

1. THE PUBLIC HEALTH IMPACT OF CASINO GAMBLING

COMMITTEE RECOMMENDATIONS, AS AMENDED

**That Regional Council approve the following recommendations:**

1. **That this report be forwarded to the Minister of Health, the Minister of Consumer and Commercial Relations, and Management Board Secretariat;**
2. **That the Minister of Consumer and Commercial Relations increase the number of Alcohol and Gaming Commission inspectors in Ottawa-Carleton from four to six;**
3. **That the Management Board Secretariat amend the Alcohol, Gaming and Charity Funding Public Interest Act so that slot machines and video lottery terminals are only allowed in casinos and other controlled casino-like settings;**
4. **That the Ministry of Health undertake a public awareness and education strategy as an important first step in helping people understand and talk about the addictive nature of gambling and the potential consequences;**
5. **That the Ministry of Health permanently fund counseling positions and allocate additional financial resources for treatment and prevention as the availability of gambling increases;**
6. **That the Ministry of Health provide immediate funding for the second counselling position that has been previously allocated, and;**
7. **That the Health Department report back in six months on the success of these recommendations being implemented.**

DOCUMENTATION

1. Medical Officer of Health report dated 16 April 1998 is immediately attached.
2. Extract of Draft Minute, Community Services Committee, 21 May 1998 immediately follows the report and includes a record of all votes.

REGIONAL MUNICIPALITY OF OTTAWA CARLETON  
 MUNICIPALITÉ RÉGIONALE D'OTTAWA CARLETON

REPORT  
RAPPORT

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Our File/N/Réf.                      RC  
 Your File/V/Réf.

DATE                                      16 April 1998

TO/DEST.                                Co-ordinator, Community Services Committee

FROM/EXP.                              Medical Officer of Health

SUBJECT/OBJET                        **CSC INQUIRY NO. 06(98): THE PUBLIC HEALTH IMPACT  
 OF CASINO GAMBLING AND EXPANDED GAMING AND  
 THE ABILITY OF PROGRAMS TO RESPOND TO THE  
 HEALTH CONSEQUENCES OF ADDICTION TO GAMBLING**

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### DEPARTMENTAL RECOMMENDATIONS

That Community Services Committee recommend that Regional Council approve the following recommendations:

1. That this report be forwarded to the Minister of Health, the Minister of Consumer and Commercial Relations and Management Board Secretariat;
2. That the Minister of Consumer and Commercial Relations increase the number of Alcohol and Gaming Commission inspectors in Ottawa-Carleton from four to six;
3. That the Management Board Secretariat amend the Alcohol, Gaming and Charity Funding Public Interest Act so that slot machines and video lottery terminals are only allowed in casinos and other controlled casino-like settings;
4. That the Ministry of Health undertake a public awareness and education strategy as an important first step in helping people understand and talk about the addictive nature of gambling and the potential consequences;
5. That the Ministry of Health permanently fund counselling positions and allocate additional financial resources for treatment and prevention as the availability of gambling increases.

## PURPOSE

This report is in response to an inquiry made by Councillor A. Munter at the Community Services Committee meeting of 19 February 1998 regarding the Public Health Impact of casino gambling.

## BACKGROUND

Gambling is a very common activity in Ontario with an estimated 52% of the population having gambled during the past year.<sup>i</sup> According to the Canadian Foundation of Compulsive Gambling, the most popular gambling activities for people who gambled in Ontario in 1992 were: lottery tickets (91%), instant lotteries (71%), bingo (19%), casino games (19%), race track (15%), Sport Select (12%), video lottery (4%), and betting through a bookmaker (3%).<sup>ii</sup> It is likely these percentages would vary according to the accessibility and range of gambling options available to the residents of a specific region.

Two permanent casinos are proposed for Ottawa-Carleton and are dependent upon a municipal council passing a resolution approving the operation of the casino.<sup>iii</sup> The Province has also made available slot machines for casinos and racetracks. At the present time, the provincial government has indicated that slot machines will not be located in other community venues and video lottery terminals are no longer scheduled to be introduced.

## PROBLEM GAMBLING

The majority of people gambling in Ottawa-Carleton do not have a gambling problem. Some people however spend their time and money gambling in a manner that is harmful to them, their partners, families and friends. This report refers to people with serious gambling problems as problem gamblers.

