



LESSON 1

ACTIVITY SHEET:

Data analysis of gambling
in Australia

**BE AHEAD
OF THE
GAME**



OFFICIAL

GAME ON. GAMBLING: A YOUTH HEALTH ISSUE

STATION 1:

Gambling among secondary school students

(page 1) Respond to questions and fill in blanks.

1. Using the data, identify the most common and least common gambling activities among secondary school students. Suggest one reason why the most common activity may be more appealing or accessible to young people than the least common activity.

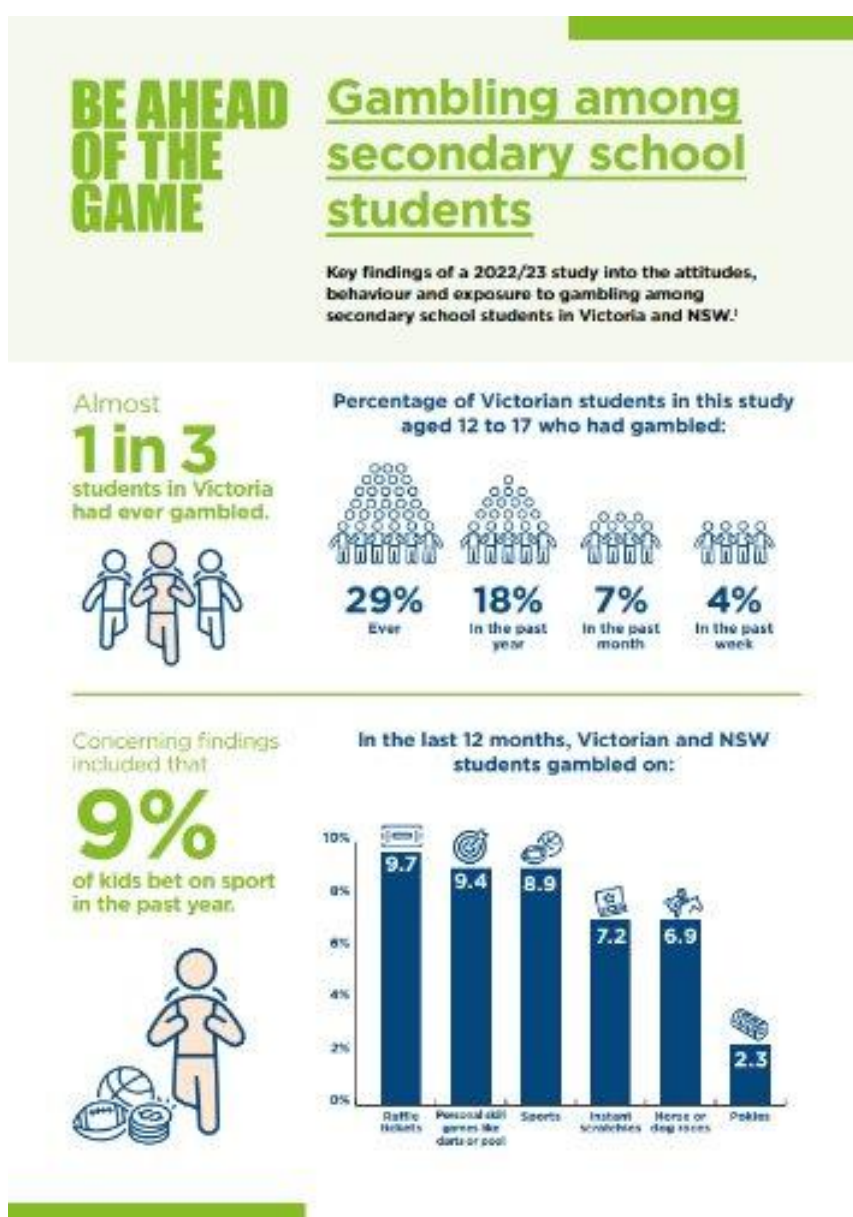
2. The infographic shows that ___% of students had gambled at some point, but only ___% had gambled in the past week. Discuss what this might suggest about gambling behaviours among secondary school students.

3. Sport betting was reported by 9% of students in the past year. Explain how sport and sporting culture may act as a sociocultural influence on young people's attitudes towards gambling.

Extension:

4. Identify and explain one sociocultural factor that may influence gambling behaviours among young people. Use evidence from the infographic to support your response.

Station 1 Data Set (page 1):



Source: [Be Ahead of the Game](#)

STATION 2:

Gambling among secondary school students

(page 2) Respond to questions and fill in blanks.

