

Addressing
Problem Gambling
in Toronto and
Windsor/Essex
County Ethnic
Communities

**EIGHT
COMMUNITY
FINAL
RESEARCH
REPORTS**

**1ST OF FOUR
PROJECT
FINAL REPORTS**



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**Submitted on Behalf of
COSTI Immigrant Services
to the
Ontario Problem Gambling Research Centre**

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PROJECT RESEARCH REPORTS

There are four separate, but related, project final reports that describe the design/methodology, contain the findings/conclusions, and present the action plans from the research project entitled, *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities*. Each of these reports are available from the COSTI Immigrant Services website (www.costi.org) and the Ontario Problem Gambling Research Centre website (www.gamblingresearch.org). Readers are encouraged to download and read each of these following four companion reports to gain a complete understanding of this research project.

Phase I – Research

In Phase I of this project, each of the eight participating ethnic communities completed exploratory research into gambling and problem gambling in their populations. Subsequently, each community wrote a final research report describing their experience and findings, and each of these eight reports have been compiled into the first compendium research report entitled,

Report 1 – Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Eight Community Final Research Reports.

Drs. Wynne and McCready, the project co-investigators, then synthesized the findings and conclusions from these eight ethnic community research reports and prepared a second final summary research report entitled,

Report 2 - Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Final Summary Report.

Phase II – Action Planning

In Phase II of this project, each of the eight communities prepared an action plan, based on the findings from their Phase I research. The third project research report is a compendium of eight community action plans, and it is entitled

Report 3 - Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Eight Community Final Action Plan Reports.

Drs. Wynne and McCready also synthesized the findings and conclusions in these eight action plan reports, and then compiled the fourth and final research report entitled,

Report 4 - Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Final Action Plan Summary Report.

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**Addressing Problem Gambling
In the
Toronto Afghan Community**

FINAL RESEARCH REPORT

Prepared by:

Afghan Association of Ontario

Toronto, Ontario

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ABSTRACT

The purpose of the research project was to investigate and analyze the cultural meaning and practices related to recreational gambling and problem gambling, and to explore help-seeking preferences for gambling problems. Based on the findings, the project will lead to the development of a community comprehensive action plan on gambling.

This research sampled approximately 300 people. The data collection methods included a public polling of men and women of all ages, 14 key informants, 54 focus group participants (6 focus groups of 9 members each, stratified by three age groups and gender) and 3 case studies of problem gamblers. The data were analyzed by quantitative and qualitative means. The related action planning will be done in the next phase of the project by the Local Advisory Research Committee that includes representatives of Arab and Somali communities.

The research provided the following outcomes:

1. A profile of the Afghan community and a description of gambling in the Afghan community
2. A description of problem gambling in the Afghan community
3. A description of the Afghan community perception (attitudes and values) on gambling and problem gambling
4. A description of the Afghan community's help-seeking practices and preferences

1. INTRODUCTION

1.1 Background

In its series of needs assessment workshops conducted in the years 2000 and 2001, the Afghan Association of Ontario (AAO) established a number of priority areas of intervention in the community. Reports suggested that gambling existed and was actually growing to become a problem. AAO as a community organization initiated its series of efforts to try to address this problem. Contact was established with the Ontario Problem Gambling Research Center (OPGRC) and a letter of intent was drafted to this effect and submitted. After a number meetings and dialogues between AAO and OPGRC, it was agreed to launch this research and the development of a comprehensive community action plan. The overall project involved eight ethnic communities and it was funded by the (OPGRC) and administered by COSTI Immigrant Services.

1.2 Participants

The Local Research Advisory Committee (LRAC) is composed of staff and Board members of AAO, representation from the Afghan Elders Council, Afghan Youth Cultural Committee, Focus Group Facilitators and Interviewers.

The team whose working together made completion of this research study a reality was comprised of Assadullah Oriakhel, Shafi Formuli, Nazahat Safi, Safia Seddiqi, Fahim Sharaf, Asif Rahimi, Qaseem Ludin and a group of AAO volunteers.

The AAO contributed by making available a list from its membership database and shared needed information to identify potential participants for interviews, focus groups and case studies. The project extensively benefited from the AAO's contacts even outside the Afghan community. The project solicited the participation of Afghan individuals and families who are engaged in recreational gambling in the context of the Afghan community and those who have directly experienced problem gambling or have been affected by problem gambling as community members, family, friends and co-workers.

2. COMMUNITY DESCRIPTION

Afghans began to settle throughout the Ontario province in the mid-80s. There are an estimated 25,000 to 30,000 Afghans in Ontario. They came to Ontario as refugees after the invasion of their homeland by the former Soviet Union in 1979 and the civil war that followed after the withdrawal of the Soviet troops in 1991. They escaped from the harsh conditions of war and an equally devastating and life-threatening situation followed by a long civil war in their country. Since 1996, as the Taliban imposed the unexpectedly strict Islamic cleric regime, more Afghans escaped the continued fighting exacerbated by the extreme economic hardships and deprivation. The vast majority of them who have settled in Ontario have come from the refugee camps and difficult refugee situations in the neighboring countries, particularly Pakistan and Iran.

In Ontario, Afghans are scattered throughout the Greater Toronto area (GTA) with large clusters in Scarborough, West-end (Weston Rd. area), East end (Danforth Ave), North York (Don Mills) and Peel Region. The community is composed of a wide range of ethnic, linguistic, regional and religious groups. There is a representation of the demographic characteristics of all Afghans in the GTA. From time to time they get together for social, cultural, religious, business and recreational purposes. Their usual venue for meetings is the community mosques, neighborhood stores or conventional halls for recreational events and concerts. At all these social and cultural events, one can observe Afghans in their greatest diversities and richness as people.

In the mid-80s, when a large number of Afghans migrated to Canada, basic settlement, orientation and counseling services were provided by its community organization called Afghan House what now is known as the Afghan Association of Ontario (AAO). Afghans have been settled in Ontario under the Family Reunification Act and through private sponsorships by the AAO and the United Church of Canada (UCC). The Afghan community's settlement and integration directly and indirectly revolve around their local and specially community organizations, especially the AAO and the Afghan Women's Organization (AWO). The Afghan Association is the first and the largest Afghan organization in Ontario. Afghans from all backgrounds maintain a significant degree of contact with the Association to meet their daily settlement needs, including but not limited to translation, housing, social and employment services.

Community media through radio channels and newspapers play an essential role in connecting and keeping the Afghans informed of the events. Afghans use community media to learn about the situation at their home country and community activities. Media communication among the Afghans is broadcast in the two native languages that are official in Afghanistan: Dari (Afghan Persian dialect) and Pashtu (also spoken in North West Frontier province of Pakistan). Other linguistic and ethnic groups in Afghanistan include the Hazaras, Uzbeks, Turkmans, Nooristanies, Baluchies, Hindus, and a small number of Afghan Jews.

The religious divide includes the Sunni Islamic practice along with a significant number of Shi'ats among the Afghans.

The settlement and integration pattern of the Afghans is uneven. A small number of Afghans own their own businesses while large percentage works in retail industry and service sectors. More than 70% of the Afghan men and women are engaged in lower skilled jobs in the GTA as well as support from the social assistance programs.

English language was taught at schools in Afghanistan as part of the official curriculum, but essentially never spoken or used. Language is a stubborn barrier to accessing resources by the Afghans making them rely heavily on the services delivered in their own language and cultural milieu.

3. RESEARCH

3.1 Purpose and Goals

The purpose of this research project was to investigate, analyze and to report the cultural meaning and practices related to recreational gambling and problem gambling and to explore help-seeking preferences and practices by Afghans. Based on the findings, the project will lead to the development of a comprehensive community action plan on gambling for the Afghan community.

The project goals were as follows.

- Goal One: To describe the nature and practice of gambling as a community Socio-cultural activity;
- Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community;
- Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e.: level of awareness, knowledge, attitudes and values);
- Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others;
- Goal Five: To develop a comprehensive action plan (deferred for a dedicated action planning phase).

3.2 Research Questions

The following is a list of research questions that were used to guide this research.

- Goal One: To describe the nature and practice of gambling as a community socio-cultural activity
- Question #1 - What gambling activities do people engage in (type, frequency, duration expenditure)?
- Question # 2 - What are the demographic characteristics of gamblers?
- Question # 3 - What gambling practices from the homeland have been continued?
- Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community
- Question # 1 - What do community members define as "problem gambling"?
- Question # 2 - What is the "perceived" prevalence of problem gambling in the community?
- Question # 3 - What is the behaviour of problem gamblers?
- Question # 4 - What are the consequences of problem gambling behaviours?
- Question # 5 - What are the characteristics of problem gamblers?
- Question # 6 - Does problem gambling in Toronto differ from the homeland?

Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e.: level of awareness, knowledge, attitudes and values)

Question # 1 - How knowledgeable are community members about problem gamblers?

Question # 2 - How aware are community members about gambling in the community?

Question # 3 - What are community members' attitudes towards those with a gambling problem?

Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others:

Question # 1 - What resources presently exist to help problem gamblers in the community?

Question # 2 - How knowledgeable is the community about resources that are available to help problem gamblers?

Question # 3 - Where do Afghans go to get help for a gambling problem?

Question # 4 - What are the preferences of community members for programs and services to prevent gambling problems? What kinds of problem gambling prevention services do you think the Afghan-Canadian community would prefer?

Question # 5 - What are the preferences of problem gamblers for programs and services to assist problem gamblers? What kinds of problem gambling assistance services do you think the Afghan-Canadian problem gamblers would prefer?

3.3 Methods

3.3.1 Data Collection

There were four major data collection methods used in this research: a community survey, key informant interviews, focus group sessions and problem gambler case studies. In addition, researchers documented observations and field notes.

Community Survey

In order to study the nature and practice of gambling as a community socio-cultural activity, over 300 persons were polled. Out of those, 102 persons reported on a family member. These polling interviews were carried out at the community events, mosques, business centres, houses, and shopping centres. Twenty six percent of those who participated in the interviews were female. Sixteen percent were between the ages 14-19, 29% between the ages 20-35, 33% between the ages 36-50 and 22% were elderly people (51+).

A great portion of the polling was completed by the AAO volunteers who greatly supported us in completing our project activities in timely manner. The findings are from the data gathered as a result of hard team working of the AAO research team and its volunteers. Data were gathered in the standard questionnaires that were prepared based on a set of research questions known as the Canadian Problem Gambling Index.

Key Informant Interviews

There were in total 14 selected individuals from the community, comprising 2 religious leaders, 2 community leaders, 2 settlement counselors, 2 teachers, 2 media workers, 2 businessmen, 2 social workers who participated in our Key Informants interviews. They were chosen because of the depth of their knowledge into what is happening inside the community. With the permission of the respondents, their answers were recorded on the paper as well as on voice recorder for transcription and improvement. Interviews with these groups proved extremely helpful in ascertaining the pervasiveness of problem gambling, reflecting the community member's perception of gambling and problem gambling as well as help-seeking preferences and behaviour of the problem gamblers in the community.

Focus Groups

Focus groups discussions were used in order to record the groups' perspective on the targeted issue. In total, 6 groups were composed of two youth, two adults, and two seniors. Each group deliberately composed of participants with common characteristics most importantly age and gender were interviewed to assess types, frequency and difference of gambling with homeland practices as well as its prevalence in the Afghan community of Toronto. The selection of the participants was based on the contacts from AAO and assisted by the key informants. Focus groups were facilitated by elders and community leaders.

Focus group interviews were conducted in groups in order to study gambling and problem gambling from their perspective. Groups were organized with respect to the gender and age group of the participants. All sessions were held in a friendly, quite and conducive ambiance.

Case Study Interviews

Case studies were very tough to find in the Afghan community because of the sensitivity of gambling in the community. It had to be conducted by telephone in some cases because it would have been impossible otherwise. Owing to the fact that gambling remains a very sensitive issue in the Afghan community even now when we are in Canada where gambling is not unlawful, it was extremely hard to find some cases for our study purposes. There is a high level of knowledge in the community as to the prevalence and pervasiveness of gambling and problem gambling, yet still gamblers don't want their identities revealed.

The AAO team of research managed to carry out 3 case studies by winning the confidence of the individual interviewees in return to a commitment that their confidentiality and anonymity will be strictly ensured (for details see Appendix V).

Field Notes and Observations

Training and rehearsal sessions to sensitize the questions and make them adaptable to the Afghan community and research participants in particular are substantially important.

The translation in Afghan official languages of the word gambler is "Qimar baz" which stands for "loser", already causing the participants to feel offended.

Polling was held at various places. The team had to be extremely cautious with the methods as to when, how and who to ask their questions. The questions “Do you gamble?” or even “Does anyone in your family gamble?” received very negative reactions from the community. Indirect questions (asking participant about someone else avoiding to mention participants or their family members) proved as a much more effective method. The research staff were interested to write down the attitude and behaviours of participants as they noticed and observed for verification later on of the answers they were given.

3.3.2 Data Collection Tools

Community Survey

A questionnaire comprised of 31 questions with some selected questions from the Canadian Problem Gambling Index was developed and organized in two sections (see Appendix I). In section one, the participants were asked about him/her-self and in section two, the participants were asked about a family member or a significant other. It covered gambling as a community and socio-cultural activity aspect of the research.

Key Informant Interviews

A questionnaire was developed with 17 questions focusing on areas such as help seeking, community member’s perception, involvement as well as pervasiveness of gambling (see Appendix II). In addition to questionnaire, whenever feasible and permission granted by the participants, tapes recorders were also used to capture all what they offered in their replies.

Focus Groups

A questionnaire with 17 discussion questions and a discussion guide was developed that focused in detail on the demography of gamblers, gambling practices in Canada and back home, and difference of gambling from homeland (see Appendix III). In each focus group working session tape recorders were also used (with the approval of the participants) which were then transcribed to improve the findings from the sessions.

Case Study Interviews

A questionnaire was developed comprised of 14 questions. The purpose was to record the problem gambler’s life experiences, personal history, how they developed a problem gambling. In addition, the questionnaire was aimed to collect such information which will assist us discover the help seeking preferences of the problem gamblers (see Appendix IV).

3.3.3 Data Analysis

Statistical Analysis

All of the data gathered in the polling survey forms were entered into a database which were then checked for accuracy, normalized and then organized into meaningful tables and readied for reporting purposes. The only source of quantitative data was public polling survey. Quantitative data lends itself to statistical analysis. All of the completed questionnaires were coded and entered into a computer database. Details to the findings are presented in the Findings section of the report.

Content Analysis

In the course of data gathering be it by focus groups, key informants or problem gambler case studies methods, the research team made good use of all its well-organized resources and made sure that all layers of information are fully, correctly and accurately captured. Entry forms and questionnaires in conjunction with the tapped material proved invaluable for the content analysis of this mainly qualitative data. All of the taped materials were transcribed and compared with the data tables produced by other means and it greatly improved the quality product of final findings.

3.4 Limitations

Beyond working within limited resources and time, there were three main limitations to this study.

- Low female participation to share their perspectives with the project team
- Input from youth female was very low due to hesitance by young women to attend alone a project session
- Fewer samples were taken than what was originally planned due to the sensitivity of the subject in the Afghan community

Women have to be interviewed by women in the Afghan community. Our research team had to be restructured to become more accountable to this so female interviewees would feel comfortable with the questions. Polling could not be carried out at the mosques using the method applied elsewhere in the research. Polling in the mosques had to take place after sessions elsewhere. Questions were sensitized and extra cautious methods were applied. Finding case studies proved extremely difficult because gamblers and problem gamblers in the community never want to be known to public - a way of feeling that traditionally has existed among Afghan people.

4. FINDINGS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity

Question 1: What gambling activities do people engage in (type, frequency, duration expenditure)?

Community Survey

Public polling interviews indicated that the 4 top gambling activities that members of the Afghan community are engaged in are *Lotteries, Charwali, Casino slot, Falash*. A summary of frequency, duration and expenditures of those games and others are displayed in Table 1.

TABLE 1
Gambling Frequency, Duration and Expenditures from Community Survey

Gambling Activity	Percentage Frequency gambling activity						Total hours spent in the past 12 months	Total (\$) spent in the past 12months
	Daily (%)	2-6 time/ week (%)	Once/ week (%)	2-3 times/ month (%)	1-5 times/ year (%)	6-11 times/ year (%)		
Bingo	0.00	4.00	4.76	1.69	3.33	0.00	252	11,100
Board games	0.00	0.00	3.17	1.69	0.00	0.00	26	2,200
Card - Bank 21 *	0.00	4.00	0.00	1.69	0.00	0.00	20	1,600
Card – Betrno *	0.00	4.00	4.76	5.08	10.00	20.00	389	10,150
Card – Charwali *	0.00	12.00	15.87	11.86	6.67	10.00	1,246**	44,000***
Card – Falash *	0.00	0.00	4.76	6.78	6.67	10.00	758	9,650
Card – Tika *	20.00	0.00	0.00	1.69	6.67	0.00	184	2,500
Casino slot machines	20.00	8.00	3.17	13.56	23.33	40.00	918	117,300
Games of skills	0.00	0.00	1.59	1.69	3.33	0.00	79	15,000
Internet gambling	0.00	4.00	1.59	6.78	10.00	0.00	153	15,503
Lotteries	60.00	44.00	38.10	30.51	20.00	10.00	1,700	41,680
Scratch it	0.00	16.00	11.11	10.17	3.33	0.00	127	7,540
Sports betting	0.00	4.00	6.35	3.39	0.00	0.00	194	11,570
Stocks and shares	0.00	0.00	1.59	0.00	6.67	10.00	107	62,500
Video games, arcade	0.00	0.00	3.17	3.39	0.00	0.00	172	3,200

* Traditional Afghan card game

** Total of the number of hours (time) that Polling Participants spent playing Charwali in the past 12 months

*** Total of the amount of money that Polling Participants spent playing Charwali in the past 12 months

Focus Group

Focus groups answered dice, kite flying, bojol, shir-o-khat, cock fighting, dog fighting, kabk-fighting, volleyball and football betting, etc. Some of the general findings from the focus groups reveal that some teens bet on bullying at schoolyard and most teens bet on sports. University students of the community prefer gambling on the Internet. Adults

prefer playing traditional card games and casino. Seniors play traditional card games at special family parties and gatherings. Women in the community gamble a lot less as compared to the men.

TABLE 2
Gambling Frequency, Duration and Expenditures from Focus Group

Gambling Activity	Percentage Frequency gambling activity						Total hours spent in the past 12 months	Total (\$) spent in the past 12 months
	Daily (%)	2-6 time/ week (%)	Once/ week (%)	2-3 times/ month (%)	1-5 times/ year (%)	6-11 times/ year (%)		
Bingo	0.00	16.67	50.00	16.67	16.67	0.00	252	11,100
Board games	0.00	0.00	66.67	33.33	0.00	0.00	26	2,200
Card – Bank 21 *	0.00	50.00	0.00	50.00	0.00	0.00	20	1,600
Card – Betrno *	0.00	8.33	25.00	25.00	25.00	16.67	389	10,150
Card – Charwali *	0.00	13.04	43.48	30.43	8.70	4.35	1,246	44,000
Card – Falash *	0.00	0.00	30.00	40.00	20.00	10.00	758	9,650
Card – Tika *	25.00	0.00	0.00	25.00	50.00	0.00	184	2,500
Casino slot machines	4.17	8.33	8.33	33.33	29.17	16.67	918	117,300
Games of skills	0.00	0.00	33.33	33.33	33.33	0.00	79	15,000
Internet gambling	0.00	11.11	11.11	44.44	33.33	0.00	153	15,503
Lotteries	4.76	17.46	38.10	28.57	9.52	1.59	1,700	41,680
Scratch it	0.00	22.22	38.89	33.33	5.56	0.00	127	7,540
Sports betting	0.00	14.29	57.14	28.57	0.00	0.00	194	11,570
Stocks and shares	0.00	0.00	25.00	0.00	50.00	25.00	107	62,500
Video games, arcade	0.00	0.00	50.00	50.00	0.00	0.00	172	3,200

* Traditional Afghan card game

Question 2: What are the demographic characteristics of gamblers?

Community Survey

Public polling interviews were conducted with a total of 300 persons who were interviewed at community events, mosques, business centres, houses and shopping centres. One hundred and two of the respondents reported on a family member who gambles. Twenty six percent of the gambling population was female. Of the gambling population, 16% were between the ages 14-19, 29% between the ages 20-35, 33% between the ages 36-50 and 22% were elderly people (51+).

TABLE 3
Marital Status

Married	73 %
Single	27 %

In order to study gambling from different perspectives, efforts were made to ask questions from both married and single people. Seventy three percent of the polling target population was married while 27% of them single.

TABLE 4
Education

Education level	Completed (%)	Incomplete (%)
No Schooling	8.08%	
Elementary school	7.07	1.52
High school	21.21	2.53
Technical School	10.10	2.02
College	12.63	3.54
University	20.20	4.55
Master's Degree	4.04	0.00
Doctoral Degree	1.52	0.00
Professional Degree	1.01	0.00

To account for the difference in perception of gambling between people who have received schooling or education and those with some or no schooling or education the survey questionnaires recorded target population's educational background as well.

TABLE 5
Employment Status

Employment status of the participants (%)	
Employed Full Time	51.01
Employed Part Time	19.19
Unemployed	7.07
Student	7.58
Retired	2.53
Homemaker	12.12
Others	0.51

TABLE 6
Annual Household Income

Household income level	No of participants (%)
Less than \$20,000	30.30
Between \$20,000 and \$30,000 (\$29,999.99)	28.28
Between \$30,000 and \$40,000	10.10
Between \$40,000 and \$50,000	1.01
Between \$50,000 and \$60,000	0.51
Between \$60,000 and \$70,000	2.02
Between \$70,000 and \$80,000	0.51
Between \$80,000 and \$90,000	1.01
Between \$90,000 and \$100,000	0.00
Between \$100,000 and \$120,000	0.00

Between \$120,000 and \$150,000	0.00
More than \$150,000?	0.00
Don't know	11.62
Refused	14.65

Focus Group

Focus groups replied those who are involved in gambling activities are usually over 18 years of age and mostly male. Female participants showed very low interest in the same activities.

Question 3: What gambling practices from the homeland have been continued?

Key Informant Interviews

Key informants interviews revealed that traditional Afghan card games (i.e.: Falash, Betrno, Bank 21, Tika) top the rest of the games, followed by Kite flying, Dog fighting, Budana bazi, Kabk fighting, Horse race, Chenaq, Pigeon flying, Buzkashi, Eggs fighting, Nuts, Kamsahee (dice), Buttons game, Marble game, Tumuq, Talabijangan, Wrestling, Dice, Bojol bazi, Shir-o-khat (coin flipping), Cock fighting, Sports betting (volleyball, and football), Chaka pao.

All of the 14 Key Informants replied Dice, Cards, Horse racing, Buzkashi (traditional polo-like game played on horse back), Dog fighting, Cock fighting, and Kite flying as the most popular and common homeland practices. Key informants also replied that level of awareness into gambling and problem gambling among the community members as high, but next to no knowledge of resource to help. Problem gamblers remain hated in the community by men and women of almost all ages.

Focus Group

Focus groups answered on types of gambling that are very popular in Afghanistan as Cock-fighting, Dog-fighting, Coin-flipping, Bujulbazi, Talay-bijangan, Kabk-fighting, Marble, Billiard, Wrestling, Football, Danda-kilak, Kite flying every summer time, Volleyball and Football betting, Afghan card games (i.e.: Bank 21, Betrno and Falash). Betting on sport games for going to eat out was common in Afghanistan especially with youth group. This was called friendship betting.

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Question 1: What do community members define as “problem gambling”?

Focus Group

Focus groups defined problem gambling as: becoming wealthy overnight, losing (qimar-baz translation in Dari/Farsi) not winning (qimar-burd), dream of prosperity ending up with disaster, cheap start with expensive ending and often claiming lives, a cash cow to the gambling institutions. From the religious perspective (Islamic) the groups had a common understanding as to the meaning of gambling: early signs of all BIG sins, having a sick soul, being a sick scar in the community, promoting of hatred and vicious cycle in the family as well as in the community.

Gambling is an entertainment. Mainly jobless people or those with some extra money are involved – no money, no gambling. It causes many problems to the family and

community. From the female groups perspective gambling are those activities that disturb the economy of the household; from the top to bottom people are involved in the gambling as a family entertainment; gambling is an entertainment to cope with stress. It is further for those who have some extra money. It causes family, social and financial problem.

Question 2: What is the “perceived” prevalence of problem gambling in the community?

Community Survey

Public polling reported the following to answer this question:

TABLE 7
Win Back Losses

How often have you gone back another day to try to win the money you lost?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	32.09	28.36	18.66	20.90

About twenty one percent of those involved in gambling have become gamblers because they wanted to win the money they lost last time. As they say “there is always the first time”, but in this case we see it proven that when there is the first time it goes on and on to become a gambler.

TABLE 8
Borrow Money to Gamble

How often you borrowed money to gamble?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	64.18	29.10	4.48	2.24

To gamble one obviously needs the money for it. It may happen at a time that you are broke, so you need to get the money or your wish remains unfulfilled. So the first thing you do is to borrow some money from family members, relatives or friends; someone that you trust who won't turn down your request. Sixty four percent of the participant said they never borrow money for gambling. This is in agreement with common practice in the Afghan community; that is, unless in dire need you don't ask for a cash loan.

TABLE 9
Sold Anything to Gamble

How often have you sold anything to get money to gamble?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	87.22	9.02	3.01	0.75

To get the money in order to be able to gamble people may sell something of their belonging. When this question was put to the participants, 87% of them said they never sell anything of their belonging to get the money to gamble.

TABLE 10
Tried to Quit or Cut Down Gambling

How often have you tried to quit, or cut down on your gambling but were unable to do it?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	50.77	27.69	9.23	12.31

Gambling remains as a highly disliked activity in the Afghan community although we are in Canada where gambling is not illegal and people-to-people relationship within the community has lost its degree of cohesiveness. Almost everybody is after his/her own daily life. Yet still about 50% of gamblers try to quit or at least cut down on their gambling, but they are unable to do it.

TABLE 11
Asked for Help to Quit Gambling

How often have you tried to ask others to help you quit gambling?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	48.60	26.69	16.23	8.48

Those involved in gambling activities in the community realize that people in their immediate surroundings in the community do not approve of their gambling and therefore decide to quit. And in so doing over 50% of them prefer asking for help to quit rather than acting alone.

Focus Group

Focus groups said that in Canada gambling and problem gambling both are allowed by law and acceptable socially. It is a sign of modernity and internationality. People are left with extra money after paying for their livelihood. Parents can't stop their children from gambling. In Canada gamblers can pay by credit cards. It is much easier to spend money this way. In the case of a theft or loss they had to sell all what they had to pay off the debt. Or they often committed crime to make money to pay it off. They were afraid of community and the law. In general by law they were not allowed to play freely. But in Canada every one can use the opportunity of going to casino.

Lottery is the most commonly played game in the community. When asked almost all of those in attendance answered playing lottery. Sports' betting among Afghan students is also gaining popularity. They do betting almost everyday at schoolyard, and even they go to each other's houses to continue. Some workers at restaurants, stores, etc wait till their payday and spend their pay cheques on gambling. Some students even choose living away from their family in order to be able to gamble whenever they wish.

Touring together from one house at one time to another house at another time (termed as "Gashtak" in Afghanistan) for board games usually takes place among Afghans here in Toronto as well as in Afghanistan. This "gashtak" program in which a group tours from place to place, takes them days long, not only hours once started to gamble. Some are so deeply involved in gambling they take their daughters for translation assistance,

which in itself is an extremely shameful act in the community. This shows the depth of addiction and problem though.

Key Informant Interviews

Key informants had the following to offer to answer the question:

- Hard to attach a percentage, but cautious numbers given by informants work out to an average of 40-50% of prevalence.
- 70% in the community gamble for entertainment while another 4-6% are Problem Gamblers.
- People gamble usually at parties and relatives houses on special occasions.
- Quite often on week-ends or statutory holidays, people drive together and go gambling.
- Gamblers don't want their identities disclosed and do their best to keep secret
- Poor economy is the strongest cause of gambling in the Afghan-Canadian community – supplemented by separation from homeland and loved ones can be said as another reason for why people gamble for entertainment.

Question 3: What is the behaviour of problem gamblers?

Community Survey

Public polling interviews described the behaviour of a Problem Gambler as someone who doesn't honor friendship and promises: someone who is extremely irresponsible and untrustworthy. Lazy and hopeless people go gambling.

Key Informant Interviews

Key informants described the behaviour of a problem gambler as follows:

- Agitated, argumentative, fight easily, abusive, swearing, and untrustworthy
- Lower sense of responsibility toward job, education and personal life
- Boasting, lying, cursing, nervous, restless and have low level of concentration and confidence
- Needless talking and swearing

Question 4 What are the consequences of problem gambling behaviours?

Community Survey

Public polling said one of the worst thing that can ever happen to someone as a result of gambling is that fail to keep their promises and commitment to their spouse and children. This further brings them down to a worse stage that is loss of their trust relationship.

TABLE 12
Personal Financial Problems Caused by Gambling

	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
How often has your gambling caused you any financial problems?	50.37	25.19	15.56	8.89

The Afghan community is one of few poorest communities in Toronto that has partly to do with their state of economy back home in Afghanistan. Here in Canada most of them

do menial jobs to sustain themselves. Around 50% of the participants said gambling has caused those financial problems one way or the other.

TABLE 13
Household Financial Problems Caused by Gambling

How often has your gambling caused any financial problems for your household?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	60.00	21.48	6.67	11.85

Traditionally, and even now in the Afghan community of Toronto, usually it is one parent who works and brings food on the table. And this parent is very often the father. Usually when you are the one who earns, you have the power to spend whichever way you will. Now if you choose to gamble or lose in gambling your household will directly suffer as a result. Sixty percent of the participants said their gambling never caused any financial difficulty to their household.

TABLE 14
Sold Anything to Gamble

How often have you sold anything to get money to gamble?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	87.22	9.02	3.01	0.75

To get the money in order to be able to gamble people may sell something of their belonging. When this question was put to the participants, 87% of them said they never sell anything of their belonging to get the money to gamble.

TABLE 15
Lied to Hide Gambling

How often have you lied to family members or others to hide your gambling?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	54.07	17.78	17.78	10.37

Gambling is seen as an evil act. Participants while admitting their involved in gambling activities, they equally admitted that they have had to lie to their families in order hide and get away with their gambling involvement. About 54% said they have never lied to hide their gambling.

TABLE 16
Illegal Acts to Get Money to Gamble

How often have you done anything illegal so that you could have money to gamble?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	93.67	3.80	2.53	0.00

While gambling is perceived as an evil act in the Afghan community, yet still there are people gambling. For gambling you need money that you don't make enough working. You don't borrow, because your family or friends may come to know you are gambling. When participants were asked if they have done anything illegal to have money to gamble, about 94% of the answers were they haven't done anything illegal to get money for gambling.

TABLE 17
Lost Relationships Because of Gambling

How often have you almost lost a relationship because of your gambling?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	76.87	14.93	5.97	2.24

Gambling activities are highly disapproved of in the Afghan community. People even sometimes in your own family may end their relationship with you if they found that you gamble. Twenty-three percent of the participants said they have almost lost a relationship because of their gambling.

TABLE 18
Lost a Job Because of Gambling

How often have you lost a job because of your gambling?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	83.58	11.94	4.48	0.00

A gambler is not trusted upon even within the strongly integrated Afghan family structure. An Afghan businessman would assert, "If you gamble then you are not trustworthy and I am not ready to risk my business. There are thousands of people seeking employment. And I am going to choose someone else". About 16% of participants said they have lost a job because of their gambling activities.

TABLE 19
Lost an Education Opportunity Because of Gambling

How often have you lost an education opportunity because of your gambling?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	81.34	8.96	6.72	2.99

Because of the desire to go and make some money by gambling rather than attending a session at school, students miss their classes and educational opportunities. Over 18% of the polling participants said they have lost an education opportunity because of their gambling.

TABLE 20
Help Seeking Preferences for Gambling Problems

Whom have you asked to help you quit gambling?					
Spouse (%)	A family member (%)	A friend (%)	A relative (%)	An organization (%)	Others (%)
44.23	28.85	19.23	7.69	0	0

People in the Afghan community culturally tend to keep their affairs from ever becoming public knowledge. When it comes to something like to quitting gambling, the first person they will approach to share their problem is almost always their spouse. If there is no spouse, then it probably would be a family member (i.e.: brothers, sisters or their parents), friends, a relative, then an organization or others. When the same question was asked, 44% of the participants answered that they have asked their spouses for help to quit gambling.

Key Informant Interviews

Key informants said the consequences of problem gambling behaviours can create family, community and economical problems, isolation and separation from the mainstream community, mental, health and family problems. Despite being a highly developed nation, Canada still suffers because many young people are hooked on gambling, loss of friends and respect among them in the community, loss of respect to others and their ideas, any other game which involved money, land, women, or animals was considered as gambling, gambling is gambling whatever the amount. It starts with a small and goes a long way to be a very big amount and subsequent miseries and problems.

Question 5: What are the characteristics of problem gamblers?

Community Survey

Traditionally, the Afghan community has considered gambling activities and gamblers critically and thought that gamblers wear a thick scar if they are involved in such activities. Over 51% of the polling participants said that people have criticized their gambling, regardless of whether or not they thought it was true.

TABLE 21
Criticized Gambling

How often have people criticized your gambling, regardless of whether or not you thought it was true?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	48.51	23.13	15.67	12.69

TABLE 22
Told You Have a Gambling Problem

How often have people told you that you have a gambling problem, regardless of whether or not you thought it was true?	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
	44.78	29.10	18.66	7.46

Polling reveals that a good number of people in the Afghan community of Toronto are involved in recreational gambling. Nonetheless gambling is gambling be it recreational or problem gambling. And their perception of gambling is that it is an evil act. Over 55% of polling participants said that people have told them that they have a gambling problem, regardless of whether or not they thought it was true.

TABLE 23
Feelings of Guilt About Gambling

	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
How often have you ever felt guilty about the way you gamble?	38.06	29.10	20.90	11.94

Although gambling is widely disapproved of in the Afghan community of Toronto, about 38% of the participants said they have felt guilty about the way they gamble.

TABLE 24
Feelings of Guilt About What Happens While Gambling

	Never (%)	Sometimes (%)	Most of the time (%)	Almost always (%)
How often have you ever felt guilty about what happens when you gamble?	42.96	33.33	14.07	9.63

When gambling one has one's high times and down times. Down times may happen more often resulting in big losses and disappointments. Or, on the contrary, your high times may strike more frequently resulting big wins and encouragements. Over 57% of the polling participants said they have felt guilty about what happens when they gamble.

Key Informant Interviews

Key informants described the following characteristics of problem gamblers:

- Sometimes happy, some other times frustrated, depressed, bad temper, low sense of responsibility to family matters, boasting, lying, and low confidence.
- From psychological, familial, and social point of view usually stressed, depressed, shy and not enjoying from a friendly way of communicating and conversing with his family or others.
- People avoid them. Community people, if they had the knowledge, would not marry a gambler's daughter.
- A gambler is someone who doesn't keep promises he/she makes.
- A gambler is someone without a good personal and family life at all.

Question 6: Does problem gambling in Toronto differ from the homeland?

Focus groups said that in Afghanistan it was unlawful to do gambling, gamblers stayed in constant fear of getting known in public, in Afghanistan those who lost in gambling would lose their livelihood and family contrary to how it is in Canada where government will assist you through its social services program.

Key Informant Interviews

Key informants said:

- In Afghanistan gambling was unlawful vs. Canada.
- In Afghanistan people were culturally bound vs. Canada where you don't have to follow others.
- In Afghanistan no established/public place for people to go gamble vs. Canada where we have some of the most popular casinos in the world.
- Afghanistan is one of the poorest countries on earth where Canada is the richest. In some Casinos alcoholic beverages are offered free so people get drunk and can put more money on the table.
- Afghanistan is an Islamic state where strict "hejab" is observed vs. Canada where in some Casinos beautiful bikinied beautiful girls offer free drinks and entertain people – pictures on the walls, no clock so people lose track of time.
- Canada enjoys from the most advanced technologies and methods of gambling vs. Afghanistan where people would lose their properties and family members e.g. land, house, daughters, even wives.
- In Canada access to gambling places and casinos is not a question vs. Afghanistan where you those who gambled had to lie, hide, etc., to friends and family members.
- Pepsi, pizza, etc., carrying prizes to attract more customers to buy them can be counted as a gambling activity vs. Afghanistan's "Talay bijangan."
- In the family lotteries, Pepsi, pizza are bought for winning by the one member with spending power
- In Canada once hooked to, no one can force you out. It is a free country vs. Afghanistan. In Afghanistan people could try even force someone to stop gambling through senior people.
- In Afghanistan gamblers would easily catch attention in the society contrary to Toronto. Everyone in Toronto busy and people are not closely linked or condensed in the same neighborhood whereas in Afghanistan almost everyone in one street knew each other and knew one another's job.
- In Afghanistan they gambled mostly until they lost everything from property to family members (wife, daughter, etc.) whereas in Canada such a thing cannot happen.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e.: Level of Awareness, Knowledge, Attitudes and Values)

Question 1: How knowledgeable are community members about problem gamblers?

Key Informant Interviews

Key informants had the following for this question:

- Gamblers in the community do want themselves know as such.
- Mostly well knowledgeable, e.g. one leaving his/her night long and going out to gamble at the casino. Family suffers.
- Wives and family members complain to relatives and friends. This is how we can tell a PG from a gambler, e.g. wife took husband to Montreal to escape his gambling habits
- Some don't know and finding about this research they stare at you puzzled.

- People in Afghan community hate gambling and gamblers a fact known very well by the gamblers themselves therefore resulting in existence of a constant feeling of fear in them.
- Awareness in some people is quite low to a degree that leaves them somehow puzzled when we ask them questions on gambling. Besides they don't like to talk about this topic.

Question 2: How aware are community members about gambling in the community?

Key Informant Interviews

Key informants answered that:

- Majority of people in the community are knowledgeable about gambling.
- Gamblers keep low profile and hide from community despite living in a free society.
- In Canada you can't tell from someone's car for instance if gambling vs. Afghanistan. You can't tell if it is money from gambling. Next is that no longer can males hide what they do when outside the house, because females are also out there working. If they find out that you gamble, they will call and get the news somehow to your wife informing her about it.
- People were easily distinguished if gambled contrary to here in Canada. Everybody is busy and has no time to nose in others businesses.
- Men would beat their wives if saw opposing them contrary to here.
- It therefore really hard to acknowledge in the community if someone gambles.

Question 3: What are community members' attitudes towards those with a gambling problem?

Key Informant Interviews

Key informants said that community member' attitudes towards gamblers:

- Can be said as very negative. Almost all hate gamblers and don't wish to be in any kind of relationship with them.
- Extremely negative especially if not a related person to the family.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others:

Question 1 - What resources presently exist to help problem gamblers in the community?

Key Informant Interviews

Key informants answered that almost no resources presently exist to help victims and the victim's family in the community. Mosques, community and other religious centres are there to provide some help to the victims and their family by means of advising only. They can't force one out of gambling habit. Effective method in the Afghan community is religious and elders counseling and advice.

Question 2: How knowledgeable is the community about resources that are available to help problem gamblers?

Key Informant Interviews

Key informants answered that almost no knowledge exists in the community about resources that are available to help problem gamblers. Being negative minded about gambling and problem gambling, no one wants to talk or think about. That presents a risk in itself of letting the problem to grow without any measure in place to deal with in order reduce or stop it.

Question 3: Where do Afghans go to get help for a gambling problem?

Key Informant Interviews

Key informants said that once they become engaged in gambling, the Afghans only seldom decide to go get help. They go to the mosque to seek help or to a friend. Mostly informants said, “we believe in Allah almighty” who will turn everything to our good; rehabilitation and counseling services are nonexistent.

Case Studies

According to the case studies conducted with 3 participants, the non-existence of knowledge as to where to get and get help in order to stop the habit of gambling is very widespread and common among Afghan people. It is often this lack of knowledge and feeling of helplessness that leads to their continually gambling. One out of three participants reported consulting his family doctor while two of them reported praying to god as a means to help them stop gambling.

Question 4: What are the preferences of community members for programs and services to prevent gambling problems? What kinds of problem gambling prevention services do you think the Afghan-Canadian community would prefer?

Key Informant Interviews

Key informants report that people in the community prefer programs and services for preventing problem gambling such as:

- Religious individual and private counseling combined with some medical professional services,
- Constant approach and visitations by seniors would prove effective and very useful,
- AAO can help by involving relatives and friends in the community and neighborhood,
- AAO should organize workshops, seminars and make all out effort to get the message in everyone’s house in the community about hazards that gambling pose to the community and the society as whole. Local media paper, radio and TV can be used to this favor,
- AAO should educate the Afghan community about Gambling, Problem gambling and its adverse consequences,
- AAO should play a bridging role between the Problem Gamblers and the available service providing agencies (SPAs).

Question 5: What are the preferences of problem gamblers for programs and services to assist problem gamblers? What kinds of problem gambling assistance services do you think the Afghan-Canadian problem gamblers would prefer?

Key informants said that Afghan problem gamblers would prefer:

- Islamic counseling and professional treatment.
- Even if in dire need, they mostly don't go out to seek help from established services. But involving friends and relatives can be rewarding.
- Afghans are religious people, therefore, religious leaders and scholars can lay the corner stone by spreading the message across the community and analyze gambling from an Islamic point of view.
- Campaigns should be launched to indirectly encourage families of affected to come forward and seek help while their confidentiality and anonymity are strictly ensured.

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What gambling activities do people engage in (type, frequency, duration expenditure)?

The 4 top gambling activities that members of the Afghan community are engaged in are *Lotteries*, *Charwali* (traditional card game in Afghanistan), *Casino*, *Falash* (traditional card game in Afghanistan). On average 60% of the Afghans interviewed in Toronto played lottery on a daily basis, and spent 1,700 hours and \$41,680 in the last 12 months. 16% played Charwali once a week spent 1,246 hours and \$44,000. 20% played Casino slot machines on a daily basis and spent 918 hours and \$117,300. Seven percent (7%) played Falash 2-3 times per month and spent 758 hours and \$9,650.

Question 2: What are the demographic characteristics of gamblers?

Of all those involved in gambling 73% are married, 21% high school graduates, 20% university graduates, 51% part time workers, 19% full timers, 12% homemakers. As for the financial situation of gamblers 20% had an income level of \$30,000 and below, 10% had an income level of \$35,000, 0.6% had an income level of \$36,000 and over. Majority of those involved in gambling activities are over 18 years of age and mostly male. Female members of the community show very low interest in the same activities.

Question 3: What gambling practices from the homeland have been continued?

Most of the gambling practices from the homeland have been discontinued in Toronto due to variety of reasons. For instance dog fighting or bird fighting was very popular in Afghanistan. Out of the long list that used to serve as gambling activities only traditional Afghan card games (i.e.: Falash, Charwali, Betrno, Bank 21, Tika), kite flying, horse race, eggs fighting, kamsahee (i.e.: dice), wrestling, bojol bazi, shir-o-khat (coin flipping), sports betting (usually volleyball and football) have been continued.

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Question 1: What do community members define as “problem gambling”?

The translation into Dari/Farsi of a gambler is qimar-baz (ie: loser). From the Afghan community perspective gambling is a dream of wealth and prosperity ending up with disaster. From the religious perspective gambling is believed to be early signs of all big sins, having a sick soul, being a sick scar in the family and in the community that needs urgent curing.

Question 2: What is the “perceived” prevalence of problem gambling in the community?

Twenty one percent of those who played once have always gone back to play again and 50% of those already hooked to gambling never tried to quit it. In Canada, gambling and problem gambling both are allowed by law and acceptable socially on the contrary to Afghanistan. It is a sign of modernity and internationality here to gamble. Group tours

(Gashtak as they call it in Farsi/Dari) from house to house even from city to another one is a common practice in gambling and problem gambling among Afghans. It usually happens at old friends reunions that are quite often on weekends or statutory holidays. They get together after a long time and want to have some fun. Although hard to attach a percentage, overall 70% in the community gamble for entertainment while another 6% are estimated to be problem gamblers. Poor economy is the strongest causes of gambling in the Afghan community of Toronto. Another reason stated by many during the research was to get over the stress of separation from the homeland and loved ones, people try to entertain themselves with gambling.

Question 3: What is the behaviour of problem gamblers?

Problem gamblers behave in strange ways. They don't honor their friendships and promises. They act irresponsibly and untrustworthily. They tend to boast, lie, and curse a lot. They are also nervous, restless with a low level of concentration and confidence. They often do needless talking and swearing.

Question 4: What are the consequences of problem gambling behaviours?

As a consequence problem gamblers fail to keep their commitment to their families leading to the loss of the trust relationships building and re-building of which takes them long years of hard working. Problem gambling causes financial problems to 50% of the problem gamblers themselves and on 40% of the times it causes financial problems to their families. Over 45% of the problem gamblers tell lies to their families in order to hide their gambling. About 16% of the problem gamblers lose their employment because of their gambling, while another 19% lose an educational opportunity. Being faced with so many problems due to their gambling, 44% of problem gamblers ask their spouses for help to quit on gambling.

Question 5: What are the characteristics of problem gamblers?

The prominent characteristic to describe a problem gambler would be that they sometimes feel just not bad, whole the other times frustrated, depressed, bad temper, low sense of responsibility to family matters, boasting, lying, and low confidence. From psychological, familial, and social points of view usually stressed, shy and not enjoying from a friendly way of communicating with his family members and others. People avoid them and, if in knowledge, would not marry a gambler's daughter. Although criticized by 51% of people in the community, problem gamblers continue to gamble. Despite 62% of them feeling guilty, problem gamblers don't give up on their addiction of gambling.

Question 6: Does problem gambling in Toronto differ from the homeland?

Back home it was illegal to gamble. It was considered unethical, unacceptable and socially unhealthy by all people whereas in Canada being a free country with no such restriction in place on gambling people feel proud and stylish when gambling. In Afghanistan problem gamblers lived with constant fear of losing as they played sometimes all what they had while here in Canada if one loses then government (i.e. Social Services or welfare) will support them. Afghan people as a whole are culture-bound although in Canada they have the choice of being independent from those restrictions and boundaries. In terms of gambling people in Toronto don't have to be weary of their surrounding and neighborhood as to what they say about their gambling.

On the other hand here in Canada there are high-tech games and casinos, whereas, back home in Afghanistan these facilities were even unknown to many.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: How knowledgeable are community members about problem gamblers?

Gamblers in the community keep their identities undisclosed. Sometimes their spouses and family members complain to relatives and friends about their gambling. On one occasion for instance wife had to move the whole families and husband to Montreal to escape husband's gambling colleagues. People in the Afghan community hate gambling and gamblers to an extent that don't even sometimes wish to talk about it.

Question 2: How aware are community members about gambling in the community?

Gamblers keep a low profile and hide from community despite living in a free society. Afghans are loosely scattered across Toronto and they are not easily in touch hence not getting to know each other closely. They are all too busy and preoccupied. Not like in Afghanistan where people in a city knew each other and were aware of each other's habits. But overall they know that gambling exists in the community and it does pose a problem to families and communities. One instance was stated where the person lost the money that was supposed to be for their house's mortgage and subsequently they lost their house with many other bitter consequences for the family.

Question 3: What are community members' attitudes towards those with a gambling problem?

Community members' attitudes towards gamblers and problem gamblers have always been equally negative. People refrain from having any contact or relationship with them.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What resources presently exist to help problem gamblers in the community?

Almost no resources presently exist to help victims or their families in the Afghan community. To common men in the community as well as victims and their families the question seemed unfamiliar and they went on reacting "can such a service exist where we can go to get help to cope with gambling and problem gambling?".

Question 2: How knowledgeable is the community about resources that are available to help problem gamblers?

No knowledge exists in the community about resources that are available to help problem gamblers. Being negative minded about gambling and problem gambling, mostly don't wish to talk about it. That in itself presents a risk of letting the problem grow without any measure adopted to deal with it in order to reduce or stop it.

Question 3: Where do Afghans go to get help for a gambling problem?

Due to fear of being known as a gambler, a great majority of victims don't try to seek help. Only few who do would approach a mosque to seek advice and help.

According to the case studies conducted with participants, the non-existence of knowledge as to where to get and get help in order to stop the habit of gambling is very widespread and common among Afghan people. It is often this lack of knowledge and feeling of helplessness that leads to their continually gambling. One out of three participants reported consulting family doctor while two of them reported praying to god and religious counseling as a means to help them stop gambling.

Question 4: What are the preferences of community members for programs and services to prevent gambling problems? What kinds of problem gambling prevention services do you think the Afghan-Canadian community would prefer?

Overall victims in the Afghan community of Toronto and their families prefer services and programs where their privacy is ensured. They better prefer religious and private counseling combined with some medical professional services and systematic approach facilitated by their community organization (i.e. Afghan Association of Ontario (AAO)).

Question 5: What are the preferences of problem gamblers for programs and services to assist problem gamblers? What kinds of problem gambling assistance services do you think the Afghan-Canadian problem gamblers would prefer?

Problem gamblers prefer religious counseling and professional therapies. Even if in dire need, they mostly don't go out to seek help from established services. Afghans are religious people, therefore religious leaders and scholars can lay the corner stone by spreading the message across the community and analyze gambling from an Islamic point of view. Problem gamblers would also prefer that campaigns be launched to indirectly encourage families of affected to come forward and to seek help while their confidentiality and anonymity are fully ensured.

APPENDIX I
Community Survey

**GAMBLING IN THE AFGHAN COMMUNITY
PUBLIC SURVEY QUESTIONNAIRE**

Strictly Confidential

Surveyed By:

Date of Survey:

Checked By:

Place of Survey:

Serial No:

INTRODUCTION

This survey is designed to help the Afghan community better understand the role and consequences of gambling in the Afghan community. We know that not everyone in our community gambles but your opinions are still important and will greatly help us in planning services for our community. Please answer the questions as accurately as possible.

PART A - GENERAL INFORMATION:

Age: _____ years

Gender: (Put an X for the applicable response)

**Ex: Male
Female**

Male _____
Female _____

Marital Status?

Married _____
Single _____
Other, please state _____

What is the highest level of education you have completed?

- | | | | |
|----|----------------------|------------------------------------|-------------------------------------|
| A. | No schooling _____ | | |
| B. | Elementary school: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| C. | High school: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| D. | Technical School: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| E. | College: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| F. | University: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| G. | Master's Degree: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| H. | Doctoral Degree: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |
| I. | Professional Degree: | Completed <input type="checkbox"/> | Incomplete <input type="checkbox"/> |

What is your Present Job Status?

- A. Employed full-time (30 or more hrs/week)
- B. Employed part-time (less than 30hrs/week)
- C. Unemployed (out of work but looking for work)
- D. Student – employed part-time or full-time
- E. Retired
- F. Homemaker
- G. Other, specify _____

Which of the following categories best describes your total household income in the last 12 months? That's the combined income before taxes and from all sources for all persons in your household. (If "farm/self employed," record amount after deducting operating expenses). Is it

- A. Less than \$20,000
- B. Between \$20,000 and \$30,000 (\$29,999.99)
- C. Between \$30,000 and \$40,000
- D. Between \$40,000 and \$50,000
- E. Between \$50,000 and \$60,000
- F. Between \$60,000 and \$70,000
- G. Between \$70,000 and \$80,000
- H. Between \$80,000 and \$90,000
- I. Between \$90,000 and \$100,000
- J. Between \$100,000 and \$120,000
- K. Between \$120,000 and \$150,000
- L. More than \$150,000?
- M. Don't know
- N. Refused

PART B - PERSONAL GAMBLING INVOLVEMENT:

For questions 1 and 2 please put ✓ for the applicable line items:

Sr. No.	GAMBLING ACTIVITIES	1. In what gambling activity have you been involved in the past 12 months?	2. How often was it?						3. How many hours have you spent in the past 12 months?	4. How much money have you spent in the past 12 months? (\$)
			Daily	2-6 times / week	once a week	2-3 times / month	1-5 times / year	6-11 times / year		
1	Bingo									
2	Board games									
3	Card - Bank 21 *									
4	Card – Betrno *									
5	Card – Charwali *									
6	Card – Entertainment									
7	Card – Falash *									
8	Card – Tika *									
9	Casino slot machines									
10	Dice									
11	Games of skills for money									
12	Internet gambling									
13	Lotteries									
14	Scratch it									
15	Sports betting									
16	Stocks and shares									
17	Video games, arcade									
18	Video lottery terminals									
19	Any other form of gambling									
20	None									

If none, please skip to questions in PART C on page 7

In the past twelve months, how often have you gone back another day to try to win the money you lost?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often you borrowed money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you sold anything to get money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have people criticized your gambling, regardless of whether or not you thought it was true?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have people told you that you have a gambling problem, regardless of whether or not you thought it was true?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you ever felt guilty about the way you gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you ever felt guilty about what happens when you gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often has your gambling caused you any financial problems?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often has your gambling caused any financial problems for your household?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you lied to family members or others to hide your gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you done anything illegal so that you could have money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you almost lost a relationship because of your gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you lost a job because of your gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you lost an education opportunity because of your gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you tried to quit, or cut down on your gambling but were unable to do it?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, how often have you tried to ask others to help you quit gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

In the past twelve months, whom have you asked to help you quit gambling?

- A. Spouse
- B. Family members
- C. Friends
- D. Relatives
- E. Service Provider agencies
- F. Others, please specify _____

PART C - FAMILY GAMBLING INVOLVEMENT:

1. Do you know anyone else who participate in any gambling activity?

Yes

No **If No, Thank you for participating in this survey.**

2. What is the gender of this person? Male Female

3. What is the approximate age of this person?

A. Between 15 – 20 years

B. Between 21 – 30 years

C. Between 31 – 50 years

D. Over 50 years

For questions 4 and 5 please put ✓ for the applicable responses:

Sr. No.	GAMBLING ACTIVITIES	4. In what gambling activity has he/she been involved in the past 12 months?	5. How often was it?						6. How many Hours has he/she spent in the past 12 months?	7. How much money has he/she spent In the past 12 months? (\$)
			Daily	2-6 times / week	once a week	2-3 times / month	1-5 times / year	6-11 times / year		
1	Bingo									
2	Board games									
3	Card - Bank 21 *									
4	Card – Betrno *									
5	Card – Charwali *									
6	Card – Falash *									
7	Card – Tika *									
8	Casino slot machines									
9	Dice									
10	Games of skills for money									
11	Internet gambling									
12	Lotteries									
13	Scratch it									

14	Sports betting									
15	Stocks and shares									
16	Video games, arcade									
17	Video lottery terminals									
18	Any other form of gambling									

8. In the past twelve months, how often has he/she gone back another day to try to win his/her lost money?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

9. In the past twelve months, how often has he/she borrowed money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

10. In the past twelve months, how often has he/she sold anything to get money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

11. In the past twelve months, how often have people criticized his/her gambling, regardless of whether or not he/she thought it was true?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

12. In the past twelve months, how often have people told him/her that he/she has a gambling problem, regardless of whether or not he/she thought it was true?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

13. In the past twelve months, how often has he/she ever felt guilty about the way he/she gambles?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

14. In the past twelve months, how often has he/she ever felt guilty about what happens when he/she gambles?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

15. In the past twelve months, how often has his/her gambling caused any financial problems for him/her or his/her household?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

16. In the past twelve months, how often has he/she lied to family members or others to hide his/her gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

17. In the past twelve months, how often has he/she done anything illegal so that he/she could have money to gamble?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

18. In the past twelve months, how often has he/she almost lost a relationship because of his/her gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

19. In the past twelve months, how often has he/she lost a job because of his/her gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

20. In the past twelve months, how often has he/she lost an education opportunity because of his/her gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

21. In the past twelve months, how often has he/she tried to quit, or cut down on his/her gambling but were unable to do it?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

22. In the past twelve months, how often has he/she tried to ask others to help him/her quit gambling?

- A. Never
- B. Sometimes
- C. Most of the time
- D. Almost always

23. In the past twelve months, whom has he/she asked to help him/her quit gambling?

- A. Spouse
 - B. Family members
 - C. Friends
 - D. Relatives
 - E. Service Provider agencies
- Others, please specify _____

APPENDIX II
Key Informant Questionnaire

Thank you for your participation in the survey
**PROBLEM GAMBLING IN THE AFGHAN COMMUNITY
KEY INFORMANT QUESTIONNAIRE**

INTRODUCTION

This survey is designed to help the Afghan-Canadian better understand the gambling in the Afghan community. We know that not everyone in our community gambles but your opinions are very important to understanding and helping the community address gambling.

DIRECTION

Please answer to these questions as accurately as possible. Remember that all your answers are strictly confidential.

I. GAMBLING INVOLVEMENT

People spend money and gamble on many different things including buying lottery tickets, playing bingo, card games or playing at the casinos with their friends or alone. We would like to ask you some questions about gambling activities that people in our community may participate in.

What gambling activities would people participate in back home in Afghanistan?

How is gambling different in Canada from that of back home in Afghanistan? Please specify:

II. PROBLEM GAMBLING

Problem gambling usually refers to gambling that adversely affects one or more areas of a person's life: one's financial life, working life, family life, etc..

What do you think is the prevalence of problem gambling in the Afghan-Canadian community? What do you perceive as the percentage of problem gamblers among the Afghan-Canadian community?

What is the behaviour of Afghan-Canadian problem gamblers? Please describe the way you think Afghan-Canadian problem gamblers behave?

What are the consequences of the problem gambling behaviours? What problems or consequences do problem gamblers experience?

What are the characteristics of problem gamblers? What characteristics do problem gamblers have?

Does problem gambling in Toronto differ from the homeland? How does Afghan-Canadian problem gambling differ from problem gambling in Afghanistan?

III. PERCEPTIONS

How aware are community members about gambling in the community? Is the Afghan-Canadian community aware of gambling in the community?

How knowledgeable are community members about problem gamblers? Does the Afghan-Canadian community know about problem gambling?

What are the community members' attitudes towards those with a gambling problem? What is the Afghan-Canadian community members' attitude towards Afghan-Canadian problem gamblers?

IV. HELP-SEEKING PREFERENCES

What resources presently exist to help problems in the community? Are there clinics and centers available in the community to help Afghan-Canadian problem gamblers? Please specify:

How knowledgeable is the community about resources that are available to help the problem gambler? Do Afghan-Canadian people know about the available services to help the Afghan-Canadian problem gambler? Please state:

Where do Afghans go to get help for gambling problems? Do Afghan-Canadian use the available services to help with gambling problems? Please specify:

What are the preferences of community members for programs and services to prevent gambling problems? What kinds of problem gambling prevention services do you think the Afghan-Canadian community would prefer?

What are the preferences of problem gamblers for programs and services to assist problem gamblers? What kinds of problem gambling assistance services do you think the Afghan-Canadian problem gambler would prefer?

APPENDIX III
Focus Group Questionnaire

GAMBLING IN THE AFGHAN COMMUNITY FOCUS GROUP QUESTIONNAIRE

INTRODUCTION

Focus groups are group interviews where a facilitator guides the interview while a small group discusses the questions and topics that the interviewer raises making it possible to get the group's perspective. This Focus group discussion is designed to help us better understand and analyze gambling and its consequences in the Afghan community. We know that not everyone in the society gamble but your opinions are still important and will greatly help us help the community. This Focus group will enable us to capture a broader picture from similar and different perspectives.

DIRECTION

The Focus groups have been chosen to represent female and male of all age groups: youth, adult, as well as seniors from the Afghan community. The following questions will be asked of all the groups. You are expected to respond to questions only from your point of view. We urge everyone to equally participate and to make maximum effort to answer the questions as accurately as possible. Please keep in mind that all of your individual answers are strictly confidential. May we have your permission to tape the session?

I GAMBLING

What are the demographic characteristics of gamblers? What are the demographic characteristics of your group of Afghan/Canadians who gamble?

What gambling practices from the homeland have been continued? What gambling practices from Afghanistan have been continued by your group of Afghans in Canada?

3. Describe as below gambling types, frequency, duration and expenditures

For questions 1 and 2 please put ✓ for the applicable line items:

Sr. No.	GAMBLING ACTIVITIES	1. In what gambling activity does your group participate in?	2. How often do they participate?						3. How many hours do they spend each time?	4. How much money do they spend each time? (\$)
			Daily	2-6 times/week	once a week	2-3 times/month	1-5 times/yr	6-11 times/yr		
1	Bingo									
2	Board games									
3	Card - Bank 21 *									
4	Card – Betrno *									
5	Card – Charwali *									
6	Card – Entertainment									
7	Card – Falash *									
8	Card – Tika *									
9	Casino slot machines									
10	Dice									
11	Games of skills for money									
12	Internet gambling									
13	Lotteries									
14	Scratch it									
15	Sports betting									
16	Stocks and shares									
17	Video games, arcade									
18	Video lottery terminals									
19	Any other form of gambling									
20	None									

II. PROBLEM GAMBLING

What do community members define as “problem gambling”? What do members of your Afghan/Canadian group define as the indications of problem gambling?

What is the “perceived” prevalence of problem gambling? What is your view on the prevalence or percentage of problem gamblers in your group of Afghan/Canadians?

Does problem gambling in Toronto differ from the homeland? Does problem gambling in your group of Afghan/Canadians in Toronto differ from problem gambling in Afghanistan?

APPENDIX IV
Case Study Questionnaire

PROBLEM GAMBLING IN THE AFGHAN COMMUNITY CASE STUDY QUESTIONNAIRE

INTRODUCTION

This study is designed to help the Afghans community better understand the role and consequences of gambling in the Afghan community. Your experiences and opinions will greatly help us plan services for our community.

DIRECTION

Please share your personal experiences with us as accurately as possible. Please remember that your identity will be never be revealed. Unless you have an objection, I will record your information.

I. LIFE HISTORY (Interviewer will want to use the following prompts)

Please share with us your gambling history. For example, when did you leave Afghanistan? Where did you go then? And how did you come to Canada and so forth? What was your year of birth?
What is your marital status and family status?
What is your highest level of education?
What type of work do you do and what is your job status?
What is your income?

II. GAMBLING HISTORY (Interviewer will want to use the following prompts)

Please share with us your gambling history. For example, how did you start gambling? Were you alone or with a friend when you participated in your first gambling?
When did you first gamble?
Where was your first gambling done and where do you gamble now?
What type of gambling do you do now and how often do you gamble?
How often do you gamble and how many minute or hour does each of your gambling session last?
How much money do you spend, excluding winnings, on gambling a typical month?
What is the largest amount you have ever spent in one day?

III. GAMBLING PROBLEMS (Interviewer will want to use the following prompts)

Please share with us the problems you experience from gambling. What kinds of problems do you experience because of gambling?
How often have people criticized your gambling regardless of whether it was true or not?
How often have you lied to hide your gambling from family members or others?
Do you ever feel guilty about gambling?
What family problems have you faced because of your gambling habits?
What financial problems have you faced because of your gambling habits?
How often do you return to gambling to make up losses?
How often have you borrowed money or sold items to get money to gamble?

How often have you stolen, written bad cheques or done something else illegal to get money to gamble?

How often have you lost a relationship, an educational or career opportunity because of gambling?

What other problems have you experienced?

What do you consider to be the biggest problems gambling has brought to you?

How often have you tried to quit and been unsuccessful?

What are the biggest challenges to you about gambling?

IV. HELP SEEKING (Interviewer will want to use the following prompts)

Please let us know what you think about gamblers getting help.

How often have you tried to stop or cut down on your gambling, but you could not?

Have you tried to get help from someone to stop gambling? How many times?

Are there assistance services existing in the community? If yes, which ones and what types?

What type of help would you prefer? Would you prefer one from the Afghan Association, Masjid-e-Umat Nabavi, or Islamic Community Center or other service providing agencies? Please share with us your thoughts?

Will you prefer getting help in the same city where you live?

What challenges need to be addressed in order for people to go for help?

What would a very good and useful service look like? What characteristics would it have?

APPENDIX V
Case Studies

4.1 Case Studies

Case Study # 1

I was 22. A university student when I started to gamble. I was sponsored to come to Canada privately then. I had quit gambling. It was shortly after arrival in Canada that I had kidney problem. I was in bed at home that a friend came over and said “You seem very lonely and upset, let me take you for a change or air”. He took me to a casino. I was encouraged to play and I won \$8,000. This win was the start of a new chapter in my life. I resumed gambling. One of the reasons for my gambling is that I had no one of my closest family members or relatives here. I do pizza making with an income of \$20-30,000 annually. Some friends encouraged me. It was in 1982. In Afghanistan I would play card, but here we go to slot machine 2-4 times each week lasting 2-4 hours per session. I usually won and was awarded too. Nonetheless, I would return hardly with \$200 or \$300 that I had initially. I haven’t stolen money or done anything illegal to get money for gambling. I never had financial difficulty or my household. I haven’t lost any relationship, job or educational opportunity because of gambling. I know how to keep track of my schedule. After all I am a learned and knowledgeable engineer.

I am a frequent Casino RAMA visitor. Many Afghans I can see at the casino. I think 10% Afghans are problem gambler. Gambling has no entertainment. Before you know it you are addict to it.

When I saw someone drinking alcohol, I would insist and stop them. But one day I thought, it is not only alcohol that is prohibited in Islam, gambling and prostitution are on the same line. So I discontinued trying to stop others drinking even. Since my first arrival in Canada 10 years back, I worked very hard including the week ends. I could buy a MacDonaldd franchise with no big problem, but my gambling made this option impossible.

I had a friend who was my boss and used to accompany me all the time in gambling. His wife hated our gambling. She thought as if I had encouraged her husband in gambling. I once went to his house to find his wife calling 9-1-1. I afterward received a warning and lost my job too. In gambling I saw many more ups and downs. That is the reason why I quit. I gambled for years, but never had a real winning. As you know gambler means “qimar-baz – loser not a “qimar-burd – winner”. The only help seeking is to do “Toba” to god and decide not to gamble again. No one else can help stop gambling. Religious counseling and preach in the A community is gradually diminishing. That is why we see more and more Afghans gambling.

I am thankful to Allah Almighty who helped me quit this sin. I advise and urge others too to quit wherever I can. I believe this is the only way one can be helped – that is to beg pardon from your Allah and promise that you will keep it. No other resources can be of assistance.

Case Study # 2

I was graduated from Economic faculty of Kabul University in 1979. My wife was a doctor and had good job with a decent pay. I immigrated to Pakistan in 1991 along with my wife and two children. In Pakistan I took some courses and then started working as an Accountant with a non-governmental organization (NGO). In 1994 through the Sponsorship Program of the Afghan Association of Ontario I came to Canada. I joined a Mac's store at the beginning and later on I contracted one of its locations working in 3 shifts with my wife under a franchise arrangement from Mac's. Since I was a good Accountant I knew computer well too and managed to draw an income of 60-80 thousand annually. My wife also did well in this field and supported me. Gradually our workload grew to stage where we had to work all the weekends. In order to evade work pressures we later on decided to join some other Afghan families for some extracurricular activities leaving the work to other staff. For entertainment we would play cards (Falash). In Afghanistan too I gambled as soon as I received my salary. But due my social status I never became an addict and things were pretty much under control. In Toronto our get together became increasingly frequent getting me to gamble by end of each week for 2 days. My wife quit gambling by stopping to attend these parties whereas I had become an addict to gambling. I played between \$2,000 – 3,000 each time. Each game was worth \$25,000 – 30,000. I once lost \$43,000 of which \$25,000 was mine and another 18,000 what I had won that night. In short I lost everything: I sold my business for \$260,000 and received \$60,000 up front with \$200,000 payable in instalments. Each time we went to Niagara Falls I played at slot machines (the worst type of gambling). Whenever I stood in front of the machine I lost my mind and my hands trembled constantly. Once I won \$22,000 and decided not to gamble again. I went home and informed my wife of the decision too. But whenever I remembered the monies I lost I went back to win some back, but ended up losing more.

Now I work for my wife in her personal business trying my best to restore my shattered profile, but I have become very intolerant and get tired soon. My attitude has changed. The level of my tolerance has gone down. I always shout at my children. My family doctor advised that I have developed a blood pressure problem. Each time I gamble my heart beat at over 100/minute. The doctor also advised I risk a heart attack or brain stroke. I have a lovely wife, who despite my attitudes treats me very well. She has consulted my doctor and always looks after me. My wife constantly tries to divert my attention from gambling. She sometimes takes me to the cinemas, libraries. But I get tired quickly. My wife now plans to sell our house and buy another out of town so she can look better after me. This in itself undermines our normal life. Our children's school will have to change, they have to leave their good friends behind, my wife live far from her business. I tried to convince her many times, but I am to blame. I have lost many good friends over their criticism or advice of my gambling. I still feel luck that my family hasn't fallen apart. I really feel guilty thinking to myself about my lost chances. Lately I worry a lot. I am psychologically weak and can't remember things. My biggest challenge for now is how to help my wife in her life and how to be of any good to my children -- now there are 4 them. They remain constantly afraid of me and don't often share their secrets with me as I get angry at them needlessly. To seek help of any sort I have not applied anywhere. I don't know who is out there who could help hopeless individuals like me. In brief I would define gambling as an extremely destructive tool to demolish your own house. It is another way of sacrificing your wealth and dignity in order to win other's riches by tricking them and yet calling it "entertainment".

Case Study # 3

I have 29 years. I came to Canada 12 years ago accompanied with my family. Prior to that I lived in Pakistan for a period of 4 years where I completed school and also took some language classes as well as office automation courses. In Pakistan I had a Kong Fu club and had around 30 students. My two younger brothers also helped me in the club. I owned a bakery too. I married 4 years ago and now have a 2 year-old daughter. I got married while in Canada and to pay off the wedding expenses I borrowed the money from a bank. Shortly after coming to Canada I started working in a company and in the meantime I repeated 12th grade at school and got admission to Seneca College. I wanted to study Computer Graphic design. Since I had to support my family as well as my parents, I had to work more. I studied at nighttime only. In order to make more money after 2nd year, on the advice of a friend I went to Casino Rama.

At first I lost \$50, and 2nd time I won \$350. I went to Casino once every 15 days to become once every week and later on every night even. Several times I won up to as much as \$4,000 but again I lost the same too. When my family found about my gambling, they seriously tried to stop me. My mother ejected me from her house so I can become responsible enough to my family and work more since my brothers paid for my expenses. I put off my study programs and started working 12 hours a day to make enough money. My health deteriorated as each day passed. I started smoking. The interest rate from the bank also was another cause for anxiety to me. My wife had come from Pakistan attended English classes and to support me she also worked at a store. By different tricks yet still I would add her money to mine and gamble them off. I once even requested that my wife sold her jewellery so I could pay off our debts. I lost that money too in gambling. Since those jewellerys were very valuable gift from her mom, she argued with me and left the house for the first time. She went into my mom's house. Our argument grew harsher and my wife through my mom and threatened to divorce. I finally had to make a commitment never again to gamble. She returned for the last time.

I now face different challenges: my debts, divorce case, up bringing the children, household affairs and contacts with my mother and other friends and relatives. The most important in all is that I am still helpless in front of gambling. Despite my commitments never to gamble again, my friends still persuade me and they offer to lend me money to play. I have looked around for help a lot. I don't know who can help with someone like me. In my opinion the best way to help one out of gambling would be:

- Pick good friend
- Have regular work hours
- Love and respect his/her family
- Take the family for extracurricular activities
- Never wish to make money from simple ways like gambling
- As long as I exercised Kong Fu I never gambled

I never had gambled in Afghanistan or in Pakistan. I knew that people gambled, but I hated those types of gambling and gamblers. I was a coach, but I now regret that I have lost that capability. I was practical and very religious back then whereas here the load of work kept me distant from my prayers, etc. Even on special Eid Prayers I missed the congregation. To my opinion even now if I get time and resume my prayers, I am sure that Allah Almighty will help me out.

**Addressing Problem Gambling
In the
Toronto Filipino Community**

FINAL RESEARCH REPORT

Prepared by:

**The San Lorenzo Ruiz
Filipino-Canadian Community Centre**

Toronto, Ontario

February 2003

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ABSTRACT

The purpose of this research was to gain a useful understanding of the views and perceptions about gambling among members of the Filipino community in Toronto and to identify issues and specifics about gambling and problem gambling, including current information about and access to services, in order to arrive at some effective strategies which the community can consider for future actions. This study inquired into the views, attitudes, perceptions and understanding about gambling and problem gambling prevailing among members of the Filipino community in Toronto. We conducted a community-based research looking into Filipinos' awareness of available resources as well as their preferences in help-seeking strategies. The results of this research were intended to provide the elements of a relevant community action plan. The methodology we followed in conducting this research included interviews of key informants and focus groups representing adult men and women, youth, seniors, and a general sampling of the community. We attempted to include case studies of problem gamblers but were able to do so only through indirect sources. Data collected through interviews and focus groups were analyzed and interpreted and subjected to community's feedback. From this research we have obtained:

1. reliable information and knowledge of gambling issues in the Filipino community, and
2. elements of a future action plan that can be developed as a response to the community's concerns.

1. INTRODUCTION

1.1 Background

Up to this time, no research has ever been conducted on the subject of gambling as practiced within the Filipino community in Canada, much less in Metro Toronto. Community workers and activists in the Filipino community in Toronto had always been aware of the popularity of gambling as a recreational activity among its members. It is common knowledge that Filipinos are regular buyers of lottery tickets or regular visitors to bingo halls and area casinos. Whether entertaining out-of-town visitors, raising church funds or sharing lottery tickets with co-workers, gambling has been ordinarily accepted as a natural feature of our community social life.

It did not take long before this awareness turned into a nagging curiosity about our community's gambling habits, and we started to raise questions and concerns about what may be deleterious effects coming from what appeared to be innocent fun. The more discussions took place and observations made, the more curious we became about the impact of gambling – not only on individual members and their families, but also on our community in general.

Therefore, at the first opportunity to join a research project related to these questions and concerns, community workers, activists and organizations, led by the San Lorenzo Ruiz Filipino-Canadian Community Centre (SLRFC) and INTERCEDE for the Rights of Domestic Workers, Caregivers and Newcomers, moved quickly to group together and invite others to undertake the challenge of knowing more about gambling in the Filipino community. The SLRFC is the principal organization responsible for meeting the objectives of this research and accountable to its funders, while INTERCEDE provided the physical location for this project as well as some specific administrative functions.

We decided to do this research, propelled by a desire to gain some knowledge and understanding about the community's gambling attitudes and practices, including any harmful impact such a popular recreational activity may be causing and the related resources being accessed. In doing this research we hoped we could lay the basis for formulating solutions and actions to problems arising from gambling. Before this research, we had only questions and no definitive ideas about the Filipino community's views vis-à-vis gambling, problem gamblers, relevant resources and solutions.

1.2 Participants

Members representing the following community-based organizations constituted a Local Research Advisory Committee (LRAC) that directed and monitored the research project. These organizations came to be involved through having close community ties, joint interests or integrated programs with either or both the SLRFC and INTERCEDE:

Martha Ocampo, President of the Board of Directors for San Lorenzo Ruiz Filipino Canadian Community Centre (SLRFC). The SLRFC aims to establish a multipurpose centre that offers social, cultural, recreational and service-oriented facilities and activities to Filipinos in Metro Toronto.

Rene Santiago, Coordinator of SLRFC. Initiates site searches as well as introductory programs for the centre.

Jo Alcampo, Interim Coordinator and Elizabeth Salvilla, Treasurer of INTERCEDE for the Rights of Domestic Workers Caregivers and Newcomers. INTERCEDE is an organization serving the needs of caregivers, domestic workers and their newcomer families, the majority of whom migrate from the Philippines.

Nancy Alafritz, of ATIBAPA, an organization dedicated to assist and support Filipina lesbians and their families. ATIBAPA fills a void particularly for young women who seek linkages and resources pertaining to sexuality and sexual orientation.

