"Gambling in Canada—From Vice to Disease to Responsibility: A Negotiated History”

COLIN S. CAMPBELL
GARRY J. SMITH

Abstract. Gamblers and gambling have been variously viewed as derelict, immoral or criminal. Since the mid-1960s, notions of gambling generally and excessive gambling specifically have been reconstructed. Gambling, if done in moderation, is today generally viewed as an acceptable form of leisure. Those who gamble to the extent that relationships, family, friends, physical, social and mental health, employment, or finances are adversely affected are now regarded as having a problem and offered government-sponsored therapeutic intervention. Recent developments in this transformative process have witnessed the emergence of coalitions of seemingly disparate interests seeking to promote responsible gambling. Our discussion charts these changing conceptions of gambling.

Résumé. Les joueurs et le jeu sont diversement jugés comme dépravants, immoraux ou criminels. Depuis le milieu des années soixante, les notions de jeu en général et plus précisément celles de jeu excessif, sont redéfinies. Jouer, si cela est fait de façon modérée, est de nos jours généralement considéré comme une forme acceptable de loisirs. Ceux qui jouent jusqu’à affecter négativement leurs relations, leur famille, leurs amis, leur santé physique, sociale et mentale, leur travail, ou leurs finances, sont maintenant considérés comme ayant un problème et on leur offre une intervention thérapeutique, financée par le gouvernement. Des récents développements dans ce processus de transformation ont témoigné de l’apparition de coalitions d’intérêts apparemment disparates, qui cherchent à promouvoir le jeu responsable. Notre discussion établit le graphique de ces concepts changeants du jeu.

Canadian scholars have generally paid little attention to the history of gambling in Canada. This is surprising given that legal gambling in

Colin S. Campbell, PhD, Department of Criminology, Douglas College, British Columbia. Garry J. Smith, PhD, is a research specialist with the Alberta Gaming Research Institute.
Canada in the latter third of the 20th century has become both a multi-billion dollar industry and a contentious public policy issue. Gambling researchers in Great Britain and the United States have endeavored to trace the historical relationship between community sentiments and legislative activity. For example, David Dixon has shown that years of conflict between the working and privileged classes and between spiritual-minded groups and gambling promoters convinced British policy makers that eradicating gambling is virtually impossible and that, therefore, the most prudent course of action is to strike a balance between outright prohibition and regulation. British anti-gambling factions, facing the reality that some forms of gambling would be government sanctioned, adapted to the situation by framing problem gambling as one of individual excess rather than widespread social participation. This reorientation occurred in the mid-1960s and was a signal that deviance was viewed in medicalized and pathological terms.

Congruent with Dixon’s observations, Nelson Rose has noted how American public perception of excessive gambling has mutated from sin to vice to disease over the past two centuries. Social forces influencing this changing view of gambling and problem gambling included a shift from communitarian values to an emphasis on free will, with governments and large corporations appropriating the revenues and successfully redefining legal gambling as an acceptable form of entertainment. In the United States, defense lawyers have argued that addicted gamblers are not responsible for their criminal acts because they suffer from a medical disorder: pathological gambling. The social history of gambling in Canada has followed a similar trajectory to that of Britain and the United States.

Historically, individuals in Great Britain, the United States and Canada who experienced excessive gambling losses were considered derelict, immoral or criminal. Beginning in the mid-1960s, however, the notion of excessive gambling has since been reconstructed. Those who experience gambling losses to the extent that relationships, family, friends, physical, social and mental health, employment, or finances are adversely affected are now regarded as having a problem and offered government-sponsored therapeutic intervention. In short, excessive gambling has been transformed from a vice to a disease via a process referred to as the medicalization of deviance. As a consequence, individuals who experience difficulty in controlling their gambling behaviours are now variously described as compulsive, addicted, disordered, pathological or, more recently, problem gamblers. These terms have been used interchangeably and generally refer to behaviour characterized by “a continuous or periodic loss of control with respect to gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behaviour despite adverse consequences.”
This turnabout in Canadian public perception of excessive gambling, how and why it occurred and the consequences of medicalizing problem gambling is the focus of this paper. The following discussion thus charts the changing conceptions of gambling generally and excessive gambling specifically. It is argued that contemporary definitions, conceptions and solutions to the problem of excessive gambling are inextricably bound to the political and economic context in which gambling itself has been redefined. Through the 20th century various discourses have emerged with respect to gambling. These perspectives have served to frame gambling and attendant issues such as excessive gambling in particular ways. The discussion thus begins with an overview of the current state of gambling before examining the historical processes and discourses that have facilitated the legalization and expansion of a variety of gambling formats in Canada. Subsequently the discussion examines the construction of excessive gambling discourses, the role expert knowledge has played in these negotiated processes, and how public policy debates have been framed as a consequence.

THE CURRENT STATE OF LEGAL GAMBLING IN CANADA

Up until several decades ago Canadian legal gambling offerings were limited to horse racing and games of chance on summer fair midways. This situation was transformed due to landmark Criminal Code of Canada amendments in 1969 and 1985. These and other less momentous Criminal Code amendments and interpretations spurred a proliferation of legal gambling formats over the past thirty years. Taken altogether, these changes to the Criminal Code reflect four major trends: a clear transition from criminal prohibition to legalization; a consistent pattern of lesser federal responsibility and greater provincial authority over gambling matters; a continuing escalation of new gambling products, with an emphasis on fast-paced, non-skill-based electronic games; and legal gambling expansion being driven by vested interest groups.

Legal gambling in Canada now operates on a scale that was unimaginable thirty years ago, not only because of the profusion of new games and gaming outlets; but also because of relaxed provincial regulations that permit gaming venues extended hours of operation and to be open seven days a week, increased betting limits (up to $1,000 a play in some provinces), on-site automated teller machines, gaming floor liquor consumption, and concessions to First Nations groups. Growing permissiveness toward a previously frowned upon social vice has diminished the stigma attached to gambling while simultaneously enriching government coffers. The pervasiveness of legal gambling and its economic importance to provincial governments is suggested by the fact that employment in the Canadian gambling industry rose from 12,000 in
1992 to 42,000 in 2000 and that in the same period net revenue from government-run lotteries, video lottery terminals (VLTs), and casinos increased from $2.7 to $9 billion. The annual per capita expenditure on gambling for adult Canadians jumped nearly three-fold from 1992 ($130) to 2000 ($370). Provinces with the highest annual per capita spending rates on gambling (over $420) include Manitoba, Alberta, Quebec, Nova Scotia, and Saskatchewan. To a large extent, regional differences in per capita gambling expenditures can be attributed to the presence or absence of certain gambling formats; for example, VLT gambling, the most lucrative legal gambling offering, is not permitted in two of the lower ranked provinces (Ontario and British Columbia). On the other hand, in Alberta the total profit from legal gambling in 2000 was $1.02 billion, over half of which came from VLTs.

As the foregoing has sought to demonstrate, in a relatively short time span gambling has become a significant economic and political force within Canadian society. The following section turns to the historical developments that have shaped the evolution of Canadian gambling public policy in the twentieth and early twenty-first centuries.

THE HISTORICAL CONTEXT OF COMPETING DISCOURSES

Following the analyses offered by Castellani and Ajzenstadt and Burtch, this section identifies and traces the various discourses that have emerged with respect to gambling in Canada. More specifically, moral, legal, economic, political, and medical debates particular to Canada have emerged through the 20th century. While elements of these discussions have parallels in the evolution of gambling policy in the United States and elsewhere, nuances specific to Canada have played out in distinctive ways. Thus, the history of dealing with pathological gambling has had its own discursive negotiation in Canada. At various junctures and with varying degrees of influence, the following stakeholders have sought to have their particular vision of gambling prevail: moral opponents, private gambling promoters, charitable organizations, provincial governments, research experts, and more recently non-governmental organizations. By focusing on particular gambling viewpoints and on the actors that raised and responded to them through the 20th century, it is possible to examine how the status of gambling has been negotiated and accommodated.

