



STAFF REPORT ACTION REQUIRED

The Health Impacts of Gambling Expansion in Toronto

Date:	November 7, 2012
To:	Toronto Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

In March 2012, the Ontario Ministry of Finance approved the Ontario Lottery and Gaming Corporation's (OLG) report *Modernizing Lottery and Gaming in Ontario: Strategic Business Review* (referred to as the OLG Report). There are many recommendations in the OLG Report that will result in increased access to gambling in Ontario. The focus of this staff report is on the OLG recommendation to open a casino in Toronto. The OLG will not proceed without municipal support.

The Medical Officer of Health undertook this staff report in collaboration with the experts in gambling addiction from the Centre for Addiction and Mental Health (CAMH) to consider, from a public health perspective, the implications of a casino in Toronto. This report reviews the health impacts of gambling and provides policy recommendations of relevance to casino-related gambling addiction based on a comprehensive Technical Report, a Position Statement and key informant interviews. This report complements a report by the City Manager and external consultant's report that reviews the costs and benefits of a casino in Toronto and were considered at the November 5th, 2012 meeting of the Executive Committee.

Problem gambling is a significant public health concern. Researchers who define problem gambling as including both moderate risk and the most severe form of problem gambling estimate that the prevalence of problem gambling in Ontario is between 1.2%¹ and 3.4%.⁸ The most severe form of problem gambling affects upwards of 11,000 people aged 18+ (0.2%^E) in the Greater Toronto Area (GTA) and 25,000 (0.3%) in Ontario. In addition, approximately 129,000 people aged 18+ (2.8%) in the GTA and 294,000 people (3.0%) in Ontario are considered to be at risk for problem gambling. Problem gambling has a profound impact on gamblers' friends and families, thus substantially increasing the population affected by problem gambling.

Hosting a new casino in Toronto is anticipated to increase the frequency and severity of problem gambling in the city, and the associated negative health impacts on individuals, families and communities. A casino located anywhere in the GTA will likely increase problem gambling and associated health risks for Toronto residents, with greater impacts on closer communities. Decisions regarding a new casino in the GTA should consider the likely increase in problem gambling and associated health impacts.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health endorse the Toronto Public Health Position Statement on Gambling and Health (see Attachment 1);
2. The Board of Health request the City Manager to make the Toronto Public Health Position Statement on Gambling and Health available to all participants in the public consultation process, including through the City Manager's toolkit to be developed for the consultation process;
3. The Board of Health request that the City Manager's Office ensure the following stakeholders are included in the consultation process prior to reporting to City Council on hosting a casino in Toronto:
 - a. The Alcohol and Gaming Commission of Ontario regarding optimal responsible gambling practices and compliance with all regulatory requirements in Ontario;
 - b. The Toronto Police Service regarding optimal restrictions on alcohol licensing and casino hours of operation;
 - c. Problem gambling research institutes in Ontario regarding the risks in expanding access to gambling and optimal policy development;
 - d. Problem gambling community service providers regarding risks in expanding access to gambling and optimal policy development; and
 - e. Neighbouring residential and business communities.
4. The Board of Health forward this report to City Council at the meeting at which it considers a new casino in Toronto, and that Council consider the Toronto Public Health Position Statement on Gambling and Health, and the evidence linking increased access to gambling with greater problem gambling prevalence and associated adverse health impacts as outlined in this report.
5. The Board of Health request that the Ontario Ministry of Finance and OLG implement a mandatory player card system and that non-nominal data drawn from this system is shared with problem gambling researchers.
6. The Board of Health forward this report to the Chief Medical Officer of Health for Ontario, and to Ontario's Minister of Health and Long-Term Care.

Financial Impact

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

DECISION HISTORY

At the April 10 and 11th 2012 meeting of Toronto City Council, the two following casino related motions were referred to the Executive Committee:

MM22.2 No Casino without a Referendum

MM22.7 Ontario Place: A Place for Families and a Public Space

At the May 14, 2012 meeting of the Executive Committee, these two motions were considered together. The Executive Committee requested a staff report from the City Manager's Office (CMO) to identify the provincial process for the selection of future casino locations in the Greater Toronto Area and to explore the benefits and risks of hosting a permanent commercial casino in Toronto. (See:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.EX20.15>).

