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PSYNOPSIS

CANADA'S PSYCHOLOGY MAGAZINE

BEHAVIOURAL ADDICTIONS

PSYNOPSIS

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Psynopsis is the official magazine of the Canadian Psychological Association. Its purpose is to bring the practice, study, and science of psychology to bear upon topics of concern and interest to the Canadian public. Each issue is themed and most often guest edited by a psychologist member of the CPA with expertise in the issue's theme. The magazine's goal isn't so much the transfer of knowledge from one psychologist to another, but the mobilization of psychological knowledge to partners, stakeholders, funders, decision-makers, and the public at large, all of whom have interest in the topical focus of the issue. Psychology is the study, practice, and science of how people think, feel, and behave. Be it human rights, healthcare innovation, climate change, or medical assistance in dying, how people think, feel, and behave is directly relevant to almost any issue, policy, funding decision, or regulation facing individuals, families, workplaces, and society.

Through *Psynopsis*, our hope is to inform discussion, decisions, and policies that affect the people of Canada. Each issue is shared openly with the public and specifically with government departments, funders, partners, and decision-makers whose work and interests, in a particular issue's focus, might be informed by psychologists' work. The CPA's organizational vision is a society that values and applies psychological science in the benefit of persons, communities, organizations, and peoples. *Psynopsis* is one important way that the CPA endeavours to realize this vision.

PSYNOPSIS

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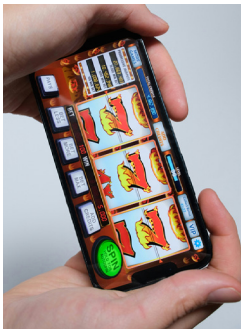

MESSAGE FROM THE GUEST EDITOR

Steve Joordens, B.A., M.A., Ph.D.
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Behavioural addictions are no longer niche curiosities at the margins of clinical practice. They shape how Canadians gamble, game, work, connect, and cope. In this special issue of *Psynopsis*, contributors from across the country examine how these patterns are evolving in a digital, on-demand world, and what psychology can offer in response.

We begin with an essential foundation. In "Problem gambling as an addictive disorder," Crepault and colleagues clarify why gambling belongs in the addiction family, not simply as "risky recreation" or poor self-control. Framing gambling as an addictive disorder makes rapid changes in its availability, design, and marketing as public health concerns, not just matters of personal responsibility.

The next three pieces focus on sports betting as the most visible front in this shift. In "Ahead of the odds," Vieira and colleagues argue that Canada is repeating a familiar pattern: liberalizing gambling markets first and asking hard questions later. Drawing on experience from countries such as the United Kingdom and Australia, they show that increased availability and advertising of sports betting are consistently linked to gambling-related harms and call for proactive regulation.

Pettipas and Richard narrow the lens to young adults navigating Ontario's expanding online betting market. Developmental factors – ongoing brain maturation, sensation seeking, and susceptibility to peers – interact with ubiquitous marketing and smartphone access to put 18- to 24-year-olds at particular risk. International policy examples demonstrate that restricting advertising and promotions can reduce intensity and harm for youth.

Schofield-Lewis and Clark, writing from the Centre for Gambling Research at UBC, shift attention from who gambles to what they are offered. They analyze design features such as near misses, in-play betting, rapid settlement, and cash-out options, showing how modern sports betting now resembles high-intensity products like slot machines. Understanding these features is essential for regulating harm when gambling is embedded in the sports experience.

Senator Marty Deacon then provides a "Senate-eye view" of how we arrived in a world saturated with sports-betting ads and how regret over that trajectory now fuels efforts to restrict marketing via Bill S-211.

Sport gambling is only one form of behavioural addiction. Angeles introduces readers to the "immersion arms race" in virtual reality gaming, where full-body tracking and haptics make gaming more like entering an environment than watching a screen. Nasseri and Peracha examine social media addiction among graduate students, outlining how problematic use intersects with stress, financial strain, and mental health. A contribution on chronic loneliness even suggests that persistent loneliness may function in "addiction-like" ways, driving engagement with these behaviours.

To ground these themes, a personal narrative, "When gaming took over at university: Our family's story," offers a candid account of how problematic gaming disrupted academic progress and strained family relationships, and what helped recovery. The issue closes with a policy analysis of Bill S-211 by Canadian Olympian Bruce Kidd, tying together product design, youth vulnerability, normalization through marketing, and the limits of individual responsibility.

Taken together, these contributions show that behavioural addictions are central challenges for psychology and public policy. As Canada grapples with rapidly changing gambling and digital landscapes, psychology has a vital role to play in making invisible harms visible and helping to design environments where people can thrive rather than be trapped.

MESSAGE FROM THE CEO

Lisa Votta-Bleeker, Ph.D.
CEO, CPA, and Editor-in-Chief, *Psynopsis*, Ottawa, ON

Welcome to volume 48, issue number 2 of *Psynopsis* – on Behavioural Addictions. Many thanks to Dr. Steve Joordens for sharing his expertise in this area, and for his care in overseeing this issue.

Typically, when one hears the word "addiction," one likely thinks of substances such as alcohol and drugs. However, addictions can also be of a non-substance-related nature and include such behaviours as gambling (including online sports betting), overeating, television viewing, sex, exercise, gaming, social media use, and internet use.

This issue of *Psynopsis* speaks to different types of behavioural addictions, with many articles focusing on gambling addictions. The articles also show what can be done via preventive strategies (e.g., a policy to ban advertising of online sports gambling, especially to youth and young adults) and harm-reduction-oriented solutions intended to limit both the consequences of these addictive behaviours as well as the risks of recidivism. Lastly, they speak to the significant negative impacts of these addictions on individuals and families; by way of example, addiction to gambling equals debt and financial loss for the person, and often one's family, and has been linked to depression, suicidal behaviours, bankruptcy, family breakup, domestic violence, assault, fraud, theft, homelessness, and loss of employment.

In the case of behavioural addictions, individuals are not addicted to a substance, but rather to the behaviour or the feeling experienced by engaging in the specific behaviour. The articles in this issue rightfully note that, in moderation, there can be positives associated with some of these behaviours (e.g., social connectedness through social media use or gaming); however, they become a concern when daily functioning is negatively impacted and outcomes such as those noted above begin to occur.

Psychologists have critical roles to play in addressing behavioural addictions, including but not limited to identifying and implementing effective evidence-based preventive strategies and harm reduction-oriented solutions; providing psychological services to address the root causes of one's addiction; conducting research; evaluating the effectiveness of programs and strategies; and providing education within school and community settings, to families, and to policy/decision-makers about how addictions (and their associated harms) arise. We can also advocate for needed safeguards such as policy changes to limit the harms associated with various behavioural addictions.

FROM THE PRESIDENT'S DESK

Janine Hubbard, Ph.D., R.Psych.
President, CPA

In reviewing the articles in this edition of *Psynopsis*, my mind immediately thought of the (fortunately) fictional futures depicted in movies such as Wall-E and books/films such as *Ready Player One*. In these dystopian futures, humans escape from reality into a world of screens or fully immersive haptic virtual reality (VR) environments. Technology is shown as a way of avoiding unpleasant life experiences or negative emotions, with ever-escalating usage/addiction. While this continues to be a very fictional depiction of our future, it does highlight many concerns raised in this issue, which is focused on behavioural addictions.

The use of the term "behavioural addiction" is an important choice of language, as it shifts our understanding away from blaming individuals for "poor choices," or "lacking willpower," and aligning these behaviours closer to our understanding of substance use disorders. Psychologists can play a powerful role in treatment, and on a larger societal role, in helping to provide safeguards within the industries themselves. Authors in these articles highlight issues such as escapism, loneliness, increased social acceptance, emotional regulation, and shame/guilt that are interpersonal factors in behavioural addictions. They are also able to identify structural/systemic issues that could make these safer, particularly related to exposure to youth.

I'm old enough to remember the glossy cigarette ads on the back of magazines from my childhood that symbolized "cool and sophisticated" and fortunately were only seen briefly and occasionally. Sports betting as "fun" and "exciting" echoes those ads – but with immediate 24/7 access. Social media provides powerful draws such as the "dopamine hit" from likes to the devastating impacts of cyberbullying, to never ending content and impacts that we are just now starting to understand.

Since the call for submissions for this edition, the Canadian government has proposed a Safe Social Media Act, which includes protecting youth from access/exposure and putting the burden on the platforms to demonstrate how they are reducing harm. Once again, this is an area where psychologists will be able to help in understanding both who is at increased risk of harm, as well as the addictive and harmful elements that need to be better understood and regulated. Technological development has provided amazing advances for our society, but as psychologists we have a clear role in ensuring we understand the human experience and potential costs.

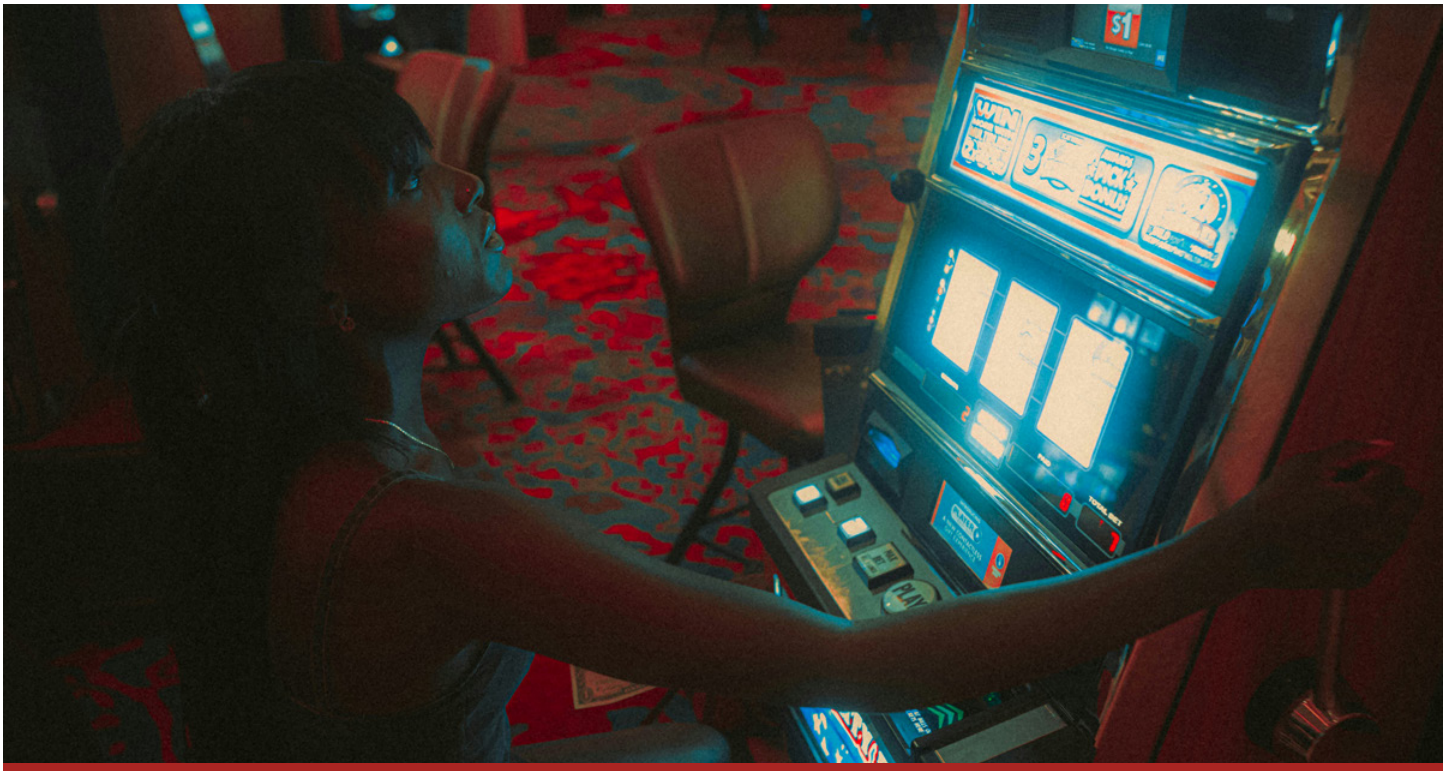
This contribution describes the dangers of gambling disorder, highlighting how regulation has been used to mitigate the damage of other similarly harmful addictions.
-Steve Joordens, guest editor

