

Dialogue Summary

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

27 February 2018



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**Dialogue Summary:
Strengthening Collaboration to Optimize Efforts Addressing Gambling-related Harm in Ontario**

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McMaster Health Forum and Forum+

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.

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Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the dialogue summary. The funders reviewed a draft dialogue summary, but the authors had final decision-making authority about what appeared in the dialogue summary.

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Dialogue

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SUMMARY OF THE DIALOGUE

Dialogue participants generally agreed that the six features of the problem outlined in the evidence brief provide a helpful framing. However, many called for a lens that takes an individualized approach to understanding the problem, and also one that is amenable to the consideration of culturally specific knowledge, such as insights from Indigenous communities. Participants identified five features of the problem that warranted more attention: 1) the normalization of gambling and the stigma associated with gambling problems means individuals who need help often become isolated; 2) a revenue-generation perspective remains dominant in the province and a public-health perspective is lacking; 3) current understandings of gambling and gambling-related harms are being challenged by new technologies; 4) data are not collected in a coordinated way and not shared among industry, regulators, government, and researchers; and 5) conflict of interest within industry and government dampens any political will to act.

In deliberating about how to optimize efforts to address gambling-related harms in Ontario, most dialogue participants expressed support for components from each of the three elements of the potentially comprehensive approach that was presented in the evidence brief: 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; and 3) establish governance structures that clarify leadership, strengthen collaboration, and promote cross-sectoral partnerships. Overall, all participants agreed there is a need to collaboratively develop a cross-sectoral provincial strategy to address gambling-related harms that considers components from each of the three elements. Participants emphasized that the strategy needs to: 1) identify and prioritize the harms that should be addressed; 2) expand the focus of existing supports and services to include the full continuum of gambling-related harms and prioritize public-health approaches including harm-reduction initiatives; 3) clarify the roles of each agency and organization involved; and 4) develop more robust approaches to collecting, sharing and analyzing data that will provide the appropriate platform for making evidence-informed decisions. In addition, participants called for the development of a separate self-directed Indigenous strategy, developed by Indigenous communities, that addresses historical legacies and reflects Indigenous ways of knowing, strengths and governance.

While recognizing that moving forward with the development of a strategy would require collaborative efforts across stakeholders, dialogue participants highlighted five key next steps that they could focus on in the short term: 1) establish a common framing of the issue that facilitates collaboration across all key stakeholders with a stake in reducing gambling-related harms in Ontario; 2) raise the profile of problem gambling as a priority issue in Ontario by taking advantage of existing opportunities to share insights from the stakeholder dialogue at forthcoming conferences and meetings; 3) determine an appropriate setting to continue deliberations about next steps towards establishing a provincial strategy with key players, including government representatives, industry stakeholders, researchers and citizens; 4) identify the organizations that will be responsible for taking the lead on coordinating the collaborative development of a provincial strategy; and 5) establish a platform to share existing data across relevant organizations (and advocate for a better provincial privacy framework to enable this sharing).

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

Dialogue participants generally agreed with the six features of the problem outlined in the evidence brief:

- 1) gambling-related harms are associated with multiple co-occurring issues;
- 2) many provincial efforts to prevent gambling-related harms are pursued in isolation from those addressing the broader spectrum of challenges associated with these harms;
- 3) provincial efforts also place greater emphasis on supporting individual problem gamblers, rather than on addressing risks to the public as a whole;
- 4) socio-economic, ethnocultural and geographical factors create unique issues that further complicate our understanding of the problem;
- 5) existing governance and financial arrangements create a number of additional challenges; and
- 6) data and evidence could be better utilized to understand the scope of the problem in Ontario.

However, many called for a lens that takes an individualized approach to understanding the problem, as well as one that includes the consideration of culturally specific knowledge, such as insights from Indigenous communities. Dialogue participants also highlighted how the features of the problem described in the brief may manifest themselves differently across ethno-cultural groups, particularly with the ongoing historical legacies of colonization and racism in Indigenous communities. As such, participants flagged the need to explicitly consider how distinct ethnocultural realities affect individuals when considering the dimensions of the problem and any solutions to address it.

