

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

**FINAL
SUMMARY
REPORT**

**2ND OF FOUR
PROJECT
FINAL REPORTS**



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**Submitted on Behalf of
COSTI Immigrant Services
to the
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In 2000/2001, the former Ontario Substance Abuse Bureau (now the Addiction Program of the Mental Health and Addictions Branch, Ministry of Health and Long-Term Care) provided an allocation of \$1.5 million to study problem gambling in “special populations.” As with most funding allocated to address this socio-health issue in Ontario (i.e., treatment, prevention and research monies), this special research funding was advanced from Ontario Liquor and Gaming Commission (OLGC) revenues garnered from gambling in the province. The Ontario Problem Gambling Research Centre was entrusted with expending a portion of the funding allocation on this research project that examined gambling and problem gambling in eight ethno-cultural communities in the greater Toronto area and in Windsor/Essex County. This financial contribution from the OLGC and Ministry, and the capable administration and oversight service provided by the Research Centre, made this important study possible.

COSTI Immigrant Services (COSTI) is Canada’s largest education and social service agency that provides services to newcomers and their families, and this well-respected Toronto organization provided effective administrative services and ongoing consultative advice to this study. The Multicultural Council of Windsor/Essex County served as a community partner, offering advice and consultation to the researchers and communities. The roles of both of these leading multi-cultural organizations are gratefully acknowledged.

A Regional Research Advisory Committee comprised of representatives from various Ontario community organizations, agencies and government departments met as a group to provide advice to the study participants, and the contribution of talent and time from these individuals helped shape the project direction.

The researchers acknowledge the significant contribution of Gary McCaskill, who served as the research assistant to the project. Gary developed and maintained the project website, crafted various project templates used by the communities, and contributed considerable effort in preparing and improving various study reports.

Finally, the credit for the successful completion of this research lies with the eight communities themselves. In each community, a local agency stepped forward and agreed to serve as the research project sponsor, and this leadership was crucial to the success that was experienced. The people on each of the eight Local Research Advisory Committees met, discussed, debated and otherwise made the research happen in each community. In every community, different individuals stepped forward to help with the research tasks, including writing the local research plans, collecting and interpreting data, and writing the final reports. Space does not permit naming the many community people who contributed to this research project, and readers are encouraged to refer to each community final report for a listing of these individuals. In the final analysis, this study begins to tell the story of gambling and problem gambling in each of the eight ethno-cultural communities, to the great credit of those dedicated community people who participated.

PROJECT FINAL 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.

EXECUTIVE SUMMARY

Introduction

Gambling in Canada has expanded phenomenally since the early 1990s. In the most recent Statistics Canada fact sheet on gambling, it was reported that net-revenue from government-run lotteries, video lottery terminals, and casinos rose from \$2.7 billion in 1992 to \$11.3 billion in 2002 (Statistics Canada, 2003). Of this \$11.3 billion in net-revenue, \$6.0 billion was profit, shared by provincial governments, gaming operators, and in some instances, charitable organizations. The Statistics Canada report showed that gambling revenues were greatest in the Province of Ontario, where they increased from \$853 million in 1992 to just over \$4 billion in 2001 (470%). Profits in Ontario similarly increased from \$529 million in 1992 to \$1.9 billion in 2001 (360%). This represents an increase in per capita gambling expenditure from \$105 per Ontarian (i.e., over 18 years-of-age) in 1992 to \$441 per person in 2001 (420%).

Over the past decade, there have also been a number of Canadian provincial problem gambling prevalence studies conducted within both adult and adolescent populations. However, it is difficult to track Canadian trends in problem gambling through these studies, as none of the provinces have conducted regular surveys or used the same methodology. Nevertheless, as the following table shows, it is instructive to compare rates from the most recent problem gambling prevalence studies, as these have utilized the same new measurement instrument, the Canadian Problem Gambling Index (CPGI) (Ferris & Wynne, 2001).

<i>CPGI Comparisons</i>	<i>Provinces</i>						
	BC	AB	SK	MB	ON	NB	Canada*
	Dec 02	Feb 02	Jan 02	Apr 01	Dec 01	Aug 01	Spring 00
	(n=2500)	(n=1804)	(n=1848)	(n=3119)	(n=5000)	(n=800)	(n=3120)
Non-gamblers (past year)	15.0%	18.0%	13.4%	15.0%	16.8%	19.8%	
Non-problem gamblers	69.3%	67.0%	71.4%	75.6%	69.8%	72.1%	
<i>Total Non-Problem</i>	<i>84.3%</i>	<i>85.0%</i>	<i>84.8%</i>	<i>90.6%</i>	<i>86.6%</i>	<i>91.9%</i>	<i>89.9%</i>
At risk gamblers	11.1%	9.8%	9.3%	6.0%	9.6%	4.9%	6.8%
Moderate problem gamblers	4.2%	3.9%	4.7%	2.3%	3.1%	1.8%	2.4%
Severe problem gamblers	0.4%	1.3%	1.2%	1.1%	0.7%	1.4%	0.9%
<i>Total Problem Gamblers</i>	<i>4.6%</i>	<i>5.2%</i>	<i>5.9%</i>	<i>3.4%</i>	<i>3.8%</i>	<i>3.2%</i>	<i>3.3%</i>

*CPGI National Validation Study (Ferris & Wynne, 2001).

Source: Ipsos-Reid & Gemini Research (March, 2003).

British Columbia Problem Gambling Prevalence Study. Final Report

These surveys show that the percentage of the adult population in each province who score as having either a moderate or severe problem ranges from a low of 3.2% in New Brunswick to a high of 5.9% in Saskatchewan. The Ontario survey found that 3.8% of adults score as having a moderate or severe gambling problem, and this translates into an estimated 340,000 Ontarians over 18 years-of-age who are likely experiencing a serious gambling problem (Wiebe et al. 2001).

Background to the Study

The past decade of unprecedented gambling expansion across Canada, coupled with an increase in troublesome problem gambler anecdotes frequently reported in the media, have invariably raised the “gambling consciousness” of people in communities throughout the country. Moreover, as gambling is ubiquitous, it is inevitable that a relatively small, but nonetheless significant, sub-population of problem gamblers has emerged in cities, towns, villages and rural communities across the nation. The gambling research shows that these problem gamblers may be men or women, young or old, rich or poor, educated or undereducated, members of all ethnic groups, and residents of urban or rural communities.

To better understand problem gambling as an emerging socio-health issue, provincial governments, municipalities, public health agencies, special interest groups, and community organizations have become increasingly active in funding research and developing public education, prevention and treatment programs to assist problem gamblers and their families. Ontario is clearly the leading Canadian province when it comes to funding initiatives aimed at mitigating problem gambling, as provincial policy dictates that 2% of the revenue from coin slot machines in charitable casinos and racinos must be invested in problem gambling research, prevention and treatment programs.

Within this context, in the 2000/2001 fiscal year, the Ontario Substance Abuse Bureau (OSAB) allocated \$1.5 million to research the socio-health issue of problem gambling in “special populations.” The Ontario Problem Gambling Research Centre (OPGRC) solicited proposals from researchers and community groups interested in conducting research into problem gambling within Ontario special populations (e.g., older adults, youth, women, ethno-cultural groups, aboriginal peoples). Leaders from community organizations in six Toronto and two Windsor/Essex County ethnic communities accepted this challenge and responded to this solicitation and, as a result, this collaborative research project was ultimately implemented.

This research into gambling and problem gambling in these eight Ontario ethnic communities represents a first in the field of gambling studies. There are no other ethno-cultural studies to date that (a) include such a large number and diversity of multi-cultural communities in a single research project; (b) focus on understanding both gambling and problem gambling in the community; (c) utilize a participatory action research (PAR) approach that empowers the community to conduct its own study; and (d) culminates in the development of an “action plan” that is intended to help mitigate problem gambling in the community.

Finally, leaders and researchers in each of the participating ethno-cultural communities faced the same defensive question, “Why are you studying us?” The answer given in each community was the same; that is, not because our gambling problem is greater or lesser than in any other Canadian community, but rather, so we can gain a deeper understanding that will allow us to develop the best programs and services to help our problem gamblers and their families. This will be the legacy of this research.

Research Design

The research design was challenging. Although each community was involved in the same overall research project, a flexible participatory action research (PAR) approach was followed to empower individual communities to design and conduct their own locally relevant study, thus assuming ownership of the research process and outcomes. The following communities, and their sponsoring agency, participated in this research project:

Toronto

Afghani Community (Afghan Association of Ontario)
 Filipino Community (San Lorenzo Ruiz Filipino-Canadian Community Centre)
 Greek Community (Greek Orthodox Family Services and Counselling)
 Indo-Caribbean Community (South Asian Women's Centre)
 Iraqi Community (Arab Community Centre of Toronto)
 Somali Community (Midaynta Association of Somali Service Agencies)

Windsor/Essex County

Jewish Community (Windsor Jewish Federation and Community Centre)
 South Asian Community (South Asian Centre)

To begin, each of the communities formed a local research advisory committee (LRAC) made up of representatives from different community groups, and each LRAC assumed responsibility for the successful completion of their research. The LRACs began by developing a local research plan and then implementing that plan, which included gathering, analyzing and interpreting information from the community. When the research was completed, each community wrote a final research report presenting their findings and conclusions. This overall report represents a synthesis and summary of the findings and conclusions contained in each of these community research reports.

At the end of the research phase, each of the ethnic communities proceeded to develop an "action plan," which built on the research findings and suggested specific action strategies that could be undertaken to help problem gamblers. These action strategies, which mainly include problem gambling program and service initiatives, are likewise contained in separate action plan reports written by each community. There is also a corresponding overall companion report that summarizes the information contained in each of the individual community action plans.

This is an example of interpretive research and, as such, its main strength lies in the deeper and richer understanding of gambling and problem gambling that community participants and others have gained. Moreover, the research process itself has helped to stimulate public interest and mobilize community support for mounting programs and services to help problem gamblers and their families. As action research, the contribution of this project resides within each ethnic community, where awareness and concern for the plight of the problem gambler will result in efforts to provide assistance.

Conclusions

This was a unique project that empowered eight ethno-cultural communities in the greater Toronto area and in Windsor/Essex County to study gambling, and the issue of problem gambling, in their populations. This final report synthesizes the most salient findings from each of these important community research reports, and the following main conclusions are summarized.

Gambling in the Ethnic Communities

In every community, it is evident that, to a greater or lesser extent, people engage in all types of legal gambling activities that are made available to the people of Ontario. In some communities, people also engage in technically illegal gambling activities, such as card games in social clubs or public restaurants. Some of the conclusions relative to the practice of gambling itself in these diverse communities include the following:

Gambling Definition

- It may be concluded that there is a relatively common definition, or at least understanding, of “gambling” that is evident across all eight ethnic communities. This definition is predicated on the observation that gambling is risking something of value—usually money—on a chance event.

Gambling Activities

- The majority of people in each of the eight ethnic communities engage in some form of gambling.
- The most popular form of gambling in every community is the purchasing of lottery tickets. However, all reports provided evidence that people in every community engage in virtually all other types of gambling activities that are legal in Ontario, including: casino games, bingo, horse races, instant-win tickets, raffles, sports betting and Internet wagering. Many of these Ontario gambling activities were practiced in each homeland; however, every community report contains examples of interesting gambling practices in the homeland that have been discontinued in Canada.
- In virtually every community, gambling activities are frequently part of a social occasion that typically involves getting together with family and friends. In some communities, specific games and customs are a carry-over from practices in the homeland.

Gambler Demographics

- The most significant demographic finding from across all ethnic communities is the extent to which gambling is predominantly a male pastime.
- Some communities are beginning to experience and lament the rise in adolescent gambling.

Gambling Frequency, Duration and Expenditure

- There are no discernable differences amongst the communities with respect to the amount of time (frequency/duration) and money people spend gambling. People in all communities generally gamble during their free time; that is, after work, on weekends and during vacations. Moreover, most people do not appear to gamble with any great frequency (i.e., daily or weekly), nor do they generally spend large sums of money gambling, with the norm appearing to be less than \$20/session, notably on lottery tickets.

Gambling Motivation

- Respondents in all communities give similar motivations for gambling, with the primary reasons being to win money and/or for fun or entertainment. Another response common to many communities is to relieve boredom or stress.

The gambling practices of people in the eight ethnic communities are quite similar to those of the dominant cultural group in Ontario, to the extent that all people (a) gamble on most legally available formats, notably purchasing lottery tickets; (b) gamble with a limited frequency (i.e., less than weekly) and duration per session; (c) gamble with relatively small amounts of money; and (d) are motivated to gamble for the same reasons, namely to win money and for enjoyment. Despite these similarities, there are at least two gambling-related observations that appear to be unique to these ethnic communities, namely: (a) gambling is predominantly a male pastime, especially in the Islamic communities, and (b) gambling is frequently practiced as part of a social occasion.

Problem Gambling in the Ethnic Communities

In each community, it is evident that some people are unable to control their gambling behaviour, and this causes problems for the individual, his or her family and friends, and for the community in general. The main conclusions regarding problem gambling that may be discerned from the ethnic community research findings are summarized here.

Defining Problem Gambling

- Definitions of problem gambling range from the observation that it is an “addiction that the weak-willed cannot escape” to the view that problem gambling is a “sin.”
- Most communities define problem gambling by identifying perceived symptoms of this disorder, including:
 - Gambling disturbs the economy of the household.
 - Problem gamblers burn out and cannot function normally at work.
 - Problem gamblers may be rich or poor; that is, even those who have enough money to cover their losses may be problem gamblers.
 - Problem gamblers may display other overt symptoms associated with their disorder, including heavy drinking, violent temper, poor dress and appearance, and severe mood swings.
 - Problem gambling sometimes erupts into family disputes and violence.
 - Problem gambling impacts the family’s lifestyle, finances and the gambler’s health.
 - Problem gambling results in a loss of respect for the individual, his or her family, and for the community itself.