In early 20th century North America, gambling was generally considered a morally reprehensible activity.[1,2] It was deviant behaviour, in the sociological sense of being an infraction of implicit social rules, and thus subject to sanction and stigma.[3,4]

By the 1960s, many behaviours considered deviant were being redefined as medical problems to be addressed via treatment.[5] This process occurred with gambling when, in 1980, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) III classified "pathological gambling" as an impulse control disorder, with diagnostic criteria, including failure to resist impulses to gamble, and resulting disruption of the individual's personal, family, social, and/or occupational pursuits.[6] In 2013, the DSM-5 changed this designation from pathological gambling to gambling disorder, classified alongside substance use disorders (SUDs). Up to this point, classifications had mainly relied on diagnostic characteristics, but the rationale for merging gambling disorders with SUDs in the 2010s rested to a great extent on neuroscience research that found similar neurobiological underpinnings.[7]

Regulating potentially addictive substances

Societies have long governed psychoactive substances with addictive potential, whether by banning them, restricting them, or placing rules around how they can be acquired or



PROBLEM GAMBLING AS AN ADDICTIVE DISORDER: IMPLICATIONS FOR REGULATION

Jean-François Crépault, M.A., Senior Policy Advisor, Centre for Addiction and Mental Health (CAMH), Toronto, ON

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consumed. In what may have been the first instance of drug policy, the First Babylonian Empire implemented regulations on drinking establishments nearly 4000 years ago.[8]

Alcohol policy has come a long way since then. For decades, there has been a scientific consensus that the main drivers of alcohol consumption are not individual but environmental: the cheaper alcohol is, the easier it is to access, and the more exposure there is to advertising and promotion, the more people will consume alcohol – and the more alcohol-related harm there will be at the societal level.[9]

This is the case for substances like cannabis and tobacco as well, and correspondingly, the policy measures shown to most effectively reduce harm address substances' price, availability, and promotion.[10] Notably, these are all population-level measures: they target products and the way they are sold rather than the people consuming them. They aim to counterbalance market forces and manage corporate influence.[11] Another principle of this "public health approach" is that substances (e.g., alcohol vs. tobacco) and products (e.g., cigarettes vs. vapes) should be regulated proportionately to how risky they are.[12] There are important lessons here for the regulation of gambling.

Environmental risk factors for gambling disorder

Research has identified two major environmental risk factors for gambling: exposure to gambling and to gambling promotion, and specific features of gambling products.[13]

Exposure

As gambling opportunities increase, gambling-related harms increase, and the more an individual gambles, the more likely they are to experience harm.[13,14] Further, exposure to gambling advertising is associated with a higher likelihood of gambling – especially among young people.[15] A case in point: after the introduction in 2022 of legal online gambling in Ontario, which was accompanied by heavy marketing, there was a steep increase in calls to the Ontario Problem Gambling Helpline, especially from adolescent boys and young men.[16,17] While this initial spike in gambling problems may level off,[18] the damage done during this period is cause for concern.

Product features

Gambling modalities vary greatly in terms of riskiness.[19] Some games include features designed to take advantage of psychological mechanisms that shape how people perceive wins, losses, and probabilities, making them especially likely to cause harm.[20–23] In particular, evidence suggests that the most harmful games are those that are fast and run continuously.[24–26] Recently, the introduction of betting apps has allowed for fast, continuous forms of gambling that are potentially more addictive – and can be taken anywhere.[27,28] In 2022, the year Ontario began allowing online gambling, it overtook regular slot machines as the top reason for calls to the Ontario Problem Gambling Helpline. Online versions of slot machines account for the largest number of Helpline calls, but calls for sports betting increased from 7.5% in 2016–2019, to 17.1% of calls in 2023–2025.[29]

Regulating gambling like other potentially addictive substances

What would it look like to apply best practices in substance regulation to gambling? To be clear, gambling is regulated in Canada, and on the other hand, examples of best practices being implemented for, say, alcohol are hard to find.[30] Still, a consensus may be emerging around regulations adopted from legal psychoactive substances that could reduce gambling-related harms. In 2024, the Centre for Addiction and Mental Health in Toronto[31] and the international Lancet Public Health Commission[32] released remarkably similar recommendations, the most notable of which are:

- Gambling policy should be evaluated primarily through a health protection lens, not a revenue-generation lens.
- Gambling harms should be addressed via population-level strategies, especially availability controls and marketing restrictions.
- Design features of gambling products should be assessed for risk, and gambling modalities should be regulated proportionately to the risk they pose.

Such an approach would likely reduce gambling revenues, so the industry can be expected to resist it.[33] Revenue-hungry governments may also be reluctant to consider it. The stakes are very high: people with gambling disorder have up to 15 times the suicide mortality of the general population, and they are not the only ones impacted: for every person with gambling disorder, five to 10 people around them are negatively affected in terms of mental health, financial security, and criminal activity.[34–36] As provinces across Canada consider expanding access to gambling, they should develop regulations through the lens of public health, not revenue generation.

Closing note from guest editor: Seeing problem gambling clearly as an addictive disorder raises an urgent question: How should Canada respond as gambling products and markets evolve?

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AHEAD OF THE ODDS: A CALL FOR PROACTIVE SPORTS BETTING POLICY IN CANADA

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This article takes up the challenge of responding as gambling products and markets evolve in the context of sports betting, arguing that Canada cannot afford to wait for perfect data before acting. – Steve Joordens, guest editor

Sports betting has transformed into a widely accessible and rapidly expanding industry. In 2021, single event sports betting was legalized at the federal level in Canada with the introduction of the Safe and Regulated Sports Betting Act.[1] In Ontario, this was quickly followed by the launch of iGaming Ontario, allowing private gambling operators to enter the market in 2022.[2] Alberta will follow Ontario's footsteps by allowing private gambling operators in the province.[3] The introduction of private operators has significantly expanded access to gambling by increasing the number of betting platforms, products, and promotional offers available.[4]

The liberalization of sports betting and online gambling has been accompanied by a surge in advertising and promotion. Together, these changes mark a fundamental shift: What was once an occasional and venue-based activity for many is now constant, mobile, and embedded within the sports experience itself, reshaping how Ontarians, and soon Albertans, gamble. This shift is not without consequences. Sports betting is consistently linked to gambling-related harms,[5] and these harms are already materializing, with greater access and normalization threatening to accelerate them further. These risks demand proactive regulatory action now to curb the rise in gambling-related harms already underway in Ontario[6] and to prevent similar outcomes in Alberta as the province moves toward market expansion.

Although the landscape of sports betting and its regulation is still evolving in Canada, jurisdictions such as the United Kingdom (UK) and Australia have already undergone similar processes of market liberalization.[7,8] In both contexts, increased availability of sports betting and exposure to betting advertisements have each been linked to greater problem gambling and related harms.[6,9,10]

A clear lesson from the above jurisdictions is that once a gambling market becomes saturated with commercial operators and advertising, it becomes more challenging to implement meaningful restrictions. For instance, evidence from established markets like the UK shows that regulatory responses tend to lag behind gambling industry growth. Efforts to introduce restrictions on advertising have faced resistance from powerful stakeholders, and governments were slow to act despite growing evidence of gambling-related harms.[11,12] In Australia, some researchers argue that the framing of gambling-related harm reduction as a threat to competition and consumer choice by the industry has contributed to weaker policy responses than warranted given the actual scale of gambling-related harms among consumers.[13]

Despite the knowledge from the UK and Australia, it appears the current approach in Ontario has been to wait for long-term data to emerge regarding the impacts of recent legislative changes and to subsequently model policy changes based on these findings. Although ongoing research on these impacts is necessary and informative, this approach takes time and overlooks the data we already have indicating that rates of gambling-related harm are elevated in jurisdictions with liberalized gambling markets, like the UK and Australia.[9,10] These patterns indicate that we are already equipped with an evidence-based understanding of what is likely to occur as the availability of sports betting increases across Canadian provinces.

Waiting for Canadian-specific longitudinal data risks resulting in a repeated pattern in which policy responses trail behind emerging harms. This risk is compounded by the relatively limited funding allocated to gambling research and harm prevention in Canada, particularly when compared to the scale of industry growth.[14] Rather, the infrastructure of the sports betting industry and its associated harms may be expanding more rapidly than systems designed to monitor and mitigate it. Given these limitations, we argue that regulatory action should be taken now based on data from more established liberalized betting markets.

A public health perspective offers a useful framework for how this action may be implemented. Rather than focusing solely on individual responsibility, a public health approach emphasizes the role of environmental and structural factors, like accessibility, marketing, and product design, in shaping sports betting behaviour.[15] From this perspective, betting-related harm is not simply the result of poor decision-making, but rather the outcome of systems often designed to maximize engagement and risky behaviour, placing responsibility on gambling operators.

There are several practical steps rooted in the public health framework that could be implemented. First, stronger restrictions on betting advertising, especially during live sports broadcasts and on social media platforms accessible to youth, could help reduce exposure and normalization.[16] Second, limiting the number of licensed gambling operators allowed to be registered with iGaming Ontario and Alberta may decrease the intensity of competition-driven marketing, in turn reducing exposure to advertisements that may encourage impulsive and risky betting. Third, the development of centralized self-exclusion systems, allowing people to restrict their access to betting across all gambling operators they are registered with simultaneously, may make it easier for consumers to limit betting behaviour.[17] Finally, increasing the proportion of gambling revenue that is allocated to betting harm prevention, treatment, and research provincially would help ensure that public health responses to betting-related harm keep pace with industry expansion.

Canada is at a pivotal moment when it comes to sports betting and gambling market expansion. Evidence from other more established jurisdictions has informed us of what typically occurs when betting availability increases and goes largely unchecked. Proactive regulations informed by international evidence can prevent predictable harms before they become further entrenched. Indeed, the key question for Canada is not whether such strategies are effective, but whether they will be adopted early enough to mitigate betting-related harm effectively.

Closing note from guest editor: Evidence from jurisdictions that liberalized sports betting ahead of Canada shows what happens when policy lags behind industry growth.

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This contribution zooms in on Ontario's online betting boom and the young adults who now sit at the leading edge of these emerging harms. – Steve Joordens, guest editor

Online sports betting is booming in Canada, shaping gambling habits among young adults, with roughly one in three participating online.[1] In 2021, Canada passed the Safe and Regulated Sports Betting Act, allowing provinces and territories to offer single-event sports betting.[2]

Following the Act, Ontario's iGaming market was launched, onboarding 46 operators and resulting in more than 70 gambling websites competing for users.[3] As gambling platforms expanded, so did advertising and opportunities to wager.[4] The surge in online gambling advertising is worrying, as young adults (aged 18–24) are especially susceptible to gambling-related harms. As a science, psychology helps us understand why young adults are at risk for gambling harm and can inform policies to keep them safe.

Young adults are in a developmental stage marked by sensation seeking, impulsivity, and ongoing brain maturation, making them more vulnerable to gambling problems.[5,6] Brain regions that regulate risk and self-control are not fully developed until around age 25, so short-term rewards often outweigh long-term consequences. Social influences amplify vulnerability. Online gambling is woven into peer networks, sports viewing, ads, promotions, and smartphones, making it feel normal and accessible, which increases participation among young adults.[7,8]

The growing presence of online gambling advertising and "gamblification"

ONTARIO'S ONLINE BETTING BOOM: HOW PSYCHOLOGY RESEARCH CAN INFORM GAMBLING POLICY

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may further increase risk to young adults. Gamblification refers to blending entertainment with monetary risks, making it difficult for young adults to distinguish between entertainment and financial risks.[9]

After the iGaming market was launched in Ontario, advertising became deeply embedded in different forms of media like sports events and social media. Research suggests that sports betting advertising is positively associated with problem gambling behaviour. For example, a 2024 study of sports bettors aged 18 to 24 found that ad-driven betting decisions and perceived influence from betting promotions were significant predictors of problem gambling.[10] Young adults were more influenced by betting decisions and offers like bonuses and "free bets." These incentives reduce the perceived risk of betting and encourage continued play. Combined with easy smartphone access, these features increase exposure and participation among young adults.

