REGIONAL MUNICIPALITY OF WATERLOO
CONSOLIDATED COUNCIL AGENDA

Wednesday, May 8, 2013
Closed Session 5:00 p.m.
WATERLOO COUNTY ROOM
Regular Meeting 7:00 p.m.
REGIONAL COUNCIL CHAMBER
150 Frederick Street, Kitchener, ON

*Denotes Item(s) Not Part of Original Agenda

1. MOMENT OF SILENCE
2. ROLL CALL
3. MOTION TO GO INTO CLOSED SESSION

THAT a closed meeting of Council be held on Wednesday, May 8, 2013 at 5:00
p.m. in the Waterloo County Room in accordance with Section 239 of the
Municipal Act, 2001, for the purposes of considering the following subject matters:

   a) labour relations regarding contract negotiations
   b) litigation and receiving of advice that is subject to solicitor-client privilege
      related to a matter before an administrative tribunal
   c) proposed or pending acquisition of land in the City of Kitchener
   d) receiving of advice that is subject to solicitor-client privilege related to an
      agreement

4. MOTION TO RECONVENE IN OPEN SESSION

5. DECLARATION OF PECUNIARY INTEREST UNDER THE MUNICIPAL
   CONFLICT OF INTEREST ACT

6. PRESENTATIONS

   a) New Public Art at 150 Frederick – Lucille Bish

7. PETITIONS

8. DELEGATIONS

   a) Re: RC-13-001, Casinos (page 23):
      i) Clint Rohr, St. Jacobs
      ii) Rob Simpson, Guelph
      iii) Bill Schneider, Branchton
      iv) Jerry Forler, Elmira
      * v) Jan d’Ailly, Waterloo
      * vi) Gerhard Fischer, Waterloo
vii) Michael Hackbusch, Chaplaincy Director, House of Friendship, Kitchener

b) Eric Schneider, Miller Thomson LLP, Re: CR-RS-13-036 (item #12 PS-130430) – Delegation cancelled

9. MINUTES OF PREVIOUS MEETINGS

a) Closed Council – April 17, 2013
b) Council – April 17, 2013
c) Council/Area MPP’s – April 26, 2013
d) Closed Committee – April 30, 2013
e) Planning & Works – April 30, 2013
f) Administration & Finance – April 30, 2013
g) Community Services – April 30, 2013

10. COMMUNICATIONS

11. MOTION TO GO INTO COMMITTEE OF THE WHOLE TO CONSIDER REPORTS

12. REPORTS

Finance Reports

a) F-13-042, T2013-013 Fairway Road Extension Noise Walls, Retaining Walls and Sidewalks from 150 Metres West of Pebble Creek Drive to Zeller Drive, City of Kitchener

b) F-13-043, T2013-007 Rural Recycling and Resurfacing in the Townships of North Dumfries and Wilmot

c) F-13-044, Regional Debenture Issue Dated May 13, 2013

d) F-13-046/CR-RS-13-045, Rapid Transit Project – Transfer Payment Agreement with Her Majesty The Queen in Right of Ontario by its Minister of Transportation

Committee Reports

a) Planning & Works - attached & marked PS-130430

* Closed Planning & Works – attached & marked CPS-130430

b) Administration & Finance - attached & marked FS-130430

c) Community Services - attached & marked SS-130430

Chief Administrative Officer

Regional Chair

a) RC-13-001, Casinos (printed Appendix distributed to Councillors & Senior staff only, and available online)
Regional Clerk

13. OTHER MATTERS UNDER COMMITTEE OF THE WHOLE

14. MOTION FOR COMMITTEE OF THE WHOLE TO RISE AND COUNCIL RESUME

15. MOTION TO ADOPT PROCEEDINGS OF COMMITTEE OF THE WHOLE

16. MOTIONS

17. NOTICE OF MOTION

18. UNFINISHED BUSINESS

19. OTHER BUSINESS

20. QUESTIONS

21. ENACTMENT OF BY-LAWS – FIRST, SECOND & THIRD READINGS

a) A By-law To Authorize the Borrowing Upon Twenty Year Sinking Fund Debentures in the Principal Amount of $95,000,000, for Capital Works of the Regional Municipality of Waterloo

b) A By-law to Authorize the Borrowing Upon Thirty Year Sinking Fund Debentures in the Principal Amount of $50,000,000, For a Capital Work of the Regional Municipality of Waterloo (Rapid Transit)

* c) A By-law to Expropriate Certain Lands for the Purpose of Phase 2 of Stage 1 of the Rapid Transit Project for Property and Interests from Eby Street South between Charles Street East and King Street East in the City of Kitchener to Borden Avenue South and Ottawa Street South in the City of Kitchener

* d) A By-law to Amend By-law 13-001, as amended, being a By-law to Establish Fees and Charges for the Regional Municipality of Waterloo (Airport Services)

e) A By-law to Confirm the Actions of Council – May 8, 2013

22. ADJOURN
TO: Regional Chair Ken Seiling and Members of Regional Council

DATE: May 8, 2013

FILE CODE: F18-30

SUBJECT: T2013-013 FAIRWAY ROAD EXTENSION NOISE WALLS, RETAINING WALLS AND SIDEWALKS FROM 150 METRES WEST OF PEBBLE CREEK DRIVE TO ZELLER DRIVE, CITY OF KITCHENER

RECOMMENDATION:

THAT the Regional Municipality of Waterloo accept the tender of Titanium Contracting Inc., for Fairway Road Extension Noise Walls, Retaining Walls and Sidewalks from 150 Metres West of Pebble Creek Drive to Zeller Drive, City of Kitchener in the amount of $604,298.85 including all applicable taxes.

SUMMARY: Nil

REPORT:

Tenders were called for Fairway Road Extension Noise Walls, Retaining Walls and Sidewalks from 150 metres west of Pebble Creek Drive to Zeller Drive, City of Kitchener and were opened in the presence of L. Misurka, J. Stephenson and L. Buitenhuis.

The following tenders were received:

<table>
<thead>
<tr>
<th>Company</th>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titanium Contracting Inc.</td>
<td>Woodbridge, ON</td>
<td>$604,298.85</td>
</tr>
<tr>
<td>Peninsula Construction Inc.</td>
<td>Fonthill, ON</td>
<td>$604,883.39</td>
</tr>
<tr>
<td>Steed &amp; Evans Ltd.</td>
<td>St. Clements, ON</td>
<td>$658,968.99</td>
</tr>
<tr>
<td>Network Sewer &amp; Watermain Ltd.</td>
<td>Cambridge, ON</td>
<td>$700,993.91</td>
</tr>
<tr>
<td>Kieswetter Excavating Inc.</td>
<td>Heidelberg, ON</td>
<td>$732,506.96</td>
</tr>
<tr>
<td>Engineered Concrete Ltd.</td>
<td>Kitchener, ON</td>
<td>$1,027,989.20</td>
</tr>
</tbody>
</table>

The work of this Contract 2013-013 includes the following:

- Construction of a new combined retaining wall / noise wall on Fairway Road adjacent to back-lotted residential properties from #501 to #541 Landgren Court (inclusive) and from #2 to #48 Colton Circle (inclusive). The noise walls will consist of concrete sound-absorptive panels with a natural grey ashlar stone texture. The walls will range in height from 1.8 metres to 2.5 metres above the ground elevation on the road side of the wall;
- Construction of new sidewalk abutting Fairway Road, from 150 metres west of Pebble Creek Drive to Zeller Drive;
- Construction of associated surface drainage works; and
- Restoration and sod placement within the affected area.

Construction is scheduled to commence on or about May 15, 2013, and is expected to be complete by July 15, 2013. Work will generally take place on weekdays between 7:00 a.m. and 7:00 p.m., Monday through Friday, with some work on Saturdays possible if warranted to maintain the
construction schedule. Residents abutting the noise wall along Fairway Road will be notified of this construction in advance of the work commencing.

Traffic Restrictions

The westbound curb lane on Fairway Road, from 150 metres west of Pebble Creek Drive to Zeller Drive, will be closed for the duration of construction. One (1) through lane of westbound traffic will be maintained on Fairway Road at all times. The two (2) existing eastbound through lanes of traffic on Fairway Road will be maintained at all times during construction.

All traffic movements will be maintained at the intersections of Fairway Road and Pebble Creek Drive, Upper Mercer Street and Zeller Drive. The existing pedestrian crossing on Fairway Road at Pebble Creek Drive will be maintained at all times during construction.

There are no accesses to residential or commercial property located within the construction zone.

CORPORATE STRATEGIC PLAN:

Construction of the Fairway Road Extension noise walls, retaining walls and sidewalks supports Strategic Focus Area 2 Growth Management and Prosperity of the Corporate Strategic Plan to manage growth to foster thriving and productive urban and rural communities, and specifically Strategic Focus Area 2.2 to develop, optimize and maintain infrastructure to meet current and projected needs.

FINANCIAL IMPULCATIONS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2013-013</td>
<td>$604,299</td>
</tr>
<tr>
<td>Engineering – Consultant</td>
<td>84,750</td>
</tr>
<tr>
<td>Kitchener-Wilmot Hydro Adjustments</td>
<td>16,950</td>
</tr>
<tr>
<td>Materials Testing during Construction</td>
<td>11,300</td>
</tr>
<tr>
<td>Engineering – Regional</td>
<td>10,000</td>
</tr>
<tr>
<td>Printing &amp; Advertising</td>
<td>500</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td><strong>727,799</strong></td>
</tr>
<tr>
<td>Less: Municipal Rebate of 86.46% of HST (11.24%)</td>
<td>(71,348)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$656,451</strong></td>
</tr>
</tbody>
</table>

The Region of Waterloo’s approved 2013 Transportation Capital Program includes $5,445,000 in 2013 for the Fairway Road Extension (Project #5274) to complete the final grading, final surface asphalt, sidewalks, noise barriers, landscaping, restoration and other related works to be funded from the Development Charge Reserve Fund.

The $656,451 cost of the noise walls, retaining walls and sidewalks on Fairway Road abutting Landgren Court and Colton Circle is within the budget allowance provided for in the Fairway Road Extension project budget for these works. The remaining funds will be used to complete the project in 2013 including works related to final surface asphalt, erosion control, landscaping, illumination, and trail restoration among others.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE: Nil

ATTACHMENTS: Nil

PREPARED BY: Charles Whitlock, Director, Procurement & Supply Services
APPROVED BY:  Craig Dyer, Chief Financial Officer
TO: Regional Chair Ken Seiling and Members of Regional Council

DATE: May 8, 2013

FILE CODE: F18-30

SUBJECT: T2013-007 RURAL RECYCLING AND RESURFACING IN THE TOWNSHIPS OF NORTH DUMFRIES AND WILMOT

RECOMMENDATION:

THAT the Regional Municipality of Waterloo accept the tender of Steed and Evans Limited for Rural Recycling and Resurfacing in the Townships of North Dumfries and Wilmot in the amount of $4,933,315.69 including all applicable taxes.

SUMMARY: Nil

REPORT:

Tenders were called for Rural Recycling and Resurfacing in the Townships of North Dumfries and Wilmot and were opened in the presence of J. Ellerman, M. Henderson and J. McCarty.

The following tenders were received (including HST):

- Steed and Evans Limited, St. Clements, ON: $4,933,315.69
- CoCo Paving Inc., Petersburg, ON: $5,044,320.00
- Capital Paving Inc., Guelph, ON: $5,128,021.03

The work of this contract includes asphalt recycling using the full depth reclamation process and asphalt overlay at the following locations:

- Regional Road 6 (Snyder's Road) from Ira Needles Boulevard to 430 metres east of Notre Dame Drive, Township of Wilmot
- Regional Road 46 (Roseville Road) from Edworthy Side Road to Dickie Settlement Road, Township of North Dumfries
- Regional Road 4 (Bleams Road) from Queen Street to Wilmot Centre Road, Township of Wilmot

Asphalt Resurfacing at the following location:
- Regional Road 4 (Bleams Road) from 1.6km east of Queen Street to 2.7km east of Queen Street, Township of Wilmot

Bonded Wearing Course Resurfacing at the following location:
- Regional Road 4 (Bleams Road) from Queen Street to 1.6km east of Queen Street, Township of Wilmot

Culvert Replacement at the following location:
- Regional Road 6 (Snyder's Road) located 2.44 kilometres east of Notre Dame Drive, Township of Wilmot
Construction Schedule

Construction is scheduled to commence on or about May 21, 2013 with completion expected on or about August 23, 2013.

Traffic Restrictions

Two-way traffic will be maintained at most times during the asphalt operations on all roads. Full road closures to through traffic will be required for short durations in order to place the final surface course asphalt and in order to complete the culvert replacement on Snyder’s Road. Local and emergency traffic will be maintained at all times during the full road closures to through traffic.

The anticipated full road closures to through traffic required and the proposed detour routes are summarized below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Closure Required For</th>
<th>Detour</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>RR4 (Bleams Road) Queen Street to 2.7km East of Queen Street</td>
<td>Surface Asphalt</td>
<td>Ira Needles Boulevard/Trussler Road/Snyder’s Road/Queen Street</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Regional Road 46 (Roseville Road) from Edworthy Side Road to Dickie Settlement Road</td>
<td>Surface Asphalt</td>
<td>Edworthy Road/Cedar Creek Road/Dumfries Road</td>
<td>1-2 Days</td>
</tr>
<tr>
<td>Regional Road 6 (Snyder’s Road) from Ira Needles Boulevard to 430 metres east of Notre Dame</td>
<td>Surface Asphalt &amp; Culvert Replacement</td>
<td>Ira Needles Boulevard/Trussler Road/Bleams Road/Queen Street</td>
<td>7-10 Days</td>
</tr>
<tr>
<td>Regional Road 4 (Bleams Road) from Queen Street to Wilmot Centre Line</td>
<td>Surface Asphalt</td>
<td>Queen Street/Snyder’s Road/Foundry Street</td>
<td>2-3 Days</td>
</tr>
</tbody>
</table>

Area residents will be notified in advance of these full road closures.

CORPORATE STRATEGIC PLAN:

Award of this contract is in accordance with the Region’s public tendering practices and meets Focus Area 2 Growth Management and Prosperity of the Corporate Strategic Plan to develop, optimize and maintain infrastructure to meet current and projected needs and specifically strategic objective 2.2.1 which is to continue to prioritize and implement capital program projects required to meet community needs and ensure sustainability.

FINANCIAL IMPLICATIONS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2013-007</td>
<td>$4,933,316</td>
</tr>
<tr>
<td>Engineering – Regional</td>
<td>154,000</td>
</tr>
<tr>
<td>Geotechnical Consulting, Material Inspection &amp; Testing</td>
<td>80,000</td>
</tr>
<tr>
<td>Detours, Signing and Pavement Markings</td>
<td>60,000</td>
</tr>
<tr>
<td>Engineering – Consultant</td>
<td>29,238</td>
</tr>
<tr>
<td>Advertising and Printing</td>
<td>4,500</td>
</tr>
<tr>
<td>Permits</td>
<td>900</td>
</tr>
</tbody>
</table>

Sub-total: $5,261,954

Less: Municipal Rebate of 86.46% of HST (11.24%) | (501,569)

1391837
The Region of Waterloo’s approved 2013 Transportation Capital Program includes funds of $4,995,000 to complete these road projects (Project #5423, #5584, #5586 and #5174). Based on the low tender result, the estimated total cost of this work is $4,760,385 to be funded from the Roads Rehabilitation Reserve Fund. The cost of this work is $234,615 (approximately 4.7%) under the budgeted amount.

The final date of acceptance for this tender is June 15, 2013.

Approvals

A Grand River Conservation Authority permit to work within a watercourse for the replacement of the culvert on Snyder’s Road has been obtained.

No other approvals are required.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE: Nil

ATTACHMENTS: Nil

PREPARED BY: Charles Whitlock, Director, Procurement & Supply Services

APPROVED BY: Craig Dyer, Chief Financial Officer
TO: Regional Chair Ken Seiling and Members of Regional Council

DATE: May 8, 2013

FILE CODE: F08-20

SUBJECT: REGIONAL DEBENTURE ISSUE DATED MAY 13, 2013

RECOMMENDATION:

For Information

REPORT:

On April 25, 2013, the Regional Municipality of Waterloo launched a 20 year sinking fund debenture issue for $95 million and a 30 year sinking fund debenture issue for $50 million. The debentures were issued under the authority of By-law 95-020 which gives the Chief Financial Officer the authority to proceed with a debenture issue that best meets the requirements of the Region and then report the results of the issue to Council at its next scheduled meeting. The $145 million issuance is the largest in the history of the Region and the 30 year term for part of the issue is the longest term in the history of the Region. This is also the first issue of debentures for the Rapid Transit project.

Funds were borrowed for Regional capital works as outlined in report F-13-035 dated April 9, 2013 and shown in the following table:

<table>
<thead>
<tr>
<th>Region Capital Works</th>
<th>20 Years</th>
<th>30 Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wastewater – Growth Related</td>
<td>$70,000,000</td>
<td>--</td>
<td>$70,000,000</td>
</tr>
<tr>
<td>Wastewater – Non Growth Related</td>
<td>14,000,000</td>
<td>--</td>
<td>14,000,000</td>
</tr>
<tr>
<td>GRT – Strasburg Road Facility Expansion</td>
<td>11,000,000</td>
<td>--</td>
<td>11,000,000</td>
</tr>
<tr>
<td>Rapid Transit</td>
<td>--</td>
<td>50,000,000</td>
<td>50,000,000</td>
</tr>
<tr>
<td>Total</td>
<td>$95,000,000</td>
<td>$50,000,000</td>
<td>$145,000,000</td>
</tr>
</tbody>
</table>

Process and Pricing

The issue was marketed by the Region’s fiscal agent syndicate with RBC Capital Markets acting as the lead manager. The Region commenced discussions with the fiscal agents following Regional Council’s April 17th approval to debenture $70 million of growth related wastewater treatment capital works. The discussions continued over several days and included market conditions, demand for longer term issues, pricing and supply including recent and potential provincial and municipal debt issues. On April 23rd, the external lawyer confirmed that the Region’s authorizing documents were in order and on April 24th, the fiscal agents started to “build the book” and market the debenture issue to prospective investors. Interest in both the 20 year and 30 year terms exceeded the supply.

The issue was priced and sold on April 25th, 2013. The Region was able to take advantage of a relatively quiet day in the market relative to pending municipal and provincial issues and launch the issue in advance of other Ontario municipalities that tend to issue debt in the spring. While the 20 and 30 year debentures have not been the typical term for the Region of Waterloo, there has been
strong demand for long term investments in the market, primarily from insurance companies and pension funds, and limited supply. The pricing of the issue resulted in an “all-in” cost of 3.812% for the 20 year debenture and 3.880% for the 30 year debenture which is better than the earlier estimates of 3.95% to 4.00% noted in report F-13-035. The minimal difference between the “all-in” costs of the 20 and 30 year debentures is due to a flat yield curve past 20 years. This is the thirteenth issue launched under the Region’s Aaa rating and the rates offered on the debentures reflect the Region’s excellent credit rating.

Sinking fund debentures are debentures where the entire amount of principal is payable on the maturity date which will be May 13, 2033 for the 20 year debenture and May 13, 2043 for the 30 year debenture. During the time of the debenture, an annual payment is made into a “sinking fund” such that the payments and the interest earned over the term are sufficient to retire the debenture on the maturity date. Certain investors like sinking fund debentures as the rate of return is consistent across the entire term as compared to serial debentures where a portion of principal is due and payable each year and the rate of return varies by year.

The debenture issue closes May 13, 2013 and net proceeds will be received that day.

Required By-laws

Council is required to authorize two debenture by-laws related to the issuing of the debentures. The required by-laws including repayment schedules are listed in this Council agenda for first, second and third reading.

CORPORATE STRATEGIC PLAN:

One of the objectives of the Corporate Strategic Plan is to ensure Regional programs and services are efficient and effective and demonstrate accountability to the public. The Region’s capital financing program, excellent credit rating and prudent use of debenture financing assists in meeting this objective.

FINANCIAL IMPLICATIONS:

Debt servicing costs arising from the spring debenture issue will be paid from Regional Development Charges (RDCs), Wastewater rates and the Regional Transportation Master Plan (RTMP) Reserve Fund. Debt servicing costs funded from RDCs will be reflected in the new background study that is currently in progress.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Regional Clerk and the Regional Chair along with the Chief Financial Officer will be required to execute the necessary documents.

ATTACHMENTS: Nil

PREPARED BY: Angela Hinchberger, Director of Financial Services, Treasury and Tax Policy

APPROVED BY: Craig Dyer, Chief Financial Officer
TO: Chair Ken Seiling and Members of Regional Council

DATE: May 8, 2013

FILE CODE: F01-01

SUBJECT: RAPID TRANSIT PROJECT – TRANSFER PAYMENT AGREEMENT WITH HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO BY ITS MINISTER OF TRANSPORTATION

RECOMMENDATION:

THAT the Regional Municipality of Waterloo enter into a transfer payment agreement with Her Majesty the Queen in Right of Ontario by its Minister of Transportation to provide for funding for the Waterloo Region rapid transit project as a next step to the provincial approval in principle letter of March 21, 2012 from the Minister of Infrastructure and subject to the form and content of the agreement being satisfactory to the Chief Financial Officer and the Regional Solicitor, all as described in Report F-13-046/CR-RS-13-045.

SUMMARY: Nil

REPORT:

In March 2012 and April 2012, the Region received approval-in-principle letters from the provincial and federal governments respectively confirming the financial support of those governments for the Region’s rapid transit project.

In February 2013, Council approved the three pre-qualified teams selected to submit proposals for the project.

Region staff and the Rapid Transit (RT) Consulting Team are preparing the procurement document package, consisting of the Request for Proposal (RFP) and the Project Agreement (PA), to be issued to the three proponent teams in spring 2013.

Region staff have met with Ministry of Transportation (the Ministry or MTO) staff to negotiate a transfer payment agreement (the “Agreement”). The Region was provided with a template Agreement by the Ministry, have reviewed the Agreement and undertaken discussions in negotiation of the Agreement. A signed transfer payment agreement will represent the final step in the provincial approval of the Region’s rapid transit project. The template Agreement has been drafted to reflect the conditions outlined in the approval-in-principle letter and confirm the terms and conditions under which the provincial funds will be provided.

Region staff have reviewed the template Agreement and determined that while many of the provisions of the Agreement are onerous, they are standard terms and not open to negotiation by the Province. This is similar to the agreements entered into for other provincial funding regimes including Millennium projects. Similar to those other funding arrangements, the TPA will accomplish the purpose of transferring the funding from the Province to the Region subject to the
Region providing evidence of eligible expenses being incurred.

In particular, Regional staff notes the following provisions of the agreement:

- The Region is required to ensure that the Project is implemented in accordance with the Budget, Cost-sharing, Milestones and other obligations described in the agreement, a competitive procurement process is used and certain record-keeping requirements are met.
- The TPA may be terminated without cause on 30 days notice by the Province. Upon such termination, the Province will only provide Financial Assistance for Eligible Costs incurred and paid at the time of such notice.
- Any payments due by the Province to the Region are conditional on the appropriation of funds by the Ontario Legislature in each budget year.
- Prior to the Substantial Completion Date, the Region must enter into an agreement with the Federal Government providing for up to $265,000,000 in federal funding for the Project.
- The Province may make a declaration of default if there is a failure of the Region to comply with any conditions, undertakings or material term of the TPA and may suspend or terminate any obligations to contribute to the eligible costs, including any costs incurred before the default and may require the Region to reimburse the Province for all or part of any contribution already paid.
- There are insurance and bonding requirements imposed on the Region.

Negotiations with the Province are proceeding in a cooperative manner and staff will continue to work towards executing the Agreement as soon as possible. Staff recommends that Council authorize the execution of the transfer payment agreement upon completion of the negotiations and with the final form and content of the Agreement subject to the approval of the Chief Financial Officer and the Regional Solicitor.

CORPORATE STRATEGIC PLAN:

This report supports Focus Area 3.1 of council’s Strategic Focus: Implement a light rail transit system in the central transit corridor, fully integrated with an expanded conventional transit system.

FINANCIAL IMPLICATIONS:

In June 2011, Council approved the implementation of the RT project, including LRT and aBRT, with capital funding to be provided from the province (up to $300 million), the federal government (one third of eligible project costs to a maximum of $265 million) and the Region ($253 million). The execution of this Agreement confirms the terms and conditions for the provincial share. The funding agreement with the federal government is subject to separate negotiations, which have not yet been concluded.

OTHER DEPARTMENT CONSULTATIONS/CONCURRENCE:

The Rapid Transit division of Transportation and Environmental Services was consulted in the negotiation of the agreement.

ATTACHMENTS

Nil

PREPARED BY: Calvin Barrett, Director of Financial Services and Development Financing
Liviu Cananau, Solicitor (Rapid Transit)

APPROVED BY: Craig Dyer, Chief Financial Officer
Debra Arnold, Regional Solicitor
THE REGIONAL MUNICIPALITY OF WATERLOO
PLANNING AND WORKS COMMITTEE

Summary of Recommendations to Council

The Planning and Works Committee recommends as follows:

1. THAT the Regional Municipality of Waterloo direct staff to report back to Planning and Works Committee on a potential initiative with the Laurel Creek Headwaters Environmentally Sensitive Landscape Public Liaison Committee.

2. THAT the Regional Municipality of Waterloo approve the implementation of the recommended changes to the next bus short message service aggregation services and the advertising-based model for Grant River Transit users, as described in Report No. P-13-052, dated April 30, 2013.

3. THAT the Regional Municipality of Waterloo enter into an agreement with Lunor Group Inc., 2079993 Ontario Inc., 229249 Ontario Limited, and Elmira and District Association for Community Living for watermain, sanitary forcemain, storm sewer and concrete ductbank installations within the Church Street road allowance in the Township of Woolwich required as part of the adjacent subdivision development, all at the developers’ expense, on terms and conditions satisfactory to the Commissioner of Transportation and Environmental Services and the Regional Solicitor;

AND THAT the Commissioner of Transportation and Environmental Services be authorized to execute the agreement, as described in Report E-13-055, with Lunor Group Inc., 2079993 Ontario Inc., 229249 Ontario Limited, and Elmira and District Association for Community Living on behalf of the Regional Municipality of Waterloo.

4. THAT the Regional Municipality of Waterloo declare the lands described as Part Lot 48, Plan 393, as in A13921 and A45860, all of PIN 22503-0053 (LT), in the City of Kitchener surplus to the needs of the Region, as detailed in Report No. CR-RS-13-033 dated April 30, 2013, and provide the standard public notification as required by the Region’s property disposition by-law.

