Gambling Policy Framework

Centre for Addiction and Mental Health

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About CAMH

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health teaching hospital and one of the world's leading research centres in its field. CAMH is fully affiliated with the University of Toronto and is a Pan American Health Organization / World Health Organization Collaborating Centre.

With a dedicated staff of more than 4,500 physicians, clinicians, researchers, educators, and support staff, CAMH offers outstanding clinical care to more than 38,000 patients each year. The organization conducts groundbreaking research, provides expert training to health care professionals and scientists, develops innovative health promotion and prevention strategies, and advocates on public policy issues at all levels of government.

About this document

This policy framework is part of a series of documents that review evidence, summarize current policy environments, and propose evidence-informed principles to guide public policy in Ontario.[*] This document updates CAMH's 2011 *Gambling Policy Framework* to account for new evidence and policy developments. The purpose of this framework is to provide a template for gambling policy that effectively addresses the health and social harms that can accompany gambling, and to inform government initiatives in this area.

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[*] The other CAMH policy frameworks are on aging, alcohol, cannabis, housing, mental health and criminal justice, opioids, and primary care. They can be found at http://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Pages/influencing_public_policy.aspx.

Why gambling policy is important

Gambling is common in Ontario, with nearly 70% of adults reporting having engaged in some form of gambling in the past year.[1] It is also significant economically. The Ontario Lottery and Gaming Corporation (OLG), the Crown corporation responsible for providing legal gambling in the province, contributed $1.6 billion to the provincial treasury in 2021–22—less than in the years preceding the COVID-19 pandemic, but still accounting for nearly 1% of total provincial government revenues.[2,3] Legal gambling also supports numerous jobs in Ontario.

While most people who gamble do not experience gambling-related problems, it is an activity that comes with significant risks. An estimated 1.2% of adult Ontarians meet the criteria for problem gambling,[1] but this statistic tells only part of the story. People can experience a range of harms to their physical and/or mental health as a result of gambling, even in the absence of a gambling disorder.[4] Many people who gamble experience dysfunctional relationships and financial difficulties, so gambling-related harms can affect their families and communities as well. And while people with a gambling disorder account for up to 40% of total gambling expenditures, up to 85% of gambling harms occur in people who do not meet the criteria for a disorder.[5,6,7]

Research has found many factors that can place individuals at elevated risk of gambling-related harms, including social, cultural, psychological, and biological factors. From a public health perspective, the most relevant risk factors for gambling-related harm are not individual characteristics but environmental ones, most notably:

- *Exposure to gambling.* In general as gambling opportunities increase, gambling-related harms tend to increase; further the more an individual gambles, the more likely they are to experience harm.[8,9,10]

- *Form of gambling.* Forms of gambling vary greatly in terms of riskiness. Some combine features (e.g. rapid speed of play; losses disguised as wins) known to be problematic, making them especially likely to cause harm.[8,9,10]

These environmental or "population-level" risk factors are modifiable: they can be mitigated through evidence-informed measures that place public health first. With that said, gambling policy in Ontario has been moving in the opposite direction for some time. Gambling opportunities have been increasing globally and Ontario is no exception. While this province has put in place a range of measures intended to facilitate "responsible gambling," these measures tend to focus on individual actions rather than environmental risk factors. Particularly lacking are measures aimed at regulating overall gambling availability, riskier gambling products, and advertising.

Ontario needs to rethink its approach to gambling policy. To reduce gambling-related harms, focus must shift from the individual who gambles to the context in which gambling takes place. This document makes evidence-informed recommendations to that effect.

What we know

Gambling is a common activity

Gambling can be defined as any activity in which something of value, generally money, is risked on an uncertain outcome with the hope of winning a prize or reward. This can include a variety of activities, for example buying a lottery ticket, playing poker (at a casino or at home with friends), using a slot machine, or betting on the outcome of a sports game or other event.

Gambling was legalized incrementally in Canada from 1969 onwards. Through the Criminal Code, the federal government determines the forms of gambling that are allowed. The Code gives provincial governments the exclusive authority to "conduct and manage" gambling activities. In Ontario there are two entities designated for that purpose: the Ontario Lottery and Gaming Corporation (OLG) for land-based gambling and iGaming Ontario (iGO) for digital. The Alcohol and Gaming Commission of Ontario (AGCO) regulates all forms of gambling in the province. Ontario launched its first lottery in 1975 and built its first casino in 1994. At the time of writing, Ontario has 4 "resort casinos," 29 facilities offering both slot machines and table games, 37 charitable gambling centres, 15 horse racing venues, and nearly 10,000 retailers selling lottery products.[2] (During the COVID-19 pandemic, many of those non-retail facilities were temporarily closed.) In 2021, the federal government amended the Criminal Code to legalize single-event sports betting.

Online gambling (also referred to as Internet gambling, digital gambling, or iGaming) includes various wagering and gambling activities made available through Internet-enabled devices such as computers, smartphones, tablets and digital television. For example, there are digital versions of traditional casino games (e.g., poker, blackjack, slot machines and roulette) and Internet-based betting on various sports and racing events. Online, the

OLG has offered virtual slots, table games, and lottery via its PlayOLG site since 2015. Until recently this was the only legal online gambling available in the province, though Ontarians were able to easily access tens of thousands of gambling websites and apps—some regulated, others not—based in other jurisdictions. In 2022, the provincial government implemented a system allowing private operators regulated by the AGCO to offer legal online gambling, including casino and card games as well as sports betting, to Ontarians.

Almost 70% of Ontarians report gambling at least once in the past year.[1] Among high-school students, that proportion is about 32%.[11] Participation differs by gambling type. A 2018 study gave the following past-year prevalence estimates for Ontario adults:[12]

- Lottery or raffle tickets: 50.3%
- Instant lottery tickets: 32.3%
- Electronic gambling machines: 12.2%
- Sports betting: 7.6%
- Casino table games: 7.2%
- Online gambling: 5.4%*
- Bingo: 3.5%
- Other types: 2.5%

Research has found that gambling participation varies as a function of demographic profile. In general, men gamble more than women, and gambling prevalence is highest in the 30-39 and 50-64 age groups.[13] Casinos and electronic gambling machines (EGMs)** in particular tend to be preferred by Ontarians aged 50+, with younger adults participating at much lower (and declining) rates.[14,15]

The way people gamble is changing due to both technological and generational factors. Over the past 20 years, casinos and EGMs have become less popular as their customer base ages. At the same time, as mobile

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* These data are now five years old; online gambling has increased since then, as we will discuss later.

