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RECHERCHE EN SANTÉ MENTALE CANADA / MENTAL HEALTH RESEARCH CANADA

Online Gambling Among Young Canadian Adults

A Call to Action

**Evidence from a 2024 Canadian national online panel survey
November 2025**

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We acknowledge the Indigenous Peoples as traditional knowledge keepers, and that our greater society benefits from the sharing of Indigenous Peoples.

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Disclosures

In the last five years **Greo Evidence Insights** (Greo) has received funds from the New Zealand Ministry of Health, the Ontario Ministry of Health and Long-Term Care, Health Canada and Canadian non-profits, charities and post-secondary institutions. Greo has also received funds from social responsibility arms of Canadian Crown gaming corporations (i.e., state monopolies) that conduct and manage provincial/territorial gambling, regulatory settlement funds (Great Britain),¹ third-sector charities (Great Britain) and international regulators. Greo does not accept, and has never received, funding from the gambling industry² either directly or indirectly through voluntary donations.

The **Canadian Centre on Substance Use and Addiction** (CCSA) is a non-government organization that receives most of its funding from Health Canada through an ongoing contribution agreement. CCSA also receives project-specific funding from other federal government departments, provincial and territorial governments, Canadian non-profit organization, charities, foundations and international organizations. CCSA does not accept, and has never received funding from the gambling industry² or any for-profit company that develops, produces, markets or distributes products related to gambling.

In the last five years, **Mental Health Research Canada** (MHRC) has received funding from Health Canada, Bell Canada, Canadian non-profits, charities and insurance providers (e.g., Greenshield). MHRC has also received funds from the British Columbia Lottery and Gaming Corporation (government owned operator) and provincial governments (British Columbia, New Brunswick, and Newfoundland and Labrador) to increase sample sizes and enable provincial-level reporting on gambling prevalence. MHRC has not received funding from the gambling industry.

1 Regulatory settlement funds are “a payment in lieu of the financial penalty the [United Kingdom] Gambling Commission (GC) might otherwise impose for breach of a licence condition” ([Regulatory settlements applied for socially responsible purposes](#)).

2 The gambling industry is defined as: for-profit, private companies or corporations that profit directly from gambling. It does not include government-owned gambling operators or regulators, or governmental bodies that receive revenue from the proceeds of gambling.



Executive Summary

This report presents the findings of a study by **Greo Evidence Insights** (Greo), **Mental Health Research Canada** (MHRC) and the **Canadian Centre on Substance Use and Addiction** (CCSA). In late 2024, MHRC, with support from Greo, conducted a survey on mental health among 8,211 people living in Canada. Data related to gambling was collected as part of this broader survey on mental health.

Key Findings

Online Gambling Significantly Riskier:

- Compared to people who engaged in lottery only, people who reported gambling online in the past year were about 10 times more likely to exceed lower-risk gambling thresholds (93.8% vs. 9.4%), 45.3 times more likely to meet the criteria for problem gambling (40.8% vs. 0.9%) and 21.1 times more likely to report high levels of gambling-related harm (19.0% vs. 0.9%).

Young Adults at Elevated Risk:

- About one in three young adults aged 18 to 29 (32.0%) reported gambling online.
- Young adults were 3.3 times more likely to report gambling online than play lottery only (9.8%), and 1.3 times more likely to engage in online gambling than in other types of gambling (25.2%).
- Among young adults who gambled online, **69.4% met the criteria for problem gambling** and 23.5% reported experiencing a high level of gambling-related harms.
- Among those who gambled online, young adults were 6.1 times more likely to meet the criteria for problem gambling (69.4% vs. 11.4%) and 2.3 times more likely to report high levels of gambling-related harm (23.5% vs. 10.2%) when compared to adults aged 65+.

Consistent Harms Across Demographics:

- The higher risks that are associated with online gambling, compared to lottery and other forms of gambling, were observed across all age and gender groups, and across all regions of Canada included in the survey.



Policy Implications

Gambling can be a hazardous activity comparable to the consumption of alcohol, tobacco and cannabis. Our results indicate that online gambling is particularly hazardous. However, unlike alcohol, tobacco and cannabis, gambling lacks national regulation in Canada. While national strategies and standards for availability and advertising exist for other addictive substances, gambling has no equivalent framework. This gap remains despite federal and provincial policy changes that have expanded access to online gambling and exposure to gambling advertising.

Recommendations

Findings presented in this report provide evidence that online gambling poses elevated risk of harm compared to other forms of gambling, and that young adults are at elevated risk compared to other age groups.

Considering these findings, we recommend that Canada **develop a pan-Canadian strategy to address gambling-related harm**. This strategy should address the need to harmonize gambling regulations across Canada, mitigate conflicts of interest within the gambling ecosystem, secure stable funding for prevention, treatment and research, establish systems to monitor and assess gambling-related harms and their costs, and enhance awareness of these harms among the public and frontline service providers. A pan-Canadian strategy should also consider how online gambling is made available to people living in Canada. Provincial and territorial Crown gaming monopolies operate under a public mandate and so are accountable to provincial and territorial governments. This creates incentives to consider not only revenue generation, but also population health. Therefore, the strategy should also consider the important role provincial and territorial Crown corporations can have in reducing harm associated with online gambling.

Without coordinated action at the national level, the continued expansion of online gambling is likely to generate a substantial public health burden, with young people living in Canada particularly at risk.



Introduction

Until 2021, legal gambling in Canada was exclusively offered by government-owned Crown corporations such as the British Columbia Lottery Corporation (BCLC), Alberta Gaming, Liquor and Cannabis Commission (AGLC) and the Ontario Lottery and Gaming Corporation (OLG). Since 2021, there have been major changes in how gambling is regulated in Canada. The *Safe and Regulated Sports Betting Act*, approved by the federal government in June 2021, allowed provinces and territories to conduct and manage single-event sports betting (Government of Canada, 2021). This Act was followed in 2022 by the launch of Ontario's iGaming market. This market eliminated OLG's monopoly on online gambling in Ontario and permitted large, private, transnational gambling corporations to provide people living in Ontario more opportunities to legally gamble online. Within a year, 46 different operators offering over 70 different online gambling sites began competing for market share (iGaming Ontario, 2023). As a result, people living in Ontario (and Canada) witnessed a substantial increase in gambling advertising, particularly during live sports broadcasts (Wheaton et al., 2024).

Although most advertisements on sports broadcasts focus on sports betting, it is actually online casino gaming that makes up more than 80% of the total amount wagered (iGaming Ontario, 2025). Since Ontario opened its online market, the total amount wagered by people living in Ontario on online gambling increased more than 400% from \$4.08 billion in early 2022 to \$22.9 billion by the beginning of 2025 (iGaming Ontario, 2025).³ This increase supports the argument that sports wagering is what operators use to attract customers to their websites, where they can then be funnelled to online casino games, typically available on the same website, where profits are much higher (Naraine & Bradish, 2022).

The growth of online gambling is a global phenomenon. The global gambling industry is rapidly expanding with net losses among people who gamble projected to reach US\$700 billion globally by 2028, driven primarily by revenue generated by online gambling (Wardle et al., 2024).

Impact of Gambling Policy Changes

Despite historic changes in gambling policy, it is unclear if any of these regulatory changes have policy goals that involve protecting population health. Like alcohol, tobacco and cannabis, gambling is potentially addictive. As with these substances, harms from gambling are not limited to people with an addiction; they are also experienced by those who gamble without meeting criteria for addiction, as well as by their friends and families. These harms include not only financial harms (e.g., less money for essentials), but also psychological harms (e.g., depression and hopelessness) and relationship harms (e.g., increased conflict; Browne et al., 2023) among others. The impacts of these products on population health, similar to the impacts of alcohol, tobacco and cannabis, explain why they are often regulated by the same provincial/territorial bodies.

Nonetheless, there has been a notable lack of government monitoring of the impacts of the new gambling regulations on the health and well-being of people living in Canada. This lack of monitoring makes it difficult to estimate the broad social, health and economic costs associated with these changes. The last two dedicated Canada-wide gambling prevalence studies were conducted in 2002 and 2018 (Williams et al., 2021). Results from these studies indicated the percentage of people living in Canada who gambled (77.7% vs 66.2%) and met the criteria for problem gambling (1.1% vs. 0.6%) was decreasing. Researchers with the Alberta Gambling Research Institute are currently conducting a population prevalence study as a follow-up to the one conducted

3 These figures reflect gross gaming revenue (GGR). They should not be interpreted as net revenue to the province, as government revenue represents only a portion of GGR after operating costs, taxes, winnings paid out to players and other deductions.



in 2018. These results will be informative. However, until they are released, the limited research conducted since the major changes in gambling policy suggests gambling harm among people living in Ontario who gamble online has increased (Turner et al., 2024). More research into gambling prevalence is needed.

Online Gambling

As a result of the gambling policy changes, a major concern for public health is that the type of gambling being widely promoted and made available to people living in Canada is associated with an increased risk of harm. Online gambling enables rapid, continuous gambling and is available 24 hours a day, seven days a week through smartphone apps or other devices. A meta-analysis of 104 problem gambling prevalence studies from around the world (Allami et al., 2021) found that one of the strongest correlates of problem gambling was whether someone indicated that they gambled online in the past year. Compared to forms of gambling at physical locations, people gambling online gamble more frequently, gamble for longer periods of time, spend more money and are at greater risk of problem gambling (Ghelfi et al., 2024).

Concerns About Young People Living in Canada

Increased opportunities to legally gamble and increased gambling advertising are likely to result in short- and long-term gambling-related harms among people living in Canada, especially young people. Despite regulations prohibiting advertising targeted to minors, young people living in Canada are being exposed to gambling advertising at unprecedented rates during sports broadcasts and on social media (Young et al., 2024). This exposure is concerning, as there is strong evidence that young people are particularly susceptible to harms associated with online gambling (Montiel et al., 2021). They are more vulnerable to advertising due to being more impulsive, having lower self-control and having difficulty distinguishing between promotional and informational content (Pechmann et al., 2005; Sandberg et al., 2011). It is also known that early exposure to gambling advertising is linked to people gambling at an earlier age and having a greater risk of harm (Gupta & Derevensky, 1998; Volberg et al., 2010).

For these reasons, monitoring gambling harms among young people is critically important.

About this Report

In 2024, Mental Health Research Canada (MHRC) approached Greo Evidence Insights (Greo) and indicated that their interest holders wanted to investigate gambling participation and problem gambling in MHRC's ongoing mental health surveys. Greo then approached the Canadian Centre on Substance Use and Addiction (CCSA) with the results of this collaboration as a follow-up to the report *Gambling Availability and Advertising in Canada: A Call to Action* (Young et al., 2024) and in support of that report's call to action.

The following report is the result of the collaboration between MHRC, Greo and CCSA. The study seeks to address the following questions:

1. Are people living in Canada who engage in online gambling at greater risk of gambling-related harms than those who engage in other forms of gambling?
2. Who is at greatest risk of online gambling-related harms?



About Greo Evidence Insights

Greo Evidence Insights (Greo) is an independent, not-for-profit organization with over 25 years of international experience in gambling research and knowledge mobilization. Founded in 2000 as the Ontario Problem Gambling Research Centre—once the world’s largest funder of gambling research—it was rebranded as Gambling Research Exchange Ontario (GREO) in 2012 and, after the Ontario government eliminated funding in 2019, became Greo Evidence Insights.

Today, Greo operates independently under a board of directors, working across Canada and internationally with governments, clinicians, researchers and people with lived experience to reduce gambling-related harm. More information is available at www.greo.ca.

About Mental Health Research Canada

Mental Health Research Canada (MHRC) is a national charity that serves to advance mental health through studentships, granting, data collection and analysis, and strategic initiatives. As a leading mental health organization in Canada, MHRC is dedicated to improving the lives of all people living in Canada by advancing mental health knowledge in unique ways—notably by leading, seeding and influencing to create better mental health systems. Research is an investment in the future. For more information, visit www.mhrc.ca.

About the Canadian Centre on Substance Use and Addiction

The Canadian Centre on Substance Use and Addiction (CCSA) is a non-governmental organization established by an Act of Parliament in 1988. Its mission is to provide national leadership and advance solutions to address alcohol- and other drug-related harms. CCSA works collaboratively with partners to improve the health and safety of people living in Canada by fostering a knowledge exchange environment where research informs policy and evidence-based actions enhance effectiveness in the field. For more information, visit www.ccsa.ca.



Methods

Data Collection

In 2024, MHRC, with guidance and input from Greo, conducted an online survey of 8,211 people living in Canada aged 18 and older (Mental Health Research Canada, 2024).⁴ The survey focused on understanding the mental health of people living in Canada. The survey was the twenty-second poll of ongoing research on mental health by MHRC. MHRC published the results of the poll in December 2024.⁵ The following report explores in more detail the results of the gambling section of the broader mental health survey.

