

Citizen Brief

Strengthening Collaboration to Optimize Efforts Addressing Gambling-related Harm in Ontario

2 February 2018



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The goal of the McMaster Health Forum, and its Forum+ initiative, is to generate action on the pressing health- and social-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights. We aim to strengthen health and social systems – locally, nationally, and internationally – and get the right programs, services and products to the people who need them. In doing so, we are building on McMaster’s expertise in advancing human and societal health and well-being.

About citizen panels

A citizen panel is an innovative way to seek public input on high-priority issues. Each panel brings together 14-16 citizens from all walks of life. Panel members share their ideas and experiences on an issue, and learn from research evidence and from the view of others. The discussions of a citizen panel can reveal new understandings about an issue and spark insights about how it should be addressed.

About this brief

This brief was produced by the McMaster Health Forum | Forum+ to serve as the basis for discussions by the citizen panel on how to strengthen collaboration to optimize efforts addressing gambling-related harm in Ontario.

This brief includes information on this topic, including what is known about:

- the underlying problem;
- three possible approach elements to address the problem; and
- potential barriers and facilitators to implement these approach elements.

This brief does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

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Key Messages

What's the problem?

There are many reasons why the current approach to treating and managing gambling-related harms in Ontario could be improved, including:

- gambling-related harms are associated with a range of co-occurring issues;
- many provincial efforts to prevent gambling-related harms are pursued in isolation from other challenges associated with these harms;
- provincial efforts place greater emphasis on supporting individual problem-gambling behaviours, rather than on addressing gambling-related risks to the public as a whole;
- socio-economic, ethnocultural and geographical factors create unique issues that complicate our understanding of gambling in the province; existing governance and financial arrangements create a number of additional challenges; and
- data and evidence could be better used to understand the scope of the problem in Ontario.

What do we know about elements of a potentially comprehensive approach for addressing the problem?

- Element 1: Get the right services to those who need them and bring a public-health perspective to bear
 - Research evidence related to this element found:
 - prevention and awareness initiatives help to increase the public's knowledge about gambling-related harms, but do not necessarily change behaviour;
 - more research evidence is needed to determine best practices for screening for problem gambling, however, the recent expansion of online gaming may challenge existing screening methods;
 - there are a range of public-health and harm-reduction approaches which may help to reduce gambling-related harms, including: 1) mandatory limit setting accompanied by reminders; 2) low bet limits (e.g., \$1); 3) mandatory shut-downs and reduced operating hours; and 4) on-screen clocks displaying cash used and remaining, rather than credits.
- Element 2: Align how funds set aside from gaming revenue are used to better support evidence-informed policies and practices
 - We found no research evidence that directly addressed this element or any of its sub-elements.
- Element 3: Establish governance structures that clarify leadership, strengthen collaboration, and promote cross-sectoral partnerships
 - We found no research evidence that directly addressed this element, but found some research evidence that showed long-term benefits from collaboration across sectors.

What implementation considerations need to be kept in mind?

The positive momentum behind the elements discussed in this brief may spark changes to the treatment and management of gambling-related harms and gambling-related disorders in Ontario. However, a number of barriers to change exist, including that health and social systems have traditionally operated separately in Ontario.

Box 2: Glossary

Gaming

A broad term for a number of types of play or activity, including gambling, but may also apply to non-financial transactions. In Ontario, gaming refers to: lotteries; casino gambling; charitable gaming (for example, bingo raffles conducted by eligible charities); electronic raffles; and internet gaming.

Gambling

A person is gambling whenever he or she takes the chance of losing money or belongings, and when winning or losing is decided mostly by chance. There are many different ways to gamble, and may include, among others: lottery tickets; slot machines; bingo; casino games; betting on horse racing; betting on sports; internet gambling; and high-risk speculative investing such as day trading and penny stocks.

Gambling-related harm

Gambling-related problems can occur along a continuum of infrequent and recreational gambling to pathological gambling. Gambling-related harms include individual, familial and community problems, such as decline in health, emotional distress, relationship disruption, reduced performance at work or study, financial challenges, or criminal activity. These harms may occur whether or not someone is a problem or disordered gambler.

Problem gambling (also described as gambling disorder)

Problem or disordered gambling is typically diagnosed by a mental health professional using validated assessment tools. In Ontario, it is estimated that 0.6% of the population are problem gamblers and 1.9% are moderate-risk gamblers.