5. THAT the Regional Municipality of Waterloo enter into a Consulting Services Agreement with CIMA Canada Inc. of Kitchener, Ontario, to provide consulting engineering services for undertaking the Conestogo Plains Water Supply (WS) Class Environmental Assessment (EA) and Preliminary Design, at an upset limit of $310,600 plus applicable taxes, as per Report E-13-052, dated April 30, 2013.

6. THAT the Regional Municipality of Waterloo take the following actions regarding the West Montrose Covered Bridge, as described in Report P-13-043/E-13-054, dated April 30, 2013:

   a) Approve the planned maintenance and monitoring activities, and the development of a Bridge Management Plan;
   b) Thank the BridgeKeepers (West Montrose Residents Association Inc.) and other community stakeholders for their involvement in monitoring the status of the bridge.

8. THAT the Regional Municipality of Waterloo approve the acquisition of 50 real-time passenger information display signs from INIT Innovations in Transportation, Inc. at a total cost of $442,779.47 plus applicable taxes, as described in Report No. P-13-045, dated April 30, 2013.

9. THAT the Regional Municipality of Waterloo approve the following transit service improvements, effective Monday September 2, 2013, as described in Report No. P-13-047, dated April 30, 2013:

   a) Implement a new 202 University iXpress route operating Monday to Sunday providing 15 minute peak and midday service and 30 minute off-peak frequency service;
   b) Extend the existing 201 Fischer-Hallman iXpress from the Columbia Street West and Philip Street intersection to Conestoga Mall;
   c) Reduce peak hour directional frequency on Route 29 Keats Way from 10 minute service in the peak direction to 30 minute service and reduce Sunday frequency from 30 minute to 60 minute service;
   d) Modify and combine Route 5 Erb West and Route 6 Bridgeport to provide an east-west cross town route that travels via Erb Street between The Boardwalk and the Bridgeport neighbourhood, and name this modified Route 5 Erb;
   e) Modify Route 35 Eastbridge to provide direct service between Downtown Kitchener, the Eastbridge neighbourhood, and Conestoga Mall. Implement extended evening service from 7:30 p.m. to midnight and provide Sunday service. Rename Route 35 to Route 6 Bridge;
   f) Modify Route 31 Lexington to provide local service in the Eastbridge neighbourhood, extend service along Columbia Street West, and provide extended evening service from 6:15 p.m. to 10:30 pm. Rename Route 31 Lexington to Route 31 Columbia;
   g) Redesign Route 13 Laurelwood to provide two-way service, an extension from the Erbsville Road and Columbia Street West intersection to The Boardwalk, and an extension into the Laurelcreek Village neighbourhood which would be dependent on the removal of on-street parking along Creekside Drive. Extend Sunday service on Route 13 from 7:30 p.m. to 11:00 p.m.;
   h) Relocate Route 12 Conestoga Mall from Carter Avenue to the Lincoln Road area via Weber Street; and
   i) Increase Route 9 Lakeshore midday service between University of Waterloo and Parkside Drive at Cedarbrae Avenue from 30 minutes to 15 minutes to improve schedule reliability and reduce over-crowding.

10. That the Regional Municipality of Waterloo approve the following regarding implementation of the 2013 Grand River Transit (GRT) fare structure as described in Report No. P-13-048, dated April 30, 2013:

   a) Implement GRT fare structure Option 1 as detailed in Table 1 on July 1, 2013, and;
   b) Amend the Region’s Fees and Charges By-law No. 13-001 with respect to the approved 2013 GRT fares.
11. THAT The Regional Municipality of Waterloo approve the expropriation of lands for the construction of Phase 2 of Stage 1 of the Rapid Transit Project being comprised of properties commencing at Eby Street South between Charles Street East and King Street East in the City of Kitchener and running East along portions of Charles Street East and King Street East to Borden Avenue South and Ottawa Street South and including lands on Madison Avenue South, Cameron Street South, Pandora Avenue South, and Stirling Avenue South in the City of Kitchener, in the Regional Municipality of Waterloo as detailed in Report CR-RS-13-035 dated April 30, 2013, described as follows:

FEE SIMPLE PARTIAL TAKINGS:

1. Part Lot 12 (H. Eby) South of King Street, Plan 364, being Part 1 on 58R17381, Part of PIN 22501-0067, City of Kitchener, Regional Municipality of Waterloo (22 Eby Street South, Kitchener)
2. Part Lot 14 (B. Moogk), Part Lot 15 (P. Grab), South of King Street, Plan 364, being Part 2 on 58R17381, Part of PIN 22502-0049, City of Kitchener, Regional Municipality of Waterloo (301 – 319 King Street East, Kitchener)
3. Part Lot 15 (P. Grab), South of King Street, Plan 364, being Part 3 on 58R17381, Part of PIN 22502-0050, City of Kitchener, Regional Municipality of Waterloo (No applicable municipal address, Kitchener)
4. Part Lot 16 or 15 (Hueglin), Part Lot 17 (B. Moogk) South of King Street, Plan 364, being Part 4 on 58R17381, Part of PIN 22502-0113, City of Kitchener, Regional Municipality of Waterloo (21 Cedar Street South, Kitchener)
5. Part Lot 18, South of King Street, Plan 364, being Parts 5 and 6 on 58R17381, Part of PIN 22502-0084, City of Kitchener, Regional Municipality of Waterloo (220 Charles Street East, Kitchener)
6. Part Lot 18, South of King Street, Plan 364 and Part Lot 19, South of King Street, Plan 365, being Part 7 on 58R17381, Part of PIN 22502-0086, City of Kitchener, Regional Municipality of Waterloo (230 Charles Street East, Kitchener)
7. Part Lot 19, South of King Street, Plan 365, being Part 8 on 58R17381, Part of PIN 22502-0087, City of Kitchener, Regional Municipality of Waterloo (28 Madison Avenue South, Kitchener)
8. Part Lots 20, 21 and 22, South of King Street, Plan 365, being Part 9 on 58R17381, Part of PIN 22502-0092, City of Kitchener, Regional Municipality of Waterloo (471 King Street East, Kitchener)
9. Part Lots 23 and 24, South of King Street, Plan 365, being Part 10 on 58R17381, Part of PIN 22502-0093, City of Kitchener, Regional Municipality of Waterloo (481 King Street East and 24 Cameron Street South, Kitchener)
10. Part Lot 182, Streets and Lanes and Part Lot 64, Plan 303, being Parts 1 and 11 on 58R17386, Part of PIN 22502-0098, City of Kitchener, Regional Municipality of Waterloo (310 Charles Street East, Kitchener)
11. Part Lot 207, Plan 303, being Part 2 on 58R17386, Part PIN 22502-0100, City of Kitchener, Regional Municipality of Waterloo (332 Charles Street East, Kitchener)
12. Part Lot 78, Plan 303 being Part 3 on 58R17386, Part of PIN 22502-0105, City of Kitchener, Regional Municipality of Waterloo (625 King Street East, Kitchener)
13. Part Lot 16, Plan 634 being Part 4 on 58R17386, Part of PIN 22509-0140, City of Kitchener, Regional Municipality of Waterloo (22 Pandora Avenue South, Kitchener)
14. Part Lot 15, Plan 634 being Part 5 on 58R17386, Part of PIN 22509-0141, City of Kitchener, Regional Municipality of Waterloo (354 Charles Street East, Kitchener)
15. Part Lots 10 to 14, Plan 634 being Part 6 on 58R17386, Part of PIN 22509-0142, City of Kitchener, Regional Municipality of Waterloo (659 King Street East, Kitchener)
16. Part Lot 76, Plan 303, Part Lots 17, 33 and 34, Plan 634 and Part Lot 67, Streets and Lanes being Parts 7 and 8 on 58R17386, Part of PIN 22504-0045, City of Kitchener, Regional Municipality of Waterloo (355 Charles Street East, Kitchener)
17. Part Lot 41, Plan 634 being Part 9 on 58R17386, Part of PIN 22506-0003, City of Kitchener, Regional Municipality of Waterloo (21 Stirling Avenue South, Kitchener)
18. Part Lot 1, Plan 404 being Part 10 on 58R17386 and Part Lots 3 and 4, Plan 404, being Part 1 on 58R17395, Part of PIN 22506-0010, City of Kitchener, Regional Municipality of Waterloo (432 Charles Street East, Kitchener)
19. Part of Park Lot 25, Plan 404 being Part 2 on 58R17395, Part of PIN 22506-0217, City of Kitchener, Regional Municipality of Waterloo (480 Charles Street East, Kitchener)
20. Part of Park Lot 25, Plan 404 being Parts 3 and 4 on 58R17395. Part of PIN 22506-0009, City of Kitchener, Regional Municipality of Waterloo (50 Borden Avenue South, Kitchener)
21. Part of Park Lot 25, Plan 404, being Part 5 on 5817395, Part of PIN 22506-0093, City of Kitchener, Regional Municipality of Waterloo (512 – 516 Charles Street East, Kitchener)
22. Part of Park Lot 25, Plan 404, being Part 6 on 58R17395, Part of PIN 22506-0091, City of Kitchener, Regional Municipality of Waterloo (520 Charles Street East, Kitchener)
23. Part of Lot 12, Plan 262 being Part 7 on 58R17395, Part of PIN 22506-0090, City of Kitchener, Regional Municipality of Waterloo (526 Charles Street East, Kitchener)
24. Part Lot 13, Plan 262 being Part 8, 58R17395, Part of PIN 22506-0089, City of Kitchener, Regional Municipality of Waterloo (530 Charles Street East, Kitchener)
25. Part Lot 14, Plan 262 being Part 9 on 58R17395, Part of PIN 22506-0088, City of Kitchener, Regional Municipality of Waterloo (no applicable municipal address, Kitchener)
26. Part Lot 14, Plan 262 being Parts 10 and 11 on 58R17395, Part of PIN 22506-0086, City of Kitchener, Regional Municipality of Waterloo (534 Charles Street East, Kitchener)
27. Part Lot 15, Plan 262, being Part 12 on 58R17395, Part of PIN 22506-0084, City of Kitchener, Regional Municipality of Waterloo (542 Charles Street East, Kitchener)
28. Part Lots 16, 17 and 18, Plan 262 being Part 13 on 58R17395, Part of PIN 22506-0080(R) City of Kitchener, Regional Municipality of Waterloo (1027 King Street East, Kitchener)
29. Part Lot 19, Plan 262, being Part 14 on 58R17395, Part of PIN 22506-0067, City of Kitchener, Regional Municipality of Waterloo (564 Charles Street East, Kitchener)
30. Part Lot 20, Plan 262, being Part 15, 58R17395, Part of PIN 22506-0218, City of Kitchener, Regional Municipality of Waterloo (1081 King Street East, Kitchener)
31. Part Lots 21 and 22, Plan 262 being Part 16 on 58R17395, Part of PIN 22506-0077, City of Kitchener, Regional Municipality of Waterloo (22 Ottawa Street South, Kitchener)

being in the City of Kitchener, Regional Municipality of Waterloo or such lesser portion(s) of any of the said properties as may be determined to be required through the
preliminary design process for the purposes of the construction of the Rapid Transit Project Stage 1.

AND THAT staff be instructed to register a Plan of Expropriation with respect to the said properties, or such lesser portions of any of the said properties as may be determined through the preliminary design process, within three months of the granting of approval to expropriate said properties, in accordance with the Expropriations Act (Ontario) (the “Act”);

AND THAT the registered owners be served with a Notice of Expropriation and a Notice of Possession with respect to the said properties after the registration of the Plan of Expropriation;

AND THAT if no agreement as to compensation is made with an owner, the statutory Offer of Compensation and payment be served upon the registered owners of applicable properties in the amount of the market value of the interests in such lands as estimated by the Region’s appraiser in accordance with the Act;

AND FURTHER THAT the Regional Solicitor be authorized to discontinue expropriation proceedings with respect to any above-referenced lands in the event that the Region is able to otherwise obtain registered title to such lands.

12. THAT The Regional Municipality of Waterloo direct and authorize the Regional Solicitor to take the following actions with respect to the expropriation of further lands required for the construction of Stage 1 of the Rapid Transit Project commencing at Borden Avenue South and Ottawa Avenue South to Courtland Avenue East in the City of Kitchener and continuing from King Street North and Northfield Drive to King Street South and John Street in the City of Waterloo, in the Regional Municipality of Waterloo in accordance with the Recommended Rapid Transit Implementation Option Report E-11-072 dated June 15, 2011:

A. Complete application(s) to the Council of The Regional Municipality of Waterloo, as may be required from time to time, for approval to expropriate land, which is required for the Rapid Transit Project Stage 1 and described as follows:

**Fee Simple Partial Taking**:

1. Part of Lots 19 and 20, Plan 404 being Part 1 on 58R-17382, Part PIN 22505-0061, City of Kitchener, Regional Municipality of Waterloo (321 Courtland Avenue E., Kitchener)

2. Part Lot 38, Plan 394 being Part 1 on 58R-17371, Part PIN 22501-0051, City of Kitchener, Regional Municipality of Waterloo (17 Benton Street, Kitchener)

3. Part Block C, Plan 1434 being Part 1 on 58R-17311, Part PIN 22283-0129, City of Waterloo, Regional Municipality of Waterloo (550 King Street N., Waterloo)

4. Part Lots 6 and 7, Plan 1230 being Part 6 on 58R-17313, Part PIN 22280-0072, City of Waterloo, Regional Municipality of Waterloo (53-55 Northfield Drive West, Waterloo)

5. Part Lot 8, GCT being Part 7 on 58R-17313, Part PIN 22280-0071, City of Waterloo, Regional Municipality of Waterloo (565 Conestogo Road, Waterloo)
6. Part Lot 2, Plan 1230 being part 2 on 58R-17313, Part PIN 22280-0101, City of Waterloo, Regional Municipality of Waterloo (29 Northfield Drive West, Waterloo)

7. Part Block 1, Plan 1702 being Parts 1, 2 and 3 on 58R-17312, Part PIN 22283-0006, City of Waterloo, Regional Municipality of Waterloo (574-584 King Street North, Waterloo)

8. Part Lot 1, Plan 1230 being Part 1 on 58R-17313, Part PIN 22280-0100, City of Waterloo, Regional Municipality of Waterloo (25 Northfield Drive West, Waterloo)

9. Part Lot 3, Plan 1230 being Part 3 on 58R-17313, Part PIN 22280-0102, City of Waterloo, Regional Municipality of Waterloo (35 Northfield Drive West, Waterloo)

10. Part Lot 4, Plan 1230 being Part 4 on 58R-17313, Part PIN 22280-0103, City of Waterloo, Regional Municipality of Waterloo (39 Northfield Drive West, Waterloo)

11. Part Lots 5 and 6, Plan 1230 being part 5 on 58R-17313, Part PIN 22280-0104, City of Waterloo, Regional Municipality of Waterloo (45 Northfield Drive West, Waterloo)

12. Part Lot 2, Plan 757 being parts 1 and 2 on 58R-17384, Part PINS 22595-0094 and 22595-0110, City of Kitchener, Regional Municipality of Waterloo (130 Hayward Avenue, Kitchener)

13. Part Lot 7, between Young and Ontario Streets, Plan 401 being Part 2 on 58R-17369, Part PIN 22316-0217, City of Kitchener, Regional Municipality of Waterloo (56 Duke Street West, Kitchener)

14. Part Lot 7, between Young and Ontario Streets, Plan 401 being Part 1 on 58R-17369, Part PIN 22316-0217, City of Kitchener, Regional Municipality of Waterloo (Parking Lot at Young and Duke Streets, Kitchener)

15. Part Lot 12, GCT being parts 1, 2 and 3 on 58R-17314, Part PIN 22256-0328, City of Waterloo, Regional Municipality of Waterloo (440 Wes Graham Way, Waterloo)

16. Part Lot 4, Municipal Compiled Plan of Lot 13, GCT being Parts 1 and 2 on 58R-17315, Part PIN 22378-0006, City of Waterloo, Regional Municipality of Waterloo (310 Westmount Road North, Waterloo)

17. Part Block 1, Plan 58M-272 being Part 6 on 58R-17314, Part PIN 22256-0367, City of Waterloo, Regional Municipality of Waterloo (300 Hagey Blvd., Waterloo)

18. Part Lot 140, Plan 385 being Part 1 on 58R-17316, Part PIN 22417-0008, City of Waterloo, Regional Municipality of Waterloo (185 King Street S., Waterloo)

19. Part Lots 30 and 31, Part of the Mill Property, Plan 385 being Parts 2, 3 and 4 on 58R-17322, Part PIN 22377-0003, City of Waterloo, Regional Municipality of Waterloo (25-31 Caroline Street, Waterloo)
20. Part Lots 23 and 24, Plan 385 and Part Lot 24, Municipal Compiled Plan of Lot 14, GCT being Part 1 on 58R-17322, Part PIN 22377-0181, City of Waterloo, Regional Municipality of Waterloo (10 Father David Bauer Drive, Waterloo)

21. Part Lot 38, Plan 394 being Part 2 on 58R-17371, Part PIN 22501-0050, City of Kitchener, Regional Municipality of Waterloo (19 Benton Street, Kitchener)

22. Part Lots 94, 96, 97 and 98, Plan 375 being Part 1 on 58R-17370, Part PIN 22427-0014, City of Kitchener, Regional Municipality of Waterloo (44 Gaukel Street, Kitchener)

23. Part Lot 21, Plan 380 and Part Lot 4, Plan 393 being Part 2 on 58R-17370, Part PIN 22427-0028, City of Kitchener, Regional Municipality of Waterloo (15 Charles Street, Kitchener)

Fee Simple Full Taking :

24. Part Lot 16, Plan 384, PIN 22599-0047, City of Kitchener, Regional Municipality of Waterloo (451 Mill Street, Kitchener)

B. Serve notices of the above application(s) required by the Expropriations Act;

C. Forward to the Chief Inquiry Officer any requests for a hearing that may be received;

D. Attend, with appropriate Regional staff, at any hearing that may be scheduled;

E. Discontinue expropriation proceedings or any part thereof, in respect of the above described lands, or any part thereof, upon the registration on title of the required documentation to complete a transaction whereby the required interests in the lands are conveyed; and

F. Do all things necessary and proper to be done, and report thereon to Regional Council in due course. [CR-RS-13-036]

13. THAT the Regional Municipality of Waterloo approve the selection of ION as the new brand name for the Region’s Rapid Transit service as described in Report E-13-031 dated April 30, 2013.

14. THAT the Regional Municipality of Waterloo approve in principle the installation of a single-lane roundabout at the intersection of Line 86/Church Street (Regional Road 86) and Floradale Road (Regional Road 19), in the Township of Woolwich as per Report E-13-034 dated April 30, 2013;

AND THAT the construction of a single-lane roundabout at this intersection be considered as part of a “Roundabout Installation Prioritization Program” in the 2014 Transportation Capital Program.

15. THAT the Regional Municipality of Waterloo approve the strategy recommended in the Water Supply and Distribution Operations Master Plan (WSDOMP) summarized in Report E-13-044 dated April 30, 2013;
PS-130430

AND THAT Region staff be directed to incorporate the WSDOMP recommended projects in the 2014 Ten Year Water Capital Program and Regional Development Charges Study;

AND THAT Region staff be directed to proceed with implementation of WSDOMP recommended projects.

April 30, 2013
The Planning and Works Committee recommends as follows:

1. THAT the Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to, the conveyance of the lands described as Part Lot 48, Plan 393, as in A13921 and A45860, all of PIN 22503-0053 (LT), in the City of Kitchener to the Corporation of the City of Kitchener, for purposes of a community garden, for the sum of $1.00 plus 50% of the cost of an environmental site assessment and preparation and filing of a Record of Site Condition, conditional upon satisfactory completion of the Region’s property disposition procedures and on terms and conditions satisfactory to the Regional Solicitor.

2. 1) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Part of Lots 39, 40 and 41 Plan 377, Kitchener, Part PIN 22424-0021 being Parts 11 and 12 Plan 58R-17373, City of Kitchener, Regional Municipality of Waterloo being part of the lands municipally known as 709 King Street West, City of Kitchener, from Waterloo Region District School Board for the sum of $61,250.00 as compensation for the value of the taking of land, compensation for injurious affection and any and all other damages, plus associated reasonable costs, with all documentation to the satisfaction of the Regional Solicitor, and subject to the following additional obligations:

   (a) the restoration, at the cost of The Regional Municipality of Waterloo, of the Waterloo Region District School Board’s retained lands as specified in the Agreement of Purchase and Sale; and

   (b) the retainer of a planning consultant at The Regional Municipality of Waterloo’s cost to prepare, coordinate and support an application to the City of Kitchener Committee of Adjustment for a reduced setback allowance for parking on the Waterloo Region District School Board’s retained lands.

1) THAT the Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Part of Lots 309, 310 and 311 Plan 385, Kitchener, Part PIN 22327-0096 being Part 2 Plan 58R-17367, City of Kitchener, Regional Municipality of Waterloo being part of the lands municipally known as 828 King Street West, City of Kitchener, from Waterloo Region District School Board for the sum of $24,750.00 as compensation for the value of the taking of land, compensation for injurious affection and any and all other damages, plus associated reasonable costs, with all documentation to the satisfaction of the Regional Solicitor, and subject to the following additional obligations:
(a) the restoration, at the cost of The Regional Municipality of Waterloo, of the Waterloo Region District School Board’s retained lands as specified in the Agreement of Purchase and Sale; and

(b) the retainer of a planning consultant at The Regional Municipality of Waterloo’s cost to prepare, coordinate and support an application to the City of Kitchener Committee of Adjustment for a reduced setback allowance for parking on the Waterloo Region District School Board’s retained lands.

2) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Part of Lots 8, 9 and 12 Subdivision of Lot 15 G.C.T. and Part of Lot D Plan 9, Kitchener, Part PIN 22424-0157 being Parts 19, 20 and 21 Plan 58R-17373 and Parts 2, 3 and 4 Plan 58R-17699, City of Kitchener, Regional Municipality of Waterloo being part of the lands municipally known as 787 King Street West, City of Kitchener, from Waterloo Region District School Board for the sum of $143,825.60 as compensation for the value of the taking of land, compensation for injurious affection and any and all other damages, plus associated reasonable costs, with all documentation to the satisfaction of the Regional Solicitor, and subject to the following additional obligations:

(a) the restoration, at the cost of The Regional Municipality of Waterloo, of the Waterloo Region District School Board’s retained lands as specified in the Agreement of Purchase and Sale; and

(b) the retainer of a planning consultant at The Regional Municipality of Waterloo’s cost to prepare, coordinate and support an application to the City of Kitchener Committee of Adjustment for a reduced setback allowance for parking on the Waterloo Region District School Board’s retained lands.

3) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Part of Lots 63, 64 and 205 Part of Cameron Street (closed by By-Law 6362, Instrument No. 363820) Registered Plan No. 303 and Part of Lot 25 South of King Street and West of Cameron Street Registered Plan No. 365, Kitchener, Part PIN 22504-0011 being Part 1 Plan 58R-17414, City of Kitchener, Regional Municipality of Waterloo being part of the lands municipally known as 301 Charles Street East, City of Kitchener, from Waterloo Region District School Board for the sum of $83,300.00 as compensation for the value of the taking of land, compensation for injurious affection and any and all other damages, plus associated reasonable costs, with all documentation to the satisfaction of the Regional Solicitor, and subject to the restoration, at the cost of The Regional Municipality of Waterloo, of the Waterloo Region District School Board’s retained lands as specified in the Agreement of Purchase and Sale.

3. (1) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Lot 6 Plan 118 identified as PIN 22502-0242, City of Kitchener, Regional Municipality of Waterloo being the property municipally known as 28 Cedar Street South, Kitchener, from Simon William Lloyd and Minley Diana Lloyd for the sum of $285,500.00 as compensation for the value of the taking
of land plus compensation for tenant claims, disturbance damages and any and all other damages suffered by the said property owners in the sum of $20,713.00 not including costs, fees and bonuses charged by the existing first mortgagee in relation to the discharge of the existing first charge on title to the property, plus associated costs, with all documentation to the satisfaction of the Regional Solicitor.

(2) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the acquisition of land for the Rapid Transit Project – Stage 1 described as Part Lot 41 Plan 634, Part PIN 22506-0003 being Part 9 Plan 58R-17386, City of Kitchener, Regional Municipality of Waterloo, being part of the lands municipally known as 21 Stirling Avenue South, City of Kitchener, from Live Residential Investors Inc. for the sum of $5,900.00 as compensation for the value of the land, plus the sum of $29,000.00 as compensation for disturbance damages and any and all other damages suffered by the said property owner save and except for damages associated with municipal compliance issues at the said property owner’s retained property resulting from the acquisition of the required lands provided that there is no change in use, plus associated costs, with all documentation to the satisfaction of the Regional Solicitor, and subject to the restoration, at the effort and cost of the Regional Municipality of Waterloo, of said property owner’s retained property as specified in the Agreement of Purchase and Sale.

(3) THAT The Regional Municipality of Waterloo approve, enter into an Agreement for, and execute all documentation related to the expropriation and acquisition of lands for the Rapid Transit Project – Stage 1, such lands described as Part Lot 53, Registered Plan 376, being Part 3 on WR-726570, PIN 22318-0377, City of Kitchener, Regional Municipality of Waterloo being part of the lands municipally known as 624 King Street West, Kitchener, from 1836862 Ontario Inc. for the sum of $182,500.00 as compensation for the value of the said expropriated land, compensation for injurious affection and any and all other damages, plus associated costs, and including compensation for an additional parcel of land identified by Rapid Transit staff as required totaling an area of less than 3 square metres to be acquired by transfer, with all documentation to the satisfaction of the Regional Solicitor.

April 30, 2013
The Administration and Finance Committee recommends as follows:

1. THAT the Region of Waterloo support the request of the Frank Cowan Company for the Law Commission of Ontario to complete a study on Municipal Legislative Reform to address the issue of the effects of Joint and Several Liability on municipal insurance claims. [F-13-039]

2. THAT the Regional Municipality of Waterloo appoint the following Councillors to the Regional Development Charges (RDC) Steering Committee: L. Armstrong, J. Brewer, T. Cowan, T. Galloway, C. Millar, J. Wideman, C. Zehr. [F-13-040]

Tuesday, April 30, 2013
THE REGIONAL MUNICIPALITY OF WATERLOO
COMMUNITY SERVICES COMMITTEE

Summary of Recommendations to Council

The Community Services Committee recommends as follows:

1. THAT the Regional Municipality of Waterloo approve a maximum funeral rate of $2,974 plus applicable taxes effective June 1, 2013;

   AND THAT any funds provided by family or others for additional services be in addition to any payment made by the Regional Municipality of Waterloo, as outlined in report SS-13-015, dated April 30, 2013.