ISSUE BACKGROUND

The 1990s marked a time of introduction and rapid expansion of legal gambling opportunities in Canada.² In recent years however, gambling revenue in Ontario has been declining as a result of a stronger Canadian dollar, an increase in American border casinos and an increase in online gambling (at sites not administered by the Ontario government).³

In March 2010, the Ontario Ministry of Finance requested a proposal from OLG to increase revenue by \$3 billion over 5 years. In March 2012, the Ministry of Finance approved the OLG report entitled *Modernizing Lottery and Gaming in Ontario: Strategic Business Review*.³ In this report, the OLG proposed several strategies to expand access to gambling in Ontario including locating a casino in the Greater Toronto Area (GTA). The OLG will proceed in developing a new casino only with municipal support. Toronto City Council is required to seek public input to inform their decision making regarding a new casino in Toronto.

Toronto Public Health (TPH), in accordance with its mandate under the Health Protection and Promotion Act to protect the health of Toronto's population, has examined the health issues related to increasing access to gambling in Toronto. The scope of this report to the Board of Health complements the summary of the broader impacts of a casino as reviewed in the October 26th, 2012 report from the City Manager.

Toronto Public Health consulted with experts at the Centre for Addiction and Mental Health's (CAMH) Problem Gambling Institute of Ontario who have longstanding research and policy expertise related to gambling addiction and prevention strategies. Toronto Public Health and CAMH staff collaborated to jointly prepare *The Health Impacts of Gambling Expansion in Toronto-Technical Report* (referred to as the Technical Report), which is summarised in this staff report. The Technical Report includes a literature review of recent problem gambling research and analysis of Canadian

Community Health Survey (CCHS) data. The Technical Report is provided as Attachment 2.

This staff report is also informed by key informant interviews conducted with public health units in Ontario, public health agencies in British Columbia and in Quebec, gambling research organizations and community service agencies that address problem gambling. Key informant interviews are listed in Table 1.

Table 1: List of Key Informant Interviews

Institution	Department
Public Health Units/Health Authority	
Vancouver	Office of the Medical Health Officer
Montreal	Planning, Programming and Research
Niagara	Clinical Services
Ottawa	Health Promotion and Disease Prevention, Injury Prevention & Substance Misuse Section
Gambling Research Organizations	
CAMH	Problem Gambling Institute of Ontario
Responsible Gambling Council	Senior Management
Ontario Problem Gambling Research Centre	Senior Management
Community Service Providers	
COSTI Immigrant Services	Senior Management & Family and Mental Health Services, Problem Gambling Program
Chinese Family Services of Ontario	Senior Management
University Health Network	Portuguese Mental Health and Addiction Service, Addiction Clinician

While the focus of this TPH staff report is a new casino in Toronto, it is noteworthy that access to gambling is already increasing in many ways. The Canadian Senate is currently considering Bill C-290 which would legalize single event sports betting. Automated gambling machines are being installed in many bingo halls in the province. The province plans on increasing sales of lottery tickets by making them available via multi-lane retail settings like grocery and big box stores. The availability of online gambling is also increasing at a rapid rate, including the launch of the OLG iGambling site set for 2013.⁴ There are also many additional recommendations in the OLG Report that will impact the future of gambling in Ontario.

COMMENTS

The release of the OLG Report indicates this is a time of considerable potential gambling expansion in Toronto and Ontario overall. The implications of this expansion are broad, numerous and complex. The ensuing impact on health must be given the utmost consideration in moving forward.

This report focuses on problem gambling, an important and direct health impact of gambling. Other aspects of gambling expansion may have positive or negative implications on health- such as employment, crime, traffic or economic development.

However, these factors are beyond the scope of this report due to the complexity of carrying out a comprehensive analysis.