Prevalence of Problem Gambling

- It was beyond the scope of this research project to provide the necessary resources for each community to conduct a scientific study to determine the prevalence rates for problem gambling in their respective populations. As a result, none of the communities were able to present definitive problem gambling prevalence rates.

Demographic Characteristics

- Each of the community studies is limited in its ability to identify the demographic characteristics of problem gamblers, insofar as none of the communities had the resources to conduct scientific problem gambling prevalence surveys.
- In that most gamblers in each of the ethnic communities are predominantly male, it is not surprising to discover that virtually all problem gamblers are likewise perceived to be male.

- In terms of the age of problem gamblers, communities mainly describe men between 30 and 50 years-of-age. However, many of the communities express concern about adolescent gambling, and worry that problem gambling in this youthful population might become an issue.

Problem Gambling Behaviour

- Each of the eight ethnic communities identify a number of behaviours associated with problem gambling, and these include the following:
 - Problem gamblers are extremely irresponsible and untrustworthy.
 - Problem gamblers have low life satisfaction, are unmotivated, and exhibit impeded concentration.
 - Problem gamblers will disassociate themselves from the people around them and not want to become involved in family or social events.
 - Problem gamblers tend to neglect family finances, abuse their families, and neglect their jobs.
 - Problem gamblers borrow aggressively to finance their gambling.
 - Problem gamblers may be absent-minded and inattentive at work.

Problem Gambling Consequences

- As with symptoms and behaviours, each of the communities presents a list of consequences that are nominally attributable to problem gambling, including:
 - Problem gambling behaviour can create isolation and separation from the mainstream community.
 - A main consequence of problem gambling is perceived to be social isolation.
 - The children who 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.
 - Problem gambling prevents the gambler from remembering and worshiping God and he/she becomes heedless of devotion to God. This is a spiritual and religious loss.

- Problem gambling brings shame to the family and community, and gives the community a bad name.

A common conclusion that may be drawn from across all eight ethnic communities is that the family of the problem gambler is perceived to experience the most severe consequences of problem gambling.

Community Perceptions

Each community researched public perceptions, including awareness and knowledge of gambling and problem gambling and attitudes towards problem gamblers, and the following conclusions may be drawn:

Community Awareness and Knowledge

- The commonly held perception in each community is that the public is generally unaware of the extent to which people gamble, and that problem gambling is becoming a serious issue. This may be because gamblers, and by extension problem gamblers, are very secretive in their pursuit of gambling in most ethnic communities, lest they be discovered by family or other community members.

Community Attitudes

- The reports of community attitudes towards gamblers and problem gamblers appear to cluster around two ends of a tolerance spectrum in different communities, as follows:
 - Towards the less tolerant end of the spectrum, both gamblers and problem gamblers are “hated pariahs” who are seen as giving themselves, their families and the community a bad name.
 - Towards the more tolerant end of the spectrum, gambling and gamblers are tolerated, and people are indifferent towards problem gamblers or view this disorder as a personal matter.

Resource Awareness and Help-Seeking

Community members’ awareness of resource availability and the help-seeking preferences of problem gamblers, family and friends, and community members was examined, and main conclusions include the following.

Resource Awareness

- While key informants and focus group participants in virtually all communities are able to enumerate some resources that are available to help

problem gamblers (e.g., Gamblers Anonymous (GA), mosques, community agencies, health services), the general opinion is that the publics in virtually all communities are quite ignorant of resources available to help problem gamblers.

- It appears that young people in most ethnic communities are more aware of resources available to help problem gamblers than are older members of the community.

Preferences for Help-Seeking

- There is a general perception that the majority of problem gamblers prefer to approach family members or friends for help. In contrast, there is the general perception in each community that professional counselling services, especially those that are not culturally/linguistically sensitive, will not be utilized by problem gamblers or their families.
- Each of the eight ethnic communities, to a greater or lesser extent, believes that problem gambling is a serious issue that should be addressed; moreover, each community suggests that raising public awareness about problem gambling is a fundamental first step in diminishing this issue. There is less consensus that specialized treatment services need to be developed.
- Each community also presents suggestions for initiatives that should be considered to help problem gamblers and their families, including:
 - Religious leaders should be engaged to help problem gamblers and their families.
 - Recovering and/or recovered problem gamblers should be used as a community resource.
 - Family members or friends should accompany problem gamblers and/or participate in their treatment.
 - Communities should encourage entertainment and recreational alternatives to gambling.
 - Community support systems should be developed to help problem gamblers.
 - Family members and friends of problem gamblers should seek counselling for themselves in order to learn how to cope with their loved one's behaviours.

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CHAPTER 1 INTRODUCTION

1.1 Research Topic

In Canada and the United States, and in countries throughout the world, problem gambling has been acknowledged to be a very serious emerging public health issue (Korn et al., 2000; Wynne, 1997). An increase in problem gambling is not surprising as, during the past decade, there has been a proliferation of gambling opportunities through casinos, electronic gambling machines, mega-bingo facilities, lotteries, sports betting, simulcast racing and Internet gambling.

Simultaneously over the past ten years, there has been a significant growth in problem gambling research as evidenced in the increasing number of scientific studies and journal articles in this field (McMillen & Eadington, 1986). Within this growing body of research, a plethora of problem gambling prevalence studies have been conducted in jurisdictions in Canada, the United States, New Zealand, Australia, Great Britain and Europe and these have striven to describe the nature, characteristics and pervasiveness of this disorder in general populations (Shaffer, 1997). For the most part, these prevalence studies have examined problem gambling in the dominant cultural group (i.e. general population) and few studies have focused on this health issue in sub-cultural groups (McGowan et al., 2000). However, there is an emerging interest in addressing problem gambling in ethnic communities, notably within larger metropolitan areas, and this research was designed to contribute to our understanding of how gambling and problem gambling may be viewed differently in various ethnic sub-populations.

This project is intended to be action research and, as such, there is an expectation that research advisory committees in each of the eight participating ethnic communities will take the research findings and develop an “action plan” designed to lessen the harmful effects of problem gambling. In some instances, participating communities have services in place to deal with socio-health issues, and research findings may assist community agencies in adding problem gambling prevention, education and treatment services to their repertoire. Conversely, where the ethnic community depends on large urban community service agencies for help, the research results may be used to develop culturally appropriate services within these agencies to assist problem gamblers from different ethnic groups.

The ultimate aim of this study is to increase our knowledge of gambling and problem gambling in ethnic sub-populations in large metropolitan areas and, more importantly, to provide a stimulus and action strategy for participating communities to address this serious public health issue.

1.2 Background to the Project

In the 2000/2001 fiscal year, the Ontario Substance Abuse Bureau (OSAB) provided one-time funding of \$1.5 million to examine the socio-health issue of problem gambling in “special populations.” In November 2000, the Ontario Problem Gambling Research Centre (OPGRC) was asked by OSAB to develop a solicitation for proposals from those interested in conducting research into problem gambling within Ontario special populations (e.g., older adults, youth, women, ethno-cultural groups, aboriginal peoples). In response, the OPGRC received thirty-three letters of intent from researchers and/or community agencies, and nine of these proponents were requested to submit full research plans (six projects were ultimately funded).

While seven letters of intent were received from ethnic communities in Toronto and the Windsor/Essex County area of southern Ontario, none of these were recommended for funding. This concerned the OPGRC board of directors, and they requested that their research consultant, Dr. Harold Wynne, devise a research strategy that might engage these ethnic communities in researching problem gambling in their populations. Dr. Wynne and his colleague Dr. John McCready contacted representatives from each of these communities and, working together, they developed a proposal entitled, “Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities.” Central to the research strategy was the use of a participatory action research (PAR) approach that enabled eight ethnic communities to work independently, yet within the same research framework. The research plan for this project was submitted successfully for independent peer review, and in April 2001, the study commenced.

1.2.1 Key Participants

The key participants in this research project included the eight ethnic communities (led by a local research advisory committee) in greater Toronto and Windsor/Essex County areas, co-investigators Wynne and McCready, community agency partners (COSTI and the Multicultural Council of Windsor and Essex County), and a regional research advisory committee.

Participating communities. Central to the success of this research project was the full participation and cooperation of the eight ethnic communities. In the greater Toronto area and in Windsor/Essex County, there are many ethnic communities that were prospective candidates for inclusion in this research project and research resources were limited; consequently, a criteria-based process for selecting participating communities was needed. The main criteria for community selection were two-fold, namely: (1) the community had expressed interest in researching the issue of problem gambling by submitting a solicitation to the OPGRC; and (2) the community demonstrated a state of readiness, capacity and commitment to undertake a problem gambling research project.

The eight ethnic communities that participated in this research, and the agencies within each that served as the sponsoring agency for that community's project were the following (for a description of these communities and agencies, refer to the research project website at www.wynne.com/gamblingproject.htm):

Toronto

1. Afghani Community (Afghan Association of Ontario)
2. Filipino Community (San Lorenzo Ruiz Filipino-Canadian Community Centre)
3. Greek Community (Greek Orthodox Family Services and Counselling)
4. Indo-Caribbean Community (South Asian Women's Centre)
5. Iraqi Community (Arab Community Centre of Toronto)
6. Somali Community (Midaynta Association of Somali Service Agencies)

Windsor/Essex County

7. Jewish Community (Windsor Jewish Federation and Community Centre)
8. South Asian Community (South Asian Centre)

Local research advisory committees (LRAC). Notwithstanding that most of the above community agencies took the initiative to submit letters of intent to the OPGRC and ultimately agreed to serve as the local administrative agent, it was recognized from the outset that other community agencies, groups, and key informants needed to be involved in the research process. To this end, a local research advisory committee (LRAC) was established in each ethnic community to broaden the participatory base and provide a forum for the expression of divergent perspectives. The co-investigators worked closely with each LRAC to assist them in developing and implementing a research plan that addressed the overarching goals for the project while simultaneously satisfying local interests and aspirations to discover truths about gambling and problem gambling.

Community agency partners. In both the Toronto and Windsor/Essex County areas, there are two long-established community agencies with an exemplary track record and invaluable experience in working with ethnic communities, and the expertise of these community agency partners was sought to help the communities successfully complete the research project. These agencies were COSTI (Toronto) and the Multicultural Council of Windsor and Essex County (MCWEC).

COSTI (www.costi.org). COSTI is Canada's largest education and social service agency with a specific mandate to provide services to newcomers and their families. The agency is the result of the amalgamation of the Italian Immigrant Aid Society (founded in 1952) and COSTI (founded in 1962). Presently, COSTI operates five employment and training centres throughout Metro Toronto and York Region, six E.S.L. Training Centres, a Centre for Foreign Trained Professional & Tradespeople, a Rehabilitation Centre for people with disabilities, a Family Counselling Centre and a 100 bed Reception Centre for people who have come to Canada as refugees. The agency strives to be a leader in community services, using a client-focused, and proactive approach in planning, developing and delivering services. With over 200 staff members who, together, speak

more than 60 languages, COSTI provides services to a diverse client base of 40,000 individuals annually.

To enable the communities to proceed, COSTI agreed to serve as the community partner agency in Toronto and provide financial accounting and administrative support services for the research project and this included receiving and disbursing Ontario government funds to cover research expenses.

Multicultural Council of Windsor and Essex County (www.themcc.com). Founded in 1973, the mission of the Council is to promote and encourage a harmonious society in Windsor and Essex County that is multi-racial, multi-ethnic, and multi-faith, and to work toward the social equality of all cultures.

As an umbrella organization of community-based groups and organizations involved in cultural sensitivity, anti-racism promotion/education, newcomer integration, inter-cultural education and cultural retention, the Council sees the promotion and encouragement of a harmonious multicultural society as being achieved through partnerships between governments and groups. In this vein, the Council plays a proactive role in supporting its membership and the community-at-large through organizational development, research, community networking, inter-agency co-ordination, direct service delivery, referral and advocacy initiatives. Fortunately, the MCWEC agreed to serve as the community partner agency in Windsor.

It was envisaged that by virtue of their mandates and participation in this research project, both COSTI and the Multicultural Council would be in a position to utilize this research design and process to engage other ethnic communities in conducting problem gambling studies in the future. In this way, problem gambling research capacity will have been built.

Regional Research Advisory Committee (RRAC). While the research project engaged specific ethnic communities in examining gambling and problem gambling in their local populations, there was a regional dimension to the research. The project endeavoured to garner learnings from each of the community studies, with the view that this information might be used by large agencies and organizations with a regional mandate for mitigating problem gambling. To facilitate the potential for this regional level response and to provide feedback on individual community-based action plans, a regional research advisory committee (RRAC) was established. This committee included government and non-government organizations serving the Toronto and Windsor/Essex County areas (refer to the project website for a list of RRAC members – www.wynne.com/gamblingproject.htm).

1.3 Literature Review

In preparing for this study, a preliminary review of the literature on gambling research undertaken in ethnic communities situated in larger, dominant cultural populations was conducted and 50 articles on this topic were identified as follows:

- Aboriginal communities (42)
- Chinese communities (4)
- Southeast Asian communities (2)
- Hispanic communities (1)
- Multicultural service providers (1)

Clearly, the greatest amount of gambling research conducted within non-dominant, sub-cultural groups has taken place in Aboriginal communities, mostly in Canada and the United States. The four Chinese community studies were conducted in Edmonton, Alberta (Edmonton Social Planning Council, 1999), Montreal, Quebec (Sin, 1996), Toronto, Ontario (Kwan, 1998), and Sydney, New South Wales (Blaszczynski et al., 1998). The Southeast Asian community studies were conducted in Richmond, Victoria, with an adult Vietnamese population (Tran, 1999) and a gambling curriculum was developed in St. Paul, Minnesota, for Southeast Asian youth (Svendson, 1999). In the Hispanic study, the Florida Council on Compulsive Gambling examined calls from Hispanics to the state problem gambling hotline over a six-year period (Cuadrado, 1999). The multicultural service providers study was a survey of Ontario multicultural social service agencies that provided treatment services to problem gamblers (Faveri and Gainer, 1995).