From Confederation up until the end of the 19th century, a moral and legal uncertainty pertained to the status of gambling in Canada. Formally, when enacted in 1892, the Criminal Code of Canada contained a section titled “Offences against religion, morals and public conveniences” which prohibited keeping common gaming houses, conducting lotteries, cheating at play and gambling in public conveyances. However,
gambling on horse races at the end of the century occurred both on and off the track. Although the legal status of on-track betting was uncertain, authorities were inclined to accommodate it. Off-track betting was illegal, yet policed haphazardly. By the close of the 19th century, however, public concerns were mounting in regard to widespread gambling.18

The earliest indication in Canada of discourses deployed in opposition to gambling can be found in the efforts of the moral reform movement in 1909-10 before a Special Committee of the House of Commons and in 1919-20 before a Royal Commission, both of which were struck for the purpose of receiving public input regarding the legal status of gambling.19 Buoyed by their success in passing the Lord’s Day Act in 1906 to prohibit business transactions on Sundays and by the passage of alcohol prohibition statutes in several provinces, the alliance of predominantly Protestant groups that constituted the moral reform movement, coalesced to form the Moral and Social Reform Council of Canada (MSRCC) in 1907. Alongside its concerns about such personal morality issues as temperance, sabbatarianism, and prostitution, the MSRCC targeted commercial gambling as a vice to be eradicated. Despite the fervent moral opposition of the MSRCC, not all Canadians were opposed to gambling. Horse racing and gambling clearly enjoyed support from an influential coterie of successful businessmen who owned, bred and raced horses and who recognized the economic benefits accruing to their sport through the vehicle of racetrack gambling. It was also apparent that a significant number of Canadians gambled at the track. Gambling had become a major attraction for an appreciable segment of the Canadian population.

Racing promoters thus were quick to rebut the claims tendered by moral reform advocates. Arguments mounted by racing promoters broached four interrelated issues. First, that prohibition of gambling would be impractical and would not be effectively enforced by policing authorities. Second, that prohibition of betting would remove the control of betting from race-track operators, drive away respectable bettors for whom betting was an entertainment, while encouraging an undesirable element. Third, that bookmakers and hustlers would arise to fill the void, and a large volume of illegal betting on the race course would result; and finally, that jockey clubs would be deprived of essential revenues, horse breeding would be adversely affected and the opportunity of making Canada an important supplier of military and commercial horse stocks would be jeopardized.20 As an example of the sentiments invoked in favour of gambling at race tracks, J. G. Rutherford, veterinary director general and livestock commissioner of Canada (and who later chaired the 1919 Royal Commission), testified before the Special Committee in 1909 that the British military had used 800,000 horses in the course of the Boer War (1899-1902) and that it was Canada’s obligation as
a member of the British Empire to furnish its quota of horses required for military purposes.\textsuperscript{21}

The essence of the pro-gambling discourse was that the availability of legal gambling meant revenues for racing promoters. These revenues contributed to prize purses for winners of horse races. In turn, this was an incentive for horse owners and breeders to improve the quality of their horse stocks. Improved horse stocks were essential, so the argument continued, for military and commercial transport as Canada struggled to earn its way in the 20th century. Ultimately, the pro-gambling forces successfully demonstrated that a greater good was derived from the legal availability of gambling. The notion of a greater good was to become a consistent theme in subsequent pro-gambling discourses as the 20th century unfolded.\textsuperscript{22}

In a review of testimonies given to the Select Committee, the Royal Commission and in the debates of the House of Commons during this period, no evident attempt was made to construct the negative consequences of gambling as a disease. The adverse effects of gambling were presented exclusively in terms of individual moral failure, exploitation of human weakness by gambling promoters and the impact of financial ruin on families. As well, gambling was frequently framed as an activity having the collateral consequence of attracting persons of questionable moral character intent on making easy fortunes through gambling rather than through hard work. In short, gambling and gamblers were presented as a threat to the Protestant ethic and all that it represented.\textsuperscript{23}

For all intents and purposes by the early 1920s the moral reform movement had been unsuccessful in its effort to prohibit the availability of gambling. Hence in 1925, strong lobbying efforts from agricultural fairs and exhibitions led to a Criminal Code amendment that permitted games of chance at agricultural fairgrounds during annual fairs. By virtue of this concession, the Prairie provinces began to liberally sanction an array of gambling activities on the midways of various traveling carnival shows.\textsuperscript{24} The availability of gambling games at agricultural fairs, in a manner similar to gambling at race tracks, was intended to increase attendance at prairie exhibitions which celebrated life in rural communities, promoted local agricultural products, encouraged business investment and helped attract new residents. In short, gambling was portrayed as contributing to the viability of the fairs and, in turn, augmenting regional economic growth and prosperity. Again, embedded in the conventional wisdom of the day was the notion that gambling (and the revenues it generated) contributed to the public good.

During the Great Depression there were several attempts to introduce lotteries as a method of generating revenues for good causes such as funding for hospitals, education, and relieving the plight of the unemployed. Quebec politicians were particularly strident in calling for the
introduction of lotteries. Of course, the introduction in 1930 of the Irish Sweepstakes as a means of funding Irish hospitals added a ready model to the pro-gambling discourse. However, it was at this juncture that gambling opponents added a new set of descriptors to their anti-gambling litany: the view that gambling was a disease that held the potential to addict individuals. For example, one Member of Parliament objected to lotteries because, in his opinion, they would encourage improvidence and addiction: “You know perfectly well you would not put in a position of trust a man who is addicted to the vice of gambling.”25 Another Member felt that if lotteries were permitted “it will be the beginning of more extensive legalized gambling, and gambling is a disease once you get the germ it is pretty hard to shake.”26

Such descriptions of the effects of gambling were not substantiated with cogent medical diagnoses of pathology. Hence the rhetoric used in the above passages can only be regarded as metaphorical, rather than medically based. As Castellani points out, it was not until 1943 that an article by Edmund Bergler titled “The Gambler: A Misunderstood Neurotic” published in the journal Criminal Psychopathology marked the starting point of the medical examination of excessive gambling in the United States.27 It would not be until the 1980s, however, that the medicalization of excessive gambling gained a foothold in Canada.