2. THAT the Regional Municipality of Waterloo approve entering into an agreement with the United Way Kitchener Waterloo and Area under the Local Immigration Partnership, dated January 1, 2013, in a form satisfactory to the Commissioner of Social Services and the Regional Solicitor;

   AND THAT the Regional Municipality approve an increase in staff of one temporary full time equivalent;

   AND FURTHER THAT the 2013 Operating Budget for Social Planning, Policy and Program Administration be increased by $42,500 and $0 net Regional Levy, as outlined in report SS-13-016, dated April 30, 2013.

April 30, 2013
REGIONAL MUNICIPALITY OF WATERLOO

OFFICE OF THE REGIONAL CHAIR

COUNCIL REPORT

TO: Members of Regional Council

DATE: May 8, 2013

SUBJECT: Casinos

RECOMMENDATION:

That Regional Council oppose the location of a casino within the Regional Municipality of Waterloo and that the position of Regional Council be conveyed to OLG and the Province of Ontario.

BACKGROUND:

The Ontario Lottery and Gaming Commission (OLG) is embarking on an aggressive plan to increase gaming revenues. It proposes to increase revenues by expanding gaming opportunities through new casinos, on-line betting, lotteries, and a variety of tools. It proposes to lower the ages of the gaming public and increase gaming participation from 70% to 75% in order to increase gaming revenues. An important part of this business plan is to privatize the operations.

In expanding the number of casinos, it has designated market areas, one of which focuses largely on the Waterloo Region and adjacent areas. Although there is only one host municipality, the entire area is seen as the market. Thus it seeks to increase both the number of gamers in the Region and the revenues taken from the Region.

The Head of any Council is able, and I believe, has a responsibility to bring to the attention of the Council issues which she or he feels need to be addressed for the well being of the municipality. Over the past few weeks, I have been asked repeatedly by people across this Region, why the Regional Council was not expressing an opinion about the possibility of a casino in the Region. They don’t understand why, given the Region-wide impacts, the Region is not expressing an opinion.
It is my opinion that the effects of a casino will be felt across the entire Region. Clearly the OLG is targeting the population of the entire Region if it were to run a casino operation and it is clearly the right of the Regional Council to take a position on it, even if the OLG says it will deal only with a host municipality.

Regardless of its location in Waterloo Region, the existence of a casino will have serious negative impacts on the entire community. It will draw large sums of money out of the community. In addition to the impacts on gamers and their families, a casino will also impact negatively the local food and entertainment sectors as is reflected in the comments of Anne Golden and the local Centre in the Square. Any services to be impacted will be mostly Regional services. Problem gambling will be reflected in increased demands for social services, whether they be income support, discretionary support, housing, and child care. Police services will potentially be impacted either directly or indirectly in areas such as domestic problems, theft, and activities which result from problem gambling. Our public health staff as well as public health staff in other jurisdictions have taken strong stands against the expansion of gambling. Our own Waterloo Region Crime Prevention Council has taken a public position against a casino in our Region (attached).

I remind Regional Council that it also acts as the Board of Health and should also consider this matter in its role as the Board of Health and heed the concerns raised by our own and other public health officials.

I have chosen not to write an extensive summary of the work of others but have attached an Appendix consisting of a sampling of materials relating to gambling and its impacts:

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<td>Dr. Liana Nolan, Medical Officer of Health, Waterloo Region “Presentation to Kitchener Council - Speaking notes”, April 23, 2013</td>
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<td>10</td>
<td>Waterloo Region Crime Prevention Council “Position on Casinos”, April 22, 2013</td>
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<td>16</td>
<td>Anne Golden “A casino in Toronto would do more harm than good”, National Post, January 13, 2013</td>
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<td>Problem Gambling Institute of Ontario “The Impact of Gambling Expansion in Ontario Q&amp;A” (note #1, bullet 4), November 2012</td>
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<td>Centre for Addiction and Mental Health “Gambling Policy Framework”, August 2, 2011</td>
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<td>Toronto Public Health “Position Statement - Gambling and Health”, November 2012</td>
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<td>91</td>
<td>Centre in the Square “Memo – Casino Proposal in the KW Region”, April 22, 2013</td>
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</table>
OLG has responded to the Region’s earlier resolutions saying it deals only with host municipalities. This does not take into account that a host municipality may not be a single tier municipality but be one of a number within a county or region. The Province should be requiring OLG to give a role to the upper tier or other municipalities which may be impacted. Despite the opinion that it doesn’t need to deal with counties, regions or other municipalities, there is nothing to prevent these bodies from taking a position and providing it to OLG and the Province.

It has been argued that there is no role for Regional Council and that it should not get involved as it has no jurisdiction. This is a strange argument. In the first instance it says that even though the Region and its residents may be impacted by some other level of government or its agencies, it could not or should not speak to the interests of the Region. The procedural bylaw says that the Regional Chair should decline to allow motions where the Region is acting outside of its jurisdiction by passing bylaws for which it has no legislative authority. One of the more recent discussions around this was in regards to the request for a bylaw to ban the use of shark fins which council refused to consider as it had no jurisdiction to do so.

Regional Council is not prohibited from expressing opinions on matters under the jurisdiction of other governments. I need to remind Council that it regularly does this as do the area councils. If this argument were to be supported, no area council could comment on a Regional Council project or policy if the Region had sole jurisdiction (i.e. roads, biosolids). The Region and/or area municipalities could not comment on other municipal projects where there was an impact. They could not comment on Federal or Provincial projects or policies (i.e. gas tax, GO Transit, Hwy 7, 24, or 401, trade agreements, Highway Traffic Act). To argue that the Region cannot comment on casinos is to say that the Region and/or area municipalities should be voiceless on projects and policies of other government or agencies which affect them and their residents.

Waterloo Region has been successful and continues to be successful. It has no need to reinforce poor public policy which seeks to raise funds by increased gaming and taking money from many who cannot afford it. Increased money taken from the Regional community will be money not available for local families and individuals, local organizations, local businesses, and local entertainment and hospitality operations. Does this Region need a casino to be successful? I don’t think so.

If you agree that the Region will be harmed by a casino operation, you will support telling the Province and OLG that we do not want a casino here in Waterloo Region. If you think a casino is okay for the Region, then you will vote to defeat this motion. I will be voting to say we do not need or want a casino and would hope that Members of Council will do the same.

Respectfully Submitted,

Ken Seiling, Regional Chair
REGION OF WATERLOO PUBLIC HEALTH

POSITION STATEMENT ON THE HEALTH IMPACTS OF PROBLEM GAMBLING

Gambling has taken many different forms and has been housed in many different venues over time. While gambling is regularly marketed as an exciting recreational activity, the prevalence of problem gambling and its associated risks has been identified as a significant public health issue.

- It is the position of Region of Waterloo Public Health that:
  - Gambling is a risky behaviour that may lead to problem gambling.
  - Problem gambling has a significant negative impact on the individual, their family and the community.
  - Easy access to gambling options can in and of itself lead to increased gambling and problem gambling behaviour.
  - The economic cost of treatment, health care, absenteeism from work, and time spent in court per problem gambler is high. This can lead to a strain on resources for local services since there is a higher concentration of problem gamblers in communities surrounding a gambling venue.
  - Information about the health risks of gambling should be made available to all residents of the Region of Waterloo.
  - The negative consequences of problem gambling must be considered before pursuing the expansion of local gambling options.

Problem Gambling is defined as a progressive disorder characterized by continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of the activity despite adverse consequences. In 2005, 5.8% of Ontario adults were at risk for problem gambling and 1.2-3.4% had a moderate or severe problem with gambling. However, these are conservative estimates, as problem gambling tends to be underreported. For example, only 46.7-58% of severe problem gamblers and 10.8-25% of individuals with moderate problems recognized their issues in self reports. Individuals struggling with problem gambling may experience a range of negative physical and mental health outcomes in addition to socio-economic hardship, ultimately adding costs to our health care and social support system.

- Problem gambling leads to negative health outcomes on individuals.
  - Physical Health
    A number of negative health outcomes are associated with problem gambling. These include back and neck pain, headaches, lack of sleep, digestive problems like irritable bowel syndrome, hypertension, and more severe cardiac problems.
Mental Health
A range of mental health issues have been associated with problem gambling. Individuals may start to experience severe mood swings and be prone to emotional outbursts, anxiety, loss of appetite and interest in sex, and depression. While some pathological gamblers claim to do it as a way to “escape” from problems and relieve depression or anxiety, they also find themselves needing to bet increasing amounts of money in order to feel better.

Suicide
Problem gambling can cause some individuals to have suicidal thoughts. While the exact number of suicides attributed to problem gambling may never be known, the Canada Safety Council has estimated that it is likely over 200 per year. Furthermore, spouses of pathological gamblers are three times more likely to attempt suicide and their children are two times more likely.

- People struggling with problem gambling are more likely to be socially disadvantaged in other ways.
  
  Who is at Risk?
It is important to note that problem gambling does not specifically affect one segment of the population over any other, but instead impacts different groups in different ways. For example, Men have traditionally been seen as more at risk to problem gambling and are more likely to experience problems earlier and wait longer to seek treatment. In contrast, Women have been found to develop a gambling problem in a shorter period of time and are the fastest growing group seeking help.

Individuals who have experienced a significant early win; have difficulty dealing with stress in their lives; or have impulse control issues may also be more likely to develop a gambling problem.

Youth
While gambling is illegal for children and teens under eighteen, a 2009 study found that 42.6% of Ontario students gambled in some form in the past year. Youth can also develop gambling problems. In fact, research has suggested that youth may be up to 2.5 times more likely to become problem gamblers.

Youth problem gamblers are also more likely to have substance use problems, and have high attempted suicide rates. In fact, young problem gamblers were 18 times more likely to report a suicide attempt than their fellow students, highlighting the effect problem gambling can have on mental health.
• Older Adults
  As our population ages, a greater number of individuals have more time and disposable income, which can lead to an increase in gambling frequency, a risk factor for problem gambling.\textsuperscript{10} For older adults, being single, widowed, or divorced increases the risk of problem gambling. Similarly, experience with alcohol or substance dependence may also increase this risk.\textsuperscript{12,13}

• Low Income Individuals
  Research has shown that while those with low income are less likely to gamble, those that do gamble are more likely to spend a larger proportion of their income and are more at risk of developing a gambling problem.\textsuperscript{4,14,15} Pathological gambling in low income households can quickly worsen any existing financial troubles and can lead to the development of the health problems described above.

• Newcomers to Canada
  Toronto Public Health conducted phone interviews with community services organizations and found that newcomers may be more at risk for problem gambling due to high rates of unemployment and poverty, which can cause them to see gambling as a solution to their financial troubles.\textsuperscript{16}

• The financial and societal costs of problem gambling are high.
  o The financial impact of gambling not only affects individuals and their families but exacts a toll on society as well. The cost of treatment, health care, absenteeism at work and time spent in court is estimated to be as high as $56,000 per problem gambler.\textsuperscript{9,17}
  o Expected economic gains from new gambling venues may be misleading. Studies have shown that the local business community is much less likely to benefit from gambling ventures if the venue cannot market itself as a tourist destination. Some individuals may spend the same amount of money gambling they would have spent at other local businesses in the community instead, potentially leading to store closures and job losses.\textsuperscript{17,18}
  o From a social perspective, problem gamblers are more at risk of experiencing social and economic hardships like divorce, breakdown of family and friend networks, decreases in work productivity, domestic abuse, bankruptcy, theft, fraud, and homelessness.\textsuperscript{5,8,10}
- Problem gambling increases with easy access to gambling facilities.
  
  o A relationship exists between the proportion of problem gamblers and proximity to casinos or racetracks with slot facilities. The number of problem gamblers is higher in the area surrounding these venues.\textsuperscript{10, 16, 20, 21}
  
  o Youth exposure to gambling activities and venues normalizes the activity and reinforces the notion that gambling is harmless, potentially making them less likely to acknowledge their own problematic behaviour if it develops.\textsuperscript{22}
  
- More information is needed on how to successfully treat problem gambling and how to encourage problem gamblers to seek help.
  
  o Problem gambling is sometimes referred to as a "hidden addiction," since there are no "obvious" visible changes to the affected individual. This makes it easier for a person suffering from a gambling problem to hide their addiction from family, friends, and professionals, and can cause them to experience a greater loss of control over their actions.\textsuperscript{10}
  
  o Although treatment programs and support groups exist, studies have shown that these are not used by the majority of problem gamblers.\textsuperscript{10} Also, while strategies such as voluntary bans or limiting access to funds can be useful, these require the individual to recognize their problem and take the necessary steps to change their behaviour.
  
  o Problem gambling requires time, resources, and commitment to overcome. Problem gamblers who manage to change their behaviour are also prone to relapses. In the first year following treatment, relapse rates in studies have ranged from 80 to 90\%.\textsuperscript{10}
References


April 23, 2013 Presentation to Kitchener Council  
Dr Liana Nolan, Medical Officer of Health, Region of Waterloo  
Speaking notes

Health Effects of Gambling

Thank you for the opportunity to speak to you today about the health impacts of gambling. I am the Medical Officer of Health for the Region of Waterloo Public Health. Under the authority of the Health Protection and Promotion Act of Ontario, I am responsible for protecting and promoting the health of the population of the Region of Waterloo, and relying on prevention whenever possible.

Key Messages:
• Problem gambling will increase in Waterloo Region with the proximity of a casino because of increased access.
• The revenue is generated from gambling losses. This is unevenly distributed among those least able to afford the losses.
• The revenue generated relies in part on problem gamblers and current measures to prevent problem gambling have limited effectiveness.

Health Impact:
The main health impact of gambling is that in some individuals it leads to problem gambling which then impacts on the community.

Problem gambling is a disorder characterized by continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of the activity despite adverse consequences.

Researchers estimate that 1.2% to 3.4% of the Ontario population have moderate or severe forms of problem gambling.

Problem gambling is associated with negative health outcomes including
Physical Effects:
• Loss of sleep and appetite
• Digestive problems, irritable bowel syndrome
• High blood pressure, cardiac problems
• Back and neck pain, headaches
Mental Health Effects:
• Depression
• Extreme mood swings
• Nervousness, anxiety
Suicide:
• Suicidal thoughts (an estimated 1 in 16 severe problem gamblers have contemplated suicide)
• Over 200 per year completed suicides estimated in Canada attributed to problem gambling
• Spouses and children of problem gamblers are also more likely to attempt suicide
Relationship Impacts:
• Secrecy, distance

DOCS 1361697
• Missed commitments at home, work, school
• Divorce, family breakdown
• Financial hardship
• Domestic abuse

Societal costs:
• Bankruptcy
• Theft
• Fraud
• Homelessness
• The cost of treatment, absenteeism at work, and time spent in court is estimated at $56,000 per severe problem gambler.

Who is at risk?
Problem gambling disproportionately affects certain groups, including men, youth, older adults, and individuals with low income. It contributes to poverty and socioeconomic inequality.

Particular risks associated with casinos:
Problem Gambling increases with proximity to gambling facilities. The number of problem gamblers is higher in the areas surrounding these venues. Canadian Community Health Survey Data suggests that the prevalence of problem gambling in Waterloo Region is currently lower than the provincial average. It is currently estimated to be as much as half the rate. This is likely in part due to the lack of presence of a large gambling facility. It was noted that the severest form of problem gambling doubled in Niagara Falls, Ontario one year after the casino opened there. Similar patterns were observed in four other Ontario communities (Sarnia, Sault Ste Marie, Brantford, and Thunder Bay).

Gaming tables and slots have a higher risk of their users developing problem gambling, in comparison with other forms of gambling like internet gambling and lottery tickets.

Estimates from a study on Ontario gambling include:
• 16.5% of adults are slot gamblers
• 6.5% of adults are table game gamblers, and
• 5.5% of slot gamblers would be at risk for high severity problem gambling
• 12.1% of table game gamblers would be at risk for high severity problem gambling

With a casino in Waterloo Wellington, increased access would result:
• Therefore, there could be approximately 8800 high severity problem gamblers in Waterloo Wellington;
• Approximately 26,300 moderately severe problem gamblers
• Since every problem gambler affects about 2.8 family members, approx. 98,000 family members would be affected

Revenue generation- has a disproportionate impact in Ontario casinos
• It has been estimated that 5.5% of the clients are addicted to slots and generate 31% of the revenue and 12.1% of the clients are addicted to table games and generate 57% of the revenue
I have reviewed the OLG Responsible Gambling program and 2011/2012 Progress Report in information provided to me by Paul Pellizzari, Director of Policy and Social Responsibility for OLG. In my opinion the program has limited effectiveness in reducing the impact on problem gamblers. Effective policies to reduce problem gambling would include:

- Limiting hours of operation (no 24 hours access)
- Reducing electronic gaming machine (slots) numbers and speed of operation
- Eliminating casino loyalty programs
- Prohibiting ATMs inside
- Prohibiting credit
- Reducing maximum bet size
- Requiring daily loss maximum
- Strengthening self-exclusion programs for people who choose to be banned from casinos
- Issuing monthly statements to gamblers
- Restricting alcohol purchases

To reiterate, Key Messages:
- Problem gambling will increase with the proximity of a casino because of increased access.
- The revenue is generated from gambling losses. This is unevenly distributed among those least able to afford the losses.
- The revenue generated relies in part on problem gamblers and current measures to prevent problem gambling have limited effectiveness.

References:
Region of Waterloo Public Health, Position Statement on the Health impacts of problem gambling

Additional references beyond those cited in Region of Waterloo Public Health Position Statement of the Health Impacts of Problem Gambling, December 2012:
- Canadian Community Health Survey, 2007-2008 Statistics Canada, Share File, Ontario MOHLTC. Data extracted December 2012
- Personal communication, R Williams PhD, forthcoming paper “Gambling and Problem Gambling in Ontario in 2011".
April 22, 2013

Position on Casinos

Background

When the Ontario Lottery and Gaming Corporation identified Waterloo Region as a likely location for a new casino, the Waterloo Region Crime Prevention Council (WRCPC) was frequently asked whether this was likely to lead to any increase in crime, victimization or fear of crime. When taking a position on issues the WRCPC asks itself three questions: (1) Is the issue relevant to crime prevention through social and community development? (2) What does the research tell us? (3) What guidance can be taken from the expressed values of the WRCPC in forming a position?

Research evidence of crime in the vicinity of casinos is mixed. Some studies have found an increase in street level crimes, such as money laundering, counterfeiting, prostitution, and drug dealing, while other studies have found the changes in these types of crimes are comparable to the opening of any large entertainment establishment. The negative impact of a casino on the broader community is much clearer in public health research, and changes in the health of individual, family and social situations can in turn lead to increases in intimate partner violence, illegal drug use, drunk driving and childhood neglect, among other consequences. In other words, while the data with regards to a direct link between the presence of a casino and increase in crime is inconclusive, the data that speak to increases in risk factors for crime is quite compelling.

Population health research shows that the opening of a casino leads to a direct increase in problem gambling within a community. Persons most at risk of problem gambling tend to share some of the following characteristics: being males, youth, older adults, Aboriginal peoples, low income, mental health and/or addiction issues, low educational attainment. These characteristics can be compounded by someone experiencing a “big win” when they are first introduced to gambling. Problem gamblers or those at risk of problem gambling tend to not appreciate the severely limited odds of winning, and a win early on in their gambling career can further lead to them overestimating their chances of success in the future.

Problem gambling outcomes tend to not only negatively impact the individual but also can create significant community and social costs. Problem gamblers have higher rates of:

- health problems,
- stress and depression,
- suicide,
- bankruptcy,
- alcohol abuse and alcohol related traffic fatalities,
- problematic substance use of prescription or illicit drugs,
- neglect of children in their care,
- divorce,
- domestic and intimate partner assaults.

Document Number: 1386768
Over one-third of gambling profits come from problem and at-risk gamblers. While the impact on the community of problem gambling is costly there is therefore little business incentive for the casinos to eliminate or reduce the risks associated with problem gambling.

_Prevention planning_ involves multi-generational thinking. When making decisions today from a crime prevention perspective, it is imperative that we ensure that the solutions of today do not become the problems of tomorrow. A critical question to ask ourselves is: What will be the long term impact of a casino on the people living in the community? The research evidence clearly shows that a casino will increase the prevalence of problem gambling. Problem gambling in turn is shown to lead to expensive detrimental health outcomes for the individual and the community in which they reside. Many of the social determinants of health over time have been shown to be the same risks that are associated with increases in crime and victimization. While these crimes may not necessarily be visible or felt in the public arena, a responsible community gives equal consideration to crimes committed in the privacy of homes. It is a key principle of the WRCPC to consider long term outcomes of today’s decision from the perspective of what elevates the risks for crime. “For the crime committed by the offender he or she is responsible, for not having dealt with the root causes of crime when these are known to us, all of us are responsible” (Thoreau)

**Given the above considerations,**

_the Waterloo Region Crime Prevention Council opposes the opening of a casino within Waterloo Region but recommends that in the event that a casino opens in Waterloo Region the development and operation of the casino must incorporate crime prevention considerations and harm reduction strategies from the very beginning._

In the event that a casino opens in Waterloo Region, the Waterloo Region Crime Prevention Council has a number of specific recommendations to mitigate the negative impacts of problem gambling. These recommendations constitute a comprehensive gambling reduction program and should not be implemented in isolation. Each recommendation is designed to build upon one another and to provide maximum protection for the community and vulnerable populations. The roll out of the recommendations may not be simultaneous but should be accomplished in an integrated and comprehensive fashion over time.

**Recommendation 1: Create a Region Wide Advisory Group to Prevent Problem Gambling**

A host community can have the most impact on the design and operation of a casino during the application process. That is the optimal timeframe in which to ensure programs will be in place to reduce problem gambling. Social services, crime prevention, police, public health and other expert evidence need to be consulted in the design of the physical and operational features of a casino from the beginning. Ideally harm reduction strategies such as outlined below will feature in any Request for Proposals and impact the decision making process about the successful bidder. A comprehensive working group can ensure that specific casino proposals include measures that will limit the negative impact of problem gambling. These harm reduction methods specifically should include:
**Recommendation 2: Limiting Access to Credit**
Accessing credit to gamble is a clear sign of problem gambling. Credit should not be provided within the casino. In addition, ATMs should not accept credit cards because cash advances are an easy way for patrons to borrow money to continue gambling.

**Recommendation 3: Limiting Access to Alcohol**
Alcohol reduces inhibition thus making it easier to run up gambling losses. Additionally, problem gamblers are at a higher risk of alcohol misuse. To help limit the consumption of alcoholic beverages, these should not be served at gambling tables or slot machines.

**Recommendation 4: Daily Casino Closing**
Closing a casino for at least six hours every day forces problem gamblers to leave the facility and return at another time. This provides them an opportunity to rest and consider their situation at a distance from the stimulants of gambling.

**Recommendation 5: Implement Mandatory Casino Card Use at all Machines and Tables**
All casino patrons should be required to use a casino card when playing any game. The card can be used by local researchers to track gambling activity. Along with demographic information (postal code, gender, age, annual household income etc.) this information will allow the community to measure the impact of the casinos on patterns of gambling over time. Confidentiality agreements should be worked out to protect the privacy of casino patrons.

**Recommendation 6: Identify Problem Gamblers**
Identifying problem gamblers must be a high priority of the casino. Policies should be clearly in place for assessing and assisting patrons that display gambling problems. Casino staff should be trained to identify and intervene with problem gamblers much as they are in establishments serving alcohol through the smart serve training. Patrons should also be provided tools to identify their own problem behaviors. A brief summary of patrons gambling behavior should be mailed on a monthly basis to all casino visitors. The information gathered from a player’s individual casino card can be used to assemble a report that contains the total gambling winnings and losses for the year and month and how this compares to average losses for casino visitors. This approach will aid problem gamblers in identifying their own gambling addiction challenges.

**Recommendation 7: Ensure the Self Exclusion Program is Effective**
The casino self exclusion program should be well promoted and easy to use. The exclusion program should also allow players to set their own loss limits, per visit, month or year. It should additionally allow patrons to set a time limit for each visit to the casino. The mandatory casino cards are the key to making enforcements of these self selected limits possible. The casino cards will also aid the exclusion program, but should be backed up by traditional methods such as staff at the casino identifying and excluding problem gamblers.

**Recommendation 8: Modifying Casino Physical Space to Discourage Excessive Gambling**
The physical space of a casino should not encourage excessive gambling. Digital clocks should be visible from every gaming table and slot machine. In addition, each slot machine should show the time. Exits should be clearly marked so individuals wishing to leave can do so easily.

Document Number: 1386768
Recommendation 9: Limit ATM Access
ATM's should not provide access to credit cards for cash withdrawals. In addition, ATM's should have a $250 daily limit. This is enough money to cover a taxi ride home and to allow someone to gamble if they forgot to withdraw cash before heading to the casino but it is a low enough amount to also limit the impact of gambling losses. In addition, the casino should only have one ATM and it should be located near the taxi stand, so individuals withdrawing money to leave do not need to walk by gaming tables on their way out.

Recommendation 10: Modify Slot Machines to Discourage Excessive Play
Slot machines should show the time. They should not have "stop" buttons, which implies control over the outcome by the user. Near wins on the slot machine should be proportional in frequency to the likelihood of a near win appearing through random chance and be identified as such. Cash tallies of wins and losses should be displayed (as opposed to "credit wins and loses") on slot machines. Patrons should be required to do more than simply push one button to bet at a slot machine.

Recommendation 11: Monitor Impact of Problem Gambling Harm Reduction Efforts
Effective harm reduction strategies require on-going monitoring and evaluation. Measuring the impact of harm reduction strategies creates accountability for program managers. Monitoring should be done in partnership with local researchers with knowledge of community context and credibility with the local citizenry. Making casino cards mandatory will aid greatly in monitoring efforts as it will provide detailed information to evaluators. This information can be augmented by data gathered from local governments, police and health and social service providers. Findings should be reported back to local government and should become part of quality of life monitoring report cards.

Recommendation 12: Continue All Existing OLG Problem Gambling Programs
All existing Ontario Lottery and Gaming Corporation programs designed to reduce problem gambling should be continued and where possible expanded if a casino is introduced within Waterloo Region.

For more information, please contact:

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Document Number: 1386768
Appendix one: Casinos and Crime (www.smartoncrime.ca)

A blog post is available on the WRCPC www.smartoncrime.ca website which also includes a video explaining the odds of winning. Below is a research summary reviewing casinos and their relationship with crime.