Each of these studies had a specific, and relatively narrowly defined, research agenda. With respect to the Chinese population studies, in Edmonton, the focus was on examining gambling awareness and developing educational interventions for a Chinese seniors population. The Sydney and Montreal studies were somewhat broader, as these sought to gain a preliminary view of the prevalence and characteristics of gambling and problem gambling in Chinese populations. In a similar vein, the Toronto study of the Chinese community was a survey to determine gambling, alcohol consumption, and other drug use behaviours within the adult treatment population.

The studies in the other communities were, again, more narrowly focused. The Vietnamese study examined family gambling losses and their relationship to gambling-related violence. The Minnesota research, conducted informally with Cambodian and Laotian community agencies, resulted in the development of a gambling education and prevention curriculum for Southeast Asian youth. The Gambling Council study in Florida examined Hispanic helpline caller data and, similarly, the Ontario study reported on gambling activities and issues among clients of multicultural treatment service providers in Ontario.

There is clearly a paucity of research into gambling and problem gambling within ethnic communities in dominant cultural populations and, while each of these studies are

undoubtedly important, they provide very little insight into the nature and practice of gambling as a socio-cultural activity within these particular ethnic groups; the way the community defines and perceives problem gambling; community values and belief systems surrounding gambling; the help-seeking proclivities of problem gamblers and concerned family members and friends; and whether there are appropriate, culturally-sensitive resources to meet the needs of problem gamblers in these ethnic communities.

The purpose of this research project was to examine these gambling-related issues in specific ethnic communities in the greater Toronto area and in Windsor/Essex County as a first step to developing a greater understanding that will presumably lead to improved problem gambling prevention, education, and treatment services for these special populations.

CHAPTER 2 RESEARCH DESIGN AND METHODOLOGY

2.1 Research Design and Study Goals

This research was exploratory and descriptive in nature and, as such, it relied primarily on qualitative methods of inquiry. In terms of research design, no theories or hypotheses were used to guide this inquiry; rather, an inductive, grounded-theory approach (Glasser and Strauss, 1967) was followed and any prospective theoretical or conceptual constructs or hypotheses that may ultimately emerge will need to be pursued through further research.

The research design was challenging in that an overarching framework was needed to circumscribe the scope of the inquiry and direct overall research activities; yet, in that a participatory action research (PAR) methodology was followed, the design had to be flexible to empower each participating ethnic community to design and conduct their own locally-relevant research, thus assuming ownership of the research process and outcomes. To accommodate these macro (regional) and micro (local community) perspectives, there were two levels of structure to the research design and these are briefly described below.

Regional research plan. A macro-level regional research plan was developed and implemented by the co-investigators, Drs. Harold Wynne and John McCready, and they (a) assumed responsibility for effectively operationalizing the regional research plan (RRP) and managing the overall research project, and (b) ensured that local research plans (LRPs) were developed and implemented within each participating community.

The purpose of this research was to gain an understanding of gambling in a cultural context and to examine the issue of problem gambling in eight different ethnic communities in large metropolitan areas. To guide this inquiry and facilitate the aggregation of findings, the following five overarching research project goals were posited:

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 behaviors of problem gamblers and concerned significant others.

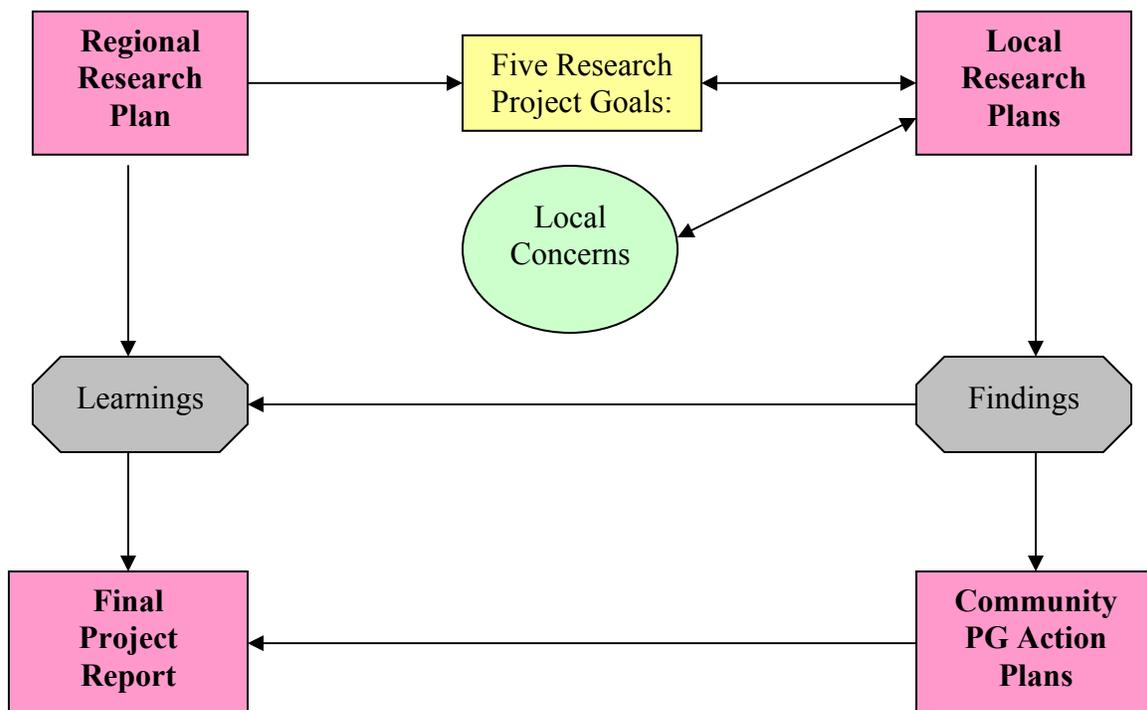
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5. To develop an “action plan” designed to address problem gambling issues identified through the community research.

Local research plan. Within the regional framework circumscribed by the five overarching research project goals, each community, through a local research advisory committee (LRAC), was responsible for developing a local research plan. In keeping with the principles of participatory action research (PAR), each LRAC determined the nature and scope of their research plan and the co-investigators served as resource people to assist with this task. Each local research plan was guided by research questions intended to address the five project goals; however, some communities included additional research questions germane to their situation. Moreover, there was no expectation that research questions, data collection and analysis methods, processes for interpreting data and formulating conclusions/recommendations, or action plan development strategies would necessarily be the same for each community and, indeed, this was the case.

Action planning. The culmination of each community research project was to be the development of an action plan designed to address problem gambling issues that were discovered. Towards the end of the research project, it became clear that the goal of developing action plans in each community was overly ambitious, and that the time and financial resources to do a thorough job of action planning were not available. In view of this, communities were not asked to develop action plans within the scope of this research; rather, the Ontario Problem Gambling Research Centre provided supplemental funding and a six-month project extension to allow communities the time/resources to develop comprehensive action plans.

It is anticipated that the community action planning process will be completed by the spring of 2004. Each community is expected to have a written action plan that addresses problem gambling awareness, prevention, education, treatment, research and other related issues. When the action planning process is completed, the co-investigators will prepare a companion final report to summarize findings from each community, with a view to determining whether there are any joint problem gambling initiatives that might be mounted by the ethnic communities.

The research design, including the two levels and types of research plans that were ultimately developed and the research planning process, may be diagrammed as follows:



While five overarching research goals were posited in the regional research plan, each of the participating ethnic communities was expected to develop their own research plan, considering both these goals and local concerns or interests relative to gambling issues. Local research plans were guided by specific research questions and included data collection and analysis strategies; a process for interpreting findings and positing conclusions/recommendations; and a strategy for developing a problem gambling action plan to address emergent issues.

This final project report. From the outset, it was expected that findings from each of the community research projects would ultimately lead to learnings relative to the five overarching project goals that were posited. This final research project report presents and discusses a summary of the main findings from the community research projects, relative to: gambling as a socio-cultural activity; definitions, characteristics, and the pervasiveness of problem gambling; community members' perceptions of gambling and problem gambling; and help-seeking preferences and behaviours of problem gamblers and concerned significant others. This final report also comments on the perceived effectiveness of the research design and participatory action research approach that was utilized to guide the study.

Finally, insofar as this report is based on a summary of findings, readers are strongly encouraged to read each of the eight final accompanying reports prepared by the communities to gain more detailed information about community research plans, methods, results, and conclusions that were posited.

2.2 Research Methodology

2.2.1 Data Collection and Analysis

This research was exploratory and inductive in nature and guided by the principles of participatory action research (PAR). Essentially, eight ethnic communities in the Toronto and Windsor/Essex County areas conducted their own research into gambling and problem gambling in their communities, albeit within an overall framework designed to aggregate findings gained at the community level. Each ethnic community was responsible for developing a research plan, under the guidance of the co-investigators, and each plan was driven by a set of research questions.

The data needed to address these research questions were identified in each community research plan, along with sources for these data and collection methods. The research sought to describe the nature and practice of gambling and problem gambling in socio-cultural contexts; to tap community members' gambling perceptions, knowledge, beliefs and values; and to identify help-seeking patterns. Consequently, in each community research plan, qualitative data collection methods were paramount, with community researchers relying primarily on key informant interviews and focus groups to gather data. Some quantitative data collection techniques were also employed, typically where communities distributed survey questionnaires to gather data. In all instances, the data collection methods utilized in each community were those most appropriate to the research question(s) being examined and the nature of the community itself.

The co-investigators assisted community researchers in gathering and analysing data, by (a) providing workshop training in methodologies such as interviewing, facilitating focus groups, designing surveys, instrumentation and data analysis; and (b) through ongoing telephone consultation and via continuously posting information on the project website. The co-investigators also provided consultative advice to community researchers in interpreting findings and formulating conclusions from the data.

The methodological details of data collection and analysis are described in the accompanying final reports for each community research project. Below is an overview of the methods undertaken by each community.

Community	# Research Questions	Sample	Data Collection Method	Instrument
Toronto				
Afghan	Goal 1 – 3 Goal 2 – 6 Goal 3 – 3 Goal 4 – 5 Total – 17	-Community Survey - 300 -Key Informant Interviews - 14 -Focus Groups - 36 -Case Studies - 3	-Community Survey -Key Informant Interviews -Focus Groups -Case Studies	-Community Survey Questionnaire -Key Informant Interview Questions -Focus Group Interview Questions -Case Study Interview Questions
Philippine	Goal 1 – 8 Goal 2 – 6 Goal 3 – 3 Goal 4 – 3 Goal 5 – 3 Total – 23	-Key Informant Interviews - 13 -Focus Groups - 54 -Case Studies - 2 -Feedback Focus Group - 14	-Key Informant Interviews -Focus Groups -Case Studies -Feedback Focus Group	-Key Informant Interview Questions -Focus Group Topic Guide -Case Study Guide -Feedback Focus Group Agenda and Guide
Greek	Goal 1 – 7 Goal 2 – 5 Goal 3 – 3 Goal 4 – 4 Total – 19	-Community Survey - 100 -Key Informant Interviews - 20 -Focus Groups - 77 -Case Studies - 1	-Community Survey -Key Informant Interviews -Focus Groups -Case Studies	-Community Survey Questionnaire -Key Informant Interview Questions -Focus Group Interview Questions & Discussion Guide -Case Study Interview Questions
Indo-Caribbean	Goal 1 – 7 Goal 2 – 9 Goal 3 – 6 Goal 4 – 3 Total – 25	-Community Survey - 496 -Key Informant Interviews - 21 -Focus Groups - 70 -Case Studies - 0	-Community Survey -Key Informant Interviews -Focus Groups -Case Studies -Field Notes & Observations	-Community Survey Questionnaire -Key Informant Interview Questions -Focus Group Interview Questions -Case Study Interview Questions -Field Notes
Iraq	Goal 1 – 4 Goal 2 – 2 Goal 3 – 3 Goal 4 – 3 Total – 12	-Community Survey - 200 -Key Informant Interviews - 5 -Focus Groups - 196 -Case Studies - 6	-Community Survey -Key Informant Interviews -Focus Groups -Case Studies	-Community Survey Questionnaire -Key Informant Interview Questions -Focus Group Questionnaire & Discussion Guide -Case Study (Personal Story)
Somalia	Goal 1 – 2 Goal 2 – 3 Goal 3 – 2 Goal 4 – 2 Total – 9	-Community Survey - 159 -Focus Groups - 60 -Case Studies - 6	-Document Analysis -Community Survey -Focus Groups -Case Studies -Field Notes & Observations	-Document Analysis -Community Survey Questionnaire -Focus Group Interview Questions -Case Study Interview Questions -Field Notes

Windsor/Essex County				
Jewish	Goal 1 – 7 Goal 2 – 4 Goal 3 – 5 Goal 4 – 2 Total – 18	-Community Survey - 42 -Key Informant Interviews - 2 -Focus Groups - 24	-Community Survey -Key Informant Interviews -Focus Groups -Field Notes & Observations	-Community Survey Questionnaire -Focus Group Guidelines -Field Notes
South Asian	Goal 1 – 3 Goal 2 – 3 Goal 3 – 2 Goal 4 – 2 Total – 10	-Community Survey - 103 -Key Informant Interviews - 12 -Focus Groups - 103 -Case Studies - 4	-Community Survey -Key Informant Interviews -Focus Groups -Case Studies	-Community Survey Questionnaire -Key Informant Interview Questions -Focus Group Interview Questions -Case Study Narrations from medical professionals or family members

In this final report, the main findings from each community research report are summarized in Chapter 3.

2.2.2 Participatory Action Research (PAR)

As Kemmis and McTaggart (2000, p.567) have recently observed, “participatory action research is a contested concept applied to a variety of research approaches employed in a diversity of fields and settings.” These authors go on to describe the nomenclature surrounding PAR and to discuss the key approaches and criticisms of competing terms, including participatory research, collaborative research, critical action research, classroom action research, action learning, action science, soft-systems approaches, and industrial action research.