Ontario offers a cautionary example of what can happen when market expansion outpaces harm prevention. Although gambling has often been framed as an issue of individual responsibility, many psychology researchers argue that it should be viewed as a public health issue.[11] This perspective recognizes that environmental factors play an important role in influencing individuals' gambling behaviours. Environmental factors such as advertising, smartphone access, peer influence, and marketing practices impact gambling participation and vulnerability.[12] Consistent with this perspective, recent research has found that the introduction of online gambling and subsequent privatization in Ontario were associated with substantial increases in gambling-related helpline contacts, particularly among adolescent boys and young men aged 15–44.[13] Research shows that earlier gambling exposure increases the likelihood of later problems, highlighting the importance of prevention.[14]

Psychological research on youth gambling risk factors suggests that a potential strategy to minimize gambling-related harms to young adults is limiting exposure to gambling advertisements. This strategy is also aligned with the views expressed by young men with experience in sports betting.[15] Young adults are frequently exposed to gambling advertisements through different social media apps and sports watching. Limiting or regulating gambling advertisements may reduce normalization and maximize public health benefits.[16] Currently, many online gambling websites or apps lack built-in safeguards, allowing individuals to gamble without any time or money restraints. Stronger built-in safeguards on gambling platforms could also encourage safer play. Expanding these protections could reduce gambling harms linked to increased accessibility.

A number of European countries have responded to the increase in online gambling by implementing policies in line with the aforementioned psychological literature to reduce the risk of gambling-related harm. For example, Spain enacted the Royal Decree 958/2020, a law that heavily restricted gambling advertising, prohibited celebrity endorsements and sports sponsorships, banned promotional offers, and limited daily, weekly, and monthly deposits. Spain's restrictions contributed to a major decrease in online gambling behaviour, particularly with new accounts and total amount wagered.[17] Denmark has also introduced restrictions on gambling advertisements during sports events and limits on promotional offers for new users. Individuals under 18 are prohibited from receiving gambling advertisements on social media.[18] The United Kingdom has followed, proposing stronger safeguards, including additional protections for 18–24-year-olds and measures to prevent harmful spending by placing greater obligations on gambling operators.[19] These policies reflect a broader trend toward population-level protections addressing environmental drivers of gambling.

The rapid growth of youth gambling in Canada highlights the need to better understand behavioural addictions through a psychological lens. Research shows that young adults are particularly vulnerable to gambling-related harm due to developmental factors, social influences, and increased exposure to persuasive marketing. When gambling opportunities become widely accessible through smartphones and heavily embedded in sports culture, these risks can be amplified. Psychological science provides important insights into how environments shape behaviour and how harm can be prevented. Reducing exposure to gambling advertising, limiting promotional incentives, and strengthening platform safeguards can reduce risky engagement among young adults. International examples demonstrate that policy changes informed by psychological research can meaningfully reduce harmful gambling patterns. As online gambling continues to expand in Canada, psychologists have an important role to play in informing prevention, treatment, and public policy. In doing so, psychologists can help ensure that market innovation in Canada's gambling industry does not come at the expense of young Canadians' well-being.

Closing note from the guest editor: Understanding why young adults are so vulnerable requires not only a focus on who is gambling, but also on the products they are using.

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In this article, the authors dissect the psychological design features that make modern sports betting and related products especially risky. – Steve Joordens, guest editor

Psychological research on problematic gambling often uses a triad model that describes a combination of risk factors operating at the level of the person, the product, and the gambling environment (Figure 1).[1] Within this model, gambling research has long focused on the person (e.g., genetics, personality), through a biomedical (or disease-based) lens. More recent work has begun to characterize environmental factors like socioeconomic variables[2] and advertising.[3] The gambling product has received less direct scrutiny despite being the primary agent experienced by the gambler.

FIGURE 1

FROM SLOTS TO SPORTS: PSYCHOLOGICAL ANALYSIS OF DESIGN FEATURES IN AN EVOLVING GAMBLING LANDSCAPE

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Gambling products are known to vary in their potential for harm: their addictiveness. Lottery tickets are typically viewed at the low end of this spectrum, while slot machines are among the most harmful products.[4] A key reason for the dearth of research on this corner of the triad is practical: slot machines and other commercial gambling devices are expensive, proprietary, and might be subject to local regulatory requirements. The modern versions of these games are also technologically sophisticated, making it increasingly challenging for researchers to emulate contemporary products in behavioural research.

Slot machines can be broken down into a series of design features.[5] "Near misses" are one of the best studied examples: losses that appear close to a win. Using simplified slot machine games, near misses increase the motivation to continue gambling,[6] and in behavioural studies, moderate rates of near misses are associated with increased gambling persistence.[7] People with disordered gambling also show increased sensitivity to these outcomes.[8] Together, these findings illustrate how specific design features affect gambling, with implications for gambling harm and regulation.

We recommend a similar focus on design features is applied to modern sports betting – a growing public health concern in Canada since a Federal Bill in 2021 legalized "single-event" sports betting. Before this change, bettors were limited to parlay wagers that required predicting outcomes across multiple events. These bets were typically placed before matches and resolved slowly, often over days, resembling a lottery draw. Single-event betting opened the door to "in-play" or live betting, in which bets can be placed and settled during a match, sometimes within seconds. Researchers have noted that this shift makes sports betting faster and more continuous, moving from a lottery game to something more like a slot machine.[9]

Near misses have primarily been studied in slot machines (e.g., a cherry – cherry – lemon outcome), but compelling equivalents are evident within sports betting. Imagine a parlay bet (an accumulator or acca, in its modern guise) where the first five selections are correct, and the last prediction fails. Single-event bets can also produce these experiences, such as if one's team suffers a late collapse. Although strong hypotheses can be formed from research on slot machine near misses, these effects are unchartered for sports betting.

Sports betting also presents some novel design features without obvious parallels in slot machines. "Cash-out" features allow the bettor to claim a partial payout (e.g., if their team is winning), before the match is fully resolved. This transforms a single bet into a sustained dilemma between cutting one's losses or going for broke, often playing out as one watches the match in real time. In a simplified task, participants placed up to 35% larger bets if a cash-out option was available.[10] Individual differences in the appeal of these features may also be relevant, as gambling problems are often associated with impulsivity or emotion regulation-related traits.

It also matters that sports betting is now predominantly accessed online. In terms of the triad, online access is an environmental feature rather than a discrete product. Digital platforms make it possible to access gambling apps from anywhere, at anytime. Many platforms bundle sports-betting options alongside online casino and slots-style games. Canadian research conducted prior to Bill C-218 suggested that online gambling carries a heavier burden of harm compared to offline gambling, especially at higher levels of involvement.[11,12] The most recent estimates suggest as many as one in three young adults in Canada gamble online[13] and men are especially vulnerable.[14]

In other ways, modern gambling apps blur the traditional distinction between product and environment.[15,16] Unlike slot machines, sports betting is embedded within sport itself, commanding engagement through the powerful psychological forces in spectatorship, fandom, and real-time uncertainty of live sport. Betting platforms leverage these elements by including broadcast content, chat functions, and live odds. These developments raise questions about how platform design may shape gambling behaviour.

Modern sports betting has departed from the familiar format of ticket-based parlay bets. In-play bets resolve quickly, amplify the potential for near misses, offer cash-out opportunities, and immediately present further wagering options that enable loss chasing. This acceleration of the wagering cycle may reinforce gambling and contribute to gambling harm in ways that are not yet well-understood. We argue that behavioural research grounded in design features, considering both specific product and platform designs, will illuminate these risks and inform policy responses.

Closing note from guest editor: These design-driven risks remind us that gambling harms are not isolated anomalies but part of a broader pattern of engineered engagement.

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This article comes from Canadian Senator Marty Deacon; it provides a government perspective on the sports betting issue, and how we got to where we are now. – Steve Joordens, guest editor

In 2021, Parliament passed Bill C-218, which amended the Criminal Code by removing the long-standing prohibition on betting on the outcome of "any race or fight, or on a single sport event or athletic contest." This allowed provinces to open up to single sports betting in their own jurisdictions.

We all know what happened next. We became inundated with gambling ads. They are seen while we watch sports. They appear on our social media feeds. They are seen on billboards, plastered across arenas, fields, and team uniforms.

In June 2023, I introduced legislation to address this. Bill S-211 would force the government to work with national stakeholders to create a framework around sports betting advertising, as we have around alcohol, tobacco, and cannabis.

It would also task the Canadian Radio-television and Telecommunications Commission (CRTC) with reviewing its regulations and policies to assess their adequacy and effectiveness in reducing the incidence of harms resulting from the proliferation of advertising of sports event betting.

What this legislation would not do on its own is ban gambling ads outright. While this is what I would like to see, there are charter implications which would have made this legislation a harder sell on the Hill. As the saying goes, don't let the perfect be the enemy of the good. If, after this bill becomes law or even before, the government decides a full ban is warranted, I could not be happier. But that is for them to decide.

MAKING THINGS RIGHT WITH BILL S-211: HELPING TO CURB HARMS FROM SPORTS GAMBLING PROMOTION

Marty Deacon, Senator, Ontario, representing the region of Waterloo

Short of a full ban, there are many avenues the government can take in crafting a national framework.

Some examples include:

- A whistle-to-whistle ban, which would ban broadcast ads for betting companies both 5 minutes before and 5 minutes after an event takes place.
- A ban on ads in arenas or fields where children and youth frequent.
- A ban on in-game promotions within the apps themselves, which entice players to gamble by offering house money to bet with if they sign up.
- A ban on all gambling ads during the time of day when children and youth are more likely to see them.

Many other countries like the UK, Australia, and Germany have implemented these and other policies to some degree. Italy has banned ads outright. Admittedly, for all these jurisdictions, it remains a work in progress. The takeaway, however, is we see other countries that legalized before us trying to walk back this promotion. We can see where this is headed, and yet we're steering straight toward that iceberg anyway by doing simply nothing.

Given their ubiquity, Canadians could be forgiven for thinking that you could bet with these advertised companies regardless of where you are. In reality, it is only in Ontario where this is legal. It should bother every jurisdiction which has not loosened their markets that their own populations are being encouraged to place bets with companies that they cannot legally bet with. As it is, protections from gambling ads nationally will only be to the level of the lowest common denominator. The internet and even traditional cable care little for provincial and territorial boundaries, and all Canadians deserve the same degree of protections from gambling promotion and its associated harms.

What do these harms look like? A recent report by the Canadian Centre on Substance Abuse and Addiction (CCSA) stated that the sheer volume of ads Canadians are seeing normalizes sports betting, leading people to think of betting as an integral part of sports, something that is even normal, healthy, and safe.

In Ontario, where celebrities and athletes were banned from promotions, there are some work arounds; these individuals can appear in what purport to be public service ads, put out by the companies, that encourage you to "bet within your limits." This is almost worse, because it still affiliates an athlete with a brand, but also tells people that as long as you "know your limits," this is a safe and healthy practice. No one would lead an alcoholic into a bar, hand them a beer and say "know your limits." And yet, every time a gambling addict sits down to watch a game, this is what we are doing.

The CCSA report also found that, of the types of gambling being promoted, "in-play" betting (as opposed to single-events betting), is associated with a greater risk of harm, and that it promotes increased gambling intensity, frequency, and expenditure. What's more, single sports betting promotes an illusion of control. Whereas slot machines or roulette are on their face a game of chance, shows and websites dissecting betting lines and games convince the participant in sports betting that a degree of knowledge will give them an edge.

Most concerning of all, the report found that exposure to gambling promotion earlier in life is associated with an increased likelihood of experiencing gambling harm later in life, such as family issues, loss of employment, and even suicide. I have heard from countless parents who are writing me scared that they see their kids acquiring an interest in gambling; the line between sports betting and the sports themselves is being blurred to the point of not existing.