Casinos may bring jobs and revenue to a community but they may also increase local crime. Casino related crime is difficult to measure independent of other factors that impact crime rates such as population and economic demographics. This difficulty in measurement means there is little consensus on how casinos directly impact crime rates.

**Organized crime**

Ontario’s casinos are publicly owned and managed by the Ontario Lottery and Gaming Corporation. When Casino Niagara opened the number of people with ties to organized crime trying to enter Canada decreased (Piscitelli & Albanese, 2000).

**Street level crime**

Street-level crimes are those committed in and around the casino including money laundering, counterfeiting, theft, assault, robbery, drug dealing, and prostitution. There is evidence that theft and robbery increase when a casino opens (Wilson, 2001; Bridges & Williamson, 2004; Barthe & Stitt, 2009; Grinols & Mustard, 2006; Topoleski & Evans, 2003). In Edmonton over a two year period the most common gambling related crime was counterfeiting (Smith, Wynne, & Hartnagel, 2003). Theft is often higher in casino areas than breaking and entering or car theft suggesting the availability of cash around casinos may determine the type of crime committed (Barthe & Stitt, 2009).

**Development and population changes**

Casinos can bring economic development and population growth to a community. When casino development revitalizes an area or when casino jobs increase the standard of living for workers crime decreases (Grinols & Mustard, 2006). Conversely, casinos have been criticized for attracting prostitution and illegal-gambling which harm economic development (Grinols & Mustard, 2006). With increased jobs and tourism, population growth may occur in casino communities. Population growth usually increases faster than incidents of crime suggesting that casinos do not increase the risk of crime (Albanese, 1999; Margolis, 1997; Miller & Schwartz, 1998).

**Crime rates before and after casinos open**

Brantford, Thunder Bay and Windsor all saw decreases in crime since opening casinos; however crime rates have been decreasing throughout Canada and these cities have higher crime rates and severity than Ontario averages (Statistics Canada, 2011). Ten years after Windsor opened a casino crime did not increase in the surrounding neighbourhoods (Phipps, 2004).
Other studies found mixed results on casinos and crime:

- In American communities crime decreased the first two years of casino operations and then increased thereafter, often spilling over into neighbouring communities (Grinols & Mustard, 2006);
- In 2001 and 2002, 3% of crime in Edmonton was attributed to gambling venues (Smith, Wynne, & Hartnagel, 2003);
- In the U.S. changes in crime rates were inconsistent across different casino communities (Stitt et al., 2003);
- Violent crime increased by 10 percent in U.S. aboriginal communities with casinos (Topoleski & Evans, 2003);

_Tourists and crime_

Theft is common in tourist areas as tourists carry cash and do not know the local area making them easier targets (Miller & Schwartz, 1998). There is concern about the type of tourists that casinos tend to attract. After Casino Niagara opened the number of people with criminal records attempting to enter Canada increased (Piscitelli & Albanese, 2000).

_Problem gambling_

Problem gambling crimes such as fraud, theft, drug dealing, or prostitution are tend to be committed in order to support a gambling addiction. Casino presence increases the rate of problem gamblers in and around a community (Stitt et al., 2003; Smith, Wynne, & Hartnagel, 2003) and some communities see bankruptcy rates rise by as much as 10% after a casino opens (Topoleski & Evans, 2003).

_Social capital and fear of crime_

Social capital is the connection and degree of trust between people in the community. Fear of crime and social capital are inversely linked. Casinos tend to increase fear of crime which in turn decreases social capital (Stitt, 2001). In one study, social capital decreased by 14% in the 25 kilometers surrounding a casino (Griswold, & Nichols 2006). Calls to police reporting suspicious persons are greater in casino areas, suggesting people may be less trusting around casinos (Barthe & Stitt, 2009). This impact on social capital may be tied to residents’ attitudes about casinos. In casino communities residents who believe gambling is good for their community report higher levels of social capital than those who fear casino related crime (Stitt, 2001). Communities tend to over-estimate the impact a casino will have on crime. In Niagara Falls prior to the opening of the casino 77% of residents feared a casino related crime wave but one year after the casino opened only 44% felt that crime increased (Smith, Wynne, & Hartnagel, 2003).
Anne Golden: A casino in Toronto would do more harm than good

Anne Golden, National Post | Jan 13, 2013 12:01 AM ET | Last Updated: Jan 11, 2013 3:20 PM ET
More from National Post

Supporters of bringing a casino to downtown Toronto typically cite economic and financial benefits, such as job creation, tourism and revenue generated for government services. They also tend to minimize, or ignore, the negative social and environmental impacts on people and their quality of life.

An examination of available evidence makes it clear that there is no justification for introducing a casino into Toronto's downtown: The economic arguments are hollow and the detrimental consequences to vulnerable citizens and the quality of our urban environment are significant.

Let's take the economic arguments:

**Economic stimulus** There are no definitive studies of the economic impacts of casinos and gaming. A 2005 literature review on gambling — conducted by economics professor Melissa Kearney at Maryland University — concluded that, "It's hard to say whether gambling is economically helpful or harmful for a community ... it is specific to a particular place." Smaller communities that are economically depressed or lack development, and where the patronage comes from outside the locale are more likely to see positive economic benefits from a casino. Likewise, some Native American tribes in the U.S. have benefitted from casinos, although even in these instances, there are social costs. It is not at all evident that more successful cities would see the same sort of economic benefits.

**Job creation** Casinos do not create any more jobs than other types of development. In a city like Toronto, which has a diversified and healthy economy, and with no shortage of development opportunities in the urban core, a casino would not prove to be a net job creator. Unlike cities that suffer from economic woes, Toronto does not need a casino.

**Tourist attraction** Casinos do not necessarily attract tourists who would not otherwise have visited the area. Indeed, downtown Toronto is already a tourism magnet. Introducing a casino would likely lead tourists, as well as residents,
to change their entertainment spending — such as choosing to gamble instead of going to a restaurant or to the theater — rather than enticing people to spend more money in the city. Experience elsewhere shows that casinos have caused local businesses in the area to go bankrupt. As for projections of additional tourism, these are simply unsubstantiated forecasts. It isn’t possible to estimate how many new tourists would visit Toronto strictly for the new casino. And since casinos are no longer rarities (Ontario operates 10 casinos and 17 slot facilities, and is planning to build 29 more), they do not provide the tourist draw they once did. Some tourists might be lured to Toronto over Niagara Falls or Rama, but that would cannibalize other venues.

Revenue generation Gambling is not an efficient way to raise revenue. Statistics Canada reports that only about one-third of total gambling revenues in Canada goes to governments. According to gambling expert Dr. Robert Williams, gambling “is a type of industry that involves a transfer of wealth, not a creation of wealth.” Much of the revenue the government gains from a new casino, would be offset by losses elsewhere in the economy. Moreover, there will be additional public costs arising from new infrastructure requirements, increased rates of gambling addiction and instances of crime — from criminal activity caused by problem gamblers supporting their addiction, to loan sharking and money laundering. The total revenue being forecast for Toronto is a mere $100-million — insignificant relative to a $14-billion annual budget and the inevitable direct and indirect costs.

Related

Impact on the neighbourhood Experience shows that, because of their introverted nature and the need to keep gamblers inside, casinos create zones of emptiness and sterility around their edges. With a casino comes a heavy parking demand and more congestion. (The Toronto proposal is not for just a casino, but rather a super-sized mega-casino with a shopping mall, hotels, entertainment, restaurants, etc., all in one immense multi-acre compound.) Beyond the enclosed casinos, affiliated hotels and parking lots, the surrounding areas are afflicted with blight. This is what happened in Atlantic City, which was once a great seaside destination. It also happened in St. Louis, Detroit and Halifax. Far from stimulating positive urban development and adding vibrancy, these facilities turned the surrounding areas into urban wastelands.

Our decision should be based on what the evidence and experience elsewhere demonstrates, not what the promoters promise. And the evidence is compelling: The long-term costs and detrimental consequences far outweigh any potential benefits. This is not a gamble worth taking.

National Post
## CITY OF HAMILTON

### PUBLIC HEALTH SERVICES
Clinical and Preventive Services

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| COMMITTEE DATE: | December 3, 2012 |

| SUBJECT/REPORT NO: | Health and Social Impacts of Gambling BOH12040 (City Wide) |

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### RECOMMENDATION

(a) That the City of Hamilton adopt the Public Health approach outlined in this report when considering issues related to gaming, including an emphasis on healthy public policy and casino operational policy conditions to mitigate gambling related harm;

(b) That a representative from the Ontario Problem Gambling Institute – Centre of Addiction and Mental Health be invited to participate in the Hamilton Educational Forms to provide expert information about the health and social impacts of gambling, and the Hamilton Public Health Services Fact Sheet on the Health and Social Impacts of Gambling be made available;

(c) That staff be directed to come forward with options to improve local gambling prevention activities, with potential funding provided through gaming revenue;

(d) That the Province be asked to commission a longitudinal research program to study the health, social and economic costs and benefits, at both a provincial and...
local level, of any gaming expansion. This would include developing a baseline and tracking impacts as the changes are implemented.

EXECUTIVE SUMMARY

In 2010, the Ontario Government provided direction to the Ontario Lottery and Gaming Corporation (OLG) to modernize commercial and charitable gaming in Ontario. The OLG identified different gaming zones within the province and asked municipalities within these zones to express their interest in being a host community to a casino. Hamilton currently offers gaming opportunities and is considering the expansion of these opportunities. Expansion of gambling can have a diverse impact on communities.

The majority of individuals participating in gambling activities do not experience negative consequences from this behaviour. However, gambling activities are associated with risk and harms and the Canadian Community Health Survey data indicates that 1% of Hamiltonians (5,006 individuals) 12 years and up experience moderate or high risk problems. The data also indicates that 18% of individuals (91,080) indicated they spent more money than they wanted to when gambling, and 4% (20,240) returned to try to win back money lost to gambling. These behaviours are concerning as they can be warning signs that problematic gambling behaviour has started or the individual is moving towards problem gambling. In a recent review of health and gambling completed by Toronto Public Health, in collaboration with the Ontario Problem Gambling Institute of the Centre for Addiction and Mental Health, they identified that problem gambling is a significant public health issue.

The Canadian Public Health Association (CPHA) defines gambling as 'risking money or something of value on the outcome of an event involving chance when the probability of winning or losing is less than certain'. Problem Gambling is defined as 'gambling behaviour which includes continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of the activity despite adverse consequences'.

Evidence indicates that negative impacts of problem gambling can affect both individuals and the community. Individuals who develop problems with gambling can experience decreased well-being in both mental and physical health, financial crises, difficulties in relationships, co-morbid substance use, and difficulties in school or workplace. Communities can be impacted by the increase in bankruptcies, increase in alcohol related harms, and the 'ripple effect' of consequences that affect the friends and family of individuals who experience problem gambling. It has been noted that certain groups can have an increased vulnerability when exposed to gambling; youth, older adults, Aboriginal communities, men, and people who experience an early win. This does not mean that all individuals within these populations will develop problems, however, individuals within these groups often experience existing social inequities and problem gambling can worsen these issues.
SUBJECT: Health and Social Impacts of Gambling BOH12040 (City Wide)

Environmental factors also impact the development of gambling related issues. Evidence in the literature identifies that the availability, proximity, operating policies and modalities of gambling can influence the risks related to problem gambling development. When considering gaming expansion these are risk factors that should be evaluated within communities.

Interventions to help minimize gambling related harms have focused in the areas of awareness and prevention, gambling policy, treatment and research. Although studies have shown that all interventions have some level of effectiveness, there is no one intervention that can protect individuals from gambling related harms. A public health approach, with a focus on policy development, is recommended to address this issue. Reviewing health and social impacts of gambling is valuable when communities are considering expanding or changing the way gaming is offered, along with the economic analysis around employment, and local business impacts.

Alternatives for consideration – See Page 10

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: There are no financial implications related to this report.

Staffing: There are no staffing implications related to this report.

Legal: There are no legal implications attached to this report.

HISTORICAL BACKGROUND (Chronology of events)

In 2010, the Ontario Government provided direction to the Ontario Lottery and Gaming Corporation (OLG) to modernize commercial and charitable gaming in Ontario. The OLG developed a strategic business review, ‘Modernizing Lottery and Gaming in Ontario’, and as a result of this process, the OLG is expanding and enhancing gaming in Ontario (Ontario Lottery and Gaming Corporation (PED12157) (City Wide)).

This report provides information and recommendations related to the health and social impacts of gambling, with specific focus on land-based casino gaming. Gambling activities can lead to negative health and social impacts both at the individual and community level. This report is based on the comprehensive review that Toronto Public Health (TPH) completed in collaboration with the Centre for Addiction and Mental Health (CAMH) – Ontario Problem Gambling Institute (Appendix A). The issues identified in the TPH report are relevant for consideration in the Hamilton community. It is valuable to consider the health and social impacts of gambling, as Hamilton is currently considering enhanced gaming opportunities which could change the impact of gambling on Hamilton residents, along with the OLG plan includes expansion of internet-based gambling.
POLICY IMPLICATIONS

There would be no corporate policies that would be affected by approving the above recommendations.

RELEVANT CONSULTATION

External Consultation:

- Toronto Public Health Services shared their research findings and report with Hamilton Public Health Services.

- Ontario Problem Gambling Institute, Centre for Addiction and Mental Health, provided their Impact of Gambling Expansion in Ontario Q&A (Appendix B), the Gambling Policy Framework (Appendix C).

- CONNEX provided statistical data specific to individuals seeking treatment in Hamilton.

ANALYSIS / RATIONALE FOR RECOMMENDATION

Introduction to Gambling

Legalised gambling has been expanding worldwide over the past 30 years. Gambling is a common activity and in the 2007/08 Canadian Community Health Survey (CCHS) it was estimated that 66% of people in Ontario had participated in at least one form of gambling. The level of participation in gambling activities varies, moving on a continuum from no gambling behaviour, or infrequent, through to individuals who gamble frequently and problematically. Gambling is an activity that has potential to become addicting, leading to significant health and social impacts for individuals, their friends and families. It is important to understand and review these impacts to help develop strategies to minimize the potential negative effects.

When reviewing the health and social impacts of gambling, it is important to take a public health approach and consider the following:

1) prevalence of the issue  
2) the impact on the individual and community  
3) consider factors influencing problem gambling  
4) discuss approaches to address the issues related to problem gambling
SUBJECT: Health and Social Impacts of Gambling BOH12040 (City Wide)

The following is based on information from the Toronto Public Health Technical report and reports by Williams, Rehm and Stevens (2011), and Williams, West and Simpson (2008), and includes Hamilton information where available.

1) Prevalence of Problem Gambling

In Ontario the prevalence rates of people experiencing moderate to problem gambling issues has been reported to range from 1.2% to 3.4%. In the 2005 Gambling and Problem Gambling in Ontario Study it was estimated that 3.4% of the population experience moderate to severe gambling problems (approximately 253,857 individuals). In addition, approximately 3% of people in Ontario are considered to be at risk to develop gambling problems. It is noted in the Toronto Public Health Report that experts agree the CCHS likely underestimates the actual prevalence due to the methodology used.

In Hamilton, CCHS data indicates that 1% of Hamiltonians (5,006 individuals) 12 years and up experience moderate or high risk problems, and this matches the Ontario average. It was also noted that 18% of individuals (91,080) indicated they spent more money than they wanted to when gambling, and this was above the provincial average of 16.5%. It was reported that 4% (20,240) returned to try to win back money lost to gambling which is slightly below the Ontario average of 5.4%. As noted above, these behaviours can be warning signs that problematic gambling behaviour is occurring, and problem gambling may be developing.

It is important to note when discussing the issue of prevalence that problem gambling, as with many addictions, does not only impact the individual with the problem. The numbers above do not capture the number of family members, friends, workplaces or community services that may also experience consequences related to an individual’s gambling problem. The health and social impacts that will be described can have a 'ripple effect' to other people connected to someone experiencing a gambling problem.

2) Health and Social Impacts

There are risks and harms associated with problem gambling. This section focuses on the four common areas:

- Mental Health and Suicide
- Substance Use and Nicotine
- General Health
- Family and Community
• **Mental Health and Suicide**
  There is evidence that individuals who have developed problem gambling will have a higher incidence of mental health illnesses such as depression, anxiety, attention deficit disorders and personality disorders. It was also noted in the TPH report that individuals with problem gambling were more likely to self-report a decreased sense of well being in their mental health. There is often a reported high level of stress with problem gambling leading to an overall poor sense of mental health and negative impact on symptoms of existing mental illness.

  Within mental health, the issue of suicide is seen as a concerning factor for individuals who have developed problem gambling. Although the evidence can have mixed results, CAMH reports that based on a review of previously published studies, on average, 37.9% of problem gamblers reported suicidal thoughts and 20.5% reported suicide attempts. It is also concerning that within the youth population of problem gamblers 25% reported a suicide attempt in the past year. This means that youth problem gamblers were 18 more times likely to report suicide attempts than other students.

• **Problem Gambling and Substance Use**
  According to the TPH analysis of the CCHS data, 33% of problem gamblers in Ontario reported using alcohol or drugs while gambling in the past 12 months. As with mental health, there is research evidence that links substance use and tobacco issues to problem gambling (60.1% with co-occurring nicotine dependence and 57.5% co-occurring substance use disorder). There are well documented health and social harms related to substance use and the concern is that co-occurring substance use with gambling has the potential to exacerbate both issues. It is important when considering the impact of expanding casino gambling availability to also consider the impact of increased availability of alcohol.

• **General Health**
  TPH report noted that there is a well established association between heavy involvement in gambling and a lower self-reported well being and satisfaction with life. Physical health issues can include: increased colds and influenza, headaches, fatigue and sleep problems, chronic bronchitis and fibromyalgia and miscellaneous health symptoms which appear to be stress related (gastrointestinal problems, heart burn cardiovascular). People who gamble frequently often do not engage in other leisure activities that have health benefits (i.e. exercise), or focus on healthy habits (i.e. healthy eating, adequate sleep).

• **Family and Community**
  Many individuals involved in problem gambling will experience financial difficulties varying from occasionally not being able to meet financial obligations (i.e. paying rent) to financial crisis (i.e. spending their retirement savings, declaring bankruptcy). Financial difficulties will also impact family members both adults and children.
Individuals with gambling problems can experience significant stress within relationships due to time spent gambling, trying to hide the issue, and dealing with issues related to debt or legal issues (i.e. fraud charges). This can lead to family breakdown, divorce, and compromised child development.

Within communities, there is evidence that following the opening of new casinos, bankruptcy increases, alcohol/fatigue related traffic accidents can increase, there may be changes around crime, and employment related issues (employee lateness, absenteeism, illness, theft).

3) Factors That Influence the Development of Problem Gambling

Evidence indicates that risks and harms associated with problem gambling are not evenly spread across populations. There are concerns that certain populations within our society experience an increased vulnerability to the negative impacts of gambling. This does not mean that all individuals within these populations will develop problem gambling. However, there are a range of individual and environmental factors that may make a person or population more susceptible to the negative impacts.

Individual Factors
Anyone can be at risk of developing gambling problems and the associated negative impacts, due to the potential addictive qualities of the activity of gambling. However, research indicates that problem gambling affects some groups disproportionately, including youth, older adults, Aboriginal communities, males, people experiencing financial problems, lower socioeconomic status and individuals who experience early wins. Unfortunately, social inequities can already exist within these groups and exposure to gambling activities can enhance these issues. For example, although individuals with higher incomes will spend more when gambling, individuals with lower socioeconomic status proportionally spend more of their money resulting in greater consequences.

The impact of gambling on youth is particularly concerning. The current generation of youth are growing up with more readily available access and exposure (i.e. advertising) to legalised gambling than previous generations and the outcome of this exposure is currently unknown. The reported prevalence of problem gambling in youth is mixed, 3% is often the lowest percentage reported and rates can go as high as 6 to 8%. Concerning evidence indicates that youth, grades 7-12, involved with problem gambling have higher rates of suicide attempts than other youth, are more likely than their counterparts to carry guns, engage in assaults, report substance use problems, mental health issues and relationship problems. It is also concerning that a significant number of adults who develop problem gambling report gambling behaviour started when they were adolescents.

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Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.
Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
Environmental Risk Factors
Evidence supports that environmental factors can influence increased incidence of problem gambling in communities. There are three main areas that will be discussed in this report.

- Gaming Availability
  There is evidence in Canada that availability of casinos and other gaming venues are associated with higher participation in gambling and increased rates of problem gambling. As stated in the TPH report, a recent systematic Canadian review found that of 33 studies looking at gambling rates before and after introduction of casinos, two thirds of the studies found an associated increase in problem gambling and/or social impacts with the remaining third showing no impact. The increase often occurs after the initial introduction of the casino. It also appeared that the most significant increases occurred in communities where a gambling venue was not previously located in the community. It has been noted that in communities where gaming opportunities exist previously there are still impacts, however, not as significant.

  Proximity has also been linked to an increase in problem gambling behaviour. Although casinos can attract tourists, the majority of patrons are often from the local community. Studies have reported that higher rates of participation in gambling activities and problem gambling have been found when living close to a casino (in one study, 16 km and another within 80 km). Other areas to consider are the ease in which people can get to the casino (i.e. public transportation, walking). There is concern that individuals who are already experiencing a gambling concern will experience an enhancement of that problem with increased availability and proximity.

- Modalities of Gambling
  Certain types of gambling are known to carry a higher risk addiction potential. Subsequently, this can result in a higher risk for development of gambling problems. Games that offer continuous play such as electronic gaming machines, particularly slot machines and video lottery terminals, and casino table games are particularly concerning. This risk addiction potential is supported through the types of gambling activities that individuals seeking treatment in Hamilton are playing. Data specific to Hamilton, obtained through Connex, identifies that consistently for the past 5 years, the top gambling activities were slots and card games. For individuals seeking treatment through Alcohol, Drug & Gambling Services, City of Hamilton Public Health Services, slots were identified as the major problem followed by lottery tickets, scratch tickets and cards. Increasing the availability of these modes of gambling in Hamilton is concerning regarding the potential for increasing the negative impact of gaming.
• Operating Policies
Operating policies of casinos can contribute to factors placing people at risk of developing problem gambling. Casinos being open 24 hours, having access to money on the gaming floor, no clocks or ability to determine time, casino loyalty plans, and large maximum bet size, make it difficult for individuals to practice responsible gambling strategies, such as setting a time and money limit. Operating policies, such as closing for at least 6 hours, help to prevent problems and can minimize harm experienced by problem gamblers by enforcing a break from gaming. It is estimated that 36% of gambling revenue comes from people with problematic gambling and the OLG has noted that they do not want to increase gambling revenue through problematic play.

Recommended Approach
Evidence supports that increasing the availability and accessibility of gaming within a community can be a contributing factor to prevalence rates of problem gambling. Prevention and treatment of problem gambling is a complex issue and currently there is no one approach to adequately address this issue. When problem gambling develops, it is often a hidden problem and research indicates that only 1% of problem gamblers engage in treatment. Often individuals are not seeking treatment until they are in crisis either financially or emotionally.

Preventing and minimizing the negative impacts of gambling is important when considering a community’s health. Adopting a public health approach to gambling, focusing on broad based interventions including prevention, treatment, research and policy based interventions that target prevention of harm to gamblers, is recommended. This helps address the complexity of gambling on many levels helping to maintain responsible gambling behaviour in the majority of individuals and supporting those who have moved along the continuum to problem gambling.

Developing and implementing healthy public policy should be a focus for the current deliberations on expanding gaming in Hamilton. There is evidence that all prevention interventions have some effectiveness, however, overall policy interventions were found to have higher rates of effectiveness. The TPH position paper outlines recommendations regarding gambling policy to assist with minimizing harm related to gambling activities that should be considered for the Hamilton community (Appendix D).

A public health approach is recommended that considers the health and social impacts, along with economic impacts. This information should be made public and included in any future consultations around gambling. A fact sheet will be distributed separately that could be used for this purpose. As well, the impact of potential gaming expansion should be monitored and a full analysis of the impact of any changes should be completed.
Finally, the following are key operating policies that should be considered for implementation for any changes to gambling that are contemplated. These align closely with those recommended by TPH and CAMH:

- Limiting hours of casino operation: no 24 hour access to venues, closed at least 6 hours per day.
- Restricting the number of electronic gaming machines (EGMs) and slowing down machine speed of play and features that promote false beliefs of the odds of winning.
- Prohibiting ATMs on the gambling floor.
- Implementing a mandatory player card system, including the issuance of monthly patron statements that compare personal record of loss, frequency and duration of play against full membership medians and averages.
- Making casino loyalty programs less harmful
- Implementing a maximum bet size, and a daily loss maximum
- Implementing a strong casino self-exclusion programs, based on the mandatory player card system.
- Designating areas for alcohol purchase and not providing alcohol service on casino floors to reduce impaired judgment.

**ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

The alternative to this report would be to not consider a public health approach in the current deliberations regarding gaming in Hamilton.

This is not being recommended as there are public health risks associated with problem gambling. There is evidence indicating that increasing the availability and accessibility of gaming opportunities is a factor that can contribute to prevalence rates of problem gambling. Not accepting the recommendations of this report would result in lost opportunities to develop conditions related to the operation and regulations of a potential Hamilton casino that would minimize the negative health and social impacts of gambling.

**CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)**


Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
SUBJECT: Health and Social Impacts of Gambling BOH12040 (City Wide)

Skilled, Innovative & Respectful Organization
- A culture of excellence

Social Development
- Residents in need have access to adequate support services

Healthy Community
- Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services)

APPENDICES / SCHEDULES

Appendix A - Toronto Public Health - Health and Gambling Technical Report
Appendix B - Impact of Gambling Expansion in Ontario Q&A
Appendix C – CAMH Gambling Policy Framework
Appendix D – TPH Health and Gambling Position Paper
The Health Impacts of Gambling Expansion in Toronto

Technical Report

November 2012

camh
416.338.7600  toronto.ca/health  |  TORONTO Public Health
Reference:

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Acknowledgements: The assistance of the following people who contributed to the preparation of this report is gratefully acknowledged: Anna Pancham, Monica Campbell, Dr. David McKeown, Karen Wade, Phil Jackson, Jan Fordham, Charles Yim, Jayne Caldwell, Angela Loconte, Julie Amoroso, Mary Jo Verissimo and Dean Simkie (Toronto Public Health)

Reviewers:
Sincere thanks are also extended to our external expert peer reviewer, Dr. Robert Williams (Faculty of Health Sciences, University of Lethbridge), who provided helpful feedback on an earlier draft of this report.

