The development and implementation of electronic gambling machine policy: a qualitative study of local government policy makers

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Abstract

Objective: To understand how policies developed by Local Government Authorities (LGAs) to address electronic gambling machine (EGM) harm are developed and implemented.

Methods: Semi-structured interviews were conducted with 16 participants from 15 LGAs in metropolitan Melbourne who worked in a role associated or aligned with gambling. An inductive thematic analysis was used to interpret the data.

Results: Three key themes emerged. First, participants described a shift from addiction frameworks to public health policy responses to EGMs, which was driven by increasing EGM losses and the harms caused by EGMs to communities. Second, there was the role of stakeholder groups in the policy-making process, including the challenges associated with engaging the community. Finally, there were barriers and facilitators to policy development and implementation. Barriers included a lack of financial resources and legislative boundaries imposed by the State Government. Facilitators included whole-of-LGA approaches, supportive councillors and collaborative efforts.

Conclusions and implications for public health: LGAs have made shifts towards public health responses to EGM harm. Initiatives to further support policy development and implementation could include imposing a levy on EGM losses to directly support public health prevention activities and implementing robust state-based regulatory frameworks that support LGA responses to EGM harm.

Key words: gambling, local government, policy

Described as the 'crack cocaine' of gambling, electronic gambling machines (EGMs) have been recognised as the most harmful gambling product in Australia.[1,2] EGMs accounted for approximately half of the $24 billion that was spent on gambling in Australia in 2017/18.[3,4] In 2018/19, more than $2.7 billion was lost to EGMs in Victorian clubs, pubs and hotels.[5] While the harm associated with EGMs is commonly associated with financial losses, they have also been linked to significant health and social issues such as depression,[6] family violence[7] and criminal activities.[8]

Public health researchers have identified that the harms associated with EGMs are significantly linked to social inequality. For example, individuals who are unemployed, with lower incomes and living in rental accommodation are more likely to experience harm from these machines.[4] Research has demonstrated that EGMs are disproportionately concentrated in low socioeconomic areas.[9-11] In the past five years, researchers have also documented a range of industry tactics and practices used by the EGM industry to normalise their products in community settings, maximise profit and prevent regulatory reform. These include promoting EGM venues as 'family-friendly' spaces, which may soften the perception of risks associated with the venue[12]; innovation with the design of EGMs to ensure individuals spend more time and money on machines[13]; and using donations to political parties to influence public policy.[14,15]

In Australia, EGM regulation is the responsibility of state and territory governments.[16] Despite the well-recognised range of determinants that may contribute to EGM harm, governments have primarily focused on individualised behavioural addiction frameworks, rather than population-based public health harm prevention and reduction strategies.[17,18] In 2010, the Australian Productivity Commission recommended moving away from addiction responses and towards a public health approach that focused on a trilogy of responses including: personal responsibility initiatives; policies that addressed harmful characteristics of machines; and reforms of regulatory structures, including the need for independent funding structures for gambling research.[19] Researchers have shown that the accessibility of EGMs is linked to increased participation in gambling[11,20]; in this context, policy responses could move away from public education strategies about engaging with EGMs responsibly, and towards efforts to restrict and reduce the number of machines in communities. Internationally, some

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governments have moved to implement these broader measures.[21,22] However, there have been few attempts to enact these types of measures in Australia. The Productivity Commission argued that the EGM regulatory environment in Australia is "deficient" due to governments' incentive to derive revenue from EGMs, therefore compromising their ability to effectively implement harm prevention policies that ultimately may reduce this taxation revenue scheme.[9]

