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Deputation to the Toronto Board of Health

Community Health Impacts of a Toronto Casino

Thank you for the opportunity to speak to you today about the community health impacts of gambling expansion in Toronto. The Wellesley Institute is a Toronto-based non-profit and non-partisan research and policy organization that focuses on population health. We research and analyze the social and community foundations of good health for all and of a healthier and more equitable city. We therefore have a particular interest in the potential adverse and inequitable health impacts of a casino in Toronto.

The Wellesley Institute deputed to the Board of Health in November 2012 about the population health impacts of problem gambling. We had conducted a health equity impact assessment of the proposal to build a casino in the GTA and found that a casino would likely result in poorer health for already marginalized populations, including people living in poverty, seniors, new Canadians, and young people. We recommended that the Board of Health advise council to reject a casino for Toronto.

The report before the Board today further demonstrates the potential for negative health outcomes to be disproportionately experienced by populations that are already at the greatest risk of poor health.

Proponents have argued that a casino will create much-needed local jobs for Toronto, which will have positive health benefits. However, as set out in today's report to the Board, while having a job is important for health, the type and quality of your job matters. Shift work, which is particularly prevalent in casinos, can have negative health impacts on people's health. In addition, casino jobs are often precarious: low skilled, low paid, and often part-time with no health benefits or job security.

The Hamilton Roundtable for Poverty Reduction recently conducted a scan of the Ontario Lottery and Gaming Corporation's job listings on Workopolis and found that many positions within the OLG pay scale fall below a living wage: part-time servers start at \$10.84 per hour, coat check attendants start at \$11.64, housekeepers start at \$13.64.¹ In addition, studies of casino employees reveal higher instances of depression, problem gambling, problem drinking, and smoking than the general adult population. These are hardly the kinds of jobs that contribute to a healthy city.

Research shows that 30-40% of Ontario's gambling revenues are derived from problem gamblers², who make up approximately 4.7% of the population.³ The populations at greatest risk of problem gambling, such as those living in poverty, seniors and others on low or fixed incomes, are least able to afford such losses.

Beyond these serious effects on individual wellbeing, any increase in problem gambling would have significant public costs and implications as well. The health impacts of problem gambling create increased demand for health care services. One in four moderate to severe problem gamblers in Canada

¹ Tom Cooper, 'Why the Roundtable opposes a casino', *Hamilton Spectator*, February 8, 2013.

<http://www.thespec.com/opinion/columns/article/882840--cooper-why-the-roundtable-opposes-a-casino>.

² Shawn R. Currie, David C. Hodgins, JianLi Wang, Nady El-Guebaly, Harold Wynne, & Sophie Chen, 'Risk of harm among gamblers in the general population as a function of level of participation in gambling activities', *Addiction*, Vol. 101, No. 4, April 2006, pp. 570-580.

³ Margot Andresen, 'Governments' conflict of interest in treating problem gamblers', *Canadian Medical Association Journal*, Vol. 175, No. 10, November 2006.

report being under a doctor's care for emotional or physical problems due to stress, and more than one in three report feeling depressed.⁴

In contrast to these predictable social costs, the return for the City is relatively minimal. OLG has not been forthright about the revenues the City can expect to receive from hosting a casino, but it is expected to range from \$28 million to \$195 million per annum for an integrated entertainment complex or \$16 million to \$130 million for a standalone casino.⁵

We need to be very clear about the nature of this revenue. The revenue comes not from efficient operations or a top-class 'entertainment product', but from people's gambling losses. In contemplating a casino for Toronto, we are asking vulnerable populations to lose big money for the city to gain relatively little revenue and for communities to experience negative health.

Controlling availability of gambling is one of the few levers municipal governments have at their control. Considerable evidence indicates that establishing a casino in Toronto will lead to increasing levels of problem gambling and their adverse and avoidable population and community health impacts, disproportionately felt by those least able to afford the losses. It is therefore prudent from a health perspective to reject a casino for Toronto.

Given the connections between casinos, problem gambling, and adverse and inequitable health impacts, the Wellesley Institute:

1. Endorses the Medical Officer of Health's recommendation to forward his report to City Council at the meeting at which it considers a new casino in Toronto, and that Council consider the community health impacts of a casino during its deliberation on the matter; and
2. Encourages the Board of Health to reaffirm its opposition to a Toronto casino based on the negative population and community health impacts that will be felt disproportionately by more vulnerable and marginalized Torontonians.

⁴ Currie et al, 'Risk of harm among gamblers in the general population as a function of level of participation in gambling activities'.

⁵ See Steve Barnes, *The Real Cost of Casinos: A Health Equity Impact Assessment*, Wellesley Institute, January 2013, p. 4 for a summary of potential revenues from a Toronto casino. http://www.wellesleyinstitute.com/wp-content/uploads/2013/01/Real-Cost-of-a-Casino_Wellesley-Institute_2013.pdf.