

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

**EIGHT  
COMMUNITY  
FINAL  
ACTION PLAN  
REPORTS**

**3<sup>RD</sup> OF FOUR  
PROJECT  
FINAL REPORTS**



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

**June 2004**

## 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](http://www.costi.org)) and the Ontario Problem Gambling Research Centre website ([www.gamblingresearch.org](http://www.gamblingresearch.org)). Readers are encouraged to download and read each of these following four companion reports to gain a complete understanding of this research project.

### **Phase I – Research**

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

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

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

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

### **Phase II – Action Planning**

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

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

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

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

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

**FINAL ACTION PLAN REPORT**

**Prepared by:**

**Afghan Association of Ontario**

**Toronto, Ontario**

**March 2004**

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## 1. INTRODUCTION

Afghan Association of Ontario (AAO) explored and learnt from various sources that gambling existed in the Toronto Afghan community. To verify those reports, it initiated series of contacts with a number of agencies which led to meetings with some interested groups. It finally received the necessary support from the Ontario Problem Gambling Research Center (OPGRC) in 2001 to launch an investigation project with an ultimate goal of developing a Comprehensive Action Plan (CAP). The findings from this project suggested that problem did exist and it actually was growing.

The purpose of the research project was to investigate, analyze and to report the cultural meaning and practices related to both recreational gambling and problem gambling. It also aimed at exploring help-seeking preferences and practices by the Afghan Canadians. Based on the findings, the project would lead to the development of a CAP on gambling for the Afghan community.

This report will present an Action Plan on how we can effectively target those needs as identified by the aforementioned research and address them. Also presented will be a comprehensive list of the existing resources that are available to the community in combating the problem of gambling in the Toronto Afghan Community as well as an organization of tasks necessary to implement those actions plans and the costs associated with each of the activities.

## 2. ACTION PLAN

### 2.1 Community Coalition

The Health Coalition was formed from a combination of the Local Research Advisory Committee (LRAC) and other groups who had previously participated in the research phase of the Gambling Project. This coalition has the following composition:

Name of coalition member	Contact number	Address
Assadullah Oriakhel	416-744-9289	1807-2000 Sheppard Ave. W, Toronto, M3N 1A2
Shafi Formuli	416-269-9129	2550 Kingston Rd. # 511, M1M 1L7, Toronto
Zohra Barekzai	416-749-2119	2504 Finch Avenue # 405 Toronto
Fahim Sharaf	905-686-3661	2327 Meriadoc Drive, Pickering, L1X 2T1
Hassib Karimi	905-455-0012	150 Mottardy Court, Brampton L6Y 1H7
Qaseem Ludin	416-744-9289	
Nazahat Safi	416-744-9289	
Naim Ebrahimi	416-744-9289	
Shoaib Abedi	416-744-9289	
Wahid Mansoori	416-744-9289	
Negar Sadeghi	416-535-8501 x-7421	

While the coalition exhibited a keen interest in participating at this Action Planning process, majority of them had the following questions some of which we answered as follows:

1. What are the differences between Responsible Gambling and Problem Gambling as a social reality?

Gambling and Problem Gambling are defined as follows:

**Gambling:** risking something of value when there is an element of chance associated with the outcome.

**Problem Gambling:** A pattern of gambling behavior, which may compromise, disrupt or damage relationships, family, financial standing, personal or vocational pursuits.

**Types of Gamblers:** Based on the degree of involvement: non-gambler, casual social, serious social, harmful involvement (relief and escape) and pathological.

2. How to enhance the ability of the Afghan Association in identifying of problem gambling with their clients?

- 
3. What are the AAO counselors' attitude and belief around PG as a sensitive issue? How they impact us personally and in clinical works?
  4. How to develop greater empathy towards PG and their families as AAO clients
  5. How religion, culture and ethnicity affect a person's beliefs about gambling?

The coalition has met 4 times in working group forms with the project staff to seek proper solutions to the aforementioned questions.

## **2.2 Summary of Research Findings/Goal Area**

As per the definition of the "Problem Gambling" -- a pattern of gambling behavior, which may compromise, disrupt or damage relationships, family, financial standing, personal or vocational pursuits -- problem gamblers in the Afghan community possess these characteristics which the research found:

### **Major Findings**

1. Gambling in the Afghan community exists and is growing
2. No professional counseling capacity exist in the Afghan community
3. People are not aware of the Problem Gambling and its associated issues
4. People are not aware of the service providers dealing with gambling

### **Other Findings**

- 19.78 % Of Gamblers Back Another Day To Win The Money They Lost
- 3.36 % Of Them Borrow Money To Gamble
- 1.88% sells Anything to Gamble
- 10.77% tries to Quit or Cut Down Gambling but unable to do so.
- 12.36% Asks for Help to Quit Gambling
- 12.23% has faced Personal Financial Problems Caused by Gambling
- 9.26% Household Financial Problems Caused by Gambling
- 1.88% Sold Anything to Gamble
- 14.08% Lied to Hide Gambling
- 2.53% Commits Illegal Acts to Get Money to Gamble
- 4.11% Lost Relationships Because of Gambling



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- 4.48% Lost a Job Because of Gambling
  - 4.86% Lost an Education Opportunity Because of Gambling
  - 14.18% Gamblers were Criticized by People
  - 13.01% Gamblers was Told they Have Gambling Problems
  - 16.42% has Felt Guilt about Gambling
  - 11.85% has a Feelings of Guilt About What Happens While Gambling

### **Findings from the Gambler and His/Her Family Perspective**

- Client resistance to entering groups
- High rate of complaints from the Problem Gambler's families
- Low intrinsic motivation for change (self)
- High extrinsic motivation for change (family)
- Ambivalence shifts in relation to crises
- Looking for a quick fix
- Families are usually in crises
- Want help for the gambler
- Often do not see themselves in need of treatment
- They better prefer religious and private counseling combined with some medical professional services and systematic approach facilitated by their community organization i.e. Afghan Association of Ontario (AAO).
- Clients would also prefer that campaigns be launched to indirectly encourage families of affected to come forward and to seek help while their confidentiality and anonymity are fully ensured.

In order to address these issues the coalition will try to achieve the following goals and objectives:

1. To raise awareness about Responsible Gambling and Problem Gambling in the Afghan community
2. To develop and use a community development approach as a model of intervention to problem gambling treatment and public awareness in the Afghan community
3. To heighten the skills of the AAO counselors in engaging clients

4. To conduct research on how religion, culture and ethnicity affects a person's beliefs and gambling and to know what role culture plays in delivering culturally appropriate services
5. To enhance health in the community

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### 3. INVENTORY OF RESOURCES

There are existing resources that we can count on both inside and outside the community for the purpose of assisting with the planning and implementation of the project. For ease of reference, we have listed these resources in categories as follow:

#### Human (influencers, leaders, volunteers)

- Amanullah Olomi, president of the Afghan Association of Ontario, AAO
- Khuja Azizullah, a community religious leader,

#### Organizations:

- Afghan Canadian Youth Organization (ACYO),
- The mosque of Omat-e-Nabawi
- Islamic Centre for the Afghan Community
- Afghan Women Organization (AWO)

#### Financial (funders)

- All-in-One Convenience Store
- Hub Computers
- Kabul Transit Company

#### Physical (facilities)

- AAO's Cultural Hall,
- Office space

#### Others

- Volunteers
- Manuals and Treatment Resources for Counselors (***Resource binder***)
- Assessment Tools (***Resource binder***)
- Self-help guides for the problem gamblers (***Resource binder***)
- Support resources for families and friends of gamblers (***Resource binder***)
- Gamblers anonymous and gam-anon (***Resource binder***)
- Youth and gambling (***Resource binder***)
- Web-links: internet resources for problem gambling (***Resource binder***)
- Gambling videos (***Resource binder***)

**APPENDIX 1**  
**PLANNING LOGICAL MODEL**

## ADDRESSING PROBLEM GAMBLING IN AFGHAN COMMUNITY ACTION PLANNING LOGICAL MODEL

<b>Research Finding:</b>	1. Problem Gambling in the Afghan community exists and continues to grow										
	2. No professional counselling capacity and resource material to address Problem Gambling issues exist in the Afghan community										
	3. People are not aware of the Problem Gambling and its associated issues										
	4. People are not aware of the service providers dealing with problem gambling										
<b>Goal:</b>	<b>To build on the capacity of the Afghan Association to professionally deal with the Problem Gambling issues in the Afghan Community.</b>										
<b>Policy/Program Action:</b>	Develop a community driven approach addressing the Problem Gambler's Needs										
<b>Outcomes:</b>	1. Professional Counselling Capacity will be formed for the Afghan Problem Gamblers and their families										
	2. A treatment manual will be prepared and put in use for the Counsellors, Problem Gamblers and their families customized to the needs of the Afghan Community.										
	3. A resource package for promoting community awareness of problem gambling will be prepared										
Objectives	Activities	Tasks	Timeline	Responsibility	OPGRC		AAO		Total	Performance Indicators	Evaluation Methods
					Cost \$	In-kind	Cash \$				
<b>I. To raise awareness of counsellors, volunteers and community about Problem Gambling</b>			For more details please see the project work-plan								
					<b>\$72,504.00</b>	<b>\$11,500.00</b>	<b>\$5,500.00</b>		<b>\$89,504.00</b>		
1	Post website articles	Preparation of articles about PG and translation of them into Dari and Pashto languages, typing and composing of the articles in the website in 3 languages	Bi-weekly for 3 years: Sept 01, 2004 to June 30, 2007	Project manager, Awareness Program Coordinator, counsellors, Help providers						All community members with access to internet will benefit and there will be a 20% increase in PG awareness in an online community survey over 3 years	Online survey, Telephone survey, online surfing: <a href="http://www.afghancanadian.ca">www.afghancanadian.ca</a> and <a href="http://www.wynnerresearch.com">www.wynnerresearch.com</a>
2	Write newspaper articles	Preparation of articles about PG and translation of them into Dari and Pashto languages and publishing in community newspapers	Sept 01, 2004 to June 30, 2007	Project manager and Awareness Program Coordinator						There will be a 30% increase in PG awareness in a community survey over 3 years	Focus groups, telephone survey
3	Develop radio ads	Preparation of articles about PG and translation of them into Dari and Pashto languages and broadcasting in community radio	Weekly for 3 years: Sept 01, 2004 to June 30, 2007	Project manager and Awareness Program Coordinator						50% of Afghan respondents will recognize the public campaign and radio ads	community survey, AAO radio broadcasting every Saturday night

4	Develop and distribute flyers and pamphlets	Preparation of flyers about PG workshops and events in 3 languages and distribution of them in community gathering areas, service providing agencies (SPO) etc.	4 times per year X 3 yrs	Project manager and Awareness Program Coordinator					40% of Afghan youth, seniors and community-at-large will know about the flyers and pamphlets	Stratified community survey
5	Send Email to members	Ready Material	Monthly: Sept 01, 2004 to June 30, 2007	Project Coordinator					1400 active members of the Association will receive e-mail and they will be asked to send it off to others	Survey via e-mail, follow-up e-mails
6	Conduct 12 awareness raising workshops and presentations on prevention, responsible gambling, risk factors, and services available to staff and clients of various organizations	1. Outreach and invite workshop participants @ 50 person in each workshop X 12 = 600	Sept 01, 2004 to June 30, 2007	Facilitator, Project coordinator					600 people will participate in the workshops	workshop registration sheets, evaluation sheets, list of outreach individual and families
	working with Afghans: Omat-e-nabawi Mosque, Jamea-e-Islami, Afghan women Organization, SAFE, Afghan Canadian Youth Organization, Canadian Afghan Support program, Afghan businesses, senior residents, Doctors, Lawyers, main stream agencies working with Afghan community, Toronto Police community relation officer, local media, Centre for addiction and mental health, community volunteers, AAO staff, etc.	2. Provide food and refreshment for 50 X 12 = 600 people	See workshop's timeline						light food and refreshment will be provided to the participants	workshop registration sheets
		3. Hall rental for conducting 12 workshops	See workshop's timeline						AAO cultural hall and conference halls of other community centres will be rented at subsidized rates.	signed contracts or invoices
		4. Hire workshop facilitator	See workshop's timeline						workshop facilitators will be recruited from the "Centre for Addiction and Mental Health" & COSTI	Workshop's evaluation sheets
		5. Provide rental workshop audio-visual equipment, screen, flip charts, markers, etc.	See workshop's timeline						Rental & AAO's own equipments will be used	Workshop's evaluation sheets
		6. Compensate volunteer expenses	See workshop's timeline						100 volunteers will receive transportation cost @ \$ 0.33/km for 500 km each	Workshop's evaluation sheets
<b>II. To increase the clinical skills of the AAO counsellors in engaging clients</b>										
						<b>\$ 140,880.00</b>	<b>\$ 3,600.00</b>	<b>\$ 600.00</b>	<b>\$145,080.00</b>	