This report uses definitions from a Canadian Public Health Association (CPHA) position paper on gambling expansion in Canada.⁵

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.

Pathological gambling is a clinically significant form of disordered behaviour that focuses on impaired ability to control gambling related behaviour which leads to adverse social consequences that are disruptive to one's life and withdrawal.

There are currently 27 legal gambling sites in Ontario, consisting of slots, casinos and resort casinos. Currently, there is no permanent casino in Toronto. The closest casinos are in Port Perry (80 km away from Toronto), Brantford (100 km), Niagara (130 km) and Orillia (135 km). There is a seasonal charity casino on the Canadian National Exhibition grounds and there are slot machines, virtual table games and horse racing at Woodbine Racetrack, as well as slots at Ajax Downs (50 km) and Flamboro Downs in Hamilton (80 km). If a casino is situated in Toronto, access to fixed gambling facilities will increase to an important extent.

Prevalence of Problem Gambling in the GTA

Gambling behaviour in the population occurs on a continuum from infrequent with no harmful consequences, through to those with serious gambling problems. One of the main concerns with the introduction of gambling is how it can impact the development of problem gambling in some people.^{6,7}

Researchers who define problem gambling as including both moderate risk and the most severe form of problem gambling estimate that the prevalence of problem gambling in Ontario is between 1.2%¹ and 3.4%.⁸ Based on data collected through the 2007/08 Canadian Community Health Survey (CCHS), the most severe form of problem gambling directly affects an estimated 11,000 people aged 18+ (0.2%^E) in the GTA and 25,000 (0.3%) in Ontario. In addition, there are approximately 129,000 people aged 18+ (2.8%) in the GTA and 294,000 people aged 18+ (3.0%) in Ontario who are considered at-risk gamblers, based on their gambling behaviour and likelihood of experiencing adverse consequences from gambling.⁹

Experts agree that these prevalence rates are conservative and likely underestimate the true prevalence of problem gambling in Ontario due to limitations with CCHS methodology.

Since current GTA problem gambling data is prior to a permanent venue-based casino, this could be considered baseline data if a casino is developed here in the future. The current availability of casinos may be associated with the higher percentage of non-gamblers in the GTA (32.1%) compared to Ontario overall (28.8%) as shown in Table 2 below.

Table 2: Type of Gambler, Aged 18+, Ontario and Greater Toronto Area, 2007/08

Type of Gambler ¹	Ontario		Greater Toronto Area (GTA)	
	Percent	95% CI ²	Percent	95% CI ²
Problem Gamblers	0.3	(0.2, 0.3)	0.2 ^E	(0.1, 0.4)
Low to Moderate-Risk Gamblers	3.0	(2.7, 3.3)	2.8	(2.3, 3.2)
Non-Problem Gamblers	42.1	(41.3, 43.0)	35.7 (L)	(34.3, 37.2)
Infrequent Gamblers	20.4	(19.7, 21.1)	23.1 (H)	(21.8, 24.5)
Non-Gamblers	28.8	(28.0, 29.6)	32.1 (H)	(30.6, 33.6)
Not Stated	5.5	(5.1, 5.9)	6.1	(5.4, 6.9)

Notes: (1) Gambling classifications are based on a modified version of the nine-item Problem Gambling Severity Index (PGSI), part of the Canadian Problem Gambling Index (CPGI). (2) 95% Confidence intervals are used on response estimates, which means that the estimate is within the range 19 times out of 20. (3) Respondents classified as "Infrequent Gambler" may have gambled in the past 12 months, but classified themselves as Non-Gamblers. E – Moderately high sampling variability; interpret with caution. H – Significantly higher than Ontario. L – Significantly lower than Ontario. Low-risk and Moderate-Risk gamblers were combined due to small sample sizes.