The data for this survey were collected from October 24 to November 12, 2024, by Pollara Strategic Insights through the Léger Opinion panel. The sample was controlled at intake for age, gender⁶ and province/territory, and weighted by these variables based on the most recent Statistics Canada census data. Participation was self-selecting but blind, with participants unaware of the survey content until they began it. The survey was anonymous and took approximately 12 to 14 minutes to complete. Léger compensated participants for their time with points redeemable for a variety of gift cards.

Measures

Gambling Participation

To assess how much people gambled, the survey included questions about the frequency of participation in specific gambling activities in the past 12 months, including purchasing lottery tickets, sports betting and online gambling. See Appendix A, Table A1, for a full list of gambling activities.

Gambling Type

Online gambling is associated with greater risks of harm than other forms of gambling. In contrast, lottery is considered a lower risk form of gambling as it involves less frequent and less intensive engagement (Costes et al., 2018; Delfabbro & Parke, 2021). Prevalence studies have consistently demonstrated that lottery gambling is less strongly associated with problem gambling and gambling-related harms than other types of gambling (Binde, 2011; Subramaniam et al., 2016).

Given the increased risks associated with online gambling and the lower risks associated with lottery gambling, participants were grouped into four mutually exclusive categories:⁷⁻⁸

4 This survey included a general population sample of 4,211 and a booster sample of 4,000 from British Columbia. The sample was weighted to be representative of the distribution of people across provinces. See [Mental Health During COVID-19 Outbreak: Poll #22](#).

5 See the full and abridged reports on MHRC's website: [Understanding the Mental Health of Canadians](#).

6 In the survey, the options for gender were man, woman, non-binary, and prefer not to say. These are the gender options used in this report. Non-binary and prefer not to say were excluded from gender-based analyses because of the small sample size.

7 When examining the data, we found that among those who engaged in past year sports betting ($n = 1,404$) only 23.8% ($n = 334$) did not report past-year online gambling, and among those who reported online gambling ($n = 1,597$) only 32.6% ($n = 520$) did not report sports betting. The overlap between these activities is likely because most sports betting occurs through apps or online betting websites. For this reason, we opted not to make separate groups for people who engaged in sports betting and online gambling.

8 Due to the survey weighting, the reported figures are rounded to the nearest whole number. As a result, they might not sum to the total sample size ($n = 7,960$).



Online gambling: This group was composed of 1,597 people who indicated they gambled online in the past year. They could also have participated in other gambling activities.

Lottery only: This group was composed of 2,264 people who reported that their only gambling activity was purchasing lottery, scratch or raffle tickets in the past year.

Other gambling: This group was composed of 2,073 people who did not engage in online gambling in the past year but engaged in more than just purchasing lottery, scratch or raffle tickets. Other types of gambling include casino gambling (e.g., electronic machines, table games), sports betting and bingo.

No past year gambling: This group was composed of 2,027 people who did not engage in any gambling in the past year.

Gambling Risk and Harm

Participants who indicated past-year gambling were assessed for indicators of risk and harm related to their gambling. Riskier gambling involvement was assessed by applying the Lower-Risk Gambling Guidelines (Young et al., 2021), problem gambling was assessed using the Problem Gambling Severity Index (Ferris & Wynne, 2001) and gambling-related harms were assessed using the 10-item Gambling Harm Scale (Browne et al., 2023). Each of these measures are described below.

Riskier gambling involvement: The Lower-Risk Gambling Guidelines (LRGGs; Young et al., 2021) are a set of evidence-based guidelines designed to help people reduce their risk of experiencing gambling-related harms. For more information on the development of these guidelines see Young et al., 2021.

The LRGGs recommend three limits on gambling behaviour:

1. “How Much”: Gamble no more than 1% of household income before tax per month.
2. “How Often”: Gamble no more than 4 days per month.
3. “How Many”: Avoid regularly participating in more than 2 types of gambling activities.

Using survey items assessing gambling expenditure, household income, gambling frequency and gambling participation in a variety of specific gambling activities, it could be determined whether someone in the past year gambled more than the recommendations of the LRGGs (Tuico et al., 2025). People who adhere to all three guidelines are at lower risk of experiencing harm. Exceeding even one guideline indicates riskier involvement and suggests increased risk of experiencing harm. Respondents who exceeded one or more of the above guidelines were categorized as having riskier gambling involvement (>LRGGs).

Problem gambling severity: Survey participants who indicated gambling in the past year completed the Problem Gambling Severity Index (PGSI; Ferris & Wynne, 2001). The PGSI is a nine-item instrument that is a subset of the Canadian Problem Gambling Index (Ferris & Wynne, 2001) and was designed to assess the risk or presence of problem gambling in the past 12 months. Each item (e.g., “Thinking about the last 12 months, how often have you bet more than you could really afford to lose?”) is scored on a 4-point Likert scale from 0 (never) to 3 (almost always). People are then categorized into four categories: non-problem gambling (score of 0), low-risk gambling (score of 1–2), moderate-risk gambling (score of 3–7), and problem gambling (score of 8–27).



Gambling harms: The PGSI is derived from a medical model of problem gambling and is used to screen for symptoms of problem gambling (i.e., a gambling addiction). However, contemporary public health perspectives on gambling acknowledge a wider spectrum of harms to the individual, as well as to affected others and wider communities. As a result, survey participants who indicated gambling in the past year were also administered the 10-item Gambling Harms Scale (GHS-10; Browne et al., 2023). The GHS-10 comprises 10 items from the 72-item harms checklist (Browne et al., 2018), which were chosen to maximize both the sensitivity of the instrument and the coverage of different types of harms. These include financial harms (e.g., “*increased credit card debt*”), emotional or psychological harms (e.g., “*felt ashamed of my gambling*”) and relationship harms (e.g., “*spent less time with the people I care about*”). Each item is scored as a binary yes/no response, with each yes response given a score of 1 point for a total possible score ranging from 0–10. The analyses focus on participants who received a score of 6+ (labelled GHS-10 6+ in the analyses below), which has been used as the threshold for high levels of harm (Browne et al., 2023; Tulloch et al., 2024).

Analysis Plan

People under 18 years old or who answered “don’t know/prefer not to say” to all forms of gambling participation were excluded from all analyses, resulting in a final sample size of 7,960. For percentages related to risk and harm indicators, people who could not be scored were treated as missing. All other variables were analyzed using available case analysis, with “don’t know/prefer not to say” responses treated as missing.

The first research question examines the potential increased risks and harms that are associated with online gambling. The analysis involved comparing the prevalence of riskier gambling involvement (>LRGGs), problem gambling severity (PGSI 8+) and experience of high levels of harm (GHS-10 6+), among people who engaged in the three gambling activities outlined above (online gambling, lottery only and other gambling).

The second research question examines who is at greatest risk due to the increasing availability of online gambling. The analysis identified who was most likely to engage in online gambling based on age group, gender and province/region. Then the analysis compared the prevalence of riskier involvement (>LRGGs), problem gambling (PGSI 8+) and high levels of harm (GHS-10, 6+) among people based on age group, gender and province/region. This analysis was to determine whether groups who were more likely to engage in online gambling were more likely to experience these risks and harms.

Across all analyses, differences between groups were determined based on non-overlapping confidence intervals. When error bars overlap, results are described as “similar” across groups, while non-overlapping error bars are described as indicating “differences” among groups. While non-overlapping error bars provide a conservative indication of differences, they are not equivalent to formal significance testing and should be interpreted descriptively.



Sample Characteristics

The final survey sample consisted of 7,960 people aged 18 and older who lived in Canada. See Table 1 for a breakdown by age, gender and province/region. Complete demographic information including ethnic origins and household income is provided in Appendix A, Table A2.

Table 1. Demographic characteristics of survey participants

Characteristic	<i>n</i>	%	95% CI	
			LL	UL
Total	7,960	100.0		
Age				
18 to 29	1,553	19.5	18.7	20.4
30 to 39	1,302	16.4	15.6	17.2
40 to 49	1,219	15.3	14.5	16.1
50 to 64	2,001	25.1	24.2	26.1
65+	1,884	23.7	22.7	24.6
Gender ^a				
Women	4,047	50.8	49.7	51.9
Men	3,861	48.5	47.4	49.6
Non-binary	46	0.6	0.4	0.8
Prefer not to say	6	0.1	0.0	0.2
Province/Region				
Atlantic (NB, NL, NS, PEI)	543	6.8	6.3	7.4
Quebec	1,831	23.0	22.1	23.9
Ontario	3,071	38.6	37.5	39.7
Prairies (AB, SK, MB)	1,402	17.6	16.8	18.5
British Columbia	1,113	14.0	13.2	14.8

Note. AB = Alberta; MB = Manitoba; NB = New Brunswick; NL = Newfoundland and Labrador; NS = Nova Scotia; PEI = Prince Edward Island; SK = Saskatchewan.



Results

Past-year Gambling Participation

Overall, 74.5% of people reported gambling in the past year. Table 2 presents the prevalence of past-year gambling among the sample, categorized by age, gender and province/region.

Past-year gambling participation was highest among people aged 65 and older (78.7%), while it was lowest among young adults aged 18 to 29 (67.0%). Men were more likely to engage in gambling (78.8%) than women (70.6%). At the provincial or regional level, past-year gambling ranged from 70.4% in Atlantic Canada to 75.3% in British Columbia.

Table 2. Prevalence of past year gambling among participants

	<i>n</i>	%	95% CI	
			LL	UL
Participated in any gambling	5,933	74.5	73.6	75.5
Age				
18 to 29	1,041	67.0	64.7	69.3
30 to 39	937	71.9	69.5	74.4
40 to 49	901	73.9	71.4	76.3
50 to 64	1,570	78.5	76.6	80.2
65+	1,484	78.7	76.9	80.6
Total	5,933	74.5	73.6	75.5
Gender ^a				
Women	2,859	70.6	69.2	72.0
Men	3,044	78.8	77.5	80.1
Total	5,902	74.6	73.7	75.6
Province/Region ^b				
Atlantic (NB, NL, NS, PEI)	383	70.4	66.6	74.3
Quebec	1,380	75.3	73.4	77.3
Ontario	2,289	74.5	73.0	76.1
Prairies (AB, SK, MB)	1,044	74.5	72.1	76.7
British Columbia	838	75.3	72.7	77.8
Total	5,933	74.5	73.6	75.5

Note:.. *n* = 7,960. Percentages reflect the weighted number of participants within each category that reported gambling in the past year in relation to the total sample.

^a Respondents who indicated they were non-binary (*n* = 46) or did not indicate their gender (*n* = 6) were excluded from data analyses using gender as a variable due to the small cell size.

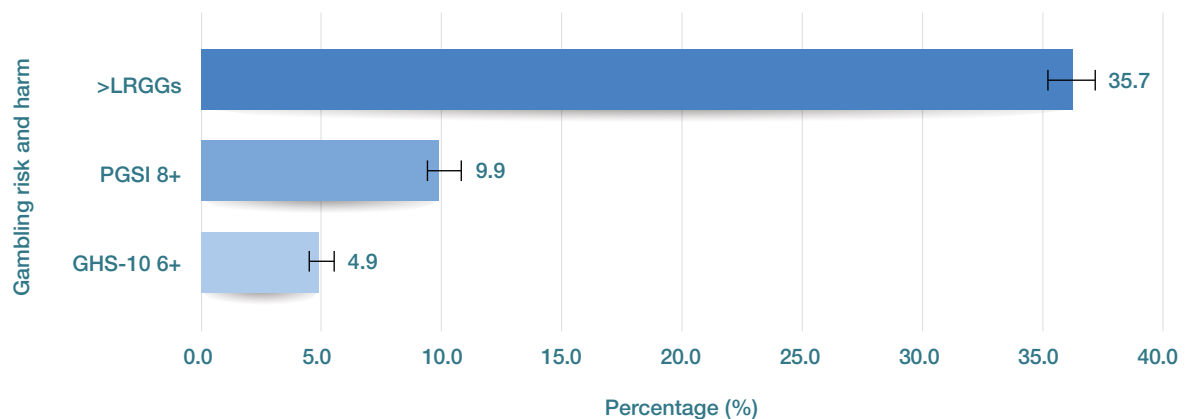
^b Atlantic Canada includes those living in New Brunswick (NB), Newfoundland and Labrador (NL), Nova Scotia (NS) and Prince Edward Island (PEI). Prairie provinces include Alberta (AB), Saskatchewan (SK) and Manitoba (MB).



Gambling Risk and Harm⁹

Among the entire sample of 7,960 people, 35.7% reported gambling more than the LRGGs' recommendations (>LRGGs), 9.9% met the criteria for problem gambling (PGSI 8+) and 4.9% reported six or more (i.e., high level) gambling-related harms (GHS-10 6+). See Figure 1.