The harms from gambling promotion are particularly insidious because of the vehicle by which the addiction occurs. There's a natural friction between consumers and purveyors of other vice industries like alcohol, tobacco, and cannabis. In these instances, someone has to see an ad and physically go somewhere to acquire these items. There's a lag or delay between promotion and engagement. With gambling, the promotion and engagement are seamless and can happen within seconds of each other on your smartphone.

Admittedly, I voted for Bill C-218, and am trying to make things right through my legislation. As a senator I felt this was important to correct. As a Canadian who has coached and led teams from grass roots to Olympic, Commonwealth, and Pan American Games, I have witnessed first-hand what the power of sport, and what the opportunity of sport, can be.

Closing note from guest editor: While currently an issue of intense interest, sports gambling is just one form of behavioural addiction. As digital environments become more immersive, the line between everyday engagement and addiction grows increasingly thin.

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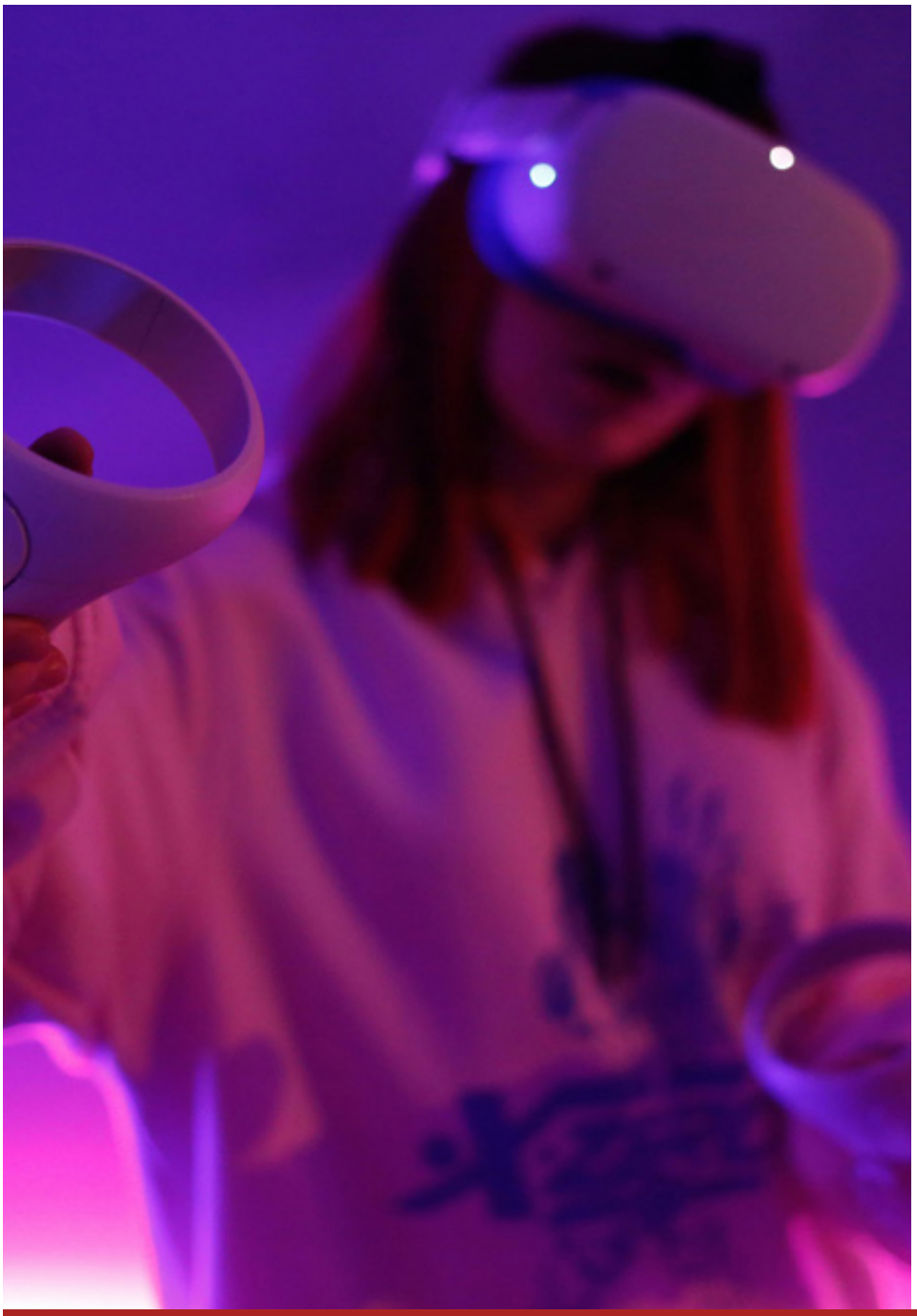

Nowhere is the blurring between everyday engagement and addiction more vivid than in virtual reality gaming, where immersion itself may become both the attraction and the risk. – Steve Joordens, guest editor

Most of us know the feeling of getting absorbed in a game and losing track of time. With virtual reality or VR, that feeling can be amplified in a new way. In other words, you do not just play the game, you enter it. As the boundaries between reality and video games thin, leaving can feel harder.

Current research has focused on VR gaming prevalence and what VR gaming addiction looks like, but a better question is: What happens as VR becomes more immersive and more embodied and how does this contribute to addiction? We are living through an immersion arms race as companies move to make VR more immersive, often outpacing researchers studying its influence on mental health. We are seeing a shift from headset-only experiences towards technologies that recruit more of the body and senses. More specifically, we are seeing increased VR immersion with the addition of full-body tracking, locomotion systems that simulate walking and running, and haptic wearables that add touch, impact, or resistance.[1] The concern is not that VR is inherently

THE IMMERSION ARMS RACE AND RISING RISK OF PROBLEMATIC VR GAMING

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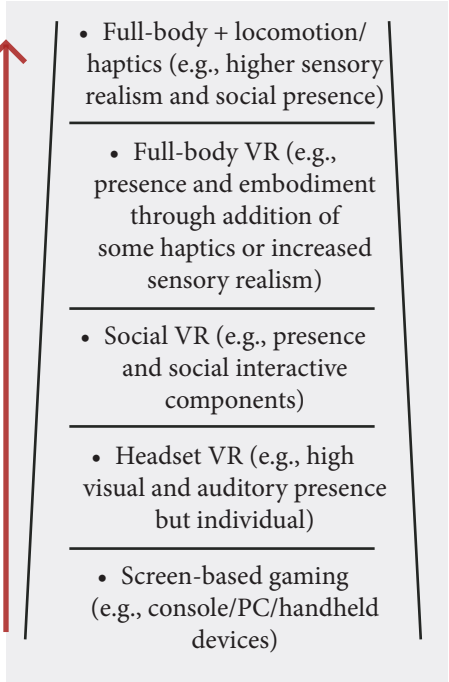
harmful, as it may provide a sense of belonging and a place to de-stress,[2] but that this immersion may increase the risk of addiction.

An "immersion ladder" for understanding risk



One way to understand this is to imagine an immersion ladder:

As you climb the ladder, the games become less like content and more like environments. This matters because these realistic environments can compete with real-world needs (e.g., sleep, school, work, or relationships), a hallmark of addiction.

Escapism as a mechanism

It is very important to acknowledge that escapism is not inherently bad as everyone needs relief, but risk can emerge when VR becomes the most reliable way to regulate emotion. This is especially concerning since the more immersive VR is, the less one can differentiate it from reality and the easier it is to transition into and harder it is to transition out of. Thus, more immersive systems can make escapism and addiction more reinforcing because they deliver presence (the sense that one is in one's environment), embodiment (the sense that their virtual body is like their own), and immediate relief.[3,4] To add, a meta-analysis of 36 studies has found that escapism is one of the main reasons individuals play virtual games and that it also may be linked to poor mental health.[5]

Reality carryover

Most people are not confusing reality with VR in a delusional sense but instead experience reality carryover.[6] That is, the short-lived aftereffects such as feeling disoriented, emotionally "still in the game," or noticing the real world feels flat after removing the VR headset. Some may even experience lingering body sensations of motion or a sense that time moves differently.

Although these experiences are temporary, they matter as they show how strongly the nervous system is adapting to this immersive environment. To add, as VR becomes more immersive, it may begin to cause aftereffects that are more intense. Overall, what is concerning is that these aftereffects and reality carryovers may contribute to addiction, especially as it becomes difficult to return to daily life and reality.

When does it become a concern?

VR gaming becomes a concern when it impacts daily functioning. Specifically, the International Classification of Diseases (ICD)-11 defines gaming addiction in terms of persistent impaired control over gaming, increasing prioritization of gaming over other activities, and increasing gaming in the face of negative consequences.[7] This is a useful reframing, but we need to ask whether the increase of VR immersion is causing a greater level of addiction and what we can do about it. Although some individuals sue gaming companies due to the addictive nature of their games and lack of warnings, it can be difficult to attribute blame.[8] Then, what can we do?

What should psychologists, schools, and policy-makers do? Again, VR gaming is not evil but, given the risk of the increasingly immersive quality of VR gaming, our responses should be practical and harm reduction-oriented. Psychologists, schools, and policy-makers may work together by doing the following:

1. Build off-ramps: Include meaningful stopping points and session summaries that add friction and interrupt flow.
2. Add safeguards: Include time/spend dashboards, bedtime wind-down prompts, warnings of potential abuse.
3. Measure what matters: Focus research on presence, embodiment, escapist coping, and aftereffects.
4. Enable independent research: Gaming companies can provide privacy-safe access to de-identified platform data.
5. Teach "immersion literacy": Schools and community programs can explain how design shapes addiction, and provide information on coping and how to protect oneself from abuse of VR.

VR gaming can be genuinely beneficial, and the goal should not be to demonize it but to recognize that increasing immersion brings greater risks. If we manage immersion and build safeguards into design, youth defaults, and research access, we can keep VR fun without letting it replace the parts of life people care about most.

Closing note from guest editor: VR may be on the frontier of immersion, but many of the same psychological processes are already at work in more familiar platforms.

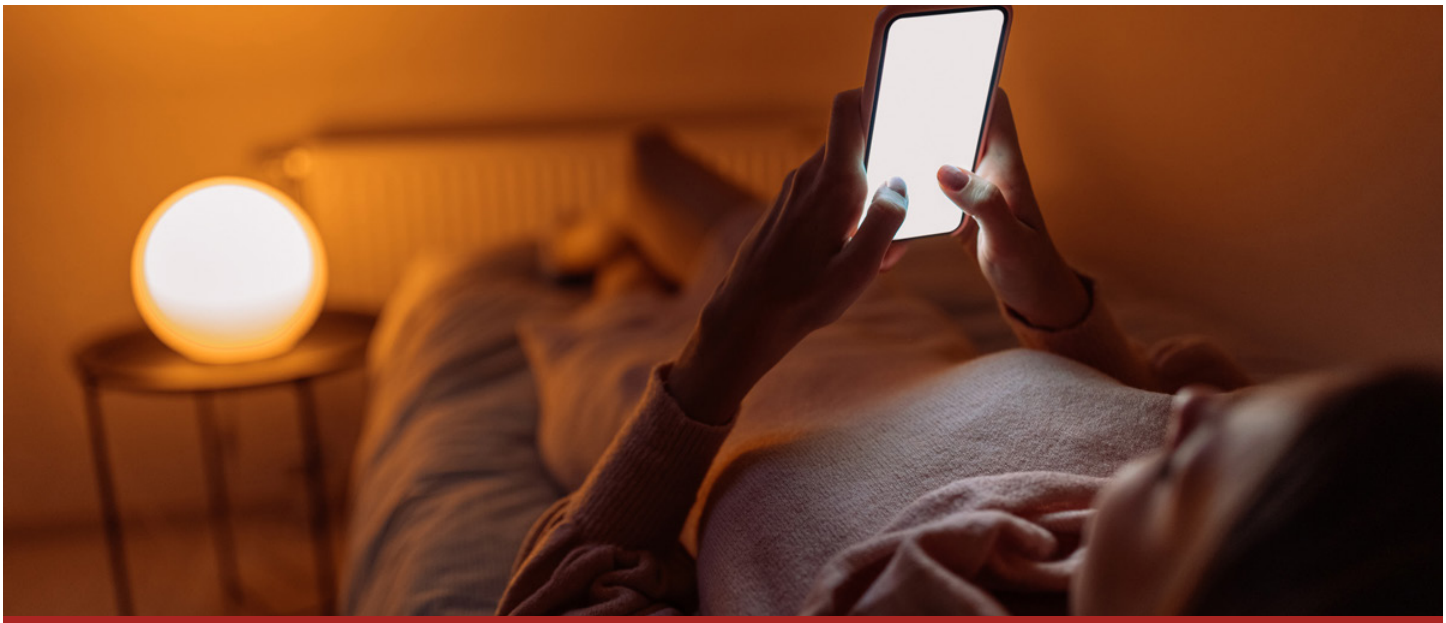
FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