In Victoria, two state-level policy issues have been identified as being problematic in the context of developing comprehensive policies to prevent and reduce EGM harm. First are policies that prevent the money lost on EGMs being specifically redirected back to local communities for EGM harm prevention activities. Rather, the vast majority of the approximately $1 billion in EGM taxation revenue that is collected from Victorian clubs, pubs and hotels each year is redistributed across state-level health, social and infrastructure initiatives.[23] In 2019/20, only $37.5 million of this taxation revenue was allocated to the Victorian Responsible Gambling Foundation,[24] which funds activities for gambling prevention, treatment and research (and with only $1.47 million specifically going towards prevention grants in 2018/19 – which were not necessarily directed to EGM harm prevention within local communities).[25] Thus, money is taken from disadvantaged communities where there is a disproportionate amount of money spent on EGMs and redistributed to other areas.[26] Second are decisions made by state government regulators in approving applications for EGMs. Research has indicated that decisions made by the Victorian Commission for Gambling and Liquor Regulation overwhelmingly favour the gambling industry, with significant inconsistencies in considering submissions from Local Government Authorities (LGAs) who opposed applications.[16]

At the local government level, a range of policy and practice measures have been enacted to try to prevent and minimise the harms from EGMs. No studies to date have considered how local-level decisions are made about responses to EGM harm, including the barriers and facilitators to the development and implementation of public health policies, programs and strategies. Understanding these factors is important in developing consistent, evidence-based approaches to prevent and reduce EGM harms across local communities. This study aimed to address this gap, and was guided by three research questions:

1. What is the range of factors that lead LGAs to prioritise EGMs as an important health and social issue for their communities?
2. How may stakeholders influence policy-making processes and decision making?
3. What are the key barriers and facilitators to strategies aimed at preventing and reducing EGM harm at the local level?

Methods

Approach

A qualitative descriptive design aimed to explore the development of EGM policies from the perspective of policy makers in LGAs.[27,28] The study used semi-structured qualitative telephone and face-to-face interviews with LGA employees involved in EGM policy development or planning. The study aimed to understand the range of considerations that were taken into account when developing policies to respond to EGM harm. Ethical approval was received from the Deakin University Health Human Ethics Advisory Group (HEAG-H 62_2019).

Sample and recruitment

The study aimed to recruit individuals from metropolitan LGAs in Melbourne, Victoria, who worked in social planning, policy, health promotion or advocacy roles, and who were involved in the gambling portfolio. Metropolitan LGAs were selected because most regional LGAs do not have EGM policies, and metropolitan LGAs represent nineteen of the top twenty LGAs for EGM expenditure.[29] Convenience sampling methods were used to recruit LGA employees via the Local Government Working Group on Gambling. To participate in the study, the individual needed to work for an LGA that had a current EGM-related policy, or an EGM policy currently under development or review. A recruitment notice was sent to all members by the Working Group convenor, with interested individuals invited to contact the research team for further information. Only one potential participant did not proceed with the interview after reading the Plain Language Statement and having the opportunity to ask questions. Written informed consent was received from all individuals prior to participation.

Data collection

One-to-one semi-structured telephone or face-to-face interviews were conducted, except for one interview that had two employees from the same LGA. Each interview took between 35 and 55 minutes to complete, with open-ended questions relating to three themes of inquiry: the EGM policy development process; key factors that created barriers to or facilitated policy development and implementation; and changes that could strengthen LGA responses to EGM harm. Interviews were audio-recorded with participants' permission and transcribed. Participants were offered a copy of the transcript. They were given the opportunity to review any quotes used in this publication, including making minor grammatical changes to the quotes and confirming that no identifying information was included.

Data interpretation

An inductive thematic analysis was conducted,[30] with QSR NVivo 12 used to manage the data. Themes were identified through a process of reading and re-reading the data, assigning codes to segments of data and identifying patterns in the codes.[30] The research team met regularly to discuss emerging ideas and to generate the key themes from the study. A small group of experts in gambling and local government policy was convened to provide stakeholder feedback on the key themes and findings of the study to ensure the implications were practical for LGAs.

Results

Sixteen social planners, community planners, health promotion officers and policy officers from 15 LGAs in Victoria, Australia, were interviewed. Three themes and sub-themes emerged from the data (Table 1).

Theme One: Prioritising EGMs as an important policy issue

The first theme to emerge from the data related to the process by which LGAs came to prioritise EGMs as an important policy issue.