Notwithstanding that PAR is a somewhat contested concept, co-investigators Dr. Wynne and Dr. McCready are experienced community development practitioners who have successfully utilized variations of this approach in a wide range of community settings and projects over 30 years. While a detailed discussion of the PAR approach, underlying epistemological assumptions, and critiques is beyond the scope of this report, it is important to identify the key features of PAR and how these advised this inquiry. These features are briefly described within the following seven PAR elements posited in the framework of Kemmis and McTaggart (2000, pp.597-599).

1. PAR is a social process.

In this research project, people from the eight participating ethnic communities came together to socialize in small groups and discuss gambling in their socio-cultural context and focus on the issue of problem gambling. The co-investigators helped establish and subsequently assisted local research advisory committees in discussing

gambling and problem gambling, developing a research plan, and successfully completing the study.

2. PAR is participatory.

Within each participating ethnic community, a local research advisory committee was charged with the task of driving the research process, with the co-investigators serving as resource people. Each LRAC was broad-based in composition and included community agency reps, business people, religious leaders, professionals, and community members-at-large. Furthermore, the research process itself involved gathering perceptual data from many key informants within the community, thus further broadening the participatory base of the project.

3. PAR is practical and collaborative

Ethnic communities in the greater Toronto area and Windsor/Essex County are served by social and health agencies both internal and external to the community. Some of these agencies have a mandate for providing problem gambling-related services within the community; consequently, it was very important that they were involved in the research process. This was especially vital given that a major research outcome for each community was the development of an “action plan” to address problem gambling, and the resources of these agencies are assets in achieving this outcome. To this end, the co-investigators and communities established a regional research advisory committee to advise the study and conceivably collaborate during the action planning stage.

4. PAR is emancipatory.

According to Kemmis and McTaggart (2000, p.597), PAR “aims to help people recover, and release themselves, from the constraints of irrational, unproductive, unjust, and unsatisfying *social structures* that limit their self-development and self-determination.” Arguably, the ultimate goal of each ethnic community research project was to emancipate the problem gambler and his/her concerned significant others so all may enjoy a more peaceful and fulfilling life. The research and action planning processes may yet determine whether, or which, social structures or conditions need to be challenged to accomplish this goal.

5. PAR is critical

PAR has been characterized as a process in which people deliberately set out to contest and to reconstitute irrational, unproductive, unjust, and/or unsatisfying ways of interpreting and describing their world (Kemmis and McTaggart, 2000, p.598). The research project challenged participants to critically examine social structures, conditions, and other variables that foster problem gambling, and this critical perspective was especially valuable as the group interpreted data and formulated conclusions, recommendations, and ultimately, an action plan.

6. PAR is recursive (reflexive, dialectical)

PAR aims to help people investigate reality in order to change it, in particular by changing their practices through a spiral of cycles of critical and self-critical action and reflection (Fals Borda, 1979). Each ethnic community examined and reflected on the reality of gambling and problem gambling in its socio-cultural context and, through reflection and discourse, each group will inevitably take action and attempt to effect positive social change. The PAR research process itself is recursive and it will afford each community group the opportunity to re-examine gambling and problem gambling in the future.

7. PAR aims to transform both theory and practice

PAR does not regard either theory or practice as pre-eminent. Rather, it involves “reaching out” from the specifics of particular situations, as understood by the people within them, to explore the potential of different perspectives, theories, and discourses that might help to illuminate particular practices and settings. PAR also involves “reaching in” from the standpoints provided by different perspectives, theories and discourses to explore the extent to which these provide people with a critical grasp of the problems and issues they actually confront in local situations. The co-investigators provided advice and guidance to the LRACs with respect to theories, perspectives, models, and gambling literature findings that might prove useful in interpreting the community problem gambling experience.

In summary, the participatory action research (PAR) approach was used to empower each of the eight communities in developing and conducting their own research into the nature and characteristics of gambling and problem gambling in their populations.

2.2.3 Validity and Reliability

In qualitative research, the term “trustworthiness” is often substituted for the quantitative terms validity and reliability (Lincoln and Guba, 1985), and the issue of enhancing the trustworthiness of the qualitative research conducted in each community was discussed by the co-investigators with LRACs and community researchers. Suggested techniques for enhancing the trustworthiness of community data included focusing on triangulation (i.e., using multiple data sources), identifying researcher biases, and asking good research questions.

In addition, during the workshop and in telephone consultations, the co-investigators discussed quantitative issues of validity and reliability relative to sampling, instrumentation, and the use of descriptive statistics in data analysis. Some communities conducted limited surveys, utilizing questionnaires they developed for this purpose. For the most part, survey questionnaires contained many items from the Canadian Problem Gambling Index (Ferris and Wynne, 2001), which is a validated instrument that measures gambling and problem gambling in population studies.

2.2.4 Limitations

Two main limitations of this research must be acknowledged. First, as the community research was mostly qualitative, relying on the perceptions of a relatively small group of key informants, it is not generalizable, either to the ethnic community under study or to other similar/different ethnic communities. The issue of transferability besets all case study, ethnographic and qualitative research and the best advice qualitative researchers and academics can offer is to develop thick, rich, descriptive data so that judgments about the degree of fit or similarity may be made by others who wish to apply all or part of the findings elsewhere (Goetz and LeCompte, 1984; Lincoln and Guba, 1986; Merriam, 1988). To accomplish this, the LRACs and community researchers were encouraged to carefully lay out an audit trail with data collection, analysis and interpretation methodologies clearly written so that other researchers can review the original data should they wish to replicate or build on the study. In each community, the research data are stored with the community sponsoring agency and this, coupled with the presentation and interpretation of findings presented in each final report, allows others to challenge the research and/or use this information to advise future studies.

The second main limitation is that the ethnic community research relied heavily on perceptual data, which are often referred to as being problematic in that individuals construct and interpret facts and events in a highly subjective manner and, therefore, it is often difficult to aggregate a common view of “objective reality,” if indeed, there is such a thing. There is, however, some comfort in knowing that perceptions, rather than objective reality, arguably direct most attitudes and responses. The co-investigators endeavoured to impress upon LRACs and community researchers the problematic nature of perceptual data and to devise strategies for dealing with these as effectively as possible (e.g. through triangulation, consensus analysis, and convergence of perceptions). Nonetheless, to the extent each community research initiative relies on the perceptions of some, and not other, community members and key informants, it is limited.

2.2.5 Ethical Considerations

Neither the Ontario Problem Gambling Research Centre nor any of the participating organizations have an in-house research ethics review process. In the absence of such a process, the co-investigators adopted as their guiding framework the Canadian Tri-Council Policy Statement on *Ethical Conduct for Research Involving Humans* (Medical Research Council of Canada et al., August, 1998). Specifically, they applied the Council’s ethics framework to this research project and, during workshops and telephone consultations with the communities, explained how each community research project must satisfy the following guiding principles: respect for human dignity; respect for free and informed consent; respect for vulnerable persons; respect for privacy and confidentiality; respect for justice and inclusiveness; balancing harm and benefits; minimizing harm; and maximizing benefits.

CHAPTER 3 COMMUNITY FINDINGS

Each of the eight ethnic community groups that participated in this research project have written final reports that posit their local findings, and readers are encouraged to examine these reports to gain a complete picture of what was discovered and learned in each community. It would be tedious and redundant to present every community finding in this report; nevertheless, it is important to identify key community findings relative to the four overarching study goals, as a precursor to discerning what may be concluded from this research experience. To this end, key findings from each of the eight communities are presented in this chapter, and these are organized (a) according to the four main study goals, and (b) by community within each of these goal areas.

3.1 Gambling in the Communities

The first main study goal that each community was asked to address was, “to describe the nature and practice of gambling as a community socio-cultural activity.” The intention of this goal was to implore the communities to begin their research by first looking at the nature of gambling, itself, in the community (i.e., type of gambling activities available, frequency of play, expenditure patterns, demographics of players). Each community explored this goal in a slightly different way, although each relied on perceptual data gathered from community members through surveys, interviews, and/or focus groups. Following is a summary by community of the most salient findings regarding current gambling practices.

3.1.1 Gambling Activities

Each of the eight communities included questions in survey questionnaires, focus groups, key informant interviews and/or problem gambler case study interviews asking respondents about the type and characteristics of gambling activities that (a) they, themselves, participated in, and/or (b) knew were engaged in by other community members. Following is a summary of the main findings/community for the type/characteristics of gambling activities that are evident.

Afghani Community

- Public polling interviews indicated that the four top gambling activities that members of the Afghani community are engaged in are lotteries, casino slots, Falash and Charwali (traditional Afghan card games).
- 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 a casino.

- Focus groups answered that dice, kite flying, bojol, shir-o-khat, cock fighting, dog fighting, kabk-fighting, volleyball and football betting were typical Afghani gambling practices in the homeland and in Canada. 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.
- Focus groups also indicated that 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. Students bet almost everyday in the schoolyard, and even go to each other's houses to continue. Some workers at restaurants and stores 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.

Filipino Community

- Definitions of gambling were stable across responses, and these included: wagering with money with intentions of return; involves risk/chance of losing or winning money; form of entertainment/recreation; social activity; and an emotional and/or mental outlet.
- From individual interviews, the most common responses for Filipino gambling activities were: lottery, bingo, casino, mahjong, racetrack, card games (e.g. pusoy), betting on sports, cockfighting, and jueteng.
- From focus groups, the most common gambling activity responses were: 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.
- From interviews and focus groups, most Filipinos gamble at the following locations: private homes, bingo halls, casinos (Casino Rama, Casino Niagara), racetracks (Woodbine), social events, lottery stands.
- Interviewees and focus group participants offered the following opinions relative to frequency, duration, and gambling expenditures:
 - Filipinos are most likely to gamble on weekends, holidays, after work hours, and during free time.

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- Many Filipinos gamble daily, weekly or monthly, with the duration/session ranging from 3-5 hours, the whole evening, or the entire weekend.
 - Reported spending ranges from \$1 to \$2000/session, depending on the type of gambling activity. One problem gambler reported spending a minimum of \$100 per casino visit; however, he has been known to have spent/lost \$11,000 U.S during a gambling binge.

Greek Community

- From focus group feedback, gambling was generally defined as a practice that involves risking 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. It was also pointed out that gambling does not only involve the use of money (e.g., taking chances in life).
- Focus group participants and key informants perceived that gambling is a prevalent social aspect of Greek life, both as a social event outside of the home and inside of the home on special occasions.
- Key informants and focus group participants identified the following gambling activities as being prevalent in the Greek community: casino gambling, card games, lotteries and scratch tickets, horse racing, bingo, and coffee shop gambling (this includes any type of gambling). The most popular gambling activity is lottery ticket purchasing, followed by casino gambling and card games in private restaurants or coffee shops.
- Gambling takes place in a variety of different locations in the Greek community, including: the home, coffee shops and restaurants, casinos, schools, and the racetrack. 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.
- Key informants and focus group participants indicated that, 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 in female gambling from the Toronto Greek community.

Indo-Caribbean Community

- A survey of 496 Indo-Caribbeans in Toronto revealed that 77% percent of respondents spent money on betting and gambling and 23% said they did not gamble.

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- Survey respondents reported that lottery was the most popular form of gambling (50%), followed by scratch cards (21%), casino (10%), bingo (5%), coin slots (5%), card games (4%), racetrack (3%) and Internet (1%).
 - Survey respondents reported their personal spending on gambling to be very low on average, with 89% admitting to spending \$20 or less per week and 3% saying they spent \$100 or more each week. Focus group participants tended to agree that most Indo-Caribbeans were spending only small amounts on gambling; “\$5 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.

Iraqi Community

- From a survey of the Iraq community (N=200), respondents indicated they participated in the following gambling activities: lottery (24%), gambling with family/friends (13%), bingo (11%), scratch cards (10%), sports betting (8%), casinos (8%), and card games (8%).
- The majority of respondents (70%) reported spending between \$1 and \$499 per month on all gambling activities. Seven respondents reported expenditures of \$15,000 in one month.
- According to key informants and focus group participants, gambling practices revolve around the gathering of friends to engage in an enjoyable social activity; a little friendly betting between friends is a social pastime. Lottery tickets do not constitute gambling, and most of the activities engaged in are card games with other persons and friends. Going to places such as casinos is synonymous with gambling.
- Community survey respondents indicated the main reason to engage in gambling activities was to gain money (26%) and because the excitement gets to them (25%). Interestingly, only 22 respondents (10%) reported that gambling was entertaining and/or fun.
- 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 encourage community members 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.
- 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.

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- Survey results showed that engaging in gambling is mostly done with friends and co-workers (34%); although, the second highest category is engaging in gambling alone (31.5%).
 - Key informants cited that gambling usually took place at home with other friends, at racetracks, and casinos. They reported that problem gambling begins through socialization (tjamuaat). Through shillalliya (social/peer groupings), people get together and 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.

Somali Community

- The survey of 159 members of the Somali community in Toronto showed that, in the past year, 94 (59%) of the respondents gambled. The main types of gambling activities respondents reported were: Turub (Somali poker) (43%), lottery (30%), and casino/bingo (11%).
- When asked about reasons for gambling, 39% of the gamblers said they did it to win money, while 12% said they played for entertainment or fun.
- 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% gambled weekly, and 30% gambled once or twice a month.
- In terms of the duration of a gambling session, more than half of the gamblers (57%) spent up to 8 hours on gambling at each time they gambled within the past 12 months and another 10% said they spent between 8 and 10 hours.
- Seventy percent of the male youth focus group members 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/billiards, and sports betting.
- Unlike the males, 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. Consequently, the list 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 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.

- Among the male adults in the focus group, the list of gambling activities was long. It included lotteries, sports betting, bingo, pool/billiards, 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).”
- The female adult focus group members 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 were 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 ruin.” A vast majority of the adult women said they didn’t gamble. Three women 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.
- In the mixed focus group of seniors and religious leaders, each group 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 the use of 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 Qur’an 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.