Figure 1. Percentage of weighted total sample by gambling risk and harm indicators (*n* = 7,960)



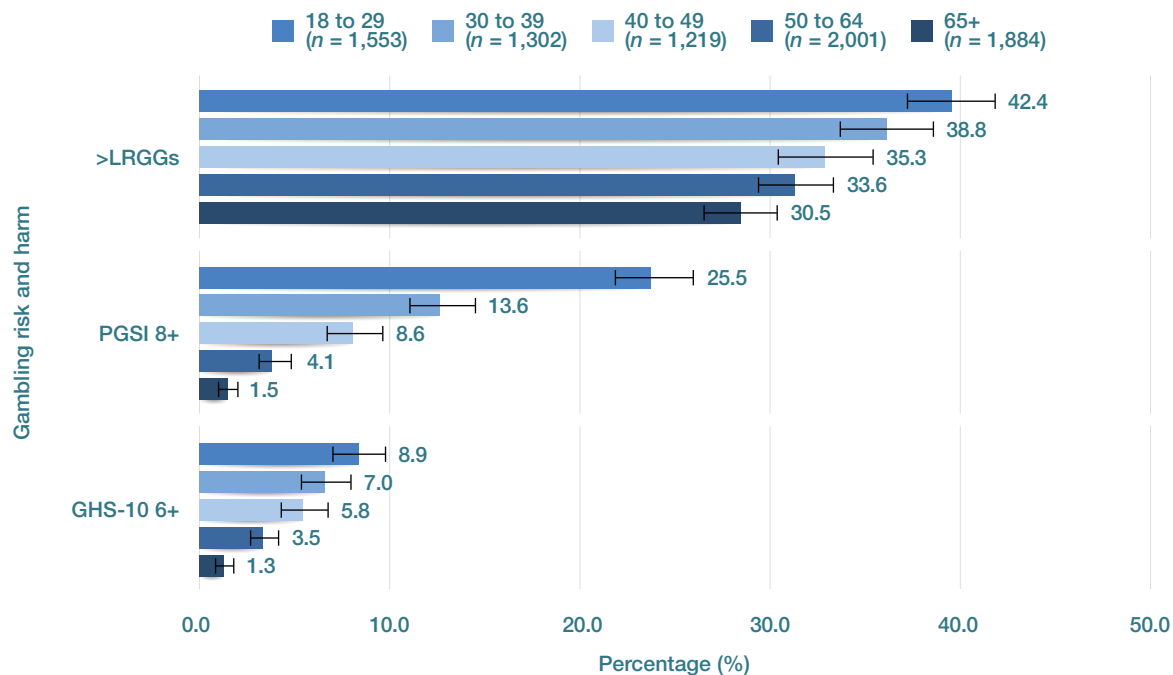
⁹ For findings reported in this section, see Appendix A, Table A3, for accompanying sample sizes and 95% confidence intervals. For all figures, the error bars indicate 95% confidence intervals.



Gambling Risk and Harm by Age

Overall, young adults (aged 18 to 29) were more likely to exceed the LRGGs' recommendations (>LRGGs), meet the criteria for problem gambling (PGSI 8+) and report high levels of harm (GHS-10 6+) than other age groups. See Figure 2. Specifically, among the 1,553 18- to 29-year-olds, 42.4% exceeded the LRGGs' recommendations, 25.5% met the criteria for problem gambling and 8.9% reported high levels of gambling-related harms.¹⁰

Figure 2. Percentage of weighted total sample by gambling risk and harm indicators and age ($n = 7,960$)



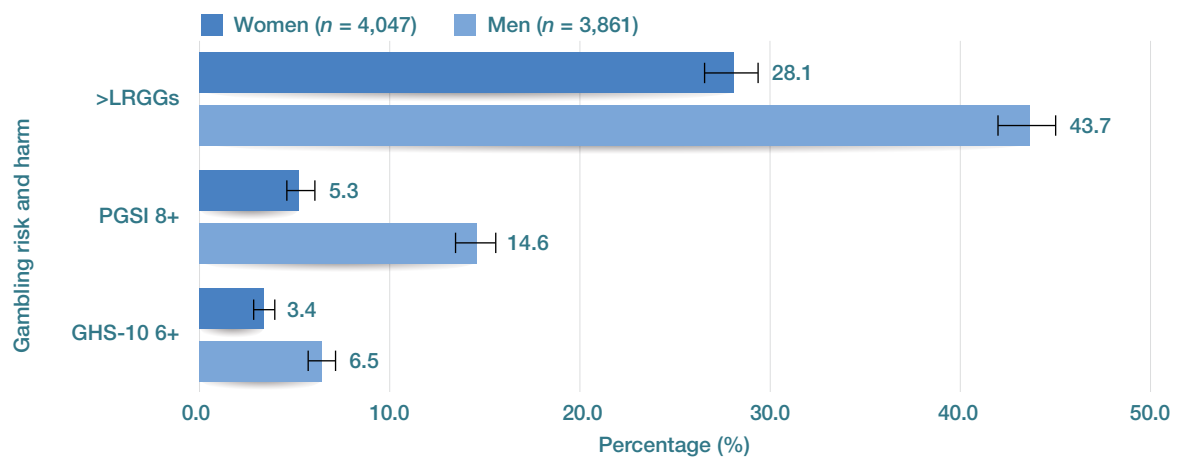
¹⁰ When limiting the analysis to 18- to 29-year-olds who reported gambling in the past year ($n = 1,041$) these figures are even larger. Specifically, 63.7% exceeded the LRGGs' recommendations, 38.2% met the criteria for problem gambling and 13.3% reported six or more gambling-related harms.



Gambling Risk and Harm by Gender

In terms of the percentage of all people who exceeded the indicators of risk and harm across genders, men were more likely than women to gamble beyond the recommended limits set by the LRGs, meet the criteria for problem gambling (PGSI 8+) and report high levels of gambling-related harms (GHS-10 6+). See Figure 3.

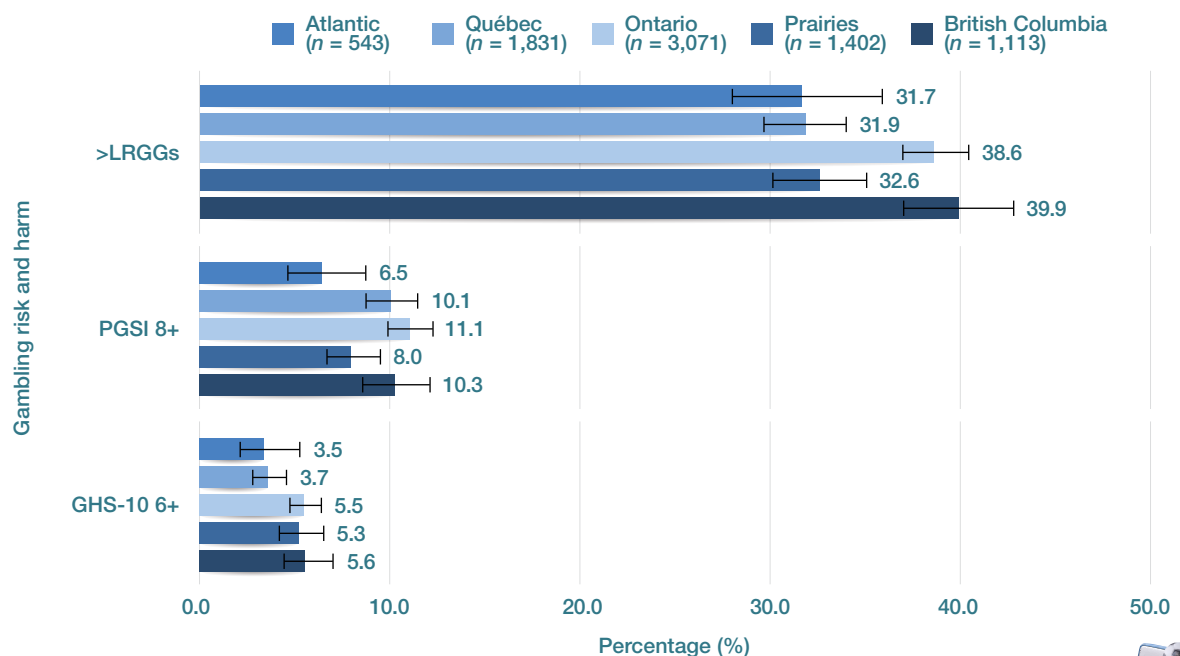
Figure 3. Percentage of weighted total sample by gambling risk indicators and gender (n = 7,960)



Gambling Risk and Harm by Province/Region

People from Ontario and British Columbia were more likely to report exceeding the LRGs' recommendations. However, the percentage of people who met the criteria for problem gambling and high levels of harm were similar across provinces/regions. See Figure 4.

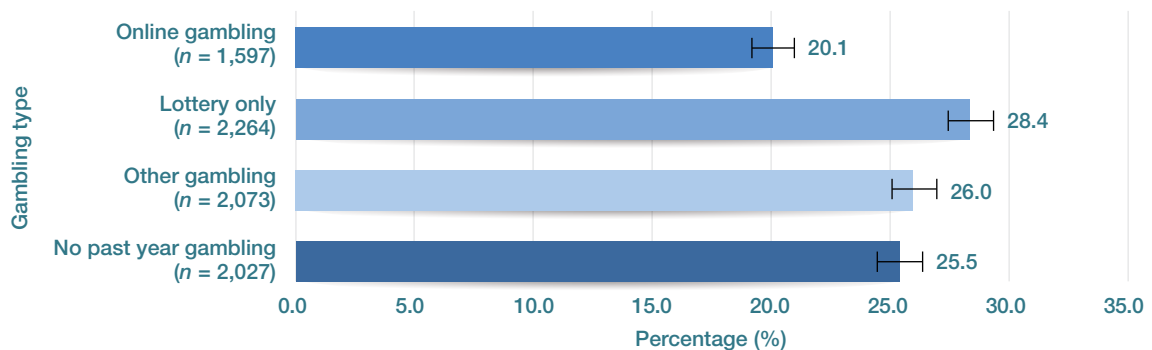
Figure 4. Percentage of weighted sample exceeding the assessed indicators of gambling risk and harm by province/region (n = 7,960)



Participation by Gambling Type¹¹

People who gambled in the past year were grouped into three categories based on the type of gambling they engaged in. Overall, 20.1% (1,597) reported gambling online, 28.4% (2,264) reported lottery play only, 26.0% (2,073) reported other forms of gambling and 25.5% (2,027) indicated they did not gamble in the past year. See Figure 5.

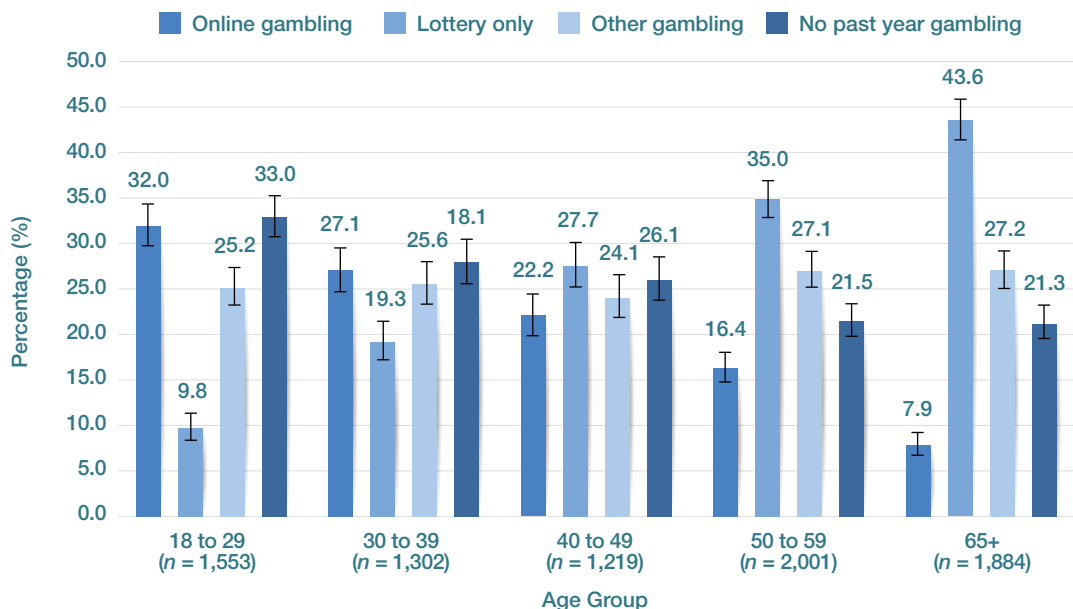
Figure 5. Weighted past year gambling participation by type (n = 7,960)



Gambling Type by Age Group

Past year gambling was examined by type of gambling and by age group. Among young people aged 18 to 29, online gambling was the most common form of gambling (32.0%). Among people aged 65 and older, only 7.9% reported online gambling. For people aged 65 and older, the most common type of gambling was lottery, with almost half (43.6%) engaging in lottery only. In contrast, among people aged 18 to 29, only one in ten (9.8%) reported engaging in lottery exclusively. See Figure 6.