	Conduct 12 community fora: Need Analysis	1. Outreach and invite workshop participants @ 30 person in each workshop X 12 = 360	Sept 01, 2004 to June 30, 2007	Facilitator, Project coordinator					360 people will participate in the workshops	workshop registration sheets, evaluation sheets, list of outreach individual and families
		2. Provide food and refreshment for 30 X 12 = 360 people	See fora's timeline						light food and refreshment will be provided to the participants	workshop registration sheets
		3. Hall rental for conducting 12 community fora	See fora's timeline						AAO cultural hall and conference halls of other community centres will be rented at subsidized rates	signed contracts or invoices
		4. Provide rental workshop audio-visual equipment, screen, flip charts, markers, etc.	See fora's timeline						Rental and AAO's own equipments will be used	Workshop's evaluation sheets
		5. Compensate volunteer expenses	See fora's timeline						80 volunteers will receive transportation cost @ \$ 0.33/km for 500 km each	Workshop's evaluation sheets
2	Outreach Problem Gambling affected individuals and their families	Getting in touch with community via distribution of flyers, community events, prayer times, visit at Casinos, home visits, etc	Sept 01, 2004 to June 30, 2007	project staff					200 families and 100 individual youth, adults and seniors from amongst the problem gamblers will be outreached	List of outreached individuals and families, outreach planning forms
3	Train the counsellors	1. Search various service providers who provide training for treatment of Problem Gambling, substance use and treatment, Basic communication skills, boundaries, active listening, crisis intervention, suicide prevention, cross cultural issues, self care, stress and many more related topics	Oct 01, 2004 and Nov 30, 2004	project staff					Centre for addiction and Mental Health, COSTI and other service providers will be searched	appointments and minute of the meetings with the service provider official in-charges
4		2. Enroll the 2 counsellors for required trainings:	Dec 01, 2004 to May 29, 2006	counsellors					2 counsellors will be trained	training sessions and attendance sheets of the counsellors in the workshops
5	Create strategies for treatment	Outreach (Intake calls), offer immediate services/ emergency	Jun 01, 2005 to June 30, 2007	project staff and the trained counsellors					Problem gambling cases of 200 families and 100 individual	intake forms, and referral sheets to service providers

		response, set realistic goals, build accountability via family involvements							youth, adults and seniors will be strategized	
6	Treat Problem Gamblers	phase 1: conduct one information session per month for groups @ 3 hrs per group	Jun 01, 2005 to June 30, 2007	2 counsellors					100 PGs will be treated	intake forms, and referral sheets to service providers
		phase 2: twelve weeks treatments	Jun 01, 2005 to June 30, 2007	2 counsellors					100 PGs will be treated	intake forms, and referral sheets to service providers
		phase: clients (men/women) after care	Jun 01, 2005 to June 30, 2007	2 counsellors					100 PGs will be treated	intake forms, and referral sheets to service providers
7	Follow-ups		Jun 01, 2005 to June 30, 2007	2 counsellors					100 PGs will be treated	telephone calls, visits, group discussions
<b>III. To explore how culture, religion and ethnicity affects a persons belief about gambling in the Afghan Canadian community</b>										
									<b>\$ 61,292.00      \$ 9,601.00      \$ 3,002.00      \$ 70,295.00</b>	
	1. Understanding of Afghan culture	Prepare a brief history about family structure, sources and hierarchy of power in the family, immigrant status, achievements, works, and education as well as study family patterns and roles by conducting 4 focus group interviews and studying related literature	Sept 01, 2004 to June 30, 2007	Research coordinator, LRAC or coalition					300 families and individuals will be surveyed in community events, focus group interview, key informant interviews and polling	research forms, focus group interview registration sheets
	2. Study the perception and views of Gambling and Problem Gambling from cultural and religious prospective	Study the Stages of Change, strategize working with gambling problems, study Help-seeking preferences, know how to identify clients and their issues	Sept 01, 2004 to June 30, 2007	Research coordinator, LRAC or coalition					300 families and individuals will be surveyed in community events, focus group interview, key informant interviews and polling	research forms, focus group interview registration sheets
	3. Study the applicability of the	Analyze community, identify potential	Sept 01, 2004 to June 30,	Research coordinator, LRAC					300 families and individuals will be	research forms, focus group interview



	"Community Development Model" and the "Harm-Reduction Model"	leadership, identify felt needs, begin to establish priorities and organize around needs, foster leadership potential, broaden community support, develop plan of action	2007	or coalition					surveyed in community events, focus group interview, key informant interviews and polling	registration sheets
<b>IV. Meetings</b>					<b>\$ 900.00</b>	<b>\$ 1,300.00</b>	<b>\$</b>	<b>\$ 2,200.00</b>		
	Coalition		Quarterly	Research coordinator, LRAC or coalition					meeting of all major players of project	minute of the meetings
	Management		Monthly	Research coordinator, LRAC or coalition					management team of all parts of this program will meet with the project manager	minute of the meetings
<b>V. Reports</b>					<b>\$ 2,300.00</b>	<b>\$ 650.00</b>	<b>\$</b>	<b>\$ 2,950.00</b>		
	Progress		Monthly	Research coordinator, LRAC or coalition					funding agency will receive reports	submission of the report
	Mid-term		Nov 30, 2005	Research coordinator, LRAC or coalition					funding agency will receive reports	submission of the report
	Final		June 30, 2007	Research coordinator, LRAC or coalition					funding agency and almost fifty percent of the Afghan community, Afghan media will be informed from the outcome of the project	submission of the report
<b>GRAND TOTAL</b>					<b>\$277,876.00</b>	<b>\$26,651.00</b>	<b>\$9,102.00</b>	<b>\$310,029.00</b>		

**APPENDIX 2**  
**AFGHAN ACTION PLANNING LOGICAL MODEL - BUDGET**

## Afghan Action Planning Logical Model

### BUDGET SHEET

**GENERAL NOTES:**

<b>Project Duration</b>	<b>36.00</b>	Months
working weeks per year	<b>52.00</b>	Weeks
working weeks in 3 years	<b>156.00</b>	Weeks
working days per weeks	5.00	
Total project days	0.00	
<b>Project Manager (part-time)</b>	<b>10.00</b>	hrs/week
total working hours=	<b>1560.00</b>	hrs
<b>Awareness Coordinator (part-time)</b>	<b>12.00</b>	hrs/week
total working hours=	<b>1872.00</b>	Hrs
<b>Treatment Coordinators (part-time)</b>	<b>16.00</b>	hrs/week/each person
total working hours=	<b>2,496.00</b>	Hrs
<b>Research Coordinator RC (part-time)</b>	<b>16.00</b>	hrs/week/person
total working hours=	<b>2,496.00</b>	Hrs
<b>Research Advisor (part-time)</b>	<b>4.00</b>	hrs/week
total working hours=	<b>624.00</b>	Hrs

Objectives	Activities	Tasks	Timelines	Time each unit needs	Unit	Unit Cost \$	OPGRC		AAO		Total
							Unit	Cost \$	In-kind	Cash \$	
<b>I. To raise awareness of counsellors, volunteers and community about Problem Gambling</b>											
1	Post website articles	Preparation of articles about PG and translation of them into Dari and Pashto languages, typing and composing of the articles in the website in 3 languages	Bi-weekly for 3 years: 26 times per year X 3 years = 78 articles, starting from the 3rd month of project operation @ 10 hrs time each	10.00	Hrs	\$18.00	78	\$ 14,040.00	\$ 1,500.00	\$1,000.00	\$16,540.00
2	Write newspaper articles	Preparation of articles about PG and translation of them into Dari and Pashto	Preparation of articles per month X 36 months = 36 articles in 3	10.00	Hrs	\$18.00	78	\$ 14,040.00	\$	\$ 2,000.00	\$16,040.00

		languages and publishing in community newspapers	languages @ 4 hrs each								
3	Develop radio ads	Preparation of articles about PG and translation of them into Dari and Pashto languages and broadcasting in community radio	10 min. per show promotion X 52 shows per year X 3 years = 1560 min. ads @ \$6.00/min		Min	\$ 8.00	1,560	\$12,480.00	\$1,200.00	\$1,500.00	\$15,180.00
4	Develop and distribute flyers and pamphlets	Preparation of flyers about PG workshops and events in 3 languages and distribution of them in community gathering areas, service provider agencies etc.	1000 flyers @ 4 times per year X 3 yrs. = 12000 sheets		sheets	\$ 0.20	12,000	\$2,400.00	\$1,500.00	\$400.00	\$4,300.00
5	Send Email to members	Ready Material	Monthly	3.00	Hrs	\$18.00	36	\$1,944.00	\$500.00		\$ 2,444.00
6	Conduct 12 awareness raising workshops and presentations on prevention, responsible gambling, risk factors, and services available to staff and clients of various organizations working with Afghans: Omat-e-nabawi Mosque, Jamea-e-Islami, Afghan women Organization, SAFE, Afghan Canadian Youth Organization, Canadian Afghan Support program, Afghan businesses, senior residences, Doctors, Lawyers, main stream agencies working with Afghan community, Toronto Police community relation officer, local media, Centre for addiction and mental health, community volunteers, AAO staff, etc.	1. Outreach and invite workshop participants @ 50 person in each workshop X 12 = 600	4 per year X 3 years = 12 workshops	1.00	Hrs	\$18.00	600	\$10,800.00	\$800.00		\$11,600.00
		2. Provide food and refreshment for 50 X 12 = 600 people			servng	\$10.00	600	\$6,000.00			\$6,000.00
		3. Hall rental for conducting 12 workshops			days	\$150.00	12	\$1,800.00	\$1,200.00	\$600.00	\$3,600.00
		4. Hire workshop facilitator			days	\$200.00	12	\$2,400.00	\$1,200.00		\$3,600.00
		5. Provide rental workshop audio-visual equipment, screen, flip charts, markers, etc.						\$	\$2,400.00		\$2,400.00
		6. Compensate volunteer expenses		50.00	Km	\$0.33	400	\$6,600.00	\$1,200.00		\$7,800.00
<b>SUB -TOTAL AWARENESS</b>								<b>\$72,504.00</b>	<b>\$11,500.00</b>	<b>\$5,500.00</b>	<b>\$89,504.00</b>
<b>II. To increase the</b>											

clinical skills of the AAO counsellors in engaging clients											
1	Conduct 12 community fora: Need Analysis	1. Outreach and invite workshop participants @ 30 person in each workshop X 12 = 360	4 per year X 3 years = 12 workshops	1.00	Hrs	\$18.00	360	\$6,480.00	\$500.00		\$6,980.00
		2. Provide food and refreshment for 30 X 12 = 360 people			servicing	\$10.00	360	\$3,600.00			\$3,600.00
		3. Hall rental for conducting 12 community fora			days	\$150.00	12	\$1,800.00	\$1,200.00	\$600.00	\$3,600.00
		4. Provide rental workshop audio-visual equipment, screen, flip charts, markers, etc.			days		12	\$	\$600.00		\$600.00
		5. Compensate volunteer expenses		30.00	Km	\$0.33	400	\$3,960.00	\$800.00		\$4,760.00
2	Outreach Problem Gambling affected individuals and their families	Getting in touch with community via distribution of flyers, community events, prayer times, visit at Casinos, home visits, etc.	27 months	0.50	Hrs	\$18.00	300	\$2,700.00	\$500.00		\$3,200.00
3	Train the counsellors	1. Search various service providers who provide training for treatment of Problem Gambling, substance use and treatment, Basic communication skills, boundaries, active listening, crisis intervention, suicide prevention, cross cultural issues, self care, stress and many more related topics	Trainings will be completed in the first 6-9 months of the project life		Hrs	\$18.00	80	\$1,440.00			\$1,440.00
		2. Enroll 5 volunteers as candidate counsellors for required trainings:	5 volunteers/ counsellors will be enrolled in trainings fora duration of 6 months @ 5 persons X 7 hrs/ day X 5 days/ week X 4 week/ month X	0.00	Hrs	\$18.00	840	\$			\$