Box 2 (cont.): Glossary

Public-health approach

Promotion and prevention efforts designed to act on the population as a whole to improve health and social well-being (for example, information and education on gambling and its related harms, setting hours of operations for casinos, including pop-up warnings after individuals have been playing for a certain amount of time, and putting in place an entrance fee for gambling facilities) rather than at the individual level.

Comorbidity or co-occurring issues

A term that refers to the presence of two or more physical or mental health issues experienced by a person at the same time. For example, an individual may have a gambling disorder and depression.

Mental health and addictions services

Programs, interventions and supports designed to meet the needs of people who are experiencing, or are at risk of experiencing, mental health and/or substance use.

Core set of mental health and addictions services

A publicly-funded set of institutional, hospital, residential and community services that is available to all Ontarians in every region in the province.

Questions for the citizen panel

>> We want to hear your views about a problem, three elements of a potentially comprehensive approach to addressing it, and how to address barriers to moving forward.

This brief was prepared to stimulate discussion during the citizen panel. The views and experiences of citizens can make a significant contribution to finding the best ways to meet their needs. More specifically, the panel will provide an opportunity to explore the questions outlined in Box 1. We encourage you to glance at them now, and to return to them after you have read the brief. Although we will be looking for common ground during our discussion about these and other questions, the goal of the panel is not to reach consensus, but to gather a range of perspectives on this topic. To help you better understand some of the terminology when considering these questions and reading through the brief, we would encourage you to review the glossary provided above before reading the rest of the brief (glossary of key terms in Box 2).

Box 1: Questions for citizens

Questions related to the problem

- Do you see any parallels between how we approach the challenges associated with alcohol and tobacco use, and those that are associated with gambling?
- Do you have any worries about gambling-related harms?
 - Are there particular risk factors for problem gambling that you are more concerned about than others?
 - Are there particular health and social challenges that you find more concerning than others?
- What are the biggest gambling-related challenges that communities face?
- Are there specific groups of Ontarians for which the problems associated with gambling are particularly concerning (for example, those with lower incomes, those from particular age groups or cultural backgrounds, or those living in particular areas)?
- What do you think are the major barriers faced by individuals with gambling-related problems when trying to access the services they may need to improve their health and well-being?

General questions related to the elements of a potentially comprehensive approach to address the problem (with more specific questions included later for each element)

- Do you think that public-health approaches similar to those that have been used to address the health risks associated with alcohol and tobacco in Ontario (for example, restrictions on advertisements, specific hours where products can be sold, requirement of warning messages on packages) should also be applied to gambling?
- What types of programs and services should be made more accessible to individual Ontarians in order to reduce gambling-related harms?
- What types of 'public-health' approaches should be used to reduce gambling-related harms across entire communities?
- How could the approach to funding the full range of programs and services delivered by organizations and agencies be improved?
- Who should be responsible for coordinating an approach that ensures Ontarians have access to the full range of support they need to reduce gambling-related harms?

Question related to implementation considerations

- What are the main challenges in moving forward with solutions to address gambling-related harms in Ontario?



Though most people gamble safely for entertainment, there is an emerging concern about gambling-related harms among some individuals and communities.

The context: Why is it important to optimize efforts to address gambling-related harms?

Government-operated gambling has grown over the past two decades, with revenues reaching \$6.6 billion in 2014-2015.(1) While this revenue supports a range of health, education and other social services in the province, it has also come at the price of emerging concerns about gambling-related harms.

While many individuals in the province gamble without causing harm to themselves or others, about 2.5% of Ontarians exhibit evidence of problem gambling, with similar proportions among youth but a slightly higher proportion among older adults.(2) However, the proportion of those who seek treatment is small, with estimates suggesting that only 10% of problem gamblers seek support. There may be many other individuals who do not seek support who continue to experience social distress, debt or other symptoms associated with problem gambling. Gambling-related harms may result in a number of individual challenges, including:

- health-related harms (including substance-use problems);
- emotional or psychological distress;

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- relationship disruption, conflict or breakdown;
- reduced performance at work or in study;
- financial harm; and
- criminal activity.

Like many other health and social challenges, these gambling-related harms may also affect family members, broader communities and the population as a whole, for example by placing strain on relationships or by negatively influencing the financial situations of families.