** The term EGM can refer to a variety of gambling machines including slot machines, fixed odd betting terminals, and video lottery terminals. In Ontario, slot machines are the most common EGMs.

technology develops, people are able to gamble on a broadening range of events, activities, and platforms. Notably, mobile devices provide virtually unlimited opportunities to gamble. Forms of gambling are also increasingly appearing in video games, both console and mobile. Online gaming (i.e. video games played on the Internet or a mobile device) has increasingly come to include aspects of gambling such as risk- or chance-based outcomes and monetary transactions, and gaming elements such as immersive reality and fantasy sports are also being increasingly used in online gambling activities.[16]

Gambling is associated with a variety of harms

Gambling is often thought of and marketed as harmless entertainment, with a small number of people experiencing harm because of an individual predisposition or pathology. But there are two important dynamics when it comes to gambling and harm:

- People can experience harms from gambling whether they gamble occasionally or frequently. However, the more a person gambles, the more likely they are to experience harm.[17]

- Some forms of gambling are more harmful than others. Forms of gambling that involve rapid speed of play and/or high event frequency are particularly harmful.

These dynamics are explained below.

Harms to individuals and communities

Observing that unlike the harms associated with physical illness and substance use, "harms from gambling are varied and diffuse," Langham and colleagues[4] have proposed a classification of harms that has become widely accepted by researchers in the field.[17] In Figure 1, they illustrate the range and scope of gambling-related harms.

These harms are not evenly spread through society: as with many health conditions, gambling-related harms disproportionately affect marginalized and disadvantaged individuals and communities.[7] As a result, to the extent that gambling policy fails to prevent (or even facilitates) harm, gambling policy can exacerbate health inequity.
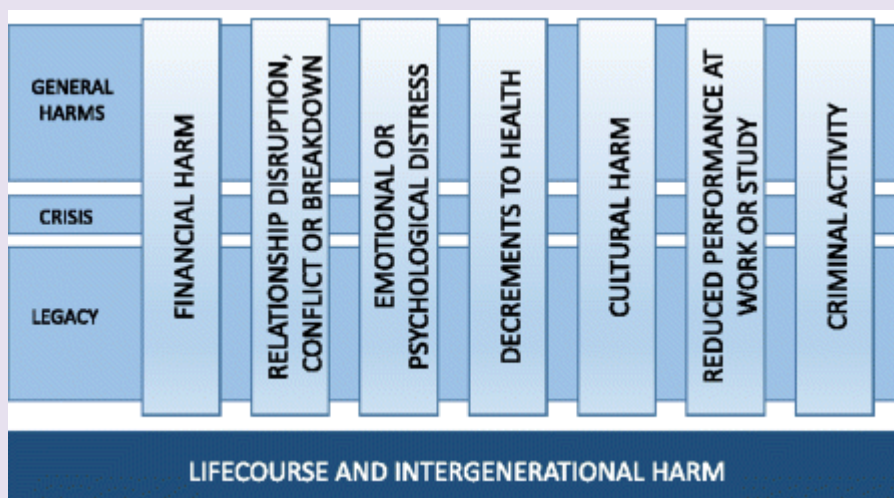
Gambling problems can be viewed as a spectrum. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5)—the authority for psychiatric diagnoses in North America—recognizes problem gambling as an addictive disorder akin to those associated with substances like

Figure 1: Dimensions of gambling harm [4]

Langham et al., 2016. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (http://creativecommons.org/licenses/by/4.0/).

alcohol or opioids.[18] Formally referred to as gambling disorder (or prior to 2013, pathological gambling), it is described as "persistent and recurrent maladaptive gambling behavior that disrupts personal, family, and/or vocational pursuits."[18] (See Appendix for diagnostic criteria.)

CAMH studies have found that about 1.2% of Ontario adults and 1.7% of high-school students in the province are experiencing, or at risk for, gambling problems.[1,11*] These figures have been stable—or may have slightly declined— since the early 2000s. Demographically, problem gambling tends to be highest in younger males with lower levels of income and education.[13]

People living with a gambling disorder commonly experience physical and psychiatric comorbidities.[19] Up to 70% of people with gambling disorder have a pre-existing mental health concern.[20] Anxiety and depression are common in this population, and research has consistently found elevated rates of suicidal ideation and completed suicide among individuals with gambling disorder.[21] One study found that people with gambling disorder had 15 times the suicide mortality of the general population, with suicide being the leading cause of death in this group.[22] People who gamble are not the only ones who can be impacted. It has been estimated that for every person experiencing gambling problems, another 5 to 10 people are negatively affected, with harms to mental health and financial security especially common.[7]

With respect to the distribution of gambling-related harms in society, two other important facts stand out:

- A relatively small number of people account for the majority of gambling losses. National and international estimates suggest that between 30– 40% of total gambling expenditures come from the approximately 2% of people with gambling problems.[5,6]

- At the same time, people who gamble moderately are more numerous and account for the majority of gambling problems.[23] Up to 85% of gambling harms

occur in people who do not meet the criteria for gambling disorder.[7]

These dynamics have important implications for gambling policy, as highlighted below.

Risk factors

Gambling is inherently a risky activity. As mentioned, the more a person gambles—measured by frequency, duration, and/or expenditure—the higher their likelihood of experiencing harm.[17]

Individual characteristics may make some people more susceptible to developing gambling problems. As mentioned, problem gambling is most common among younger males with lower levels of income and education. Other communities may disproportionately experience gambling-related harms; for example, Indigenous people as well as people from lower-income households are more likely to be at risk of gambling problems than the general population.[24] However, the most important predictors of both individual problem gambling and overall rates of problem gambling in a population are environmental (i.e., not individual) factors related to A) exposure to gambling in general, and B) exposure to more harmful forms of gambling.

Exposure in general is discussed in the next section. Here, we will outline the elements known to increase the potential for harm of particular forms of gambling. These elements are referred to as product features or "structural characteristics." There is a high level of consensus regarding the product features most likely to cause harm (see Table 1).