			6 months = 1,680 hrs								
		3. Hire 2 counsellors to create strategies for treatment of PGs: outreach (Intake calls), offer immediate services/ emergency response, set realistic goals, built accountability via family involvements. Target beneficiaries (200 families + 100 individuals)	2 counsellors will be enrolled in trainings for a duration of 27 months @ 2 persons X 7 hrs/day X 5 days/week X 4 week/month X 27 months = 7,160 hrs	2.00	Hrs	\$15.00	3,580	\$107,400.00			\$107,400.00
4	Conduct information sessions for PGs and their families	Conduct one information session per month for groups @ 3 hrs per group	1 X 27 = 27 sessions	27.00	L-sum	\$10.00	50	\$13,500.00			\$13,500.00
<b>SUB -TOTAL PREVENTION</b>								<b>\$140,880.00</b>	<b>\$3,600.00</b>	<b>\$600.00</b>	<b>\$145,080.00</b>
<b>III. To explore how culture, religion and ethnicity affects a persons belief about gambling in the Afghan Canadian community</b>											
	1. Understanding of Afghan culture	Prepare a brief history about family structure, sources and hierarchy of power in the family, immigrant status, achievements, works, and education as well as study family patterns and roles by conducting 4 focus group interviews and studying related literature	27 months								
	2. Study the perception and views of Gambling and Problem Gambling from cultural and religious prospective	Study the Stages of Change, strategize working with gambling problems, study Help-seeking preferences, know how to identify clients and their issues	27 months								

	3. Study the applicability of the "Community Development Model" and the "Harm-Reduction Model"	Analyze community, identify potential leadership, identify felt needs, begin to establish priorities and organize around needs, foster leadership potential, broaden community support, develop plan of action for and take action	27 months								
<b>SUB-TOTAL RESEARCH</b>								<b>\$61,292.00</b>	<b>\$9,601.00</b>	<b>\$3,002.00</b>	<b>\$ 70,295.00</b>
<b>IV. Meetings</b>											
	Coalition		Quarterly		L-sum	\$9.00	20	\$180.00	\$500.00		\$680.00
	Management		Monthly		L-sum	\$36.00	20	\$720.00	\$800.00		\$1,520.00
<b>SUB-TOTAL MEETINGS</b>								<b>\$ 900.00</b>	<b>\$1,300.00</b>	<b>\$</b>	<b>\$ 2,200.00</b>
<b>V. Reports</b>											
	Progress		Monthly		L-sum	\$36.00	50	\$1,800.00	\$500.00		\$2,300.00
	Mid-term		After completion of 18 <sup>th</sup> month of project operation		L-sum	\$1.00	250	\$250.00	\$50.00		\$300.00
	Final		After completion of 36 <sup>th</sup> month of project operation		L-sum	\$1.00	250	\$250.00	\$100.00		\$350.00
<b>SUB-TOTAL REPORTS</b>								<b>\$2,300.00</b>	<b>\$650.00</b>	<b>\$</b>	<b>\$ 2,950.00</b>
<b>GRAND-TOTAL</b>								<b>\$277,876.00</b>	<b>\$26,651.00</b>	<b>\$ 9,102.00</b>	<b>\$ 310,029.00</b>

**APPENDIX 3**  
**WORK PLAN**







**APPENDIX 4**  
**FIELD OPERATION BUDGET**

**Afghan Association of Ontario**  
**FIELD OPERATION BUDGET (RESEARCH PART)**

SNO	ACTIVITY	DESCRIPTION	UNIT	AMOUNT	UNIT COST	OPGRC	IN-KIND	CASH	TOTAL
<b>1.00</b>	<b>Personnel</b>								
1.01	Research Coordinator (Rahi)	1 Refer the attached role description	Days	30	250.00	7,500			<b>7,500</b>
1.02	Project Coordinator (Oriakhel)	1 Refer the attached role description	Hrs	424	26.00	11,024			<b>11,024</b>
1.03	Community Liaison (Rahimi)	1 Refer the attached role description	Hrs	40	17.00	680			<b>680</b>
1.04	Community Liaison (Formuli)	1 Refer the attached role description	Hrs	488	17.00	8,296			<b>8,296</b>
1.05	Research Assistant (Fahim)	1 interviewers/focus group facilitators	Hrs	352	17.00	5,984			<b>5,984</b>
1.06	Research Assistant (Siddiqi)	1 interviewers/focus group facilitators	Hrs	248	17.00	4,216			<b>4,216</b>
1.07	Research Assistant (Nazahat)	1 interviewers/focus group facilitators	Hrs	248	17.00	4,216			<b>4,216</b>
1.09	Data Analyst	1 Graduate Research Assistant	Hrs	96	20.00	1,920			<b>1,920</b>
	Sub-total Personnel					43,836	0	0	<b>43,836</b>
<b>2.00</b>	<b>Research Support Services</b>								
2.01	Translation of questionnaires	translation and re-translation/typing	hrs	112	18.00	2,016			<b>2,016</b>
2.02	transcriptions	taping and text writing	hrs	80	18.00	1,440			<b>1,440</b>
	Sub-total Research Support Services					3,456	0	0	<b>3,456</b>
<b>3.00</b>	<b>Supplies and Equipment</b>								
3.01	Mail/Courier		L-sum		250.00	250		400	<b>650</b>
3.02	Telephone		month	12	25.00	300		200	<b>500</b>
3.03	Printing/photocopying		L-sum		500.00	500	500		<b>1,000</b>
3.05	tape recorder, cassettes, batteries		L-sum				400		<b>400</b>
3.06	Stationery & others		L-sum		300.00	300			<b>300</b>
3.07	software		L-sum		150.00	150			<b>150</b>
	Sub-total Supplies and Equipments					1,500	900	600	<b>3,000</b>
<b>4.00</b>	<b>Travel and Accommodation</b>								
4.01	Ground transportation	individual interviews & focus group	Km	3000	0.33	990	1,500		<b>2,490</b>
4.02	Lunch and refreshment	at focus group interviews	persons	110	15.00	1,650			<b>1,650</b>
4.03	Parking		persons	100	10.00	1,000			<b>1,000</b>
	Sub-total Travel and Accommodation					3,640	1,500	0	<b>5,140</b>
<b>5.00</b>	<b>Study participant costs</b>								
5.01	Recruiting study participants	payment to interviewees	interview	50	20.00	1,000			<b>1,000</b>
5.02	Compensation for participants	payment to interviewees	interview	50	20.00	1,000			<b>1,000</b>
5.03	Meeting expenses	food and refreshments	L-sum	300		300			<b>300</b>
	Sub-total Study Participant Cost					2,300	0	0	<b>2,300</b>
<b>6.00</b>	<b>Administrative cost</b>								
6.01	Office rent	one room in the AAO main office	month	12	180.00	2,160	3,600		<b>5,760</b>
6.02	Hall rent	for focus group interview sessions	hall	10	200.00	2,000	1,800		<b>3,800</b>
6.03	Accounting		months	12	50.00	600		600	<b>1,200</b>
	Sub-total Administrative cost					4,760	5,400	600	<b>10,760</b>
<b>7.00</b>	<b>GST</b>								
						1,800	1,801	1,802	<b>1,803</b>
	<b>Grand Total</b>					<b>61,292</b>	<b>9,601</b>	<b>3,002</b>	<b>70,295</b>

**Addressing Problem Gambling  
In the  
Toronto Filipino Community  
FINAL ACTION PLAN REPORT**

Prepared by:

**Kapisanan Philippine Centre**

**Toronto, Ontario**

**March 2004**

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## **1. INTRODUCTION**

This research project was conducted by the Kapisanan Philippine Centre (formerly known as the San Lorenzo Ruiz Filipino-Canadian Community Centre). We inquired into the views, attitudes, perceptions and understanding about gambling and problem gambling among members of the Filipino community in Toronto.

The methodology included interviews of key informants and focus groups representing adult men and women, youth, seniors, and a general sampling of the community. Data collected through interviews and focus groups were analyzed and interpreted and subjected to community's feedback.

The research project's main goal was to develop an action plan to address the identified problem gambling issues.

This report will provide a description of the Community Coalition involved in the research project; a summary of research findings; an inventory of resources, and an action planning strategy.

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## 2. ACTION PLAN

### 2.1 Community Coalition

#### Local Research Advisory Committee Members

Martha Ocampo  
Board President  
Kapisanan Philippine Centre (KPC)  
c/o Intercede  
234 Eglinton Ave. E  
Toronto, ON  
M4P 1K5

Rene Santiago

#### Coordinator

Kapisanan Philippine Centre (KPC)  
c/o Intercede  
234 Eglinton Ave. E  
Toronto, ON  
M4P 1K5

Jo Alcampo  
Interim Coordinator  
INTERCEDE for the Rights of Domestic Workers, Caregivers and Newcomers  
405-234 Eglinton Ave E  
Toronto, ON M4P 1K5

Elizabeth Salvilla  
Board Treasurer  
INTERCEDE for the Rights of Domestic Workers, Caregivers and Newcomers  
405-234 Eglinton Ave E  
Toronto, ON M4P 1K5

Nancy Alafriz  
Coordinator  
ATIBAPA

Jose Mari Azarraga  
Philippine National Day Committee

Maxima Moya  
Holy Cross Seniors Group



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## 2.2 Planning Process

Members representing various community-based organizations constituted a Local Research Advisory Committee (LRAC) that directed and monitored the research project.

The Kapisanan Philippine Centre (KPC) was the principal organization responsible for meeting the objectives of the research project and INTERCEDE provided the physical location and administrative support.

The LRAC met regularly, more frequently at initial stages to set the goals and design of the research. The Committee met monthly to monitor the research coordination team and offer regular feedback.

Four members made up the team: Mary Ann Angeles, co-researcher; Jo Azarraga, transcriber and recorder; Anita Fortuno, administrative assistant; and Fely Villasin, overall research coordinator.

Outreach to research participants was achieved through word of mouth, open invitations to organizations during their meetings, announcements at community events, contacts made through some church parishes and priests, monthly newsletters, and through feature writers and columnists in the community media.

Participants served as key informants representing principal sectors of the Filipino-Canadian Community in the Greater Toronto Area, varying in age, education, professions, and evenly distributed between men and women.

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

A principal feature of Participatory Action Research is a commitment to action on the part of both researchers and participants. It is a method of inquiry which respects and values people as active community members rather than passive subjects.