Jose Mari Azarraga of the Philippine National Day Committee (PND). PND is a core of community activists who institutionalized an educational and fiesta-type celebration to commemorate the significance of June 12 in the history and political life of the Filipino community in Metro.

Maxima Moya of the Holy Cross Seniors Group. The Holy Cross Seniors Group organizes social activities and projects that benefit senior citizens living near or worshipping at the Catholic parish of the Holy Cross Church.

The LRAC met regularly, more frequently at initial stages to set the goals and design of the research. After project approval and hiring, the Committee met monthly to monitor the research coordination team and offer regular feedback. Four members made up the team: Mary Ann Angeles, co-researcher; Jo Azarraga, transcriber and recorder; Anita Fortuno, administrative assistant; and Fely Villasin, overall research coordinator. Participants in the various activities of this research (i.e. focus groups and individual interviews) belonged to 20 community organizations, including:

- Carlos Bulosan Theatre
- Intercede Caregivers Cooperative Inc
- Isaac Jogues Catholic Parish Church
- Isabela Cultural Association
- Kababayan Community Centre
- Knights of Columbus (chapter)
- Milliken Mills Filipino Association
- Mississauga's Silver Lining seniors' group
- Pangasinan Association of North America
- Pasiguenos
- Pista ng Bayan
- Quezon Province Association of Canada
- San Pablo Association
- St. Pascal Baylon Filipino Support and Youth Group
- Silayan Community Centre
- The Bicolanos
- U.P. Alumni Association
- U.P. Club
- Balita (community newspaper)
- Manila Media Monitor (community newspaper)

Other participants while not necessarily active in formal organizations belonged to friends-and-family circles that constituted a form of organized community life. The participants in this research were recruited in a number of ways: by word of mouth, through community media and by organizational newsletters, announcements or

postings in community events and social gatherings, personal references and networking, etc. The total participants selected for this research numbered 73.

They served as key informants representing principal sectors of the Filipino-Canadian Community of Metropolitan Toronto, varying in age, in education and professions, and evenly distributed between men and women. Outreach to participants was done through word of mouth, open invitations to organizations during their meetings, announcements at community events, contacts made through some church parishes and priests, monthly newsletters, and through feature writers and columnists in the community media.

2. COMMUNITY DESCRIPTION

Present trends suggest that the Filipino-Canadian population may in fact be one of the fastest growing ethnic communities in Canada (Chen, 1990:83-84). As of 1996, the population of Filipinos in Canada had reached approximately 234,200. Of this number, 117,365 live in Ontario while 99,115 reside in the Greater Toronto Area, the fourth largest ethnic group in the city. Of the total population of Filipinos in Canada, 23.4 % consist of non-immigrants, and 74.9% are on immigrant status. It is suggested that 30.9% of Filipinos migrated to Canada before 1981, 30.2% came between 1981-1990 and 39% between 1991-1996 (Statistics Canada, 1996). The most recent data from the Commission on Filipinos Overseas (CFO) of the Philippines' Foreign Affairs Department shows that the number of Filipinos in Canada as of 2000 has reached 338,861 (CFO, 2000).

A large proportion of Filipino immigrants in Toronto during the mid-1960's were female, occupying employment as nurses, laboratory technicians and office workers. Very few of them came directly from the Philippines. The majority of the women had joined the U.S.-Philippines Exchange program as nurses and worked in the United States until their visas expired, after which they came to Toronto to fill a high demand for work in their field. During the later 1960's, more Filipinos came to Canada directly from the Philippines (Bustamante, 1983-1984:168). From the late 1960's to the early 1970's, Canada had started applying the "point system" whereby a large number of professional Filipinos were admitted by meeting certain selection criteria (Chen, 1990:168). In that same decade, more than 50% of Filipino immigrants settled in Toronto and its suburbs (Chen, 1990:88; Bustamante, 1983-1984:168).

The imposition of Martial Law and the reign of the Marcos dictatorship during the 1970's resulted in a marked increase of Filipinos escaping to Canada to avoid political and economic hardships (Steinberg, 1990; 129-130). Most of these Filipinos were professionals, trained and educated in colleges and universities. However, after arriving in Canada, they could not find job opportunities to fit their educational backgrounds (Bustamante, 1983-1984:168). As of 1967, 77% of Filipinos had arrived with the intended professional occupations in Canada. By the early 70's, only 36% did, and those admitted were largely clerical and construction workers. Later in the mid-1970's, an increasing number of women started arriving, who were admitted as live-in domestic workers and caregivers on temporary work permits. Mostly they came alone, with no option of being accompanied by their families (spouse and children). Following a widely publicized campaign in 1979-80, these women won the right to become permanent residents under Immigration's Foreign Domestic Movement program, now called the Live-In Caregiver Program. To the present day, however, it still takes women in the Program an average of five years before they are able to sponsor and reunite with their families (Villasin, 2002).

Today, the Filipino community is still growing. Since the 1960's, it now has two generations of Canadian-born members and a continuing flow of first generation immigrants. Despite being mostly educated and English-literate, 47.3% of Filipino immigrants in Metro Toronto live below the poverty line, are concentrated in the least skilled trades and collect meager wages (Ornstein, 2000).

It is suggested by Chen, that family and kinship ties are essential to the migration experience of Filipinos. Family and kin provide sponsorship to Canada, information

about the area of destination, assistance in the form of financial support, initial accommodations and help in employment searches. Therefore, assistance provided by kin and family are integral to the psychological, social and economic needs of the newcomer (Chen, 1990:88-89).

Community identity and cultural bonds are strongest among first generation Filipino immigrants who maintain social ties and organize among compatriots in the new country while simultaneously keeping their relationships intact with those left behind in the homeland. They endeavour and often succeed in reuniting their whole families in Canada. They usually sustain an active interest in Philippine affairs and consistently send financial support to their relatives back home (Villasin, 2002). In this way they contribute to the dollar remittances received from around the world which totalled up to U.S. 10 Billion in 2001 (Perlez, 2002) and which have been credited for sustaining the Philippine economy particularly through the past two decades.

3. RESEARCH

For this study, we employed Participatory Action Research methods which consisted of one-to-one interviews and group discussions with key individuals representing a cross-section of the community, who expressed subjective views and opinions and shared personal ideas and experiences gathered from their living and interaction within the Filipino community and outside of it, in the “broader Canadian” community.

Participatory Action Research is preferred by community-based organizations because of its emphasis on the lived experience as a source of knowledge and expertise. This method is used in the present study for the purposes of allowing participants to be actively involved in research processes and outcomes.

This method is particularly appropriate when, as in this project, no significant information is available and no similar inquiry has yet been documented about gambling among Filipinos in Toronto. Evidently, an indispensable and reliable source of data would be individual community members themselves who can share their experiences, express opinions, and confide their feelings once they have placed a personal stake in the goals of the research. A collaborative rather than a traditional academic approach proved to be more appealing and effective in involving the research participants throughout this process.

This method of research eliminates the presumption of academic neutrality or impartiality. Rather, it realistically assumes that both researchers and participants are influenced by political, cultural, social and other factors that affect them as active collaborators and beneficiaries of the research process. Their unity of purpose is what facilitates interaction and exchange, minimizing barriers and encouraging collective accumulation of information on which analysis is based.

A principal feature of Participatory Action Research is a commitment to action on the part of both researchers and participants. The potential social benefits that can derive from the research are a compelling motivation that dispels any notion of pursuing knowledge for purely academic purposes. Rather, it makes the welfare of the community a shared priority that places value on activism as a significant element in the successful pursuit of both knowledge and social change. Interviewees and focus group participants were serious and enthusiastic contributors to the research, knowing that their participation was key to the outcome and resolution of issues and problems they perceived about gambling.

This methodology is biased towards organized action and social change. It is a method of inquiry which respects and values people as active community members rather than passive subjects. It encourages an active dialogue between the researchers and participants – a more democratic means of gathering and/or accumulating knowledge for the betterment of the community.

3.1 Literature Review

Government's Role in Gambling – Motivation and Consequences

Room and Turner have suggested that the growing availability of gambling in Canada has been fuelled by the need of various levels of government to find new sources of

revenue (Room et al., 1999). In fact, up to two per cent of total government revenues are derived from gambling revenues (Henriksson, 1995:72). It is questionable, however, whether the expansion of the gaming industry in Canada will result in an increase in health care and other social expenditures. In which case, benefits gained from the industry become quite illusory and misleading.

It is argued that many economists, when they calculate gained revenues generated by gaming facilities, do not account for "bad transfers" such as: crime (e.g. theft), government transfers (e.g. welfare), inter-familial transfers (e.g. creditors and debtors), and the like. Such a faulty neglect in economically based studies of the gaming industry creates a false picture that highlights its benefits and minimizes its social and economic consequences. These studies do not reveal the social impacts of gambling and how they may lead to other social expenditures, which are not accounted for. They highlight the gains but hide the losses (Room et al., 1999).

As gambling facilities expand and become more accessible, public resistance to further expansion of these facilities has been increasing (Room et al., 1999). What reasons underlie resistance put up by various communities in Canada? Room et al. have suggested it is the lack of coherent and realistic information about decision-making related to the introduction of gambling facilities in those communities. Communities are misinformed or over-informed about the positive aspects of opening new gambling facilities in their areas. At the same time, they are also left ill prepared to deal with new or increased problems that accompany such activities. For example, gaming policy reviews stress positive impact models without taking into account the expenditures needed to cope with problems arising from gambling such as increased health care costs, lost wages, increased crime rates and negative effects on local businesses. Since these reports are usually commissioned by the gaming industry itself, it is no wonder that they de-emphasize the negative effects and understate or totally ignore extended costs. Because there is limited research on the extended costs of gambling facilities, the Canadian government has neglected to provide preventative measures to lessen the problems associated with the expansion of the gaming industry (Room et al., 1999).

The Canadian government would certainly not want to dent the \$27 billion it makes annually on the gaming industry (National Council of Welfare, 1996). But keeping the all-sided nature of the gambling industry hidden from public knowledge not only encourages problem gambling, but its related consequences continue to be unremedied.

It was found that 67 per cent of Ontario residents were gamblers. However, this study did not include the proportion of people who could be categorized as being problem gamblers or having gambling-related problems. Based on comparative data with other provinces, Ontario curiously has the lowest prevalence of gamblers. This can be attributed to the longer history of legalized gambling in other Canadian provinces. However, with the expansion of Ontario's gaming industry, the number of gamblers is expected to increase (National Council of Welfare, 1996: 13).

Based on the compilation of provincial studies on problem gambling, the general conclusion among researchers is that as the gaming industry expands, in other words, as more opportunities for gambling arise, it can be predicted that the prevalence of problem or pathological gambling will increase as a result (National Council of Welfare, 1996:17). Since it takes several years before pathological gambling develops in the

course of an individual's life, there is a high probability that in the coming years, problem gambling and/or problems related to gambling within Ontario will increase significantly (Room et al., 1999).

Problem Gambling – Motivations and Consequences

Provincial studies have found that 2.7 to 5.4 percent of respondents reported having gambling problems. Based on these percentages, it can be estimated that approximately 600,000 to 1.2 million Canadians have some kind of gambling problem (National Council of Welfare, 1996:13).

Gamblers can be placed on a spectrum that ranges from non-problem gambler at one end and problem gambler at the other, with varying degrees of addictive behaviour within this progression. The term "problem gambler" is one that is used in reference to patterns of gambling behaviour that "compromise, disrupt, or damage personal family, or vocational pursuits" (National Council of Welfare, 1996:13). The American Psychiatric Association (APA) as defines pathological gambling:

“...a continuous or periodic loss of control over gambling; a progression in gambling frequency and amounts wagered; in the preoccupation with gambling and obtaining monies with which to gamble; and a continuation of gambling involvement despite adverse consequences” (Lesieur, 1991).

There are other multiple and far-reaching effects of problem gambling. Problem gambling often leads to multiple addictions, and physical and mental ailments related to stress that often disrupt personal and occupational relationships. Expenses for treating problem gambling are high; it is estimated by a University of Manitoba researcher that each problem gambler costs society approximately \$56,000 annually (National Council of Welfare, 1996:31-32).

Motivations for gambling are numerous. Commonly, gambling is engaged in as a form of entertainment. The experience of winning money brings increased positive emotions such as "adrenaline rush" or feelings of importance for demonstrating a certain skill that resulted in winnings, etc. Often the differences between non-problem gamblers and problem gamblers lie in their attitudes towards it. Non-problem gamblers tend to limit their experiences with gambling to enjoyment and entertainment and are less concerned with winnings. On the other hand, problem gamblers seem to elicit a preoccupation with possible winnings over all other aspects of gambling. Problem gamblers also tend to spend significantly more amount of money on wagering during gambling. This difference can be attributed to the fact that problem gamblers commonly wager more money than they had originally intended. Problem gamblers fall into a pattern termed "chasing behaviour" whereby they often try to win back lost wagers. Non-problem gamblers on the other hand tend to stop gambling when they have reached their limit of intended spending (National Council of Welfare, 1996:30).

Due to "chasing behaviours", problem gamblers often run out of funds to pay for their gambling habits. Many problem gamblers end up in huge debts for lost monies that were allocated for other expenses such as rent, bills, and other personal and family expenses. As a result, problem gamblers borrow from any and all sorts of sources such as family and relatives, friends, banks, credit cards, etc. In turn, this leaves them in considerably more debt - as the addiction to gambling progresses, sources for funds are

depleted and debts increase. It is not uncommon for problem gamblers to declare bankruptcy as a result of their addictive gambling habits (National Council of Welfare, 1996:31-32).

Negative effects of problem gambling do not only affect the individuals suffering from such an addiction, but also affect the lives of those around them. Problem gambling often results in family break-up, nervous breakdowns, substance abuse and even suicide attempts. Furthermore, those problem gamblers who belong to lower socio-economic status are reported to also have lower rates of seeking treatment (National Council of Welfare, 1996:35).

3.2 Purpose and Goals

The purpose of this research was to gain a useful understanding of the views and perceptions about gambling among members of the Filipino community in Toronto and to identify issues and specifics about gambling and problem gambling, including current information about and access to services, in order to arrive at some effective strategies which the community can consider for future actions.

We set the following goals for this research:

Goal One

To describe the nature and practice of gambling as a socio-cultural activity.

Goal Two

To describe the definition, characteristics and pervasiveness of problem gambling in the community.

Goal Three

To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values).

Goal Four

To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others.

Goal Five

To ascertain recreational activities, and availability and access to resources of newcomers in the Community.

Goal Six

To develop a community action plan (deferred to a later, dedicated action planning phase of the project).

3.3 Research Questions

To achieve the goals of this research, the following questions are posed:

Goal One

Question #1. What activities do community members define as gambling?

Question #2. What is the "perceived" prevalence of gambling in the community?

Question #3. What types of gambling activities do community members engage in?

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- Question #4 Where and when do community members gamble?
Question #5 How frequently and for how long/session do community members gamble?
Question #6 How much money do community members spend on gambling?
Question #7 Who are the gamblers in the community and what are their demographic characteristics?
Question #8 What gambling practices from the Philippines have continued/been abandoned by community members?

Goal Two

- Question #1 What do community members define as “problem gambling”?
Question #2 What is the “perceived” prevalence of problem gambling in the community?
Question #3 What are the behaviours attributable to problem gamblers in the community?
Question #4 What are the consequences of problem gambling for the individual, his family and friends and others in the community?
Question #5 Who are the problem gamblers in the community and what are their demographic characteristics?
Question #6 Does problem gambling in Toronto differ from problem gambling in the Philippines?

Goal Three

- Question #1 How knowledgeable are (community members, problem gamblers) about problem gambling?
Question #2 How aware or concerned are community members about the presence of problem gambling in the community?
Question #3 What are community members’ attitudes towards problem gamblers?

Goal Four

- Question #1 What resources presently exist to help problem gamblers in the community?
Question #2 How knowledgeable are (community members, problem gamblers) about resources that are available to help problem gamblers in the community?
Question #3 What are the preferences of (community members, problem gamblers) for programs and services to assist problem gamblers?

Goal Five

- Question #1 What changes did community members make in their leisure/recreational activities from the time they first arrived in Canada and as their length of stay increased?
Question #2 How easy was it to achieve an adequate level of income and integrate into the Filipino as well as broader community?
Question #3 How knowledgeable are Filipino newcomers about available resources to assist in their integration?

3.4 Methods

3.4.1 Data Collection

Sampling: A total 73 members of the Filipino community participated in the research, 30 per cent were male, 16 per cent were youth age 26 and below, and 19 per cent were seniors, age ranging from 60 to 85. Adults between ages 27 and 59 comprised 65 per cent of participants.

Key Informant Interviews

We conducted interviews with individual community members using a questionnaire that we developed as a guide. These one-to-one interviews served as an effective means of gathering a number of opinions, perceptions and ideas that would be representative of some common responses and collective views relating to the questions we were asking. The four-page questionnaire contained 22 questions grouped under our five Goals. While written in English, questions were freely translated into spoken Filipino by the interviewer whenever it seemed “natural” to do so or when the interviewee expressed a preference.

The search for interviewees was made by members of the LRAC, and the Research team, as well as by other community members and media people who volunteered or were requested to inform potential interviewees. Solicitation of interviewees was done by word of mouth, calls printed in community newspapers and in SLRFC and INTERCEDE newsletters; announcements were made in organizational meetings and social events about the research and the call for volunteer interviewees. The researchers attempted to select an equal number of males and females of representative ages and occupations across the GTA. After interviewees were selected, they were contacted by telephone or directly in person, and arrangements were made for the most convenient time and place for interviews. All interviews were recorded on micro cassette. Each interviewee was paid a fee of \$40.00 for an interview that lasted from 40 minutes to 1-1/2 hours.

There were a total of 13 people whom we interviewed, seven male and six female, all of whom we considered key informants. Participants' ages ranged from 21 - 63 years of age. The range for the number of years in Canada was 3 months to 30 years, with one participant born in Canada. Six-two percent (62%) of participants identified themselves as single, 38% as married, with children. Participants represented varying professions and occupations including accountant, comptroller, social worker, community worker, bank manager, maintenance engineer, operations clerk, retail store manager, housekeeper, church pastor, nanny, restaurant manager, and retired government employee. Annual incomes ranged from \$0-59k annually. Six-two percent (62%) of the participants identified themselves as being active in Filipino community organizations, while the rest did not identify with any organization although active within smaller Filipino circles of family and friends. Those who were active in the Filipino community belonged to organizations of seniors, caregivers, university alumni, church groups, regional or town groups, neighbourhood organizations, and professional associations.

Focus Groups

Focus groups – a gathering of people intended to focus discussion on a fixed set of topics or questions - were an indispensable tool in this participatory research process because focus groups were a reliable way of reflecting common perceptions and shared

experience. In focus groups, individual perceptions and ideas expressed in interviews of key informants were legitimated or confirmed. Focus groups also facilitated mediation or expression of contradictory views. Initially, we decided on organizing four main focus groups: adults of mixed gender, seniors, youth and women- only. Later, in order to get more seniors' participation, we added a group of mixed-age-and-gender.

Participants of the focus groups were referred by LRAC members (i.e. friends), contacts of the research team, key informant interviewees or they were recruited through announcements in community meetings and social events as well as in community media. Focus group participants were selected according to their appropriate groups, and contacted by telephone. Once we had enough participant confirmation, we scheduled the focus groups after hours, at a central location, such as the Lady of Lourdes parish hall or the residence of one of the participants in Mississauga. At the beginning of each focus group meeting, a short icebreaker activity was done for the purposes of relaxing and familiarizing participants with one another. The focus groups were organized around four main topic guides corresponding to the main goals and objectives of the research, which were written and displayed on four Flip Charts. The researchers acted as facilitators and led the discussions which lasted from two to three hours. The discussions were recorded in writing as well as on cassette tape. At the end of each focus group, participants were invited to give their comments and evaluation about the workshop. Participants in the focus groups received a fee of \$40.

Five focus groups were held between October 2001 and February 2002, attended by a total of 54 participants of which 42 were female and 12 male. Groups consisted of 1) a mixed group of adults (n=10); 2) women only (n=16); 3) seniors only (n=4); 4) a mixed youth group (n=10) and finally, 5) a mixed group of middle age and senior couples (n=14). The mixed-adult group were in their 30s to late 50s, equally divided between male and female, all employed and with varying professions and occupations in the areas of health, small business, media, multinational corporations, engineering and retail. They are residents of Markham, Pickering, Scarborough, Thornhill and downtown Toronto. The seniors were all women in their mid- to late 60s, all grandparents and retirees, one of whom still does some sewing to earn some pocket money. All live in downtown Toronto, with their married children or renting their own apartments. The Youth were ranged in age from 15 to 25, three male and seven female. Six of them were in school and four already working; most of them immigrated to Canada when they were age 10 or over. All of the Youth participants still live with their parents in Etobicoke, Scarborough and downtown. There were 16 in the women-only focus group, the majority of whom came to Canada through the Live-in Caregiver Program. They were mostly in their late 20s to early 50s. All except four were permanent residents or citizens, most are employed in the health, care giving, sales and service industries (nursing homes, hospitals), earning income of \$20,000 to \$25,000. Most of the women live in shared accommodations, if not living-in their employer's household; five are married or living with a partner, three have children living with them. The mixed group of 14 middle age and seniors consisted of mostly females and four males. Ages ranged from early 40s to mid-80. Four middle-age couples were in the \$40,000 to \$56,000 income bracket, while older women were still-active retirees earning pension and living with their children residing in Toronto's West end, Mississauga and Brampton.

Case Study Interviews

From the outset, we sought to interview Filipinos who had gambling problems for our case studies. With case studies, we sought to establish first hand accounts of problem gamblers, the impact on themselves, their families and community and the availability and accessibility of services.

Participant recruitment was done through 1) word of mouth, 2) direct calls to friends of known problem gamblers made by LRAC members and research team, 3) appeals made by phone calls and meetings with community health care providers (e.g. doctors and psychiatrists), community service centres and community organizations, and 4) calls made to and by key informants and focus group participants. Despite our efforts, we were not able to make contact directly. It was decided that “indirect” case studies (n=2) in place of the intended primary case studies would be the next best thing. The first indirect case study was conducted with the help of a woman who was a close friend or “gambling buddy” of a well-known female problem gambler. The second indirect case study was with a female mental health counselor who had done an “assessment” of a male problem gambler. Interviews were arranged with the two indirect sources, and conducted based on a Case Study Guide. The two problem gamblers, one male, one female, are long time immigrants to Canada and are in their early 40s and early 60s, with sufficient education and once belonged to stable, middle- to high-income families. All the discussions with indirect sources of problem gamblers were recorded on cassette tapes and also noted in writing on the case study questionnaire.

Feedback Focus Group

The feedback focus group was conducted for the purposes of discussing and confirming preliminary findings from the key informant interviews and from focus group discussions as well as the indirect case studies. As well it was to get feedback, make clarifications or inferences, and offer other reflections on gathered data. After all interviews, focus groups and indirect case studies were completed, the research team and the LRAC identified preliminary findings and issues in need of further discussion. This process served as a basis for developing the Feedback Focus Group Agenda and the Guide, which was followed during a 3-hour discussion

New and previous participants from interviews or focus groups were involved (n=14), six male, eight female. Four first-time participants were selected from among those who responded to participant recruitment advertisements, announcements and open invitations through word of mouth. Returning participants were selected based on observed interest and insight about problem gambling in the community.

After participants were recruited for this session, a meeting place and date were established. When the meeting conferred, the group engaged in a short icebreaker activity to familiarize and relax participants. Two sub-groups were formed and met separately to discuss the agenda topics that were divided between them in order to have sufficient time for discussions. Then the two groups met all together at the end in order to consolidate their feedback. In this session two members of the research team acted as meeting facilitators, and another two took notes and recorded the discussions on micro cassettes.

The results of the Feedback Focus Group were subjected to further discussion and refinement at a meeting of the LRAC held at a later date. In the course of these discussions, two members of the research team took notes and we also attempted to record by micro cassette all the discussions. All of the main points discussed by each sub-group were written on flip charts.

3.4.2 Data Collection Tools

Key Informant Interviews

A questionnaire was developed which consisted of a total 22 questions (see Appendix I). These questions are grouped under five main headings corresponding to the goals and objectives of the research as follows: community's gambling perceptions and practices (questions nos. 1 to 8); characteristics of problem gambling in the community (questions nos. 11 to 16); Filipino community awareness of problem gambling (questions nos. 17 to 19); existence of help and help preferences (questions nos. 20 to 22); and initiation of Newcomers (questions nos. 1 to 3).

The questionnaires, although written in English, were often translated orally into Filipino in the course of the interview to accommodate informants' tendency and preference to speak in their own language. All interviews were recorded on micro cassettes and the interviewer wrote the answers and notes on the questionnaires. The cassettes were transcribed and summarized and the written notes served as reference for the transcription.

Focus Groups

A Focus Group Topic Guide was derived from the main goals articulated for the research (see Appendix II). The four main topics for group discussion were written on four separate flip charts that were taped on the wall and taken up in sequence. One member of the research team took written notes, but the discussions were also tape-recorded for added documentation. Both forms of documentation were transcribed and a typed summary done. Some photos were taken to record the focus group discussions.

Case Studies

A Case Study Guide (see Appendix III) consisting of 51 questions was developed to be able to delve into the History, Causes and Motivations, Attitudes and behaviours, and Knowledge and access to assistance of problem gamblers. The interview with indirect sources were done with the use of this guide, notes of responses were written on it by the interviewer while also recording the interviews on micro cassettes which were later transcribed.

Feedback Focus Group

From data collected through interviews and focus groups, some initial findings were noted and formed the basis for a Feedback Focus Group Agenda and guide (see Appendix IV). The Agenda contained five summaries of findings with one to three points for discussion under each. These were distributed and given individually to participants in the focus group. Sub-group discussions were noted on flip charts, while recorders took down their own notes on stenographer's notebooks. Discussions were also taped

with Micro-cassette recorders. Photographs were taken of some parts of the meeting of subgroups and the whole group.

3.4.3 Data Analysis

Our research yielded qualitative as well as quantitative data that formed the basis of our findings and conclusions below.

Statistical Analysis

Data from key informant interviews were compiled and individual responses were fed into a computer data program (Excel). Percentages and ranges were derived based on calculations using multiple spreadsheets of tallied responses.

Content Analysis

Most of our data collection involved qualitative data. Responses from individual interviews, focus groups, case studies and feedback focus group were in answer to open-ended questions. Data collected were analyzed and categorized under major themes corresponding to the goal areas and specific research questions. Notes of responses written on individual questionnaires by the interviewed as well as cassette tape recording of each interview were transcribed and typed onto clean copy. Using these transcriptions, each interview was summarized. Stenographic notes as well as cassette tape recording of the Focus Group discussions were also transcribed and typed on clean copy, then also summarized. The same was done with the Case Studies. The summaries made from these different data collection tools were used to articulate initial findings that we then presented in five points for feedback and discussion during the Feedback Focus group.

3.5 Limitations

The results and conclusions of this study were based on perceived prevalence rates of problem gambling rather than actual prevalence rates. It would have been useful to use a random community survey based on a standardized measure of problem gambling. By necessity, the sample size was limited as was the nature of compiling data based on community perceptions.

Despite our appeals and effort we were not able to find problem gamblers who would agree to be interviewed. Our case studies are, therefore, derived from interviews with indirect sources and are limited to second hand accounts related to us by a “gambling buddy” and a mental health counsellor.

While an equal number of men and women were individually interviewed, in the focus groups women outnumbered men. There were 15 male participants as compared to 43 female focus group participants, thus providing more female representation and input than male.

4. FINDINGS

Goal One: To Describe the Nature and Practice of Gambling as a Socio-cultural Activity

Question 1: What activities do community members define as gambling?

Individual Interviews

Definitions of gambling were stable across responses: wagering with money with intentions of return, involves risk/chance of losing or winning money, form of entertainment/recreation, social activity, and finally, an emotional and/or mental outlet.

Focus Groups

Responses of definitions for gambling activity were: a form of entertainment, games involving risk with money, emotionally fuelled activity, addictive activity, wagering with the risk of losing and winning money.

Indirect Case Study 1

Believes that gambling is a recreational activity and it is the person's responsibility no-matter what the consequences.

Question 2: What is the “perceived” prevalence of gambling in the community?

Individual Interviews

Asked if Filipinos are gamblers and if respondents themselves are gamblers, majority of responses were a positive “yes”.

Focus Groups

Consensus in all focus groups was “yes”, Filipinos are gamblers.

Question 3: What types of gambling activities do community members engage in?

Individual Interviews

Most common responses for Filipino gambling activities: lottery, bingo, casino, mahjong, racetrack, card games (e.g. pusoy), betting on sports, cockfighting, and jueteng.

Focus Groups

Lottery (Pro-Line, Super 7, Lotto 6/49), scratch tickets, mahjong, monte, sakla, bingo, risk investment, internet gambling, casino games (e.g. blackjack, slots, etc), card games (pusoy), wagering on horse races, billiards, cockfighting and sports.

Indirect Case Study 1

Mahjong, casino games and lottery.

Indirect Case Study 2

Main activity was betting at the racetrack.

Question 4a: Where Filipinos go to gamble?

Individual Interviews

1) Private homes; 2) casino; 3) racetrack; and 4) bingo halls.

Focus Groups

Casinos (Casino Rama, Casino Niagara), racetracks (Woodbine), bingo halls, private homes, social events, lottery stands.

Indirect Case Study 1

Mostly casinos and private parties

Indirect Case Study 2

Mostly at the racetrack.

Question 4b: When Filipino's usually gamble?

Individual Interviews

1) Weekends; 2) holidays; and 3) after work hours.

Focus Groups

Weekends, and during free time.

Question 5: How frequently and for how long/session do community members gamble?

Individual Interviews

Ranging from daily, weekly and once a month. Commonly during holidays and weekends.

Focus Groups

Range of responses: 1) 3-5 hrs.; 2) whole evening; and 3) whole Weekend.

Question 6: How much money do community members spend on gambling?

Individual Interviews

Range: \$.25 - \$2,000 (varies according to gambling activity).

Focus Groups

Lottery: between \$1 and \$10.

For other gambling activities ranging between \$60 and \$100.

Indirect Case Study 1

Spend a minimum of \$100 per visit, however has been known to have spent/lost \$11k U.S during gambling binge.

Indirect Case Study 2

Would spend any money he had on gambling.

Question 7: Who are the gamblers in the community and what are their demographic characteristics?

Individual Interviews

Gender: Male: 58.82%, Female: 17.64%, Mixed: 23.53%

Age Range: 20-70 years of age, most common response was middle aged

Marital Status: Married: 86.67%, Single: 6.67%, Mixed: 6.67%

Children: Have Children: 76.47%, Have No Children: 23.53%
 Number of Years in Canada: 1 year and over
 Canadian Status: Citizen: 58.33%, Varied Status: 41.67%, Immigrant: 8.33%
 Educational Attainment: Range: high school - university graduate
 Employment Status: Employed: 100%
 Occupational Status: blue collar - white-collar
 Estimated Income: Range: \$20k - 50k per annum
 Religion: 100% Catholic
 Personality: outgoing, sociable

Focus Groups

Gender: mostly male but can be mixed between male and female
 Age Range: 30 years of age and over
 Marital Status: mostly married
 Children: most have children
 Number of Years in Canada: an average of 5 years and over
 Canadian Status: varied status
 Educational Attainment: high school to university graduate
 Employment Status: generally employed
 Occupational Status: blue collar-white collar
 Estimated Income: \$30k-\$60k per annum
 Religion: Catholic and Protestant
 Personality: rowdy, outgoing, sociable, gregarious

Question 8a: Gambling practices in the Philippines that are continued in Canada?

Individual Interviews

Mahjong, cards, bingo, lottery, and wagering on sports.

Focus Groups

Bingo, pusoy, mahjong and blackjack.

Indirect Case Study 1

Was an occasional gambler in the Philippines (not specific).

Question 8b: Gambling practices in the Philippines that are not continued in Canada?

Individual Interviews

Jai alai, jueteng and cockfighting.

Focus Groups

Jai alai, jueteng, cockfighting, spider fighting and pyramid. These practices are not continued in Canada because there are no facilities that accommodate such gambling forms.

Indirect Case Study 1

When the individual came to Canada, gambling became primary form of recreation. She gambles at any opportunity from lottery tickets, bingo, mahjong and casino games such as blackjack and slots.

Case Study 2

The individual did not become a problem gambler until the individual came to Canada.

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Community

Question 1: What do community members define as “problem gambling”?

Individual Interviews

1) Spend beyond budget; 2) gambling is worked into schedule and becomes prioritized; 3) accumulation of debts due to unpaid loans; 4) become obsessive about gambling; 5) gambling becomes a compulsion; 6) gambling extends beyond recreation/leisure and social activities; 7) "Chasing Behaviour" (when the gambler wins and keeps trying to win; when they lose they try to win back money lost); 8) breeds other problems related to health, family, work and over-all well-being; 9) becomes excluded from normal activities; and 10) when gambling becomes an addiction.

Focus Groups

1) Gamble alone; 2) incur debts that one cannot pay back; 3) continue gambling despite negative effects of their gambling activity; 4) impede on normal functioning; 5) will extend oneself to pursue gambling no-matter what the cost (e.g. engage in crime).

Indirect Case Study 1

1) When you think and breath gambling; 2) all free time is occupied by gambling activities; 3) spend life savings on gambling; 4) burn out and cannot function normally (e.g. cannot get up in the morning to go to work); 5) spawns multiple addictions; 6) interruption of family life.

Indirect Case Study 2

1) Gamble any money one has even if it means being homeless; 2) gambling comes before subsistence.

Question 2: What is the “perceived” prevalence of problem gambling in the community?

Existence of Problem Gambling in the Filipino Community

Individual Interviews

All respondents acknowledged the existence of problem gambling in the community. Those who estimated suggested that 1% of Filipinos in Metro Toronto are problem gamblers.

Focus Groups

The majority of participants in all focus groups acknowledged the existence of problem gambling in the community, however the problem is often concealed within the family group or individual afflicted with it. Some estimated that approximately 20%-25% of the Filipino gamblers are afflicted with problem gambling and/or gambling related problems.

Indirect Case Study 1

Acknowledges that individual is a problem gambler and knows of many others who are problem gamblers in the Filipino community.

Number of Filipino Problem Gamblers Among Friends and Acquaintances

Individual Interviews

Range: 1-15; on average 1-2.

Focus Groups

Range: 0-5; the majority of respondents knew of at least 1.

Indirect Case Study 1

The problem gambler knows of at least 20 other Filipino problem gamblers.

Reasons Why Filipino Gamblers Develop into Problem Gamblers

Individual Interviews

1) Hopes of bettering quality of life through money; 2) learned behaviour; 3) escalated from recreation to addiction; 4) boredom; 5) easily accessible; 4) related to low life satisfaction, 6) mental and emotional escape; 7) rooted in culture; 8) main recreational activity.

Focus Groups

1) When gambling develops into a compulsion; 2) when one begins to gamble alone; 3) gambling begins to dictate daily schedule; 4) when losses become a deep concern; 5) "chasing behaviours" emerge; 6) gambling emerges obsession.

Indirect Case Study 1

Escalated from recreational activity to an addiction.

Indirect Case Study 2

The man had formerly worked as a factory worker, but because of any injury had lost employment. Throughout his life he was considered the black sheep of the family and had never really been close to them. As a result of his family's disregard for him, he moved out on his own. In addition, he did not have any friends and was a social recluse. He would go to the doctor as a form of socializing and was not interested in social activities. Family isolation and loss of employment contributed to his gambling habits and became his primary activity. He spent all of his money on gambling resulting in homelessness and was seeking social assistance to pay for his habit.

Question 3: What are the behaviours attributable to problem gamblers in the community?

Individual Interviews

Hot-tempered, ill health, abusive, depressed, deceitful, broke, addictive personality, low life satisfaction, burnt out, introvert, secretive, socially inept, arrogant, under the influence, normal priorities suspended.

Focus Groups

Hot-tempered, impeded concentration, "immoral" behaviour, promiscuity, problematic lifestyle (e.g. indulgence of drugs and alcohol), become neglectful of life priorities (e.g. place gambling before family), decrease in work productivity, and gamble despite financial disparity.

Indirect Case Study 1

1) Impeded concentration; 2) no effects on personality or temperament; 3) neglect financial obligations.

Indirect Case Study 2

1) Unmotivated; 2) socially inept; 3) socially isolated; 4) gambling is the only concern, even subsistence.

Question 4: What are the consequences of problem gambling for the individual, his family and friends and others in the community?

Isolation of Problem Gamblers**Individual Interviews**

From the individual interviews, 63.64% of respondents suggested that most problem gamblers gamble by themselves for varying reasons such as: 1) increase their chances of winning; 2) embarrassment about their habit; 3) privacy; and 4) convenience. 36.36% of respondents suggested that they go in-group with other gamblers and problem gamblers.

Focus Groups

Many perceived problem gamblers to gamble alone more than gambling with others. It was suggested that this pattern was prevalent due to likelihood that the problem gambler attempts to conceal the activity due to denial and judgment by others although some participants expressed that they encourage others to join them.

Indirect Case Study 1

Prefers going with others, however will go by herself if cannot find anyone to go with her.

Indirect Case Study 2

Would gamble by himself. Unsure whether this was optional.

Multiple Addictions Among Filipino Problem Gamblers**Individual Interviews**

Alcohol, drugs and tobacco. Suggested that multiple addictions are a result of trying to escape problems resulting from gambling or vice versa.

Focus Groups

Alcohol, drugs and tobacco.

Indirect Case Study 1

The problem gambler is a chronic smoker.

Negative Consequences of Problem Gambling on Family**Individual Interviews**

Financial debt, divorce, separation, or break-up of marriage, stealing from family members, lying to family members, abuse, violence (verbal and physical) and loss of respect.

Focus Groups

Abuse (physical and emotional); negligent parenting, problem children resulting from negligent parenting, divorce, decreased feeling of obligation for family responsibilities by problem gambler.

Indirect Case Study 1

The problem gambler's husband is an alcoholic. Not sure weather this emerged before or after the woman became a problem gambler. The woman spent all of her inheritance and sold her jewellery to pursue gambling. The woman squandered away all of her money that at one time she was locked out of her apartment for not making rent. As well, she and her husband had lost \$11k U.S. on gambling in two weeks time. Finally, at one time in her life she had to declare bankruptcy for debts she had incurred.

Indirect Case Study 2

Isolated from family and no family of his own.

Negative Consequences of Problem Gambling on Friends**Individual Interviews**

Stealing or borrowing from friends, relationships broken, avoidance, borrowing, loss of respect and trust for problem gambler.

Focus Groups

Broken relationships, incurred debt, rejection, isolation from friends, avoidance by friends.

Indirect Case Study 2

Does not have any close friends. Mostly associates with people at the racetrack.

Negative Consequences of Problem Gambling on Work**Individual Interviews**

Employment loss, stealing and decreased work efficiency.

Focus Groups

Loss of employment and decreased work efficiency.

Indirect Case Study 1

At times she was so burnt out from gambling activities that she would call in sick and miss work. Eventually, she ended up applying for a job at the casino and this is where she now works.

Indirect Case Study 2

Problem gambler was unemployed at the time of assessment however, due his disability and problem gambling is unlikely to be able to hold an employment position.

Question 5: Who are the problem gamblers in the community and what are their demographic characteristics?

Individual Interviews

Gender: Males 75%; Females 18.75%; Mixed 6.25%
Age Range: Age 25-60, most common response falls at middle age.
Marital Status: Married 93.75%, Single: 6.25%
Children: With Children 75%, Without Children 25%
Number of Years in Canada: 2+ years
Canadian Status: Citizen 63.64%, Varied Status: 18.18%, Immigrant: 18.18%
Educational Attainment: high school to university
Employment Status: Employed 100%
Occupation: Blue Collar Workers 91%, White Collar Workers 9%
Estimated Income: Range \$20k - \$50k annually
Religion: Catholic 85.71%; Seasonal/Non-Practicing Catholic 14.29%
Personality Adjectives: outgoing, sociable, irritable, introvert, liar, obsessive, detached

Focus Groups

Gender: mixed: both male and female although majority male
Age Range: on average middle aged
Marital Status: married
Children: majority with children
Number of Years in Canada: an average of 10 years
Canadian Status: mixed
Educational Attainment: varied
Employment Status: varied
Occupation: varied although majority blue-collar
Estimated Income: \$30k per annum
Religion: Catholic
Personality: compulsive, secretive, abusive

Indirect Case Study 1

Gender: female
Age: 42
Marital Status: married
Children: no
Number of Years in Canada: 18
Canadian Status: citizen
Educational Attainment: university graduate
Employments Status: yes
Occupation: formerly a medical technician and is currently and casino worker
Estimated Income: between \$30k to \$60k per annum
Religion: Catholic
Personality: Happy go-lucky, sociable

Indirect Case Study 2

Gender: Male
Age: mid 30's to early 40's
Marital Status: Single
Children: none
Number of Years in Canada: not sure
Canadian Status: citizen
Educational Attainment: high school
Employment Status: unemployed

Occupation: none
Estimated Income: nil
Religion: not sure
Personality: socially inept

Question 6: Does problem gambling in Toronto differ from problem gambling in the Philippines?

Problem Gambling in the Philippines:

Individual Interviews

Gambling is more accessible, can rely on more people for financial and emotional support, higher prevalence, socially accepted, no gambling regulations, considered a "prestigious" activity.

Focus Groups

a) No negative stigma related to problem gambling and therefore is more rampant; b) no resources available for problem gamblers; c) gambling is used as an occupation; gambling is associated with elite status, d) is a socially accepted practice; e) more gambling availability; f) associated with drinking and aggression; g) rampant poverty makes the problem worse since the problem gamblers in the Philippines are more likely to be unemployed.

Feedback Focus Group

1) Socially accepted and supported; 2) more social supports for problem gamblers based on *Utang na loob* (indebtedness for past favours and support); 3) status symbol for the elite, those who gamble can afford it; 4) no regulation.

Problem Gambling in Canada

Individual Interviews

Negative social stigma, higher socio-economic status in comparison to problem-gamblers in the Philippines, less social supports, divorce and family separation more prevalent.

Focus Groups

a) More loaning options; b) negative stigma by the Filipino community of problem gamblers.

Indirect Case Study 1

The individual is aware of the negative stigma of Filipinos about problem gambling in our community but does not affect or decrease her gambling activity and openness about her habit. She was not a problem gambler in the Philippines but became one after establishing herself in Canada.

Indirect Case Study 2

The individual was aware of the negative stigma by Filipinos of problem gamblers but did not deter him from pursuing it. Unsure whether the individual was a gambler in before immigrating to the Philippines.

Feedback Focus Group

1) The community is less integrated and therefore when the emergence of problem gambling emerges it is strictly up to their immediate families and friends to assist the person; 2) problem gamblers are more socially isolated than the Philippines; 3) if you lose everything there are less community members you can rely on to help you get back on your feet.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: How knowledgeable are (community members, problem gamblers) about problem gambling?

Individual Interviews

From individual interviews, 80% of responses suggested that there is community awareness of what problem gambling is. Twenty percent (20%) claim that the community is not aware of what problem gambling is.

Focus Groups

Responses suggested that the community is generally aware of what problem gambling is and acknowledge that it afflicts members of the Filipino community.

Indirect Case Study 1

Seemed to be unclear about what differentiates recreational gambling between problem gambling.

Question 2: How aware or concerned are community members about the presence of problem gambling in the community?

Individual Interviews

It is estimated that 64.29% of problem gamblers are not aware that they have a problem due to denial. It is estimated that 35.71% of problem gamblers are aware of their problem but still have difficulty accepting it.

Focus Groups

There is a general consensus that the majority of problem gamblers are in denial, often attempting to conceal it from family, friends and community.

Indirect Case Study 1

The individual is in denial about her problem gambling despite the negative consequence it has had on her life.

Indirect Case Study 2

Acknowledges that problem gambling had made a large contribution to his negative life circumstances but was unwilling/unable to pursue treatment.

Question 3: What are community members' attitudes towards problem gamblers?

Individual Interviews

There is a general consensus among participants that although the Filipino community is aware of problem gambling among its members. However, the community is not concerned about the problem unless it afflicts those close to them (e.g. family or friends).

Focus Groups

Problem gambling is negatively stigmatized in the community. Due to such negative stigma, it is felt that Filipinos deny the problem because it negatively impacts the cultural integrity of the community. As a result, the problem gambler is often ostracized from social groups through avoidance or lack of acknowledgement by the community, often supported by wide beliefs that problem gamblers are untrustworthy and unrepresentative of the "model" Filipino. Also, there tended to be responses suggesting general indifference to the issue of problem gambling unless it is directly affecting them (friends, and family). Otherwise, the common response is merely anger, pity and frustration towards the problem gambler without any means perceived available to assist the problem gambler and their families. There is a preconceived notion that offering assistance to problem gamblers would result in resentment for those who tried to intervene. A sense of helplessness by the community was vocalized.

Indirect Case Study 1

The individual acknowledges the negative stigma associated with problem gambling by the Filipino community. However, because this is her primary recreational activity she is not deterred from it because she is absorbed in gambling culture and associates for the most part with others who are also highly involved in gambling.

Indirect Case Study 2

The individual was a social outcast. This could be attributed to his problem gambling, homelessness, unemployment, etc.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What resources presently exist to help problem gamblers in the community?

Individual Interviews

Cites priest, family, friends and nobody and the form of help is "advice".

Focus Groups

It was suggested that there are no institutional resources within the community to help problem gamblers. If help is sought within the community, it is often to family, friends and priests.

Indirect Case Study 1

Her friends and family are her main support and despite their appeals to her to seek professional help she will not take it.

Indirect Case Study 2

Any and all possible means of community resources were perceptually unavailable or not sought for the reasons that there may have been none. In this case, even counsel by friends and family were not an option.

Question 2: How knowledgeable are (community members, problem gamblers) about resources that are available to help problem gamblers in the community?

Individual Interviews

Thirty-three percent (33%) did not think there was any help outside the Filipino community while 67% knew about services such as addiction centres, Gambling Anonymous, doctors, counseling and therapy. However, 56% think problem gamblers would not avail of these resources, while 27% were unsure and only 18% think they would use these resources. Reasons for not using outside resources are denial, helplessness, and unwillingness to give up gambling.

Focus Groups

Call centres, Gambling Anonymous, newspaper ads, advertisements in casinos and National Council of Problem Gambling. There was a general consensus that Filipino problem gamblers do not avail mainstream help references due to embarrassment, negative stigma and language/cultural barriers.

Indirect Case Study 1

The individual is aware of all mainstream resources for assisting problem gamblers because she works at a casino but will not avail any of them.

Indirect Case Study 2

The individual was referred to me from a psychiatrist and was seeking a renewal on his social assistance so that he could pursue his gambling. Unsure whether this was a requirement to receive social assistance.

Question 3: What are the preferences of (community members, problem gamblers) for programs and services to assist problem gamblers?

Individual Interviews

Responses varied and included providing alternative recreation, ethnically specific resources, Filipino language in provision of services, prevention measures targeted at Filipino youth, stricter government policies and regulations.

Focus Groups

Responses varied including: 1) help problem gambler admit they have a problem; 2) community effort to assist problem gambler become involved in alternative activities; 3) raise awareness about problem gambling to increase community support; 4) implement services that are culturally/linguistically appropriate (support, education, prevention and counsel); 5) use recovering and/or recovered problem gamblers as a resource; 6) any service to assist problem gamblers should be free of charge and confidential.

Indirect Case Study 1

The problem gambler does not believe she needs treatment and therefore does not have any help-preferences.

Indirect Study 2

1) Community education and outreach; 2) more services that culturally and ethnically accommodating; 3) counsel for families and friends; 4) addressing the environmental and social spawn of problem gambling.

Feedback Focus Group

1) Filipino friendly services; 2) mainstream service should address and accommodate issues related to ethnicity and culture; 3) community education, awareness and prevention measures.

Goal Five: To Ascertain Recreational Activities, Availability and Accesses to Resources of Newcomers in the Community.

Question 1: What changes did community members make in their leisure/recreational activities from the time they first arrived in Canada and as their length of stay increased?

Individual Interviews

It has been found that the initial leisure/recreational activities for Filipino newcomers were wide ranging such as: visiting tourist areas, engaging in sports, get-togethers with other Filipinos, church-related activities, family oriented activities, etc. However, 27.27% suggested that they seldom participated in leisure or recreational activities and that such patterns were still current in their present lives. In addition, as newcomer's length of stay Canada increases, changes in leisure/recreational activities consisted of 1) widening social circles; 2) engaging in more "Canadian" activities such as dances, raves and bars; and 3) participation in new sports such as snow sports, bowling, and tennis.

Focus Groups

Playing mahjong, sight seeing, family picnics, visit relatives, go to shopping malls, started visiting casinos with relatives, going to amusement parks, attending parties, going to the movies, bowling, board games, reading and cards.

Indirect Case Study 1

The problem gambler of reference learned how to play mahjong, horseracing and black jack as length of stay in Canada increased, so did her gambling activities.

Question 2: How easy was it to achieve an adequate level of income and integrate into the Filipino as well as broader community?

Attaining Adequate Level of Income

Individual Interviews

Seventy-five percent (75%) of participants suggested that newcomers generally have difficult experiences finding or attaining adequate levels of income when first they arrived in Canada. Responses indicate that it generally takes 1-5 years to establish oneself economically. 50% of respondent indicate that they were "on their own" when finding employment. 65% of respondents suggested their main resource for finding work was friends and family, while other resources utilized by Filipino newcomers were employment bulletins, newspapers and government agencies.

Focus Groups

Results from this section suggested that it was very difficult to attain adequate income. Most participants suggested that they had to take on multiple employment positions in order to afford basic necessities. It takes approximately 6 months to 5 years to attain an adequate level of income after arriving in Canada. A large proportion of earned wages are often sent to help family still in the Philippines.

Indirect Case Study 1

The problem gambler of reference was able to attain a job shortly after arriving in Canada. It took her approximately 1 month. Finding adequate employment came easily to her because she was educated and was comfortable with Western lifestyles. This woman had lived in the United States before coming to Canada.

Socializing and Participating in the Filipino Community**Individual Interviews**

It was found that it takes between one week to four months to participate and socialize in the Filipino community. The dominant response for what assisted the facilitation of such participation or socializing was through meeting "friends of friends" who were already established in Canada in addition to sharing a common language.

Focus Groups

It was suggested that it takes a range of 2-10 years for one to begin socializing in the Filipino community although some find it relatively easy if they have relative who are already established in Canada. The dominant outlet for meeting others in the community was through friends who were already established in Canada.

Indirect Case Study 1

The problem gambler of reference did not have any problems socializing and participating with the Filipino community.

Socializing and Participating in the Community At Large**Individual Interviews**

Seventy-five percent (75%) of respondents suggested that work was the main outlet for becoming acquainted with the community at large. However, some respondents suggested that they never made friends beyond the Filipino community and expressed anxiety about socializing with non-Filipinos.

Focus Groups

Most of respondents suggested that as newcomers, they preferred socializing with Filipinos over non-Filipinos.

Indirect Case Study 1

The problem gambler of reference had no problems socializing and participated in the community at large. This was attributed to her very outgoing and sociable personality in addition to her quick employment after arriving in Canada.

Question 3: How knowledgeable are Filipino newcomers about available resources to assist in their integration?

Availing of Resources to Assist in Attaining Adequate Employment

Individual Interviews

Fifty percent (50%) of respondents did not believe that Filipino newcomers used available public resources to assist them in attaining adequate employment, 30% believed they were being utilized, and 20% suggested that some, but not all newcomers used these resources.

Focus Groups

Most rely primarily on friends and relatives to guide them through the job search although some also utilize networking, newspaper ads, employment agencies and organizations

Indirect Case Study 1

The problem gambler of reference did not use any mainstream resources, but relied on family and friends to help her attain adequate employment.

Availing of Resources to Assist in Socializing and Participating in the Filipino Community and Community-at-Large

Individual Interviews

Fifty percent (50%) of respondents thought that Filipino newcomers availed of resources to assist them in socializing and participating in the community. Of these responses, the dominant resource was 'friends by word of mouth.' On the other hand, 50% of respondents did not believe any resources were utilized to assist them in socializing or participating in the Filipino community and community-at-large.

Focus Groups

Main resource identified to assist with socializing and participating in the Filipino community and community at large are settled relatives/friends and through co-workers.

Indirect Case Study 1

The problem gambler of reference relied on family and friends to assist in acquainting the individual with the Filipino community and community at large.

Available Resources to Assist in Accessing Health Care

Individual Interviews

Eighty percent (80%) of respondents suggested that newcomers availed of resources to assist in accessing health care. However, "direction by friends and family" were essential for guiding newcomers to awareness and use of resources.

Focus Groups

Participants suggested that newcomers are aware of what the health care system offers in Canada however need direction by settle family and friends to access them or attain information.

Indirect Case Study 1

The problem gambler of reference was aware of and was able to properly maneuver the Canadian health care system.

Awareness and Use of Resources for Filipinos in General**Individual Interviews**

According to 54.56% of respondents, the general Filipino community avails of resources accessible to them. 36.36% suggested that they do not do so because of: language barriers, lack of confidence, unclear information/misinformation, and lack of awareness to effectively utilize resources.

Focus Groups

It was suggested by participants that after settled in Canada, Filipinos tend to use mainstream resources more frequently but are highly dependent on friends and family to assist them. Some settled Filipinos however, do not utilize public resources due to feelings that they will not be able to get the help that they need.

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Socio-cultural Activity

Question 1: What activities do community members define as gambling?

Definitions of gambling were stable across responses including: wagering with money with intentions of return, involves risk/chance of winning or losing money, form of entertainment/recreation, social activity, is an emotional and/or mental outlet and can be addictive. Responses suggest that the Filipino community definitions of gambling are accurate, considered to be a social and psychological activity.

Question 2: What is the “perceived” prevalence of gambling in the community?

Responses confirmed that Filipinos are fond of gambling and that most Filipinos gamble as part of their social activity. The perception of the prevalence of gambling among Filipinos is widely accepted with a certain amount of resignation as well as amusement. In such a perception, no serious negative connotation is attached to this community pastime.

Question 3: What types of gambling activities do community members engage in?

Filipino's engage in a wide variety of activities including: lottery (Super 7, Pro-Line, and Lotto 6/49), scratch tickets, bingo, casino games (slots, blackjack, etc), card games (pusoy), mahjong, racetracks, monte, sakla, risk investment, internet gambling and, wagering on sports, cockfighting, and billiards. Indirect Case Studies suggested that the two problem gamblers of reference for this study engaged in mahjong, casino games, lottery and wagering on horse races, all of which are activities that Filipino non-problem gamblers engage in regularly suggesting that there is not one specific form of gambling activity that is more enticing for problem gamblers.

Question 4a: Where Filipino's go to gamble?

It has been confirmed that gambling is a significant part of Filipino social life. Commonly Filipinos gamble at private homes, social events, casinos (e.g. Casino Niagara, Casino Rama), racetracks (e.g. Woodbine), bingo halls and lottery stands. The two Indirect Case Studies suggested that the two problem gamblers of reference engaged in gambling activities available at private homes, casinos and racetracks.

Question 4b: When Filipino's usually gamble?

Findings suggest that Filipinos tend to gamble on weekends, holidays and after work hours.

Question 5: How frequently and for how long/session do community members gamble?

Filipinos tend to gamble a minimum of 3-5 hours to a whole weekend. The frequency of gambling can range from daily to once per month on average.

Question 6: How much money do community members spend on gambling?

Results suggest that gamblers spend between \$0.25 and \$2,000.00 depending on the gambling activity. Focus Groups results suggest that on average non-problem gamblers spend \$1.00 -\$10.00 on lottery tickets and for all other gambling activities spend between \$60.00 and \$100.00. Indirect Case Study 1 would spend a minimum of \$100.00 during each gambling session. She however, has been known to spend \$11,000.00 U.S during a gambling binge. Indirect Case Study 2 suggested that the problem gambler of reference would spend any money he had on gambling. Comparing Case Studies gambling expenditures to non-problem gambling expenditures suggest that problem gamblers have problems limiting the amounts of money spent, whereas non-problem gamblers tend to pace themselves according to what they can financially afford.

Question 7: Who are the gamblers in the community and what are their demographic characteristics?

Gambler (non-problem gamblers) profiles were dominantly described by respondents as: male (58.82%), middle aged, married (86.67%) with children (76.47%); in Canada for over one year; are of varied Canadian status (58.33% citizen, 41.67% varied status); have an educational attainment level of high school and over; have varied occupational status; earn an annual income between \$20k to \$60k; are dominantly Catholic, however some are protestant, and finally, tend to be characterized as outgoing, sociable, gregarious and rowdy. Results yielded from Individual Interviews and Focus Groups were, for the most part replicated on perceptions of demographic characteristics of non-problem gamblers.

Question 8a: Gambling practices in the Philippines that are continued in Canada?

Gambling practices in the Philippines that are continued in Canada are mahjong, cards, bingo, lottery, pusoy, blackjack and wagering on sports and cockfighting.

Question 8b: Gambling practices in the Philippines that are not continued in Canada?

Gambling practices that are not continued in Canada are jai alai, jueteng, cockfighting, spider fighting and pyramid. These practices are not continued in Canada because there are no facilities to accommodate such gambling forms.

Summary of Conclusions and Additional Insights

This section provided extensive descriptive insights about the Filipino-Canadian community's perceptions about gambling practice in addition to providing a profile of Filipino non-problem gamblers.

The community's definitions of gambling were stable across responses including: wagering, with money and intention of returns; involves the risk/chance of losing or winning money; is a form of entertainment/recreation; is a social activity; can be addictive and finally, is described as an emotional and mental outlet.

The most common gambling activities among Filipinos were found to be: lotteries (Pro Line, Super 7, Lotto 6/49) casino games (Casino Rama, Casino Niagara), mahjong,

bingo, racetracks, card games (such as pusoy), scratch tickets, internet gambling, and betting on sports. Filipinos tend to gamble in private homes, casinos, racetracks and bingo halls on weekends, holidays and outside of work hours. Time spent on gambling ranges from a couple of hours (3 to 5) to the whole weekend with a frequency ranging from daily to once per month. Filipinos generally spend between \$.25 and \$2,000.00 during each gambling outing depending on the gambling activity. In addition, various gambling activities were identified as practiced in the Philippines and continued in Canada. Such activities were mahjong, cards (e.g. blackjack, pusoy), bingo, lotteries. Gambling activities not continued in Canada were identified as jai alai, jueteng, pyramid, spiderfighting and cockfighting. These results suggest that gambling is a significant part of Filipino social life. As well, continued and discontinued gambling activities between the Philippines and Canada suggest that it is a continued recreational practice between countries and therefore may be a socio-cultural pastime.

Non-problem gambler profiles were dominantly described by respondents as: male (58.82%), middle aged, married (86.67%) with children (76.47%); in Canada for over one year; are of varied Canadian status (58.33% citizen, 41.67% varied status); have and educational attainment level of high school and over; have varied occupational status; earn an annual income between \$20k to \$60k; are majority Catholic but some Protestant, and finally, tend to be characterized as outgoing, sociable, rowdy and gregarious. Results yielded from both individual interviews and focus groups for demographic profile of non-problem gamblers were largely replicated.

Identifying the demographic profile of "typical" non-problem gamblers in the community is useful for assessing demographic differences with problem gamblers. This would be useful for future studies that examine how, when, and what demographic variables interact with the escalation of non-problem gamblers into problem gamblers.

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Community

Question 1: What do community members define as "problem gambling"?

Results for this section describe characteristics of problem gambling described by impediment of normal functioning such as: 1) spending beyond budget; 2) gambling is worked into schedule and becomes prioritized; 3) accumulation of debts due to unpaid loans; 4) become obsessive about gambling; 5) gambling becomes a compulsion; 6) gambling extends beyond recreation/leisure and social activities; 7) illicit "chasing behaviour" (when the gambler wins and keeps trying to win; when they lose they try to win back money lost); 8) breeds other problems related to health, family, work and overall well-being; 9) becomes excluded from normal activities; 10) when gambling becomes an addiction; 11) when one gambles alone and finally 12) will gamble at any cost (e.g. engage in crime). Some of these responses pertain to the problem gambler of reference from the Indirect Case Study 2 who was homeless and still pursued gambling while putting subsistence needs on hold.

Question 2: What is the "perceived" prevalence of problem gambling in the community?

All participants acknowledged the existence of problem gambling in the Filipino community. Participants from the Individual Interviews estimated that 1% of the Filipino community of Metro Toronto are afflicted with problem gambling, however, responses

from the Focus Groups estimated that 20% to 25% of Filipino gamblers are problem gamblers. Based on estimates, this would suggest that 1 out of every 100 Filipinos are problem gamblers, and since 20%-25% of Filipino gamblers are problem gamblers, this would suggest that 4%-5% of Filipinos are problem gamblers. Because these prevalence rates were based on estimates, gambling activity and problem gambling may in fact be higher than presented here. It was suggested that problem gambling, as perhaps gambling activity, is concealed within the community and, therefore, may be more rampant than actually perceived. Therefore, future research should work towards attaining accurate prevalence rates.

Results suggest that the majority of respondents knew at least one or more problem gamblers. However, Indirect Case Study 1, suggested that the problem gambler reference knew of many more problem gamblers than average. These findings would suggest that problem gambling might be a rampant although concealed problem within the community.

Question 3: What are the behaviours attributable to problem gamblers in the community?

Results suggest that Filipino gamblers develop into problem gamblers for multiple reasons such as: 1) development of gambling into a compulsion, obsession, or addiction; 2) hopes of bettering one's life through money; 3) is a learned behaviour; 4) when one loses money it becomes a major concern and therefore gamble more; and finally, 4) when "chasing behaviours" emerge. Indirect Case Study 2 provides an example of various traits identified as patterns in the development of problem gambling. The man had formerly worked as a factory worker, but because of an injury had lost employment. Throughout his life he was considered the black sheep of the family and had never really been close to them. As a result of his family's disregard for him, he moved out on his own. In addition, he did not have any friends and was a social recluse. He would go to the doctor as a form of socializing and was not interested in social activities. Family isolation and loss of employment contributed to his gambling habits and became his primary activity. He spent all of his money on gambling resulting in homelessness and was seeking social assistance to pay for his habit.

Behavioural characteristics identified by participants for Filipino Problem Gamblers are: hot-tempered, ill health, abusive, depressed, deceitful, broke, addictive personality, low life satisfaction, burnt out, introvert, secretive, socially inept, arrogant, under the influence, normal priorities suspended, promiscuous, impeded concentration, financial disparity and decreased work productivity. Indirect Case Studies suggest that the problem gamblers of reference displayed many of the identified behavioural characteristics such as 1) impeded concentration, 2) neglectful of financial obligations, 3) unmotivated; 4) socially inept; and 5) neglectful of life priorities.

Question 4: What are the consequences of problem gambling for the individual, his family and friends and others in the community?

The majority of respondents suggested that problem gamblers would gamble by themselves for various reasons including: 1) the perceived notion that gambling by oneself would increase the chances of winning; 2) embarrassment about the habit; 3) for the sake of privacy; and 4) for convenience. Those who suggest problem gamblers gamble with others suggested that they go with other frequent gamblers and problem

gamblers. This is supported in both Indirect Case Studies where both problem gambler referenced they would gamble with others but if no one was available they would gamble by themselves.

Results suggest that multiple addictions are common among problem gamblers being alcohol, drugs and tobacco. Some suggested that multiple addictions might be a result of trying to escape problems related to gambling or substance addiction. This finding suggests that perhaps, further study is needed to investigate the prevalence of multiple addictions among Filipino problem gamblers and possible risk factors involved in multiple addictions relating to problem gambling.

Results suggest that problem gambling has detrimental negative consequences on the family relations of problem gamblers. Such consequences are: 1) Abuse (physical, emotional and verbal); 2) negligent parenting; 3) problem children resulting from negligent parenting; 4) divorce/ separation; 5) decreased feeling of responsibility for family obligations by the problem gambler; 6) financial debt; 7) problem gambler steals from family member to support gambling habit; 8) problem gambler lies to family members to conceal gambling activity; and finally 10) loss of respect for the problem gambler. It is evident that problem gambling not only affects the problem gambler but also affects their families in negative ways. Such negative consequences are evident in both Indirect Case Studies. Indirect Case Study 1 suggested that the problem gambler reference had squandered away her inheritance on gambling. She was also known to have spent \$11k during a gambling binge. Such over excessive gambling later resulted in bankruptcy for extreme financial debt. Indirect Case Study 2 suggested that the problem gambler reference was already distant with his family, however problem gambling intensified/prolonged isolation from his family.

Results suggested that problem gambling had negative consequences on problem gambler's friendships due to: stealing, excessive borrowing, and incurred debt. Such consequences are often avoidance/isolation from friends of problem gambler, a loss of trust and respect for problem gambler; often resulting in broken relationships. Indirect Case Study 2 suggested that the problem gambler of reference did not have any friends and mostly associated with people at he racetrack.

Results suggested that problem gambling has negative consequences on work such as: stealing from workplace to support gambling, results in decreased work efficiency due to burnout; all commonly resulting employment loss. Indirect Case Study 1 suggested that the problem gambler of reference was so burnt out at times from gambling activities. She would frequently call in sick and miss work. Indirect Case Study 2 suggested that the problem gambler of reference was unemployed at the time and was unlikely to hold an employment position due to his gambling.

Question 5: Who are the problem gamblers in the community and what are their demographic characteristics?

Results suggested that the perceived demographic profile of problem gamblers tend to be: men who are commonly middle aged, married and have children. They also tend to be citizens who have been in Canada for 2 years and over with an educational attainment ranging between high school and university. They are usually employed as blue-collar workers making an average of \$20k- \$50k per annum. Finally, the majority of problem gamblers are Catholic or seasonal Catholics. Indirect Case Study 1 generally fit

the dominant demographic profile for problem gamblers that was given by participants. The problem gambler of reference however was female without children. The Indirect Case Study problem gambler reference also generally fit the dominant problem gambler profile given by participants, except for unemployment. Such findings would suggest that there is a dominant Filipino problem gambler demographic profile, however is not rigid and Filipino problem gamblers can fall outside of it.

Question 6: Does problem gambling in Toronto differ from problem gambling in the Philippines?

Results suggest that there is no negative stigma attached with problem gambling because it gambling is an elite activity signifying wealth and, therefore, is more accessible and unregulated. Problem gamblers in the Philippines have more community social supports unlike in the Canada where the Filipino community is less integrated. There is suggested to be higher prevalence rates in the Philippines for problem gamblers that may be perceived as such since problem gamblers do not hide their gambling activities. Also, problem gamblers use gambling as their occupation. Finally, problem gambling tends to be associated with aggression, drinking and unemployment.

There appear to be differences in problem gambling between Canada and the Philippines. In Canada, there is a negative stigma associated with problem gambling for the more negative consequences and negative reflection problem gamblers are perceived to bear on the community. As a result there are less social supports and higher prevalence of separation, divorce and social isolation. Although there are less social supports for problem gamblers there are believed to be more loaning options for problem gamblers to continue problem gambling as well, problem gamblers tend to have higher socio-economic status in comparison with problem gamblers in the Philippines. Despite negative attitudes towards Filipino problem gamblers, Indirect Case Studies suggest that these attitudes do not deter them from pursuing excessive gambling.

Summary of Conclusions and Additional Insights

This section is integral for providing an extensive look at the dynamics of problem gambling in the Filipino-Canadian community of Metro Toronto. It allows some insight on pattern changes of gambling activity between non-problem gamblers and problem gamblers; perceived prevalence rates, characteristics of those who may be more susceptible to problem gambling and how the community copes with/responds to such a problem. All of these factors reveal how problem gambling interacts with individuals, their lives and the community.

An astounding 100% of respondents acknowledged the existence of problem gambling in the community. Every respondent knew at least one or two problem gamblers. Therefore, based on findings, it can be concluded that gambling is a widely practiced recreational activity that spawns a large proportion problem gamblers.

How does the recreational activity of gambling turn into a problem and what characteristics differentiate problem gamblers from non-problem gamblers? Unlike non-problem gamblers, problem gamblers tend to: 1) gamble for non-recreational purposes; 2) spend beyond their budget; 3) accumulate debt as a result of gambling; 4) illicit "chasing" behaviours; 5) suffer negative affects on health, family, work and overall well-being; 6) become addicted to gambling; and 7) become excluded from normal activities.

All of the characteristics listed above have the common effect of destabilizing one's life. These findings in coordination with previous findings discussed would suggest that non-problem gamblers do not experience negative impacts as a result of gambling activities. Problem gamblers on the other hand experience negative effects in one or all areas of their lives depending on severity.

Afflicted members of the community are suspected to have multiple life circumstances that contribute to the development of problem gambling. Results suggest that precursors and perhaps continued influences relate to psycho-social factors such as: 1) hopes for one's quality of life through money; 2) low life satisfaction; 3) use gambling as an emotional/mental escape; 4) gamble out of boredom whereby gambling becomes the primary recreational activity; and 5) is a learned behaviour. These findings suggest that psycho-social instability is related to susceptibility for problem gambling. This indicates that prevention and intervention measures need to address alternative recreational activities as well as provide resources that consider problem gambling as resulting from both social and psychological deprivation.

In order for prevention and intervention measures to be effective, service providers should be made aware of who in the Filipino community is most susceptible to problem gambling. Responses from this section tend to be but are not always: middle aged married men with children. They are commonly citizens who are generally employed as blue-collar workers with an estimated annual income ranging from \$20k to \$50k. They have varied educational attainment levels (between high school and university) and are mostly Catholic. Problem gamblers are also characterized as: hot-tempered, of declining health, abusive, low life satisfaction, burned out, introverted, secretive, socially inept, arrogant, having normal priorities suspended, under the influence and having addictive personalities. Finally, problem gamblers are described as likely to have multiple addictions to smoking, alcohol, drugs or all. These multiple addictions are believed to be a form of escape from problems resulting from problem gambling or vice versa.

Aversive effects of problem gambling not only affect the individual, but are felt by those who interact with them, such as family, friends and working relations. It was found that families become unstable as a result problem gambling. It causes strain because the afflicted members may become abusive and violent. Also, it is common for problem gamblers to steal for the purposes of using stolen goods to pay off financial debts incurred from or to pursue gambling. There tends to be some embarrassment and guilt associated to problem gambling. This is supported in results suggesting that problem gamblers lie to family members about their activities and the effects of their gambling habits. Sadly, responses suggest that families are often left broken, resulting in separation and divorce. Also, family members lose respect for individual once deleterious effects become more apparent. Similarly, friendships held by problem gamblers too are broken. Friends often avoid the problem gambler after the effects of it begin to show such as stealing and borrowing money to support gambling. As a result, friendships are severed while respect and trust are lost. Finally, problem gambling often results in employment loss due to stealing and decreased work efficiency due to multiple stressors induced by problem gambling.

It is evident that negative consequences extend to all areas of a problem gambler's life. As found, many of the most important social ties such as family, friends and work relations are depleted if not completely severed. This would suggest that as the severity

of problem gambling increases, social contacts and ability to function normally decreases. Such deprivation may perpetuate and intensify problem gambling whereby all that is perceived to be left for afflicted members is gambling. It may be the case that problem gamblers see gambling as a way to remedy problems created by gambling; denying the fact that gambling itself is the negative activity that has increased difficulties.

There has been found to be a positive relationship between social isolation and severity of problem gambling. Findings revealed that a large proportion of problem gamblers gamble by themselves. This suggests that problem gamblers not only are socially isolated outside of gambling activities, but also isolated when engaging in gambling. These findings suggest that problem gambling works in a downward spiral eventually leaving afflicted members alone and unstable.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: How knowledgeable are (community members, problem gamblers) about problem gambling?

The majority of participants were aware of what problem gambling is and acknowledge that it afflicts members of the Filipino community. Indirect Case Study 1 suggests that problem gamblers may be unclear of what differentiates recreational gambling from problem gambling.

Question 2: How aware or concerned are community members about the presence of problem gambling in the community?

There is a general consensus among participants that although the community is aware of problem gambling among its members, there is general indifference to the problem unless it is directly affecting them (family and friends). General indifference to the problem may be associated to negative stigmatization (e.g. untrustworthy, anger, pity, frustration) of problem gamblers for being unable to conform to the "model minority" standards and therefore are believed to be tarnishing Filipino community "pride" and integrity. As a result, problem gamblers are ostracized by social groups through avoidance and lack of acknowledgement by the community. Additionally, the community does not believe there are any means to assist problem gamblers and their families. Assistance by others to problem gamblers is usually avoided based on preconceived notions that problem gamblers will resent those who try to intervene. Hence a sense of helplessness by the community was vocalized. Indirect Case Studies suggested that problem gamblers of reference were aware of the negative stigma towards their problem but did not affect their gambling activity.

Question 3: What are community members' attitudes towards problem gamblers?

The majority of respondents suggested that problem gamblers are in denial, often attempting to conceal it from the community, friends and family. Those who acknowledge their problem are perceived to have difficulties accepting it. Indirect Case study 1 suggested that the problem gambler of reference was in denial despite the negative consequences it has had on her life. On the other hand, Indirect Case Study 2

acknowledged that his problem gambling made a large contribution to his negative life circumstances but was unable/unwilling to pursue treatment.

Conclusion Summary and Additional Implications

Results found that the majority of community members were aware of what problem gambling was. However, respondents suggested that there is a general lack of concern for the issue. These findings may indicate that lack of concern by the community could result in limited access to help-references since the community (family and friends) is the primary social support for Filipinos as found in previous findings. In addition, lack of concern for the issue may deter problem gamblers from seeking help or result in denial. This is supported in results finding that a large proportion of them are not aware they have a problem due to denial, while a significant proportion suggested awareness of the problem but have difficulty accepting it. These findings would suggest that Filipino community awareness measures should be taken in order to reduce indifference to problem gamblers and increase concern so that negative stigmas of problem gamblers are eradicated and afflicted member come forward to seek as assistance.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What resources presently exist to help problem gamblers in the community?

Results suggest that the main resources for assisting problem gamblers within the community are priests, family and friends through giving advice. It was suggested that there are no institutional resources within the community to help problem gamblers. Indirect Case studies align with the community's sentiments on the issue. Indirect Case Study 1 suggested that the problem gambler of reference's main support was family and friends, however despite their appeals to her to seek professional help, she would not take it. Indirect Case Study 2 suggested that the problem gambler of reference perceived any and all community resources were closed or not sought for reasons that there are none available. In this case, friends and family were not an option for the individual.

Question 2: How knowledgeable are (community members, problem gamblers) about resources that are available to help problem gamblers in the community?

The Filipino community is generally aware that that there are mainstream resources available such as Gambling Anonymous, doctors, counseling, therapy, newspaper ads/ advertisements for mainstream resources, and the National Council of Problem Gambling. However, the majority of respondents suggested that Filipino problem gamblers were unlikely to avail these resources due to negative stigma, embarrassment and language/cultural barriers. These perceptions were proven accurate according the both Indirect Case Studies. Indirect Case Study 1 suggested that the problem gambler of reference was aware of mainstream resources as a casino worker but never sought help from them. Similarly, the problem gambler of reference from Indirect Case Study 2 was in getting psychiatric treatment in order to get social assistance to pursue gambling. This individual stopped treatment once social assistance would not be granted further.

Question 3: What are the preferences of (community members, problem gamblers) for programs and services to assist problem gamblers?

Results suggest that the Filipino community has a large spectrum of preferences for assisting Filipino problem gamblers in the community such as: 1) providing alternative recreation; 2) creation of ethnically specific resources that are culturally/linguistically appropriate (prevention, support, education, awareness and counsel); 3) use recovered/recovering problem gamblers as a resource; 4) any and all services that deal with Filipino problem gamblers should be free of charge and confidential; and finally 5) stricter government and policies and regulations regarding the issue of problem gambling. These preferences will be useful in later Action plans that address the issue of problem gambling in the Filipino Community of Metro Toronto.