- Although the survey did not directly question where and when 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 played exclusively at night, and especially throughout weekend nights.
- 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.”
- The female youth focus 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.
- Almost every one in the adult male 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 sometimes during weeknights.
- In the adult female focus group, 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 associated with the Somali social clubs, and that their husbands played Turub and chewed Qat every Friday and Saturday night there.

Jewish Community

- A survey in the Jewish community (N=42) found that 83% of respondents gambled in the past 12 months. The games most preferred were lottery (33%), instant-win or scratch tickets (19%), daily lottery (10%), raffle/fund raising tickets (7%), bingo (5%), card/board games with family or friends (5%), video lottery terminals (2%), and Internet gambling (2%).
- According to the survey data, the majority of participants (52%) reported gambling between 1-5 times a year; 15% about once a week; 3%, 2-6 times a week; and 1% of the sample reported gambling on a daily basis.
- 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 survey respondents 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.
- Survey data indicated that 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.

South Asian Community

- 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 identified lotteries and slot machines as regularly practiced gambling activities. Youth also described being exposed to certain gambling activities such as sports betting and Internet gambling at school.
- South Asians view gambling activity that takes place within the confines of the home with friends and family (e.g., playing cards for money) as a cultural norm. This type of activity is not viewed as gambling; whereas, playing cards outside of the home (e.g., at the casino), is viewed as gambling activities.
- Twelve percent of males versus 4% of females gambled with a frequency of 2-3 times a month or more.

3.1.2 Demographic Characteristics of Gamblers

Some communities also examined the demographic characteristics of gamblers, and following are some key findings for these communities.

Afghani Community

- Public polling interviews were conducted with a total of 300 persons who were interviewed at community events, mosques, business centres, houses and shopping centres. Demographic characteristics of the gambling population were as follows:
 - 74% of the gambling population was male.
 - 16% were between the ages 14-19; 29% between the ages 20-35; 33% between the ages 36-50; and 22% were 51 or older.
 - 73% were married.
 - 36% had a high school education or less.
 - 70% were employed full or part-time.
 - 59% had an annual household income of less than \$30,000.
- 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.

Filipino Community

- From focus groups and key informant interviews, it was estimated that gamblers are: mostly male, middle aged, married, high school educated or more, employed, and earning from \$20,000 to \$50,000 annually.

Greek Community

- Based on key informant and focus group participant perceptions, the following comments about the demographic characteristics of gamblers were offered in the Greek report:
 - Individuals of all age groups practise 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 and 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.

South Asian Community

- In a survey of South Asian community members (N=103), the following demographic characteristics of gamblers were identified: 62% of gamblers were male; 60% were Sikh and 40% Hindu; 48% of youth and 42% of seniors gambled, as contrasted with 70% of adults.

3.1.3 Gambling Practices Continued from the Homeland

Some of the groups identified gambling practices from the homeland that were also evident in the Ontario community, and following are some examples of these.

Afghani Community

- Key informant 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 racing, 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), and Chaka pao.
- Betting on sport games for going to eat out was common in Afghanistan especially within youth groups. This was called friendship betting.
- Focus group participants revealed that 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, lasts for days, not only hours once gambling starts. 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.

Filipino Community

- Gambling practices in the Philippines that are continued in Canada include: mahjong, cards, bingo, lottery, wagering on sports, Pusoy, blackjack.
- Filipino gambling practices that are not present in Canada include: Jai alai, jueteng, cockfighting, spider fighting and pyramid.

Indo-Caribbean Community

- The vast majority of Indo-Caribbeans living in Toronto are immigrants (93% of the survey respondents were born abroad), who have come from countries where gambling is common and accepted.
- A wide range of gambling activities were available in the Caribbean, and survey respondents 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.
- Respondents also took part in more recreational types of 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 games with dice, three shells, and three cards (over and under). There were other more light-hearted 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.
- According to respondents and key informants, 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.
- 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. 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.

Iraqi Community

- Survey respondents indicated that gambling practices began back home; however, increased exposure to gambling opportunities in Canada has resulted in increasing participation. For instance, 66 respondents (33%) stated that they gambled in the homeland prior to arrival to Canada, while 83 (42%) reported gambling only after arriving in Canada.
- 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.

South Asian Community

- Survey respondents reported that lotteries (38%), playing cards during celebrations with friends and family (31%), casino games (20%), and sports betting (12%) are common gambling activities from the homeland that they have continued in Windsor/Essex County.

3.2 Problem Gambling in the Communities

Once each Local Research Advisory Committee examined the nature and characteristics of gambling in their community, they focused on the second study goal, which was “to describe the definition, characteristics and pervasiveness of problem gambling in the community.” To gain insight into problem gambling, each ethnic community posed a series of research questions to determine how the community defined “problem gambling”; what the perceived prevalence of problem gambling was; what behaviours and consequences were attributable to problem gamblers; and the demographic characteristics of problem gamblers. A summary of community findings relative to problem gambling follows.

3.2.1 Community Definition of Problem Gambling

Through focus groups, community surveys, and key informant interviews, many of the communities attempted to gain peoples’ perceptions as to the definition of problem gambling. Following is a summary of the key findings regarding how people defined problem gambling in their ethnic community.

Afghani Community

- 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 problem 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 focus group’s perspective, gambling disturbs 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 for those who have some extra money. It causes family, social and financial problems.

Filipino Community

- From individual interviews, the following perceptions were offered to define problem gamblers: 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 group participants added the following definition of problem gambling/gamblers: 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).
- From the two case studies, problem gamblers offered the following definitional description: 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; 7) gamble any money one has even if it means being homeless; 8) gambling comes before subsistence.
- In defining problem gambling, the research group examined perceived reasons why Filipino gamblers develop into problem gamblers, noting the following:

- Individual interviewees attributed the development of problem gambling to: 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.
- Reasons offered by focus group participants included: 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.
- The insight gained from interviewing one problem gambler was reported. 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.

Greek Community

- From key informant interviews in the Greek community, the definition of problem gambling that emerged was: 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. A gambler who has large sums of money and is wealthy, and who gambles continuously, is often not considered a problem gambler simply because he or she can afford to gamble and so choose to spend money on gambling as opposed to other types of entertainment. However, the general consensus was that 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.
- A common theme that emerged from the focus groups was that 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 problem gambler in that the range of gambling frequency is different; that is, the problem gambler will gamble much more frequently, as often as once or twice a day.

Indo-Caribbean Community

- 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.
- In the focus groups there was wide agreement that gambling 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 focus groups, seniors and the younger generation were singled out as the groups most at risk for getting into gambling problems.
- Researchers interviewed 12 key informants who had relatives or friends who were problem gamblers. From their experience, these interviewees 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, neglect of school work, and mood swings as other symptoms of the problem.

Iraqi Community

- 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.
- For focus group participants, spending too much money was a characteristic of problem gambling when spending too much money is something the gambler 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.

Somali Community

- Most of the male youth focus group participants 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 focus group members also 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.
- Most in the female youth focus group members 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 Qur’an, the holy text of the Muslims, forbids gambling”, said one of the young ladies in the room.
- Over 50% of the men in the adult male focus 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 and 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 it's effects," said one man. "The best Turub gambling is where in a small smoke-filled social club, the players are within easy reach of 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 1980s and early 1990s. Only Somalis play Turub in social clubs where Qat is in use.

- In the adult female focus groups, 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 and cried.
- In the seniors and religious leaders focus group, participants 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.
- According to the problem gamblers interviewed for the case studies, 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.

South Asian Community

- In a community survey (N=103), more than 80% of respondents in all groups (i.e., Hindu, Sikh, male/female, senior/adult/youth, medical) defined problem gambling as an “addiction.”
- From focus groups, key informant interviews, and problem gambler case studies, it is evident that South Asian respondents viewed problem gambling primarily as:
 - Repeat behaviour whereby the gambler attempts to win back losses.
 - Disruptive physical and psychological behaviours such as abuse.
 - Affecting everyday life (lack of sleep, mood swings, needy, denial of a problem).
 - Isolation from friends and family.
 - Loss of respect for individual, family, and community.

3.2.2 Prevalence of Problem Gambling in the Community

Some of the ethnic communities attempted to gauge the prevalence of problem gambling in their communities. None of the communities had the resources to conduct a rigorous scientific survey to measure problem gambling in their populations; therefore, most relied on the perceptions of key informants and focus group participants to gain a preliminary insight into the pervasiveness of problem gambling. Key findings for communities are reported below.

Afghani Community

- Some items from the Canadian Problem Gambling Index (CPGI) were included in a community survey (N=300); however problem gambling prevalence rates were not calculated. Findings for the CPGI items that were included report include the following:
 - 68% of gamblers report having gone back another day to try to win the money they lost (chasing behaviour).
 - 36% of gamblers report having borrowed money to gamble.
 - 13% of gamblers report having sold something to get money to gamble.
 - 49% of gamblers said they have tried to quit or cut down, but were unable to do so.

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- 52% of gamblers have tried to ask others to help them quit.
 - Key informants commented that it's hard to attach a percentage to problem gambling in the community. Estimates ranged from a 4-6% to a 40-50% problem gambling prevalence rate.

Filipino Community

- From 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. Interviewees reported that they knew from 1 to 15 Filipino problem gamblers.
- 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. The majority of focus group participants knew of at least 1 Filipino problem gambler.
- One problem gambler knew of at least 20 other Filipino problem gamblers.

Greek Community

- Within the community, the key informants and focus group participants estimated the following problem gambling prevalence rates: problem gamblers at 20%, social gamblers at 50% and those individuals that do not gamble at all at 30%. Of the estimated 20% of the population who are problem gamblers, 75% are estimated to be adult males who gamble within the casinos or in coffee shops; the other 25% per cent of problem gamblers are adult females who typically gamble in casinos.

Indo-Caribbean Community

- Just over 14% of survey respondents (68 individuals) knew an Indo-Caribbean who has a problem with betting now or sometime recently. Similarly, 20% of focus group participants claimed to know an Indo-Caribbean problem gambler.

3.2.3 Demographic Characteristics of Problem Gamblers

Some ethnic community groups attempted to identify the demographic characteristics of problem gamblers through surveys, while others took a more qualitative approach by gathering the perceptions of key informants and focus group participants. Findings relative to these demographic characteristics are presented below.

Filipino Community

- From focus groups and key informant interviews, it was estimated that Filipino problem gamblers are: mostly male, middle aged, married, high school educated or more, employed, and earning from \$20,000 to \$50,000 annually.

Greek Community

- From key informant interviews, it was estimated that problem gamblers in the community consist of a high percentage of males who 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 has increased numbers of problem gamblers. The women are in the age group of 35 to 50 as well.
- According to the Greek 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 estimated increase in the number of females who have developed 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 that females are beginning to supplant males in certain areas of gambling (e.g., casino gambling).

Indo-Caribbean Community

- 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.

3.2.4 Problem Gambling Behaviour

The Canadian Problem Gambling Index includes items that probe for problem gambling behaviour, and some of the communities included these questions in their surveys, focus groups, and key informant interviews. Key findings by community are reported below.

Afghani Community

- 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 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.

Filipino Community

- From individual interviews, the following behaviours attributable to problem gamblers were noted: 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.
- The problem gamblers interviewed described their problem gambling behaviour to include: impeded concentration, neglected financial obligations, unmotivated, socially inept, gambling is only concern, even over subsistence.

Greek Community

- According to the key informants, both emotional and behavioural characteristics are attributable to problem gamblers, and the following profile was offered. 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 to 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.

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- The behavioural characteristics of problem gambling as described by focus groups from the Greek community range substantially, and the following profile was offered. 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.

Indo-Caribbean Community

- Community survey respondents identified some of the behaviour patterns associated with problem gambling to include: 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; 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 problem gambling.
- Focus group participants identified depression, violent temper, poor dress and appearance, mood swings, heavy drinking, and telling lies as behaviours connected to problem 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.

Iraqi Community

- From the community survey (N=200), reported problem gambling behaviours included:
 - 56% of gamblers lost control and bet more than they could afford at least some of the time.

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- 33% of gamblers borrowed or sold something to get money to gamble at least some of the time.
 - 46% of gamblers lied to family members about their gambling at least some of the time.
 - 6% of gamblers admitted to committing illegal acts to finance their gambling at least some of the time.

Somali Community

- According to the community survey (N=159), 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. Eighty-nine percent of those surveyed said they have bet more than they could afford to lose at least some of the time.

Jewish Community

- Participants in the focus groups reported that the frequency with which a person gambles is the biggest sign of problem gambling. Other behaviours attributable to problem gambling 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.

South Asian Community

- 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).
- Respondents identified the usual behaviours associated with problem gambling (e.g., betting more than affordable, chasing losses, borrowing, lying, hiding evidence, stealing). Additionally, they described various other problem gambling behaviours, including: absent-mindedness; edginess; fixating on money; secretiveness; inattentive at work; irritable and abusive towards spouse and children; making excuses.

3.2.5 Consequences of Problem Gambling Behaviour

The Canadian Problem Gambling Index also contains items that examine the consequences of problem gambling behaviour, and many of the communities included these questions in surveys, focus groups and key informant interviews. Key findings for each community are reported below.

Afghani Community

- Through the community survey (N=300), it was revealed that one of the worst things that can ever happen to someone as a result of gambling is that they 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.
- Other problem gambling consequences identified in the community survey included the following:
 - 50% of gamblers admitted that their gambling has caused them financial problems at least some of the time.
 - 40% of gamblers suggested that gambling has caused financial problems for their household at least some of the time.
 - 13% of gamblers said they have sold something to get money to gamble at least some of the time.
 - 46% of gamblers stated they have lied to family members or others to hide their gambling at least some of the time.
 - 6% of gamblers admitted to having done something illegal to get money for gambling, at least some of the time.
 - 23% of gamblers reported to having lost or almost lost a relationship due to gambling.
 - 16% of gamblers stated they have lost a job because of their gambling.
 - 19% of gamblers stated they have lost an educational opportunity because of their gambling.
- Key informants said the consequences of problem gambling behaviours can create family, community and economical problems; isolation and separation from the mainstream community; and mental, health and family problems. Despite being a highly developed nation, Canada still suffers because many young Afghani people are hooked on gambling, which can result in loss of friends and respect among them in the community.