In addition to the features of the problem covered in the evidence brief, dialogue participants identified five features of the problem that they felt needed sustained focus in Ontario:

- 1) the normalization of gambling and the stigma associated with gambling problems means individuals who need help often become isolated;
- 2) a revenue-generation perspective remains dominant in the province and there are missed opportunities to highlight the importance of a public-health perspective;
- 3) current understandings of gambling and gambling-related harms are being challenged by new technologies;

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Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

- 1) it addressed an issue currently being faced in Ontario;
- 2) it focused on different features of the problem, including (where possible) how it affects particular groups;
- 3) it focused on three elements of a potentially comprehensive approach for addressing the policy issue;
- 4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three approach elements, and key implementation considerations;
- 5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach to addressing it;
- 6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
- 7) it ensured fair representation among policymakers, stakeholders and researchers;
- 8) it engaged a facilitator to assist with the deliberations;
- 9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: “Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed”; and
- 10) it did not aim for consensus.

We did not aim for consensus because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, as well as because even senior health- and social-system leaders typically need to engage elected officials, boards of directors and others on detailed commitments.

Participants’ views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

- 4) data are not collected in a coordinated way and are not shared among industry, regulators, government, and researchers; and
- 5) conflict of interest within industry and government dampens any political will to act.

We consider these each in turn below.

The normalization of gambling and the stigma associated with gambling problems means individuals who need help often become isolated

Dialogue participants discussed the stigma associated with gambling, with a number suggesting that it was under-emphasized in the evidence brief despite being one of the main reasons individuals do not seek help for gambling-related harms. Participants described how gambling has become normalized in society as an entertainment activity and is not widely considered a risk factor for harm outside of financial implications (e.g., potential to lose money). Specifically, they pointed to examples such as charity raffles and expressed concern about perpetuating the idea among younger members of society that this is how money should be raised.

Further, a number of participants highlighted that the continued emphasis on increasing the number of players and opportunities to gamble (discussed in greater detail in the section below) also instilled the view among many in society that gambling is a normal activity. Participants described how this normalization may result in negative consequences among individuals experiencing challenges related to gambling, focusing specifically on the potential for those who need help considering themselves to be different or alone in experiencing challenges, potentially inhibiting their desire to seek help.

A revenue-generation perspective remains dominant in the province and a public-health perspective is lacking

As previously mentioned, there is an emphasis in Ontario on increasing the number of players and opportunities to gamble, and dialogue participants expressed concern that the dominant perspective of gambling in the province remains one of revenue generation rather than protecting public health. Specifically, a number of participants cited explicit efforts in the province to increase the number of gamblers and the amount they gamble, and how an increase in these numbers will inevitably increase the overall rates of problem gambling and gambling-related harms. Given this emphasis on increasing play, a number of participants felt there was a clear choice to favour revenue over dealing with the public-health risks associated with gambling in Ontario.

Dialogue participants described this expansion, both in terms of who is gambling (emphasizing young adults as a growing demographic) and in terms of annual revenues generated from gambling. Participants attributed this expansion to the introduction of new modalities and technologies, focusing specifically on three examples that they believed are pushing the boundaries of what is traditionally considered gambling: 1) internet-based gambling through provincially regulated websites; 2) non-regulated online gambling (e.g., private online gambling vendors using cryptocurrencies); and 3) online games that are blurring the lines between gaming and gambling (e.g., where real money is exchanged to purchase virtual ‘tools’ that improve the player’s chance of winning).

Participants were concerned about the implications of these new forms of gambling on: participation rates; rates of gambling-related harms; new gambling-related harms that are currently unknown to health professionals; and effective prevention and treatment services that are appropriate for these new modalities and technologies. One participant described this challenge as “trying to hit a moving target,” with other participants agreeing and questioning how to train health providers to identify and treat individuals given the relative lack of knowledge about how the harms associated with these new modalities and technologies will manifest themselves.