Copies:
Copies of this technical report can be downloaded at:

http://www.toronto.ca/health/

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About this Report:
This report was prepared in response to *Modernizing Lottery and Gaming in Ontario: Strategic Business Review* a report from the Ontario Lottery and Gaming Corporation (OLG), approved by the Ontario Ministry of Finance in March 2012. There are many recommendations in the OLG report that will result in increased access to gambling in Ontario. The focus of this report is on the OLG recommendation to open a casino in Toronto.

Toronto Public Health (TPH) staff collaborated with experts at the Centre for Addiction and Mental Health's Problem Gambling Institute of Ontario to review the health impacts of gambling, the prevalence of problem gambling in the Greater Toronto Area and recommended strategies to prevent and mitigate harms from increasing access to gambling.

In addition to this technical report, there is a TPH staff report that summarises this technical report, presents stakeholder consultations and provides recommendations to minimise casino-related gambling addiction. Alongside these two reports, the *Toronto Public Health Position Statement on Gambling and Health* outlines policy recommendations in the context of overall gambling expansion in Ontario. The staff report, this technical report and the TPH Position Statement were presented to the Toronto Board of Health on November 19, 2012.

Copies of both reports and the TPH Position Statement can be found at:

http://www.toronto.ca/health/

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**Toronto Public Health**

Toronto Public Health reduces health inequalities and improves the health of the whole population. Its services are funded by the City of Toronto, the Province of Ontario and are governed by the Toronto Board of Health. Toronto Public Health strives to make its services accessible and equitable for all residents of Toronto.

**Camh**

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues. CAMH's Problem Gambling Institute of Ontario (PGIO) brings treatment professionals and leading researchers together with experts in communicating and sharing knowledge. Its focus is on collaboratively developing, modelling and sharing evidence-based solutions to gambling-related problems within Ontario and around the world.
Executive Summary

This report outlines the key issues and current research on the public health impacts of gambling. Hosting a new casino in Toronto is anticipated to increase the frequency and severity of problem gambling in the city, which can produce negative health impacts on individuals, families and communities.

Gambling expansion has been identified as an issue by the public health community in Canada and internationally since the 1990s. Problem gambling is a serious public health concern because of the associated health impacts and related social impacts. Researchers who define problem gambling as including both moderate risk and the most severe form of problem gambling estimate that the prevalence of problem gambling in Ontario is between 1.2% and 3.4%. The most severe form of problem gambling affects upwards of 11,000 people aged 18+ (0.2%) in the Greater Toronto Area (GTA) and 25,000 (0.3%) in Ontario. In addition, approximately 129,000 people aged 18+ (2.8%) in the GTA and 294,000 people (3.0%) in Ontario are considered to be at risk for problem gambling. Problem gambling has a profound impact on gamblers’ friends and families, thus substantially increasing the population affected by problem gambling. Evidence shows that some socio-demographic groups are over-represented as problem gamblers and are more vulnerable to negative impacts of gambling. This may include males, youth, older adults, Aboriginal peoples, and individuals and families with low income.

There can be substantial consequences of gambling behaviour on health. Problem gambling is associated with a range of negative impacts on physical and mental health, including ill health, fatigue, co-related substance use and addiction, depression and suicide among others. These impacts occur alongside others such as financial difficulties, family breakdown, divorce and compromised child development. The impacts extend beyond the gamblers themselves, and affect the health and well-being of family, friends, colleagues and communities.

Available evidence indicates that the prevalence of problem gambling increases with access to gambling, including proximity to casinos. A casino located anywhere in the GTA will likely result in increased health risks from problem gambling, with a greater effect on closer communities compared to those further away. All potential sites in the GTA have vulnerable populations nearby. Furthermore, specific features of casino operation are associated with increased risk of harm including: extended hours of operation (24 hours a day, 7 days a week) and the presence of electronic gaming machines (EGMs) such as slot machines.

While there are many interventions available for problem gambling, much remains unknown about how to treat problem gambling. Only a minority of problem gamblers (1-2% per year) seeks or receives treatment. Furthermore, there is limited evidence on the effectiveness of interventions to prevent problem gambling. There is currently a need for better evidence on how to effectively mitigate the negative health and social impacts of problem gambling.

The key findings of this report suggest that problem gambling increases with access to a casino, therefore any expansion in gambling access in the GTA over and above current levels will likely increase problem gambling rates and the associated health risks for Toronto and nearby communities. Consideration of the potential negative health impacts of establishing a new casino in Toronto must inform decision-making. A public health approach calls for a broad range of strategies and policies that prevent or mitigate gambling-related harm, promote healthy choices, and protect vulnerable or high-risk populations. In the context of gambling expansion, a comprehensive program of harm mitigation measures should be put in place to minimize the risks associated with problem gambling and reduce the associated negative health impacts to problem gamblers and their families. Finally, there is a need for ongoing and rigorous monitoring and evaluation of the health, social and economic impacts of casinos.
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1. Introduction

1.1 Overview

In its 2012 Ontario Budget, the Province directed the Ontario Lottery and Gaming (OLG) Corporation to modernize lottery and gaming operations based on OLG’s Strategic Business Review. There are currently 27 legal gambling sites in Ontario, consisting of slots, casinos and resort casinos. OLG intends to increase this to 29 sites, including adding a casino in the Greater Toronto Area (GTA). This expansion would meaningfully increase access to gambling opportunities for Toronto residents. Currently, the closest casinos are in Port Perry (80 km away from Toronto), Brantford (100 km), Niagara (130 km) and Orillia (135 km). There is also a seasonal charity casino on the Canadian National Exhibition grounds and there are slot machines, virtual table games and horse racing at Woodbine Racetrack, as well as slots at Ajax Downs (50 km) and Flamboro Downs in Hamilton (80 km).

Based on provincial regulation, OLG will proceed in developing a new casino only with support from municipalities. In light of the possibility of developing a new site in Toronto, Toronto City Council will consider the pros and cons of hosting a new commercial casino or integrated resort entertainment complex that includes gaming. Given concerns raised regarding the potential for impacts on the health of Toronto residents from the introduction of a casino in Toronto, Toronto Public Health (TPH) and the Centre for Addiction and Mental Health’s Problem Gambling Institute of Ontario undertook a review of the issue.

1.2 Purpose and Scope

The purpose of this report is to outline current research that analyzes the public health impacts of gambling. This report focuses on the health and related social impacts of problem gambling at individual, family and community levels, since this is an important and direct consequence of gambling. Increased access to gambling may have other impacts on population health other than problem gambling. The health impact of changes in employment, crime, traffic or economic development may be positive or negative. A comprehensive analysis would be extremely complex and is beyond the scope of this report. The goal is to report evidence on the potential health effects of increased access to gambling on problem gambling that will enable informed policy decisions on the question of hosting a casino in Toronto.

First, the report provides information on the prevalence of gambling in Toronto, the GTA and Ontario, and describes gambling involvement and the sociodemographic characteristics associated with types of gamblers in Ontario. Second, the report reviews the literature on factors contributing to problem gambling, including the impacts of availability, access and proximity to a casino and the impacts of specific gambling modalities. Wherever possible, the report focuses specifically on casinos. Literature dealing with gambling in general has been utilized where information on casinos is not available.

Next the literature review outlines evidence on the health impacts of problem gambling, including physical and mental health impacts, substance use, addiction, suicide, and the associated impacts such as financial difficulties, divorce, family breakdown and compromised child development. Finally, the report describes intervention options and evidence of effectiveness, and includes a discussion of interventions currently available in Toronto and Ontario.
1.3 Background and Public Health Approach

When deliberating the merits of an increase in access to gambling, including new casinos, it is important to assess the potential impact to public health. The public health community in Canada and internationally has identified gambling expansion as an issue since the 1990s, around the time of rapid introduction and expansion of legal gambling opportunities.

The public health perspective on gambling applies an approach for understanding the expansion of gambling which considers social and environmental determinants as well as individual risk factors in producing gambling-related problems. One of the main negative impacts of gambling introduction is an increase in the number of problem gamblers. As a result, a key focus of this review is on problem gambling, a significant public health concern.

This report uses definitions from a Canadian Public Health Association (CPHA) position paper on gambling expansion in Canada. CPHA defines gambling as “risking money or something of value on the outcome of an event involving chance when the probability of winning or losing is less than certain”. Problem gambling is defined as gambling behaviour which includes “continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of the activity despite adverse consequences”. Pathological gambling is a clinically significant form of disordered behaviour that “focuses on impaired ability to control gambling-related behaviour; adverse social consequences that are disruptive to one’s life and withdrawal”.

The research literature uses gambling terminology in diverse and inconsistent ways. The term “gaming” is often used for instances where gambling activity has been legalized by applicable laws. As this report is only addressing legal casino gambling, it uses gambling and gaming interchangeably. In addition to problem and pathological gambling, a variety of other terms are used in the literature, including “disordered”, “problematic”, “compulsive”, “addictive” and “excessive” gambling. The lack of standard terminology can result in ambiguity and confusion, and creates difficulties for scientific study and public discourse.

This report uses the term problem gambling to describe a continuum of gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or in the community. It conceptualises problem gambling as dynamic, rather than as a clinical condition. This is in line with a public health perspective, which views behaviours along a health-related continuum (i.e. health enhancing or illness producing, rather than as the sick/well dichotomy) and seeks to protect and promote the health of the whole population. The practical implication of this approach is that it acknowledges the impacts of problem gambling as being wider than on those who are clinically diagnosed.

1.4 Methods and Sources

An important source of information for this technical report was the Centre for Addiction and Mental Health’s (CAMH) Gambling Policy Framework. This framework presents seven principles for a public health approach to gambling in Ontario and gives recommendations for action around each principle. Box 1 presents a detailed description of the CAMH Gambling Policy Framework.
Box 1: CAMH Gambling Policy Framework (2011)

Principles for an Ontario approach to gambling
Based on the evidence reviewed above and the belief that gambling should be regulated and operated with public health as its prime imperative, CAMH offers the following principles for an Ontario approach to gambling:

1. Ontarians are not exposed to high-risk gambling environments and modalities.

2. Ontarians have the right to abstain from gambling, and to establish limits on the extent of their participation.

3. Those who choose to gamble are informed of the odds of winning, and of the potential consequences and risks.

4. Ontarians whose lives are most affected by problem gambling have access to high-quality, culturally appropriate care.

5. Gambling legislation and regulation must establish a minimum duty of care.

6. Government regulation and operation of gambling should have as its primary focus the protection of populations at greatest risk of developing gambling problems.

7. Government decisions on gambling are based on best evidence, and research on gambling is supported.

Centre for Addiction and Mental Health (2011)

Toronto Public Health conducted an analysis of Canadian Community Health Survey (CCHS) data. CCHS is a joint initiative of Statistics Canada and Health Canada. It is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. CCHS began in 2000 with data collection every two years. In 2007, the frequency of data collection changed to every year. CCHS relies on a large, random sample of respondents and is aimed at providing health information at the regional and provincial levels.9

The CCHS is the main source of population-level data on gambling in Canada. Statistics Canada offers an optional gambling module in the CCHS that must be selected by provinces or territories. The gambling module assesses gambling behaviour according to how people respond to questions about types of activity, amount of spending and length of time/frequency of gambling. The classification of gambling behaviour is based on the Canadian Problem Gambling Index (CPGI). Box 2 provides a detailed description of the CPGI and gambling behaviour classification. Ontario selected the gambling module in 2002 and 2007/08. The most recent data, 2007/08, are described in this report. Due to small sample sizes for that cycle of the CCHS, prevalence by gambling type is reported for Ontario and the Greater Toronto Area (GTA); the detailed analysis of problem gambling is based on respondents in Ontario; and data for low-risk and moderate-risk gamblers have been combined. Respondents under 18 years of age were excluded from the analysis. The 2007/08 CCHS cycle included 38,233 respondents in Ontario and 10,070 respondents in the GTA.
Box 2: Canadian Problem Gambling Index (CPGI)

The Canadian Problem Gambling Index (CPGI) was developed in the late 1990s by a team of researchers under the Canadian Centre on Substance Abuse for the Inter-Provincial Task Force on Problem Gambling, and was designed to measure problem gambling at the population-level using a holistic approach. The CPGI operationalizes problem gambling as: "gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or for the community." (Ferris & Wynne, 2001) The CPGI includes three sections: gambling involvement, problem gambling assessment and correlates of problem gambling.

The gambling involvement section measures the frequency of gambling participation for 13 gambling activities, including: instant win/daily lottery tickets; electronic gambling machines (EGMs) in casinos; lottery tickets, raffles, fundraising tickets; card/board games; sports lotteries; other games (aside from EGMs) in casinos; bingo; internet/arcade games of skills; speculative investments; EGMs outside of casinos; live horse racing and other gambling activities. This section also addresses spending on gambling in the past 12 months and duration of involvement. In the CCGS, the participants are asked about this section of gambling classification.

The problem gambling assessment includes 12 items, nine of which comprise the PGS, which assesses gambling behaviour and consequences of gambling. They are asked in reference to the past 12 months, and include:

1. "How often have you had the urge or desire to play the lottery to feel relaxed?"
2. "How often have you borrowed money or sold anything to get your hands on money to gamble?"
3. "How often have you spent more than you intended?"
4. "How often have you felt that you might have a problem with gambling?"
5. "How often have you gambled to chase losses?"
6. "How often have you gambled with money you could ill afford to lose?"
7. "How often have you gambled away money that was important to you?"
8. "How often have you gambled to the exclusion of other activities?"
9. "How often have you gambled more than you intended?"
10. "How often have you been ill or worried when you were gambling?"
11. "How often have you gambled to escape problems in your life?"
12. "How often have you gambled to improve your mood?"

Responses are scored (0-3 per item, maximum score of 27), and used to classify respondents into one of five categories: Non-gamblers, Non-problem gamblers, Low-risk gamblers, Moderate-risk gamblers and Problem gamblers. Prevalence rates are produced using these classifications. See descriptions below for more detail on the gambling classifications.

The correlates of gambling section include questions on family history of gambling problems and using drugs or alcohol while gambling. They were designed to contribute to the development of gambling profiles.

Problem Gambling Severity Index (PGSI) — Gambling Classifications

Problem gamblers: Respondents classified as problem gamblers gamble more than five times a year and scored between 8 and 27 on the PGSI, indicating that gambling behaviours had resulted in adverse consequences on the individual, their social network or community.

Moderate-risk gamblers: Respondents in this group gamble more than five times a year, would have reported "never" to most of the behavioural questions and one or more "mostly" or "all the time" responses and scored between 3 and 7 on the PGSI. Moderate-risk gamblers may or may not have experienced adverse consequences from gambling.

Low-risk gamblers: Respondents in this group gamble more than five times a year, would have reported "never" to most of the behavioural questions and one or more "occasionally" or "sometime" responses and scored between 1 and 2 on the PGSI. Low-risk gamblers have not likely experienced adverse consequences from gambling.

Non-problem gamblers: Respondents classified as non-problem gamblers gamble less than five times a year, would have reported "never" to all behavioural questions and scored a zero on the PGSI. A score of zero indicates they have not experienced adverse consequences as a result of gambling. Ferris and Wynne (2001) noted that frequent gamblers who heavily invest time and money in gambling may be included in this classification, as would "professional gamblers".

Infrequent gamblers: Respondents in this group may have reported participating in gambling activities in the past 12 months, but self-reported "I am not a gambler". These respondents were not asked the PGSI questions.

Non-gamblers: Respondents classified as non-gamblers did not report participating in any of the listed gambling activities in the past 12 months. Non-gamblers were not asked the PGSI questions.

Note: The Canadian Consortium for Gambling Research has suggested a new scoring system for low and moderate-risk gamblers. Scores between 1 and 4 indicate low-risk gambling and scores between 5 and 7 indicate moderate-risk gambling. (Canadian Consortium for Gambling Research, http://www.ccgcr.org/p2.php)
For the literature review, this report draws upon a recent review of studies that examined the social and economic impacts of gambling by Williams, Rehm and Stevens (2011). The Williams et al. (2011) search strategy identified all studies reporting on the social or economic impacts of gambling from both the academic and non-academic or 'grey' literature. They identified 492 studies, which were categorized by type of study, study quality, gambling format, location, years examined, and areas impacted. The majority of the empirical studies came from the United States, Canada, Australia and New Zealand. The review presented information on 16 different areas related to various economic and social impacts, with the areas relevant to this report consisting of problem gambling and related indices, socioeconomic inequality, and quality of life/public health.

In this report, Toronto Public Health extends the Williams et al. (2011) search strategy to identify studies since their review was published. We conducted a search of health and social impacts of casino gambling from both the academic and non-academic 'grey' literature since 2010.

For the review on intervention literature, this report draws upon a review of the issues and evidence by Williams, West and Simpson (2008). The Williams et al. (2008) review summarizes the evidence on the effectiveness of problem gambling prevention initiatives. For this report, Toronto Public Health conducted a search strategy to identify intervention options and effectiveness from 2009 to present. This search included academic and grey literature that addressed prevention, early identification and treatment of problem gambling (More detail on the search strategies is found in Appendix A.).
2. Prevalence of Gambling & Problem Gambling

2.1 Prevalence

Gambling activities, as defined by the CPGI, are commonly reported by the Ontario population. In 2007/08, CCHS data shows that the prevalence of gambling, which included participation in at least one gambling activity in the past 12 months, was 66% in Ontario and 62% in the GTA.

The PGSI estimates that problem gambling seriously affects upwards of 11,000 people aged 18+ (0.2%) in the GTA and 25,000 people aged 18+ (0.3%) in Ontario. In addition, there are approximately 129,000 people aged 18+ (2.8%) in the GTA and 294,000 people aged 18+ (3.0%) in Ontario who are considered low to moderate-risk gamblers, based on their gambling behaviour and likelihood of experiencing adverse consequences from gambling. The prevalence of problem gamblers and low to moderate-risk gamblers remained relatively similar between Ontario and the GTA (Table 1).

<table>
<thead>
<tr>
<th>Type of Gambler</th>
<th>Ontario</th>
<th>Greater Toronto Area (GTA)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>95% CI²</td>
</tr>
<tr>
<td>Problem Gamblers</td>
<td>0.3</td>
<td>(0.2, 0.3)</td>
</tr>
<tr>
<td>Low to Moderate-Risk Gamblers</td>
<td>3.0</td>
<td>(2.7, 3.3)</td>
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<tr>
<td>Non-Problem Gamblers</td>
<td>42.1</td>
<td>(41.3, 43.0)</td>
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<tr>
<td>Infrequent Gamblers</td>
<td>20.4</td>
<td>(19.7, 21.1)</td>
</tr>
<tr>
<td>Non-Gamblers</td>
<td>28.8</td>
<td>(28.0, 29.6)</td>
</tr>
<tr>
<td>Not Stated</td>
<td>5.5</td>
<td>(5.1, 5.9)</td>
</tr>
</tbody>
</table>

Notes: (1) Gambling classifications are based on a modified version of the nine-item Problem Gambling Severity Index (PGSI), part of the Canadian Problem Gambling Index (CPGI). (2) 95% Confidence intervals are used on response estimates, which means that the estimate is within the range 19 times out of 20. (3) Respondents classified as "Infrequent Gamblers" may have gambled in the past 12 months, but classified themselves as Non-Gamblers.

E = Moderately high sampling variability; Interpret with caution. H = Significantly higher than Ontario. L = Significantly lower than Ontario. Low-risk and Moderate-risk gamblers were combined due to small sample sizes.

Data Source: Canadian Community Health Survey, 2007/08. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Prepared by: Toronto Public Health

Research based on gambling rates in Ontario from 2003 concluded that a small group of moderate risk and problem gamblers (4.8% of the population) generated a disproportionately large amount of gambling industry profits (36% of gambling revenue). This is problematic because it suggests a large part of gambling revenue in Ontario is coming from a small group of vulnerable people.

Gambling Involvement

In 2007/08, according to CCHS data for Ontario, problem gamblers were approximately four times more likely than non-problem gamblers to participate in multiple gambling activities over the past 12 months. This involves participation in 5 or more gambling activities. Compared to non-problem gamblers, problem gamblers were significantly more likely to gamble using electronic gambling machines (EGMs) in casinos (Figure 1).
Figure 1: Monthly Participation in Gambling Using Electronic Gambling Machines (EGMs) in Casinos by Type of Gambler, Aged 18+, Ontario, 2007/08

Notes: (1) Gambling classifications are based on a modified version of the nine-item Problem Gambling Severity Index (PGSI), part of the Canadian Problem Gambling Index (CPGI). (2) Error bars (±) denote 95% confidence intervals. Low-risk and Moderate-risk gamblers were combined due to small sample sizes.

Data Source: Canadian Community Health Survey, 2007/08. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Prepared by: Toronto Public Health

Transition Between Gambling Risk Levels
While research is limited on the shift between different problem gambling risk levels, there is evidence to support the validity of “at-risk” gambling classifications in predicting future harm. As shown in Box 2, gambling classifications are based on gambling behaviour and likelihood of experiencing adverse consequences from gambling. A recent longitudinal study of gambling habits in Alberta identified gambler characteristics associated with the shift from low-risk to high-risk gambling. Compared to gamblers who remained low risk, gamblers who shifted from low- to high-risk gambling were more likely to be male, older, have less education, smoke tobacco, have more friends who gamble, and play EGMs and other casino games. Some of these risk factors are fairly fixed or difficult to change, such as demographic variables and personality traits, whereas others are modifiable risk factors, such as gambling accessibility, intensity and frequency. This has implications for who may be likely to experience current or future gambling-related harm.

Emerging Issues
During the early to mid-1990s, Internet gambling (also called online gambling) had emerged as a new and popular mode of gambling. The Internet made gambling accessible to any person with an Internet connection and means of electronically transferring money. Even so, the prevalence of Internet gambling is low and it is the least common form of gambling among adult Canadian gamblers. Because of its low prevalence, it is difficult to estimate the proportion of Internet gamblers using conventional methods such as random digit dial telephone surveys. According to a national study, 3% of adult
gamblers reported participating in Internet gambling (excluding stocks) over the previous year, compared to 8% participation in casino table games, and 34% in electronic gaming machines.13

There is limited evidence available on the health impacts of Internet gambling, and given the relatively short history of its availability, this includes a lack of longitudinal studies. More research is needed to better understand Internet gambling and the impact of this mode of gambling. Recent research from Quebec, one of two Canadian provinces where the government operates online gambling sites, indicates that problem gambling rates are significantly higher among those who gamble online14. Similarly, a Canadian study indicates problem gambling prevalence of 17.1% among Internet gamblers compared to 4.1% among gamblers who frequent fixed gambling venues.13 This study also indicates higher average spending among Internet gamblers.

Available research suggests also there may be some distinguishing features associated with those who partake in Internet gambling, including demographic characteristics, motivations and behaviours. Compared to non-Internet gamblers, Internet gamblers are more likely to be male, work full-time, be married or co-habiting, and have high incomes and high levels of educational attainment.15 Further, Internet gamblers may have more positive attitudes towards gambling and are more highly involved gamblers, engaging in many different gambling activities in both online and offline forms.13

While Internet gambling appears to normalize gambling behaviour, questions around whether Internet gambling is creating a new market of gambling customers remain unanswered. The evidence that Internet gamblers have a different profile than non-Internet gamblers suggests that they may represent a different customer base.13, 16 While there is certainly overlap between Internet and non-Internet gamblers, researchers hypothesize that Internet gambling, to some extent, opens up a new market of gamblers who may not frequent fixed gambling venues such as casinos.16 Wood and Williams suggest also that Internet gambling is an addition to the repertoire of activities among those who seem to already be heavily involved in gambling.13 The OLG plans to launch online gaming sites regulated by the Ontario government as part of its modernization strategy for gambling offerings in this province.

2.2 Sociodemographic Profile

There has been considerable research examining the characteristics of people affected by or at-risk for problem gambling.17, 18, 19, 20 There is a range of individual- and population-level factors that are reported to be associated with problem gambling. At the individual-level, these include: experiencing an early big win; having mistaken beliefs about the odds of winning; experiencing financial problems; and having a history of mental health problems.21 At the population level, specific population groups have been identified because of factors such as low socioeconomic status, health status or unique needs.5 Evidence suggests that a number of groups may be more heavily represented as problem gamblers or disproportionately affected by problem gambling.3, 22 This includes youth, older adults, Aboriginal peoples, and individuals and families with low-income.

According to an analysis of 2002 CCHS data, at-risk and problem gamblers are more likely to be male, younger in age, and have less than post-secondary education than non-problem gamblers.23

There is growing concern that adolescents represent a high risk group for gambling and gambling-related problems.7 According to a number of studies, rates of problem gambling among youth are higher than those reported by adults.24, 25 In the Centre for Addiction and Mental Health's (CAMH) 2009 Ontario Student Drug Use and Health Survey (OSDUHS), problem gambling was seen in 2.8% of the sample.24 These results suggest that there are approximately 29,000 students across the province who are problem gamblers.
There is also evidence associating casinos with increased problem gambling and associated behaviours among college and university students, including increased alcohol and drug use.²⁶,²⁷ One study considered proximity of casinos, and noted that students close to a casino had more severe gambling problems than students far from a casino.²⁸

Older adults have been identified as a group that may be particularly vulnerable to the impacts of problem gambling,⁶ though the evidence on health impacts is mixed. While older adults do not have higher prevalence of problem gambling compared to other age groups, a number of studies report that problem gambling is associated with worse physical and psychosocial health among older adults.¹⁸,²⁹ This has been theorized to be related to complex co-morbidities and co-dependencies and lessened ability and time to recover from the health complications, psychological and social problems, and financial difficulty that may follow problem gambling.¹⁸ There is some evidence for positive or neutral impacts from recreational gambling among older adults, and there is at least one study finding that casinos have psychological benefits for older adults.¹⁸,³⁰

People of Aboriginal descent have significantly higher risk of problem gambling. The prevalence of problem gambling among Aboriginal peoples in Canada is reported to be approximately four times higher than found in non-Aboriginal populations.³¹ It has been suggested that sociodemographic characteristics of the Aboriginal population, such as younger average age and a range of disadvantageous social conditions (e.g. poverty, unemployment, lack of education, cultural stress) may be a contributing factor to high rates of problem gambling.