The exact number of problem gamblers in Ottawa-Carleton is unknown. We have reviewed a number of Canadian studies that estimate the percentage of adults with current serious gambling problems and recommend caution in making comparisons because of differences in the survey designs. The studies range from a low of 2.7% in Saskatchewan to a high of 5.4% in Alberta.<sup>iv</sup> While data for Ontario is not comparable due to different scoring systems, a survey of 2,600 adults in Windsor, Ontario (before the opening of the casino) revealed that 4.1% of adults were problem gamblers.<sup>v</sup>

Problem gamblers can experience a number of consequences. Immense financial debts can lead to depression, suicide and money generating crime. In a study of 162 members of Gamblers Anonymous, 13% had attempted suicide. Physical symptoms are often stress-related including hypertension, loss of appetite and sleep, high blood pressure and anxiety attacks. Problem gamblers often lose control of their lives and are unable to stop gambling. When attempting to quit, they experience withdrawal symptoms.<sup>vi</sup>

Problem gambling can also affect both the family and the community. Interpersonal conflict and family breakdown often occurs. Children in these families are more likely to have problems with substance abuse and addiction and experience tremendous difficulty in coping with their parents' problem. From a community perspective, two-thirds of compulsive gamblers in one study admitted to committing illegal acts to support their gambling. Crimes are largely non-violent including bad cheque writing, loan fraud and embezzlement.<sup>vii</sup>

## CASINO GAMBLING AND EXPANDED GAMING

There are very few studies examining the impact of casinos on communities and problem gamblers. In Great Britain and the United States, researchers have recognized a direct relationship between the rate of addiction and increased availability of gambling.<sup>viii</sup> In Ottawa-Carleton, some Gamblers Anonymous groups quadrupled in size after the opening of the Hull casino. This appears to be consistent with Gamblers Anonymous Groups in Maryland, Pennsylvania, New Jersey and Delaware, where numbers tripled since the Atlantic City casinos opened.<sup>ix</sup> The number of problem gamblers in Ottawa-Carleton is likely to increase after the introduction of the new casinos however it is difficult to estimate the impact given the prior existence of the Hull casino.

While all forms of gambling can be addictive, video lottery terminals merit special attention. Video lottery terminals are different from other forms of gambling because of the rapid transactions and the potential for locating the machines in close proximity to neighborhoods and facilities accessible by both youth and adults. There is nothing within the machine itself that is addictive. It is their randomness combined with fast actions and outcomes that tend to produce a "gambling high" fostering reinforcement of the behaviour. A person is able to gamble and see the outcome within a few seconds and then gamble again.

In studies commissioned by Manitoba and Nova Scotia, VLTs appeared to be most closely connected to problem gambling in youth and adults. Both Manitoba and Alberta have placed limits on the number of VLTs they will license and Nova Scotia has removed them from corner stores, gas stations and bowling alleys.<sup>x</sup> In Manitoba, "almost 92% of pathological gamblers who sought help from the Addictions Foundation of Manitoba reported VLTs as their most frequent form of gambling."<sup>xi</sup>

Slot machines are similar to VLTs and the recent provincial decision to locate slot machines (in lieu of VLTs) in casinos and race tracks appears to be a reasonable option. Any initiative to locate them in other community venues could pose similar concerns to VLTs in terms of access by youth and the potential for addiction.

## Are Programs In Place To Deal With The Health Consequences Of Addiction To Gambling?

Responding to the health consequences of addiction to gambling requires an approach that incorporates treatment, prevention, enforcement and research. These four categories are used to discuss the services currently in place to serve the residents of Ottawa-Carleton.

### Treatment

Addiction Assessment Services (located in the Sandy Hill Community Health Centre) has been designated by the province as the “Problem Gambling Treatment Site” for Ottawa-Carleton. They have received funding for up to two full-time counselling positions for 1998 and 1999. One full-time counsellor has been hired and is providing counselling services to a full caseload of people. They are waiting for approval from the Ministry to allocate the remaining resources. Addiction Assessment Services is developing local expertise in treating problem and compulsive gamblers and has sponsored training workshops for health professionals.

