Several years ago, while researching the history of Nova Scotia's casinos, I was shocked by how frequently my search results brought up stories about gambling-related suicides (GRS).

Though in the 1990s and early 2000s these deaths were linked frequently in the media to government-owned casinos and video lottery terminals, by the 2020s GRS had faded from the public imagination. This seemed at odds with the massive wave of legal gambling expansion sweeping across Canada.

By the time I applied for the Michener-Deacon fellowship in 2022, provinces were offering newly legal single-sport bets and Ontario was preparing to launch a government-regulated, privately operated online gaming marketplace. Legalized gambling, which once hovered in the background of Canadian society, became so prominently advertised it was almost impossible to ignore.

In this new reality, understanding gambling harms like suicides was not only a matter of public interest, but critically important to evaluating how the gambling boom was affecting Canadian lives.

In Canada, provincial coroner and medical examiner (CME) offices investigate unexpected deaths and record related statistics. While they share some statistics publicly—like basic data related to the approximately 4,000 suicides in Canada each year—GRS numbers were anyone's guess.

I proposed collecting the most comprehensive national GRS record to date by assembling yearly totals from each province since 2000. (I chose not to include the territories because they lack year-round casinos or VLTs.) Ideally, this data would let the public and policymakers see how prevelant GRS are in Canada, how totals have changed over time and would offer a means of comparing provincial rates. I also wanted to examine if and how governments used risk factor information collected by CMEs to prevent GRS.

I started by asking CME offices for the number of suicides where they recorded gambling as a risk factor. Though no blanket national approach exists to tracking suicide risk factors in Canada, since 2003 Canadian CME offices have unofficially followed a common strategy for gambling. It is usually recorded as a risk factor by investigators if mentioned in a suicide note or in interviews by those close to the deceased.

Even though each provincial CME office had previously shared select GRS data with the media, I learned there's no common approach to transparency. While some offices

responded quickly with figures, my requests launched exchanges with others that took place over months and years. Sometimes I had to plead my case for data in interviews with staff.

Only Quebec's Coroner office allowed me to review death investigation summaries sending me several hundred PDFs that required manual review to confirm each was gambling-related. Other provinces shared varying degrees of statistics, from full figures broken down by year to partial or bundled data to no data in the cases of Newfoundland and Labrador and Prince Edward Island. Some people affiliated with CME offices disagreed with the premise of my investigation because they held outdated views on the link between gambling and suicide, which has advanced significantly in recent years thanks to academic research and activism from bereaved loved ones.

By navigating this labyrinth, I collected the best national GRS statistics available to date for Canada. In the 10 provinces, CME offices recorded at least 965 suicides from 2000 to 2023 where gambling was a risk factor. Therefore, about one Canadian dies by GRS every nine days. And that's with numbers that experts believe—and some CME offices even admit—under-report the true GRS prevalence in Canada.

Experts suggest that at least five to 10 per cent of all suicides are gambling-related. Using additional methods, like broader criteria for counting gambling as a risk factor or advanced tracking methods (including reviewing the deceased's financial records) may increase GRS rates up to 20 per cent of overall suicides.

Recorded GRS figures in each province that shared data are frequently 2.5 per cent or fewer of overall suicides each year. Because GRS figures are collected so casually in Canada, and the gaps in disclosure and tracking are so large, it's challenging to analyze the data for trends. Though I'd planned to compare GRS trends with other statistics like gaming machine numbers and annual tallies of helpline calls, there wasn't enough information available to meaningfully draw connections.

My fellowship project took shape as a national investigation published at *Ricochet*, the first coast-to-coast examination of GRS since 2009. I also published two regional investigations with Newfoundland and Labrador's *The Independent* (parts one and two) and the *Winnipeg Free Press*.

Compared to other provinces, both Manitoba and Newfoundland and Labrador have recorded some of Canada's highest gambling addiction rates over the last few decades. Yet, the former's Office of the Chief Medical Examiner recorded zero GRS in 13 non-consecutive years, and the latter's shared no data with me, not even when asked through an access to information request.

I built two investigations around personal stories of Canadians who died by GRS. For *Ricochet*, I wrote about John Hallett, an auto plant worker from Windsor, Ont., who developed a gambling addiction while grieving the loss of his wife. At *The Independent*, I shared the story of Susan Piercey of Corner Brook, N.L., who entered adulthood around the time legal VLTs launched there and gambled away almost every cent she earned in the machines. I also interviewed Chris Parlow, a former Manitoba resident and recovering gambler for the *Free Press*. He benefited from life-saving intervention when his addiction led him to suicidal thoughts. Parlow, along with Hallett's daughter Karlene and Susan's father Keith, hoped that speaking out about GRS might help others.

Since the series ran, I've received positive feedback from people who work in medical and mental health fields. The strong reactions on social media from some readers, aghast at the prevalence of and inaction towards GRS in Canada, have been especially heartening.

But I hope my reporting on GRS accomplishes more than bringing mere awareness. I want it to spur long-overdue changes from provincial governments and CME offices, who have the power, privilege and duty to track and prevent GRS. I'm pleased to report there's already progress.

Following my questioning, Newfoundland and Labrador's Office of the Chief Medical Examiner announced it will explore new strategies to better track suicide risk factors, including gambling. Given the office's poor history with and lack of interest in tracking GRS, this openness alone represents a massive step forward. I plan to follow and report on their progress. I also uncovered that New Brunswick Coroner Services quietly revamped its method of tracking GRS, launching a new strategy in January 2024.

With two of ten provinces recently taking action, other provinces need to follow suit and should collaborate on how to revise their strategies for collecting GRS data. In the absence of a formal, national strategy for tracking these deaths, taking initiatives province-by-province is the quickest path to create meaningful change.

Receiving a Michener-Deacon fellowship has been one of the great honours of my life, and I am profoundly grateful to the Michener Foundation for its support. The fellowship made it possible for me to produce a large-scale public interest investigation that freelancers rarely have the resources to pursue. I offer special thanks to my editors and to everyone who put in special efforts behind the scenes.

Funding from the fellowship was critical in helping me access assistance from talented professionals to build this investigation into a more ambitious, in-depth project than I otherwise could have. In particular, I would like to recognize fact-checker David

Cassels, illustrator Mary Kirkpatrick, and research assistants Emma Bainbridge, Alexa DiFrancesco and Drew-Anne Glennie. I also owe a debt of gratitude to the journalists who reported on GRS over the past few decades. Their work inspired me greatly, and without it there would be few, if any, public records or history of GRS in Canada. I plan to expand on my investigation in a book.

It's no exaggeration to say there is a GRS problem in Canada. Though it's not the most dominant public health issue facing Canadians, this doesn't make it any less urgent to fix. There's no right way to do so, but Canadians need to make up for lost time. One of the quickest ways to save lives is to start by breaking taboos around discussing GRS in Canada. That's something everyone has a hand in—from the friends and family of gamblers, to healthcare professionals, policymakers and, of course, the gambling industry itself.

CME offices and provincial governments owe it to those who weren't reached in time with support to do their best to prevent others from dying by GRS. Fixing Canada's GRS problem requires courage and breaking longstanding taboos and assumptions, but by doing so, those in power can and will save lives. It's worth the effort.

Rob Csernyik

2022 Michener-Deacon Fellow

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