Filipino Community

- A main consequence of problem gambling in the Filipino community was perceived to be social isolation.
- From the individual interviews, two-thirds 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.
- Focus group participants perceived problem gamblers gamble alone more than 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.
- Another significant consequence of problem gambling was perceived to be negative consequences for the family.
 - Interviewees identified family consequences as including 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 group participants identified consequences including abuse (physical and emotional); negligent parenting, problem children resulting from negligent parenting, divorce, decreased feeling of obligation for family responsibilities by problem gambler.
- Negative consequences for friends of the problem gambler were also identified.
 - Interviewees identified consequences as including stealing or borrowing from friends, relationships broken, avoidance, borrowing, loss of respect and trust for problem gambler.
 - Focus group members identified broken relationships, incurred debt, rejection, isolation from friends, avoidance by friends.
- Interviewees and focus group participants also identified negative consequences of problem gambling at work, and these included missing work, employment loss, stealing and decreased work efficiency.

Greek Community

- From key informant interviews, the following description of the consequences of problem gambling was posited. 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 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; and lack of income to supplement the bills and the cost of living. On the 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 group participants considered that 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. 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.

Indo-Caribbean Community

- Community survey respondents identified gambling at horse racing, casinos, and the lottery as the key activities for Indo-Caribbean problem gamblers they knew. Problems or consequences perceived to be related to this type of gambling included:
 - Family economic and emotional crises, failed marriages, family violence, break-ups 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.
- The 12 key informants with relatives or friends who were problem gamblers reported that severe disruptions characterized the family life of most problem gamblers, causing problems with spouses and marriage, arguments about money, and actual family break-ups. This addiction caused some problem gamblers to

become moody and short-tempered with family. The following examples from these concerned significant others' experiences with problem gamblers illustrate some of the negative consequences.

- Three marriages were reported to being close to break-up, and in one case the marriage actually broke up and a stepfather abused the gambler's children 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.
- The 12 key informants also reported that financial damage was a negative consequence for 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
- According to the key informants, 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 and spiritual activities, and in one case become withdrawn and totally uncommunicative.

Iraqi Community

- Community survey respondents identified the negative consequences of problem gambling to include family break-up, financial loss, depression and a change in community status.

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- Key informants suggested that family break-up, disruptions and domestic abuse were consequences of problem gambling that affect the individual and community. Key informants reported cases where entire families have been affected by adverse gambling behaviours (mostly from the male head of households) and where entire fortunes and homes were lost resulting in family break-ups.
 - Participants in focus group sessions reported that family break-up, disruption of normal everyday life, emptiness, and lack of motivation were results of problem gambling.
 - Interviews with problem gamblers indicated that some had experienced escalating family problems and bankruptcy as consequences of their uncontrolled gambling behaviour.

Somali Community

- The community survey data showed that 83% of the people who have gambled admitted that their gambling has caused problems between them and their family members and friends at least some of the time.
- Sixty-one percent of the gamblers surveyed reported that their gambling has caused financial problems for themselves or their families at least some of the time.
- The survey data also 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.
- In assessing the relationship of gambling and the gamblers' health, the survey data indicated that:
 - 71% of the gamblers reported that their gambling has caused them health problems such as stress or anxiety at least some of the time.
 - 53% of gamblers reported having difficulty sleeping at least sometimes because of gambling.
 - 5% of gamblers admitted to having seriously thought about committing suicide because of gambling problems.
- Most of the male youth in the focus group 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.

- The female youth in focus groups 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.
- The adult male focus 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.
- All the adult women in the focus group agreed that there was a problem with gambling in the community. They said this was a threat to family unity 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."
- In their focus group, the seniors and religious leaders kept quoting verses from the Qur'an, "*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 group members agreed that it was clear from this verse that gambling has in it the following evils:
 - 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.
 - 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 Qur'an.
- All of the problem gambling 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.

South Asian Community

- South Asian respondents offered many examples of the negative consequences of problem gambling, including: financial problems; family problems; negative mental/physical health effects; bad name for the community; low self-esteem; loss of confidence; suicide; obsessed with money; and loss of friends.
- Key study findings regarding negative consequences included the following:
 - 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.

3.3 Community Perceptions of Gambling and Problem Gambling

The third major study goal that each community addressed was, “to ascertain community members’ perceptions of gambling and problem gambling.” More specifically, the Local Research Advisory Committees endeavored to assess community members’ level of awareness, knowledge and attitudes/values relative to problem gambling. The most salient findings from each community study are presented in this section.

3.3.1 Community Awareness and Knowledge of Problem Gambling

Through surveys, focus groups, key informant interviews, and case studies of problem gamblers, each of the communities sought to identify the level of awareness and knowledge of problem gambling, and the most salient findings are presented in this section.

Afghani Community

- Key informants offered the following comments relative to community awareness of problem gambling:
 - Gamblers in the community do not want themselves known as such.

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- Wives and family members complain to relatives and friends. This is how we can tell a problem gambler from a gambler; e.g. one wife took her husband to Montreal to escape his gambling habits.
 - 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.
 - 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.
 - In Afghanistan, people were easily distinguished if they gambled, contrary to here in Canada where everybody is busy and has no time to nose into others' business.

Filipino Community

- 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. Similarly, focus group responses suggested that the community is generally aware of what problem gambling is and acknowledge that it afflicts members of the Filipino community.
- From individual interviews, it was estimated that most problem gamblers are not aware that they have a problem due to denial.

Greek Community

- People within the community are self-aware and the issue of problem 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 within 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.

Iraqi Community

- While respondents to the community survey stated that gambling activity is very prevalent, there is little reported concern about gambling as a problem.

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- Focus group participants reported that gambling is very much seen in the community and (problem gambling) is a matter that needs to be addressed; however, they agreed that the community-at-large is not aware of the extent.
 - Key informants reported that, when they see problem gambling cases where they are directly involved, they are concerned. It is an issue that needs to be addressed, as for some community members the gambling temptation is too great for them to overcome. They also reported that they are concerned about the effects of gambling on the younger generation.

Somali Community

- According to the survey (N=159), both community members 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. Another 8% of this group said that they have been criticized or told that they had gambling problems by the community ‘almost always’.
- All the male youths in the focus group said that they know about problem gambling by identifying the problems associated with it such as broken homes and relationships, financial dysfunction and homelessness.
- The female youth focus group members 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 focus group members were 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.
- Most female focus group members 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.
- All of the six problem gamblers interviewed 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.

Jewish Community

- 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.
- Focus group participants seemed to be aware of some of the signs/symptoms of problem gambling. They 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 borrow 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.

South Asian Community

- The majority of South Asians are concerned about problem gambling, but at the same time do not feel that problem gambling exists in their community in Windsor.
- From the survey (N=103) results, those who claimed to be aware or somewhat aware of problem gambling in the community were as follows: Hindu (44%); Sikh (60%); male (40%); female (47%); youth (47%); adults (46%); seniors (35%); medical professionals (33%).

3.3.2 Community Attitudes Towards Problem Gambling

Community attitudes towards the issue of problem gambling will invariably influence the subsequent development of treatment and prevention programs; therefore, each local research advisory committee attempted to identify community members' views, which are summarized below.

Afghani Community

- People in the Afghani community hate gambling and gamblers, a fact that is well known by the gamblers themselves; therefore, resulting in the existence of a constant feeling of fear in them. Consequently, gamblers keep a low profile and hide from the community despite living in a free society.

Filipino Community

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

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- From focus group feedback, it was apparent problem gambling has a negative stigma 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.
 - One female problem gambler acknowledged the negative stigma associated with problem gambling in the Filipino community. However, because this is her primary recreational activity she is not deterred from it because she is absorbed in a gambling culture and associates for the most part with others who are also highly involved in gambling.
 - The research report presented an interesting discussion of the differences in perceptions of problem gambling in the Philippines versus the Toronto community and the following highlights are noted:
 - According to focus group participants, in the Philippines: a) there is no negative stigma related to problem gambling and, therefore, it is more rampant; b) no resources are available for problem gamblers; c) gambling is used as an occupation, and gambling is associated with elite status, d) gambling is a socially accepted practice; e) there is more gambling availability; f) gambling is associated with drinking and aggression; and g) rampant poverty makes the problem worse.
 - In Canada: 1) the Filipino community is less integrated and, therefore, when 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 in the Philippines; and 3) if you lose everything, there are less community members you can rely on to help you get back on your feet.

Greek Community

- 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 not 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.

- It is estimated that approximately 25% of people believe that gambling is wrong, while 75% believe that gambling is not wrong. The perception of gambling and problem gambling in the community is mixed. There are those who believe that gambling 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 who 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 for the individual, family and community as a whole.
- 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 a problem gambler, 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.

Indo-Caribbean Community

- In the community survey (N=496), 69% of respondents approved of or tolerate gambling; whereas, only 6% believe the community is against betting. Furthermore, 77% of respondents perceived 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.

Iraqi Community

- Key informants reported that gamblers are, to a small degree, acceptable to the community given that gambling is an activity that is not unknown. Focus group participants reported being labelled as a gambler is not a positive characteristic.
- Problem gamblers interviewed for the case studies reported that they feel ashamed and reported that they are as seen as social pariahs.

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- Key informants reported that within the Iraq community, the Assyrians (Christians) are 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.
 - 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.

Somali Community

- When community survey respondents were asked whether or not it was acceptable, according to their culture and values, to gamble, almost half of them (48%) said no. Thirteen percent (13%) said yes, it was acceptable while 29% were not sure.
- 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 felt 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.
- In the adult male focus group, most participants said they disapproved of gambling and problem gamblers on the basis of cultural values and religion. One man said, “all forms of gambling are 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.
- The adult females 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.
- 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.

- From the interviews with problem gamblers, it was apparent that the attitudes and values of this group towards problem gambling was divided. Four of the six problem gamblers said their cultural values didn't allow their games but they enjoyed them 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."

Jewish Community

- Within the Windsor Jewish community, 11 out of 53 focus group members 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 casinos 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.

South Asian Community

- Most study respondents indicate a strong disdain for problem gamblers (fear of being asked for money; fear of a "bad example" being provided to children).

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- 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.

3.4 Resource Awareness and Help-Seeking Preferences

The fourth main study goal was, “to ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others.” Within each community, participants’ knowledge/awareness of resources to help problem gamblers, and the perceived help seeking preferences of problem gamblers and concerned significant others, was probed. Each Local Research Advisory Committee attempted to identify these resources and preferences through community surveys, focus groups, key informant interviews, and interviews with problem gamblers and the most significant findings from each community are reported in this section.

3.4.1 Community Resource Awareness

Researchers attempted to identify the types of resources, both from within and outside the community, that were available to help problem gamblers and their families. Study participants were also queried as to their knowledge of these resources, and key findings for each community follow.

Afghani Community

- 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. An effective method in the Afghani community is religious and elders counseling and advice.
- 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 this issue. This presents a risk, in itself, of letting the problem grow without any measure in place to reduce or stop it.

Filipino Community

- Key informants interviewed suggested help for problem gamblers comes from priests, family and friends and that this typically includes “advice.” 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 group participants suggested that there are no institutional resources within the community to help problem gamblers, although they are aware of the existence of 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 themselves of mainstream help references due to embarrassment, negative stigma and language/cultural barriers. If help is sought within the community, it is often from family, friends and priests.
- One problem gambler interviewed stated that she is aware of all mainstream resources for assisting problem gamblers because she works at a casino; however, she will not avail herself of these due to embarrassment.

Greek Community

- 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.
- Key informants also consider that the Greek community has a shortage of resources that are focussed towards gambling addiction. Another problem with problem gamblers receiving help is the language barrier.
- 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.

Indo-Caribbean Community

- From community survey responses, the main view was that, 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.

Iraqi Community

- The community survey (N=191) showed that there is very limited knowledge of resources available to help problem gamblers. Only 22% of respondents stated they would know where to go for help, and only three individuals provided a specific example (i.e., they two said they would come to the Arab Community Centre for assistance and one reported that they would turn to their spouse for help).
- Key informants, focus group participants, and the problem gamblers interviewed 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.

Somali Community

- When community survey respondents (N=94) were asked 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; 8% of ethno-specific community facilities; 7% of mainstream community health centres; and 4% said were aware of the hospitals. Twenty-two percent of respondents claimed to not be aware of any facilities that might help problem gamblers.
- About half of the male youths in focus groups 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.
- Some of the young ladies in female youth focus groups 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.

- All of the men in the male focus 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.
- The entire female adult focus group was aware of the treatment and counselling offered by the main mosque in Etobicoke for all types of addictions. Only a couple of women were also aware of Centre for Addiction and Mental Health in Toronto.
- In the seniors/religious leaders focus group, participants were aware of, and recommended, only the mosques and other spiritual healing/counselling facilities.
- 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 counseling, they would go to ethno-cultural centres, religious or community organizations, rather than seek mainstream counselling support. The remaining two problem gamblers 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.

South Asian Community

- 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. In contrast, the South Asian youth population is more knowledgeable about existing resources (G.A., hot lines, Internet, guidance counsellors).

3.4.2 Preferences for Help-Seeking

In each community, survey respondents, key informants and/or problem gamblers were asked (a) where problem gamblers currently sought help for their disorder, and (b) what their preferences were relative to prevention and treatment programs for problem gamblers. Key findings are presented below.

Afghani Community

- 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.

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- According to three problem gamblers, the non-existence of knowledge as to where to get help in order to stop the habit of gambling is very widespread and common among Afghani 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.
 - 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.
 - Afghan Association of Ontario (AAO) can help by involving relatives and friends in the community and neighbourhood.
 - 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 favour.
 - AAO should educate the Afghani 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).
 - Key informants also expressed the following suggestions for the provision of treatment services to help problem gamblers:
 - Islamic counseling and professional treatment.
 - Even if in dire need, problem gamblers 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 problem gamblers to come forward and seek help while their confidentiality and anonymity are strictly ensured.