The establishment of the gaming (which includes gambling) industry in Ontario is relatively recent, having taken shape over the past three decades.⁽³⁾ Two provincial agencies have primary responsibility for this industry: The Alcohol and Gaming Commission of Ontario, and the Ontario Lottery and Gaming Corporation. Increasingly, the industry has begun acknowledging the harms that problem gambling can result in, demonstrating greater consideration of how better public protection from gambling-related harms could be integrated into the province's vision for gambling.⁽⁴⁾ This includes launching a website dedicated to providing information and advice for gambling in Ontario (www.playsmart.ca), and the province's self-exclusion program. Despite these and other positive changes, the recent expansion of online gaming, and as a result the increase in the availability and accessibility of gambling and gaming, creates some uncertainty about how these changes will affect the number of individuals experiencing gambling-related harms, or the best ways to support the treatment of problem gambling. Furthermore, while the provincial government has begun implementing significant policy reforms to improve access to mental health and addictions services, separation in the governance and financial arrangements that organize mental health and addictions services from those that organize gambling services (further discussed later in the brief) has meant that gambling services have been largely left out.

The changes to both the gambling industry (including online gaming and venue expansion) and to the mental health and addictions sector provide a unique opportunity to consider what changes could be made to reduce gambling-related harms and better support those at risk of problem-gambling behaviours in the province.^(3; 5) We are therefore seeking citizens' perspectives to inform the efforts of those who are able to champion change in the province.

Box 3: Key features of gambling programs and services in Ontario

Key features of the health and social systems within which gambling programs and services are delivered

- Gambling services, including the identification of gambling problems, are provided by a range of regulated and non-regulated health professionals, as well as a number of service providers outside of the health system (e.g., social workers and debt counsellors).
- Gambling services vary in whether they are publicly funded with select specialty services only available in private practice having to be paid for by either the patients, or through a private insurance plan.
- These services may be provided in a person's home, community mental health and addictions agencies, primary-care offices and specialists offices as well as in a variety of other settings, including schools, gambling facilities, and local community centres to name a few.
- While the delivery of gambling services largely happens alongside other mental health and addictions services, funding comes from different streams, with the majority stemming from gambling revenues.
- There are over 40 community agencies (each with multiple programs) and 10 hospitals providing a wide variety of programs and services designed to meet the needs of Ontarians, including, among others, telephone counselling and self-help, specialized counselling and credit and debt counselling services.

Key features of existing public-health approaches to reduce gambling-related harms

- Wide variety of educational and informational supports have been developed by organizations such as the Responsible Gambling Council and the Gambling Research Exchange of Ontario to help inform Ontarians about the risks of gambling.
- Regulatory standards for gambling and gaming facilities including, among others, a legal age restriction of 19 and older (except for lottery and bingo where the age restriction is 18), restrictions on advertising of gambling which make it illegal to target minors and self-excluded persons, and responsibility to educate people about the risks of gambling and make them aware of where to obtain additional information, are enforced by the Alcohol and Gaming Commission of Ontario.
- Organization such as the Responsible Gambling Council and the Ontario Lottery and Gaming Commission have previously developed strategies to address problem gambling among specific populations including youth and Indigenous peoples.



Existing efforts to address gambling-related harms could be improved to better support individuals with multiple co-occurring conditions.

The problem: Why are improvements needed to address gambling-related harms?

Several factors contribute to the need to strengthen collaboration and improve efforts addressing gambling-related harms. In discussion with health- and social-system stakeholders, we identified six factors:

- gambling-related harms are associated with a range of co-occurring issues;
- many provincial efforts to prevent gambling-related harms are pursued in isolation from other challenges associated with these harms;
- provincial efforts place greater emphasis on supporting individual problem-gambling behaviours, rather than on addressing gambling-related risks to the public as a whole;
- socio-economic, ethnocultural and geographical factors create unique issues that complicate our understanding of gambling in the province;
- existing governance and financial arrangements create a number of additional challenges; and
- data and evidence could be better used to understand the scope of the problem in Ontario.

Gambling-related harms are associated with a range of co-occurring issues

Gambling-related harms can have devastating effects on individuals, their families and their surrounding communities, and these effects are complicated by the close association between gambling problems and a wide range of other physical and mental health conditions.⁽⁶⁾ For example, most people who exhibit problem-gambling behaviour have at least one other condition alongside their problem gambling.