Figure 6. Weighted past year gambling participation by age and gambling type (n = 7,960)



¹¹ For findings reported in this section, see Appendix A, Table A4, for accompanying sample sizes and 95% confidence intervals.

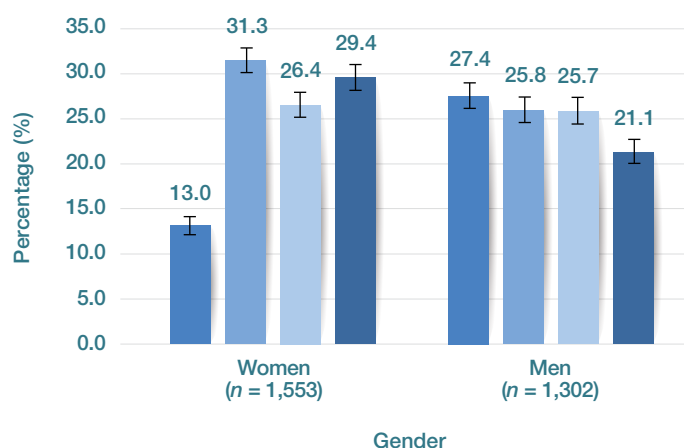


Gambling Type by Gender

Examination of gambling types by gender indicated that among men online gambling was the most popular form of gambling. Over one in four men (27.4%) reported online gambling in the past year. In contrast, only 13.0% of women reported gambling online in the past year. For lottery gambling, this pattern was reversed, with 31.3% of women exclusively engaging in the lottery in the last year, compared to 25.8% of men. See Figure 7.

Figure 7. Weighted past year gambling participation among all participants by gender and gambling type (n = 7,960)

■ Online gambling ■ Lottery only ■ Other gambling ■ No past year gambling

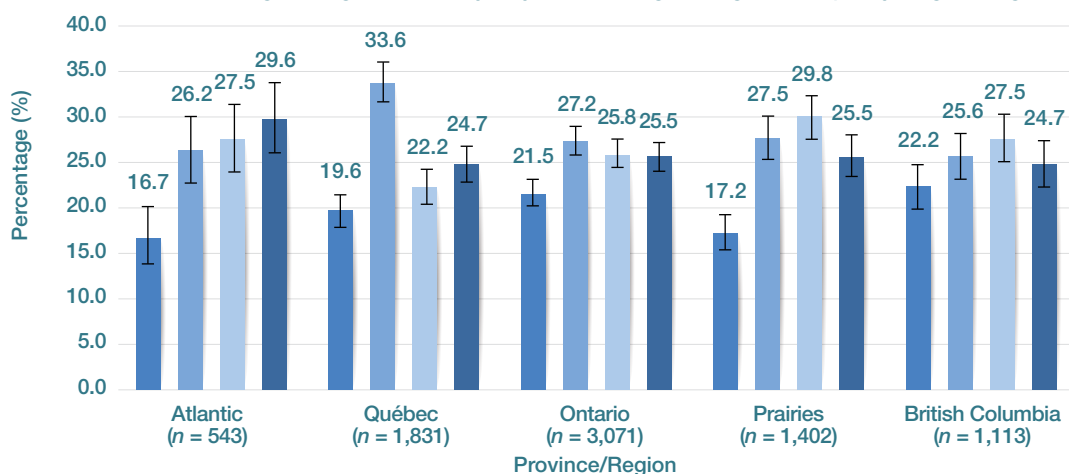


Gambling Type by Province/Region

Analysis of gambling activities by province/region indicated that engagement in online gambling was similar across Canada, with the highest rates observed in British Columbia (22.2%) and Ontario (21.5%), followed by Quebec (19.6%), the Prairie provinces (17.2%) and the Atlantic provinces (16.7%). See Figure 8.

Figure 8. Weighted past year gambling participation by province/region and gambling type (n = 7,960)

■ Online gambling ■ Lottery only ■ Other gambling ■ No past year gambling

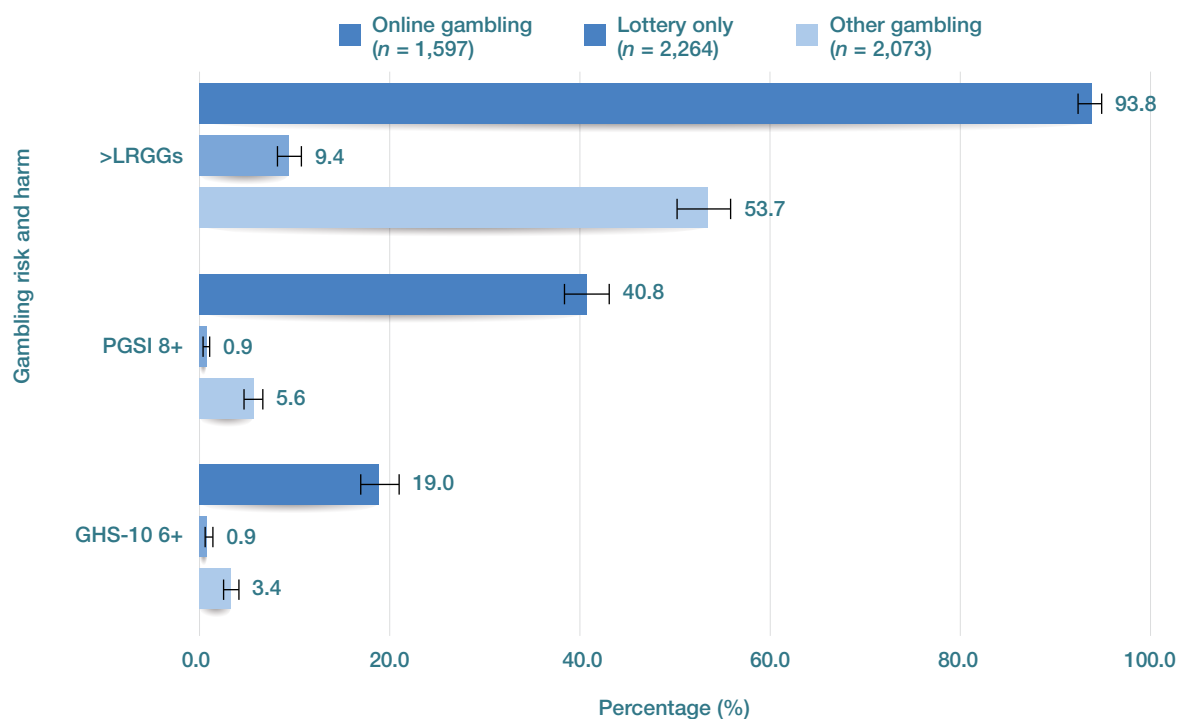


Gambling Risk and Harm by Gambling Type¹²

To assess whether online gambling was associated with greater risks and harms, the percentage of people exceeding the indicators of risk and harm among the three gambling type categories (i.e., online gambling, lottery only and other gambling) was calculated from the entire sample of those reporting past-year gambling (74.5%; 5,933).

It was found that online gambling is associated with greater risk and harm. Among the people who made up the online gambling group, over nine in ten (93.8%) reported exceeding the LRGGs' recommendations, about two in five (40.8%) met the criteria for problem gambling and almost one in five (19.0%) reported high levels of gambling-related harms.¹³ In contrast, among those reporting lottery only, 9.4% exceeded the LRGGs, 0.9% met the criteria for problem gambling and 0.9% reported high levels of gambling-related harms. See Figure 9.

Figure 9. Weighted percentage exceeding the indicators of gambling risk and harm by gambling type (n = 5,933)



¹² For findings reported in this section, see Appendix A, Table A5, for accompanying sample sizes and 95% confidence intervals.

¹³ When focusing the analysis on participants who reported online gambling more than once a month in the past year (n = 1,133), it was found that 98.1% exceed the LRGGs, 46.7% met the criteria for problem gambling and 23.2% reported six or more gambling-related harms.



Gambling Risk and Harm by Gambling Type and Demographics

Given the substantially higher risks and harms associated with online gambling, the analysis examined whether people of different age groups, genders and provinces/regions engaged in online gambling differently, and whether this was associated with greater gambling risks and harms.

Riskier Gambling Involvement

To explore riskier gambling involvement, the percentage of people gambling more than the LRGGs' recommendations were examined by gambling type according to age group, gender and province/region. See Figure 10.

Among 18- to 29-year-olds engaged in online gambling ($n = 497$), almost all (98.4%) exceeded the LRGGs' recommendations. In contrast, among the same age group, only 4.1% who gambled on the lottery exclusively exceeded the LRGGs' recommendations.

Overall, regardless of age group, gender or province/region, those who engaged in gambling online in the past year were more likely to report gambling more than the LRGGs' recommendations.

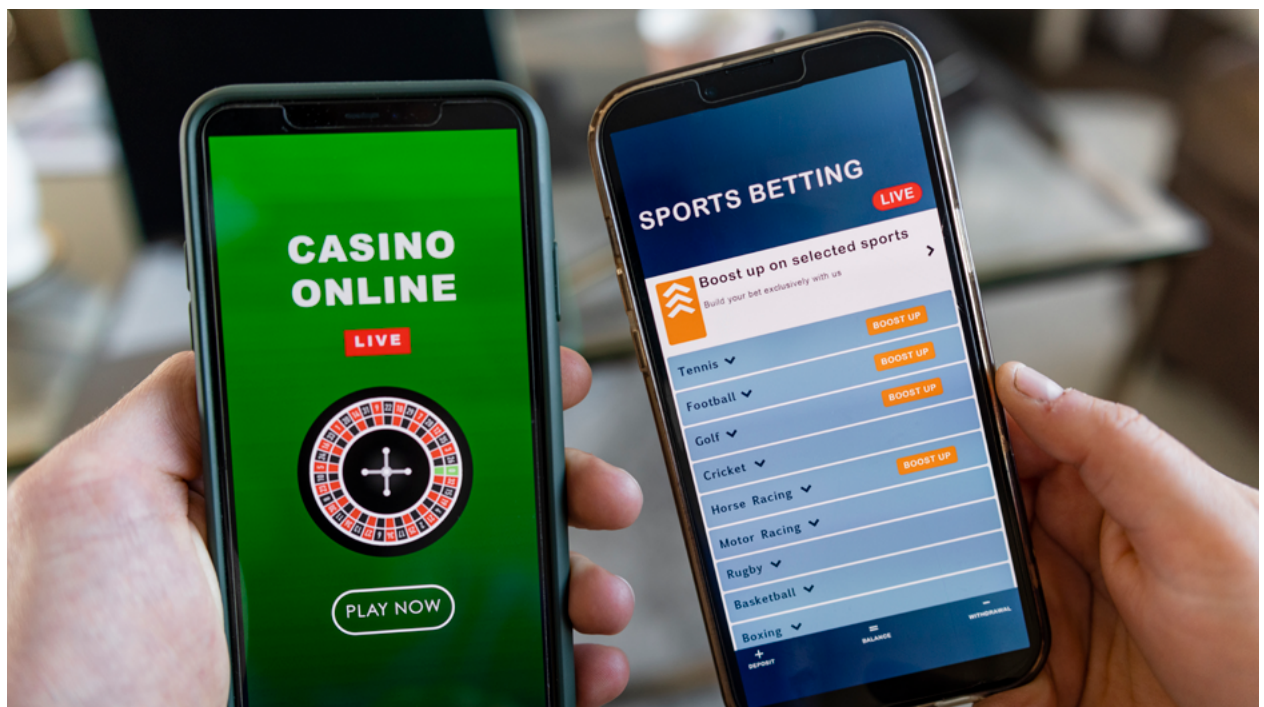


Figure 10. Weighted percentage exceeding the LRGs' recommendations by gambling type according to age group, gender and province/region (*n* = 5,933)