In addition, participants were concerned about what changes in technology mean for regulations around gambling. The example of age restrictions was provided, and how easy it is to bypass the age-verification step for online gaming and gambling was noted, as was the ongoing challenge of ensuring gambling takes place through regulated channels (e.g., OLG). Participants were uncertain about what form regulation would take, but suspected that the increasing online presence of gambling would likely require interventions from the federal government.

Finally, dialogue participants highlighted that the dominant emphasis on revenue generation in Ontario contrasts with other jurisdictions such as Australia and New Zealand, where gambling has been labelled a public-health concern. They noted that without changing its current perspective, the province is likely missing opportunities to address the full range of health and social impacts associated with gambling problems. In particular, participants made the point that as a result of the dominant revenue-generation perspective, gambling has been isolated from other mental health and addictions issues and relatively little effort has been put into determining how gambling problems can be effectively dealt with alongside other co-occurring issues. To illustrate gambling's isolation, one participant provided the metaphor of a solar system, with gambling services being compared to Pluto – distant from the centre of the (health- and social-services) system, rarely shed light on, and not widely accepted as an important part of the system.

Data are not collected in a coordinated way, and not shared among industry, regulators, government and researchers

In deliberations about the problem, dialogue participants repeatedly brought up challenges associated with the lack of access to good data and evidence about problem gambling that can help them understand the problem in a comprehensive way. Participants emphasized four distinct challenges relating to data and evidence. First, most participants agreed that there is a lack of understanding from data and research evidence about the epidemiology and pathways associated with gambling-related harms. Participants described that, compared to many other conditions, relatively little information was available about the aspects of problem gambling that are crucial to better understanding and addressing it, including the prevalence and distribution of gambling-related harms across the province. Participants noted this lack of information kept gambling-related harms from being “problematized,” as key agencies and organizations in Ontario remained largely unaware of the magnitude of the problem and its co-occurring issues.

The second challenge related to the first, as dialogue participants acknowledged that the limited body of existing research on gambling-related harms cannot be considered representative of the realities of all ethno-cultural communities in Ontario. Specifically, participants described how there have been limited efforts to support Indigenous communities to engage in conducting their own research (e.g., through the provision of financial and other resources for self-directed initiatives) that is reflective of their own experiences and adheres to their own research approaches.

The third challenge was one that participants acknowledged as a potential contributor to the first two: research systems have not explicitly identified the need for and invested in research focused on gambling-related harms and the full range of co-occurring issues. While participants described having made the case about the impact of gambling on other co-occurring issues to granting agencies, they reported not having been successful in garnering attention. One participant attributed this in part to the issue of gambling-related harms not being ‘owned’ by the health system, but instead straddling health and social systems.

The fourth challenge related to the negative consequences associated with inadequate efforts to share data across organizations involved in gambling in Ontario. Of particular concern among dialogue participants was that industry owns a large amount of information on individual habits of play, which it does not share with those in the health- and social-service sector developing supports for gambling related-harms. As a result, many participants stated that the government and non-governmental organizations involved in providing

support were limited in the extent to which they are able to target the right services to the people who need them.

Conflict of interest within industry and government dampens any political will to act

The final feature of the problem that dialogue participants felt needed greater emphasis was the conflict of interest within industry and government. Participants were skeptical about the extent of political will to make meaningful changes to gambling regulations given the significant amount of revenue generated for the province, compared to the relatively small share dedicated to funding education, treatment and research on gambling-related harms. One participant provided the statistic that 5% of gamblers were contributing 30% of revenues, further making the point that any interventions taken to reduce gambling-related harms (even if only targeting individuals exhibiting problem-gambling behaviour) would significantly affect the government's bottom line.