In addition to the designated treatment site, the following services and initiatives are in place for the residents of Ottawa-Carleton: Three Gambling Anonymous groups per week; One Gamanon support group for friends and family members of problem gamblers; and a counsellor working one and half days per week on a fee for service basis at Rideauwood Addiction and Family Services.

Ottawa-Carleton residents also have access to two province-wide services: A Problem Gambling Crisis and Referral Helpline established by the Ontario government is advertised in the front page of the 1998 telephone book and a provincial phone counselling service for both the public and health professionals is offered by the Donwood Institute.

While the Ontario Substance Abuse Bureau has proactively established a number of mechanisms to help deal with problem gambling, there are additional treatment resources required. Using the estimates discussed earlier on in the paper, there may be between 14,650 and 29,300 problem gamblers in Ottawa-Carleton. If the rule of thumb is correct and only 10% of all adult problem gamblers seek professional help, it is possible that between 1,465 and 2,930 adults could be seeking treatment services in any given year in Ottawa-Carleton.<sup>xiii</sup> While this estimate is very preliminary and does not include teenage gamblers, it is reasonable to anticipate that additional full-time counselling positions will be required when services begin advertising and when the casinos and slot machines come to Ottawa-Carleton.

### Prevention

Research into public perceptions reveals that problem gambling is perceived more as a moral weakness stemming from enjoyment of the activity rather than an addiction with serious consequences. Public awareness and education campaigns are an important first step in helping people understand and talk about the addictive nature of gambling and the potential consequences. Prevention initiatives would not only help prepare young people to deal responsibly with gambling, it would help remove some of the stigma and shame attached to problem gambling and result in more people coming forward for treatment of their addiction.

Outside of the limited materials produced by casinos, there are very few public education materials and prevention initiatives.

### Enforcement

Bill 75 created the Alcohol and Gaming Commission of Ontario (ACGO) through the merger of the Liquor License Board of Ontario and the Gaming Control Commission. Under the new ACGO, there are three liquor inspectors for Ottawa-Carleton and a portion of Eastern Ontario extending down to Casselman. Each inspector currently is responsible for between 400 and 500 licensed establishments and thousands of special occasion permit events. The inspectors will also be required to enforce legislation pertaining to break open tickets sold in bars and convenience stores and to ensure compliance with the regulations for the two proposed casinos including video lottery terminals. One additional inspector has been hired and is being trained to work with casinos.

The current heavy workload and increased responsibilities of the inspectors raises concerns about the ability of the Alcohol and Gaming Commission to adequately monitor and proactively work with alcohol and gaming related issues.

In addition to Alcohol and Gaming inspectors, there may also be a role for Police services. In Windsor, crime rose sharply in the area around the casino in the first year of operation. It fell after the provincial government funded an additional twenty-five police officers. The most frequent offenses were car theft, credit card and cheque fraud, shoplifting and passing counterfeit money.<sup>xiii</sup> According to the Ottawa-Carleton Regional Police Services, these offenses are not unique to casinos and can occur with any large new commercial development.<sup>xiv</sup>

### RESEARCH

The Ontario Substance Abuse Bureau is planning to establish a new "Centre of Excellence" to conduct ongoing research into gambling. This centre may take the form of a consortium of agencies working together to provide research. In Ottawa-Carleton, the local designated Problem Gambling Treatment Site has funded research into Asian gambling in the Chinese, Vietnamese and Cambodian communities. The working group comprised of Addiction Assessment Services, Chinese Social Services, Somerset West Community Health Centre and the Addiction Research Foundation will soon be releasing the results. Finally, the District Health Council has released a preliminary study to develop a model for treatment services for problem gamblers.

## PUBLIC CONSULTATION

The following organizations were consulted during the preparation of this report: Alcohol and Gaming Commission (regional branch), Addiction Research Foundation, Addiction Assessment Services, Citizens Against Gambling Expansion, OCEDCO, Ontario Substance Abuse Bureau, Ottawa-Carleton Regional Police Services, Ontario Restaurant Association, Ottawa Tourism and Convention Authority and Somerset West Community Health Centre.