Summary of Conclusions and Additional Implications

Results of this section found that help for Filipino problem gamblers within the Filipino community are few. Responses suggested that help is often received from priests, family and friends. It is suggested that if these resources are not utilized, "nobody" within the community is available to offer help or support. Respondents knew of public services such as addiction centres, Gambling Anonymous, doctors, counseling, therapy, etc. However, respondents did not believe problem gamblers would avail these resources. It is suggested that problem gamblers may not avail such resources due to denial, helplessness and unwillingness to give up gambling time. However, results from this section provide a basis for inferring several other reasons why problem gamblers may not utilize public resources and minimal resources available in the community. Perhaps problem gamblers perceive gambling as the only fulfilling and available recreational activity and therefore view it as such even though gambling activity has turned into a problem. Such a perception may therefore influence the problem gambler to think there is no problem and hence do not seek help or avail resources. Therefore, it is recommended by respondents that alternative recreation within the community need be broadened and made more available. Also, previous findings had suggested that as the severity of problem gambling increases, social supports decrease. Severed relationships with friends and family often result from problem gambling, the most essential social support for Filipinos in accessing resources. Therefore, this in itself suggests that the two major resources (excluding priests) within the community for problem gamblers may not be available at all once problem gambling becomes severe. This may account for findings suggesting that Filipino problem gamblers rarely utilize public resources since their access to them may be dependent on ties with family and friends who may be aware of them.

An interesting question should be asked in light of such results. What discrepancies are there between resources utilized in the community and those resources available but not utilized/accessible for Filipino problem gamblers? This question is essential for providing insight on how resources for problem gamblers could be implemented and/or improved within and beyond the Filipino community. Characteristics of resources within the community are that they are Filipinos who can identify with Filipino problem gamblers as Filipino as well as share the same language of Tagalog. Therefore, results suggested that ethnically specific resources such as Filipino language in the provision of services should be integrated into the community as well as in already existing resources available outside of the community. Other help preferences suggested by respondents, are prevention measures targeted at Filipino youth. Increased awareness

would deter susceptible individuals in the community as well as inform community members about the problem and how to cope with it effectively.

Goal Five: To Ascertain Recreational Activities, Availability and Accesses to Resources of Newcomers in the Community.

Question 1: What changes did community members make in their leisure/recreational activities from the time they first arrived in Canada and as their length of stay increased?

It has been found that the initial leisure/recreational activities for Filipino newcomers were wide ranging such as: visiting tourist areas, engaging in sports, get-togethers with other Filipinos, church-related activities, family oriented activities, etc. However, the individual interviews revealed that a large proportion of newcomers seldom participated in leisure or recreational activities and that such patterns were still current in their present lives. In addition, as newcomer's length of stay Canada increases, changes in leisure/recreational activities consisted of 1) widening social circles; 2) engaging in more "Canadian" activities such as dances, raves and bars; and 3) participation in new sports such as snow sports, bowling, and tennis. Unlike general responses, the Indirect Case Study 1 revealed that gambling was an initial recreational activity and involvement in gambling activities intensified as length of time in Canada increased. Results from this section suggest that newcomers generally engage in recreational activities that acquaint them better with the community.

Question 2: How easy was it to achieve an adequate level of income and integrate into the Filipino as well as broader community?

Results suggest that newcomers generally have difficulties attaining adequate levels of income and it takes an average of 6 months to five years. Some newcomers use mainstream resources, however, direction by friends and family is an essential resource for finding employment and accessing other resources. Indirect Case Study 1 revealed that the problem gambler of reference did not have any difficulty attaining adequate employment and this may be attributable to her familiarity with Western lifestyles and culture.

Results suggest that it takes a minimum of one week to 10 years to socialize and participate in the Filipino community. The dominant outlets for newcomers are friends and family who assist the newcomer in becoming acquainted with the Filipino community.

The main resource for socializing and participating with the community at large are co-workers. Responses suggested that many Filipinos prefer socializing with other Filipinos than non-Filipinos. Also, some participants suggested that they never made friends beyond the Filipino community due to anxiety about socializing with non-Filipinos.

Question 3: How knowledgeable are Filipino newcomers about available resources to assist in their integration?

It is suggested that the primary resource for assisting newcomers attain adequate employment is friends and family, either referring them directly to employment opportunities or direction for helping them use mainstream resources.

The dominant resource for assisting in socializing and participating with the Filipino community and community at large are relative, friends family and co-workers through word of mouth. However, a large majority of respondents suggested that no resources are utilized by Filipinos to assist in community participation and socializing.

The majority of newcomers avail resources for accessing health care. However, direction by friends and family were essential for guiding newcomers to awareness and use of resources.

A large proportion of respondents suggested that the general Filipino community avails of resources accessible to them. However a large proportion of participants also suggested that they do not do so because of: language barriers, lack of confidence, unclear information/misinformation, and lack of awareness to effectively utilize resources. Settled Filipinos tend to use mainstream resources more frequently than newcomers but are highly dependent on friends and family to effectively utilize them. Results yielded suggest that the Filipino community in general does not fully utilize resources available both in the Filipino community and mainstream society.

Summary of Conclusions and Additional Implications

Many interesting results were yielded in this section that reveal interesting insights about the general experiences of newcomers and the possible contributions they make gambling activities and patterns of the community. Initial leisure and recreational activities of newcomers were normal and healthy. However, a significant proportion of participants suggested seldom participation in leisure and recreational activities during experiences as newcomers as well as in their present lives as settled residents in Canada. This finding can be used in future studies to assess whether there is an increased susceptibility to problem gambling by those who seldom participate in leisure/recreational activities or are engaged in gambling shortly after arriving in Canada as illustrated in the Indirect Case Study 1.

This section also assessed general experiences of perceived availability for resources to assist newcomers in stabilizing themselves economically, and socially, as well as familiarization to health care resources. Inspection of these particularities was profound. As newcomers, participants suggested it was difficult to attain an adequate level of income, taking between 1-5 years to become financially sound. A significant proportion of respondents suggested they were "on their own" when seeking employment. Also, respondents identified friends and family as their main resource to assist them with finding employment. Mainstream resources such as newspapers, employment bulletins and government agencies were found to be the least utilized. This is supported in results finding that respondents did not believe Filipino newcomers availed public resources to assist in attaining adequate employment. Similarly, responses for the utilization of resources to assist with participation in Filipino community socializing were primarily through Filipino friends who were already established in Canada and conceived to be more in touch with them for sharing the common language of Tagalog. The main response for resources utilized by newcomers in order to socialize with those outside of the Filipino community were work colleagues. Surprisingly, some respondents suggested that they have never socialized outside the Filipino community. Results obtained for newcomers availing resources to health care was high, however, direction by "friends and family" were essential for guiding newcomers to them.

Significant results found for the section on Initiation of Newcomers and Integration Into Canadian Society suggests that the most important and most frequently utilized resource is friends and family. Available public resources to assist newcomers financially, socially and for health care can be concluded to be perceptually closed for the majority of Filipino newcomers unless directed by more established Filipinos. Respondents suggested that the general Filipino community (including newcomers and established residents) might not utilize public resources due to language barriers, lack of confidence, unclear/misinformation and lack of awareness to effectively utilize them.

The results of this section provide integral information not only on the basic dynamics of Filipino social life but also clarify issues important to future Action Plans that will accommodate the community. Knowledge about such circumstances suggests that restricted access/availability to mainstream resources for Filipinos is also a drawback for Filipino problem gamblers as members of this community. Therefore, resources including those help-references sought by problem gamblers may be perceptually closed, difficult to access or once accessed, not responsive to their needs; the very same barriers that afflict Filipinos when attempting to utilize other resources. Finally, results of this section could contribute to future studies that address: 1) how Filipino problem gamblers as Filipinos are different from non-Filipino problem gamblers in order to assess how cultural should be addressed effectively; and 2) how Filipino problem gamblers differ from Filipino non-problem gamblers in utilizing resources and opportunities to become socially integrated.

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APPENDIX 1
Community Survey

GAMBLING AND THE FILIPINO COMMUNITY QUESTIONNAIRE

Rev. Dec. 6/01

We are doing a participatory research on Filipinos and how they look at gambling as a pastime and social activity. This research is being implemented through the San Lorenzo Ruiz Filipino Canadian Community Centre in order to provide information about our community's attitudes, issues or concerns regarding gambling. Sources of information will be confidential so you don't need to write your name. Thank you for participating and PLEASE ANSWER THE FOLLOWING QUESTIONS AS BEST YOU CAN:

Demographics

Number _____ Code Name _____ M/F _____ Age _____

Married/Single/other _____ No. of Children _____ Ages _____ to _____

No. of years in Canada _____ Temp/Immigrant/Citizen/Other _____

Occupation _____

Annual Income: \$24K _____ \$24 to 36K _____ \$37K to \$45K _____ \$46 to \$59 _____
\$60K+ _____

Active ___ not active ___ in the Filipino community

Belong to what Filipino community

organization/s? _____

Describe your personality with three adjectives:

Initiation of newcomers

1. a. *What initial leisure/recreational activities do Filipino newcomers participate in when they first arrive in Canada?*

b. As their length of stay increases, what changes occur in their leisure/recreational activities?

2. *When you first arrived in Canada, how easy was it to:*

a. *attain an adequate level of income? How long did it take? What helped or facilitated this?*

b. *make friends or participate and socialize in the Filipino community? How long did it take? What helped or facilitated this?*

-
- c. *make friends or participate and socialize in the community at large? How long did it take? What helped or facilitated this?***
- 3. *Do you think newcomers are aware of and use available resources to assist them in:***
- a. *attaining adequate employment?***
- b. *socializing and participating in the Filipino community and the community at large?***
- c. *accessing health care?***
- d. *Do you think that the Filipino community in general is aware of and use these resources if necessary?***

Goal one: Community's gambling perceptions and practices

1. What is gambling? And what activities would you define as gambling?
2. In your opinion are Filipinos "gamblers"? Why do they gamble?

Are you a gambler? Why do you gamble?

3. What types of gambling do Filipinos (you) do?
4. Where do Filipinos (you) go to gamble and When do they (you) go?
5. How often do they (you) gamble and for how long each time?
6. How much money do they (you) usually spend each time they (you) gamble?

7. Who are the gamblers in the community? Are they Male/Female, Age range _____ Married/Single have/no children, in Canada ____ years, temporary, immigrant, citizen, other _____ education _____ profession/occupation _____, employed/unemployed, est. income \$ _____ per annum Practicing/Religion _____ Personality _____

8. What gambling practices in the Philippines are continued here in Canada and what are not?
9. What activity would Filipinos (you) prefer to engage in instead of gambling if they had the means and opportunity to do so?
10. What is your opinion about State (or government)-approved or sponsored gambling to create revenue?

Characteristics of Problem Gambling in the Community

11. When does gambling become a “problem”?
12. Does “problem gambling” exist in the Filipino community? To what extent?
How many “problem gamblers” are there among your friends and acquaintances?
What in your opinion is the reason they have developed into “problem gamblers”?
- 12-a** What do you think are the reasons why Filipino “problem gamblers” gamble?
13. What behaviours have you observed among “problem gamblers” in our community?
13-a Do you think problem gamblers tend to gamble by themselves? If yes, what do you think are the motivations or reasons for doing so?
13-b What other addictions do you think are common to problem gamblers?
14. What are the effects or consequences of the behaviours of problem gamblers on their family, friends, on their work, etc.?

15. Describe problem gamblers in our community and their characteristics in terms of Male/Female, Age range _____
 Married/Single, have/no children, in Canada ____ years, temporary,
 immigrant, citizen, other _____
 education _____ profession/occupation _____,
 employed/unemployed,
 est. income \$ _____ per annum Practicing/Religion _____
 Personality

16. Does problem gambling in the Philippines differ from problem gambling in Canada?
 How?

Filipino Community awareness of problem gambling

17. In your opinion, do members of our community know what “problem gambling” is?

Do problem gamblers themselves know they have a problem?

18. In your opinion is our community aware of the existence of “problem gambling”
 among its members? How?

Do you think our community is concerned about such a problem? How is such
 concern manifested?

19. What is the community (your) attitude towards “problem gamblers”?

Existence of help and help preferences

20. As far as you know, where or who within our community are helping problem
 gamblers? How?

21. In your opinion, where can/do Filipino problem gamblers go for help outside of our
 community?

Do problem gamblers avail of these services/resources? Why/ why not?

22. What are the best ways (services or programs) you think will help Filipino problem
 gamblers? Who, where, when and how?

Further comments:

Thank you very much for your responses. For any information about this research,
 please call
 Fely Villasin (416)483-4554 ext 24 or write c/o INTERCEDE, 234 Eglinton Ave. E., rm
 205, Toronto M4P 1K5

Email fvillasin@intercedetoronto.org

APPENDIX II
Focus Group Topic Guide

FOCUS GROUP TOPIC GUIDES

Flip Chart 1

WHAT IS GAMBLING?

Flip Chart 2

WHAT IS PROBLEM GAMBLING

Flip Chart 3

WHAT ARE ATTITUDES TOWARDS
PROBLEM GAMBLING?

Flip Chart 4

HOW CAN PROBLEM GAMBLERS BE HELPED?

APPENDIX III
Case Study Guide

GAMBLING AND THE FILIPINO COMMUNITY CASE STUDY GUIDE

Rev. Dec. 6/01

We are doing a participatory research on Filipinos and their experience with gambling as a pastime and social activity. This research is being implemented through the San Lorenzo Ruiz Filipino Canadian Community Centre in order to provide information about our community's attitudes, issues or concerns regarding gambling. Sources of information will be confidential so you don't need to write your name. Your contribution to this research is very valuable and we thank you for participating. PLEASE ANSWER THE FOLLOWING QUESTIONS AS BEST YOU CAN:

Demographics

Number _____ Code Name _____ M/F _____ Age _____

Married/Single/other _____ No. of Children _____ Ages _____ to _____

No. of years in Canada _____ Temp/Immigrant/Citizen/Other _____

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Annual Income: \$24K _____ \$24K to 36K _____ \$37K to \$45K _____ \$46 to \$59 _____
\$60K+ _____

Active _____ not active _____ in the Filipino community

Belong to what Filipino community

organization/s? _____

Describe your personality with three adjectives:

Initiation of newcomers

1. a. *What initial leisure/recreational activities did you participate in when you first arrived in Canada?*

b. As your length of stay increased, what changes occurred in your leisure/recreational activities?

2. *When you first arrived in Canada, how easy was it to:*

a. Attain an adequate level of income? How long did it take? What helped or facilitated this?

b. Make friends or participate and socialize in the Filipino community? How long did it take? What helped or facilitated this?

-
- c. *Make friends or participate and socialize in the community at large? How long did it take? What helped or facilitated this?***
- 3. *As a newcomer were you aware of and did you use available resources to assist you in:***
- a. *Attaining adequate employment?***
- b. *Socializing and participating in the Filipino community and the community at large?***
- c. *Accessing health care?***
- d. *Do you think that the Filipino community in general is aware of and use these resources if necessary?***
-

History

1. Tell us a bit about your family life growing up, childhood and youth...what are your best and worst memories?
2. Tell us about your education and academic pursuits, how did you do in school, in university, your best & worst
3. Tell us about your professional and occupational experience and achievements, your best and worst
4. Tell us about your faith, beliefs, and principles....
5. What were your reasons for leaving and immigrating to Canada?
6. Tell us about your first few years in Canada. What memories stand out?
7. What types of leisure activities do you indulge in besides gambling? How often and with whom?
8. What in your life gives you personal satisfaction?

-
9. What are your life goals or aspirations? What might be barriers that could limit your ability to achieve those goals?

Causes/motivations

10. What is “gambling”? What activities do you consider as gambling?
11. How many Filipino gamblers do you know? Do you gamble with them? How often?
12. What is “Problem gambling”? How do you distinguish it from ordinary gambling?
13. Do you think you are a “problem gambler”? Why do you think you are?
14. What stages did you go through from being an ordinary to being a problem gambler?
15. What particular moment and circumstance or situation made you start to realize that your gambling was beginning to be a problem?
16. What are your reasons and motivations for gambling?
17. Have there been changes in your personality since you became a problem gambler? What are they?
18. What do you think are the causes why you became a problem gambler?
19. What gambling activities do you do and where?
20. Do you gamble alone? Do you prefer alone or with others? Why.
21. When do you gamble? How often do you gamble in a week, and how many hours each time?

-
22. How much money do you spend gambling? What has been your biggest winning, and biggest loss? When you lose do you feel you have to keep playing in order to win back your losses?
 23. Do you have money problems related to gambling such as debts (to whom and how much), others?
 24. From where and how do you get your money to gamble and what extreme measures have you taken to find money to gamble?

Attitudes and behaviours

25. What are your opinions on state-funded gambling facilities in Canada? Do you think increasing availability affects the prevalence of problem gambling?
26. What things/situation have kept you from gambling? Describe your feeling and what you do when you are not able to gamble.
27. Were there any times in your life when you were able to stop gambling for an extended period? How were you able to stop and for how long? Why and how did you begin to resume gambling after stopping for that period?
28. Do you feel you can, stop gambling? Why/not?
29. What are the feelings you have when you gamble (before, during and after)? What is the worst?
30. Do you feel guilt, shame (any other similar.....) about your gambling?
31. Do you have any problem with alcohol? Drugs? Other addictions?
32. Has any of your family and spousal relationships changed because of your gambling? How and to what extent?
33. What have been the impacts of your gambling to your family life?
34. Have you lost a job because of gambling? How has your gambling affected your work?

-
35. Have you lost friends? How has gambling affected your social life and your friendships?
 36. Since you have become a problem gambler, have there been significant changes to your health?
 37. Has your gambling had any impact on your education or your intellectual pursuits?
 38. How else has gambling affected you and your life?
 39. What do you consider is the worst effect of problem gambling on anybody?
 40. If you did not immigrate to Canada, would you have the same gambling problem as you have now? Why/not?
 41. What do you think are the perceptions of problem gamblers by the Filipino community? How have they affected you?

Knowledge and access to assistance

42. Do you think you need help? What help and other forms of assistance do you need?
43. Have you sought treatment/assistance for your problem gambling? If yes, how did you find out about it?
 - 43.a Where or from whom did you seek treatment/assistance?
 - 43.b Would you consider it to be successful? Why/not? If not successful, why did you not pursue other help/sources for your problem gambling?
44. Do help and assistance above exist in the Filipino community and are you now able to access them (from where or whom)? Why/not?
45. What help and assistance do you know exist and you have been able to access outside the Filipino community? (what kind of help, from whom/where)?
46. How easy or difficult is it for you to obtain assistance for your problem gambling within your community? In the larger community? What makes it easy or difficult?
47. What would be your reason for not taking advantage of assistance and help within your community? In the ``````larger community?
48. In your opinion, what would be the most effective way to treat problem gambling?
49. Knowing what you know about this problem, what would you strongly recommend be done in order to prevent such problem?
50. Have the Filipino community's attitudes towards problem gamblers affected they ways in which you have sought help? Have these contributed or prevented you from seeking treatment and dealing with problem gambling?

51. Are there factors which exist in Canada and not in the Philippines that worsen problem gambling? What factors.

Further Comments:

Thank you very much for your responses. For any information about this research, please call

Fely Villasin (416) 483-4554 ext 24 or write c/o INTERCEDE, 234 Eglinton Ave. E., rm 205, Toronto M4P 1K5

Email fvillasin@intercedetoronto.org

APPENDIX IV
Focus Group Feedback

FEEDBACK FOCUS GROUP
Participatory Research on Gambling and the Filipino Community
by San Lorenzo Ruiz Filipino-Canadian Community Centre

Thursday, February 21, 2002
 Lynch Hall, Lourdes Church, Sherbourne St.

AGENDA

6 – 7 pm Introduction

“As a newcomer in Canada, my most memorable experience is.....

Objectives of the Feedback Focus Group:

- Discussion of certain research findings
- Community Action Plan

7 – 8 pm Group A – Findings 1. – 2.
Group B – Findings 3. – 4.

8 – 9 pm Groups A and B – Finding 5.

Please comment on the following initial findings of our research:

1. Our findings suggest that Filipino newcomers obtain information and access to resources and services mainly through family and friends. Without their networks within the Filipino community, newcomers would be severely limited in accessing resources to find employment, obtain health services or participate in social and recreational activities. Responses also suggest a reluctance in socializing with “Canadians” and in utilizing mainstream resources or services due to language and cultural impediments.

Points for discussion:

1. ***Do similar perceptions and patterns about access to information and resources extend beyond the newcomer’s experience to the established Filipino community in general?***
 2. ***Outside of family-and-friends networks, what resources are utilized by the Filipino community to obtain general information about resources related to employment, health and recreational services?***
 3. ***Are language and culture continuing barriers; are they the only barriers; and how can these barriers be removed?***
2. Respondents concede that Filipinos are gamblers and gambling is considered a “normal or ordinary” part of their social life. Playing mahjong or cards and other forms of gambling take place at parties, picnics, family gatherings, friendly get-togethers and funeral wakes. Weekend outings to casinos are popular with adult Filipinos of all economic means. Consequently, respondents consider anti-social behaviour as a sure sign that a “normal” gambler has developed into a problem gambler. Unfortunately, the social stigma against them and their social isolation prevent Filipino problem gamblers from seeking or getting the help they need.

Points for discussion:

1. ***What does this picture of the community's social life say about its integration in Canadian mainstream society?***
 2. ***Is anti-social behaviour and the stigma and social isolation ascribed to Filipino problem gamblers the same in the Philippines? Why/not?***
 3. ***What would be different between a problem gambler in the Philippines and one in our own community here?***
3. In our reading for this research, we learned that there has been increasing resistance by various Canadian communities against further expansion of gambling facilities because of concerns over the negative impacts they have generated such as increased health care costs and lost wages for problem gamblers, higher crime rates, effects on local business, etc. Meanwhile the Canadian government has paid little attention to such concerns and has neglected to provide the resources to diminish the problems arising from expanded gambling facilities. According to our findings, problem gambling affects our community in a variety of ways: loss of employment and lost wages, emotional and economic devastation of families, multiple addictions, ill health, etc. Moreover, a significant proportion of respondents disagreed with government involvement in gambling much less expansion of gambling facilities.

Points for discussion:

1. ***What additional concerns do you have about government-sponsored gambling?***
 2. ***What is the impact of this government policy to the gambling culture of the population and that of Filipinos specifically?***
 3. ***What can we do about our opposition to government-sponsored gambling and expansion of gambling facilities?***
4. Respondents to this study knew of at least one or two Filipino problem gamblers among their friends or acquaintances, yet their attitude towards problem gamblers is characterized mostly by a lack of concern if not indifference. However, when the problem gambler turns out to be someone close to them, whom they care about, then they realize they have a very vague idea of what resources may be found within or outside the Filipino community or what assistance or services are needed. Worse, they realize that even if there were resources available in the outside community, Filipino problem gamblers would not avail of these resources.

Points for discussion:

1. ***What can we do to correct community attitudes and to remedy our lack of knowledge about problem gambling and the resources, services, assistance which are needed to help problem gamblers?***
 2. ***Where/How will we obtain the resources particularly financial, to ensure that appropriate assistance will be available to and accessed by Filipino problem gamblers?***
5. Respondents offered ideas about what can be done to prevent or minimize problem gambling in our community. Among suggestions were language-specific services, prevention measures, alternative recreational facilities and stricter regulations against gambling.

Points for discussion:

1. What would be the key components of a community strategy to combat problem gambling within the Filipino community?
2. **How do we ensure that such a strategy is practical and effective?**
3. **How do we ensure it will involve the community?**
4. **What will be the indicators for the success of our community action plan?**

APPENDIX V
Case Studies

Indirect Case Studies

Findings from the present study suggest that each participant knew of at least one to two problem gamblers among their acquaintances. Problem gambling is, therefore, affecting family, loved ones and friends. Despite our desperate efforts to contact problem gamblers to talk to us, none came forward. Our only recourse was to seek those who could provide us with indirect case studies.

Indirect Case Study Number 1

A Filipino mental health counselor who had conducted an assessment of a male problem gambler offered the following description:

“One of my clients was a Filipino problem gambler whom we could not follow-up on because he was homeless. This person was referred to me by a psychiatrist. This man was not highly educated but was able to come to Canada through sponsorship by his parents. He could not remember anything unusual about his childhood, except that he was considered the black sheep of the family because he had not finished school. He was branded by the family as spoiled and had an overprotective mother. When he came to Canada, he found employment at a factory, but was injured and could not continue working. Due to his injuries and unemployment, he began to go to the racetracks to make a quick buck and eventually he got hooked. He did not have much involvement with the (Filipino) community, was isolated from family gatherings, afraid that he would not fit in. He continued to withdraw until he reached the point where he could not cope with his family, and vice-versa. He left the family and lived on his own. He really thought that horse racing was a very interesting game but it was hard for him to get away from it because at times, he would win large sums of money. He did not have any interest in the community and I got the sense that the community could not care less about him. He was single, in his late 30's to early forties. I do not believe he was a gambler when he was in the Philippines. He was not actually seeking help for his gambling, but was rather looking for counsel on how to pay for his habit. Gambling was his main activity. He was a social assistance recipient, receiving \$300 - \$400 a month, using most of the money for gambling and chasing lost wagers. He told me that he recommends gambling to others because of the enjoyment he derived from it. He had no work, no friends, and no family ties, just acquaintances he would run into now and then. In fact, he goes to the doctor as a form of socializing. Horseracing was his only form of social activity. This man got cut off from social assistance and so he stopped his visits to me. I have no idea where this man ended up.”

Indirect Case Study Number 2

The second case study was drawn from a close friend of a female problem gambler who, despite repeated coaxing, refused to be interviewed:

“When my friend first arrived in Canada from the United States, she would participate in socials and attend parties where she would have a chance to meet with friends and other Filipinos. As her length of stay in Canada increased, she learned to play mahjong, black jack and started going to the horse races. When she first arrived, she did not have very difficult time finding employment. In her first month here she already got a good job as a Medical Technician. Although she came from the United States, she was not aware of nor did she use resources to help her find employment or to become socially

established. She found it easy to make friends because she is really sociable and outgoing."

"She came from an upper-class family in the Philippines and was very privileged. She studied at the University of Santo Tomas to become a medical technician and was an average student. She is Roman Catholic, a very honest and helpful person. She offers to share her apartment with newcomers for free if they are in need."

"She still goes to parties, but afterwards, she always ends up gambling, either playing mahjong or going to bingo halls... This is how she gains personal satisfaction, through indulgence. Right now, she does not have any goals or aspirations and is currently employed in a casino. She is married and has no children. She herself knows over 20 Filipino problem gamblers because she tends to go with friends who are also problem gamblers. She goes gambling about three times a week, whenever she has a chance. She breathes and dreams about gambling all the time. Then she started getting burned out. She would have problems making it to work on time and this is where her problems started. Her marriage is now in trouble, although her husband knew about her habits before they got married...She spends all her money, to the last penny, on gambling. Today, she has huge debts, she already declared bankruptcy, but now her slate is clean...and she still gambles. Her husband gambles with her from time to time, but he is more of a drinker. I remember one instance when she spent \$11,000 U.S. within a matter of two weeks, on gambling. She had also spent her family inheritance on it. She pawns her jewellery for gambling money and once was locked out of her apartment for not paying rent. I have never seen her not gamble for any extended period of time. She is enjoying it, regardless of her debts. She denies her problem completely. She needs help but won't accept it..."

**Addressing Problem Gambling
In the
Toronto Greek Community**

FINAL RESEARCH REPORT

Prepared by:

**Greek Community
Local Research Advisory Committee**

Toronto, Ontario

February 2003

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ABSTRACT

The purpose of this research project was for the Greek community of Toronto to discover whether gambling and problem gambling exist within the community. In order to ascertain whether gambling and problem gambling are issues within the community, the Local Research Advisory Committee conducted research using a variety of research tools, and a process of sampling in order to fully research all levels and sectors of the Greek community. The sampling method used for the research consisted of different age levels from 16 to 70+, females and males, professionals and lower income families, as well as key informants and priests. In order to fully capture the response of the Greek community, the Greek community Local Research Advisory Committee on Gaming, Gambling and Problem Gambling (LRAC) team did its best to include all demographic sectors within the Greek community.

The research employed four methods: key informant interviews, focus groups, community survey and the case study. The entire sample that was used in the research was 198 individuals who participated in the various data collection methods.

The overall results of the research showed that firstly, gambling is a social aspect of Greek life in the community; secondly, problem gambling is increasing as social gambling is occurring frequently; thirdly, the community does not promote gambling or problem gambling; and fourthly, problem gambling services within the Greek community are very limited. It is interesting to point out that gambling and problem gambling are issues within the community that are hidden and not discussed openly. Gambling and problem gambling are issues that require attention because the community at large feels that the actual rate of gambling activity has increased, and is producing higher numbers of problem gamblers.

1. INTRODUCTION

1.1 Background

Prior to the formation of the Greek community Local Research Advisory Committee that has overseen this research, the Greek Orthodox Family Services had obtained information on the formation of this research project on gaming, gambling and problem gambling. Mrs. Lucy Grigoriadis, the former Executive Director of the Greek Orthodox Family Services, believed that it was a wonderful opportunity to conduct research on an issue that was forming in Canada, but also within the Greek community. She thought that it was a good opportunity to gain the perceptions on gambling and problem gambling within the community, and together with the Greek Orthodox Metropolis of Toronto, the Greek community of Metropolitan Toronto Inc., the Family Service Association of Toronto and the Metro OASIS Club, the Greek Local Research Advisory Committee was formed in order to conduct the research.

1.2 Participants

By serving on the Local Research Advisory Committee (LRAC), the Greek community of Toronto has been represented by five different organizations that have worked together to produce this research project and to carry out the research process. The sponsoring agent of this project is the Greek Orthodox Family Service Association in conjunction with the Greek Orthodox Metropolis of Toronto (Canada). Together with the sponsoring organization, the Greek community of Metropolitan Toronto Inc., the Family Service Association of Toronto and the Metro OASIS Club worked synergistically to produce this research project. Each of these organizations provided insight and expertise on social aspects of the Greek community and they each facilitated the various research methods that were employed in this research.

2. COMMUNITY DESCRIPTION

The organization of SAE (Council of Hellenes Living Abroad) claims that there are more Greeks living outside of Greece than there are living in the country itself. According to the 1996 Canadian census, there are 203,345 Greek Canadians. Greek Canadian Community leaders; however, estimated that in 1993, there were 250,000 people of Greek descent living throughout Canada. It is estimated that 150,000 of those Greeks reside in Toronto.

The Greeks who came to Canada were amongst the poorest of Canada's immigrants. They came fleeing war, famine and economic hardships. They arrived destitute and desperate. Most of the Greek immigrants of the first half of the 20th century were arriving mostly as refugees from the war between the Greeks and the Turks, and the loss of that war to the Ottoman Empire. They were also fleeing terrible economic conditions. Greek immigration to Canada came to a trickle in the 1930's and 1940's, but after the Greek civil war (1946-49) there was a mass exodus of immigrants from Greece. Over 100,000 arrived in Canada. Since then, Greek immigration has been slow, but steady.

The Greeks who came to Canada tended to settle in the urban centres with the majority settling in Montreal, Toronto and, to a lesser degree, Vancouver. Many factors constituted the reason for this. First, they sought out the comfort of the familiar by settling together in communities where they could conduct business, hold festivals and church services in their own language. Second, the Greeks did not want to come to Canada to be farmers. Many had been farmers in Greece. Farming life in Greece was tough, hard work, the crops often failed. Farmers were not well respected in Greek society. When they immigrated to Canada, they wanted to live in the cities. Also, within these cities, Greek communities formed, usually in older parts of the city where rents were cheaper; this can be seen by the remnants of what was once the first noticeable Greek residential area in Toronto that developed around St. George Greek Orthodox Church (est. 1909) on Jarvis and Shuter Streets. Often, several families would live together in one house, sharing expenses until they became established and could afford their own homes. Now, in Toronto there are a few areas of the city in which the Greeks have populated, including the well-known 'Danforth' and many parts of Scarborough, Mississauga and Markham.

The Greeks who came to Canada tended also to be uneducated, unskilled and spoke neither official language. Once in Canada, many worked long hard hours as waiters and dishwashers, manual labourers, or factory workers. The above mentioned factors for the Greek immigration into the 'city life' contributed to the establishment of the many owned Greek businesses which until this day still exist in the streets of Toronto such as fruit and grocery wholesale, retail firms, travel agencies, and the most popular, restaurants. It is said today, in Toronto, Greeks monopolize the restaurant business. Today, the 2nd and 3rd generation Greeks have taken over their parents' businesses; however, the majority is educated and pursues work on a professional level. Many are doctors, lawyers, and artisans of modern Canada, existing even within the rooms of our provincial and federal parliament.

Soon after their immigration, the Greeks started to form their own organizations which helped them remain connected as a people while at the same time giving them and opportunity to meet individuals from the old country of whom they had plenty in common. This is shown by the establishment of the Greek community of Metropolitan Toronto Inc.

in 1911 which led to the founding of other Greek organizations which were named after and represented certain provinces or towns of Greeks; those were born and from that certain province or town would be considered part of the organization. These organizations have grown until today, each having their own committee and even hosting numerous cultural and social events every year.

What is noteworthy is that the first immigrants were fiercely determined to pass the love of Greece to their children. By the establishment of all these organizations mentioned above and many other manners were the Greek people of Toronto and the rest of Canada able to keep their culture alive until today. The establishment of numerous Greek language, dance and art schools all over the Greater Toronto Area (G.T.A) that the students attend on the weekends clearly shows this zeal of the Greek people to keep their culture alive. There is a current count of 17 Greek Orthodox Churches in the G.T.A that speaks for itself. The formation of Greek Students' associations at both of the major universities in Toronto (University of Toronto and York University) shows the passion and enthusiasm that the young Greeks have today for preserving their ancient culture.

The Greek community of Toronto today is strong and alive and has become a vital part of the ethno-diversity of Toronto. The culture is flourishing. The people are zealous.

3. RESEARCH

3.1 Purpose and Goals

The purpose of this research was to discover the knowledge and attitudes towards gaming, gambling and problem gambling, ultimately exploring gambling and problem gambling and help-seeking preferences in the Greek community of Toronto.

There were five goals that were created for the purpose of answering specific questions and reaching the ultimate purpose of this project. The goals were:

- Goal One: To describe the nature and practice of gambling as a community socio-cultural activity.
- Goal Two: To describe the definition, characteristics and pervasiveness of problem gambling in the community.
- Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values).
- Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others.
- Goal Five: To develop an "action plan" designed to address problem gambling issues identified through the community research (deferred to a later phase of the project).

3.2 Research Questions

This research was designed to assess the following research questions:

Goal One: To describe the nature and practice of gambling as a community socio-cultural activity.

- 1 What activities do community members define as gambling?
- 2 What is the 'perceived' prevalence of gambling in the community?
- 3 What kind of recreational gambling activities do individual members of the community engage in?
- 4 Where and when does gambling take place in the community? And is it concealed or exposed?
- 5 Is gambling encouraged or discouraged within the community?
- 6 What is defined as gambling within the community?
- 7 Who are the gamblers in the community and what are their demographic characteristics?

Goal Two: To describe the definition, characteristics and pervasiveness of problem gambling in the community.

1. What is defined as problem gambling within and from the community?
2. What is 'perceived' as problem gambling in the community?
3. What are the behaviours attributable to problem gamblers in the community?
4. What are the consequences of problem gambling for the individual, family, and friends, others, in the community?

5. Who are the problem gamblers in the community and what are their demographic characteristics?

Goal Three: To ascertain community members' perceptions of gambling and problem gambling. (i.e. level of awareness, knowledge, attitudes and values)

1. What are attitudes towards gaming, gambling and problem gambling in the community?
2. What are the community members' attitudes towards those with a gambling problem?
3. Do any variations (differences) exist in the attitudes and perceptions of gaming, gambling and problem gambling based on demographic characteristics?

Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others.

1. What support systems, resources and prevention focused initiatives, if any, are currently available addressing behaviour of problem gambling and concerned significant others within the Greek community?
2. Which support systems and resources are people most comfortable going to?
3. Are people aware which support systems exist?
4. What level of awareness exists in the Greek community of where to access help for problem gambling?

3.3 Methods

3.3.1 Data Collection

Community Survey

The community survey was created to gain the perceptions on gambling and problem gambling. The questionnaire includes written answers. It was distributed as part of an agency newsletter and to selected areas within the community as opposed to it being a random questionnaire. It was distributed to religious centres: churches, religious groups; community agencies, social services departments, community offices, schools within the community, community events and local university Greek Students' Association organizations at York University and the University of Toronto.

One hundred questionnaires were filled out by a self-selecting sample of the same number of people. The sample consisted of females and males, individuals between the ages of 16-70, married and single individuals, religious and non-religious, professionals, the media, low/average/high income levels, priests, educated and non-educated individuals, all of which were of Greek descent. The size of the self-selecting sample is so small that the community survey data cannot be considered as representative of the community. The data are reported in summary form at the beginning of the findings section but they were not used directly in answering the research questions that follow.

Key Informant Interviews

The key informant interviews were a part of this research that was specifically aimed at particular individuals in the Greek community. Twenty interviews were conducted, including four different categories of people.

1. Five (5) Media Individuals that were chosen for their expertise within the community through the Greek media, radio, television and newspapers.
2. Five (5) Business Owners were chosen based on their knowledge and expertise of the Greek community of Toronto.
3. Five (5) Priests were chosen based on their knowledge of Greek affairs through the Church.
4. Five (5) Professionals in a miscellaneous category that include, artisans, doctors, lawyers, and other professionals.

The characteristics of the individuals in this category vary significantly. These individuals were chosen selectively by LRAC and contacted to participate in the interviews. There are educated and non-educated individuals; males which monopolized the interviews as there were only two females that participated in these interviews; different income levels; gamblers and non-gamblers as well as various age groups. This category makes up 10% of the entire sample.

The questionnaire for the key informant interviews contained questions that were derived from the research questions as per each goal. The goal of the questions was to ascertain gambling preferences, gambling activity, definitions of gambling and problem gambling, and perceptions on gambling and problem gambling. The significance of this method was that it allowed for perceptions by key individuals in the community that interact within the community on a day to day basis to be given to the research; this is why these people were interviewed.

Focus Groups

Seven focus groups were conducted with different categories. The categories that were used included seniors, female and male adults and youth.

1. Senior Focus Group: It was conducted at the Hellenic Home for the Aged and it included 15 people, males and females, over the age of 60.
2. Male Adult [14 (25-59 years of age)]
3. Male Adult [10 (25-59 years of age)]
4. Female Adult [10 (25-59 years of age)]
5. Female Adult [14 (25-59 years of age)]
6. Female Youth [7 (16-25 years of age)]
7. Male Youth [7 (16-25 years of age)]

The focus groups comprised of seventy-seven (77) individuals, which is 35% of the entire sample. The individuals that participated were chosen according to age grouping, and gender. The individuals that participated approached this research project through advertisements for volunteers to participate in focus groups. There were two particular focus groups that were chosen by the Local Research Advisory Committee on Gaming, Gambling and Problem Gambling. The two focus groups that included chosen individuals were the Senior Focus Group including seniors that were conducted at the Hellenic Home for the Aged, and the Male Adult Focus Group that took place at a Greek restaurant where gambling takes place on a regular basis. The sample consisted of different age groups, males and females, educated and non-educated individuals, single and married individuals, and high/average/low income individuals.

Case Study Interviews

The case study interview was conducted with a 32-year-old male, Canadian born of Greek descent. This interview was done anonymously. The process with which this individual was chosen for the case study was difficult for there are different variables that are considered in problem gambling. As will be seen through the analysis, this individual was chosen because he met certain criteria; these criteria are:

1. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
2. Did gambling cause a decrease in your ambition or efficiency?
3. After losing did you feel a strong urge to return and win more?
4. Did you often gamble until your last dollar was gone?
5. Did you ever borrow to finance your gambling?
6. Did gambling make you careless of the welfare of yourself and your family?
7. Have you ever committed, or considered committing an illegal act to finance gambling?
8. Have you ever considered self-destruction or suicide as a result of your gambling?

Please note that these criteria were based on the criteria given by Gamblers' Anonymous as criteria for gamblers to determine whether they have a problem. These criteria were sufficient for LRAC to decide to conduct a case study interview with this individual. The process with which this individual was chosen is the following:

1. The Metro OASIS Club made a listing of awareness for this project and allowed individuals to contact LRAC if they were willing to participate in this research.
2. After combining a list of individuals to interview the questionnaire with the above criteria was filled out by the participants and then LRAC determined based on those answers that was the best possible case study.
3. The questionnaire for this case study was devised and it contained five different sections that would analyze the problem gamblers' life.
4. The interview was further carried out, transcribed, and analyzed.

3.3.2 Data Collection Tools

Community Survey

There were pamphlets and posters that were created, providing awareness in the Greek community of the existence of this project. The main tool that was used for the questionnaire was the physical questionnaires that participants had to fill out and provide answers in written form (see Appendix I). There were no other tools that were used for this research method.

Key Informant Interviews

The main tools that were used in the key informant interviews were initially a letter that was distributed to all chosen participants; a package informing them of the existence of the project and its significance to the Greek community. Secondly, a questionnaire was devised (see Appendix II). With the permission of the informant, the interview was tape-recorded and the interviewer made notes on the interview as it was being carried out.

Focus Groups

The tools that were used for the focus groups include a discussion guide that was created to guide the focus group. Also, pamphlets were created informing the guests and participants of the nature of the project. With the permission of the participants, the focus groups were all tape recorded. A questionnaire was devised and is in Appendix III.

Case Study Interviews

The case study was conducted through the use of a questionnaire that was devised specifically aimed towards seeking answers to the behavioural characteristics of gambling and problem gambling. The tools that were utilized were tape recorder as well as note taking by the interviewer. The questionnaire that was used is in Appendix II and outlines the five different sections that were created for the purpose of assessing all areas of the problem gambler's life.

3.3.3 Data Analysis

The data collection tools provided for very important findings that were elemental to the research for this project. However, in order to properly use the findings that were accumulated, there were two distinct types of analysis that was required. These two types are the statistical analysis: quantitative, and the content analysis: qualitative. These two will be described below showing their function to the overall outcome of this research.

Statistical Analysis

The statistical analysis contributes a significant amount of information for this project. Essentially it provides a graphical, empirical and numerical analysis of the results and findings. Statistical analysis was employed whenever quantitative data were available. The statistical analysis was comprised of results and findings from focus groups, key informant interviews and the survey questionnaire. Data was imputed into a spreadsheet calculating the different findings.

Content Analysis

The content analysis contributes a significant amount of information for this project as well. The content analysis will provide the function of describing, analyzing, evaluating and assessing the different perceptions of gambling and problem gambling. The compilation of the content was done through a variety of different methods. Firstly, when the results were tabulated they were assessed and analyzed for preferences, definitions and further for similarities in other answers. Secondly, the answers were then divided up into sections so as to answer the research questions that are involved in the goals. Furthermore, when the analysis was divided up into different sections it was further analyzed and similarities and/or contrasts were made to show the different perceptions that would assist in the analysis of the quantitative portion of the research. Also, issues, patterns, themes and problems were all sections that were created dividing up the perceptions. Then, these were further subdivided into the goals and the conclusions were derived from that analysis. Due to the content of the research questions, there were some areas that were not covered, and as a result a section including miscellaneous items was also included.

3.4 Limitations

The limitations of the research were comprised of mainly the bias that was associated with the sampling process. This means that through many of the samples that were compiled, there was a tendency for there to be a selective process in determining whom would participate in the project. This was identifiable through the two focus groups that were conducted. The one limitation to the research was with reference to the Hellenic Home for the Aged individuals who partook in the research process. As well, there was one other focus group comprised of males that included males that were selectively chosen to give their perceptions on gambling for their involvement in gambling within the community was large.

The limitations that were encountered in this research included the sampling process and representation, as well as time and money restraints. Firstly, the sample used in this project is quite small. It accounts for 198 individuals, which includes approximately 1% of the Greek community of Toronto. The population of Hellenes in Toronto is nearly 150,000 individuals. Secondly, the representation was a major limitation as well. There were significantly more males that participated in this research as opposed to females and this is true because especially through the key informant interviews, there are more male representatives in the Greek community as opposed to females. Time and money were the significant restraints that produced limitations to this research.

4. FINDINGS

Community Survey

There were only one hundred self-selecting individuals who responded to the community survey. The survey sample was such a small number of the members of the Greek community that the findings are summarized here rather than addressed within the findings to the research questions. Although the responses to questions are similar to the data that were gathered by other methods, the focus groups and key informant interviews are considered to be much more important sources of information.

The overall perception of gambling of the respondents is that it is a social event. However, once it becomes an addiction, it also becomes a problem. The most popular activities that are carried out in the community are card games, slot machines, poker, horse racing, scratch cards, and lotteries. These activities, especially the slot machines, card games and horse racing are the most common games that will lead an individual to developing a problem over time, and with continuous playing.

The community survey respondents fear problem gambling because it affects children, the household, finances and the overall well being of the community. The various consequences of gambling are; firstly, it leads to problem gambling, and; secondly, as a social aspect of the community, it is destructive. Problem gambling in itself is destructive and has had many implications on households that suffer from problem gambling. Currently; however, the community does not have any type of specific programs implemented in order to combat problem gambling, and as a result it is a phenomenon that will continue to plague the community if something is not done about it soon. Ideally, the community would like to see programs such as support groups, individual and group sessions, telephone services for those who are afraid to publicize their problem and want to keep their anonymity. The respondents would also like to have more public educational programs that address the consequences of gambling.

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What activities do community members define as gambling?

Key Informant Interviews

There was a consensus amongst the key informants that the activities that members of the Greek community define as gambling include:

- casino gambling
- card games
- lotteries and scratch tickets
- horse racing
- bingo
- coffee shop gambling (this includes any type of gambling)
- Russian Roulette

Focus Groups

Gambling is defined as a practice that is done involving money. It is something that involves a risk and a challenge based on the hope of winning something in return for the money that was already spent. Of course it has also been pointed out that gambling does not only involve the use of money. Betting on one's life is also considered gambling and is a major factor when considering that money is not the only thing that drives a gambler to play a game. For the most part gambling is construed as a social activity, of course until someone has taken it to the extreme and makes it a problem.

Question 2: What is the 'perceived' prevalence of gambling in the community?

Key Informant Interviews

The 'perceived' prevalence of gambling in the community is that it is a social aspect of Greek life; yet, it constitutes a problem as more and more individuals are attaining a problem from the social aspect. More and more women are gambling in the casinos as casinos have emerged in the last few years and have shown a great deal of entertainment. What is done as a social event or entertaining activity has led to some substantial problems in the community where individuals are being enticed to continue gambling, thus making it a problem. Gambling is a common part of Greek life both as a social event outside of the home and inside of the home on special occasions.

Lotteries are a substantial activity that encompasses a high population within the community. Yet, lotteries are not as detrimental to the population as casinos and card playing are. Table 1 shows the key informants perceptions of the most common gambling activities the Hellenes community members participate in are, lotteries (40%), casino games (30%), card games (also referred to as coffee shop gambling) (10%), scratch cards (10%), bingo (8%) and horse racing (2%).

TABLE 1
Perceived Common Gambling Activities

Activity	Key Informants %	Focus Group %
Bingo	8	*10
Card games	10	*50
Casino games	30	*40
Horse racing	2	*10
Lotteries	40	*60
Scratch cards	10	*5

* The reason the percentage total more than 100% is because community members participate in multiple gambling activities.

Focus Groups

Gambling is a very common occurrence within the Greek community. The focus group participants felt that the gambling activities members of the Hellenes community participate in include: lotteries (60%), card games (50%), casino game (40%), bingo

(10%), horse racing (10%) and scratch tickets (5%). Other gambling types also include: mahjong, marbles and some things that you cannot buy (e.g. Russian roulette).

Question 3: What kind of recreational gambling activities do individual members of the community engage in?

Key Informant Interviews

In the Greek community, as reflected in Table 1, the most popular type of gambling includes lotteries that comprise a very substantial population of the Greek community; as well, casino gambling has taken a large increase in the last five years. Card playing and gambling through the use of cards is a very significant part of Greek culture whether it does with or without the use of money. Individuals of the Greek community will form groups in restaurants or coffee shops and will play cards. As well, card playing is very prominent in the residence, as on holidays and special occasions families will resort to playing a card game or two, socially.

Focus Groups

Gambling includes a wide range of activities as shown in Table 1 above. For instance it may include lotteries, card games, casinos involving slot machines or table betting, charity lotteries, bingo, horse racing, mahjong, marbles, scratch cards, poker, and even some things that you cannot buy; an example is Russian roulette.

Question 4: Where and when does gambling take place in the community? And is it concealed or exposed?

Key Informant Interviews

Gambling takes place in a variety of different locations as shown on Table 2 below. The locations that are key within the community include: the home, coffee shops and restaurants, casinos, schools, and the racetrack. The figures represent the community activity and where gambling takes place as a whole. These figures have been determined by the frequency of answers and by the research within the community that has taken place. As Table 2 shows, gambling occurs mostly at coffee shops and restaurants within the community and it is approximately 45% of gamblers that gamble at restaurants. Casino gambling includes 40%, while racetrack gambling is 9%, gambling at home is 5% and gambling at schools is 1%. It is evident that gambling within the community is split between the casinos and the coffee shops/restaurants where many Greek males play cards or other games.

While most men frequent the coffee shops to gamble, it is also true that a large number of males also play at the casinos. Females do not go to the coffee shops at all, as it is considered wrong, while casinos have seen a sharp increase of female gambling from the Toronto Greek community. When gambling is a social element of life it is exposed as a social aspect; however, when it is a problem, which means that, when individuals gamble on a day-to-day basis for money and for income, it is usually concealed from the public.

TABLE 2
Where Gambling Takes Place

Gambling Venue	Key Informants %
Casinos	40
Home	5
Race Track	9
Restaurants	45
Schools	1

Focus Groups

In the community, gambling takes place at the casinos, at coffee shops, through lotteries, bingo halls, and even in homes and in schools. It is done openly when it is just a social aspect and individuals are not afraid to expose it; whereas once it becomes an addiction and it involves the use of a lot of money it is usually concealed from the public.

Question 5: Is gambling encouraged or discouraged within the community?

Key Informant Interviews

Gambling is an activity that has not been granted a significant amount of positivism in the community. It is looked upon as a negative aspect simply for the reason that it is destructive for many Greek families. However, while it is not encouraged, there are individuals who believe that it is not considered a terrible thing so long as it is done responsibly and socially.

Focus Groups

Gambling is not encouraged nor is it discouraged. It is discouraged to children; however, at the legal gambling age, it is not considered a negative aspect of Greek life to socially gamble. Once the social gambling has become a problem and an individual and a family suffers it is frowned upon and yes, at that point in time it is severely discouraged.

Question 6: What is defined as gambling within the community?

Key Informant Interviews

In the community gambling may be defined as an act that involves game playing either through lotteries, card games, slot machines and casinos, or any type of activity that involves the use of money and is done for recreational purposes. Gambling usually includes the use of money; however, it is true that there are other occasions where there is no money involved and it is done strictly for fun; but, these are few occasions.

Focus Groups

Gambling in the community is defined as an action that involves the use of money and is done for recreational purposes and entertainment purposes. Many times, gambling does not involve the use of money and it is done solely as a game; however, in most

instances, especially casino gambling, it does involve the use of money, and it involves the desire to attain more money as a result of playing a game.

Question 7: Who are the gamblers in the community and what are their demographic characteristics?

Key Informant Interviews

Individuals of all age groups practice gambling in the Greek community. Youth gamble less than adults but they too participate in lotteries and from time to time gamble amongst themselves on sports games and other activities. Due to the age restriction to enter a casino, it is true that youth will not be seen gambling as much as individuals of the legal gambling age. This is not to say that youth do not gamble; however, it is more common to see individuals in the community between the ages of 25-50 gambling. Also, it has been identified that women are replacing a great many men at the casinos; gambling socially at the slot machines. Yet, a high percentage of Hellenes that gamble are males and are between the ages of 40-60. These males will gamble at coffee shops and at social functions.

There are not many specific demographic characteristics that separate individuals. It has been identified that married, single, rich, and poor individuals will gamble. As well, the key informants identified that individuals who reside closer to a casino are not necessarily more prone to gambling. It has been seen that individuals who want to gamble will travel the distance to do so no matter how far away they live. As a result, what has been identified is that gambling is not dependent on age, sex or marital status, or demographic location within the city of Toronto. On the contrary, all types of individuals who enjoy the thrill of gambling pursue gambling.

Table 3 shows that adults (60%) gamble more than seniors (30%) and youth (10%) among Hellenes. These percentages are a direct reflection of the responses given by the participants in the research. These are trends that the community visibly sees. Table 3 shows that males (75%) gamble more than females (25%). This has been a common pattern throughout the research. It should be noted that taking into consideration the upsurge of female gamblers at the casinos, this twenty-five per cent is a full representation of current day gambling trends.

TABLE 3
Perceived Age and Gender of Hellenes Gamblers

Age	Key Informants %	Focus Group %
Adults	60	50
Seniors	30	40
Youth	10	10
Gender		
Male	75	75
Female	25	25

Focus Groups

The gamblers in the community are mainly men in the ages of 35-50; however, it has been seen that more and more women are gambling mainly at the casinos at slot machines. Men will have a tendency to gamble more because they have more money. However, women are engaging in gambling activity as a past time on the weekends that propels them to use more money. There is no dependency through age, marital status, sexual orientation or occupation that propels an individual to gamble more or less. The only common theme that was associated with the individuals that gamble is that so long as there is a desire within them to win and attain more money, they will gamble either socially or problematically. According to the focus group participants, gambling is dependent on gender and location as well as marital status it seems. It has been a common factor that sexual orientation does not play a role in gambling. Yet, it has also been identified that more males and older males have a tendency to gamble more for they have more money and they have nothing to lose. A younger individual would have reservations on spending his money at the casino when he has other expenses. According to the focus group participants, usually location is a major factor as well. It is true that the focus group participants indicated that the closer one is to a casino and is enticed by gambling, the more prone they are to gamble. Marital status is not so much of a factor.

Essentially if someone wants to gamble then they will gamble no matter what their demographic characteristics are. The group perception of Hellenes gamblers is adults (50%), seniors (40%) and youth (10%) see Table 3. Table 3 shows that males (75%) gamble more than females (25%). This has been a common pattern throughout the research. It should be noted that taking into consideration the upsurge of female gamblers at the casinos, this twenty five per cent (25%) is a full representation of current day gambling trends.

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Community

Question 1: What is defined as problem gambling within and from the community?

Key Informant Interviews

The definition of problem gambling is: an activity that has become an addiction that forces someone to continuously spend large sums of money (that he or she cannot afford) in order to play a particular game. It is true that a gambler that has money, large sums of money and is wealthy, who gambles continuously, is not considered a problem gambler simply because he or she can afford to gamble and so choose to spend their money on gambling as opposed to other types of entertainment. This is interesting and it was a response that was not anticipated. And yet, it implies that if people have enough money to spend, they may spend it at their own discretion, and not be considered problem gamblers, simply because they are not harming anyone around them. As such, two perceptions have been drawn:

1. A problem gambler is someone who is unable to afford gambling and yet continuous to gamble even though it is costly and is producing severe financial and family problems; or,

2. A problem gambler is someone who has large sums of money, who is able to afford to gamble, yet continues to gamble heavily even if he or she does not have any severe financial or familial problems.

The characteristics that unite these two different categories of people are similar if not almost the same. Although there are two different people, those who can afford it and those who cannot, the characteristics remain equal simply because both types of people are drawn to the game and will not stop. These common characteristics are, weakness of character, an anxiety to win, ruthlessness, anger and nervousness, agitation, sadness and emptiness. Emotional and behavioural side effects of gambling are the same for both types of individuals, because neither will stop. The differences between these individuals are the financial differences: one has more money to gamble - the other does not. And yet, while this difference is the most crucial difference with respect to gambling and the ability to continue gambling, both are facing negative consequences that come with a gambling addiction. As such, it is not fair to say that because one individual has more money to gamble, he is not a problem gambler; what constitutes someone being a problem gambler is the fact that he has the characteristics that define him as being a problem gambler.

Yet, it is not considered wrong for a person that is wealthy to gamble large sums of money simply because that money is available. Where as, someone who cannot afford to gamble and is stealing monies away from other resources, is considered wrong. This response and perception may be true from an ethical standpoint; however, it is more than true that both individuals suffer from the same addiction and require the same type of assistance.

Focus Groups

As a common answer many people insist that problem gambling is something that involves an addiction and does not allow a person to cease gambling. Usually a problem gambler is one who will not stop gambling at any cost and will use whatever sources he has to continue his habit. He has a loss of self-control and a loss of will; he is identified as being weak-willed. A social gambler is different from a gambler in that the range of frequency is different between a social gambler and a problem gambler. A problem gambler will gamble frequently; as often as once or twice a day. It is not often that a social gambler will gamble, in fact the will to stop is easy for a social gambler for the key determinant between the two types are how strong the will of the person is.

Question 2: What is 'perceived' as problem gambling in the community?

Key Informant Interviews

Problem gambling in the Greek community is perceived as something entirely negative. It has been granted a negative connotation for the reason that it involves a great deal of destruction to the individuals that have a problem as well as to their families. Essentially gambling is perceived as an activity that provides a loss of money and a loss of life to an individual who partakes in gambling activity. Furthermore, it has been given a negative outlook by individuals because it has shown great destruction to families over the years. Similarly, social gambling has not been given such a negative outlook because it does not involve a problem that an individual has. A problem gambler has a problem with

gambling and is unable to stop gambling, thus resulting in harming his/her life, family and or dependents.

Focus Groups

An individual that has a lack of self-control and self-will and is determined to feed his addiction of gambling by continually betting and losing and/or winning money is an individual that has a problem. Problem gambling is severely frowned upon in the community because it has shown that it is destructive to individuals and to families.

Question 3: What are the behaviours attributable to problem gamblers in the community?

Key Informant Interviews

According to the key informants, the behaviours attributable to problem gamblers are both emotional and behavioural. They have been classified under these two categories to determine what an individual undergoes emotionally and how he acts behaviourally in society. Firstly an individual with a gambling problem will be reserved and empty; he will feel alone and ruthless. He will disassociate himself from the rest of the groups around him and he will not want to involve himself in community events or in other events simply because on his mind he constantly has the obsession of gambling. He will not want to spend money except on his problem, and this will cause strenuous emotional problems. He obtains a physical health problem as a result, or he may be fired from his occupation as a result of depression. In terms of physical behaviour he will be angry and happy at intervals, and his life will be determined by whether he has lost or won. He will show anger and possibly will be prone to fighting and engaging in conflict. Mentally on his mind the only thing that will be of grave importance is when he will be able to gamble, and how much money he has in order to gamble. As such, he may go at any length to attain money; he may steal from a bank or from his family, he may use all of his income towards his addiction and he may lose other assets as a result.

Focus Groups

The characteristics that have been described by the Greek community for the problem gambler range substantially. A person is weak-willed and weak at heart. He cannot say no to gambling and will continue to play with an ongoing hope to win more and more money. Of course this person is identified with having an isolated life and perhaps even emotional problems and instability in his life. He puts all at risk including his family and his occupation and will borrow money and steal money. Often times a problem gambler will commit a crime to fund his gambling, or perhaps a violent act may occur. It is also true that there is a physical anxiety that displaces the problem gambler from a regular person. This person will become completely different. He may be abusive, he may be fierce and brutal to his family and friends, he may be led to a violent criminal act either on himself or upon someone else. It is also true that the physical characteristics of a problem gambler are such that he displaces and alienates himself completely from the rest of the world by being harsh with words, displacing himself from the community and not speaking to anyone except the gambling circle he has created around him. Perhaps this person will be constantly angry, or alone if he is losing, perhaps he will be depressed and unhappy or even sad within his heart. Of course all of these characteristics arise out of a weak-willed person with a low self-esteem that usually lead

to gambling problems. However, it is also true that a fully stable person may gamble once and further become enticed to gamble more and more until he becomes a problem gambler and then become a depressed, lonely and sad person with a low self-esteem simply because he lost all of his money and because he has nothing left to do in his life and life seems empty because he has taken all the precious people out of his circle of love.

Question 4: What are the consequences of problem gambling for the individual, family, and friends, others, in the community?

Key Informant Interviews

The individual consequences of problem gambling are a lack of money; stealing from the family, and inability to provide the necessary elements for a family to survive, sadness, emptiness, displacement, alienation, attempt at suicide once the ultimate low is reached, and of course a feeling of loss and anger. For the family the consequences may be a lack of money for the household, dealing with an individual that is always angry and lonely, lack of income to supplement the bills and the cost of living; and on a whole, the consequences of problem gambling for the community are bad morale, and sorrow. Individuals who suffer from a gambling problem are looked down upon with sorrow and sadness, and the community may also criticize them giving them a bad reputation in the community.

Focus Groups

The consequences of problem gambling on an individual level and on a community level are many and are very important. The individual consequences of problem gambling are drastic and deal with financial loss, family breakdown, emptiness, criminal activity, loss of employment, loss of friends, loss of empowerment over one's self, sadness and depression, etc. At the community level, it is true that the entire community may suffer if problem gambling is widespread. The children that are witnessing accounts of problem gambling may be enticed to become problem gamblers through influence, or perhaps may grow to be reserved and depressed due to situations in the household that had made them depressed. The consequences are many and should not be taken for granted, and they should be considered when gambling.

Question 5: Who are the problem gamblers in the community and what are their demographic characteristics?

Key Informant Interviews

The problem gamblers in the community consist of a high percentage of males that are in the age group of 35-55. They are either married or single, there is no relationship to marital status. Women have shown an increase in gambling addiction causing a problem, especially in the last five years, where social gambling at the casinos have increased numbers of problem gamblers. The women are in the age group of 35 to 50 as well.

Within the community, the key informants suggest that there are three types of people with the following estimates: problem gamblers at 20%, social gamblers at 50% and those individuals that do not gamble at all at 30% (see Table 4). Gambling has been

seen to be a recreational and entertaining activity, and as such, many people gamble socially once in a while, which constitutes this 50% of Hellenes in the community. The estimated twenty per cent (20%) of problem gamblers constitutes a percentage of those individuals that are not included under 'social gamblers' but have become problem gamblers and are currently problem gamblers within the community. There are of course individuals that do not gamble, and that have never gambled before in their life. These individuals constitute the 30% of the Hellenes in the community.

Although the key informants estimate problem gamblers make up twenty per cent (25%) of the Greek community population, this does not mean that they are all at risk of losing their assets and their livelihood. Instead, this estimate of problem gamblers takes into consideration the number of people that gamble regularly for large sums of money. Of the estimated 20% of the population who are problem gamblers, 75% are adult males that gamble within the casinos or in coffee shops; the other 25% per cent of problem gamblers is made up of adult females. The individuals that have a problem do not share any type of similar demographic characteristics except for the age range and also the emotional characteristics. Many of these problem gamblers began with social gambling which eventually escalated into problem gambling. The female problem gamblers are gamblers that play in casinos; whereas the males are split between the coffee shop gambling and the casinos. It is an age-old tradition and past time for males to gamble in coffee shops or in homes and it has continued here in Toronto as well. Gambling in Greece is a past time that is done by many whether or not it is a problem; as a result, social gambling has continued here in Toronto; however, there have been many cases where individuals are becoming problem gamblers.

TABLE 4
Perceived Gambler Types

Gambler Types	Key Informants %	Focus Group %
Problem	20	20
Social	50	50
Non-gambler	30	30

Focus Groups

According to the focus group participants, the problem gamblers in the community consist of a high population of males between the ages of 40 and 50. Similarly there is an increase in the number of females that have obtained a problem with gambling within the last five years. There are no demographic characteristics that identify certain individuals with having a problem. In fact, problem gamblers may be married or single, widowed or divorced; they may reside far from the location of gambling but will travel the distance in order to gamble. The only common theme that was identified was through females who supplant the males in certain areas of gambling and show a trend of a particular age grouping and location. Women who are closer to a casino may gamble more than they would intend to if they didn't have the means of getting to the casino. However, it is rare that you will find a woman who does have a problem and has no means of getting to a casino, not find a way to a casino.

The focus group participants also think that there are three types of people in the community: they estimate problem gamblers at 20%, social gamblers at 50% and those that do not gamble at all at 30% (see Table 4). Gambling has been seen to be a recreational and entertaining activity, and 50% of Hellenes in the community are thought to gamble. The twenty per cent (20%) made up of problem gambler constitutes are not included under 'social gamblers' but have become problem gamblers. There are individuals that do not gamble and these individuals constitute the 30% of the Hellenes in the community.

Of the estimated problem gamblers in the community are made up of 75 per cent are adult males; the other 25 per cent of problem gamblers is made up of adult females. Many of these problem gamblers began with social gambling which eventually escalated into problem gambling. The female problem gamblers are gamblers who play in casinos; whereas the males are split between the coffee shop and casinos casino gamblers.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling. (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: What are attitudes towards gaming, gambling and problem gambling in the community?

Key Informant Interviews

The attitudes towards gaming, gambling and problem gambling in the community are mixed. Social gambling has not been considered an aspect of Greek life that is worth being ridiculed because a large percentage of individuals gamble socially. Of course, it has been seen that social gambling may contribute to problem gambling, and so long as social gambling does not cross the boundaries of responsible behaviour it is considered to be a problem. Problem gambling in the community is looked upon negatively and is considered a problem. Individuals in the community frown upon problem gambling because many families have seen the consequences that emanate from problem gambling.

There are approximately 25% of people that believe that gambling is wrong, while there is 75% that believe that gambling is not wrong. One hundred per cent of people believe that problem gambling is wrong, while there are 5% of people that believe that social gambling is also wrong and is as bad as problem gambling.

1. The perception of gambling and problem gambling in the community is mixed. There are those that believe that gambling, as a social activity should be completely banned from the Toronto area so as to prevent people from gambling, which may ultimately lead to problem gambling. Then there are those individuals that believe that as a social activity gambling is not harmful and should be allowed and accepted by the community. The problem gambling issue is a large one and the community is adamantly negative towards problem gambling because it has negative consequences on the individual, family and community as a whole.

2. As long as gambling does not have a negative result, the people do not feel threatened by gambling. However, the fact that many people are not able to control

themselves and do result in obtaining an addiction to gambling, allows many people to fear gambling and believe that it does cause destruction if it is not properly controlled.

People within the community are self-aware and the issue of gambling has been kept quiet for fear of gossip erupting. As a result, the true figures of problem gambling are not readily possible to determine. That they are substantial is true because of 'stories' and comments made by participants in this research project. However, because there is a fear within people to disclose too much personal information about habits of the home and the activities that occur within a household, people do not wish to make public the issue that gambling is a problem. As a result what this creates is ignorance and a difficulty in determining how detrimental problem gambling is within the community in order for programs to exist. Through this research; however, there have been many open minds willing to assist in the discovery of how common gambling is within the community and to assist those who do have a problem. One of the most fearful issues within the community is that those individuals that do have a problem and do not know where to go and receive assistance result in gambling more and more and becoming worse with their addiction.

Focus Groups

In the community gambling is perceived as a recreational activity especially since the casinos have been emerging as a very entertaining past time. It is not considered anything that is negative because many people are very interested and curious about 'testing their luck' so to speak through the slot machines and the card tables. Obviously such things as lotteries and bingo are very common and have been common for many years, and it is true that these activities are not considered to be negative either. Problem gambling is somewhat different though. It is perceived as an activity that is horrible and with terrible consequences.

Question 2: What are the community members' attitudes towards those with a gambling problem?

Key Informant Interviews

The attitude towards those with a gambling problem is negative. The community does not like to see individuals with economic, familial or social problems. When an individual is involved in problem gambling, the individual tarnishes his or her reputation and is looked down upon by the community. In fact, there is sadness that emanates from the community for these individuals, and also a sense of embarrassment.

Focus Groups

While it is wrong to associate a problem gambler with a particular reputation, it certainly does occur and that is because people are generally disgusted with an individual who would leave his family in a precarious situation in order to gamble. But the bad reputation is not so much the issue once an individual is in terrible need of assistance. Instead sadness and sympathy are two common factors that individuals in the community feel toward the people with the addiction. Problem gamblers are looked down upon from the community because they are dealing with an addiction that is destructing their family, their own well-being, but also if they are an individual in a respectable position that must be trustworthy, the reputation becomes negative as a result of the

gambling addiction. There is no trust associated with an individual that is addicted to gambling.

Question 3: Do any variations (differences) exist in the attitudes and perceptions of gaming, gambling and problem gambling based on demographic characteristics?

Key Informant Interviews

Gambling and problem gambling is not dependent on demographic characteristics. On the contrary it has been seen that social gambling occurs at any age level, at any location and for any reason. Usually social gambling will bring entertainment to individuals. Once the social gambler becomes addicted and it becomes a problem, again there are no demographic characteristics that differentiate people that would be more prone to gambling or non-gambling. This means that a social gambler and a problem gambler may have the same demographic characteristics, but one may have a problem because his character is weak and because he does not want to stop gambling.

Focus Groups

There are no boundaries to gaming, gambling and problem gambling. People of all characteristics will participate in gambling and quite possibly attain a gambling problem. Problem gambling is frowned upon in the community. There are no exceptions to attitudes and perceptions if an individual contains different demographic characteristics.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What support systems, resources and prevention focused initiatives, if any, are currently available addressing behaviour of problem gambling and concerned significant others within the Greek community?

Key Informant Interviews

According to the key informants, the only gambling support systems that are available to Greek families are the non-Greek support systems like Gamblers' Anonymous, or the Gambling Hotline for Ontario problem gamblers, with the exception of OASIS. In the Greek community of Toronto the only help-seeking methods available are those that the Church offers, which do not specialize in gambling but provide counselling as a general service, as well as social services departments within the Greek community agencies. The common issue was that there is little awareness of where to receive assistance if one does have a gambling problem.

Table 5 is a representation of the support systems that are currently available and being used by the Greek community of Toronto. These systems and services are the Church at 40%, Social Services agencies within the community at 35%, OASIS at 20%, and 5% allocated to other services.

In the Greek community the resources that are available currently are within the Church, social services agencies through community agencies, the Metro Oasis Club that is utilized quite effectively for gambling. Aside from these resources that are community oriented, there is nothing else. The Greek community has a shortage of resources that

are focused towards gambling addiction. Another problem with problem gamblers receiving help is the language barrier that is relevant.

The majority of the key informants felt language was a huge barrier to Greeks accessing conventional gambling support systems. In fact, 98% of this group would like support groups to include the Greek language to cater to those people that do not understand English and that would benefit substantially if the program were offered in Greek. There was 2% of the population that believed language did not matter at all.

TABLE 5
Support Systems in the Greek Community

Agency	Key Informants %	Focus Group %
Church	40	25
Social Service Agencies	35	50
OASIS	20	20
Other	5	5

Focus Groups

The focus group participants suggested that with the exception of OASIS the only gambling support systems that are available to Greek families are the non-Greek support systems like Gamblers' Anonymous, or the Gambling Hotline for Ontario problem gamblers. In the Greek community of Toronto, according to the focus group participants, the only help-seeking methods available are those that the Church offers, which do not specialize in gambling but counselling as a general service; as well as social services departments within the Greek community agencies. The Metro Oasis Club is utilized quite effectively for problem gambling. Overall, there is little awareness of where to receive assistance if one does have a gambling problem.

Table 5 shows the support systems that are currently available and being used by the Greek community of Toronto. These systems and services are the Church at 25%, Social Services agencies within the community at 50%, OASIS at 20%, and 5% allocated to other services.

Question 2: Which support systems and resources are people most comfortable going to?

Key Informant Interviews

The key informants suggested that a problem gambler would need to be comfortable where he is in order to be able to open himself to the counsellor or to the support system so that he may be assisted. If someone is not comfortable then there is an issue of not being able to assist someone because he or she will not return to that support group simply because he or she does not feel welcome or comfortable.

The key informants also suggested that the most common type of support system is the individual group session, which is a one-on-one style support group for a problem gambler. This is represented by 40%. The second style of method would be the group

session and this was represented by 30%. The next type of help was a telephone hotline, which would allow an individual to be completely anonymous. This is represented by 15%. The Church is the one method that is currently very popular simply because it is one of the only types of services available; however, it is not preferred and this is evident by the small percentage of 5%. As well, psychologists and psychiatrists are too not very popular in this study and they represent 10% of the actual popularity of support methods.

Focus Groups

According to the focus group participants, the resource systems that provide psychological and emotional assistance are the best types of support systems that will allow a person to benefit. Telephone hotlines, and support groups with many individuals talking about their problem, or perhaps an individual session with a psychiatrist or a counsellor of some kind, would be very beneficial. Having someone to go along with that individual and accompany him or her is also beneficial because it allows for assurance that this individual is actually receiving help.

Question 3: Are people aware which support systems exist?

Key Informant Interviews

Most people do not know of any service systems that exist. The only services that people are aware of are the social services departments within the Greek community agencies, the Toronto Family Service Association and places like Metro OASIS. There is very little awareness of where else to go in order to receive assistance. The fact that there are very little Greek speaking support systems is a special problem. This has been a hindrance for most people needing help.

Focus Groups

Most people, regardless of problem gamblers, do not know of any systems that exist. The services that people know are the social services departments within the Greek community, agencies such as the Toronto Family Service Association and Metro OASIS. There is very little awareness of where else to go in order to receive assistance.

Question 4: What level of awareness exists in the Greek community of where to access help for problem gambling?

Key Informant Interviews

There is very little awareness in the community of where to access help, simply because people are not searching for it, and, of course, because the Greek community of Toronto agencies do not advertise any type of assistance fostered methods to combat problem gambling. As such, it is a common pattern that people do not know where they may receive assistance to overcome a gambling problem.

Focus Groups

Although Greek people are not looking for help, there is little awareness of where help can be obtained. The agencies do not advertise services for addressing problem

gambling. Accordingly, there is little very little awareness of the limited help that is available.

4.1 Miscellaneous Findings

The Effects of Gambling and Problem Gambling on Children

Gambling and problem gambling both affect children. There was a consensus of results that showed that children are directly influenced by the activities that their parents, siblings and/or family members engage in. The problem with this is that if gambling is prevalent in the household the child directly observes the behaviour. If there is a mechanism in the household that says that a child will be molded to understand that gambling and especially problem gambling is wrong, then the chances of that child becoming a gambler are low. When a child is observing the behaviour of a problem gambler in the household, the child is at great risk of attaining emotional problems as well as behavioural characteristics that are abnormal. Furthermore, the child may grow to believe that gambling is a part of natural life, and may end up attaining a gambling problem as well. The opposite is also true; however, and that means that a child seeing the behaviour of a problem gambler may choose to never participate in gambling games, and may be adamantly against gambling.

Within the Greek community, there is a low percentage of young children that are living in a household where problem gambling is prominent. Problem gambling occurs between the ages of 35-55, with a high majority between the ages of 45-50. As a result many children of the problem gamblers are teenagers or young adults. That is not to say that these children are not directly affected with the consequences of problem gambling; however, it is that young adults are at a level of maturity that will not directly influence their behavioural characteristics. Yet, there are other consequences as well. These consequences are monetary issues, violence in the household, anger and sadness. Children are exposed to the behaviours of parents and are influenced quite substantially in different ways. As a result, it has been deemed a very important issue in the Greek community that problem gambling does not escalate for it severely affects the livelihood of children, emotionally, socially and physically.

The Financial Costs of Gambling

Financially, the costs of gambling and problem gambling are significant. Gambling as a social issue does not provide harsh monetary problems; however, many individuals believe that to consume money for gambling is essentially needless. Problem gambling causes severe financial burden that ultimately places a household on the brink of bankruptcy and an inability to properly sustain oneself or a family. As well, it is true that a heavy gambler puts himself at risk of losing his employment which further places him in debt; the problem gambler may not be able to provide necessary items to his family for their well-being; the problem gambler may have to steal or to beg to receive funds in order to continually gamble.

