M TORONTO

STAFF REPORT ACTION REQUIRED

Health Impacts of Expanded Gambling at Woodbine Racetrack

Date:	May 15, 2015
То:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

At its meeting of March 31 to April 2, 2015, City Council authorized the City Manager to conduct a public consultation and prepare a report for the June 30, 2015 meeting of Executive Committee on the merits and potential risks of expanded gambling at Woodbine Racetrack (Woodbine). Council also requested the Medical Officer of Health (MOH) to report to the Board of Health (BOH) on any public health impacts of expanding gambling at Woodbine.

In 2013, Council considered a report from the City Manager on the financial, economic development, social and planning implications of a new gambling site in downtown Toronto or from expanded gambling at Woodbine. Toronto Public Health (TPH) prepared a number of reports to the BOH in advance of Council's deliberation on the matter that explored the issue from a public health perspective. These reports concluded that the most important public health impact of gambling expansion is its association with increases in problem gambling and related negative impacts on individuals, families and communities. The BOH recommended to Council that based on health evidence, gambling should not be expanded in the City of Toronto. The BOH also endorsed the TPH Position Statement on Gambling and Health, which outlined ten measures to mitigate harm should gambling expansion be approved. In May 2013, City Council opposed both the creation of a new downtown casino and expanded gambling at Woodbine.

In 2013, the Ontario Lottery & Gaming Corporation (OLG) indicated that, while changes to some mitigation approaches to gaming operation in Ontario were planned or underway, many of the recommended measures were not feasible or consistent with existing practices. In 2015, TPH reviewed the Responsible Gambling (RG) practices

currently in place at the Woodbine slots facility. OLG has implemented some promising RG practices and plans to evaluate their impact.

Evidence from the gambling research indicates that the best approach to preventing problem gambling in Toronto is to prevent expansion of gambling access. However, should gambling expansion be approved, TPH has recommended that requiring any future private operator at Woodbine to maintain existing RG measures and reducing hours of operation should be implemented as a condition of City Council's approval.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

- 1. City Council maintain its resolution of May 21, 2013 opposing expanded gambling in Toronto;
- 2. if City Council consents to expansion of gambling at the Woodbine Racetrack, that approval be conditional on implementation of the following mitigation measures to be met by OLG and any future private operators:
 - a. Require the facility to maintain all existing and planned Responsible Gambling measures; and
 - b. That hours of operation be limited to no more than 18 hours a day.

Financial Impact

There are no financial implications for the City of Toronto arising from this report.

DECISION HISTORY

On November 19, 2012, the BOH adopted, with amendments, the recommendations of the report *The Health Impacts of Gambling Expansion in Toronto*. This report was based on a comprehensive Technical Report (written in collaboration with the Centre for Addiction and Mental Health's Problem Gambling Institute of Ontario – CAMH's PGIO), a Position Statement and key informant interviews.

http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL18.1

On February 11, 2013, the BOH adopted, with amendments, the recommendations of the report the *Community Health Impacts of a New Casino in Toronto*. The Board reaffirmed its opposition to a Toronto casino based on the negative population and community health impacts that would be felt disproportionately by more vulnerable and marginalized Torontonians.

http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL19.4

On April 29, 2013, the report *Gambling Expansion in Toronto* informed the BOH that on April 10, 2013 the Medical Officer of Health (MOH) sent a letter to the Executive Committee based on the Board's position about gambling expansion. The BOH reiterated its recommendation to City Council to not allow OLG to expand gambling in the City of Toronto; and alternatively, if City Council did consent to expand gambling that it

implement the harm mitigation measures set out in the letter from the MOH. <u>http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2013.HL21.4</u>

At its meeting of March 31 to April 2, 2015 City Council considered the City Manager's report *Request for Report on Expanded Gaming at Woodbine Racetrack*. Council authorized the City Manager to report to the June 30, 2015 meeting of Executive Committee on the merits and risks of expanded gaming at 555 Rexdale Boulevard (Woodbine). Council also requested the MOH to report to the June 1, 2015 meeting of the BOH on any public health impacts of expanded gaming at Woodbine. http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2015.EX4.16

ISSUE BACKGROUND

In its 2012 report *Modernizing Lottery and Gaming in Ontario: Strategic Business Review*, the OLG stated its intention to establish a new casino gaming venue in the Greater Toronto Area (GTA).¹ Two of the zones identified for potential casino sites included lands in the City of Toronto: Zone C1, in downtown Toronto and Zone C2, which includes an existing gambling site at Woodbine. In 2013, the City Manager led a public consultation process and reported to City Council on the financial, economic development, social and planning implications of expanded gambling in these zones.