This thought paper turns to social media, exploring how similar addictive dynamics unfold in the daily lives and mental health of graduate students.
– Steve Joordens, guest editor

Social media usage has rapidly increased over the years, and while there are definitive benefits to social media use, such as an increased sense of community and belongingness, it also has negative impacts.[1]

Although social media addiction is not in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition – Text Revision* (DSM-5-TR), it can be viewed as a behavioural addiction or associated with internet addiction.[1] Social media addiction is different from social media use as it is a repetitive habit that has negative impacts on mental health and/or academic performance.[1]

Rates of social media addiction are estimated to be around 15% in North America,[2] with similar rates reported among North American university students.[3] One meta-analysis of 133 studies found that problematic social media use is associated with higher levels of distress (e.g., depression, loneliness, anxiety) and lower levels of well-being (e.g., life satisfaction and self-esteem).[4] Similar results have been found among student populations. For instance, a meta-analysis examined results from 18 studies and found that problematic social media use in young adults had moderate-to-strong



A THOUGHT PAPER ON SOCIAL MEDIA ADDICTION AND MENTAL HEALTH IN GRADUATE STUDENTS: IMPACT, IMPLICATIONS, AND INTERVENTIONS

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correlations with depression, anxiety, and stress.[5] Likewise, another meta-analysis found that social media addiction in students was linked to higher levels of depression, anxiety, loneliness, and fear of missing out and lower levels of self-esteem.[6] Furthermore, problematic social media use is associated with sleep problems,[7] poorer executive functioning,[8] and poorer academic achievement.[9]

We predict that graduate students may be particularly susceptible to the negative impacts of social media addiction because graduate students experience high levels of mental health concerns, which may lead to an increased reliance on online coping strategies. Research has shown that graduate students experience high levels of stress, anxiety, depression, burnout, distress, and suicidality.[10-13] In one study, anxious feelings were often characterized by feelings of nervousness, worry, and stress, increased annoyance and irritability, and engagement in more arguments and fights.[11] Another study examined the mental health of 301 American graduate students through surveys and discovered that around 21% of the respondents endorsed suicidal behaviours due to increased depression, hopelessness, desperation, eating problems, and lack of control.[11] These mental health concerns could potentially contribute to difficulties surrounding sleep, eating habits, and coping skills.[14]

The mental health concerns of graduate students are often elevated by contextual factors, such as lack of funding, inadequate faculty mentorship, and institutional discrimination, while protective factors, such as social support, departmental social climate, and optimism about career prospects may help mitigate concerns.[15] As social media use and the dependence upon it have increased over the years, some university students gravitate towards social media as a way to receive social support to cope with feelings of loneliness and stress.[16] While social media usage has its positive effects, excessive reliance upon social media can potentially lead to addiction and negative implications. We theorize that the negative effects of social media addiction, in addition to existing stressors, may result in a cumulative negative impact of problematic social media use for graduate students. This pattern may be cyclical, whereby graduate students use social media to cope with mental health difficulties, and then problematic social media use may intensify these challenges, further reinforcing reliance on social media as a coping tool.

So, what can be done? We can consider both long- and short-term solutions. Long-term solutions include addressing systemic barriers that are leading to poor mental health in graduate students, including increased funding, strengthening social supports, and allocating adequate time for supervisors to commit towards mentorship and supportive teaching styles. In the short-term, there are various interventions that have been implemented to address social media addiction in youth, including cognitive behavioural therapy, cognitive reconstruction and supportive strategies, and rehabilitation programs.[17] Increasing social media literacy, socialization outside of social media, and self-efficacy are other strategies that have been found helpful.[17] Additionally, mindfulness has also been found to reduce excessive social media use.[18] For example, an eight-week mindfulness-based stress reduction program (e.g., body scans, sitting meditations) was effective in reducing social media use for [22] adolescents.[19]

Anecdotally, in conversations with our graduate student peers and based on personal experiences, the following strategies were found helpful for reducing social media reliance:

- Setting personal goals on daily social media use and self-monitoring.
- Utilizing browser or app blocking tools and applications, including BePresent[20] and Focus Friend.[21]
- Abstinence from social media for extended periods of time, facilitated by logging out of accounts and deleting applications.
- Blocking social media accounts that lead to feelings of inadequacy or stress.
- Putting phone in another room while working.
- Reducing or eliminating social media use after waking up or before bed.

The internet and social media continue to develop at a rapid pace and are increasingly integrated into our daily lives. On one hand, these technologies can be a means of connection and increased accessibility; however, social media addiction is a growing concern and is associated with poor mental health. Graduate students may be particularly susceptible to the negative impacts of social media addiction. We call for more research in this area, including research on the prevention and treatment of social media addiction.

Closing note from guest editor: Digital platforms can both soothe and intensify the loneliness and distress that many graduate students experience, creating self-reinforcing cycles of coping and harm.

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The following article tackles loneliness itself – asking whether chronic disconnection can function as a kind of behavioural addiction in its own right. – Steve Joordens, guest editor

Loneliness is increasingly understood as a signal generated by a social homeostatic system that monitors and regulates social connection. When this system functions adaptively, loneliness motivates reconnection. However, when loneliness becomes chronic, it can drive social anxiety, hypervigilance, and withdrawal, producing a self-reinforcing cycle of isolation. Drawing on social homeostasis theory, this paper advances an analogy between chronic loneliness and behavioural addiction. Specifically, it argues that avoidance and withdrawal from social interaction may be negatively reinforcing, temporarily reducing distress while further dysregulating social motivation and threat processing. Neurobiological evidence suggests partial overlap between the systems implicated in social bonding, stress regulation, and addiction, supporting this comparison at a mechanistic level. This framing helps explain why many loneliness interventions that focus

IS CHRONIC LONELINESS A BEHAVIOURAL ADDICTION? RETHINKING SOCIAL WITHDRAWAL THROUGH SOCIAL HOMEOSTASIS

Kiffer G. Card, Ph.D., Assistant Professor, Faculty of Health Sciences, Simon Fraser University, Burnaby, BC

solely on increasing social contact are ineffective. The paper concludes by outlining implications for clinical practice, education, and public health, emphasizing the need for scaffolded, low-barrier, and preventive approaches that support gradual recalibration of social homeostasis rather than abrupt social reintegration.

Humans have an innate need for social connection, and decades of research suggest that our brains are hard-wired to maintain a healthy "social balance" in much the same way that we are wired to maintain a constant body temperature.[1] In social neuroscience, this balance is called social homeostasis, and researchers have described how our brains monitor the quantity and quality of our social interactions against an internal set-point and drive us to seek contact when we're running low https://tyelab.org/wp-content/uploads/allsop_tye_2025.pdf.[2] Within this framework, feeling lonely essentially acts as an alarm indicating that our social needs are not met.[3] The idea is that this alarm can signal us to seek out connection, just as thirst, hunger, pain, and other unpleasant dysphoria spur us to act in ways necessary to keep our bodies healthy and safe.[4]

But when loneliness becomes chronic, the system becomes dysregulated and instead of pushing us back into community, chronic loneliness triggers social anxiety and hypervigilance.[5,6] As a result, lonely individuals see the social world as more threatening, and expect negative interactions. In turn, this creates a self-fulfilling prophecy.[7] Over time, this withdrawal and wariness create a self-reinforcing loop of isolation, similar to other forms of addiction which are driven by feedback loops between behaviour and the reward processes in the brain.[8]

Likening chronic loneliness to addiction may be controversial, but just like substance use, loneliness and social isolation carry serious health risks.[9] In fact, persistent loneliness elevates stress and wears down the body, contributing to higher risks of heart disease, depression, dementia, and even earlier mortality. Thus, understanding the underlying mechanisms and processes that generate experiences of loneliness is critical to public health responses intended to address it.

Loneliness as a self-perpetuating "addictive" behaviour

The analogy drawn between loneliness and addiction lies in the pattern of coping and reinforcement. Just as someone with substance addiction may use drugs to escape pain or stress, a chronically lonely person often avoids social situations to escape anxiety or fear of rejection.[10,11] Each time they withdraw from social contact, they feel a brief relief (safety, comfort) from social stress.[12] That relief serves as negative reinforcement by taking away an aversive feeling, thereby rewarding the avoidance. Over time, avoiding people becomes an ingrained habit, even if it leaves the person more isolated. In other words, the very behaviour intended to soothe loneliness (i.e., withdrawal) ends up fueling it, much like an addiction cycle where the "fix" perpetuates the problem.

On a neurobiological level, there are intriguing parallels between social isolation and addictive substances. The brain's reward and stress systems that regulate social bonding can become dysregulated in chronic loneliness.[5,13] For example, the same opioid circuits that help us feel pleasure from social bonding are targeted by opioid drugs; when genuine social connection is lacking, people may be more vulnerable to using substances as a substitute.[14] In this sense, chronic social isolation hijacks our natural reward systems by providing a "high" from feelings of safety. The result is a dysregulated state in which the social homeostatic system makes social isolation feel good, while trapping lonely people in a cycle of isolation despite their longing for companionship.[3]

Conclusion

If chronic loneliness functions as an avoidance-based, self-reinforcing cycle, it helps explain why simple exhortations to "be more social" often fail.[15,16] Indeed, as reviewed above, prolonged isolation recalibrates the nervous system to treat social interaction as threatening, producing anxiety, hypervigilance, and withdrawal that resemble a form of psychological withdrawal rather than lack of motivation. Without addressing these underlying processes, or recognizing the analogous "addictive" nature of social withdrawal, interventions will not be as successful as they could be. As such, in treating loneliness, whether in clinical, educational, or community contexts, we emphasize the need for a scaffolded approach that helps individuals find low-barrier ways of connecting, thereby allowing them to gently recalibrate their homeostatic system into a healthy, well-regulated state. Furthermore, we emphasize that there must be a shift to prevention in public health in order to reduce the intensive effort required to reduce loneliness, by preventing it in the first place. Only when the true nature of loneliness is acknowledged will we resolve our epidemic of loneliness.

Closing note from guest editor: Behind every diagnostic label or theoretical model lies a lived story of how compulsive patterns reshape relationships and everyday life.

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WHEN GAMING TOOK OVER AT UNIVERSITY: OUR FAMILY'S STORY

Elaine Uskoski

This contribution offers a family's account of how problematic gaming took over during university, and what it took to reclaim balance. – Steve Joordens, guest editor

When our son Jake left home for university, we trusted his judgment. He had convinced us that he was ready for independence.

What we did not understand was how vulnerable young adults can be during this transition, especially when digital addictions are already quietly forming. Jake had shown signs of struggle with regulating his gaming during secondary school, but it wasn't addressed.

At first, Jake seemed to be managing his schedule. We assumed he was attending classes, studying late, and enjoying campus life.

But beneath the surface, something very different was happening.

Gaming had followed Jake to university – not as a hobby, but as a lifeline.

Away from the structure of home, gaming became his primary way of coping with stress, loneliness, and academic pressure. University can be overwhelming, even for confident students. There is less oversight, fewer immediate consequences, and far more freedom to self-regulate. For someone already vulnerable to gaming's pull, that freedom can quickly become dangerous.