We have taken actions to keep the coalition active by conducting the following activities until these actions have been implemented and evaluated:

- Discussion of the different parts of the research has been part of the agenda at Board meetings of the Kapisanan Philippine Centre.
- Some informal discussions with staff from COSTI and Centre for Addiction and Mental Health of possible partnerships or joint activities.

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- Action Planning Focus Group on November 29, 2003 attended by representatives from the community including youth, Kapisanan Philippine Centre, INTERCEDE, and Kababayaan Community Centre.

### 2.3 Summary of Research Findings/Goal Area

**Goal Area 1:** To ascertain community members' perceptions of gambling and problem gambling

**Findings:** Results found that the majority of community members were aware of what problem gambling was; however, respondents suggested that there is a general lack of concern for the issue. These findings may indicate that lack of concern by the community may deter problem gamblers from seeking help or result in denial.

These findings have lead us to plan the following actions:

- Organize a community meeting to launch the research project findings
- Publish a series of articles on the issue of problem gambling in the Filipino community in community newspapers and mainstream media sources
- Coordinate a Speaker Series on problem gambling to be presented in churches, social gatherings, group meetings

**Goal Area 2:** To describe the definition, characteristics and pervasiveness of problem gambling in the community

**Findings:** Research indicated that psycho-social instability are related to susceptibility for problem gambling. Precursors relate to psycho-social factors such as: 1) hopes for one's quality of life through money; 2) low life satisfaction; 3) use gambling as an emotional/mental escape; 4) gamble out of boredom whereby gambling becomes the primary recreational activity; and 5) is a learned behaviour.

This would indicate that prevention and intervention measures need to provide resources that consider problem gambling as resulting from both social and psychological deprivation.

These findings have lead us to plan the following actions:

- Create a culturally appropriate self-assessment quiz to help identify factors that may put Filipinos at risk of problem gambling
- Train service providers to understand and be aware of the indicators that can lead members of the Filipino community to be more susceptible to problem gambling
- Develop future studies that examine how, when, and what demographic variables interact with the escalation of non-problem gamblers into problem gamblers.

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**Goal Area 3:** To ascertain help seeking preferences and behaviours of problem gamblers and concerned significant others

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

Aversive effects of problem gambling not only affect the individual, but are felt by those who interact with them, such as family, friends and working relations. It was found that families become unstable as a result problem gambling.

Responses suggest that families are often left broken, resulting in separation and divorce. Also, family members lose respect for individual once deleterious effects become more apparent. Similarly, friendships held by problem gamblers too are broken. Friends often avoid the problem gambler after the effects of it begin to show such as stealing and borrowing money to support gambling. Finally, problem gambling often results in employment loss due to stealing and decreased work efficiency due to multiple stressors induced by problem gambling.

These findings have lead us to plan the following actions:

- Develop partnerships with organizations that provide existing services for problem gambling
- Train volunteers from the community to provide ethnically specific resources, such as cultural interpretation and services in Filipino dialects, and integrate these resources into the community and services outside of the community.
- Advocate for culturally appropriate services for families and friends of problem gamblers that provide free and confidential information and support

**Goal Area 4:** To ascertain recreational activities, availability and accesses to resources of newcomers in the community

**Findings:** Significant results found on the Initiation of Newcomers and Integration Into Canadian Society suggests that the most important and most frequently utilized resource is friends and family.

Available public resources to assist newcomers financially, socially and for health care can be concluded to be perceptually closed for the majority of Filipino newcomers unless directed by more established Filipinos. Respondents suggested that the general Filipino community (including newcomers and established residents) may not utilize public resources due to language barriers, lack of confidence, unclear/misinformation and lack of awareness to effectively utilize them.

These findings have lead us to plan the following actions:

- Create educational materials such as brochures, advertisements, and posters targeted at newcomers that provides information on problem gambling and referrals to free, accessible services
- Distribute materials to residential, recreational, and business areas frequented by newcomers
- Work with community organizations and leaders to develop social, recreational and fundraising alternatives to gambling; and/or develop a checklist of how to encourage their members to gamble responsibly

### 3. INVENTORY OF RESOURCES

#### **Human (influencers, leaders, volunteers)**

The main resource for assisting problem gamblers within the community are priests, family and friends. Kapisanan Philippine Centre would train approximately 20 volunteers to act as liaison between the community and existing services. We would also work with community leaders who often use gambling activities for recreation and to raise funds such as churches, senior groups, and settlement agencies.

#### **Organizations, Physical (facilities), Financial (funders), Other**

The Filipino community is generally aware that there are mainstream resources available such as Gambling Anonymous, doctors, counselling, therapy, newspaper ads/ advertisements for mainstream resources, and the National Council of Problem Gambling. However, the majority of respondents suggested that Filipino problem gamblers were unlikely to avail these resources due to negative stigma, embarrassment and language/cultural barriers.

It was also suggested that there are no institutional resources within the community to help problem gamblers.

**APPENDIX 1**  
**ACTION PLAN STRATEGY**

**ADDRESSING PROBLEM GAMBLING IN THE FILIPINO COMMUNITY**  
**ACTION PLANNING TEMPLATE**

Research Finding:	Community members have a lack of concern for the issue of problem gambling (PG)				
Goal/Objective:	To raise public awareness in the Filipino community about the serious impact of PG				
Policy/Program Action:	<b>Develop a PG public awareness campaign for the Filipino community</b>				
Outcome:	<b>People will be more aware of PG as a serious public health concern in the Filipino community</b>				
Tasks	Timeline	Responsibility	Resources	Performance Indicators	Evaluation Methods
Organize community meeting to launch research findings	Begin August 2004. Launch October 2005.	Kapisanan Philippine Centre	Need coordinator to organize and promote launch. Need to write summary to include in media release and to distribute at launch.	There will be a 50% increase in awareness of the serious impact of PG in a community survey sample over 1 year.	Questionnaires Surveys
Publish a series of articles on the issue of PG	August to Nov 2004. Apr to June 2005.	Kapisanan Philippine Centre, Manila Media Monitor & Balita (newspapers)	Need volunteers to write and edit articles.	There will be a 50% increase in awareness of the serious impact of PG in a community survey sample over 1 year.	Focus groups
Coordinate a Speaker's Series for specific sectors in the Filipino community	January 2005 to June 2005	Kapisanan Philippine Centre and community partners	Need to train speakers, coordinate logistics, and promote series.	Seniors, youth, newcomers and the community at-large will attend the events.	Questionnaires Surveys

Research Finding:	Psycho-social instability is related to susceptibility to problem gambling (PG))				
Goal/Objective:	To provide resources that consider PG and resulting from both social and psychological deprivation				
Policy/Program Action:	<b>Develop PG assessment resources for the Filipino community</b>				
Outcome:	<b>The Filipino community will have resources to assess the risk for PG and learn how to provide effective intervention</b>				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Create self-assessment quiz to identify factors that may put Filipinos at risk of PG	March 2005	Kapisanan Philippine Centre	Need volunteers to write self-assessment quiz based on research; print in Filipino newspapers.	There will be a 50% increase in awareness of the risk factors of PG.	Focus groups
Educate service providers about the indicators of PG in the Filipino community	Sept 2004 to Nov 2005	Kapisanan Philippine Centre and agencies serving the Filipino community	Need volunteers to develop fact sheets to distribute to service providers	There will be a 50% increase in awareness of indicators of PG in the Filipino community	Telephone surveys Questionnaires Focus groups
Develop research to examine the demographic variables that escalate gambling into problem gambling	Begin December 2005	Kapisanan Philippine Centre	\$10,000 research funding from government sources	Complete participatory action research and distribute finding to community	Final report and assessment of the process.



Research Finding:	Problem gamblers and those who interact with them require culturally appropriate resources and services				
Goal/Objective:	To support individuals, families, and friends in the Filipino community dealing with PG				
Policy/Program Action:	<b>Develop resources that increase access to PG resources within and outside the Filipino community</b>				
Outcome:	<b>Volunteers will act as community liaisons and advocate for better access to PG resources for the Filipino community</b>				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Develop partnerships with organizations that provide existing services for PG	October 2004 to November 2005	Kapisanan Philippine Centre and Community Coalition members	Develop task force of coalition members to identify partners, and coordinate resources.	We will partner with a major addiction counselling service and increase access by 50% over one year.	Assessment of Client Statistics
Train volunteers as community liaisons	September 2004 to November 2005	Kapisanan Philippine Centre and Community Coalition	Volunteers, facilitators, coordinator of training programs and assessment process.	We will train 20 volunteers able to provide linguistic and cultural interpretation, referrals, & other support.	Self-assessments Training Evaluations Performance evaluations
Advocate for culturally appropriate services for families and friends of problem gamblers	November 2004 to November 2005	Kapisanan Philippine Centre and Community Coalition	Write policy recommendations to provincial government and work with existing services to increase access to the Filipino community.	Seniors, youth, newcomers and the community at-large will have better access to PG support services.	Questionnaires Surveys Focus groups

Research Finding:	Newcomers do not use PG resources due to language barriers, lack of confidence, unclear/misinformation, and lack of awareness to effectively utilize them.				
Goal/Objective:	To increase access to PG resources by Filipino newcomers				
Policy/Program Action:	<b>Develop resources for newcomers and work within the Filipino community to develop alternatives to gambling as a social, recreational or fundraising activity for newcomers</b>				
Outcome:	<b>Newcomers will increase access to PG resources and be able to identify alternatives to gambling and/or strategies for responsible gambling</b>				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Develop educational materials for newcomers	Complete by March 2005	Kapisanan Philippine Centre and Community Coalition members	\$5,000 to develop brochures, posters, and advertisements.	The will be a 50% increase in awareness of how to access PG resources among newcomers in a community survey sample over 1 year	Focus groups Survey
Distribute materials to residential, recreational, and businesses frequented by newcomers	Begin April 2005	Kapisanan Philippine Centre and Community Coalition	Volunteers, community sponsors, outreach coordinator.	Same as above	Focus groups Survey
Develop list of gambling alternatives and checklist for Filipino organizations to promote responsible gambling.	October 2004 to April 2005	Kapisanan Philippine Centre and community sponsors	Volunteers, media to publish checklists, sponsors to distribute to their members.	Community more aware of alternatives to gambling and responsible gambling.	Questionnaires Surveys

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

**FINAL ACTION PLAN REPORT**

**Prepared by:**

**Greek Community  
Local Research Advisory Committee**

**Toronto, Ontario**

**March 2004**

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## 1. INTRODUCTION

When the Local Research Advisory Committee on Gaming, Gambling and Problem Gambling was designed and constructed, the main focus was on conducting research within the Greek community of Toronto, on the issues of gambling and problem gambling. This was phase one of the project, and phase two was to be a follow up, involving the construction of an Action Plan strategy that would facilitate the creation and implementation of gambling and problem gambling prevention initiatives and mechanisms.

The research on gambling and problem gambling was conducted by the Local Research Advisory Committee of the Greek community (LRAC), and included several different research tools, and sampling methods. There were 198 individuals that participated in this research study, comprising of a wide variety of sectors, organizations, age groups, and demographic characteristics. Consequently, the findings that were compiled were a representation of these varying characteristics, including low/average/high income individuals, seniors, middle-aged, and youth representatives, as well as prominent key figures within the community and priests.

The findings led to some important discoveries about the community members and their gambling activities, and the Action Planning Strategy will come into good use, providing some stepping stones and possible implementation strategies and methods of creating awareness about gambling and problem gambling, and furthermore, providing help-seeking initiatives to assist those individuals who do have a gambling problem.