Shifting from addiction frameworks to public health approaches to address EGM harm

Many participants observed that the approach and focus of EGM policies had gradually shifted from personal responsibility

to public health approaches that focused on harm prevention and reduction. One practical illustration of this was that previous harm reduction policies and strategies aimed to address problem and pathological behaviours associated with EGMs, while more recent policies and strategies focused on broader determinants of harm. Some participants commented that they had previously focused on collaborating with gambling venues and help-seeking services to develop voluntary charters to improve practices within venues; develop information strategies to inform individuals of responsible gambling measures; and identify ways to effectively direct people towards treatment services. Participants commented that more recent approaches had considered a range of determinants of EGM harm, including the addictive nature of EGMs that were not well understood in the early days of policy development. However, the move to a public health approach was a slow and gradual process, which involved a constant process of education to ensure the continued support for a public health approach:

> *We have gone from responsible gambling to a public health approach. That is a fantastic move for our council … There is still a perception that [EGMs] create social benefits…and that the product, if it's used irresponsibly, can be harmful. We are trying to create conversations that it is a harmful product. The longer we keep presenting the evidence … hopefully, the outcomes we can get from our policy will get some wins on the board.* – Participant Sixteen

The rationale for prioritising EGMs

Participants observed that the main focus of LGA gambling policies and strategies had been to address the harms associated with EGMs rather than other forms of gambling. EGMs were prioritised for several reasons. First, given that EGMs were regulated at a state level, some participants believed there was more opportunity to influence the harms associated with EGMs. Second, state-level EGM loss data had highlighted the magnitude of financial losses from EGMs in local communities. When this data was considered alongside academic research, which highlighted the impact of EGMs on broader health and social issues (such as housing instability and family violence), LGA staff and councillors became increasingly interested in EGM harm as an important issue for their local community. Third, some participants noted that EGMs had become a priority issue for LGAs when it became clear that there were practical strategies that could be taken to address the structural and environmental drivers of EGM harm. For example, the following participant commented that there was more traction for EGMs as a priority issue when the data about EGM losses was backed up with practical strategies to reduce losses:

> *Over time, the level of losses increased substantially and that gradually began to alarm the LGAs. Losing $10, $20, $30 million a year – that seems a lot. But now it's $120 million a year. I think that had an impact on the thinking of the councillors. They were reminded repeatedly by council officers about the likely impact of gambling, and the kind of things council could do about it.* – Participant Three

Finally, some participants commented that as more LGAs began to prioritise EGMs in their policy agendas and started to show leadership in a public health approach, other LGAs also started to pay attention to this issue. Participants commented that this momentum encouraged some LGAs to add gambling, and specifically EGM gambling, into the portfolio of important health and social issues for their community. It had also led other LGAs to move away from individualised approaches to EGM harm towards policy responses that tried to address the structural issues associated with EGM harm. These included the density of EGMs in lower socioeconomic areas, the characteristics of EGMs and the length of EGM venue opening hours.

Limitations on the ability to prioritise EGMs

There were, however, several limitations in the ability of LGAs to prioritise EGMs as a key policy issue. The biggest limitation was the lack of staffing resources. For most participants in this study, this was one of many portfolios for which they had responsibility. In their day-to-day (often part-time) roles, participants were also responsible for portfolios alongside gambling, including other important health and social issues, such as housing, alcohol policy and family violence. Many participants highlighted that EGM harm was "just one of the priorities for our community which is a very disadvantaged community". Resourcing also meant that EGMs were sometimes part of the workload of junior staff members. Given the social, political and regulatory complexities with EGMs, some participants stated the gambling portfolio was often difficult for junior staff members to "get your head around".

Table 1: Key themes relating to the development and implementation of EGM policies in LGAs in Melbourne.

Theme One Prioritising EGMs as an important policy issue for LGAs	Theme Two The influence of stakeholder groups in developing and endorsing gambling policy	Theme Three The barriers and facilitators involved in policy implementation
• Shifting from addiction frameworks to public health approaches; • The rationale for prioritising EGMs; • Limitations on the ability to prioritise EGMs.	• The general community: An important voice but challenging to engage; • Academics, treatment providers, and advocates: The influence of 'experts' in building knowledge and strengthening policy positions; • Influences within the LGA: Gaining 'buy-in' and a 'whole of council' approach.	• Moving from a siloed to a whole of LGA approach; • Increased resources to implement strategies to de-normalise and limit gambling venues and machines; • Evaluation and local-level evidence; • The need for effective state-based regulation and decision making to be placed back in the hands of LGAs.