A casino has the potential to contribute to or exacerbate social inequalities. There is evidence that the introduction of gambling has a differential impact on people of different socioeconomic levels. A review of gambling studies reported that lower income people contribute a higher proportion of their income to gambling than people in middle and high income groups."
3. Problem Gambling

3.1 Factors Contributing to Problem Gambling

A recent review suggests that availability of gambling opportunities is related to gambling behaviour. Jurisdictions that have looked at availability issues, including accessibility and proximity, on gambling and problem gambling include Ontario, Canada, the United States, Scotland and New Zealand.

Availability

Evidence suggests the availability of casinos is directly associated with gambling behaviour. A number of before and after studies suggest an increase in problem or pathological gambling rates after gambling expansion. Of 33 studies looking at gambling rates before and after introduction of casinos, two-thirds found an associated increase in problem gambling and/or social impacts. A study examining the rates of pathological gambling in Niagara Falls, Ontario reported that rates increased from 2.2% prior to the casino opening to 4.4% one-year after the casino opening. Impacts of charity casinos on four Ontario communities (Lambton County - Sarnia, Algoma County - Sault Ste. Marie, Brant County - Brantford and Thunder Bay) have also been evaluated. While overall problem gambling rates remained stable at 2.4% before and after charity casino openings, there was an overall increase in pathological gambling (the most severe form of problem gambling) from 1.5% to 2.5% across all communities. Algoma was the only community to experience significant gains in both problem and pathological gambling. With the exception of Lambton, all communities reported increases in problem gambling rates for at least some subpopulations. In a study that examined the impacts of gambling expansion in four communities in British Columbia (City of Vancouver, City of Surrey, City of Langley and Langley Township), the City of Langley was the only community where rates of moderate problem gambling increased from 2% prior to 5.4% two years after gambling expansion in 2005. Langley was also the only city without a previously existing casino. Furthermore, high concentrations of gambling venues in the community have been associated with higher rates of problem gambling in provinces across Canada.

Some studies have reported increased gambling participation but no effect of gambling expansion on problem gambling rates. Analysis of gambling rates before and after the opening of a casino in Windsor, Ontario showed that while gambling participation increased from 66% before the opening of the casino to 82% one year after the opening of the casino, rates of problem and pathological gambling remained stable. Similarly, a longitudinal pre/post study with two follow-up time periods and a comparison group conducted in Quebec reported an increase in gambling participation one year after the opening of a casino; however, participation rates declined when measured two and four years later. No significant increases in problem or pathological gambling rates were reported at any time period. However, respondents who resided in Hull, where a new casino was opened, were significantly more likely to report an individual in their household with a gambling problem four years after the casino opening compared to the comparison city. These findings may be less relevant to Toronto because VLTs are widely available in Quebec whereas they are not permitted in Ontario.

It is hypothesized that the effects of gambling expansion are experienced during the initial stages of expansion and are less likely to occur after extended exposure or adaptation. Further support for this theory comes from the study of gambling expansion in British Columbia. The effects of pre-existing casinos in Vancouver and Surrey may explain the lack of change in problem gambling rates in those two cities. It should also be noted that studies that reported no effect of gambling expansion on problem gambling rates tend to have been conducted after longer time periods compared to those reporting negative effects.
While not all studies have consistently reported negative effects associated with gambling expansion, the overall conclusion is that increased availability of gambling is associated with increased rates of problem gambling. Differences in the types of studies conducted, their geographical locations and measurement tools used do not allow for predictions on the size of the change in problem gambler rates or on how long any increase is sustained.

**Proximity**

Evidence suggests that gamblers gamble close to home. An Ontario study examining regional variation in access to gambling reported that problem gambling is modestly but significantly associated with proximity to casinos and racetracks with slot facilities.\(^{40}\)

In New Zealand, the Ministry of Health analyzed survey data from 12,529 respondents in relation to gambling accessibility.\(^{41}\) Analysis revealed that being a problem gambler was significantly associated with living closer to gambling venues. People who live in neighbourhoods within walking distance (800m) or close driving distance (5 km) to a gambling venue were more likely to have gambled in the last year, and be a problem gambler who had gambled at a gambling venue in the past year.

Higher rates of problem gambling have also been found for people who live with access to casinos at distances of 10 miles (16 km) and 50 miles (80 km) away, compared to those who live farther away.\(^{12,43}\) These studies, which have primarily been conducted through national telephone surveys in the United States, tend to report about twice the rates of problem and pathological gambling occurring within the identified perimeter as opposed to beyond those distances. This evidence provides support for an accessibility effect to problem gambling, where living close to a casino is linked to problem gambling.

**Ease of Access / Getting There**

A casino located anywhere in the GTA will increase access to gambling opportunities, with a greater effect on closer communities compared to those further away. Ease of access to gambling is not just an issue of physical proximity, but also an issue of getting there, such as how accessible the site is by walking, public transit and driving. Therefore the issue of access concerns not only those who reside and work in proximity to a casino, but also anyone who is able to get there with relative ease.

A Montreal Public Health (2005) report provided an assessment of the potential consequences of moving an existing casino to the Peel Basin, an area of Montreal closer to residential areas and the downtown core.\(^{44}\) The residents surrounding the proposed casino site were reported to be amongst the most vulnerable in the city, with lower incomes, lower levels of educational attainment, and higher numbers of reported health problems and hospitalizations compared to the average Montreal resident. The report assessed the existing context and environmental features of the Peel Basin, such as the public transportation infrastructure (i.e. number of subway stations) compared to the existing location. It was noted that the location change would make a Montreal casino more accessible by foot and public transit, which could have increased gambling opportunities for Montreal residents overall, and for vulnerable populations in particular, because of geographic and economic accessibility.

**Neighbourhood Factors**

The impact of a casino can vary from locale to locale, depending on existing communities, economies, and infrastructures in the area.\(^{45}\) It has been suggested that existing neighbourhood factors may contribute to the potential social and health impacts on residents, and therefore, decisions on siting a new gambling
venue should take the 'local impact' into account. There may be some types of
neighbourhoods/communities for which a casino may have greater negative health impact than others.

Although empirical studies relating gambling to neighbourhood characteristics are sparse, within most jurisdictions the sociodemographic characteristics associated with problem gambling (outlined in section 2.2 of this report) are found disproportionally in neighbourhoods with lower socioeconomic profile. Studies have found that poorer neighbourhoods are positively associated with problem and pathological gambling. The effect of neighbourhood disadvantage was found even when controlling for respondents' socioeconomic status.

Gambling Modalities and Venues
Certain gambling modalities may carry a higher risk that their users will develop gambling problems or that existing gambling problems will be exacerbated. Evidence points to continuous forms of gambling, such as EGMs including slot machines and video lottery terminals (VLTs) (currently not permitted in Ontario), as most problematic. The high-risk nature of EGMs is theorized to be related to the fast speed of play and sophistication of the machines, which through mathematical algorithms and interactive technology, promote small wins, false beliefs about the amount of control the player has (e.g. near misses and stop buttons) and dissociative states.

According to a study using 2002 CCHS data for Canada, the highest prevalence of gambling problems are found in the provinces with permanent casinos combined with the highest concentrations of EGMs. The primary problem habits cited by problem gamblers in treatment and by callers to the Ontario Problem Gambling Helpline are slot machines and card gambling at casinos.

Gambling venue features may have an impact on gambling behaviour and problem gambling. CAMH's Gambling Policy Framework expresses concern over extended hours of operation, such as casinos that are open 24 hours a day, seven days a week. Different jurisdictions vary in the policies related to hours of operation, some requiring closure of a gambling venue at specific times, others allowing all day access. For example, in Winnipeg, casinos are open from 10:00 a.m. to 10:00 p.m. each day in the summer, but close at dusk during other months. Some hours of operation restrictions relate only to specific types of gambling. For example, in Alberta, EGMs are open for 17 hours each day, whereas table games are available for 14 hours. The theory is that reducing hours of operation reduces availability and therefore minimizes the likelihood of harm. It has been reported that a disproportionate number of problem gamblers play EGMs, one of the most addictive gambling modalities, between midnight and closing. Although evidence on the effectiveness of hours of operation policies is limited, there are parallels to reducing alcohol related harms by limiting hours during which alcohol is served.

Casino Employment
It is important to acknowledge that if there is an increase in employment through a casino and associated development, there could be a benefit to health. Income and employment, can impact health in a positive way depending on the types and quality of jobs.

Studies of casino employees have found increased rates of problem gambling in this group compared to the general population. A recent study in Ontario found that casino employees had problem gambling rates three times as high as the general population. Hypothesized reasons include increased rates of gambling participation among new employees because of greater exposure and people with a history of gambling being attracted to the casino industry.
3.2 Health Impacts of Problem Gambling

This section explores the potential public health impacts of access to gambling through a casino. In a comprehensive review of the literature on the social and economic impacts of gambling, the most consistent social impact of gambling is increased problem gambling prevalence and its related indices (i.e. personal bankruptcy rates, divorce rates, suicide rates, numbers accessing treatment). These indices are often difficult to measure and difficult to attribute to gambling alone. Nonetheless, there is fairly strong evidence that the impacts of gambling are relevant to the health of individuals, families and communities and may have serious direct or indirect consequences. Much of the research literature supports the notion that gambling problems often co-exist with other conditions, such as poorer physical or mental health or substance use problems. This section outlines the evidence on the health impacts of problem gambling in five sections that cover general health, mental health, co-addictions or dependencies, suicide and family and community impacts. (For a summary of the health impacts reported in the literature and associated references, see Table 2.)

<table>
<thead>
<tr>
<th>Health Impacts</th>
<th>References</th>
</tr>
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<tbody>
<tr>
<td>General Health</td>
<td></td>
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<tr>
<td>Lower self-reported general health and well-being</td>
<td>3, 50, 53, 55</td>
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<tr>
<td>Colds and influenza</td>
<td>54</td>
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<tr>
<td>Headaches, including severe and chronic headaches and migraines</td>
<td>53, 54, 56</td>
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<td>Fatigue and sleep problems</td>
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<td>Health conditions such as chronic bronchitis and fibromyalgia</td>
<td>53, 54, 55, 56</td>
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<tr>
<td>Other miscellaneous health symptoms (including cardiovascular, cognitive, skin and gastrointestinal problems, heart burn, backache) that may be stress-related</td>
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<td>Mental Health</td>
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<td>Stress</td>
<td>41, 50, 58</td>
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<tr>
<td>Depression</td>
<td>50, 56, 58</td>
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<tr>
<td>Mood, anxiety and personality disorders</td>
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<tr>
<td>Co-dependencies</td>
<td></td>
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<tr>
<td>Alcohol, tobacco and drug use</td>
<td>46, 56, 58, 59</td>
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<tr>
<td>Problematic substance use/addiction</td>
<td>56, 58</td>
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<tr>
<td>Suicide</td>
<td></td>
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<tr>
<td></td>
<td>50, 60, 62</td>
</tr>
<tr>
<td>Family and Community Impacts</td>
<td></td>
</tr>
<tr>
<td>Financial problems</td>
<td>3, 56</td>
</tr>
<tr>
<td>Alcohol or fatigue-related traffic fatalities</td>
<td>63, 64</td>
</tr>
<tr>
<td>Family breakdown and divorce</td>
<td>3, 56</td>
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<tr>
<td>Family/intimate partner violence</td>
<td>65</td>
</tr>
<tr>
<td>Child development, neglect and poverty</td>
<td>56, 66</td>
</tr>
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</table>

Prepared by: Toronto Public Health
General Health

A recent review reported a well-established association between heavy involvement in gambling and lower well-being and satisfaction with life.\(^2\)\(^,\)\(^3\)\(^,\)\(^8\) Self-reported general health is widely used as an indicator for overall health and well-being. Research has shown that self-reported health status may be a predictor of future mortality\(^5\)\(^1\) and the development of chronic conditions.\(^5\)\(^2\) According to TPH analysis of 2007/08 CCHS data for Ontario, as the level of risk for problem gambling increases, self-reported health significantly decreases - 61% of non-problem gamblers rated their health as excellent or very good compared to 49% of low to moderate-risk gamblers and 33%\(^3\) of problem gamblers (Figure 2). Seventy-seven percent of problem gamblers reported gambling as the cause of health problems compared to 11% of low to moderate-risk gamblers (Figure 3). (See data notes in Appendix B for more detailed information on health problems as a PGSI item).

There is evidence to suggest an association between problem gambling and physical health problems. Problem gambling research from various jurisdictions and with different subpopulations has found a broad range of negative health correlates.\(^5\)\(^0\),\(^5\)\(^3\),\(^5\)\(^4\),\(^5\)\(^5\)\(^,\)\(^5\)\(^6\) A number of studies have reported that problem gambling is related to headaches (including chronic and severe headaches and migraines).\(^5\)\(^3\),\(^5\)\(^4\),\(^5\)\(^6\) While data is sparse, research has also suggested a number of other physical health symptoms and conditions with possible association with problem gambling, including colds and influenza, cardiovascular, cognitive, skin and gastrointestinal problems, heart burn and backache, and chronic bronchitis and fibromyalgia.\(^5\)\(^3\),\(^5\)\(^4\),\(^5\)\(^5\)\(^,\)\(^5\)\(^6\) Many of the health impacts are theorized to be a function of stress and strain.\(^4\)\(^1\)

Problem gambling is also suggested to be correlated with severe fatigue and sleep problems. An American study reported that decreased sleep and sleep quality is seen in problem and pathological gamblers.\(^5\)\(^7\) It has been speculated that gamblers may sometimes go days without sleep to gamble, and some gamblers may experience extreme stress and loss of sleep during phases of continuous losses.

Figure 2: Self-Reported Health and Mental Health by Type of Gambler, Aged 18+, Ontario, 2007/08

![Graph showing self-reported health and mental health by type of gambler](image)

Notes: (1) Gambling classifications are based on a modified version of the nine-item Problem Gambling Severity Index (PGSI), part of the Canadian Problem Gambling Index (CPGI). (2) Error bars (±) denote 95% confidence intervals. E - Moderately high sampling variability; interpret with caution. Low-risk and Moderate-risk gamblers were combined due to small sample sizes. See Appendix for the full data table.

Data Source: Canadian Community Health Survey, 2007/08. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

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Mental Health

Similar to self-reported general health, as the risk of problem gambling increases, self-reported mental health significantly decreases. In TPH analysis of 2007/08 CCHS data for Ontario, 76% of non-problem gamblers rated their mental health as excellent or very good compared to 69% of low to moderate-risk and 35% of problem gamblers (Figure 2).

There is also evidence in the literature of an association between gambling and mental health disorders. Studies using population surveys report a higher prevalence of conditions such as depression, stress, and mood, anxiety and personality disorders in problem and pathological gamblers.50,58 The Australian Productivity Commission's (1999) review of the gambling industry, with a specific focus on problem gambling, reported that around half the people with at least moderate gambling problems said they suffered depression as a result of gambling at some time, and a similar proportion say they have been depressed because of gambling in the last year.55

Co-Dependencies

Considerable attention has been paid to the relationship between gambling and substance use. According to TPH analysis of CCHS data, 33% of problem gamblers in Ontario reported using alcohol or drugs while gambling in the previous 12 months. In addition, CCHS data for Ontario shows that low to moderate-risk (30%) and problem gamblers (38%) are significantly more likely to be daily smokers.
compared to non-problem gamblers (19%). The literature also supports the relationship between problem gambling and alcohol and drug use.\textsuperscript{3,46,56,58,59} High rates of co-morbidity have been found between gambling and problem substance use/addiction, with estimates that one in five problem gamblers suffers from alcoholism or other dependencies.\textsuperscript{3,56,58} The existence of co-dependencies and related morbidities underlines the complex causality of problems experienced by problem gamblers, where problem gambling may exacerbate other dependencies, and they in turn may exacerbate problem gambling.

Suicide
The gambling literature examines the relationship between gambling and suicide. According to TPH analysis of 2007/08 CCHS data for Ontario, a significantly higher proportion of problem gamblers reported having thoughts of committing suicide in their lifetime compared to non-problem gamblers (Figure 3). The review by Williams \textit{et al.} (2011) found mixed results on suicide rates: three studies reported the introduction of gambling was associated with an increase in suicides and three studies reported no impact.\textsuperscript{3} Nevertheless, research on suicide from various jurisdictions suggests that there is reason for concern. Las Vegas has had one of North America's highest per capita suicide rates for the past 50 years.\textsuperscript{60,61} A study of gambling in Alberta estimated that 10% of all suicides in Alberta are gambling-related.\textsuperscript{52} The Quebec Coroner's Office, in an examination of cases between 1994 and 2000, was able to identify 74 suicides as gambling-related since the opening of the province's first casino in Montreal in 1993.\textsuperscript{52} While it is difficult to establish the actual number of suicides as a result of gambling, the high numbers of suicides that appear to be gambling-related suggests that this is an important public health concern.

Family and Community Impacts
While consideration of the characteristics and correlates of people directly affected by gambling is important, a complete understanding of impact is gained only by outlining the 'ripple effects' of problem gambling. Problem gambling can affect more than just the individual gambler, resulting in impacts for friends, families, colleagues, employers and communities (Figure 4). Given that some problem gamblers are married and have children, it has been estimated that the proportion of people whose quality of life may be negatively impacted by problem gambling is actually three or four times the rate of problem gambling prevalence in the general population.\textsuperscript{3}
Financial difficulties are typically the most common problem reported by problem gamblers. As noted earlier, an increase in bankruptcies is a consistent finding reported in a review of the impacts of gambling. Financial difficulties can produce adverse effects such as the inability to pay for essentials such as food or housing, which are issues of public health concern.

Research has revealed a link between the presence of a casino and an increase in driving while impaired or extremely tired. One study noted an increase in alcohol-related traffic fatalities in communities close to casinos, although the authors noted that this impact decreased as regional population size increased, likely being related to the greater distances driven from casinos in rural or moderately sized counties. A study from Connecticut noted that communities with close proximity to casinos experienced an increase in arrests for 'DUI', or 'driving under the influence of alcohol'. Roughly 20% of motorists arrested for DUI acknowledged to police that their last drink was at a casino.

Research has found that problem gambling is associated with family breakdown, divorce rates, intimate partner violence, and a variety of familial psychological problems including stress and loss of trust. Analysis of 2007/08 CCHS data for Ontario supports conclusions for these impacts on familial relationships and well-being. In the previous 12 months, 75% of problem gamblers reported gambling as the cause of financial problems for their families (Figure 3), 62% of problem gamblers reported lying to their family members and others about gambling, and 30% reported gambling as the cause of problems with relationships with family or friends. These types of impacts were rarely reported by non-problem gamblers.

Gambling has been reported to produce indirect consequences for the problem gambler's friends and families, such as emotional distress, depression, and even suicide. It may also negatively affect child
development and well-being. The Australian Productivity Commission (1999) reported that the most immediate concern for children's welfare in problem gambling households is poverty. Other studies have suggested that children in gambling families are at a greater risk for adopting health-threatening behaviours such as smoking and alcohol or drug use, psychosocial problems, educational difficulties and emotional disorders in adolescence and later in their adult lives.
4. Intervention

4.1 Intervention Options and Effectiveness

There is a large array of problem gambling intervention options, many of which have been implemented in different jurisdictions. While there is considerable interest in preventing and mitigating the potential harm from gambling, much remains unknown about the effectiveness of individual initiatives. This section of the report outlines prevention, early identification and responses to problem gambling.

Public health approaches favour primary prevention, which aims to reduce the prevalence of and risks associated with gambling problems (Figure 5). Common measures include changes to the environment (including policy and regulation), changes to the nature of the product, and changes in the understanding and views that influence patterns of consumption/participation. In contrast to the individualized focus inherent in approaches to treatment, primary prevention shifts the focus to the context and environment in which harmful consumption/exposure is occurring. It has been suggested that few jurisdictions have looked seriously at investing in public health responses to gambling expansion, and efforts tend to concentrate primarily on establishing treatment services.

Figure 5: Gambling continuum and related public health interventions

Prevention
One aspect of primary prevention includes educational initiatives, which are intended to change internal knowledge, attitudes, beliefs, and skills so as to deter an individual from problem gambling. This can include initiatives such as public awareness campaigns, training and programs.

Public information/awareness campaigns (and associated mass media campaigns and social marketing) tend to be a way of delivering preventive health messages to a large portion of the population. There is however, limited research on impact of awareness campaigns vis-a-vis gambling. Literature suggests that public information/awareness campaigns may improve people’s knowledge, but there is no direct evidence of effectiveness as a primary prevention tool for problem gambling (i.e. to prevent individuals in the general populace from becoming problem gamblers).

There is an array of programmatic initiatives for youth and adults, with mixed results on the effectiveness of these programs for preventing problem gambling. These programs range from being topic-specific (e.g. explaining gambling fallacies) to broad in scope (e.g. building esteem and peer resistance training). The actual impact of programs on problem gambling behaviour is difficult to measure and, as a result, largely unknown. There have been very few published evaluations of programs, and in many cases, there may be concern around the quality of studies, such as not having pre/post-measures, control groups, or examination of long-term outcomes. Nevertheless, recent experimental research gives some reason to be positive about the potential effects of educational/programmatic interventions. A study of problem gambling prevention programs with youth in Ontario reported positive effects of a curriculum that educated students about probability and the nature of random events and their connection to problem gambling.

Policy initiatives are intended to prevent problem gambling through the alteration of external environmental controls on the availability and provision of gambling. Typically these policies take the form of restrictions on the general availability of gambling, who can gamble, and how gambling is provided. Examples include: restricting harmful types of gambling (e.g. EGMs); limiting speed of gambling; and restricting the location and hours of operation of gambling venues.

A policy example that has been reported to have potential as an effective intervention is restricting concurrent consumption of alcohol while gambling. Casinos in Canada are not allowed to provide free alcoholic beverages as is the case in many casinos in the United States. With respect to liquor sales, municipal governments assume responsibility for licensing decisions. In some jurisdictions, such as in parts of British Columbia, alcohol service is prohibited in some casinos. This is reported to hold significant potential as a harm minimization strategy.

Problem Gambling Responses
There are a range of interventions designed to respond to problem gambling. This can consist of early identification, on-site interventions, and various forms of treatment, including pharmacological and psychological interventions.

Early identification of problem gambling often includes recognition of early signs by primary care providers. According to CAMH’s Problem Gambling Institute of Ontario, identifying patients with gambling problems and providing information, treatment and referral is part of the overall spectrum of health care provided by physicians. It has been suggested that early identification of problem gambling improves patients’ outcomes and reduces the harm to themselves and their families.
Pharmacological treatments mainly involve administering drugs such as anti-depressants, opioid antagonists and mood stabilizers.\textsuperscript{70} Psychological treatments can include different types of therapy and counselling, brief interventions, and support programs, such as Gamblers Anonymous.\textsuperscript{71} These interventions may be administered to individuals or groups, and the duration of treatment can vary from immediate crisis intervention to ongoing long-term treatment. Online and self-help interventions have been identified as potentially effective, particularly to those problem gamblers who have earlier onset and less severe gambling problems, although Internet gamblers cite being more comfortable with face-to-face counselling rather than online interventions.\textsuperscript{14} The overall aims of treatment may vary from abstinence to controlled gambling to prevention of relapse.

Systematic reviews of pharmacological and psychological interventions reveal that problem gambling is amenable to intervention.\textsuperscript{72} However, evidence is limited by the lack of long-term follow up in many studies, which limits understanding of the impact of interventions over time. Furthermore, many studies are compromised by methodological limitations, such as small sample sizes, non-randomization, high drop-out rates and unrepresentative samples. Experts identify that further large-scale, well-controlled studies with long-term follow-up are needed.

On-site interventions are also frequently employed in response to problem gambling. Many casinos and jurisdictions around the world have adopted self-exclusion programs. Voluntary self-exclusion is a self-help tool offered to people who wish to limit or stop their gambling. Self-excluders make a voluntary, written commitment to stay away from all gaming facilities. The role of the gaming operator (e.g. OLG) is mainly to monitor, detect and prevent self-excluders' re-entry.\textsuperscript{72} It is estimated that 0.6-7.0% of problem gamblers sign up to self-exclude in Canada.\textsuperscript{73}

Evidence is limited on the effectiveness of self-exclusion programs. Self-exclusion programs are largely dependent upon the ability of casinos to identify self-excluders in order to detect and report violations of the self-exclusion agreement. A review of studies shows self-exclusion programs are often ineffective at detection and enforcement.\textsuperscript{72} Venue security personnel are typically responsible for enforcing self-exclusion policies, yet it is common for breaches to occur and go undetected. One study of individuals self-excluded from a casino in Quebec reported that 36% breached their exclusion contract and returned to the casino, many of whom went back numerous times (median 6 times) during this period.\textsuperscript{73}

Reports suggest that casinos have few systematic procedures in place to implement self-exclusion.\textsuperscript{72} Self-exclusion agreements do not generally constitute a formal contract enforceable by law. Yet a program that is not capable of enforcing self-exclusion is likely to be ineffective.

### 4.2 Problem Gambling Interventions in Ontario

This section provides an overview of problem gambling interventions in Toronto and Ontario, as well as an analysis of the approaches and challenges.

**Funding**

In 1996, Ontario introduced a Problem Gambling Strategy managed under the Ontario Ministry of Health (now the Ministry of Health and Long-Term Care).\textsuperscript{74} Provincial policy has dedicated a proportion of gambling revenue (2%) to problem gambling interventions. It has been publicized that Ontario allocates more money for gambling intervention than any other jurisdiction in the world, with this 2% formula directing approximately $36 million annually for the prevention, treatment and research of problem gambling (Table 3).\textsuperscript{74,75}
Table 3: The Funding Allocation to the Ontario Problem Gambling Strategy, 2004/05

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Funding allocation (percent of total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (including $4.2M for multiple additions)</td>
<td>$24.17M (66%)</td>
</tr>
<tr>
<td>Prevention/Awareness</td>
<td>$8.47M (23%)</td>
</tr>
<tr>
<td>Research</td>
<td>$4.01M (11%)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$36.65M (100%)</td>
</tr>
</tbody>
</table>


Treatment is the top priority within Ontario’s problem gambling interventions. A report to the Ontario Ministry of Health and Long-Term Care and the Ministry of Economic Development and Trade by expert Stanley Sadinsky, commissioned by the Government of Ontario, analyzed the Problem Gambling Strategy. The report raised concern about the priority placed on the treatment component of the Strategy, suggesting that treatment has been over-funded to the detriment of the prevention/ awareness component.