These features can increase the potential for harm. Especially important are timing aspects: speed of play (time between the gamble and the outcome) and event frequency (time interval between bets). Forms of gambling with a rapid speed of play tend to encourage more betting and longer play, and consumers experience more difficulty stopping.[25] Similarly, forms of gambling with high event frequency are associated with difficulty stopping gambling and with greater monetary losses.[26]

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* Note that the prevalence figures for adults and high-school students are not directly comparable. The first study used the Problem Gambling Severity Index (PGSI) to assess gambling problems while the second used the Gambling Problem Severity Subscale, which is designed for adolescents.

Table 1: Gambling product features associated with harm [8,9,10]

Timing	• Speed of play (time between the gamble and the outcome) • Event frequency (time interval between bets)
Rewards	• Bet sizes (individual bets; total losses) • Jackpot size • Frequent small wins
Sensory / audiovisual elements	• Losses disguised as wins • Near-miss events • Opportunities for illusory skill or control (e.g. stop buttons, early wins, etc.) • Celebratory sights and sounds (especially associated with losses disguised as wins)

Gambling opportunities are increasing—and more visible

Casinos and other land-based gambling venues have steadily increased in numbers since they were legalized in Ontario. Researchers have attempted to determine the social and economic impacts of casinos, both positive and negative. Research indicates that casinos can have modest beneficial economic impacts in the short term: they tend to increase government revenue, which can be used to improve public services, and may create jobs (though many of these may be temporary).[27] On the other hand, they can also be accompanied by increases in gambling disorder, bankruptcies, and crime.[27]

Technology has made online and mobile gambling instantly available to many Canadians. In addition, the recent federal legalization of single-event sports betting and the provincial expansion of legal online gambling have made legal gambling opportunities even more easily accessible.

Exposure to gambling opportunities is an important determinant of harm. As gambling opportunities increase, so does gambling, leading to a corresponding rise in harm at the population level.[8,10] Research has found associations between:

• the number of people presenting for problem gambling treatment, and the number of bankruptcies in that area,[28,29] and

• the number of EGMs in an area and both A) EGM expenditures and B) the prevalence of problem gambling in that area.[13,30]

This is consistent with research on alcohol and tobacco, which for decades has shown that as those substances become more available, consumption increases, as do related harms.[31,32] Evidence is emerging that this may be the case for legal cannabis as well.[33] However, in the case of gambling there are important qualifications to this relationship between exposure / availability and harm.

The adaptation hypothesis

Gambling opportunities have increased in Canada over the past 20 years but the prevalence of problem gambling has not.[12] Across the world, it is often the case that as gambling opportunities increase, harms and problem gambling prevalence do as well—but after a time, these population-level harms plateau. Researchers have proposed an 'adaptation' hypothesis: where the availability of gambling rises, awareness of risk may increase as well, which theoretically results in gambling participation levelling off.[8]

Land-based vs. online gambling

It is difficult to assess or measure availability when gambling can occur in person or online. As mentioned, studies have demonstrated that new casinos promote an increase in gambling problems. But with online and mobile gambling just a click or tap away, exposure is more difficult to measure and the concept more difficult to apply. Nevertheless, gambling opportunities have certainly increased in Ontario since the introduction of a legal, regulated online gambling market in April of 2022.

Ontarians are also increasingly exposed to gambling through advertising, marketing, and promotion. While this has long been the case to some extent, the advent of legal online gambling—and sports betting in particular—has led to an explosion of gambling advertising on television, radio, social media, and outdoors.

The role of advertising, marketing, and promotion

The purpose of advertising is to drive consumption, and gambling is no exception. There is a causal relationship between exposure to gambling advertising and a more positive image of gambling, as well as intentions to gamble and actual gambling activity—at both the individual and population level.[34] Children and youth, as well as those already experiencing gambling problems, are especially susceptible to these effects. Unlike other substances / activities known to carry risk and regulated by the government—specifically alcohol, cannabis, and tobacco—there are no federal regulations or codes regulating the advertising, marketing, and promotion of gambling.

Concerns have been expressed over both the volume and content of gambling advertising in Ontario—especially sports betting.[35,36] There do not appear to be rules or guidelines in Canada governing the volume of gambling ads. There are standards in Ontario limiting the content of gambling ads, but they are much more permissive than those found in some other jurisdictions. For example, the

United Kingdom and Ireland have 'whistle-to-whistle' gambling advertising bans: during a sports broadcast, gambling ads cannot be shown from five minutes before a match begins until five minutes after it ends.[37]* It is also worth noting that several European countries have banned—or are in the process of banning—virtually all gambling ads, including on social media.[38]

Ontario's rules to protect minors from exposure to gambling advertising are also comparatively weak. Using the UK as an example again, whereas Ontario focuses on preventing ads that appeal *primarily* to minors, the UK prohibits gambling ads that have "strong" appeal to minors—irrespective of their appeal to adults.[39,40] Similarly, while Ontario does not allow gambling ads in programming "directed primarily to minors," the UK stipulates that ads must not appear in programming where minors make up more than 25% of the audience.[39,40]**

Gambling ads in Ontario also feature messaging and themes that are forbidden for other substances / activities known to carry risk. For example, many of the sports betting ads appearing in Ontario since 2022 seem designed in part to reach non-gamblers and encourage them to take up gambling, and some ads strongly imply that personal success can be achieved or enhanced by betting on sports.[41,42] Ads with such themes would be prohibited under the Canadian Radio-television and Telecommunications Commission's Code for Broadcast Advertising of Alcoholic Beverages (CRTC Code).[43,44]

Beyond advertising, the promotion of gambling takes other forms. Many Canadian media entities have established partnerships with sports betting companies, leading to gambling content being embedded in sports broadcasts and apps. As a result of all these developments, Ontarians are more exposed to gambling promotion than ever. Given that such exposure is associated with increased gambling activity, which in turn leads to a greater likelihood of problems, Ontario's current approach to advertising rules can be expected to cause harm.

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* More recently, UK regulators have proposed that other forms of gambling promotion, like gambling company logos on jerseys, should be covered by the whistle-to-whistle ban.