In terms of physical health conditions, the research evidence suggests associations between problem gambling and each of the following conditions:

- cardiovascular conditions;
- chronic bronchitis;
- chronic and severe headaches;
- colds and influenza;
- fibromyalgia;
- gastrointestinal problems;
- heart burn;
- low-back pain; and
- obesity.⁽⁷⁻⁹⁾

These conditions may be a result of the stress, strain, severe fatigue and sleep problems that often accompany problem-gambling behaviours.

In addition to physical health conditions, there is evidence that problem gambling is associated with a range of mental health and substance-use conditions. For example, individuals with gambling disorders are significantly more likely than non-gamblers to have high rates of anxiety, depression, suicidal ideation, personality disorders and post-traumatic stress disorder. These individuals are also more likely to have issues with alcohol abuse and dependence, nicotine addiction, cannabis use and other drug addictions.^(10; 11)

The presence of these additional conditions appear to make symptoms of problem gambling worse, and reduce overall quality of life. They also make the treatment and management of problem gambling significantly more difficult, as healthcare and social-care providers need to ensure they are attentive to all of the patients' needs, and have the ability to coordinate between an array of providers who may need to be involved.

Many provincial efforts to prevent gambling-related harms are pursued in isolation from other challenges associated with these harms

While the government of Ontario supports a number of programs that help individuals to prevent, treat and manage problem-gambling behaviours, they are often provided in isolation from other related health and social concerns. These additional concerns include family challenges or mental health and substance-use issues. However, many existing programs focus on responsible gambling practices, such as providing individuals with information about setting personal gambling budgets or the risks associated with gambling, and overlook the many conditions that exist alongside problem-gambling behaviours.(12; 13)

While there have been efforts, often as contained projects, to provide services that address all of the challenges listed above, improvements to the process of planning and implementing programs and services need to be made to ensure that they better address gambling-related harms and all associated comorbidities.

Provincial efforts place greater emphasis on supporting individual problem-gambling behaviours, rather than on addressing gambling-related risks to the public as a whole

As mentioned earlier, existing approaches to address problem-gambling behaviour have been focused on providing an individual with support rather than emphasizing policy approaches that focus on entire communities or populations. Population-wide approaches (also known as public-health approaches) aim to promote health and social well-being, while preventing gambling-related harms from occurring. Examples of such approaches include (but are not limited to) advertising and marketing limits, and restrictions on time and availability of purchase.(14) The limited adoption of these approaches differs from other addictions to legal substances such as tobacco and alcohol, where public-health approaches are more widespread.

Despite the relative lack of emphasis on public-health approaches to reduce gambling-related harms, some efforts have been made in the province. These include the education and awareness strategies pursued by the Responsible Gaming Council and the Ontario Lottery and Gaming Corporation, efforts by the Gambling Research Exchange Ontario to bring a public health lens to gambling, as well as some of the regulatory standards enforced by the Alcohol Gaming Commission of Ontario. However, most agree that there is significant room to grow the use of these approaches to prevent gambling-related harms. This could include:

- awareness-raising efforts to reduce stigma about seeking help for gambling;
- access restrictions such as vendor caps or removing 24-hour gaming venues;
- efforts to change the environments in which gambling takes place such as restrictions on the sale of alcohol; or
- changing financial incentives by adjusting pricing and taxing.

Socio-economic, ethnocultural and geographic factors create unique issues that further complicate our understanding of problem gambling

The diverse population in Ontario combined with the wide range of underlying factors complicate our understanding of gambling-related harms, the symptoms of problem gambling and how best to address them. Specifically, there are unique socio-economic, ethnocultural and geographic factors that have been identified as predictors of being at risk for problem-gambling behaviours. These are presented in Table 1 below.

Table 1. Socio-economic, demographic, ethnocultural and geographic factors that influence problem-gambling behaviour