This report is a culmination of the findings of the research in phase one, as well as the compilation of gambling awareness initiatives, gambling and problem gambling prevention fostering initiatives and mechanisms, and furthermore a compilation of all of the community resources, and strategies for implementation of these mechanisms.

The Greek community LRAC has concluded that problem gambling is a serious public health issue that must not be dealt with in isolation, but rather in conjunction with other societal factors such as alcoholism, drug abuse, domestic violence, smoking, and other public health issues. It has found in its findings that these other public health issues are very intricately linked to the issue of problem gambling; and it is efficient that the Action Plan addresses these issues, and includes them in any problem gambling prevention mechanisms that are created and implemented.

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## 2. ACTION PLAN

### 2.1 Community Coalition

The Greek community coalition is comprised of several different individuals, with representation from key organizations and groups within the community. Representation is found from, Municipal political figures, doctors, social services departments', religious groups, and other associations.

#### Coalition Members

1. Mrs. Lucy Grigoriadis – Greek Orthodox Metropolis of Toronto (Canada) : Executive Director of Social Services.  
Telephone: 416.221.1203
2. Mrs. Dorothy Bakos – The Toronto Family Service
3. Mrs. Mary Tountas – Public Health Nurse
4. Mr. Michael Tziretas – Municipal Political Representative
5. Mr. Tim Prattas – Greek Orthodox Metropolis of Toronto (Canada) : Youth Director  
Telephone: 416.429.5757
6. Mrs. Lisa Kostakis-Edward – Greek Community of Toronto Inc. : Executive Director of Social Services  
Telephone: 416.425.2485
7. Ms. Niki Kanavas – Researcher/Writer/Data Collection  
Telephone: 416.696.2332

#### Coalition Planning Process

Upon the formation of the Community Coalition, a full reading of the research report was conducted by all coalition members in order to ascertain the issues at hand. In addition, each member was responsible for contributing their ideas towards the creation of this Action Plan, including the analysis of the public health issues, including gambling and problem gambling, but also such issues as, drug-abuse, alcoholism, domestic violence, etc. in order to ascertain what initiatives and mechanisms would be useful for problem gambling help-seeking.

Through the active utilization of the CHIP model as provided by the Ontario Problem Gambling Research Centre, the coalition critically identified and analyzed the critical health issues plaguing the Greek community, with the use of the research that had been previously conducted. Upon discussing the findings that were derived from the LRAC research report on gambling and problem gambling, the coalition devised a strategy to deal with each independent finding that indicated there was a problem with gambling, and also, defined the relationship between problem gambling and other societal ills, as described above: drug abuse, alcoholism, etc. The CHIP model was helpful in defining and identifying the issues, devising strategies to create awareness and to create programs that would be implemented, and to provide measurement tools as well as monitoring tools to evaluate these methods.

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Each coalition member was given his/her own set of tools, including the LRAC Research Report, the CHIP model, as well as a journal to note their thoughts, the advantages of an Action Plan, as well as the disadvantages. Essentially, each coalition member provided their own ideas through their own analysis of the findings, and then through a process of integration at general meetings, these ideas and analyses were compiled, allowing the researcher to reach a conclusion and include all of the ideas and thoughts that were provided.

### Provisions for Coalition

The coalition has managed to stay alive through active participation in the form of meetings, correspondence via the World Wide Web, and telephone interaction. Luckily, there have not been any provisions that needed to be set up in order to keep the coalition active; each member has been more than helpful and generous in their contribution to this Action Plan, and surely their involvement will not go unnoticed, as their future assistance will be prudent in the implementation of these strategies. Furthermore, since it has also been identified that problem gambling is indeed a serious issue within the Greek community, the coalition members all understand the importance of carrying out these strategies and seeing them come to fruition for the positive good of the community.

## **2.2 Summary of Research Findings**

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

This section provided a great deal of findings from the community, based on gambling as a social practice. Firstly, gambling was defined as a set of activities that are carried out involving the use of money, including such things as, casino gambling, card games, lotteries, etc. Secondly, gambling is construed as a social activity. Thirdly, gambling is a very common occurrence in the Greek community, as it is a social aspect of Greek life. Fourthly, casino gambling, lottery gambling, and gambling in coffee shops is what is most prominent in the Greek community, and usually leads to problem gambling. Fifthly, most gambling occurs at home, in restaurants and at locations where lottery tickets are sold. Sixth, gambling is neither discouraged nor encouraged within the Greek community; consequently many a time it is considered a socially acceptable past-time. Seventh, individuals within the age group of 25-50 gamble substantially more than do the youth and/or seniors. Eighth, males gamble more than females, though; there has been a significant increase in the number of females gambling at casinos.

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

Goal two addresses problem gambling in detail, and it seen here that the perceptions between gambling and problem gambling shift dramatically.

Firstly, problem gambling is defined as an activity that has become an addiction that forces someone to continuously spend large sums of money in order to play a particular game. Secondly, problem gambling is perceived as a negative activity within the Greek community.

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Thirdly a problem gambler is one who lacks self-control, has a low self-esteem and is plagued by other societal factors, such as alcoholism, perhaps, drug abuse, and other addictions.<sup>1</sup> Fourthly, the consequences of problem gambling include domestic violence, emotional dis-attachment from family and friends, crime, and further addiction.<sup>2</sup> Fifthly, the problem gamblers within the community are those within the age range of 35-50, usually male, married or single. The research report, Addressing Problem Gambling in the Toronto Greek Community, according to the perceptions of those individuals that were sampled in the research, estimates that problem gamblers comprise twenty per cent of people, social gamblers at fifty per cent of people, and those individuals who do not gamble at all, at thirty per cent. Sixth, many of the problem gamblers began gambling as a social occurrence that led to the addiction.

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

Goal three addresses the community perceptions on gambling and problem gambling and there are several significant findings in this section that need to be addressed in this Action Plan. Firstly, gambling as a social aspect is accepted by the community. Secondly, the community fears that social gambling may become problem gambling if not monitored closely. Thirdly, gambling and problem gambling are not issues that are voiced within the community, because despite the fact that social gambling is not considered wrong, there are still many in the community that believe *all* gambling is wrong. Consequently, there is silence regarding who gambles and how much they gamble. Fourthly, there is very little awareness in the community regarding the full degree of problem gambling plaguing individuals. Fifth, the community views problem gamblers very negatively. Sixth, there are no boundaries to problem gambling; people of all demographic characteristics participate and develop an addiction to gambling.

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

This goal also points to some significant findings that must be addressed in this Action Plan. Firstly, there is a limited amount of resources for Greeks regarding help seeking for problem gambling; many of the resources available cater to non-Greeks in that they do not provide Greek-speaking resources. Secondly, there is a language barrier that discourages people from utilizing the current help-seeking methods; thirdly, the Church services and several Social Service groups do accept individuals with problem gambling issues however, individuals are often times worried about attending for the fear that they will be ridiculed; Fifth, there is a requirement for creating awareness of where to go for help if one has a problem gambling issue, or if a significant other would like to receive counselling; Sixth, problem gamblers and

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<sup>1</sup> Please see Appendix I regarding the full description of a problem gambler as derived from: Addressing Problem Gambling in the Toronto Greek Community, February 2003; Greek Community LRAC.

<sup>2</sup> Please see Appendix I regarding the full description of the consequences of problem gambling as they pertain to the prevention mechanisms. From: Addressing Problem Gambling in the Toronto Greek Community, February 2003; Greek Community LRAC.



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concerned significant others would feel comfortable attending one on one sessions with counsellors or doctors; Seventh, there is substantial popularity in favour of the creation of a Problem Gambling Hotline for the Greek community, which is private, and anonymous. Eighth, awareness in the community regarding support systems is limited to Social Services within the Greek community and the Church. Ninth, problem gamblers do not seek help on their own. Tenth, due to the limited awareness of problem gambling within the community, there has not been an insurgence of programs created to deal with it, nor have community members felt the need to pursue the issue. Therefore it is imperative that awareness is created within the community.

### **Miscellaneous Findings**

#### **The Effects of Gambling and Problem Gambling on Children**

Children are affected negatively when their parent(s) has a gambling addiction; such negative consequences include emotional strain, domestic violence, lack of finance, psychological turmoil, and quite possibly the effects of influence on the children.

#### **The Financial Costs of Gambling**

Problem gambling contributes many problems to the household, but the most significant one is the lack of money available for the basic necessities. In addition, many respondents believed that financial difficulties in the household could lead to crime, violence and in drastic circumstances, murder.

### **The Findings and the Subsequent Action Strategies**

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

##### **Findings:**

1. Gambling is construed as a social activity – this is considered to be one of the most important findings, for it provides insight into what the community perceives gambling to be. Because it is construed as a social activity, yet, many respondents have admitted that many a time social gambling leads to problem gambling, it is imperative to create an initiative that will create awareness of the ills of social gambling, and how it can lead to an addiction to gambling.
2. Gambling is a very common occurrence within the Greek community – again this is an imperative issue to deal with simply because with gambling becoming a common occurrence, more and more individuals will gamble, which may lead to gambling addiction. Again, creating awareness is the key criterion for this finding.
3. The locations of gambling within the Greek community – this finding shows that gambling activities take place in different areas and are not limited solely to casinos. What is important here is to identify that the more people gamble at restaurants or at homes, the higher the chances of making gambling a social practice – which may lead

- 
- to an addiction. Bringing the issues out into the open is a very important thing, so that the community will cease to be ignorant on the levels of gambling prominent in the community, as well as the locations where it takes place.
4. Gambling is neither encouraged, nor discouraged within the community – this poses a problem because there are mixed views on the issue.
  5. Individuals within the age group of 25-50 generally gamble more than any other age groups – the creation of awareness again is prudent in this case.
  6. Males gamble more than females – this issue is important to our community, because males are generally also the caregivers of the household, and it is important to come up with a strategy that will attempt to deter males from gambling.

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

**Findings:**

1. Problem gambling defined as an addiction – by bringing the definition to light within the community, people will begin to take the issues more seriously, which may allow them to assess the issues differently.
2. A problem gambler is one who lacks self-control – important in nature for it identifies some of the key characteristics of a problem gambler that can create awareness in the community.
3. The consequences of problem gambling – again an important and descriptive element in the discussion of problem gambling that will provide a significant degree of knowledge regarding this issue.
4. Many of the problem gamblers in the community begin as social gamblers – this is linked to goal one in the discussion of social gambling and its possible spill over effect in becoming an addiction.

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

**Findings:**

1. Gambling as a social aspect is accepted by the community – this is an issue that may have negative affects on the community and must be dealt with through the creation of awareness.
2. There is very little awareness within the community regarding the issue at large – the creation of awareness is imperative.
3. The community views problem gamblers negatively – this is an issue that may have negative affects on the community because those with the addiction will be afraid to voice their problem for fear of ridicule.
4. There are no boundaries to problem gambling; people of all demographic characteristics may develop a gambling addiction – this allows the coalition to include all demographic variables in their creation of mechanisms fostering the prevention of problem gambling.

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

1. A limited amount of resources for Greeks regarding help-seeking for problem gambling – dealing with this issue is imperative for the community.
2. Language Barriers – again this is a major issue that must be dealt with in the creation of an Action Plan Strategy.
3. People with gambling addiction refrain from reaching out to the resources available for fear of being ridiculed – again, this is an important issue if gambling addiction is to be dealt with.
4. A Gambling Hotline very popular as a mechanism to deal with gambling addiction – this will be a part of our Action Plan Strategy, and a possible implementation tool.
5. Problem gamblers do not seek help on their own – this must be dealt with as well and must be included in the Action Planning Strategy.

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### 3. INVENTORY OF RESOURCES

The Greek community has the advantage of having a great many resources, both physical and human. Luckily there are many contributions to be made with regard to any initiatives the Community Coalition decides to embark on.