In 2012/2013, TPH prepared a number of reports to the BOH in advance of City Council's deliberation on this issue (see Decision History). These reports indicate that gambling expansion is associated with an increase in problem gambling and its related health impacts. Problem gambling is a significant public health concern due to impacts on the health of gamblers and the community at large. The BOH recommended to City Council that OLG not be invited to expand gambling in the City of Toronto. However, should the City decide to expand gambling, the BOH recommended that Council make expansion conditional on a number of harm mitigation measures, as set out in the TPH Position Statement on Gambling and Health. On May 21, 2013, City Council opposed establishing a new gaming site within the OLG C1 Zone and the expansion of the gaming site at Woodbine.

The current report responds to City Council's request to the MOH to report to the BOH on the public health impacts of expanded gambling at Woodbine. It focuses on the potential addition of new slot machines and introduction of live table games at the facility. It does not review impacts of other aspects of potential site development such as construction of a hotel, convention centre, retail facilities or non-gambling amenities.

COMMENTS

Since 2000, OLG has owned and operated a slots gambling facility at Woodbine. However, as part of its modernization strategy, OLG recently issued a Request for Pre-Qualification (RFPQ) for a private sector operator to manage all gaming operations in Ontario, including the slots at Woodbine.

Woodbine is primarily a regional based gambling facility which draws the majority of its visitors and revenue from Ontario residents.² OLG's most recent quarterly performance

figures indicate that OLG Slots at Woodbine receives over 14,000 patrons a day, at least 10,000 more patrons daily than any other OLG run facility,³ and it operates 24 hours a day, seven days a week. Woodbine has approximately 3,000 electronic games, consisting primarily of slot machines, with some electronic table games. This number represents over a 75% increase compared to the 1,700 electronic games that were present in 2000 when the facility was opened.⁴ There are currently no live-dealer table games at Woodbine.

The City Manager's 2015 report will include an assessment of the total number of slot machines and live-dealer table games that would be suitable at the Woodbine location. However, the OLG RFPQ document contains reference to a potential expansion of up to 5,000 electronic games (representing approximately 2,000 new games) and potential introduction of up to 2,400 live table game positions (spots at tables).²

Health Impacts of Expanding Gambling

Previous investigations by TPH were conducted in collaboration with the Centre for Addiction and Mental Health's (CAMH) Problem Gambling Institute of Ontario (PGIO) and relate to the public health implications of gambling expansion in Toronto. These investigations concluded that increasing availability and accessibility of gambling in the GTA, including new casinos or slot machines, would likely result in an increase in the prevalence of problem gambling in Toronto.⁵ Further analysis considered community health impacts of a new casino in Toronto, including employment, local economic development, crime, social safety net impacts and neighbourhood impacts (including traffic) (See Table 1). Using a Health Impact Assessment approach, the report summarized predicted changes and impacts of a new casino based on published research. This analysis found that a new casino in Toronto could have important community impacts which affect the health and well-being of individuals, families and communities. Some of these health impacts are primarily positive (improve health), others are primarily negative (worsen health). Overall, the available evidence indicated that the introduction of a new casino is likely to have greater adverse health-related impacts than beneficial impacts.⁶

TPH has re-examined the evidence related to the health risks of gambling expansion particularly as it relates to Woodbine, a large, existing gambling facility in Toronto. Staff also met with OLG, CAMH's PGIO staff and other responsible gambling stakeholders to discuss responsible gambling measures in place at Woodbine and review proposed mitigation measures.