Data Source: Canadian Community Health Survey, 2007/08. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Source: Toronto Public Health & CAMH. Health Impacts of Gambling Expansion in Toronto-Technical Report. 9

While only a small proportion of the population are problem gamblers, the consequences of gambling behaviour can be tragic. Since families, friends, colleagues and the community are inevitably impacted by problem gamblers, the proportion of the population impacted increases dramatically. The community can be impacted in a number of ways, for example contractors not being paid for work done, students showing up to school in distress and neighbours witnessing violence and crime in their neighbourhood.

In addition, problem gamblers, while in the minority in the population, contribute a significant proportion to gambling revenue. While it is difficult to accurately assess spending of gamblers and noting that there is limited evidence specifically on the proportion of casino revenue that is derived from problem gamblers, an often cited Canadian research study reports an estimated 36% of gambling revenue as derived from moderate and severe problem gamblers (4.8% of the population) in Ontario.¹⁰ The current model of government-sponsored gambling, including at casinos, profits importantly from those with gambling addictions.

Profile of Problem Gamblers

There has been considerable research examining the characteristics of people at risk for or affected by problem gambling.^{11, 12, 13, 14} There is a range of individual and population level factors that are associated with problem gambling.

In terms of individual characteristics, 2002 CCHS data show at-risk and problem gamblers are more likely than non-problem gamblers to be male, younger, and have less than post-secondary education.¹⁵

In addition, individuals who have mistaken beliefs about the odds of winning; financial problems; a family history of gambling and/or other addictions; a history of mental health problems; or who experience an early big win are more likely to become problem gamblers.¹⁶

Casino employees appear to have higher risk for increased rates of problem gambling compared to the general population.¹ A recent study in Ontario found that casino employees had problem gambling rates three times as high as the general population. Researchers suggest that the reasons include higher rates of gambling participation among new employees and people with a history of gambling being attracted to the casino industry.¹⁷

At the population level, evidence suggests that a number of groups may be overrepresented in problem gambler statistics: youth, older adults, Aboriginal peoples and individuals and families with low-income.¹⁸

Youth gambling is particularly concerning because it is not clear if or how gambling in one's youth impacts gambling behaviour as an adult.^{13, 19} Older problem gamblers are at a greater financial and psychological risk due to their fixed incomes. Gambling losses can have a devastating impact on their current and future well being. When they suffer negative consequences of problem gambling, such as health complications, psychological and social problems and/or financial difficulty, seniors have less earning potential and time to recover.^{12, 19}

This evidence from published research is supported by the TPH key informant interviews. Populations that are vulnerable to problem gambling named repeatedly are youth, seniors and those with lower socioeconomic status. In addition, community services organizations also report that newcomers and immigrants can have higher rates of problem gambling.³⁴

Newcomers may be vulnerable to gambling due to high levels of settlement related stress in their lives. Also, some newcomers may be vulnerable to gambling because they experience higher rates of unemployment and poverty, making it tempting to turn to gambling to try to solve immediate financial problems. Many newcomers and immigrants suffer from social isolation and this is a risk factor for venue based gambling. With regards to social isolation, shift workers also appear to be more vulnerable to casino gambling.²⁰

A casino has the potential therefore to contribute to or exacerbate social inequities. It appears that many communities that are vulnerable to problem gambling are already disadvantaged, such as by having overall lower socioeconomic status. Research on the profile of problem gamblers plus the proximity effect suggests casino developers should be mindful of building casinos close to communities that are over-represented in problem gambling statistics.

Environmental Risk Factors for Problem Gambling

Slots: In Ontario there are 2 kinds of slots machines: mechanical slots with actual reels that spin and video slots that have animated reels spinning on an electronic screen. Video slots provide the potential to play up to 15 lines at once versus the mechanic slots which have only one line.

Video Lottery Terminals (VLTs): These machines provide an electronic lottery draw where the player gets an immediate result. Although available in other provinces, VLTs are not permitted in Ontario.

Electronic Gambling/Gaming Machines (EGMs): The term “EGM” encompasses a broad category of gambling machines that provide automatic, continuous play in a variety of games and includes mechanical slots, video slots and VLTs.