Community organizations involved in research and service delivery felt the report concisely and accurately summarized the relevant health issues. While OCEDCO and The Ontario Restaurant Association have not taken formal positions on the issue of gambling in Ottawa-Carleton, Citizens Against Gambling Expansion does not support any expansion of gambling because of the impact on people and the social costs involved. Initial consultations with the Ottawa-Carleton Regional Police Services indicate that they are in the process of consulting widely across Ontario and examining different operational protocols of other Police Services. The Ottawa Tourism and Convention Authority concurs with this report. It supports the upscale casino in Hull but would need to examine any expansion of gambling in Ottawa-Carleton before taking a formal position. All groups were invited to attend and/or present at the May meeting of Community Services Committee.

## FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

## CONCLUSION

Gambling appears to be very similar to other addictions both in terms of the number of people affected and the impact on peoples' health. Studies suggest that the accessibility of casinos and other forms of gambling is likely to increase the number of problem gamblers in the community.

From a public health point of view, video lottery terminals and slot machines are of particular concern due to the potential for addiction and accessibility by minors. Video lottery terminals and slot machines belong in casinos and controlled casino like settings and not in other community venues. Whether or not additional forms of gambling come to Ottawa-Carleton, it will be important to address the needs of problem gamblers and to develop strategies to prevent young people from becoming problem gamblers.

*Approved by  
Robert Cushman, MD, MBA, FRCPC*

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- <sup>i</sup>Addiction Research Foundation, (1996) Problem And Compulsive Gambling Workshop Literature Review, Toronto.
- <sup>ii</sup> Canadian Foundation of Compulsive Gambling (1993). Toronto.
- <sup>iii</sup>Ontario Casino Corporation Act, 1993. Section 7 sets out the criteria for the location of a casino in a municipality. There are five criteria including public consultation and a municipal council resolution.
- <sup>iv</sup>National Council of Welfare (1996) Gambling in Canada. Ottawa. These studies used variations of the South Oaks Gambling Screen - an assessment tool for identifying gambling problems. Original studies also reviewed include:
- Canadian Foundation on Compulsive Gambling (1993). Prevalence of Problem and Pathological Gambling in Ontario Using the South Oaks Gambling Screen. Toronto.
  - Volberg, R.A. (1994). The prevalence and demographics of pathological gamblers: Implications for public health. American Journal of Public Health.
  - Ladouceur, R and Mireault, C. (1988). Prevalence estimates of pathological gambling in Quebec. Canadian Journal of Psychiatry, 36(10), 732-734.
  - Culleton, R.P. (1989). The prevalence rates of pathological gambling: A look at methods. Journal of Gambling Behavior, 5(1), 22-41.
- <sup>v</sup>Problem Gambling Research Group (1994). Impact of the Windsor Casino on Recreational, Problem and Pathological Gambling. University of Windsor.
- <sup>vi</sup>Custer, R.L. and Milt, H. When Luck Runs Out. New York: Facts on File Publications, 1985
- <sup>vii</sup>Addiction Research Foundation, (1996) Problem And Compulsive Gambling Workshop Literature Review, Toronto. Original studies also reviewed include:
- Abott, D.A. and Cramer, S.L. (1993). Gambling attitudes and participation. Journal of Gambling Studies, 9(3), 247-263.
  - Hugick L. (1989). Gambling on the rise, lotteries lead the way. Gallup reports, #285, 32-39
  - Lorenz, V.C. and Yafee, R.A. (1986). Pathological gambling: Psychosomatic, emotional and marital difficulties as reported by the gambler. Journal of Gambling Behaviour, 2(1), 40-49.
  - Jacobs D.F., Marston, A.R. Singer, R.D. and Widaman, K., Little and Veizades. (1989) Children of problem gamblers. Journal of Gambling Behaviour, 5(4), 261-268.
- <sup>viii</sup>Ernst and Young Management Consultants (1993). Casino Gambling And Impacts On Pathological Or Problem Gambling. Toronto.
- <sup>ix</sup>Fulcher, 1982.
- <sup>x</sup>Omnifacts Research Ltd (1993). An Examination of the Prevalence of Gambling in Nova Scotia. Alberta Lotteries and Gaming (1994) Gambling and Problem Gambling in Alberta: Final Report. Edmonton
- <sup>xi</sup>Working Group Report. Manitoba Lottery Policy Review p. 31 reported in the National Council of Welfare's report Gambling in Canada.
- <sup>xii</sup>Calculations based on 1996 Census data for adults 19 years of age and over in Ottawa-Carleton. The 10% rule of thumb is based on estimates used by some drug and alcohol treatment facilities to calculate demand for services.
- <sup>xiii</sup>Statistics reported in The Globe and Mail, Tuesday March 17, 1998.
- <sup>xiv</sup>Response to the draft report by Staff Sergeant Gary N. Meehan, April 13, 1998. Internal memo. Ottawa-Carleton Regional Police Services.

