



2026 ON Budget Consultation

A submission from the Association for Reformed Political Action (ARPA) Canada
to
The Ontario Ministry of Finance
regarding
2026 Budget Consultation

January 29, 2026

Governments must steward the public purse carefully. When governments run excessive deficits on a regular basis, they commit two wrongs: they feed the selfish desires of those who elected them by providing services that society cannot afford, and they burden future generations with debt without their consent.

The 2025 fall economic statement projected deficits of \$13.5 billion in 2025-26 and \$7.8 billion in 2026-27, followed by a surplus of \$0.2 billion in 2027-28. The net debt-to-GDP ratio is projected to be 37.7% in 2025-26. ARPA Canada appreciates the government's intent to balance the budget by 2027-28 and encourages the government to work towards surpluses that can begin to pay off the province's massive debt.

Apart from balancing the budget and paying off debt, ARPA recommends that the government end its reliance on gambling revenue, defund non-medically necessary procedures, and adequately fund necessary care.

Recommendation #1: End government reliance on gambling revenue

Gambling proceeds are an increasingly lucrative source of revenue for the Ontario government, with the Ontario Lottery and Gaming Corporation (OLG) generating an estimated \$2.5 billion in provincial revenue, and iGaming Ontario generating an estimated \$253 million in 2025-26. But this revenue is outweighed by long-term costs.

Ontarians [lost](#) over \$9.3 billion gambling in 2024-25 (gross gambling revenue after deducting prizes and winnings), an average of \$705 per adult in the province. Ontario's online gaming industry had nearly 1.3 million active player accounts by November 2025, with each account spending an average of \$313 per month.

Gambling revenue entices governments to permit ubiquitous and addictive online gambling. But the costs to personal virtue, financial stability, family health, and various opportunity

costs (healthier and more productive ways that time and money might be spent) are immense. Gambling has been shown to lead to suicidality, poverty, relationship breakdown, family violence, neglect of children, and various forms of crime. Gambling is also commonly used by criminal organizations for money laundering.

A 2022 [study](#) by Statistics Canada (using data from 2018) found that 64.5% of Canadians over the age of 15 reported gambling in the past year. Of these, 1.6% (304,400) were at a moderate-to-severe risk of problems related to gambling. Although people from lower-income households were less likely to gamble, they were also more susceptible to gambling problems. People who gamble more than 1% of their income are at a much higher [risk of harm](#) to their finances, relationships, and health than those who gamble less than 1%. In particular, they are 4.3 times more likely to experience financial harm, 4.7 times as likely to experience relational harm, 3.9 times as likely to experience emotional or psychological harm, and 4.6 times as likely to experience related health problems. The average iGaming Ontario account [spent](#) \$313 in November 2025. This is well above 1% of monthly income for most participants. (One would have to earn \$375,600/year for \$313 to be only 1% of monthly income.)

In a [study](#) that considered 57 different risk factors, the players most at risk of problem gambling were those who gambled online. One U.S. [study](#) found that after the legalization of sports betting there were 23% more searches for help for gambling addiction, an increase which appeared to correspond to the growth in online sports betting. In 2021, 21% of callers to Ontario's Problem Gambling Hotline were experiencing problem gambling online. In 2023, that number increased to 63%.

Advertising has proven effective in attracting more players and getting them to bet more. But it is also [associated](#) with more frequent and riskier gambling. Ontario recognized this problem in part when it banned using athletes, celebrities, social media influencers, and others who would "likely be expected to appeal to minors" in online gambling commercials – unless, that is, the celebrity in the ad reminds you to gamble responsibly.

The Canadian Mental Health Association has [recommended](#) banning all advertising for online gambling because of the negative impact it has on vulnerable people and their families. At the very least, the Association recommends that online gambling not be positioned or depicted as a risk-free activity. The connection between advertising and behaviour is why advertising for alcohol, cannabis, and tobacco is strictly regulated.

But advertising for sports betting in Canada is very permissive. One analysis [estimated](#) that Canadian viewers of a live sports broadcast were exposed to 2.8 references to sports betting every minute and that over 20% of viewing time included some form of gambling reference.

