CANADIAN PSYCHOLOGICAL ASSOCIATION

SOCIÉTÉ CANADIENNE DE PSYCHOLOGIE

Submission to the Standing Committee on Canadian Heritage concerning Bill S-211,

An Act respecting a national framework on sports betting advertising

October 9, 2026

About the CPA

The Canadian Psychological Association (CPA) is the largest national association for the science, practice, and education of psychology in the service of the health and welfare of Canadians. With over 7,000 members and affiliates, the CPA advances psychological science, practice, and education through research, advocacy, and collaboration. Our members are researchers, educators, practitioners, and trainees working to understand human behaviour, support mental health, and improve individual and collective wellbeing.

Psychologists are one of the largest groups of regulated and specialized mental health providers able to diagnose and treat mental disorders, making our profession a key resource for the mental health treatment the people of Canada need. Trained extensively in research, psychologists are an expert resource for evidence-based decision-making and contributing to the country's potential and future prosperity.

Vision

The CPA envisions a society that values and applies psychological science for the benefit of persons, communities, organizations and peoples.

Mission

We will serve the public and the CPA's membership by advancing psychological science, practice and education through research, advocacy and collaboration.

For more information, please visit our website at www.cpa.ca.

Protecting Mental Health Requires Immediate Action on Gambling Marketing

The CPA's clinician members assess and treat psychological difficulties, including addictions and their associated harms. Our researchers investigate the conditions that strengthen or undermine mental health. Our advocacy brings that knowledge to public decisions affecting Canadians. The prevention of avoidable psychological harm is therefore central to our concerns—not simply the treatment of harm after it has occurred.

We submit this brief because the expansion and promotion of online gambling have become matters of serious mental-health concern (Wardle et al., 2024). The question before Parliament is not merely how to manage advertising for a commercial product. It is how to protect Canadians, particularly children, adolescents, and young adults, from an environment that encourages gambling participation (McGrane et al., 2023). Gambling can produce addiction, financial distress, and relationship breakdown, and gambling problems are associated with suicidal thoughts, attempts, and deaths. These harms are well documented in the research literature (Wardle et al., 2024; see also this recent issue of Psynopsis)

Recommendations

The CPA appreciates the recognition embodied in Bill S-211 that gambling advertising requires government intervention. However, the legislation's present scope and timetable do not provide the immediate, comprehensive protection that the evidence warrants. As such, we call for two immediate priorities: (1) coverage of all forms of online gambling, rather than sports betting alone; and (2) an immediate prohibition on their advertising, marketing, and promotion while further protective regulation is developed. We also call on Parliament and the relevant federal, provincial, and territorial authorities to:

1. Establish an immediate prohibition on commercial advertising, marketing, and promotion of online gambling, including sports betting, online casinos, slots, poker, and other online gambling products, through the lawful legislative and regulatory mechanisms available.
2. Extend the protective framework beyond sports betting to all forms of online gambling, and address cross-product promotions and shared-brand marketing so that restrictions cannot be circumvented by promoting a different gambling product.
3. Ensure that the prohibition addresses broadcast and digital advertising, sponsorship, paid endorsements, influencer and affiliate promotion, direct promotional messaging, and inducements. Any narrow exceptions for necessary factual information should not permit promotional recruitment.
4. Develop additional protections with the advertising prohibition already in place, including evidence-informed product safeguards, independent monitoring, accessible treatment, and measures addressing the needs of young people and affected families.
5. Place public health and independent evidence at the centre of regulatory development. People with lived experience, mental-health professionals, researchers, and affected communities must have a meaningful role; commercial interests must not determine the level of protection.

Online gambling is a mental-health issue, not merely a consumer preference

Gambling disorder is a recognized behavioural addiction. It involves impaired control, increasing priority given to gambling, and continuation despite negative consequences. Harm also occurs below the threshold of a diagnosable disorder, and extends beyond the person gambling to partners, children, families, and communities. Financial strain, emotional distress, relationship disruption, and compromised functioning are not incidental to this discussion; they are part of its public-health significance.

Online gambling deserves particular attention. A 2024 systematic review and meta-analysis published in *The Lancet Public Health* drew on 380 representative samples from 68 countries and territories (Wardle et al., 2024). It estimated that 1.41% of adults globally engaged in problematic gambling. Among adults participating in online casino or slots gambling, the pooled proportion experiencing problematic gambling was 15.8%. These are different denominators: the latter is a proportion of participants in that gambling activity, not of all adults. Nevertheless, the concentration of problems among online casino and slots participants is a compelling reason not to confine policy to sports betting.

The online environment also changes the practical conditions of gambling. Participation no longer necessarily requires visiting a gambling venue or planning a discrete outing. Mobile platforms can place repeated betting opportunities within everyday life. Qualitative research with young men has documented how app-based access, in-play promotions, and “free bet” offers can normalize gambling and encourage more frequent participation, alongside financial and mental-health difficulties.