DELIBERATION ABOUT ELEMENTS OF A POTENTIALLY COMPREHENSIVE APPROACH

The deliberation about the approach elements centred around a decision early on in the dialogue that a cross-sectoral provincial strategy on gambling-related harms is needed to guide any approach moving forward. Participants suggested that such a strategy would help to ensure that gambling is explicitly considered as related policy initiatives are being developed, such as the mental health and addictions strategy for adults.

While dialogue participants generally agreed with the three elements of a potentially comprehensive approach that were outlined in the evidence brief, they discussed these elements as components that could be integrated into a provincial strategy. Participants emphasized that in addition to bringing in the elements and sub-elements described in the brief, the strategy needs to: 1) identify and prioritize the harms that should be addressed; 2) expand the focus of existing supports and services to include the full continuum of gambling-related harms and to prioritize public-health approaches, including harm-reduction initiatives; 3) clarify the roles of each agency and organization involved; and 4) develop more robust approaches to collecting, sharing and analyzing data that will provide the appropriate platform for making evidence-informed decisions. In addition, participants called for the development of a separate self-directed Indigenous strategy, to be developed by Indigenous communities, that addresses historical legacies and reflects Indigenous ways of knowing, strengths and governance.

With respect to the sequencing of the elements, two conflicting suggestions were provided. The first suggestion was to first identify who should take a leadership role in developing the strategy (i.e., element 3) and then to pursue the other two elements (which are focused on determining what services are needed and how funding should be aligned), given the latter would be shaped by the former. The second suggestion was that the approach taken should parallel processes used in the development of the core mental health and addictions services, which began by defining what services would be needed along the continuum of play (element 1), then to align funding (element 2) and determine who would lead its implementation (element 3). Unique considerations were raised within discussions of each of the elements, which are outlined below, before returning to dialogue participants' assessment of a potential way forward.

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

Dialogue participants engaged most extensively in discussions about this element, focusing on three interrelated issues: 1) improve the use of and sharing of data to determine what the right services are and who needs them; 2) invest in the full range of cost-effective approaches to reduce gambling-related harms, with a focus on public-health approaches; and 3) equip providers with the necessary training and skills to deliver supports and services.

Improve the use of and sharing of data to determine what the right services are and who needs them

The first issue picked up on the fourth feature of the problem, wherein dialogue participants identified gaps in the availability, use and sharing of data and research evidence related to gambling-related harms. To address this feature of the problem, participants suggested that the first step in getting the right services to those who need them is getting a better assessment of what the needs are in the province, and where efforts to address them are most needed. Participants indicated that this would help to inform decisions about what the most effective services would be, as well as how and where they should be delivered. One participant suggested the development of epidemiological ‘heat maps,’ which could be used by planners to target priority areas and populations when designing programs and services.

In addition to the acknowledgment among participants that there is a need to develop new ways to understand gambling-related harms through increased investments in research, participants also agreed that there should be increased sharing of data across the agencies and organizations involved in gambling, both on the industry side as well as those involved in the planning and delivery of health and social services. However, one participant described how significant adjustments to existing privacy legislation would be required to enable the sharing of data, which would extend the time needed to make this type of data sharing a reality.

Participants suggested two short-term solutions that could help to address existing limitations in the availability of data in the meantime. The first is the widespread implementation of screening for gambling-related harms through primary-care and mental-health providers. Participants suggested this approach would serve both to identify individuals who should be referred to needed services, as well as to provide a better picture of the needs of Ontarians. The second complementary approach is to establish gambling-related indicators as part of the minimum data sets to be reported by Local Health Integration Networks.

Invest in the full range of cost-effective approaches to reduce gambling-related harms, with a focus on public-health approaches

Participants overwhelmingly agreed on the need to invest in the full range of services, from promotion and prevention to acute care. However, the focus of deliberations during the dialogue centred primarily around the need for investments in public-health approaches, including harm reduction as well as health-promotion and primary-prevention services. Participants thought that significant efforts should be put into determining what can be done to systematically reduce the harms of gambling, with suggestions including changes to the environment (e.g., increased lighting and reduced sound) and taking forced breaks during play.

