Unweighted *n* = 641 for men and 525 for women. Error bars represent 95% confidence intervals.

Gambling harm and Indigenous status

Of Australian adults who identify as Aboriginal and/or Torres Strait Islander, 27.1% were at risk of gambling harm. This compared to 14.6% of respondents who did not identify as Aboriginal and/or Torres Strait Islander in the Australian adult population.

14.6%
of non-Indigenous Australians were at risk of gambling harm in 2024

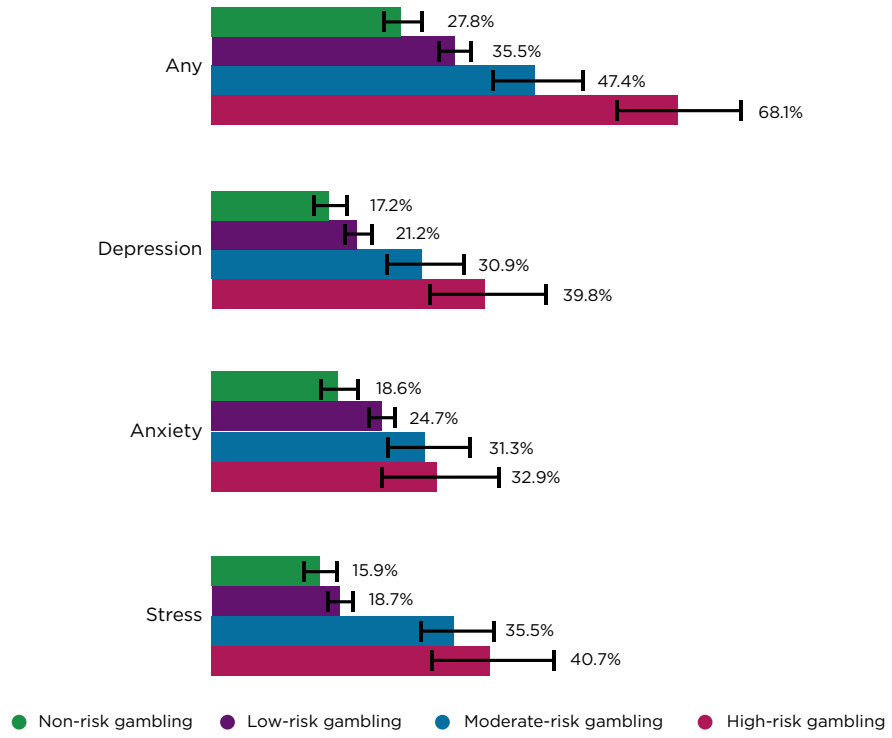
27.1%
of Australians who were Aboriginal and/or Torres Strait Islander were at risk of gambling harm in 2024

Mental health

Respondents were surveyed about whether they had experienced any cognitive, behavioural or mental health conditions in the last 12 months. The questions were adapted from the National Survey of Mental Health-Related Stigma and Discrimination (Department of the Prime Minister and Cabinet, 2022).

Overall, individuals who engaged in riskier levels of gambling reported increasingly higher prevalence rates of cognitive, behavioural and mental health conditions. Concerningly, 3.8% of non-risk gamblers, increasing to 15.5% of high-risk gamblers, reported experiencing suicidal ideation. Figure 6 presents prevalence rates for experiencing any condition, depression, anxiety or stress in 2024 by PGSI classifications.

Figure 6: Proportion of Australian adults within Problem Gambling Severity Index (PGSI) classifications who have experienced a cognitive, behavioural, or mental health condition in the past 12 months, 2024



Notes: Unweighted *n* = 1,956 for non-risk gamblers, 270 for low-risk gamblers, 162 for moderate-risk gamblers and 89 for high-risk gamblers.

Intimate partner violence

Measuring intimate partner violence

The Composite Abuse Scale (Revised) – Short Form (CASR-SF) is a 15-item self-report questionnaire that assesses experiences of intimate partner violence (IPV) over the past 12 months. It includes 3 domains of IPV: physical (7 items), psychological (6 items) and sexual (2 items). Respondents first indicate whether they have experienced each item (yes/no) and, if yes, report its frequency (ranging from 'not in the past 12 months' to 'daily/almost daily'). The proportions in this section represent experiencing any of the above IPV items in the past 12 months.

Source: Ford-Gilboe et al., 2016

Nine per cent of respondents experienced IPV from a current partner who gambled less than weekly in the past 12 months. In comparison, 18.9% of respondents experienced IPV from a current partner who gambled weekly or more. IPV was experienced at lower rates by individuals whose current partner had not gambled in the past 12 months (6.8%). Statistics split across men and women were omitted due to not meeting the reliability standards.

Personal and household finances

We asked a range of questions to determine if participants experienced financial hardship within the last 12 months. These included events such as not paying bills on time, pawning or selling belongings, going without meals, being unable to heat the home, asking for financial help from friends, family or from welfare and

community organisations. The proportions below represent those experiencing any of the above financial hardships in the past 12 months.

High-risk gamblers experienced higher rates of financial hardship (65.9%) compared to those in low-risk (24.1%) and moderate-risk (33.9%) categories. Even among low- and moderate-risk gamblers, the prevalence of financial hardship was substantially higher than among non-risk gamblers (15.5%).

Looking ahead

National gambling prevalence estimates in the current report represent a surge in gambling participation and harm compared to 2019 (Hing et al., 2021). This underscores the need to treat gambling as a major public health issue requiring a coordinated public health response.

Any policies seeking to address gambling harm should consider the links between riskier gambling and mental health, intimate partner violence and financial stress. To safeguard vulnerable individuals and communities, policy reform needs to keep pace with the evolving risks posed by gambling.

Gambling trends and related harms should be closely monitored with data from a routine methodologically rigorous national gambling prevalence study. This high-quality data must underpin policy decisions as well as the formative and summative evaluations of those policy reforms, in accordance with Australian Government directives.[1]

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