Potential Area of Impact	Predicted Change	Predicted Impact on Community Health/Wellbeing	Explanatory Notes		
EMPLOYMENT					
Local jobs	Increase	Positive	Improve health		
Shift work	Increase	Negative	Reduced benefits of increased employment		
Regional Unemployment rate	No Change	No effect	No effect on health		
ECONOMIC DEVELOPMENT					
Tourism	Increase	Mildly Positive	Could indirectly improve health through increased local job creation and local business development		
Local business development	Could increase or decrease	Inconclusive	Improve or worsen health since data from other jurisdictions indicate different directions of change		
	CRIME				
Property crime	No change or possible increase	Neutral or Negative	Possibly worsen or leave health unchanged		
Violent crime	No change or possible increase	Neutral or Negative	Possibly worsen or leave health unchanged		
NEIGHBOURHOOD IMPACTS					
Traffic volume and congestion	Increase	Negative	Worsen health		
Air pollution	Increase	Negative	Worsen health		
Motor vehicle accidents	Increase	Negative	Worsen health		
SOCIAL SAFETY NET IMPACTS					
Public service funding	Increase	Positive	Improve health		
Public service demand	Increase	Negative	Worsen health		

Table 1: Overview of Community Health Impacts of a Casino

Source: Toronto Public Health (2013). Community Health Impacts of a Casino in Toronto. Report to the Board of Health⁶

Problem Gambling

Problem gambling is defined as gambling behaviour which includes continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of activity despite adverse consequences.⁷ TPH uses the term problem gambling to describe a continuum of gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or for the community. Table 2 lists the range of health impacts linked to problem gambling behaviour.

Health Impacts	<u>× </u>
General Health	
Lower self-reported general health and well-being	
Colds and influenza	
Headaches, including severe and chronic headaches and migraines	
Fatigue and sleep problems	
Health conditions including chronic bronchitis and fibromyalgia	
Other miscellaneous health symptoms, possibly stress-related	
Mental Health	
Stress	
Depression	
Mood, anxiety and personality disorders	
Co-addictions	
Alcohol, tobacco and drug use	
Problematic substance use/addiction	
Suicide	
Ideation	
Completed suicide	
Family and Community Impacts	
Financial problems	
Alcohol or fatigue-related traffic fatalities	
Family breakdown and divorce	
Family/intimate partner violence	
Compromised child development, neglect and poverty	

Source: Toronto Public Health & CAMH. 2012. The Health Impacts of Gambling Expansion in Toronto⁸

Since the 2012/2013 TPH reports, there has been no new data collected through the Canadian Community Health Survey (CCHS) that allows us to measure the current prevalence of problem gambling in the GTA specifically. Based on data collected through the 2007/08 cycle of CCHS, TPH reported previously that the most severe form of problem gambling directly affects an estimated 11,000 people aged 18+ in the GTA. In addition, there are approximately 129,000 people aged 18+ in the GTA who are considered at-risk gamblers, based on their harmful involvement in gambling and likelihood of experiencing adverse consequences from their gambling.⁹

The most recent data on gambling prevalence for Ontario comes from a survey of 4,035 Ontario residents conducted in 2010-2011 which found that depending on the assessment instrument, the measured rate of problem gambling (includes moderate risk and the most severe form of problem gambling) is between 1.0% and 2.2%. These researchers report that this represents a decline from previous years. They note that similar to other Canadian provinces, the peak rate of problem gambling in Ontario appears to have occurred in the early to mid-1990s when slot machines and casinos were first introduced.¹⁰

Evidence shows that some socio-demographic groups are over-represented as problem gamblers and are more vulnerable to the negative impacts of gambling. These include males, youth, older adults, Aboriginal peoples, and individuals and families with low income.8 Gambling has the potential to contribute to or exacerbate social inequalities as a result. A review of gambling studies reported that lower income people contribute a higher proportion of their income to gambling than people in middle and high income groups.¹¹ Furthermore, recent estimates indicate that Ontario problem gamblers currently account for 24% of the expenditure on government-sponsored gambling, with this proportion being even higher for casino table games and electronic gambling machines.¹⁰ This suggests a large part of gambling spending in Ontario is coming from a small group of vulnerable people.