Problem Gambling Severity

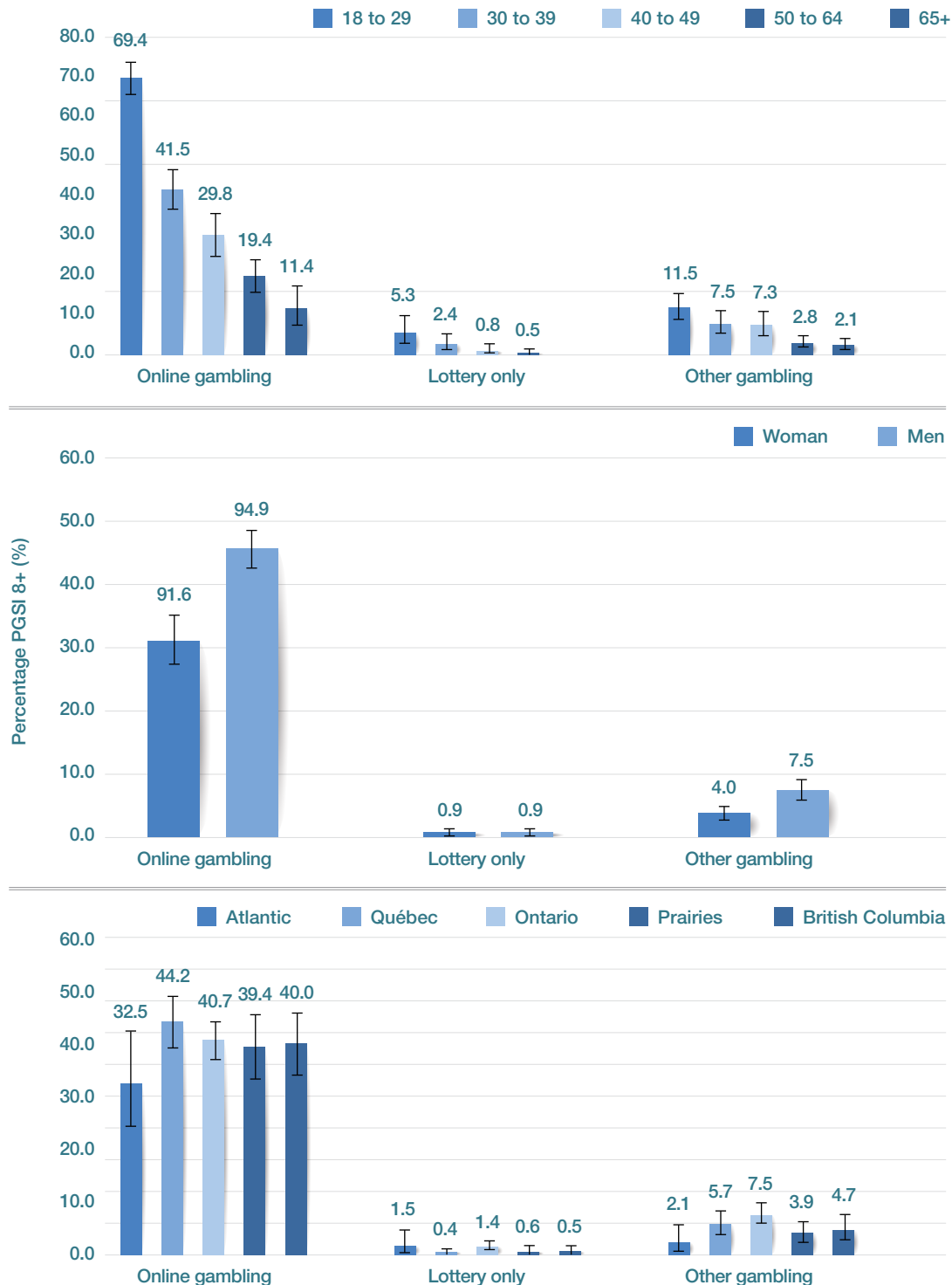
The percentage of people who met the criteria for problem gambling (PGSI 8+) was examined by gambling type according to age group, gender and province/region. See Figure 11.

Among 18- to 29-year-olds engaged in online gambling ($n = 497$), more than two thirds (69.4%) met the criteria for problem gambling. In contrast, among people aged 65 and older who reported gambling online, only 11.4% met the criteria for problem gambling.

Regardless of age group, the percentage of people who reported problem gambling is at least four times higher among people who reported past-year online gambling than among people who reported past-year engagement in lottery only or other type of gambling. Similar patterns existed across men and women and province/region. Overall, people who reported online gambling were substantially more likely to meet the criteria for problem gambling.



Figure 11. Weighted percentage reporting scores of 8+ on the PGSI by gambling type according to age group, gender, and province/region (*n* = 5,933)



Gambling Harms

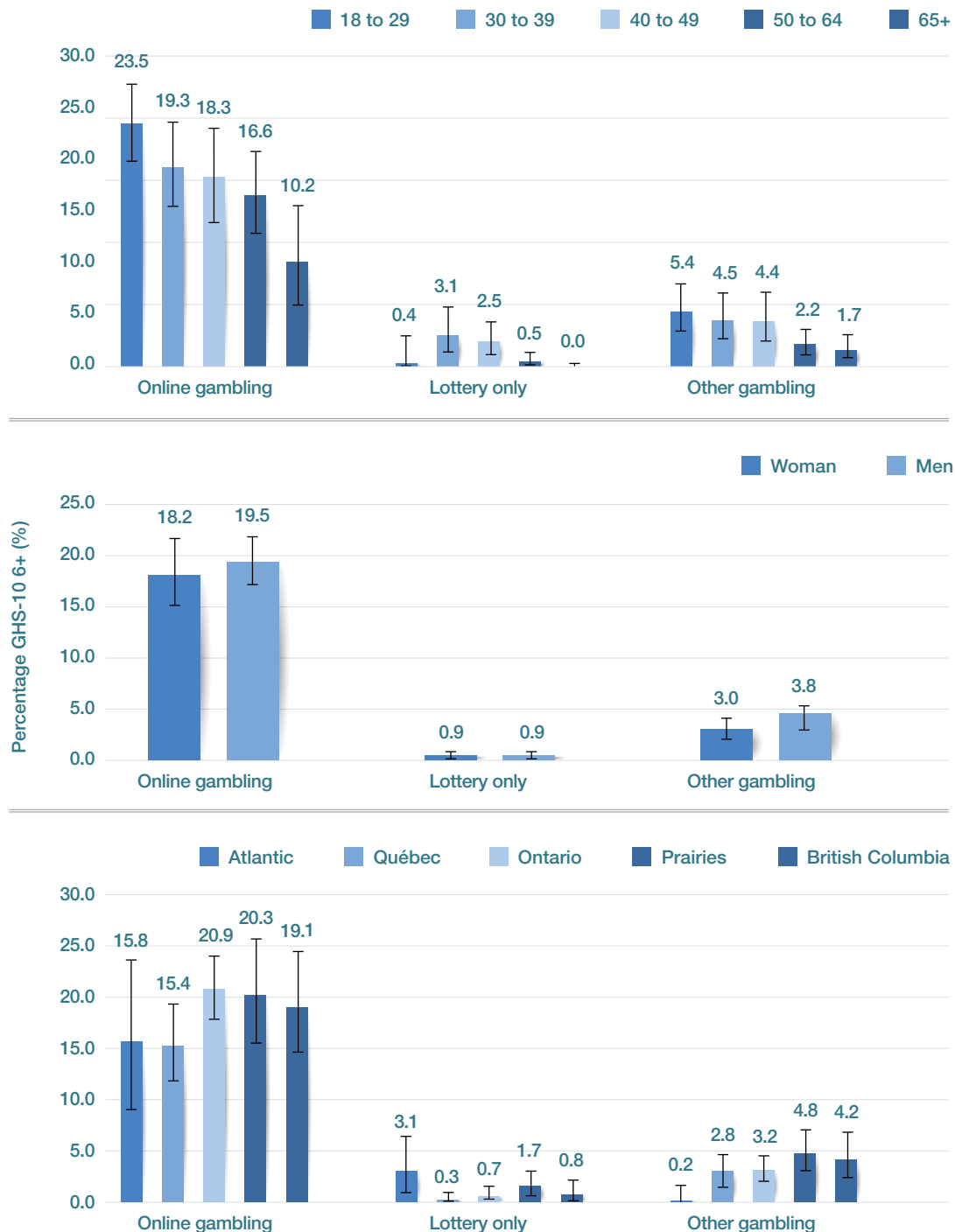
To examine gambling harms, the analysis involved determining the percentage of people who reported 6 or more harms on the GHS-10 by gambling type according to age group, gender and province/region. See Figure 12.

Among 18- to 29-year-olds who reported past year online gambling ($n = 497$), more than one in five (23.5%) reported experiencing high levels of gambling-related harms in the past year. In contrast, among people aged 65 and older who reported gambling online, only 10.2% experienced high levels of harm.

Overall, regardless of age group, gender and province/region, the percentage of people who reported high levels of harm was greater for people engaged in online gambling than in lottery only or other types of gambling.



Figure 12. Weighted percentage reporting scores of 6+ on the GHS-10 by gambling type according to age group, gender and province (n = 5,933)



Limitations

Data for this study were collected from an online panel, meaning participants selected from the population were more likely to include people who spend more time online and so could be more likely to engage in online gambling. For this reason, some researchers have found that online panel samples are associated with higher rates of problem gambling (Sturgis & Kuha, 2022). Importantly, however, while sampling bias might influence overall population estimates of gambling participation and gambling risk and harm, it does not impact the results of the analyses comparing gambling risk and harm by gambling type (i.e., online gambling, lottery only and other gambling).

Another limitation concerns our categorization of gambling types. To simplify complex patterns of engagement across gambling types, we categorized participants into four broad, mutually exclusive categories. However, it is important to note that the “online gambling” category should be understood as an environment for gambling rather than a distinct type of gambling since people can gamble in multiple ways online. These categories are also not perfectly exclusive. For instance, people who engage in lottery only may be purchasing their lottery tickets online (e.g., via PlayNow in British Columbia). It is also important to note that in some provinces, the only formal options for sports betting are online, resulting in overlap between online gambling and sports betting. These overlaps complicate strict distinctions between gambling types and should be kept in mind when interpreting results.



Discussion

Our results reveal a clear and consistent pattern: online gambling is associated with significantly greater gambling-related risks and harms across all demographic categories assessed. Compared to people who engaged in lottery only, people who reported gambling online in the past year were about 10 times more likely to exceed lower-risk gambling thresholds, 45.3 times more likely to meet the criteria for problem gambling, and 21.1 times more likely to report a high level of gambling-related harms.

Young adults (18– to 29-years old) appear particularly vulnerable. They were about 3.3 times more likely to report gambling online (32.0%) than playing lottery only (9.8%), and 1.3 times more likely to engage in online gambling than other types of gambling (25.2%). Among young adults who gambled online, 69.4% met the criteria for problem gambling and 23.5% reported experiencing a high level of gambling-related harms, including reduction of savings, increased credit card debt, and compromised wellbeing due to feelings of regret and self-perceived failure (Browne et al., 2023).

Taken together, these findings suggest that younger adults might be particularly at risk of gambling-related harm because of the increased availability of online gambling. Their higher rates of participation in online gambling mean they are more exposed to one of the most harmful environments for gambling.

At the population level, our results indicate one in ten survey participants (across all ages; 9.9%) met the criteria for problem gambling, an alarming figure. While this rate might be higher than what might be found among a sample not drawn from an online panel, this estimate is more than 15 times greater than that observed (0.6%) in Canada's last national gambling prevalence study in 2018 (Williams et al., 2021).¹⁴ Until we have results from the Alberta Gambling Research Institute's national study that is currently in progress, we will not know how representative our sample is of the population of people living in Canada. In the interim, the data presented in this report suggest that regulatory and policy changes since 2018 have had a negative impact on population health.

Implications

The findings in this report provide timely insights amid significant shifts in gambling policy across Canada. Recent federal and provincial decisions have contributed to a marked expansion in the availability and promotion of online gambling (Young et al., 2024). Findings presented in this report provide evidence that online gambling poses elevated risk of harm compared to other forms of gambling, and that young adults are at elevated risk compared to other age groups.

To manage the harms resulting from increased advertising and availability of online gambling and protect young people living in Canada, we recommend a national independent organization convene stakeholders to develop a pan-Canadian strategy to address gambling-related harms.

14 It is worth noting that the 2018 study defined problem gambling as scoring 5+ on the PGSI, which is a lower operational definition of problem gambling than employed in the current study (PGSI 8+).



Pan-Canadian Strategy to Address Gambling-Related Harms

Like people who use alcohol, tobacco and cannabis, a portion of people who gamble will develop a gambling problem. Furthermore, as with these substances, serious harms are also experienced by people who do not meet the criteria for problem gambling.

In Canada, we explicitly recognize the population health risks associated with alcohol, cannabis and gambling by empowering the same provincial and territorial bodies to regulate them. Examples include the Alberta Gaming, Liquor and Cannabis Commission, the Liquor, Gaming and Cannabis Authority of Manitoba and the Alcohol and Gaming Commission of Ontario.

Unlike alcohol, tobacco and cannabis, there has never been a national discussion or strategy developed to manage the population health risks associated with gambling. Federal authorities have developed strong regulations around the promotion of tobacco (Government of Canada, 1997) and cannabis (Government of Canada, 2018). Both substances also benefit from formal strategies to manage public health risks, such as tobacco control strategies (Government of Canada, 2023) and the cannabis legalization framework (Government of Canada, 2018).

With respect to alcohol, while Canada's federal authorities never formally adopted a national alcohol strategy, Health Canada did fund CCSA to lead an expert working group to develop recommendations for a strategy aimed at minimizing alcohol-related harm (National Alcohol Strategy Working Group on Recommendations for a National Alcohol Strategy, 2007; Canadian Centre on Substance Use and Addiction, 2017). In addition, Canada also has a national code for broadcast advertising of alcoholic beverages (Canadian Radio-television and Telecommunications Commission, 1996).