In 1954 the federal government convened a Joint Committee of the Senate and House of Commons inter alia to review the operation of laws governing lotteries in Canada. The Joint Committee also inquired into bingo and other games of chance conducted by non-profit organizations for the purpose of funding charitable or religious objects. Public hearings began in 1955 with submissions and briefs tendered by a range of interests including: church groups, exhibition boards, social agencies and law enforcement officials. Opposing any prospect of liberalizing Canadian laws related to gambling were the Canadian Council of Churches (successor to the M5RCC) and the Canadian Welfare Council. Nevertheless, the Joint Committee heard that games of chance such as bingo and raffles were extensively operating in Canada despite formal prohibition in the Code. Revenues, the Joint Committee learned, were being generated through gambling for the purpose of supporting projects or charities having a general benefit to the community and that the monies and prizes involved were “very substantial.” Furthermore, as the Joint Committee was to learn from law enforcement officials, gambling schemes of this nature presented acute problems of control.28A submission from the Chief Constables’ Association voiced concern that existing laws pertaining to lotteries were ambiguous and open to considerable misinterpretation, not only by police authorities but also by lawyers, judges and the general public. Such ambiguity, they contended, created problems in enforcing the law and engendered public disrespect.
Subsequently, the Joint Committee recommended that the law be amended in order to clarify the prohibitions, eliminate inconsistencies, and that permitted gambling such as bingo and raffles be clearly defined and subject to effective control and supervision. The Joint Committee also noted that prohibition of alcohol had proved unworkable but that current licensing and control practices were satisfactory and contributing to effective law enforcement practices. The Joint Committee also recommended that there be no state operated lotteries in Canada.29

It is noteworthy that in the presentations and briefs submitted to the Joint Committee, oppositional forces did not characterize gambling and its effects as constituting a disease or addiction. Serious attempts to cast gambling in the light of the medical model did not arise until the mid-1980s—some 15 years after Parliament amended the Criminal Code and opened the way for significant change in both the type and extent of gambling legally permitted in Canada. Although the 1954 Joint Committee brought no immediate changes to the Criminal Code, by the late 1960s, it was apparent that the federal government was contemplating legislative revisions to the gambling provisions.30

Developments in the United States, particularly in the state of New Hampshire, contributed to the context of greater public support and political receptivity to lotteries. In 1963, in the beginning of what some commentators have referred to as the third wave of legal gambling in North America, New Hampshire authorized a state lottery. The introduction of the New Hampshire lottery started a trend that continued into the 1990s as most jurisdictions in the United States moved to introduce not only lotteries but also a variety of other legal gambling formats.32

Indeed, in 1969 Canadian parliament amended the Criminal Code. The amendment facilitated a significant transformation in the nature and extent of legal gambling in Canada. More specifically, the amendment permitted governments to "manage and conduct" lottery schemes. It also permitted provinces to authorize charitable and religious organizations to do likewise. In the wake of the 1969 amendment, provincial governments were quick to capitalize on their legal capacity to operate lotteries. By 1976 every province in Canada was conducting government-operated lotteries. Several provinces permitted agricultural fairs and exhibitions to operate casino-style games of chance such as blackjack and roulette during their annual celebrations. The financial success of the exhibition casinos captured the attention of western Canadian charitable organizations that quickly won permission to conduct casino gambling with the intent of generating revenues dedicated to purposes deemed to have broad public benefit. Thus, by the end of the 1970s, the gambling options for Canadians consisted of lottery tickets, charitable and exhibition association gambling, and horse racing.
A subsequent amendment in 1985 saw the federal government give exclusive control over gambling to the provinces. As well, the 1985 amendment legalized gambling on electronic devices such as computers, video machines and slot machines. In 1990 the province of New Brunswick implemented video lottery terminals and by the end of 1994, all provinces except Ontario and British Columbia, had introduced provincially owned and managed VLTs. Manitoba and Quebec, in 1990 and 1993 respectively, launched government-operated casinos conducted under the auspices of Crown corporations. Loto-Québec, the agency responsible for gaming in that province, currently operates major casinos in Montréal, Hull and Charlévoix. In 1994, the province of Ontario formed the Ontario Casino Corporation and opened a major casino in Windsor and now also operates major casinos in Niagara Falls and Orillia. As well, in Ontario there are six charity casinos with a total of 2,256 slot machines and twelve racetracks with another 8,053 slot machines. The end of the 1990s had thus seen gambling options expanded to include VLTs, slot machines, high stakes linked bingo, and full-scale urban casinos.

Expansion of gambling in Canada from 1969 until the mid-1980s had been constrained by the Criminal Code provisions. Essentially, the provisions limited direct provincial government operation in gambling to lotteries while granting them authority to license charitable and exhibition association gambling. During this period lotteries generated modest revenues for provincial governments, as did provincially licensed charity casinos, bingos and raffles for non-profit organizations. Gambling in all formats was strictly regulated as provincial governments implemented licensing and regulatory agencies to ensure the integrity of gaming operations. The regulatory/control discourse reflected in the provincial interpretations of the Criminal Code further enhanced gambling’s legitimacy. This was soon fortified by an explicit economic imperative.

This economic thrust became manifest on the heels of the 1985 Criminal Code amendment which gave exclusive jurisdiction over gambling to the provinces and permitted provinces to “manage and conduct” electronic forms of gambling such as VLTs and slot machines. As Azmier and Smith have convincingly demonstrated, of all current gambling stakeholders, Canadian provincial governments have become the largest beneficiaries of gambling revenues.

The sweeping changes to the Canadian gambling landscape in the 1980s were seldom informed by public debate. A recent national public opinion poll conducted by the Canada West Foundation identified numerous instances where public opinion runs counter to existing government policies and practices. For instance, 84% of the sample agrees that governments should hold public consultations before introducing new forms of gambling. Only 39% of respondents believe that there are
adequate services in place to deal with problem gambling; similarly, 77% agree that the government should do more to limit the negative side effects of problem gambling. A majority thinks that those with gambling problems can least afford to lose money and 60% believe that gambling-related problems have increased in their province over the previous three years. A slightly larger percentage of those polled contend that an increase in gambling leads to an increase in crime and only 14% consider that gambling has improved the quality of life in their province.37 The report concludes with the ambivalent observation that on balance Canadians believe gambling to be more harmful than beneficial but still regard the activity as being an acceptable and inevitable part of Canadian culture.

SCIENTIFIC KNOWLEDGE, EXPERTS AND PREVALENCE STUDIES

Given that gambling in Canada was decidedly a low profile public issue prior to 1970 in terms of its variety and accessibility, excessive gambling by individuals was rarely framed as problematic; public and governmental concern was minimal. The only assistance available for Canadians experiencing difficulties as a result of their gambling expenditures was Gamblers Anonymous (GA). GA had been founded in Los Angeles in 1957 and modelled on Alcoholics Anonymous (AA); that is, a twelve-step recovery program was utilized and abstinence strongly advocated by peer counselors as the only way to overcome what the organization deemed a sickness.38 The first Canadian GA meeting occurred in Toronto in 1964.39

Following the establishment of GA, several historic developments in North America in the 1970s and 1980s served to raise the profile of excessive gambling, including Dr. Robert Custer’s founding of the first inpatient treatment centre for pathological gamblers in 1972,40 and the publication of The Chase, a social psychological treatise on compulsive gamblers.41 Custer subsequently succeeded in having compulsive gambling recognized by the American Psychiatric Association as a “disorder of impulse control” in the DSM-III.42

The growing awareness by academics that gambling was an important and worthwhile subject was reflected in the regular international conferences on “Gambling and Risk Taking” spearheaded by economist William Eadington at the University of Nevada, Reno and the establishment of the Journal of Gambling Behaviour. In 1983 the Canadian Foundation on Compulsive Gambling (Ontario) was established “to advocate for health services for compulsive gamblers and to enhance public awareness of the problems associated with gambling.”43 In 1987 Lesieur and Blume developed the South Oaks Gambling Screen (SOGS), a clinical screening device to assist clinicians in identifying pathological gam-
The following year Colin Campbell and John Lowman published the proceedings of the first Canadian conference on gambling. To illustrate the interdependence of gambling expansion and an increasing perception that excessive gambling was problematic for individuals, it is noteworthy that only two GA chapters existed in Alberta in the 1980s, one in Calgary and one in Edmonton. Often, 5 or fewer attendees comprised these early meetings, invariably males with a preference for casino or horse race gambling. After a sputtering start, GA chapters in Alberta snowballed in conjunction with the introduction of VLTs in 1992 (according to GA estimates over 80% of Alberta GA members cite VLTs or slot machines as their preferred form of gambling). Now, 10 years following VLT legalization and 6 years since slot machines came to Alberta casinos and racetracks, there are 52 GA chapters in the province—14 each in the Edmonton and Calgary areas.

