Scholarly Paper

Lack of Access to Gambling Addiction Treatment and Its Impact on Adults in Ontario

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Structure and Function of the Canadian Healthcare System

The Canada Health Act (1984) serves as the foundation for Canada's healthcare system, outlining the principles of universality, accessibility, and public administration (Government of Canada, 2025). The Act ensures that all residents have equitable access to medically necessary hospital and physician services, regardless of income or social status. While federally guided and taxpayer-funded, healthcare delivery is managed by provinces and territories under national standards (Government of Canada, 2023).

In Ontario, the Ministry of Health (MOH) administers and funds the Ontario Health Insurance Plan (OHIP), which covers most medically necessary physician and hospital services (Ontario Ministry of Health, 2024). Mental health and addiction services, including those for gambling addiction, are integral components of the healthcare system and are primarily delivered by hospitals, community health centers, and specialized non-profit organizations (Canadian Centre on Substance Use and Addiction [CCSA], 2024). However, regional disparities persist, limiting equitable access to gambling-related care across Ontario.

Introduction

Compulsive gambling, or gambling disorder, is defined in the *DSM-5* as a behavioural addiction marked by persistent gambling that disrupts personal, family, and work life (Lolk, 2013). As with drug use, gambling addiction activates the brain’s reward pathways, causing involuntary engagement despite harmful outcomes. In Ontario, widespread access to casinos, online platforms, and lotteries heightens the risk of problem gambling.

Lack of accessibility to effective gambling addiction treatment in Ontario remains a concern, despite growing evidence of need (Cunningham et al., 2008). Only 2–10% with

gambling disorder seek professional help. Barriers include limited public awareness, stigma, and poor integration between primary care and specialized services (CAMH, 2021). Many do not view gambling as a mental health issue, while others avoid help due to shame or privacy concerns. Systemically, services are centralized in urban centres, leaving rural and remote areas with limited care (Rush et al., 2013).

The Responsible Gambling Council (2022) reported that about 3.3% of Ontario adults experience moderate to severe gambling issues (RGC, 2022). According to Centre for Addiction and Mental Health (CAMH), people with gambling disorders often face depression, anxiety, and substance use disorders. Prolonged wait times and limited local services leave many untreated, with Rush et al. (2013) noting delays of weeks to months in publicly funded programs. Initiatives like ConnexOntario and OLG aim to improve access and awareness, but fragmented services and inconsistent funding limit equitable access to care (ConnexOntario, 2025; OLG, 2025).

Systemic Factors and Barriers to Access

Funding gaps in behavioral vs. substance addiction

Ontario's healthcare structure and policies contribute significantly to the lack of access to treatment for behavioural addictions such as gambling disorder when compared with substance-use disorders (SUDs) (Auditor General of Ontario, 2024). The MOH funding model continues to prioritize SUD treatment and harm-reduction programs, leaving limited resources and infrastructure to address behavioural addictions effectively. For instance, the Ontario Opioid Strategy (2016) directed $222 million toward opioid treatment and surveillance but provided no comparable framework for gambling or other behavioural addictions. This imbalance demonstrates how systemic policy design shapes service availability. Although

opioid-specific initiatives have improved access to some addiction programs, the same funding streams rarely support behavioural-addiction care. The gap is further reflected in data from the Ontario Drug Policy Research Network and Public Health Ontario (2025), which reported an increase from 4.5 opioid-related deaths per day in 2018 to 8 per day in 2022. This reveals systemic gaps within the healthcare system, particularly as funding allocations rarely extend to behavioural-addiction services.

Service shortages and long wait times

Across Ontario, addiction services are constrained by long wait times, a shortage of specialized clinicians, and a lack of regional treatment centres (Auditor General of Ontario, 2024). These system-wide barriers also affect adults seeking help for gambling disorder. Specialized clinicians trained in behavioural-addiction therapy remain limited, and many programs operate at or beyond capacity, leading to delays in both assessment and treatment. For instance, several treatment programs, such as Rapid Access Addiction Medicine (RAAM) clinics and withdrawal management facilities, continue to operate at or beyond their intended capacity. In 2022, a system-level snapshot of Ontario's publicly funded services found that only 23.4% of problem-gambling treatment agencies were fully operational (Hao et al., 2024). This highlights the persistent capacity constraints and insufficient infrastructure that prevent equitable access to behavioural-addiction care. Likewise, the Auditor General of Ontario (2024) reported a shortage of addiction-treatment specialists, which continues to hinder service availability and exacerbate wait times across the province.