| Type of factor | How factor influences gambling behaviour |
|-----------------------|---|
| Socio-economic | <ul style="list-style-type: none"> Individuals from lower-income groups have been found to: <ul style="list-style-type: none"> be at greater risk of problem gambling; spend a greater proportion of household income on games and gambling compared to those with higher incomes; and be at greater risk of experiencing severe financial consequences.(9; 15) Research evidence suggests higher problem-gambling rates among this population may be a result of individuals believing that gambling represents an action they can take to improve their financial situation, despite the chances of success being quite low.(15) |
| Demographic | <ul style="list-style-type: none"> There is a growing concern that youth age 18-25 represent a high-risk group for gambling and gambling-related harms, with these harms being more prevalent among: <ul style="list-style-type: none"> males; those with parents who gamble; those who do not live with both parents; those with older parents; lower socio-economic status; and individuals who win a lot of money early on. In addition to young adults, older adults have been identified as a group who are particularly vulnerable to the impact of problem gambling. While risk factors among older adults are similar to other populations, lower levels of social support and limited access to social activities may play a larger role in this population. <ul style="list-style-type: none"> Furthermore, the physical and mental health effects that stem from gambling may have a greater effect on older adults. |
| Ethnocultural | <ul style="list-style-type: none"> Some ethnocultural communities may be at a higher risk for developing problem-gambling behaviour than others.(9) Higher rates of gambling may occur in communities where cultural traditions encourage gambling as an appropriate behaviour, even when it may be problematic.(16) Ethnocultural factors may restrict access to treatment and management services for gambling-related harms, including: <ul style="list-style-type: none"> language barriers; difficulty navigating health and social systems; uncertainty in what services are publicly available; and shame or stigma in asking for or receiving help.(16) |

| | |
|--------------------------|--|
| <p>Geographic</p> | <ul style="list-style-type: none"> • Research evidence suggests that problem gambling is closely associated with an individual's proximity to a casino or racetrack.(17) • Proximity to gambling may also include ease of transportation, for example, easy access to a highway or direct public transportation.(9) • Those communities with additional risk factors for gambling-related harms may be particularly at risk should a gambling facility be introduced.(17) • These geographic factors are affected substantially by the expansion of online gambling by increasing ease of access and availability. |
|--------------------------|--|

Existing governance and financial arrangements create a number of additional challenges

Existing health- and social-system arrangements, including how these systems are governed and paid for, create additional challenges in getting the right programs and services to those who need them.

In particular, the way the system is governed limits the access to and use of services in two ways. First, the responsibility for gambling-related services is split between different government ministries (for example, the Ministry of Health and Long-Term Care, the Ministry of Community and Social Services, and the Ministry of Community Safety and Correctional Facilities), government agencies (such as the Ontario Lottery and Gaming Corporation), and private sector companies. With so many players involved, it is unclear who is responsible for ensuring that Ontarians get the full range of services they need – a particular challenge for individuals who may have more than one comorbidity associated with the gambling-related harms they need support in addressing. Second, there is little coordination, or in some cases, communication between each of these responsible groups, resulting in different approaches to how gambling should be managed in the province, with some focused on financial aspects, such as revenue generation, and others on treatment and prevention of gambling-related harms.

The way gambling is funded in the province also creates challenges in addressing gambling-related harms. First, relative to the proportion of spending on advertising and promotion, significantly fewer resources (almost eight times less) are put towards treatment, education, prevention and research.(18; 19) Second, the money that does get allocated to programs and services is kept separate from the funding of other important services such as those

addressing associated challenges, including other mental health and addictions services, despite the same individuals often needing access to both. This split approach to funding programs and services can make things less efficient.

Data and evidence could be better used to understand gambling-related harms in Ontario

Two key challenges that underpin the other problems mentioned above are: 1) the limited collection of data and evidence related to gambling-related harms; and 2) the resulting limited use of data and evidence in informing decision-making processes.

First, while data are collected about gambling engagement and rates of problem gambling, relatively little of it is widely available to the public. However, as mentioned at the outset of this document, the use of gambling support services is relatively low among individuals who could use them, and most individuals refer themselves to support services. As such, existing data do not provide a full picture of gambling behaviours or the harms associated with them.

Second, the data from agencies such as Statistics Canada and ConnexOntario are not consistently used in the design and development of programs and services for gambling-related harms. It has also been suggested that the data provided are not specific enough to local communities in Ontario, making it difficult to determine how to adapt provincial policies and programs to meet the diverse needs of the many communities across the province.



Strengthening collaboration to optimize efforts addressing gambling-related harms will require the consideration of a number of elements.

Elements of an approach to address the problem

>> To promote discussion about the pros and cons of potential solutions, we have selected three elements of an approach for strengthening collaboration to optimize efforts addressing gambling-related harms.