** The AGCO has recently moved towards this type of language in one area of its advertising standards. As of Feb. 28, 2024, its restrictions on the use of celebrities, social media influencers, entertainers, etc. apply to any such figures that "would likely be expected to appeal to minors". Previously, the ban applied to content with a "primary appeal to minors."

Some forms of gambling are riskier than others

Forms of gambling vary greatly in the level of risk they pose to the person gambling. As mentioned previously and illustrated in Table 1, certain product features are closely associated with harm, most notably speed of play (time between the gamble and the outcome) and event frequency (time interval between bets), but also features that encourage false cognitions or beliefs (e.g. by giving the illusion of skill or control, or disguising losses as wins). Many forms of gambling have few or none of these features. Lottery tickets, for example, have a relatively long delay between the gamble (the purchase) and the outcome and generally do not give the illusion of control. However, other forms of gambling combine these features in ways known to cause more harm. Three such forms of gambling bear mentioning here.

Electronic gambling machines

The EGMs available in Ontario are characterized by high speed of play, the possibility of large bets, and features encouraging false cognitions (notably stop buttons on slot machines, which give the illusion of skill; losses disguised as wins via celebratory sights and sounds; and near-miss events—all features associated with harm).[45]* These features combine to facilitate rapid, immersive, continuous, and impulsive gambling. The existence of these features is not a coincidence; EGMs are purposely designed this way.[46] As a result, many EGM users have gambling problems, and it has been estimated that more than a third of Ontario's EGM revenue comes from people experiencing gambling problems.[5,47]** Even though EGMs are not the most common gambling activity in this province, 56% of callers to the Ontario Problem Gambling Helpline between 2000 and 2019 were experiencing problems with EGMs (see Appendix B).[48] For all these reasons, EGMs have been called the most harmful form of gambling.[49,50]

Despite the caveats noted in the adaptation hypothesis,

exposure to EGMs is closely associated with problem gambling at both the individual and population levels. According to a recent study, individual problem gambling is "overwhelmingly best predicted by EGM participation."[13] The authors further note that "provincial rates of at-risk and problem gambling are very strongly predicted by EGM density and EGM participation rates."[13, p. 527]

Online gambling

Online gambling is a mode of access rather than a distinct form of gambling, but it warrants separate discussion due to its rising popularity. Although recent data on online gambling in Ontario are lacking, prevalence is certainly increasing.[51] The global COVID-19 pandemic and associated public health restrictions, including the closure of land-based venues, have contributed to rapid increases in online gambling participation.[52] Online gambling participation is also known to have increased in jurisdictions that, like Ontario, have legally regulated online gambling sites.[53]

Online gambling is more common among people who gamble frequently and, for some, this form of gambling can significantly contribute to gambling problems.[53] In fact, gambling online may be the single strongest risk factor for developing a gambling disorder.[54] Certain features of online environments may increase the likelihood of developing gambling problems, including:[55,56]

- easy access and ability to play for long periods uninterrupted
- ability to gamble alone
- use of credit card and other digital payments that make spending easy
- highly interactive or immersive features that facilitate losing track of time and/or money

People who gamble online are more likely to have co-occurring mental health and/or substance use concerns than those who gamble in land-based venues.[57]

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* Losses disguised as wins (LDWs) occur "when a player wins less money than they bet, resulting in an overall loss. Modern multiline slot machines celebrate LDWs in a similar or identical way to that of a true win."[45, p. 1243] A near-miss event can occur in a number of ways. One example is when all but one EGM payline show the jackpot symbol, with the last one just above or below the jackpot symbol. This creates the illusion that the player was close to winning.

** Gambling accounts for approximately 1% of total provincial government revenues, so this would suggest that up to 0.4% of provincial government revenue comes from people with gambling problems.

In Ontario, land-based gambling continues to be more common than online gambling, but as the popularity of the latter increases, so do the problems. In 2022, the same year Ontario opened a legal online gambling market, online gambling displaced EGMs as the main reason for calls to the Ontario Problem Gambling Helpline (see Appendix B). In 2021, just 21% of callers to the Helpline were experiencing problems with online gambling; that share increased to 48% in 2022 and 63% in 2023.[51]*

In-play sports betting

In-play sports betting involves making a bet on a component of a sports event while that event is in progress. Examples include betting during a baseball game whether the next pitch will be a ball or a strike, or placing a new bet on the outcome of the game after it has begun, based on active and shifting lines or spreads. This betting format has only been legally available in Ontario since April 2022 so little is known about its uptake, but in jurisdictions where legal sports betting has been available for longer, in-play betting is an increasingly popular form of gambling.[58] As with EGMs, in-play betting facilitates rapid, immersive, and impulsive gambling. Research has found that people engaging in in-play sports betting are three times more likely to have a gambling disorder than other people who bet on sports online, and their gambling problems are more severe.[58,59]

Product potency

In EGMs, online gambling, and in-play sports betting, speed of play and event frequency combine to produce continuous, immersive gambling experiences with the potential for large monetary losses in a short time. These forms of gambling are considered more potent, and harm is a natural, predictable consequence of using them.[60] It follows that addressing gambling product potency is a critical means of reducing harm.

"Responsible gambling" measures are not enough

In Canada as elsewhere in the world, government and industry efforts to address gambling-related harms are referred to as "responsible gambling" (RG). In Ontario, OLG operates an RG program intended to "[provide] players with tools, resources, and information that they need to prevent... and mitigate gambling-related risk and harm."[61] To that end, it offers education on how gambling products work, resources for people to understand and personalize their gambling, the opportunity to temporarily self-exclude from gambling on OLG products and sites, and referral to counselling and support.[62] People gambling online via PlayOLG can also use voluntary pre-commitment tools such as deposit and time limits. Licensed private operators in Ontario are required to achieve and maintain accreditation through a program called RG Check to ensure that responsible gambling programming is in place.[63]

On their own, these measures have limited value. Research has shown that education and the provision of information are among the less effective harm prevention strategies in dealing with addictive substances and behaviours.[64,65] Further, the effectiveness at reducing harm of RG tools like pre-commitment is limited as long as they remain voluntary.[66] Finally, this approach places the onus to avoid harm on individuals, ignoring the environmental factors and product features most responsible for gambling-related harm.[67,68] The gambling industry is known to prefer and advocate for policy measures premised on the notion that gambling is mostly harmless and it is up to individuals to protect themselves.[7,47] For these reasons, some researchers have recommended moving on from the concept of RG, arguing it to be ineffective at reducing harms and even counterproductive.[67,68] The RG measures and programs in place in Ontario have a role in a comprehensive plan to address gambling-related harms—as adjuncts to evidence-based measures that address the more significant determinants of gambling-related harm.