Recent evidence continues to confirm that casino gambling is especially problematic for those with gambling addictions. The Ontario Problem Gambling Helpline (OPGH) provides information about problem gambling services in Ontario both online at <u>www.problemgamblinghelpline.ca</u> and over the phone at 1-888-230-3505. Data from April 2014-March 2015 show that 1,068 problem gamblers seeking treatment services through the OPGH gambled at casinos, far more than those that gambled on the Internet (171 individuals), at a raceway (105) or a kiosk/outlet/store (102).¹² In addition, the 2010-2011 survey of Ontario adults found that Ontario problem gamblers spent the most money participating in casino table games and electronic gaming machines in Ontario (see Figure 1). In contrast, non-problem gamblers spent the most money participating in the problem gamblers spent the most money participating and visiting out-of-province casinos.¹⁰

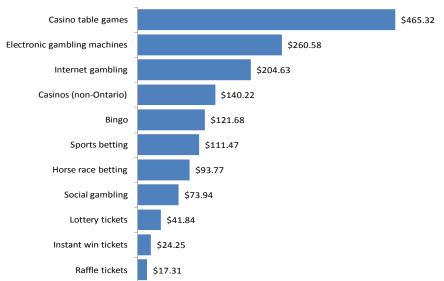


Figure 1: Average 'typical month' net expenditure among problem gamblers who participated in that particular type of gambling 10

In particular, electronic gaming machines (EGMs), such as slot machines, carry a higher risk that their users will become problem gamblers. Of the nearly 1,600 people who called the OPGH for problem gambling treatment services, over 60% reported problems with slot machines.¹² A recent book, *Addiction by Design: Machine Gambling in Las Vegas*, documents the evolution of the slot machine including the technological innovations and deliberate design decisions made to keep users engaged and extract maximum revenue.¹³ The high-risk nature of EGMs is theorized to be related to the fast speed of play, features that promote false beliefs (e.g. near misses, stop buttons and quasi-wins) and features that encourage excessive play such as direct electronic fund transfers and bill acceptors.¹⁴

An increase in problem gambling continues to be TPH's primary concern with gambling expansion in Toronto, including at Woodbine. TPH notes that the existing slots facility at Woodbine is a large, highly attended facility which includes among the largest number of slot machines of any Ontario gaming site. Some researchers speak of "adaptation effects", whereby the effects of gambling expansion are experienced during the initial stages of expansion and are less likely to occur after extended exposure.¹⁵ However, other research indicates that the prevalence of problem gambling increases with access to gambling, with greater effects on closer communities compared to those farther away.^{8,11,16,17,18}

While the expansion of gambling at Woodbine would likely attract tourists, the majority of patrons are anticipated to be from the GTA, as Woodbine currently draws most of its patrons from the local area. Furthermore, Woodbine is located in Ward 2, Etobicoke North, which has a significantly lower average household income than many other neighbourhoods or Toronto as a whole.¹⁹ This makes this community more vulnerable to the impacts of problem gambling.

Responsible Gambling Measures at Woodbine

OLG's RG program focuses on the prevention and mitigation of the effects of problem gambling, primarily through player education, training for employees and referrals to treatment providers and other community agencies.²⁰

In May 2015, OLG provided City staff, including TPH staff, with a tour of OLG Slots at Woodbine. This tour highlighted many of the RG features currently in place at Woodbine. These include:

- An RG Resource Centre and kiosk staffed seven days a week from 11am to 2am;
- A mandatory RG training program for all employees (developed and delivered by CAMH);
- An on-site Woodbine staff "RG Champion", responsible for encouraging the integration of RG into all aspects of employee culture;
- The OLG Self-Exclusion program available for patrons who want to make a voluntary commitment to stop visiting Ontario gambling facilities;
- A facial recognition system that compares camera facial image scans of patrons against stored images of self-excluders in OLG's database; and

• RG messages on slot machines and digital signage throughout the property encouraging players to take a break from gambling and to set realistic expectations when gambling.

It is important that any future private operator engaged by OLG to manage the Woodbine facility be required to maintain a similar level of RG programming.

Additional Mitigation Measure Needed

OLG has demonstrated a commitment to responsible gambling initiatives that focus on player education and treatment. However, while these approaches have some benefit, research shows that the more effective prevention strategies focus on environmental parameters: restricting the general availability of gambling; restricting the number of gambling venues; restricting more harmful types of gambling; and restricting the location of gambling venues. Information/awareness campaigns and casino self exclusion programs are less effective prevention strategies according to published evidence.²¹ When Ontario problem gamblers were asked to choose from a list of ways to curb their gambling, having less stress, making gambling less available, and more restrictions on how gambling was provided were the most commonly identified strategies, more than receiving therapy and better public education.¹⁰ A broader range of strategies and policies that focus on prevention are needed to minimize the probability of problem gambling occurring and to reduce health impacts to problem gamblers and their families. These strategies are needed at Woodbine whether or not gambling is expanded.