The Religious Perspective

From a religious point of view in the Greek community, gambling is considered wrong. This is a theme that has been described by most of the individuals that participated within the research project. Some people suggest that those who are far away from religion and do not value religion will be caught up in all of the negativities that religion

frowns upon. It will be difficult to remove one's self from the addictions because they do not have the strength and the help of God to do so. Gambling in itself is a destructive activity and this is why even social gambling, by some, is considered a negative activity as well. However, social gambling is not as bad as problem gambling, say many, and this is why social gambling is not a negative factor within the community. Nonetheless, social gambling does lead to problem gambling, and this is especially true if a person is weak-willed. This is one of the reasons why people suggest that gambling of all kinds should be eliminated.

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What activities do community members define as gambling?

The Greek community defines gambling activities as: casinos, lotteries, card games, horse racing, bingo and scratch cards. These are the most prominently played games that the community engages in.

Question 2: What is the 'perceived' prevalence of gambling in the community?

Gambling is a very prevalent issue within the community. Gambling has become a social past time and an entertaining event for those people that do not frequently gamble. As a result, it is fair to say that gambling has a large prevalence within the community. The perceptions of the individuals that were interviewed are that the prevalence of gambling is increasing and, furthermore, it is an issue that may lead to some destruction, especially with individuals that are weak willed. More Hellenes are gambling today than they were ten years ago. As well, more female Hellenes are gambling more today, than they were ten years ago. Social gambling, which includes anything from going to a casino, to playing lotteries, or playing bingo, scratch cards, etc., has increased and, especially, so the increase has been evident in the number of people that are attending the casinos.

Question 3: What kind of recreational gambling activities do individual members of the community engage in?

The community engages in a wide array of different games and gambling activity. As has been seen above the most prominently played games include lotteries, card games and the infamous 'coffee shop' gambling, scratch cards and bingo, casinos, etc. The most common of all of these activities are the lotteries that are played on a day-to-day basis. There is a small amount of money involved usually, and many Hellenes participate in the lotteries. Card playing at coffee shops and at homes is also a prominent past time, although, this particular past time is usually practised by problem gamblers.

Question 4: Where and when does gambling take place in the community? And is it concealed or exposed?

Within the Greek community, the most frequent type of gambling is on lotteries, presumably at stores or at home. A significant amount of gambling occurs at the coffee shops, exclusively by card playing men, and casinos, frequented by both men and women. Essentially the significance of whether gambling is exposed or concealed lies in whether gambling is done socially or if it is a problem. Generally if gambling is simply a social aspect it is not concealed from the public because it is not something that is considered harmful. More and more Hellenes are not afraid to expose the fact that they are going to casinos or they are playing other games that involve the use of money, solely because their playing is under control. On the contrary, if gambling is a problem and is done on a daily basis it is concealed simply because there is a negative reputation associated with it and also because there are many problems that would result if problem gambling was exposed.

Question 5: Is gambling encouraged or discouraged within the community?

Gambling is discouraged within the community for the most part. The reason why it is discouraged is because it may lead to problem gambling. However, when gambling is done socially and infrequently, it is not considered negative and it is not discouraged completely. What is discouraged are the activities that are done regularly and this is so because, as has been noted already, regular gambling may be a problem, or it may lead to a problem. What is interesting is that although gambling is not encouraged within the community, there has been an increase in the number of people who frequent the casinos. Social gambling at casinos is considered an entertaining past time.

Question 6: What is defined as gambling within the community?

Gambling is defined as an activity that is done when an individual risks some money or something of monetary value in order to gain something in return. Gambling is considered a social issue, and sometimes can lead to an addiction, which has lasting effects on an individual, a family and the community.

Question 7: Who are the gamblers in the community and what are their demographic characteristics?

Within the Greek community of Toronto there are a variety of different people who gamble. Firstly, there is a significantly higher number of males who gamble as opposed to females. As well, age is a definite factor. There is a higher number of adult males that gamble more significantly than adult females and younger males. However, in the last five years there has been an increase in the number of females that gamble at casinos and this is identified from the increase of ten per cent of females to twenty-five per cent of females that gamble. Also, as casinos are being built closer to residential areas, there is a trend that more and more people are frequenting the casino; as such, location is a major factor in gambling patterns within the community.

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Community**Question 1:** What is defined as problem gambling within and from the community?

As a common answer many people insist that problem gambling is something that involves an addiction and does not allow a person to cease gambling. Usually a problem gambler is one who will not stop gambling at any cost and will use whatever sources he has to continue his habit. He has a loss of self-control and a loss of will; he is identified as being weak-willed. A social gambler is different from a gambler in that the range of frequency is different between a social gambler and a problem gambler. A problem gambler will gamble frequently, as often as once or twice a day. It is not often that a social gambler will gamble, in fact the will to stop is easy for a social gambler for the key determinant between the two types are how strong the will of the person is.

1. A problem gambler is someone who is unable to afford gambling and yet continuous to gamble even though it is costly and is producing severe financial and family problems; or,

2. A problem gambler is someone who has large sums of money, who is able to afford to gamble, yet continues to gamble because he or she does not have any severe financial or familial problems.

Question 2: What is 'perceived' as problem gambling in the community?

The community perceives problem gambling to be something negative and terrible. Essentially problem gambling is perceived as an action that brings negative results as a result of playing, betting for money and using large sums of money. Problem gambling is a grave problem that affects families, friends, and the community at large. However, more importantly problem gambling affects the individual in many ways where problems with the law, with the family, with the workplace and with other resources may arise and place the problem gambler in a situation where he/she cannot recover. It is considered a negative aspect of Greek life and usually problem gamblers are ridiculed and looked down upon because they have the inability to stop gambling.

Question 3: What are the behaviours attributable to problem gamblers in the community?

The behaviours attributable to problem gamblers are emotional and physical. Emotionally the problem gambler is suffering from loneliness and sadness. As well, he is angry, excited, sad, empty and is propelled to continue living simply because of his addiction. These emotional behavioural characteristics may lead to terrible consequences such as conflict, problems with the law, fraudulent crimes, violence, etc. Physically the problem gambler acts oddly; he will be agitated and loud; he will displace himself from groups that he was a part of prior to developing a gambling problem; he will not be approachable by people for he will always be angry or have bursts of happiness. But mainly his attitude is one that is unsteady and unstable and is dependent on whether he has lost or one his money.

Question 4: What are the consequences of problem gambling for the individual, family, and friends, others, in the community?

The interviews provided some interesting insight into what people believe the consequences of gambling and problem gambling to be. The reason why this is important is because it is a positive factor that Hellenes understand what the consequences of problem gambling are, so that people do not get enticed by gambling in order for it to become an addiction. These consequences are: family breakdown, individual mental breakdown, financial loss, employment loss, negative reputation, criminal activity, death or violence and suicide, inability to support one's self or family, feelings of displacement or alienation, emotionally unstable, does not want help and suffers, family suffering, and community suffering.

1. Certainly the financial costs of gambling are enormous. Social gambling provides a large sum of losses as much as problem gambling does; however, it is true that there is a cap and there is a position where a social gambling will cease to gamble. The actual financial losses from problem gambling have been very high and have destructed households, allowing families to lose their money and assets, as well as forcing the individual with the problem to find other methods of finding money through borrowing and/or stealing, which builds a loan, and puts him at risk of being charged with a criminal offence. Money as defined by some

participants has been described as the route of all evil, so to speak, and has been the cause of the addiction since the beginning of the addiction.

2. The family costs are very substantial as well. A family with a problem gambler is at risk of losing wealth, a home, reputation, health, school costs, and many other elements that make up an average individual's life. However, aside from the monetary value that is lost within the family household, there are also emotional and psychological factors that are put at risk. Of course, the emotional hazards of problem gambling create anger and resentment, there is constant fighting or hatred in the household aimed at the individual with the gambling problem. Psychological factors include depression and sadness, emptiness and melancholia, which are contributing factors to an addiction.
3. Children are the worst hit individuals with problem gambling. While it is uncommon for youth to gamble, also because an individual has to be an adult legally to enter the premises of a casino, it is not uncommon for other gambling practices to be exposed to youth. Children and youth alike are faced with the consequences of their parent(s) gambling addiction, or with the consequence of growing up in a generation facing a future where gambling is a prominent activity within the community and the city at large, and will be forced to deal with the consequences that are brought forward by gambling addiction. Furthermore, when children are directly faced with a gambling addiction within the household, the ability for a child to develop a gambling problem increases; as well, other consequences are that a child may face financial problems, or emotional problems, domestic abuse and violence within the household, or ridicule by the community. These factors are negative and provide a mental state that is not healthy for an individual that is growing to maturity both emotionally and physically. Surely, the costs of gambling outweigh the benefits in more ways than one.

Question 5: Who are the problem gamblers in the community and what are their demographic characteristics?

Within the community there are three types of people: problem gamblers estimated at 20%, social gamblers estimated at 50% and those individuals that do not gamble at all, estimated at 30%.

Gambling has been seen to be a recreational and entertaining activity, and as such, many people gamble socially once in a while, which constitutes this 50% of Hellenes in the community. The estimated twenty per cent (20%) of problem gamblers constitutes a percentage of those individuals that are not included under 'social gamblers' but have become problem gamblers and are currently problem gamblers within the community. There are of course individuals that do not gamble, and that have never gambled before in their life. These individuals constitute the 30% of the Hellenes in the community.

The problem gamblers within the Greek community of Toronto are estimated to make up twenty per cent of the population. This does not mean that they are all at risk of losing their assets and their livelihood. Instead, this twenty per cent of problem gamblers takes into consideration the number of people that gamble regularly for large sums of money. The problem gamblers in the community are made up of 75% adult males that gamble within the casinos or in coffee shops, 35-55 years of age; the other 25% of problem

gamblers are made up of adult females, 35-50 years of age. The individuals that have a problem do not share any type of similar demographic characteristics except for the age range and also the emotional characteristics. Many of these problem gamblers began with social gambling which eventually escalated into problem gambling. The female problem gamblers are gamblers that play in casinos; whereas the males are split between the coffee shop gambling and the casinos. It is an age-old tradition and past time for males to gamble in coffee shops or in homes and it has continued here in Toronto as well. Gambling in Greece is a past time that is done by many whether or not it is a problem; as a result, social gambling has continued here in Toronto; however there have been many cases where individuals are becoming problem gamblers.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling. (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: What are attitudes towards gaming, gambling and problem gambling in the community?

The perception of gambling and problem gambling in the community is mixed. There are those that believe that gambling, as a social activity should be completely banned from the Toronto area so as to prevent people from gambling, which may ultimately lead to problem gambling. Then there are those individuals that believe that as a social activity gambling is not harmful and should be allowed and accepted by the community. The problem gambling issue is a large one and the community is adamantly negative towards problem gambling because it has negative consequences on the individual, family and community as a whole.

As long as gambling does not have a negative result, the people do not feel threatened by gambling. However, the fact that many people are not able to control themselves and do result in obtaining an addiction to gambling, allows many people to fear gambling and believe that it does cause destruction if it is not properly controlled.

People within the community are self-aware and the issue of gambling has been kept quiet for fear of gossip erupting. As a result, the true figures of problem gambling are not readily possible to determine. That they are substantial is true because of 'stories' and comments made by participants in this research project. However, because there is a fear within people to disclose too much personal information about habits of the home and the activities that occur within a household, people do not wish to make public the issue that gambling is a problem. As a result what this creates is ignorance and a difficulty in determining how detrimental problem gambling is within the community in order for programs to exist. Through this research; however, there have been many open minds willing to assist in the discovery of how common gambling is within the community and to assist those who do have a problem. One of the most fearful issues within the community is that those individuals that do have a problem and do not know where to go and receive assistance result in gambling more and more and becoming worse with their addiction.

Question 2: What are the community members' attitudes towards those with a gambling problem?

Perspectives from the Greek community:

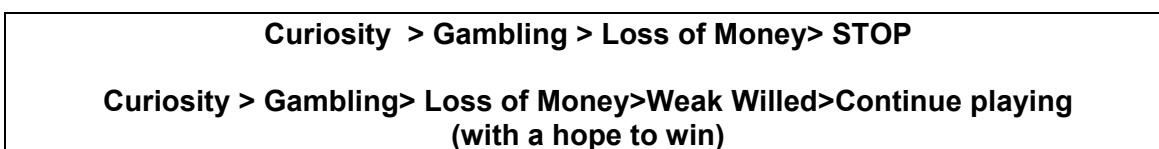
1. Youth do not see gambling as a major threat as much as seniors and adults do. Also, the youth do not condemn gambling. The fact that the youth do not look negatively upon gambling is an issue that adults and seniors are worried for. If the youth do not understand the consequences of gambling and perceive gambling to be an acceptable activity within the community and in the city of Toronto, there is a fear that youth will become victims of gambling addiction. However,
2. Youth say that they are less prone to gamble because they do not have the financial ability to, as would an adult or a senior.
3. Seniors and adults gamble more than youth do.
4. Problem gambling would stop if gambling (social) stopped as well.
5. Educated perspectives differ greatly from non-educated perspectives due to:
 - Financial Capabilities
 - Awareness of the consequences that exist with gambling

What this means is that non-educated individuals that do not have high status careers with high income, will gamble more to increase income, and fit into society. A financially stable individual, who does not have the need for money, will not gamble.

The mistake that is made with the individual that chooses to gamble in order to make money is that the individual does not know whether he will make money or lose money, and this is why it is not the right thing to do. This is also why the Greek community looks down upon gambling. People misinterpret the meaning of gambling and do not understand the underlying consequences of gambling in order to prevent themselves from becoming problem gamblers.

The Greek community of Toronto frowns upon problem gambling. Problem gambling is considered a negative aspect of life because it has many negative consequences that force individuals to do things that they would otherwise not do. What this means is that problem gambling encourages lying, stealing, family breakdown, selfish attitudes, crime and many a time suicide. These are the most common negative elements that the community is whole heartedly against because they provide a negative backdrop for the children of the community that see that problem gambling is an issue. Children of this generation are very easily manipulated and influenced say many participants, and as a result it is detrimental for children to see this type of activity and psychologically believe that it is acceptable. The community does not hate the individuals that have a problem; instead there is a feeling of sorrow and empathy associated to individuals of addiction. But it is also true that trust is not given to individuals who are addicts because they will abuse the trust. Another issue that affects the community is that problem gamblers are displacing themselves and disassociating themselves from the community where they could otherwise be involved and participate in the community events, uniting the Hellenes as much as possible. This is another reason why problem gambling is considered a threat to the Hellenes in Toronto. Problem gambling creates dividing lines, as well as any other addiction might. These dividing lines separate people and disunity follows which does not create strength for the community and instead creates a large gap.

Social gambling is considered differently from problem gambling in that it is not considered an addiction. Albeit, it is true that a problem gambler may arise out of a social gambler and this is why some individuals support the idea of completely truncating gambling and making gambling illegal or an activity that is stopped completely. Some people believe that if one had to pay to enter the casino no one would participate, only those individuals that really had a problem. Yet it has been determined that one of the most profound catalysts of gambling is curiosity. Curiosity leads someone to attend the casino, or to play cards and games, so that an individual may test his luck for the sake of winning money. If luck is on one's side the individual will continue playing for he is sure that he will gain more and more. If one does not have luck on his side and is not a weak willed individual then he will stop. However, even if luck is not on his side, and he is a weak willed individual he will not stop and continue to play, believing that he will win. As a result, it has been determined that a person's emotional character is the strongest determinant in discovering who is a problem gambler and who 'will' become a problem gambler. Not being in control of one's self is the largest catalyst for addiction. Below is a diagram that represents this idea.



Question 3: Do any variations (differences) exist in the attitudes and perceptions of gaming, gambling and problem gambling based on demographic characteristics?

There are no differences in attitudes and perceptions on gaming, gambling and problem gambling based on demographic characteristics. The perceptions of gambling and problem gambling are generally the same for all demographic characteristics. Problem gambling is looked upon as a negative aspect of life, and social gambling while entertaining, is also detrimental if it is not done responsibly and with control.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What support systems, resources and prevention focused initiatives, if any, are currently available addressing behaviour of problem gambling and concerned significant others within the Greek community?

Currently, there are few services available to Greek individuals with a gambling problem. Furthermore, language is a barrier in seeking services. There are particular English speaking services available such as Gambler's Anonymous, The Ontario Problem Gamblers Hotline, and others. In the Greek community the resources that are available are within the Church, social service agencies and the Metro Oasis Club that is utilized quite effectively for gambling.

Question 2: Which support systems and resources are people most comfortable going to?

The most comfortable type of support system for members of the Greek community would be the individual session, which is a one-on-one style support for a problem

gambler. The second method would be the group session. The next method would be a telephone hotline, which would allow an individual to be completely anonymous. The Church is the one method that is currently very popular simply because it is one of the only types of services available; however, it is not preferred all.

1. Help-seeking methods are integral to the process of helping an addict overcome a gambling problem. In fact it has been determined that support groups would be very useful and they would provide an incentive for an individual with a gambling problem to stop gambling. Aside from support groups, telephone hotlines, or information sessions and educational programs are important for educating the public on the consequences of gambling prior to even developing a gambling problem. Educational sessions would provide the ability for people to understand more about gambling, perhaps preventing people from developing an addiction to gambling.
2. Gambling and problem gambling are serious issues in the Greek community of Toronto because they are common. As long as methods and programs to assist problem gamblers are not implemented, gambling and problem gambling will plague the Greek community of Toronto further, and put at risk the younger generations as well. This is an issue that has to be discussed within the community, and one of the most substantial aspects that may come out of gambling research is how to help individuals understand the consequences of gambling, and further, to assist those who have a gambling problem. Through awareness and educational means, people may create awareness for the issues that plague the community and gambling being one of them, may be countered in the long run as long as people in the community understand that it is a major issue.

Question 3: Are people aware which support systems exist?

Throughout the research there was an on-going issue that support groups and resources were not aware of in the community, and of course the issue of whether support groups would indeed assist those with a gambling problem. Through research in the community it was ascertained that 85% of the individuals that were representing the community as participants, believe that problem gamblers do need help and that support systems would be ideal for them. There was a 15% of the population that believed that support systems would be fruitless and not helpful at all simply because Greek people would never utilize them.

6. CONCLUDING COMMENTS

This research has had a very significant outcome. It has provided the Greek community with the ability to gain the perceptions of gambling and problem gambling within the community. The reason why this is imperative is because gambling as a social aspect and as a problem has increased quite significantly without any record of assessment. By gaining the perceptions of gambling and problem gambling it is easier for community leaders to implement programs to assist those individuals who have been hiding behind a gambling addiction for years simply because they have not been able to attain assistance in Greece. As well, the research has been very important to the future of the Greek community. Gambling is a trend that is not only affecting the Greek community but many ethnic communities as well. Yet, gambling is an activity that is old and has its roots in Greece. As a result, when individuals immigrated to Canada they did not leave their roots behind; yet, for a while the government of Canada had a strict monitoring policy on casinos and gambling; however, recently there has been an outbreak of casinos in the Greater Toronto Area which have afflicted many individuals with a gambling addiction because they have not been able to control their gambling.

APPENDIX I
Community Survey

QUESTIONNAIRE

1. Please list what types of activities you believe gambling includes.
2. How many people do you know that gamble?
3. Is gambling dependent on marital status, sex, location, or sexual orientation?
4. In your opinion, does the Greek community at large accept gambling, or is it frowned upon?
5. Please define what you believe problem gambling is.
6. Do you think problem gamblers know that they have a problem?
7. Do you know any problem gamblers? If yes, please state how often they gamble, and how much money they spend?
8. What do you think the consequences of problem gambling are for an individual?
9. How does problem gambling affect the community? Does it affect the community, or does it not? If it does, please state what the effect is.
10. How do you believe the Hellenic community, at large, perceives problem gambling? Is it accepted or is it frowned upon?
11. Do you know of any programs or support groups that are available to problem gamblers to receive help?
12. Do you think that support systems will assist those with gambling problems?
13. Do you believe that if problem gamblers receive help, that it will help the community at large?
14. Do you think the behaviour of problem gamblers affects children and those around them?
15. Have you ever gambled before? Furthermore, have you ever had a problem stopping?

APPENDIX II
Key Informant Questionnaire

Key Informant Interview Questions

Goal 1: To describe what the nature and practice of gambling are as a community socio-cultural activity.

1. How would you define gambling? What is gambling for you?
2. What types of activities do you consider gambling to include?
3. Do you know how common gambling is in our community?
4. How many people do you know that gamble?
5. Where do you think that gambling takes place? Explain whether you think it is done privately or publicly. For example: at home, at school, at coffee shops, etc.
6. Do you think people would rather expose or conceal their gambling? What is the conception or reputation associated with those who expose it?
7. How many people do you know who conceal their gambling?
8. How many people do you know who expose it?
9. Do you accept gambling? Or do you think that it is morally and religiously wrong?
10. What do you think that the general morale of the Hellenic people is, in regards to gambling? Do you feel that it is accepted or do you think that those in the Hellene Community frown it upon?
11. Do you think gambling includes only the use of money, or does it come in other forms also?
12. Do you think people who live closer to a casino, are more prone to gambling, or not? Tell us why?
13. Does location matter when gambling? Does age, gender or sex matter, in your opinion in regards to who is more prone to gambling?
14. Does your neighbourhood have social patterns that would influence you to gamble?

Goal 2: To describe the definition, characteristics, and pervasiveness of problem gambling in the community.

1. What is problem gambling, according to you?
2. Do you think that problem gamblers can be identified by the same characteristics? What do you think these characteristics are? Also, do you believe that there are particular behavioural characteristics associated with problem gamblers?
3. How do you think people in the community describe problem gambling? Is it really a problem or are people indifferent to it?
4. Does religion frown upon problem gambling?
5. Does the Greek community on a whole frown upon problem gamblers?
6. How do you think this behaviour affects the Greek community as a whole?
7. What do you think the individual consequences of problem gambling are?
8. Is there a particular demographic population that most suffers from problem gambling?
9. How many people (Greeks) do you know who have a gambling problem?
10. How do you think someone becomes a problem gambler?
11. Do you think people understand whether or not they have a gambling problem? In other words, do they admit it if they do?
12. What impact, if any, do you think problem gamblers have on the community as a whole?

-
13. In your opinion, at what point does gambling become a problem? How do you differentiate between gambling and problem gambling?

Goal 3: To ascertain community members' perceptions of gambling and problem gambling.

1. How do you feel people perceive gambling in the community?
2. Do you feel that it is right or wrong?
 - a) How does the community distinguish the differences between problem gambling and gambling?
 - b) Do you think that the community views social gambling differently from problem gambling?
3. Do you feel that the problem gamblers gain a bad reputation as a result of their gambling problem?
 - a) Do you think that within the community gamblers consist of a particular age group or is there a various age range?
 - b) Do you think that there is a particular gender that gambles more? Are these people single or married?
4. Do you see more people of a particular age range, gender or marital status, with a problem? If you think so, what are the reasons for this?
5. In your opinion do you believe that one's reputation around gambling is influenced by his age, marital status, gender, religious affiliation, social status, socio-economic level, or sexual orientation?

Goal 4: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others.

1. Do you know of any support systems, resources or prevention fostered initiatives available for problem gamblers and their families?
2. Do you think that support systems and resources are a good way of handling the problem gamblers and their concerned significant others?
3. If you were a problem gambler and you wanted to refrain from gambling, but could not, what resources or support systems would you like to see?
4. What do you think that the most popular support systems are for people with a problem? Would they feel most comfortable going to a particular type of setting, or does it not matter?
5. Do you think that people are aware that support systems currently exist?
6. What level of awareness exists in the Greek community of where to access help for problem gambling?
7. Do you think that significant others of the problem gamblers require a support system?

APPENDIX III
Focus Group Questionnaire

FOCUS GROUP QUESTIONS

GOAL ONE:

1. HOW DO YOU DEFINE GAMBLING? WHAT DOES GAMBLING MEAN TO YOU?
2. WHAT TYPES OF ACTIVITIES DO YOU CONSIDER GAMBLING TO INCLUDE?
3. HOW COMMON IS GAMBLING IN OUR COMMUNITY?
4. HOW MANY PEOPLE DO YOU KNOW THAT GAMBLE?
5. IS GAMBLING DEPENDENT ON SEX, LOCATION, AGE, MARITAL STATUS OR SEXUAL ORIENTATION?
6. DO YOU THINK THAT GAMBLING IS ACCEPTED IN THE GREEK COMMUNITY AS A WHOLE, OR IS IT FROWNED UPON?

GOAL TWO:

1. HOW DO YOU DEFINE PROBLEM GAMBLING? IS IT DIFFERENT FROM GAMBLING?
 - A) WHAT DO YOU THINK THE CHARACTERISTICS OF A PROBLEM GAMBLER ARE.
 - B) WHAT ARE THE BEHAVIOURAL CHARACTERISTICS AND THE EMOTIONAL CHARACTERISTICS?
2. WHAT ARE THE CONSEQUENCES OF PROBLEM GAMBLING ON AN INDIVIDUAL LEVEL AND ON A COMMUNITY LEVEL?
3. HOW DO YOU THINK SOMEONE BECOMES A PROBLEM GAMBLER?
4. DO YOU THINK THAT PROBLEM GAMBLERS KNOW THAT THEY HAVE A PROBLEM?

GOAL THREE:

1. HOW DO PEOPLE IN THE COMMUNITY PERCEIVE PROBLEM GAMBLERS?
2. DO YOU THINK THAT THERE IS A PARTICULAR REPUTATION ASSOCIATED TO PROBLEM GAMBLERS THAT IS NEGATIVE?
3. HOW DOES PROBLEM GAMBLING AFFECT THE COMMUNITY? IS THERE A STEREOTYPE THAT ALL GREEKS ARE PROBLEM GAMBLERS?
4. DO YOU THINK THAT THERE IS A PARTICULAR AGE, GENDER OR MARITAL STATUS THAT AFFECTS PEOPLE TO GAMBLE MORE?
5. HOW DOES THE COMMUNITY DEAL WITH PEOPLE GAMBLING IN COFFEE SHOPS AND IN EXPOSED AREAS AROUND THE CITY?
6. DO YOU THINK THAT THE BEHAVIOUR OF PROBLEM GAMBLERS AFFECTS THE CHILDREN?

GOAL FOUR:

1. DO YOU KNOW OF ANY COMMUNITY RESOURCES AND SUPPORT SYSTEMS THAT ARE AVAILABLE TO PROBLEM GAMBLERS TO RECEIVE HELP?
2. DO YOU THINK THAT SUPPORT GROUPS AND RESOURCES WILL ASSIST THOSE IN NEED?

3. WHAT LEVEL OF AWARENESS EXISTS IN THE GREEK COMMUNITY OF WHERE PROBLEM GAMBLERS CAN GO TO RECEIVE HELP? IS THERE ANY?
4. DO YOU THINK THAT IF PROBLEM GAMBLERS RECEIVE HELP IT WILL BENEFIT THE COMMUNITY ON A WHOLE?
5. DO YOU THINK THE FAMILIES OF THOSE GAMBLERS ALSO REQUIRE ASSISTANCE TO DEAL WITH THE PROBLEM OF GAMBLING?
6. WHAT DO YOU THINK THE MOST POPULAR SUPPORT SYSTEMS ARE AND WOULD THEY ADEQUATELY ASSIST THOSE IN NEED?

APPENDIX IV
Case Study Questionnaire

Case Study Interview Questions

Part One: To initially define what gambling is and what its characteristics are.

1. When you gamble what do you play, do, bet on, etc?
2. How often do you feel like gambling, and do you always go when you have that desire?
3. How do you feel about gambling? Do you like it? How much do you enjoy it while you do it?
4. What do you like most about gambling? What activities do you like most?

Part Two: To understand why this individual likes to gamble.

1. What do you like about gambling?
2. How do you benefit from gambling, or do you not benefit from it? Does it affect you emotionally, physically? Does it excite you?
3. Have you experienced any economic related problems associated with your gambling?
4. Have you ever spent money that you weren't supposed to spend, knowingly?
5. Does your occupation fully pay for your gambling habit?

Part Three: To discuss whether this individual will ever cease to gamble. Whether the individual can actually stop with his own will, or whether he requires some kind of assistance.

1. Will you continue gambling?
2. Do you want to stop gambling? If so, why? What are your reasons for wanting to quite gambling?
3. How do you think it will benefit you if you do stop? Will it help any family or economic problems you may be having?
4. Do you think that you can stop gambling on your own, or do you think you may need some assistance to cease gambling?
5. Does your family want you to stop gambling?
6. Do your friends, co-workers, want you to stop gambling?

Part Four: To discuss whether this person has family or personal problems as a result of gambling.

1. How does your family feel every time you gamble?
2. How do others in your life feel about your gambling?
3. How do you feel about their reaction to your gambling? Does it affect you? Does it make you want to stop gambling (if it is a negative reaction)?
4. Has the gambling ever affected your life from running normally? Has it disabled you from paying your bills and providing food and shelter to your family?
5. Have you ever had to get a loan or a mortgage from the bank in order to pay off his bills with gambling?
6. Have you ever stolen money to gamble?
7. Have you ever missed going to work or gotten fired because of your gambling habit?
8. Has gambling affected your reputation?

9. After losing, did you feel that you must return as soon as possible and win back your losses?
10. Did you often gamble until your last dollar was gone?
11. Were you ever reluctant to use gambling money for normal expenditures?
12. Has gambling made you careless of the welfare of yourself or your family?
13. Have you thought of committing an illegal act, in order to finance your gambling?
14. Have you ever considered self-destruction or suicide as a result of your gambling?

Part Five: Discuss whether this individual believes he has a problem with gambling, and what he can do to stop gambling.

1. Do you think that you have a gambling problem?
2. Have the desires come to you so much that you couldn't stay away from gambling?
3. If you do believe that you have a problem, do you want to receive some kind of assistance to overcome this problem?
4. What type of assistance or resources would be significantly beneficial to your obsession with gambling?
5. How would your family feel about getting help?
6. Do you want to stop gambling?
7. Will it make things in your life better if you do stop gambling?
8. Do you believe that you will be benefited if you stop gambling?
9. Do you believe that your family will be benefited if you do stop gambling?
10. How much do you really want help?
11. What type of assistance would you like?
12. Are you aware of any resources currently available that you can go to, in order to receive assistance?
13. Would you think your reputation would be altered if you did receive some kind of help, and stop gambling?
14. Do you believe that gambling should be a part of your life, or do you believe that you could do without it?
15. Would you like your family to go with you when you receive assistance/ counselling, etc?

APPENDIX V
Case Study Analysis

CASE STUDY ANALYSIS

Part One: Personal Development

The case study in this project reflects the life of a thirty-two year old Greek Canadian male who has grown up in Toronto and has lived here all of his life. His story is significant and sad.

He had never before gambled until one day a few friends of his invited him to attend the casino on a weekend outing. They went to Casino Niagara and played Blackjack for several hours, losing and winning, with an overall result of winning quite a significant amount of money. However, the fact that he had won that night didn't deter him from testing his luck again, and for the next several weeks after that day he continuously attended the casino.

He discussed in his interview that he found gambling to be an exciting past time; something that allowed him to find thrill and excitement. He contended that even losing was exciting to him because it propelled him to gamble more with the hope of winning.

Part Two: Gambling History

He began to frequent the casino more and more after six months of his first game. More so, he also found himself gambling in other areas such as restaurants, on PROLINE, as well as the casino. He was spending large sums of money on slot machines, at blackjack, in card games with friends of his. Soon his money supply began to lessen and he found himself wanting to gamble more and more so that he could win back the money that he had been losing.

Approximately after one year of gambling he became a problem gambler and could not stop gambling. He constantly frequented areas where gambling was prominent and he spent large sums of money.

He lives alone and while his family is close to him, no one had realized that he had developed a gambling problem until he had begun to disappear from social functions; when he had begun to ask for loans from friends and from family; and especially, when his family had begun to hear from other individuals in the Greek community, that he, their son, friend, brother, cousin, was a problem gambler. He had at that point in time gained a negative reputation.

Part Three: Gambling as a Problem

Gambling had become to be a terrible problem for him and he found himself having difficulty that he had never anticipated as a result of betting. He lost his job due to the fact that he was never on time at work; he had changed emotionally and physically. He was acting strangely and was disassociating himself from co-workers, family members and of course friends. He became angry and constantly depressed and lonely. He chose not to speak with anyone and would not answer his telephone or his door when he had visitors.

Essentially his life became a lonely existence where his goal on a day to day basis was how he would gamble and win money that he needed in order to pay for his bills, for his survival, including his food and his health.

He mentions being at war with himself and constantly trying to fight the urge to gamble. However, each time he convinced himself to stop gambling, he would return and continue betting. In fact at several points in his gambling duration he had run out of money causing him to telephone friends and family and request loans; also, he stole from the bank through an ATM machine when he made a fraudulent deposit into the bank machine.

Several of his actions created a position for him that he was not ready to handle nor face. He was arrested and he was fined. He lost his friends, he angered and hurt his family, he lost his job, he lost his home and of course he lost his dignity. What was more severe was the fact that when he had realized that his life had changed so dramatically for the worse, he started to question his life and contemplated committing suicide. It was evident that he had reached his ultimate low point when he was telling himself not to gamble, but constantly found himself betting. Furthermore, he felt guilt for not listening to his family who constantly tried to help him get through the problem.

Part Four: Help Seeking Preferences

Luckily, having realized that it was a point of either committing suicide and losing it all, or giving up gambling, he went to his family and asked them to help him receive professional help in order to stop gambling.

He chose to attend sessions at a psychiatrist at first; he also wanted his family to see the psychiatrist and speak on his behalf. After a few sessions alone he chose to attend OASIS where he could receive one-on-one help about problem gambling with the counsellors there. For him it was important that his family stand beside him while he received help, because he stated that, as a problem gambler an individual does not have the ability to make decisions on his own without affecting his chances of getting over the addiction. He strongly believed that if his family stood beside him there was a much greater chance that he would never go back to gambling simply because he would have the emotional support as well as the physical deterrence.

He concluded the interview by giving some brief insight into how his life had changed when he had stopped gambling. Through the group sessions as well as the psychiatrist that he had seen, he had developed an understanding about himself. The problem inside of him was mainly that he felt empty and alone. He had not started a family as yet and he felt estranged. He felt as though his life did not have any excitement. But what he had realized having gone through the support groups was that he could stop gambling so long as he was at peace with himself and understood that he was in control of his life and the things around him.

Currently, he has found employment and he has gone without gambling for approximately two years.

Through this case study our analysis of gaming and gambling and problem gambling had concluded. The case study gave some insight into the problem of gambling and the emotional characteristics as well as the difficulty that a problem

gambler faces through the addiction. Essentially the case study provided the opportunity for this research to narrowly focus on an individual with an addiction to gambling; in order to ascertain what the factors propelling someone to gamble are, and, to ascertain what the difficulty as well as the process is in the problem gambler's life.

**Addressing Problem Gambling
In the
Toronto Indo-Caribbean
Community**

FINAL RESEARCH REPORT

Prepared by:

South Asian's Women's Centre

Toronto, Ontario

February 2003

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EXECUTIVE SUMMARY

The following report presents the results of an exploratory survey regarding the nature and extent of gambling and problem gambling in the Indo-Caribbean community of Toronto, a distinct sub-group of the large South Asian ethnic community. Indo-Caribbeans share ancestral roots and culture with South Asia but have migrated to Canada from the Caribbean where they have lived for over 150 years.

The study was intended to gain an understanding of gambling in a cultural context and to examine the issues of problem gambling in the Indo-Caribbean community. It sought to identify the values and attitudes of the community towards gambling, enquire into the nature and practice of gambling as a socio-cultural activity, understand community attitudes towards problem gambling, and understand the help seeking behaviours of problem gamblers, their friends and family.

The survey was conducted between October 2001 and March 2002 by the Indo-Caribbean Gambling Research Project; through a grant from the Ontario Problem Gambling Research Centre. The Project was a collaboration of six Indo-Caribbean community groups and the South Asian Women's Centre as lead agency, and was one of eight in the overall project "Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities" funded by the Ontario Problem Gambling Research Centre with COSTI Immigrant Services as the administrative agent.

Design and Methodology

The research is exploratory and descriptive in nature, using qualitative data collection methods such as focus groups and key informant surveys and quantitative data from a survey of members and supporters of the six participating community groups. Community researchers drawn from participating groups interviewed a sample of 496 individuals, conducted 9 focus groups and 21 key informant interviews. The interviews and focus groups were weighted by age, religion, Caribbean country of origin and economic circumstances.

Respondents were asked about their personal involvement, their perception and community opinions about gambling, the involvement of friends and family, and their perception of problem gambling. They were asked about their knowledge of problem gambling in the community in the community in Canada and their country of origin, and help seeking behaviour of gamblers and those close to gamblers.

Rates of Gambling and Attitudes to Gambling

The research shows that gambling is pervasive and widespread throughout the Indo-Caribbean community in Toronto, regardless of their Caribbean country of origin, the length of their stay in Canada, their religious beliefs and practices, gender, age or financial circumstances.

The community generally tolerates or approves of gambling as a recreational, non-threatening activity. It believes that its members are cautious and careful gamblers who do not spend much money on betting, and do not have serious gambling problems.

Just over 77 percent of participants in the survey identify themselves as gamblers and 23 percent say they do not gamble at all. A full 89 percent believe their family and friends regularly spend money on gambling, with only 10 percent saying family and friends are non-gamblers. Most of their spending on gambling goes to lottery tickets, which accounts for 50 percent, followed by scratch cards with 21 percent, casinos with 9 percent and bingo with 5 percent.

The amount of money spent on gambling was generally small, with 88 percent spending \$20 or less per week and just under 3 percent admitting they spent over \$100 a week. Friends and relatives also spend similar amounts, mainly on lottery, scratch cards, casinos, horse racing and bingo.

Problem Gambling

The group has an excellent understanding of what problem gambling is, based on the scale used by the Canadian Problem Gambling Index (CPGI). They do not believe it is affecting them in any serious way or that they should be concerned about it.

But while the majority of Indo-Caribbean gamblers are low risk and responsible in their betting, over 14 percent of the 600 people contacted know someone with a moderate or severe gambling problem. Over 50% of problem gamblers identified through key informant interviews had been non-gamblers or low risk gamblers in the Caribbean but have made the jump to high risk gambling in Canada.

Respondents identified symptoms of problem gambling that included chasing losses, escalating bets, borrowing gambling money, gambling more than they could afford, being criticized for gambling, and bringing harm to one's health and finances. The effects ranged from bankruptcy, loss of jobs and property, social isolation, family violence, alcoholism, family break-up and suicide, to extreme cases like the individual who died at the gambling tables in Los Vegas after losing \$100,000.

Most of the community is simply not aware of the existence of problem gamblers who generally deny their addiction, refuse to seek or accept help and are allowed to destroy themselves without treatment. There is great resistance among problem gamblers to discuss their problems within the community, even with family and friends, and even greater reluctance to go outside the community for help.

Conclusions

The study shows that gambling in the Indo-Caribbean community in Toronto is similar to rates of gambling for Ontario adults in general.⁽¹⁾ Non-gamblers are 23 percent of the survey and gamblers 77 percent. Among those who gamble, 88 percent can be considered low risk gamblers spending less than \$20 a week on lottery, scratch cards, casino and bingo, and 3 percent can be seen as medium risk or problem gamblers spending \$100 or more per week. However, the fact that 14 percent of persons contacted know a problem gambler indicates that the true rate of problem gambling in the community may be higher than 3 percent. There is some evidence of a small but

(1). Wiebe, Jamie, Single, Eric & Falkowski-Ham, Agata, 2001, "Measuring Gambling and Problem Gambling in Ontario. P7 "Gambling is a very common activity and approximately five of six Ontario adults (83%) report gambling in some fashion in the previous year".

quite serious growth of gambling addiction centered on lotteries, casinos and horse racing. The Indo-Caribbean community has no knowledge of it and no history of coping with problem gambling. It is extremely unwilling to use existing resources for treating problem gambling but has no resources of its own to do the job. Unless further study and preventive action are undertaken, there may be a crisis in the making in the very near future.

ABSTRACT

The two-fold purpose of this research was to gain an understanding of gambling in a cultural context by examining the issue of problem gambling in the Indo-Caribbean community in Toronto, and to develop an action plan to address any gambling-related issues that may be discovered.

The research was exploratory and descriptive in nature and community groups already serving the Indo-Caribbean community in Toronto were directly engaged in the study. It used a quantitative data collection method of a survey of 500 community members and qualitative methods such as focus groups and key informant interviews to assess community perceptions on the gambling and other social issues faced by the Indo-Caribbean community.

These findings will be used by all the community groups participating in the study to raise peoples' awareness about gambling issues; understand risk factors associated with problem gambling; and to design interventions that mitigate problem gambling.

The project was guided by a Local Research Advisory Committee (LRAC) with representatives from the community groups participating in the study and the research plan was based on the needs of the community as identified by the LRAC. Data collection and analysis methods were used that reflected the nature of the community and the most culturally acceptable systems for securing information.

Based on the research findings, the sponsoring agency and the LRAC will develop an action plan to provide appropriate programs and services in the community.

1. INTRODUCTION

1.1 Background

Access to legal forms of gambling has been increasing rapidly in Toronto over the last thirty years, and particularly in the last decade. Residents of Toronto can now indulge in a wide range of betting on lotteries, scratch cards, raffles, horse races, casino games, video gambling devices, Internet games, and card games. Toronto gamblers are contributing a sizeable proportion of the billions spent on gaming in the province, and towards Ontario gaming profits that amounted to \$2 billion in the year 2001.

Increased access to gambling and increased levels of spending has provoked concern about possible social and economic consequences in the population of Ontario and Toronto. Data from the 2001 study conducted by Wiebe, Single and Falkowski-Ham (2) reveal that 83% of Ontarians took part in some form of gambling in the past year, and 3.8% of Ontarians 18 years and older report problems of sufficient magnitude to rank as having moderate or severe gambling problems on the CPGI. Other surveys have suggested even higher rates for problem gambling in Ontario.

Such studies have contributed to useful baseline data on the extent nature of gambling and problem gambling in Ontario, and also revealed the absence of data on specific gambling behaviours of the many ethnic communities in Toronto itself. The city of Toronto is demographically quite different from the rest of the province of Ontario, with a visible minority population of over 51 percent and over 100 sizeable ethnic communities.

Very little is known about the nature and extent of gambling and gambling problems in these ethnic communities. Addiction centres, gambling help lines and agencies for assisting with gambling problems report relatively low levels of participation from ethnic communities in Toronto.

The Ontario Problem Gambling Research Centre (OPGRC), which receives funding from gambling revenues received by government, but operates at arm's length from government, has undertaken to finance research in several Toronto sub groups of the Ontario population.

After a request by the OPGRC seeking community interest in gambling research among ethnic communities in Toronto, the South Asian Women's Centre (hereafter referred to as SAWC or the Centre) submitted a letter of intent pointing out the need for work on Indo-Caribbeans. The SAWC noted that Indo-Caribbeans were a sizeable but little known component of the South Asian community, and yet sufficiently distinctive to present a different profile from South Asians originating directly from the Indian subcontinent. The Centre was invited to spearhead the research into gambling in the Indo-Caribbean community in Toronto.

The Indo-Caribbean community is one of the ethno-cultural sub-groups that have received limited research attention in the past, and where the existing knowledge base in insufficient for developing effective prevention and treatment initiatives. The study aims to begin the process of filling the knowledge gap.

(2). Wiebe, Jamie, Single, Eric & Falkowski-Ham, Agata, 2001, "Measuring Gambling and Problem Gambling in Ontario, P8

1.2 Participants

The Indo-Caribbean Gambling Research Project was set up as a collaborative community study, with representatives of community organizations and the lead agency together forming the Local Research Advisory Committee (LRAC) that would oversee the research.

TABLE 1
Participating Organizations in Research Project

South Asian Women's Centre	Lead agency
The Indo-Trinidad Canadian Association	Community group, non political/ non religious
Shiv Shakti Gyaan Mandir	Religious group (Hindu)
Guyanese East Indian Association of Canada	Community group, non political/ non religious
Toronto Arya Samaj	Religious group (Hindu)
The Islamic Academy of Canada and TARIC Islamic Centre	Religious group (Muslim)
Trinidad and Tobago 50 Plus and Seniors Association	Seniors group

The lead agency was the **South Asian Women's Centre**, which applied for the funding on behalf of the consortium of community groups, took the lead in recruiting participants, provided administrative support and guidance. Established in 1982, the Centre is a voluntary not-for-profit organization that offers information and referral about social services, supportive counseling and assistance, language training classes, interpretation and translation services, employment related training and assistance, violence prevention education and support groups for vulnerable sections of the community such as seniors, and survivors of abuse. The Centre has also been involved in research in the community to identify emerging issues in the community and to develop programs and services to meet these needs.

There were six community groups taking part in the LRAC and providing researchers and access to respondents for surveys, focus groups and interviews.

The Indo-Trinidad Canadian Association is a non-political, non-religious community organization, which is based in Toronto. Formed in 1997, ITCA has a membership of over 200 from throughout the Indo-Trinidad community in the Greater Toronto Area (GTA). Its main activities are social, cultural and educational events aimed at bringing the community together. ITCA sponsors the Indo-Caribbean Parenting Group, is involved in a research project on the needs of Indo-Caribbean youth in Peel region, and is a member of the Council for South Asian Canadians.

Shiv Shakti Gyaan Mandir is a Hindu religious and cultural organization registered as a charity, and operating in Mississauga for the last two years. The Mandir also engages in social activities for its membership of over 100.

Toronto Arya Samaj is a well-established Hindu religious and cultural organization of more than 25 years continuous service, with a membership of over 500 from the Indo-Caribbean community in the GTA. It is headquartered in the Vedic Cultural Centre in

Markham. The Samaj conducts charitable, youth, seniors and educational programs and is a member of the Council for South Asia Canadians.

Guyanese East Indian Association of Canada is a social and cultural organization dedicated to promoting the culture and heritage of Indo-Guyanese Canadians over the last three years. It conducts seminars, lectures, research, plus social and community programs. GEAC is registered as a non-profit organization in Ontario and has a membership base of over 100.

The Islamic Academy of Canada and TARIC Islamic Centre is a well-established religious and cultural organization serving the needs of the Indo-Caribbean Moslems. The Centre has worked with the community for over 30 years and also has many community development projects. The Centre organizes regular spiritual and other gatherings, which are very popular in the community. The Centre is recognized as a leader in the community.

Trinidad and Tobago 50 Plus and Seniors Association is a Toronto based group established in 1996 to serve the interests of seniors from Trinidad and Tobago. It has a mixed membership of Indo-Trinidadians, African-Trinidadians and others from the country's ethnic mix. With a membership of more than 250 and regular attendance at meetings of more than 60, it is one of the stronger community groups serving the Indo-Caribbean community in Toronto.

2. COMMUNITY DESCRIPTION

The Indo-Caribbean community in Canada is estimated to be more than 160,000, with approximately 75 percent living in the southern Ontario region, and smaller pockets in Quebec, Manitoba, Alberta and British Columbia. Toronto alone is estimated to host 100,000 Indo-Caribbeans.

Guyana and Trinidad are the main countries of origin for Indo-Caribbeans in Canada. Those with roots in Guyana are estimated at 112,750 (55%) of the 205,000 Guyanese in Canada, and those with roots in Trinidad are estimated at 44,000 (40%) of the 110,000 Trinidadians and Tobagonians in Canada. Although smaller in number, there is a surprisingly large range of other countries of origin for Indo-Caribbeans in Canada. Indo-Caribbeans' from Antigua, Aruba, Dominica, Grenada, Guadeloupe, Jamaica, Martinique, St Kitts, St Lucia, St Vincent, and Suriname are known to live in the Toronto area.

The majority are first generation English speaking immigrants and their mostly Canadian born children, with roots in Guyana, Trinidad, Jamaica and other Caribbean nations.

Indo-Caribbeans have a history of migration to Canada that goes back to 1908, though most have come in the years after 1967. It is a relatively young community, with most adults having migrated to Canada in their twenties and thirties, and containing a smaller senior group than the mainstream population.

They are spread throughout the GTA, with Scarborough, Mississauga, Brampton and North York having the largest populations. They are generally well integrated into Canadian society and have high average family incomes, high levels of employment, home ownership, two parent families, university graduates, and low levels of poverty.

Socially and culturally, Indo-Caribbeans tend to retain customs and practices based on their Indian cultural heritage, but a sizeable group has incorporated cultural practices taken from other groups in the Caribbean. Some, especially among the younger age groups, are now incorporating practices from the Canadian mainstream.

Hinduism remains the dominant religion among Indo-Caribbeans in Canada, followed by Christianity and Islam. They have their own places of worship, community media and cultural organizations, but to date have not developed their own social service organizations in Toronto or an umbrella association for the community.

Although considered a part of the South Asian community in Toronto, Indo-Caribbeans do not have the recognition afforded to other South Asian sub groups such as the Tamil Sri Lankans, Punjabis, Gujaratis and Bengalis. They generally do not have close links to the other South Asian groups and operate as an invisible minority within a visible minority.

3. RESEARCH

Before this project there was almost no knowledge of gambling practices in the Indo-Caribbean community of Toronto, which is a little known sub-group of the large South Asian community in the city. The project was conceived and executed as an exploratory and primarily descriptive survey of gambling and problem gambling among Indo-Caribbeans.

The intention was to obtain the first empirical data on the growth of gambling practices in this largely immigrant community, a comparison of gambling practices between their land of birth and Canada, the nature and extent of problem gambling and help seeking behaviour within the group.

The study sought to gain an understanding of gambling in the socio-cultural context of a relatively small immigrant community in Toronto. It sought to outline the values and attitudes of the community towards gambling, enquire into the nature and practice of gambling as a socio-cultural activity, understand community attitudes towards problem gambling, and understand the help seeking behaviours of problem gamblers, their friends and family.

Funding was obtained from the Ontario Problem Gambling Research Centre (OPGRC), an organization that receives its funds from the Ontario government's gambling revenues but maintains an arm's length standing from the government. The Indo-Caribbean Gambling Research Project is one of eight studies in the project "Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities" funded by OPGRC with COSTI Immigrant Services as the administrative agency.

The survey was conducted between October 2001 and March 2002 as a collaboration of six Indo-Caribbean community groups and the South Asian Women's Centre.

3.1 Literature Review

A review of the printed and on-line literature on gambling among Indo-Caribbeans was conducted, which revealed an absence of any studies in Toronto and any other part of Canada on gambling in the community.

Literature from the Caribbean has disclosed wide participation in gambling among Indo-Caribbeans, with horse racing, lotteries, whe whe, cards and bingo among the favourites.

Trinidad Journalist Raffique Shah wrote of a "Time was when the only opportunities for those who loved to gamble were horses, card games at dingy recreation clubs, "whe whe" in just about every village or block, bingo games and raffles. The expansion of State-controlled gambling in the forms of lotteries, lotto, Play Whe and the latest craze, "Cash Pot", has put paid to gambling on local horse racing. To add to the woes of horse racing, casinos are mushrooming around the country, offering glitz and glamour to the art of picking people's pockets (*Sunday Express Nov 28, 1999*).

Sociologist Roy McCree, research fellow at the Institute of Social and Economic Research, UWI, describes Trinidad and Tobago as possessing a "gambling culture". A 1999 survey of 473 households revealed that Lotto was the most popular of the games surveyed-51.3 percent play followed by Play Whe (35 per cent), Lottery (22.8 per cent) and Pick Two (16.5 per cent). Play Whe and Lotto alone-attracted bets of \$4 billion dollars (TT) in four

years from 1994 and 1998
(*Trinidad Express, Monday October 11, 1999*).

Former Prime Minister Basdeo Panday revealed that 30 casinos were operating in Trinidad in 1999 (*Trinidad Express Sunday June 13, 1999*).

Guyanese Muslim Imam Muhammad Aslim Shaw warned, "Gambling has become endemic throughout our society and has led to disastrous effects on family life. In Guyana, it is creating havoc with all the attendant ills of broken homes and suffering children, when so much needed funds are frittered away in this evil habit" (*Official Periodical of the AAIIIL Guyana: 'Muslim Times'* <http://www.aaiil.org/text/articles/others/livingqurandailylives.shtml>).

3.2 Purpose and Goals

The purpose of this research was to gain an understanding of gambling in a cultural context, by examining the issue of problem gambling in the Indo-Caribbean community in Toronto, and to develop an action plan to address any gambling-related issues that may be discovered.

The five main goals of the research were:

To describe the nature and practice of gambling as a community socio-cultural activity

1. To describe the definition, characteristics, and pervasiveness of problem gambling in the community
2. To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values)
3. To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others
4. To develop an action plan to address any issues of problem gambling discovered by the research project. (Deferred to a second upcoming phase of the overall project)

3.3 Research Questions

Goal One: Describe the nature and practice of gambling as a community socio-cultural activity.

1. Is there gambling in the Indo-Caribbean community in Toronto?
2. Is gambling a culturally acceptable behaviour?
3. What forms of enjoyable/recreational gambling exist in the community?
4. Are recreational activities (for example, playing cards) that take place in homes or with friends considered as a form of gambling?
5. What are the most common gambling activities in the Indo-Caribbean community?
6. What forms of gambling are prevalent in the home countries (Countries of Origin)?
7. What gambling practices from the home countries have been continued/abandoned in Toronto?

Goal Two: Describe the definition, characteristics, and pervasiveness of problem gambling in the community.

1. What would you consider to be problem gambling?
2. Is there any specific group or category of people who are more at risk for gambling problems viz. Men vs. women; seniors vs. younger population etc.
3. What would be considered problem gambling as opposed to gambling for fun?
4. Is the issue of problem gambling discussed in our community?
5. Is gambling seen as an addiction and is there social stigma that affects the lives of gamblers and their families?
6. What are the consequences of problem gambling for the individual, family and social circle?
7. What are the demographic profile of problem gamblers and non-problem gamblers?
8. How does problem gambling in Toronto differ from problem gambling in the Caribbean?
9. What other risky behaviours would you associate with gambling? (drugs, alcohol, etc.).

Goal Three: Ascertain community members' perceptions of gambling and problem gambling.

1. How is problem gambling perceived and experienced in the community?
2. What is the prevalence of problem gambling in the community?
3. What is the community's knowledge of its problem gamblers?
4. Does the community see gambling as a manageable activity?
5. What is the difference between gambling and problem gambling?
6. Is gambling seen as a threat to the community as a group or it is seen as a "personal" problem to which community resources need not be allocated?

Goal Four: Ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others.

1. What are the help seeking preferences of the Indo- Caribbean community for problem gambling?
2. What are the cultural norms around gambling and help seeking?
3. What resources exist in the community for persons with a gambling problem?

The research questions are closely associated with specific goals, and form the basis for the surveys, interviews and focus groups.

3.4 Methods

3.4.1 Data Collection

The study used three methods of collecting information, one quantitative and two qualitative. The quantitative data came from a survey of approximately 500 members of the Indo-Caribbean community and the qualitative methods were focus groups and key informant interviews.

To obtain as balanced a sample as possible, respondents were chosen according to:

- 1. Their Caribbean country of origin.** The largest samples came from Guyana and Trinidad, which supply the bulk of the Indo-Caribbean population in Toronto, and proportionally smaller numbers from 10 other Caribbean countries.
- 2. Membership in Indo-Caribbean groups taking part in the study.** Community participants included two Hindu organizations, one Muslim organization, two non-religious community groups and one seniors group.
- 3. Gender**
- 4. Age**
- 5. Religious beliefs.** Hindus form the majority of the Indo-Caribbean population, Christians and Muslims the next two largest groups.
- 6. Economic circumstances.**

The selection of respondents for the survey and focus groups presented a challenge to the researchers. Preliminary reports from the community groups promised lower than usual response rates to random surveys by telephone, mail or in person, and from appeals by media advertisements and flyers for individuals with information to telephone the project. Indo-Caribbeans are known to be very reluctant to give personal information to researchers from outside the group and even to other Indo-Caribbeans whom they do not know personally.

A solution was found in a full use of the project's innovative methodology of engaging community representatives in the design and implementation of the research. Fourteen representatives from community groups were chosen and trained to conduct the data collection using respondents from their own groups. This was expected to significantly reduce survey resistance and lead to better quality data.

The results validated this approach immediately. Researchers were able to complete 496 surveys, and several reported response rates of 100 percent to requests to complete surveys. The community showed excellent responses to the focus groups, and to key informant interviews with close friends and relatives of problem gamblers. Respondents generally demonstrated untypical willingness to reveal information about their spending on gambling, their income and religious practices.

However, this approach did not succeed in convincing many problem gamblers to speak directly to researchers. Problem gamblers were most reluctant to discuss their addiction, and the project was unable to complete any of the planned 6 case studies.

Data collection for the 496 surveys was conducted by the community researchers, primarily through the telephone. Some of the interviews were done face-to-face and administered by the researchers. None of the surveys were self-administered. Participants were selected from the membership lists of the six participating groups, with a sampling frame that included gender, age, Caribbean country of origin, location in Toronto, education and economic circumstances. With Trinidad and Guyana contributing the majority of the Indo-Caribbeans in Toronto, these two countries were allocated 400 of the surveys, and all the other Caribbean countries 100 surveys.

Respondents were generally pre-qualified for the survey by the researchers knowledge of their Indo-Caribbean identity, but in the case of the mixed membership group Trinidad and Tobago 50 Plus and Seniors Association, they were asked to self identify themselves as Indo-Caribbean. They were asked 14 questions about their knowledge of gambling and problem gambling, 11 questions requiring a quantitative answer or a multiple choice, and

three open ended questions. The survey ended with six background questions on country of origin, time lived in Canada, gender, age group, education, frequency of religious practices, and family income. Each survey generally lasted no more than 10 minutes.

Respondents for focus groups were also chosen from the membership of the community groups with a sampling frame that focused on age, gender, and economic circumstances. Persons who had been polled for the surveys were not asked to take part in focus groups. Sessions were conducted by a moderator, recorded on a tape recorder, and notes were made by a trained recorder. All focus groups were asked the same basic questions, but were allowed some latitude in follow up questions and comments.

Initially, key informant interviews were aimed at community leaders who were presumed to have detailed information on the community's gambling habits and opinions, and problem gamblers. Initial interviews disclosed that community leaders were not supplying information that was different from that obtained from the surveys and focus groups, and that community leaders had very little hard information about problem gamblers. A second group of questions was prepared and aimed at respondents from the surveys and focus groups who had indicated they had knowledge of a problem gambler. Most of the detailed information on problem gamblers was obtained from this second group of key informants.

Community Survey

The sample for the survey was projected at 500, and achieved 496. Participants in the 9 focus groups numbered 70, and 21 individuals were contacted for the key informant interviews. Of the estimated 100,000 Indo-Caribbeans in the Toronto area, a total of 587 persons were contacted for the study.

Trinidad and Tobago provided 40.4% (194) of survey respondents, Guyana 38.9%(191), and Jamaica 5.3% (26), with 12 other countries supplying 16.3% (80) respondents. These had come to Canada from Antigua (8), Aruba (2), Barbados (11), Dominica (6), England (2), Grenada (22), Guadeloupe (8), Martinique (12), St Kitts (1), St Lucia (5), St Vincent (2) and Suriname (1).

Only 6.9% of respondents were born in Canada, and 93.1% had come to this country as immigrants or refugees.

TABLE 2
Survey Respondents Countries of Origin

Country	Surveys	Percent
Trinidad and Tobago	194	40.4
Guyana	191	38.9
Jamaica	26	5.3
Antigua	8	1.6
Aruba	2	0.4
Barbados	11	2.2
Dominica	6	1.2

England	2	0.4
Grenada	22	4.4
Guadeloupe	8	1.6
Martinique	12	2.4
St Kitts	1	0.2
St Lucia	5	1.0
St Vincent	2	0.4
Suriname	1	0.2

Gender

Of the survey respondents, 45.1% were female and 54.9% were male.

Age

The ages of the respondents were 11.6% under 20 years of age, 14.8% were from 20-29 years, 14.4% were 30-39, 20.7% were 40-49, 23.2% were 50-59, and 15.2% were 60 years or more.

Education

Over 65% of respondents had a secondary or college education (32.7% for secondary and college), while 19.8% had attended university, and 14.7 % had primary education.

Attendance at religious services

Over 80% said they attended religious services regularly or sometimes (38% regularly, and 42.9% sometimes), with 16.7% saying they rarely attended, and 2.4% saying they did not attend religious services at all.

Family income

34.3% of respondents who gave income about finances said their annual family income was over \$50,000, 24.5% said income was \$40-49,000, 22.5% said it was between \$30-39,000 and 18.7% said annual family income was less than \$30,000 per year. Most of those with the lowest level of incomes appeared to be seniors or students

Key Informant Interviews

A total of 21 key informant interviews were conducted, 9 with community leaders and 12 with relatives and friends of problem gamblers, all from Trinidad or Guyana.

Focus Groups

Nine focus groups were conducted, with attendance ranging from 6 to 10 respondents. Of these five could be considered adult focus groups, two seniors focus groups , and two youth focus groups.

Toronto Arya Samaj: 1 adult, 1 senior and 1 youth focus group

Shiv Shakti Gyaan Mandir 1 adult focus group

The Islamic Academy of Canada and TARIC Islamic Centre 2 adult, 1 youth focus group

Guyanese East Indian Association of Canada 1 adult focus group

Trinidad and Tobago 50 Plus and Seniors Association 1 senior focus group

Case Study Interviews

Due to extreme difficulty in persuading problem gamblers to talk directly with researchers, case studies were not completed.

Field Notes and Observations

It was obvious from the beginning of the project that there would be difficulties in conducting an exploratory survey of gambling in the Indo-Caribbean Community. Early attempts by the lead agency South Asian Women's Centre to involve Indo-Caribbean community members were not successful, and planned meetings had to be aborted. Indo-Caribbean community groups did not respond to invitations to talk about conducting a survey on gambling. The feedback was that they were not particularly interested in another survey by a group outside of the community.

A committee was only formed through the efforts of a few community leaders who enlisted other groups to take part. Announcements in the media of the upcoming survey elicited very few responses from the public, and neither did fliers and articles in community newsletters. The Indo-Caribbean community did not view gambling as a high priority social problem, as compared to alcohol. The groups did not show great enthusiasm for a survey that they expected would involve them only as passive subjects and from which they would receive no benefits other than a report.

The main obstacles to conducting a successful study were summarized as:

1. Lack of interest by the community and community groups in a study where they perceived they would have little control and little benefit.
2. Expected high survey resistance to being polled by researchers from outside the community, using traditional survey methods.
3. Concerns about the quality of data to be collected, given the known reluctance of Indo-Caribbeans to confide in people from outside the group.

These were overcome by structuring the project to become a community designed and operated study, conducted by Indo-Caribbeans among familiar members of their own groups.

The project was presented as one where the community itself was conducting research into its gambling activities, with assistance and guidance from the South Asian Women's Centre and the Ontario Problem Gambling Research Centre. The Local Research Advisory Committee (LRAC) was the decision making body for the project. The study tried at all costs to avoid the appearance of outside clinical researchers doing an ethnological study.

Financial incentives were offered for groups taking part. Community researchers would be compensated for taking part in LRAC meetings, training sessions and for the actual research. Participants in focus groups received an honorarium. Each participating group was separately offered compensation for making their membership lists accessible for the study and for delegating representatives to the LRAC.

There is evidence that this approach was a significant factor in persuading groups and their representatives to take part in the study and remain involved during the entire duration of the project.

The expected survey resistance was avoided by using 12 community members to conduct the research, as opposed to the normal practice of having just one or two professional researchers. They were trained to conduct the research, and given all needed assistance in research methods and practice.

The plan was to devise research instruments that could be used by non-experts with a little training. By having members of community groups interviewing fellow members whom they knew, the study eliminated the “cold call” syndrome with its normally high refusal rates. Indo-Caribbeans respondents, known to be highly distrustful of strangers asking personal questions, and even suspicious of other Indo-Caribbeans whom they did not know personally, responded admirably to “warm” calls from people they knew.

The results were most gratifying. The surveys, focus groups and key informant interviews provided high-quality data with very few obstacles and survey resistance. Several of the researchers reported a 100 percent success rate in conducting telephone surveys, key informant interviews and getting participants for focus groups.

The study eliminated traditional research methods such as random polls by market research organizations and mailed out questionnaires. It also rejected the “long” questionnaire of sixty or more questions that would take up to an hour to complete, as unworkable. Instead a 10-minute questionnaire with 14 questions was used.

Data of excellent quality was obtained from respondents to surveys, focus groups and key informant interviews. The researchers reported excellent cooperation in getting details such as family income, spending on gambling, and problem gambling behaviour of relatives and friends. On several occasions they were able to get a very personal and potentially embarrassing information over the telephone. Such information would normally not be given out all, or would be very difficult to extract. The study also put the committee in an excellent position to follow up with responsible gambling and preventive gambling projects, as it already had support and input from the community groups.

This approach more than compensated for the time spent in having to train researchers and for the occasional lapses in conducting research. Professional researchers may have moved more quickly but it is unlikely they would have received data of comparable quality.

The one area of resistance, which the survey failed to overcome, was the extreme reluctance of problem gamblers to talk about their addiction. Surveys, focus groups, and interviews with community leaders identified over 80 problem gamblers in the community, but these individuals would not speak directly to researchers. Some of those who were approached to do so denied they were having any problems related to gambling. Others refused to talk to researchers who were relatives or close friends, generally continuing to deny they had any problems.

Much greater time and effort must be allocated if future researchers can expect to be successful in conducting case studies based on face to face interviews with problem gamblers from the Indo-Caribbean community in Toronto.

3.4.2 Data Collection Tools

Considering that the community researchers did not have formal training and experience in research, the project devised several tools to assist them.

Community Survey

One standard survey questionnaire was developed by the Local Research Advisory Committee, tested, and used by all researchers. It was designed to be an administered survey that would take no more than 10 minutes (see Appendix I).

Interview guides were developed to ensure that the surveys were conducted impartially and in a consistent manner. “Instructions to Interviewers” and “Guidelines for the Interview” were distributed and used as the basis for a training program for community researchers. Registration forms and answer sheets for surveys were used to monitor the interviews and regularize data collection.

Key Informant Interviews

Two questionnaires were developed for the key informant interviews. One for the community leaders which contained 32 general questions that would be used to lead off the interviews, and could be supplemented with additional questions (see Appendix II).

A second questionnaire was developed for collecting data from relatives and friends of problem gamblers, with 31 questions focusing directly on their knowledge of the problem gambler (see Appendix III).

Focus Groups

A single focus group guide was developed for use in adult, seniors and youth focus groups. “Interview Guide for Focus Groups”, “How to do Focus Groups”, “Instructions for Recording and Summarizing Focus Group Sessions” were developed for training focus moderators and note takers in conducting the sessions in a uniform manner.

Respondents were asked to respond to 36 questions in five areas, gambling in the Caribbean, gambling in Toronto, views and opinions on gambling, problem gambling and help seeking behaviour (see Appendix IV).

Tape recorders were used by all focus groups for recording the comments of participants, and combined with written notes to produce the focus group report

Field Notes Format

Community researchers were asked to note their experiences in collecting research data, and related this information to meetings of the Local Research Advisory Committee and to the research coordinator. The information was collected and sorted by the coordinator, and are the basis of the field notes and observations in this report.

3.4.3 Data Analysis

The study collected data of two types, statistical data from the community survey and qualitative data from focus groups, key informant interviews and from open-ended questions in the community survey.

Statistical Analysis

Information from the completed surveys was entered in a single Excel database, which gave overall totals for the multiple-choice questions. Answers to open ended questions were grouped together as text and analyzed for frequencies, patterns and similarities. Answers to open ended quantitative questions like amounts of money spent on gambling or number of years resident in Canada were also collected together as numerical text and analyzed for patterns and frequencies.

Content Analysis

Focus groups - Data from focus groups was generally qualitative. Replies to standard questions were grouped together and analyzed in the same way as qualitative responses to the surveys.

Key informant interviews –Key informant data was also qualitative, and was handled as focus group information.

Finally, data from focus groups and key informant interviews were integrated with data from the surveys into findings and interpretations of the project.

3.5 Limitations

The major limitations of this study relate to the objectivity of the data collected and the size of the sample.

It was not possible to obtain a true random sample without survey bias, because of the known and expected survey resistance of Indo-Caribbeans in Toronto. Community group representatives unanimously agreed that random telephone surveys would yield a low quality of data and even lower response rates than normal. The project did not pursue the initial plan of random surveys based on names from the telephone directory as too costly and unlikely to be useful. Responses to the mailed out surveys are also expected to be very low, as were responses to media requests for information on gambling.

Respondents to the study were all members of community groups, and generally known to the researchers. There was therefore an over representation of members of the community who joined groups and an under representation of those who did not. With three of the six participating groups being Hindu and Moslem organizations, there was also an over representation of community members who belong to these two faiths.

Survey bias cannot be dismissed considering that respondents were often known to researchers and belonged to the same organizations.

These factors also provide the strength to the study. Extremely high response rates to researchers indicate that they were able to gather information from most of the respondents chosen, and not just those who were willing to speak to a researcher.

The high level of comfort that respondents felt with the researchers is reflected in the high proportion of questions answered, and the willingness of respondents to provide confidential data on an intimate topic such as gambling.

While the sample may not be truly random, or truly representative of the Indo-Caribbean community in Toronto, the quality of the data and the findings compare favourably with other studies of ethnic communities.

Sample sizes of one percent indicate that the results may not be used for generalizing on the larger population. However, both the qualitative and quantitative data obtained are in line with gambling data from the general population of Ontario, and with other surveys of ethnic communities.

4. FINDINGS

Goal One: Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity

Question 1: Is there gambling in the Indo-Caribbean community in Toronto?

Community Survey

The survey of 496 Indo-Caribbeans in Toronto revealed that 76.7% percent of respondents spent money on betting and gambling and 23.3% said they did not gamble). An overwhelming 89.1% of respondents believed their friends and relatives spent money on gambling and 10.9% believed friends and relatives were non-gamblers (see Table 3.

TABLE 3
Gambling in the Toronto Indo-Caribbean Community

GAMBLERS/NON GAMBLERS	Proportion
Admitted spending on gambling	76.7%
Did not gamble	23.3%
Believed friends/relatives gambled	89.1%
Friends and relatives did not gamble	10.9%

They reported their personal spending on gambling to be very low on average, with 88.5% admitting to spending \$20 or less per week and 2.9% saying they spent \$100 or more each week. Most of the friends and family were also believed to be low risk gamblers who spent relatively small amounts on gambling, with 75.8% of respondents estimating this spending at \$20 or less per week and 8.7% believing it was \$100 or more a week (see Table 4).

TABLE 4
Spending on Gambling

SPENDING ON GAMBLING	Proportion
Spent \$20 or less per week	88.5%
Spent \$100 or more per week	2.9%
Friends/family spent \$20 or less per week	75.8%
Friends/family spent \$100 or more per week	8.7%

Over 55 percent of respondents believed that Indo-Caribbeans in Toronto spent a fair amount or very much on gambling, with 42.1 percent saying it was a fair amount, 13.1 percent saying very much and 29.6 percent saying they thought it was very little.

Focus Groups

Focus group participants tended to agree that most Indo-Caribbeans were spending only small amounts on gambling, “\$5.00 per week for a regular run of the mill guy” according to one person. Some believed that \$10 a week or \$500 a year was a more realistic estimate. They all accepted that a very few big spenders could go as high as \$300 a month and more.

While 77.1% of focus group participants said Indo-Caribbean people saw problem spending as a personal matter, 6.2% believed the community saw it as a threat to the community, and 16.8% had no opinion.

Question 2: Is gambling a culturally acceptable behaviour?

Community Survey

As reported in Table 4, 69.3% of survey respondents believe that the Indo-Caribbean community in Toronto either approves of betting or tolerates it, while 6% believe the community is against betting and 24.7% had no opinion.

Most people believed that gambling was culturally acceptable to the community, particularly when small sums were involved and there was a recreational aspect.

TABLE 5
Community Opinion on Gambling

ESTIMATE OF COMMUNITY OPINION	Proportion
Believed community tolerated gambling	38.4%
Believed community approved of gambling	30.9%
Believed community was against gambling	6%
Had no opinion	24.7%

The two major themes in comments by survey respondents were that Indo-Caribbeans were generally careful people who did not spend much money on gambling, and that gambling was not a big problem in the community. There was also a strong and widely spread opposition to gambling by a minority grouping among Indo-Caribbeans (23.3% of respondents said they themselves did not do any betting or gambling). A significant sector of respondents believed that Indo-Caribbeans gamble just for fun and that it was acceptable as long as it was a controlled recreational pastime. A common belief was that alcohol was a more serious problem than gambling.

Most Indo-Caribbeans did not have concerns about betting and gambling and there was no body of opinion saying there were problems. “For Indo-Caribbeans if there is a problem they keep it quiet. That is why we do not think it is a problem.” Those who had concerns did not express them and those who had relatives with gambling problems did not discuss them. There were some concerns about seniors going to the casinos too often, and parents with worries about their children gambling.

Gambling was consistently viewed as a personal problem, not a community issue or a threat to the community.

Focus Group

The community as a whole did not see gambling as a major problem. It was basically acceptable because of the insignificant amounts of money spent. Many viewed gambling as a recreational pastime, though some people saw it as harmful to family life. The community did not see problem gambling as an addiction in the same way they viewed alcohol, which was often considered a much greater problem than gambling.

A minority of the community did not approve of gambling. Older members, such as those who had come from India, did not accept gambling. Girls were usually not permitted to gamble, but boys had greater leeway

Most of the religious participants share the view that “ Religious groups did not have much to say because it was not a problem, so it was not brought up with them.” On occasion, leaders of the Hindu, Christian or Muslim faiths would condemn gambling, with the Muslims appearing to take the strongest stands. But many did not recall their priests giving strong advice about gambling.

Some of the pundits (Hindu priests), and Imams (Muslim priests), some of the older people who had migrated from India and occasionally the police, showed opposition to gambling. Many wives of gamblers objected and would take their husbands’ pay cheques from their bosses so their families would not starve.

“I feel betting and gambling could be fun as long as it is controlled and within one’s means” was a fairly common perception of gambling in focus groups. A very small number had principled objections to gambling and did not indulge in any type of betting. Most participants believed the Indo-Caribbean community accepted or tolerated gambling, and did not see it as a problem. The community sees gambling as a harmless recreational activity and cheap fun, as long as a person does not become addicted.

Some focus group participants believed that if monitoring and education was not started soon then gambling could really become a very serious problem in the fast moving city of Toronto.

Question 3: What forms of enjoyable/recreational gambling exists in the community?

Community Survey

Survey respondents reported that lottery was the most popular (50.2% of replies), followed by scratch cards (21.1%), casino (9.5%), bingo (5.3%), coin slots (5.1%), card games (4.2%), racetrack (3.0%) and Internet (0.7%).

Lottery was also the preferred gambling method for friends and family, with 38.5% of responses, followed by scratch cards with 17.8 %, casino with 14.1 %, racetrack (8.9%), bingo (7.8%), coin slots (6.3%), card games (6.1%) and internet with 0.6%.

TABLE 6
Common Gambling Activities

TYPE OF GAMBLING	SELF	FRIENDS/FAMILY
Lottery	50.2%	38.5%
Scratch cards	21.1%	17.8%
Casino	9.5%	14.1%
Bingo	5.3%	7.8%
Coin slots	5.1%	6.3%
Card games	4.2%	6.1%
Racetrack	3.0%	8.9%
Internet	0.7%	0.6%

Focus Group

A small minority of focus group participants remembered Indo-Caribbeans getting into problems with gambling. The symptoms were quite serious, such as gambling away salaries, losing jobs and businesses, losing families, losing vehicles, and going to jail.

