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Gambling and Health

This Position Statement on the health impacts of gambling is issued in the context of overall gambling expansion in Ontario. Over the past two decades, gambling expansion has been identified as a significant public health issue in Canada and internationally due to its links to the prevalence of problem gambling and associated health impacts.

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.¹ Toronto Public Health 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.

- Problem gambling is an issue of 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% and 3.4%.^{2,3} 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%) in the Greater Toronto Area (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.⁴
- Problem gambling has adverse health impacts on individuals, families and communities.** Problem gambling is associated with a range of negative impacts on physical and mental health, including ill health, fatigue, co-related substance use and addiction, depression and suicide among others. These impacts occur alongside others such as alcohol-related traffic fatalities, financial difficulties, family breakdown, divorce and compromised child development that also affect the health and well-being of family, friends, colleagues and communities.^{5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21}
- The impacts of problem gambling are not evenly distributed in the community.** Problem gambling affects some groups disproportionately, including males, youth, older adults, Aboriginal peoples, and individuals and families with low incomes, and therefore contributes to poverty and socioeconomic inequalities.^{5,8,16,,22,23,24}
- Increased availability and accessibility of gambling in the Greater Toronto Area (GTA), including new casinos or slot machines, will likely result in an increase in the prevalence of problem gambling in Toronto.** Availability and accessibility of gambling opportunities has a strong association with problem gambling. Proximity to a gambling venue is a determinant of problem gambling.^{25,26}

- **Casinos and other fixed gambling venues will have a greater effect on closer communities compared to those further away. All potential sites in the GTA have vulnerable populations nearby.** While adverse health impacts have been found for residents who live up to 80 kilometres away from a casino, the location of gambling venues tends to concentrate the impacts in nearby communities.^{8, 22, 27}
- **Electronic gaming machines, such as slot machines, are the most addictive form of gambling.** Certain gambling modalities carry a higher risk that their users will develop gambling problems or that existing gambling problems will be exacerbated. Evidence points to continuous forms of gambling, such as EGMs including slot machines and video lottery terminals (VLTs), as most harmful. (VLTs are not currently permitted in Ontario.) The high-risk nature of EGMs is theorized to be related to the fast speed of play and the promotion of small wins, false beliefs and dissociative states.^{7, 25}
- **Much remains unknown about how to successfully treat problem gambling and more must be done to ensure problem gamblers undergo treatment.** There is currently insufficient evidence on how to effectively counter the negative health and social impacts of problem gambling. This is a result of low uptake of interventions, i.e. only a minority of problem gamblers (1-2% per year) seek or receive treatment, as well as a lack of evidence on how to effectively treat problem gambling.^{5, 8, 28, 29, 30}
- **A broad 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.** Given the current evidence base on treatment effectiveness and low uptake of treatment, simply treating problem gambling will not adequately address the issue of problem gambling. A public health approach calls for prevention, research and awareness interventions, which focus on preventing exposure to gambling in order to minimize the probability of problem gambling from occurring. In the context of gambling expansion, a comprehensive program of harm mitigation measures should be put in place to minimize the risks associated with problem gambling.^{4, 7}
- Any decision on whether to expand gambling access in Toronto must adequately weigh the potential negative health impacts.

To address the negative impacts on health, it is therefore recommended that all gambling should be regulated and operated so as to minimize health impacts by:

1. Limiting hours of casino operation: no 24-hour access to venues, closed at least 6 hours per day;
2. Restricting the number of electronic gaming machines (EGMs) and slowing down machine speed of play and features that promote false beliefs of the odds of winning;
3. Eliminating casino loyalty programs;

4. Prohibiting ATMs on the gambling floor;
5. Prohibiting casino credit and holding accounts;
6. Reducing maximum bet size;
7. Mandating a daily loss maximum;
8. Implementing strong casino self-exclusion programs, including a mandatory player card system;
9. Issuing monthly individual patron statements which include full membership medians and averages to compare against personal record of loss, frequency and duration of play.
10. Designating areas for alcohol purchase and not providing alcohol service on casino floors to reduce impaired judgement.

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