Extract of Draft Minute  
Community Services Committee  
21 May 1998

1. THE PUBLIC HEALTH IMPACT OF CASINO GAMBLING AND EXPANDED GAMING AND THE ABILITY OF PROGRAMS TO RESPOND TO THE HEALTH CONSEQUENCES OF ADDICTION TO GAMBLING

- Response to Inquiry No. CSC 06(98)
- Medical Officer of Health report dated 16 April 1998

Staff Presentation

Mr. Michael McCullough, Substance Abuse Prevention Officer, briefly focused on the health effects of gambling and some of the priority areas brought forward in the report for Committee consideration.

A review of the literature and research highlighted four major points: 1) that gambling can lead to addiction in the same way that alcohol and other drugs can (approx. 3-5% of adult population affected); 2) that the problems associated with gambling can be debilitating, most notably the risk of suicide and the considerable stress placed on families; 3) that there is a direct relationship between increasing the availability of gambling and the rate of addiction in the population, and; 4) that problem gambling is treatable and preventable.

Mr. McCullough stated there were four priority areas for community services. The first priority is the need for permanently funded counselling positions. With the introduction of the casinos and slot machines in Ottawa-Carleton, he predicts that current treatment services will find it difficult to respond to requests for help.

The second priority is the need for additional Alcohol and Gaming Commission inspectors. The Health Department recommends increasing the number from four to six inspectors. The third priority is the need for resources for prevention and education, particularly to reach young people and to remove the stigma/shame associated with problem gambling so that gamblers seek help. The fourth priority is the need for the Province's commitment to abandon video lottery terminals (VLTs) and locate slot machines only in casinos and controlled settings be legislated.

Questions to Staff

Councillor Beamish inquired about the availability of research in follow up to the opening of the casino in Windsor, Ont. Mr. McCullough responded that information relating to police services and police interventions was available however, longitudinal studies limited to casinos were scarce.

In response to an inquiry from Councillor Davis, Mr. McCullough stated that in preparing the report, staff followed the debates in the newspapers, spoke to the Ottawa-Carleton Police Services about their contacts with police in Windsor, and reviewed a research project (an in-depth telephone survey) conducted in Windsor.

Councillor Loney asked for clarification of the funding for the two counselling positions in the Region. Mr. McCullough stated his understanding was that funding had been allocated to the Addiction Assessment Services, however only a portion of the funding had been received.

### Public Delegations

*Paul Welsh, Executive Director & Jane Aston, Counsellor, Rideauwood Addiction and Family Services.*<sup>1</sup> Mr. Welsh clarified that Rideauwood's program was supported 90% by fundraising and 10% by service fees. Although Rideauwood's budget from the Ministry is the largest in the Region for substance abuse, their gambling treatment services do not currently receive provincial funding. Rideauwood's program operates 1.5 days/week and has been operating for one year. During this time, they have counselled approximately 70 people. Because of a shortage of funds, the program is not advertised. Their current caseload is 15 gamblers and 10 family members receiving counselling on a weekly basis.

Mr. Welsh briefly outline the social costs associated with problem gambling, including mental health problems, depression, suicide, family breakdown, and personal bankruptcy. He added the economic costs include increased health costs (e.g. psychiatric treatment, mental health counselling), increased need for policing and social services, and considerable costs to the local business community.

Mr. Welsh shared the results of a survey of 37 Rideauwood clients: 14% had attempted suicide and an additional one-third had suicidal ideation; 27% of clients had required outpatient psychiatric treatment and an additional 20% had been hospitalized due to depression or suicide attempts; 20% of clients had declared bankruptcy and 30% had been or were near bankruptcy as a result of gambling. Summarizing, Mr. Welsh stated that international research showed that the economic benefits accrued to a community were far outweighed by the economic costs.