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* An error was corrected on March 27, 2024. Upon release of this document, the number for 2023 was erroneously given as 93%.

What we can do about it

Gambling-related harms can be mitigated through public policy. When designing a policy framework for gambling, there is one key dynamic to keep in mind: while a small percentage of gamblers account for most of the money gambled, most gambling harms in society are experienced by people who gamble moderately. This means that any strategy to address gambling-related harms must include measures aimed not only at people with (or at risk of) a gambling disorder, but also people who gamble occasionally.

A public health approach is well suited to this task. While definitions vary, in the context of gambling, the principles of a public health approach can be summarized as follows:

- It acknowledges that gambling occurs on a spectrum, from benign to problematic.

- Its primary focus is on the health of the whole population.

- It takes aim at the risk factors for gambling-related harm, rather than gambling per se.

- It seeks to regulate different forms of gambling proportionately to the level of risk they pose.

There is much we can learn from how other jurisdictions regulate gambling. In this section we outline nine sets of evidence-informed recommendations for a public health approach to gambling in Ontario. All of these measures have been implemented in one or more jurisdictions—so they are feasible, provided there is political will.

Caveat: Indigenous communities, reconciliation, and the duty to consult

Indigenous communities in Canada have a complex relationship with gambling. Indigenous people are more likely to experience gambling problems than non-Indigenous people, but some First Nations communities also benefit economically from commercial gambling operations.[69] For these reasons, there is the potential for gambling policies to impact Indigenous communities. We make the recommendations below with the understanding

and expectation that any gambling policy that may impact Indigenous communities will be preceded by consultations, with accommodation where appropriate, in keeping with the provincial government's duty to consult and its commitment to reconciliation.[70,71]

Move from "responsible gambling" to a public health approach

Research has shown that the most important risk factors for gambling-related harm are environmental, not individual. That being so, the measures most likely to reduce those harms are also environmental. Despite this, most jurisdictions—including Ontario—continue to emphasize individual "responsible gambling" (RG) in their efforts to reduce problem gambling. This appears to be changing: in some jurisdictions, regulators are distancing themselves from RG, replacing it with "player health" or simply public health.[72]

The measures implemented in Ontario under the banner of RG have a place in a comprehensive problem gambling strategy but should be considered secondary to measures that address environmental factors—particularly gambling availability and the product features that make some forms of gambling more potent and thus more harmful. For these reasons:

- *The Ontario government should formally commit to public health as the overarching principle of gambling policy.*

- *The Ontario government should shift its harm prevention focus from the people who gamble to the providers of gambling products and the products themselves.*

Limit overall gambling availability

Given that increases in gambling availability and exposure are associated with increases in gambling-related harms:

- *Any planned expansion of land-based gambling venues should be preceded and informed by local community consultation and public health-based risk assessment.*

Electronic gambling machines outside of designated gambling venues, e.g. in bars / pubs or hotels, are usually referred to in Canada as video lottery terminals (VLTs). VLTs are particularly problematic because in addition to the problems associated with EGMs, their ease of access also facilitates impulsive gambling. Ontario technically only allows EGMs at casinos and racetracks. However, since 2022, Ontario has allowed some types of EGMs to be placed in bingo halls.[73] While the provincial government does not consider these EGMs to be VLTs, from a public health perspective there is no appreciable difference.

- *Ontario's ban on VLTs should be maintained and enforced—and the loopholes allowing EGMs to be placed in community venues should be closed.*

Limiting the availability of online gambling is considerably more challenging. In this area, reducing exposure can best be achieved through controls on advertising, marketing, and promotion. We return to this below.

Regulate the product features known to be most harmful

Forms of gambling with a rapid speed of play tend to encourage more betting and longer play, with consumers experiencing more difficulty stopping. Similarly, forms of gambling with high event frequency are associated with difficulty stopping gambling and with greater monetary losses. In some forms of gambling, speed of play and event frequency combine to produce continuous, immersive gambling experiences with the potential for large monetary losses in a short time. Products with these features are more likely to cause harm.

A guiding principle of a public health approach to gambling is that gambling products should be regulated proportionately to the level of risk they pose. For regulators

(in Ontario's case, AGCO), this would first involve assessing gambling products for risk—a complex but achievable task. Frameworks and evaluation tools to measure gambling products' risk levels and mitigate that risk have been created.[74,75] Some researchers have suggested product potency as a guiding criterion for regulating addictive substances and behaviours; in the case of gambling, potential average losses per minute could be used as a measure of potency.[76]

- *All gambling products offered in Ontario should be assessed for risk.*

The next step would be to establish both allowable parameters for certain product features (e.g. only allowing bet sizes in a certain range) and banning some features outright (e.g. stop buttons on EGMs).[75] Some jurisdictions have taken these types of actions, with Norway and the UK playing leading roles. In the UK, the regulator has banned features that speed up play, encourage false beliefs, and give the illusion of skill.[77,78] Norway has implemented similar regulations, in addition to an earlier overhaul of its EGMs (see Table 2).[79,80] Building on these examples, we recommend the following:

- *The AGCO should be empowered to require that gambling products minimize the most problematic features. In the case of EGMs and online casino games, this would include:*[66]
  - *requiring slower spin rates or minimum spin time*
  - *establishing lower bet stakes or maximum stakes*
  - *banning near misses and features that give the illusion of skill**
  - *banning losses disguised as wins*

The RG approach favoured in Ontario and elsewhere has allowed the gambling industry to offer and promote potent and inherently risky products while expecting consumers to avoid harms. A public health approach would require the gambling industry to design less harmful products—with those parameters defined by the regulator, based on scientific evidence.**

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* AGCO has a [standard](#) in place prohibiting games from encouraging "the perception that speed of play or skill affects the outcome of the game when it does not." However, it applies only to online gambling.