Question 4: Are recreational activities (e.g. playing cards) that take place in homes or with friends considered as a form of gambling?

Focus Group

The community felt gambling was basically acceptable because of the insignificant amounts of money spent. Many viewed gambling as a recreational pastime.

Question 5: What forms of gambling are prevalent in the home countries (countries of origin)?

Focus Group

A strong majority of Indo-Caribbeans living in Toronto are immigrants (93.1% of the survey were born abroad and only 6.9% reported they were born in Canada), who have come from countries where gambling is common and accepted.

A wide range of gambling was available to Indo-Caribbeans in the Caribbean, and they took part in nearly all types. The more popular forms were horse racing, sweepstakes, lottery, cards, whe whe (a kind of numbers game), bingo, and football pools.

They also took part in more recreational type gambling such as bets on domino games, cricket, softball, billiards, pool and stick fighting, with participants often betting for drinks. They also participated in street corner or fair type games with dice, three shells, and three cards, over and under.

There were other more lighthearted types of gambling such as betting for buttons and marbles as boys, bets on whose bird would whistle the loudest, and bets on boxing matches with friends.

Both rural and urban Indo-Caribbeans both took part in such gambling, and underemployed or unemployed people appeared to do more gambling.

The participants' memories of the sixties and seventies were that Indo-Caribbeans generally spent very small amounts, with poorer people averaging about \$1 per week. These were high sums in proportion to their income. The mostly rural based Indians did not have much money to spend. "If you make 10 shillings a week and you gamble 1 shilling this was serious" said one participant.

The middle class could spend about \$5 per week, but others could top \$20 per week. A few would spend as much as \$200 per week and big spenders could splurge in the thousands.

Question 6: What gambling practices from the home countries have been continued/abandoned in Toronto?

Community Survey

The new types of gambling available for Indo-Caribbean immigrants in Toronto are lottery, scratch cards, casinos, slot machines, betting on hockey and other sports, and betting on the Internet.

Focus Group

Popular Caribbean forms of gambling such as horse racing, lottery, cards, and bingo continue to be popular in Toronto. Betting on domino games, cricket, softball, billiards and pool continue to a lesser extent, while betting on sweepstakes and football pools have been largely discontinued. Bets on stick fighting and whe whe (a kind of numbers game), practiced in Trinidad, are not available in Toronto.

Goal Two: Describe the definition, characteristics, and pervasiveness of problem gambling in the community.

Question 1: What would you consider to be problem gambling?

Community Survey

Survey respondents identified five major markers for problem gambling. These were:

- When gambling became an addiction and spending was not controlled.
- When money for household and personal expenses was used for gambling.
- When people spent beyond their income and were unable to manage their finances.
- When gamblers resorted to borrowing, using credit cards and theft for obtaining money.
- When family life was negatively affected.

Respondents identified addiction to gambling at horse racing, casinos, and the lottery as the key areas for Indo-Caribbean problem gamblers they knew. Problems related to gambling were heavily focused on:

- Family economic and emotional crises, failed marriages, family violence, breakups of families
- Loss of jobs and employment possibilities
- Use of alcohol
- Criminal convictions
- Loss of home and property
- Heavy borrowing and abuse of credit cards

Focus Group

In the focus groups there was wide agreement that spending became a problem when it affected the family negatively through reducing money available for household expenses, when an individual became addicted, when gamblers spent more than their income, and when they resorted to borrowing, swindling or theft to obtain money.

In the Caribbean these problem gamblers were either non-gamblers, indifferent to gambling, opposed to gambling, or recreation gamblers who bet for entertainment or fun.

Key Informant Interviews

Close to half the problem gamblers continued to deny that they had a gambling problem, insisting that it was a recreation, pleasure or hobby, or that it was nobody's business. Others would agree there was a problem but would not seek or accept help. The majority were not ashamed or embarrassed about gambling. Half the group made efforts to hide their gambling and half did not. Lying about their whereabouts (to conceal gambling), and lying about the reasons for borrowing money was common.

Question 2: Is there any specific group or category of people who are more at risk for gambling problems viz. men vs. women; seniors vs. younger population etc.

Focus Group

Seniors and the younger generation were singled out as the groups most at risk for getting into gambling problems.

Question 3: What would be considered problem gambling as opposed to gambling for fun?

Key Informants Interviews

Participants identified several symptoms of problem gambling: spending money normally used for other purposes, borrowing money, telling lies and living to gamble. They also singled out depression, heavy drinking, violent temper, poor dress and appearance, stealing, use of drugs and neglect of school work and mood swings as other symptoms of the problem.

Severe disruptions characterized the family life of most gamblers, causing problems with spouses and marriage, arguments about money, and actual family break-ups. Addiction could cause gamblers to become moody and short-tempered with family. Three marriages were reported to be close to break-up, and in one case the marriage actually broke up and

the gambler's children were abused by a stepfather after the separation. Spouses and children were often angry and frustrated with the gambler, ashamed of the habit, and confrontational with the gambler.

In one case parents intervened, paid off a \$7,500 debt and persuaded the gambler to quit.

One gambler lost everything he owned, including a 500,000 home and a town house. His children were unable to go to university because of lack of funds. His wife, who had not worked before, had to enter the work force.

Another individual, who retired early after making a lot of money in real estate, became addicted to high stakes casino games. He lost most of his money, was divorced from his wife, and his children were university dropouts. He died at the gambling table in Las Vegas after losing \$100,000.

Financial damage was a feature of most of the problem gamblers, with these typical results:

- Negative effect on work performance, due to depression as a result of losses
- Spouse having to take a job or a second job
- Large gambling debts
- Diversion of income to lottery tickets
- Loss of all savings and the family home
- Inability to contribute to family finances

One third of problem gamblers did not show pronounced effects on social life, but the others had distanced themselves from friends and relatives, reduced social activities and spiritual, and in one case become withdrawn and totally uncommunicative.

For most of the problem gamblers, there were marked changes in attitudes towards gambling, as compared to perceptions in the Caribbean. Few continued to see gambling as recreation or entertainment. "Gambling is much more serious now and not a fun thing," was one comment. Some typical positions were:

- Consumed by the dream of being a big winner
- Driven to go to the track, but withdrawn and depressed when luck was bad.
- Spends most of her money on lottery.
- Has become a different person, more abusive and on the criminal side.

Question 4: Is the issue of problem gambling discussed in our community?

Community Survey

Just over 14 percent (14.3%) of survey respondents (68 individuals) knew an Indo-Caribbean who has a problem with betting now or sometime recently, and 85.7% did not know any Indo-Caribbean with a gambling problem.

TABLE 7
Knowledge of Problem Gamblers

	SURVEY	FOCUS GROUP
Knew a problem gambler	14.3%	20%
Did not know a problem gambler	85.7%	80%

Focus Group

“Religious or cultural groups do not address this issue since it does not appear to be a problem” summarizes the current opinion on gambling by community groups. Gambling does not appear to be an issue that is high on the agenda of Indo-Caribbean religious or cultural groups.

In every focus group there were participants who knew of problem gamblers, and the average for all focus groups was approximately 20 percent. In one group three of seven participants knew someone who was a problem gambler.

Question 5: Is gambling seen as an addiction and is there stigma that affects the lives of gamblers and their families?

Community Survey

The community, while tolerant of gambling itself, would shun known problem gamblers.

Question 6: What are the consequences of problem gambling for the individual, family and social circle?

Community Survey

Families suffered the most from over-indulgence in gambling. The most commonly cited effect was shortage of money for groceries and household expenses. People compromised their wives, stole money, incurred debts they could not repay. There were marriage breakdowns, family violence. The community, while tolerant of gambling itself, would shun known problem gamblers.

The main side effects of gambling were neglect of the family finances, abuse of the family, and neglect of the gambler’s job. Marriages would often break up because of gambling. Gambling affected relationships with family and friends and gamblers were reported to be rude and nasty to people around them.

Question 7: What is the demographic profile of problem gamblers and non-problem gamblers?

Community Survey

Non problem gamblers had a similar profile to the respondents for the survey, meaning that low risk gamblers encompassed the Indo-Caribbean community in Toronto regardless of their Caribbean country of origin, the length of their stay in Canada, their religious beliefs and practices, gender, age or financial circumstances.

There was no identifiable demographic profile for problem gamblers.

Question 8: How does problem gambling in Toronto differ from problem gambling in the Caribbean?

Focus Group

Opinions differed on whether problem gambling was worse in Toronto or the Caribbean. Most agreed that in Canada there was more disposable income to spend, and that in the Caribbean people spent a greater proportion of their money on gambling. The variety of games and access to credit cards made gambling easier to do in Toronto. It was considerably easier to hide a gambling habit in Toronto than in the Caribbean.

Question 9: What other risky behaviours would you associate with gambling (drugs, alcohol etc.)?

Community Survey

Some of the risky behaviour patterns were diversion of money for household and personal expenses to gambling, neglect of family life, people spending beyond their income and being unable to manage their finances, borrowing money for gambling, bankruptcy, using credit cards, stealing to obtain and theft to obtain money. Family violence, abuse of alcohol and drugs, neglect of employment leading to loss of jobs, and isolation from relatives and friends were also quoted as dangerous behaviours connected to gambling.

Focus Group

Focus group participants identified depression, violent temper, poor dress and appearance, mood swings, heavy drinking, and telling lies as risky behaviour connected to gambling. They noted that problem gamblers tended to neglect family finances, abuse their families, and neglect their jobs. They found that some problem gamblers had changed their relationships with family and friends, and were reported to be rude and nasty to people around them.

Goal Three: Ascertain Community Members' Perceptions of Gambling and Problem Gambling.

Question 1: How is problem gambling perceived and experienced in the community?

Key Informant Interviews

Horse racing, casinos, cards and lottery were the favoured gambling practices of the problem gamblers, with casinos and lotteries being the new gambling habits found in Canada.

Except for one person who had been rescued from addiction by her parents, the gamblers were deemed to be out of control with their habits. Symptoms included:

1. Losing more than he could afford
2. Becoming depressed when there were losses
3. Borrowing on credit cards for gambling money
4. Staying out all night gambling, causing much friction at home
5. Spending grocery money on lottery tickets
6. Spending large amounts of money

7. Borrowing money against his salary
8. Refusing to listen to anybody

Current problem gamblers were spending extremely heavily, from 50% of salary, to \$100 to \$250 a week, to \$300 to \$400 a week, to \$400 to \$500 a week, \$500 to \$1000 per week and one individual spending \$2000 to \$5000 a night at least four nights a month.

A notable feature of problem gambling was the consumption of most of the free time of the gamblers. Several were described as spending all of their free time after work, most of the weekends, totaling more than 20 hours per week on gambling.

More than half of the gamblers were engaged in-group activities, with co-workers, friends and relatives, with solitary gamblers being no greater than 20 percent.

Question 2: What is the prevalence of problem gambling in the community?

Community Survey

Of the survey respondents, 14.3% (68 individuals) knew an Indo-Caribbean who has a problem with betting now or sometime recently, and 85.7% did not know any Indo-Caribbean with a gambling problem.

Focus Group

In every focus group there were participants who knew of problem gamblers, and the average for all focus groups was about 20 percent. In one group three of seven knew someone who was a problem gambler.

Question 3: What is the community's knowledge of its problem gamblers?

Key Informant Interviews

Eleven past or current problem gamblers identified through key informant surveys, four female and seven males. Ten were immigrants from Trinidad or Guyana, with residence in Canada for over 10 years and five of them living in Canada for over 20 years. Five were in manual occupations in Canada such as security guard, factory worker, welder and labourer, while others had jobs like professional manager and lab technician.

Encouragement from friends and relatives and peer pressure from co-workers were the main inducements for them to begin heavy gambling. Over half had been non gamblers or low risk, recreation gamblers in the Caribbean, betting mostly on horse races or card games, and nine did not have close friends or relatives who were gamblers in the Caribbean. Canada was the place where most of them started having problems controlling their gambling habits, as only one individual was said to have problems in the Caribbean.

The thrill of winning, becoming comfortable with the race track environment, greed and a strong desire to win, depression about low income jobs, encouragement from friends, and visits to casinos during camping trips were cited as the reasons why some of these problem gamblers became addicted to gambling.

Question 4: Does the community see gambling as a manageable activity?

Community Survey

Survey respondents reported their personal spending on gambling to be very low on average, with 88.5% admitting to spending \$20 or less per week and 2.9% saying they spent \$100 or more each week.

The two major themes in comments by survey respondents were that Indo-Caribbeans were generally careful people who did not spend much money on gambling, and that gambling is not a big problem in the community. A significant sector of respondents believed that Indo-Caribbeans gamble just for fun and that it was acceptable as long as it was a controlled recreational pastime.

Focus Group

The communities as a whole did not see gambling as a major problem in the Caribbean. It was basically acceptable because of the insignificant amounts of money spent. Many viewed gambling as a recreational pastime.

“I feel betting and gambling could be fun as long as it is controlled and within one’s means” was a fairly common perception of gambling. Most participants believed the Indo-Caribbean community accepted or tolerated gambling, and did not see it as a problem. The community sees gambling as a harmless recreational activity and cheap fun, as long as a person does not become addicted.

Question 5: What is the difference between gambling and problem gambling?

Community Survey

Respondents to the survey clearly identified the division lines between gambling and problem gambling, such as:

1. When gambling takes away money from basics-food, shelter, clothing, heat
2. When people lose control, lose their homes and families
3. When gambling takes over your life
4. When you borrow money to gamble
5. When you cannot meet your commitments or pay debts
6. If you spend on credit cards
7. When it becomes addictive and habitual
8. When the gambler became depressed
9. When you begin wheeling and dealing and stealing
10. When it causes family problems
11. When children are neglected and family members get hurt
12. When gambling affects family life and causes marital problems
13. When one stays away from home to gamble
14. When people break the law to feed the gambling habit
15. When people drink as a result of betting
16. When the family fights and arguments over money
17. When you start to steal to bet

Focus Group

There was wide agreement that spending became a problem when it affected the family negatively through reducing money available for household expenses, when an individual became addicted, when gamblers spent more than their income, and when they resorted to borrowing, swindling or theft to obtain money.

Question 6: Is gambling seen as a threat to the community as a group or is it as a “personal” problem to which the community resources need to be allocated?

Community Survey

An overwhelming 77.1% said Indo-Caribbean people saw problem spending as a personal matter, 6.2% believed the community saw it as a threat to the community, and 16.8% had no opinion.

The two major themes in comments by survey respondents were that Indo-Caribbeans were generally careful people who did not spend much money on gambling, and that gambling is not a big problem in the community. A significant sector of respondents believed that Indo-Caribbeans gamble just for fun and that it was acceptable as long as it was a controlled recreational pastime.

Goal 4: Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: What are the help seeking preferences of the Indo-Caribbean community for problem gambling?

Community Survey

Opinions varied about the places to refer gamblers for help, with addiction centres, religious groups and community groups all considered. Several participants believed that friends and family would be better options.

There was almost unanimous agreement that Indo-Caribbean problem gamblers did not usually seek help themselves. Denial of the problem was common, and gamblers would wait until things collapsed. Indo-Caribbeans tended to be unwilling to talk to strangers. When help came it was often because of a family member, friend or priest.

Key Informant Interviews

Indo-Caribbean problem gamblers had a strikingly low rate (one in eight) of attempts to seek help for their problem. They normally did not accept counselling from friends and relatives, and do not themselves seek out professional help. Attempts at counselling did not seem to work, as gamblers continued to deny their addiction. Distrust of institutions was given as the reason why one gambler refused counselling.

Question 2: What are the cultural norms about gambling and help seeking?

Community Survey

An addiction centre was the preferred option for getting help for a problem gambler (47.2% of respondents), while equal amounts preferred a community agency or a religious group (26.4%). Less than four percent of respondents suggested a close friend or family member as the first choice for help with problem gambling.

Field Notes

Interviewers observed a marked reluctance on the part of gamblers to talk about their habits to anyone, even including friends and family.

Question 3: What resources exist in the community for persons with a gambling problem?

Community Survey

Other than the priests of the various faiths, there was usually no place for a problem gambler to go for help. Families occasionally intervened by exerting pressure and sometimes-extreme solutions like a beating on the gambler. For most problem gamblers there was no support.

Most people did not know personally of institutions that offered help to gamblers, while others were aware of Gamblers Anonymous, Gambling help line, Centre for Addiction and community centres with counsellors.

Participants suggested a wide range of methods to deal with problem gambling and also recognized there was no easy way to handle it. Among the suggestions were counseling, using conscience and guilt, controls on gambling, groups and special centres, use of the media, education of children, limiting casinos and putting a good beating on the gambler. Providing alternatives for gamblers, use of religious groups, grants to community groups, and a community support system were also suggested.

5. CONCLUSIONS

Goal One: Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: Is there gambling in the Indo-Caribbean community in Toronto?

Gambling is prevalent and widespread in the Indo-Caribbean community in Toronto, regardless of their Caribbean country of origin, and the length of their stay in Canada, their religious beliefs and practices, gender, age or financial circumstances.

The community survey showed that 76.7 percent of respondents spend money on gambling, and 89.1% believe their friends and relatives also spend money on gambling. Personal spending on gambling was generally low, with 88% admitting to spending \$20 or less per week, 9% can be classified as moderate risk gamblers with spending of under \$100 and just under 3% can be considered high risk gamblers who spent over \$100 a week. Over 75% estimated that friends and relatives spent \$20 or less per week.

The perception of community spending on gambling was that 42.1% believed the Indo Caribbean's in Toronto spend a fair amount and gambling, 29.6% thought it will be very little, and 13.1% believed it was very much.

Question 2: Is gambling culturally acceptable behaviour?

Indo-Caribbeans as a group believed that their community approved of or tolerated gambling, with 30.9% saying the community approved, 38.4% saying the committee tolerated gambling and 6% saying the committee was against gambling. Most people believed that gambling was culturally acceptable, particularly when small sums were involved and there was a recreational aspect. Indo-Caribbeans viewed themselves as careful people who did not spend much money on gambling, and leaned towards the position that gambling was acceptable as long as it was a controlled recreational pastime.

There were some objections to gambling, particularly from the religious and social leaders, and from some older members of the community.

Question 3: What forms of enjoyable/recreational gambling exist in the community?

Lottery was consistently cited as the most popular form of any recreational gambling, followed by scratch cards, casino, bingo card games, and the racetrack.

Question 4: Are recreational activities (e.g. playing cards) that take place in homes or with friends considered as a form of gambling?

The community did not consider recreational activities taking place in homes or with friends to be gambling, but rather viewed them as fun activities.

Question 5: What are the most common gambling activities in the Indo-Caribbean community?

Lottery was easily the most common form of gambling in the community, followed by scratch cards, casino, Bingo, coin slots, card games, racetrack, and the Internet.

Question 6: What forms of gambling are prevalent in the home countries (countries of origin)?

The most popular forms of gambling in the Caribbean countries of origin of respondents were horseracing, sweepstakes, lottery, cards, whe whe, bingo, casinos and football pools.

Question 7: What gambling practices from the home countries have been continued/abandoned in Toronto?

Horse racing, lottery, cards, and bingo continued to be popular in Toronto, while betting on sports, Sweepstakes, and football pools of largely declined. whe whe, a popular form of gambling in Trinidad, is not available in Toronto. The new forms of gambling available in Toronto are scratch cards, casinos, slot machines, betting on new sports such as hockey and basketball, and betting on the Internet.

Goal Two: Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community.

Question 1: What would you consider to be problem gambling?

Indo-Caribbeans identified four main areas that marked problem gambling, financial, family life, employment, deviant social behaviour, and development of addiction.

Financial:

They believed that an individual was becoming a problem gambler when he could not control his spending, when household and personal finances were diverted to gambling, when he spend beyond his income, when he resorted to borrowing and credit cards to obtain money.

Family:

They saw problems when the individual neglected his family, caused family conflicts because of gambling, engaged in family violence, cause family breakup, and isolated himself from the family.

Employment:

Gambling became problem gambling when the individual neglected his job, took sick leave and time off to gamble, lost employment, and spend a disproportionate amount of salary on gambling.

Deviant social behaviour:

Drinking, violent temper, depression, isolation, for dress and appearance, use of drugs, mood swings and irritability were some of the deviant social behaviours connected with problem gambling. Stealing, cheating, committing crimes for gambling money were the more serious deviant behaviours.

Addiction:

There was wide acceptance that addictive and compulsive spending was a sign of a problem gambler.

Question 2: Is there any specific group or category of people who are more at risk for gambling problems viz. men vs. women, seniors vs. younger populations etc.?

Seniors and the younger generation were considered the groups most at risk for becoming problem gamblers.

Question 3: What would be considered problem gambling as opposed to gambling for fun?

Respondents saw gambling for fun as occasional, recreational gambling with limited amounts of money and an element of pleasure, usually in a group context.

Problem gambling, on the other hand was more intense, frequent and costly betting with the intention of recovering losses or striking it rich. Such gambling usually involved spending beyond a person's means, borrowing money, using credit cards, and was associated with deviant and anti-social behaviour, family disruptions, employment difficulties, and occasionally criminal actions.

Question 4: Is the issue of problem gambling discussed in our community?

Religious and cultural groups within the community do not address the issue, says it does not appear to be a problem. Gambling does not appear to be an issue that is high on the agenda of Indo-Caribbean groups. Similarly, individuals and families share the view that there is no real problem with gambling in the community, and there is little discussion about it.

However, 14.3% of survey respondents knew at least one Indo-Caribbean person who had a problem with betting currently, sometime, or recently. Twenty percent (20%) of focus group participants knew of an Indo-Caribbean problem gambler in Toronto.

Question 5: Is gambling seen as an addiction and is there social stigma that affects the lives of gamblers and their families?

The majority opinion is that for Indo-Caribbeans gambling is not an addiction, but a harmless recreational activity. But there is a small minority viewpoint that some Indo-Caribbeans are becoming addicted to gambling, and that steps should be taken to deal with it. Evidence from identified problem gamblers and their families gamblers is that the gamblers firmly deny their addiction to an attempt to avoid the stigma that from being a serious gambler.

Question 6: What are the consequences of problem gambling for the individual, family and social circle?

Problem gambling was cited as a serious risk factor for the families of Indo-Caribbean gamblers and their families.

Surveys, Interviews and focus groups all noted the severe financial weaknesses visited on problem gamblers, as well as loss of earnings and income stability. Individuals reported to have lost jobs, lost properties, resorted to reckless borrowing shifts, abuse of credit cards and found themselves hopelessly in debt. Others had cheated and stolen to obtain money, had become depressed, habitually angry, short tempered, rude, and isolated from

friends and family. Abuse of alcohol and sometimes drugs often followed problem gambling.

The consequences for families and social circles were just as drastic. Shortage of money for groceries and household expenses was a common difficulty, often causing serious family disputes and family break-ups. There were reports of violence against family members, loss of the family home and economic assets.

Problem gamblers were known to become so preoccupied with betting that they cut off contact with family and friends, reduced their attendance at religious services, and sometimes became isolated loners. They often avoided people with whom they had previously socialized, either because of embarrassment or because those people were not interested in heavy gambling.

Question 7: What is the demographic profile of problem gamblers and non-problem gamblers?

The sample of problem gamblers from key informant interviews and the community survey was not large enough to develop a demographic profile for Indo-Caribbean problem gamblers.

Non-problem gamblers had a similar profile to respondents to the survey, which found that low-risk gamblers encompass the Indo-Caribbean Committee in Toronto regardless of their Caribbean country of origin, the length of this to Canada, their religious beliefs and practices, gender, age and financial circumstances.

Question 8: How does problem gambling in Toronto differ from problem gambling in the Caribbean?

More disposable income, a wider range of gambling opportunities and greater privacy were the main differences between problem gambling in Toronto and the Caribbean. Indo-Caribbeans at home tended to be low income, rural based people who had very little disposable income for gambling but who nevertheless spent a comparatively large percentage of it on gambling. There were not many avenues for gambling, and it was almost impossible to engage in heavy gambling without the community knowing about it.

In Toronto, in comparison, Indo-Caribbean families tended to have more than one income earner and total family income was greater than the Caribbean. More disposable income was available for use in gambling without dangerous consequences. People could spend more money and yet it would be a proportionally smaller percent of their income.

In Toronto there was a much greater range of gambling possibilities, with lottery, bingo and scratch cards being easily and continuously available in the neighbourhood of the gambler.

The relatively impersonal and large city atmosphere of Toronto made it very easy for gamblers to make bets in total anonymity, something that was impossible in the Caribbean.

Question 9: What other risky behaviours would you associate with gambling (drugs, alcohol etc.)?

Some of the risky behaviour patterns were diversion of money for household and personal expenses to gambling, neglect of family life, people spending beyond their income and being unable to manage their finances, borrowing money for gambling, bankruptcy, using credit cards, stealing to obtain and theft to obtain money. Family violence, abuse of alcohol and drugs, neglect of employment leading to loss of jobs, and isolation from relatives and friends were also quoted as dangerous behaviours connected to gambling.

Focus group participants identified depression, violent temper, poor dress and appearance, mood swings, heavy drinking, and telling lies as risky behaviour connected to gambling. They noted that problem gamblers tended to neglect family finances, abuse their families, and neglect their jobs. They found that some problem gamblers had changed their relationships with family and friends, and were reported to be rude and nasty to people around them.

Goal Three: Ascertain Community Members' Perceptions of Gambling and Problem Gambling.

Question 1: How is gambling perceived and experienced in the community?

For most Indo-Caribbeans problem gambling does not exist, because of their perception of gambling as a harmless, recreational activity without ill effects.

However, those who knew problem gamblers saw horse racing, casinos, cards, and lottery as the favourite games of problem gamblers.

Problem gamblers were seen as people who is betting habits were out of control, with symptoms including consistent spending of large sums of money, financial losses beyond their capacity, depression due to gambling losses, using credit cards for gambling, borrowing against salary, and using household funds for betting.

Problem gamblers could suffer from depression due to gambling losses, cause family friction by spending excessive time on gambling, and refusing to listen to advice from anyone. a notable feature of problem gambling with the consumption of most free time, and several were described as spending all of their free time after work and most of the weekends on gambling. In some cases problem gamblers were spent more than 20 hours per week on their habits. Most of the problem gamblers did so in groups, with co-workers, friends and relatives. One in five was a solitary gambler.

Problem gamblers were spending very heavily, in some cases consuming as much as 50% of their salary. Actual money spent range from \$100 to \$8,000 a week.

Question 2: What is the prevalence of problem gambling in the community?

The research could not arrive at a statistical description of problem gambling in the entire community. But 14.3% of survey respondents (68 individuals) knew an Indo-Caribbean person with a current or past gambling problem, and 20% of focus group participants also knew such a person. The true figure of Indo-Caribbean problem gamblers is likely to be much higher than the 3.8% reported by Wiebe, Single and Falkowski-Ham for Ontarians 18 years and older reporting moderate or severe gambling problems on the CPGI.

Question 3: What is the community's knowledge of its problem gamblers?

A profile of 11 problem gamblers identified by key informants showed seven males and four female. Ten were immigrants from Trinidad or Guyana, with residence in Canada for over 10 years and five of them living in Canada for over 20 years. Five were in manual occupations in Canada such as security guard, factory worker, welder and labourer, while others had jobs like professional manager and lab technician.

Encouragement from friends and relatives and peer pressure from co-workers were the main inducements for them to begin heavy gambling. Over half had been non gamblers or low risk, recreation gamblers in the Caribbean, betting mostly on horse races or card games, and nine did not have close friends or relatives who were gamblers in the Caribbean. Canada was the place where most of them started having problems controlling their gambling habits, as only one individual was said to have had problems in the Caribbean

The thrill of winning, becoming comfortable with the race rack environment, greed and a strong desire to win, depression about low income jobs, encouragement from friends, and visits to casinos during camping trips were cited as the reasons why some of these problem gamblers became addicted.

Question 4: Does the community see gambling as a manageable activity?

There was strong evidence that the community believed its members could control the financial, social and addictive aspects of gambling. They reported their personal spending on gambling to be very low on average, with 88.5% admitting to spending \$20 or less per week, and believed friends and relatives had limited spending on gambling.

Indo-Caribbeans saw themselves as careful spenders, who gambled just for fun. They believed that gambling was not a big problem in the community, and it was acceptable as long as it was a controlled recreational pastime. Gambling was described as a harmless recreational activity and cheap fun, as long as a person does not become addicted.

Question 5: What is the difference between gambling and problem gambling?

The community was very clear on the differences between low spending, occasional recreational gambling and problem gambling.

Betting became problem gambling when it affected the family negatively through reducing money available for household expenses, when it caused family and marital problems, when children were neglected and family members got hurt, when one stayed away from home to gamble.

It became a problem when gamblers spent more than their income, when they borrowed money to gamble or abused credit cards, when they could not meet commitments or pay debts, when they resorted to borrowing, swindling or theft to obtain money

Gambling became a problem when an individual became addicted, when gambling took over his life, when the gambler became depressed, when he abused alcohol, when he became angry and rude, when he cut off social, religious and cultural activities.

Question 6: Is gambling seen as a threat to the community as a group or is it seen as a “personal” problem to which community resources need to be allocated?

An overwhelming 77.1% said Indo-Caribbean people saw problem spending as a personal matter and only 6.2% believed the community saw it as a threat which required solutions.

Goal Four: Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others.

Question 1: What are the help seeking preferences of the Indo-Caribbean community for problem gambling?

An addiction centre was the preferred option for getting help for a problem gambler (47.2%) followed by a community agency or a religious group (26.4%). Less than four percent of respondents suggested a close friend or family member as the first choice for help with problem gambling.

Question 2: What are the cultural norms around gambling and help seeking?

Indo-Caribbean problem gamblers had a strikingly low rate (one in eight) of attempts to seek help for their problem. They normally did not accept counselling from friends and relatives, and do not themselves seek out professional help. Denial was common, even after the situation had become critical. Indo-Caribbeans tended to be unwilling to talk to strangers. When help came it was often because of a family member, friend or priest. Attempts at counselling did not seem to work. Distrust of Canadian institutions was given as one of the reasons for refusal to accept professional counselling.

Question 3: What resources exist in the community for persons with a gambling problem?

The community has little knowledge of internal resources for helping with gambling problems. Other than the priests of the various faiths, there is usually no place for a problem gambler to go for help.

Most people did not know personally of institutions outside the community that offered help to gamblers, while others were aware of Gamblers Anonymous, Gambling help line, Centre for Addiction and community centres with counsellors.

APPENDIX I
Survey Questionnaire

**INDO-CARIBBEAN GAMBLING RESEARCH PROJECT
SURVEY QUESTIONNAIRE**

Good evening. My name is and I am doing a survey for thegroup on spending or betting by the Indo-Caribbean community on games of chance. We are trying to find out what people spend on lottery, casinos, cards, racetrack, bingo or anything where you spend some money to try and win more money. Do you have a few minutes to help us with this survey?

If NO: Could you tell me what is a better time to call you back about this survey?
Get specific day and time, and confirm the name of the person you are talking to.

If the person is unwilling to take part or wants further information before answering, give these brief explanations:

Question: How did you get my name?

Answer: **We got your name from the membership list of the group.**

Question: How long will this survey take?

Answer: **It will take about five minutes.**

Question: What do you mean by Indo-Caribbean?

Answer: **We mean people of Indian descent who come from the Caribbean.**

Question: How do you know who is an Indo-Caribbean?

Answer: **If you identify yourself as an Indo-Caribbean that is good enough for us.**

Question: Does this survey include black people from the Caribbean?

Answer: **No, another survey is handling black people in Toronto.**

Question: Who is doing this survey?

Answer: **The group is one of six Indo-Caribbean community groups in Toronto will have gotten together to do this survey. They are the Indo Trinidad Canadian Association, the Guyanese East Indian Association of Canada, the Taric Islamic Centre, the Toronto Arya Samaj, Trinidad and Tobago 50 Plus and Seniors Association and the Shiv Shakti Gyaan Mandir. We're trying to find out how much money is being spent on betting and gambling, and if any problems with gambling are developing.**

Question: Who will see the answers I give you?

Answer: **Anything you tell me will be absolutely confidential. I'm the only person who knows what answers you give. Your name will not be used anywhere. Your information will be added to the information given by other people in the survey, of only the totals will be used in our report.**

Question: Can I call somebody from the organization to confirm that we are taking part in the survey?

Answer: **You can call..... Give name and number of organization contact.**

(If respondent is still unwilling to do the survey after these explanations:)

Thank you for your time. Good night/evening.

1. In your opinion, how much do Indo-Caribbean people in Toronto spend on lottery, scratch cards, casinos, cards, race track, bingo, coin slots etc?

- 1) Very little
 2) A fair amount
 3) Very much
 4) Don't know

2. Do any of your family or friends spend any money on betting ?

- 1) Yes
 2) No

If NO go to question 5

3. Where do they spend most of their money? (Tick off all that apply)

- (1) Lottery
 (2) Scratch cards
 (3) Card games
 (4) Casino
 (5) Bingo
 (6) Race track
 (7) Coin slots
 (8) Internet
 (9) Other please specify.....

4. And how much on average is spent every week?

- 1) \$.....

5. Do you yourself do any spending or betting?

- (1) Yes
 (2) No

If NO go to question 8

6. Where do you spend most of your money?

- (1) Lottery
 (2) Scratch cards
 (3) Card games
 (4) Casino
 (5) Bingo
 (6) Race track
 (7) Coin slots
 (8) Internet
 (9) Other please specify.....

7. And how much on average do you spend each week?

- (1) \$.....

8. In your opinion, how does the Indo-Caribbean community in Toronto feel about spending money on betting?

- (1) Approve of it
- (2) Tolerate it
- (3) Against it
- (4) Don't know

9. When do you think spending money on betting becomes a problem?

- (1)
-
- (2) Don't know.

10. Would you say Indo-Caribbean people see problem spending as

- (1) a threat to the community
- (2) a personal matter
- (3) Other (please explain).....
- (4) Don't know

11. Do you know anyone who has a problem with betting now or sometime recently?

- (1) Yes
- (2) No

If NO go to question 13

12. Describe the problem.

- (1)
-

13. If you knew someone who had a problem with spending, where would you send him or her for help?

- (1) A community agency
- (2) An addiction center
- (3) A religious group
- (4) Other (please explain).....

14. Is there anything else you would like to tell us about spending or betting among Indo-Caribbeans in Toronto?

- (1)
-
-

Thank you. That is the end of our survey. Before we go, we need just a little information about yourself.

15. Could you tell us what country you and your family came from?

- (1) Guyana
- (2) Trinidad
- (3) Jamaica
- (4) Other (please specify).....

16. Could you tell me how long have you been in Canada?

- _____ (1) From birth
_____ (2) No. of years.....

17. What is your gender?

- _____ (1) Female
_____ (2) Male

18. What age group are you in?

- _____ (1) Under 20
_____ (2) 20-29
_____ (3) 30-39
_____ (4) 40-49
_____ (5) 50-59
_____ (6) 60 or more

19. Could you tell us what is your highest level of education?

- _____ (1) Primary
_____ (2) Secondary
_____ (3) College
_____ (4) University

20. How often do you attend religious services?

- _____ (1) Regularly
_____ (2) Sometimes
_____ (3) Rarely
_____ (4) Not at all

21. And what is the average income of your family?

- _____ (1) less than \$30,000
_____ (2) \$30-39,000
_____ (3) \$40-49,000
_____ (4) \$50,000 or more

Thank you again for taking the time to talk to us. This survey is confidential and will be used only to help Indo-Caribbean people with any problems concerning spending and betting.

Good evening.

APPENDIX II
Questions for Community Key Informants

Questions for Community Key Informants

General biographical information to establish background and community connections in the Caribbean and in Canada.

What organizations are you connected to in Canada?

(If relevant) What kind of gambling and betting did you observe back in the old country?

Did you observe any difference in the gambling behaviour of town and country Indians back in the old country?

How did people feel about gambling back home?

Did anybody object to betting and gambling?

What was the reason for the (low or high) frequency of gambling in the Caribbean?

Did people gamble openly and let everybody know it or was there some stigma to being a gambler?

Did women gamble at all? Youth? Seniors?

Did the religious leaders ever have anything to say about gambling?

How much money did they spend?

Do you remember any Indo-Caribbeans going overboard with their gambling?

Was a gambling problem something that people could talk about or is it considered a shameful thing to hide?

Was there any place a problem gambler could go to for help?

How many of the Caribbean types of gambling do you see in Toronto?

What are the new types of gambling we see in Toronto?

In your opinion, how much are Indo-Caribbeans in Toronto spending on gambling?

Where are they spending the most money?

Is it considered as a form of gambling when people get together in homes or with friends for games like playing cards?

How do you feel about betting and gambling?

How does the Indo-Caribbean community here feel about gambling?

Do any of the religious or cultural groups give any guidance about gambling?

Do the people that you know have any concerns about betting and gambling?

In your area, what have you observed about Indo-Caribbeans gambling?

Would you say gambling is acceptable to the Indo-Caribbeans you meet?

Do Indo-Caribbeans see gambling as a threat to the community or and do they see it as a “personal” problem?

Have you come across any problem gamblers?

What is the problem with them?

Does the community know about our problem gamblers?

(If relevant) What kind of advice have you been giving to problem gamblers and their families?

Where would you send a problem gambler for help?

In your opinion, how should we prevent gambling from becoming a problem in the community?

APPENDIX III
Questions for Key Informants with Knowledge of Problem Gamblers

QUESTIONS FOR KEY INFORMANTS WITH KNOWLEDGE OF PROBLEM GAMBLERS

QUESTIONS FOR RELATIVES AND CLOSE FRIENDS OF PROBLEM GAMBLERS

(These are intended as opening questions. You may probe for further information depending on the replies.).

What is your relationship with him?

How long have you known him, in Canada and elsewhere? Was he born here or did he migrate from another country? If he is an immigrant, how long has he been in Canada?

What is his profession, in Canada and elsewhere?

How did he get involved in gambling?

Did he ever mention his early experiences in gambling?

What was it that got him hooked?

As far as you know, were any members of his family or close friends involved in gambling?

If he was involved in gambling before coming to Canada, what were his favourites?

Was his gambling under control before he came to Canada or was he already a problem gambler?

What was his attitude towards gambling in the early days?

Has his attitude changed today?

How has he been gambling in Canada?

Is it the same as in the old country, or has he taken up new gambling habits?

Would you say his gambling is out of control?

How much money does he spend?

How much of his time is taken up with gambling?

Does he gamble by himself or is he part of a group of gamblers?

Has his gambling affected his family in any way?

How does his family feel about his gambling?

Has gambling affected his finances?

Has it affected his friendships and social behaviour?

Has his gambling led to other problem behaviour?

Has he ever accepted that he has a gambling problem?

Is he ashamed or embarrassed about gambling?

Does he try to hide his gambling?

To your knowledge, has he ever looked for help in dealing with his gambling?

Has anybody tried to counsel him about gambling? What was the result?

Have you yourself tried to talk to him? How did he reply?

Is he willing to talk about his gambling?

Who would he feel comfortable to talk to about gambling?

What would be the best way to get him to control or stop his gambling?

APPENDIX IV
Focus Group Questions

FOCUS GROUP QUESTIONS

Questions on gambling in the Caribbean (about 15 min.)

1. 1 What kinds of gambling do you remember being available in the Caribbean?
(Write out on cards or on board.)
- 1.2 Did Indo-Caribbean people take part in any of them?
- 1.3 What kinds of betting were most popular?
- 1.4 How much money did they spend?

Questions on opinions about gambling and problem gambling. (about 20 min.)

- 2.1 What was the community opinion in the Caribbean about spending money on gambling?
- 2.2 What did the religious groups have to say?
- 2.3 Was anybody opposed to gambling?
- 2.4 Do you remember any Indo-Caribbeans going overboard with their gambling?
- 2.5 How did their gambling affect other people around them?
- 2.6 Was there any place a problem gambler could go to for help?

Supplementary:

Was problem gambling ever discussed in the community?

Questions on gambling in Toronto (25 to 35 min.)

- 3.1 How many of the Caribbean types of gambling are available in Toronto?
- 3.2 What are the new types of gambling we see in Toronto?
- 3.3 What are the most popular types of gambling in Toronto?
- 3.4 In your opinion, how much are Indo-Caribbeans in Toronto spending on gambling?
- 3.5 Where are they spending the most money?

Supplementary:

Is it considered as a form of gambling when people get together in homes or with friends for games like playing cards?

Questions on opinions about gambling (15 minutes)

- 4.1 How do you feel about betting and gambling?
- 4.2 How does the Indo-Caribbean community here feel about gambling?
- 4.3 Do any of the religious or cultural groups give any guidance about gambling?
- 4.4 Do the people that you know have any concerns about betting and gambling?

Supplementary:

Is gambling culturally acceptable to most Indo-Caribbean's?

Do Indo-Caribbeans see gambling as a threat to the community or do they see it as a "personal" problem?

Questions on problem gambling (20 minutes)

- 5.1 When does spending become a problem?
- 5.2 What are the signs of a problem gambler?
- 5.3 How does their gambling affect people around them?
- 5.4 Do you know any problem gamblers?

Supplementary:

How does problem gambling in Toronto differ from problem gambling in the Caribbean?

Do you believe there is any group of people who are more at risk for gambling problems?

Do you know of any other risky behaviour connected with gambling?

How much does the community know about our problem gamblers?

Questions on help seeking behaviour and help for problem gamblers (20 minutes)

- 6.1 If you heard that someone in our community had a problem with gambling, where would you send him or her for help?
- 6.2 Do you know any places that offer help for problem gamblers?
- 6.3 What's the best way to deal with problem gambling?
- 6.4 What's the best way to prevent problem gambling?

Supplementary:

What is the usual pattern for Indo-Caribbeans seeking help with gambling?

**Addressing Problem Gambling
In the
Toronto Iraqi Community**

FINAL RESEARCH REPORT

Prepared by:

Arab Community Centre of Toronto

Toronto, Ontario

February 2003

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ABSTRACT

The purpose of this project was to examine gambling and problem gambling behaviour within the Iraqi community through which an action plan will be developed to address the issues that raised and identified by the research. This research was primarily qualitative and exploratory. The research gave a picture into the knowledge, perceptions and practices of the community members' definition of gambling and problem gambling and help-seeking preferences. The research was conducted by the Arab Community Centre of Toronto, in partnership with members of five Iraqi groups: Kurd, Arab, Assyrian, Chaldean and Turkoman.

The methods selected for this project were a community survey, key informant interviews, focus group sessions and case studies with problem gamblers. Participants were asked to respond to questions relating to reasons for gambling and consequences of problem gambling as it relates to their everyday life.

Data collection analysis was undertaken and a report produced with the research findings. The research provided an insight to the knowledge and behaviours of this community. Once the information was analyzed we anticipated that this become a springboard from which further work can be undertaken to assist community members with gambling and problem gambling.

Research findings showed that there is a community-wide acknowledgment of the prevalence of gambling and problem gambling behaviours within the Iraqi community. Almost all participants were unaware and had no knowledge about resources that are available for problem gamblers.

1. INTRODUCTION

1.1 Background

The problem of gambling came to the attention of the Arab Community Centre of Toronto (hereafter referred to as ACCT or the Centre) from reports of community members. The Centre was made aware of a growing need to address the issue of gambling by clients' reporting of problems with family members. To that end, a letter of intent was submitted to the Ontario Problem Gambling Research Centre seeking funding to further examine the issue. The ACCT was then informed that a major research project was going to be funded by the Ontario Problem Gambling Centre and administered by COSTI Immigrant Services in order to address the issue within eight ethnic communities. An initial meeting with Harold Wynne and John McCready cemented the decision to participate in the project and to focus on the Iraqi community specifically.

1.2 Participants

For this project, a Local Research Advisory Committee – made up of members of the five ethnic sub-groups with affiliations, organization, and contributors to the research were established to guide and advise. Three other non-Iraqi members were also included in the Committee – a sociologist, economist and social worker. It was deemed that these three members would have valuable input and direction to the research.

2. COMMUNITY DESCRIPTION

Based on data from Citizenship and Immigration Canada, Arab newcomers constitute the fastest growing immigrant group today. As is common with newcomers of differing ethnicities, many settle in Toronto and the surrounding cities. Of these Arab newcomers, those who come from Iraq constitute the largest percentage of the Arab Community Centre of Toronto's client population.

Iraqis are a particularly vulnerable group of people who suffered over the past twenty years hardships and distressing circumstances. They have also had to deal with appalling conditions, be it in their own country or in refugee camps to where they had fled. Upon their resettlement in Canada, many have had to deal with learning to live a "normal" life – a task that can only be described as daunting in light of the trauma they had experienced. The normal amenities of basic necessities such as electricity, water, food and safe environment were not to be found during the war years and so, many turned to finding alternative means to relieve themselves of the constant danger of imminent death. This is not to say that the community is predisposed to gambling as a way of life, but that the very fact that they managed to survive is in itself a gamble and a miracle.

Iraqis in Canada are represented in part by a large percentage arriving on the government Resettlement Assisted Program (RAP) as well as by an established community that arrived prior to the existing problem in their home country. The Iraqi immigrants comprise mainly five distinct groups: Arab, Kurds, Assyrian, Chaldean and Turkoman among others. While there is no documented data, it is believed that the majority of Iraqi newcomers receive governmental assistance. They are a cultural, religious and linguistically diverse group. Almost all Iraqis speak some Arabic.

The Iraqi community is spread throughout the Greater Toronto Area. Through information garnered from the Research Assistants, we were able to identify some of the major congregation areas where Iraqis reside. Generally, most Arab Iraqis reside in the Scarborough areas, while Weston and Islington Roads have a larger concentration Assyrian Iraqis. Many Chaldean and Kurdish Iraqis reside in the Western end of Toronto.

3. RESEARCH

3.1 Purpose and Goals

The purpose of this research project was to examine the knowledge, perception and practices of gambling, problem gambling and help-seeking behaviours within the Iraqi community in the Greater Toronto Area; to assess the knowledge of resources available for gambling and problem gambling and to develop an action plan to address the issues raised by the research.

Initially there were five major goals to assist in realizing the purpose of the project.

Goal One: To describe the nature and practice of gambling as a community socio-cultural activity

Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community

Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values)

Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others

Goal Five: To develop an "action plan" to address problem gambling issues identified through the community research

As the project progressed, the fifth goal was deferred to a later phase. The ACCT, alongside the other seven ethnic communities in the overall study, were advised to concentrate on the first four goals, and then join in an intensive action planning process.

3.2 Research Questions

In order to address the first four goals, a series of research questions developed:

Goal One: To describe the nature and practice of gambling as a community socio-cultural activity.

Question #1: What constitutes the practice of gambling to the community?

Question #2: What factors, if any encourages the community to gamble?

Question #3: Where are the centres to engage in gambling activities?

Question # 4: When and how has gambling been introduced to the community?

Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community

Question #1: When does gambling become problem gambling?

Question #2: How and what are the behaviours and consequences of problem gambling affecting the community, self and family?

Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values)

Question #1: What is the community's point of view of gamblers?

Question #2: How much concern is there about gambling as a problem?

Question #3: How is religion and traditions a factor in the community's perception of gambling and problem gambling?

Goal Four: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others

Question #1: How knowledgeable is the community of resources available to address problem gambling?

Question #2: When would community members seek help?

Question #3: What would be the steps to take in seeking help for problem gambling within the family?

3.3 Methods

As stated above, there were four methods utilized in this project. The research methods were:

- Community Survey
- Key Informant Interviews
- Focus Group Sessions
- Case Study Interviews

Information was gathered, translated in Arabic, Chaldean, Assyrian and Turkish, transcribed, edited and translated into English for the final report.

3.3.1 Data Collection

Community Survey

To gather information in the community survey, a total of 200 questionnaires, based on the Canadian Problem Gambling Index (CPGI) were administered to all members of the sub-groups. The main areas discussed were the knowledge and perceptions of the community. The community survey successfully interviewed 200 persons from the five ethnic sub-groups. The plan called for 40 participants from each ethnic sub-group to participate.

Ethnicity, Gender, Age and Marital Status

Table 1 below shows the total number of participants broken down by ethnic sub-group, gender, age and marital status. Of the 200 questionnaires administered, 58.5% of all respondents were male, while 41.5% were female. The ethnic subgroups of the respondents were evenly distributed: Arab 20%, Chaldean 19%, Assyrian 23%, Kurd 20% and Turkoman 18%. Married respondents numbered 46%, followed by single respondents at 26.5%. Divorced respondents numbered 3.5% while 14% did not answer. The greater number of respondents who filled out the questionnaire were in the 25-34 year range. The least number of respondents were those in the 55-65 age range.

TABLE 1
Ethnicity, Gender, Age and Marital Status

Ethnicity		
Ethnic Sub-group	Number	Percent
Arab	40	*20
Females	9	22.5
Males	31	77.5
Chaldean	38	*19
Female	15	39.5
Male	23	60.5
Assyrian	46	*23
Female	28	60.9
Male	18	39.1
Kurd	40	*20
Female	16	40
Male	24	60
Turkoman	36	*18
Female	15	41.7
Male	21	58.3
* Percentage of total respondents (n=200)		
Age		
15-24	16	8
25-34	80	40
35-44	59	29.5
45-54	33	16.5
55-65	12	6
Marital Status		
Single	53	26.5
Married	92	46
Divorced	20	10
Widowed	7	3.5
Don't know/Refused	28	14

Education and Income

Twenty-three and a half percent (23.5%) of the respondents have completed secondary school, while 20.5% have completed some university. Sixteen and a half percent (16.5%) have Bachelor's Degrees and 0.5% have no schooling at all. The majority of respondents (33.5%) earned less than \$20,000. Twenty three percent (23%) reported that they have an annual income between \$20,000 to \$30,000.

TABLE 2
Education and Household Income

Education		
Demographic Variables	Number	Percentage
No schooling	1	0.5
Some elementary	7	3.5
Completed elementary	10	5

Some secondary	7	3.5
Completed secondary	47	23.5
Some technical	10	5
Completed technical	32	16
Some university	41	20.5
Bachelors	33	16.5
Masters	2	1
Ph.D.	2	1
Don't know/Refused	8	4
Annual Household Income		
Less than 20 K	67	33.5
20-30 K	46	23
30-40 K	37	18.5
40-50 K	9	4.5
50 K+	8	4
Don't Know/Refused	33	16.5

Employment Status and Occupation

Many respondents reported that they work in general labour. This is consistent with newcomers who often take this type of employment pending finding their feet, accreditation and certification. Professional employment includes accounting, administrative assistance, computer specialists, engineers, teachers and registered nurses. Skilled trade employment included electricians, TV repairpersons, machinists, tailors and truck drivers. Self employed respondents owned their own restaurants and businesses as well as being entrepreneurs.

TABLE 3
Employment Status and Occupation

Employment Status		
Demographic Variables	Number	Percent
Full time	126	63
Part time	17	8.5
Unemployed	13	6.5
Student – employed p or f/t	12	6
Student – unemployed	10	5
Retired	1	0.5
Homemaker	7	3.5
Other	1	0.5
Don't Know / Refused	14	7
Type of occupation (n=155)		
Professional	42	27.1
General Labour	67	43.2
Self-Employed	12	8
Skilled Trade	14	9.1
Student	12	8
Unemployed	8	5.2

Key Informant Interviews

Five key informants were selected from the five ethnic sub-groups for the purpose of getting their impressions and observations of the larger community. Each one of the key informants is well known in their respective communities. Appointments were made, and a Research Assistant interviewed each key informant at venues that were comfortable to each of them. Three key informants were male and two were female. Each key informant is well known to the community (and the Centre) due to their active participation in problem solving activities. They provided a wealth of information. Table 4 illustrates the key informants' ethnicity, affiliation and gender.

TABLE 4
Key Informant Participants

Sub-Group	Affiliation	Gender
Kurd	Well-known community member. Is called upon to solve family disputes	Male
Turkoman	Newspaper owner who is also a respected community member called upon to solve family disputes	Male
Assyrian	The Director of the Assyrian Club, has been in Canada for over 30 years	Female
Arab	Has own multimedia company, is in touch with the community and has long interests in maintaining cultural heritage within his community and of the Arab community at large	Male
Chaldean	Lawyer with own practice. Has gone through personal problems and is cognizant of people's pain.	Female

Focus Groups

Participants in the focus group sessions numbered 196. These sessions were held in order to elicit information on gambling and problem gambling knowledge and perceptions within the community. Research Assistants from each of the ethnic sub-groups conducted 5 focus group sessions each with 6-10 participants in each session. Table 5 illustrates the gender breakdown of the sessions that took place in the Centre's office, coffee shops and homes of individuals. As table 5 below illustrates, fewer Arab Iraqi females participated in the focus group sessions than any other ethnic sub-group.

TABLE 5
Focus Group Participants: Ethnicity and Gender

Focus Group	Number	Percent
Arab	32	*16
Female	8	25
Male	24	75
Assyrian	50	*25
Female	30	60
Male	20	40
Chaldean	38	*19
Female	22	57.9
Male	16	42.1
Kurdish	36	*18
Female	9	25
Male	27	75
Turkoman	40	*20
Female	20	50
Male	20	50
* Percentage of total respondents (n=196)		

Case Study Interviews

To further examine problem gambling within the Toronto Iraqi community, six case study interviews were conducted. Research Assistants identified a problem gambler from each ethnic sub-group. Two case studies from the Assyrian community were identified as problem gamblers. The interviews took place at venues that were suitable to the interviewees. The Research Assistants established contact and five males and one female were interviewed.

TABLE 6
Case Study Participants

Ethnic Sub-group	Gender
Kurdish	Male
Turkoman	Male
Arab	Male
Chaldean	Male
Assyrian	Female
Assyrian	Male

3.3.2 Data Collection Tools

To undertake the project, Research Assistants utilized micro-cassettes, took notes, administered the community survey and conducted interviews.

Community Survey

To conduct the community survey a questionnaire based on the Canadian Problem Gambling Index (CPGI) was utilized. Each respondent received a copy of the

questionnaire comprised of thirty-four questions. With this instrument respondents were able to provide information in the knowledge, perception and practice of a sample within the community.

The instrument included some new non-CPGI items as shown below.

TABLE 7
Non-CPGI Items

New Non-CPGI Items Included			
Problem Gambling Correlates	First experiences	Age first gambled	How old were you when you first gambled for money?
	Arrival in Canada	Gambling behaviour before or after arrival to Canada	When did you begin to gamble?

The instrument is attached as Appendix I.

Key Informant Interviews

The Arab community in general is a tightly knit. Therefore, almost everyone knows everyone else's business and are in touch in one way or another. Key Informants were chosen from among the five ethnic sub-groups in relation to their community ties. Because of their position within the community, they were in position to give an overview of the community's involvement in gambling behaviours and give their personal insight as to why the problem exists. They were interviewed 2-3 times using the following guided questions (see Appendix II). As well, they were encouraged to relate any other information pertaining to the issue of gambling and problem gambling in the community.

Focus Groups

For further information, a series of focus group sessions were held for each of the ethnic sub-group. Research Assistants set up the venue and used the following guide questions to enable the discussion to move forward (see Appendix III). The Research Assistants made initial contact with members of their specific ethnic sub-group and made every effort to ensure that a fair representation of genders was present.

Case Study Interviews

In order to gain insight into some of the personal experiences, Research Assistant identified a community member who is a problem gambler. An Arab, Kurd, Chaldean and Turkoman case were interviewed. Two Assyrians were identified as case studies. These interviews took place at both the subject's homes or at a neutral setting. In some of the cases, requests were made not to use a tape recorder. Research Assistants took notes and let the individuals describe their story the way they wanted to tell them.

3.3.3 Data Analysis

Statistical Analysis

Analysis of data collected involved statistical analysis of the community survey and content analysis of the focus group sessions and key informant and case study interviews. In total, four hundred and seven Toronto Iraqis participated in the research project. Table 8 illustrates the number and percentage of participants in the project. Within the five ethnic sub-groups, the Assyrian community was more out responsive and forthcoming with information while the Arab ethnic sub-group had the least representation and more reservations.

TABLE 8
Ethnicity of Project Participants

Ethnicity (n=407)		
Demographic Variables	Number	Percent
Arab	74	18.2
Assyrian	96	23.6
Chaldean	78	19.2
Kurdish	78	19.2
Turkoman	78	19.2

Content Analysis

Qualitative data was gathered from the key informant and case study interviews as well as notes taken during focus group sessions. The Research Assistants analyzed comments made by the sources and emergent themes were identified.

3.4 Limitations

Some of the limitations to the project include:

- Sample size: the number of participants is too small to draw conclusions to represent all Iraqis in Toronto
- Representativeness of the sample
- Gender disparity of participants: a majority of respondents were male which may give skewed perception
- Limited resources

Process Insights

There was initial resistance at the onset of the project. Iraqi community members felt that the research was targeting Iraqis unfairly. However, as the project progressed, responses were more easily forthcoming.

Even though researchers attempted to include as many questions as they thought could be informative, one important question was unasked. It was felt that if a query had been included to find out how long respondents have been in Canada it would have been informative. Another potentially important query would have been the status of the respondents in Canada: are they citizens, permanent residents or refugee claimants – it

was felt that this information would also add a depth to understanding who exactly is engaging in these activities.

Community Response: At the onset of the project, the community was very skeptical and defensive in their attitude toward the project. They first began by asking why it was that the Iraqi community was targeted. Once the research assistants were able to explain that this is a small project – explaining that it is a pilot project and as such the first of its kind in the world, there was more widespread acceptance to participate in the project.

Research Assistants: At the beginning, the research assistants were convinced that there would not be an overwhelming response to the questionnaires and interviews. However, once the barrier was broken and respondents realized that total anonymity was taking place, they opened up and were most forthcoming with their responses. The Research Assistants because of their placements in the communities were able to effectively interact with participants in the project and realized the following things:

Being forthright, transparent and upfront with respondents is a much more effective way to get full participation. People will talk to them even though this is a topic that is still considered taboo within the community

Many respondents were not ashamed to state that they do not know where to go for assistance. (Note: as can be seen in the analysis: fully 98.5% of all respondents have no idea of where to go for assistance and had no idea of the resources available to problem gamblers).

Almost all participants admitted that they personally do not have a problem with gambling, but knew someone who knows someone who does. This statement has to be taken with a big grain of salt because other information suggests that there are problems of gambling within the Iraqi community. Getting responses is much better accomplished if it were done face-to-face. In fact the questionnaires were administered on face-to-face basis. Once respondents were made aware of the content, the fact that it is anonymous, was in many ways a decisive factor in the Centre getting a 100% return on all questionnaires administered.

As word of the project spread through the community, both Research Assistants and the Centre began receiving queries from community members discreetly inquiring about resources that can be made available to persons who have problem gambling. Almost every respondent did not consider lottery tickets a form of gambling

The community is aware that there is a problem but at the same time does not know what to do with this problem. This is unsurprising given the community make up.

It helped that there was a media blitz at the same time, both in the Arabic language papers, programs on television and in other languages. This generated even more interest within the community.

Project Coordinator: Issues for Consideration

- Selection of Research Assistants
- With this research, we faced a sabotage attempt from two potential candidates for Research Assistant. We were lucky in deflecting any real damage from happening. This made it important that the selection process being administered in a more rigorous way.
- More training in research for assistants
- The Research Assistants are not trained researchers. Perhaps more training would have been beneficial to all.
- Keeping tight rein on events – a must in order to keep things flowing
- Patience and more patience
- Careful monitoring of work to be done

4. FINDINGS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What constitutes the practice of gambling to the community?

Community Survey

Respondents indicated more than one gambling activity. What is seen is that lottery tickets rank first with 24% followed by gambling with family/friends. Bingo places at with 11% and scratch cards place at number four with 9.7%. Other gambling activities such as marbles and chance betting were reported as well. By chance betting, means things like “I bet the next person is wearing green” etc.

TABLE 9
Gambling Activities

Gambling Activity	Number	Percent	Rank
Lottery Tickets	83	24	1
Bingo	38	11	3
Gambling with family/friends	44	12.5	2
Sports Betting	29	8.3	5
Horse Racing	8	2.3	8
Casinos	26	7.4	7
Games of Skill	7	2	9
Keno	6	1.7	10
Scratch Cards	34	9.7	4
Card Games	28	8	6
Slot Machines	5	1.4	11
Video Lottery Terminals	1	0.3	12
Other Forms of Gambling	7	2	9
Don't Know / Refused	35	10	

TABLE 10
Median Monthly Gambling Expenditures

Median Monthly Expenditure	Number	Rank
\$0-499	135	1
\$500-999	28	2
\$1,500	3	6
\$2,000	11	3
\$3,000	7	4
\$4,000	1	7
\$15,000	7	5

The majority of respondents reported to spending between \$1 and \$499 per month. 7 respondents reported expenditures of 15,000 in one month.

Key Informant Interviews

Gambling practices according to Key Informants is the gathering of friends to engage in an enjoyable social activity. A little friendly betting between friends as a social pastime. Lottery tickets do not constitute gambling. Most of the activities engaged in are card games with other persons and friends. Going to places such as casinos is synonymous with gambling.

Focus Group Sessions

Playing cards and other games of skill were cited by focus group participants as constituting the practice of gambling. Lottery tickets are not considered a form of gambling.

Case Study Interviews

Case study participants stated that spending money uncontrollably constitutes gambling to them regardless of the activity.

Question 2: What factors, if any encourages the community to gamble?

Community Survey

Community survey respondents indicated more than one gambling activity (n=222). The main reason to engage in such activities is to gain money (25.6%) and because it is the excitement that gets to them (24.7%). Interestingly only 22 respondents (9.9%) reported that gambling was entertaining and/or fun.

TABLE 11
Reasons for Gambling

Reasons for Gambling (n=222)	Number	Percent
To do things with friends / socialize	15	6.7
Excitement / hobby	55	24.7
Obsession	25	11.2
Win money	57	25.6
Support worthy causes	9	4.05
Out of curiosity	9	4.05
Entertainment / fun	22	9.9
Distraction	4	1.8
Good at it	1	0.4
To be alone	2	0.9
Other reason/Don't Know/Refused	23	10.3

Key Informant Interviews

Key informants cited the stress of everyday living; lack of social ties and networks, adjusting to a different country and living circumstances as factors that encourages the community to gamble. As well, for some members of the community gambling is a means of prestige – that is to say, it is a way of showing off to other members that they have enough money to engage in such an activity and that losing money is not an issue to them.

Focus Group Sessions

For focus group session participants, the factors that encourage the community to gamble are a lack of social censure; unemployment; interest in prohibited things; entertainment; lack of social ties and networks; different living circumstances; loneliness; lots of free time; and the fact that it is not an illegal activity in Canada.

Case Study Interviews

Interviewees reported that gambling is an activity that begins as fun, but then takes over. They reported that they could not stop feeling overwhelmed.

Question 3: Where are the centres to engage in gambling activities?

Community Survey

Results show that engaging in gambling behaviours is mostly conducted with friends and co-workers (34%). The second highest category is engaging in gambling behaviour alone (31.5%).

TABLE 12
Gambling Co-participation

Gambling Co-participation		
	Number	Percent
Alone	63	31.5
With spouse / partner	31	15.5
With other family member	12	6
With friends / co-workers	68	34
With other individual	9	4.5
Don't Know / Refused	21	10.5

Results show that engaging in gambling behaviours is mostly conducted with friends and co-workers (34%). The second highest category is engaging in gambling behaviour alone (31.5%).

Key Informant Interviews

Key informants cited that centres to engage in gambling activities usually took place at home with other friends; at racetracks and casinos. They reported that problem gambling begins through socialization (tajamuaat). Through shillalliya, literally social/peer groupings, get together, cards are played at home and at the casinos. Members within a lower economic status play for money (with the hope of striking it rich and winning money) while those in the upper economic status play to have time away from family.

Focus Group Sessions

Participants at the focus group sessions reported that centres where gambling activities take place are at home with other friends; racetracks; casinos, and bingo halls.

Case Study Interviews

Interviewees reported that activities take place with friends at their homes, at casinos, and racetracks.

Question 4: When and how has gambling been introduced to the community**Community Survey**

Gambling, as reported through response from the community survey, began from back home; and has increased exposure in Canada. Gambling activity prior to arrival to Canada numbered 66 (33%) while those that reported gambling after arrival to Canada numbered 83 (41.5%). The majority to those engaging in gambling (40%) fell in the 25-34 age group, followed by the 35-44 age group (29.5%). Nine respondents (4.5%) responded that they had always gambled.

TABLE 13
First Gambling Experience

Onset and Age of First Gambling		
Gambling Activity	Number	Percent
Before coming to Canada	66	33
After coming to Canada	83	41.5
Always	9	4.5
Never	29	14.5
Don't Know / Refused	13	6.5
Age of First Gambling Experience		
15-24	16	8
25-34	80	40
35-44	59	29.5
45-54	33	16.5
55-65	12	6

Key Informant Interviews

Key informants reported that gambling had always been available prior to coming to Canada. However, they also stated that the various formats found here are not what the community was used to. The Assyrian key informant also reported that prior to the easy accessibility now available due to the opening of casinos (such as the one in Woodbine) social games were held at home.

Focus Group Sessions

Focus group participants as well reported that gambling activities were available back home though not in the various formats found here.

Case Study Interviews

All six case study interviewees reported that their gambling activities took place in Canada.

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Question 1: When does gambling become problem gambling?**Community Survey**

Table 14 illustrates the responses of the community survey. The majority of responses indicate that there is no loss of control, borrowing or lying to family members.

TABLE 14
Problem Gambling Behaviour

Problem Gambling Behaviour		
	Number	Percentage
Loss of Control / bet more than could afford		
Never	84	43.3
Sometimes	62	32
Most of the time	28	14.5
Almost always	8	4.1
Borrowing / selling to get gambling money		
Never	130	66.7
Sometimes	49	25.1
Most of the time	7	3.6
Almost always	3	1.5
Lying / lied to family members		
Never	105	54.4
Sometimes	57	29.5
Most of the time	18	9.3
Almost always	6	3.1
Illegal Acts		
Never	173	93.5
Sometimes	11	6
Most of the time	0	0
Almost always	1	0.5

Key Informant Interviews

Key informants reported that the characteristics, pervasiveness and definition of problem gambling in the community is to be seen when it erupts in family violence and disputes. They also reported that it is very prevalent within the community, a fact they attribute to the number of individual cases they are made aware of when community members come to seek assistance from them.

Focus Group Sessions

For focus group participants, spending too much money is a characteristic of problem gambling when spending too much money that community members can ill afford. They all agreed that problem gambling is very prevalent in the community, citing knowledge of individuals known to them or to others who are reportedly in such a situation.

Question 2: How and what are the behaviours and consequences of problem gambling affecting the community, self and family?

Community Survey

The consequence is that of family break-up, financial loss, depression and a change in community status.

A majority of respondents reported never feeling that they might have a gambling problem and never wanting to stop but could not.

TABLE 15
Problem Gambling Recognition

Recognition of Gambling Problem		
	Number	Percentage
Felt might have gambling problem		
Never	105	54.1
Sometimes	64	32.9
Most of the time	12	6.1
Almost always	7	3.6
Don't Know / Refused	7	3.6
Wanted to stop but couldn't		
Never	99	51.0
Sometimes	54	27.8
Most of the time	25	12.8
Almost always	3	1.5
Don't Know / Refused	13	6.7

Key Informant Interviews

Family break up; disruptions and domestic abuse were consequences of problem gambling that affects the community. Key informants reported cases entire families have been affected by adverse gambling behaviours (mostly from the male head of households) where entire fortunes and homes were lost resulting in family break-ups.

Focus Group Sessions

Participants at focus group sessions reported that family break-up, disruption of normal everyday life; emptiness; lack of motivation and so is a result of gambling and problem gambling. They also engaging in such activities will lead to other non-social activities such as substance abuse, etc.

Case Study Interviews

The case interviews reported escalating family problems and bankruptcy as consequences of problem gambling activities.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: What is the community's point of view of gamblers?

Community Survey

The issue of the community's point of view of gamblers was not addressed in the community survey.

Key Informant Interviews

Key informants reported that gamblers are, to a small degree acceptable to the community given that gambling is an activity that is not unknown or practiced.

Focus Group Session

Focus group participants reported being labelled as gambler is not a positive characteristic.

Case Study Interviews

When interviewed, case studies reported that they feel ashamed and reported that they are as seen as social pariahs.

Question 2: How much concern is there about gambling as a problem?

Community Survey

While respondents to the community survey stated that gambling activity is very prevalent, there is little reported concern about gambling as a problem.

Key Informant Interviews

Key informants reported that as they see cases where they are directly involved, they are concerned. It is an issue that needs to be addressed, as for some community members the temptation is too great for them to overcome. They also reported that they are concerned about the effects on the younger generation.

Focus Group Sessions

While focus group participants reported that gambling is very much seen in the community and is a matter that needs to be addressed, they agreed that the community at large is not aware of the extent. Participants reported that they have been hearing of problems.

Case Study Interviews

For the most part, interviews with individual case studies did not show much concern with other members of the community. The individuals were more concerned with their own problems.

Question 3: How is religion and traditions a factor in the community's perception of gambling and problem gambling?

Community Survey

This question was not asked in the community survey.

Key Informant Interviews

Key informants reported that within the Iraqi community, the Assyrians (Christians) known to be gamblers. Assyrian Iraqis lived a most privileged and pampered life, being very, very rich. Assyrians worked in oil refineries and were the rich and elite of society back home. Religion is a deterrent, in that gambling (*al maysar*) is totally prohibited (*muharram*) in Islam. This does not mean however that individuals do not engage in such activities.

Focus Group Sessions

Participants in the focus group sessions reported that Islam does prohibit gambling, but also reported that everyone gambled back home in some form or another. However they also reported that engaging in such behaviour is not as wide spread as it is in Canada.

Case Study Interviews

This question was not asked in the case study interviews.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: How knowledgeable is the community of resources available to address problem gambling?

Community Survey

The community survey showed that there is very limited knowledge of resources. Of the two hundred questionnaires only three instruments responded in the affirmative. Two of the answers stated that the individuals would come to the Centre for assistance and reported that they would turn to their spouse for help.

TABLE 16
Knowledge of Problem Gambling Resources

Do You Know Where to Go for Help		
	Number	Percent
Yes	42	22
No	108	56.5
Don't Know/Refused	41	21.5
If yes, where		
Specify	3	1.6
Don't Know/Refused	185	98.4

Key Informant Interviews

Key informants reported no knowledge of resources at all. They personally do not know of where to go although they themselves are resources, they are not knowledgeable of resources.

Focus Group Sessions

Focus group session participants reported no knowledge of resources at all.

Case Study Interviews

Case study individuals reported no knowledge of resources at all.

Question 2: When would community members seek help?

Community Survey

Respondents to the survey reported that the issue needs to be addressed immediately once the problem has been identified.

Key Informant Interviews

Key informants reported that a massive public awareness campaign should be initiated immediately. This, they stated, needs to take place sooner rather than later given the increase in individual cases they see.

Focus Group Sessions

Participants in focus group session reported that they believe community members should seek help and that this action should be done almost before it begins to become a problem.

Case Study Interviews

Case study interviewees agreed that help seeking behaviours should happen at the onset of the problem, but did not give a more detailed answer.

Question 3: What would be the steps to take in seeking help for problem gambling within the family?

Community Survey

Community survey participants did not know the steps to take in seeking help for problem gambling within the family.

Key Informant Interviews

Key informants stated that steps should be addressed now before the problem escalates even further, but did not elaborate.

Focus Group Sessions

Participants acknowledged that there is a problem and that individuals should seek help immediately. However, they did not come up with any concrete steps to take in help seeking.

Case Study Interviews

Interviewees did not address this issue.

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What constitutes the practice of gambling to the community?

The practice of gambling constitutes to the community any activity that is undertaken with other members of the community. Lottery tickets are not viewed as a form of gambling, rather going to casinos, racetracks and the like are considered as gambling.

Question 2: What factors, if any encourages the community to gamble?

The availability of the many forms of gambling is a factor. However, consensus is that engaging in gambling activities is a means to combat loneliness, lack of social networks and ties and temptation. As well, it is a way by which some community members show their assimilation process. Community members at the lower end of the economic spectrum gamble in order to win money.

Question 3: Where are the centres to engage in gambling activities?

Centres to engage in gambling activities are casinos, friends' homes, lottery retail centres.

Question 4: When and how has gambling been introduced to the community

Gambling has always been present.

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Question 1: When does gambling become problem gambling?

Respondents agreed that gambling becomes problem gambling when it begins to cause social concern and problems.

Question 2: How and what are the behaviours and consequences of problem gambling affecting the community, self and family?

Respondents agreed that it is detrimental to the community, self and family. Problem gamblers are viewed as social pariahs.

Goal Three: To Ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: What is the community's point of view of gamblers?

Participants agreed that gambling is prevalent. However, there is a cultural constraint/taboo in discussing sensitive topics, which may have skewed the responses.

Question 2: How much concern is there about gambling as a problem?

Participants all agreed that there is a problem and that it is a need. This view was expressed more so by key informants who the recipients of confidential information regarding family break-ups due to problem gambling.

Question 3: How is religion and traditions a factor in the community's perception of gambling and problem gambling?

Gambling within Islam is strictly prohibited. However, this does not mean that members of the community do not engage in such behaviours. Within the Assyrian (Christian) community gambling is not an issue until the activity begins to affect families.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others

Question 1: How knowledgeable is the community of resources available to address problem gambling?

There is absolutely no knowledge within in the community of resources available to problem gambling.

Question 2: When would community members seek help?

Participants agreed that community members should seek help before it gets too late. However, this is not the case as the community becomes aware of the problems when it is reported either to the Centre, or to key community members after the fact.

Question 3: What would be the steps to take in seeking help for problem gambling within the family?

Participants did not know when community members would seek assistance.

6. CONCLUDING COMMENTS

There is denial within the community. The fact that participants deny that they themselves are gamblers but know someone who knows someone who is could be an indicator. This denial does not address the issue as it pertains to the individuals themselves.

Unemployment is a factor. Securing funds for living is of tantamount importance. Being on social assistance creates a double-edged situation literally: *why should I work when I can get money for just being in Canada?* Employment at entry-level jobs, such as in factories and assembly lines has a devastating effect on the psyche of people who are not used to being employed as such.

Depression and frustration contribute to this state. People are depressed. They are disappointed that life in Canada is not as it was portrayed to be. These are individuals who have suffered long and traumatically. They cannot let go of the past and their experiences in refugee camps and displacement must have made tremendous impact on them.

The taboo of silence has been broken. With this project, a bridge of trust has been built between the community and the Centre with regard to taboo subjects that are no longer taboo. Sensitive topics are always difficult to broach (such as child abuse and domestic violence), but work conducted in a non-judgmental manner, which we were able to do, has contributed to revelations.

The lack of knowledge of the resources available to gamblers and problem gamblers is of concern. It could mean that problem gamblers are not accessing these services and that there is no knowledge of what to do when family and community members are confronted with a problem gambler.

APPENDIX I
Community Survey

Community Survey Questionnaire
(Based on the Canadian Problem Gambling Index CPGI)

Arab Community Centre of Toronto

Gambling Research Project

2001 – 2002

QUESTIONNAIRE

Serial Number: _____

INTRODUCTION

WE ARE TAKING PART OF A RESEARCH PROJECT LOOKING AT ADDRESSING GAMBLING PROBLEMS IN ETHNIC COMMUNITIES. ALL RESPONSES WILL BE TREATED WITH THE UTMOST CONFIDENTIALITY. THANK YOU FOR TAKING TIME TO RESPOND TO THESE QUESTIONS.

First we'd like to ask some questions about gambling activities you may participate in. People spend money and gamble on many different things including buying lottery tickets, playing bingo, or card games with their friends.