Filipino Community

- In terms of prevention and treatment services for problem gamblers, key informants suggested these should include: providing alternative recreation; ethnically specific resources; Filipino language in provision of services; prevention measures targeted at Filipino youth; and stricter government policies and regulations.
- Focus group suggestions regarding prevention and treatment programs included: (1) help problem gamblers admit they have a problem; (2) community effort to assist problem gamblers 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; and (6) any service to assist problem gamblers should be free of charge and confidential.
- One problem gambler interviewed offered the following suggestions: (1) offer community education and outreach; (2) more services that are culturally and ethnically accommodating; (3) counseling for families and friends; (4) addressing the environmental and social spawn of problem gambling.

Greek Community

- 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.
- According to 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.

Indo-Caribbean Community

- From the community survey, (N=496), 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. 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.
- 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.
- Study 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.
- Indo-Caribbean problem gamblers interviewed 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, nor did they seek out professional help. Attempts at counselling did not seem to work, as problem gamblers continued to deny their addiction. Distrust of institutions was given as the reason why one problem gambler refused counselling.

Iraqi Community

- Respondents to the survey reported that the issue needs to be addressed immediately once the problem has been identified. However, respondents did not know the steps to take in seeking help for problem gambling within the family.
- 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.

Somali Community

- The community survey data (N=94) showed that 36% of those who have gambled within the past 12 months have never sought help with their gambling problems; however, 17% tried to seek help (10% ‘sometimes’, 5%, ‘most of the time’, and 2%, ‘almost always’).
- Gamblers in the community survey were also asked to identify where they would seek help for a gambling problem. Forty two percent (42%) said they would prefer to seek help from their friends while 33% preferred spiritual healing with the mosques and religious centres. Only 3% said they would seek professional help from health centres, clinics and hospitals.
- A number of young people in the male youth focus 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 of participants in the group mentioned professional mainstream institutions as their preferences for treatment.
- All of the young women in the female youth focus 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.
- All of the men in the male focus group preferred mosques as the best option to treat those who have gambling problems and/or other addiction problems.
- 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.
- Seniors and religious leaders in focus groups all recommended spiritual counseling for those with gambling ambitions and the habit of chewing Qat.
- The problem gamblers interviewed were reluctant to discuss their preferences for seeking help for their gambling problem. However, most of them indicated that they didn’t mind seeing a spiritual counselor or talk to their friends privately about their problems. They questioned whether there were culturally and linguistically appropriate resources available to help those with problem gambling.

Jewish Community

- To the question, “What helps people stay away from gambling?” 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 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 (31%) 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 could 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.

South Asian Community

- Community survey respondents (N=103) were asked what type of help seeking resources they would utilize to assist problem gamblers in the South Asian community. The South Asian Centre (57%) was the key choice by most members of the community. A point to note is that the senior group (71%) indicated the South Asian Centre as their first choice, while the youth preferred friends (44%) and crisis lines (51%). As well, the medical community indicated crisis lines (75%) as their first choice.
- Out of the four case studies, two problem gamblers did seek help from their family physician with encouragement from the family.
- Other key findings included the following:
 - 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 health professionals, and 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 South Asian family and value system.
- Furthermore, the Sikh female group is likely to first seek the advice of religious leaders.

CHAPTER 4 CONCLUSIONS AND IMPLICATIONS

This was a unique project that empowered eight ethno-cultural communities in the greater Toronto area and in Windsor/Essex County to study gambling, and the issue of problem gambling, in their populations. The project research plan was guided by four over-arching goals that each community addressed:

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 behaviors of problem gamblers and concerned significant others.

Each community was entrusted with developing a locally based research plan that not only addressed these four goals, but in many instances, included other research questions that were deemed important to that community. In the end, each community completed their research projects and rendered a final report that included findings and conclusions. Readers are encouraged to examine each of these accompanying community research reports, as they provide a thick, rich and interesting description of how gambling is practiced and viewed in these diverse ethnic populations.

This final report is the researcher's attempt to synthesize the most salient findings from each of these important community research reports, with a view to offering some tentative conclusions based on the sum of all reports. In this chapter, these conclusions and implications are presented for consideration, with the caveat that these are the researcher's subjective interpretations gleaned from a reading of the community reports, and others who read these reports might have different interpretations.

Finally, it must be noted that the communities have not yet completed their research task. That is, an "action planning phase" has been added, subsequent to the community research being completed. Each of the eight ethnic communities are presently completing an action planning process which is intended to result in the development of concrete strategies and activities for addressing the issue of problem gambling. In other words, the communities are not merely satisfied with researching problem gambling in their populations—they want to do something about helping problem gamblers, their families and others in the community who are adversely affected. When the action planning process has been completed, there will be eight written action plans to review, and the researcher will contribute another summary report, which will become a companion document to this report.

4.1 Gambling in the Communities

Conclusions. The first research task faced by each community was to describe the extent to which community members gambled, and the nature of this gambling. In every community, it is evident that, to a greater or lesser extent, people engage in all types of legal gambling activities that are made available to the people of Ontario. In some communities, people also engage in technically illegal gambling activities, such as card games in social clubs or public restaurants. Some of the conclusions relative to the practice of gambling itself in these diverse communities include the following:

Gambling Definition

- It may be concluded that there is a relatively common definition, or at least understanding, of “gambling” that is evident across all eight ethnic communities. This definition is predicated on the observation that gambling is risking something of value—usually money—on a chance event. Moreover, community members can easily identify all the “gambling opportunities” that are made available by the Government of Ontario, ranging from lotteries to the large casinos in Niagara and Windsor.

Gambling Activities

- The majority of people in each of the eight ethnic communities engage in some form of gambling; in some reports, participation rate estimates garnered from surveys are offered to support this conclusion (e.g., 83% of Jewish, 73% of Indo-Caribbean, and 59% of Somali respondents report gambling in the past 12 months).
- The most popular form of gambling in every community is the purchasing of lottery tickets. However, all reports provided evidence that people in every community engage in virtually all other types of gambling activities that are legal in Ontario, including: casino games, bingo, horse races, instant-win tickets, raffles, sports betting and Internet wagering. Many of these Ontario gambling activities were practiced in each homeland; however, every community report contains examples of interesting gambling practices in the homeland that have been discontinued in Canada, largely because these are unavailable and/or illegal (e.g., Afghani kite flying; Filipino cockfighting; Indo-Caribbean whe whe, a numbers game).
- In virtually every community, gambling activities are frequently part of a social occasion that typically involves getting together with family and friends. In some communities, specific games and customs are a carry-over from practices in the homeland, and some examples illustrate this. For instance, in the Somali community, adult males frequently get together in social clubs or private homes to play Turub (a form of poker), chew Qat (a leafy plant stimulant) and socialize. In the South Asian community, it is

common for adults and children to play traditional card games during the Hindu festival of Diwali, with the winners being favoured by Lakshmi, Goddess of wealth and prosperity. Afghani men sometimes get together in social settings to play Falash and Charwali (traditional card games). Through shillalliya (social/peer groupings), some Iraqi people get together and play cards at private homes or casinos.

Gambler Demographics

- The most significant demographic finding from across all ethnic communities is the extent to which gambling is predominantly a male pastime. This is especially noteworthy in the predominantly Muslim communities (i.e., Afghan, Iraq, Somalia) where gambling is expressly forbidden in the Qur'an. Virtually all Muslim women interviewed in each of these communities were vehemently opposed to gambling, in itself, and claim not to participate in this pastime.
- Some communities are beginning to experience and lament the rise in adolescent gambling. In the Afghani community, concern was expressed over the rise of in-school gambling, ranging from betting on fights in the schoolyard to sports betting. The Afghan and South Asian communities share the observation that Internet gambling amongst university students and youth appears to be on the rise. In the Somali community, some young males are labeled as "gamblers," and this gives them a certain prestige within their peer group.

Gambling Frequency, Duration and Expenditure

- There are no discernable differences amongst the communities with respect to the amount of time (frequency/duration) and money people spend gambling. People in all communities generally gamble during their free time; that is, after work, on weekends and during vacations. Moreover, most people do not appear to gamble with any great frequency (i.e., daily or weekly), nor do they generally spend large sums of money gambling, with the norm appearing to be less than \$20/session, notably on lottery tickets. Of course, there are examples in every community report of people spending an excessive amount of time and money gambling at casinos, social clubs and the racetrack; however, there is no evidence that this is the norm in any of the eight communities.

Gambling Motivation

- Respondents in all communities give similar motivations for gambling, with the primary reasons being to win money and/or for fun or entertainment. Another response common to many communities is to relieve boredom or stress.

Implications. The gambling practices of people in the eight ethnic communities are quite similar to those of the dominant cultural groups in Ontario, to the extent that all people (a) gamble on most legally available formats, notably purchasing lottery tickets; (b) gamble with a limited frequency (i.e., less than weekly) and duration per session; (c) gamble with relatively small amounts of money; and (d) are motivated to gamble for the same reasons, namely to win money and for enjoyment. Despite these similarities, there are at least two gambling-related observations that appear to be unique to these ethnic communities; namely, (a) gambling is predominantly a male pastime, especially in the Islamic communities, and (b) gambling is frequently practiced as part of a social occasion.

Within this context, it is important to recognize that “gambling,” on both state-sanctioned and culturally derived games, provides enjoyment for most people who participate. Humans have gambled since the dawn of civilization, and most people today clearly support the gambling opportunities that are available in Ontario, as evidenced in their participation rates. Notwithstanding this generally widespread support for gambling, the Islamic community’s views raise the interesting and important issue of the morality of gambling. Is it “right” for Canadian and other governments to expand gambling at such an unprecedented rate? Should Canadian gambling laws be repealed, and the gambling apparatus in the country dismantled? Even if one does not subscribe to the extreme view that gambling in Canada should be abolished, surely it is at least profitable to discuss and debate the mix/amount of gambling that is desirable at the national, provincial and community levels. Moreover, on the strength of this discussion and based on community consensus, it also seems reasonable to insist that governments respect the wishes of its citizens and limit gambling opportunities in those communities that express this preference. This prospect is not unprecedented in Canada, as in 1998, some Alberta communities voted to have video lottery terminals (VLTs) removed from bars and lounges, and the government ultimately complied with citizens’ wishes (Smith and Wynne, 2004).

4.2 Problem Gambling in the Communities

Conclusions. Against this backdrop of identifying peoples’ gambling practices, each of the eight communities subsequently endeavoured to describe the nature and characteristics of problem gambling in their respective populations. In each community, it is evident that some people are unable to control their gambling behaviour, and this causes problems for the individual, his or her family and friends, and for the community in general. Here are some of the main conclusions regarding problem gambling that may be discerned from an examination of the ethnic community research findings:

Defining Problem Gambling

- Definitions of problem gambling range from the Greek community’s observation that it is an “addiction that the weak-willed cannot escape” to the view, largely held in the Somalia and Afghan communities, that problem gambling is a “sin.” The “sin” paradigm does not differentiate between

gambling and problem gambling; that is, in Islam, since the Qur'an forbids gambling of any sort, gambling, per se, is immoral and problem gamblers are merely identifiable sinners.

- Most communities define problem gambling by identifying perceived “symptoms” of this disorder—that is, they know it when they see it. While many of these symptoms are behaviours or consequences that are generally well-known (e.g., betting more than one can afford, chasing losses, experiencing financial difficulties), some are not as widely reported in the research, such as:
 - Gambling disturbs the economy of the household. (Afghani community).
 - Problem gamblers burn out and cannot function normally at work. (Filipino community).
 - Problem gamblers may be rich or poor; that is, even those who have enough money to cover their losses may be problem gamblers. (Greek community).
 - Problem gamblers may display other overt symptoms associated with their disorder, including heavy drinking, violent temper, poor dress and appearance, and severe mood swings. (Indo-Caribbean community).
 - Problem gambling sometimes erupts into family disputes and violence. (Iraq community).
 - Problem gambling impacts the family's lifestyle, finances and the gambler's health. (Somali community).
 - Problem gambling results in a loss of respect for the individual, his or her family, and for the community itself (South Asian community).

Prevalence of Problem Gambling

- It was beyond the scope of this research project to provide the necessary resources for each community to conduct a scientific study to determine the prevalence rates for problem gambling in their respective populations. Nevertheless, some of the communities attempted to identify the relative size of this problem, usually by asking key informants and focus group participants to provide an estimate (these range from 1-5% to 30-40%) and/or to identify the number of problem gamblers they personally know. While these estimates may not be scientifically valid, they give the impression that there are clearly a significant number of identifiable problem gamblers in each of the ethnic communities.

Demographic Characteristics

- Each of the community studies is limited in its ability to identify the demographic characteristics of problem gamblers, insofar as none of the communities conducted problem gambling prevalence studies; consequently, the identification of problem gamblers' demographic characteristics is based on key informant and focus group participants' opinions and the small number of problem gamblers who were interviewed for case studies.
- In that most gamblers in each of the ethnic communities are predominantly male, it is not surprising to discover that virtually all problem gamblers are likewise perceived to be male. Only the Greek community commented on a perceived increase in women gambling, notably in casinos, and that this will likely lead to more females becoming problem gamblers.
- In terms of the age of problem gamblers, communities mainly describe men between 30 and 50 years-of-age. However, as mentioned above, many of the communities express concern about adolescent gambling, and worry that problem gambling in this youthful population might become an issue.