Interventions

A number of organizations and stakeholders are involved in providing gambling interventions in Toronto and Ontario. This includes initiatives by the OLG, Responsible Gaming Council Ontario, CAMH’s Problem Gambling Institute of Ontario, the Ontario Problem Gambling Research Centre, and more than 50 community agencies located throughout the province, including five in Toronto. Many of these organizations and initiatives receive funding from the Ontario government’s Problem Gambling Strategy, while others have other sources of funding. (See Appendix D for a list of Ontario gambling organizations and descriptions.) Interventions available in Toronto and Ontario include:

Public awareness and information campaigns: There are a number of initiatives in Toronto and Ontario that focus on awareness and information around problem gambling. OLG sponsors public awareness advertising campaigns aimed at increasing awareness, changing behaviour and building public confidence. Examples of OLG public awareness efforts include: the website www.knowyourlimit.ca which provides information about how gambling works, myths and facts, game odds and other responsible gambling initiatives; and advertising campaigns to raise awareness of slot machine risk factors. OLG also engages in public outreach via presentations to community groups.

Other public awareness initiatives include mass-media social marketing campaigns by the Responsible Gambling Council, an independent non-profit organization dedicated to problem gambling prevention. Their social marketing campaigns are conducted for a range of demographic groups at risk or affected by problem gambling, including friends of young people, significant others and older adults. Another public awareness initiative in Ontario was Problem Gambling Prevention Week, which took place between September 26 and October 2 in 2011. This community-based awareness program is organized by the Responsible Gambling Council in conjunction with partner organizations across Ontario.

Public education: There are a variety of educational programs related to problem gambling in Toronto and Ontario, which include outreach, curriculum development, teaching and training. CAMH’s Problem Gambling Institute of Ontario develops and distributes resources for people affected by problem gambling, their families and for health professionals such as by providing a curriculum for teachers, a series of information guides and the website www.ProblemGambling.ca.
In addition, there are Ontario problem gambling educational programs specifically targeting youth populations. The Responsible Gambling Council runs high-school drama tours and interactive on-campus and online programs for university and college students.\textsuperscript{78} The YMCA offers free services across Ontario focusing on knowledge-building, community involvement and youth engagement around problem gambling for youth and students starting as young as age 8 and through to 24 years.\textsuperscript{80} Their work consists of curriculum support, harm reduction presentations and activities led by youth outreach workers, as well as workshops for parents, teachers and health care professionals.

Research: There is also a variety of research on problem gambling being conducted in Ontario. The Ontario Problem Gambling Research Centre acts as a funding body to increase capacity in Ontario to conduct research on problem gambling and disseminate research findings.\textsuperscript{81} In addition, CAMH's Problem Gambling Institute of Ontario collaborates with other researchers at CAMH, across Canada and internationally to influence policy, prevention and treatment activities. Finally, the Responsible Gambling Council's Centre for the Advancement of Best Practices is working to identify best practices that reduce the incidence of problem gambling.\textsuperscript{82} Currently they provide access to published research and commissioned projects, and are working toward published independent standards for responsible gambling initiatives.

Treatment: Treatment services for problem gambling are available in Toronto and across Ontario. The Problem Gambling Institute of Ontario at CAMH provides individual and group counselling for those affected by problem gambling and their families.\textsuperscript{83} In addition, the Ontario Problem Gambling Treatment Providers, agencies funded by the Ministry of Health and Long-Term Care, provide several treatment options and modalities such as group counselling, individual counselling, telephone counselling and home visits. Some services are directed at special populations such as women, seniors, youth and ethnocultural populations (e.g. COSTI Immigrant Services and the Chinese Family Services of Ontario).\textsuperscript{76}

The Ontario Problem Gambling Helpline, funded by the Government of Ontario, provides a toll-free 24/7 province-wide helpline for those affected by problem gambling and their family and friends, service providers and the general public.\textsuperscript{85} It links individuals with problem gambling treatment resources, provides listening and support, information about treatment, credit and debt services, family services, self-help groups and other resources.

On-site programs and policies: OLG launched a Responsible Gaming Code of Conduct in 2005. This is a corporate commitment to information, education and creating a responsible gaming environment.\textsuperscript{84} OLG introduced Responsible Gaming Resource Centres at all gaming sites in Ontario, which are independently operated by the Responsible Gambling Council. OLG has also collaborated with the Problem Gambling Institute of Ontario at CAMH to implement Responsible Gaming Training programs that provide specialized training and support for all managers at OLG. With respect to environmental features, OLG has introduced clocks on the gaming floor at each OLG gaming site in Ontario, as a measure to help with responsible gambling practices. It has traditionally been common for casinos to not have clocks on casino floors, which makes it more difficult for gamblers to track the time they are spending participating in gambling activities.

OLG offers voluntary self-exclusion in collaboration with CAMH.\textsuperscript{85} OLG's self-exclusion program began at Casino Windsor in 1995, followed by Casino Rama and Casino Niagara in 1996 and 1997, respectively. In 1999, the self-exclusion program was revised and extended to apply to all OLG gaming sites, as remains the policy today. OLG's current self-exclusion practices include detecting self-excluders through face recognition at casino entry, removing self-excluders' names from the corporation's marketing database, and connecting individuals with available treatment providers.
Other policy initiatives undertaken by OLG include refraining from extending credit at casinos, and introducing and implementing a fatigue impairment policy, which trains gaming staff to assess patrons for signs of fatigue, and respond according to escalation procedures. OLG staff will also direct patrons who are seeking help to appropriate counselling services.

Utilization of Intervention Resources and Services

Research reveals that only a minority of problem gamblers seek or receive treatment. In Ontario, it is estimated that only 1% to 2% of people meeting criteria for problem gambling are seeking help from specialized treatment programs per year. Analyses of who is seeking help in Ontario reveal an association with age and education. Problem gamblers who seek treatment services are more likely to have some post-secondary education, and the age distribution is bell-shaped, with the largest percentage of treatment-seekers falling within the age category of 35 to 44 years. These results suggest that the characteristics associated with problem gambling (as outlined in section 2.2 of this report) are very different from the characteristics associated with treatment-seeking. This may mean that those most vulnerable to the negative impacts of problem gambling may not be accessing help.

Research has examined factors that contribute to reluctance to seek help for problem gambling. In a review of those who hesitate to seek help, adult gamblers in Ontario most often mentioned obstacles having to do with shame and stigma and with difficulty acknowledging the problem or its seriousness. Another study suggested the role of proximity in treatment-seeking, where problem gamblers living in close proximity to a gambling venue were less likely to be in treatment if the nearest treatment program was comparatively far away. To increase utilization of problem gambling treatment services, treatment providers and funders will need to determine how to reduce barriers such as stigma, cost and geographic distance.

There is a need for further study of help-seeking patterns of problem gamblers, including examination of the role of general health and social services on problem gambling. Given the co-occurrence of problem gambling with other mental health and substance use problems, it is perhaps unsurprising that some problem gamblers seek intervention or treatment through more generic health professionals and non-specialists (e.g. family physicians, general practice psychiatrists, psychotherapists, community mental health programs, family counselling, credit counselling). Few studies have addressed the prevalence of treating problem gambling in health care settings or studied the knowledge of providers in diagnosis and intervention in this area.

Intervention Effectiveness

Evidence is limited on the effectiveness of problem gambling interventions. While there has been some improvement in the evidence base, specifically around individual treatment programs, evaluation of interventions for problem gambling remains an area in need of further examination. To date, there have been few system-wide studies of problem gambling screening, assessment and treatment. Without this research, it is difficult to determine overall effectiveness of problem gambling interventions in Ontario.

A critical analysis of the effectiveness of problem gambling intervention in Ontario is needed to gain a better understanding of opportunities and challenges, and to identify evidence-based best practices. This could be achieved by more rigorous evaluation of current prevention and treatment services and research into gambling harm. It is critical that the Ontario government prioritize further independent research and evaluation, particularly involving population-level and longitudinal research. The research must be conducted under the surface of the overall prevalence rate, to regular, systematic and adequately funded assessments of the health, social and economic impacts of gambling, and measurement of the costs on
individuals, families, treatment agencies, social services, the community and the health care system over time. This type of research would provide the data from which to monitor and evaluate overall intervention effectiveness, as well as to assess the potential over- or under- representation of particular groups (e.g. women, specific ethno-cultural groups, and youth) compared to the epidemiology of problem gambling in the community.

A shift in priorities may be required to move the current emphasis from treatment toward primary prevention, including research, education, public awareness and policy initiatives.
5. Conclusions

In this report, we have reviewed evidence on the health impacts of increased access to gambling through a casino. Though the consideration of a casino comes in the context of increasing access to gambling overall, this report concentrates on casino gambling and does not examine other gambling activities in detail, such as online gambling, lotteries, and so forth. Where information on casinos is not available, literature dealing with gambling in general has been utilized. This report drew upon data from Toronto and Ontario when possible, though some of the literature reviewed consisted of data from other jurisdictions in Canada and internationally.

Toronto is a large urban setting where there is already some access to casino gambling. The introduction of a casino in the City of Toronto will increase gambling opportunities for its residents in a meaningful way. Hosting a casino in Toronto is anticipated to increase the frequency and severity of problem gambling in the city, which can produce negative health impacts on individuals, families and communities. As this report has outlined, many individuals in Toronto and Ontario gamble, and most do so without causing problems for themselves or others. There are, however, upwards of 11,000 people aged 18+ in the GTA who are serious problem gamblers, for whom gambling behaviour results in negative consequences. This report took a public health approach and examined the potential health and social impacts of problem gambling for individuals, families and communities.

Evidence supports the notion that availability and accessibility of casinos is a factor contributing to problem gambling prevalence. Given the possibility of a casino being located in Toronto or a neighbouring jurisdiction, it is important to consider the impact of proximity. Research from jurisdictions in Canada, the United States and New Zealand have found that proximity of gambling venues is positively associated with both gambling behaviour and problem gambling, leading us to predict that a casino located anywhere in the GTA will likely increase problem gambling and associated health risks for Toronto residents. Furthermore, this relationship has been found for residents who live up to 50 miles (about 80 km) away from casinos, thus raising the concern that a casino outside Toronto but still within the GTA (e.g. Mississauga, Markham) may result in adverse health impacts in Toronto, with greater impacts on closer communities.

As reviewed in this report, the evidence about the public health risks associated with problem gambling is fairly strong. Potential impacts of problem gambling include effects on physical health and mental health, including ill health, fatigue, co-related substance use and addiction, depression and suicide among others. These impacts occur alongside others such as alcohol-related traffic fatalities, financial difficulties, family breakdown, divorce and compromised child development that also affect the health and well-being of family, friends, colleagues and communities and are relevant to public health. Furthermore, given the role of sociodemographic characteristics and the local environment on the rates and effects of problem gambling, there is good reason to be concerned that certain groups may be particularly vulnerable to the negative impacts of a casino. These harms can be experienced by a sizable portion of people and to different degrees.

This report was limited in scope to the potential impact of gambling expansion on problem gambling. Employment, economic development, crime, motor vehicle traffic, and other community impacts were outside the scope of this report, though these factors affect the health and well-being of individuals, families and communities. These impacts could be positive or negative. For example, increased net income and employment could benefit health, whereas increased motor vehicle traffic could increase injuries and air pollution related illness.
There are policy implications for the City of Toronto of a new casino anywhere in the GTA. In order to protect and promote the health of all who live in the City, discussion of the anticipated negative health impacts of establishing a new casino in Toronto must adequately inform decision-making.

The anticipated adverse health impacts of gambling should be factored into decision-making. A health-based approach would refrain from increasing local gambling opportunities altogether. However, in the context of gambling expansion, strategies such as limiting accessibility, availability, harmful gambling modalities and concurrent risk factors should be strongly considered in an attempt to minimize the harms of problem gambling. A public health approach calls for a broad range of strategies and policies that prevent or mitigate gambling-related harm, promote healthy choices, and protect vulnerable or high-risk populations. Toronto Public Health has

While there currently exists a wide array of problem gambling intervention initiatives in Ontario and other jurisdictions, there is limited evidence on what is working and not working, particularly with respect to population-level factors or long-term impacts. As a result, we do not have sufficient evidence to be confident in our ability to protect at-risk and vulnerable groups, nor in our ability to achieve meaningful behavior change with problem gamblers.

Initiatives such as the CAMH’s (2011) Gambling Policy Frameworks are providing a model for Ontario’s approach to gambling, but more research and policy work is needed to adequately understand how best to prevent and mitigate the health and social impacts of problem gambling.

The Toronto Public Health Position Statement on Gambling and Health was developed to reflect key findings of this Technical Report and to provide clear policy recommendations. The Position Statement highlights the impacts of problem gambling and of gambling expansion. The recommendations proposed provide casino site specific options and address gaps in research, prevention and treatment. The Position Statement should be used as a tool in policy development and evidence-based decision making.
References Cited


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69 Problem Gambling Institute of Ontario (2012). Resources for professionals. Available at: [http://www.problemgambling.ca/NR/ResourcesForProfessionals/Pages/default.aspx](http://www.problemgambling.ca/NR/ResourcesForProfessionals/Pages/default.aspx)


75 Canadian Gaming Association (2011). Available at: [http://www.canadiangaming.ca](http://www.canadiangaming.ca)
76 Problem Gambling Institute of Ontario (no date). Problem gambling treatment agencies. Available at: http://www.problemgambling.ca/EN/WebSiteLinks/Pages/OntarioProblemGamblingTreatmentServices.aspx
77 Ontario Lottery and Gaming Corporation (2012). Responsible gaming: It pays to know. Available at: http://www.olg.ca/about/responsible_gaming/index.jsp
78 Responsible Gambling Council (no date). Safer play. Available at: http://www.responsiblegambling.org/safer-play
81 Ontario Problem Gambling Research Centre (2012). Available at: http://www.gamblingresearch.org/
82 Responsible Gambling Council (2012). RGC Centre for the Advancement of Best Practices. Available at: http://www.responsiblegambling.org/rg-news-research/rec-centre
Appendix A: Search Strategy

The first step in this goal involved identifying all studies reporting on the social/health impacts of casino gambling from both the academic and non-academic 'grey' literature. The following keywords and subject terms were used in various combinations to locate resources for this review of the literature: gambling / gaming / gambler* / casino* / effect* / impact* / socioeconomic / social impact / health impact / health

Search dates: 2011-present
English only

Searches were performed in the following academic databases:
Gale databases: Academic OneFile, Expanded Academic ASAP, General Business File ASAP, General OneFile, Psychology Collection
EBSCO databases: Academic Search Premier, General Science Abstracts, Psychology and Behavioural Sciences Collection, Social Sciences Abstracts, SocINDEX
OVID database: Embase, Medline
Proquest databases: Applied Social Science Index and Abstracts, ERIC, PsycAbstracts, PsycInfo, Sociological Abstracts
PubMed

Searches were performed using the following online search tools and repositories:
CAMH Research Database
Centers for Disease Control and Prevention (CDC)
Google Scholar
Responsible Gambling Council Online Library
University of Toronto Library Catalogue

The second step involved identifying all studies reporting on intervention options and effectiveness related to casino gambling. The following keywords and subject terms were used in various combinations to located resources for this review of the literature: gambling / gaming / gambler* / casino* / intervention* / prevention* / treatment

Search dates: 2009-present
English only

Searches were performed in the following academic databases:
Gale databases: Academic OneFile, Expanded Academic ASAP, General Business File ASAP, General OneFile, Psychology Collection
EBSCO databases: Academic Search Premier, Cochrane Database of Systematic Reviews, Psychology and Behavioural Sciences Collection, Medline, SociINDEX
OVID databases: Embase
Sociological Abstracts
Appendix B: Data Notes

Methodological details regarding the CCHS (Statistics Canada, 2011) and CGPI (Ferris and Wynne, 2001) have been published elsewhere.

The CCHS analysis was based on weighted data. Respondents under 18 years of age were excluded from the analysis. In an approved CCHS modification, respondents were not asked the PGSI if they classified themselves as a non-gambler or reported gambling at most 1 to 5 times in the past 12 months for each of the 13 gambling activities measured. Questions pertaining to duration of involvement were not included in the CCHS. These estimates may under-estimate the true prevalence of problem gambling in Ontario. It has been suggested that CCHS data produces lower prevalence rates of problem gambling compared to other provincial studies due to a lack of anonymity. Unlike other provincial surveys, the CCHS collects respondent name and date of birth at the beginning of the interview (Williams, Volberg and Stevens, 2012).

Significant differences were estimated using overlapping confidence intervals. Although this method is conservative ($a < 0.01$) and most appropriate when comparing mutually exclusive groups, it was chosen as an objective way of making conclusions on survey data. Also note that the multiple comparisons performed in the analysis were not taken into consideration when choosing the level of significance to test.

Where a respondent did not respond to a survey question relevant to the analysis presented, they were excluded from both the numerator and the denominator.

'Refusal', 'Not Stated', and 'Don't Know' responses were excluded from analysis if they constituted less than 5% of the total responses; otherwise, they were reported separately.

Limitations

Estimates for Problem gamblers using CCHS in this report were based on sample sizes. In some cases, this has contributed to wide confidence intervals. These estimates should be interpreted with caution. The Statistics Canada sampling variability guidelines were followed.

Low-risk and moderate-risk gamblers were combined due to small sample sizes. A validation study recently undertaken by Currie, Hodgins and Casey (2012) found that non-problem and problem gamblers were distinct subgroups; however, when profiled, low-risk and moderate-risk gamblers were similar on a number of dimensions and did not comprise meaningfully distinct groups. Currie et al (2012) suggested two methods to improve the validity of these groups: (1) combine the low-risk and moderate-risk groups or (2) revise the scoring system to classify low-risk gamblers (1 to 4) and moderate-risk (5 to 7). The latter is the preferred approach and is promoted by the Canadian Consortium for Gambling Research. Due to small sample sizes, we used the first approach to address the validity concern. A limitation of this approach is that it may be too inclusive (Currie et al, 2012).

Some items were part of the PGSI and used to classify type of gambler. Given this, we would anticipate significant differences between gambler types; however, these differences are still meaningful and illustrate the level of differentiation in behaviour between problem gamblers and lower risk gamblers.
Self-reported data from surveys have a number of limitations: (1) People do not always remember their behaviours, and/or may under- or over-report behaviours or characteristics based on perceived social desirability; (2) People living on Indian Reserves or Crown Lands, in institutions, members of the Canadian Forces and residents in specific remote regions were excluded from the CCHS sampling frame (Statistics Canada, 2011); and (3) People of low income, people with low levels of education and new immigrants are under-represented. Further, individuals with gambling concerns may be harder to contact and less likely to respond to a health survey over the telephone.

Telephone surveys have been found to underestimate the true prevalence of gambling. After weighting for age and sex, Williams & Volberg (2012) reported that the rates of problem gambling were 1.44 times higher in face to face surveys compared to telephone surveys; however, the underestimation rate is influenced by response rates. The higher the response rate, the lower the underestimation of problem gambling rates. The response rate for the 2007/08 cycle of the CCHS in Ontario was 73.6%.

References


Appendix C

Table 4: Health Impacts Reported "At least Sometimes" in the Past 12 Months by Type of Gambler, Aged 18+, Ontario, 2007/08

<table>
<thead>
<tr>
<th>In the past 12 months...</th>
<th>Type of Gambler¹</th>
<th>95% CIs²</th>
<th>Type of Gambler¹</th>
<th>95% CIs²</th>
<th>Type of Gambler¹</th>
<th>95% CIs²</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reported Health -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent or Very Good</td>
<td>60.8% (59.4, 61.7)</td>
<td></td>
<td>49.5% (L) (44.9, 54.0)</td>
<td></td>
<td>33.2% (L) (21.7, 47.2)</td>
<td></td>
</tr>
<tr>
<td>Gambling caused health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>problems, including stress or anxiety x</td>
<td>0.0%</td>
<td>--</td>
<td>11.1% (8.4, 14.4)</td>
<td></td>
<td>77.3% (57.8, 89.5)</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-reported Mental Health - Excellent or Very Good</td>
<td>76.1% (75.1, 77.1)</td>
<td></td>
<td>68.6% (L) (64.4, 72.5)</td>
<td></td>
<td>35.0% (L) (23.1, 49.2)</td>
<td></td>
</tr>
<tr>
<td>Gambled to forget problems or feel better when depressed</td>
<td>1.0% (0.7, 1.4)</td>
<td></td>
<td>15.1% (H) (11.8, 19.1)</td>
<td></td>
<td>72.4% (H) (58.8, 82.7)</td>
<td></td>
</tr>
<tr>
<td>Ever considered suicide or taking your own life</td>
<td>8.2% (7.6, 8.9)</td>
<td></td>
<td>12.8% (H) (10.0, 16.3)</td>
<td></td>
<td>32.1% (H) (20.8, 46.0)</td>
<td></td>
</tr>
<tr>
<td>Co-dependencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used alcohol or drugs while gambling</td>
<td>±</td>
<td>--</td>
<td>27.9% (19.9, 37.7)</td>
<td></td>
<td>33.4% (21.1, 48.5)</td>
<td></td>
</tr>
<tr>
<td>Family Impacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gambling caused financial problems for you or your family x</td>
<td>0.0%</td>
<td>--</td>
<td>8.7% (4.5, 9.9)</td>
<td></td>
<td>75.2% (61.0, 85.5)</td>
<td></td>
</tr>
</tbody>
</table>

Notes: (1) Gambling classifications are based on a modified version of the nine-item Problem Gambling Severity Index (PGSI), part of the Canadian Problem Gambling Index (CPGI). (2) 95% Confidence intervals are used on response estimates, which means the estimate is within the range 19 times out of 20. (3) "At least sometimes" is an aggregate of almost always, most of the time and sometimes in the past 12 months. ± Question only asked of moderate to problem gamblers. E – Moderately high sampling variability; interpret with caution. F – Very high sampling variability and/or sample size less than 10; data suppressed. H – Significantly higher than non-problem gamblers. L – Significantly lower than non-problem gamblers. Low-risk and Moderate-risk gamblers were combined due to small sample sizes. *This item is part of the PGSI and was used to classify types of gambler. Given this, we would anticipate significant differences between gambler types; however, these differences are still meaningful and illustrate the level of differentiation in behaviour between problem gamblers and lower risk gamblers.

Date Source: Canadian Community Health Survey, 2007/08. Statistics Canada, Share File, Knowledge Management and Reporting Branch, Ontario Ministry of Health and Long-Term Care.

Prepared by: Toronto Public Health

Health Impacts of Gambling | Toronto Public Health

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Appendix D: Ontario Organizations Addressing Problem Gambling

Centre for Addiction and Mental Health

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues. CAMH and the PGIO receive funding from a wide range of funders including: Canadian Institutes of Health Research, CAMH donors and the CAMH Foundation, U.S. National Institutes of Health, Health Canada, the Ontario Ministry of Health and Long-Term Care, Canada Foundation for Innovation, the Ontario Ministry of Economic Development and Innovation, and the Public Health Agency of Canada.

Problem Gambling Institute of Ontario (PGIO) at the Centre for Addiction and Mental Health brings treatment professionals and leading researchers together with experts in communicating and sharing knowledge. The PGIO serves as a hub resource by offering CAMH's diverse expertise in mental health and addiction. The focus is on collaboratively developing, modelling and sharing evidence-based solutions to gambling related problems, within Ontario and around the world. (See above for funding sources for CAMH's PGIO.)

Responsible Gambling Council

The Responsible Gambling Council (RGC) is an independent non-profit organization dedicated to problem gambling prevention. RGC creates and delivers awareness and information programs for specific age groups and communities, including adults, parents, youth and young adults, older adults, new Canadians and the aboriginal community. It also promotes the adoption of improved play safeguards through best practices research, standards development and the RG Check accreditation program. The Responsible Gambling Council receives funding for the delivery of its programs, projects and research across Canada. The Ontario government commits two per cent of annual slot revenue from charity casinos and racetracks to the Ministry of Health and Long-Term Care for the research, prevention and treatment of problem gambling. RGC's base funding for the Youth Performances, Know the Score and NewsCan in Ontario, along with funding for Problem Gambling Prevention Week and social marketing campaigns, is provided by the Ontario Ministry of Health and Long-Term Care. Funding for the independent operations of the Responsible Gaming Resource Centres is provided by Ontario Lottery and Gaming Corporation. RGC undertakes programs, research and evaluations for other entities across all jurisdictions in Canada, funded on a project basis.

Ontario Problem Gambling Research Centre

Ontario Problem Gambling Research Centre (OPGRC) was created by the Ontario government in 2000, as part of its strategy to prevent and reduce harm from gambling. OPGRC operates at arm's length, with its own charter and Board of Directors. With a four million dollar annual budget funded through the Ministry of Health and Long-Term Care, OPGRC has a provincial mandate to build research capacity, fund research and disseminate findings.
Ontario Problem Gambling Helpline
The Ontario Problem Gambling Helpline opened in 1997 as a province-wide information and referral service designed to ensure that all communities in Ontario have free, confidential and anonymous access to information about and referral to problem-gambling treatment resources.

It is sponsored by and integrated within the Ontario Drug and Alcohol Registry of Treatment (DART) and utilizes DART’S telephone infrastructure, computer system, call centre workstations and staff. It operates from DART's offices in London, Ontario. DART is a not-for-profit agency governed by a Board of Directors.

Ontario Lottery and Gaming (OLG)’s Responsible Gaming Resource Centres
Responsible Gaming Resource Centres have expanded from two locations to all 27 locations in OLG casino and slots venues across Ontario. The centres provide patrons with information about safer gambling practices, assistance and referrals for help, if necessary. The centres are operated and staffed by independent problem gambling prevention specialists from the Responsible Gambling Council, a non-profit organization specializing in prevention strategies. Information provided to the RGRC staff is confidential. OLG provides free space in the venue and funds operating costs.

YMCA Youth Gambling Program (YMCA)
The YMCA is a charitable organization offering personal growth through participation and service to the community. It has developed a program, the Youth Gambling Program (YGP), that is designed to implement prevention and educational strategies for problem gambling among youth in selected communities across Ontario.
Proposed expansion of gambling opportunities is a topic of concern in many communities. This Q&A is intended to inform and stimulate discussion about gambling expansion and its associated public health concerns.

1. What are OLG's plans for expansion?
   - Two key areas of change are to: "expand regulated private sector delivery of lottery and gaming" and "renew OLG's role in oversight of lottery and gaming."
   - In the six year period between now and 2017-18 OLG hopes to generate $4.6 billion in additional net revenue.
   - By 2017 they hope to have increased the yearly "net profit" by $1.3 billion.
   - According to a March 2012 briefing with OLG senior management, OLG wants to decrease the average age of their gambling customers by two years by 2017, and increase the percentage of Ontario residents who gamble from 70% (2011) to 75% by 2017.
   - They also will be: (a) launching internet gambling; (b) expanding charitable gaming, including offering paper and electronic games at all bingo halls; (c) expanding lottery sales to multi-lane retailers, including grocery and big box stores; (d) discontinuing subsidization of the horseracing industry; (e) closing some racetracks slots and; (f) enabling private-sector gambling companies to operate a single gaming facility.