In contrast, gambling has never had a formal or informal public health strategy and lacks any national advertising regulations. There has never been a national discussion or framework developed to manage the population health risks associated with gambling. This absence of coordinated action prompted the CCSA and Greo Evidence Insights to issue a joint report in 2024 calling for the development of a pan-Canadian gambling strategy (Young et al., 2024). The results presented in this report reinforce this call to action for a strategy that would bring together interest holders, including regulators, Crown corporations, public health practitioners, researchers and people with lived experience, to collaboratively guide regulation, harm reduction and research initiatives.

Key priorities identified in the 2024 CCSA–Greo joint report include:

- Developing standards for gambling advertising and availability that would harmonize the different regulatory approaches across Canadian provinces and territories;
- Addressing conflicts of interest within the gambling ecosystem;
- Increasing and stabilizing funding for prevention, treatment and research;
- Establishing systems for monitoring gambling-related harms and estimating their social and economic costs, and
- Enhancing awareness of gambling-related harms among the public and frontline service providers.



In addition to these key priorities, we also recommend that a pan-Canadian strategy consider the benefits of provincial and territorial Crown gaming corporations' monopoly over the conduct and management of online gambling. Access in Canada to gambling has historically been provided through provincial and territorial Crown gaming corporations, such as the Ontario Lottery and Gaming Corporation, Loto-Québec, the Atlantic Lottery Corporation and the British Columbia Lottery Corporation.

The Lancet Public Health Commission on Gambling describes how online gambling is a rapidly expanding global business, projected to generate US\$700 billion in player losses by 2028 (Wardle et al., 2024). The authors warn this expansion is primarily motivated by revenue generation rather than health protection (Ukhova et al., 2024). Given the global gambling industry's expansion and the large amount of money that could be made by private interests, other provincial and territorial governments might follow Ontario's lead and also abandon their government monopolies and open their online gambling markets to transnational for-profit gambling companies. Already, Alberta has decided to move in this direction. The iGaming Alberta Act, approved in May 2025, allows Alberta to legalize private online betting companies to operate in the province (Government of Alberta, 2025).

Provincial and territorial Crown gaming corporations operate under a public mandate and so are accountable to provincial and territorial governments. This accountability creates incentives to consider not only revenue generation, but also population health (Murch & Clark, 2025). In contrast, transnational for-profit gambling companies are accountable to shareholders.

When considering the association between alcohol and public health, the World Health Organization's SAFER initiative¹⁵ recommends state monopolies control the sale and distribution of alcohol. The rationale is that such monopolies can maintain greater control of the commercialization of alcohol and can more effectively manage alcohol-related harm than markets that permit the sale and distribution of alcohol by private interests.

A similar case can be made for gambling. Maintaining and strengthening provincial and territorial Crown gaming corporations' monopoly over the conduct and management of online gambling provides governments with greater control over the marketing and accessibility of gambling products. This control allows for the integration of harm reduction strategies, limits on advertising and reinvestment of revenues into public benefits and health initiatives.

A common argument for liberalization is that it eliminates the unregulated online market by drawing players into legal, "safer" sites. However, evidence suggests the size of the unregulated market is overstated (Lewis, 2024). In reality, opening markets to transnational operators fuels aggressive competition for market share, driving intensified advertising and promotions, which results in increased gambling. For example, since opening its online market, the total amount wagered online by people living in Ontario increased more than 400% from \$4.08 billion in early 2022 to \$22.9 billion by the beginning of 2025 (iGaming Ontario, 2025).

Given the clear relationship between gambling participation and harm both at the individual level (Hodgins et al., 2022; Young et al., 2021; Young et al., 2022) and at the population level (Kesaite et al., 2023), the public health burden associated with liberalized online markets is likely to grow.

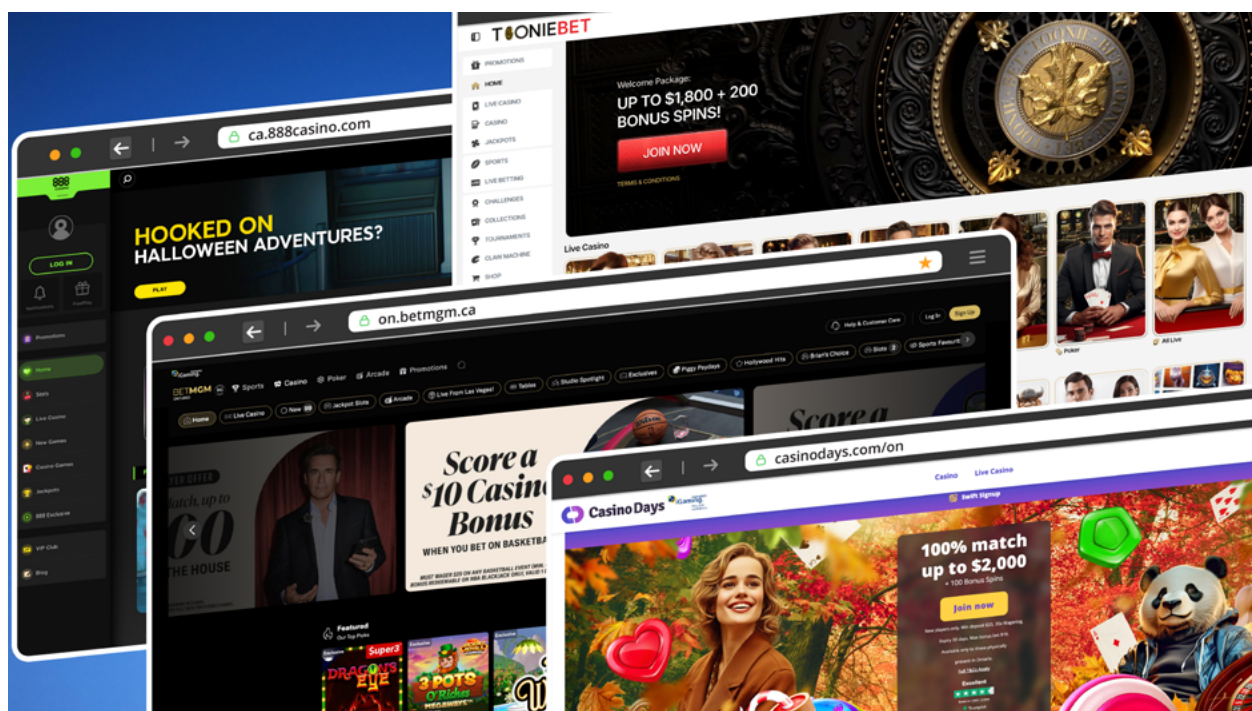
To protect people living in Canada—especially young people, who are at heightened risk of gambling-related harm— a pan Canadian strategy should consider the important role provincial and territorial Crown corporations can have in reducing harm associated with online gambling.

15 More information about the World Health Organization's SAFER initiative can be found on their website: <https://www.who.int/initiatives/SAFER/alcohol-availability>.



Conclusion

Findings presented in the current report provide evidence that online gambling poses elevated risks of harm compared to other forms of gambling, and that young adults are at elevated risk compared to other age groups. Without coordinated action, the expansion of gambling, particularly online, is likely to result in a significant public health burden, disproportionately affecting Canada's young adults. Urgent coordinated measures are required.



References

- Allami, Y., Hodgins, D. C., Young, M., Brunelle, N., Currie, S., Dufour, M., Flores-Pajot, M. C., & Nadeau, L. (2021). A meta-analysis of problem gambling risk factors in the general adult population. *Addiction*, 116(11), 2968–2977. <https://doi.org/10.1111/add.15449>
- Binde, P. (2011). *What are the most harmful forms of gambling? Analyzing problem gambling prevalence surveys*. CEFOS Working Paper 12. CEFOS. https://gupea.ub.gu.se/bitstream/2077/26165/1/gupea_2077_26165_1.pdf
- Browne, M., Goodwin, B. C., & Rockloff, M. J. (2018). Validation of the Short Gambling Harm Screen (SGHS): A tool for assessment of harms from gambling. *Journal of Gambling Studies*, 34(2), 499–512. <https://doi.org/10.1007/s10899-017-9698-y>
- Browne, M., Newall, P., Rawat, V., Tulloch, C., Rockloff, M., Li, E., Hing, N., Russell, A., & Begg, S. (2023). *The Gambling Harms Scales: Instruments to assess impact to gamblers and affected others that are benchmarked to health utility*. Victorian Responsible Gambling Foundation. <https://responsiblegambling.vic.gov.au/resources/publications/the-gambling-harms-scales-instruments-to-assess-impact-to-gamblers-and-affected-others-that-are-benchmarked-to-health-utility-1206/>
- Canadian Centre on Substance Use and Addiction. (2017). The National Alcohol Strategy monitoring project: A status report. <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-National-Alcohol-Strategy-Monitoring-Report-2017-en.pdf>
- Canadian Radio-television and Telecommunications Commission. (1996). *Code for broadcast advertising of alcoholic beverages*. <https://crtc.gc.ca/eng/television/publicit/codesalco.htm>
- Costes, J. M., Kairouz, S., Monson, E., & Eroukmanoff, V. (2018). Where lies the harm in lottery gambling? A portrait of gambling practices and associated problems. *Journal of Gambling Studies*, 34(4), 1293–1311. <https://doi.org/10.1007/s10899-018-9761-3>
- Delfabbro, P., & Parke, J. (2021). Empirical evidence relating to the relative riskiness of scratch-card gambling. *Journal of Gambling Studies*, 37(3), 1007–1024. <https://doi.org/10.1007/s10899-021-10033-2>
- Ferris, J., & Wynne, H. (2001). *The Canadian problem gambling index: Final report*. Canadian Consortium for Gambling Research. [https://www.greo.ca/Modules/EvidenceCentre/files/Ferris%20et%20al\(2001\)The_Canadian_Problem_Gambling_Index.pdf](https://www.greo.ca/Modules/EvidenceCentre/files/Ferris%20et%20al(2001)The_Canadian_Problem_Gambling_Index.pdf)
- Ghelfi, M., Scattola, P., Giudici, G., & Velasco, V. (2024). Online gambling: A systematic review of risk and protective factors in the adult population. *Journal of Gambling Studies*, 40(2), 673–699. <https://doi.org/10.1007/s10899-023-10258-3>
- Government of Alberta. (2025). *iGaming Alberta act*, Bill 48. https://docs.assembly.ab.ca/LADDAR_files/docs/bills/bill/legislature_31/session_1/20230530_bill-048.pdf
- Government of Canada. (1997). *Tobacco and vaping products act*, Part IV, Promotion. <https://laws-lois.justice.gc.ca/eng/acts/t-11.5/page-3.html#h-449465>
- Government of Canada. (2018). *Cannabis act*, Subdivision A, Promotion. <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/page-3.html#h-77141>



- Government of Canada. (2021). *An Act to amend the Criminal Code (sports betting) [Safe and regulated sports betting act]*. <https://www.parl.ca/DocumentViewer/en/43-2/bill/C-218/royal-assent>
- Government of Canada. (2023). *Canada's tobacco strategy*. <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy.html>
- Gupta, R., & Derevensky, J. L. (1998). Adolescent gambling behavior: A prevalence study and examination of the correlates associated with problem gambling. *Journal of Gambling Studies*, 14(4), 319–345. <https://doi.org/10.1023/a:1023068925328>
- Hodgins, D. C., Young, M. M., Currie, S. R., Abbott, M., Billi, R., Brunelle, N., Costes, J.-M., Dufour, M., Flores-Pajot, M.-C., Olason, D. T., Paradis, C., Romild, U., Salonen, A., Volberg, R., & Nadeau, L. (2022). Lower-risk gambling limits: Linked analyses across eight countries. *International Gambling Studies*, 23(2), 328–344. <https://doi.org/10.1080/14459795.2022.2143546>
- iGaming Ontario. (2023). *Annual report 2022-2023*. <https://igamingontario.ca/en/annual-report-2022-2023>
- iGaming Ontario. (2025). *iGaming Ontario's market performance report*. <https://igamingontario.ca/en/operator/market-performance-report-monthly>
- Kesaite, V., Wardle, H., & Rossow, I. (2023). Gambling consumption and harm: A systematic review of the evidence. *Addiction Research & Theory*, 32(3), 194–203. <https://doi.org/10.1080/16066359.2023.2238608>
- Lewis, J. (2024). *How big is Canada's black market for sports betting? The gambling industry's claims don't survive scrutiny*. Cardus. <https://www.cardus.ca/research/work-economics/research-brief/how-big-is-canadas-black-market-for-sports-betting/>
- Mental Health Research Canada. (2024). *Understanding the mental health of Canadians through Covid 19 and beyond: Poll #22*. <https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/6758554dbd98a04b86ea1fb0/1733842255109/Full+version+MHRC+Mental+Health+During+Covid+and+Beyond+Poll+22.pdf>
- Montiel, I., Ortega-Barón, J., Basterra-González, A., González-Cabrera, J., & Machimbarrena, J. M. (2021). Problematic online gambling among adolescents: A systematic review about prevalence and related measurement issues. *Journal of Behavioral Addiction*, 10(3), 566–586. <https://doi.org/10.1556/2006.2021.00055>
- Murch, W. S., & Clark, L. (3 Apr. 2025). Opinion: Dangers of going all-in on online gambling. *Vancouver Sun*. <https://vancouversun.com/opinion/op-ed/opinion-dangers-of-going-all-in-on-online-gambling>
- Naraine, M. L., & Bradish, C. (2022). Analytics and iGaming. *Journal of Applied Sport Management*, 14(4), article 5. <https://doi.org/10.7290/jasm143aqi>
- National Alcohol Strategy Working Group on recommendations for a national alcohol strategy. (2007). *Reducing alcohol-related harm in Canada: Toward a culture of moderation—Recommendations for a national alcohol strategy*. Canadian Centre on Substance Abuse. <https://ccsa.ca/sites/default/files/2019-05/ccsa-023876-2007.pdf>
- Pechmann, C., Levine, L., Loughlin, S., & Leslie, F. (2005). Impulsive and self-conscious: Adolescents' vulnerability to advertising and promotion. *Journal of Public Policy & Marketing*, 24(2), 202–221. <https://doi.org/10.1509/jppm.2005.24.2.202>
- Sandberg, H., Gidlof, K., & Holmberg, N. (2011). Children's exposure to and perceptions of online advertising. *International Journal of Communication*, 5, 21–50. <https://ijoc.org/index.php/ijoc/article/view/716/502>