Many approaches could be selected as a starting point for discussion. We have selected the following three elements of an approach for which we are seeking public input:

- 1) get the right services to those who need them and bring a public-health perspective to bear;
- 2) align how funds set aside from gaming revenue are used to better support evidence-informed policies and practices;
- 3) establish governance structures that clarify leadership, strengthen collaboration, and promote cross-sectoral partnerships.

These elements should not be considered separately. Instead, each should be considered as contributing to a potentially comprehensive approach to addressing the problem. New elements could also emerge during the discussions. Box 4 below summarizes how research evidence has been identified, selected and synthesized for each element.

Box 4: Identification, selection and synthesis of research evidence presented in this brief

- Whenever possible, we describe what is known about each element based on systematic reviews.
- A systematic review is a summary of all the studies looking at a specific topic.
- A systematic review uses very rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies.
- A systematic review gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.
- We identified systematic reviews in Health Systems Evidence (www.healthsystemsevidence.org). Health Systems Evidence is the world's most comprehensive database of research evidence on health systems. We also used evidence from the Gambling Research Exchange Ontario's Evidence Centre.
- A systematic review was included if it was relevant to one of the elements covered in the brief.
- We then summarized the key findings from all the relevant systematic reviews.

Element 1 – Get the right services to those who need them and bring a public-health perspective to bear

Overview

This element focuses on identifying ways to improve the availability and accessibility of existing gambling services to reduce gambling-related harms and their comorbidities. It also considers how to develop approaches to reduce gambling-related harms through public-health approaches that focus on entire communities and population. This could mean pursuing any of the following:

- include the full range of cost-effective approaches to reduce gambling-related harms in the set of core mental health and addictions services (the publicly-funded set of institutional, hospital, residential and community services that is available to all Ontarians in every region in the province) being provided in Ontario;
- ensure that these approaches address comorbidities of gambling-related harms;
- embrace public-health approaches to develop population-level efforts to reduce gambling-related harms (for example, restricting access, changing prices and altering gambling environments to support healthy behaviours); and
- support the use of the best available research evidence in each of these areas to inform policies and practices.

Evidence to consider

Table 2 provides a summary of the evidence we identified that addressed this element.

Table 2. Summary of evidence about element 1

| Sub-element | Evidence |
|--|---|
| Include the full range of cost-effective approaches to reduce gambling-related harms in the set of core mental health and addictions services being provided in Ontario | <ul style="list-style-type: none"> • Providing gambling information sessions at schools improved students' knowledge of the harms of gambling, changed attitudes, and corrected common misconceptions. However, it remains unclear whether these sessions changed students' behaviour.(20; 21) • There is a wide variety of reliable tools available to screen individuals for gambling problems, however there is some uncertainty about whether these can be relied on to identify problem-gambling behaviours in those who gamble online due to a limited number of studies and different characteristics of online poker players.(22; 23) • Using internet and mobile technologies, such as cellphones and tablets, to deliver programs and services to help reduce gambling-related harms have showed promise, and have been found to be both time- and cost-effective.(24; 25) |
| Ensure that these approaches address comorbidities of gambling-related harms | <ul style="list-style-type: none"> • Generally, services that combine care for a specific condition and its comorbidities achieve better results than when care is delivered separately.(26) |
| Embrace public-health approaches to develop population-level efforts to reduce gambling-related harms | <ul style="list-style-type: none"> • Different forms of gambling are more and less responsive to changes to the cost of playing (for example, requiring an entrance fee, increasing the price of a lottery ticket or increasing the price per play). Evidence shows that when the cost of lottery tickets and horse racing increases, less people participate in these activities. However, this was not found to be the case when the cost of casino-based gambling increased.(27) • Warning messages that pop-up over a player's screen and require them to close the message can be used to reduce risky gambling behaviour.(28) • In addition, each of the following approaches supported healthy behaviour changes among individuals who gamble: <ul style="list-style-type: none"> ○ mandatory limit setting on the amount to be spent in one session; ○ individual bet limits when set as a low dollar value, such as \$1; ○ mandatory shut-down at a certain hour or reducing casino operating hours; and ○ on-screen clocks that display cash spent rather than credits.(29) |
| Support the use of the best-available research evidence in each of these areas to inform policies and practices | <ul style="list-style-type: none"> • Providing decision-makers with clear summaries of research evidence can improve their use of this evidence to inform policies and practices, particularly when the evidence supports an easy change for them to make.(30) |

Questions to consider in relation to element 1

- What specific risk factors do you think are most important to pay attention to when developing solutions at the individual level? At the community level? At the provincial level?
- Which health and social harms associated with gambling should be prioritized in the supports made available to Ontarians?
- Do you think that gambling services and supports should be provided with other mental health and addictions services? Why or why not?
 - If yes, are there some services you would keep separate?
- What are the most appropriate ways to reduce gambling-related harms at the population level in Ontario?
 - Restricting access?
 - Changing the cost of playing (for example, including entrance fees, changing the price of a lottery ticket, or increasing the price per play)?
 - Altering gambling environments to support healthy behaviours?