Theme Two: The influence of stakeholder groups in developing and endorsing EGM policy

There were diverse views about the inclusion of different stakeholders in the policy-making process.

The general community: An important voice, but challenging to engage

While community engagement and consultation were a key part of developing EGM policy, participants had a range of views about the influence of the local community on the development and implementation process. Participants described the difficulties associated with active community participation in providing feedback about EGMs, and the range of strategies associated with encouraging this. For example, participants observed that there was little interest in events to canvas community opinions about EGMs. Participants often commented that EGMs were not an issue that the majority of the community were interested in, describing it as "a pretty quiet problem". One participant illustrated this by saying that, compared to other LGA-based issues, few community members wrote letters to the LGA or

conducted protests to get people to stop gambling. Participants described how stigma impacted on the ability of individuals who had been directly impacted by EGM harm to provide evidence to LGAs about their experiences. Participants also discussed the impact of perceptions in the general community that problem gambling was an issue associated with personal responsibility. Participants stated that this made it difficult to convince members of the public that there should be public health policies to restrict the accessibility and availability of EGMs. Some stated that there was still a general lack of understanding in the community that LGAs had very limited control of EGMs in their local communities, with a level of frustration in the community that LGAs were not making strong decisions about the accessibility and availability of EGMs:

> *Some people may say, "Why can't the LGA just say no pokies?" We say, "Well we can't do that because there's a regulatory structure in Victoria where it's the State Government that decides".* – Participant Two

Academics, treatment providers, and advocates: The influence of 'experts' in building knowledge and strengthening policy positions

In developing EGM policy, participants also described seeking advice from a range of different stakeholders involved in gambling research, treatment, and advocacy. Participants described the use of external stakeholders to help with in-house education about public health strategies to reduce harm; provide access to academic research to strengthen the evidence for certain policy positions; and raise awareness of EGM harms through local advocacy campaigns. Participants commented on the influence of these external experts in changing attitudes and opinions:

> *You need champions inside and outside the building. Sometimes staff members can try and convince, but if you have someone external then they listen more.* – Participant Sixteen

Participants also commented on the value of advocacy organisations that had helped to coordinate responses to EGMs across the LGAs:

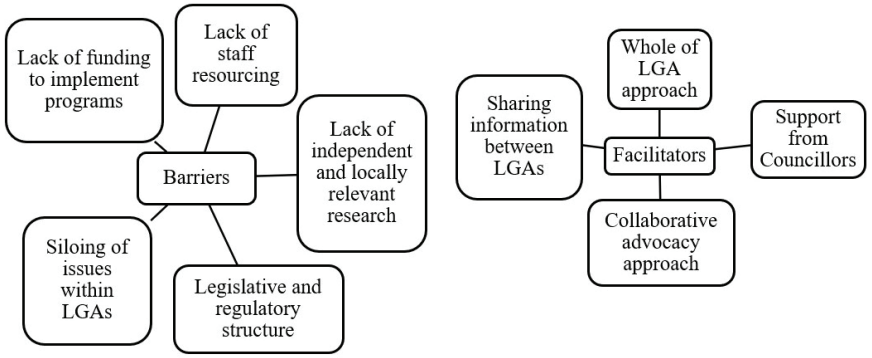
> *I think emphasising working with other councils and the Alliance for Gambling Reform on advocacy is a very good practical step, much better than councils doing everything alone. [Why] spend all this time trying to think of, 'What are the issues? How do I portray the issues? When do I speak up? How do I frame my message?' when you've got experts who can do that for them.* – Participant Three

Influences within the LGA: Gaining 'buy-in' and a 'whole-of-council' approach

Participants discussed how EGM policy development was facilitated when it had the support of councillors within the LGA, who could also help raise the profile of an issue, and help stronger policies get endorsed. Support from councillors, managers and directors was also critical in ensuring "buy-in across the whole of LGA" when implementing the policy. Alliances with other LGAs helped to facilitate a proactive and coordinated response to EGM harm. Some participants commented that policy responses had been strengthened by the "camaraderie", collaboration and information sharing that had occurred across LGAs:

> *I think especially in this space, there's quite a [lot of] sharing and feeling like we're all doing the same stuff so there's no point not being transparent and help where we can. So, we have quite a good relationship with quite a few LGAs and no problems talking to them about any issues.* – Participant Fifteen

Figure 1: The barriers and facilitators to electronic gambling machine policy development and implementation within Local Government Authorities in metropolitan Melbourne.