*Marie-Lucie Spoke, Citizens Against Gambling Expansion (CAGE).* Ms. Spoke, speaking on behalf of CAGE, suggested the Region should be asking the following questions - Should the Region allow casino gambling at all? Does the Region have

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<sup>1</sup> A copy of briefing notes held on file by the Committee Co-ordinator

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the power to prohibit gambling? Has there been a proper economic analysis of the impact of gambling to the Region before measures to limit or off-set the damages are even considered? If the casino turns out to be detrimental to the Region, is there a process in place to get rid of it?

Ms. Spoke observed that the provincial government has not done an impact study to determine the financial and social costs of casino gambling, but only a study to identify the potential revenues. She noted there were studies that clearly identified the economic pitfalls of gambling including an outflow of money from a region and job loss. The province government predicts it will receive \$1.5-\$2 billion province-wide from casino gambling which includes an outflow of money from this Region.

Ms. Spoke questioned why the staff report assumed that the two casinos earmarked for the Ottawa-Carleton area would be accepted before other factors were considered. CAGE believes the casinos should not be accepted. Many municipalities are sending the message to the province that casinos are not welcome, including Toronto, London, Kitchener, Peterborough, Guelph and Ottawa. She encouraged a Council resolution to close the Region to casino gambling and furthermore, to include the question in a referendum, particularly if one is to be held on municipal integration.

Chair Munter asked for clarification from legal staff on whether the decision to allow a casino rests with the lower-tier municipality in which it is located and not with the RMOC. Ms. Taschereau-Monicon stated it was her belief that the decision lies with the lower tier municipality, and that she would confirm that information for the Committee.

*Peter McKenna, Director, Addiction Assessment Service of Ottawa-Carleton.* Mr. McKenna confirmed that they are the designated problem gambling treatment site; a designation received from the Ottawa-Carleton Regional District Health Council (DHC) and the Ministry of Health. He confirmed that they had been funded for two counselling positions in the last fiscal year, and were asked to fill one position. They were to wait for the DHC to make recommendations on how to fill the second position (i.e. francophone or multicultural position). With the demise of the DHC, there is uncertainty around this second position.

Mr. McKenna stated there was a shortage of good literature on the issue of problem gambling and the expansion of gambling in Ontario was unprecedented. He stated his support for the recommendations outlined in the staff report.

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In response to an inquiry by Councillor Holmes, Mr. McKenna stated he was confident that the second counselling position would be funded in the very near future. He felt that the additional counsellor would focus on the multicultural community. As well, Mr. McKenna explained his involvement with a multicultural problem gambling coalition which has recently completed a survey of the Chinese, Vietnamese and Cambodian communities. Results of the survey are forthcoming.

*Chuck Runolfson, Citizens Against Gambling Expansion (CAGE).* Mr. Runolfson continued the CAGE presentation by addressing the recommendations contained in the staff report. He questioned who would be paying for the increased costs associated with increasing the number of inspectors, and how long slot machines would be limited to casinos? He opined that VLTs would be back in full force because there is no legislation.

Regarding the fourth recommendation, Mr. Runolfson expressed skepticism that the Ministry of Health would undertake any study, public awareness or education when the public's ignorance was to their advantage. He suggested that the costs for recommendations 4 & 5 would not be covered by the provincial government, but rather downloaded to the regional taxpayers.

Mr. Runolfson opined that it was unethical and aberrant to use the proceeds from gambling to treat gambling addictions. He reiterated that the rate of addiction was about 5% of the gambling population, with 25% of these becoming pathologically addicted and reminded Committee of the social costs associated with problem gambling.

Mr. Runolfson expressed concern that there was no community dismantling process in place should the casinos prove detrimental. He stated the government was promising to redirect more gambling money towards hospitals, and opined that services that the government has a duty to provide should not be financed from gambling revenues. In doing so, the government sanitizes gambling by calling the gambling establishments charity casinos. He reiterated that essential services should be financed through taxes not charity.

*Paul Webber.* Mr. Webber referred to a footnote in the staff report; "*footnote iii: Ontario Casino Corporation Act, 1993. Section 7 sets out criteria for the location of a casino in a municipality.*" Mr. Webber stated the reference was incorrect. He learned this through his work with a local community association which will be bringing legal action against the City of Gloucester because of issues pertaining to the zoning of the casino in that municipality. In determining the Region's power in this issue, he stated that the *Act* does not apply. The difficulty

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is that there is no legislation, but rather a bureaucracy in Toronto. The casinos are a provincial mandate, and the rule of a municipal resolution is not written down anywhere. He opined that there may be a Region role in this issue.