#### Human Resources

This section has been divided into three different sections. The first section includes the leaders within the community; the second section includes ‘key informants; and the third section includes volunteers.

##### 1. Leaders

The leaders within the community are comprised of those individuals that represent the leading institutions within the community. For example, the Greek Orthodox Metropolis of Toronto (Canada), the Greek Community of Toronto, Inc., the Hellenic Canadian Congress, the Hellenic Canadian Federation of Ontario, and other small organizations that are a part of the community.

##### 2. Key Informants

The key informants are individuals such as doctors, legal professionals, social workers, priests, professors and teachers, and outreach workers. These individuals will provide knowledge, expertise and a strong work ethic in preparations and implementation of Action Planning Strategies.

##### 3. Volunteers

The volunteers would consist of those people that are interested in participating and promoting the Action Planning initiatives. Within the community there are a great many individuals that volunteer for community organizations that would be willing to participate and volunteer their time and efforts towards this plan.

**APPENDIX 1**  
**ACTION PLAN STRATEGY**

<b>Research Finding: Community members lack awareness to the issues of gambling and problem gambling</b>					
<b>Goal/Objective: To create awareness within the Greek community for gambling and problem gambling</b>					
<b>Policy/Program Action: To Develop a Public Awareness Campaign for the Greek community of Toronto</b>					
<b>Outcome: Greek people will be aware of the issues</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Journal/Newspaper Articles	Sept '04	Community Health Coalition	Volunteers/Experts and/or our media outlets; funding	Awareness begins through this method.	Mail-in questionnaires as part of the articles.
Radio and Television Broadcasts – Documentaries and interviews	Oct '04	Community Health Coalition as well as key informants	Media outlets, doctors etc.	Reaching out to the community at large; high volume	Telephone interaction into the station broadcasting the shows/radio shows.
Website Creation “Everything you ever Needed to Know about Gambling in the Greek Community”	Oct '04	Coalition, G.C.T, Greek Orthodox Metropolis of Toronto	Volunteers ~\$5000 funding	The WWW reaches out to thousands each day.	An online survey questionnaire. As well, each visitor will have to log in to the site, and as such a mailing list will be created.

<b>Research Finding: Dealing with Social Gambling in the Greek community of Toronto</b>					
<b>Goal/Objective: To develop an awareness of the risks of social gambling in the community</b>					
<b>Policy/Program Action: Create a lecture series on the risks of social gambling in the community</b>					
<b>Outcome: People will be able to see the risks associated with social gambling</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Lecture Series!*	Dec '04	Community Coalition, Doctors and Experts in Gambling	Experts, doctors, key informants	Lectures will attract audiences and increase awareness	After-lecture questionnaire; mail in questionnaire, internet questionnaire, telephone survey.
Brochures and Pamphlets	Oct '04	Community Coalition and Media outlets	Experts, volunteers, key informants \$2000	Increase the awareness of social gambling ills	An attached mini question sheet, postage paid, to be mailed back to coalition. Internet questionnaire, or email correspondence.
Magazine "What is Gambling" Facts	Jan '05	Community Coalition, Media, Key Informants, Leaders	Volunteers, coalition, leaders, informants \$10 000	Spread the issue of gambling	Telephone number will be provided for those willing to provide their thoughts; how many magazines were picked up by people willing to read them.

<b>Research Finding: Males have a tendency to gamble more than females</b>					
<b>Goal/Objective: To target males and discover why the gamble more than females</b>					
<b>Policy/Program Action: To introduce the possible reasons males gamble more and provide solutions</b>					
<b>Outcome: Males may benefit from the exposure and may possibly assess their gambling habits</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Question/Answer Lecture	Dec '04	Coalition, doctors, psychologists	Community centre; food donations	Targeting the males will provide insight into their gambling activities	Question and Answer; fill out cards provided at the lecture assessing the fruitfulness of the lecture.
Brochures centred towards males	Nov '04	Media, Coalition, other agencies	Media outlets \$1000	Creates awareness, and provides information for males	Internet based questionnaire; telephone based survey
Video cassettes	Jan '05	Media, Coalition, other agencies	Media outlets \$3000	Provides full coverage on gambling habits of males	Internet based questionnaire; telephone based survey



<b>Research Finding: Individuals in the age range of 25-50 tend to gamble more than others.</b>					
<b>Goal/Objective: To discuss why people in this age group are enticed to gamble and why it may lead to addiction.</b>					
<b>Policy/Program Action: To create awareness focusing on a specific age group that gambles significantly more than do other age groups.</b>					
<b>Outcome: People in this age group may reconsider their gambling practices if they see the negative side to it.</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Lectures	Feb '05	Coalition, doctors, other youth	Community centres	Knowledge on the issue will be spread	Question/Answer cards at the end of the lecture.
Internet website focused on this age group issue	Jan '05	Media outlets, community coalition, other agencies, doctors	Media + funding from community sponsors	Internet allows for many viewers	Internet based questionnaire, feedback section, guest book for comments.
Theatre Performance Based on this issue	Jan '05	Greek Community of Toronto Inc, Nefeli Team	G.C.T Inc. funding + paid tickets	Popular theatre group will reach out to audience	Telephone questionnaire.

<b>Research Finding: What is Problem Gambling, Who is a Problem Gambler, and What are the Consequences of Problem Gambling</b>					
<b>Goal/Objective: To discuss these issues in light of their influence on the Greek community</b>					
<b>Policy/Program Action: To develop public awareness of the problem gambling issue within the Greek community</b>					
<b>Outcome: People will understand what Problem Gambling is and what its consequences are</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Lecture Series	Dec '04	Coalition, doctors, key informants	Community centres, corporate sponsors	Outreach to understand what PG is	Question cards after lecture; mailing list; telephone survey
Brochures/Pamphlets And Magazines	Nov '04	Coalition, doctors, key informants, media outlets, other agencies	\$10,000 corporate sponsors; perhaps grants	Provide information to people regarding the ills of problem gambling	Online questionnaires, mail in questionnaires, telephone hotline for information
Commercials, radio and television documentaries, advertisements	Dec '04	Media, Greek Orthodox Metropolis, Community Coalition	\$10, 000 grants, bursaries	Educating the public about PG	Online questionnaire, comments, public forum

<b>Research Finding: The community views problem gambling and gamblers as negative</b>					
<b>Goal/Objective: To raise the issue that problem gambling should not be shunned but monitored closely, in order to assist those with a problem</b>					
<b>Policy/Program Action: To raise awareness on the issue surrounding the negative portrayal of problem gambling in the Greek community.</b>					
<b>Outcome: An understanding that it is better to assist rather than ridicule</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Radio Ads	Oct '04	Coalition, health groups	Volunteer radio stations	More people will be aware of the issue	Call in during the show; ratings
Educational Lectures: Psychological Issues	Nov '04	Coalition, health professionals	Community centres, restaurants supplying foods	Provide awareness	Question sheets
Train Community Leaders to disseminate this issue	Jan '05	Coalition, health professionals	Tools for training and educating the masses	Provides an incentive for people to listen to their leaders	

Table 1 of 2

<b>Research Finding: Limited amount of help-seeking resources within the community for PGs and Significant Others</b>					
<b>Goal/Objective: To develop strategies for help-seeking resources that may be implemented within the community</b>					
<b>Policy/Program Action: To research, construct and assess help-seeking resources for the Greek community</b>					
<b>Outcome: Provides physical centres; resources for people to receive assistance for problem gambling</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Create a Gambling Hotline for Greek People	Mar '05	Health Coalition, key agencies, doctors	~\$10, 000 start up from community sponsors; volunteers	Provides a means for PGs to receive help.	Questionnaires
Hold meetings for concerned significant others	Mar '05	Community coalition, doctors, social services	Volunteers, food sponsors, printing materials	Allows for the families to receive guidance on how to deal with a PG at home	Questionnaires; telephone follow up; online questionnaire
Create materials for training and support for those trying to assist PGs	Dec '04	Community coalition, doctors, social services, printers	Volunteers, corporate sponsorships of at least \$20, 000	Provides education and guidance	Telephone follow up; questionnaires

Table 2 of 2

<b>Research Finding: Limited amount of help-seeking resources within the community for PGs and Significant Others</b>					
<b>Goal/Objective: To develop strategies for help-seeking resources that may be implemented within the community</b>					
<b>Policy/Program Action: To research, construct and assess help-seeking resources for the Greek community</b>					
<b>Outcome: Provides physical centres; resources for people to receive assistance for problem gambling</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Create a PG centre	Jan '05	Community Coalition, Doctors, social workers	On-going funding; volunteers	Provide assistance, counselling to PGs	Questionnaire; level of enthusiasm and support
Create ads for new centre, telephone hotline	Nov '04	Community coalition, doctors, social workers, media	Volunteers, community sponsors	Create awareness of new programs	Online survey; polling of how many people are interested in these new programs
Newsletter for PG	Nov '04	Community Coalition, doctors, social workers, writers	Volunteers Internet \$5000 funding	Up to date information on PG	Online survey

<b>Research Finding: Children are affected by PGs at home</b>					
<b>Goal/Objective: To provide counselling to children with PGs at home; and to provide educational programs teaching children gambling addiction is wrong and how to find warning signs of PG at home</b>					
<b>Policy/Program Action: To develop counselling sessions, educational materials for children on PG</b>					
<b>Outcome: Educating children on gambling and problem gambling</b>					
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Create in class sessions on PG (Greek school)	Dec '04	Doctors, social services, teachers	Limited	Providing awareness and education to children	Question and answer period; parents filling out questionnaire at home and bringing it back to school.
Counselling groups for children afflicted with PG at home	Jan '05	Doctors, social services, volunteers, experts	Community centre	Providing assistance to children coping with PGs at home	Question and answer period; parent participation and feedback.
Brochures for kids on PG	Jan '05	Doctors, social workers, coalition, writers, illustrators	~\$5000 corporate donations	Educating children on PG	Online tests for kids; questionnaires

**Addressing Problem Gambling  
In the  
Toronto Indo-Caribbean Community  
FINAL ACTION PLAN REPORT**

**Prepared by:**

**South Asian's Women's Centre**

**Toronto, Ontario**

**March 2004**

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## 1. INTRODUCTION

In 2001 the Ontario Problem Gambling Research Centre, acting with COSTI as its administrative agent, commissioned a community based research study of gambling and problem gambling in the Indo-Caribbean community of Toronto. It was one of eight in the overall project “Addressing Problem Gambling in Toronto and Windsor/Essex County.” The study was intended to provide the first empirical data on the prevalence of gambling and problem gambling, community attitudes towards gambling and prevalent help seeking behaviour of problem gamblers in this sub-group of the large South Asian ethnic community.

Six community groups and a South Asian social service agency formed the Indo-Caribbean Gambling Research Project as a community coalition to conduct the research and organized a Local Research Advisory Committee as the active instrument.

The survey was conducted between October 2001 and March 2002. It was exploratory and descriptive in nature, using qualitative data collection methods such as 9 focus groups, 21 key informant surveys and quantitative data from a survey of 496 individuals drawn largely from members and supporters of the six participating community groups. The surveys, interviews and focus groups were weighted by age, religion, Caribbean country of origin and economic circumstances.

The report of the survey, which was presented in 2002, detailed widespread recreational gambling at all levels of the Indo-Caribbean community, generally tolerant attitudes towards gambling, plus general ignorance of the scale of gambling and the incidence of problem gambling. It also revealed alarming levels of problem gambling coupled with a total absence of community resources for treating gambling problems, and extremely low levels of help seeking by problem gamblers. The report outlined approaches towards developing a community action plan to deal with current and anticipated problem gambling in the community.