Urban-rural service disparities

The concentration of addiction services in major cities such as Toronto and Ottawa

creates significant inequities (Canadian Mental Health Association, n.d.). Many rural and northern communities face ongoing shortages of primary-care and mental-health providers, limiting access to both substance-use and gambling-addiction supports. Programs such as Rapid Access Addiction Medicine (RAAM) clinics are primarily urban, leaving remote areas dependent on virtual or intermittent outreach models. For instance, the RAAM Clinic at 225 James St. S. (West 5th Campus, St. Joseph's Healthcare Hamilton) operates in an area with high rates of overdose and substance use, yet data on gambling-related cases remain unclear—creating gaps in service planning and accountability (Mental Health at School, n.d.). Many remote regions lack clinics entirely and must rely on virtual care, further reinforcing geographic inequities in access (Canadian Mental Health Association, n.d.).

Impact on Adults in Ontario

Limited access to gambling addiction treatment continues to impose serious psychological, social, and economic costs on adults in Ontario. Nearly 70% of Ontario adults report gambling in the past year, with about 1.2% meeting criteria for a gambling disorder (Centre for Addiction and Mental Health [CAMH], 2024). The expansion of online gambling and single-event sports betting has further increased exposure and risk, normalizing gambling and heightening harm (Cardus, 2024; Canadian Centre on Substance Use and Addiction [CCSA], 2024).

Psychologically, inadequate access to treatment contributes to elevated stress, anxiety, depression, and in some cases, suicidal ideation. Stigma and denial remain major barriers to help-seeking, preventing early intervention and worsening mental-health outcomes (Suurvali et al., 2012). These challenges often surface only when individuals reach crisis points, making

treatment more complex and costly.

Socially, gambling harms family stability, relationships, and community participation. Cardus (2024) found that even moderate gambling losses among Ontario adults cause financial strain and social withdrawal, especially in lower-income households. Those in rural or underserved areas face greater risk due to limited access to specialized services (CAMH, 2025).

Economically, problem gambling among adults leads to mounting debt, job loss, and dependence on social supports. In 2022, Statistics Canada estimated that 1.6% of adult gamblers were at moderate-to-severe risk, representing tens of thousands of Ontarians. CAMH (2024) emphasizes that these harms reduce productivity, destabilize families, and increase public-system costs, with record-high wagering and rising helpline calls reflecting growing need (Cardus, 2024).

From a healthcare-system perspective, most adults seek help only after reaching crisis stages, often through general mental-health or emergency services. CAMH (2025) warns that this reactive model results in missed opportunities for prevention and early intervention. Collectively, these findings show that limited treatment access drives psychological, social, and economic harm, an ongoing public-health concern requiring coordinated provincial action.

Interactions Within the Healthcare System

Ontario's response to gambling addiction depends less on the number of treatment programs and more on how effectively clinicians, families, consumers, and health agencies work together. Ideally, this network would identify, refer, and support individuals experiencing gambling-related harm, yet weak coordination and communication often leave adults falling through the cracks before receiving proper care.

Clinicians are often the first point of contact but frequently lack the training to detect gambling disorders. In Ontario, 77% of clinicians reported encountering patients with gambling problems, yet only 16% screened regularly and 12.5% had formal training (Manning et al., 2020). As a result, gambling often goes unnoticed as a source of anxiety or depression. Families are the first to recognize harmful patterns but often face unclear referral routes and limited support. In Ontario, only about 3%^ of individuals with gambling problems pursue professional treatment, with many discouraged by stigma, denial, or barriers. (Suurvali et al., 2012).

Health agencies such as CAMH have introduced initiatives like *Skills for Change Online* to expand access (Turner et al., 2023; CAMH, 2019), but their success depends on collaboration among clinicians and families. Limited screening and weak system integration continue to fragment Ontario's care network, restricting its ability to deliver timely, coordinated treatment for adults affected by gambling addiction.

Conclusion

Addressing the limited availability of gambling addiction treatment in Ontario is essential to achieving equitable healthcare. Despite Canada's commitment to universality under the *Canada Health Act*, unequal resources, clinician shortages, and urban–rural disparities continue to hinder timely access to care. These systemic obstacles not only exacerbate mental health issues, especially anxiety, depression, and suicidal ideation, but also cause significant social and economic harm by increasing debt and lowering productivity. Strengthening system coordination, expanding clinician training, and investing equitably in behavioural and substance-use disorders are vital for a more accessible and responsive mental health system.

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