Not everyone who gambles develops an addiction. That does not justify treating population-level exposure and promotion as harmless. Public-health policy must consider the number of people drawn into participation, the intensity and frequency of that participation, the characteristics of the products promoted, and the consequences for people who experience harm.

Canadian evidence raises particular concern for adolescent boys and young men

Recent Canadian findings make the urgency concrete. A 2026 study in the *Canadian Medical Association Journal* examined gambling-related contacts to ConnexOntario, Ontario’s mental-health and addictions information and referral service, from January 2012 through September 2025 (Forrest et al., 2026). The mean monthly rate of gambling-related contacts increased from 13.4 per million residents aged 15 and older before the introduction of PlayOLG to 26.2 per million following the opening of the private online gambling market—a 95.5% increase between those periods.

The increase was especially pronounced among adolescent boys and men aged 15–24. Their mean monthly contact rate rose from 13.8 to approximately 57.5 per million, an increase of about 317% between the pre-PlayOLG and private-market periods. During the private-market

period, boys and men aged 15–44 accounted for 60.3% of all gambling-related contacts and 88.9% of sports-gambling contacts.

These are helpline contacts, not a direct measure of the prevalence of gambling disorder. They may reflect increases in gambling problems, help-seeking, or both. The study also cannot isolate advertising from every other change accompanying market expansion. Those qualifications matter. They do not diminish the significance of a marked rise in demand for gambling-related assistance concentrated in younger males.

The burden is not confined to individual gamblers. Across the study, 21.7% of gambling-related contacts came from family members. Most contacts resulted in referrals for further assistance, including counselling and treatment, family support, or bed-based treatment. These findings show that gambling-related concerns are entering the mental-health service system and affecting people around those who gamble.

The CPA is deeply concerned about a policy environment that expands opportunities for harm while leaving families and mental-health professionals to manage the consequences. Treatment is indispensable, but treatment cannot substitute for prevention.

The most serious outcomes include suicidal thoughts, attempts, and deaths

A meta-analytic review of 107 studies, published in *Psychological Bulletin*, estimated that among people with gambling problems, 31.6% had experienced suicidal ideation during their lifetime and 13.2% had made a suicide attempt (Kristensen et al., 2024). Compared with people without gambling problems, their odds of reporting lifetime suicidal ideation were approximately 2.17 times as high, and their odds of reporting a lifetime suicide attempt were approximately 2.81 times as high. These are pooled estimates across varied populations and studies—not estimates specifically for Canadian youth or online gamblers.

Evidence also concerns suicide mortality. A Norwegian registry study of 6,899 patients diagnosed with gambling disorder found a suicide mortality ratio of 5.12 relative to the general population, standardized for age, sex, and calendar year. Suicide accounted for 37 of the 148 deaths observed in that clinical cohort. This does not mean that one-quarter of people with gambling disorder die by suicide; it means suicide represented one-quarter of the deaths recorded during follow-up.

The relationships are complex. Co-occurring mental-health conditions, financial distress, and other circumstances can contribute, and the evidence does not establish that gambling alone caused every suicidal outcome. However, the association is sufficiently serious and consistent that gambling prevention, assessment, and treatment must be understood as relevant to suicide prevention.

An activity associated with these outcomes cannot responsibly be promoted as an uncomplicated extension of entertainment.

Marketing helps create the conditions for harm

Gambling advertising is not merely a neutral means of informing people that a legal service exists. Its commercial purpose is to attract participation and sustain engagement.

A systematic umbrella review published in *Public Health* examined eight systematic reviews encompassing 74 unique studies. The authors concluded that the evidence consistently supported a causal relationship between exposure to gambling advertising and more favourable attitudes toward gambling, stronger intentions to gamble, and increased gambling activity. They also identified evidence of a dose–response relationship and particular susceptibility among children, young people, and people already at risk of gambling harm.

No single advertisement determines every subsequent decision, and we cannot identify with certainty every person who would never have gambled in its absence. But the evidence supports the conclusion that marketing changes attitudes, intentions, and participation. Increasing exposure is not innocuous.

In Canada, the legalization of single-event sports betting and the opening of Ontario's private online market created an expanded environment for gambling promotion. A Canadian Centre on Substance Use and Addiction (CCSA) report describes a sudden increase in legal gambling opportunities and advertising, particularly during sports broadcasts, with exposure extending across jurisdictions through broadcast and online media across Canada (Young et al., 2024).

The resulting normalization is especially troubling. Sport should be available to young people as recreation, community, achievement, and entertainment—not routinely presented as an invitation to wager. Research with young male bettors has documented how gambling can become understood as part of being a sports fan, with promotions encouraging betting and mobile applications reducing barriers to participation.

Psychological knowledge should protect young people, not exploit them

The CPA is **profoundly** disturbed by the use of psychological principles to encourage engagement with potentially addictive products.