A further grant from the Ontario Problem Gambling Research Centre enabled the Indo Caribbean Gambling Research Project to develop an action plan for problem gambling in the community. This was conducted during 2003 with five goals in mind. These were a review of the research findings, consultation with the Indo-Caribbean community, development of an outreach and community education program, a system for identifying and assisting problem gamblers and an ongoing program for monitoring of and assistance to problem gamblers.

This report presents

1. A description of the community coalition
2. A summary of the research findings of the project
3. An inventory of resources
4. The action planning strategy developed in the second phase of the project.

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## 2. ACTION PLAN

### 2.1 Community Coalition

The Indo-Caribbean Gambling Research Project was set up as a collaborative community study, with representatives of six community organizations and the lead agency together forming the Local Research Advisory Committee (LRAC) that would oversee the research. Members included the lead agency the South Asian Women's Centre, which applied for the funding on behalf of the consortium of community groups, took the lead in recruiting participants, provided administrative support and guidance.

The six community groups taking part in the LRAC and providing researchers and access to respondents for surveys, focus groups and interviews. These groups also provided the core members for the action planning phase of the project.

#### **South Asian Women's Centre**

1332 Bloor St. West.  
Toronto, ON M6H 1P2  
(416) 537-2276

The social and cultural organizations

#### **Indo-Trinidad Canadian Association**

c/o Reynold Ramdial  
2395 Cawthra Road,  
Mississauga ON L5A 2W8

#### **Guyanese East Indian Association of Canada**

c/o Gulcharan Mohabir  
4 Wallis Crescent  
Toronto ON  
416-741-2663

Hindu religious and cultural organizations

#### **Shiv Shakti Gyaan Mandir**

C/o Pundit Yaghbealak Maharaj  
954 Deer Run,  
Mississauga ON L5C 4B2  
905-370-9289

#### **Toronto Arya Samaj**

4345 14th Avenue.  
Markham, Ontario, L3R 0J2  
(905) 475-5778.

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The Muslim religious and cultural organization

**The Islamic Academy of Canada and TARIC Islamic Centre**

99 Beverley Hills Dr.

Toronto, Ont.

(416) 245-5675

*Trinidad and Tobago 50 Plus and Seniors Association*

*c/o Rasheed Sultan Khan*

*30 Moorefield Road,*

*Scarborough ON M1C 5B5*

*416-281-5264*

## 2.2 Planning Process

The planning process was based on a series of meetings of the Indo Caribbean Gambling Research Committee, with representatives of member groups bringing the opinions of their organizations to bear on the action plan goals, a Community Consultation on October 25 and discussion towards a relevant action plan.

The committee met to review and confirm the results of the research survey that disclosed widespread gambling in the Indo-Caribbean and high levels of problem gambling.

A community consultation confirmed the general ignorance in the community about gambling related problems. It also found that Indo-Caribbeans did not relate well to impersonal intervention from individuals outside the community but were also concerned about loss of privacy if they discussed gambling problems with other Indo-Caribbeans. A decision was made to overcome barriers to help seeking by utilizing community members as facilitators to refer identified problem gamblers to either mainstream or internal counsellors.

The committee devised an approach to outreach and education in the community, taking into account the Consultation report that literature, media stories and the use of the telephone were much less effective methods than personal contacts with known and respected individuals.

With the same considerations in mind, the committee decided that identification of community members who were already experiencing problems or who were at risk of becoming problem gamblers should begin from within the community and proceed slowly outwards. An ongoing program of monitoring problem gambling and directing problem gamblers towards help should take the same direction.

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## 2.3 Summary of Research Findings

### Rates of Gambling and Attitudes to Gambling

The research showed that gambling was widespread throughout the Indo-Caribbean community in Toronto, regardless of their Caribbean country of origin, the length of their stay in Canada, their religious beliefs and practices, gender, age or financial circumstances.

The community generally tolerated or approved of gambling as a recreational, non-threatening activity. The perception was that the community members were cautious and careful gamblers who do not spend much money on betting, and did not have serious gambling problems.

Just over 77 percent of participants in the survey identified themselves as gamblers and 23 percent said they did not gamble at all. A full 89 percent believed their family and friends regularly spent money on gambling, with only 10 percent saying family and friends were non-gamblers. Most of their spending on gambling went to lottery tickets, which accounts for 50 percent, followed by scratch cards with 21 percent, casinos with 9 percent and bingo with 5 percent.

The amount of money spent on gambling was generally small, with 88 percent spending \$20 or less per week and just under 3 percent admitting they spent over \$100 a week. Friends and relatives also spent similar amounts, mainly on lottery, scratch cards, casinos, horse racing and bingo.

### Problem Gambling

The group had an excellent understanding of what problem gambling was, based on the scale used by the Canadian Problem Gambling Index (CPGI). They did not believe it was affecting them in any serious way or that they should be concerned about it.

But while the majority of Indo-Caribbean gamblers were low risk and responsible in their betting, over 14 percent of the 600 people contacted knew someone with a moderate or severe gambling problem. Over 50% of problem gamblers identified through key informant interviews had been non-gamblers or low risk gamblers in the Caribbean but had made the jump to high risk gambling in Canada.

Respondents identified symptoms of problem gambling that included chasing losses, escalating bets, borrowing gambling money, gambling more than they could afford, being criticized for gambling, and bringing harm to one's health and finances. The effects ranged from bankruptcy, loss of jobs and property, social isolation, family violence, alcoholism, family break-up and suicide, to extreme cases like the individual who died at the gambling tables in Las Vegas after losing \$100,000.

Most of the community was simply not aware of the existence of problem gamblers who generally denied their addiction, refused to seek or accept help. There was great resistance among problem gamblers to discuss their problems within the community, even with family and friends, and even greater reluctance to go outside the community for help.

## **Conclusions**

The study concluded that gambling in the Indo-Caribbean community in Toronto was similar to rates of gambling for Ontario adults in general. Non-gamblers were 23 percent of the survey and gamblers 77 percent. Among those who gambled, 88 percent could be considered low risk gamblers spending less than \$20 a week on lottery, scratch cards, casino and bingo, and 3 percent could be seen as medium risk or problem gamblers spending \$100 or more per week. However, the fact that 14 percent of persons contacted knew a problem gambler indicated that the true rate of problem gambling in the community may be higher than 3 percent. There was some evidence of a small but quite serious growth of gambling addiction centered on lotteries, casinos and horse racing. The Indo-Caribbean community had no knowledge of it and no history of coping with problem gambling. It was extremely unwilling to use existing resources for treating problem gambling but had no resources of its own to do the job. The Research Committee felt that unless further study and preventive action were undertaken, there may be a crisis in the making in the very near future.

### **2.4 Action Plan Project Goals**

#### **Goal One**

To review the issues of gambling and problem gambling discovered in the research phase of the project..

#### **Goal Two**

To consult with the Indo-Caribbean community in Toronto and reveal the results of the research

#### **Goal Three**

To devise an outreach and community education program aimed at the Indo-Caribbean community.

#### **Goal Four**

To develop a system for identifying community members at risk of becoming problem gamblers and providing services for them and their families.

#### **Goal Five**

To develop an ongoing program for monitoring and providing help services to Indo-Caribbean gamblers and problem gamblers

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## INVENTORY OF RESOURCES

### **Human** (influencers, leaders, volunteers)

The following individuals have demonstrated or expressed their willingness to work on a program to offer assistance to the Indo Caribbean community and its problem gamblers:

Reynold Ramdial	Shiv Shakti Gyaan Mandir
<b><u>Pundit Yagbealak Maharaj Shiv Shakti Gyaan Mandir (Spiritual Leader)</u></b>	
Feroza Mohammed	IndoTrinidad Canadian Association
Akeisha Sookram	Indo Trinidad Canadian Association
Ram Jagessar	Indo Trinidad Canadian Association
Gulcharan Mohabir	Guyana East Indian Association of Canada
Harry Persaud	Guyana East Indian Association of Canada
Sangeeta Subramanian	South Asian Women's Centre
Shayline Little	South Asian Women's Centre
Shanti Sarawan	Vedic Cultural Centre
Norma Jainarine	Vedic Cultural Centre
Sita Maharaj	Vedic Cultural Centre
Rupa Narain	Vedic Cultural Centre
Adit Kumar	Vedic Cultural Centre (President)
Genghis Khan	Tariq Islamic Centre
Camaral Khan	Injured Workers Association
Steve Khan	TT 50 Plus & Seniors Assoc. (President)
Rasheed Sultan Khan	T&T 50 Plus & Seniors Association (PRO)
Fereeda Sultan Khan	TT 50 Plus & Seniors Assoc.
Drupati Maharaj	Centre for Addiction and Mental Health
Martin Latchana	Toronto Presbyterians
Amarnath Binda	Devi Mandir Pickering (President)
Clive Ramdeen	Naparima Alumni Association of Canada
Annemarie Deboran	Satya Jyoti Cultural Sabha (Treasurer)
Peter Deboran	Satya Jyoti Cultural Sabha
Andrea Ramwa	Inter-Cultural Neighbourhood Social Services (Exec. Dir.)
Pundit Roopnauth Sharma	Mississauga Ram Mandir

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Leela Daljit

Indo-Caribbean Golden Agers

**Organizations** (community)

The following organizations can offer support and assistance with gambling education and assistance:

Friends of UNC-Canada

Inter-Cultural Neighbourhood Social Services (ICNSS)

ARYA SAMAJ SCARBOROUGH

BHARAT SEVASHRAM SANGHA

DEVI MANDIR PICKERING

GANDHI BHAVAN HINDU MANDIR

GAYATRI MANDIR

Peel Arya Samaj

Ram Mandir

PRANAV MANDIR

Scarborough Vedic Mission

SHANTI NIKETAN, SCARBOROUGH

Shiv Shakti Gyaan Mandir

SHIVA SHAKTI MANDIR

Toronto Shiva Satangh Sabha

Toronto Dharmic Sabha

TORONTO SHIVA SATANGH SABHA

VOICE OF DHARMA

ISLAMIC FOUNDATION

NUGGET MOSQUE SCARBOROUGH

Imdadul Islamic Jamaat

Sunnatul Jamaat of Ontario

Imdadul Islamic Jamaat

Mahatma Gandhi Organization

Indo-Caribbean Golden Agers Association

Knox Presbyterian Church

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Church of the Nazarene

Shanti Niketan Mandir Scarborough

**Organizations (Gambling Assistance)**

Responsible Gambling Council (Ontario)

Ontario Problem Gambling Research Centre

Niagara Multilingual Prevention/Education Problem Gambling Program

Ontario Problem Gambling Helpline

Centre for Addiction and Mental Health

Addiction Research Foundation of Ontario

Gamblers Anonymous

Family Awareness and Drug Education Halton Peel Centre

University of Windsor Problem Gambling Research Group

COSTI Family Counselling Centre

Chinese Family services of Ontario

Canadian Mental Health Association

YMCA Youth Gambling Project

**Financial (funders)**

Trillium Foundation

Ontario Ministry of Citizenship

Maytree Foundation

City of Toronto

Canadian Race Relations Foundation

Ministry of Health

Ontario Substance Abuse Bureau of the Ministry of Health and Long Term Care

**Physical (facilities)**

The following organizations have physical facilities that could be used for the program, including meeting rooms, halls, telephones, faxes, computers and copiers:

Vedic Cultural Centre Library and Banquet Hall



TARIC Islamic Centre

Devi Mandir Pickering Banquet Hall

Knox Presbyterian Church Meeting Hall and rooms

Gandhi Bhavan Hindu Mandir

Peel Arya Samaj

Gayatri Mandir

Ram Mandir

Scarborough Vedic Mission

PRANAV MANDIR

Shanti Niketan, Scarborough

Inter-Cultural Neighbourhood Social Services (ICNSS) Mississauga

Industrial Technical Services

**Other Resources (Media)**

Voice of Hinduism

Indo Caribbean World

Caribbean Camera

Panorama TV

West Indians United TV

Mastana Bahar TV

Hot Like Pepper Radio

U-TEL Hot Indian Magazine

The Weekly Voice

Graphic News

**APPENDIX 1**  
**ACTION PLAN STRATEGY**

### ACTION PLANNING TEMPLATE

<b>Research Finding:</b>	<b>The Indo Caribbean community is not monitoring gambling and problem gambling or taking action to educate or help its members with gambling issues</b>				
<b>Goal/Objective:</b>	To develop an ongoing program for monitoring and providing help services to Indo-Caribbean gamblers and problem gamblers.				
<b>Policy/Program Action:</b>	Community education and prevention program				
<b>Outcome:</b>	The community will become increase its awareness of gambling issues and begin to offer active assistance to problem gamblers.				
Tasks	Timeline	Responsibility	Resources	Performance Indicators	Evaluation Methods
<p>1. Develop and extended community gambling committee with wide representation from existing community groups, media and medical.</p> <p>2. Implement action plan on Indo-Caribbean gambling and problem gambling.</p>	October 2004-ongoing	Gambling education subcommittee, member organizations and interested individuals.	Indo-Caribbean Gambling Research Committee, member organizations Caribbean media, mainstream gambling help organizations	A new focus on gambling as a social disorder affecting the community and increased participation by Indo-Caribbeans in gambling help programs	Reports from community leaders, media, gambling help organizations.