Jake covered things up by telling us he'd had a successful first year and passed everything.

By the second year, Jake's gaming time increased dramatically. Nights blurred into mornings. Sleep became irregular. Classes and assignments were avoided. The virtual world offered what the real

one suddenly demanded too much of: instant feedback, a sense of mastery, control, and belonging.

From the outside, it was difficult to see. Jake, like many young adults struggling with addiction, became skilled at minimizing what was happening. But I had a nagging sensation that something was wrong. When Jake visited, he looked disheveled and tired. When comments surfaced about his appearance, he rationalized with, "Second year is harder" and "I have less time to shower."

As gaming took priority, Jake's academic functioning declined completely. Anxiety and depression set in. Gaming became his escape. This is one of the cruel paradoxes of addiction: the very behaviour used to manage distress ends up creating more of it.

We have learned that modern video games are designed to engage the brain's reward system intensely and repeatedly. They rely on intermittent reinforcement, social validation, and constant progression. For a developing young adult brain – especially one under stress – gaming can become a powerful regulator of mood and identity. It offers certainty in an uncertain world.

I understand now that over time, gaming wasn't something Jake chose anymore. It was something his nervous system depended on.

Our world came crashing down two months into the second semester when I received an S.O.S. email from Jake confessing he'd made a late payment for registration and was de-registered. Instead of handling the situation, he ignored it, stopped attending classes, and played video games all night while sleeping all day. And now the school administration was changing the locks and he had to move out of residence. He sounded so fragile and full of shame. I immediately reached out.

Jake wasn't admitting his addiction; he believed he had a time management issue. But given his past history and now using gaming to avoid his own school dreams and self-care, I knew differently.

I drove to the university and when Jake opened his door, I was shocked at the state he was in – my 6'2" son stood before me weighing just 127 pounds; he had facial tics and tremors; his face, normally squeaky clean, was a mess of acne; his hair was greasy; and he smelled like he hadn't showered in weeks. I held him tightly, and began asking myself where my former healthy and vibrant son had gone.

Addiction does not respond to shame or pressure. I instinctively knew he needed empathy and understanding.

The hardest lesson we learned was that you cannot simply remove the behaviour without addressing what it is doing for the person. Gaming had become Jake's primary way of coping with anxiety, failure, and overwhelm. Taking it away without support felt, to him, like losing the only thing keeping him afloat.

I did require Jake to detox from gaming, but I also had him see our family doctor. I fed him healthy meals, I took him to the gym, and I drove him to therapy appointments. It was hard to watch him struggle as he was cut-off from his online friends and the high of dopamine that his brain had become accustomed to. He had headaches, he was irritable, he was sad. And he was in denial.

There were setbacks. We struggled over two years of detoxes and relapses. There were moments of gripping fear, frustration, and exhaustion. Eventually, Jake realized that video games were destroying his mental health and he made the decision to stop playing them entirely.

We learned that recovery is possible – and that understanding changes everything.

Jake has not played a video game for over eight years now. His is a story of success where he did graduate from university and created a life of meaning.

I share Jake's story because it reflects what is happening quietly to many young adults. Gaming addiction doesn't always look dramatic. Sometimes it looks like a student alone in a dorm room, slowly disconnecting from their future while appearing "fine" on the surface.

By telling our story, my hope is that parents recognize the warning signs earlier, clinicians feel supported in taking gaming addiction seriously, and institutions begin to understand that behind academic decline is often a struggling nervous system, not a lack of effort.

Closing note from guest editor: Personal recovery is crucial, but families should not have to shoulder these burdens alone; environments and policies also need to change.

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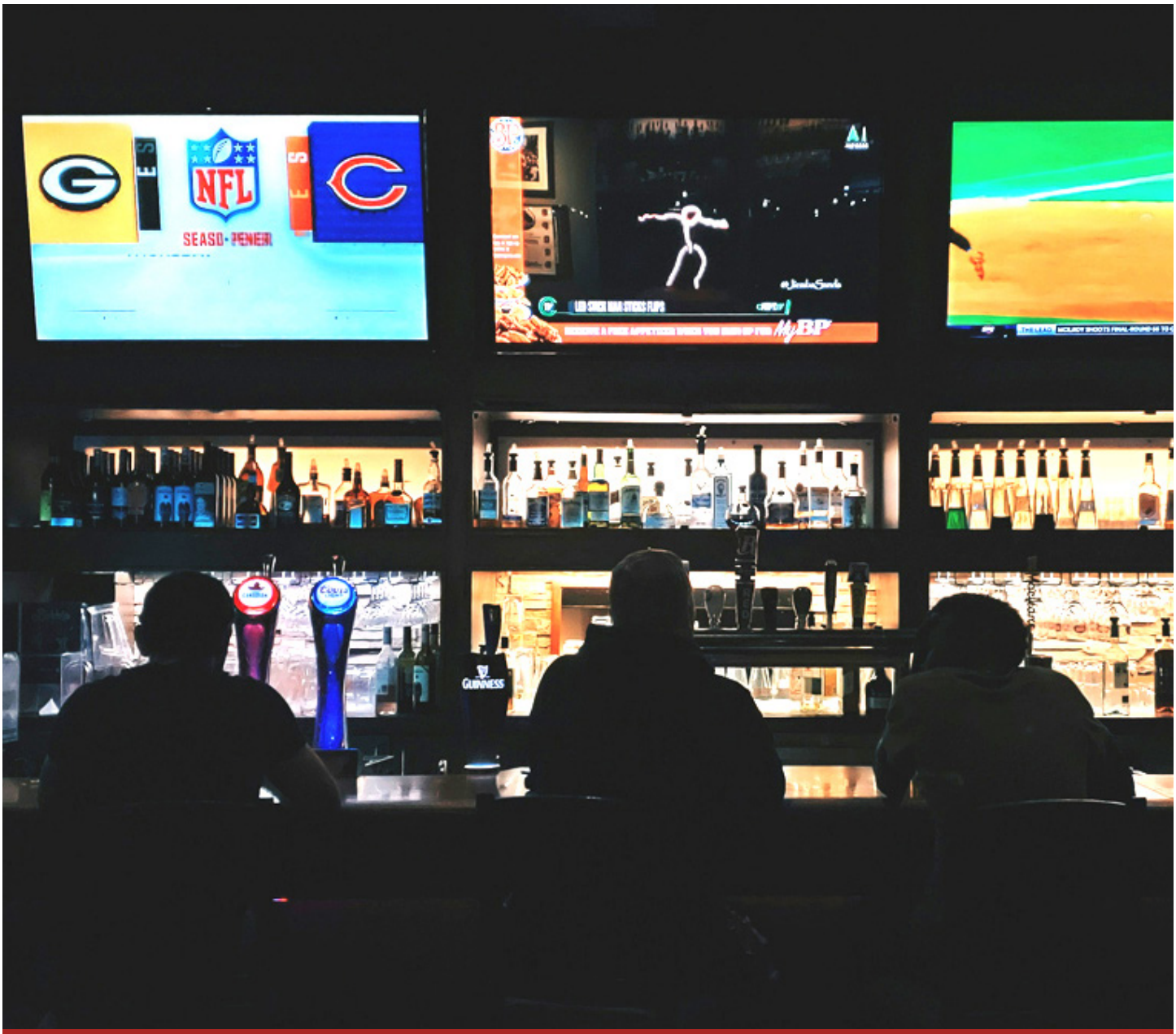

BILL S-211: AN ACT RESPECTING A NATIONAL FRAMEWORK FOR SPORT BETTING ADVERTISING

Bruce Kidd, B.A., A.M., M.A., Ph.D., L.L.D., Chair, Campaign to Ban Ads for Gambling;
Professor Emeritus of Sport Policy, University of Toronto, Toronto, ON

The closing article turns directly to policy, examining Bill S 211 and how restricting sports betting advertising could help prevent similar stories from unfolding. – Steve Joordens, guest editor

When Parliament legalized sports betting in 2021 and turned its organization over to the provinces and territories, it did so completely without guardrails. This was despite the abundant evidence from other countries that sports betting can be harmful to health, economic growth, and the culture of sports, and that restrictions on advertising can significantly reduce those harms.

By comparison, when Parliament legalized cannabis in 2018, it banned all advertising for the product. Similar restrictions were put in place earlier for tobacco and alcohol.

In the wake of legalization, the Ontario government immediately opened the province to private betting companies. More than 40 operators, including the internationally dominant Bet 365, Draft Kings, and FanDuel, set up shop. The competition for market share unleashed a tsunami of advertising during televised sports events, on social media, in sports facilities, and on public billboards. Partnering with sports leagues and media companies, broadcasters openly encouraged fans to bet. It became impossible to see sports on television without betting promotions.

In 2024, a study commissioned by CBC Marketplace estimated that 21.6% of sports broadcasts are devoted to betting ads.[1] With the dominance of the Toronto-based sports media across Canada, viewers in other provinces see those ads, despite the fact that few of those companies are legally empowered to accept bets in those provinces.

The worst fears of critics were quickly realized. Advertising has significantly increased the volume and intensity of betting. In its most recent survey, conducted in 2025, the Canadian Centre on Substance Use and Addiction (CCSA) estimated that 9.9% of Canadians experience problem gambling, more than six times the 1.6% that Stats Canada found in 2018 when there was no advertising. The CCSA reported problem gambling among youth 18 to 34 at 25%.[2] Worryingly, such prevalence estimates are based upon self-report, so the actual numbers may well be higher.[3]

With live betting on smart phones, and the deliberate design of online technologies by the betting companies to engineer addiction, advertising intensifies the mental health crisis.

Problem gambling has been classified as a non-substance-related addictive disorder by the American Psychiatric Association.[4] The Centre for Addiction and Mental Health reports that for every person addicted to gambling, another six to eight are negatively affected. The Canadian Pediatric Society has noted that underage gambling is common in Canada and can start in children as young as nine or 10 years old.[5]

International research confirms the relationship between advertising and problem gambling.[6] A growing number of countries (e.g., Spain, Italy, Denmark) have banned or severely restricted the ads, and the World Health Organization strongly recommends it.[7]

Fortunately, there's now legislation in the House of Commons that will undo some of the damage. Bill S-211, an Act respecting a national framework for sports betting advertising,[8] is now being debated in the House of Commons and scheduled for final vote sometime this spring. It has already been passed by the Senate. It was initiated by Senator Marty Deacon, an accomplished Ontario educator and Olympic leader, and former Senator Brent Cotter, a former Saskatchewan deputy attorney general. If passed, it will require the Minister of Canadian Identity and Culture to develop detailed regulations and a strategy for their implementation, after consulting widely. The Minister will have one year to come up with the regulations.

The Campaign to Ban Ads for Gambling, an association of Olympians, parents and grandparents of Olympians, coaches, physical educators, sports scholars, and journalists, is lobbying for the bill.[9] Our initial motivation was anger about the ceaseless ads, and the way they poison the culture of sports, reducing the vigorous, embodied physical activity and communal values of sports to the solitary fingering of phones.

We are also upset by growth of sports betting-induced cheating and game manipulation, and with the growth of prop bets (i.e., bets on how many points a player will make, or whether a batter swings at the next pitch in baseball), the abuse of athletes by disappointed bettors.

As we have become more involved, it's clear that the greatest harms of sports betting are to mental and community health. Addiction to gambling is linked to depression and suicide, bankruptcy, family breakup, domestic abuse, assault, fraud, theft, and even homelessness.

We encourage all readers to call their MPs to support Bill S-211.

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THE PSYCHOLOGY UNDERLYING BEHAVIOURAL ADDICTIONS

Steve Joordens, B.A., M.A., Ph.D., Professor of Psychology, University of Toronto Scarborough, Scarborough, ON

The previous articles in this magazine have highlighted a range of behavioural addictions, from sport betting to chronic loneliness, and have looked at these addictions from a number of different perspectives that range from what it is like for a family to go through an addiction, to what is being done at the national level to limit the harm that these addictions are causing. What they did not highlight though is how these addictions form, and why they can become such a huge problem for the addict and those who love them.