Element 2 – Align how funds set aside from gaming revenue are used to better support evidence-informed policies and practices

Overview

The focus of this element is on aligning funding for gambling-related services with other supports such as mental health and addictions. The intention of aligning funding is to better support coordination between the full range of programs and services developed to reduce gambling-related harms, including those for both physical and mental health or substance-use comorbidities. This would support better, more comprehensive care for individuals experiencing gambling-related harms and its comorbidities. This could mean pursuing any of the following:

- ensure that any funds set aside from provincial gaming revenue can be allocated to support the delivery of gambling-specific services alongside other types of mental health and addictions services;
- expand the use of funds that have been set aside for gambling-specific services to enhance cost-effective strategies that:
 - address comorbidities; and
 - build capacity to use a public-health approach.

Evidence to consider

We were unable to find any research evidence that directly addressed this element.

Questions to consider in relation to element 2

- Should a portion of the gaming revenue from the province be set aside to improve collaboration across providers and programs and services? Why or why not?
 - What if that means less money is spent on delivering programs and services?
- What types of approaches should be prioritized for funding?
 - Prevention and education?
 - Identification of problem gambling?
 - Management and treatment?
 - Population-level strategies (or public-health approaches)?
 - Use of data and research evidence?

Element 3 – Establish governance structures that clarify leadership, strengthen collaboration, and promote cross-sectoral partnerships

Overview

The focus of this element is on identifying ways to help clarify leadership, strengthen collaboration, and promote partnerships across providers, organizations and agencies responsible for the oversight of gambling-related services in Ontario. This could mean pursuing any of the following:

- create an arm's-length advisory group to define and update:
 - the list of gambling-specific services that should be provided with other mental health and addictions services;
 - the sectors that should be involved; and
 - the public-health approaches that should be used; and
- include leaders with experience in gambling-related harms in future provincial advisory committees and/or mental health and addictions organizations and other areas of policy where gambling impacts may be felt.

Evidence to consider

We were unable to find any research evidence that directly addressed this element. We did find some research evidence that supported adopting a coordinated approach across sectors (such as across the social and health sectors) for implementing system-wide change over the long term.(31)

Questions to consider

- What agency, organization or government ministry (or ministries) should be responsible for ensuring Ontarians have access to the full range of programs and services they need?
- Who is in the best position to lead the collaboration across all of the organizations and agencies (and sectors) involved in gambling-related services (including those that address comorbidities)?
 - A new arm's-length agency?
 - An advisory group?
 - A specific government ministry?
 - A number of government ministries working together?

Strengthening Collaboration to Optimize Efforts Addressing Gambling-related Harm in Ontario

- What types of information would be useful for citizens to judge whether the right supports and services are getting to those who need them?



Implementation considerations

It is important to consider what barriers we may face if we implement the proposed elements to address the problem. These barriers may affect different groups (for example, patients, citizens, healthcare and social-care providers), different organizations involved in the development and delivery of programs and services, or the health and social systems within which these programs and services are delivered. While some barriers could be overcome, others could be so substantial that they force us to re-evaluate whether we should pursue that element. Some potential barriers to implementing the elements are summarized in Table 3.