Theme Three: The barriers and facilitators involved in policy implementation

The final theme to emerge from the data related to the factors that could contribute to an LGA being able to ensure that the policy they had developed could be practically implemented in their local communities (Figure 1).

Moving from a siloed to a whole-of-LGA approach

Participants noted that the siloing of issues within the LGA sometimes created difficulties in translating EGM policy into action. To overcome a siloed approach, some participants commented that they had taken a 'whole-of-LGA' approach to the gambling portfolio. Some commented that this was the only way that the harms from EGMs could be adequately addressed. This included thinking strategically about how planners could limit the location of new EGM venues by amending the Local Planning Scheme and influence the design of EGM venues through the planning permit application process; and considering how those involved in community engagement could work with local groups to provide alternative social activities and spaces to EGM venues. However, participants stated that whole-of-LGA approaches relied on significant backing and support from the councillors and senior staff.

Increased resources to implement strategies to de-normalise and limit gambling venues and machines

One of the challenges in moving from policy to implementation was the lack of resources LGAs had to dedicate to actions and strategies to respond to EGM harm. For example, some participants stated that one of the most effective strategies to de-normalise the use of EGM venues was the provision of alternatives for communities. This was particularly a problem for interface councils (a group of 10 councils that form a ring around metropolitan Melbourne) who were experiencing rapid population growth. In these LGAs, EGM venues were often the first piece of community infrastructure within the developments, and LGAs struggled to keep up with providing alternative recreational infrastructure:

That is really critical for councils like ours which is an interface council. Where a gaming venue can offer social spaces at all times of day and you are dealing with places where people have no other places to go. We are a really fast-growing council and have a misfit with a lack of community services. We are quickly trying to build facilities to create alternative activities [in these areas]. All the risks that are attached to gambling – our community have the propensity to be vulnerable to that risk. – Participant Sixteen

Participants also described that a lack of financial resources also meant that they found it difficult to oppose applications for new EGM venues or an increase in the number of EGMs in their communities – a key pillar of many LGAs' harm prevention and reduction policies. Participants described how prohibitive the costs were when opposing these applications, including the need for the LGA to hire lawyers and pay expert witnesses to testify on behalf of the LGA. Many participants stated that LGAs decided not to oppose applications simply because of the financial costs.

Evaluation and local level evidence

There were very few evaluation structures built into the policies for participants to determine the effectiveness or impact of policies. This included a lack of evidence about the key indicators to measure achievements, the range of outcomes or the criteria that should be applied. Some stated that the lack of evaluation meant that LGAs were unable to rigorously identify the successes of policy implementation or the areas where they needed to improve, or even if the policies were having an impact on reducing EGM harm.

One of the key barriers to implementing policy was the lack of locally relevant evidence that could guide implementation strategies and programs. Participants stated that while there was quantitative data about EGM losses, there was less qualitative understanding of how local communities were impacted by EGM harm. For example, one participant stated:

We know the monetary impacts in terms of the losses, but we have less well-developed understanding about what that means for our communities. I think that local area impact research is really important. – Participant Two

Participants commented that in order to implement plans, they needed assistance from researchers to identify evidence-based policies and strategies that were most likely to work in their local communities. This included evidence about the effectiveness of strategies in other LGAs.

