

November 7, 2012

To the Mayor and Council Members of:

The Town of Collingwood,
The Town of Wasaga Beach,
The Township of Clearview
The Township of Springwater:

At their October meeting the Board of Health for the Simcoe Muskoka District Health Unit directed me as the Medical Officer of Health to provide the municipal councils that are considering applying to host a casino with a letter reviewing the potential public health impacts. Public health units across the province are presently responding to their respective local municipal councils with regard to casinos and public health, given the provincial direction to increase casino locations.

A body of research, review papers and position documents on the topics of gambling and health has developed over time. In my consideration of the literature on gambling and health I have found the following to be an excellent resource, and have drawn from it as my primary source of information in this letter: Williams R, et al.

“PREVENTION OF PROBLEM GAMBLING: A Comprehensive Review of the Evidence and Identified Best Practices. REPORT PREPARED FOR THE ONTARIO PROBLEM GAMBLING RESEARCH CENTRE AND THE ONTARIO MINISTRY OF HEALTH AND LONG TERM CARE, October 1, 2012.”

<https://www.uleth.ca/dspace/bitstream/handle/10133/3121/2012-PREVENTION-OPGRC.pdf?sequence=3>. A copy of this document is attached.

The concerns that have been raised include negative health and social wellbeing impacts resulting from what has variously been called gambling addiction, compulsive gambling, pathological gambling or problem gambling. The following definition by Neal, Delfabbro, & O’Neil (2005) is commonly used: *“Problem Gambling is characterized by difficulties in limiting money and/or time spent on gambling which leads to adverse consequences for the gambler, others, or for the community.”*

Problem gambling is associated with concurrent substance misuse (alcohol and other drugs), mental illness (anxiety disorders and depression), health conditions (hypertension, gastric disorders), and suicide (with Las Vegas having the highest suicide rate in the USA for many years). The associated social harms (which also have negative health effects) include bankruptcy, family disruption, and possible involvement in crime.

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Problem gambling has been found to range over time and between regions from 0.5% to 7.6% of the adult population. The profile of individuals more predisposed to problem gambling include a family history (with genetic predisposition playing a role), having a lower level of education, low income, high personal stress, having a reduced understanding of the probabilities inherent to gambling (falling prey to “the gambling fallacy”), and experiencing a significant win as an early gambling experience.

The proportion of the population with problem gambling has been found by research to increase with the availability of gambling facilities. For example, in the U.S., the National Gambling Impact Study Commission (1999) found that living within 50 miles of a casino is associated with a 50% higher rate of pathological gambling. Likewise in New Zealand, living in a neighbourhood closer to a gambling venue significantly increases the likelihood that that person has gambled and that that person is a problem gambler (New Zealand Ministry of Health, 2008; Pearce et al., 2008). Research in Canada in 2002 demonstrated a correlation between provincial casino density and rate of problem gambling.

I strongly recommend that the municipal councils considering applying for a casino be fully aware of the demonstrated increase in problem gambling that occurs locally with the placement of a casino in a community, and the negative health and social impacts that occur to vulnerable individuals and their families. It is important to take into consideration the large number of people of low income in Simcoe County – some 10,000 families in total. Such people may be placed at a particularly elevated risk of problem gambling with a new casino in their community.

Councils should also be aware of the following findings and recommendations from the Williams et al. report:

- Public education programs (such as “gamble responsibly”) are of limited effectiveness.
- Education programs and methods to correct erroneous beliefs for gamblers (addressing the gambling fallacy) can help reduce problem gambling.
- Restricting the number of gambling venues is effective, and thus recommended. This would be consistent with the decision of municipal council not to proceed with an application to host a local casino.
- Restricting / reducing the density of more addictive forms of gambling or technically modifying their operations is recommended. These include rapid action games such as Electronic Gambling Machines (EGM), or casino table games.
- Limiting the hours of operation of gambling venues has been found to reduce problem gambling.
- Enforcement of the prohibition of youth entry at gambling venues is recommended.
- Restricting entrance to higher-income patrons (such as with a dress code or an expensive admission fee) has been used in some jurisdictions as a means of reducing problem gambling among lower-income individuals.

- Implementing a “self-exclusion program”, allowing problem gamblers to sign such an agreement with casinos is recommended.
- Reducing the prize and the bet sizes has been implemented in some areas.
- Implementing duration of play and total expenditure display reminders has been demonstrated to be effective in reducing problem gambling.
- Eliminating loyalty reward cards is recommended.
- Implementing screening and monitoring programs for problem gamblers by casinos may be effective.
- Provision of credit at casinos is prohibited. On site access to ATMs should be prohibited.
- Alcohol should not be served at gambling venues.
- Advertising for casinos should be restricted.
- Gambling venues (such as casinos) should be located away from vulnerable populations.

In making their decision, municipal councils need to carefully consider the significant potential public health impacts demonstrated by research to be associated with establishing a local casino. Furthermore, councils that choose to proceed with an application for a local casino need to be committed to implementing the recommended strategies to mitigate these impacts. The degree to which municipalities can ensure the implementation of these strategies needs to be among the considerations by councils. Councils also need to be prepared to ensure that resources are in place for those who experience negative impacts from a new casino in their community.

If I become aware of additional new information on the public health impacts of casinos I will make it available for the consideration of the municipal councils in Simcoe Muskoka that are considering applying for a local casino. Please do not hesitate to contact me with any question or if I can be of any further assistance.

Sincerely

ORIGINAL SIGNED BY

Charles Gardner, MD, CCFP, MHSc, FRCPC
Medical Officer of Health

CG:pgc

Att. (1)

cc. The Board of Health for the Simcoe Muskoka District Health Unit