Gambling expansion in general, and the addition of so-called hard-core gambling formats (VLTs and slot machines) in particular, increased both the incidence and visibility of problem gambling in Canadian communities. This visibility was appreciably enhanced by several research projects undertaken by a growing body of academic researchers. Indeed, research has established a compelling connection between VLT play and excessive gambling. In Nova Scotia, 50% of VLT revenues come from the 4% of the population identified as having a “gambling problem.” Manitoba VLT players are more frequent and longer playing gamblers than those preferring other gambling formats and are at higher risk for a gambling addiction than these other gamblers. Alberta VLT gamblers in treatment claim to have gambled before and not experienced problems until encountering VLTs. Albertans categorized as “problem gamblers” are significantly more likely to play VLTs on a weekly basis and play them longer per gambling outing than are non-problem gamblers; spending on VLTs by problem gamblers far exceeds the amount contributed by non-problem gamblers.

The cumulative effect of research findings, media accounts of the adverse societal impacts of problem gambling, and the fact that many citizens knew someone with a gambling problem became a flashpoint of public concern in some provinces. Having little data to allay public fears on the issue, provinces began commissioning prevalence surveys aimed at ascertaining the nature and scope of problem gambling in their jurisdictions. The earliest surveys of this type were conducted in Quebec (1989), Manitoba (1992), and New Brunswick, Nova Scotia, Ontario, Saskatchewan, and Alberta (1993).

As a result of her pioneering problem gambling prevalence surveys in the United States and New Zealand, American researcher Rachel Volberg was engaged as an investigator or consultant on all but the Quebec survey. Consequently, Canadian problem gambling surveys built on Vol-
berg’s previous work to the extent that all were telephone surveys and used the South Oaks Gambling Screen (SOGS) or one of its variants to assess problem and pathological gambling. Results were categorized into “lifetime” and “current” rates (respondents scoring three or four on SOGS were classified as “problem gamblers” and those scoring five or more on SOGS were designated “probable pathological gamblers”). Provincial problem gambling prevalence rates were represented as the total percentage of those scoring three or higher on the current SOGS scale and presumed to be an estimate of the number of adults in the population experiencing moderate to severe gambling problems. Owing to the inherent limitations of telephone surveys, it was also generally accepted that problem gambling prevalence rates were conservative.

Regional problem gambling rates were found to vary according to the menu of gambling formats offered, the prize structure of the games, and the length of time the games had been in operation. It was noted that gambling formats differ in terms of their impacts on a citizenry. For example, it is generally believed that lottery and raffle play are relatively benign gambling formats as opposed to continuous games (VLTs and slot machines) that have a more pronounced addictive potency.

The data in Table 1 (facing page) require cautious interpretation because the problem gambling prevalence studies were done at different times, on a wide range of sample sizes and, in some cases, used modified measuring instruments. Notwithstanding these limitations, it is generally safe to assume that provinces with an expansive gambling menu (especially one that includes VLTs and/or slot machines) and having such gambling formats in place for at least 10 years, have higher problem gambling rates and higher per capita wagering rates than those provinces giving a lower priority to generating gambling revenues.

Given an association between machine gambling formats and higher problem gambling prevalence rates, provincial governments began funding gambling addiction treatment and prevention programs. In some instances, provinces also provided monies for ongoing research programs to investigate the social and economic effects of widespread legal gambling. Table 2 (page 134) depicts changes in government expenditures on problem gambling treatment and prevention initiatives since 1992.

It is apparent from Table 2 that provincial funding to address problem gambling issues grew dramatically in the late 1990s. Not one province had felt it necessary to implement remedial programs before plunging heavily into legal gambling. After an initial silence regarding the possible connection between gambling expansion and rising gambling addiction rates, provincial governments were prompted to act, partly out of a sense of duty, but also to defuse public clamor over gambling-related
Table 1
Comparing Provincial Populations, Problem Gambling Rates, Per Capita Wagering, Total Provincial Spending on P.G. and Per Capita Spending on P.G.

<table>
<thead>
<tr>
<th>Province</th>
<th>Population</th>
<th>Current P.G. rate</th>
<th>Year</th>
<th>Year 2000 Per Capita Wager</th>
<th>Total Provincial Spending on P.G.</th>
<th>Per Capita Expenditure on P.G.</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEI</td>
<td>139,000</td>
<td>3.1%</td>
<td>(1999)</td>
<td>$251</td>
<td>$15,000</td>
<td>$0.11</td>
</tr>
<tr>
<td>NFLD</td>
<td>536,000</td>
<td>no study</td>
<td></td>
<td>$382</td>
<td>$30,000</td>
<td>$0.05</td>
</tr>
<tr>
<td>NB</td>
<td>757,000</td>
<td>4.1%</td>
<td>(1996)</td>
<td>$320</td>
<td>$53,000</td>
<td>$0.07</td>
</tr>
<tr>
<td>NS</td>
<td>942,000</td>
<td>5.5%</td>
<td>(1996)</td>
<td>$430</td>
<td>$170,000</td>
<td>$0.18</td>
</tr>
<tr>
<td>SK</td>
<td>1,018,000</td>
<td>2.7%</td>
<td>(1993)</td>
<td>$423</td>
<td>$1,500,000</td>
<td>$1.49</td>
</tr>
<tr>
<td>MB</td>
<td>1,150,000</td>
<td>4.3%</td>
<td>(1995)</td>
<td>$488</td>
<td>$1,600,000</td>
<td>$1.33</td>
</tr>
<tr>
<td>AB</td>
<td>3,600,000</td>
<td>4.8%</td>
<td>(1998)</td>
<td>$434</td>
<td>$3,600,000</td>
<td>$1.07</td>
</tr>
<tr>
<td>BC</td>
<td>4,870,000</td>
<td>4.2%</td>
<td>(1993)</td>
<td>$172</td>
<td>$4,000,000</td>
<td>$0.82</td>
</tr>
<tr>
<td>QC</td>
<td>7,392,000</td>
<td>4.4%</td>
<td>(1996)</td>
<td>$430</td>
<td>$18,000,000</td>
<td>$2.43</td>
</tr>
<tr>
<td>ON</td>
<td>11,790,000</td>
<td>4.0%</td>
<td>(1995)</td>
<td>$370</td>
<td>$17,100,000</td>
<td>$1.45</td>
</tr>
</tbody>
</table>

Note: Problem gambling rate refers to the total of probable pathological scores and problem gambling scores.
Sources: Canada West Foundation for P.G. rates and for expenditures on problem gambling programs; Marshall57 for per capita wagering totals. Population figures are based on Statistics Canada estimates as of 1 April, 2001.

Excesses.58 Even with the infusion of new funds for problem gambling initiatives, these monies represent 1% or less of provincial gambling profits.

The most heavily populated provinces (Ontario, Quebec, and British Columbia) have the highest expenditures on problem gambling remedial programs, although it should be noted that both Quebec and British Columbia were considered the most resistant to addressing problem gambling concerns.59 Several anomalies appear in the Table 2 data; for example, Ontario and British Columbia are among the top contributing provinces yet they are the only two to prohibit VLTs, believed to be the most hazardous form of legal gambling in Canada. Saskatchewan, Manitoba and Nova Scotia have high gambling addiction rates yet relatively low problem gambling expenditures, moreover, the funding in these provinces has not kept pace with rising gambling revenues.