[It would help to know] what the learnings are from different LGAs and pulling together all that evidence base from what other LGAs have done … what works and what doesn't, how do all the local governments go about it? – Participant Eight

The need for effective state-based regulation and decision making to be placed back into the hands of LGAs

Some participants commented that their ability to address EGM harm was significantly restricted by state government policies relating to EGMs. A significant reduction in EGM losses and subsequent harm would be contingent on more robust regulatory responses from the Victorian State Government. Implementing a comprehensive public health approach to EGM harm relied on state governments taking more of a leadership role in gambling reform, and strengthening regulatory structures:

The way that legislation is currently written, the way that it's being currently implemented, and the political climate in which it's in … it means the role of local government is very small in what we can do to minimise gaming harm. There's a huge amount that would have to change to really enable us to minimise gambling harm for our residents. – Participant Eleven

Some participants recommended legislative reform to lower the limit of EGMs allowed in their municipality. For example, some stated that they were vulnerable to increases in the number of EGMs in their local areas because the number of EGMs was based on population figures. If populations increased, there was the potential for the number of machines to increase in areas that were already vulnerable to EGM harm. A few participants concluded by stating that advocacy and a collective voice were needed to continue to highlight these issues to the State Government.

Discussion and implications for public health

This study has demonstrated that there has been a paradigm shift in the type of frameworks that some LGA policy makers consider when developing EGM policies and implementation strategies. Previous policy responses focused on strategies aimed at enhancing personal responsibility, including working with venues and treatment providers to encourage help-seeking. The more recent policy responses from the participants involved in this study reflected an understanding of the complexity of the drivers of EGM harm, including the role of *environmental* (such as the density of EGMs in lower socioeconomic areas) and *commercial* (such as the structural characteristics of machines, and venue opening hours) drivers of harm. This paradigm shift may reflect the broader shifts in academic research and policy approaches that have challenged the effectiveness of 'responsible gambling' approaches[15,17,31]; provided evidence about the broader determinants of EGM harm[10,13,32]; demonstrated the impact of EGM harm on individuals, their families, and communities[33,34]; and outlined how a public health approach would contribute to more effective EGM prevention and harm reduction strategies.[2,35] What is less clear from this research is why there continues to be a lag for some LGAs in moving towards a public health approach to gambling. Future research should seek to identify the range of strategies that may lead to more consistent public health approaches to EGM policy across LGAs, and the reasons why some LGAs have not prioritised EGM harm as an important public health issue for their community, and suggest appropriate strategies for engaging these communities.

The findings from this study demonstrate the importance of robust, independent evidence in prioritising EGM gambling as an important public health issue for LGAs. Such evidence was used by policy makers to inform policy development, develop broader advocacy initiatives to raise awareness of EGM harm and gain buy-in from decision makers within their LGAs. However, this study also demonstrated the tensions for policy makers in considering what they think would be ideal public health policy responses along with the practical considerations of their local contexts. This included negotiating a diverse range of views about the risks and benefits of EGMs and EGM venues in their communities, the ability to develop policy approaches that were consistent with state government EGM regulations and financial resources, and the need to weigh up the importance of EGMs as compared to other important health and social issues for their communities.

While community engagement is considered an important part of policy making,[36]

participants described significant challenges with engaging the community in this process in a meaningful way. The issues are not unique to gambling, with other researchers documenting the difficulty of engaging local community members in policy development.[36] Future research should seek to understand how to more effectively engage local communities in discussions about EGMs. For example, research could explore how to effectively reframe the public perception that problem gambling is an issue associated primarily with personal responsibility,[17] and how to engage 'experts by experience' in policy and implementation strategies.[37] However, as some public health practitioners have argued, a lack of community understanding and engagement in an issue does not necessarily prevent the development of robust policy.[38] Thus, policy makers should not use a lack of community interest or engagement as a reason to avoid responding to or prioritising EGM harm as an important policy issue in their local community.

