

Centre for Addiction and Mental Health
1001 Queen St. West
Toronto, Ontario
Canada M6J 1H4
Tel.: 416 535-8501
www.camh.net

Centre de toxicomanie et de santé mentale
1001, rue Queen Ouest
Toronto (Ontario)
Canada M6J 1H4
Tél.: 416 535-8501
www.camh.net/fr

Gambling Policy Framework

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Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

A PAHO/WHO
Collaborating Centre

Fully affiliated with the
University of Toronto

Un Centre collaborateur
OPS/OMS

Affilié à part entière à
l'Université de Toronto

Background and purpose

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. CAMH's Problem Gambling Institute of Ontario (PGIO) brings treatment professionals and leading researchers together with experts in communicating and sharing knowledge. Its focus is on collaboratively developing, modeling, and sharing evidence-based solutions to gambling-related problems within Ontario and around the world.

The purpose of this framework document is to:

- Facilitate CAMH / PGIO responses to emerging gambling policy-related issues with all levels of government;
- Provide a model for the development and implementation of gambling policies that most effectively address the health and social harms that often accompany gambling;
- Signal to the community CAMH's perspective on gambling policy;
- Encourage a convergence of research and practice within CAMH on gambling policy issues.

If you would like more information about this document, please contact

Jean-François Crépault, CAMH Public Policy Coordinator, at jf_crepault@camh.net or 416 535-8501 x2127.

Why problem gambling is important

Government-operated gambling has steadily expanded in Ontario in the past two decades, with revenues reaching \$4.7 billion in 2009 (CPRG, 2010). Many individuals in Ontario gamble, and most do so without causing harm to themselves or others. However, about 3.4% of Ontarians exhibit evidence of a gambling problem, and the resulting individual and social costs are significant (Wiebe et al., 2006). Gambling is like alcohol in this respect: many make healthy use of it, but excessive consumption may have undesirable consequences (Marshall, 2009). For these individuals, a range of harms may occur, resulting in heavy social, economic, and health costs such as crime, dysfunctional relationships, and bankruptcy.

The revenues derived from government-operated gambling serve a valuable function to the extent that they fund health, education, and other programs in the province. However, in Ontario as elsewhere, the emergence of problem gambling in the past two decades appears to be linked to the decision by governments to increase the availability of gambling and promote it extensively (Korn, 2000; Williams, Rehm, and Stevens, 2011). That being so, it is important to note that the continued expansion of government-operated gambling in Ontario is likely to have a negative impact on some individuals and populations. It is the responsibility of both agencies of the government of Ontario – the regulator and the operator – to ensure that gambling-related harms are minimized.

In this context, a public health approach can be valuable (Korn and Shaffer, 1999). Insofar as it examines gambling not only in terms of its effects on the individual who gambles but also on his or her family and community, such an approach can help create and apply “healthy public policy” that seeks to prevent or mitigate gambling-related harm, promote healthy choices, and protect vulnerable or high-risk populations (Korn and Shaffer, 1999). Approaching the regulation and operation of gambling through this lens means that policy is informed first and foremost by considerations of public health as opposed to revenue.

What we know

Gambling is a common activity in Ontario; a majority of the population engages in at least one gambling activity in any given year. As outlined in the table below, just over 3% of the province’s population experiences moderate to severe gambling problems, with similar numbers for high school students and older adults. It is estimated that between 30% and 40% of Ontario’s gambling revenues come from the 3% of the population with gambling problems (Williams & Wood, 2004).

	Gambling prevalence (Percentage of individuals who report having engaged in at least one gambling activity in the past year)	Most common gambling activities among individuals who gamble	Problem gambling prevalence (Percentage of individuals who exhibit evidence of a gambling problem)	Most common gambling activities among individuals with gambling problems
Students, grades 7-12 (Cook et al., 2010)	42.6%	Card games and sports bets	2.8%	Card games and sports bets
Adults (aged 18+) (Wiebe et al., 2006)	63.3%	Lottery, raffle, and scratch tickets	3.4%	Slot machines
Older adults (aged 65+) (Wiebe et al., 2004)	73.5%	Lottery and raffle tickets; slot machines	2.0%	Slot machines, scratch tickets

Problem gambling is associated with mental health issues such as depression, anxiety, and suicide; it also affects family and marital relationships, work and academic performance, and can lead to bankruptcy and crime. Suicide is a critical concern. A recent study found that a quarter of Ontario student problems with gambling problems reported a suicide attempt in the past year – roughly 18 times higher than in the general student population (Cook et al., 2010). The risk of suicide is also high among older adults with gambling problems (Nower & Blaszczynski, 2008).

The risks and harms associated with problem gambling are not evenly spread throughout society. There is a range of individual- and population-level factors that may make a person more likely to develop gambling problems. At the individual level, these include (a) experiencing an early big win; (b) having mistaken beliefs about the odds of winning; (c) experiencing financial problems; and (d) having a history of mental health problems (CAMH, 2005). Across many jurisdictions, some sub-groups have been found to be at higher risk for developing gambling problems. There is no consensus on the question of which groups in Ontario are at greater risk, and more research in this area is needed.

In terms of environmental or population-level factors, available evidence suggests three main areas of risk:

- gambling availability,
- gambling modality,
- hours of operation.