1. The infographic states that students who had seen ____ or more different types of gambling advertisements were more likely to have gambled. Explain how advertising may influence the health behaviours of young people.

2. ____% of students recalled seeing gambling advertisements on social media. Why might gambling companies use social media, influencers and digital platforms to promote gambling, and how could this influence young people's attitudes towards gambling?

3. The infographic shows that ____% of students who gambled did so at home, and many also used mobile devices. Discuss how advances in technology may increase both the accessibility and risks of gambling for young people.

Station 2 Data Set:

Students are mostly gambling at home and on their phones.



Among Victorian students who gambled in the past year, they gambled:



57%
at home or at a friend's house



43%
online using a mobile phone



32%
online using a laptop or computer



22%
online using a computer tablet (e.g., iPad)

Most spend a little, but some spend a lot on gambling.



The median amount of money spent by all students who had gambled in the past month on gambling was **\$11-\$20.**

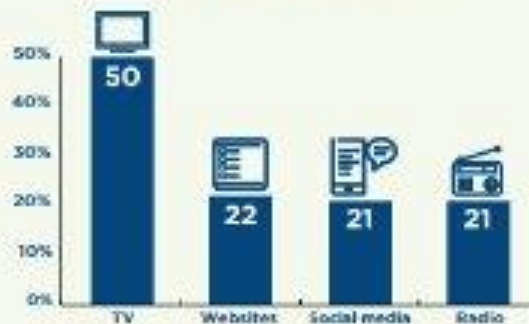


However, students who were classified as problem gamblers reported met the criteria for problem gambling reported spending a median amount of over **\$150** on gambling in the last month.

Gambling ads play a role in influencing young people's gambling behaviours and attitudes towards gambling.

Students who had seen or heard four or more different types of advertisements for gambling in the last four weeks were significantly more likely to have ever gambled and to have gambled in the past year.

Most commonly, students recalled seeing ads on:



1. Noble, N., Froud, M., Souly, M., Opham, M., Leigh, L. (2025) *The prevalence and correlates of gambling in secondary school students in Victoria and New South Wales, Australia, 2022-23*, State Government of Victoria, Melbourne.

**BE AHEAD
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GAME**



For more information visit
beaheadofthegame.vic.gov.au



Source: [Be Ahead of the Game](https://beaheadofthegame.vic.gov.au)

STATION 3:

Victorian population gambling and health study 2023

1. Using the data provided, identify two groups within the Victorian population that may require targeted health action or support. Justify your response using evidence from the table (Table 3.2).

2. Discuss how information about age, household composition and language background can be used by governments or community organisations when planning health programs for young people? Use examples from the data to support your response.

3. Select one sociocultural factor shown in the table (e.g. gender, language spoken at home, location or household composition). Explain how this factor may influence the health and wellbeing of young people and their access to health information or support services.

Extension

- Using the data, compare two population groups shown in the table (e.g. Melbourne and regional Victoria, English-speaking and other language-speaking households, or different household type). Based on the data, which group may require more targeted health information, support or services? Justify your response using evidence from the table.

Station 3 Data Set:

Table 3.2: Sociodemographic characteristics¹⁰ of the 2023 VPGHS sample (N = 11,000) and Victorian Benchmarks (Projected population estimate = 5,193,289)

Characteristics	Survey sample (%)	Victorian population (%)
Gender category		
Male	50.5	48.6
Female	49.5	51.4
Age category		
18–24 years	11.6	10.8
25–34 years	16.9	19.1
35–44 years	16.7	18.0
45–54 years	14.9	16.2
55–64 years	15.6	14.6
65–74 years	15.3	11.8
75 years and over	9.0	9.5
Location category		
Melbourne	75.2	75.6
Rest of state	24.9	24.4
LOTE status category		
No (English only)	74.5	70.5
Yes (other than English)	25.5	29.5
Household category		
Single person	20.9	13.4
Single parent	6.6	4.6
Couple with children	35.1	34.4
Couple with no children	27.1	26.0
Group household/other	10.4	21.6

Source: [Victorian Population Gambling and Health Study 2023](#)

STATION 4:

Levels of psychological distress

1. Identify which population group reported the highest level of psychological distress (42.6%). Discuss how high psychological distress could negatively impact two dimensions of health and wellbeing for an individual.

2. The Problem Gambling Severity Index (PGSI) classifies people according to their level of gambling risk and gambling-related harm.

Using the psychological distress data in Table 10.1, describe the relationship between gambling risk and psychological distress.