During previous deliberations on a new casino in Toronto or expanded gambling at Woodbine, TPH concluded that the most effective way to mitigate harm raised by casino gambling is not to expand gambling access in Toronto. However, should City Council consent to gambling expansion at Woodbine, the City could attach conditions to mitigate harm that would be a requirement of its ongoing approval for gambling expansion. These conditions could be included in a Community Benefits Agreement, which is currently being developed by the Social Development Finance and Administration division.

In 2012, TPH reported to the BOH on mitigation approaches to reduce harm from gambling expansion in light of the proposal to develop a new casino in downtown Toronto. These approaches are summarized in the TPH Position Statement on Gambling and Health, which was endorsed by the BOH at that time (see Attachment 1). They were based on the CAMH PGIO Gambling Policy Framework,¹⁴ which provides a model for developing policies that address the health and social harms of gambling, as well as on TPH's key informant interviews with gambling research organizations. OLG reviewed the strategies and indicated that the majority of these measures were not ones that they would be willing to adopt. However, OLG did list a number of new RG measures including the piloting of a personal tracking tool for slot machines that allows players who are loyalty club members to set time and money limits (the My PlaySmart program); and enhanced RG training for OLG employees. In addition, OLG provided information on the operation of its Self-Exclusion program and facial recognition system in place at Woodbine that identifies self excluders who fail in their commitment to stop visiting Ontario gambling

facilities. A strong casino self-exclusion program was one of the harm mitigation measures previously highlighted by TPH.

TPH has reviewed the previously recommended mitigation measures in the context of the proposed expansion at Woodbine and information provided by OLG. While all of the strategies are important and should be given consideration, reducing hours of operation is anticipated to be the most effective in reducing gambling related harms for this site.

Reduce Hours of Operation

Woodbine is currently open 24 hours a day/7 days a week. This makes casino gambling accessible all the time, including to those who are problem gamblers or at-risk for problem gambling. Without having the prompt of a casino closing, a gambler may not stop until they have exceeded their personal spending limit. The CAMH Gambling Policy Framework notes that a disproportionate number of problem gamblers play electronic gaming machines after midnight, and that Ontario problem gambling treatment providers report that extended hours have negative impacts on clients, especially for those who have sleeping issues and for shift workers.¹⁴

Extended hours of operation also raise concerns that patrons will drive while impaired or extremely tired.¹⁴ Restricting hours of operation to less than 24 hours a day is considered a best practice based on the Responsible Gambling Standards criteria of the RG Check accreditation program run by the Responsible Gambling Council.²² Evaluations of restrictions on the hours of operation of gambling venues in Nova Scotia, Newfoundland and Australia indicate that this modification could have a small but potentially important impact on reducing gambling-related harms.²³ This approach parallels an effective strategy for reducing alcohol-related harms by limiting hours during which alcohol is served.^{16,23} Closing Woodbine casino for at least six hours each day is considered an effective policy to reduce harms from extended hours of operation.

The existing facility at Woodbine already provides substantial opportunity for gambling in the GTA. As OLG notes, the visitors to Woodbine slots are largely from the surrounding area. TPH's research indicates that the expansion of gambling access is associated with increased problem gambling and its related negative health and social impacts on individuals, families and the community.

As the BOH concluded in 2012 and 2013, the best way to prevent problem gambling increases is to not expand gambling access. Should Council decide to proceed with expansion however, it should identify harm mitigation measures and strategies to reduce problem gambling as conditions for its approval that would apply to both OLG and any future private operator. While TPH has previously identified a number of measures that would be effective at lessening problem gambling, requiring any future private operator at Woodbine to maintain existing RG measures and reducing hours of operation are likely to have the greatest impact on problem gambling in relation to this facility.

CONTACT

Monica Campbell Director, Healthy Public Policy Toronto Public Health Tel: 416-338-0661 Fax: 416-392-0713 Email: mcampbe2@toronto.ca

SIGNATURE

Loren Vanderlinden Manager, Healthy Public Policy Toronto Public Health Tel: 416-338-8094 Fax: 416-338-8126 E-mail: <u>lvander@toronto.ca</u>

Dr. David McKeown Medical Officer of Health

ATTACHMENTS

Attachment 1: Toronto Public Health Position Statement on Gambling and Health

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