- Sturgis, P., & Kuha, J. (2022). How survey mode affects estimates of the prevalence of gambling harm: A multisurvey study. *Public Health*, 204, 63–69. <https://doi.org/10.1016/j.puhe.2021.12.014>
- Subramaniam, M., Tang, B., Abdin, E., Ajit, J., Vaingankar, J. A., Picco, L., & Chong, S. A. (2016). Sociodemographic correlates and morbidity in lottery gamblers: Results from a population survey. *Journal of Gambling Studies*, 32(1), 291–305. <https://doi.org/10.1007/s10899-015-9534-1>
- Tuico, K. A., Baxter, C. M., Dapo-Famodu, A., Stark, S., Hodgins, D. C., Volberg, R. A., & Young, M. M. (2025). *Using the Lower-Risk Gambling Guidelines to measure risk of experiencing gambling-related harms in a population* [Manuscript submitted for publication]. Greo Evidence Insights.
- Tulloch, C., Hing, N., Browne, M., Russell, A. M. T., Rockloff, M., & Rawat, V. (2024). Harm-to-self from gambling: A national study of Australian adults. *Journal of Behavioral Addiction*, 13(2), 635–649. <https://doi.org/10.1556/2006.2024.00025>
- Turner, N. E., Sinclair, L., & Matheson, F. I. (2024). Brief report: The rise of online betting in Ontario. *Journal of Gambling Studies*, 40, 705–715. <https://doi.org/10.1007/s10899-023-10268-1>
- Ukhova, D., Marionneau, V., Volberg, R., & Wardle, H. (2024). The expansion of gambling across the Americas poses risks to mental health and wellbeing. *The Lancet Regional Health: Americas*, 37, article 100855. <https://doi.org/10.1016/j.lana.2024.100855>
- Volberg, R. A., Gupta, R., Griffiths, M. D., Olason, D. T., & Delfabbro, P. (2010). An international perspective on youth gambling prevalence studies. *International Journal of Adolescent Medicine and Health*, 22(1), 3–38. <https://pubmed.ncbi.nlm.nih.gov/20491416/>
- Wardle, H., Degenhardt, L., Marionneau, V., Reith, G., Livingstone, C., Sparrow, M., Tran, L. T., Biggar, B., Bunn, C., Farrell, M., Kesaite, V., Poznyak, V., Quan, J., Rehm, J., Rintoul, A., Sharma, M., Shiffman, J., Siste, K., Ukhova, D., ... Saxena, S. (2024). The Lancet Public Health Commission on gambling. *The Lancet Public Health*, 9(11), E950–E994. [https://doi.org/10.1016/S2468-2667\(24\)00167-1](https://doi.org/10.1016/S2468-2667(24)00167-1)
- Wheaton, J., Rossi, R., Moxey, M., Tozzi, E., & Moradipour, S. (2024). Gambling advertisements in Ontario: Exploring the prevalence and regulatory compliance of televised and social media marketing during sports matches. *International Gambling Studies*, 25(1), 1–21. <https://doi.org/10.1080/14459795.2024.2400356>
- Williams, R. J., Leonard, C. A., Belanger, Y. D., Christensen, D. R., El-Guebaly, N., Hodgins, D. C., McGrath, D. S., Nicoll, F., & Stevens, R. M. G. (2021). Gambling and problem gambling in Canada in 2018: Prevalence and changes since 2002. *Canadian Journal of Psychiatry*, 66(5), 485–494. <https://doi.org/10.1177/0706743720980080>
- Young, M. M., Hodgins, D. C., Brunelle, N., Currie, S., Dufour, M., Flores-Pajot, M.-C., Paradis, C., & Nadeau, L. (2021). *Developing lower-risk gambling guidelines*. Canadian Centre on Substance Use and Addiction. <https://gamblingguidelines.ca/resource/developing-lower-risk-gambling-guidelines-report/>
- Young, M. M., Hodgins, D. C., Currie, S. R., Brunelle, N., Dufour, M., Flores-Pajot, M.-C., & Nadeau, L. (2022). Not too much, not too often, and not too many: The results of the first large-scale, international project to develop lower-risk gambling guidelines. *International Journal of Mental Health and Addiction*, 22, 666–684. <https://doi.org/10.1007/s11469-022-00896-w>
- Young, M. M., McKnight, S., Kalbfleisch, L., Leon, C., Lusk, E., Smit Quosai, T., & Stark, S. (2024). *Gambling availability and advertising in Canada: A call to action*. Prepared by Greo Evidence Insights. Canadian Centre on Substance Use and Addiction. <https://www.ccsa.ca/sites/default/files/2024-06/Gambling-Availability-and-Advertising-in-Canada-en.pdf>



Appendix A: Supplementary Tables

Table A1. Frequency of past-year gambling involvement in individual gambling activities in-person or online

Gambling type	Never		Less than once a month		Once a month		A few times a month		Once a week or more often		Don't know/prefer not to say	
	n	%	n	%	n	%	n	%	n	%	n	%
Any gambling	2,027	25.5	2,326	29.2	767	9.6	1,228	15.4	1,612	20.3	0	0.0
Purchasing lottery, scratch or raffle tickets	2,643	33.2	2,379	29.9	786	9.9	1,044	13.1	1,091	13.7	16	0.2
Electronic gaming machines (e.g., slot machines, video lottery terminals, electronic racing machines)	5,967	75.0	1,190	15.0	298	3.7	283	3.6	181	2.3	40	0.5
Sports betting (e.g., professional sporting events, sports pools, fantasy sports betting, esports)	6,519	81.9	666	8.4	262	3.3	242	3.0	235	2.9	37	0.5
Horse racing or other animal racing	6,972	87.6	557	7.0	146	1.8	145	1.8	101	1.3	39	0.5
Casino table games (e.g., poker, blackjack, baccarat, roulette)	6,479	81.4	903	11.3	227	2.9	187	2.4	130	1.6	33	0.4
Bingo	6,330	79.5	750	9.4	255	3.2	290	3.6	301	3.8	33	0.4
Online gambling (e.g., online casinos, poker rooms, sports betting sites)	6,373	80.1	1,015	12.8	223	2.8	169	2.1	128	1.6	51	0.6
Purchasing in-game loot boxes	6,869	86.3	581	7.3	188	2.4	158	2.0	111	1.4	53	0.7
Speculative financial activities (e.g., day trading, penny stocks, shorting, options, currency futures)	6,562	82.4	730	9.2	207	2.6	240	3.0	173	2.2	46	0.6
Bet or spent money on any other form of gambling	6,749	84.8	630	7.9	200	2.5	139	1.7	117	1.5	125	1.6

Note. n = 7,960 (weighted).



Table A2. Demographic characteristics of survey participants

Characteristic	<i>n</i>	%	95% CI	
			LL	UL
Total	7,960	100.0		
Age				
18 to 29	1,553	19.5	18.7	20.4
30 to 39	1,302	16.4	15.6	17.2
40 to 49	1,219	15.3	14.5	16.1
50 to 64	2,001	25.1	24.2	26.1
65+	1,884	23.7	22.7	24.6
Gender ^a				
Women	4,047	50.8	49.7	51.9
Men	3,861	48.5	47.4	49.6
Non-binary	46	0.6	0.4	0.8
Prefer not to say	6	0.1	0.0	0.2
Province				
Atlantic (NB, NL, NS, PEI)	543	6.8	6.3	7.4
Quebec	1,831	23.0	22.1	23.9
Ontario	3,071	38.6	37.5	39.7
Manitoba	281	3.5	3.1	4.0
Saskatchewan	232	2.9	2.6	3.3
Alberta	888	11.2	10.5	11.9
British Columbia	1,113	14.0	13.2	14.8
Ethnic Group ^b				
Aboriginal / First Nations / Indigenous / Metis / Inuit	252	3.2	2.8	3.6
African	278	3.5	3.1	3.9
British and Isles / Irish / Scottish / Welsh / UK	1,339	16.8	16.0	17.7
Canadian / North American / American	3,878	48.7	47.6	49.8
South Asian	503	6.3	5.8	6.9
Southeast Asian	664	8.3	7.7	9.0
European	1,433	18.0	17.2	18.9
Other	530	6.7	6.1	7.2
Don't know/prefer not to say	202	2.5	2.2	2.9



Characteristic	<i>n</i>	%	95% CI	
			LL	UL
Household income				
Under \$20 000	470	5.9	5.4	6.4
\$20 000 to \$29 999	623	7.8	7.3	8.4
\$30 000 to \$49 999	1,039	13.0	12.3	13.8
\$50 000 to \$79 999	1,470	18.5	17.6	19.3
\$80 000 to \$99 999	1,178	14.8	14.0	15.6
\$100 000 to \$150 000	1,536	19.3	18.4	20.2
\$150 000 or more	1,106	13.9	13.1	14.7
Don't know/prefer not to say	536	6.7	6.2	7.3

Note. NB = New Brunswick; NL = Newfoundland and Labrador; NS = Nova Scotia; PEI = Prince Edward Island.

^a Those who indicated they were non-binary ($n = 46$) or did not indicate their gender ($n = 6$) were excluded from data analyses using gender as a variable due to the small sample size.

^b As participants could provide more than one answer, column percentages may sum to more than 100%. Ethnic group is not used as a category of analysis in this report.





Table A3. Gambling risk and harm (>LRGGs, PGSI 8+, GHS-10 6+) by age, gender and province/region

	n		%		95% CI		n		%		95% CI		n		%		95% CI	
Total	2,786	35.7					783	9.9					392	4.9				
Age																		
18 to 29	650	42.4	39.9	44.9	393	25.5	23.4	27.8	137	8.9	7.5	10.4						
30 to 39	502	38.8	36.1	41.4	176	13.6	11.8	15.5	91	7.0	5.7	8.5						
40 to 49	423	35.3	32.6	38.0	104	8.6	7.1	10.3	70	5.8	4.6	7.2						
50 to 64	654	33.6	31.5	35.7	82	4.1	3.3	5.1	70	3.5	2.8	4.4						
65+	556	30.5	28.4	32.6	28	1.5	1.0	2.1	24	1.3	0.8	1.9						
Total	2,786	35.7	34.7	36.8	783	9.9	9.2	10.6	392	4.9	4.5	5.4						
Gender ^a																		
Women	1113	28.1	26.7	29.5	215	5.3	4.7	6.1	138	3.4	2.9	4.0						
Men	1655	43.7	42.1	45.2	560	14.6	13.5	15.7	251	6.5	5.8	7.3						
Total	2,768	35.7	34.6	36.8	775	9.8	9.2	10.5	390	4.9	4.5	5.4						
Province/Region ^b																		
Atlantic	169	31.7	28.0	35.9	35	6.5	4.7	8.8	19	3.5	2.2	5.3						
Quebec	570	31.9	29.7	34.0	184	10.1	8.8	11.5	68	3.7	2.9	4.7						
Ontario	1161	38.6	36.9	40.4	339	11.1	10.0	12.2	169	5.5	4.8	6.4						
Manitoba	104	38.1	32.5	44.0	38	13.4	9.9	17.9	25	8.8	6.0	12.6						
Saskatchewan	87	37.7	31.7	44.2	21	8.9	5.9	13.3	16	7.1	4.2	10.7						
Alberta	259	29.5	26.6	32.6	54	6.0	4.7	7.8	33	3.7	2.6	5.1						
British Columbia	437	39.9	37.0	42.8	114	10.3	8.6	12.2	62	5.6	4.4	7.1						
Total	2,786	35.7	34.7	36.8	783	9.9	9.2	10.6	392	4.9	4.5	5.4						

Note. n = 7,960 (weighted).