3. Psychological distress is a health status indicator used to measure mental and emotional wellbeing. Explain why psychological distress is an important health status indicator when investigating the impacts of gambling on individuals and communities.

Station 4 Data Set:

Table 10.1: Percentage of the Victorian population reporting health and wellbeing outcomes total and by key gambling indicators

	n	General wellbeing (AUWI quartiles) (%)				Psychological distress (%)	Risky drinking (%)	Smoking/vaping (%)		
		1	2	3	4			Not	Past year	Weekly+
Total population	2,828	31.3	31.4	18.5	18.8	4.8	39.8	75.9	12.1	12.0
PGSI category		*				*	*	*		
Non-gambling	1,105	34.3	31.7	16.0	18.0	5.2	30.6	78.9	11.2	9.8
Non-problem gambling	922	24.8	32.1	22.3	20.8	3.6	46.8	77.5	10.6	11.8
Low-risk gambling	523	42.8	29.8	13.4	14.0	5.1	45.5	59.0	21.8	19.3
Moderate-risk gambling	200	50.5	25.9	9.4	14.2	7.2	58.4	46.1	29.4	24.5
Problem gambling	78	86.4	5.0 [†]	4.1 [†]	4.4 [†]	42.6	55.3	25.4	27.5	47.1
Gambling frequency category							*			
Low (less than monthly)	705	27.6	32.4	22.4	17.7	4.6	44.4	74.0	13.1	12.9
Medium (at least monthly, less than weekly)	434	29.1	30.7	20.2	20.0	6.6	53.3	71.6	14.7	13.7
High (weekly or more)	541	29.9	30.6	17.9	21.6	2.8	46.3	77.5	9.0	13.5
Number of gambling activities category							*	*		
1	705	27.6	29.4	21.2	21.8	4.3	38.3	77.2	10.0	12.7
2	465	26.4	33.3	19.4	20.8	4.6	50.5	80.1	11.0	8.9
3	264	29.5	32.1	20.2	18.1	4.5	51.8	67.3	15.8	17.0
4+	323	36.5	28.4	23.3	11.8	6.0	69.9	52.2	23.8	24.0
Gambling harms (GHS 1+) category		*				*		*		
1+ gambling harm	469	52.4	26.4	12.8	8.4	12.2	52.6	56.7	23.3	20.0

Base: Victorian population, sub-sample; complete cases only used for estimates; * proportional differences between categories statistically significant at $p < 0.05$; [†] estimate unreliable ($n < 10$).

Source: [Victorian Population Gambling and Health Study 2023](#)

STATION 5:

Gambling harm in Victoria

1. Using evidence from the data provided, analyse the extent to which gambling harm is a significant health issue in Victoria.

2. Research shows that self-reported satisfaction with life _____ as risky gambling behaviour _____. Describe the relationship between gambling risk and life satisfaction and explain what this may indicate about an individual's health and wellbeing.

3. Explain how gambling harm may contribute to poor health and wellbeing outcomes for both individuals and the wider community.

Extension

4. Using data from the activity stations, analyse how sociocultural and environmental factors influence gambling behaviours among young Australians. In your response, refer to at least two dimensions of health and wellbeing.

Station 5 Data Set:

Gambling harm in Victoria

Gambling harm describes any negative consequence or side effect that comes from gambling.

- Research shows that in Victoria¹:
- Approximately 440,000 Victorians or 8.5% were classified as being at some risk of experiencing problem gambling²
- Self-reported satisfaction with life drops as risky gambling behaviour increases.
- Young people aged 18 to 24 are affected by gambling harm at a higher rate than those aged over 65 years.
- Gambling harm is associated with poor health and wellbeing, not only of individuals who gamble, but families, communities, and the broader population. Indeed, research shows that in Victoria over 5% of the Victorian adult population report being personally affected by someone else's gambling³.
- Gambling harm often co-occurs alongside other health-related issues, such as mental ill-health, misuse of alcohol and other drugs, family and relationship conflict or trauma.

For example, 39% of people in Victoria who experience a gambling problem have a diagnosed mental health condition, such as depression, anxiety, alcohol use disorder or post-traumatic stress disorder⁴.

Source: [Gambling Harm prevention and response in Victoria](#)

<https://www.health.vic.gov.au/prevention-and-promotion/gambling-harm-prevention-and-response-in-victoria>

Extended Response:

Gambling harm in Victoria

Using data from the activity stations, analyse how sociocultural and environmental factors influence gambling behaviours among young Australians. In your response, refer to at least two dimensions of health and wellbeing.

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