Submission to the Board of Health: Expansion of gambling at Woodbine Racetrack
Meeting HL 4.2 (June 1, 2015)

Many individuals in Ontario gamble. Most do so without causing harm to themselves or others, but about 2.5% of Ontarians have moderate to severe gambling problems.¹ In Toronto, there are about 11,000 people with severe gambling problems and over 100,000 more with moderate problems.²

People with gambling problems experience a range of harms including mental health issues like depression, anxiety, and substance use. People who gamble are also at increased risk of suicide; a significantly higher proportion of problem gamblers report having thoughts of committing suicide in their lifetime compared to the general population.³ The Canadian Safety Council, an independent advocacy group, believes that more than 200 problem gamblers alone take their lives each year in Canada.⁴

Many people who gamble also experience dysfunctional relationships and financial difficulties because of their gambling. These harms affect not only the people with gambling problems but also their families and communities.

It’s estimated that a quarter of Ontario’s gambling revenues come from problem gamblers.⁵ This number is even higher for casino table games: fully 57% of money gambled on table games comes from people with gambling problems.⁶ Based on this evidence, it’s reasonable to expect that a high percentage of additional revenues from Woodbine expansion would be contributed by people who are struggling with gambling problems.

We recognize that gambling is a reality in Ontario and it already takes place in many forms at Woodbine Racetrack. But research from around the world shows that increases in gambling availability are associated with increases in problem gambling.⁷ So expansion at Woodbine will likely lead to an increase in the number of problem gamblers, particularly in the immediate area.

Ontario Lottery and Gaming (OLG) has an extensive responsible gambling program that is in our opinion one of the better programs in the world. CAMH collaborates with the OLG on that initiative. We provide consultation services and train OLG employees on how to intervene with customers who are showing signs of being in trouble. While this work is important, it should also be understood that there is no evidence to indicate that these efforts have a significant impact on decreasing the prevalence of problem gambling in casino venues. We are particularly concerned that there is very limited impact on early prevention of problem gambling.

In conclusion, there’s considerable evidence that expanding Woodbine Racetrack would likely have a negative health impact on some individuals. The Centre for Addiction and Mental Health endorses the recommendation by the Medical Officer of Health that City Council maintain its opposition to expanded gambling in Toronto. We also endorse the MOH’s recommendation that if the City opts to expand gambling at Woodbine, it should require the facility to maintain its existing and planned Responsible Gambling measures and to close for a minimum of six hours a day. Since a disproportionate number of people with gambling problems play between midnight and closing, and many Ontario problem gambling treatment providers report that extended hours have negative impacts on clients,⁸ this recommendation is key.
For more information, please contact:

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The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues.

The Problem Gambling Institute of Ontario at CAMH brings treatment professionals and leading researchers together with experts in communicating and sharing knowledge. Our focus is on collaboratively developing, modelling and sharing evidence-based solutions to gambling related problems, within Ontario and around the world.

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6. Williams and Volberg 2013
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