**Table A4. Participation in selected gambling activities by age, gender and province/region**

Characteristic	Online gambling			Lottery only			Other gambling			Any gambling			n				
	n	%	95% CI	n	%	95% CI	n	%	95% CI	n	%	95% CI					
												LL		UL	LL	UL	LL
Total	1,597	20.1	19.2	21.0	2,264	28.4	27.5	29.4	2,073	26.0	25.1	27.0	5,933	74.5	73.6	75.5	7,960
Age																	
18 to 29	497	32.0	29.7	34.4	153	9.8	8.4	11.4	392	25.2	23.1	27.4	1,041	67.0	64.7	69.3	1,553
30 to 39	352	27.1	24.7	29.5	251	19.3	17.2	21.5	334	25.6	23.3	28.1	937	71.9	69.5	74.4	1,302
40 to 49	270	22.2	19.9	24.5	337	27.7	25.2	30.2	294	24.1	21.8	26.6	901	73.9	71.4	76.3	1,219
50 to 64	328	16.4	14.8	18.1	700	35.0	32.9	37.1	542	27.1	25.2	29.1	1,570	78.5	76.6	80.2	2,001
65+	150	7.9	6.8	9.2	822	43.6	41.4	45.9	512	27.2	25.2	29.2	1,484	78.7	76.9	80.6	1,884
Total	1,597	20.1	19.2	21.0	2,264	28.4	27.5	29.4	2,073	26.0	25.1	27.0	5,933	74.5	73.6	75.5	7,960
Gender ^a																	
Women	525	13.0	12.0	14.0	1267	31.3	29.9	32.7	1,067	26.4	25.0	27.7	2,859	70.6	69.2	72.0	4,047
Men	1,057	27.4	26.0	28.8	995	25.8	24.4	27.2	991	25.7	24.3	27.1	3,044	78.8	77.5	80.1	3,861
Total	1,582	20.0	19.1	20.9	2,262	28.6	27.6	29.6	2,058	26.0	25.1	27.0	5,902	74.6	73.7	75.6	7,908
Province/Region ^b																	
Atlantic	91	16.7	13.8	20.1	142	26.2	22.6	30.0	149	27.5	23.8	31.3	383	70.4	66.6	74.3	5,43
Quebec	358	19.6	17.8	21.4	615	33.6	31.5	35.8	406	22.2	20.3	24.1	1,380	75.3	73.4	77.3	1,831
Ontario	660	21.5	20.1	23.0	836	27.2	25.7	28.8	794	25.8	24.3	27.4	2,289	74.5	73.0	76.1	3,071
Manitoba	63	22.2	17.8	27.6	77	27.3	22.4	32.8	85	30.3	25.1	35.8	224	79.9	74.7	84.1	281
Saskatchewan	39	16.9	12.4	22.0	51	21.9	17.0	27.6	84	36.2	30.2	42.5	174	75.1	69.1	80.2	232
Alberta	139	15.6	13.4	18.2	258	29.0	26.1	32.1	248	27.9	25.1	30.9	645	72.6	69.6	75.5	888
British Columbia	247	22.2	19.8	24.7	284	25.6	23.0	28.1	306	27.5	24.9	30.2	838	75.3	72.7	77.8	1,113
Total	1,597	20.1	19.2	21.0	2,264	28.4	27.5	29.4	2,073	26.0	25.1	27.0	5,933	74.5	73.6	75.5	7,960

Note. n = 7,960 (weighted)



Table A5. Risk and harm among selected gambling activities by age, gender and province/region

Characteristic	Online gambling				Lottery only				Other gambling				Any gambling			
	n	%	95% CI		n	%	95% CI		n	%	95% CI		n	%	95% CI	
			LL	UL			LL	UL			LL	UL			LL	UL
>LRGGs	1,498	93.8	92.6	95.0	203	9.4	8.2	10.7	1,085	53.7	51.5	55.9	2,786	48.3	47.0	49.5
Age																
18 to 29	489	98.4	97.0	99.2	6	4.1	1.7	8.0	155	41.7	36.6	46.6	650	63.7	60.7	66.6
30 to 39	335	95.1	92.6	97.1	15	6.1	3.5	9.5	152	46.4	41.1	51.9	502	54.0	50.8	57.2
40 to 49	236	87.2	83.1	91.0	23	7.2	4.7	10.4	164	56.5	50.6	62.0	423	48.0	44.7	51.3
50 to 64	300	91.4	88.1	94.1	65	9.7	7.7	12.2	290	55.3	51.0	59.5	654	43.1	40.6	45.6
65+	139	92.7	87.7	96.0	94	12.2	10.1	14.7	324	64.1	59.9	68.3	556	39.1	36.6	41.6
Total	1,498	93.8	92.6	95.0	203	9.4	8.2	10.7	1,085	53.7	51.5	55.9	2,786	48.3	47.0	49.5
Gender																
Women	480	91.6	88.8	93.6	90	7.5	6.1	9.0	542	52.0	48.9	54.9	1113	40.1	38.3	41.9
Men	1,003	94.9	93.4	96.1	113	11.9	10.0	14.1	539	55.8	52.6	58.8	1655	55.7	53.9	57.4
Total	1,483	93.8	92.5	94.9	203	9.4	8.2	10.7	1,082	53.8	51.6	56.0	2,768	48.2	46.9	49.4
Province																
Atlantic	87	95.6	89.9	98.5	14	10.2	5.9	16.0	68	47.7	39.8	56.1	169	45.5	40.5	50.6
Quebec	311	86.8	83.1	90.1	50	8.6	6.5	11.0	209	52.8	47.9	57.7	570	42.6	40.0	45.3
Ontario	635	96.2	94.5	97.5	81	10.3	8.3	12.5	445	57.6	54.1	61.1	1161	52.2	50.1	54.3
Manitoba	60	96.0	87.8	98.6	7	9.5	4.5	18.4	37	45.1	34.7	55.9	104	48.1	41.5	54.8
Saskatchewan	39	98.1	93.8	100.0	6	12.2	5.3	23.5	42	50.7	40.0	61.2	87	50.5	43.2	58.0
Alberta	132	95.1	90.4	97.7	13	5.3	3.0	8.5	114	46.1	40.0	52.4	259	40.8	37.1	44.7
British Columbia	235	95.1	91.9	97.3	31	11.4	8.0	15.5	171	57.1	51.4	62.5	437	53.3	49.9	56.7
Total	1,498	93.8	92.6	95.0	203	9.4	8.2	10.7	1,085	53.7	51.5	55.9	2,786	48.3	47.0	49.5

Table A5. Risk and harm among selected gambling activities by age, gender and province/region (ctnd.)

Characteristic	Online gambling				Lottery only				Other gambling				Any gambling			
	n	%	95% CI		n	%	95% CI		n	%	95% CI		n	%	95% CI	
			LL	UL			LL	UL			LL	UL			LL	UL
PGSI 8+	647	40.8	38.4	43.2	20	0.9	0.6	1.3	116	5.6	4.7	6.7	783	13.3	12.4	14.2
Age																
18 to 29	340	69.4	65.2	75.3	8	5.3	2.5	9.7	45	11.5	8.7	15.1	393	38.2	35.3	41.3
30 to 39	145	41.5	36.4	46.6	6	2.4	1.0	4.9	25	7.5	5.1	10.8	176	18.9	16.5	21.5
40 to 49	80	29.8	24.4	35.3	3	0.8	0.3	2.4	21	7.3	4.6	10.6	104	11.7	9.7	13.9
50 to 64	63	19.4	15.3	23.8	3	0.5	0.1	1.2	15	2.8	1.6	4.4	82	5.3	4.2	6.4
65+	17	11.4	7.0	17.1	0	0.0	-	-	11	2.1	1.1	3.7	28	1.9	1.3	2.7
Total	647	40.8	38.4	43.2	20	0.9	0.6	1.3	116	5.6	4.7	6.7	783	13.3	12.4	14.2
Gender																
Women	162	31.0	27.2	35.2	11	0.9	0.5	1.5	42	4.0	2.9	5.2	42	7.6	6.6	8.6
Men	477	45.4	42.4	48.4	9	0.9	0.5	1.7	74	7.5	6.0	9.3	74	18.5	17.1	19.9
Total	639	40.6	38.2	43.1	20	0.9	0.6	1.3	116	5.7	4.7	6.7	116	13.2	12.4	14.1
Province																
Atlantic	30	32.5	24.0	43.0	2	1.5	0.3	4.4	3	2.1	0.6	5.5	35	9.2	6.7	12.5
Quebec	158	44.2	39.1	49.3	2	0.4	0.1	1.0	23	5.7	3.7	8.3	184	13.4	11.7	15.2
Ontario	267	40.7	37.0	44.6	12	1.4	0.8	2.4	60	7.5	5.9	9.6	339	14.9	13.5	16.4
Manitoba	31	49.5	37.1	61.4	0	0.0	-	-	7	7.8	3.8	15.5	38	16.8	12.5	22.3
Saskatchewan	18	45.6	31.3	61.6	1	1.6	0.2	9.1	2	2.4	0.5	7.5	21	12.1	8.0	17.8
Alberta	45	33.0	25.8	41.6	2	0.6	0.2	2.5	8	3.1	1.5	6.0	54	8.4	6.5	10.8
British Columbia	98	40.0	33.9	46.0	1	0.5	0.0	1.6	14	4.7	2.7	7.4	114	13.7	11.5	16.2
Total	647	40.8	38.4	43.2	20	0.9	0.6	1.3	116	5.6	4.7	6.7	783	13.3	12.4	14.2





Table A5. Risk and harm among selected gambling activities by age, gender and province/region (ctnd.)

Characteristic	Online gambling				Lottery only				Other gambling				Any gambling			
	n	%	95% CI		n	%	95% CI		n	%	95% CI		n	%	95% CI	
			LL	UL			LL	UL			LL	UL			LL	UL
GHS-10 6+	302	19.0	17.1	21.0	21	0.9	0.6	1.4	69	3.4	2.6	4.2	392	6.7	6.0	7.3
Age																
18 to 29	116	23.5	19.9	27.4	1	0.4	0.1	3.0	21	5.4	3.5	8.1	137	13.3	11.3	15.5
30 to 39	68	19.3	15.5	23.7	8	3.1	1.5	5.9	15	4.5	2.7	7.2	91	9.7	8.0	11.8
40 to 49	49	18.3	13.9	23.1	8	2.5	1.2	4.5	13	4.4	2.5	7.3	70	7.9	6.2	9.7
50 to 64	54	16.6	12.8	20.9	4	0.5	0.2	1.4	12	2.2	1.2	3.7	70	4.5	3.5	5.6
65+	15	10.2	6.0	15.7	0	0.0	0.0	0.3	9	1.7	0.9	3.2	24	1.6	1.1	2.4
Total	302	19.0	17.1	21.0	21	0.9	0.6	1.4	69	3.4	2.6	4.2	392	6.7	6.0	7.3
Gender																
Women	95	18.2	15.1	21.7	12	0.9	0.5	1.6	31	3.0	2.0	4.1	138	4.9	4.1	5.7
Men	205	19.5	17.2	21.9	8	0.9	0.4	1.5	38	3.8	2.8	5.2	251	8.3	7.3	9.3
Total	300	19.0	17.2	21.1	20	0.9	0.6	1.3	69	3.4	2.6	4.2	390	6.6	6.0	7.3
Province																
Atlantic	14	15.8	9.1	23.8	4	3.1	1.0	6.6	0	0.2	0.0	1.7	19	5.1	3.2	7.6
Quebec	55	15.4	11.9	19.4	2	0.3	0.1	1.0	11	2.8	1.5	4.7	68	5.0	3.9	6.2
Ontario	138	20.9	17.9	24.1	6	0.7	0.3	1.5	25	3.2	2.1	4.6	169	7.4	6.4	8.6
Manitoba	18	28.7	18.6	40.5	1	1.9	0.1	6.0	5	6.2	2.3	12.4	25	11.0	7.5	15.8
Saskatchewan	8	21.6	10.2	35.0	2	3.8	0.8	12.0	6	7.4	3.1	14.3	16	9.5	5.6	14.2
Alberta	22	16.1	10.8	23.2	3	1.2	0.3	3.1	8	3.4	1.5	6.0	33	5.2	3.6	7.1
British Columbia	47	19.1	14.7	24.6	2	0.8	0.1	2.2	13	4.2	2.4	7.0	62	7.4	5.8	9.4
Total	302	19.0	17.1	21.0	21	0.9	0.6	1.4	69	3.4	2.6	4.2	392	6.7	6.0	7.3

Note. *n* = 5,933 (weighted). Percentages represent the proportion of participants in each category (i.e., characteristic, gambling type) who reported both gambling in the past year and the measured risks and harms, relative to the total number of participants in that category.