At the very least, the Ontario government should refuse to expand or further promote gambling of any kind in Ontario. Beyond that, however, the government should prohibit gambling advertisements and discourage, rather than encourage, Ontarians from gambling. The revenue the Ontario government receives from gambling is not worth the costs.

Recommendation #2: Cease public funding for non-medically necessary and morally fraught procedures

Abortion, medical assistance in dying (MAiD), and medical transitioning are not medically necessary procedures that improve human health. In fact, each of these procedures causes significant harm, violating one of the fundamental principles of medical ethics: do no harm. Abortion ends the life of a pre-born human being before he or she is born. MAiD, a form of non-culpable homicide, also deliberately ends human life. Medical gender transitioning permanently impacts healthy bodies and ignores the fact that over 80% of pre-pubescent children with gender dysphoria naturally outgrow this dysphoria by the time that they reach adulthood. As Finland, Norway, the United Kingdom, and the United States have all [documented](#), there are many known harms (e.g. diminished bone density, cardiovascular disease, infertility) related to the administration of puberty blockers, cross-sex hormones, and gender-related surgeries.

These non-medically necessary procedures also touch on fundamental and deeply held moral, conscientious, or religious convictions. Hundreds of thousands of Christians across the province believe that human beings are made in the image of God and that human lives should not be taken through either abortion or euthanasia. Each person is also born as male or female – that genetic code is implanted in every single cell. Our bodies are not ultimately our own to be shaped (much less mutilated) to fit our desired identities but are always to be nurtured and safeguarded from harm.

Additionally, in Budget 2025, Ontario introduced a new Ontario Fertility Treatment Tax Credit, in addition to the already-existing Medical Expense Tax Credit and the Ontario Fertility Program. In vitro fertilization and surrogacy are non-medically necessary treatments and are fraught with ethical problems. While in vitro fertilization may be done appropriately in very unique circumstances, the [practice](#) of creating excess embryos, freezing embryos indefinitely, destroying or discarding embryos, commodifying gametes, and intentionally severing children from their biological parents - all of which happens regularly through IVF - should not be directly funded by the provincial government. [Surrogacy](#), on the other hand, requires fracturing natural relationships and subjects the interests of the child to the wishes of adults, while also using women as a means to an end. Ontario should discontinue this tax credit.

Provincial governments only have a legal duty under the *Canada Health Act* to fund medically necessary health care procedures. They also have a moral duty to incentivize what is good and to disincentivize what is bad. Provincial governments should therefore refrain from using tax dollars to fund abortion, MAiD, medical transitioning, and assisted human reproduction.

Recommendation #3: Continue funding to combat human trafficking and improve palliative care

ARPA Canada commends the Ontario government for its investments into combatting human trafficking. ARPA Canada believes that God created every human being in his image. As such,

humanity possesses an inherent and inalienable dignity and worth, which separates human beings from all other creatures. This dignity is given to all humans, regardless of age, ability, sex, race, or any other characteristic. Human trafficking is a crime which violates human dignity and harms vulnerable people. Human trafficking is reprehensible because it denies the value of individual human beings who are made in the image of God, reducing a beautiful and unique person to a commercial object. The exploitation and abuse in human trafficking deny the humanity of the vulnerable. Ontario's 2025-2030 Anti-Human Trafficking Strategy, and the related investment, is a necessary step toward eradicating the evil of human trafficking from our province and supporting survivors. We strongly encourage the government to continue to prioritize and adequately fund anti-human trafficking efforts.

Another important funding area in Ontario is palliative care. Palliative care is centered on giving patients their best possible quality of life through symptom management and holistic personal support. But the expansion of Medical Assistance in Dying (MAiD) is altering the face of palliative care. The distinction between end-of-life care and ending the life of the patient is becoming increasingly blurred. The distinct approach of palliative care must be protected and not lumped together with MAiD. Most palliative care beds in Ontario function as end-of-life beds, and there is a significant [need](#) for more acute palliative care beds so patients can have earlier and increased access to palliative care. Budget 2026 should include an investment to increase the number of palliative care beds across the province, especially in communities that most lack these end-of-life care services.

Respectfully submitted on behalf of ARPA Canada,



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