1.	Have you bet or spent money on any of the following: Lottery tickets (e.g. 649, Super 7) Bingo Gambling with family or friends Sports betting Horse racing Casinos Games of skill (pool, darts) Keno Scratch Cards Card games Slot machines Video Lottery Terminals (VLTs) Any other form of gambling	Yes.....<1> No.....<2> Don't know.....<98> Refused.....<99>	
2.	How often did you bet or spend money?	Daily.....<1> 2-6 times/week.....<2> Once a week.....<3> 2-3 times/month.....<4> About once/month.....<5> Between 6-11 times/year.....<6> Between 1-5 times/year.....<7> Never.....<8> Don't know.....<98> Refused.....<99>	
3.	How much money would you spend in a typical month on betting activities:dollars.....<N> Don't know.....<9998> Refused.....(9999>	
4.	What is the largest amount of money you ever spent money on lottery tickets (e.g. 649, Super 7 etc.)dollars.....<N> Don't know.....<9998> Refused.....<9999>	
5.	When you engage in these activities, who do you go with?	Alone.....<1> With spouse or partner.....<2> With other family members.....<3> With friends or co-workers.....<4> With some other individual or group (Specify.....).....<5> Don't now.....<98> Refused.....<99>	

6.	What are the main reasons why you participate in these activities?	To do things with friends/socialize..... For excitement/as a hobby..... Obsession..... To win money..... To support worthy causes..... Out of curiosity..... For entertainment or fun..... To distract yourself from everyday problems..... Because you're good at it..... To be alone..... For some other reason (Specify _____)..... know..... Refused.....	<1> <2> <3> <4> <5> <6> <7> <8> <9> <10> <11> <98> <99>
7.	How prevalent do you think gambling is in the community?	Not at all..... A little..... Somewhat prevalent..... Very prevalent..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
8.	How often have you bet more than you could really afford to lose?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
9.	Have you borrowed money or sold anything to get money to gamble?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
10.	Have you felt that you might have a problem with gambling?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
11.	Have you ever felt guilty about the way you gamble, or what you have lost when you gamble?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
12.	Has your gambling caused any financial problems for you or your household?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
13.	Have you felt like you would like to stop betting money or gambling but you didn't think you could?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>

14.	Have you hidden betting slips, lottery tickets, gambling money or other signs of betting or gambling from your partner, child or other important people in your life?	Never Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
15.	Have you lied to family members or others to hide your gambling?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
16.	Have you bet or spent more money than you wanted to on gambling?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
17.	Have you tried to quit, or cut down on your gambling but were unable to do it?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
18.	Has your gambling caused any problems between you and your family members or friends?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
19.	Have you done anything else illegal, such as write bad checks, that you could have money to gamble?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
20.	Have you almost lost a relationship, a job, or an educational or career opportunity because of your gambling?	Never..... Sometimes..... Most of the time..... Almost always..... Don't know..... Refused.....	<1> <2> <3> <4> <98> <99>
21.	When did you begin to gamble?	Before coming to Canada After coming to Canada Always Never Don't know Refused	<1> <2> <3> <4> <98> <99>
22.	How old were you when you first gambled for money?	Never tried gambling..... Five years of age or younger.....age in years..... Don't know..... Refused.....	<1> <2> <N> <98> <99>

23.	What type of gambling was that?	Lottery tickets (e.g. 649, Super 7) Bingo Gambling with family or friends Sports betting Horse racing Casinos Games of skill (pool, darts) Keno Scratch Cards Card games Slot machines Video Lottery Terminals (VLTs) Any other form of gambling Don't know Refused	<1> <2> <3> <4> <5> <6> <7> <8> <9> <10> <11> <12> <13> <98> <99>
24.	Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement: "While gambling, after many times in a row, you are more likely to win"	Strongly agree Agree Disagree Strongly Disagree Don't know Refused	<1> <2> <3> <4> <98> <99>
25.	Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statement: "While gambling, you win more if you used a certain system or strategy".	Strongly agree Agree Disagree Strongly Disagree Don't know Refused	<1> <2> <3> <4> <98> <99>
26.	Has anyone in your family EVER had a gambling problem?	Yes No Don't know Refused	<1> <2> <98> <99>
27.	Problem gambling can be addressed. If you have a problem, do you know where to go to get help?	Yes No Don't know Refused	<1> <2> <98> <99>
28.	If yes, where	Specify Specify Don't know Refused	<1> <2> <98> <99>
29.	In what year were you born? enter year Don't know Refused	<N> <9998> <9999>
30.	What is your marital status?	Single (never married) Married Divorced or separated Widowed Don't know Refused	<1> <2> <3> <4> <98> <99>

31.	What is the highest level of education you have completed?	No schooling.....<1> Some elementary.....<2> Completed elementary school.....<3> Some secondary school.....<4> Completed secondary school.....<5> Some technical school.....<6> Completed technical school.....<7> Some university.....<8> Completed BA.....<9> Completed MA.....<10> Completed Ph.D.....<11> Professional degree (Law, Medicine, Dentistry).....<12> Don't know.....<98> Refused.....<99>	
32.	What is your present job status? Are you employed f/t, p/t, unemployed, student, retired or homemaker?	F/T.....<1> P/T.....<2> Unemployed.....<3> Student – employed p/t or f/t.....<4> Student – unemployed.....<5> Retired.....<6> Homemaker.....<7> Other (specify) _____<8> Don't know.....<98> Refused.....<99>	
33.	What type of work do you currently do?	Specify _____ Don't know.....<98> Refused.....<99>	
34.	Which of the following categories best describes your total household income in the last 12 months?	Less than 20 K.....<1> 20 – 30 K.....<2> 30 – 40 K.....<3> 40 – 50 K.....<4> 50 K +<5> Don't know.....<98> Refused.....<99>	

Thank you for helping us with this survey. Your responses are very important to us, and we do appreciate the time it has taken to answer our questions.

COMPLETION INFORMATION

Interviewer: _____

Gender: _____ Female _____ Male

Ethnic Sub-Group: _____ Arab _____ Assyrian _____ Chaldean _____ Kurd
 _____ Turkoman

Age Group 15-25 25-35 35-45 45-55 55-65 65+

Date: _____

APPENDIX II
Key Informant Guided Questions

KEY INFORMANT GUIDE QUESTIONS

Question 1

Within your capacity as community leader, are you aware of any problem gamblers?

Question 2

How have you handled such cases?

Question 3

What do you think are the contributing factors to these problems?

Question 4

What insight can you provide that will help us better understand the problem and how we can offer assistance to our communities.

APPENDIX III
Focus Group Guided Questions

FOCUS GROUP GUIDE QUESTIONS

Question 1

Tell me what your definition of what gambling and problem gambling are

Question 2

What types of behaviours do gamblers display?

Question 3

What types of resources do you know of to help people with gambling problems

Question 4

What consequences will happen when there is a problem gambler?

Question 5

Why do you think people engage in such activities?

APPENDIX IV
Case Study Guided Questions

Guide for Case Studies (based on workshop information presented)

1. Life History
2. Gambling history
3. Problem gambling (behaviours, rewards and consequences)
4. Help-seeking suggestions

APPENDIX V
Case Studies

CASE STUDY #1

One of the cases that I am aware of is about a very successful person who was a smart student in the college, married with children. He started going to the casino and buying lottery tickets constantly until it became a very serious issue and caused lots of problems for him and for his family where he had to borrow money always and lie about it by not telling any one the truth, he was never able to settle the debts, became bankrupt and consequently lost people and family members respect and faith. He left his studies, became separated from his wife and children, made several suicide attempts and left a terrible mark in his wife's life and emotions. He became a very bad example among his community.

CASE STUDY #2

An Iraqi family immigrated to Canada after the Gulf war and settled down very well after many years of hard working here, where the head of the family was obliged to work in two jobs to be able to afford a proper life to his family similar to their life style back home. Accordingly they were able to buy a townhouse and maintain a comfortable life until one day a family friend visited them and invited them to go to the Niagara Falls and have some fun in the casino...try your luck, he encouraged him ... so he did...surprisingly he won \$1,000 and left the casino very content and happy, he told his wife about the happy incident which excited the wife tremendously and they continued going to the casino for years.

Gambling for this family became an issue and a very serious matter, they were not able to stop going to the casino, and faced tremendous amounts of problems, borrowed money from friends, which they were not able to return. Finally they decided to sell their townhouse to settle their debts, consequently and due to all these problems and financial stress, the family broke down. The couple have separated. The wife went on government assistance and the husband deserted the family completely. That is how a normal happy family was totally destroyed due to the gambling.

CASE STUDY #3 (REPORTED VERBATIM)

The first cigarette I smoked was when I was 15 years old and ever since I had never stopped till I came to Canada. I was forced to accept the first job I was offered so that I could be able to buy my cigarettes and smoke during the breaks at work while one of my co-workers used to scratch always on a small piece of paper during the work breaks that puzzled me until one day I asked him and he told me that he is playing lottery...I asked him about the price...he replied that there are different prices...!! Then I found out that few of these lottery tickets are much cheaper than the price of a pack of cigarette and the advantages of the lottery ticket, where you pay very little amount and may win a very big amount in return. Accordingly I bought the first lottery ticket and smoked the last cigarette.

Q. Do you think that you are now addicted to buying lottery as much as you were addicted to smoking?

A. No, not at all, I consider my addiction to cigarette was much more serious comparing to playing lottery, which comes as second or third degree addiction comparing to alcoholism or smoking addiction.

Q. You consider gambling addiction as second or third degree type of addiction, well, how do you describe people who sell every thing or even beg sometimes to be able to gamble?

A. I have no idea about these categories of people, as for me, I consider myself as a third degree if not tenth degree addict even in comparison to my addiction to cigarettes.

Q. Do you think playing lottery has affected you financial or affected your social situation?

A. Not at all, actually the amounts I spent on lottery are considered quarter of the amount I used to spend on smoking.

(when questioned as to how much is spent on the purchase of lottery ticket, no answer was forthcoming)

Q. Have you ever won?

A. Not yet, but may be one day I will otherwise I wouldn't continue buying lottery tickets

Q. Have you ever thought of quitting?

A. Yes, but I never tried to seriously because I consider it only fun and some kind of amusement and whenever I compare it to the amounts I used to spend on smoking plus the health disadvantages, I fell better and continue playing.

(Research Assistant's notes: this individual is well known among the community as always borrowing money to buy "just one more ticket this week". He has alienated himself, as he has never to date returned any of the loans. He has come close to being terminated from work as well. He lives in a bedroom and has resorted to asking his colleagues and friends for rent money. Consensus is that he will very soon be out on the street. He works as a general laborer and when he is laid off, his friends do their utmost to avoid him.)

CASE STUDY #4

This 45 year-old man used to work as a truck driver. He is currently on Worker's Compensation as he has hurt his back. He came to Canada as a 17-year-old who completed high school and went to work right after that. He is married with a wife (whom he sponsored) two pre-teen children and a sixteen-year-old son. They live in Metro Housing near the Woodbine casino. His monthly income is approximately \$1,100 per month. Of this he pays \$230 for rent. He is not an unkind father or husband, but is convinced that he could win it big. His main gambling activity is poker and he would at the beginning of each month allocate \$300 to go to the casino. He would very often lose the whole amount at the tables immediately, come back home and engage in disputes with his wife. He has had the police called to his home more than once, as neighbours would hear his fighting with his family. He has also been charged with disorderly conduct often. His wife is at her wit's end. She's talked to her priest and asked for help in curtailment of her husband's activities. The husband has very bad credit and has been refused many times for loans. Both spouses know what the problem is, but do not know where to go for further help. The children are disrespectful of their father and their mother knows that trouble is brewing. There have been instances where the children have had to go to school hungry because there's no food in the house. The parents are aware that children services are investigating the family, but the wife says that unless

her husband stops going to the casino and gets his act together it may be for the better that the children are taken into care where they can get on with their lives.

CASE STUDY # 5

Emma is a 41-year-old Assyrian single mother. She came to Canada as a visitor, looked for a Canadian husband who would help her escape the situation in Iraq, married him and subsequently separated from her husband. The cause of her separation is her inability to control her gambling. She reports that the fact of her sister living next to the Woodbine Casino has made it even more problematic. She frequently asks her to drive her there. Her daughter is seven years old and in a Catholic school. She reported that she began buying lottery tickets for fun. The second time she bought a ticket she won and liked the idea of winning. Her husband was a violent man and she began to think of ways to alleviate her home situation. She is working in a variety store for cash and liked the idea that she had money for herself. When questioned about her daughter, she said that her upbringing and upkeep was up to the father. She has no interest in paying out money for her daughter. The money she makes is not enough, so her husband pays some support. She also styles hair for her neighbours to make ends meet. She plays slot machines and says she likes the atmosphere in the casino. Sometimes when she is unable to pay rent, she borrows from her sister and friends. She once obtained a \$2,000 bank loan, which she spent at the Casino. She also likes to go to Casino Rama with her friends. She acknowledges that she has problems but doesn't think that they are very serious.

CASE STUDY #6

This Assyrian male came to Canada in the early 80's. He had been a multi-millionaire in Iraq and escaped with his fortune to Canada with his wife and three children. Here he was quite successful in his business ventures, establishing a chain of supermarkets and living in a veritable palace on the Lakeshore. He was an alcohol abuser, gambler and a violent man by nature. He entered into a cycle of abuse and began to gamble much more frequently to the extent that he lost his business – it was bought out. His home went on power of sale – the bank took it over and he was forced to move out. Two days after he was evicted, he died of a heart attack. His wife was forced to go on social assistance and his children were traumatized by the experience. She had to endure the social stigma of having literally 'lost face and social status. She died two weeks after the interview.

**Addressing Problem Gambling
In the
Windsor Jewish Community**

FINAL RESEARCH REPORT

Prepared by:

Windsor Jewish Community Centre

Windsor, Ontario

February 2003

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ABSTRACT

The purpose of the current study was threefold. The primary aim was to develop an understanding of the concept of gambling from the perspective of a specific cultural minority group, the Windsor Jewish Community. In addition to assessing how gambling is defined and viewed within this cultural community, the study was intended to provide information on the extent to which members of the Windsor Jewish community take part in gambling activities. Finally, an action plan, which was dependent upon the findings of the previous two research questions, is in the process of being developed.

The sample consisted of members of the Windsor Jewish community, whose total population approximated 1700 in 1991. Within the framework of a Participatory Action Research (PAR) design, data were primarily collected through the facilitation of 10 independent focus groups. Participants in the focus groups consisted of 14 males and 10 females (n=24), all members of the Windsor Jewish Community, with a mean age of 55.73 years, ranging from 38 years to 79 years. In addition to the focus groups, quantitative data was collected via the telephone administration of the Canadian Problem Gambling Index (CPGI) (n=42). In general, the data suggest that members of the Windsor Jewish community view the activity of gambling as primarily negative in nature. A notable difference as a function of gender was reported in the type of consequences of problem gambling (i.e. moralistic typologies for females vs. economic typologies for males). The vast majority of respondents reported that their help-seeking preferences fell outside of the Windsor Jewish Community Centre, whereas the suggested prevention technique was to increase awareness of gambling and problem gambling, particularly to youth and young adults. Limitations of the current study are discussed, in addition to suggestions for future research.

1. INTRODUCTION

1.1 Background

The overall study involved eight ethnic communities and was funded by the Ontario Problem Gambling Research Centre and administered by COSTI Immigrant Services. The Windsor Jewish Community Centre became involved in the current study in the following manner. The current Executive Director was previously the Director of Community Planning and Research at United Way, where he was very involved in the area of social impacts of gaming and problem gambling in the community from both a research and a social planning perspective. He had contacted the Multicultural Society of Windsor and Essex County (MCC) in order to become involved in an initiative with the University of Windsor Problem Gambling Research Centre, which led to contact with the Principal Investigator and Project Manager of the present study.

1.2 Participants

Within the Jewish community in the Windsor area, the predominant organizational affiliation is the Windsor Jewish Community Centre (WJCC), which provided the primary resource for participant recruitment of general members of the Windsor Jewish community. The overriding goal of the WJCC is to foster an environment in which the concepts of social justice and charity are embodied in its programming and activities. Furthermore, while the WJCC maintains a Jewish tradition of embracing persons in need and providing services specifically for the elderly, immigrants and children, the centre is open for membership to those members of the general population who are not of Jewish ethnic origin, thus promoting integration with the general community.

As noted above, the Windsor Jewish community is intertwined with the larger Windsor community, with well established partnerships and relationships with many other organizations and agencies in the Windsor area. Indeed, the Local Research Advisory Committee (LRAC) consisted of members from many of these community partnerships. The role of the LRAC was to represent the larger community and guide the entire endeavour. Members of the LRAC included:

Executive Director of the WJCC (Mr. Harvey Kessler)
Project Coordinator and Principal Authour (Ms. Melissa C. Hobbs, M.A.)
Counsellors (Brentwood Recovery Home for Alcoholics)
Professors and Retired Professors (University of Windsor)
A Psychiatrist (the PACT team, a division of St. Thomas Psychiatric Hospital)
A Psychologist (Windsor Regional Hospital)
Social Workers (WJCC)
Retired Nurses
Religious Leaders (Congregation Beth El)
The Multicultural Council of Windsor

In addition to these broader community relationships, the Windsor Jewish community also currently maintains relationships with 15 different Jewish organizations or groups, which include:

B'nai Brith Lodge # 101
Jewish Women International

B'nai Brith Youth Organization (Herzl AZA; Yachad BBG)
Royal Canadian Legion Balfour Br.#362
Emunah Mizrahi Batya, Miriam Chapter
Hadassah –WIZO of Windsor
Jewish National Fund
Jewish War Vets
Na'Amat Canada, Ada Maimon Chapter
ORT Organization Windsor Region
Congregation Beth El
Congregation Shaar Hashomayim
Sisterhood President
Shaarey Zedek Synagogue
Windsor Jewish Students Association

Participants for the focus group portion of this study included members from some of the community agencies and organizations listed above (although representatives from each group were invited to participate), in addition to professionals associated with gambling treatment and research centres in the Windsor area. Focus groups were conducted with general members of the Windsor Jewish community in addition to key informants, such as religious leaders, business leaders, and professionals (i.e. physicians, psychiatrists, psychologists, social workers, lawyers, teachers), within the Windsor Jewish community.

2. COMMUNITY DESCRIPTION

Originally, the majority of Jewish immigrants to the Windsor area hailed from Eastern Europe, with significant increased trends apparent before and after both World Wars. In addition, there was another increase in the number of Jews immigrating to the Windsor area from the former Soviet Union throughout the 1970s through to the 1990s (most particularly, however, in the 1980s). Currently, the immigration of Jewish persons to the Windsor area has decreased, with recent trends pointing towards the process of secondary migration, particularly from persons originating from South America. Secondary migration is defined as those persons who have settled in the Windsor area after originally immigrating to another location in North America.

Within the Windsor Jewish population, the primary spoken language is English, however, some members are also fluent in other languages, such as Hebrew, Yiddish (primarily in the elderly Jewish population) and Russian. In addition, the Windsor Jewish community maintains a highly integrated relationship with the broader Windsor community in general. This relationship is maintained through various partnerships throughout the larger Windsor community and is quite different from those Jewish communities in other larger cities who have larger Jewish populations and maintain a sense of separateness from the more general communities.

It is important to preface the following information with a note that the last major demographics investigation of the Windsor Jewish Community was conducted by the McGill Consortium for Ethnicity and Strategic Social Planning in 1997. Indeed, the results of that investigation were based on the demographics of the Windsor Jewish Community as reported in 1991. Therefore, it is reasonable to expect that some of this data will be incorrect at this stage of the current research. In light of this issue, the present study will include a measure of current demographics for the participants in this research.

Keeping the above caution in mind, in 1991 there were approximately 1,700 members of the Jewish community in the Windsor area, with age demographics as follows:

0 - 9 years: 275	35-54 years: 520
10-14 years: 65	55-64 years: not reported
15-34 years: 400	65 + years: 380

Although Jewish is an ethnicity and not strictly a religion, 87.4% of the persons who took part in the study in 1991 "...identified with Jewish as a religion" (Torczyner & Brotman, 1997, p. 5), with only 13% of Jews in Windsor identifying Jewish ethnicity, while acknowledging either no religious affiliation or an affiliation other than Judaism. Eighty-four percent of the Jewish community reported living in husband-wife relationships, while 0.6% reported single-parent family structures and 15.7% reported living alone (of this 15.7%, 27.6% consisted of elderly members of the Jewish community).

In the realm of education, 35.7% reported having not completed high school, while 16.7% reported completion of some form of secondary education (e.g. high school, trade training). Approximately 37% reported either attending or having completed university. Twenty-three percent of the Windsor Jewish community reported working in the areas of human services or teaching. Sixty-two percent of the Jewish population over the age of

14 reported being unemployed, with a high percentage of these unemployed persons being elderly. A total of 10.6% of the members of the Windsor Jewish community reported living below the poverty line. Somewhat more recently, data from the 1996 Canadian Census, as indicated by StatsCan, revealed that in 1996 the total Jewish population in the Windsor community was 1,395, representing approximately 1% of the overall population of Windsor. More recent demographics of this particular population are not available at this time.

3. RESEARCH

3.1 Purpose and Goals

From a macro-level perspective (i.e. including all 8 participating ethnic communities), “The purpose of this research is to gain an understanding of gambling in a cultural context and to examine the issue of problem gambling in different ethnic communities...” (OPGRC p. 5). The goals were as follows:

1. To describe the nature and practice of gambling as a community socio-cultural activity;
2. To describe the definition, characteristics, and pervasiveness of problem gambling in the community;
3. To ascertain community members’ perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values);
4. To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others; and
5. To develop an action plan designed to address problem gambling issues identified through the community research plan (deferred to a second phase of the project).

The first four of the above goals served to guide the overall framework of the current research. The fifth goal was prospective in nature, in that the results of this study will be used to develop a plan to address gambling and problem gambling within the Windsor Jewish Community in a future phase of the project.

3.2 Research Questions

In order to further elucidate the first four goals, the following set of research questions were developed in cooperation with both the members of the Regional Research Plan (RRP), the Regional Research Advisory Committee (RRAC) and the Local Research Advisory Committee (LRAC) of the Windsor Jewish Community Centre:

GOAL ONE: To describe the nature and practice of gambling as a community socio-cultural activity.

1. What activities do Windsor Jewish community members define as gambling?
2. What types of gambling activities do Windsor Jewish community members engage in?
3. Where and when do Windsor Jewish community members gamble? How?
4. How frequently, and for how long/session, do Windsor Jewish community members gamble?
5. How much money do Windsor Jewish community members spend on gambling?
6. What are the demographic characteristics of Windsor Jewish community members who do gamble? Who do not gamble?
7. What gambling practices from the home country have been continued and/or abandoned by Jewish community members in the Windsor/Essex area?

GOAL TWO: To describe the definition, characteristics, and pervasiveness of problem gambling in the Windsor Jewish community.

1. What do Windsor Jewish community members define as “problem gambling”? “non-problem gambling”?
2. What are the behaviours attributable to problem gamblers in the Windsor Jewish community?
3. What are the consequences of problem gambling for the individual/family/friends/others in the Windsor Jewish community?
4. Does problem gambling in Windsor/Essex differ from problem gambling in the home country? That is, do new immigrants express differing views and behaviours with respect to problem gambling than do veteran immigrants?

GOAL THREE: To ascertain Windsor Jewish community members’ perceptions of gambling and problem gambling (i.e., level of awareness, knowledge and values).

1. How knowledgeable are both Windsor Jewish community members and problem gamblers about problem gambling?
2. Do Windsor Jewish community members know the signs and symptoms of problem gambling?
3. Are members of the Windsor Jewish community aware of the possible impacts of problem gambling on personal, familial, community levels?
4. How aware/concerned are Windsor Jewish community members about the presence of problem gambling in the Windsor Jewish community?
5. What are Windsor Jewish community members’ attitudes towards those with a gambling problem?

GOAL FOUR: To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others within the Windsor Jewish community.

1. How knowledgeable are both Windsor Jewish community members and problem gamblers about resources that are available to help problem gamblers within the community?
2. What are the preferences of both Windsor Jewish community members and problem gamblers for programs and services to assist problem gamblers?

3.3 Methods

This study attempted to employ four central research methods: a community survey, several key informant interviews, eleven focus group sessions and some problem gambler interviews. In addition, field notes and observations were recorded during the conduct of the research.

3.3.1 Data Collection

Individual researchers were hired by the Windsor Jewish Community Centre Project Coordinator, under the guidance of the Local Research Advisory Committee (LRAC), in order to collect the data. In order to avoid conflict of interest and to help ensure the confidentiality of participants, researchers were not members of the Windsor Jewish Community.

Data were collected directly through the participants of the research. The methods of data collection fall into two broad categories: quantitative (i.e., community survey data) and qualitative (i.e., focus group data). Both of these methods are described in more detail in the following sections. Survey-type methodology was employed in conjunction with more traditional qualitative methods in order to determine: the prevalence of problem gambling and general demographic information within the Windsor Jewish Community. While it was planned to conduct individual interviews with members within the community who were identified as problem gamblers, no such persons were identified during the course of the project. Such interviews, or case studies, if available, would have enabled the researchers to collect the life histories, gambling histories, problem gambling behaviours and help-seeking preferences of these individuals.

The sample for this study was obtained by obtaining a current list of all members of the Windsor Jewish Community who were also members of the Windsor Jewish Community Centre. Community members from this master list were randomly invited to take part in the research (i.e., every 10th person was individually contacted by phone and invited to take part). For the focus groups, the master list was then broken down into smaller lists, depending on each member's specific demographics within the community (see the related section below). The master list was not subcategorized in any way when used for the community surveys, and members were also randomly contacted by phone and invited to take part in a telephone survey.

Community Survey

As noted above, potential participants for the community survey were contacted by telephone by one of the project researchers and invited to take part in a telephone survey. As such, a total of 42 participants completed the CPGI (21 males and 21 females). Seventy-one percent of the respondents indicated that they have children under the age of 18. Approximately 47.6% reported being employed full-time (versus 7% part-time) and 35% reported retired status. On highest level of education completed, 19% completed a Master's degree, 21% completed a Bachelor's degree and 14% indicated that they had completed high school. The majority of respondents (59.5%) reported being married, 19% widowed, 9.5% divorced and 9.5% single. The majority of those persons sampled were born in the 1940s, with the range in year of births being 1909-1979.

Key Informant Interviews

Key Informants were interviewed in a focus group format. Although up to two members from each of the 15 affiliated Jewish organizations in Windsor were invited to attend, only two participants attended the group. Therefore, their data were collapsed into the data from the remaining focus groups in order to enhance the overall data analysis.

Focus Groups

According to Kazdin (1998), in using qualitative methods, "the goal of understanding requires elaborating rather than simplifying the phenomena of interest...to investigate phenomena in context and as experienced by the individual. [and to] Describe and interpret experience; provide new insights, describe and explain with few or no initial hypotheses" (p. 247, 250). The data, then, were in the form of narratives, or transcripts, that were garnered from the participants, through the use of focus groups. Each focus group participant was asked to fill out a basic demographic questionnaire, which

addressed such questions as age, ethnicity, religious affiliation, profession and marital status.

The researchers booked a total of 11 focus groups, successfully facilitating ten (none of the confirmed participants for the Russian sample attended the scheduled meeting). Group participants ranged from one to five attendants. The following table is a summary of the groups that were run and the number of participants per group.

TABLE 1
Focus Group Participants

Type of Group	Number of Participants
General, Males	1
General, Females	2
Senior, Males	3
Senior, Females	5
Empty Nesters, Males	2
Empty Nesters and Young Families, Females	2
Young Families, Males	1
Young Adult Division, Males and Females	2
Key Informants	2
Related Professionals	4
Russian, Males and Females	0
Total Number of Participants:	24

Field Notes and Observations

Although each group had confirmed a minimum of eight participants, the rate of no-shows was approximately 3-5 times higher than the number of persons who attended. This serves to limit the potential generalizability of the current findings. In addition, many of the prospective participants who were contacted indicated that they themselves had no interest in gambling, or that they did not find the topic to be an interesting one and, therefore, did not wish to participate in the project. The same issues were confronted with regards to participant recruitment for the CPGI survey. That is, many of the persons contacted did not want to participate in the research because they did not feel that they would have anything to contribute since they did not gamble. Despite these limitations, however, it is important to note that those members of the Windsor Jewish community who did choose to take part in the current research provided valuable insight towards answering the research questions.

3.3.2 Data Collection Tools

Community Survey

The community survey consisted of the Canadian Problem Gambling Index (CPGI). Researchers contacted each prospective participant by telephone and recorded their responses on paper-copies of the CPGI with pen.

The measures used in the collection of data in this current study can be found in Appendix I, which includes:

- Demographics Questionnaire

-
- Opening Activity
 - Activities Checklist

Focus Groups

The data collection for the focus groups was collected through the use of guidelines that are in Appendix II. In addition, other tools used in conducting the focus groups included: audiotapes (with the permission from participants), flipcharts for the groups' facilitators and clipboards with paper and pens for the respondents.

3.3.3 Data Analysis

Community Survey

Analysis of the CPGI surveys was primarily quantitative and was completed using statistical analysis through SPSS for Windows. It must be noted, however, that the sample was small (n=42, 21 males and 21 females), which may limit the generalizability of the results. The data were entered into a database using SPSS and the analyses, as noted, were conducted using the SPSS data analysis functions.

Focus Groups

As the primary method of data collection was qualitative in nature, the data were ultimately content-analyzed in order to generate overall themes and patterns of participant responses. In order to facilitate the generation of these themes and patterns, focus groups were audio taped (with one exception, in which a participant did not want the group taped, but agreed to have it transcribed during the course of the group) and later transcribed into paper format. This transcription enables the data to be easily accessible by both researchers involved in the current study, and future researchers who may be interested in the data generated here. Furthermore, this method provided a hardcopy of the data, which enabled more functional and practical analysis of the material.

Once the focus group data were transcribed in to paper-format, each statement was then coded, based on a list generated by the researchers. This coding enabled the statements to be grouped based on the content of each statement. The purpose of the coding was to group together similar statements and enable the data to be quantified, so that various frequencies and patterns in the data could be examined. The reader is directed to Appendix III for a copy of the coding scheme used in the current project.

Although the collection and overall analysis of data take a qualitative design, and as such, "the words are the data and are not reduced to numbers" (Kazdin, 1998, p. 250) general themes and patterns were coded into similar categories, in order to report frequency results in addition to simply reporting descriptive findings. That is, the data (i.e. words) that were obtained throughout the data collection process were subcategorized into "semiotic segments...[in order to]...permit the researcher to contrast, compare, analyze and bestow patterns on them" (Kazdin, 1998, p. 248).

3.4 Limitations

The most obvious limitation to the current research was the small number of participants who took part in the study. Indeed, the researchers found that although many people agreed to take part in the focus groups, there were a large number of people who failed to show up for their assigned groups. In fact, none of the confirmed participants for the Russian groups (male and female) attended as scheduled. There are a number of possible explanations for this lack of community member participation. First, perhaps members of the Windsor Jewish Community sincerely do not believe that gambling, problem gambling in particular, is a significant problem within their community, and did not feel that the study was a worthwhile one for them. Secondly, many of the community members, when invited to participate, indicated that they “did not gamble” and, therefore, felt that they had nothing to contribute to the project. Although the researchers were intentionally of non-Jewish descent, a third possibility is that this served to limit the amount of participation in the project, as many community members may not have felt comfortable to discuss their attitudes towards and experiences with gambling with a person outside of the ethnic community with which they identify.

A second limitation to the current study was the inability to identify any community members as problem gamblers. Again, there are a couple of possible explanations for this finding. First, perhaps the community itself is small enough that there simply were no members who have problems relating to gambling activities. Secondly, since participation was voluntary, it is likely that those persons who had problem gambling behaviours may have elected not to take part in the study, as a result of a self-selection bias in the sampling process. Although the project coordinator was contacted by one self-identified problem gambler, referred by the Windsor Regional Problem Gambling Services, a scheduled individual interview was unable to be completed due to weather conditions, and this person did not return phone calls to reschedule the interview.

4. FINDINGS

In order to clearly communicate the results of the current study, the findings are presented in accordance to the four research goals presented in the section entitled “Research Questions” of this document.

Goal One: To Describe the Nature and Practice of Gambling as a Community

Question 1: What activities do Windsor Jewish community members define as gambling?

Focus Groups

According to the opening activity (see Appendix I) of the focus groups, out of a total of 68 responses the bimodal response (with 9 indicators each) were “bingo” and “other”, which included such activities as: “anything that you’re looking to win money”, “driving a car on the 401”, “life in general”, “everything...in the casino and outside of the casino where there is a percentage involved and...is always with the house and against the public”, “a wager...a bet on an activity”. The next most common responses included: horse races, cards/board games, lottery, casino (non-slot), stocks/markets, sports select, casino (slots), VLT, and Internet gambling. None of the focus group participants indicated that daily lottery, sport pools, using a bookie, betting on games of skill or card rooms were forms of gambling. Interestingly, in an open-ended questions format, many of the participants considered bingo and horseracing to be gambling, but in comparison, few identified casino games (slot or other) and no one spontaneously identified either using a bookie, daily lotteries, or card room games as gambling activities.

The modal response to the question: “When you hear the word gambling, what comes to mind” delivered such responses as: it is “for advancement”, or “to get something for nothing”, or “getting more than you put in”. Other common responses included: “negative risk (i.e., impulsivity)” and “positive risk (i.e., adrenaline rush)”. There was only one indicator for each of the following: politics/government profit; lack of control; and illegal/underground behaviour.

Question 2: What types of gambling activities do Windsor Jewish community members engage in?

Community Survey

Based on data from the CPGI, and using a multiple response format, participants reported taking part in a total of 103 gambling activities in the previous 12 months. Whereas women reported taking part in 82.5% of these activities, men took part in 17.5% of the activities. The following represents the types of gambling activities that member of the WJC have taken part in over the past 12 months (see Table 2).

TABLE 2
Gambling Activities

Type of Activity	Percent in Past 12 Months
Lottery tickets (e.g., 649, Super 7)	33.3%
Instant-win or scratch tickets (e.g., break-open, pull-tab, Nevada)	19.0%
Do not gamble	16.7%
Daily lottery tickets (e.g., Pick 3)	9.5%
Raffles or fundraising tickets	7.1%
Bingo	4.8%
Cards or board games with family or friends (i.e., for money)	4.8%
Video lottery terminals (VLTs) (i.e., in bar, restaurant, lounge)	2.4%
Gambling on the Internet	2.4%

Question 3: Where and when do Windsor Jewish community members gamble? How? and

Question 4: How frequently, and for how long/session, do Windsor Jewish community members gamble?

Community Survey

According to the survey data, the majority of participants (52.4%) reported gambling between 1-5 times a year; 14.6% about once a week; and 2.9%, 2-6 times a week. One percent of the sample reported gambling on a daily basis. Three out of the 42 respondents (16.67%) answered “yes” to the question “Has anyone in your family ever had a gambling problem”. The average age at which participants first gambled was 28 years, ranging from 12 to 70 years. Twenty-six percent reported that their first gambling activity was “cards with family or friends”; 14.3%, 11.9% and 7.1% reported that lottery tickets, casino slots and bingo, respectively, were their first experiences with gambling.

Survey data further suggest that while 14% of respondents reported that they go to the Windsor casino to play games other than slot machines, with regards to slot gambling, 29% of the respondents indicated that they have engaged in this activity at the Windsor Casino, with a modal frequency of 1-5 times a year. Time spent at the Windsor casino slots ranged from 15 minutes to five hours. Respondents indicated that they have attended the Windsor casino with friends, coworkers, family, or alone. Reasons reported for going to a casino included: to win, for fun/entertainment, and out of curiosity. Seventeen percent of the sample also reported playing games outside of the Windsor casino (i.e., other casinos).

Twelve percent of the respondents of the CPGI survey indicated that they gamble on horse races. While the majority of respondents reported a frequency of 1-5 times a year, some participants did indicate attending and betting on horse races up to 2-3 times a month. Time spent at each visit to the horse races ranged from one hour to more than eight hours. Respondents indicated that they have attended the horse races with friends and family and that they do so to win money and as a forum for spending time with their friends.

Question 5: How much money do Windsor Jewish community members spend on gambling?

Community Survey

In the past 12 months, as indicated by the survey data, the average amount of money spent by participants on gambling was \$114.43 per month (\$1,373.63 per year), with a range of \$0.83 to \$1,312 per month (or \$9.96 to \$15,744 annually). The largest amount of money reported spent on any one gambling activity in the last year was \$10,000 on a card/board game with friends or family; the smallest amount was \$2 on lottery tickets.

Question 6: What are the demographic characteristics of Windsor Jewish community members who do gamble? Who do not gamble?

The reader is referred to the Research section of this document for demographic information, specifically, section 3.4.1, entitled “Data Collection”.

Question 7: What gambling practices from the home country have been continued and/or abandoned by Jewish community members in the Windsor/Essex area?

No data was available to address the above question.

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Windsor Jewish Community

Question 1: What do Windsor Jewish community members define as “problem gambling”? “Non-problem gambling”?
and

Question 2: What are the behaviours attributable to problem gamblers in the Windsor Jewish community?

Focus Groups

Participants in the focus groups reported that the frequency with which a person gambles is the biggest sign of problem gambling (i.e., 14 out of 74 responses, or 18.92%). The next closest symptoms of problem gambling for this sample included: the amount of money being spent by a person; apparent lack of control; and having no money to live and selling off assets. Other responses included: increased distress; prioritizing gambling; social withdrawal; social problems; family problems; work problems; impulsivity; denial; and lying to or manipulating others.

Question 3: What are the consequences of problem gambling for the individual/family/friends/others in the Windsor Jewish community?

Focus Groups

Focus group data indicate that the personal experiences with gambling was negative for 40.7% of participants, while 33.3% reported that their experiences were positive. 26% indicated a neutral experience (i.e., neither negative nor positive).

Question 4: Does problem gambling in Windsor/Essex differ from problem gambling in the home country? That is, do new immigrants express differing views and behaviours with respect to problem gambling than to veteran immigrants?

No data was available to address the above question.

Goal Three: To Ascertain Windsor Jewish Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge and Values)

Question 1: How knowledgeable are both Windsor Jewish community members and problem gamblers about problem gambling?

and

Question 2: Do Windsor Jewish community members know the signs and symptoms of problem gambling?

Focus Groups

Participants seemed to be aware of some of the signs/symptoms of problem gambling. As noted above, participants in the focus groups reported that the frequency with which a person gambles is the biggest sign of problem gambling. Other symptoms included: the amount of money being spent by a person; apparent lack of control; having to money to live and selling off assets; increased distress; prioritizing gambling; social withdrawal; social problems; family problems; work problems; impulsivity; denial; and lying to or manipulating others.

Question 3: Are members of the Windsor Jewish community aware of the possible impacts of problem gambling on personal, familial, community levels?

Focus Groups

Within the Windsor Jewish community, 11 out of 53 (20.75%) responses suggested that the area of greatest concern is the role of the government in gambling activities. For example, participants made such comments as the money (for the government) "is just another tax...they're taxing people, but you chose to pay the tax"; "the government...is directly involved"; and, in general, that government endorsement of casino encourages people to gamble. Other concerns included the effects of gambling behaviours on families, both financially and interpersonally; and the perception that violence and criminal behaviours have increased along with increased gambling activities. Interestingly, only one response suggested that the addictiveness of the behaviour was a concern. Three out of 6 responses (50%) indicated that participants were not aware of the outcomes of gambling, either positive or negative. Two responses were in the negative, and one in the positive.

Question 4: How aware/concerned are Windsor Jewish community members about the presence of problem gambling in the Windsor Jewish community?

Focus Groups

The majority of focus group participants reported that they knew of at least one person within the Windsor Jewish Community whom they felt had a gambling problem. This

would indicate that, as a group, they are both aware and concerned about the presence of problem gambling within their community.

Question 5: What are Windsor Jewish community members' attitudes towards those with a gambling problem?

Focus Groups

Personal experience with gambling was the third focus group question. Out of 28 responses, 11 (40.7%) indicated that their experiences were negative, while nine (33.3%) reported that their experiences were positive. Seven responses (26%) indicated a neutral experience (i.e., neither negative nor positive).

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others Within the Windsor Jewish Community

Question 1: How knowledgeable are both Windsor Jewish community members and problem gamblers about resources that are available to help problem gamblers within the community?

and

Question 2: What are the preferences of both Windsor Jewish community members and problem gamblers for programs and services to assist problem gamblers?

Focus Groups

To the question: "*What helps people stay away from gambling?*" Thirty percent (30%) of focus group participants indicated that awareness of the effects of gambling would be most efficacious. The next most common responses were a lack of money or a lack of interest in the activity would prevent people from gambling. One respondent suggested that faith (i.e., belief in a god) provides support to not engage in gambling behaviours.

In discussing how best to prevent the incidence of problem gambling within the Windsor Jewish community, the modal focus group response (i.e. 10 out of 40 responses or 25%) suggested education in schools. The next most common responses were: closing gambling facilities, not to enable problem gamblers, community education, provide positive role models, and money management education.

The final focus group question was "*What would you tell a friend or family member with a gambling problem?*" Out of 49 responses, 15 (30.61%) were to advise their friend/relative to seek professional help (i.e., individual therapy/counseling, GA). In general, however, participants did not seem very optimistic about the treatment of problem gambling. As such, the next most common response was to wait – that nothing can be done to help a problem gambler. Alternatively, participants suggested that family members and friends of problem gamblers seek counseling for themselves in order to learn how to cope with their loved one's behaviours. Other responses included: support groups for the gambler in conjunction with the gambler's family, confrontation and education.

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Community

In general, the findings from this study suggest that members of the Windsor Jewish Community hold a very broad sense of nature and practice of gambling. Within this community, gambling includes activities in which the gambler is attempting to “get something for nothing” or “getting more than they put in”. Within the community, gambling activities range from the more traditional conceptions (i.e., bingo, a wager of any kind) to non-traditional activities such as “life in general” and “driving a car on the 401.”

Goal Two: To Describe the Definition, Characteristics and Pervasiveness of Problem Gambling in the Windsor Jewish Community

The pervasiveness of problem gambling within the Windsor Jewish community could not be ascertained as a result of this study. However, the majority of focus group participants indicated that they personally knew of at least one community member who they believed had a “gambling problem”, which indicates the need for future research in this area. The majority of the participants noted that the main attraction for gambling within the Windsor Jewish Community was the fantasy of the “big win”. Furthermore, the findings suggest that community members were able to correctly identify the signs and symptoms of problem gambling (i.e., frequency of gambling, prioritizing of gambling behaviours, familial and occupational problems), and that the majority of participants reported that their personal experiences with gambling have been negative.

Goal Three: To Ascertain Windsor Jewish Community Members’ Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge and Values)

Community members reported that they are aware that problem gambling does indeed exist within their community and that they are concerned with the presence of this particular behaviour. Despite this awareness, however, this research was unable to identify and conduct case studies with problem gamblers within the community. In general, the majority of participants reported that their experiences with gambling on a personal level were negative.

Goal Four: To Ascertain Help Seeking Preferences and Behaviours of Problem Gamblers and Concerned Significant Others Within the Windsor Jewish Community

In general, participants felt that increasing the awareness of indicators and consequences of problem gambling would be most efficacious in preventing the development of problem gambling behaviours in its community members. The majority of participants also indicated that they would not seek assistance at the WJCC if they personally had a problem with gambling, as they felt that their confidentiality would be compromised, given the small size of the community overall. The majority of participants reported that they would advise a problem gambler to “seek professional help”, either through a counsellor or support group, in order to overcome their addiction.

6. CONCLUDING COMMENTS

There are a number of possible explanations for the lack of community member participation in this project (rather than simply the lack of interest noted in the Field Notes and Observations section above). For example, there may exist a subgroup of the community who do in fact exhibit signs of problem gambling, however, given the self-selection bias inherent in a project of this design, these people opted not to take part out of a fear of being identified to the larger community and therefore subjected to the stigma often associated to such behaviour. Indeed, as noted in previous sections, the most often cited reason for not seeking support from the WJCC is concern regarding anonymity and confidentiality within the community. In hindsight, it may have been a better idea to conduct the focus groups at a site other than the WJCC in order to further ensure participants of the confidentiality of their responses.

Although there seemed to be a lack of interest on behalf of many of the members of the Windsor Jewish Community to take part in the current research, it would be a mistake to discount the plethora of information that was gathered from those members who did take part. In fact, despite the limited participation, the data that were collected throughout this project were both qualitatively and quantitatively informative as to the issues of gambling and problem gambling within this community. Not only were participant community members able to correctly identify the signs and symptoms of problem gambling, but they also communicated a clear, and relatively consistent, view of the consequences and outcomes of problem gambling behaviours. Moreover, most, if not all, of the participants indicated at least a minimal level of concern with respect to the activity of gambling within their community. This concern was expressed most notably by group participants reporting personally knowing a fellow community member who exhibits problem gambling behaviours. Also indicative is the majority viewpoint that the community should take active steps to educate its members on the signs and symptoms of problem gambling as well as resources for treatment that are available to them.

Behaviours consistent with problem gambling were also apparent in some of the survey responses, such as lying/manipulating in order to gamble and spending more money than one can afford on gambling. Again, although this project was not successful in identifying problem gamblers, it must be noted that: (a) this is the first study of this kind with this particular community and (b) participant responses suggest that problem gambling may indeed be a concern to some members of the community. Given the low rates of participation in this round of gambling research within the Windsor Jewish community, the results indicate the need to delve further into this area in this community.

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APPENDIX I
Community Survey Measures

What is your present job status?

- Employed full-time (30 or more hours/week)
- Employed part-time (less than 30 hours/week)
- Unemployed
- Student – employed part-time or full-time
- Student – not employed
- Retired
- Homemaker
- Other (specify) _____

What kind of work do you usually do, what is your job title?

What is your personal gross annual income (before taxes)?

- less than \$20,000
- between \$20,000 and \$59,999
- between \$60,000 and \$99,999
- more than \$100,000

How many people under 18 years of age live with you? _____

Are you a member of a Synagogue or Temple?

- No
- Yes. Which one? _____

How important is religion in your life?

- Very important
- Somewhat important
- Not very important
- Not important at all
- Don't know

Are you a member of the Windsor Jewish Community Centre?

- No
- Yes. Which programs? _____

How important is the Jewish culture in your life?

- Very important
- Somewhat important
- Not very important
- Not important at all
- Don't know

Thinking specifically of gambling, would you consider yourself

- Lucky
- Unlucky

b. Opening Activity

Please list five activities that you would consider to be gambling.

1. _____

2. _____

3. _____

4. _____

5. _____

c. Activities Checklist

The following is a list of activities. Please indicate (with a check mark) which activities you would consider to be gambling. Also, please indicate if you have taken part in any of the following activities in the past 12 months.

Activity	<u>Considered Gambling</u>	<u>Have Done in the Past 12 Months</u>
Purchased Lottery Tickets (e.g., 649, Super 7)		
Purchased daily lottery tickets (e.g., Pick 3)		
Purchased instant win or scratch tickets (e.g., pull tab, Nevada)		
Purchased raffle or fundraising tickets		
Bet on horse races (i.e., live at track and/or off-track)		
Play bingo		
Gambled at any type of casino, including illegal or charity casinos		
Spent money on coin slot machines or VLT's in a casino		
Play poker in a casino		
Play blackjack in a casino		
Play roulette in a casino		
Play keno in a casino		
Play craps in a casino		
Play Video Lottery Terminals (VLT's) other than at a casino		
Play a sports lottery like Sport Select (e.g., Prol Line, Over/Under)		
Bet on or spent money on sports pools		
Bet on cards, or board games with family or friends		
Bet on arcade or video games		
Gamble on the Internet		

Bet on sports with a bookie		
Personally invest in stocks (not including RRSPs, mutual funds)		
Personally invest in options (not including RRSPs, mutual funds)		
Personally invest in commodities markets (not including RRSPs, mutual funds)		

In a couple of sentences, please summarize your position on the topic of gambling:

APPENDIX II
Focus Group Measures

Focus Group Guidelines

The focus groups were moderately structured and resembled a funnel design. Participants were assured that all of their responses would be kept strictly confidential and that their names would at no time be reported in association with the results of this study. Also, members were informed that their responses were being tape-recorded for later transcription.

The questions were as follows:

- **Opening Questions**: to get people acquainted and connected
 - Tell us your name and...
 - ...your favorite memory from last summer
 - ...one thing your child does to make you smile
- **Introductory Questions**: to begin topic discussion
 - When you hear the word “gambling” what comes to mind?
 - Personal experiences with gambling?
- **Transition Questions**: to move into key questions
 - What draws people to gambling?
 - What helps people stay away from gambling?
 - What about gambling is of greatest concern to you?
- **Key Questions**: central interest
 - What are some of the signs that “gambling” has turned into “problem gambling”?
 - What are some of the outcomes/results of gambling that you have observed or heard of?
 - What can others say or do that would help prevent people from having problems with gambling?
 - What is the most effective way for people to talk to you about gambling?
 - Suppose you were talking to a friend who you think might have a gambling problem – what would you say?
- **Closing Questions(s)/Comments**: to recap and close discussion
 - Have we missed something? Is there anything that we should have talked about but didn't?

- Jot down on a piece of paper one phrase or sentence that best describes your position on gambling
- Give a 2-3 minute summary, then ask “How well does that capture what was said here?”

Examples of Probing Questions:

- Would you explain that further?
 - Can you give me an example?
 - Would you say more?
 - Is there anything else?
 - Please describe what you mean.
 - I don't understand.
 - Who else has some thoughts about this? Maybe something a little different?
 - What else have people experienced in this area?
 - You've been discussing several ideas; what haven't we heard yet?
- Remember we want to hear all of your opinions, who has something else?

APPENDIX III
Coding Scheme

Coding Schemes

1. What activities consider gambling?
 1. lottery tickets (e.g., 649, super 7)
 2. daily lottery tickets (e.g., Pick 3)
 3. instant win or scratch tickets
 4. raffles, fundraising tickets
 5. bingo
 6. cards or board games with family and friends for money
 7. VLTs
 8. casino slot machines
 9. arcade or video games for money
 10. gambling on the Internet
 11. sport select (e.g., proline, over/under, point spread)
 12. sports pools (formal or informal)
 13. outcome of sporting events
 14. sports with a bookie
 15. horseraces
 16. games at casino, other than slots
 17. stocks, options, commodities markets
 18. games of skill for money (e.g., pool, gold, darts)
 19. card games in card rooms
 20. other

2. When you hear the word “gambling” what comes to mind?
 1. addiction
 2. entertainment/games/fun
 3. something for nothing/advancement/get more than put in
 4. emptiness/void in life
 5. risk (negative, e.g., impulsivity/life threatening behaviour)
 6. risk (positive, e.g., adrenaline rush)
 7. illegal/underground behaviour
 8. lack of control
 9. politics/government profit
 10. considered negative/positive in general
 11. difference between gambling and problem gambling
 12. other

3. Personal experiences with gambling?
 1. positive
 2. negative
 3. neutral
 4. none/denial that they gamble
 5. other

4. What draws people to gambling?
 1. socializing
 2. personality factors (e.g., luck, addictive personality, low self-esteem)
 3. greed
 4. excitement/fun/rush
 5. entertainment

-
6. void that needs to be filled
 7. chance/hope/fantasy of winning, hitting it big
 8. desire to lose
 9. media hype
 10. challenge/action
 11. availability of gambling facilities
 12. personal or societal values
 13. other
5. What helps people stay away from gambling?
1. common sense/awareness of risks (e.g., odds/psychological sophistication)
 2. fulfillment/no despair
 3. personality
 4. close to casinos
 5. god
 6. knowing it is addictive
 7. don't like it/no money
 8. better things to do with time/life
 9. social supports
 10. responsibilities
 11. values/way you were raised
6. What is the greatest concern?
1. family problems – financial
 2. family problems – interpersonal
 3. corruption
 4. violence/crime
 5. effect on society
 6. greed
 7. addictiveness
 8. effect on children
 9. financial problems
 10. availability
 11. economy/work productiveness
 12. government role
 13. lack of responsibility – other responsibilities
 14. lack of treatment for problem gamblers
 15. other
7. What are signs gambling has turned into a problem?
1. social withdrawal
 2. addictive personality/addiction, like alcohol or other substances
 3. excessive money spending/need to spend more/spend more than can afford
 4. frequency of attending, thinking about it
 5. center of attention/organize life around gambling/ top priority
 6. keep going back to regain losses
 7. denying there's a problem/not knowing they have a problem
 8. lying/manipulating
 9. increased risk taking behaviour/impulsivity/take more chances
 10. superstition
 11. can't stop/lack of control

-
12. relationship problems/interpersonal, social problems
 13. work problems
 14. gamble with a variety of games
 15. increased distress/emotionality
 16. no money left for other things/sell things
 17. family problems
 18. other
8. Outcomes of gambling
1. don't know about others' gambling habits
 2. positive outcomes
 3. negative outcomes
 4. other
9. Ways to prevent problem gambling?
1. educate youth, university students
 2. getting people to realize they have a problem/confront
 3. teach money management/importance of money
 4. educate community
 5. get rid of gambling facilities
 6. gamblers don't look for help
 7. nothing you/I can do
 8. instill values/be a role model
 9. religion
 10. don't enable/don't lend money/don't cover for someone
 11. take away money
 12. end media promotions/advertising
 13. other
10. What to tell friends/family members with a gambling problem?
1. seek professional help/social support for them (e.g., GA, AA)
 2. have family seek help (e.g., Al-anon)
 3. confront person/make them realize they have a problem
 4. don't enable
 5. can't do anything/wait until they hit rock bottom
 6. depends on how addicted they are
 7. go to the Windsor Jewish Community Centre
 8. educate them (e.g., inform of the odds)
 9. ban from the casino
 10. get family together for support
 11. be nice/supportive/provide a safe environment
 12. other

**Addressing Problem Gambling
In the
Toronto Somali Community**

FINAL RESEARCH REPORT

Prepared by:

**Midaynta Association
of
Somali Services Agencies**

Toronto, Ontario

February 2003

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ABSTRACT

The purpose of this research was to understand the nature and practice of gambling and problem gambling in the Somali community in Toronto, Ontario, Canada, and to explore and address the socio-cultural issues of problem gamblers as well as their behaviours and/or preferences in seeking the necessary assistance and support that is needed.

The research was part of a larger project of eight ethno-cultural communities in the Toronto and Windsor/Essex County area with the aim of using the findings to design and develop a greater understanding that presumably will lead to improved problem gambling prevention, education and treatment services. The research project was funded by the Ontario Problem Gambling Research Centre and administered by COSTI Immigrant Services under the direction and supervision of Dr. Harold Wynne, the Principal Investigator and Dr. John McCready, the Co-Investigator and Project Manager.

The study was descriptive in nature and employed a Participatory Action Research methodology. Accordingly, a cross-section representation of the Somali community served as the Local Research Advisory Committee (LRAC) and it drove the whole research process from planning to data collection, analysis, interpretation and development of the findings and conclusions. Data for the research was collected using three primary research methods: community survey, focus groups and case study interviews of problem gamblers.

A survey of 159 members of the community was conducted randomly through semi-structured questionnaire. Also, a cross-section sampling population was drawn from the community to serve as focus groups, which had a balanced composition of gender, age and geographic locations and included youth, both male and female, and adults, including seniors and religious leaders, all across the City of Toronto. Furthermore, six problem gamblers were interviewed extensively using open-ended questions that were culturally and linguistically appropriate and acceptable and that encouraged and motivated them to talk freely and honestly.

Although the research project staff faced a great deal of rejection and negative responses, due to the stigma and cultural taboo, yet it was discovered that members of the Somali community in the City practice gambling. More than half of those approached for survey and/or interview turned down the request and declined to participate.

It was also discovered that a few of those who gambled were willing to seek help but were not aware of culturally appropriate facilities in the City. Accordingly, educational and awareness programs of treatment, intervention and prevention, within the context of the community, could serve to mitigate and alleviate the impacts of problem gambling on the community.

1. INTRODUCTION

1.1 Background

In Toronto, as in other major cities throughout the world, problem gambling has been acknowledged to be a very serious emerging socio-economic issue. It has been acknowledged that the gaming industry is the fastest growing industry in Ontario. During the past decade, a surprising and soaring increase in casinos, bingo facilities, lotteries, slot machines, sports betting, and internet gambling have been observed.

Toronto is the most diverse and multicultural city in the world, with approximately 52% of its population representing immigrants from 160 different countries, and with over 100 written and spoken languages and dialects. It also hosts a multitude of games, cultures, civilizations and social settings. The sub-cultural groups practice their own rituals, hobbies and businesses. Each ethnic community has its own norms, values, and virtues. This rich mix of cultures encourages assimilation and interchange of ideas, thereby creating a common pool of derivative games such as gambling.

In November 2000, the Ontario Problem Gambling Research Centre (OPGRC) put out a call for letters of intent to conduct problem gambling research on some of the ethno-cultural communities in Ontario. The communities and agencies that submitted letters of intent to conduct problem gambling research and others that were invited by the OPGRC to participate included the following:

Toronto

South Asian Community (South Asian Women's Centre)
InterCede and San Lorenzo Ruiz Filipino-Canadian Community Centre
Arab Community Centre of Toronto;
Afghan Association of Ontario;
Greek Community;
Midaynta Association of Somali Service Agencies.

Windsor/Essex County

South Asian Community Centre;
Jewish Community Centre.

One of the key participants and community agency partners, COSTI Immigrant Services recommended that Midaynta, Association of Somali Service Agencies, be invited to participate in the project to represent the ethnic communities serving immigrants from Africa.

1.2 Participants

Midaynta, a Somali term which means "family reunification", is an association of Somali service-providing agencies and was established in Toronto in 1993 in an attempt to respond to the community concerns and needs of providing linguistically and culturally sensitive services, especially in the area of reunifying those families that were separated by the civil wars in Somalia. The mission statement of the organization is to improve the quality of life of the Somali-Canadians in Metropolitan Toronto through community consultations, public education, settlement and immigration services, employment and training and community development programs and services.

Midaynta Association of Somali Service Agencies has 19 member agencies, 14 of which are Somali organizations and 5 of which are non-Somali agencies. The members collectively and individually serve the community and maintain strong working relationships that make their services effective, efficient and easily accessible from different sites across the City.

The organization's mandate is to improve the quality of life of the Somali-Canadians by assisting individuals and families with adjustment, settlement and integration while recognizing traditional Somali cultural and family values. The services and programs of the organization include counseling, dissemination of information, orientation of newcomers, referral, advocacy and representation, legal assistance, education, child protection, youth leadership development, housing and mental health support services. In the course of conducting the research project on gambling and problem gambling in the Somali community in Toronto, Midaynta, as the sponsoring agency, has organized and formed a Local Research Advisory Committee (LRAC) comprising of the following:

- | | | |
|----|--------------------|---|
| 1. | Mr. Ibrahim Absiye | Executive Director, Midaynta |
| 2. | Dr. Mohamed Tabit | Program Manager, Midaynta |
| 3. | Mr. Mohamud Khalif | Settlement Counsellor, Midaynta |
| 4. | Ms. Sofia Shire | Job Search Coordinator, CultureLink |
| 5. | Ms. Asha Tifow | Child Protection Counsellor, Somali Immigrant |
| 6. | Dr. Mohamed Ali | Medical Doctor & community leader |
| 7. | Mr. Mohamed Hassan | Religious Scholar & community leader |
| 8. | Mr. Mire Iro | President, Ogaden Somali Community Assoc. |

The consultations, directions and feedback information provided, on constant basis, by the LRAC have kept the research activities on plan, budget and contributed successfully to the collection of high quality data for the project. The research project staff team included the following:

- | | | |
|----|--------------------|----------------------|
| 1. | Mr. Ibrahim Absiye | Research Coordinator |
| 2. | Ms. Shugri Samater | Research Assistant |
| 3. | Mr. Ali Sharrif | Research Assistant |
| 4. | Mr. Idris Madar | Research Assistant |

Additionally, the research included extensive consultations with the major religious and spiritual centres of the Somali community, particularly Khalid Bin Waleed Mosque staff and other prominent scholars in the Islamic faith.

2. COMMUNITY DESCRIPTION

The Somali community is a relatively new community in Canada. Over 80% of the community in Toronto has been in Canada since 1988. The vast majority came as refugees after civil war broke out in Somalia. The community is unevenly distributed across Toronto. Most Somalis live in Etobicoke and Scarborough, but there are pockets of the community members scattered throughout the City, particularly North York and York communities.

More than half of the community, estimated to be between 80,000 and 100,000, are women and children. The majority of women are single parents with limited educational backgrounds that have difficulties in finding jobs and integrating. The arrival of the Somali refugees, who are more than 99% Muslims, has generated challenges that have been difficult to meet. Large segments of the new arrivals also were from rural Somalia and life in a big city like Toronto presented challenges that these refugees have found hard to overcome ten years after their arrival. Adapting to the Canadian society is a major challenge.

The population of Somalia was approximately 7 million before the civil war that caused many to flee to other lands and hundreds of thousands of deaths. Ethnically and linguistically, Somalis belong to the Cushitic race. They all speak Somali, a language that has been written only in 1973. The conversion of Somalis to Islam happened soon after the religion's arrival in the 7th century. As a result, the country has a long historical association with Arab countries. In the days of Pharaoh, Egyptians called Somalia the "Land of Punt" and they went to Somalia to purchase frankincense and other aromatic cosmetics. Somalis also had a historical trade association with the peoples of the Arabian Peninsula, an association that left its mark on the culture of Somalis.

Language and cultural barriers and immigration restrictions have prevented a smooth path to the integration and settlement process. A significant portion of the community does not speak English, but, according to some studies, engagement in educational pursuits has grown with greater length of residence in Canada. Only about 27%, according to one study, who had been in Canada for 9 or more years, had completed some educational programs in Canada (Opoku-Dapaah, 1995). Many Somalis, particularly those with limited education, still rely on social networks comprised of friends, relatives and Somali community organizations for meeting their settlement needs. Significant numbers of Somalis are still Conventional Refugees and Landed Immigrants because of immigration rules that significantly delay attainment of citizenship. The Department of Immigration created rules that lengthened the waiting period for citizenship because the vast majority came as refugees with no identification papers.

Somalis are racially, religiously, ethnically and linguistically homogenous. They don't have racial and ethnic minorities. Instead of tribes, as in sub-Saharan Africa, there are clans in Somalia. Britain and Italy colonized the East African country in the 19th century. The British ruled north Somalia and Italy the south. As a consequence, Somalis from the south speak Italian as a second language and the northerners speak English. The two colonies united and got their independence on July 1, 1960.

The transplantation of Somali refugees to Canada, a social group whose socio-cultural practices and religious affiliations are at variance with mainstream Canadian values, has

generated challenging hurdles associated with the settlement and integration process. The limited exposure of the refugees to both technology and English language has hampered effective participation in socio-economic activities. On the other hand, those who possess academic qualifications and professional skills have been somewhat unsuccessful in utilizing their education for social and economic progress in Canada due to “lack of Canadian experience” and lack of recognition of their foreign credentials.

The chewing of Qat (*Catha edulis* in botanical terminology), a chewy leaf that acts a stimulant, was part of the social fabric in Somalia. It is also perfectly legal in some European countries like Britain. However, its prohibition and criminalization of the Canadian Government in 1998 has added layers of law enforcement pressures to the anguish and settlement challenges of the Somali community. The action of banning Qat suddenly landed many in trouble. Many found themselves ensnared in the justice system for doing what their ancestors have been doing for centuries; chewing Qat at home as a means of social entertainment.

The prolonged immigration process, which hampers settlement and integration of the community, the exposure to the new western culture and the numerous cultural, communication and racial barriers have resulted in many members of the community to experience significant mental health and adjustment problems. Since 1996 there have been more than 22 cases of suicide in the community. Somali community leaders have frequently expressed deep concerns about the mental health problems in the community, a sharp rise in substance abuse and gambling among the youth. Despite a marked need for mental health care, Somalis are often hesitant to access mainstream mental health services in the City, mainly due to cultural and linguistic barriers. Instead, they seek assistance from settlement workers, religious leaders, respected community elders and/or traditional healers. On the other hand, the community shows a great deal of flexibility in redefining aspects of its culture and creating convergence and harmony with the adopted country. The evolving and changing mores of the community towards certain issues, such as female genital mutilation for instance, promises successful but slow integration process into the society in which they live. While female genital mutilation was a broadly accepted custom in the old country, exposure to western values and human rights education have had an effect and many in the Somali community now feel confident enough to reject the old ways.

Today, the Somali community in Toronto is still trying to adjust to a lifestyle, language and culture very different from its own. The process of cultural evolution goes on slowly amidst die-hard social and traditional mores brought over from the old country. Among the Toronto Somali community are poets and musicians who attract Somalis living in the U.S., Europe, and Asia to Toronto for cultural nights of music and social revival. As Margaret Lawrence wrote of the Somalis when she visited the country in the early 20th century, Somalis are a “nation of poets”.

In spite of the challenges and struggles facing members of the Somalis here in Toronto, community members nevertheless remain optimistic about their future in Canada. The Somali struggle to become a self-sufficient part of Canada’s mosaic society is a struggle that will, over time, become easier as the community slowly integrates.

3. RESEARCH

3.1 Literature Review

There are few studies that deal directly with the socio-economic issues of the Somali community in Toronto. Almost all the available data about the community deals with settlement and integration experiences of the Somali refugees. Hence, this research is the first of its kind ever done on the Somali community.

In this study, background information on the Somali community was often derived from other studies on immigration, culture, religion and socio-economic status of Somalis in Canada. By way of a summary bibliography, the following books, reports and articles have been reviewed to extract relevant information for this project:

Somali Immigrant Aid Organization. A Sense of Belonging: Somali Settlement Experiences in Canada. Toronto: Somali Immigrant Aid Organization, 1988.

Opoku-Dapaah, Edward. Somali Refugees in Toronto: A Profile. Centre for Refugee Studies, York University. Toronto: York Lanes Press, 1995.

Siad, Abdulrazak. Findings on the Somali Community in the City of New York. Toronto: York Community Services, 1991.

Ornstein, Michael. Ethno-racial Inequality in the City of Toronto: An Analysis of the 1996 Census. Toronto: City of Toronto, Access and Equity Unit, 2000.

Israelite, N., Herman, A., Alim, F., Mohamed, H., and Khan, Y. Settlement Experiences of Somali Refugee Women in Toronto. Presentation for the 7th International Congress of Somali Studies, York University, 1999.

Elmi, Abdillahi. A Study on the Mental Health Needs of the Somali Community in Toronto. Toronto: York Community Services and Rexdale Community Health Services, 1999.

Scott, Jacqueline. A Study of the Settlement Experiences of Eritrean and Somali Parents in Toronto. Toronto: Praxis Research and Training, 2001.

Peacebuilding and Health Promotion Team. Horn of Africa Diaspora Communities in Toronto: A Preliminary Review of Health Promotion Issues. Lawrence Heights Community Health Centre, Community Peacebuilding and Health Promotion Program, 2002.

McGown, Rima. Muslims in the Diaspora: The Somali Communities in London and Toronto. Toronto: University of Toronto Press, 1999.

Rothe, Peter. Understanding Qualitative Research. Edmonton: The University of Alberta Press, 2000.

Community Resources Consultants of Toronto, Dejinta Beesha, Midaynta Association of Somali Service Agencies, and Somali Immigrant Aid Organization. Somali Mental Health Resource Guide: A Partnership Project of Centre for Addiction and Mental Health. Toronto: Community Resources Consultants of Toronto, 2000.

In reviewing the above literature and in talking to authoritative writers, historians and academics on Somalia, there has never been a written mention of gambling practices in the Somali community, both in Canada and in Somalia, maybe because gambling (playing Somali poker) was an accepted and unquestioned social practice in the old country. Hence, this research project is the first attempt in documenting the depth and breadth of gambling in the community and will naturally serve as a first step to the development of a greater understanding of problem gambling in the Toronto Somali community.

3.2 Purpose and Goals

The purpose of this research was to understand the nature and practice of gambling and problem gambling in the Somali community in Toronto, and to explore and address the socio-economic issues of problem gamblers as well as their behaviours and/or preferences in seeking the necessary assistance and support that is needed. The findings in this research will be used to advocate for the design and development of prevention, education and treatment services tailored to the needs of the Somali community.

The Somali community based its research on five overarching research goals. These goals were as follows:

1. To describe the nature and practice of gambling as a community socio-cultural activity;
2. To describe the definition, characteristic and pervasiveness of problem gambling in the Somali community;
3. To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values);
4. To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others; and
5. To develop an "action plan" designed to address problem gambling issues identified through the community research.

The "action plan" is the fifth goal that will be based on the findings of this research, and will be used to develop important preventive, educational and intervention resources, programs and services and pursued as a second phase to the project.

3.3 Research Questions

Within the first four goals, the research questions below formed the guiding framework of the research process and activities, including planning, data collection methods, analysis, reporting findings and conclusions.

Goal # 1: Nature and Practice

- What is the “perceived” prevalence of gambling in the Somali community, and what types of gambling activities do they practice and why?
- Where and when do the community members gamble?

Goal # 2: Definition, Characteristic and Pervasiveness

- What are the behaviours attributable to problem gamblers in the Somali community in Toronto?
- What are the consequences to their families and to the community?
- What do Somali community members define as “problem gambling”?

Goal # 3: Knowledge, Awareness, Values and Attitudes

- How knowledgeable are problem gamblers and the community about problem gambling?
- What are community members’ attitudes and values towards those with gambling problems?

Goal # 4: Help-seeking Preferences

- What are the preferences of problem gamblers and the community at large in seeking help?
- Are there culturally and linguistically appropriate resources available to help those with problem gambling?

3.4 Methods

Data for the research was collected using three primary research methods: community survey, focus groups and case study interviews. Some 159 members of the community completed the survey that was used in this study. Another 60 people participated in the focus groups that discussed and deliberated the issues relating to gambling and problem gambling in the Somali community. Furthermore, six problem gamblers were interviewed on one-to-one basis and their stories recorded and transcribed. A total of 225 people have participated in this study.

Secondary research information was also drawn from reviews of a wide range of literature written about the community as well as from valuable consultations, feedback and advice from members of the Local Research Advisory Committee (LRAC) and community leaders. Researchers’ field notes also captured important issues relating to the community’s perceptions and problems about gambling and related social issues.

3.4.1 Data Collection

This research strived to obtain data and information about gambling and problem gambling within the Somali community in Toronto from as large a group as possible. It has also attempted to review and analyze a wide range of literature and documents written about the Somali community in Canada.

Document Analysis

A wide range of material written about the Somali community in Canada was reviewed and analyzed. However, almost all of the documents dealt with the settlement and integration process. There were no written materials about the community's gambling activities at all.

Community Survey

The main research tool was a community survey, which covered five key areas corresponding to the goals of the research: nature and practice of gambling; definition, characteristic and Pervasiveness; knowledge, awareness, values and attitudes; and help-seeking preferences. The survey also included a demographics section that dealt with the community's income, employment, education, legal status and length of residence in Canada. One hundred and fifty-nine (159) people participated in answering this survey, which was offered in both English and Somali languages.

The survey was accompanied by written notes and verbal explanations outlining the goals of the project, the people and agencies involved and the steps taken to keep the respondents' information confidential and anonymous. All respondents were also informed that the research outcome would be shared with them once it became a final and public document.

Focus Groups

Various major components of the community were brought in as focus groups. Five different age and gender groups were selected to participate in the focus groups as follows:

<u>Group</u>	<u>Number</u>	
Male Youth	10	from different high schools/colleges across Toronto;
Female Youth	10	from different high schools/colleges across Toronto;
Adult women	10	from different locations, with different backgrounds;
Adult men	10	from different locations, with different backgrounds;
Mixed seniors & Religious leaders	20	from different parts of the City.

Case Study Interviews

Six case studies were conducted on problem gamblers (PGs), three youths and three adults, who were interviewed extensively over a period of one month. The primary purpose of these interviews was to obtain as much information as possible from the problem gamblers with respect to their addiction to gambling as well as their preferences and behaviours in seeking help for their problems.

The research project team recruited the problem gamblers through contacts and friends. Some of them were located dealing at Casino Rama. Due to the cultural taboo and stigma attached to gambling, it was difficult to persuade these individuals to be interviewed. However, the team has succeeded in convincing the PGs by absolute assurances of confidentiality of their information and anonymity of their identity. They were also entertained and invited to eat out at their choice of restaurants.

The degree of the gambling problems was determined based on what others, who knew them, thought were troubling experiences as well as the concerns of their families and friends, such as their financial debt, poor health, family and other relationship maintenance, and frequency of their gambling related problems.

Field Notes and Observations

The three research assistants kept field notes about their experiences and observations in the process of conducting surveys, focus group discussions and interviewing case study interviewees. A summary of their notes, observations and recollections is presented as part of the findings and conclusions of this study.

3.4.2 Data Collection Tools

Community Survey

The main research tool of this study was the community survey questionnaire. This questionnaire was developed and prepared using the Ontario Problem Gambling Index sample and with adjustments for cultural appropriateness and suitability where necessary (see Appendix I). Furthermore, the survey was printed in English and Somali and conducted in both languages depending on the language preferences of the respondents. The survey was also accompanied by an explanation outlining the goals of the project, the sponsoring agency and what steps would be taken to keep the respondents' information confidential and anonymous.

Focus Groups

The second research data collection tool was a set of focus groups questionnaires prepared both in English and Somali (see Appendix II). The facilitators used the same set of questions for the five different groups that participated in the study. Their responses and discussions were recorded on flip charts as well as cassette tapes. The focus group questionnaires followed closely and were in some cases very similar to the main research questions. They also covered the major research goal topics. Discussions were some times heated and very emotional at other times.

Case Study Interviews

The third research data collection tool involved interview questions for six case studies on problem gamblers. The case study interviews were developed using open-ended questions that were culturally and linguistically appropriate and acceptable and that encouraged and motivated the interviewees to speak freely and honestly about their life history and gambling habit (see Appendix III). The interviews were recorded on tape recorders and conducted both in Somali and English languages, depending on the preference of the interviewees. These case study interviews were conducted on one-on-one basis and with a commitment of total confidentiality and anonymity of the identity of the interviewees. The case studies interview transcripts are provided in Appendix IV.

Field Notes and Observations

Whereas no specific tool was used, a summary of the field notes and observations appears in Appendix V.

3.4.3 Data Analysis

A total of 225 people participated in this study. Sixty-six percent (66%), or 149 were male and 34% or 76 were females. Data and information collected through community survey, focus groups and case study interviews were analyzed using both quantitative and qualitative methods.

Statistical Analysis

The community survey data was analyzed using quantitative analysis. The data was entered into an Excel spreadsheet and tabulated in accordance with the survey questionnaire. The results were totaled for each question and were analyzed using descriptive statistics such as percentages. In this study, the quantitative statistical information is presented in the findings section of this study in the form of tables (Table 1 through 18) for ease of presentation and analysis.

Content Analysis

A great deal of qualitative content analysis of the notes and tape-recorded focus group discussions and case study interviews was conducted. Most of the content analysis involved looking for certain words and phrases that conveyed significant ideas about how respondents reacted to and described certain issues. We tried to analyze practices, perceptions, values and behaviours by quoting the key informants' impressions and attitudes in quotations and/or parenthesis. The translated case study transcripts are attached (see Appendix IV).

3.5 Limitations

There were a few limitations to this study. First, there was reluctance for people to participate in the study and many refused. Second, there was an apparent lack of gender balance in the sample population. Nearly two-thirds (149 out of 225) were male. This was because of the reluctance of Somali women to openly discuss culturally and religiously unacceptable activities such as gambling. These limitations could dilute the results and findings of the study with some degree of bias.

Thirdly, the sample size was too small to give enough representation of the general community. A larger sample could have provided greater confidence of the results.

Fourthly, the relationship between problem gambling and Qat-chewing was obvious from the responses of most of the participants. However, this study did not attempt to find out what proportion of the community actually chews Qat and at the same time gambles. This could warrant a separate a study, as the connection was alarmingly worrisome.