Problem gambling prevalence rates in Canadian provinces are high in comparison to those found in the United States and generally coincide with the amount, type, and duration of legal gambling in a province. In some instances these survey findings spurred provincial governments into allocating funds for treatment and prevention programs to blunt the
effects of problem gambling. Alberta provided a classic example of this no-nonsense strategy. In the same press release disclosing a current adult problem gambling prevalence rate of 5.4%, it was announced that the Alberta Alcohol and Drug Abuse Commission (AADAC) was being given a mandate and funding to address the situation. Other Canadian jurisdictions were hesitant about dealing with the issue. For example, the prevalence rate from the initial study was never publicized in Manitoba, and in British Columbia and Quebec, officials simply remained silent regarding problem gambling prevalence data.

Table 2
Provincial Expenditures on Problem Gambling Treatment and Prevention Programs

<table>
<thead>
<tr>
<th></th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NFLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992/93</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>1997/98</td>
<td>1.70</td>
<td>2.30</td>
<td>1.40</td>
<td>1.00</td>
<td>3.5</td>
<td>3.4</td>
<td>0.53</td>
<td>1.70</td>
<td>None</td>
<td>0.30</td>
</tr>
<tr>
<td>1999/2000</td>
<td>2.00</td>
<td>3.40</td>
<td>1.50</td>
<td>1.60</td>
<td>10.00</td>
<td>6.48</td>
<td>0.53</td>
<td>1.70</td>
<td>0.15</td>
<td>0.30</td>
</tr>
<tr>
<td>2000/2001</td>
<td>4.00</td>
<td>3.60</td>
<td>N/A</td>
<td>1.60</td>
<td>17.10</td>
<td>18.00</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Note: Alberta 2000/2001 totals do not include a $1.5 million per year provincial government commitment to fund the Alberta Gaming Research Institute, whereas a research component is built in the Ontario and Quebec amounts.

Source: Canada West Foundation.

At present, all provincial governments fund problem gambling prevention and treatment programs. As seen in Table 2 funding varies considerably from province to province. Typically, the responsibility for providing problem gambling services is assigned to the government agency that delivers substance abuse programs. The range of services offered in Canada includes toll-free help lines, outpatient counseling, intensive day treatment, inpatient residential care, and public education and awareness of problem gambling issues.

Following the general population surveys of adult problem and non-problem gambling, some studies targeted perceived high-risk groups such as adolescents, Aboriginals, psychiatric populations, seniors, and in one case, a combination of the two—Aboriginal youth. In most instances problem gambling prevalence rates in the special population studies significantly outstripped those derived from general population surveys. For example, studies completed around the same time in Alberta showed problem gambling prevalence rates of 5.4% for adults, 8% for adolescents, 55% for adult Aboriginals, and 28% for adolescent Aboriginals.
In addition, four provinces (Manitoba, British Columbia, New Brunswick, and Alberta) authorized replication studies of the adult population to ascertain whether, and to what extent, problem gambling prevalence rates had changed over time. Results from these follow-up studies remained relatively stable; depending on the jurisdiction, prevalence rates rose or fell slightly, but in all cases the changes were not statistically significant.\(^71\)

While provincial governments have endorsed gambling as a major revenue producer, the public at large remains wary of the activity. On the one hand, Canadian citizens believe that gambling is entrenched and “an inevitable part of our culture that cannot be muted.” Conversely, a large majority of Canadians also believe that gambling detracts from the quality of life in communities.\(^72\) This paradox has created friction and led to several well-publicized clashes between provincial governments and their citizens. In general, these conflicts arose because of a perception that governments were abusing their unilateral control of gambling policies.\(^73\)

One grievance is that gambling policies are not informed by public input and lack transparency.\(^74\) For example, a 1993 Nova Scotia government-commissioned poll revealed that 58% of respondents were opposed to the introduction of casinos. In addition, a 50,000 signature anti-casino petition was presented to the legislature. The government responded by ignoring their own poll, dismissing the petition and proceeding to legalize private casinos.\(^75\) In Ontario, shortly after the vast majority of municipalities voted no to mini-casinos, the government allowed Ontario’s eighteen racetracks to become mini-casinos without further public discussion.\(^76\)

Provincial governments also have been criticized for expanding gambling offerings without extensive and impartial research on the long-term social and economic impacts of their decisions. In Alberta (1998) and New Brunswick (2001) growing consternation over the perceived harmful effects of VLT gambling led to the formation of citizen action groups who assertively brought the issue to each government’s attention. Ultimately, votes on whether to retain or remove VLTs were held in thirty-six Alberta municipalities (including seven of the eight largest cities). Only six communities voted to banish the machines. However, the overall balloting was close. Province-wide, 53% of voters wanted to keep the machines versus 47% who called for their removal. In New Brunswick’s all or nothing province-wide vote, a slim majority said yes to retaining the machines. In both instances the growing ambivalence toward gambling was starkly revealed with near equal numbers voting for and against.

Another criticism is that elected officials and their constituencies become dependent—some say addicted—to gambling revenues, thus
creating consumer unfriendly products\textsuperscript{7} co-opted groups who benefit from gambling, hence making it difficult, if not impossible, to undo gambling policy,\textsuperscript{78} and ethical quagmires that pit a government's revenue needs against the electorate's best interests; for example, marketing and promoting gambling as a civic virtue while at the same time habituating citizens.\textsuperscript{79} As Abt, Smith, and Christiansen have argued, the broader public good has not always been the paramount consideration of gambling policies.\textsuperscript{80} Canadian provincial legislators are faced with a conundrum; that is, how to maintain revenues from gambling while suppressing its harmful impacts. The economic growth of gambling inevitably makes it a public health issue for vulnerable individuals in the general population. The public health objective is to find ways of immunizing those susceptible to gambling addiction and minimizing the trauma to those afflicted with it. In the next section we trace the emergence and evolution of the medical model in dealing with gambling addiction.

MEDICALIZATION OF PROBLEM GAMBLING

As John Rosecrance astutely predicted, despite its limitations, the medical model has significantly impacted definitions of excessive gambling.\textsuperscript{81} In Canada, for example, mental health practitioners and government affiliated organizations that specialize in the treatment of drug and alcohol dependence have assumed responsibility for the treatment of persons who experience excessive gambling expenditures. These caregivers have tended to accept the idea that gambling is an addiction and therefore an individual pathology. This perspective is best illustrated by the position taken by the Canadian Centre on Substance Abuse (CCSA),

In an effort to maximize existing resources and expertise, treatment of problem gambling should be organized within the substance abuse field. There are similarities between the two target populations as a high percentage of substance abusers report problem gambling and vice-versa. In addition, the presence of substance abuse treatment services in most areas can provide an efficient and accessible response to this emerging problem.\textsuperscript{82}

The same report went on to point out that:

Pathological gamblers frequently have comorbid substance abuse disorders. Pathological gambling is also associated with significant and specific psychiatric comorbidity. A subset of pathological gamblers have comorbid antisocial personality disorder but they represent a minority when compared to those who acquired their antisocial traits as a consequence of their gambling behaviour. A comorbidity with mood disorders is also probable.\textsuperscript{83}

As Harold Wynne has observed: "The dominant conceptualization of problem gambling employs a medical model. It focuses on diagnosing
and treating the *sick* individual.\textsuperscript{84} Thus, in Canada, as in the United States, advocates of the medical model have gained control over the domain of excessive gambling. The dominance of the medical model, however, has not been a scientific achievement. Rather, as Rosecrance observed, it is more of a social accomplishment and underscores the ability of treatment specialists and researchers to have their views prevail.\textsuperscript{85}

Given the ascendance of the medical model, it is somewhat surprising that researchers and treatment specialists have failed to provide conceptual clarity regarding either the problem or its treatment. Even the notion of *disease*, which plays a prominent role in contemporary debates about the nature of excessive gambling, does not have an objective referent.\textsuperscript{86} In addition to conceptual ambiguity, and probably as a result, dominant theoretical and methodological paradigms for the study of problem gambling and its treatment are missing. Indeed, there is a lack of agreement regarding effective treatment interventions for problem gambling behaviours.\textsuperscript{87} The field of gambling studies is nevertheless generally united "in the belief that excessive gambling is within the theoretical and clinical jurisdiction of the medical model, and is a disease, a mental illness."\textsuperscript{88} The lack of conceptual clarity and theoretical foundation has not impeded the relatively recent explosion of research nor jeopardized the infusion of money and resources committed to treatment programs and research by provincial governments (particularly by Ontario, Quebec, and to lesser extents BC and Alberta. See Table 2).

