

Responding to: A Model for Internet Gaming in Ontario Discussion Paper

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Submission on: A Model for Internet Gaming in Ontario Discussion Paper

In 2019, the province announced its commitment to establishing a new online market for internet gaming (iGaming) that is intended to be both competitive and protect consumers. Ontario followed up this commitment by announcing in its November 2020 Budget that the Alcohol and Gaming Commission of Ontario (AGCO) has been assigned the responsibility to conduct and manage Ontario's new online gaming market through a subsidiary, in addition to its role as regulator. We understand that the government has already initiated consultations with the gaming sector and based on these initial discussions, developed a discussion paper titled ***A Model for Internet Gaming in Ontario*** that outlines the government's preliminary thinking on key aspects of the iGaming model.

The Ontario Medical Association (OMA) welcomes the opportunity to provide feedback on this paper. As the representative voice for physicians in Ontario, we strive to advocate for the well-being of Ontarians and strengthen the leadership role of doctors in caring for their patients. Our primary concern is the health and well-being of Ontarians and we are using a public health lens to approach this proposal. It is therefore concerning that a health impact analysis does not form part of this discussion paper given the well documented health and social risks associated with online gambling. What follows are the health implications that must be incorporated into a health impact analysis, along with identifying the need for a harm reduction approach toward protecting the health and well-being of Ontarians when building a safe gambling framework.

Health Implications of Online Gambling: What We Know

Many individuals in Ontario gamble, and the majority do so without causing harm to themselves or others. However, a minority (about 2.5 per cent) of Ontarians suffer from problem gambling or gambling addiction, a serious health issue with significant implications for gamblers and their families. For these individuals, a range of harms such as crime, dysfunctional relationships and bankruptcy may occur, ultimately cumulating in significant social, economic and health costs. Unfortunately, such harms are not evenly dispersed throughout society, with racialized, low socioeconomic status, and Indigenous populations being more likely to develop a gambling addiction. Importantly, problem gambling is also associated with mental health issues such as depression, anxiety, substance use and suicide.

There exist risks specific to gambling in online capacities, with research suggesting that ability to pay electronically, play on credit, anonymity, and the possibility to consume alcohol/ drugs while playing, are all factors that increase the risk of gambling addiction among online gamblers. Additionally, multiple studies have found that an increase in accessibility (for example, playing online) is positively associated with gambling prevalence and gambling addiction and that online gambling has greater addictive potential than physical-venue gambling. Studies from other Canadian jurisdictions that have implemented online gambling demonstrate a six-fold increase in gambling addiction among online gamblers compared to those using physical venues. Given this evidence, Ontario should expect an increase in rates of gambling addiction upon the passing of the regulation and the expansion of online gaming through partnerships with private sector platforms.

We understand the economics of gambling and the revenue that is generated for public services. However, it begs to question what cost expanding online gambling will create given a disproportionately harmful impact on vulnerable individuals and populations who are at greater risk of engaging in problematic gambling. While encouraged to see that a key objective underlying the development of iGaming is “consumer protection” we feel that there should be a greater emphasis placed on safeguarding player health and well-being. We believe that this provides an opportunity for collaboration between the government and relevant health organizations and stakeholders (such as the OMA) to consider and address not just the economic considerations, but also the social and health implications of the new model and ensure that players are provided with responsible and robust gambling protections.

Recommendation: Incorporate a Harm Reduction Approach to Online Gaming in Ontario

Given what is known about the risks and harms of online gambling, a harm reduction approach that incorporates a health impact analysis is beneficial given that it examines gambling not only regarding its effects on the gambler but also on their social network and community. Such an approach can help develop public policy that aims to prevent or reduce gambling-related harm, promote healthy decisions and protect vulnerable populations.

Subject to study and agreement among physicians and other mental health and addiction experts are the robust protective measures needed and may include, among other things, deposit limits, timing restrictions, prohibition towards the extension and use of credit, transparent reports to players on their spending habits and losses, limits on marketing and player incentives and an accessible support program for problem gamblers. These measures have not been adequately addressed or even recognized in the discussion paper.

Ontario’s current *Responsible Gaming Program*, is likely inadequately equipped to handle an anticipated increase in gambling addiction upon the passage of this regulation. For example, in recent years, the government (OLG) reported that it altered existing interventions to better fit the online gambling context (for example, training staff to recognize ‘red flags’ online, self-exclusion programs, time and spending limits). While this is a positive step, a major impediment to the effectiveness of these initiatives is that they are dependent upon the gambler seeking them out. Recent Canadian evidence demonstrating that only 8 per cent of online gambling addicts sought help from a counselling service and many would prefer face-to-face support. Additionally, given that these programs were implemented prior to the development of the new iGaming model (under OLG), it is unclear whether they would still apply to a model in which a subsidiary of the AGCO conducts and manages the market. This is an important consideration and should be clarified.

Conclusion

The OMA believes that the consideration of an iGaming model in Ontario must incorporate a health impact analysis and subsequent harm-reduction considerations. Additionally, we believe that future engagements should include Ontario physicians, experts in the field of identifying and treating mental health and addictions and consumers. Such an approach could assist the

government in expanding its key objective of ensuring consumer protection within the development of the iGaming model, and ultimately reduce the adverse health and social consequences associated with problem gambling.

The OMA appreciates this opportunity to provide feedback and welcomes future opportunities to work with government in the development of a safe iGaming framework.