4. FINDINGS

Goal One: Nature & Practice

Question 1: What is the “perceived” prevalence of gambling in the Somali community, and what types of gambling activities do they practice and why?

Community Survey

The survey of 159 members of the Somali community in Toronto showed that, in the past year, 94 (59%) of the respondents gambled. The types of gambling activities the community practiced are shown in Table 1 below:

TABLE 1
Prevalence of Gambling in the Somali Community

Gambling activities practiced by the Somali community in Toronto.	N	%
None	65	41%
Lottery tickets	28	18%
Casino/Bingo	10	6%
Electronic and Internet	4	3%
Sports betting	7	4%
Turub – Somali Poker	40	25%
Others (Billiard, Pool, Slot Machines, etc)	5	3%
Total	159	100%

The survey showed that, of the 94 gamblers who gambled last year, a sizeable portion, 43% played “Turub” – Somali poker, while 30%, mostly women and low-income groups, bought lottery tickets. Eleven percent (11%), mostly youth, gambled at the Casinos and Bingo halls (see Table 2).

TABLE 2
Distribution of Gambling Activities

Types of Gambling practiced by the community	N	%
Lottery tickets	28	30%
Casino/Bingo	10	11%
Electronic and Internet	4	4%
Sports betting	7	7%
Turub – Somali Poker	40	43%
Others (Billiard, Pool, Slot Machines, etc)	5	5%
Total	94	100%

When asked about reasons for gambling, 39% of the gamblers said they did it to win money. Twelve percent (12%) played it for entertainment or fun (see Table 3). However, almost one third (29%), have declined to respond.

TABLE 3
Reasons for Gambling

Main reasons for gambling	N	%
To win money	37	39%
For entertainment or fun	11	12%
As a hobby	8	9%
To kill the time	4	4%
Out of curiosity	5	5%
Others	2	2%
Declined	27	29%
Total	94	100%

When asked how often they participated in a gambling activity within the past 12 months, 17% of the gamblers said they do so on a daily basis, 29% played it weekly and 30% gambled once or twice a month (see Table 4).

TABLE 4
Frequency of Gambling Practice

Frequency of gambling practice	N	%
Daily	16	17%
Weekly	27	29%
Once or twice a month	28	30%
Once in a blue moon	8	8%
Don't know	4	4%
Declined	11	12%
Total	94	100%

TABLE 5
Time Spent Gambling Each Time

Length of time spent on gambling	N	%
1 minute – 480 minutes (up to 8 hours)	54	57%
8 hours – 10 hours	9	10%
More than 10 hours	5	5%
Don't know (cannot remember)	21	23%
Declined	5	5%
Total	94	100%

We then looked at the length of time that the gamblers spent on gambling at each time. As shown in Table 5 below, more than half of the gamblers, 57%, spent up to 8 hours on gambling at each time they gambled within the past 12 months. Another 10% said they spent between 8 and 10 hours, and 23% said they could not remember it.

Focus Groups

Male Youth

Seventy percent (70%) of the male youth group admitted to playing one or more types of gambling within the past year. Most of them mentioned “relieving stress and boredom” as one of the reasons for gambling. “The thrill of winning” was mentioned as well. “To make quick money” and the possibilities of “a sudden cash windfall” came up frequently.

The male youth group identified a long list of types of gambling prevalent in the community. The list included dealing “Turub” (Somali Poker), Casino, Bingo, Slot Machines, Internet, Lotteries, Pool & Billiard, and Sports Betting.

Female Youth

Unlike the guys, the young women in the female youth focus group gave low-key responses. It became evident that gambling was an uncomfortable topic. Women in Somali culture just don’t discuss controversial issues such as gambling and other vices as openly as the men. Because they are future mothers, their natural instinct was to condemn such things as gambling, drugs and alcohol use to protect young ones. Only 20% admitted to purchasing lottery tickets.

So the list of the types of gambling activities practiced by the young women in the community was rather short. It consisted mainly of purchasing lottery tickets “once a while” as one emphasized, and “occasional purchasing of scratch-and-win tickets”, another girl added. There were no experienced gamblers among the young women in the female youth group. Many of the participants gave second or third hand information on the topic. “I know a girl who plays for money and who one day won \$1,000.00 when she bought a scratch-and-win ticket”, said one of the young ladies. “She was so thrilled she started buying the tickets more regularly but soon friends shamed her into giving up the habit she was developing”, she added.

Male Adults

Among the male adults, the list of gambling activities was long. It included Lotteries, Sports Betting, Bingo, Pool/Billiard, Somali Poker and Black Jack. Some of the male adults said they gambled to relieve boredom, to win big and to get out of the poverty. One man said playing Lotto 649, for him, was “the gateway to the Canadian dream”.

Many of the male adult group, 40%, said they wanted to win a lot of money. One of the participants said that Fridays were his favourite day because, “this is the day I go out and, instead of drinking, which my religion and culture don’t allow, play a few rounds of Turub (Poker)”.

Female Adults

The female adults gave different responses than the men. Their responses were much more guarded. Many showed discomfort with the subject. Some laughed nervously, but most of them opposed to gambling of all sorts. They mentioned religion and culture, but above all, they said, “it would devastate the family and could lead to financial ruins”. A vast majority of the adult women said they didn’t gamble.

Three women or 30% admitted to gambling when they said they regularly purchased the Lotto 649. One woman said she picked up the habit from the TV ads that “tell you that freedom is tied to winning millions in Lotto 649. I watched this everyday and I decided

that it is time I tried my luck". She said she had been "hooked ever since, but I don't win anything. I keep thinking that the next time I would win, but I have been doing it for three years with no wins, nothing, zero", she laughed.

The women who admitted to gambling said they bought Lotto 649, which they believed to be a form of a harmless or benign gambling.

Mixed Senior and Religious Leader

Both the mixed seniors and the religious leaders declared their unwillingness to discuss the subject. They questioned the usefulness of the research and the research team's motives. There was a lot of talk about painting the community in negative light. One religious leader said, "we oppose to the use Qat, gambling, drug use, alcohol use and other bad things, but what good will this discussion do us? It will only make our community look bad".

These groups took the position of the religious (Islamic) teachings on gambling and all other vices. "Gambling is simply a sin and wrong", one senior man declared. The senior ladies mostly kept quiet and occasionally whispered to each other to express their disapproval.

These groups had very little knowledge of the types of gambling out there and kept quoting verses from the Quran and the Prophet's teachings that prohibit the practice of gambling. However, most of them were aware that some members of the community were involved in this "sinful game", according to one of the Imaams.

Case Study Interviews

The research project team has conducted extensive interviews of these problem gamblers, using open-ended questions that were culturally and linguistically appropriate and acceptable and that encouraged and motivated them to speak freely and frankly about their life histories and gambling habits.

All six PGs have identified a long list of types of gambling. The lists included Casio, Bingo, Poker and Black Jack, Slot Machines, Sports Betting, Pool/Billiard and Internet gambling games. Each one of them spoke highly of his favourite game and how he has started playing it. Almost all of them played their games for money and for the "hope of winning big one day".

Question 2: Where and when do the community members gamble?

Community Survey

Although the survey did not directly cover where and when do the community members gambled, it is very well known to the community that almost 80% of the gambling activities take place at the Somali social clubs in Etobicoke and Scarborough. These games are dealt exclusively in the night times and especially throughout weekend nights.

Focus Groups

Male Youth

The male youth focus group revealed that some of their friends go to casinos to gamble frequently. One youth participant said, “a friend of mine goes to Casino Rama or Casino Niagara once a month on a chartered bus. He looks like a very important person on the day the bus comes to take him to the Casino”. Another young man said, “we play pool and billiards on the weekends for money at the Banadir Hall in Etobicoke”.

Female Youth

The female youth group was only aware of where to buy lottery tickets, namely the variety stores in their neighbourhoods. Most in the group agreed that these lottery tickets were available at any time any one wanted to buy them.

Male Adults

Almost every one in the male adult focus group was familiar with poker and billiard clubs. They said they go to Somali social clubs in Etobicoke and Scarborough to play pool and poker on the weekends and some time weeknights.

Female Adults

Most women kept talking about what they perceived as problem gambling among their husbands. They said they believed that there was a lot of problem gambling going on in the Somali social clubs. They said their husbands played Turub and chewed Qat every Friday and Saturday night there.

Mixed seniors and Religious Leaders

Although these groups were aware of the fact that gambling activities were taking place at the social clubs, yet they did not want to discuss the subject.

Case Study Interviews

All six interviewees in this group identified their favourite gambling places and times. One of these men mentioned “my Etobicoke social club where I chew Qat and play poker all weekend”. Another one said, “I play black jack at the Casinos regularly”. Most of them were regular customers at the corner store where they couldn’t resist buying a lot of lottery tickets, especially when they saw the ads that said, “today win ten million dollars”.

Goal Two: Definition, Characteristic and Pervasiveness

Question 1: What are the behaviours attributable to problem gamblers in the Somali community in Toronto?

Community Survey

According to the survey, the behaviours attributable to problem gamblers in the Somali community included aggressive borrowing to finance their gambling and lack of will power to cut down, control or quit their gambling activities. Table 6 shows the results of responses to the question of how often have you bet more money than you could really afford to lose. Forty six percent (46%) of those surveyed said they ‘sometimes’ bet more than they could afford to lose. Another 17% admitted they did so ‘most of the time’.

TABLE 6
Betting More than Budget

How often have you bet more money than you could really afford to lose?	N	%
Never	10	11%
Sometimes	43	46%
Most of the time	16	17%
Almost always	5	5%
Don't know (cannot remember)	7	7%
Declined	13	14%
Total	94	100%

In assessing the degree of addiction among those who gambled in the past year, the data indicated that 20% tried to quit, cut down or control their gambling but were unable to do so 'most of the time' (see Table 7).

TABLE 7
Degree of Addiction

Have you tried to quit, cut down or control your gambling but were unable to do so?	N	%
Never	16	17%
Sometimes	11	12%
Most of the time	19	20%
Almost always	11	12%
Don't know	13	14%
Declined	24	25%
Total	94	100%

Focus Groups

Male Youth

Most of the youth agreed that problem gambling is the kind of gambling that leads to "social dysfunction." They defined problem gambling as "addictive gambling" where the gambler has to always have money to gamble. One of the youth said, "problem gambling causes family problems such as divorce, abuse in relationships, homelessness, financial dysfunction and conflict in the family unit."

The male youth group agreed that problem gamblers are always broke and have no money." An 18-year old said that it is easy to start drinking in casinos and eventually start taking drugs because all of these things go hand-in-hand." Another added that even gambling in Somali cultural settings encourages Turub players to get hooked on drugs. "The best example", he said, "is found in poker clubs in the community where men chew Qat while playing Turub for money. Over half of the group agreed that problem gambling exists in the Somali community.

Female Youth

Most in the group agreed that when gambling gets out of hand and starts to consume the individual and his finances, it becomes problem gambling. One young lady said, “when a guy, and it is usually guys, starts spending all his time and money on gambling and it hurts his relations with others, including his family, that is when it becomes a problem”.

Another one said, “when someone starts borrowing money, after spending his own, to fuel gambling, that is when they have crossed the line between gambling and problem gambling”. There were different views on the topic of problem gambling in the room. But most agreed that the impact of problem gambling on the family’s lifestyle, finances and the gambler’s health were the basis of the negative perception of the game in the community.

One of the participants in the group said “when gambling becomes a ‘profession’, the consequences can be severe”. The group agreed that the family can be uprooted from its home when addiction replaces caution in gambling, and children could be hurt and their future affected negatively. Some of the participants said that it was against Islamic tradition to gamble and endanger your family. “The Quran, the holy text of the Muslims, forbids gambling”, said one of the young ladies in the room.

Male Adults

Over 50% of the men in this group said that they were not problem gamblers. They thought of problem gambling as the type of gambling that only goes on in casino and bingo halls. “If I was a frequent visitor of casinos and bingo halls, then I would be worried. But everything else, if done in moderation, is not problem gambling”, one said.

Many agreed that in Somali social clubs, Turub (poker) is played. Most of the players also use Qat, the leafy twigs used by the people in the community socially for its stimulation. This is because the vast majority of the Somalis don’t use alcohol for cultural and religious reasons. “Qat goes hand in hand with Turub, billiard and pool in Somali social clubs. The gambling is more enjoyable and endurable if people are also using Qat and drinking black tea to enhance its effects”, said one man. “The best Turub gambling is where in a small smoke-filled social club where the players have within easy reach a bundle of Qat and a cup of black tea”, said another. “This is the best entertainment for gamblers. Also Somali music plays in the background and a TV set flickers at the corner where no one watches”, he added.

Most of the Turub is played on weekends. This is the time that Qat is available in the black market. Qat is usually smuggled into Toronto clandestinely through the Pearson International Airport mainly on weekends. Most said Qat and Turub have been a traditional combination in the Somali community. It is a form of entertainment that has been going on for generations in Somalia. Somali refugees have brought the custom to Canada in the late 1980’s and early 1990’s. Only Somalis play Turub in social clubs where Qat is in use.

Female Adults

The women kept talking about what they perceived as problem gambling among their husbands. They said they believed that there was a lot of problem gambling going on in the Somali social clubs. One said, “my husband plays Turub every Friday and Saturday night. We are constantly fighting about this because he comes home very early the next

morning. On top of Turub, which consumes a lot of our money, he also chews Qat at the social club. Qat is very expensive and cuts holes in our family budget. I don't know how much money he spends on this because he never tells me, but I know that my family is in trouble because we never have enough to spend on our needs at home even though my husband has a full time job that pays relatively well. This is problem gambling for me, but my husband doesn't believe that he is a problem gambler. I have tried to get him to seek help, but he angrily refuses saying he doesn't have a problem and that I am the one with the problems". After this long confession, the woman broke down into tears and cried. Others tried to comfort her and she calmed down after a while.

Mixed Seniors and Religious Leaders

These groups stood firmly against gambling and viewed gamblers, no matter what degree of problem they were in, as sinners. According to this group, there was no difference between gamblers and problem gamblers. They were all wrongdoers and a shame to the community and the faith.

Case Study Interviews

According to the interviewees, the behaviours attributable to problem gamblers in the community could include illusory indulgence. They argued that gambling is a habit and not a problem. They said that it was a hobby, fun and recreation. They paid very little attention to the cultural and religious traditions and ignored the norms of the community.

Almost half of the problem gamblers admitted that it caused a lot in terms finances, time and health, but they said they didn't want to quit it. For them the dream was very real.

Question 2: What are the consequences to their families and to the community?

Community Survey

The survey data showed that 42% of the people who have gambled admitted that their gambling has 'sometimes' caused problems between them and their family members and friends. Those who said have problems with families and friends 'almost always' accounted for 12% of the gamblers.

TABLE 8
Social Consequences

How often has your gambling caused problems between you & family members/friends?	N	%
Never	16	17%
Sometimes	40	42%
Most of the time	3	3%
Almost always	11	12%
Don't know	13	14%
Declined	11	12%
Total	94	100%

When the respondents were asked whether or not their gambling has caused any financial problems for themselves or their families, 17% said 'sometimes', 12% said 'most of the time' and another 12% 'almost always' (see Table 9).

TABLE 9
Financial Consequences

Has your gambling caused any financial problems for you or your family?	N	%
Never	37	39%
Sometimes	16	17%
Most of the time	11	12%
Almost always	11	12%
Don't know	11	12%
Declined	8	8%
Total	94	100%

Focus Groups

Male Youth

Most of the male youth agreed that the consequences of problem gambling to their families and to the community included family problems such as divorce, abuse in relationships, homelessness, financial dysfunction and major conflicts in the family unit.

Female Youth

The female youth all agreed that the impact of problem gambling on the family's lifestyle and finances were the basis of the negative perception of the game in the community. They said the family could be uprooted from its home when addiction replaces caution in gambling, and children could be hurt and their future affected negatively.

Male Adults

The group was united in their assessment that problem gambling exists in the Somali community. They further said that they all knew people who had serious problems with Turub and Qat. They said they knew people who neglected their families and friends so they could play Turub and chew Qat all night.

Female Adults

All the women in the group agreed that there was a problem with gambling in the community. They said this was a threat to family unit and prosperity. The women had a lot to say about Turub and Qat, a combination of popular but costly entertainment that has kept its roots intact in the Somali community. It was mostly men who have indulged, but also some women have been known to play Turub and chew Qat. One woman emotionally said, "when our husbands are chewing Qat and playing Turub, they smoke a lot. They don't eat well. They don't know whether their children ate well or did their school homework."

Mixed Seniors and Religious Leaders

The seniors and religious leaders kept quoting verses from the Quran, "O you who believe! Satan's plan is to incite enmity and hatred between you with intoxicants and

gambling, and hinder you from the remembrance of God and prayer: Will you not abstain”.

The groups agreed that it was clear from this verse that gambling has in it the following evils:

- a. It creates hatred and enmity amongst gamblers. Generally the loser will hold a grudge against the winner who has deprived him/her of his/her wealth, which will result in family feuds, killing, murder, etc. “This is a material and worldly loss”, they said.
- b. It prevents the gambler from remembering and worshiping God and he/she becomes heedless of devotion to God. “This is a spiritual and religious loss”, one of the men quoted from the Quran.

Case Study Interviews

One of the Problem Gamblers said that his family members didn’t even know he was involved in gambling. Another one said his family and friends knew about it and they tolerated it because, he said, he provided “everything for my family”. “We are trying to integrate into the Canadian society so we try not to be too influenced by Somali culture”, he added.

All of the interviewees admitted to having family problems at some point in their lives due to their gambling activities, but they all insisted that the situations were always under control. All of the problem gamblers also admitted that they didn’t have many friends in the community and they said they preferred to gamble alone.

Question 3: What do Somali community members define as “problem gambling”?

Community Survey

The survey data showed that there was a direct relationship between gambling and the gamblers’ health. Furthermore, the survey data indicated a relationship between gambling and Qat use. Seventeen percent (17%) of the surveyed gamblers confirmed that there was a connection or relationship between gambling and drug use, including Qat (see Table 10).

TABLE 10
Gambling and Drug Use

With your experience of gambling, drugs, alcohol &/or Qat, do you think there is a connection/relationship among these habits?	N	%
Yes	16	17%
No	21	22%
Don’t know	30	32%
Declined	27	29%
Total	94	100%

In assessing the relationship of gambling and the gamblers’ health, the survey data indicated that just over a quarter (26%) of the gamblers reported that their gambling has

caused them health problems such as stress or anxiety 'sometimes', 'most of the time' and 'almost always' (see Table 11).

TABLE 11
Gambling and Health

Has gambling caused you any health problems, such as stress or anxiety?	N	%
Never	27	29%
Sometimes	19	20%
Most of the time	3	3%
Almost always	3	3%
Don't know	24	26%
Declined	18	19%
Total	94	100%

Further analysis of the survey data indicated that 36% of the gamblers said they had difficulty sleeping, 'sometimes', because of their gambling. Another 5% had difficulty sleeping 'most of the time' or 'almost always' due to their gambling as shown in Table 12.

TABLE 12
Difficult Sleeping Because of Gambling

Have you had difficulty sleeping because of gambling?	N	%
Never	44	47%
Sometimes	34	36%
Most of the time	2	2%
Almost always	3	3%
Don't know	3	3%
Declined	8	9%
Total	94	100%

We also wanted to find out more about the health impacts of the gamblers and the degree of severity. Therefore, in response to the question of whether or not they have seriously thought about attempting or committing suicide, 5% said yes (see Table 13).

TABLE 13
Thoughts of Suicide

In the past 12 months, have you seriously thought about attempting or committing suicide?	N	%
Yes	5	5%
No	56	60%
Don't know	11	12%
Declined	22	23%
Total	94	100%

Focus Groups

Male Youth

Most of the youth in the group agreed that “problem gambling” was the kind of gambling that led to social dysfunction. They defined “problem gambling” as “addictive gambling” where the gambler was always nervous, in poor health, lonely or isolated.

Female Youth

The female youth group defined “problem gambling” as when gambling becomes a ‘profession’ and the consequences are severe. Most agreed that when someone starts spending all his/her time and money on gambling and it hurts his/her relations with other, including his/her family, that is when it becomes a problem.

Male Adults

This group thought of “problem gambling” as the type of gambling that only goes on in casinos and bingo halls. “If I was a frequent visitor of casinos and bingos, then I would be worried, but everything else, if done in moderation, is not problem gambling”, said one man. Almost everyone in the room nodded, in agreement to this man’s assessment.

Female Adults

They felt so strongly about gambling because of the influence of Turub and Qat on their husbands. The women defined “problem gambling” as “family destruction.” One woman emotionally said, “when our husbands are chewing Qat and dealing Turub, they smoke a lot. They don’t eat well. They are suffering from all sorts of mental and psychological disorders. They don’t know how sick they are. They are walking patients. They are really problem gamblers”. All the women in the room gave her a round of applause.

Mixed Seniors and Religious Leaders

These groups defined gamblers and problem gamblers equally as “sinners” and “losers” who have crossed the line of the faith.

Case Study Interviews

The six PGs defined problem gamblers as “wealth seekers”, “dreamers”, “freedom seekers”, and “future millionaires”.

Goal Three: Knowledge, Awareness, Values and Attitudes:

Question 1: How knowledgeable are problem gamblers and the community about problem gambling?

Community Survey

According to the survey, both the community and problem gamblers had some knowledge of problem gambling. Thirty five percent (35%) of the gamblers have admitted that they have been criticized or told that they had gambling problems at one time or another (see Table 14). Another 8% of this group said that they have been criticized or told that they had gambling problems by the community ‘almost always’.

TABLE 14
Criticism of Gambling Behaviour

How often has the community criticized your gambling, or told you that you had a gambling problem regardless of what you thought?	N	%
Never	32	34%
Sometimes	20	21%
Most of the time	13	14%
Almost always	8	8%
Don't know	11	12%
Declined	10	11%
Total	94	100%

Focus Groups

Male Youth

All the youth in this group said that they know about problem by identifying the problems associated with it such as broken homes and relationships, financial dysfunction and homelessness.

Female Youth

The female youth group also understood about problem gambling and problem gamblers. They agreed that it becomes problem gambling when it gets out of hand and starts to consume the individual's health and finances and destroys relations with others such as family and friends.

Male Adults

This group was united in their assessment that problem gambling existed in the Somali community. They said they knew people who had serious health, financial and social problems with Turub and Qat. They said they knew people who neglected their families so they could play Turub and chew Qat all night.

Female Adults

Most agreed that there was a problem with gambling in the community. They said this was a threat to the family unit and prosperity. Some of them identified their husbands as problem gamblers.

Mixed Seniors and Religious Leaders

These groups stood firmly on their religious position about all types of gambling and gamblers. One of the leaders defined gambling as "every transaction that is based on one party's gain and another's loss." He added, "since one party gains and the other loses, it falls under the definition of gambling."

Another community leader said, "remember that wealth is a gift of God. It is a trust on which we will be questioned on the Day of Judgment as to how it was earned and where it was spent. We therefore have to make sure we don't get into sin".

Case Study Interviews

All of the six PGs understood very well what it meant to be a problem gambler. Some of them hesitated to call themselves problem gamblers. One of them admitted that he was in trouble and needed some help. All of them did not feel comfortable discussing the subject any further. They didn't want any body to know what they were doing with their lives.

Question 2: What are community members' attitudes and values towards those with gambling problems?

Community Survey

When we asked the gamblers whether or not it was acceptable, according to their culture and values, to gamble, almost half of them (48%) (Table 15) said no. Thirteen percent (13%) said yes, it was acceptable while 29% were not sure.

TABLE 15
Is Gambling Acceptable?

According to Somali culture & values, in your opinion, is it okay to gamble/bet?	N	%
No	45	48%
Yes	12	13%
May be	27	29%
Don't know	8	8%
Declined	2	2%
Total	94	100%

Focus Groups

Male Youth

The male youth had mixed reactions. They were equally divided between those who believed that gambling was against their culture and values and those who said it was up to the individual to make the call. All of them agreed that they did not approve of it and would not associate themselves with those who have problems with the game. "It is a bad image of the community", one said.

Female Youth

The participants in this group said that it was against Islamic tradition to gamble and endanger the family unit. Over 80% of the young ladies said problem gamblers were "bad names" in the community.

Male Adults

Most of the men said they disapproved of gambling and problem gamblers on the basis of cultural values and religion. One man said, "all forms of gambling is prohibited under our religion and frowned upon by our culture." Others repeated the argument that, like alcohol, gambling could lead to other 'sins' and become addictive". They said that when people become addicted, they change; their personalities and behaviours alter, which

leads to other things that make them unhappy and eventually bitter. All the men didn't like to see problem gamblers in the community.

Female Adults

All the women described problem gambling as the equivalent of drug addiction. They felt so strongly about it because of the influence of Turub and Qat on their husbands. The women have unanimously rejected to accept gambling, problem gambling and those who indulged into this game.

Mixed Seniors and Religious Leaders

One of the most respected religious leaders in the community spoke at length about the prohibition Islam placed on gambling. He said, "Islam not only displayed its just and moderate systems in beliefs and devotion, but also in economics and social orders. This religion could not tolerate the unjust seizure of another person's wealth (through games of chance) which resulted in crippling the poor even more and strengthening the rich by accumulation of wealth without any effort, nor could it tolerate the collection of a large amount of money from the poor and making it one person's property without any lawful religious reason. Consequently, gambling was declared unlawful in Islam".

According to Islam, when the Prophet was asked about alcohol and gambling, the verse was revealed that said, "*They ask thee concerning wine and gambling. Say: In them is a great sin and some use for man; but the sin is greater than the usefulness*" (2:219). One of the seniors explained, "it is understood from this verse that these things are undesirable and detestable." Hence, this group unanimously rejected all types of gambling and looked down those who dealt it.

Case Study Interviews

The attitudes and values of this group towards problem gambling were divided. Four of the six problem gamblers said their cultural values didn't allow their games but they enjoyed it any way. The other two were more liberal about it. One of them said that everything was seen through the prism of culture and religion. There was very little room for individual responsibility and our community members ought to understand that in Canada individuals have the power to decide for themselves what they want their lifestyle to look like without interference from community norms and culture."

The other one said, "the trouble with our community is that everything is seen through cultural and religious eyes. There are no grey areas. You either are breaking taboos or sticking to custom and religion. There is no middle ground. I don't buy this".

Goal Four: Help-seeking Preferences and Behaviours

Question 1: What are the preferences of problem gamblers and the community at large in seeking help?

Community Survey

The survey data showed (Table 16) that 36% of those who said have gambled within the past 12 months, have never sought help with their gambling problems. Thirty five percent (35%) declined but another 17% tried to seek help (10% 'sometimes', 5%, 'most of the time', and 2%, 'almost always').

TABLE 16
Help Seeking

Have you ever tried to seek help with your gambling?	N	%
Never	34	36%
Some times	9	10%
Most of the time	5	5%
Almost always	2	2%
Don't know	11	12%
Declined	33	35%
Total	94	100%

We then tried to find out more about the preference of the gamblers as to whom they would trust and turn to in seeking help with their gambling problems. Forty two percent (42%) of them said they would prefer to seek help from their friends while 33% preferred spiritual healing with the mosques and religious centres (see Table 17). Only 3% said they would seek professional help from health centres, clinics and hospitals.

TABLE 17
Help Seeking Preferences

If you need help with gambling problems, who would you prefer to turn to?	N	%
Family member	4	4%
Friends	39	42%
Community health facilities	2	2%
Hospitals & Clinics	1	1%
Mosques	31	33%
Don't know	15	16%
Other	2	2%
Total	94	100%

Focus Groups

Male Youth

A number of young people in the male youth group revealed in their responses that seeking help from friends as their preference was very important. Some of them said they would go to the mosque for treatment. Some suggested to get married and/or change the environment by traveling to Somalia. A couple, (20%) of participants in the group mentioned professional mainstream institutions as their preferences for treatment.

Female Youth

All of the young women in this group agreed that problem gamblers should seek guidance from spiritual counselors and local mosques. They suggested that young addicts could go home (Somalia) and get married. They felt that feeling of family responsibilities could help one to compromise their habits. They also agreed that friends could provide the best advice and guidance to problem gamblers.

Male Adults

All of the men in this group preferred mosques as the best option to treat those who have gambling problems and/or other addiction problems.

Female Adults

Most of the female adult group indicated that spiritual healing; family counseling; and community health clinics were their preferences for seeking help for their husbands.

Mixed Seniors and Religious Leaders

These group all recommended spiritual counseling for those with gambling ambitions and the habit of chewing Qat.

Case Study Interviews

The interviewees were reluctant to discuss their preferences for seeking help with their gambling problems. However, most of them indicated that they didn't mind seeing a spiritual counselor or talk to their friends privately about their problems.

Are there culturally and linguistically appropriate resources available to help those with problem gambling?

Community Survey

When we asked the respondents about their awareness of the resources available in the City and which ones best met their needs for help, a vast majority of them (57%) said were aware of the mosques, while only 4% said were aware of the hospitals.

TABLE 18
Resource Awareness

Which resource or facility in the City best meets your needs for help?	N	%
Hospitals	4	4%
Mainstream Community Health Centres	6	7%
Ethno-specific community facilities	7	8%
Mosques	54	57%
Don't know	21	22%
Other	2	2%
Total	94	100%

Focus GroupsMale Youth

About half of the male youth were aware of mainstream institutions such as hospitals and mental health centres such as the Centre for Addiction and Mental Health (CAMH) in Toronto. They were also aware of the spiritual counseling at the local mosques.

Female Youth

Some of the young ladies were aware of the professional facilities in the City. Others felt that cultural and community centres and mosques could also offer invaluable counselling

to those who were in the pitfalls of problem gambling. All of them agreed that problem gamblers should go to the local mosques for treatment of their problems.

Male Adults

All of the men in this group were aware of the spiritual counseling at the local mosques as the best option to treat those who have addiction problems. They also said they did not know of any resources that were suitable for treatment of problem gamblers. "Maybe community organizations can provide culturally sensitive support", concluded one gentleman.

Female Adults

The entire female adult group was aware of the treatments and counselling offered by the main mosque in Etobicoke for all types of addictions. Only a couple of them (20%) were also aware of CAMH in Toronto.

Mixed Seniors and Religious Leaders

These groups were aware of, and recommended, only the mosques and other spiritual healing/counselling facilities.

Case Study Interviews

Two of the six problem gamblers were not aware of any help resources in the City. Another two said they were aware of some and said that if they needed professional counselling, they would go to ethno-cultural centres, religious or community organizations, rather than seek mainstream counselling support. The remaining two PGs didn't think they needed help and therefore did not care what resources were available and for what. They declined to discuss this topic any further.

5. CONCLUSIONS

Goal One: Nature & Practice

Question 1: What is the “perceived” prevalence of gambling in the Somali community, and what types of gambling activities do they practice and why?

Gambling Prevalence

Gambling is prevalent in the Somali community in Toronto as 59% of those surveyed practiced some form of gambling within the past 12 months. Also all of the participants of the focus groups and case study interviewees all clearly stated the community’s engagement in gambling.

The types of gambling practiced by members of the community included Lotteries, Casino and Bingo, Electronic and Internet, Sport Betting, Pool/Billiard and most importantly “Turub” or Somali Poker. Gambling is a taboo; it brings shame, a strong stigma and many members of the community felt embarrassed to talk about it.

Reasons for Gambling

The main reason for the community’s gambling activities was to make money. Since the unemployment rate within the community seemed to be quite high, compared to other ethno-specific groups in Toronto (Michael Ornstein’s study of May 2000), it could be concluded that people who failed to join the labour force, for reasons of systemic barriers and/or lack of Canadian experience, were forced to try their luck in gambling.

Question 2: Where and when do the community members gamble?

Gambling Places

The integration process of the community seemed to be very slow as they kept staying together. Almost all of the gambling activities were taking place in Somali social clubs. Very few, especially young people have traveled to the mainstream gambling facilities such as the casinos and bingo halls.

Most of the lottery purchases were done at the shopping malls and variety stores due to their conveniently easy accessibilities.

Gambling Times

Obviously the community is keeping the traditional nighttime gambling marathons. Typically, the all-weekend gambling and Qat chewing habit is maintained. The impact of this activity on their health and family relationships is a concern to many in the community.

Goal Two: Definition, Characteristic and Pervasiveness

Question 1: What are the behaviours attributable to problem gamblers in the Somali community in Toronto?

Problem Gambling Behaviours

In this study, it was difficult to define behaviours of problem gamblers due to the taboo and stigma attached to this game. However, most of the participants in this study considered such behaviours as “ignoring the community norms and values” as being

behaviours that could be foreign to the culture and therefore attributable to problem gamblers.

Other important behaviours identified in this study included: betting more than they could afford to lose; borrowing money to gamble; lying about their gambling and spending long hours on gambling.

Question 2: What are the consequences to their families and to the community?

Consequences

There are a number of consequential problems as a result of gambling by members of the community. The old rule of the family of “man provides and woman cares” was being abandoned. Women (wives) were being victims of men’s gambling. Families were breaking up because men were making dents in the family budget in order to finance their gambling. Youth started to run away from home because of intergenerational conflicts. The community was unable to cope with the side effects of the integration process.

Question 3: What do Somali community members define as “Problem Gambling”?

Definition of “Problem Gambling”

The participants in the study defined problem gambling as “financial and social dysfunctions”, “addictive gambling”, “family destruction”, and as suffering from all sorts of “mental and psychological disorders”. Problem gamblers try to quit, cut down or control their gambling but were unable to do so. They also gambled to escape from family responsibilities and other socio-economic problems.

Obviously, gambling in general is not an acceptable game in the community. It is against their Islamic faith and Somali culture. Yet some members of the community are involved in it. It is therefore considered as a hidden habit, which no one talks about. The secrecy aspect itself could induce more people, especially the youth, to join the rank and file of the gamblers leading to serious consequences.

Goal Three: Knowledge, Awareness, Values & Attitudes

Question 1: How knowledgeable are problem gamblers and the community about problem gambling?

Awareness of Problem Gambling

The community seemed to be aware of and understood problem gambling but in different contexts. For example, most of the women, all ages, considered most men gamblers had problems. The seniors and religious leaders prohibited it totally on the basis of the religion. Many of the young men in the study were more liberal about problem gambling.

Even under these differing views, problem gamblers are always labelled as “losers” and “sinners”. It could be concluded therefore, because of this negative view of the community about problem gambling and problem gamblers, that the consequences of problem gambling could pass unattended or undetected and damage the community.

Question 2: What are community members' attitudes and values towards those with gambling problems?

Attitudes and Values

The community had very strong negative feelings and attitudes towards those with gambling problems. A vast majority rejected and said that it was unacceptable to the faith and culture of the community to gamble.

In view of this strong objection of problem gambling by the community, it would seem very difficult for any problem gambler to come out and even seek help within the community. This could very well exacerbate and aggravate the degree of severity of problem gambling in the community, because no counsellor and/or clinician can treat a problem gambling patient without talking, consulting, confessing and proper diagnosis.

Goal Four: Help Seeking Preferences and Behaviours

Question 1: What are the preferences of problem gamblers and the community at large in seeking help?

Help Seeking Preferences

Due to the cultural taboo of gambling in the community, those who might have problems with gambling have always not attempted to seek help from the proper channels. The study found out that the preferences of the problem gamblers, had they decided to seek help, would have been their friends and spiritual healers.

It is important to note that very few of the community would dare talk about their gambling problems openly. This is the cultural norm of the community, and it makes it difficult for any one to determine the degree of tolerance of the definition and measurement of problem gambling in a highly confidential and closed environment.

Question 2: Are there culturally and linguistically appropriate resources available to help those with problem gambling?

Awareness of Help Resources

The results of the study clearly showed that almost 80% of those who gambled within the past year were either aware of the local mosques as resources for help (57%), or did not know what was available in the City (22%).

This could either be an indication of the mistrust the community might have against western medicine, or a manifestation of the cultural stigma about problem gambling and other addictions.

6. CONCLUDING COMMENTS

This study, the first of its kind ever about the Somalis anywhere and at any time, showed that gambling was prevalent in the Somali community in Toronto, Ontario, Canada. The combination of the excessive abuse of the community 'drug' – Qat, and the game of Turub (Poker) indicated a strong risk factor that could hinder the development of this community. Most importantly, for the Somali community in Toronto, gambling could be interpreted as the 'intended' or 'assumed' solutions to many of their socio-economic problems such as poverty, unemployment, cultural confusion, social isolation and frustration due to failing integration and settlement processes.

Many of the respondents in this study expressed their frustration over the difficulties they could face if and when seeking help from hospitals and mainstream health facilities. A combination of cultural taboos, feeling of shame and lack of language capabilities forces the community into a state of isolation that breed frustration and inertia.

Part of the isolation comes from cultural and linguistic barriers and the shame associated with failing to attain success in the mainstream society. For example, when educated professionals and tradesmen fail to penetrate the job and labour market, many try to hide their destitution and joblessness in Somali social clubs where Turub and Qat chewing goes on.

Given what we know from the findings of this study, the community will have to come out and face the consequences of its culture. It needs to expose, target, and break out of the taboo and stigma through extensive and culturally appropriate and suitable educational programs.

Finally, This project has greatly enhanced the capacity of Midaynta Association of Somali Service Agencies and its project staff team. We have learned a lot in terms of research methodology, interpersonal skills and community issues and concerns, including gambling and problem gambling.

APPENDIX I
Community Survey Questionnaire

MIDAYNTA ASSOCIATION OF SOMALI SERVICE AGENCIES

ADDRESSING PROBLEM GAMBLING IN THE SOMALI COMMUNITY.

COMMUNITY SURVEY QUESTIONNAIRE

Introduction:

Hello, my name is _____ and I am calling from Midaynta, Association of Somali Service Agencies here in Toronto. Have I dialled (repeat the number)? We are conducting a research survey on the gambling activities and attitudes of the Somali community in Toronto and we would like to include your views.

Your response will help researchers better understand gambling behaviour and develop programs and services for Somalis with gambling problems. Your household is one of 250 being randomly surveyed throughout the GTA. First of all, can you tell me how many adults 18 years or older live in this household?

INTERVIEWER: _____ (record the number)
refused (terminate the call and thank them for their time)

INTERVIEWER: If no one 18 or older in the house, terminate the interview.
If any one in the household is 18 or older, say:

I would like to speak to that person please, would that be possible?

INTERVIEWER: If no, terminate the call and thank them for their time. But see you can call again
If yes, say: (**great**) and start talking politely, slowly and clearly as follows:

I would like to interview you and I am hoping that now is a good time for you. The interview will take about 10 – 12 minutes, depending on how many of the questions apply to you.

Before we start, I would like to assure you that your participation is voluntary and that any information you provide will be kept completely confidential. If there any question that you do not wish to answer, please feel free to point that out to me and I will go on to the next question. You have the right to terminate the interview at any time.

If you have any questions or concerns about the survey, you can phone Midaynta and ask to speak to Mr. Ibrahim Absiye, the Executive Director who is also the Research Coordinator at (416) 544-1992 Ext. 29 for further information.

INTERVIEWER: If the person never gambles, doesn't believe in it, etc., say (we understand that not everyone gambles, but your opinions are still very important to us).

1. AGREED to be interviewed (thank them and go to Question 1 of Section 1...)
2. REFUSED to be interviewed (terminate and thank them for their time)

SECTION I - Nature and Practice:

- 1) In the past 12 months, what types of gambling and/or betting have you participated in?
 1. None
 2. Gambling tickets/lotteries
 3. Casino/Bingo
 4. Electronic/internet gambling
 5. Sports betting
 6. Cards/Turub
 7. Other

- 2) In the past 12 months, how often have you participated in a gambling activity?
 1. None
 2. Daily
 3. Weekly
 4. Once or twice a month
 5. Don't know
 6. Declined

- 3) In the past 12 months, how much time have you spent on gambling at each time?
 1. None
 2. 1-480 minutes
 3. 481-8 hours
 4. More than 8 hours
 5. Don't know
 6. Other
 7. Refused

- 4) In the past 12 months, how much money have you lost on gambling/betting?
 1. None
 2. Less than \$100
 3. \$101-\$500
 4. \$501-\$1,000
 5. More than \$1,000
 6. Don't know
 7. Declined

- 5) In the past 12 months, how much money have you won in gambling/betting?
 1. None
 2. Less than \$100
 3. \$101-\$500
 4. \$501-\$1,000
 5. More than \$1,000
 6. Don't know
 7. Declined.

- 6) When you are in the mood to play your game, who do you play with?
 1. No one
 2. With spouse or other family members
 3. With friends
 4. With co-workers
 5. With others (specify)
 6. Don't know
 7. Declined

-
- 7) What are the main reasons why you participate in this game?
1. To win money
 2. For entertainment or fun
 3. As a hobby
 4. To kill time
 5. Out of curiosity
 6. Other (specify)
 7. Declined
- 8) According to the Somali culture and values, in your opinion, is it okay to gamble/bet?
1. No
 2. Yes
 3. May be
 4. Some times
 5. Other (specify)
 6. Don't know
 7. Declined

SECTION 11 - Definition, Characteristic & Pervasiveness:

- 9) How often have you bet more money than you could really afford to lose? Would you say:
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 10) How often have you borrowed money or sold anything to get money to gamble?
1. Never
 2. Sometime
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 11) Have you ever felt guilty about the way you gamble, or what happens when you gamble?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 12) Has gambling caused you any health problems such as stress or anxiety?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 13) Have you had difficulty sleeping because of gambling?
1. Never
 2. Sometimes

-
3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 14) Has your gambling caused any financial problems for you or your family?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 15) Have you tried to quit, cut down or control your gambling but were unable to do so?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 16) Have you ever lied to your family members or others to hide your gambling?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 17) Have you stolen anything or done anything else illegal so that you could have money to gamble?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 18) How often have you gambled as a way of escaping problems or to help you feel better when you were depressed?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined

SECTION III - Knowledge, Awareness, Values & Attitudes:

- 19) How old were you when you first gambled for money?
1. Never tried gambling
 2. 5-10 years of age
 3. Aged-----
 4. Don't know
 5. Declined

-
- 20) What type of gambling was that?
1. None
 2. Gambling tickets/Lotteries
 3. Casino/Bingo
 4. Electronic/Internet gambling
 5. Sports betting
 6. Cards/Turub
 7. Other
- 21) While gambling, and after losing many times in a row, you are more likely to win:
1. Strongly agree
 2. Agree
 3. Disagree
 4. Strongly disagree
 5. Don't know
 6. Declined
- 22) Please tell me if you agree, disagree, or strongly disagree with the following statement:
"While gambling, you could win more money if you used a certain system or strategy."
1. Strongly agree
 2. Agree
 3. Disagree
 4. Strongly disagree
 5. Don't know
 6. Declined
- 23) How often have people criticized your gambling or told you that you had a gambling problem, regardless of whether or not you thought it was true?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 24) How often have you lost or almost lost a relationship, a job, or an educational/career opportunity because of your gambling?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 25) How often has your gambling caused problems between you and any of your family members or friends?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined

-
- 26) How often have you felt irritable or restless when you tried to control or cut down or stop gambling for a while?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
 6. Declined
- 27) In the past 12 months, have you used drugs, chat or alcohol?
1. Yes
 2. No
 3. Don't know
 4. Declined
- 28) Have you ever gambled when high?
1. Yes
 2. No
 3. Don't know
 4. Declined
- 29) In the past 12 months, have you seriously thought about attempting or committing suicide?
1. Yes
 2. No
 3. Don't know
 4. Declined
- 30) During this time, did you take medication or antidepressants for your depression?
1. Yes
 2. No
 3. Don't know
 4. Declined
- 31) With your experience of gambling, drugs, alcohol and/or chat, do you think there is a connection or relationship among these habits?
1. Yes
 2. No
 3. Don't know
 4. Declined

SECTION IV - Help-seeking Preferences and Behaviours:

- 32) If you need help with gambling problems, who would you turn to?
1. Family members
 2. Friends
 3. Community facilities
 4. Hospitals/Clinics
 5. Mosques
 6. Don't know
 7. Other
- 33) Which resource or facility in the city best meets your needs for help?
1. Hospitals
 2. Mainstream community health centres

3. Ethno-specific community facilities
4. Mosques
5. Others (specify)
6. Don't know

34) Have you ever tried to seek help with your gambling?

1. Never
2. Sometimes
3. Most of the time
4. Almost always
5. Don't know
6. Declined

35) Were you satisfied with the service providers you went to for help?

1. Never
2. Sometimes
3. Most of the time
4. Almost always
5. Declined

SECTION V - Demographics:

36) What age group do you belong to?

1. 0-20
2. 21-30
3. 31-40
4. 41-50
5. 51-60
6. 61 years and above

37) What is your marital status?

1. Single
2. Married
3. Divorced or separated
4. Widowed
5. Don't know
6. Declined

38) What level of education have you completed?

1. No schooling at all
2. Elementary
3. Intermediate
4. Secondary
5. College/university
6. Don't know
7. Declined

39) What is your legal status in Canada?

1. Canadian citizen
2. Landed immigrant
3. Refugee claimant
4. Limbo
5. Don't know
6. Declined

40) What is your current job status?

1. Employed full time
2. Employed part time
3. Unemployed
4. Student
5. Retired
6. Don't know
7. Declined

41) Which of the following categories best describe your total household income (before taxes) in the last 12 months?

1. Less than \$20,000
2. \$20,001 - \$30,000
3. \$30,001 - \$40,000
4. \$40,001 - \$50,000
5. \$50,001 - \$60,000
6. More than \$60,000

42) Male/Female

1. Male
2. Female

APPENDIX II
Focus Group Questionnaire

Measuring Problem Gambling in the Somali Community in Toronto

Focus Groups Questionnaire

Discussion facilitators will:

- allocate time to each question
- set the ground rules of the day
- lead the discussions in the appropriate direction
- control the flow of the discussions
- record the discussions on tapes
- record all the point/ideas on flip charts in an orderly fashion – corresponding to the question
- explain the questions and keep the focus on the topic of discussion

Discussion Questions
<p>In the blank sheet of paper provided to you, please list all of the gambling activities that you know of or have heard about.</p> <p>FACILITATOR: <i>call around the table & list the responses.</i></p> <p>What types of gambling activities do you practice, if any and why? (Gambling Tickets, Lotteries, Casino, Bingo, Coin Slots, Internet Gambling, Sports Betting, Cards, Others (please specify)</p> <p>Do Somalis travel to Casino Rama? Casino Niagara? Woodbine racetracks where there are coins slot machines? Banadir Coffee at Weston & Lawrence, etc? What is the “perceived” prevalence of gambling in the community?</p>
<p>How would you define “problem gambling and the behaviours of problem gamblers?</p> <p>What do think are the consequences of gambling to your family, friends and the community?</p>
<p>What is your opinion of gambling and do you approve it or disapprove it and why?</p> <p>Are you aware of any problem gamblers in the Somali community in Toronto and if so have you ever tried to assist them in dealing with it? Why and why not?</p>
<p>How and where would you to seek help with any addiction or gambling-related problems, if necessary?</p> <p>What advice would you offer to those members and their families, in the Somali community, who have gambling problems?</p>

APPENDIX III
Case Studies Interview Questionnaire

Measuring Problem Gambling in the Somali Community in Toronto

Case Study Interviews Questionnaire

Interviewer must:

Welcome.

Our intentions – research project

Confirm confidentiality - information and identity

Make client feel relaxed and comfortable

A client could even use an anonymous name

A client could terminate the interview if so desired

Place & time of Interview should be the client choice

Permission for recording conversation

1. Could you please talk about yourself in terms of your:
 - a. Life history
 - b. Career – any career changes since you came to Canada.
 - c. Hobbies – recreational activities, favourite sports.
 - d. Education (schooling)
 - e. Family and friends (including extended family such as uncles, aunts, cousins, etc)
 - f. Life in North America – your immigration to Canada
 - g. Profession and employment history
 - h. Relationships with others – including friends
 - i. Experience in life – both here and back home.
 - j. Marital status – any marriage problems (e.g. with spouse)
 - k. Etc.
2. What types of gambling activities are you involved in (now or in the past) as recreational for whatever reasons?
3. How do you feel when you are gambling?
4. How long have you been gambling and when did you realize it could become problematic?
5. Do you like gambling as recreational activity, pastime, for fun, etc?
6. Tell me about your experiences in this game, in terms of winnings, enjoyment, etc
7. How about the other side of the coin? I mean about any losses (financial)?
8. Have you ever had problems enjoying your game?
9. Who do you play/enjoy gambling with most: friends, family members, anyone?
10. Do your family members approve or disapprove your gambling habits?
11. What about your friends?
12. Have you ever tried to quit or control your gambling habit?
13. What about any side effects. I mean anxiety, lack of sleep. Any negative feeling?

-
14. Have you ever done anything you have regretted later, as a result of your gambling (e.g. committed a crime, abused your spouse, harmed yourself, etc)
 15. Have you sought help in assisting you to quit or overcome the habit?
 16. Where did you get the best response or treatment?
 17. Do know if other members of the Somali community gamble?
 18. If so, where, when and what type?
 19. Let's go back to when your first started gambling. What motivated to start it?
 20. If you try to recall, what was your best experience with this game?
 21. How about the worst ones?
 22. If you would like to add any thing to what we have discussed so far, please feel free to do so?

If you think about any thing that you would like me to know in relation to this project, please call me at any time, you have my card with the telephone, or you can e-mail me if you have access to Internet.

Thank you for

APPENDIX IV
Case Studies Interview Transcripts

Case Study Interviews (Transcripts)

The research project team has conducted extensive interviews of six problem gamblers, using open-ended questions that were culturally and linguistically appropriate and acceptable and that encouraged and motivated them to speak freely and honestly about their life history and gambling habit. Transcripts of these interviews are presented below as cases # 1 - #6 with anonymous names.

Case # 1

The participant, Koshin, said that he gambles by purchasing lottery tickets regularly. "There is no pleasure in doing it, but there's the hope of winning big one day", he stated. He added that he was trying to quit because he has not been a lucky winner.. "I am at a stage now I want to quit because I am beginning to feel that I am wasting my money", he said.

Koshin is an educated man. He said when he came to Canada; he seized the opportunity to further his education, getting a university degree. He said he's single. He adds, "I am a social worker, and also I am a researcher. I have some hobbies that include soccer, some jogging, swimming and playing volleyball. Koshin said he has gone through different stages of employment before he settled into his carrier. He said, "I have worked as a dishwasher, receiver and shipper, and as a receptionist. When I was at university I worked as a researcher and I have also worked at a bank."

He spends \$20.00 a week on tickets. He makes his ticket purchases when he drives by convenient stores and sees the big numbers advertised just outside the store. "I might be driving by a corner store and I suddenly say "Oh, the number is big, why not buy a few tickets". He said he was motivated by the big money when he started buying lottery tickets several years ago. He said, "I saw these ads that said 'today win \$10,000,000' and I said why not".

Koshin doesn't think that he is a problem gambler but admits it isn't easy to stop purchasing the Lotto tickets. He argues that his gambling is a habit, not a problem. The fantasy of winning big doesn't cost him much, he adds. "I spend only \$20 a week on tickets." He said with a laugh, "Sometimes I stay awake at night thinking about what I could do if I won a few million dollars." He added that the possibility of winning millions sometimes makes him "anxious." Like in the Lotto advertisement, Koshin sees a big win as his get way to riches and freedom. He says he knows it may all be an illusion, but he sees no harm in illusory indulgence.

But sometimes his bad luck makes him regret not saving the weekly \$20 dollars he has been spending on Lotto tickets all these years. He said, " I could be close to being a millionaire today if I saved the money I spent on tickets all these years. It could have been my retirement fund." Koshin was not aware of any help-resources, other than the Immams – religious counselors at the local mosques. "I don't need no hospitals or clinics", he said.

He concluded, " But when I see the winning numbers being read on the TV, I want to try again and again. It's endless".

Case # 2

Saeed said he came from Somalia 12 years ago and is very happy to be here in Canada. He said he's a community journalist by profession who has successfully worked in Canada for quite some years.

Saeed's favorite pass time happens to be playing billiards for money at Somali social clubs. He said he also purchases Lotto 649 and plays pool. Like Koshin, Saeed is driven to Lotto ticket purchases by the promise of winning big. He adds that he has been playing the Lotto 649 for the last 12 years. He added "But I don't play for much money. Every week may be \$30. And that's my hobby. It's not really a hobby, it's fun that I like. I feel very good playing this and since I don't spend too much money on it, I can't complain that it's become a problem."

Saeed said his biggest hope is that one day he would wake up and discover that he was a millionaire. Unlike Koshin, however, he has been lucky in small, insignificant ways. He added, "One time I won \$150 and another time \$200 other times \$50. I win often. This is fun and some day, I might just win it big".

Saeed doesn't see his addiction to winning as a problem. He said he thinks of it as a harmless fantasy. He said "I have never thought this would become a problem for me. This is just a pass time for fun and I don't consider it a recreational activity. I just enjoy playing as fun." His ticket purchasing habit hasn't been a drain on his finances, he adds. "I have never felt that this fun time Lotto has been a financial drain on my income. It doesn't hurt me at all. I never buy tickets for friends, family members or anyone else. This is highly personal. I buy the tickets only for me. My family members don't even know I buy these tickets. But I think if they knew they would disapprove and they would probably advise me not to buy the tickets."

They would probably say this is religiously wrong, he adds. They would point out that Islam forbids gambling and the money from it is *Haram* (dirty money), Saeed said. "It's prohibited by the religion and where we come from, Somalia, they don't play the Lotto. I am sure that they would disapprove but it's my personal decision and there's nothing they can do about it."

Saeed said his friends know he gambles on Lotto 649 tickets. They also approve of his ticket purchases and sometimes make fun "of the coming riches. Oh yes, they approve and that's because they expect me to share the money with them and give them some when I win. They play through me and every day at least one of them asks if I won something last week or this week. I think they play too and I encourage them to play but they keep it a tight secret. I don't try to keep it a secret from them but they don't tell me when they play and I don't know if they have won anything."

He has never tried to quit and will never quit, Saeed said. "Why should I? I don't know why I should quit. It's not causing a problem for me. I am not losing a lot of money. I will keep on playing until the end of the world. I never regret anything when I buy these tickets. What's there to regret? I spend only \$30 a week. If I smoked cigarettes or drank beer, both of which I don't do, I would have spent far more money there. So there's no regret or any doubt in mind."

Saeed doesn't consider himself a gambler even though his frequent ticket purchases make him out like one. He said, "I don't consider myself a professional gambler and as long as I am not doing it professionally, I got no problems. I am not afraid that it's a problem for me. That's because personally, I can control my spending. And as a result, I don't seek any treatment. For what? Buying Lotto 649 tickets? Get real!" He said he was not aware of help resources in the city. He didn't care at all because he was in a total denial.

Case # 3

Abdi said he has been gambling for many years. He said he plays black jack and makes visits to the casino. But he has never won big, he concedes. He said he believes gambling to be both bad and good. It can be bad for those who have no control over their habit, he added, and good for those who can. He added, "It can be enjoyable for those who learn how to moderate their habit. Without moderation, anything can turn bad. I have never considered my gambling a problem. Sometimes I have won large amounts of money and other times, I have lost large amounts of money as well."

Bad said he looks at the issue of gambling from a different perspective than most Somalis. He feels it is up to the individual to decide whether it is good or bad for them. He said he tends not to be swayed by religious or moral arguments on gambling. He said he was a grown up man and that he decided what's good for him. The community's outlook and culture don't influence him as much."

Bad believes he doesn't need any outside help to deal with his gambling. His family and friends know about it and they tolerate it because, he said, he provides "everything for my family. My wife works and if my income isn't enough, our two incomes are more than sufficient to cover my gambling losses. And when I win my family helps me celebrate and everybody is happy. We are trying to integrate into Canadian society so we try not to be too influenced by Somali culture. We would rather adopt a Canadian culture because we chose to live here."

Abdi said he doesn't believe that gambling is a problem for him. Sometimes it has been even profitable and at other times he lost, he said. He added, "When I lose, sometimes I lose big and when I win I win big. So sometimes the winning cancels out the losing streak and sometimes it is the other way around. Thank you. I can't tell you anything more. I can't tell you how much I win or lose. Thank you. "

Case # 4

Ideed started gambling when he was a 17-year-old waiter at the Bar Cuba in Mogadishu, Somalia. Soon after his shift, he said, he hooked up with his buddies and we went off to the social club to play Turub and chew a little Qat. It was fun. "I was very good at Turub. A lot of the times, I won and it was how I subsidized my waiter's income."

When he came to Canada in 1988, he continued playing Turub and chewing Qat. He has been doing this since his arrival, he said. Ideed said he isn't bothered too much by the cultural and religious opposition in his community to gambling. He said he's a Muslim who believes he's also an individual who is responsible for his own actions. "If I am wrong, I am wrong," he added.

But gambling, now that he is older, is just entertainment for him, he added. He said, “I play Turub and chew a bit of Qat with friends and strangers at my Etobicoke social club. When I do this I feel relaxed and I forget my problems. I do this every weekend and my wife has no problem with it. She knows my history with gambling since Mogadishu.”

Ideed doesn't think that gambling is really a problem that he cannot handle. He said he can handle it. The largest amount of money he has lost was \$2000 and “I have won up to \$750. That's not bad. I am not addicted to either Qat or gambling. I don't think I need any help with it. I think I can handle it. Gambling hasn't brought financial disaster to me and my household. I am a responsible adult who can determine when something is a problem for me. As such, I don't think I need any help with professional counselling, or any other counselling for that matter”.

The people who believe that gambling is bad for all Somalis and Muslims are entitled to their opinion, he said. This, after all, is a free country, he added. He said, “ I don't pay any attention to their preaching. I determine my own way of life. My beliefs and my way of thinking are not too influenced by culture and religion. I am my own man, for good or for worse. Gambling is very much like life itself: you lose some and you win some. A perfect balance. It's why I enjoy it so much.”

Ideed said he works hard. He makes enough money, he adds, to cover his loses. “And I provide for all my family's needs” he adds. “I am not going to tell you my income, but let me assure you that it is sufficient for me. My wife also works so we are a two-income family. I have enough education to take risks with gambling. When I came to this country I took advantage of the educational system. I am an enlightened gambler, if you will. Education opens your mind to different cultures and perspectives.”

Case # 5

Yusuf has lived in Canada for almost two decades. Before that, he was born in Somalia where he got his education up to high school. And when he finished high school, he went to Italy for further education, he said. In Somalia he was just a young teenager. He said he actually grew up into adulthood in Italy where he spent several decades.

He said he played Turub and chewed Qat in Somalia and when he went to Italy with his friends, they continued their lifestyle of Turub and Qat. But they learned other types of gambling in Italy and they started spending some of the money their parents sent for their education on gambling, Yusuf said. It was a risky and dangerous time. Sometimes they lost all their money. He said, “ In Italy, we played some kind of lottery called Totto Culture every week. This was some form of sports gambling, betting on soccer.”

Every week, Yusuf and friends betted on 13 Italian soccer teams. Their goal was to win big but they never did. It was both exciting and heart breaking, Yusuf adds. He said, “to win big, you had to predict 13 wins by 13 teams. But none of us won. Sometimes we won a little bundle of Lira, Italian currency and other times our combined wins kept us in the money. Our major goal was to go to school but a lot of our money went to gambling. Sometimes we lost even our tuition fees and desperately tried to win this back. It was scary.”

Other times, they entertained themselves with Turub and Qat in Italy, Yusuf said. It is impossible to stop shipments of Qat from East Africa to anywhere in the world where the

Somali Diaspora is found. The Canadian government has probably discovered this hard truth after banning Qat in 1998. Qat still comes to Canada even after this ban.

When he came to Canada, Yusuf said, he stopped the habit of Qat and Turub because he married and got a big family to feed. But he admitted that he still plays the Lotto 649 every week. He said, “compared to my gambling habit in Italy, Lotto 649 is a joke. So my family doesn’t mind. They see playing the Lotto 649 as a harmless pass time. I don’t believe it is a problem for me. I don’t think I need counseling. But if I did need professional counseling, I would go to a Ethno-cultural centres, religious centres or community organizations, rather than seek mainstream counselling support.”

Yusuf said he couldn’t remember how much money he lost or won in Italy. He added, “but I have won at least \$1000 in playing Lotto 649. Sometimes I have lost \$10 a week playing the Lotto 649. I know that even Lotto 649 is regarded with suspicion in our community, but I don’t pay much attention to community criticism. I can control my Lotto playing. It is something that I think will not affect my lifestyle unless I win big.”

The problem in the Somali community, Yusuf said, is that everything is seen through the prism of culture and religion. There’s very little room for individual responsibility, he added. He said, “ but our community members ought to understand that in Canada individuals have the power to decide for themselves what they want their lifestyle to look like without interference from community norms and culture.”

But this is wishful thinking, he said. Perhaps Somalis will feel more like individuals when the current generation of Canadian born children grow up and become adults, Yusuf added. He said, “the cultural and religious influence in our community make people look suspiciously at gamblers and Qat chewers.”

Case # 6

Yonis plays Turub and chews Qat. The religion doesn’t allow that, he said he knows, but he does it anyway. There are a lot of people like him, Yonis believes, in the Somali community “as you well know. Even though our culture and religion forbid many things, we still do those things. Our community, like every other community, is made up of individuals. I am just one of those individuals who make up our community.”

While Yonis understands the religious and cultural prohibitions on Qat and Turub, he had never personally considered this a problem weighing on his shoulder. He said, “a lot of people do though. But this is Canada and if you are not breaking the law, you can disregard cultural and religious taboos if you so choose. I choose to be an individual.”

Yonis said he plays Turub in an Etobicoke social club and sometimes during the weekends he chews Qat as he plays Turub with friends. This was his lifestyle, he said, even in Somalia. It is hard to break old habits, he added, so he never even bothers to try. He added “I am single so even if I lost all my money tonight in a game of Turub I will survive. Perhaps people with families cannot afford this sort of freedom. But I am free to do anything that I want without hurting anyone else.”

Does Yonis consider gambling a problem? To this question, Yonis said “I don’t think so. Am I addicted to Turub and Qat? May be, but I don’t consider this a problem. It is merely entertainment. As I said, I am single so if it becomes a problem I will deal with it myself.

No one else will be hurt.” Yonis said he has been playing Turub since he was 17 in Mogadishu and Turub was just part of this entertainment. His friends played for money and they still do, he added, but Yonis never pays attention to the losses. He said he sometimes wins big, like the day after 10 hours of Turub he ended up winning more than \$2,000. He added, “ I loose some money but I don’t keep track of my losses. Life goes on one day at a time, that’s how I operate. I know this is not very organized but it’s my lifestyle. I neither approve of it nor disapprove. It’s just my life. The day when I settle down and marry, then perhaps my life will change. My income is sufficient to support my lifestyle.”

Yonis said he doesn’t really consider Turub and Qat a dangerous combination. What do you do in a country like Canada? He asked rhetorically. He answered his question thus, “ If I stopped playing Turub and chewing Qat what am I going to do with my free time? I don’t think I need help for this. That’s because it is not a problem for me. However, if I considered Qat and Turub as addictions then I would seek help. But I don’t and so I go on with my life. The trouble with our community is that everything is seen through cultural and religious eyes. There are no grey areas. You either are breaking taboos or sticking to custom and religion. There’s no middle ground. I don’t buy this. I believe moderation is the key and I am a moderate gambler and Qat chewer.”

APPENDIX V
Field Notes and Observations

Field Notes & Observations:

Following are the field notes, observations and recollections of the three research assistants

(1) Ali Sharif:

I found the project interesting. The Somali community is hard to communicate with. People have not learned the value of surveys yet. I had anticipated many difficulties interviewing people. That's because I know my community and people are reluctant to be interviewed for anything.

Also people in the community don't trust government or private sector authorities. This comes from the experience of the community at the hands of a brutal dictatorship in Somalia. Many lost their trust in all systems.

Because of the mistrust, our sessions started really slowly. People were reluctant to talk at first. But they soon opened up as we talked more about gambling, problem gambling and the addiction of Qat and Turub, the Somali form of poker.

The interviews got more animated as people grew more comfortable with us. Their input soon became passionate.

I think the people we were interviewing/sampling realized that the connection between gambling and Qat in our community needs to be addressed. Many understood the need to tackle the connection between Qat and Turub. Many said they know that this is a problem for the Somali community. The abuse of Qat is linked to excessive gambling in our community, the people we interviewed understood it very well and were concerned.

(2) Shugri Samater:

When we started the project, I didn't know that Somalis gamble. But after finishing the project, now I know that we have a gambling problem in the community. I also realized that the reason why I didn't hear about gambling in the community is because there is a lot of denial.

I think I understand the denial. I think the denial and cover-up are instigated by "shame". Our culture is very big on shame. Shame is used in our culture to cover up the "problems" our religion forbids. Gambling is 'Haraam' – unlawful in our religion. And people don't want to talk about it.

When I started the project, my eyes were opened to a problem I didn't think was huge. I knew about the Qat and Turub.

The project showed that the denial begins to crumble when it is taken on through focus group workshops and education sessions. Many were beginning to talk about the problem of gambling soon after getting used to us and to our questions.

The program taught me valuable lessons that include the importance of education in addressing traditional taboos in our community. I learned that, with a little

encouragement, our community responds well to education as of the process of integration.

(3) *Idris Madar:*

When I started this assignment, I knew I was up against an up-hill battle. Gambling is a popular game of chance in the Somali community but no one talks about it. And when researchers show up at their doorsteps, they become suspicious and shameful. That's where the fight begins to make people comfortable enough to talk.

I knocked doors and got slammed on my face. There were a lot of "sorry, but I don't gamble" answers, even though I knew there was gambling going on. There was a denial after a denial. The vast majority of those I contacted turned me down.

When I went to Banadir social Club in Etobicoke and told the gamblers about my assignment, some left the game and others cursed their luck to be confronted by "this idiot" as one said of me. Others told me to leave or stop what I was doing.

When I went to the community forums and distributed my questionnaire, explaining my goals, still many people were reluctant to fill out the survey for me.

I observed that many women blamed their husbands for their poverty as a result of their Qat and gambling addictions. Also, I observed that some mothers were aware of their sons' gambling problems but were ashamed of talking about it.

I observed that people quickly referred to the religion's position on gambling and therefore would deny it altogether.

I observed that those who needed assistance will only talk to religious leaders and mosque staff but not to professionals

A number of elders suggested that community organization educate youngsters on the subject of gambling and its effects on the social and economic aspects of the community. And then they clammed up.

I believe it will be difficult to convince people to seek help from any source for gambling. It is just a difficult and sensitive topic for far too many people in the community.

I have learned that there are many other concerns in the community such as:

- increasing school dropouts;
- gang formations;
- high rate of divorce and separation;
- housing problems;
- poverty;
- unemployment;
- lack of access of to government services and programs;
- lack of awareness of what is available;
- lack of information on all issues;

- huge cultural confusion; and
- numerous barriers.

People were willing to talk about all of these issues and concerns, but not about gambling and drug addictions.

**Addressing Problem Gambling
In the
Windsor-Essex County
South Asian Community**

FINAL RESEARCH REPORT

Prepared by:

South Asian Centre of Windsor

Windsor-Essex County, Ontario

February 2003

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ABSTRACT

This project was undertaken to determine the South Asian community's perception of gambling in the Windsor-Essex area. The goals were two fold: (a) to describe gambling activities within this ethno-cultural community and (b) to ascertain help-seeking preferences of the community.

The South Asian community in Essex – Windsor is a diverse group. Their roots originate in South Asian continent but many are second generation arriving from other parts of the world, namely, Africa and UK. The members of the community range in age, profession, and cultural diversity. Within the community there are many sects that have specific cultural differences. Due to the diversity of this Ethno-cultural community 2 groups (Hindus and Sikhs) were studied (the Hindu category comprised of members of the Gujrati, Punjabi, Hindi, Bengali, Tamil, Telgu, Kanada language groups). These groups were subdivided by gender and age.

The methodology followed in conducting this research consisted of a questionnaire of selected groups of the community, small group interviews, focus group sessions with specific sub-groups, and individual and key informant interviews. Information collected from personal interviews and anecdotal reports was also used. The primary analysis was based on themes and transcripts generated through above defined research.

The questionnaire elucidated information regarding the demographics (years residence in Canada, household income etc.) of the participants and helped identify personal view-points regarding gambling and attitudes towards problem gambling in the Windsor – Essex South Asian community. The two groups showed similar attitudes towards gambling with some subtle but distinct differences. The focus group studies allowed for a more in-depth evaluation of the participants with personal antidotes that further supported their viewpoints. During these sessions several case studies were identified and further individual interviews were conducted.

Key informants consisting of South Asian medical practitioners were invited to participate in a special focus group consisting of South Asian health-care professionals and were interviewed as well.

A significant finding of our study is the changing attitudes of the younger age group towards gambling and towards help seeking preferences. The research shows that the younger group is at risk for developing problem gambling behaviour due to their early exposure to different forms of gambling activity (internet for example), acceptance of gambling related activity in schools (sports betting), and advertisements drawn to gaming by institutions such as Windsor Casino. They are further at risk of developing gambling problems due to a family support system that is unaware of what constitutes problem gambling behaviour. Recreational gambling is a common and popular social activity within the majority of the South Asian families studied and children are exposed very early to gambling through card playing. For most, the activities are a form of entertainment and celebration of special occasions. Loss of a traditional family-support system may result in more of the youth going out of the safe confines of home and becoming involved in other gambling related activities. Financial independence, as well as easy access is seen to promote this activity in the youth group. Of interest is the fact that the South Asian youth is more aware of the adverse effects of gambling on the individual and the family; and would likely seek professional help.

This study defines gambling related behaviors in South Asian community with special attention to how social and cultural processes are reflected in their gambling choices. The development of prevention strategies for the South Asian community is a recommendation of this research.

1. INTRODUCTION

1.1 Background

The South Asian Centre (hereafter sometimes referred to a SAC or Centre) was asked to participate in a research study to assess problem gambling in ethnic communities. The SAC, along with eight other ethnic communities was part of the Regional Research Advisory Committee. The SAC formed a local Research Advisory Committee to conduct research regarding gambling and problem gambling in the South Asian Community of Windsor-Essex County.

The research aims were to describe the nature of gambling as a socio-cultural activity, to describe the pervasiveness of problem gambling and to explore the help seeking preferences of this the South Asian community. The development of an action plan will constitute the next phase of this project.

The study was conducted over a one year period, using both qualitative and quantitative methodologies. The primary interpretations were gained from data collected in focus groups, questionnaires, and key informants.

While the findings are in the exploratory stage; some key themes emerged from our study. We learned that the South Asian community is very receptive to participating in a forum for discussion regarding health issues, and is keenly awaiting to hear the results of our study. There were subtle gender and age differences regarding perceptions of problem gambling; however, there were clear differences between help seeking preference both by gender and age groups.

The research furthermore suggests that while the community at large does not consider problem gambling to be of concern presently, there is an awareness of the probability of problem gambling to be on the increase in the future, particularly so for the youth. This is of concern especially with the establishment in the last 5 years of Windsor Casino, the proliferation of Bingo Halls in Windsor, the expansion of the Windsor Raceway, and the opening in the last 2 years of three Casinos in our neighboring city of Detroit. There is an expression of concern regarding the need for services that address this issue. This suggests to us that that education and prevention strategies that are culturally specific to the South Asian value system form part of the continuum of care being developed for problem gambling.

1.2 Participants

The South Asian Centre is a volunteer non-profit organization that deals with members of the South Asian Community. It provides information and referral services, facilitates access to health care and welfare services for new immigrants settling in the Windsor-Essex area. The Centre also assists the members of the community in preparation for citizenship, job and skills development. The Centre conducts outreach activities for women, youth, and senior citizens, and provides interpreter and translation services.

The Centre's day-to-day activities are coordinated by a Program Director, who reports monthly to a Board of Directors. The Centre is funded by federal and provincial funds that have been declining over the past years resulting in the South-Asian Centre working on project based funding, and increased co-operative projects with other associations. The Centre has taken the lead role in organizing the South Asian Village at the MCC's Carousal of the Nations. This

village has outreached the smaller South Asian Communities and has helped them to participate at this event. The Annual events (Annual Dinner, New Retirees event, Senior Citizens events, and Volunteers night) are well attended and are run with the help of volunteers. The participants for this research were recruited through the SAC.

1.3 Research Advisory Committee

Harshid Joshi (M.d.)
Renu khosla
Prem Nanda
Ashok Rajan (m.D.)
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South Asian Centre Liason
Shalin Khosla, Veena Verma

Principal Writer

Renu Khosla with assistance from Shalin Khosla and Prem Nanda

2. COMMUNITY DESCRIPTION

The information provided here is based on the best available sources.

History of Immigration

The initial wave of South Asian immigration to Windsor and surrounding area occurred between late 1950s and early 1970s. This was part of a general trend of immigration to Canada because of favorable changes in immigration policy and a great demand for professionals, especially in the education sector. Between 1981 and 1991, India was one of the top 10 countries from where immigrants arrived in Canada. In 1991, the visible minority population (South Asians are one of the 10 groups classified as visible minorities) in Canada was about 10%, almost double the percentage in 1981 and about a third of this immigration took place between 1981 and 1991.

As a result of political upheaval in the East and South African Continent in the 70s and later, a large number of Indian settlers from that part migrated to England and Canada and Windsor got its share of these immigrants. This indirect migration can be seen in the 1996 census data by comparing the population numbers by place of birth and by ethnic origin. The numbers for ethnic origin are higher than those for place of birth.

Category	Canada	Ontario	Windsor
Total Population	28,528,125	7,045,080	275,745
South Asians - by place of birth	353,515	211,620	1,840
South Asians - by ethnic origin	590,145	342,375	2,735

* The data is not available for whole of Essex County. (Source: City of Windsor, 1999)

The opportunities in manufacturing industry, medical, educational and trade areas have initiated a steady flow of South Asian professionals and skilled trades people to Canada, Ontario and Windsor. With just a few families in the late fifties, Windsor and Essex County now has an estimated 1,000 families of South Asians.

Population Characteristics

Based on the 1996 census, the South Asian population in Windsor is less than the national or provincial average.

Category	Canada	Ontario	Windsor
Total Population	28,528,125	7,045,080	275,745
South Asians - by ethnic origin	590,145	342,375	2,735
South Asians % of total population	(2.068%)	(4.859%)	(0.99%)

(Source: Statistics Canada 1996)

It should be noted that the South Asian population quoted above is for 1996 and for Windsor only. It is estimated that there are between 4,000 and 4,500 South Asians living in Windsor and Essex County now. This population is fairly equally divided into male and female. A large majority of South Asians are well educated, going well beyond the secondary school level. This is clearly reflected in the occupation of the members of the community. The following is a chart from a sample-based study conducted in 1991.

Occupation	Percent	Occupation	Percent
Education	15%	Medical/Health Care	11%
Office/Sales	29%	Skilled Trade	20%

(Source: South Asian Centre Report, 2000).

The community represents a higher than average Canadian income because of its employment as professionals and due to self-owned businesses.

There is a significant cultural and ethnic diversity in the community based on religion, language and the country or part of India they come from. For example, appreciable differences exist in appearance, clothing, food, language, religious practices, etc. between the people of north and south of India. With all these diversities, the South Asian community actively participates in the mainstream Canadian activities and the members of the community have received much recognition, including four *Women of the Year Awards*.

The community is made up of four broad religious groups: Hindu, Sikh, Muslim and Christian. They speak many languages, since there are over 20 officially recognized languages, not including the dialects, in India alone. Over 80% of the people speak English in addition to their mother tongue, of which Hindi, Punjabi, Urdu, Gujarati and Tamil are the major ones.

Community Characteristics

The community is organized into large groups primarily based upon religion. There are religious groups representing Hindu Mandir, Sikh Gurudwara and Muslim Mosque. Most of the Christians are part of the local parishes. There are cultural organizations such as India-Canada Association and Cultures of India Association. Similar organizations exist representing Pakistan, Bangladesh and Sri Lanka. South Asian Centre is an example of service organization while South Asian Business Women Entrepreneur Committee represents a special interest group. Many of these organizations have been in existence for nearly two decades and form an important part of the cultural milieu.