In Ontario, for example, concomitant with the decision to expand slot machine gambling, the provincial government allocated an annual minimum of $10 million or 2\% of revenues from coin slot machines, what ever is the greater, to mitigating the effects of problem gambling. In 2000, the 2\% commitment amounted to approximately $17 million. Out of this, $4 million was committed to the establishment and operation of the Ontario Problem Gambling Research Centre (OPGRC)—an independent research agency that reports to the provincial Ministry of Health and Long Term Care through the Ontario Substance Abuse Bureau. In November 2000 the Centre awarded $1.7 million in its first round of research grants. Moreover, the province of Ontario, through the Ontario Substance Abuse Bureau, has sought to "secure an over-arching problem gambling safety-net" by committing $8.8 million toward "treatment to ensure that people in each community have access to problem gambling services through forty five designated agencies across the province."\textsuperscript{89} Ontario’s financial commitment to problem gambling research is thus the largest of any government in North America.\textsuperscript{90}

In Alberta, in 1998, as a consequence of the plebiscites and controversies centred on the effects of VLT gaming, a province-wide *Gaming Summit* was convened in Medicine Hat to permit the public and gambling
stakeholders to debate provincial gambling policies. One of the recommendations stemming from the Summit was that the Alberta government should support and fund independent scholarly research on gambling issues. Subsequently, three Alberta universities (Alberta, Calgary and Lethbridge) collaborated to form the Alberta Gaming Research Institute. The Institute currently receives $1.5 million annually from the provincial government with which to build research capacity through a system of peer reviewed research grants. First-round funded research projects reported findings in early 2002.

EMERGENCE OF RESPONSIBLE GAMBLING: POLICY IMPLICATIONS

From the beginning of gambling expansion in Canada in 1970 until the present, gambling’s advocates have held firm in the belief that gambling is a rational and harmless amusement that the vast majority of the populace engage in with little or no ill effects. Based on this conviction, pro-gambling forces and provincial governments sought to placate the public and introduce new gambling products, services, and institutions, even though the pro-gambling message conflicts with the medicalized view of problem gambling.

With addiction specialists, gambling therapists and gambling researchers becoming commonplace in the 1990s, the medical discourse on problem gambling has swayed public opinion to a point where the pro-gambling position has become vulnerable to criticism. As concerns mounted over the negative effects of new and expanded forms of gambling, some jurisdictions witnessed the rise of anti-gambling movements such as Citizens Against Gambling Expansion (CAGE). In Vancouver and elsewhere, regionally based chapters of CAGE arose in the 1990s to contest various government expansion plans. These ad hoc groups comprised a coalition of anti-poverty activists, United and Anglican Church parishioners, and small business owners who feared the negative social and economic effects of new or expanded forms of gambling such as major urban casinos. It is noteworthy that these activists were quick to appropriate emergent research findings for their own purposes. More specifically, while much of the opposition voiced by such organizations as the United, Anglican and Mormon Churches is fundamentally based on moral concerns about the exploitative nature of gambling and its threat to the Protestant work ethic, moral condemnation has not permeated their public opposition. Instead, arguments articulated by CAGE have incorporated aspects of the psycho-medical disease model of problem and pathological gambling. Using a combination of data from prevalence studies and academic research that challenges gambling’s net economic benefits, modern anti-gambling forces forged a hybrid discourse that effectively deployed concerns about disease and the economic costs associated with the disease.
Here, concerns about social impacts such as embezzlements, thefts, frauds, defalcation of loans, and family financial ruination are given voice. The rhetoric and rationales utilized by modern anti-gambling exponents have thus synthesized a discourse that contains both private and public components. The private component constitutes what is fundamentally a religious-moral opposition similar to that articulated in the early 20th century by the Moral and Social Reform Council of Canada. However, in the late 20th and early 21st centuries, moral argumentation has held little sway. Cultural, political, and economic values have transformed and reconstructed gambling from a vice to an acceptable form of entertainment, especially when the revenues are utilized for good causes. Arguments opposing gambling on strictly moral grounds are thus dismissed before they achieve a toehold. Alternatively, an effective strategy against pro-gambling forces and government expansionist policies has been the use of public medical-disease-economic counter-arguments. The anti-gambling offensive is not aimed at gambling per se, but at the perceived destructive consequences of electronic gambling formats and the need for governments to be more accountable and transparent in all areas of gambling policy. In some cases confrontations over gambling became rancorous, spilling over into courtrooms and ballot boxes. For example, leading up to the Alberta vote on VLTs the industry waged its campaign with the help of a $1 million war chest from member contributions. Despite outspending the opposition by at least a ten-to-one margin, the industry achieved only a narrow victory. Moreover, in the six communities that voted to remove VLTs, the industry has continued to thwart plebiscite results through litigation. Two-and-a-half years after the vote, the VLTs have yet to be removed.

In addition to gaining a reputation for overwhelming the opposition, the gambling industry has been portrayed as being unaware of, or insensitive to, bona fide ethical dilemmas that are endemic to gambling policy considerations. For example, customer protection regulations such as no cheque cashing or giving credit, posting problem gambling warnings and referral information, and enforcing minimum age requirements generally have to be imposed because few gambling industry executives voluntarily assume these responsibilities. The industry has also been chastised for failing to adequately address employee welfare issues such as health and hygiene conditions in the workplace, not to mention the industry’s casual approach to dealing with occupational hazards such as disordered gambling, alcohol and tobacco abuse, and depression.

In the face of the above critiques, and the fact that throughout history gambling has always been a tenuous activity in terms of public acceptability, the gambling industry has acted to sanitize its precarious public image. Attempts to soften public perception of the industry include invoking euphemisms such as gaming for gambling, players for gam-
blers, and take out or profit instead of player losses. Other examples of massaging their public image include the marketing of Las Vegas as a family vacation destination, funding charities and gambling research foundations, and latterly, embracing the concept of responsible gaming.

On the surface, responsible gaming is a motherhood notion that seems impervious to serious challenge—unless one is opposed to gambling altogether, in which case the designation is oxymoronic. Upon closer examination, however, the phrase runs counter to the medical model’s precept that problem gambling is a disease, that implies that afflicted individuals are not responsible for their condition. In fact, as gambling industry spokesperson Shannon Bybee contends, the medical model acts as a shield for problem gamblers by protecting them from being held responsible for their actions.105 In theory, then, one would expect responsible gaming proponents and medical model adherents to be at odds with one another. This was the case until the 1990s, when “the gambling industry and governments embraced, albeit grudgingly, the notion of problem gambling as a medical disorder.”106 Defining problem gambling as a disease understates and masks the moral issues surrounding widespread gambling, and allows responsible gaming to be a unifying construct that can bring governments, the gambling industry, problem gambling therapists, and gambling scholars together to share common objectives.107 Nowhere is this more evident than in recent developments in Ontario.