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Gambling Modalities

While certain individuals and populations have a higher risk of developing a gambling problem, some gambling modalities have a stronger association with problem gambling behaviour. The most problematic modalities are the continuous, fast paced forms of gambling, such as electronic gaming machines (EGMs) including slot machines and video lottery terminals (VLTs).⁷ Slots and VLTs also hold electronic inducements such as programmed near misses and stop buttons which make the activity particularly addictive. (VLTs are currently not permitted in Ontario.) These features give gamblers the false impression that they have some control over the outcome.

Card tables are also higher risk activities because one can suffer large losses in just a few minutes. Card tables have a maximum bet of \$15,000 and card games can last mere moments.²² The Ontario Problem Gambling Helpline data confirms slot machines and card gambling (in casinos) are the gambling activities cited as a primary problem by the majority of problem gambler calls to the helpline.²³ Toronto Public Health key informant interviews suggest that women are more likely to gamble with slot machines and bingo while men are more likely to gamble on table games, sports events and horse betting thus these gambling activities are most often cited as the problem gambling activities for women and men.²⁴

Casino Facility Features

Gambling venue features have an impact on gambling behaviour and problem gambling. Features that can contribute to or exacerbate problem gambling include extended hours of operation (24 hours a day, 7 days a week), availability of credit and availability of ATMs onsite.⁷ One TPH key informant explains that in terms of addiction, one of the most problematic aspects of casinos is that the passage of time is not evident – for example, there are usually no clocks or windows in a casino.¹⁹

Availability

Research shows that availability of casinos and other gambling venues is associated with elevated gambling participation and typically, higher rates of problem gambling.²⁵ A study using 2002 CCHS data for Canada found higher rates of problem gambling in communities with high concentrations of gambling venues.²⁶ Within Canada, there is a significant positive association between the density of casino/racino (combined racetrack and casino) facilities and problem gambling rates by province.²⁵

A number of studies and a recent systematic Canadian review also have looked at changes in problem or pathological gambling rates after the introduction of a casino or gambling expansion in general.^{27, 28, 6} The review found that of 33 studies looking at gambling rates before and after introduction of casinos, two-thirds found an associated increase in problem gambling and/or social impacts.²⁹ The remaining third showed no impact. Differences in the types of studies conducted, their geographical locations and measurement tools used do not allow for predictions on the size of the change in problem gambler rates or on how long any increase is sustained. Available research suggests however, that increases in problem gambling rates may occur particularly if there is introduction of a new, previously unavailable gambling venue in a community. For example, a study examining the rates of reported gambling problems (probable pathological gambling) in Niagara Falls, Ontario reported an increase from 2.2% prior to the casino opening to 4.4% one-year after the casino opening in that community. At the same time, problem gambling rates were stable or declining in Ontario as a whole. Significantly more respondents in the Niagara Falls study also reported having a family member or a friend with a gambling problem, an indication of gambling problems in the community as well.²⁷ An overall increase in pathological gambling from 1.5% to 2.5% across four Ontario communities (Sarnia, Sault Ste. Marie, Brantford and Thunder Bay) was reported before and after charity casino openings.²⁸ In a four-city study in British Columbia, the City of Langley was the only community where rates of moderate problem gambling increased from 2% prior to 5.4% two years after gambling expansion in 2005. Langley was also the only city without a previously existing casino.³⁰

Some studies have found increased gambling participation but not necessarily increased rates of problem gambling, linked to the opening of a casino. For example, four years after the opening of the casino in Windsor, 82% of adult residents surveyed reported gambling at some point in their lives, representing a 24% increase in gambling rates (from 66%) in Windsor from 1993.³¹

The Windsor study did not demonstrate an associated increase in problem gambling rates over that time period. Similarly a Quebec study, reported an increase in gambling participation one year after the opening of a casino with participation rates declining over time and no significant increases in problem or pathological gambling rates.³²

Toronto Public Health key informant interviews with community service providers also suggest that an impact of introducing a local casino in Toronto will be an inevitable 'normalizing' of gambling behaviour, that is, gambling will be perceived as a common, accepted activity that many people participate in.^{33, 34} Once behaviour is normalized, the

negative consequences of gambling are less feared by the public regardless of prevention and mitigation efforts.