For more information visit:
Modernizing Lottery and Gaming in Ontario, Strategic Business Review / Advice to Government
OLG Report Says Modernize Lottery and Gaming

2. What is the current rate of problem gambling in Ontario?
   - 3% of students (grades 7-12) have a gambling problem
   - 1.2% to 3.4% of adults have moderate or severe problems with gambling

For more information, visit:
Ontario Youth Gambling Report: Data from the 2009 Ontario Student Drug Use and Health Survey
Gambling and Problem Gambling in Ontario 2005

3. What are some of the risk factors for developing a gambling problem?
   - Risk factors include accessibility to gambling venues, being a young male, non-white ethnic origin, low socioeconomic status, divorced or separated, and/or experiencing an early win. As well, it is very common for those with gambling problems to have other issues such as substance use disorders and depression.

For more information visit:
Gambling Disorders

4. An observation is sometimes made that there will always be those who develop gambling problems as a result of pre-existing disorders, and that increasing access to gambling opportunities has no significant impact on problem gambling prevalence. Is that true?
   - No, having mental health and/or addiction issues other than problem gambling doesn’t guarantee that a person will develop a gambling problem. A person who is vulnerable will likely not develop a problem unless exposed to some form of gambling (e.g., a casino).

For more information visit:
The Effect of Gambling and its Role in Problem Gambling
The Social Impact of Casinos: Literature Review and Cost Estimates

November 2012
5. What do we know about suicide among people with gambling problems?
   - Based on a review of previously published studies, on average, 37.9% of the problem gamblers reported suicidal thoughts and on average 20.5% reported attempting suicide. Although these figures are rough estimates that don’t take into account different sample sizes or research designs, suicide among problem gamblers is still a serious concern.
   - Among Ontario students (grades 7-12) with gambling problems, 25% reported a suicide attempt in the past year of a survey and were about 18 times more likely to report a suicide attempt than other students.

For more information visit:
- Review of Problem Gambling and Co-morbid Disorders and Behaviours
- Ontario Youth Gambling Report: Data from the 2009 Ontario Student Drug Use and Health Survey

6. What are some of the negative impacts of problem gambling on the family/significant others?
   - Impacts include divorce, domestic abuse, financial instability, child abuse and neglect, anxiety, substance abuse, family dysfunction and negative psychological development among children.

For more information visit:
- The Effects of Pathological Gambling on Families, Marriages and Children

7. What percentage of gaming revenue is derived from problem gamblers?
   - 36% of Ontario gambling revenue is derived from people with moderate and severe gambling problems

For more information visit:
- The Proportion of Gaming Revenue Derived from Problem Gambling

8. What are the impacts of gambling expansion on problem gambling rates?
   - Studies confirm a relationship between proximity to a casino and rates of problem gambling. For example, when Casino Niagara Falls opened, the rates of gambling-related problems increased in the surrounding area in the year after the opening, significantly more than in the province overall.
   - There is also research that points to lowered frequencies of gambling problems after removing gambling opportunities. For example, in a Norway study on gambling participation, gambling frequencies and gambling problems were reduced after a ban on electronic gaming machines.

For more information visit:
- The Social and Economic Impacts of Gambling
- Community Effects of the Opening of the Niagara Casino
- Gambling Behaviour and the Prevalence of Gambling Problems in Adult EGM Gamblers when EGMs are Banned. A Natural Experiment

9. Are there certain cultural groups that are more vulnerable than others to problem gambling?
   - Aboriginals are more at risk for problem gambling and other addictions due to a number of historical and social factors.
   - According to a literature review, problem gambling rates among Chinese communities range from 2.5%-4.0%

For more information visit:
- Problem Gambling in Canada
- Gambling Among the Chinese: A Comprehensive Review

10. What do we know about the financial implications of problem gambling?
    - Bankruptcies have been studied more than any other aspect of problem gambling. The large majority of studies find that bankruptcy rates increase following the introduction of casinos.

For more information visit:
- The Social and Economic Impacts of Gambling
11. What do we know about the relationship between problem gambling and crime?
   - Youth and adult problem gamblers are more likely to commit crimes than non-problem gamblers.
   - In a study of Ontario students grades 7-12, problem gamblers were much more likely than non-problem gamblers to engage in assault, carry a weapon, gang fight and carry a handgun.
   - In a study of Ontario correctional facility offenders, the prevalence rate of problem gambling during incarceration was 4.4%, which is significantly higher than the general public. Almost 50% of the severe problem gamblers and ¼ of the moderate problem gamblers reported “being caught in a cycle of gambling, debt and crime.”

   For more Information visit:
   Ontario Youth Gambling Report: Data from the 2009 Ontario Student Drug Use and Health Survey
   Problem Gambling Inside and Out: The Assessment of Community and Institutional Problem Gambling in the Canadian Correctional System

12. What is the impact of a new casino on the local economy (i.e. new jobs)?
   - “Benefits to gambling venues, gambling related businesses, or any geographic area usually occur at the expense of other geographic areas and/or business sectors.”
   - The fact that gambling expansion comes with public health consequences, namely problem gambling, and its associated problems (i.e. bankruptcy, divorce, suicide) should be the focus of attention vs. any economic advantages. The public health of Ontarians should take priority over revenue generation.

   For more Information visit:
   The Social and Economic Impacts of Gambling

13. Is it true that large numbers of people leave the province to gamble because they don’t have easy access to a gambling facility close to home?
   - No, this is not true. The majority of casino patrons are going to be locals rather than from out of the province. For example, in Alberta, most casino revenue comes from people who live in close proximity to the venue, with this contribution being higher the closer the proximity. Out of province visitors represent a tiny fraction of Alberta casino patronage and revenue.
   - According to Garry Smith, University of Alberta professor and gaming research specialist for the Alberta Gaming Research Institute “It is generally the case around the world with only a few exceptions (Nevada, Macau, and Monte Carlo) that most casino patrons come from the local area.”

   For more Information visit:
   Gambling In Alberta: History, Current Status, and Socioeconomic Impacts, Edmonton, AB

14. How much money is spent each year on gambling advertising compared to the amount spent on treatment, education, prevention and research?
   - In Ontario, gambling advertising and promotion is funded at six times the rate of treatment, education, prevention and research. In 2010-11 the Ontario Government allocated $52.1 million toward treatment, education, prevention and research, while in the year ending March 31st, 2011, over $300 million was spent on marketing/promotion.

   For more Information visit:
   Where the Money Goes, OLG Gives Back
   OLG Annual Report 2010-2011
15. Bingo halls will be acquiring new electronic machines which will operate similarly to slot machines. What are the concerns around this?
   - Fast and addictive machine gambling will be located in bingo halls, in neighborhoods which have not had it previously.
   - According to Kevin Harrigan, Research Associate Professor and Head of the Gambling Research Team at the University of Waterloo, “the structural characteristics of the new electronic Play on Demand (POD) games in Ontario bingo halls are similar to the structural characteristics of slot machines in that players can play every few seconds and many of the ‘wins’ are net losses such as wagering $4.00 on Lucky Clover bingo and ‘winning’ $1.00. Given their fast speed of play that is similar to slots, research needs to be conducted to determine the addictiveness of these games.”

16. Lottery expansion is part of the modernization process. What are the concerns around this?
   - OLG plans to make lottery ticket purchases available online when they introduce internet gambling. This is of concern among youth who are susceptible to advertising.
   - As well, given that gambling has social and health effects, any type of gambling expansion is of concern.

For more information visit:
- OLG Website: The Launch of Internet Gambling
- Impact on Gambling Advertisement and Marketing on Children and Adolescents: Policy Recommendations to Minimize Harm

17. Internet gambling will soon be regulated in Ontario. Are there certain populations that may have a problem with this?
   - Youth internet gamblers are significantly more likely than non-Internet gamblers to be problem gamblers.
   - Internet gambling has many risks, including anonymity, 24/7 access, the lack of protective safeguards, fast paced play and a format which will be colourful and exciting, particularly for tech-savvy youth.

For more information visit:
- Internet Gambling Amongst Adolescents: A Growing Concern
- Internet Gambling among Youth: Cause for Concern

18. What are some key public health messages that are important to communicate?
   - CAMH strongly asserts that Ontario’s policy toward gambling should put priority on the public health of citizens over revenue generation. A few of our recommendations include:
     - Avoid exposure to high-risk gambling environments and modalities
     - Inform those who choose to gamble of the odds of winning, and of the potential consequences and risks

For more information visit:
- Gambling Policy Framework
- Public Policy Gambling Documents from CAMH

19. If I want to express my thoughts or concerns about new gambling opportunities coming to my community, what can I do?
   - Call your City Councillor, Mayor, MPP, Premier and/or leads of provincial opposition parties
   - Set up meeting in person or draft letters stating concerns
   - Write a letter to the editor, or an article, for a local newspaper/magazine (online and/or print)
Gambling Policy Framework

August 2, 2011
Background and purpose

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in this area. CAMH combines clinical care, research, education, policy development, and health promotion to transform the lives of people affected by mental health and addiction issues. CAMH's Problem Gambling Institute of Ontario (PGIO) brings treatment professionals and leading researchers together with experts in communicating and sharing knowledge. Its focus is on collaboratively developing, modeling, and sharing evidence-based solutions to gambling-related problems within Ontario and around the world.

The purpose of this framework document is to:

- Facilitate CAMH / PGIO responses to emerging gambling policy-related issues with all levels of government;
- Provide a model for the development and implementation of gambling policies that most effectively address the health and social harms that often accompany gambling;
- Signal to the community CAMH's perspective on gambling policy;
- Encourage a convergence of research and practice within CAMH on gambling policy issues.
Why problem gambling is important

Government-operated gambling has steadily expanded in Ontario in the past two decades, with revenues reaching $4.7 billion in 2009 (CPRG, 2010). Many individuals in Ontario gamble, and most do so without causing harm to themselves or others. However, about 3.4% of Ontarians exhibit evidence of a gambling problem, and the resulting individual and social costs are significant (Wiebe et al., 2006). Gambling is like alcohol in this respect: many make healthy use of it, but excessive consumption may have undesirable consequences (Marshall, 2009). For these individuals, a range of harms may occur, resulting in heavy social, economic, and health costs such as crime, dysfunctional relationships, and bankruptcy.

The revenues derived from government-operated gambling serve a valuable function to the extent that they fund health, education, and other programs in the province. However, in Ontario as elsewhere, the emergence of problem gambling in the past two decades appears to be linked to the decision by governments to increase the availability of gambling and promote it extensively (Korn, 2000; Williams, Rehm, and Stevens, 2011). That being so, it is important to note that the continued expansion of government-operated gambling in Ontario is likely to have a negative impact on some individuals and populations. It is the responsibility of both agencies of the government of Ontario – the regulator and the operator – to ensure that gambling-related harms are minimized.

In this context, a public health approach can be valuable (Korn and Shaffer, 1999). Insofar as it examines gambling not only in terms of its effects on the individual who gambles but also on his or her family and community, such an approach can help create and apply “healthy public policy” that seeks to prevent or mitigate gambling-related harm, promote healthy choices, and protect vulnerable or high-risk populations (Korn and Shaffer, 1999). Approaching the regulation and operation of gambling through this lens means that policy is informed first and foremost by considerations of public health as opposed to revenue.

What we know

Gambling is a common activity in Ontario; a majority of the population engages in at least one gambling activity in any given year. As outlined in the table below, just over 3% of the province’s population experiences moderate to severe gambling problems, with similar numbers for high school students and older adults. It is estimated that between 30% and 40% of Ontario’s gambling revenues come from the 3% of the population with gambling problems (Williams & Wood, 2004).
<table>
<thead>
<tr>
<th>Students, grades 7-12 (Cook et al., 2010)</th>
<th>Gambling prevalence (Percentage of individuals who report having engaged in at least one gambling activity in the past year)</th>
<th>Most common gambling activities among individuals who gamble</th>
<th>Problem gambling prevalence (Percentage of individuals who exhibit evidence of a gambling problem)</th>
<th>Most common gambling activities among individuals with gambling problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.6%</td>
<td>Card games and sports bets</td>
<td>2.8%</td>
<td>Card games and sports bets</td>
<td></td>
</tr>
</tbody>
</table>

| Adults (aged 18+) (Wiebe et al., 2006) | 63.3% | Lottery, raffle, and scratch tickets | 3.4% | Slot machines |

| Older adults (aged 65+) (Wiebe et al., 2004) | 73.5% | Lottery and raffle tickets; slot machines | 2.0% | Slot machines, scratch tickets |

Problem gambling is associated with mental health issues such as depression, anxiety, and suicide; it also affects family and marital relationships, work and academic performance, and can lead to bankruptcy and crime. Suicide is a critical concern. A recent study found that a quarter of Ontario student problems with gambling problems reported a suicide attempt in the past year – roughly 18 times higher than in the general student population (Cook et al., 2010). The risk of suicide is also high among older adults with gambling problems (Nower & Blaszczynski, 2008).

The risks and harms associated with problem gambling are not evenly spread throughout society. There is a range of individual- and population-level factors that may make a person more likely to develop gambling problems. At the individual level, these include (a) experiencing an early big win; (b) having mistaken beliefs about the odds of winning; (c) experiencing financial problems; and (d) having a history of mental health problems (CAMH, 2005). Across many jurisdictions, some sub-groups have been found to be at higher risk for developing gambling problems. There is no consensus on the question of which groups in Ontario are at greater risk, and more research in this area is needed.

In terms of environmental or population-level factors, available evidence suggests three main areas of risk:

- gambling availability,
- gambling modality,
- hours of operation.
Availability

Increases in gambling availability are associated with increases in problem gambling. There is international evidence that the number of people presenting for problem gambling treatment and the number of bankruptcies both rise following the opening of casinos (Williams, Rehm, and Stevens, 2011).

Modalities

Certain gambling modalities carry a higher risk that their users will develop gambling problems or that existing gambling problems will be exacerbated. Electronic gaming machines (EGMs), particularly slot machines and video lottery terminals, are known to be particularly problematic.¹ In 2010, more than 2,000 people sought problem gambling services through the Connex Ontario Helpline; of these callers, 65.4% reported problems with slot machines, 25.4% reported problems with card games, and 5.2% reported problems with lotteries (Connex Ontario, 2011). Of all gambling modalities, EGMs have the highest proportion of people with gambling problems among their users, and about 60% of slot machine revenue is derived from people with gambling problems (White et al., 2005; Monaghan & Blaszczynski, 2010; Harrigan, 2007; Williams & Wood, 2004). Fast speed of play, features that promote false beliefs (e.g. near misses and stop buttons), direct electronic fund transfers, and bill acceptors are among the features that are especially problematic (Blaszczynski et al; White et al., 2006; Collier, 2008).

Extended hours of operation

A disproportionate number of people with gambling problems play EGMs between midnight and closing, and many Ontario problem gambling treatment providers report that extended hours have negative impacts on clients, especially for those who have sleeping issues and for shift workers (PGIO, 2011). Driving while impaired or while extremely tired are two additional public health concerns related to extended hours of operation.

Since gambling in Ontario is operated and regulated by the provincial government, it is within the government’s power to intervene at the environmental level in order to minimize the harms associated with gambling expansion, EGMs, and extended hours.

¹ There is currently a moratorium on VLTs in Ontario.
Principles for an Ontario approach to gambling

Based on the evidence reviewed above and the belief that gambling should be regulated and operated with public health as its prime imperative, CAMH offers the following principles for an Ontario approach to gambling. For each principle, examples of action are given.

1.
Ontarians are not exposed to high-risk gambling environments and modalities.

Examples of action that results from this principle:
- Any planned expansion of gambling in Ontario must be preceded and informed by community consultation and public health-based risk assessment.
- Gambling modalities known to have a high potential for harm, such as EGMs, are controlled and their number limited, and the most problematic features are not permitted.
- Research to identify high-risk environments and modalities is funded.
- New gambling venues and modalities are rigorously evaluated, with an emphasis on social and health impacts.

2.
Ontarians have the right to abstain from gambling, and to establish limits on the extent of their participation.

Examples of action that results from this principle:
- Self-exclusion mechanisms are robust, comprehensive, accessible, and culturally competent, and their effectiveness is routinely evaluated.
- Patrons have the ability to pre-establish spending limits.
- Opportunities to gain access to cash or credit on-site are limited.
- Communities are consulted about the level and forms of gambling they feel are appropriate for them.
3. Those who choose to gamble are informed of the odds of winning, and of the potential consequences and risks.

Examples of action that results from this principle:

- Odds of winning are clearly posted at tables and on machines.
- Evidence-based awareness and prevention initiatives are supported and evaluated on a routine basis.

4. Ontarians whose lives are most affected by problem gambling have access to high-quality, culturally appropriate care.

Examples of actions that result from this principle:

- Ontarians have access to services across the province, both in person and online.
- Services are built around the needs of clients, including those with co-occurring disorders such as mental health and substance use problems.
- Multicultural, multilingual outreach and services are made available.
- Primary care clinicians are supported to provide screening and brief intervention services and are knowledgeable about other available resources/services.

5. Gambling legislation and regulation must establish a minimum duty of care.

Examples of action that results from this principle:

- Advertising of gambling does not promote false beliefs and is not directly or indirectly aimed at vulnerable populations.
- Government's mandate to regulate gambling in the public interest is defined to explicitly include the mitigation of health and safety risks.
- Gambling is defined in legislation as a public health issue.
- The social responsibility mandate of the regulator is broadened and its scope is clearly defined.
6. Government regulation and operation of gambling should have as its primary focus the protection of populations at greatest risk of developing gambling problems.

Examples of action that results from this principle:

- Strict controls on young people's access to gambling, and advertising directed toward young people are in place.

- Appropriate interventions are implemented for those clearly exhibiting evidence of dangerous patterns of gambling (e.g. extended length of session).

7. Government decisions on gambling are based on best evidence, and research on gambling is supported.

Examples of action that results from this principle:

- Policy and regulatory changes – and most importantly, any gambling expansion – are subject to rigorous and transparent evaluation on a routine basis.

- Government continues to provide support to gambling research, and implementation of research results toward clinical practice guidelines.

- Government decisions are informed by best evidence on both public benefits and costs of gambling to individuals, families, communities and society.

- A mandatory player card system is introduced and used to prevent and identify gambling problems as well as the proportion of gambling revenues derived from people with gambling problems.

Conclusion

The harms of problem gambling to individuals and the costs to society are enormous. An approach to gambling policy that privileges public health over revenues can mitigate these harms. The adoption of the principles outlined above would be consistent with the province's goal of ensuring that its gambling program is socially responsible, and we urge the Ontario government to consider them.
Bibliography


PGIO (2010). Focus group results from Ontario problem gambling treatment providers from across Ontario.


Gambling and Health

This Position Statement on the health impacts of gambling is issued in the context of overall gambling expansion in Ontario. Over the past two decades, gambling expansion has been identified as a significant public health issue in Canada and internationally due to its links to the prevalence of problem gambling and associated health impacts.

Problem gambling is defined as gambling behaviour which includes continuous or periodic loss of control over gambling; preoccupation with gambling and money with which to gamble; irrational thinking; and continuation of activity despite adverse consequences.\(^1\) Toronto Public Health uses the term problem gambling to describe a continuum of gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or for the community.

- **Problem gambling is an issue of significant public health concern.** Researchers who define problem gambling as including both moderate risk and the most severe form of problem gambling estimate that the prevalence of problem gambling in Ontario is between 1.2\(^{\%}\) and 3.4\(^{\%}\).\(^2,3\) Based on data collected through the 2007/08 Canadian Community Health Survey (CCHS), the most severe form of problem gambling directly affects an estimated 11,000 people aged 18+ (0.2\(^{\%}\)) in the Greater Toronto Area (GTA) and 25,000 (0.3\(^{\%}\)) in Ontario. In addition, there are approximately 129,000 people aged 18+ (2.8\(^{\%}\)) in the GTA and 294,000 people aged 18+ (3.0\(^{\%}\)) in Ontario who are considered at-risk gamblers, based on their gambling behaviour and likelihood of experiencing adverse consequences from gambling.\(^2\)

- **Problem gambling has adverse health impacts on individuals, families and communities.** Problem gambling is associated with a range of negative impacts on physical and mental health, including ill health, fatigue, co-related substance use and addiction, depression and suicide among others. These impacts occur alongside others such as alcohol-related traffic fatalities, financial difficulties, family breakdown, divorce and compromised child development that also affect the health and well-being of family, friends, colleagues and communities.\(^5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21\)

- **The impacts of problem gambling are not evenly distributed in the community.** Problem gambling affects some groups disproportionately, including males, youth, older adults, Aboriginal peoples, and individuals and families with low incomes, and therefore contributes to poverty and socioeconomic inequalities.\(^3,6,16,22,23,24\)

- **Increased availability and accessibility of gambling in the Greater Toronto Area (GTA), including new casinos or slot machines, will likely result in an increase in the prevalence of problem gambling in Toronto.** Availability and accessibility of gambling opportunities has a strong association with problem gambling. Proximity to a gambling venue is a determinant of problem gambling.\(^25,26\)
Casinos and other fixed gambling venues will have a greater effect on closer communities compared to those further away. All potential sites in the GTA have vulnerable populations nearby. While adverse health impacts have been found for residents who live up to 80 kilometres away from a casino, the location of gambling venues tends to concentrate the impacts in nearby communities.\textsuperscript{8, 22, 27}

Electronic gaming machines, such as slot machines, are the most addictive form of gambling. Certain gambling modalities carry a higher risk that their users will develop gambling problems or that existing gambling problems will be exacerbated. Evidence points to continuous forms of gambling, such as EGMs including slot machines and video lottery terminals (VLTs), as most harmful. (VLTs are not currently permitted in Ontario.) The high-risk nature of EGMs is theorized to be related to the fast speed of play and the promotion of small wins, false beliefs and dissociative states.\textsuperscript{7, 25}

Much remains unknown about how to successfully treat problem gambling and more must be done to ensure problem gamblers undergo treatment. There is currently insufficient evidence on how to effectively counter the negative health and social impacts of problem gambling. This is a result of low uptake of interventions, i.e. only a minority of problem gamblers (1-2\% per year) seek or receive treatment, as well as a lack of evidence on how to effectively treat problem gambling.\textsuperscript{5, 8, 28, 29, 30}

A broad range of strategies and policies that focus on prevention are needed to minimize the probability of problem gambling occurring and to reduce health impacts to problem gamblers and their families. Given the current evidence base on treatment effectiveness and low uptake of treatment, simply treating problem gambling will not adequately address the issue of problem gambling. A public health approach calls for prevention, research and awareness interventions, which focus on preventing exposure to gambling in order to minimize the probability of problem gambling from occurring. In the context of gambling expansion, a comprehensive program of harm mitigation measures should be put in place to minimize the risks associated with problem gambling.\textsuperscript{4, 7}

Any decision on whether to expand gambling access in Toronto must adequately weigh the potential negative health impacts.

To address the negative impacts on health, it is therefore recommended that all gambling should be regulated and operated so as to minimize health impacts by:

1. Limiting hours of casino operation: no 24-hour access to venues, closed at least 6 hours per day;
2. Restricting the number of electronic gaming machines (EGMs) and slowing down machine speed of play and features that promote false beliefs of the odds of winning;
3. Eliminating casino loyalty programs;
4. Prohibiting ATMs on the gambling floor;
5. Prohibiting casino credit and holding accounts;
6. Reducing maximum bet size;
7. Mandating a daily loss maximum;
8. Implementing strong casino self-exclusion programs, including a mandatory player card system;
9. Issuing monthly individual patron statements which include full membership medians and averages to compare against personal record of loss, frequency and duration of play.
10. Designating areas for alcohol purchase and not providing alcohol service on casino floors to reduce impaired judgement.

REFERENCES CITED

Background
The Centre In The Square (CITS) is a 2,047 seat performing arts venue which programmes over 180 arts and entertainment events throughout the year, profiling local, national and internationally-recognized musicians and performing artists. The Centre welcomes more than 190,000 visitors a year. The Main Hall is acknowledged as a technically state-of-the-art hall making it acoustically superior and widely regarded as one of the finest performance spaces in North America.

The Centre receives a $1.4M operating grant and $240K capital grant on a yearly basis. In addition, The Centre generates a further 80% of its income to cover annual operating and capital requirements. This revenue stems from The Centre’s capacity to present large-scale music, comedy, Broadway and performing arts productions. Revenue generated by The Centre, also supports (30%) the tenancy of the Kitchener-Waterloo Art Gallery within The Centre In The Square facility.

Issues
Any additional casino with an entertainment venue in Ontario will severely impact the sustainability of The Centre, regardless, if it is built in the KW region or otherwise.

1. CITS is already impacted by the presence of RAMA and Fallsview, which are well beyond 150 km distance from the venue.
   a. These casinos place exclusivity clauses that exclude The Centre (and other large size venues) from engaging major talent.
      i. This predominantly applies to headliners, such as ZZ Top, Diana Ross or Frampton’s Guitar Circus. Given the size of The Centre, headliners are a crucial part of reaching capacity, providing exceptional content for the region and meeting the larger financial implications, which requires these commercial shows to subsidize other activity in the Main Hall, such as KWS or other local arts organisations.
      ii. In some cases, acts may be shared between casinos and venues, such as Michael Bolton or Earth, Wind and Fire. However, the on sale and announcement terms are set by the casino, limiting the window for the venue to reach capacity and maximize revenue potential.
   b. Casinos can equally pay excessive fees to secure exclusive rights, increasing costs significantly for a not-for-profit venue to compete.
2. To bring a third casino into the local marketplace would have serious implications for the financial capacity of The Centre to sustain its activities, in terms of access to talent and the costs involved in operating a performing arts centre.
3. CITS relies on a local part-time workforce. There are already limitations to this workforce capacity within the local market. With a casino in the area, CITS will face challenges to pay competitive wages and retain talent to operate the facility.
4. Bringing a new casino in the area/region will either sky-rocket the level of subsidy the venue receives and/or the venue will simply lose its capacity to operate and close.
If a casino does come to KW or the area, it would be important for the local governments to consider the following terms for any new casino facility with a competing entertainment venue for CITS:

1. CITS could ticket all events for the new venue to generate revenue for the venue and act as a central portal of entertainment information for the region.
2. CITS could programme the facilities to coordinate calendars and content.
3. CITS could manage the back-of-house for both facilities, sharing resources and production expenses.