The Canadian Foundation on Compulsive Gambling (Ontario), a non-profit, non-governmental organization funded by the Ontario Substance Abuse Bureau, has played a prominent role in the development of provincial problem gambling strategies. It has a broad mandate to develop and deliver public awareness, prevention, and education programs in respect to problem gambling. The Foundation, in existence since 1983, was recently renamed the Responsible Gambling Council (RGC) (Ontario) to more accurately reflect its new philosophy on problem gambling issues. This thrust is best illustrated in the turn of events that transpired in March 2000 when the Ontario Substance Abuse Bureau requested that the Council spearhead a province-wide public awareness campaign to address problem gambling. Toward this end, the RGC and an ad hoc advisory group formally coalesced to create the Ontario Partners for Responsible Gambling to oversee the campaign’s development.108 It is noteworthy that the Partner’s advisory group includes representatives from the Ministry of Health and Long Term Care, the Ontario Problem Gambling Hotline, the Ontario Lottery and Gaming Corporation, the Centre for Addiction and Mental Health, the Ontario Problem Gambling Research Centre, the Provincial Bingo Charities Activities Association, Ontario’s Care Provider Agencies, the Ontario Horse Racing Industry Association, the Gaming Secretariat and the Responsible Gambling Council (Ontario).
In an effort to avert potential conflict over the harmful effects of excessive gambling, Ontario has thus facilitated the creation of strategic alliances under the rubric of responsible gaming. Ontario's responsible gambling coalition ostensibly works toward the common goals of preventing gambling addictions and mitigating the social and economic damages caused by problem gamblers. Presumably, under such a strategy governments and the industry acknowledge that gambling can have dire consequences for individuals and communities. In taking this stance they may legitimately claim to be acting as good corporate citizens. Similarly, health care professionals and academics who support the responsible gaming approach further their treatment programs and research agendas by obtaining funding and grants. However, the danger of compromising independence and credibility exists.

To be meaningful and effective a responsible gaming philosophy should be framed as a public health issue. Stakeholders must make sincere efforts to develop innovative gambling policies and practices. The public health perspective takes a panoramic view of gambling in society—"not focusing solely on individual problem and pathological gambling." Key concepts in this approach include prevention, harm reduction, value systems, and quality of life. Under this paradigm, the government and the gambling industry must accept fair criticism while honoring their funding commitments and, if need be, reconsidering their business practices. Conversely, treatment specialists and academic researchers must acknowledge progressive developments in the gambling industry and refrain from unwarranted criticisms about gambling policies and practices. The success of Ontario's responsible gambling strategy will thus depend on the personalities involved and how control of the gambling policy agenda is deployed.

One constraint facing responsible gaming coalitions arises from the fact that in Canada, agencies mandated to deliver problem gambling treatment and prevention programs are often affiliated with government, and in some cases, funded directly from gambling revenues. If not in reality, at least in public perception, this presents a potential conflict of interest. Under these funding arrangements government affiliated agencies invariably side with their political masters.

Another threat to this unconventional alliance revolves around whether governments and the gambling industry will make a wholehearted commitment to engage problem gambling and its consequences. Castellani is suspicious of the motivation behind the gambling industry's newfound interest in problem gambling, because in his view, the overriding industry concerns are financial: first, because problem gamblers rarely pay their debts and second because of a concern that product liability issues evident in the liquor and tobacco industries may appear in the gambling domain. Kindt, too, has accused the American gambling industry of being "prepared to spin any moral debate either way to ful-
fill its agenda” and believes that the “industry’s philosophy seems to be that everyone and everything has a price.” While perhaps exaggerated, this mistrust is based on the realization that governments and the gambling industry would lose a significant portion of their revenues if problem gambling were ever eradicated.

Despite the inherent obstacles, Ontario’s bold initiative represents an important juncture by bringing various stakeholders together to create a new agenda for addressing key gambling public policy issues. Such an endeavor will require a fundamental reconsideration of provincial gambling policies and perhaps a reassessment of the Canadian Criminal Code’s gambling provisions. As a starting point for striking a balance between generating gambling revenues and protecting the public interest, Goodman advocates going back to the drawing board and engaging several basic questions: What types of gambling should be made available to the public? How many gambling ventures are appropriate? Where should they be located? And, how should the revenues from these gambling ventures be distributed? Of course, as Jerome Skolnick observed over 20 years ago, “once the gambling genie is released, it is very hard to contain let alone return to the bottle.”

CONCLUSION

This discussion has identified and examined the discourses that have shaped Canadian laws and public policies on gambling through the 20th century. It is evident in the foregoing analysis that a variety of special interest groups have negotiated and continue to negotiate gambling’s historical transformations. At various junctures moral, social, political, medical and economic themes have been deployed to alternatively censure or legitimate gambling. With the various amendments that have occurred to the Criminal Code and the obvious liberalization of provincial gambling policies, it is apparent that a pro-gambling political-economic discourse has prevailed for most of the 20th century. From this perspective, as long as gambling was strictly regulated, controlled or, in some cases operated by government, Canadians have tolerated the transformation in gambling’s status from a vice to a public policy instrument that contributes to the public good through its economic benefits.

The public acceptance of gambling, however, has been provisional. Indeed, with the controversies arising over rapid expansion, the putative harmfulness of VLTs and slot machines, and the emergence of a medical discourse that has effectively portrayed excessive gambling as a disease, the supremacy of the political-economic position has been challenged. The rise of the medical model and the expert/professional knowledge that contributed to its ascendance have successfully broken the silence of the gambling industry and of provincial governments with regard to gambling’s potential harmfulness to individuals and the broader society.
Gambling in Canada

In the wake of the successful colonization of excessive gambling by advocates of the medical model, government officials and the gambling industry—assisted by new allies in the form of experts and professionals who support the construct of responsible gambling—have collaboratively redefined the problematic aspects of excessive gambling. The construct of responsible gambling implies a mixture of concerns focused on individual gamblers regarding moral fault, self-control, medical and social causation, and, of course, therapeutic interventions. What is striking about the responsible gambling discourse is that previously disputed issues such as the accessibility of gambling, its formats, and the profit motive underlying its availability are relegated to the background. As commentators have argued with respect to historical response in Canada to alcoholism, such responses appear somewhat contradictory, since social policy would seem best deployed in regulating the very supply of alcohol, and the conditions under which alcohol is supplied as well as consumed. Instead, contemporary discourse centres on folk devils—especially the impaired driver—and technical solutions for what is also portrayed as a medical and moral affliction (emphasis in original).

Although technical solutions in the form of therapeutic interventions have not been convincingly demonstrated as successful in rehabilitating problem gamblers, there is no shortage of efforts to formulate them. A host of interventions that address biological, psychological, social, environmental, and spiritual causes (or combinations thereof) is evident. With the ready availability of increased funding resulting from innovative partnerships between government, industry, researchers and treatment specialists, new crusades are launched in the form of: more prevalence studies; validation studies of screening devices; evaluation of treatment modalities and programs; and the development of prevention programs, public awareness initiatives, and education curricula. In their quest, gambling scholars have identified a growing circle of gambling’s very own folk devils or, in the preferred vernacular of the medical discourse, at risk populations: adolescent gamblers, senior citizens, women, Internet users, ethnic-cultural groups and combinations of the foregoing such as Aboriginal youth. The negotiated status of responsible gaming would appear to entail a tacit agreement in which the responsible gambling proponents downplay government and private sector revenue imperatives and policies as factors that exacerbate excessive gambling. In other words, the responsible gambling paradigm transposes social problems affiliated with excessive gambling into individual problems and depoliticizes them. Thus, what is evident in the strategic partnerships that comprise the responsible gaming viewpoint is a series of “compromise maneuvers” designed to facilitate and sustain the negotiated acceptability of gambling at the start of the 21st century in Canada.
NOTES:

1 The authors gratefully acknowledge the suggestions and constructive commentaries provided by Dr. Gerry Cooper of the Centre for Addiction and Mental Health, Sudbury, and Ms. Vickii Williams of the Alberta Gaming Research Institute. The authors would also like to thank the three anonymous reviewers for their meticulous reading of an earlier draft of this paper and for their valued observations and suggestions.