Proximity

Evidence suggests that living near a casino is linked to problem gambling behaviour; gamblers tend to gamble close to home. An Ontario study examining regional variation in access to gambling reported that problem gambling is modestly but significantly associated with proximity to casinos and racetracks with slot facilities.³⁵ Research shows a connection between living close to a casino (within 16 km in one study, or 80 km in another study) and higher rates of problem gambling compared to those who live farther away.^{36, 37} These studies report that rates of problem and pathological gambling are about twice as high within the identified perimeters as opposed to beyond those distances.

While a casino in Toronto would undoubtedly attract tourists, as destination casinos are intended to do, the majority of casino patrons would likely be from the GTA. In Montreal, for example, 90% of casino patrons are local.³³ A casino in Toronto is anticipated therefore to result in an increase in problem gambling rates and the associated health impacts on gamblers, their families and the community in Toronto and the GTA with greater impacts on closer communities.

This evidence provides support for an accessibility effect on problem gambling, where living close to a casino is linked to problem gambling. This is expected to be the case for the work environment as well; those who work near a casino may exhibit higher rates of problem gambling. This is relevant if a casino is situated in an area where many people work, such as the downtown area of a large city.

Health Impacts of Problem Gambling

Analyzing the relationship between problem gambling and health impacts is complex. The impacts are difficult to measure and difficult to attribute to gambling alone. Nevertheless, there is ample evidence that illustrates the connection between problem gambling and negative health impacts. The impacts can be numerous, severe and affect families and friends as well as the problem gamblers. Table 3 lists the range of health impacts linked to problem gambling behaviour.

Table 3: Health Impacts Associated with Problem Gambling

Health Impacts
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
Child development, neglect and poverty

Source: Toronto Public Health & CAMH. 2012. The Health Impacts of Gambling Expansion in Toronto-Technical Report 9

Studies show a connection between problem and pathological gambling and the prevalence of conditions such as depression, stress, mood, anxiety and personality disorders.³⁸ The 2007/08 CCHS data for Ontario also indicates poorer self-reported health among problem gamblers: 61% of non-problem gamblers rated their health as excellent or very good compared to 33%^E of problem gamblers.

Problem gambling is also connected to other addictions such as smoking, alcohol and substance use.^{6, 39} As many as one in five problem gamblers suffers from alcoholism or other dependencies. The existence of co-addictions underlines the complex causality of problems experienced by problem gamblers, where problem gambling may exacerbate other dependencies, and they in turn may exacerbate problem gambling.

Suicidal thoughts, suicide attempts and suicides can be a tragic consequence of problem gambling. According to 2007/08 CCHS data for Ontario, a significantly higher proportion of problem gamblers reported having thoughts of committing suicide in their lifetime compared to non-problem gamblers. In terms of suicides, coroner reports do not always capture suicides as gambling-related, but the suicide data in areas with a longer history of gambling are illustrative: Las Vegas has had one of North America's highest per capita suicide rates for the past 50 years.^{40, 41} A study of gambling in Alberta estimated that 10% of all suicides in Alberta are gambling-related.⁴² Montreal's Public Health Department reports that there are at least 20-30 gambling-related suicides in Quebec annually.³³

^E Moderately high sampling variability; interpret with caution.