** In recent years, AGCO has moved from a prescriptive regulatory model to one [based on standards,](#) preferring to define required outcomes and let regulated entities decide how to attain them. Achieving safer product design would likely require—at least at the start—an element of prescriptive regulation.

Table 2: The case of Norway [80]

- There was rapid expansion of EGMs in Norway in the 1990s; gambling expenditures (2/3 of which were on EGMs) and problem gambling rates reached all-time highs in 2005

- Because of concerns over EGM harms, in 2007 Norway temporarily banned them

- EGMs were replaced in 2009 with machines designed to be less harmful (e.g. fewer audio-visual stimuli, no banknote acceptors or cash payouts, fixed spending limits)

- Other restrictions included a government monopoly on EGMs and unavailability of EGMs between midnight and 6am

- Following these changes, problem gambling as well as overall gambling declined

Introduce mandatory safeguards

In addition to measures targeting product design and features, there is a need for consumer protection measures or safeguards. Some of the safeguards recommended below are among the RG tools currently offered by operators in Ontario on a voluntary basis—for example pre-commitment, which allows a person gambling online to set a spending limit ahead of time. To be effective, such measures should be mandatory, as they are in some other jurisdictions.

- *Ontario should require that the following safeguards, all of which have shown some evidence of effectiveness in reducing harms,*[81,82,83] *be implemented across online and/or land-based venues:*

  o *Pre-commitment (before beginning to gamble, consumers decide how much time and/or money they will spend)*

  o *Loss limits (an absolute maximum limit on the monetary losses a player can incur in a given time period)*

  o *Built-in breaks or pauses in play (e.g. after one hour of play, 15 minutes break)*

  o *Pop-up messages during play that promote self-awareness of gambling activity*

  o *No credit (e.g. casino loans) offered at land-based or virtual venues*

  o *No banknote acceptors on EGMs*

The goal of these measures is generally to reduce the speed and ease of gambling in order to minimize impulsive and extended play.[84] Table 3 provides examples of mandatory safeguards in place in other countries.

Operators should also continue to offer the following:

- *self-exclusion options (these should apply across both OLG and private-sector operators and venues)*

- *the inclusion of treatment and counselling information at land-based venues and online*

Table 3: Examples of mandatory safeguards in other countries

Country	Safeguard	Description
Sweden	Pre-commitment	People using EGMs must register and pre-set limits on both money (daily and monthly limits) and time (daily limit) [89]
Norway	Loss limits	Consumers can lose a maximum of approximately $2,500 CAD per month, though lower limits are set for "high-risk" games ($620 per month) and for people aged 18-19 ($250 per month) [90]
Norway	Built-in breaks	An online gambling session is terminated if the person has been playing continuously for one hour [91]
New Zealand	Pop-up messages	EGMs are required to display pop-up messages to interrupt play every 30 minutes minimum; the messages encourage the viewer to reflect on how long they've been gambling [92]
Australia	Reducing speed and ease of gambling	In-play sports bets can only be placed by telephone (i.e. not online or via an app) [84]

Restrict advertising, marketing, and promotion

The purpose of advertising is to drive consumption. There is a causal relationship between exposure to gambling promotion and gambling attitudes and activities. Children and youth, as well as those already experiencing gambling problems, are especially susceptible to these effects. There are no federal regulations governing gambling promotion, and while Ontario has some advertising standards in place, they compare unfavourably to other jurisdictions, being much more permissive and less protective of youth.

There is an argument to be made for banning gambling promotion altogether, as many countries in Europe have done or are in the process of doing. In the case of Ontario, which is attempting to replace grey-market or illicit online gambling with a new and regulated market, there is a need for people who gamble to be aware of the existence of those legal alternatives. For that reason, a full ban on gambling advertising may not be realistic in the short term.* However, Canada urgently needs rules reducing the volume of gambling promotion and placing restrictions on its content.

- *The federal government should develop and implement national rules governing gambling advertising and promotion, either through legislation (like with cannabis and tobacco) or regulation (like alcohol). These rules should, at a minimum, include the following principles:*

  o *Sponsorships by celebrities, influencers, sports figures, etc., for gambling should be fully prohibited. This includes the promotion of "responsible gambling."*

  o *There should be a whistle-to-whistle gambling promotion ban for sporting event broadcasts. Gambling content of any kind would not be allowed from five minutes before a match begins until five minutes after it ends.*

  o *Youth protections should be strengthened.*

    ▪ *Gambling advertising should be judged on whether it appeals strongly to youth, regardless of*

its appeal to adults.

    ▪ *Gambling advertising should not appear in media and venues where minors can be expected to account for more than 25% of the audience.*

  o *The following standards, borrowed from the CRTC Code,[43] should be applied to gambling advertising. Commercial messages for gambling should not:*

    ▪ *attempt to influence non-gamblers of any age to gamble*

    ▪ *imply directly or indirectly that social acceptance, social status, personal success, or business or athletic achievement may be acquired, enhanced or reinforced through gambling*

    ▪ *imply directly or indirectly that gambling is essential to the enjoyment of an activity or an event*

    ▪ *refer to the feeling or effect caused by gambling*

Federal action is needed, but the province should not wait for it. *The AGCO should immediately begin incorporating the principles outlined above into its advertising standards.*

Enhance prevention and education efforts

While education is no substitute for regulation, delivering appropriate messages about risk and risk mitigation to the public is a necessary component of a public health approach to gambling. The Responsible Gambling Council (RGC) does important work in this area, developing and conducting public information and education campaigns and public service announcements about the risks of gambling. The RGC also operates PlaySmart Centres, which are staffed locations in land-based venues where people can learn about how gambling products work and obtain information on treatment and counselling. Finally, lower-risk gambling guidelines[85] were developed a few years ago but it is unclear to what extent the public is aware of them.