Table 3: Potential barriers to implementing the elements

| Element | Description of potential barriers |
|--|---|
| Element 1 – Get the right services to those who need them and bring a public-health perspective to bear | <ul style="list-style-type: none"> • Citizens who are gambling safely may feel that the public-health approaches intrude on their independence. • Some healthcare and social-care providers may worry that expanding the programs and services provided may increase their workload. • Individual healthcare and social-care providers may not be equipped to provide services that address the full range of comorbidities associated with gambling-related harms. • Gambling vendors may be negatively affected financially by certain elements of a public-health approach. |
| Element 2 – Align how funds set aside from gaming revenue are used to better support evidence-informed policies and practices | <ul style="list-style-type: none"> • Some healthcare and social-care providers may worry that integration with other mental health and addictions services may result in them losing out on delivering (and as a result not being paid for) certain gambling-specific services. • Organizations delivering programs and services may not all agree on how funds are being allocated. • Funding streams across sectors, ministries, and organizations and agencies have historically been separate, potentially creating some challenges for their integration or alignment. |
| Element 3 – Establish governance structures that clarify leadership, strengthen collaboration and promote cross-sectoral partnerships | <ul style="list-style-type: none"> • Patients may be dissatisfied if they are not engaged in decision-making or program planning. • Some healthcare and social-care providers may resist changes to governance arrangements, particularly if they involve new accountability structures that restrict their independence. • Organizations delivering programs and services may resist changes to governance structures if they think these changes will reduce their own role in the oversight and delivery of programs and services. • Health and social systems have traditionally operated separately in Ontario, creating a range of challenges to overcome |

The implementation of each of the three elements could also be influenced by the ability to take advantage of potential windows of opportunity. A window of opportunity could be, for example, a recent event that was highly publicized in the media, a crisis, a change in public opinion, or an upcoming election. A window of opportunity can facilitate the implementation of an option.

Examples of potential windows of opportunity

- **Mental health and addictions reform:** Recent changes and success in establishing a province-wide mental health and addictions strategy has generated some positive momentum that would support efforts to strengthen collaboration in addressing gambling-related harms.
- **Searching for efficiencies in the health system:** Opportunities to take advantage of efficiencies through improved collaboration and integration may be of interest to policymakers, many of whom are concerned with the amount being spent (particularly on the health system) in Ontario.
- **Previous successes with a public-health approach:** A public-health approach has been successfully adopted to address a range of mental health and addictions issues, such as restricting access to alcohol and tobacco and reducing stigma around the use of mental health services.

Box 4: Questions for citizens

Questions related to the problem

- Do you have any worries about gambling-related harms?
 - Are there particular risk factors for problem gambling that you find more concerning than others?
 - Are there particular health and social challenges that you find more concerning than others?
- What are the biggest gambling-related challenges that communities face?
- Are there specific groups of Ontarians for which the problems associated with gambling are particularly concerning (for example, those with lower incomes, those from particular age groups or cultural backgrounds, those with mental health concerns, or those living in particular areas)?
- What do you think are the major barriers faced by individuals with gambling-related problems when trying to access the services they may need to improve their health and well-being?

General questions related to the elements of a potentially comprehensive approach to address the problem

- What types of programs and services should be made more accessible to individual Ontarians in order to reduce gambling-related harms?
- What types of 'public-health' approaches should be used to reduce gambling-related harms across entire communities?
- How could the approach to funding the full range of programs and services delivered by organizations and agencies be improved?
- Who should be responsible for coordinating an approach that ensures Ontarians have access to the full range of support they need to reduce gambling-related harms?

Question related to implementation considerations

- What are the main challenges in moving forward with solutions to address gambling-related harms in Ontario?

Acknowledgments

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Funding

The citizen brief and the citizen panel it was prepared to inform were funded by the Gambling Research Exchange Ontario and the Government of Ontario (through a Ministry of Health and Long-Term Care Health System Research Fund grant entitled Harnessing Evidence and Values for Health System Excellence). The McMaster Health Forum receives both financial and in-kind support from McMaster University. The views expressed in the evidence brief are the views of the authors and should not be taken to represent the views of the funders.

Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the citizen brief. The funder played no role in the identification, selection, assessment, synthesis, or presentation of the research evidence profiled in the citizen brief.

Merit review

The citizen brief was reviewed by a small number of citizens, other stakeholders, policymakers and researchers in order to ensure its relevance and rigour.

Acknowledgments

The authors wish to thank Fanny Cheng and Puru Panchal for assistance with reviewing the research evidence about the elements. We are especially grateful to Michelle Nogueira for her insightful comments and suggestions. The views expressed in this brief should not be taken to represent the views of these individuals.

Citation

Waddell K, Moat, KA Lavis JN, Bullock H. Citizen brief: Strengthening collaboration to optimize efforts addressing gambling-related harms in Ontario. Hamilton: McMaster Health Forum, 2 February 2018.

ISSN

2292-2334 (Online)

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