The need for greater public awareness and education about gambling-related harms was also discussed, within the context of promising public-health approaches, with one participant stating that they hoped “to get to a place like alcohol and tobacco, where gambling is considered an activity with inherent risk.” To do this, participants suggested an array of educational and health-promotion interventions, specifically considering education through middle-school and high-school health or finance curricula, television advertisements that provide a realistic view of gambling, and using the parking lots of casinos and other gambling venues to display warning messages. However, one participant described the difficulty of educating the public about randomness and probability (both of which are key features of how winners are determined in most forms of

gambling), noting that there are a number of logical fallacies associated with gambling that are difficult to overcome through public education alone. Despite the challenges identified, a number of participants pointed to the many public-education initiatives spearheaded by the Responsible Gambling Council as a source of strength to build upon in efforts to scale up education and awareness initiatives across the province.

With respect to treatment, participants suggested that a client-oriented approach needs to be implemented and that individuals with lived experience need to be consulted in determining what treatment services should be made widely available.

Equip providers with the necessary training and skills to deliver supports and services

Finally, dialogue participants suggested that one of the main challenges in getting the right supports and services to those who need them is a lack of trained providers. Participants noted that while there are extremely well-qualified professionals working to provide gambling-related support and services, there should be an emphasis on growing the general capacity of health- and social-care providers, including primary-care providers, to identify and respond appropriately to the presence of gambling-related harms.

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

While there was relatively little deliberation about element 2, there was a general consensus among dialogue participants that existing funding for gambling supports and services was insufficient to address the need. Participants described existing funding arrangements – characterized by 2% of revenue from slot machines, capped at \$38 million dollars, allocated to providing resources to develop services that address gambling-related harms – and questioned whether this approach would still be fit for purpose given the rapidly changing nature of gambling. One participant put forward a potential solution for funding and suggested that the formula be changed to one cent of every dollar earned through all gambling products in the province (i.e., not only slots). The participant described how this should lead to funds of approximately \$60 million to \$70 million and would significantly increase the ability to address gaps in services and improve coordination. Generally, all participants agreed that a different approach to funding was needed, but did not give significant attention to what this approach would look like. However, one participant expressed some concern that as in-person forms of gambling, such as slot machines, declined in use (as a result of advances in technology), adjustments would need to be made to ensure funding for services remained at a stable level.

Despite the focus of this element in the evidence brief being on aligning funds across organizations to establish greater collaboration, there was little discussion about whether this should be done or the types of funding models that could help to enable this.

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

Dialogue participants agreed that there is a need to clarify leadership and to strengthen collaboration and partnerships across sectors. Participants spoke about this element in relation to two parallel issues: 1) short- and long-term leadership for developing a provincial strategy to address-gambling related harms; and 2) clarity in the roles of organizations involved in planning and delivering supports and services for gambling-related harms. Specific reactions to each of these issues are summarized below.

Determine short- and long-term leadership to coordinate efforts among existing stakeholders and take forward the development of the strategy

Dialogue participants discussed clarifying leadership in both the short and long term, using a strategy where bottom-up meets top-down leadership. In the short term, participants agreed on the need to get organized on the ground level and to establish bottom-up leadership to generate attention to, and energy to address, gambling-related harms. They emphasized the need for the leader(s) to convene the main players and establish roles that build on the expertise of each stakeholder. For example, it was suggested that the Gambling Research Exchange Ontario focus on identifying gaps in knowledge, and on using research evidence to support decisions about which harms to prioritize. One participant said that the goal of the short-term work should be to create a value case for investment, and to establish expertise that government can pull on in the development of a provincial strategy.