The health and related social impacts of problem gambling are not isolated to the gambler. Research has found that problem gambling is associated with family breakdown, divorce, intimate partner violence, and a variety of familial psychological problems including stress and loss of trust.⁴³ During a key informant interview, a community service provider noted that after a big gambling loss, family disruption or instability in a spousal relationship is common.³⁴

Financial instability can bring a host of problems in the gambler's household. Impoverishment will impact the ability to provide basic necessities such as housing, clothing and food. Children are particularly impacted and vulnerable. The Australian Productivity Commission reported that the most immediate concern for children's welfare in problem gambling households is poverty.⁴⁴ Having a parent or family member with a gambling problem may negatively affect child development and well-being. Other studies suggest that children in gambling families are at a greater risk for taking up health-threatening behaviours such as smoking, alcohol or drug use, and for issues such as psychosocial problems, educational difficulties and emotional disorders in adolescence and later in their adult lives.⁴⁵

The research findings on health impacts are consistent with the front line knowledge shared by the community service organizations interviewed for this report. Additional impacts observed by TPH key informants include an increased fear of violence as a result of owing money to illegal lenders and increased criminal behaviour by the gambler in order to finance gambling.⁴⁶

Community service providers also highlighted that the ethno-cultural community that a problem gambler belongs to will impact their experience of being a problem gambler. For example, if you are a part of a community that is socially accepting of gambling, you may have more opportunities to gamble and may find it difficult to differentiate between recreational and pathological gambling. Some people who consider themselves to be recreational gamblers are in fact problem gamblers.⁴⁶ Conversely, if you are a part of a community that forbids gambling, you may go to greater lengths to hide your gambling behaviour, and may experience a greater level of shame.¹⁹ Problem gambling in this context can further exacerbate intergenerational conflict, increases the stigma of problem gambling and impacts if and how an individual seeks treatment.

Problem Gambling Prevention and Treatment

Preventing and treating addictions is a challenging task in the mental health field. Every addiction has complexities and gambling is no different. Problem gambling is largely an invisible addiction and one that is often actively hidden; this has implications for prevention and treatment programs.^{24, 19} Problem gambling treatment has a very low rate of uptake, meaning that problem gamblers are very unlikely to seek treatment.⁶ Approximately 1% of problem gamblers will seek treatment each year and 10% will seek treatment over a lifetime.^{47, 19}

Toronto Public Health interviews with community service providers confirmed that gambling is typically sustained as a hidden addiction, and that patients present for

treatment only when their life circumstances have become near desperate. The first symptom that usually prompts a problem gambler to seek treatment is huge financial loss. Other symptoms such as depression, anxiety and suicidal thoughts will often go untreated until financial disaster is imminent.¹⁹

Rather than a focus solely on individual prevention and treatment programming, research shows that the more effective 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.²⁵ Montreal based research confirms that even promoting responsible gambling practices is still indirectly promoting and normalizing gambling.^{48, 49}

A notable exception reported by several key informants is the lack of public understanding that the odds of winning do not improve with increased gambling: in other words, the more you play, the more you bet, the more you lose. Some players assume if they gamble more money or for a longer period of time, they are more likely to win. Problem gamblers believe that they are in control of their earnings and losses. Problem gambling behaviour includes chasing losses which leads to greater debt. Increasing public awareness of the odds of winning could help to contrast gambling promotion and demystify gambling wins. Thus an important part of risk mitigation is increasing public understanding of the odds of winning and risks of losing.⁵⁰

A recent review of the social and economic impacts of gambling by Canadian researchers, notes that there are both monetary and non-monetary (social) costs of problem gambling.⁶ (It is beyond the scope of this report to comment adequately on the full costs of problem gambling.) Costs in both these areas are difficult to measure, particularly in the area of social and health impacts which have been outlined in this report. Money spent on treatment and prevention is only one cost; others include costs related to crime and policing, child welfare involvement, unemployment and social assistance as well as lost productivity.⁶ Costs for treatment will inevitably be an underestimate because of the low rate of treatment seeking among problem gamblers. Research evidence is mixed because of a lack of standardized methodology, however, treatment cost estimates range from a low of \$9000 to a high of \$50,000 per problem gambler.⁵¹

Public Health and Gambling Policy

Using policy levers to address environmental or population level factors is an effective path to address problem gambling.²⁵ CAMH developed the *Gambling Policy Framework*, to support the development of effective gambling policy. This framework suggests focusing on three areas: gambling availability, gambling modality and hours of operation. Additional current research confirms these are effective means to mitigate gambling harm as well as restricting the location of gambling venues.⁷

Toronto Public Health key informant interviews with the gambling research organizations CAMH, the Responsible Gambling Council (RGC) and the Ontario Problem Gambling Research Centre (OPGRC) reveal additional policy guidance, both broad and focused.