Availability

Increases in gambling availability are associated with increases in problem gambling. There is international evidence that the number of people presenting for problem gambling treatment and the number of bankruptcies both rise following the opening of casinos (Williams, Rehm, and Stevens, 2011).

Modalities

Certain gambling modalities carry a higher risk that their users will develop gambling problems or that existing gambling problems will be exacerbated. Electronic gaming machines (EGMs), particularly slot machines and video lottery terminals, are known to be particularly problematic.¹ In 2010, more than 2,000 people sought problem gambling services through the Connex Ontario Helpline; of these callers, 65.4% reported problems with slot machines, 25.4% reported problems with card games, and 5.2% reported problems with lotteries (Connex Ontario, 2011). Of all gambling modalities, EGMs have the highest proportion of people with gambling problems among their users, and about 60% of slot machine revenue is derived from people with gambling problems (White et al., 2006; Monaghan & Blaszczynski, 2010; Harrigan, 2007; Williams & Wood, 2004). Fast speed of play, features that promote false beliefs (e.g. near misses and stop buttons), direct electronic fund transfers, and bill acceptors are among the features that are especially problematic (Blaszczynski et al; White et al., 2006; Collier, 2008).

Extended hours of operation

A disproportionate number of people with gambling problems play EGMs between midnight and closing, and many 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 (PGIO, 2011). Driving while impaired or while extremely tired are two additional public health concerns related to extended hours of operation.

Since gambling in Ontario is operated and regulated by the provincial government, it is within the government's power to intervene at the environmental level in order to minimize the harms associated with gambling expansion, EGMs, and extended hours.

¹ There is currently a moratorium on VLTs in Ontario.

Principles for an Ontario approach to gambling

Based on the evidence reviewed above and the belief that gambling should be regulated and operated with public health as its prime imperative, CAMH offers the following principles for an Ontario approach to gambling. For each principle, examples of action are given.

1.

Ontarians are not exposed to high-risk gambling environments and modalities.

Examples of action that results from this principle:

- Any planned expansion of gambling in Ontario must be preceded and informed by community consultation and public health-based risk assessment.
- Gambling modalities known to have a high potential for harm, such as EGMs, are controlled and their number limited, and the most problematic features are not permitted.
- Research to identify high-risk environments and modalities is funded.
- New gambling venues and modalities are rigorously evaluated, with an emphasis on social and health impacts.

2.

Ontarians have the right to abstain from gambling, and to establish limits on the extent of their participation.

Examples of action that results from this principle:

- Self-exclusion mechanisms are robust, comprehensive, accessible, and culturally competent, and their effectiveness is routinely evaluated.
- Patrons have the ability to pre-establish spending limits.
- Opportunities to gain access to cash or credit on-site are limited.
- Communities are consulted about the level and forms of gambling they feel are appropriate for them.

3.

Those who choose to gamble are informed of the odds of winning, and of the potential consequences and risks.

Examples of action that results from this principle:

- Odds of winning are clearly posted at tables and on machines.
- Evidence-based awareness and prevention initiatives are supported and evaluated on a routine basis.

4.

Ontarians whose lives are most affected by problem gambling have access to high-quality, culturally appropriate care.

Examples of actions that result from this principle:

- Ontarians have access to services across the province, both in person and online.
- Services are built around the needs of clients, including those with co-occurring disorders such as mental health and substance use problems.
- Multicultural, multilingual outreach and services are made available.
- Primary care clinicians are supported to provide screening and brief intervention services and are knowledgeable about other available resources/services.

5.

Gambling legislation and regulation must establish a minimum duty of care.

Examples of action that results from this principle:

- Advertising of gambling does not promote false beliefs and is not directly or indirectly aimed at vulnerable populations.
- Government's mandate to regulate gambling in the public interest is defined to explicitly include the mitigation of health and safety risks.
- Gambling is defined in legislation as a public health issue.
- The social responsibility mandate of the regulator is broadened and its scope is clearly defined.

6.

Government regulation and operation of gambling should have as its primary focus the protection of populations at greatest risk of developing gambling problems.

Examples of action that results from this principle:

- Strict controls on young people's access to gambling, and advertising directed toward young people are in place.
- Appropriate interventions are implemented for those clearly exhibiting evidence of dangerous patterns of gambling (e.g. extended length of session).

7.

Government decisions on gambling are based on best evidence, and research on gambling is supported.

Examples of action that results from this principle:

- Policy and regulatory changes – and most importantly, any gambling expansion – are subject to rigorous and transparent evaluation on a routine basis.
- Government continues to provide support to gambling research, and implementation of research results toward clinical practice guidelines.
- Government decisions are informed by best evidence on both public benefits and costs of gambling to individuals, families, communities and society.
- A mandatory player card system is introduced and used to prevent and identify gambling problems as well as the proportion of gambling revenues derived from people with gambling problems.

Conclusion

The harms of problem gambling to individuals and the costs to society are enormous. An approach to gambling policy that privileges public health over revenues can mitigate these harms. The adoption of the principles outlined above would be consistent with the province's goal of ensuring that its gambling program is socially responsible, and we urge the Ontario government to consider them.

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