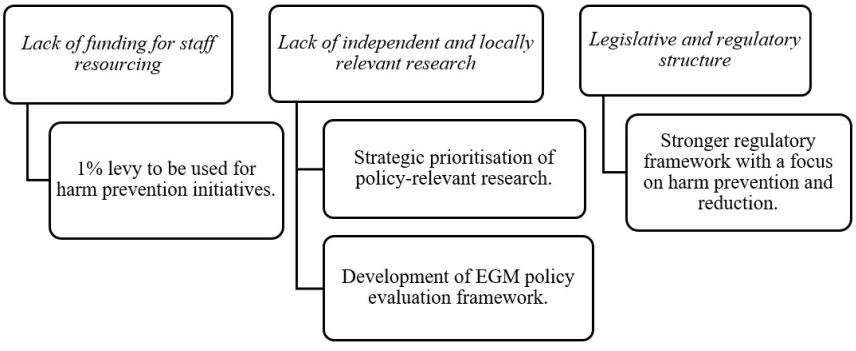
Figure 2 summarises proposed approaches to the barriers to EGM policy development and implementation that were identified in this study.

The first barrier to policy development and implementation related to the ability of LGAs to appropriately fund substantive senior policy positions, and to fund programs aimed at preventing and reducing EGM harm. This raises questions about the development of suitable funding mechanisms to support LGAs to strengthen their policy and implementation responses to EGMs. This includes whether there is a case for the *direct* redistribution of at least some EGM taxation revenue from the State Government back to LGAs specifically for public health responses to EGM harm. For example, a 1% point of consumption tax could be imposed on losses at EGM venues. If 1% of the $2.7 billion that was lost to EGMs in Victoria[5] was levied in this way, $27 million could be specifically dedicated to funding LGA prevention initiatives and redistributed proportionally to where losses occur. Given that LGAs are arguably best placed to respond to the range of context-specific factors in their local communities,[39] this additional funding could also facilitate appropriate staffing for the gambling policy portfolio and the ability of LGAs to develop and upscale activities designed to directly meet the needs of their local communities. If such a levy was to be considered, it would be vital that strict conditions for use were developed to prevent LGAs becoming reliant on EGM revenue in the same way state governments have become reliant on EGM taxation revenue for funding of basic community infrastructure.

The second barrier participants highlighted was the challenges associated with a lack of independent local-level research evidence to guide EGM policy and the implementation and evaluation of policy strategies. While the findings of this study suggest that funding bodies should consider strategic priority funding for research that directly reflects the policy, implementation and evaluation needs of LGAs, it is important that LGAs do not use a 'lack of evidence' as a reason for not implementing harm prevention and reduction strategies.

The third barrier was state government legislative and regulatory structures. In particular, there were concerns relating to the regulation of the number of EGMs in local communities. While some LGAs have had success in opposing applications for new EGMs,[40,41] this study demonstrates it is simply too costly for many LGAs to proceed with these legal cases. This study shows that while LGAs may want to take a strong stance against an increase of EGMs in their municipality, their ability to do so is limited by the current legislative and regulatory structures. This study indicates that the most effective way of addressing this could be for the State Government to impose a stronger regulatory framework that ultimately seeks to help LGAs reduce EGMs in local communities.

Figure 2: Proposed approaches to the barriers to electronic gambling machine policy implementation within Local Government Authorities in metropolitan Melbourne.



There are several limitations associated with this study. First, the exclusion of regional and rural LGAs may limit the broader applicability of this study to areas outside of metropolitan Melbourne. Second, focusing on LGA employees in the social, community and health promotion roles limited the scope of the research, as there are many other individuals involved in preventing and reducing EGM harm in local communities, including other LGA workers, councillors, lawyers, advocates and researchers. Third, the individuals who were interviewed for this study may not have been involved in the development of previous EGM policies and may not have had detailed knowledge of how previous policies were developed. However, as the interviews explored broader issues than simply the policy development itself, all participants provided valuable insights into the implementation of policies. As this was the first study of its kind and was exploratory in nature, future studies may seek to replicate this research design to explore the diversity of approaches to EGMs both in Victorian LGAs and LGAs in other states.

Conclusion

This is the first known study to consider the development of EGM policies within LGAs. Ultimately, without state-level government reform, LGA efforts to prevent and reduce EGM harm will continue to be significantly restricted by regulations and legislation that are determined by state governments. On the 23 March 2020, all EGMs in Australian pubs, clubs, hotels, and casinos were turned off as part of the community response to COVID-19. The widespread acceptance of this measure as being in the public interest may signal that further constraints over time on gambling venues may be more feasible than had previously been considered.

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