Problem Gambling Behaviour

- Each of the eight ethnic communities identify a number of behaviours associated with problem gambling, and these typically include many that are already well known and incorporated in measures such as the Canadian Problem Gambling Index (Ferris and Wynne, 2001). Some interesting behaviours attributed to the problem gambler, and that are not as widely researched, include the following:
 - Problem gamblers are extremely irresponsible and untrustworthy. (Afghani community).
 - Problem gamblers have low life satisfaction, are unmotivated, and exhibit impeded concentration. (Filipino community).
 - Problem gamblers will disassociate themselves from the people around them and not want to become involved in family or social events. (Greek community).
 - Problem gamblers tend to neglect family finances, abuse their families, and neglect their jobs. (Indo-Caribbean community).
 - Problem gamblers borrow "aggressively" to finance their gambling. (Somali community).

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- Problem gamblers may be absent-minded and inattentive at work. (South Asian community).

Problem Gambling Consequences

- As with symptoms and behaviours, each of the communities presents a list of consequences that are nominally attributable to problem gambling. Again, most of these consequences have been researched and are known to be correlated with problem gambling; nevertheless, each community posits some interesting understudied consequences, including:
 - Problem gambling behaviour can create isolation and separation from the mainstream community. (Afghani community).
 - A main consequence of problem gambling is perceived to be social isolation. (Filipino community).
 - “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.” (Greek community).
 - Problem gambling, “prevents the gambler from remembering and worshipping God and he/she becomes heedless of devotion to God. This is a spiritual and religious loss.” (Somali community).
 - Problem gambling brings “shame” to the family and community, and gives the community a bad name. (South Asian community).
- A common conclusion that may be drawn from across all eight ethnic communities is that the family of the problem gambler is perceived to experience the most severe consequences of problem gambling. This is summarized succinctly in the Afghani community report, where it is stated, “the worst things that can ever happen to someone as a result of gambling is that they fail to keep their promises and commitment to their spouse and children.”

Implications. These conclusions have a number of implications for conducting problem gambling research in the eight ethnic communities. First, it is not clear how prevalent problem gambling is in each community, given that none was able to conduct a scientific prevalence study; however, it is not imperative that prevalence rates be established as a precondition to developing programs and services to assist problem gamblers and their families, as it is sufficient to know that an identifiable number of people are in trouble. In fact, in their meta-analysis of North American problem gambling prevalence research, Shaffer et al. (1997) opined that there should perhaps be a moratorium on conducting prevalence studies, especially in favour of incidence studies

that track the number of new problem gambling “cases” that continuously emerge in a community. There is clearly merit in each ethnic community more carefully researching the nature and characteristics of problem gamblers in their populations; however, rather than conducting community-wide prevalence studies, this might better be accomplished through: (a) smaller, more segmented research projects (i.e., studying smaller samples of males, females, youth and other sub-groups independently); (b) identifying and examining the profiles of known problem gamblers; and (c) monitoring the number, and profiles, of problem gamblers who present themselves for treatment.

Second, this ethnic community research raises the prospect that, even if there is not a different symptomatology for problem gamblers in these special populations, it may be useful to consider measuring the following variables when screening and assessing problem gamblers: responsibility and trustworthiness; life satisfaction; general level of motivation; concentration ability; social isolation; work performance; and spirituality. Arguably, these variables are typically underutilized when assessing problem gamblers from any community, and they should be considered, especially in an effort to discover whether there are underlying problems/issues that might better explain the nominal problem gambling behaviour.

A third area of research stems from the observation that, in many ethnic communities, the problem gambler is seen to bring shame not only to the family, but also to the community. To what extent does this “community shame” influence problem gamblers’ behaviour and the consequences of this behaviour for the family? Moreover, does this nominal community shame stymie efforts to develop prevention and treatment programs and, if so, how can it be circumvented? Many ethnic communities struggle for respect within the dominant culture, and it is conceivable that those whose problem gambling behaviour brings shame to the group are considered to be pariahs and are ultimately ostracized within the community.

Finally, another area of research might be to examine whether problem gambling is related to the reality that many ethnic communities are socially and economically marginalized within the dominant culture. For the problem gambler, is persistence at gambling a motivating factor for meeting financial obligations, gaining prestige within the ethnic community and/or gaining acceptance in the dominant culture? Most of the prevalence research shows a correlation between low levels of income and problem gambling and, a decade ago, this researcher observed that for single mothers on a low fixed income, playing bingo and VLTs was a rationale decision that was, in large measure, motivated by a desire to win money to meet financial obligations (Wynne, 1994a, 1994b). In a similar vein, research is needed to determine the extent to which problem gambling may be related to poverty in urban ethnic communities.

4.3 Community Perceptions

Conclusions. It is crucial to determine how the community perceives gambling, the issue of problem gambling, and attitudes towards the individuals afflicted, if they are to be successful in developing acceptable initiatives to mitigate problem gambling. To this end, each of the eight communities researched public perceptions, including awareness and knowledge of gambling and problem gambling and attitudes towards problem gamblers, and the following conclusions may be drawn:

Community Awareness and Knowledge

- While most of the key informants and focus group participants in each community claim to be aware that (a) gambling takes place in their populations, and (b) problem gambling is a serious issue for some individuals and families, the commonly held perception is that the public is generally unaware of the extent to which people gamble, and that problem gambling is becoming a serious issue. This may be because gamblers, and by extension problem gamblers, are very secretive in their pursuit of gambling in most ethnic communities, lest they be “discovered” by family or other community members. This appears to be especially important in Islamic communities, where gambling, itself, is essentially forbidden and the gambler typically ostracized.

Community Attitudes

- The reports of community attitudes towards gambling and problem gambling in each of the eight ethnic communities are very interesting and appear to cluster around two ends of the tolerance spectrum as follows:
 - Towards the less tolerant end of the spectrum, Afghanis are reported to “hate” both gamblers and problem gamblers. Similarly, most people in the Somali community reportedly find gambling to be “unacceptable” and that problem gamblers “give the community a bad name.” Iraqis appear to share this general sentiment, as gambling is only acceptable to “a small degree” and problem gamblers themselves report they are “social pariahs.”
 - Towards the more tolerant end of the spectrum, the Greek community view is reportedly mixed: that is, most Greeks do not look with disfavour upon gambling and gamblers, but they do view problem gamblers negatively. The consensus attitude that is reported within the Filipino community is that gambling is tolerated and people are indifferent towards problem gambling, unless it directly affects them. Similarly, most Indo-Caribbeans support gambling, and see problem gambling as a personal matter. The South Asian community does not disavow gambling; however, there is a “strong disdain” for problem gamblers, which includes a desire to “protect children from problem gamblers.” Finally, while the

Jewish community does not apparently disfavour gambling, there is a concern about the role of the government in encouraging people to gamble and the negative effect this has in precipitating problem gambling.

Implications. A seminal work in the field of sociology is C. Wright Mills essay, *The Promise*, wherein Mills expresses the opinion that the “sociological imagination” has great “promise” for distinguishing the “personal troubles of the milieu” (private troubles) from “the public issues of social structure” (public issues). In the ethnic communities studied, most people are unaware that problem gambling exists and, to the extent they are aware, this is seen as a private trouble, to be dealt with by the gambler and his/her family, rather than as a public issue. Moreover, in some Islamic communities, the problem gambler seems to be loathed and considered a scourge on the group; in fact, there is community reluctance to admit some Muslims may have a gambling problem and reticence to even discuss this issue.

A challenge facing all communities is to elevate the discussion and study of problem gambling from viewing this disorder as a private trouble, to be borne solely by the individual, to a public socio-health issue to be addressed by the entire community. This will involve changing peoples’ attitudes, in many communities, and it may be strategic to involve the faith communities in this process.

4.4 Resource Awareness and Help-Seeking

Conclusions. This project was not only designed to help the eight ethnic communities research problem gambling in their respective populations, but also to develop an action plan that includes initiatives to help problem gamblers, their families and the community in general deal with this serious socio-health issue. Problem gambling action strategies typically involve developing education/awareness, prevention and treatment programs; consequently, as an antecedent to the development of such programs, each community examined community members’ awareness of resource availability and the help-seeking preferences of problem gamblers, family and friends, and community members. Following are some conclusions that may be drawn from the findings presented in the community final research reports:

Resource Awareness

- While key informants and focus group participants in virtually all communities are able to enumerate some resources that are available to help problem gamblers (e.g., Gamblers Anonymous (GA), mosques, community agencies, health services), the general opinion is that the public in virtually all communities are quite ignorant of resources available to help problem gamblers. The communities do not find this to be surprising as most lament that there are virtually no locally-based resources specifically dedicated to helping problem gamblers and their families. Moreover, the resources that do exist, such as GA or services in large agencies including the Centre for Addictions and Mental Health, are not perceived to be culturally/linguistically

sensitive to the needs of people in ethnic communities and, therefore, are not viewed as truly being useful.

- There is some evidence garnered through focus groups that young people in most ethnic communities are more aware of resources available to help problem gamblers than are older members of the community.

Preferences for Help-Seeking

- Key informants, focus group participants, and problem gamblers interviewed in most communities generally perceive that the majority of problem gamblers prefer to approach family members or friends for help. In contrast, there is the general perception in each community that professional counselling services, especially those that are not culturally/linguistically sensitive, will not be utilized by problem gamblers or their families.
- There is an interesting dichotomy relative to the role of religious institutions in helping problem gamblers, as exemplified in a comparison of the Afghan and Greek communities. In the Afghani community, there is the reported perception that problem gamblers should present themselves at the mosque for spiritual counselling, and that they will do so, as Afghans are “religious people.” In contrast in the Greek community, it is stated that “while the Church is the one method that is currently very popular simply because it is one of the only types of services available,” it is “not preferred” by most community members.
- Each of the eight ethnic communities, to a greater or lesser extent, believes that problem gambling is a serious issue that should be addressed; moreover, each community suggests that raising public awareness about problem gambling is a fundamental first step in diminishing this issue. There is less consensus that specialized treatment services need to be developed.
- Each community also presents suggestions for initiatives that should be considered to help problem gamblers and their families and, presumably, these will be followed-up in the action planning phase. Some of the more intriguing suggestions include the following:
 - “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.” (Afghani community).
 - Recovering and/or recovered problem gamblers should be used as a community resource. (Filipino community).

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- “Having someone to go along with the individual (problem gambler) and accompany him or her is also beneficial because it allows for assurance that this individual is actually receiving help. (Greek community).
 - “Providing alternatives for gamblers” and a “community support system” may be methods to mitigate problem gambling. (Indo-Caribbean community).
 - Spiritual counselling and healing available at the mosques are the best options for treating problem gamblers and those with other addictions. (Somali community).
 - It is suggested that, “family members and friends of problem gamblers seek counselling for themselves in order to learn how to cope with their loved one’s behaviours.” (Jewish community).
 - Preference was expressed for getting help from “support groups who understand the South Asian family and value system. (South Asian community).

Implications. It is anticipated that the action plans developed by each of the eight ethnic communities will include specific initiatives for addressing the issue of problem gambling. Clearly, a main initiative in each community is likely to be the development of a “public awareness campaign” to raise peoples’ consciousness as to the potential harm caused by gambling; the devastating effects of problem gambling on the individual, family and community; and where people can go for help.

In terms of treatment services for problem gamblers, it is self-evident that these must be delivered in a culturally sensitive way, and in the language of the community. Within this cultural framework, there may be merit in (a) reaching and working through family, friends and social groups to help the problem gambler, (b) engaging the faith communities in reaching out to problem gamblers, (c) developing a capacity to provide culturally and linguistically appropriate services, and (d) monitoring the “best” means of providing services to the community.

4.4 Participatory Action Research Approach

This research employed a participatory action research approach. To ensure the participation of diverse ethno-cultural groups and communities in exploratory research that leads to action and social change, the participatory action research is a very practical and empowering approach. It is; however, very easy to criticize the research conducted by each ethnic community for its perceived lack of “scientific rigour.” To do so would be a serious mistake based on a misunderstanding of the merit of interpretive research in the face of the paramountcy of logical positivism and the scientific method (Burrell & Morgan, 1979). While it is beyond the scope of this report to debate positivism and the scientific method (objectivism) versus the interpretive paradigm (subjectivism), a few comments are in order. First, it is accepted in the social sciences that research has been mainly driven by scientific positivism, and this is clearly obvious in the field of gambling research. The disciplines of psychology and medicine have contributed most of the gambling research to date, and these fields are heavily invested in the scientific method. Positivists believe that there is an “objective reality” that may be discerned; that certain immutable truths exist; and that these can only be discovered and proven through scientific empiricism. Simply put, if a phenomenon cannot be measured quantitatively and proven statistically, it is deemed not to exist, or at least to be of no “significant” consequence.

Over the past 40 years, theorists in the social scientists have railed against logical positivism, in favour of an interpretive paradigm that recognizes that people continuously, and subjectively, observe and reconstruct the world around them, in an attempt to understand what is truly going on. Interpretive researchers are far more interested in observing a phenomenon and discovering a “shared reality” that people in groups construct than in attempting to measure the phenomenon statistically, or prove it exists empirically. Interpretivists typically strive to gain a deep and rich understanding of the phenomenon in question, frequently with a view to effecting some kind of change in conditions. This interpretive paradigm has come to embrace an action frame of reference, whereby it is not enough to merely study a social phenomenon, such as problem gambling, but rather, one must also devise actions that will bring about a positive change in the social condition. Granted, empiricists may also engage in action research; however, this is not a fundamental philosophical underpinning of the positivist paradigm, and consequently, much positivistic scientific research languishes on dusty shelves or in obscure scholarly journals.

This context is provided to remind the reader not to dismiss this ethnic community research because it appears to lack scientific rigour. Frankly, what difference does it make that none of the communities have conducted a “scientific study” that results in a prevalence rate (%) for problem gambling? Is it not far more important to know that many people have a serious gambling problem, and that in the Islamic communities, these people are predominantly male and that the Qur’an has a profound influence on how people will view and deal with this issue? If one adopts the interpretive lens, it is very clear that each community report contains rich information about problem gambling that will be translated into action in the next phase of the research project. In this vein, it

is very unlikely that these community reports will gather dust on a shelf; rather, because of the participatory action research approach taken, this researcher is very confident that leaders in the ethnic communities will mobilize to address the serious socio-health issue that is problem gambling.

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