For concreteness, let's focus on sport gambling as it is perhaps the most pressing form of behavioural addiction since its recent legalization.[1,2] For such behaviours, it can be tempting for those who do not gamble to say things like "What's the big deal? They should be able to stop anytime they want, so it's their fault if they throw away their life on gambling." Let's consider this question as we walk through some relevant psychology and neuroscience in the context of a first-time gambler.

Marketing

It starts, of course, with the introduction to the gambling platform. This can happen in many ways, but given the ubiquitous marketing of sport gambling, more often than not a person is introduced to some platform through an advertisement that normalizes and glorifies the behaviour, making it look fun, cool, and what every sport fan should be doing.[3,4] I have previously written about how psychology has been weaponized in these ads with one goal in mind: just get the person to try gambling on the app.[5] As one stark example, platforms will often make offers like "for the first 20 dollars you bet, we will give you another 200 dollars." Sign-up bonuses, free bets, and stake-back offers are now common features of sports-betting marketing

and have been linked to increased betting, especially among young adults.[6,7] Giving you the additional money ensures you will play a bit, at least as long as it takes to lose $220.

Random rewards

If we lost all $220 just like that, we'd likely stop gambling. We don't though; as we make bets, now and then – and we're never sure when – we win. This random nature of rewards is the hallmark of behavioural addictions, and variable-ratio reinforcement schedules are known to produce high, persistent rates of responding.[8,9] Once we win a few times, we begin to anticipate winning again soon, and that feels good. "Feels good" means dopamine is being released in the brain, and it is critical to note that the dopamine is not released when we win; it is released when we feel like we are about to win.[10] It is literally the thrill of the chase. Thus, as occasional wins happen, we enjoy the process of gambling more and more, and that enjoyment begins the moment we make a new bet.

OK but surely if we lose and lose at some point we will quit, right? No. Random rewards have a hook that is very strong. Each time we lose we feel we are a step closer to the next win. That is, even though the rewards are random, we feel like they occur with a certain frequency and, thus, if we haven't won for a while then a win is due; it's just around the corner.[11] The worst thing we can do now is stop with a win just around the corner. So we play more, and maybe we lose more, and with each loss the next win feels closer. How can we stop now? Lest this seem like hyperbole, there are many cases of gamblers refusing to leave a slot machine to use the washroom in fear someone will sit at their machine and cash in on "their" upcoming winnings.[12] They prefer to urinate in place.

The illusion of expertise

Existing data suggest that males, in general, are showing much higher rates of problem gambling than females, particularly for sports betting.[2,13] Why? There are likely two related reasons. First, males in general identify with sports more strongly than do females, so they are attending and thinking about sports more. This also leads them to feel they have relevant expertise that can help them win at higher rates than the others that are gaming. Of course, the gaming platforms harness very deep levels of expertise that assure the house will always win on average, more expertise than any individual gambler would possess.[14,15] Still, the illusion of expertise can push one to underestimate the risk and overestimate the winnings. This is closely related to what has been called the "illusion of control" in gambling.[16,17]

Related to this, people talk about their gambling, or at least they talk about their wins. For males, highlighting these wins can be a way of embracing their feelings of expertise, and via confirmation bias, their wins will stand large in their memories as their losses fade.[18] Thus, even if they are not winning overall, they may feel like they are winning often and thus may continue to hold onto their feelings of expertise which can continue to fuel their gambling.

Youth, frontal lobes, addiction

The dopamine release described above is controlled by the primitive parts of our brains called the limbic system. This part of the brain develops quickly and controls our emotional, instinctual, and habitual interactions with the world. This is the part of the brain that quickly begins to chase the rewards, despite the building evidence of losses. The brain does have an executive control function that allows us to exert some level of control over drives of the limbic system; this function is part of our most recently evolved frontal lobes. When engaged, it is the frontal lobes that can reason about some behaviours in the context of the larger picture of our goals, and that can choose to inhibit certain behaviours that are misaligned with our goals. The problem is, the frontal lobes are the slowest part of the brain to develop, not being fully developed until the mid-20s.[19,20] This is the part of the brain that would help us resist the temptation caused by gambling ads, and the part that would help us to stop gambling when we see its negative consequences. For youth then, the part of the brain they need to exert control is simply not developed enough to fight the limbic system, which is why problem gambling is especially impactful on youth.[21,22]

When one finally realizes the problem

Gambling is unique among behavioural addictions because the consequences of the addiction are financial. That is, if you are addicted to video games, and if you can overcome that addiction, all you really lost was the time you spent playing games that you could have spent in some other way. Yes, you have to learn how to reduce or stop the gaming, and you may have to repair relationships and work to rebuild a life where gaming plays less of a role or none at all. That is hard work, but it is possible.[23]

However, those addicted to gambling build debt. How will they pay back the debt? How can they get money? The only option many can imagine is to continue gambling in hopes they will make a big payout that will save them. In the process, they go deeper and deeper until they reach a point where the platforms will no longer accept their bets and instead they begin demanding repayment. For a real

problem gambler, this could be several platforms, all of which they owe significant money to. Now what? Their choices are slim. This is why we are now seeing problem gambling sections highlighted on websites intended to support those considering suicide and why problem gambling is becoming a prominent issue for services like Kids Help Phone.[1,24] Problem gambling has been associated with markedly elevated rates of suicidal ideation and attempts.[25,26]

If one is able to stop gambling, and is able to find a way to repay debts, are they free? It turns out the recidivism rate of problem gambling is very high; longitudinal studies suggest that relapse after treatment is common and often exceeds 70%–80% over multi-year follow-up.[27,28] The temptation remains strong, access is too easy (simply pull out your phone and tap the app), and ads are everywhere pushing you to play again, especially if you watch any sports.[3] Imagine a family that has helped someone get away from gambling, who has paid their debts and supported them emotionally, only to then find out the gambling is back. The ripple effects on families and children are substantial.[29]

Observational learning

The issues highlighted above consider the individual gambler, but that gambler is surrounded by others. Parents, peers, people they respect – they are surrounded by these people and some of these people gamble. As described, many love to share their wins. The people who are on the sports broadcasts share their bets and brag about their victories. All of this normalizes gambling, making it seem less dangerous and more fun.[30,31] Observational learning is powerful: monkey see, monkey do.[32]

This is why banning the marketing of sport gambling is critical at this time. When we ban the marketing of some substance or act, like purchasing tobacco or high-strength alcohol, we are sending a strong signal to our population: We won't prevent you from ingesting that substance or engaging in that act, but it is dangerous to do so and we, as a society, will certainly not push that substance or behaviour on you. Restrictions on gambling advertising in jurisdictions such as Spain and Italy have been followed by reductions in online gambling activity, particularly among newer or lighter-engagement gamblers.[33,34] A ban will signal the danger rather than normalizing it as marketing does. We must become more explicit in signalling and explaining the dangers, which begins by stopping the false-positive narrative provided by ads intended to drive consumption.

Conclusion

I don't think I have laid out all of the relevant psychological variables here, but based on those I have described I hope it is now more obvious why so many people, young men especially, are falling into the dark hole of problem gambling.[2,13] The gambling platforms all hire psychologists, and those psychologists know how to craft experiences that build addictions.[14,26] Yes, a given person's personality and will power play a role, but the psychological forces are strong and especially challenging to an underdeveloped brain, and it all begins with the marketing. If we want to address this danger to our children and to society in general, it begins by getting rid of the marketing. Let's allow our children to enjoy all the positive benefits of sport without being indoctrinated into the world of gambling. Let's connect with our MPs and voice our support for Bill S-211 now.

FOR A COMPLETE LIST OF REFERENCES, PLEASE GO TO CPA.CA/PSYNOPSIS

INTRODUCING DR. JANINE HUBBARD, CPA PRESIDENT 2026-2027

Eric Bollman, Communications Specialist, CPA

It was mid-2020 when I introduced Dr. Janine Hubbard, via email, to a colleague. I introduced the colleague as "my colleague." I introduced Janine as "my friend." It was only after a bit of reply-all back-and-forth on the topic we were discussing that I suddenly realized how presumptuous I had been by just assuming that someone I had never met in person – or even seen – was "my friend." I needn't have worried. We bonded over *Spinal Tap* references and our time in our respective high school choirs. We were indeed friends, as Janine is to so many.

I assume Janine is still friends with several people from that high school choir. I know she remains friends with colleagues from her psychology residency. Dr. Anita Gupta, who did her residency at the adult hospital while Janine was at The IWK in Halifax, followed Janine onto the CPA Board of Directors (after what Janine describes as "a little arm-twisting"). Now, Janine is following Anita into the role of CPA president.

Shortly after that residency, Janine had a big decision to make. Moving to Newfoundland to take a job as clinical psychologist at NL Health Services meant leaving family and friends to move to a province where she barely knew a soul. She says it was "quite an adventure for a girl from Scarborough, or – as I subtitled a presentation last year – 'How the heck did a girl from Scarborough wind up with a well and a septic tank working as a psychologist in NL?'"

She certainly did that, becoming a community fixture as, a few years later, she opened her own part-time child psychology practice, in addition to her full-time role at the Janeway Children's Health and Rehabilitation Centre. Children in St. John's felt comfortable with Janine immediately upon walking into her office. The shelves stacked deep with a myriad of Muppet characters was certainly a big help in that regard. In fact, to this day, Janine has a basement cupboard full of costumes from the various events with kids at her practice or at the hospital where a Muppet, Winnie the Pooh, or Chewbacca costume comes in handy.

She says: "I've spent my career working with children and youth with physical disabilities and significant medical issues, sometimes needing a brief single session to help with a medical fear or learning to swallow pills, sometimes working with clients and families navigating life-threatening and or terminal illness. Many of our treatments have improved to a degree that I'm helping a child and their family cope with what will hopefully be the worst time of their life, but then I get to see them through to the other side of it. It's a privilege. I've realized that not everyone is meant to be on this earth for 90+ years, and I've seen the far-reaching impact of six-year-olds. It's tough work, but it's work where I get to experience joy."

As Janine's involvement with the community grew, so too did her desire to find ways to help Newfoundlanders as much as possible.

"I was on the executive of the Association of Psychology of Newfoundland and Labrador (APNL), our provincial fraternal association, doing things like organizing community talks and getting the local library to do themed displays for Psychology Month. After a year or so, our legislation changed and we had our first ever elected board of regulators. I was tapped on the shoulder and then spent six and a half years doing regulatory work. After that I had a whole year off where I wasn't on any provincial or national psychology committees! Then I went to our AGM,

and six weeks later I was on my way to Vancouver as our Council of Professional Associations of Psychologists (CPAP) rep."

This is a common theme for Janine. She has been "tapped on the shoulder" more than once, and in almost every instance she has responded by agreeing to take on the job. And so the position of CPAP rep soon became a position that included advocacy director and practice directorate. She became the APNL's communications director, which was not a new position but rather a consolidation of the other positions into one less-cumbersome title. She took on media appearances and social media – but social media does come with a steep learning curve, and for a few weeks the official APNL Twitter account accidentally followed Kermit the Frog.

I totally get this. As the creator and host of the CPA podcast (where Janine was the first guest in the first season in 2020, talking about children and Christmas amid a pandemic), I created a Spotify CPA account so people could access *Mind Full* from the platform. But I never signed out of that account, and now the CPA hosts playlists for my workouts, for my nephew, for my folk-music-loving dad, and the playlist I created to (unsuccessfully, it turns out) nudge my carpool colleagues Kathryn and Zaineb to expand their musical horizons through exposure to Gram Parsons and the Wu-Tang Clan.

Janine has no regrets about following Kermit, and even fewer regrets about taking on the myriad roles.

"My first year as communications director we did a 'Mind Your Mental Health' campaign, along with the CPA. I decided to recruit as many famous Newfoundlanders as I could, and I dropped off T-shirts to a bunch of people. I got Alan Doyle and Gordon

Pinsent to participate! I now know where most of the musicians in town live – or did at the time. The best thing about it was that it formed an amazing in-road with a few of our key politicians, like Dwight Ball; he was the leader of the opposition at the time, later became premier, and has been a really helpful connection. It gave me an in to talk about policy, which was the most wonderful side effect of an already great campaign!"