Key informants emphasized that consumer protection and public health needs must be the priority over business needs.^{4, 22, 50, 52}

The recommendations below are consistent with the CAMH *Gambling Policy Framework* and the key informant interviews. All of TPH's recommendations regarding gambling policy have been summarised in the Toronto Public Health Position Statement on Gambling and Health (see Attachment 1).

Limit Gambling Availability

Increasing access to gambling is associated with increased problem gambling rates. Effective policy can focus on limiting accessibility and the number of gambling venues.^{27, 28, 31, 53}

Locate Gambling Venues Away From Vulnerable and Dense Communities

The rate of problem gambling increases with closer proximity to gambling venues.^{35, 36, 37} Public policy can stipulate situating gambling venues away from vulnerable communities and those with dense residential and commuter populations.

Reduce Hours of Operation

Providing the opportunity to gamble 24 hours/day 7 days/week is problematic from an addictions perspective. Without having the prompt of a casino closing, a gambler may not stop until they have exceeded their personal spending limit. One of the most problematic aspects of many casinos is that the passage of time is not evident (for example, when there are no clocks and no windows), and a casino without a closing time is an integral part of this problem.^{7, 19} Effective policy will limit casino hours of operation to ensure they are closed at least 6 hours each day.

Restrict Higher Risk Gambling Modalities

The most problematic gambling modalities from an addiction perspective are EGMs which, in Ontario, consist of slot machines. Impactful policy can focus on limiting the availability of these machines and reducing their intrinsic electronic inducements for excessive play: fast speed of play and features that promote erroneous beliefs about the chances of winning (e.g. near misses, stop buttons).⁵⁴ In addition, casinos should eliminate the option to reserve specific slot machines, a practice which reinforces patrons' misunderstanding of the odds of winning.²²

Implement Harm Reduction Measures on Site

While acknowledging the value of focusing on individual attitudes, knowledge and behaviour, it is equally important to strengthen the gambling social safety net. Accordingly, the following policy options should be considered:

- Prohibit loyalty programs;
- Harm reduction measures such as eliminating access to credit and casino holding accounts, and controlling access to money and alcohol;
- Limit daily losses by reducing the maximum bet size and imposing daily loss maximums;

- Strengthen self-exclusion programs;
- Issue monthly individual patron statements which include full membership medians and averages to compare against personal record of loss and frequency and duration of play.

Provide Access to Gambling Data

Effective prevention, treatment and policy are based on current data. All three problem gambling research agencies in Ontario advocate for access to quality OLG member data (provided in a non-identifying way) to inform continuous improvement of problem gambling mitigation work. Implementing a mandatory player card system, where all playing patterns of all their customers are collected, would provide informative and instructive data. Data produced from a mandatory player card system could be used to prevent and identify problem gambling at the individual and population level as well as determine the proportion of gambling revenue derived from people with gambling problems.⁷

The *Toronto Public Health Position Statement on Gambling and Health* was developed to reflect key findings of the Technical Report and to provide clear policy recommendations. The Position Statement highlights the impacts of problem gambling and of gambling expansion. The recommendations proposed provide casino site specific options and address gaps in research, prevention and treatment. The Position Statement should be used as a tool in policy development and evidence-based decision making.

Toronto Public Health is part of a City of Toronto interdivisional committee that is planning the casino public consultation process. Toronto Public Health will enable participants in this process to access information regarding the health impacts of gambling expansion in Toronto.

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ATTACHMENTS

Attachment 1: Toronto Public Health Position Statement on Gambling and Health
 Attachment 2: The Health Impacts of Gambling Expansion in Toronto-Technical Report,
 Toronto Public Health & Centre for Addiction and Mental Health

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