Individual groups as well as combination of these groups organize cultural activities as part of their annual gatherings, celebration of religious festivals or participation in the Carrousel of Nations. Food is an important part of any South Asian gathering or celebration. Young and old alike participate in performing folk and classical dances and singing. Many mainstream Canadians attend and enjoy these activities.

Community Description: Hindus and Sikhs in Windsor-Essex

There is great diversity in the South Asian ethno-cultural community. Our research was limited to the Hindu (consisting of members of the Gujrati, Punjabi, Hindi, Bengali, Tamil, Telgu, and Kanada speaking groups) and the Sikh community in Windsor-Essex.

These groups were further subdivided by gender and age.

The Hindu and Sikh communities share many similarities. Both have a long tradition of homogeneity in Windsor-Essex; the majority of families have been living in Canada for 15 – 20 years and are well-established. In Windsor, the majority of Hindu and Sikh families are considered to be financially secure, and have representation in most of the professional groups. Windsor has its share of Indian restaurants, cultural events, land stores which stock

the staples required in any Indian home including the latest hits in Bollywood (Indian film industry).

Male and female roles are well defined within both groups as is the sancticity of the family. Respect and reverence for womanhood is the cornerstone of the South Asian value system. While women have certainly adopted some of the North American lifestyle traits (such as wearing clothes other than the traditional sari/salwar-kameez, working outside of the home, drinking, etc.), for the most part they still retain traditional responsibilities associated with the roles of wife and mother. The needs of the “individual” are secondary to the needs of the “family.” Righteousness and good moral and ethical practices are the foundations of the Hindu and Sikh communities.

The key differences between the two groups lie in religious observances. The Sikh belief system is found in ten *Gurus* and the tradition of *Khalsa* (pure one). Male members traditionally wear 5 “k’s”: uncut hair and beard (kesh), comb (kanga), traditional shorts (kacha), wrist ring (kada), and sword (kirpan). Sikhs follow the *Adi Granth* (Scriptures) of hymn, devotional prayers singing the names of God. The Sikhism way of life is based on scriptures that carry the essence of Sikh moral codes for everyday life. The scriptures give practical guidance on familial, social, financial, and spiritual issues.

In Windsor, the Sikh community has built an impressive *Gurdawara* where regular religious teachings and observances take place. Religious leaders are looked upon for guidance regarding all facets of life and their teachings are practiced by youth and adults alike.

The *Hindu Mandir* in Windsor is the place of worship for most of the other South Asian groups. The Hindu community is more fragmented due to differences in groups by language, food, clothing, and some customs. However, the vast majority of Hindus follow the doctrines of Hinduism. Hinduism is more than a religion; it is described as a way of life, and is referred to as the “*Hindu Dharma*” (that which sustains).

Religious leaders do not play as prominent a role in the Hindu Mandir ; however, professionals in the community are accorded great respect, and their advice is sought on matters pertaining to personal or family difficulties.

3. RESEARCH

No prior research is available on the characteristics, and pervasiveness of recreational and problem gambling within the South Asian community of Windsor/Essex County. It is hoped that this study will identify gambling related behaviors in South Asian community with special attention to how social and cultural processes are reflected in their gambling choices. This will culminate into the development of prevention strategies in the South Asian community in Windsor-Essex Region.

3.1 Literature Review

Gambling as a form of acceptable social behavior in the South Asian culture is well documented. It is intricately connected with religious rules and festivals. K. Gabriel, 1998, *Gambling and Spirituality* states, analogous to the “test theme” gambling myths of the Americas is the ancient Hindu text called the *Mahabharata*. Two cousins play dice to determine the rightful heir to the throne. The initial loser, Yudhisthira, is the son of *Dharma*, considered to be the God of Universal Law (cause and effect). Yudisthira undergoes a 13 year sojourn through the forest, during which time he learns volumes of spiritual principles (all of which are in the *Mahabharata*. Only after he passes certain tests by deities can he return to take his rightful place as ruler of the universe. This dharmic action, is analogous to ‘right gambling’ described in the Navajo chantways, where the hero is in exile as a gambling or sexual zealot for a number of years and undergoes intense purification.”

In the Hindu scripts, gambling stories are not about good versus evil, but that good and evil are part of a continuum that must stay in balance (K. Gabriel, *Profit, Prayer or Spirituality*, 1998). Life is viewed as either constantly evolving or devolving. It is a never-ending cycle. The great spiritual masters of India use the board game of *pachisi* to illustrate the point that all of life is constantly being shuffled through the revolving door of birth, death, and rebirth.

A major Hindu festival *Diwali*, is celebrated throughout the Country as the celebration of Good over Evil. The removal of evil and onset of goodness, happiness and prosperity forms the theme of *Diwali* celebrations. This day, with its emphasis on money, is also considered lucky for gambling. Giving social sanction to a vice, a popular saying states that one who does not gamble on this day will be born a donkey in his next birth. Casinos and local gambling houses do risk business during the *Diwali* week. In most homes, people invite their friends and relatives over to play cards (*Festivals of India*, www.indiancultureonline.com).

Playing cards (with or without money) in the company of family and friends is a part of the South Asian culture. Its purpose is recreational and during some celebrations, rooted in superstition.

According to the *Holy Granth* which is the foundation of Sikhism philosophy:

1. Gambling is all in vain (*Guru 1, Gauri Rag*).
2. A gambler suffers much anxiety (*Guru 1, Gauri Rag*).
3. And yet goes on gambling (*Guru V, Gauri Rag*)
(www.allaboutsikhs.com/quotations/quotations/quot06.htm).

According to Sikh principles, attachment to material objects is the primary cause of rebirth on the basis of past karma (action).

The family, and gender specific roles form the crux of the South Asian value system. The role of the extended family in supporting individuals and providing a moral framework applies to Hindus and Sikhs alike.

Similarly, research studies conducted within other ethnic communities regarding problem gambling suggest that family and support systems play an integral role in the development of problem gambling, (Faveri and Gainer, 1995—*A Report on Gambling Activities and Related Issues Among Clients of Multicultural Service Providers in Ontario*).

Most importantly, the literature review indicates a need for more research in ethno-cultural communities, specifically regarding the development of culturally appropriate services in the planning, prevention, and treatment of problem gambling, (*Toronto District Health Council, 1998, Problem Gambling and Its Related Issues*).

3.2 Purpose and Goals

The following goals were used to understand the nature and extent of gambling and problem gambling in the South Asian ethno-cultural community of Windsor- Essex County.

- Goal One: To describe the nature and practice of gambling as a community socio-cultural activity.
- Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community
- Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values)
- Goal Four: To ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others
- Goal Five: To develop an action plan pertaining to the needs of the South Asian community in Windsor-Essex

3.3 Research Questions

The following are the research questions developed to achieve each of the research goals.

Goal One: To describe the nature and practice of gambling as a community socio-cultural activity.

Question 1: What activities do community members define as gambling?

Question 2: How frequently, and for how long/session, do community members gamble?

Question 3: What gambling practices from the home country have been (continued, abandoned) by community members in (Toronto, Windsor/Essex)?

Goal Two: To describe the definition, characteristics, and pervasiveness of problem gambling in the community

Question 1: What do community members define as "problem gambling?"

Question 2: What are the behaviors attributable to problem gamblers in the community?

Question 3: What are the consequences of problem gambling for the (individual, family, friends, others) in the community?

Goal Three: To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values)

Question 1: How (aware, concerned) are community members about the presence of problem gambling in the community?

Question 2: How would you describe problem gambling in the South Asian community?

Goal Four: To ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others

Question 1: What resources presently exist to help problem gamblers in the community?

Question 2: What type of help seeking resources would you utilize to assist problem gamblers in the South Asian community?

Goal Five: To develop an action plan pertaining to the needs of the South Asian Community in Windsor-Essex

The fifth goal has been deferred to a second phase of the project and will be reported on separately.

3.4 Methods

3.4.1 Data Collection

Sampling: Questionnaire and Focus Groups

- The study was limited to members of the Hindu and Sikh community in Windsor-Essex County. The sample population was segregated by, gender (male/female categories) and age groups (Youth: 16–24, Adult: 25–54, and Senior: 55 and over).
- The sample was self-selecting as members from the South Asian Centre's directory were asked to voluntarily participate in this study.
- Members of the various groups (male/female; age; Hindu/Sikh sectors) were invited to respond to the questionnaire and be part of a focus group. There were a total of 6 meetings at which the questionnaire was completed and focus groups were conducted immediately thereafter. At each meeting the participants were divided into 4 smaller focus groups consisting of 6 – 8 participants (103 participants: 28% Sikhs and 72% Hindus; 54% male and 44% female)

Randomization: Questionnaire and Focus Groups

- The participants were selected randomly from the South Asian Centre's directory of members. One hundred and sixty (160) people (approximately equal numbers of Sikhs and Hindus, male and female of designated age groups) were contacted by phone inviting them to a dinner meeting with the purpose of conducting the survey and focus groups. Out of the 160 individuals contacted, 103 participated in our research. In situations where language was a barrier, translation services were provided (the questionnaire was translated in to Hindi and Punjabi). As well, translators were on hand at the focus group meetings. During the meetings participants were asked to fill the questionnaire. Later they were divided by gender for the focus groups.
- The sample was self-selecting on the basis of ethnicity, age, and gender.

- In total 103 questionnaires were completed, and the same 103 individuals participated in the focus groups.
- A larger number of Hindus completed the questionnaire and participated in the focus groups even though the same numbers were invited from both communities. The commitment to participate from the Sikh group was enthusiastic when first approached; however, the majority did not show up for the meeting. The best representation of the Sikh community was in the Adult female category where 39% of the group was from the Sikh community (see Table 1: Breakdown of Participants).

Randomization: Key Informants

Key informants were members of the South Asian Medical community. Members of the medical community of South Asian origin were identified from the SAC's directory and asked to participate in the study.

- Windsor-Essex has a high concentration of health care professionals who are of South Asian origin. As a result, we felt that health care providers would provide a unique perspective regarding the prevalence of problem gambling. We also felt that this group may provide important information on the help seeking preferences of South Asians. Approximately 30 individuals were contacted by colleagues to participate.
- Twelve (12) health care professionals (primary physicians, psychiatrists, nurses, dentists, and physiotherapists) participated in a focus group, and completed the survey. The sample consisted of 11 Hindus (9 males and 2 females) and 1 Sikh male (see Table 1: Breakdown of Participants).

Randomization: Case Studies

- Case studies obtained dealt with male problem gamblers only. The sample was derived from referrals from key informants. The sample, therefore, was specific.
- Time restraints did not permit a random sample although we believe this would have enriched the study.

3.4.2 Data Collection Tools

1. Community Survey Questionnaire (see Appendix I)
2. Focus Group Questionnaire (see Appendix II)
3. Key Informants: (Medical Professionals)
 - Survey Questionnaire
 - Interviews with Key Informants
4. Case Studies (see Appendix III)

3.4.3 Data Analysis

Data Analysis Methods—Quantitative

Information from the questionnaire is presented in graph as percentages. These were obtained by:

$$\frac{\text{Number of responses}}{\text{Number of participants}} \times 100 \text{ (for each question, and categories)}$$

The data presented is the response of the whole community based on gender, age and community groups. Due to the low response by the Sikh community further analysis of the community (Sikh/Hindu) based on gender and age was not conducted.

Data Analysis Methods—Qualitative

Qualitative analysis consisted of transcripts from the focus groups, content analysis of the survey, case studies and information collected from the key informants. In addition, anecdotal data was used to provide further insight in determining the South Asian community's perception of problem gambling.

TABLE 1
Community Survey and Focus Group Respondents

Group	Gender	Hindu	Sikh	Total
Medical	M	9	1	10
	F	2	0	2
Senior	M	16	0	16
	F	6	3	9
Adult	M	10	3	13
	F	17	11	28
Youth	M	9	7	16
	F	7	2	9
Total		77	26	103

3.5 Limitations

Unfortunately time constraints limited the size of the research sample. More time would have greatly enriched the data. For example, case studies were conducted of male problem gamblers only and a larger number of Hindus than Sikhs participated in the study. Nevertheless, the information gathered through informal interviews does provide substantive glimmer into the issues facing both the South Asian problem gamblers and their families.

The sample is relatively small and is derived from the South Asian Centre's directory of members. We are aware there are South Asians residing in Windsor-Essex who are not members of the SAC—unfortunately; they are not represented in this study.

4. FINDINGS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

Question 1: What activities do community members define as gambling?

Community Survey

In the South Asian community of Windsor Essex nearly 93% responded that casino games were a major form of gambling activity.

TABLE 2
Gambling Activities

ACTIVITY	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Lotteries	63.8	70.0	72.3	64.8	67.7	78.8	55.9	91.7
Bingo	63.5	60.0	73.9	62.3	65.3	77.7	59.6	100.0
Casino games	92.6	93.3	92.2	87.0	88.2	91.5	89.4	100.0
Horsereading	84.8	78.3	87.5	73.5	71.5	86.5	83.9	100.0
Cards	64.9	66.7	68.6	70.3	58.3	75.3	71.5	100.0
Sports betting	70.0	73.3	80.6	63.3	65.3	80.4	70.2	100.0
Electronic games	51.5	45.5	63.3	50.7	59.0	66.8	43.5	100.0

Focus Groups

Senior/Male

Group A (Hindu)

--betting for loss or gain.

--casino, horse racing, cards with stakes.

--loss of control is gambling, financial implications affect lifestyle; stock market, repetition, gaming

Group B (Sikh)

--N/A

Senior/Female

Group A (Hindu)

--bingo, lottery, betting casino, stocks, card playing with money

Group B (Sikh)

--anything you put money on and there is a chance of losing it.

--recreational gambling.

Youth/Male

Group A (Hindu)

--race horses, betting, card games, serious amount of money, lotteries, slot machines, shooting dice, internet, casino games

Group B (Sikh)

--casino, under-table betting, sports, easy way to make money, sports, cards, dog races, horse races, stock market, lottery tickets.

Youth/Female

Group A (Hindu)

--casino, betting involving money, sports betting, something of value in exchange for something else.

Group B (Sikh)

--cards, poker nights, something involving risk.

Adult/Male

Group A (Hindu)

--playing cards with money in a small group setting, sport gambling, visits to the casino
--purchasing of lottery tickets.
--betting small amounts of money to win big.

Group B (Sikh)

--visits to the casino, purchasing lottery tickets, card games, games of chance where there is a great return for a small investment, betting on football, soccer, boxing, wrestling.

Adult/Female

Group A (Hindu)

--lotteries, bingos, visits to the Casino, video games.
--any activity involving betting money is gambling.
--playing cards, horse racing.

Group B (Sikh)

--playing cards, visits to the casino, lotteries, betting on cards, trying to double your money/property.
--any activity that involves money.

Key Informants

Medical Professionals – Male

Group A (Hindu)

--going to the Casino with family and friends and betting on slot machines.
--playing cards in small groups with friends and family using chips which are later cashed in.
--weekend card games with big losses/gains.
--social club gambling, casino, horse racing, lottery tickets.
--betting on commodity futures and stocks.

Group B (Sikh)

--N/A

Medical Professionals – Female

Group A (Hindu)

- going to the Casino with family and friends and betting on slot machines.
- purchasing lottery tickets, playing bingo.

Group B (Sikh)

--N/A

Case Studies

All four case histories point to the Casino as the primary choice of gambling activity with amounts of \$1,000 being waged.

Key Findings

- Gambling is viewed as a traditional way of celebrating as is evidenced by the tradition of card playing at Diwali—a practice that cuts across all ages. It is a popular belief among Hindus that the Goddess of Wealth, Lakshmi will particularly favour those who win cards on Diwali night.
- Cards are by far the most popular form of gambling preferred by adults.
- Youth identify lotteries and slot machines are identified as regularly practiced gambling activities.
- Youth describe being exposed to certain gambling activities such as sports betting and Internet gambling at school.
- South Asians view gambling activity (such as playing cards with money) that takes place within the confines of the home with friends and family as a cultural norm— this type of activity is not viewed as gambling.
- Playing cards outside of the home such as at the Casino, or slot machines are viewed as gambling activities.

Question 2: How frequently, and for how long/session, do community members gamble?

Community Survey

TABLE 3
Frequency of Gambling Activities

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Daily	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
About once per week	3.3	6.2	6.7	3.6	0.0	11.3	1.9	0.0
About 2-3 times per month	2.6	11.7	4.8	0.0	0.0	5.1	1.9	0.0
Between 6-11 times per year	7.0	2.9	7.3	4.5	3.1	6.3	8.7	0.0
Between 1-5 times per year	42.3	18.1	43.6	29.3	33.0	41.8	35.4	66.7
Never	40.0	61.2	37.7	52.9	58.3	29.5	52.2	33.3

As Table 3 indicates, more members of the Sikh community (61.2%) indicated that they never gambled than members of the Hindu community did. However, there were more Sikh respondents (11.7%) who gambled about 2-3 times a month.

Focus Groups

Senior/Male

Group A (Hindu)

--behaviour (escaping, loans, anxious, irritating, stealing, edgy, lies.
 --behaviour changes (absent-minded), always on edge, thinking about money, borrow, steal, neglects his family, focused on gambling (everything else is minor), stress will affect your health).

Group B (Sikh)

N/A

Senior/Female

Group A (Hindu)

--sometimes lead to alcoholism, having pleasure at the expense of others.

Group B (Sikh)

--lying, stealing, denial.

Youth/Male

Group A (Hindu)

--lying, stealing from friends and family, constantly betting, hiding, can't sleep.
 --stressed out, sleep little, short tempered, don't see them that much, nervous breakdown, loner, no friends, shortage of friends.

Group B (Sikh)

N/A

Youth/Female

Group A (Hindu)

--more secretive, potential for violent behaviour.

Group B (Sikh)

--denial, panic, anger, depression, frustration, change in personality, financial troubles.

Adult/Male

Group A (Hindu)

--isolated, borrowing money to gamble, inefficient in work
 --sleeplessness, unreliable
 --neglecting his wife and children
 --living standards become poor, complete change in lifestyle.
 --depressed, argumentative.
 --keep on chasing their losses by stealing, borrowing, etc.
 --complete loss of control.
 --become obsessed with gambling round the clock—lose businesses and residences.

Group B (Sikh)

- isolated from family; irritable and abusive towards spouse and children.
- obsessed with gambling
- chronic liar, antisocial behaviour including stealing, constantly borrowing money and not able to pay, unable to keep appointments, absent-minded, unable to keep a job.
- ultimately, not able to maintain family which results in loss of house and separation or divorce from spouse.

Adult/Female

Group A (Hindu)

- making excuses, losing control, telling lies, irritable, steal money, jewellery, become isolated, depressed, arrogant.
- gets into fights, becomes abusive.
- stress, anxiety, depression, insomnia, financial problems, borrowing, stealing, re-mortgage the house, neglecting personal care and health.

Group B (Sikh)

- stealing, hiding from family members, telling lies, making excuses, irritable, depressed, aggressive towards spouse and family.

Key Informants

Medical Professionals – Male

Group A (Hindu)

- lonely, guilt, shame, lying, depression.
- muscle pains due to constant moving of slot machine levers
- borrowing money and never paying it back
- making excuses, getting angry for no particular reason
- not being able to socialize with the community
- stress, depression, absenteeism from work
- spouses also get depressed due to constant absence of the gambler
- neglect of the children due to financial and social strain.
- job loss is probable

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

- lonely, shame, stress
- borrowing always, interpersonal relations are affected.
- in many cases divorce may follow; the whole family suffers from embarrassment
- clenching teeth subconsciously.

Group B (Sikh)

N/A

Case Studies

Problem gambling is described as a gradual process, individual activity, strain on the family's resources, and cause for loss of marriage.

Key Findings

- Problem gambling is viewed as undesirable; behaviour that would bring about shame to the individual and the family.
- Problem gambling is described by the majority of South Asians as:
 - Addictive (serious, frequent)
 - Secretive
 - Causing isolation from family/friends
 - Cause for loss of relationships and break-up of marriage
 - Leading to mental health problems
 - Associated with feeling of shame
- The youth male group view problem gambling as a serious life threatening activity—possibly leading to suicide; whereas the female youth group view alcohol abuse as a more serious problem in the South Asian community.

Question 3a: What gambling practices from the home country have been continued by community members in (Toronto, Windsor/Essex)?

Community Survey

Lotteries (37.5%), cards (31%), casino games (19.6%) and sports betting (11.8%) are the common gambling activities continued since living in Windsor/Essex county (see Table 4).

TABLE 4
Gambling Practices from the Home Country Continued

ACTIVITY	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Lotteries	28.0	9.5	27.4	19.1	23.6	35.3	6.9	50.0
Bingo	2.4	0.0	0.0	3.3	0.0	0.0	5.0	0.0
Casino games	11.0	8.6	6.8	8.2	11.8	1.2	12.4	0.0
Horseracing	0.0	0.0	2.1	0.0	0.0	2.8	0.0	8.3
Cards	15.8	15.2	18.1	11.4	9.4	15.2	21.1	8.3
Sports betting	6.1	5.7	5.6	3.3	0.0	0.0	16.1	0.0
Electronic games	0.0	0.0	0.0	1.2	0.0	1.2	0.0	0.0

Focus Groups

Senior/Male

Group A (Hindu)

--small bets in games like kabai, volleyball, badminton, cricket, matka, statta (toss the coin)
--cards, lottery tickets, horse races

Group B (Sikh)

N/A

Senior/Female

Group A (Hindu)

--mostly cards, betting on horses, lotteries, some slot machines, stocks, dice games, tradition on Diwali—all night gambling.
--men play more here than women

Group B (Sikh)

--no response

Youth/Male

Group A (Hindu)

--more protective of money

Group B (Sikh)

--play cards.
--pretty much the same as here (card games, cock fights).

Youth/Female

Group A (Hindu)

--cards, bingo

Group B (Sikh)

N/A

Adult/Male

Group A (Hindu)

--playing card games, sports betting and raffling as a way of betting money.

Group B (Sikh)

--cards for money in small groups during Diwali with friends and family; weekly card games in small groups for money and entertainment; horse racing (sulky type); betting on sports, lottery tickets.

Adult/Female

Group A (Hindu)

--playing cards and horse racing, bingo (Tambola)

Group B (Sikh)

--playing cards with money, Parcheesi, bonds, stocks, bingo, charitable fund-raisers using casino activities like roulette, rolling of dice, betting.

Key Informants

Medical Professionals – Male

Group A (Hindu)

--playing cards in small groups, lottery tickets, betting on horse races (live at track/off track), gambling at casino, playing cards with family/friends.

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

--playing cards in small groups of family and friends, club gambling.

Group B (Sikh)

N/A

Key Findings

- Playing cards during celebrations with friends and family, and buying lottery tickets are the activities that most South-Asians have continued in Canada.

Question 3b: What gambling practices from the home country have been abandoned by community members in Toronto, Windsor/Essex?

Community Survey

As Table 5 shows, there was no clear indication of the gambling activity that was abandoned since leaving the home country.

TABLE 5
Gambling Practices from the Home Country Abandoned

ACTIVITY	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Lotteries	12.4	9.0	9.5	11.0	14.2	11.7	3.7	16.7
Bingo	7.4	9.0	5.5	10.6	8.7	6.3	8.7	8.3
Casino games	5.9	9.0	5.5	6.1	8.7	5.2	3.7	8.3
Horseracing	7.6	11.4	11.0	4.9	11.8	6.7	7.4	16.7
Cards	10.1	9.5	10.7	8.6	20.5	6.7	3.7	16.7
Sports betting	8.7	2.9	5.5	7.3	8.7	6.3	3.7	8.3
Electronic games	7.6	2.9	4.9	6.1	5.6	7.7	1.9	8.3

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Question 1: What do community members define as “problem gambling?”

Community Survey

As shown in Table 6, most community members (86.5%) defined problem gambling as an addiction.

TABLE 6
Definition of Problem Gambling

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Hobby	4.6	5.0	0.9	5.7	0.0	2.4	6.9	0.0
Recreation	3.9	1.7	7.0	2.4	0.0	10.5	1.9	16.7
Addiction	82.4	90.5	84.4	81.1	81.9	85.5	80.2	100.0
Disease	23.7	11.2	22.6	18.0	22.9	19.6	19.8	25.0

Focus Groups

Senior/Male

Group A (Hindu)

- problem gambling: addiction, unable to meet expenses, greed, first step is gambling, not able to stay away from it, all resources go into it, beyond affordability, lifestyle changes, urge.
- when you pass the limit of entertainment and get hooked
- when you gamble beyond your means

Group B (Sikh)

- regular player will lose a lot; will sell his home.

Senior/Female

Group A (Hindu)

- sometime lead to alcoholism having pleasure on the expense of others.
- when it becomes an addiction; when they go back again and again to win the lost money.
- lying to family.
- when it leads to divorce
- marriage is also a form of gambling

Group B (Sikh)

- stealing or using your credit card; over-spending.
- lying, stealing, not admitting having a problem, denial.

Youth/Male

Group A (Hindu)

- when you are addicted, do not know when to stop, only form of escape.

Group B (Sikh)

- when you are losing a lot, using family money, betting on everything.
- if it affects every day life, burden on life, suicide, lack of sleep, lying, loner, needy, scared, always making excuses, always borrowing money.

Youth/Female

Group A (Hindu)

--when family is affected, when you steal, when it is not recreational, when it is on your mind always.

Group B (Sikh)

--when you get addicted, when you start using valuables to gamble, seeing someone frequenting establishments, covering up activities.

Adult/Male

Group A (Hindu)

--addicted to it, can't stop, selling home to bet, spending money until you don't have any, loan sharks, staling, not able to sleep, borrowing money.

--keep on betting even when you cannot afford it any longer.

--keep borrowing and betting to win back your losses.

Group B (Sikh)

--chasing your losses beyond your budget; persistent gambling when you cannot quit.

--the mind is telling you to quit but you have no will power to quit.

--you keep on gambling way beyond your means by borrowing, stealing, or selling family assets.

Adult/Female

Group A (Hindu)

--repeat behaviour; attempt to win back your losses; going beyond your means

--older people gamble on slot machines.

--lot of people spend too much money when gambling at the casino or playing cards.

--starts with friends for social aspect, then keeps going on and becomes addicted.

--takes chances and lose control.

--becomes like a disease.

Group B (Sikh)

--spending more than you have and then try to get it back over and over again.

--when you think you are gambling for pleasure but you do it every day.

--when you do not think you have a problem.

--when you get away from friends/family and keep gambling.

--isolation from family.

Key Informants

Medical Professionals – Male

Group A (Hindu)

--initially start small, later losing more money than they can afford. While chasing the losses, they are not able to stop.

--recreational gambling will start with small amounts—gradually it is repeated more often and people lose more money than they can afford.

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

--chasing the losses becomes an obsession and when an individual keeps on gambling, it affects family life, job performance, social life.

--results in isolation.

Group B (Sikh)

N/A

Case Studies

Problem gambling is described in terms of the individual being preoccupied, unsuccessful efforts to stop, borrowing, lying, and cause of family break-up.

Key Findings

- South Asians view problem gambling primarily as:
 - repeat behaviour whereby you attempt to win back your losses.
 - disruptive physical and psychological behaviours such as alcohol abuse.
 - affecting everyday life (lack of sleep, mood swings, needy, denial you have a problem)
 - isolating from friends and family.
 - loss of respect for individual, family, and community
- South Asian women framed problem gambling more in terms of its adverse impact on the family and relationships.

Question 2: What are the behaviors attributable to problem gamblers in the community?

Community Survey

The respondents were unable to indicate a single behaviour attributable to problem gambling but identified all of the behaviors as symptoms of problem gambling (see Table 7).

TABLE 7
Behaviours Attributed to Problem Gambling

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Betting more than you can afford	72.4	73.8	70.3	67.9	64.6	64.8	80.7	83.3
Going back to win back loses	67.4	63.6	69.7	63.7	64.6	75.1	57.8	91.7
Lying to hide gambling	61.3	67.1	69.6	58.5	59.0	65.2	70.2	91.7
Hiding signs of betting	54.7	67.6	69.3	52.8	55.9	68.1	59.6	100.0
Gambling to escape problems	63.8	57.6	67.2	57.3	62.2	61.2	66.5	83.3
Stealing or doing something illegal to get gambling money	69.3	62.1	74.9	57.0	56.6	66.5	78.9	91.7

Focus Groups

Senior/Male

Group A (Hindu)

--behaviour (escaping, loans, anxious, irritating, stealing, edgy, lies.
--behaviour changes (absent-minded), always on edge, thinking about money, borrow, steal, neglects his family, focused on gambling (everything else is minor), stress will affect your health).

Group B (Sikh)

N/A

Senior/Female

Group A (Hindu)

--sometimes lead to alcoholism, having pleasure at the expense of others.

Group B (Sikh)

--lying, stealing, denial.

Youth/Male

Group A (Hindu)

--lying, stealing from friends and family, constantly betting, hiding, can't sleep.
--stressed out, sleep little, short tempered, don't see them that much, nervous breakdown, loner, no friends, shortage of friends.

Group B (Sikh)

N/A

Youth/Female

Group A (Hindu)

--more secretive, potential for violent behaviour.

Group B (Sikh)

--denial, panic, anger, depression, frustration, change in personality, financial troubles.

Adult/Male

Group A (Hindu)

--isolated, borrowing money to gamble, inefficient in work
--sleeplessness, unreliable
--neglecting his wife and children
--living standards become poor, complete change in lifestyle.
--depressed, argumentative.
--keep on chasing their losses by stealing, borrowing, etc.
--complete loss of control.
--become obsessed with gambling round the clock—lose businesses and residences.

Group B (Sikh)

- isolated from family; irritable and abusive towards spouse and children.
- obsessed with gambling
- chronic liar, antisocial behaviour including stealing, constantly borrowing money and not able to pay, unable to keep appointments, absent-minded, unable to keep a job.
- ultimately, not able to maintain family which results in loss of house and separation or divorce from spouse.

Adult/Female

Group A (Hindu)

- making excuses, losing control, telling lies, irritable, steal money, jewellery, become isolated, depressed, arrogant.
- gets into fights, becomes abusive.
- stress, anxiety, depression, insomnia, financial problems, borrowing, stealing, remortgage the house, neglecting personal care and health.

Group B (Sikh)

- stealing, hiding from family members, telling lies, making excuses, irritable, depressed, aggressive towards spouse and family.

Key Informants

Medical Professionals – Male

Group A (Hindu)

- lonely, guilt, shame, lying, depression.
- muscle pains due to constant moving of slot machine levers
- borrowing money and never paying it back
- making excuses, getting angry for no particular reason
- not being able to socialize with the community
- stress, depression, absenteeism from work
- spouses also get depressed due to constant absence of the gambler
- neglect of the children due to financial and social strain.
- job loss is probable

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

- lonely, shame, stress
- borrowing always, interpersonal relations are affected.
- in many cases divorce may follow; the whole family suffers from embarrassment
- clenching teeth subconsciously.

Group B (Sikh)

N/A

Case Studies

Behaviours of problem gamblers are described as increasing isolation from friends and family, denial, loss of job, reliance on others to provide money to provide financial relief. In all cases where the problem gambler is male, the spouse initiated separation.

Key Findings

- The majority of South Asians describe the behaviours attributable to problem gamblers primarily in terms of its impact on the individual and the family.
- However, South-Asian women describe the behaviour of problem gamblers more in terms of how it impacts the family (neglecting the family, irritable, stealing, isolated).
- Problem gamblers are viewed as being: anxious, depressed, on edge, and exhibiting a variety of stress disorders (anxiety, depression).

Question 3: What are the consequences of problem gambling for the (individual, family, friends, others) in the community?

Community Survey

Both Hindu and Sikh respondents indicated financial problems (77.7%), family problems (71.7%) and negative health effects (64.6%) as the consequence of problem gambling for the community. More Hindu respondents (52.7%) indicated the feelings of guilt as well (see Table 8).

TABLE 8
Consequences of Problem Gambling

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Negative health effects	66.0	63.1	77.2	57.9	67.7	80.6	52.8	100.0
Criticism	37.6	37.6	55.3	36.5	37.8	56.8	42.2	91.7
Feelings of guilt	52.7	29.8	64.7	45.8	47.2	65.4	52.8	91.7
Financial problems	80.3	75.0	85.3	69.0	65.3	87.9	77.0	100.0
Family problems	71.3	72.1	77.2	64.6	67.7	78.0	66.5	100.0
Loss of job or relationship	61.5	46.0	71.7	45.6	47.9	74.1	52.8	91.7

Focus Groups

Senior/Male

Group A (Hindu)

- losing jobs, health, psychological problems.
- broken homes, financial problems, problems with kids, job loss effect on family.
- loss of friends, bad name for community.

Group B (Sikh)

- low self-esteem, loss of confidence.
- losing trust, bad example for the community.

Senior/Female

Group A (Hindu)

- losing jobs, health, psychological problems.
- low self-esteem, loss of confidence.
- broken homes, financial problems, problems with kids, job loss effect on family.
- loss of friends, bad name for community.

Group B (Sikh)

- losing trust, bad example for the community.

Youth/Male

Group A (Hindu)

- lose your self-respect, mental problems, public scrutiny.
- loss of job, losing spouse, family, friends, bankruptcy, banned from Casino
- suicide.

Group B (Sikh)

- lose your everything
- lose respect, family, money.
- affects family life, obsessed with money.

Youth/Female

Group A (Hindu)

- loss of income, loss of health.
- friends
- quality of relationships, emotional stability, influence on kids, fear of consequences, feel responsible for the problem gambler.
- ways of assisting the person, alienation of the person because of fear.

Group B (Sikh)

- loss of health, loss of spouse, suicide, distance from friends, depression.
- isolation, anti-social, safety, can't pay back debts, not taking care of themselves.
- financial problems; shame.
- risk of stereotyping, scared that it may reflect on the community as a whole.

Adult/Male

Group A (Hindu)

- gambler becomes individualistic; loss of family, loss of home, loss of business.
- bad effect on community.
- since gambling is promoted on computers sit may have devastating effects on future generations who are growing up in this materialistic society.
- they will have less family values and may gamble away their incomes.

Group B (Sikh)

- person becomes self-centered and obsessed with gambling.
- suffers from sleeplessness and depression that will affect his health.
- family is affected the most, their living standard deteriorates and they become isolated from the community.
- divorce becomes the only option for the spouse due to lack of immediate family and community support

- the education of the children suffers.
- friends gradually begin to avoid the gambler and his family for lack of time and interaction.
- friends may not like to give loans for lack of trust.
- community may initially help, but in the long run, will also avoid him due to lack of participation of the individual and the family in the community functions and social events.

Adult/Female

Group A (Hindu)

- the gambler suffers financial debts; health and personal hygiene is ignored; job loss; loss of self-esteem; depression sets in.
- may become suicidal
- constant bickering and fighting with family
- strained relationships; family becomes isolated
- lack of communication resulting in separation/divorce
- community is disgraced due to criminal activity like stealing; bringing bad name to the community; setting bad example for younger generations.

Group B (Sikh)

- loss of job
- isolation from family and friends
- loss of trust
- psychological and emotional suffering by the children and spouse.
- shame for the community
- community stops accepting the gambler and his family
- it also effects image of the community due to anti-social behaviour.

Key Informants

Medical Professionals – Male

Group A (Hindu)

Individual

- effects on mental and physical health—anger, irritability toward spouse, isolation
- disruption and neglect
- unable to concentrate on job resulting in job loss
- continually deteriorating of muscle functions
- isolation from friends/family
- borrowing money and not returning it
- depression

Family

- financial strain, ruining the future of the children, family shame
- isolation from friends/relatives
- lack of job
- straining family resources
- family abuse
- no stable accommodation

Community

- no job—no taxes (community suffers due to loss of productivity)
- lack of contribution and participation in social activities

- family may become welfare recipients
- community may ignore and ostracize the individual/family
- no extended family support is a very stressful situation
- setting poor example for other members of the community

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

Individual

- stress, depression, withdraw from friends, unable to communicate
- denial
- shabby appearance, irritable and abusive
- low self-esteem
- selling family belongings
- lying to family

Family

- spouse is depressed due to isolation
- lack of social interaction from husband, family and friends
- poor life style due to lack of financial resources
- at the end of the day job is lost, children are affected and wife may be forced to divorce to maintain her sanity.

Community

- community may ostracize the gambler and his family due to lack of participation and contribution to the community
- may lead to depression of the individual and spouse
- even immediate family members may cut him off so as not to be identified with the gambler and his family

Group B (Sikh)

N/A

Case Studies

Loss of trust because of gambling and ultimate break-up of marriage and family was the theme in the majority of the case histories.

Key Findings

- South Asian women feel that problem gambling is male oriented and it leads to aggressive behaviours towards the family. Alcohol abuse, however, is viewed as a more serious problem in the community than gambling.
- For South Asian women loss of trust is a significant impact of problem gambling.
- The South Asian youth also see problem gambling as bringing “shame” to the family and to the community. South Asian youth appear to be more aware of the consequences of problem gambling—this is the only group that identifies problem gambling as being life threatening and possibly leading to suicide.

Goal Three: To ascertain Community Members' Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Question 1: How (aware, concerned) are community members about the presence of problem gambling in the community?

Community Survey

As shown in Table 9, Hindu members of the community indicated that they don't know (45.8%) the presence of problem gambling in the community. However, more members of the Sikh community (56.4%) were somewhat aware of the presence of problem gambling in the community.

**TABLE 9
Community Problem Gambling Awareness**

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Very aware	5.5	3.3	8.4	2.4	3.1	10.3	1.9	8.3
Somewhat aware	38.4	56.4	31.9	44.4	32.3	35.3	45.4	25.0
Unaware	8.7	28.6	17.2	13.4	14.2	19.4	11.1	25.0
Don't know	45.8	14.5	40.9	33.9	47.2	29.1	41.7	41.7

Focus Groups

Senior/Male

Group A (Hindu)

--concerned due to family system being destroyed

--affects society at large, non-producing resources, not aware of anybody else

Group B (Sikh)

--education with own religious leader regarding ill effects of gambling

Senior/Female

Group A (Hindu)

--concern for community members

--gamblers are secretive; they don't communicate, don't know how to approach someone with a gambling

Group B (Sikh)

--community may consider gambling as a taboo.

Youth/Male

Group A (Hindu)

--not aware of any problem gamblers

--very rare

--tough to assess it because it is always hidden or kept hidden

--not affected yet

Group B (Sikh)

N/A

Youth/Female

Group A (Hindu)

--drinking is a bigger issue; wasn't aware of the issue until today, no experience with the problem yet, "shame" factor, prevention of problems, that "help" is available, other people have been helped successfully.

Group B (Sikh)

--there are resources to help; awareness/education, people's reactions.

Adult/Male

Group A (Hindu)

--right now we are not concerned because we do not have a problem.
 --the younger generations do have easy access to money as parents support them.
 --gambling is freely advertised on the internet and billboards.
 --the major concern is how much gambling is promoted—this will ultimately affect us.

Group B (Sikh)

--problem gambling is being ignored by the community and considered non-existent
 --this research effort has for the first time brought the problem to the attention of the community.
 --some concern is being shown with young people and internet gambling or electronic gaming machines.

Adult/Female

Group A (Hindu)

--there is concern but the community is unable to help; there are no organized efforts for helping individuals.
 --casino is a bad influence
 --feel sorry for the gambler and pity them
 --support is needed
 --younger generation is going to be impacted if no preventative measures are taken

Group B (Sikh)

--community is not very aware of the problem.
 --individuals would like to help but don't know how.
 --gamblers need professional help if they can be identified
 --since the gambler is hiding his problem, it becomes impossible to help

Key Informants

Medical Professionals – Male

Group A (Hindu)

--problem gambling is not well acknowledged in the community.
 --it is still hidden due to constant denials of the problem gamblers, perhaps due to shame

--since the casino came to Windsor, problem gamblers are surfacing and their number may increase with the passage of time.

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

--due to embarrassment, individual, family and friends do not volunteer information about the presence of a problem gambler with the family unit.

--the problem is not well acknowledged in the community

--medical community also cannot furnish information due to Hippocratic Oath and legal implications.

Group B (Sikh)

N/A

Key Findings

- The majority of South Asians are concerned about problem gambling, but at the same time do not feel that there exists problem gambling in their community in Windsor.
- Most responses indicate a strong disdain for problem gamblers (fear of being asked for money, fear of a 'bad example' being provided to children).

Question 2: How would you describe problem gambling in the South Asian community?

Community Survey

Hindu members (59.8%) indicated that there was less problem gambling in the local South Asian community than in the mainstream community while the Sikh members (56%) responded that they did not know (see Table 10).

TABLE 10
Problem Gambling in the South Asian Community

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Less than main-stream community	59.8	25.2	23.2	8.7	33.7	26.1	41.7	33.3
Same as main-stream community	9.5	10.3	17.6	14.2	11.5	15.6	8.3	33.3
Greater than main-stream community	2.9	3.8	4.5	0.0	3.8	8.7	0.0	33.3
Don't know	16.7	56.0	43.8	71.5	41.4	44.1	50.0	100.0

Focus Groups

Senior/Male

Group A (Hindu)

--we look down upon them; no one wants to help them

--need education, attitude in our community has to broaden

--our duty to help

--education, direction to organizations

-
- first person has to recognize that he or she has a problem
 - they need professional help
 - we shouldn't gossip

Group B (Sikh)

N/A

Senior/Female

Group A (Hindu)

--sympathy, feel sorry, pray for them, will try to be supportive for family, give advice to family of the gambler, moral support.

Group B (Sikh)

--pity for gambler, will feel sorry, will take it as a disease.

Youth/Male

Group A (Hindu)

- it is sad for life to be taken
- do not associate with such people
- sorry for them
- fear they will ask you for money
- try to help them
- not sorry for the problem gambler (it was his/her decision to gamble)
- feel sorry for the spouse/family as they are dragged down by them

Group B (Sikh)

--sympathetic, but cannot offend; people avoid them; if they come to you, you take their burden; it is not their fault they get addicted.

Youth/Female

Group A (Hindu)

- don't know anyone
- would feel sad, hope they would help themselves since they brought it upon themselves.

Group B (Sikh)

--want to help.

Adult/Male

Group A (Hindu)

- bad impression; don't want to associate with the gambler
- ostracized by the community
- fear that he will ask for money
- I know that I may make an effort to change him if I know he has a problem

Group B (Sikh)

--ignore the person

--ostracize the individual as unpopular and unwanted—this attitude fosters denial on the part of the gambler and further isolates the individual

Adult/Female

Group A (Hindu)

--it is the individual's problem to deal with however they want

Group B (Sikh)

--stay away from the individual

Key Informants

Medical Professionals – Male

Group A (Hindu)

--try not to be judgmental

--difficult to stay aloof

--it is a serious behaviour problem

--I would be supportive and find help

--try to explore what circumstances led to the problem

--feel very sorry for the person

--concern about youth gamblers because they have no traditional support system in Canada

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

--feel very sorry for them.

--fine line between recreational and problem gambling

--would try to be supportive

--medical community is concerned but is unaware of the magnitude of the problem

Group B (Sikh)

N/A

Key Findings

- The majority of the respondents voiced concerns about the negative consequences of associating with problem gamblers—most would prefer no contact.
- South Asian women with children particularly emphasize the desire to protect their children from problem gamblers. This is based on the view that problem gambling leads to loss of will power leading to unacceptable behaviour such as lying, stealing, cheating, and borrowing.
- Senior South Asians, however, expressed a sense of duty (*dharma*) to provide assistance to the problem gambler through prayer, support, advice, help and guidance.

Goal Four: To Ascertain Help Seeking Preferences and Behaviors of Problem Gamblers and Concerned Significant Others

Question 1: What resources presently exist to help problem gamblers in the community?

Community Survey

As reported in Table 11, most respondents are not aware (47.1%) or only somewhat aware (38.3%) of the resources available in the community to help the problem gamblers.

TABLE 11
Awareness of Community Resources for Problem Gamblers

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Yes	24.4	1.7	19.5	14.6	26.7	17.8	7.4	16.7
Somewhat	25.2	51.4	32.1	30.0	20.5	30.1	43.5	41.7
Not aware	48.9	45.2	45.9	48.3	49.7	44.9	47.2	41.7

Focus Groups

Senior/Male

Group A (Hindu)

- not much knowledge
- YMCA, South Asian Centre (SAC)
- don't want to expose
- resources: Institutions, help centres, gamblers anonymous, good friends, family members, social agencies, telephone directory.
- not fully aware of what resources are available.
- hospital, SAC, Dr. Rajan, family doctor
- is there a crisis line for gambling?
- normally in our society religious leaders are not used at times of crisis,
- use crisis centre, social agencies.
- friends, family doctors

Group B (Sikh)

N/A

Senior/Female

Group A (Hindu)

- Self-help group, doctor, E.A.P., Support group, meditation, yoga, hot lines in the newspaper

Group B (Sikh)

N/A

Youth/Male

Group A (Hindu)

- don't know, friends may be of help, not knowledgeable of services/programs.
- 1-800 line, teachers

Group B (Sikh)

- hard to find programs, Brentwood, Casino may not be focusing on prevention.

Youth/Female

Group A (Hindu)

--G.A., Teen Health Centre

Group B (Sikh)

--T.V. commercials

--not know of any

Adult/Male

Group A (Hindu)

--very little is known

--person must want to change and then it is easy to seek the necessary information for help

--probably don't know

--I cannot name any organization that is available

--possibly a Gambling Anonymous organization

Group B (Sikh)

--if one wants to find out one always can

--not aware of any specific services available in the community or province

Adult/Female

Group A (Hindu)

--not aware of resources available

--there are some ads on billboards and newspapers

--help line, physicians

Group B (Sikh)

--hot line

--not aware of resources

Key Informants

Medical Professionals – Male

Group A (Hindu)

--hot line, physician, publications

--newspaper ads, billboards, radio announcements

--800 number

--refer to the SAC

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

--not aware of any resources

--family doctors and psychologists may know of some

--not aware of any South Asian help group

--we may be able to find outside help if there is a need

Group B (Sikh)

N/A

Key Findings

- Very few South Asian adults are knowledgeable about resources that are available to help problem gamblers. However, there was interest in learning about the resources available in the community.
- The South Asian youth population, however, is more knowledgeable about existing resources (G.A., hot lines, Internet, guidance counsellors).

Question 2: What type of help seeking resources would you utilize to assist problem gamblers in the South Asian community?

Community Survey

The South Asian Centre (56.9%) was the key choice by most members of the community. A point to note is that the senior group (70.8%) indicated the South Asian Centre as their first choice, while the youth preferred friends (44.1%) and crisis lines (50.9%). As well the Medical community indicated crisis line (75%) as their first choice (see Table 12).

TABLE 12
Community Help Seeking Preferences

	HINDU	SIKH	MALE	FEMALE	SENIOR	ADULT	YOUTH	MEDICAL
Physician	25.1	24.0	32.2	20.8	34.7	30.7	14.8	66.7
Crisis line	54.7	42.6	54.5	51.9	46.5	59.6	50.9	75.0
Friends	31.3	41.4	31.7	26.7	26.7	21.8	44.1	16.7
South Asian Centre	55.7	58.1	51.9	52.2	70.8	48.5	38.5	41.7

Focus Groups

Senior/Male

Group A (Hindu)

No discussion

Group B (Sikh)

No discussion

Senior/Female

Group A (Hindu)

--counsellors, counselling from professionals, support groups in their own language,

Group B (Sikh)

--supervision in a controlled situation, alternatives to gambling,
--professional and confidential approach
--educational and awareness programs.

Youth/Male

Group A (Hindu)

- some place to go should be there to get away from their problems.
- phone help line set up, good group of friends, make sure to keep privacy.
- people know you would be more comfortable if everything was confidential
- we are looking for help from community; but there is fear of others finding out.
- internal services, government services, every city should have a help Centre.
- one-on-one counselling; help should be available at work
- keep confidential

Group B (Sikh)

- play fake money games.
- Gambling Anonymous

Youth/Female

Group A (Hindu)

- hot line
- anonymous, confidential service removed from the SAC
- university/guidance counselors
- older sibling
- professional counselors/social workers
- trusting persons
- youth groups
- internet

Group B (Sikh)

- confidential counseling
- community centers
- religious leaders

Adult/Male

Group A (Hindu)

- send him to a physician, psychologist
- Brentwood
- go the family
- confidentiality must be ensured

Group B (Sikh)

- community center for persons needing help due to language difficulty
- South Asian professionals for better cultural understanding
- G.A. for confidentiality
- family members
- friends
- religious leaders if qualified to advise on such issues
- we have values so we may recommend going to temple or Gurdawara—may instil fear of God

Adult/Female

Group A (Hindu)

- there should be help in our community where individuals are able to communicate in our language and have complete confidentiality
- families of the gambler should have support group as well that is culturally sensitive
- professional help
- able to communicate in own language

Group B (Sikh)

- confidential services
- professional and culturally sensitive
- communicate in our own language

Key Informants

Medical Professionals – Male

Group A (Hindu)

- community needs to be educated
- community may provide financial help and support to family members
- counselling from qualified members of the community to the gambler and group counselling for the spouse and children

Group B (Sikh)

N/A

Medical Professionals – Female

Group A (Hindu)

N/A

Group B (Sikh)

N/A

Case Studies

Out of the four case studies, two problem gamblers did seek help from their family physician with encouragement from the family.

Key Findings

- South Asians vary in their help seeking preferences by age, gender, and religion.
- However, all groups identify the following preferences: confidentiality, help be available in language of choice, and by qualified individuals.
- Adult male South Asians are clear that they would only seek help from mental help professionals; would not approach religious or community “leaders” for help.
- Adult and youth female South Asians, however, made it clear that they would prefer to get help from support groups who understand the S.A. family and value system.
- Furthermore, the Sikh female group is likely to first seek the advice of religious leaders

4.1 Questionnaire Findings: Summary

All Respondents

Casino games were considered a gambling activity by most of the respondents of the South Asian community in Windsor-Essex. Majority of the participants did not gamble but a few participated on a weekly basis with some respondents spending \$200 – 500 over a 12 month period on gambling activities. When seeking help the participants chose crisis line and the South Asian Centre as their resources.

Religious Groups

There were more respondents in the Sikh community who indicated that they never gambled. It is important to note that this is in contrast to the fact the Sikhs who do gamble spend more time and money on gambling activities when compared to the Hindu participants. There were more Hindu respondents indicating gambling 1-5 times per year than the Sikh respondents. When seeking help the Sikh respondents indicated a slightly higher preference to seeking help from friends than the Hindu respondents. Crisis lines and the South Asian Centre were the preferred help seeking resources.

Male - Female Groups

Analysis of the data based on gender did not portray a different viewpoint on what constitutes gambling activity. More female respondents indicated that they never gambled although there were a few respondents who indicated they gambled once per week. Male respondents spent more on gambling than females and there was no difference in their help seeking preferences.

Age Group

Data analysis based on age indicated that casino games and horse racing were considered as gambling activities. The youth respondents considered electronic games and lotteries as the least gambling activities as compared to the other activities in question. Amongst the age groups the adults group responded the highest to once a week gambling activity. There were several youth members who indicated that they gambled once a week. There were more adults who gambled 1 – 5 times per year compared to the other age groups. The number of dollars spent on gambling activity was the highest among the adult group although some youth indicated spending > \$150 on gambling activities. The South Asian youth group looked towards friends as a source of help while the senior group chose the South Asian Centre as their primary help seeking resource. Senior and adult members would seek help from physicians while fewer of the youth would do the same. It is of interest to note that the senior members tend to look towards the South Asian Centre for help the most while the youth the least.

4.2 Focus Group/Case Studies Summary

Perceptions of Gambling and Problem Gambling.

- Gambling is described as engaging in an activity involving money; the activity is described as recreational, occasional, and involves friends/family.

- Problem gambling is described as losing more money than one can afford; as serious, frequent, and in isolation from friends/family.
- Problem gambling often starts with recreational activities
- Problem gambling is repetition of gambling behaviour (lying, cheating, stealing, chasing the losses, etc.) until it significantly disrupts social, financial, working, and family life.

Impact of Problem Gambling on the Individual and Family: Gender and Generational Differences

- Females (all age groups) identify the issues of:
 - Loss of trust as a significant impact of problem gambling.
 - Adults providing a bad example for the younger generation.
- The male group identify potential loss of family, problems with spouse and children as an impact of problem gambling, but make no reference to the issue of trust, or leading by example.
- The youth group identify the issues of:
 - problem gambling being life threatening leading to suicide
 - mental health problems (stress, depression, anxiety, anger, etc) as a key impact in addition to loss of relationships.

Help Seeking

The majority of respondents were not aware of existing resources.

Women appeared to have the least amount of knowledge; while men in all age groups reported limited knowledge of resources.

Hot lines, G.A., physicians, support groups, and the South Asian Centre were most often reported as possible avenues of support.

Highlight: Clear difference between the help seeking preferences of the groups based on religious differences. One group preferred support of their religious organization/leader; while the other group felt that seeking help from religious leaders was not an option for gambling related problems.

Preferences

- Programs and Services that are professional and confidential.
- Women only reported that participation would be greater if professional services were available in their own language.
- Women only identified the need for culturally sensitive support groups.
- The youth group's help seeking thoughts did not include concern for language or cultural sensitivity. Instead, their focus was on confidentiality, availability, anonymity (services such as those available on the Internet or through 1-800 crisis lines).

5. CONCLUSIONS

Goal One: To Describe the Nature and Practice of Gambling as a Community Socio-cultural Activity.

South Asians clearly view playing cards with family with or without money as an acceptable leisure time activity and a traditional symbol of celebration. These activities occur in a controlled setting with friends and family members setting acceptable boundaries in terms of wagering.

As a result, children particularly, are at risk for developing problem gambling behaviours should they engage in similar activities outside of the household where there is no locus of control.

South Asian women more than men are critical about the adverse effects of gambling activities that take place outside of the home on the family. Women describe the behaviour of problem gamblers more in terms of how it impacts the family. Similarly, it is South Asian women who express a desire for education and support services for family members. This would suggest that problem gambling has an adverse impact on the family, and specifically the spouse.

Lotteries are also identified as acceptable gambling activities from a cultural perspective (as harmless gaming). More importantly, buying lotteries is seen as identifying with the mainstream society.

The Windsor Casino and Raceway are seen as establishments which promote the development of gambling and there is concern expressed by the adult population regarding the advertisements encouraging gambling.

Goal Two: To Describe the Definition, Characteristics, and Pervasiveness of Problem Gambling in the Community

Problem gambling is not acknowledged in the community as an area of concern; indeed in the focus groups comments made about a member of the community having a gambling problem were met with great shock and disbelief. It would appear that problem gambling is not recognized as a serious condition. South Asians generally are not aware of the adverse physical, social, emotional, and psychological effects associated with problem gambling.

There is a great deal of curiosity, however, about the development of problem gambling behaviour. The “curiosity” factor was evident in all the focus groups, suggesting that the community is poised for more education regarding factors leading to the development of problem gambling.

It is probable that the negative personal and social consequences (shame, disrespect to the family name) attached to problem gamblers are a factor for the South Asian community not acknowledging it as an area of concern.

The interest in education about gambling and problem gambling is high among adult females and South Asian health care professionals. The types of questions we were asked brought this repeatedly to our attention (e.g.: “How do you know if someone is a problem gambler?”

“Is it a weakness?” “What help is available for the family?” “Are there problems in our community?”

As a result of the adverse consequences attached to problem gamblers and lack of education about helping resources, South Asian problem gamblers are likely to be:

- shunned by friends and the community,
- develop associated problems such as alcohol dependency, related health issues
- be at risk for losing relationships
- be at risk for job loss
- not access help from the South Asian community or from the mainstream society therefore leading to further alienation.

Goal Three: To ascertain Community Members’ Perceptions of Gambling and Problem Gambling (i.e. Level of Awareness, Knowledge, Attitudes and Values)

Only the senior generation indicates that it is their “duty” to help the problem gambler. In effect, case histories conducted (see Appendix III) support this view. Repeatedly, older family members (parents, uncles, etc) are described as “helping” the problem gambler (usually by clearing up the debts incurred by the gambler). The case histories suggest that while this type of action is viewed as “helping” by the older generation, it in fact does not cause behaviour change in the problem gambler. In some cases, this form of helping may actually contribute to the problem behaviour.

The support of family in assisting the problem gambler is significant. However, it is important that the support provided is a long-term benefit to the problem gambler. This may take place through arranging for professional counseling, or treatment. Providing debt relief as a way of “helping” suggests denial of the existence of a problem, which requires professional help.

The South Asian community is not aware of what constitutes the appropriate helping steps for problem gambling.

New South Asian immigrants, or those without a support system may be more likely to turn to gambling establishments. Newcomers have to learn to be self-reliant, especially financially. Gambling may be viewed as a way of escaping the isolation and sense of loss that comes from uprooting. Gambling may also be viewed by someone facing adjustment to a new way of life as a way of compensating for financial insecurity.

Anecdotal Data from an Elder

South Asian immigrants to Windsor experienced a deep sense of loss of family support system of moral and social security. In some cases, they felt a loss of financial support due to having to leave an extended family back home. They felt isolated and uprooted from a known environment into a great unknown. This became difficult for middle-aged individuals who typically faced an imbalance in one or more areas of their life. This affected their self-esteem, interpersonal relationships, and quality of life. Questions such as “Who Am I?” “What do I do with my spare time?” began to surface. Newcomers met in small compatible groups and established their own sense of “fun”, playing cards, drinking, and sticking together. “Playing cards for money helped them to overcome their isolation and made them winners again.”

Some individuals who did not fit in these small groups ended up going to the Race Track, and illegal gambling houses. These activities seemed to satisfy those unmet needs for self-esteem, relationships, and social activity.

Others from business families adopted modified satta (an illegal betting practice on daily commodity price forecast).

Goal Four: To Ascertain Help Seeking Preferences and Behaviors of Problem Gamblers and Concerned Significant Others

This is the only area in the research study that we found religious differences to be prominent. The Hindu group is more likely to seek help from professionals, while the Sikh group perceive their religious leaders to be the first step in seeking problem solving.

This is an important cultural difference and must be kept in mind for future action planning.

Due to the influence of religious leaders in the Sikh community, they must be recognized as playing an important role in the education and help-seeking process.

For Sikhs, the teachings of the Gurdawara (Sikh Temple) dictate their help seeking preferences. Because gambling and alcohol abuse are viewed as a weakness, or a symptom of social problems and not viewed as a serious health mental health condition, members of the Sikh community are likely to not divulge problems in this area to their physicians. They are more likely to turn for support to community leaders.

By contrast, the Hindu group is more likely to seek the advice of a health professional. It is important, therefore, that education regarding symptoms of problem gambling be geared towards the leaders of the South Asian community in Windsor-Essex County.

It is equally important that health care professionals are provided with education on screening for gambling related problems with their South Asian patients. This is especially important since there are no outward physical manifestations of problem gambling.

6. CONCLUDING COMMENTS

This project was undertaken to determine the South Asian community's perceptions of problem gambling, to describe gambling activities within this community, and to ascertain help-seeking preferences.

Windsor-Essex County has prospered from the revenues generated by the gaming industry. At the same time, the prevalence of gambling establishments may also have resulted in an increase in problem gambling.

While problem gambling is not a serious phenomenon in the South Asian community at the present time, our research shows that the youth of this community is at risk for developing problem gambling behaviour due to the following factors: Early exposure to culturally acceptable gambling practices such as playing cards at celebrations, influence of media and Casino advertisements of "winning big", more disposable income, and a relatively weaker extended family support system. In the South Asian culture, family support has traditionally been the key factor for the prevention of behaviour that may bring disgrace to the family such as alcohol abuse, adultery, domestic violence, etc. South Asian youth who are isolated from the traditional support systems either due to immigrating to Canada for education purposes, or relocating to other cities due to employment opportunities may be more prone to start gambling early.

We concur with research in the field that suggests the important role a spouse/family members have in the prevention of problem gambling. Our research clearly suggests that education regarding gambling, problem gambling, prevention, and treatment options is required. While women appear to be more interested in the education aspect, it is recommended that strategies be developed to promote awareness of problem gambling to the South Asian community as a whole. To be successful, however, the education needs to be gender and age specific. Community leaders are in a prominent position to transfer education as well as to make referrals for support and treatment. It is important, therefore, that prevention efforts include participation by the elders.

Windsor-Essex has a large influx of South Asian health care professionals. Further education is required by this group regarding assessing for problem gambling. Physicians are more likely to assess for chemical dependence when a patient's presenting problems are depression, anxiety, stress, job loss, etc. Awareness of problem gambling assessment tools and education in this area for professionals is strongly recommended.

This research forms the basis for the development of an action plan that addresses the gambling and the prevention of problem gambling in the South Asian community of Windsor-Essex. It is anticipated that the action plan will serve as an important tool for researchers, the government, and the gaming industry.

6.1 Recommendations

- Potential for an increase in gambling practices within certain members of the community exists, namely youth and those without the support of an extended family.
- Need for prevention initiatives that are geared towards individuals and families.

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- Problem gambling affects the family. Therefore age appropriate resources and programs need to be developed to family members to recover from the effects of living with a problem gambler.
 - Need for treatment centres to be representative of multicultural communities.
 - Need for more research in the types of awareness, prevention, and treatment programs best suited for ethnic groups.
 - Gender specific support and treatment programs that are also culturally sensitive.
 - A Hindu or Sikh woman with gambling problems or the wife of a problem gambler has different concerns from a man. Understanding these differences is an important consideration.
 - Further research regarding the relationship between existing support system and the development of problem gambling.
 - In communities like Windsor, which have a Casino and other gaming establishments, there are more opportunities than ever for problem gambling to develop. Therefore, awareness, education and treatment for South Asians be coordinated.
 - Partnerships be developed with:
 - South Asian Community Organizations
 - Women's Support Groups
 - Treatment Centres
 - Research Organizations
 - Religious Organizations
 - Medical/Health-Care Providers
 - Boards of Education

APPENDIX I
Community Survey

Questionnaire for Research Project of Gambling Issues in Windsor-Essex County

The data presented below is the percent response as collected from the questionnaire presented at each focus group meeting. The Hindu/Sikh, the male /female and the age group information is presented. Further breakdown e.g. Sikh male youth etc. is not presented as the sample was not large.

Total number of respondents: 103

Senior group: 25

Adult group: 41

Youth group: 25

We would like to ask you some questions about your perceptions of gambling, and gambling activities you may participate in. Please be assured that your responses are confidential.

Questionnaire/Survey for Research Project of Gambling Issues in Windsor-Essex County

The data presented below is the percent response as collected from the questionnaire presented at each focus group meeting. The Hindu/Sikh, the male /female and the age group information is presented. Further breakdown e.g. Sikh male youth etc. is not presented as the sample was not large.

We would like to ask you some questions about your perceptions of gambling, and gambling activities you may participate in. Please be assured that your responses are confidential.

- 1) What would you define as gambling activities?
 1. Lotteries
 2. Bingo
 3. Casino games
 4. Horse racing
 5. Cards
 6. Sports betting
 7. Electronic games (VLTs), etc.
 8. Other: -----

- 2) In the last 12 months, how often have you participated in gambling activities?
 1. Daily
 2. About once a week
 3. About 2-3 times a month
 4. Between 6-11 times a year
 5. Between 1 - 5 times a year
 6. Never
 7. Other: -----

- 3) What gambling practices from the home country have you continued since living in Windsor/Essex County?
 1. Lotteries
 2. Bingo
 3. Casino games
 4. Horse racing
 5. Cards
 6. Sports betting
 7. Electronic games (VLTs), etc.

-
8. Other:-----
- 4) What gambling practices from the home country have you abandoned since living in Windsor/Essex County?
1. Lotteries
 2. Bingo
 3. Casino games
 4. Horse racing
 5. Cards
 6. Sports betting
 7. Electronic games (VLTs), etc.
 8. Other: -----
- 5) In the past 12 months, how much money, (not including winnings), did you spend on gambling activities in a typical month?
1. None
 2. \$25 - \$49
 3. \$50 - \$99
 4. \$100 - \$149
 5. \$150- \$200
 6. Between \$200 - \$500
 7. Between \$500 - \$1,000
 8. Other: -----
- 6) When you spend money on gambling activities, whom do you participate or go with?
1. Alone
 2. With spouse or partner
 3. With family members
 4. With friends or co-workers
 5. Other: -----
- 7) In the past 12 months, have you bet more than you could really afford to lose?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
 5. Don't know
- 8) Have you felt that you may have a problem with gambling?
1. Never
 2. Sometimes
 3. Most of the time
 4. Almost always
- 9) Have you come across one or more members of the South Asian Community including your friends or family whom you may consider a problem gambler?
1. One
 2. Two
 3. Three
 4. More

-
5. None
- 10) How would you classify problem gambling?
1. Hobby
 2. Recreation
 3. Addiction
 4. Disease
 5. Other: -----
- 11) Have you tried to quit, or cut down on your gambling but were unable to do it?
1. Never
 2. Sometimes
 3. Almost always
 4. Never
- 12) Has anyone in your family ever had a gambling problem?
1. Yes
 2. No
 3. Don't know
- 13) What do you consider to be the behaviors attributable to problem gamblers?
1. Betting more than you can afford
 2. Going back to win back the money lost
 3. Lying to family members to hide your gambling
 4. Hiding signs of betting from your partner, or other people in your life
 5. Gambling as a way of escaping problems
 6. Stealing or doing something illegal so that you can have money to gamble
 7. Other: -----
- 14) What are the consequences of problem gambling for the (individual, family, friends, others) in the community?
1. Negative health effects (stress, difficulty sleeping, etc.)
 2. Criticism
 3. Feelings of guilt
 4. Financial problems
 5. Family problems
 6. Loss of job, or relationship
- 15) Do you think problem gambling differs in Windsor-Essex County from you homeland?
1. Yes (please elaborate: -----)
 2. No
 3. Don't know
- 16) How would you describe problem gambling in the South Asian community in Windsor-Essex County?
1. Less than in the mainstream community
 2. About the same as in the mainstream community
 3. Greater than in the mainstream community
 4. Don't know
 5. Other: -----
-

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- 17) How aware are community members about problem gambling in the community?
1. Very aware
 2. Somewhat aware
 3. Unaware
 4. Don't know
- 18) Do you think the South Asian Community in Windsor-Essex can provide help or support to a community member with gambling problems?
1. Yes
 2. No
 3. Unsure
- 19) Are you aware of what resources presently exist to help problem gamblers in the community?
1. Yes
 2. Somewhat
 3. Not aware
- 20) What barriers would a gambler from the South Asian community face in order to access mainstream services?
1. Lack of English speaking skills
 2. Fear of shaming family and friends
 3. Lack of culturally sensitive counselling services
 4. Lack of knowledge of existing services
 5. Family physician
 6. Religious services
 7. Other _____
- 21) Where would you recommend a friend from your community seek help for problem gambling?
1. Physician
 2. Crisis line
 3. Friends
 4. South Asian Centre
 5. Other: -----
- 22) Do you think that in your community regular gamblers are mostly:
1. Male
 2. Female
 3. Don't know
- 23) Do you think that the potential for gambling in the South Asian community is greater because of attitudes towards gambling?
1. Strongly agree
 2. Agree
 3. Disagree
 4. Strongly disagree
 5. Do not know

Demographics

1. What is your present job status?
 1. Employed full-time
 2. Employed part-time (less than 30 hrs/week)
 3. Unemployed
 4. Student--employed part-time or full-time
 5. Student--not employed
 6. Retired
 7. Homemaker
 8. Other: -----

2. What type of work do you do?

3. Which category best describes your total household income in the last 12 months?
 1. Less than \$20,000
 2. Between \$20,000 - 30,000
 3. Between \$30,000 - 40,000
 4. Between \$40,000 - 50,000
 5. Between \$50,000 - 60,000
 6. Between \$60,000 - 70,000
 7. Between \$70,000 - 80,000
 8. Between \$80,000 - 100,000
 9. Between \$100,000 - 125,000
 10. Between \$125,000 - 150,000
 11. More than \$150,000
 12. Don't know

4. What is your gender?
 1. Male
 2. Female

5. Your age is between:
 1. 16 - 24
 2. 25 - 54
 3. 55 and over

6. You have been living in Canada for:
 1. 0 - 5 years
 2. 6 - 10 years
 3. 11- 15 years
 4. More than 15 years

7. What is your religious background?
 1. Hindu
 2. Sikh
 3. Christian
 4. Muslim

5. Other: -----

NAME: -----(optional)

Date: -----

We sincerely appreciate your cooperation! Your input is very important to the research team. Thank you very much for participating in this study.

South Asian Centre,
Windsor, Ont.

APPENDIX II
Focus Group Questions

FOCUS GROUP QUESTIONS

- 1) What activities do you define as gambling?
- 2) What type of gambling activities do you engage in?
- 3) What gambling practices from the home country have been continued by you in Windsor-Essex?
- 4) What do you define as “problem” gambling?
- 5) What are the behaviours attributable to problem gamblers in the community?
- 6) What are the consequences of problem gambling for the individual, family, friends, and community members?
- 7) How concerned are you about the presence of problem gambling in the community?
- 8) What are your attitudes towards those with a gambling problem?
- 9) How knowledgeable are you about resources that are available to help problem gamblers in the community?
- 10) What are your preferences for programs and services to assist problem gamblers?

APPENDIX III
Case Studies

Case Study #1

As explained and briefly narrated by key informant from medical community.

Patient: Hindu Male, Age 40

History: The patient was referred by mental health center with psychological problems. During the treatment, patient admitted that he also had a gambling problem. The patient started gambling as an experimentation and exploration by betting \$10 and \$20 per month. Gradually, over a 4 to 5 year period, he started gambling up to \$500 to \$1,000 per month at the casino. Due to persistent financial pressure to meet his gambling needs, the family continued to cut costs. He being the only bread-winner for the family of five (himself, wife and 3 children), gradually there was not enough money to put food on the table. At this stage, his wife complained to the family physician and got a referral to the mental health center.

Treatment: He was treated for his mental health problem with medication and was given counseling by the crises services for his gambling problem. It took about 2 years to overcome his mental health problem and his gambling habits. In this case, the individual stayed within his own resources. He did not borrow or steal to feed his gambling habit. The family did sacrifice but persuaded him to get treatment and resume his normal life after treatment.

Comments: There were no other associated problems with acute case of gambling disorder like borrowing from outside sources, selling of family heirlooms to support the gambling habit. It appears family and medical support could reverse the problem. From this case study, it appears wife and children had a definite influence in getting the patient to go for treatment. It also appears to be a case of pharmacological intervention directed at psychiatric disorders concurrently with the problem of gambling (e.g. anxiety, depression, bipolar disorder). Further Problem: gambler had low threshold of the disease and did not resort to any antisocial activity like stealing or abusing wife and children to take out his anger and frustration on losing his money at gambling.

Case Study #2

As explained and briefly narrated by key informant from medical community.

Patient: Hindu Male, Age 50

History: Patient has family with adult children who had left the house. Household consisted of gambler and his wife. He had some extra money and was used to lavish life style. The recreational gambling at the casino grew from small amounts to \$1,000 per month. The extra cash was lost to casino gambling. Then he started cutting down life style expenses. The wife first complained and later threatened to leave him. In fact, she did leave the house to live with relatives for about a month. This happened several times during two years. Due to pressure from his wife and relatives, he agreed to see the family physician to get help. First couple of visits, he admitted nothing. Later, he admitted having a gambling problem. He was referred to psychologist for treatment and help. The gambling problem and the denial lasted approximately 2 years.

Treatment: Counseling and medication lasted 6 months before he started showing signs of improvement. Then he was referred to problem gambling help resources in the community for further help. After about a one-year period, he is on the road to recovery.

Comments: In this case, it is apparent that the gambler could be influenced by the spouse and relatives to go for treatment. The gambler still valued the family over his gambling habit. After resisting for 2 years, his threshold of resistance could be penetrated. Further, he did not get involved in any anti-social behaviour like stealing, selling of family heirlooms or abusing the spouse.

Note: The key informant has also indicated that he has been treating two more cases, both males in their forties.

Case Study #3
As narrated by family member.

Subject: Sikh Male, Age: 58

--Immigrated to Canada in 1972 from Punjab, India.

Worked in a factory for 1 year; economically was well-off and bought a house.

--In 1974, started to drive a taxi. This occupation may have facilitated the gambling. He had no set hours, no work routine. At first, bunch of buddies would get together at a garage station and ;play cards (poker) for money.

--In 1975 he got married and had first child.

His in-laws were financially stable. This also may have contributed to the gambling problem since they often bailed him out of financial difficulties.

--In the 80's he continued to drive the taxi and for a few years opened a used car dealership. Some gambling, in the form of card playing continued.

--In 1990 he and his wife started going to the Casino as a social night out. The frequency of these visits increased gradually to several times a week.

He then started going to the Casino without his wife.

He started going during the day (instead of driving his taxi as everyone believed).

--In 1995 the true depth of his gambling problem came to surface since his friends/acquaintances that he had borrowed money from for the gambling called the house wanting their money.

Total debit of gambling: \$100,000 (approximately). He lost house and his business.

--His wife gave him the ultimatum that either he stop driving a cab and get a job with fixed hours or the marriage was over.

He denied gambling; lost his wife, house, and job.

--At no time has he gone for counseling or treatment.

--In 2002, (7 years after all this surfaced), it is still strongly believed that his gambling addiction continues. Although he has a job, he has nothing to show for the money he earns. He lives with his brother (and pays no rent or boarding).

--It is common knowledge that a few of his friends have also become heavily involved in gambling (mostly going to the Casino).

Comments: Although family support was available early in the problem development stage, association with a friends who gamble caused the problem gambling to increase leading to the breakup of the family. This suggests that awareness of problem gambling and early intervention by family members is important. The family member did not know what resources (other than family members) are available to help. She did not consult religious leaders due to issues revolving around shame and embarrassment. Also, it is not typical of the female to initiate separation. The Sikh teachings do not approve of separation and divorce.

Case Study #4

As narrated by problem gambler's father and family friend.

Subject: Hindu Youth Male, Age: 28

--Was born in Windsor, Ont. in 1976.

--He left for India with his parents in 1979.

--He returned to Windsor in 1987 to finish high school.

--Between 1990-1991 he started smoking and drinking. He also started work in a family business owned by his uncle. His parents were in India.

--He learned to play poker from a friend and his father.

--In 1995 his father also started to accompany him to the Casino. In 1997 both father and son lost between \$25,000 - \$30,000. His father stopped visiting the Casino.

--The son, however, continued to gamble about \$1,000 - \$1,500 per month both by using his income and by borrowing from co-workers, business clients and family members.

--In 1999 he fell in love with a co-worker and married her after a brief courtship. The family members believed that marriage might help him to stop gambling.

--In 2000 his wife persuaded him to leave Windsor and move to London, Ont. After moving to London, he continued to visit the Casino on weekends. He started betting much more than he could afford. He amassed debts between \$70,000 - \$80,000 from business clients and co-workers.

--His wife separated from him and filed for divorce in 2001.

--He returned to Windsor to live with his parents. His father and uncle paid his debts off and offered him a job with the understanding that he will stop gambling.

--In December 2001 his father gave him \$20,000 (U.S.) to deposit in the bank. Instead of going to the bank he went to Casino Windsor with the hope of winning back his losses and to pay back his debts. By midnight he lost all the money. He called his father suggesting that he was leaving home for good. He was ashamed to have caused him grief his whole life.

--His grandmother, two uncles, and parents persuaded him to return home and discuss the future.

--The family decided to move him to Toronto and set him up in a business. They believe that he will be too busy running the business and will not return to gambling. His father is convinced that after admitting that he has a problem, he will now stop gambling.

--This case is still being followed with the hope that he may undergo treatment rather than rely on his own resources to overcome his addiction.