The provincial government should:

- *continue funding evidence-informed education campaigns designed to improve Ontarians' awareness*

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* While this situation is somewhat similar to that of cannabis, online gambling is different in being virtual. Unlike legal online gambling, sources of legal cannabis are visible via storefronts and products can be promoted at the point of sale. Cannabis advertising must continue to be prohibited.

and understanding of the risks and potential harms of gambling

- *continue supporting PlaySmart Centres*

- *ensure widespread dissemination of the lower-risk gambling guidelines, as well as versions adapted for particular subpopulations*

- *support local gambling-related health promotion initiatives by ensuring that the province's public health agencies are well funded*

Build up treatment capacity

Ideally, gambling problems would be prevented before they occur via the regulatory measures outlined above. Failing that, they would be identified early through screening. When gambling disorder does occur, it can be treated through both psychosocial and pharmaceutical interventions. Research about treatment effectiveness is sparse. However, systematic reviews support the effectiveness of cognitive-behavioural therapy (CBT) in reducing gambling problems, as well as preliminary evidence for motivational interviewing.[86] They also provide preliminary evidence of effectiveness for naltrexone and nalmefene, both of which are medications used for treating substance use disorders (though nalmefene is not available in Canada).[87]

- *Clinicians in primary care and other front-line health care workers should be supported to provide screening and brief interventions to people at risk of developing gambling problems.*

- *The provincial government should:*

  o *enhance access to psychosocial treatment, especially CBT, for problem gambling.*

  o *enhance access to pharmacological treatment (e.g. naltrexone).*

  o *widely publicize ConnexOntario, which connects people with gambling problems (as well as other mental health and substance use issues) to services and supports in their area.*

Reinvest in research, monitoring, and evaluation

Ontario once had a robust and transparent model for funding the prevention of gambling-related harms, but this model has been undermined by successive governments. Most notably, in 2015 the provincial government cancelled a program that had directed 2% of slots revenues to problem gambling prevention, and in 2018 it cut funding to Gambling Research Exchange Ontario (GREO), which generates, synthesizes, and mobilizes gambling research across the province. With the recent expansion of online gambling and sports betting, it is more important than ever to understand the impact of provincial gambling policy. This will require a modernized approach to monitoring and evaluation.

The provincial government should renew its commitment to the prevention of problem gambling by:

- *designating a percentage of provincial gambling revenues to prevention, treatment, and research efforts.*

- *resuming funding to GREO for research generation and mobilization.*

- *ensuring that plans are in place to collect and analyze aggregate player data in order to understand gambling trends.*

Develop and implement a provincial gambling strategy

Gambling policy involves balancing interests that are often in conflict. There is a need for government coordination and leadership: coordination to ensure that government ministries are working together and that linkages to other initiatives and strategies are being made, and leadership so that gambling policies are properly implemented and effective. This can be facilitated through a provincial gambling strategy.

The provincial government should:

- *develop a provincial gambling strategy in consultation with stakeholders in the public health and community sectors and independently from the gambling industry.*

- *create or designate an entity responsible for coordinating and implementing Ontario's gambling strategy.*

Table 4: Summary of CAMH recommendations

1) Move from "Responsible Gambling" to a public health approach
- The Ontario government should:
    - formally commit to public health as the overarching principle of gambling policy.
    - shift its harm prevention focus from the people who gamble to the providers of gambling products and the products themselves.

2) Limit overall gambling availability
- Any planned expansion of land-based gambling venues should be preceded and informed by local community consultation and public health-based risk assessment.
- Ontario's ban on video lottery terminals (VLTs) should be maintained and enforced – and the loopholes allowing electronic gambling machines (EGMs) to be placed in community venues should be closed.

3) Regulate the game features known to be most harmful
- All gambling products offered in Ontario should be assessed for risk.
- The Alcohol and Gaming Commission of Ontario (AGCO) should be empowered to require that gambling products minimize the most problematic features. In the case of EGMs and online casino games, this would include:
    - requiring slower spin rates or minimum spin time
    - establishing lower bet stakes or maximum stakes
    - banning near misses and features that give the illusion of skill
    - banning losses disguised as wins

4) Introduce mandatory safeguards
- Ontario should require that the following safeguards, all of which have shown some evidence of effectiveness in reducing harms, be implemented across online and land-based venues:
    - Pre-commitment (before beginning to gamble, players decide how much time and/or money they will spend)
    - Loss limits (an absolute maximum limit on the monetary losses a player can incur in a given time period).
    - Built-in breaks or pauses in play (e.g. after one hour of play, 15 minutes break)
    - Pop-up messages during play that promote self-awareness of gambling activity
    - No credit (e.g. casino loans) offered at land-based venues
    - No banknote acceptors on EGMs
- Operators should also continue to offer the following:
    - self-exclusion options (these should apply across both OLG and private-sector operators and venues)
    - the inclusion of treatment and counselling information at land-based venues and online

5) Restrict advertising, marketing and promotion
- The federal government should develop and implement national rules governing gambling advertising and promotion, either through legislation (like with cannabis and tobacco) or regulation (like alcohol). These rules should, at a minimum, include the following principles:
    - Sponsorships by celebrities, influencers, sports figures, etc., for gambling should be fully prohibited. This includes the promotion of "responsible gambling."
    - There should be a whistle-to-whistle gambling promotion ban for sporting event broadcasts. Gambling content of any kind would not be allowed from five minutes before a match begins until five minutes after it ends.
    - Youth protections should be strengthened.
        - Gambling advertising should be judged on whether it appeals strongly to youth, regardless of its appeal to adults.
        - Gambling advertising should not appear in media and venues where minors can be expected to account for more than 25% of the audience.
    - The following standards, borrowed from the *CRTC Code for broadcast advertising of alcoholic beverages*, should be applied to gambling advertising. Commercial messages for gambling should not:
        - attempt to influence non-gamblers of any age to gamble
        - imply directly or indirectly that social acceptance, social status, personal success, or business or athletic achievement may be acquired, enhanced or reinforced through gambling
        - imply directly or indirectly that gambling is, in any way, essential to the enjoyment of an activity or an event
        - refer to the feeling and effect caused by gambling

6) Enhance prevention and education efforts
- The provincial government should:
    - continue to fund evidence-informed education campaigns designed to improve Ontarians' awareness and understanding of the risks and potential harms of gambling
    - continue supporting PlaySmart Centres
    - ensure widespread dissemination of the lower-risk gambling guidelines, as well as versions adapted for particular subpopulations
    - support local gambling-related health promotion initiatives by ensuring that the province's public health agencies are well funded