Chair Munter asked Ms. Tashereau-Moncion to look into some of the questions Mr. Webber raised, as well as the relevant legislation and prepare a memo for Committee before the item goes to Council on 10 June 1998.

Council Loney asked if there was a regional role in the zoning issue with Gloucester. Mr. Webber suggested there may be a role; the provincial philosophy is that a municipality does not have to have a casino if its council does not want one, however which council is not clear. That only two casinos have been allocated to Ottawa-Carleton suggests there may be a regional role. Chair Munter requested that the Planning Department be consulted in the preparation of the memorandum.

Councillor McGoldrick-Larsen suggested that, in light of the questions raised by Mr. Webber regarding legislation, it would be preferable to refer the report to the Corporate Services and Economic Development Committee and have the debate on the Region's role at that Committee prior to going to Council. Councillor McGoldrick-Larsen put forward a motion to defer item #3 to the 25 June 1998 Community Services Committee meeting pending further information to come back from legal counsel and other relevant staff.

Councillor Holmes opined that if Council is going to get into a debate of whether or not the Region will take a position on the issue of casinos, then more information and discussion is needed. She stated her support for holding Item #3 as background information to the larger "yes or no" issue. Ms. Tashereau-Moncion confirmed that a report on the legislation and legal issues could be prepared for the 25 June 1998 Committee meeting, but recommendations should be in consultation with other departments and the public.

Councillor Loney urged the Committee not to defer the item. He reiterated that there were really two issues at hand. He stated the recommendations on the table should go ahead as there is already a casino in Hull and the need for counselling services already exists. A look at the broader issue will take time and could come back to Committee and Council in a separate report.

Councillor Beamish reiterated that these recommendations should go forward to Council without delay. He opined that there was lots of information available on the issue, and there was no benefit to delaying the debate at Council.

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Council Doucet stated there were two separate issues. He opined that this report should go forward as quickly as possible. He stated he was intrigued by the legal argument presented that since there are only two casinos allotted to the region, made up of eight urban municipalities, it seemed logical that this was a regional issue. He also commented on the economic argument that the province will receive \$1.5-\$2 billion in gambling revenues in addition to other money already taken out of the Region through downloading. He stated a report was needed on the economic impact to the Region.

Chair Munter asked Committee members to support the motion to defer because if there is a role for the Region beyond the public health role, he believes the two issues should be considered together.

Moved by M. McGoldrick-Larsen

**That Item #3 be deferred to the 25 June 1998 Community Services Committee meeting, pending further information from legal counsel and other relevant staff.**

LOST

YEAS: M. McGoldrick-Larsen, A. Munter (2)

NEAS: D. Beamish, W. Byrne, L. Davis, C. Doucet, D. Holmes, H. Kreling, A. Loney (7)

An amendment to the report recommendation was put forward by Councillor Loney; that the Health Department report back in six months on the success in these recommendations being implemented.

Moved by A. Loney

**That the Health Department report back in six months on the success in these recommendations being implemented.**

CARRIED

A second amendment to the report recommendations was put forward by Councillor Holmes.

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Moved by D. Holmes

**That the Ministry of Health provide immediate funding for the second counselling position that has been previously allocated.**

CARRIED

Commenting on the report recommendation #2, Councillor Holmes stated that her knowledge of the current situation for inspectors was that they are responsible for very large regions and are over-extended. She stated she would prefer to see six to eight inspectors for the region, but strongly supports an increase from the current four inspectors.

Moved by D. Holmes

**That Community Services Committee recommend that Regional Council approve the following recommendations:**

- 1. That this report be forwarded to the Minister of Health, the Minister of Consumer and Commercial Relations, and Management Board Secretariat;**
- 2. That the Minister of Consumer and Commercial Relations increase the number of Alcohol and Gaming Commission inspectors in Ottawa-Carleton from four to six;**
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- 5. That the Ministry of Health permanently fund counseling positions and allocate additional financial resources for treatment and prevention as the availability of gambling increases.**

CARRIED, as amended