In the long term, dialogue participants generally agreed that leadership on the development and implementation of a strategy would have to reside with government. However, a number of participants suggested the government would likely have an interest in continuing to draw on the expertise of the short-term leadership and its network of experts. Participants suggested that the Ministers' Table on Mental Wellness, which involves ministers from across government sectors such as health, community safety and correctional services, housing, advanced education and skills development, and many more, may be appropriate for taking over the long-term leadership.

Define clear commitments for organizations involved in planning and delivering supports and services for gambling-related harms

Once a strategy is developed, dialogue participants suggested that there would be a need to take concrete steps towards developing a strategic approach to implementation. One of the most important aspects of this would be to clearly identify the key organizations involved in planning and delivering supports and services for gambling-related harms, mapping them into specific role categories, and clarifying their responsibilities in rolling out a provincial strategy. Participants spoke about the need to ensure alignment between organizational mandates and the needed reductions of specific harms outlined in the strategy, and more generally about making sure each role was appropriate for the organization taking it on. Participants suggested that both local public-health units and Local Health Integration Networks should be considered to be key players in this work and will likely bear a significant amount of responsibility for the implementation and monitoring of supports and services.

Considering the full array of approach elements

As noted in the introduction to this section, dialogue participants embraced the development of a provincial gambling strategy, and within that frame suggested a number of nuances to the elements described above. Dialogue participants also identified three cross-cutting themes that should be kept in mind in the development of a provincial strategy:

- 1) engage as many stakeholders as possible in the development of the strategy, including those with lived experiences of gambling problems and from the private sector;
- 2) where possible, find alignment with existing efforts to address gambling-related harms and other process 1 addictions (e.g., gaming addictions); and
- 3) balance the desire for a comprehensive strategy with achievable objectives.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

Discussions about the barriers to moving forward with strengthening collaboration to optimize efforts to address gambling-related harms generally focused on two challenges: 1) getting gambling on the government agenda; and 2) accommodating government turnover.

The first challenge – getting gambling on the government agenda – is closely related to the fifth feature of the problem – conflict of interest within industry and government dampens any political will to act. Dialogue participants were concerned with the lack of attention devoted to gambling and gambling-related harms, and emphasized garnering this attention is complicated by concerns about reducing government revenue from gaming. Participants indicated that getting gambling and gambling-related harms to the top of the government agenda would be extremely difficult, and the lack of political will would limit the development and impact of a provincial strategy.

While not as significant of a barrier, a number of participants described how frequent turnover in the bureaucracy often undermined progress on improving supports and services. Specifically, one participant described having to invest a significant amount of time in developing working relationships with new staff and getting them up to speed on a given issue, only to have them moved to another position within a year.

Despite these barriers, participants frequently discussed the collegial nature of those involved in both the gambling industry and those who are responsible for developing supports and services to address gambling-related harms in Ontario. Many participants cited this as a reason for optimism, and viewed it as an indication that a collaborative approach is possible in the province.

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

Overall, in discussing next steps most participants agreed that in order to gain as much traction as possible, there was a need to identify and move rapidly to achieve the many ‘quick wins’ that can be accomplished in the short term. While recognizing that moving forward with the development of a strategy would require collaborative efforts across stakeholders, dialogue participants highlighted five key next steps that they could focus on in the short term:

- 1) establish a common framing of the issue that facilitates collaboration across all key stakeholders with a stake in reducing gambling-related harms in Ontario;
- 2) raise the profile of problem gambling as a priority issue in Ontario by taking advantage of existing opportunities to share insights from the stakeholder dialogue at forthcoming conferences and meetings;
- 3) determine an appropriate setting to continue deliberations about next steps towards establishing a provincial strategy with a range of key players, including government representatives, industry stakeholders, researchers, people with lived experience of gambling problems and others who are personally affected by such problems;
- 4) identify the organization(s) that will be responsible for taking the lead on coordinating the collaborative development of a provincial strategy; and
- 5) establish a platform to share existing data across relevant organizations (and advocate for a better provincial privacy framework to enable this sharing).



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