7) Build up treatment capacity
- Clinicians in primary care and other front-line health care workers should be supported to provide screening and brief interventions to people at risk of developing gambling problems.
- The provincial government should:
    - enhance access to psychosocial treatment, especially CBT, for problem gambling
    - enhance access to pharmacological treatment (e.g. naltrexone)
    - widely publicize ConnexOntario, which connects people with gambling problems (as well as other mental health and substance use issues) to services and supports in their area

8) Reinvest in research, monitoring and evaluation
- The provincial government should renew its commitment to the prevention of problem gambling by:
    - designating a percentage of provincial gambling revenues to prevention, treatment, and research efforts
    - resuming funding to GREO for research generation and mobilization
    - ensuring that plans are in place to collect and analyze aggregate player data in order to understand gambling trends

9) Develop and implement a provincial gambling strategy
- The provincial government should:
    - develop a provincial gambling strategy in consultation with stakeholders in the public health and community sectors and independently from the gambling industry
    - create or designate an entity responsible for coordinating and implementing Ontario's gambling strategy

Conclusion

Gambling is a common activity in Ontario. It is significant economically, providing revenue to governments and accounting for numerous jobs in the province. It also comes with significant risks and harms to individuals who gamble and the community around them. These can be mitigated through evidence-informed public policy.

To reduce gambling-related harms, our focus must shift from the individual who gambles to the context in which gambling takes place. This means implementing measures to regulate overall gambling availability as well as gambling products known to be riskier. It is probably impossible to achieve this without reducing gambling expenditures—in other words, the revenues accruing to industry and government—and as a result, the gambling industry in particular can be expected to oppose health-focused gambling policy.[10,47,88] We believe that the policies and interventions proposed in this document strike the right balance, acknowledging the significance of gambling in our society while prioritizing public health. We encourage the provincial and federal government to implement them.

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Appendix A

Definition of gambling disorder

A person can be diagnosed with a gambling disorder if they experience four of more of the following in a 12-month period:[18]

- Need to gamble with increasing amount of money to achieve the desired excitement
- Restless or irritable when trying to cut down or stop gambling
- Repeated unsuccessful efforts to control, cut back on or stop gambling
- Frequent thoughts about gambling (such as reliving past gambling experiences, planning the next gambling venture, thinking of ways to get money to gamble)
- Often gambling when feeling distressed
- After losing money gambling, often returning to get even (referred to as "chasing" one's losses)
- Lying to conceal gambling activity
- Jeopardizing or losing a significant relationship, job or educational/career opportunity because of gambling
- Relying on others to help with money problems caused by gambling

The gambling disorder is then classified as mild (4 to 5 criteria met), moderate (6 to 7 criteria), or severe (8 to 9 criteria).

Appendix B

Ontario Problem Gambling Helpline: forms of gambling callers are having problems with [48]*
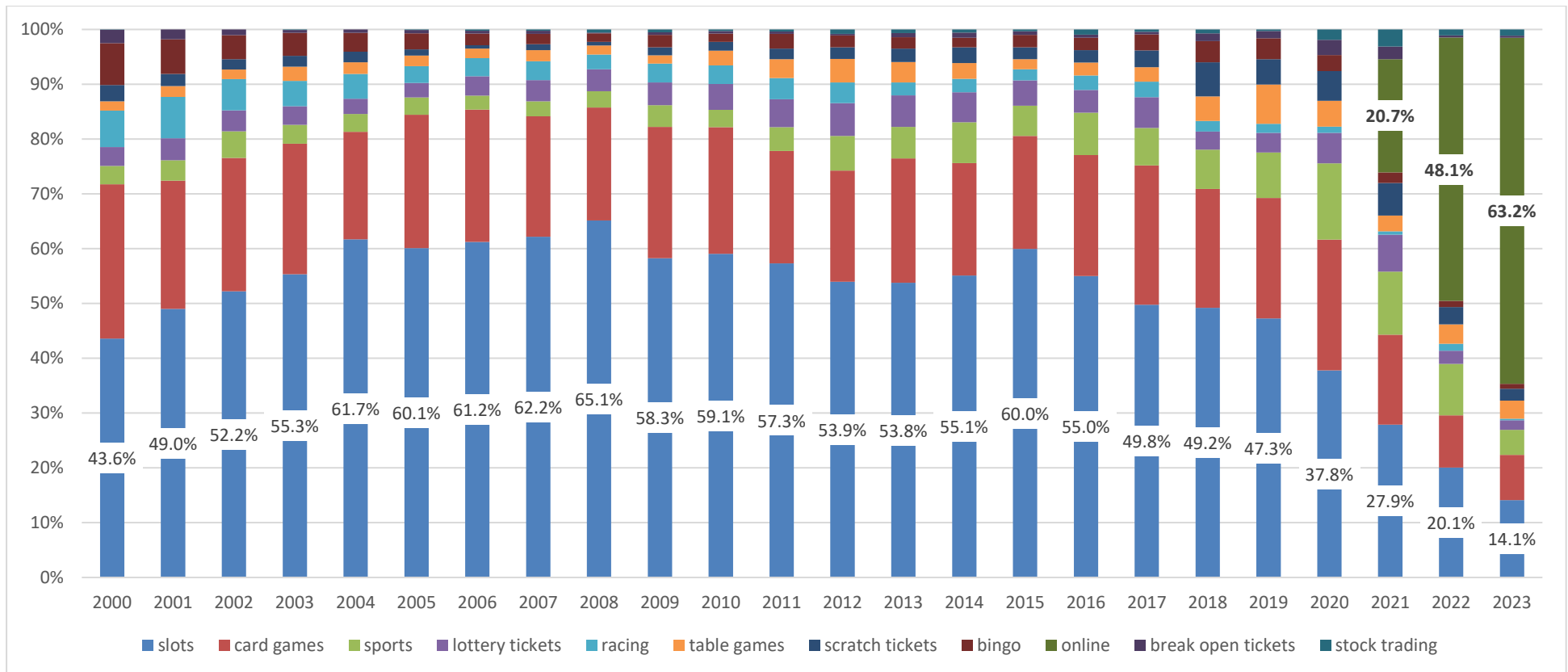
* Gambling activities identified by individuals seeking problem gambling treatment services through ConnexOntario's Ontario Problem Gambling Helpline.
Callers can report a problem with more than one type of gambling, so these numbers don't sum to 100%.

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