4 Dixon, From Prohibition to Regulation.


6 Rose, "Compulsive Gambling and the Law."


8 P. Conrad and J. W. Schneider, Deviance & Medicalization: From Badness to Sickness (St. Louis: Mosby, 1980).

9 Canadian Centre for Substance Abuse (CCSA), Policy discussion paper on problem gambling, Toronto, March 1998.


16 Ajzenstadt and Burtch, "Medicalization and Regulation of Alcoholism," p. 127-47.

17 Canadian gambling laws had their origin in English statute law rather than in common law. In colonial fashion, these laws had been extended to Canada. In 1886 existing Canadian gaming laws were amalgamated into a general statute relating to lotteries and gaming (An Act Respecting Gaming Houses, S.C. 1886 c.158). These provisions were substantially re-enacted in the Criminal Code in 1892. See Judith Osborne and Colin S. Campbell, "Recent Amendments to Canadian Lottery and Gaming Laws: The Transfer of Power between Federal and Provincial Governments," Osgoode Hall Law Journal, 26, 1 (Spring, 1988): 19-43. See also Judith A. Osborne, "The Legal Status of Lottery Schemes in Canada: Changing the Rules of the Game," LLM. thesis, University of British Columbia, 1989, chap. 1.


Canada, Evidence taken by the Special Committee on Bill No. 6 relating to Race Track Gambling, *Journals of the House of Commons*, Part IV, 1909-10 (Ottawa: King's Printer 1912), 21.

Campbell, "Canadian Gambling Legislation."


Hansard, Debates of the House of Commons (Canada), May 22, 1934: 3311

Hansard, Debates of the House of Commons (Canada), May 22, 1934: 3318


Canada, *Report of the Joint Committee*. The Joint Committee deemed that state lotteries were an inefficient way of raising public funds and that, while it was the role of the state to control and regulate such gambling activity as might be permitted under the law, it was highly inappropriate for the state itself to provide gambling opportunities to the public and to actively promote it. See Osborne, "The Legal Status of Lottery Schemes," p. 51.

Osborne, "The Legal Status of Lottery Schemes," p. 53-75


Under the provisions of the 1969 amendment, the government of Canada was also entitled to conduct and manage lottery schemes. In 1973, the government of Canada thus granted a charter to the Olympic Lottery Corporation of Canada permitting it to conduct lotteries to raise funds for the 1976 Montreal Olympics. Subsequently, in 1976 the government of Canada created a federal lottery corporation, Loto-Canada. Provincial governments united in their opposition to what they perceived as an intrusion by the federal government. When the Progressive Conservative Party was elected to form the national government in 1979, as a conciliatory gesture to the provinces, it began dismantling Loto-Canada and initiated measures to ensure federal withdrawal from lotteries. However, when the Liberal Party was re-elected in 1980, Loto-Canada was revived. Provincial governments again quickly united in angry response and commenced litigation intended to thwart federal participation in lotteries. The 1985 amendment, in addition to delegating authority to license and regulate all forms of gaming to the provinces, thus also ended the simmering feud between the federal and the provincial governments over lottery revenues. See Osborne, "The Legal Status of Lottery Schemes," p. 64-70. See also Osborne and Campbell "Recent Amendments to Canadian Lottery and Gaming Laws."

Patrick makes the following cogent observation about the 1985 Criminal Code amendment that removed the federal government from conducting and managing gambling ventures: "The withdrawal of the federal government essentially established provincial monopolies on gaming, including the licensing of all charitable or recreational gambling activities. Essentially, the provinces purchased their monopolies with a one hundred million dollar payment to the federal government. This is particularly remarkable, as it represents the purchasing of amendments to the Criminal Code of Canada. Despite the dubious morality of elected representatives decriminalizing otherwise criminal behaviour for cash payments, the permanency of the exemption appears beyond doubt." See Timothy Patrick, "No Dice: Violations of the Criminal Code’s gaming exemptions by provincial governments," *The Criminal Law Quarterly*, 44, 1 (2000): 108-26.


Korn, "Expansion of Gambling."


Colin S. Campbell and John Lowman, eds., *Gambling in Canada: Golden Goose or Trojan Horse? Proceedings from the First National Symposium on Lotteries and Gambling* (Burnaby, B.C.: School of Criminology, Simon Fraser University, 1988). The media, meanwhile, exhibited growing fascination with gambling-related crimes such as Brian Molony’s embezzlement (over $10 million) from the Canadian Imperial Bank of Commerce. See Gary Ross, *Stung: The Incredible Obsession of Brian Molony* (Toronto: Stoddart, 1987).

Ralph McNab, Executive Director, Canadian Foundation for Compulsive Gambling (Alberta), personal communication.

Barbara Gfellner, "A Profile of VLT Gamblers in Brandon Manitoba," a report for the Brandon Crime Prevention committee (Brandon, 1994).


Azmier, "Canadian Gambling Behaviour."


Ladouceur, "The Prevalence of Problem Gambling in Canada."
56 Wynne Resources, "Adult Gambling and Problem Gambling."
57 Marshall, "Fact-sheet on Gambling."
58 Campbell and Smith, "Canadian Gambling."
59 Campbell and Smith, "Canadian Gambling."
60 Wynne, Smith and Volberg, "Gambling and Problem Gambling."
61 Campbell and Smith, "Canadian Gambling."
67 Wynne, Smith and Volberg, "Gambling and Problem Gambling."
68 Wynne, Smith and Jacobs, "Adolescent Gambling."
69 Hewitt, "Spirit of Bingoland."
70 Hewitt and Auger, "Firewatch."
71 Wynne Resources, "Adult Gambling and Problem Gambling."
72 Azmier, "Canadian Gambling Behaviour."
75 Brian Hutchinson, Betting the House: Winners and Losers and the Politics of Canada’s Gambling Obsession (Toronto: Viking, 1999).
78 Rachel Volberg, When the Chips are Down: Problem Gambling in America (New York: Century Foundation Press, 2001).
81 Rosecrance, "Compulsive Gambling."
82 Canadian Centre on Substance Abuse (CCSA), National Working Group on Addictions Policy report (Ottawa, 1998).
83 CCSA report.
84 Harold Wynne, "Problem Gambling in Healthy Communities, Developments, 20, 1 (February/March 2000): 4-5.


D. K. Davidson, Selling Sin, the Marketing of Socially Unacceptable Products (Westport, Conn.: Quorum, 1996).

Castellani, Pathological Gambling.


Alberta Lotteries and Gaming Summit.


Castellani, Pathological Gambling.

Castellani, Pathological Gambling.


Volberg, "When the Chips are Down."
Gambling in Canada

107 Volberg, “When the Chips are Down.”
109 Kelly, “The Partners Program.”
110 Volberg, “When the Chips are Down.”
112 Castellani, Pathological Gambling.
115 Goodman, The Luck Business.
117 Ajzenstadt and Burtch, “Medicalization and Regulation.”
118 Ajzenstadt and Burtch, “Medicalization and Regulation,” p. 143.