In 2014, Janine became the co-president of the APNL. She held that position, as co-president or past president or solo president, for nine years. This allowed her to advocate for the profession of psychology in the province and for the mental health of its residents from an important public position. In 2022, she received a significant award from the Association of State and Provincial Psychology Boards (ASPPB), where she was called upon to give a talk.

"What I talked about was that psychologists, by and large, are reluctant leaders. The impostor syndrome is real! I once had Martin Jones from CBC radio reach out to me to find an expert psychologist for their morning show and I asked everyone I knew. No one felt that they were expert enough to discuss the subject in the media. The subject? Impostor syndrome. We are not a group that generally thinks of ourselves as leaders, and this is especially true early in our careers."

More awards followed. There was the Pinnacle Award of Excellence for Organizational Leaders from the International Association of Business Communicators in Newfoundland and Labrador. Then the Rhonda Matters Memorial Award presented by CPAP.

In presenting the award, CPAP wrote: "Her deep commitment to advocacy, mentorship, and communication excellence embodies the spirit of this award, which honors the legacy of Dr. Rhonda Matters. It is especially meaningful that Dr. Hubbard was both a colleague and friend of Dr. Matters."

Janine makes friends via email and Zoom, and she worked in person with Dr. Matters. Of course they were friends. As the recognition grew and her time as APNL president was winding down, Janine found herself recruited to be a part of the CPA's board. She was elected as a director-at-large (meaning a director without a specific portfolio), which suited her disposition well.

"Those types of generalist positions are often a really great entryway into an executive. It means taking on projects as needed. You are a movable person, so you can express interest in committees that require a board liaison. You get to work on ad-hoc projects, or be part of a team that crafts a statement, and you learn a ton. It's one of the best gateways onto the CPA board – or any board, for that matter!"

Janine is a hand-raiser. A reluctant one; you may need to suggest it to her

first, but that hand goes right up when you do. And once it's up, she commits herself fully to the task she has agreed to take on. She may be a reluctant leader, as are so many in her profession – but she is not a grudging one. Janine is all-in, all the time.

Janine is all-in on people, and she's endlessly intrigued by and drawn to them. Great traits for a psychologist, to be sure, but also an important trait in a leader. Being interested in people gravitates them toward you, and to have someone with that ability as president of the CPA is a boon not only to me and to our organization, but to psychology in Canada as a whole.

It's her love for people, and her willingness to step forward when asked, that have made her a regular presence in Newfoundland media. Starting when she was doing communications for the APNL, she developed contacts, then relationships, then friendships and shortbread cookie recipes with media personalities across the province. When she spoke about COVID lockdowns and their effect on children, people listened and responded. Soon, she found herself in demand as a science communicator throughout the province on CBC, NTV, VOCM, and any other national outlet that could manage to get a bit of her time.

Janine comes from a long line of teachers. She drew on their examples and the experience she had working with kids to simplify and explain complicated issues for the public. If you can explain anxiety to a six-year-old, or learning issues to me, you can explain those things to everyone.

With her regular TV and radio appearances, Janine has become one of the most effective psychology communicators we have. Her genuine enthusiasm in demystifying a psychological concept, her accessible presence, and her breadth of knowledge about human behaviour resonate with the viewers. This has made Janine the face of psychology in Newfoundland and, as one viewer recently remarked, "that happy lady from TV"! Through COVID, through local tragedies, and through uplifting moments, that happy face has been trusted, warm, approachable, and friendly.

Now Janine is bringing that happy, trusted, and friendly face to the role of CPA president, where she looks forward to taking on the role as we look toward the future of psychology. In the next year, she will be heavily involved in the examination of what it means to be a psychologist and what competencies, training, and skills are needed. How do we increase access to training and funding support with the goal of becoming a more inclusive profession? Can we get creative in that vein while still maintaining rigorous standards?

There are myriad issues that face psychology. Thorny topics like psychology and artificial intelligence, prescribing privileges for psychologists, and the increased development of accredited PsyD programs are just some of the questions that will need to be answered in the coming years. Janine is excited to be a part of those discussions and decisions. She has experience to draw upon, wisdom to impart, and the willingness to contribute all of that by raising her hand. And I, for one, feel privileged to be here for it.

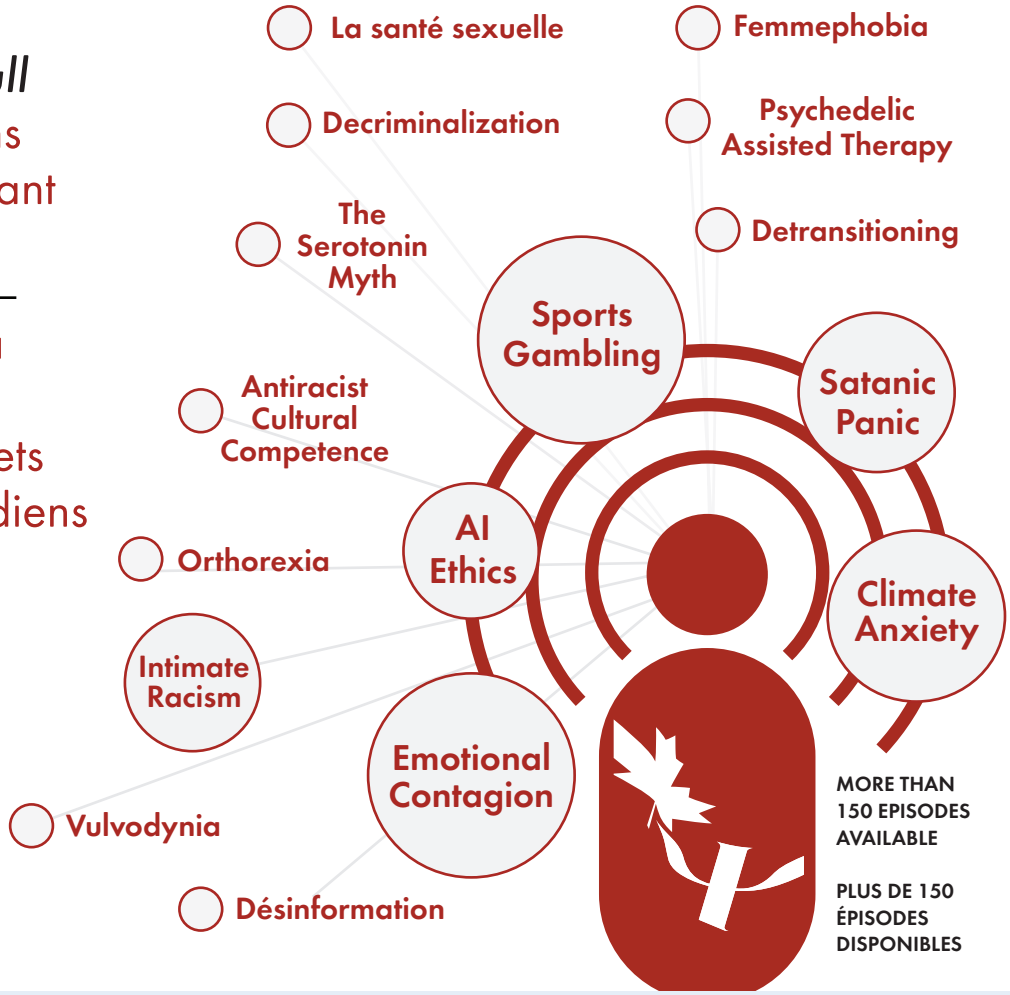
Because I started my CPA career during COVID, and spent the bulk of my first three years with the company at home, I experienced what many people did, which is the bending of time. The lockdown years, to this day, feel like a blur and although I have now been here more than six years, I still find myself occasionally introducing myself in an email as "the new communications person at the CPA." There are days where I feel like my first day here was just weeks ago, booking my friend Janine on the *Mind Full* podcast to talk about kids and COVID and lockdowns.

In writing this article, I realized that looking back to those early days when I first got to know Janine (via email), the details are fuzzy in a similar way, but for a different reason. I can't remember exactly how we met, or what was our first interaction, but that's because it doesn't matter. Janine and I have been friends forever.

The CPA podcast *Mind Full* brings a psychological lens to subjects that are important to Canadians

Le balado *Mind Full* de la SCP apporte un éclairage psychologique sur des sujets importants pour les Canadiens

MIND FULL
A CPA PODCAST



CPA HIGHLIGHTS

A list of some of our top activities since the last issue of *Psynopsis*.

Be sure to contact membership@cpa.ca to sign up for our monthly *Psygnature* e-newsletter to stay abreast of all the things we are doing for you!

SUPPORT FOR BILL S-5

We sent a letter to The Honourable Minister of Health, Marjorie Michel, indicating our support for Bill S-5, the Connected Care for Canadians Act, which looks to create state-of-the-art digital infrastructure with common standards. A subsequent letter was also sent to Senator Rosemary Moodie (Chair of the Senate Standing Committee studying the Bill).

NEW *MIND FULL* PODCAST EPISODES

Our *Mind Full* podcast continues to bring psychological science and perspective to a range of issues affecting Canadians. Some of our more recent episodes include Bipolar disorder and a new health information tool with Dr. Kelsey Collimore, Stress, exhaustion, and cynicism: Workplace burnout with Dr. Melanie Badali, and A lifetime of advocacy: Supporting survivors of clergy sexual abuse with Gemma Hickey.

ENCOURAGING THE STANDING COMMITTEE ON HEALTH TO STUDY MENTAL HEALTH PARITY

Further to a meeting with The Honourable Hedy Fry, Chair of the House of Commons Standing Committee on Health, a follow-up letter was sent articulating our view that the Committee has an important role to play in having the federal government adopt mental health and substance use health parity legislation.

CPA OUTLINES ASKS AS PART OF FEDERAL GOVERNMENT'S 2026/27 PRE-BUDGET CONSULTATION PROCESS

With the federal budget now being tabled in the fall (as opposed to the spring of each year), we submitted our brief to the House of Commons Standing Committee on Finance, outlining four priorities/asks of the federal government for Budget 2026/27.

OPPOSING CHANGES TO INTERIM FEDERAL HEALTH PROGRAM

In a letter to the Hon. Lena Diab, Minister of Immigration, Refugees and Citizenship of Canada (IRCC), we voiced our concerns about the IRCC's plan to introduce a copayment model for services provided under the Interim Federal Health Program (IFHP). The IFHP provides health services (including psychological services) to refugees and asylum-seekers in Canada, and we argued that the introduction of a copayment model would equate to denying services to this vulnerable population.

CPA HIGHLIGHTS

NEW "PSYCHOLOGY WORKS" FACT SHEET: COPING WITH GEOPOLITICAL CRISES

This fact sheet addresses the psychological impact of geopolitical crises – such as armed conflicts, humanitarian emergencies, or international instability – which can be distressing to hear about or to follow, even when they occur far from home. Ongoing exposure to unsettling news and uncertainty may affect emotional well-being, leading to increased stress, anxiety, sadness, or feelings of helplessness. This fact sheet outlines the potential effects of geopolitical crises on mental health, strategies for coping and supporting others during these times, and how psychologists can help.

NEW "PSYCHOLOGY WORKS FACT SHEET: UNDERSTANDING AUTISM IN ADULTHOOD

This fact sheet explores autism in adulthood, including diagnosis, workplace challenges, and mental health considerations. Autism, also known as autism spectrum disorder (ASD), is a diagnosis present at birth most often described by sensory, behavioural, and social differences when compared to peers without autism. Autistic children become autistic adults, many of whom are our colleagues, neighbours, friends, partners, and family members. Autistic adults think, communicate, and experience the world in ways that are different from non-autistic adults.

POLICY STATEMENT: ARTIFICIAL INTELLIGENCE IN PSYCHOLOGY

Our Board of Directors has approved a new policy statement on AI in psychology. It states that "all psychologists, regardless of occupational context or present role, must ensure that the adoption of any new technology is done in accordance with ethical principles, values, and standards that prioritize the protection of the public and protect against the misuse of psychological knowledge."

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