CPA member and subject matter expert, Professor Steve Joordens, has described this as the "weaponization of psychology": using knowledge of persuasion, reward, and behavioural persistence to encourage gambling rather than protect wellbeing. The CPA has publicly repeated this concern and the accompanying demand for restrictions and a ban.

The policy problem extends beyond explicit advertisements. Promotions, endorsements, sports-related identity, incentives, and repeated invitations to engage can make gambling appear familiar, socially endorsed, and difficult to avoid. Research on young men's experiences identifies promotional inducements and the normalization of betting as important features of this environment.

We reject a model in which psychological knowledge helps recruit people into potentially harmful patterns of behaviour while the responsibility for the resulting distress is shifted to individuals, families, and clinicians. A message encouraging "responsible gambling" does not remove the public-health obligation to examine how the commercial environment encourages participation in the first place.

Sports betting must not become a regulatory boundary that leaves online casinos untouched

The case for broader coverage does not depend on claiming that every sports bettor progresses to casino gambling. It rests on the integration of products and the risk of cross-promotion.

Gambling-industry publications openly describe cross-selling sports bettors into online casinos as a commercial strategy. One industry account recommends integrating casino games directly into sportsbook content and promoting them during periods without sporting action, including halftime and time-outs. Such material is evidence of commercial strategy—not an independent estimate of how many Canadians make that transition.

This matters because a sports-betting relationship can become a route to other gambling products, including products with high observed rates of problematic participation. The global meta-analysis's findings for online casino and slots gambling underscore why these products cannot be treated as peripheral to the policy problem.

A framework limited to sports betting risks leaving the same brands, platforms, and promotional infrastructure able to encourage other forms of online gambling. Protection should follow the harms and the commercial practices that produce exposure, not a narrow distinction between products available within an integrated gambling environment.

Legal access does not require unrestricted promotion

Canada already recognizes that permitting adults to access a product does not create an unrestricted right to market it. By way of example, the *Cannabis Act* generally prohibits promotion, subject to limited exceptions. It prohibits promotion appealing to youth, testimonials and endorsements, and lifestyle promotion associated with glamour, recreation, excitement, risk, or daring. Certain informational and brand-preference promotion is permitted under specified conditions, including restrictions on youth access. Cannabis is therefore not wholly unadvertised, but its promotion is deliberately constrained.

The CPA is not suggesting that cannabis is harmless, or that all harms can be ranked on a single scale. The relevant principle is straightforward: lawful adult access and aggressive commercial recruitment are different policy choices.

Canadians can retain access to lawful gambling without being repeatedly encouraged to participate through advertising, sponsorship, inducements, and promotional messaging.

Bill S-211 recognizes the problem but does not provide adequate immediate protection

We acknowledge the work of Senator Marty Deacon and others in bringing gambling advertising before Parliament. Bill S-211 recognizes a genuine problem and would require a national framework addressing sports-betting advertising, prevention, and support, together with a CRTC review.

However, the bill does not itself prohibit gambling advertising. It requires a report on the framework and implementation strategy within one year after enactment, followed by reporting on implementation within five years after the first report is tabled. It does not guarantee an immediate interruption of harmful marketing. Its advertising provisions are directed to sports betting rather than all online gambling products.

Our request is consistent with, rather than a reversal of, the CPA's previous advocacy. In May and June 2024, the CPA supported action on the predecessor framework bill, S-269, while calling for a ban on gambling advertising and marketing. Support for legislative attention was not an endorsement of limited measures as a sufficient endpoint.

More than two years after that advocacy, the case for faster and broader protection has strengthened. The CPA cannot support a submission that presents S-211 in its current form as an adequate response to the mental-health problem described here. We support regulation; we do not support delay being mistaken for protection.

Conclusion

The CPA is deeply concerned that commercial expansion and promotional opportunity are being given greater practical priority than the mental health of Canadians, particularly young people.

The evidence documents gambling-related distress, substantial demand for assistance among adolescent boys and young men, and serious associations with suicidal thoughts, attempts, and deaths. Advertising evidence shows that promotion influences attitudes, intentions, and participation. Together, these findings warrant preventive action, not merely a promise to consider it later.

It is unacceptable that Canadians should bear avoidable psychological harm while governments deliberate over how much commercial encouragement to permit. This is a failure of public-health priority that must be corrected.

The CPA welcomes the intent to regulate embodied in Bill S-211 but believes the current approach does not go far enough or act fast enough. Our position is clear: protect Canadians now by prohibiting online-gambling marketing, extend protections across gambling products, and develop further safeguards with that prohibition in place.

We would welcome the opportunity to contribute psychological science, clinical expertise, and prevention knowledge to that work. Doing so is consistent with our mission to serve the public through research, advocacy, and collaboration—and with our commitment to the mental health of Canadians, especially our youth.

The CPA wishes to thank Dr. Steve Joordens, CPA Member and Subject Matter Expert on Gambling Advertising and Marketing, and Professor, University of Toronto Scarborough, for his extensive contribution to this brief and continued contribution to the CPA's advocacy on this issue.

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