<b>Research Finding:</b>	<i>Community members believe gambling is a harmless recreational activity and are unaware of the extent of gambling and problem gambling</i>				
<b>Goal/Objective:</b>	Develop a community education plan on gambling as a gateway to problem gambling				
<b>Policy/Program Action:</b>	Community education and prevention program				
<b>Outcome:</b>	The community will become aware of the dangers of gambling and connection to problem gambling				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<p>1. Develop literature and related materials showing:</p> <ul style="list-style-type: none"> <li>a) The wide extent of gambling in the community</li> <li>b) The size of the losses due to gambling</li> <li>c) The construction of gambling that ensures most gamblers are losers</li> <li>d) The addictive nature of gambling to some community members</li> <li>e) People's lack of understanding of odds and their chances of winning</li> <li>f) How "harmless" gambling can become harmful</li> <li>g) Indicators of problem gambling behaviour</li> </ul> <p>2. Develop an outreach program involving community media, speakers and facilitators from community organizations, literature and promotional aids, for educating the community</p> <p>3. Make extensive use of the Indo Caribbean Gambling Research Report for community education</p> <p>4. Develop an extended Indo Caribbean Gambling Committee to oversee education and outreach program</p>	December 2004-ongoing	Gambling education subcommittee and qualified community members	Indo-Indo-Caribbean Gambling Research Committee, member organizations Caribbean media, mainstream gambling help organizations	Improved public awareness of the nature of ordinary gambling and the links to problem gambling reduced community activity such as casino visits.	Interviews with community leaders, especially religious leaders, community media, and reports from group representatives.

<b>Research Finding:</b>	<b>Community members are reluctant to approach outsiders for gambling help</b>				
<b>Goal/Objective:</b>	Facilitate community members towards using mainstream resources for gambling help.				
<b>Policy/Program Action:</b>	Extended gambling help program				
<b>Outcome:</b>	Problem gamblers and their families will become more willing to use mainstream resources for gambling help.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<ol style="list-style-type: none"> <li>1. Identify and train 6 community facilitators initially, 4 per year thereafter</li> <li>2. Provide facilitators with links and names of gambling help professionals in mainstream groups</li> <li>3. Use community outreach and education program to inform community of facilitators</li> <li>4. Develop a method for facilitators to persuade problem gamblers /relatives to use available assistance</li> <li>5. Follow up with help providers on results of referrals</li> </ol>	October 2004 and ongoing	Gambling education subcommittee and facilitators	Representatives from Indo Caribbean groups, media	Increased numbers of Indo Caribbeans using resources of Addiction Research Centre and other mainstream resources	Statistics from mainstream gambling help organizations, interviews with community facilitators on referrals.

<b>Research Finding:</b>	<b>Community members are intensely concerned about privacy issues when considering seeking help within the group</b>				
<b>Goal/Objective:</b>	Provide a climate of security for problem gamblers and families seeking gambling help within the community				
<b>Policy/Program Action:</b>	Apply confidentiality policy for Indo Caribbean facilitators and gambling counselors				
<b>Outcome:</b>	Problem gamblers and their families will be more confident in approaching Indo Caribbean for gambling help.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<p>1. Develop a confidentiality policy for gambling committee members, facilitators and counselors of Indo Caribbean origin, and documents for signing.</p> <p>2. Develop reporting systems to ensure names of participants are not exposed in reports and discussions.</p> <p>3. Publicize confidentiality policy widely in the community to make problem gamblers and families assured private gambling issues will not be exposed in the community.</p> <p>4. Develop a policy for referral to non Indo-Caribbean counselors for those concerned about loss of privacy.</p>	October 2004 and ongoing	Gambling education subcommittee	Similar confidentiality policies and documents from mainstream gambling help organizations	Increased willingness of Indo-Caribbean problem gamblers and families to approach the committee, facilitators and counselors for help.	Reports from gambling committee and facilitators.

<b>Research Finding:</b>	<b>Community members are unaware of internal and external resources for gambling help seeking.</b>				
<b>Goal/Objective:</b>	Develop greater community knowledge of gambling help resources within the Indo-Caribbean community and in the mainstream				
<b>Policy/Program Action:</b>	Extended gambling help program, and education/outreach program				
<b>Outcome:</b>	The Indo-Caribbean community, problem gamblers and their families will become more aware of gambling help resources internally and externally.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<p>1. Survey the Indo-Caribbean community for counselling professionals, medical personnel and community leaders able and willing to provide gambling help.</p> <p>2. Identify the mainstream organizations, help lines and web sites providing gambling help.</p> <p>3. Make available group names and contact persons in written form for distribution in the education/outreach program.</p>	October 2004 to December 2004	Gambling education subcommittee	Contacts made by Indo Caribbean Gambling Project, Caribbean media, participating Indo Caribbean groups	Increased numbers of Indo Caribbeans seeking gambling help internally and externally.	Statistics from mainstream gambling help organizations, feedback from community facilitators and counselors.

<b>Research Finding:</b>	<b>Community members do not respond to traditional outreach methods.</b>				
<b>Goal/Objective:</b>	Discover an effective strategy for overcoming Indo-Caribbean community resistance to traditional outreach.				
<b>Policy/Program Action:</b>	Education/outreach				
<b>Outcome:</b>	The community, problem gamblers and families will demonstrate higher response rates to outreach initiatives on problem gambling.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<p>1. Evaluate traditional outreach programs involving media stories, flyers, brochures, telephone surveys, written surveys, workshops, seminars, and oral presentations.</p> <p>2. Identify barriers within the community that tend to make traditional outreach programs ineffective.</p> <p>3. Develop more effective strategies or combinations of strategies to bring higher response rates to outreach programs.</p> <p>4. Explore greater use of families, friends, and religious groups, addresses combined with interaction with facilitators for outreach.</p>	November 2004 to December 2004	Gambling education subcommittee and Indo Caribbean organizations	Representatives from Indo Caribbean groups, media	Increased numbers of Indo Caribbeans responding to education/outreach programs related to gambling	Reports from community groups, community facilitators, gambling sub committee.



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

**FINAL ACTION PLAN REPORT**

**Prepared by:**

**Arab Community Centre of Toronto**

**Toronto, Ontario**

**March 2004**

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## 1. INTRODUCTION

Gambling problems within the community came to the attention of the Arab Community Centre of Toronto (ACCT) from reports of community members. The Centre was made aware of a growing need to address this issue by clients' reports of problems with family members. To that end, a letter of intent to conduct problem gambling research was presented to the Ontario Problem Gambling Research Centre (OPGRC) seeking funding to further examine the issue.

The Centre was informed that a major research project was going to be funded by the OPGRC in order to address the issue within eight ethnic communities and was given an opportunity to participate.

Once the decision was made to participate, a Local Research Advisory Committee – composed of members of the five ethnic groups to take part in the research – was established for guidance and advice.

The Arab Community Centre of Toronto therefore undertook to collect data using three research methods: a community survey, focus groups and case study interviews of problem gamblers. The findings indicated that problem gambling was prevalent in the Iraqi community and that some form of gambling activity took place. It also became evident that community members were very much unaware of resources that are available for help.

## 2. ACTION PLAN

### 2.1 Community Coalition

A community coalition, representing major stakeholders or organizations was formed to assist in the next phase of the project. This group will guide, evaluate and support the tasks identified. Members are:

Name	Organization	Contact number
Laila Bondugjie	ACCT	416 231-7746 ext 223
Sarah Bukhari	ACCT	416 231-7746 ext 222
Ghina Al Sewaidi	Barrister & Solicitor	416 866-7997
Ali Yousif	Social Worker	416 665-8592
Razaw Nadir	Community member	905 270-5141
Joseph Zayouna	Barrister & Solicitor	416 239-8990
Sameh Hassan	Psychiatrist	416 481-2280
Rima Kherdaji	Volunteer/ACCT	416 231-7746
Jaza Jafergharib	Community Member	416 444-8907
Hilda Latif	Community Member	905 332-9773
Muazaz Aziz	Settlement Counselor	416 231-7746 ext 225

The Arab Community Centre will be responsible of arrangements for regular meetings of the coalition and to keep all informed of activities. Coalition members will advise and assist the Centre in providing information and avenues of services to problem gamblers.

### 2.2 Summary of Goal Areas, Research Findings and Action to Take

Goal	Findings	Conclusions	Action to Take
To describe the nature and practice of gambling as a community socio-cultural activity	<ul style="list-style-type: none"> <li>• Gambling activities present in the community</li> <li>• Lottery tickets frequent activity</li> <li>• Expenditure between \$1-\$499</li> <li>• Enjoyable social activity</li> <li>• Going to casinos with friends is synonymous with gambling</li> <li>• Playing cards with friends</li> <li>• Spending money uncontrollably constitutes gambling regardless of the activity</li> <li>• More than one gambling activity used to gain money</li> <li>• Gambling caused by stress of everyday living</li> </ul>	<p>*The practice of gambling constitutes to the community any activity that is undertaken with other members of the community.</p> <p>*Lottery tickets are not viewed as a form of gambling, rather going to the casinos, racetracks and the like are considered as gambling</p> <p>*The availability of the many gambling forms is a factor.</p> <p>*Consensus is that engaging in gambling activities is a means to combat loneliness, lack of social networks and ties and temptation.</p> <p>*It is a way by which some community members show their assimilation process</p>	<p>Awareness raising through media and mosques and churches</p> <p>Public education</p>

	<ul style="list-style-type: none"> <li>• Lack of social censure</li> <li>• Conducted with friends and co-workers</li> <li>• Begun through socialization, lower income for hope of striking rich, higher income time away from family</li> <li>• Began from back home and increased exposure in Canada</li> <li>• Accessibility</li> </ul>	<ul style="list-style-type: none"> <li>*Community members at the lowest end of the economic spectrum gamble in order to gain money</li> <li>*Gambling has always been present</li> </ul>	
To describe the definition, characteristics and pervasiveness of problem gambling in the community	<ul style="list-style-type: none"> <li>• Increased escalation in family violence and disputes</li> <li>• Prevalent in the community</li> <li>• Knowledge of community members with problems</li> <li>• Rise in other anti-social activities such as substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>*Gambling becomes problem gambling when it begins to cause social concern</li> <li>*It is detrimental to the community, self and family</li> <li>*Problem gamblers are viewed as social pariahs</li> </ul>	<ul style="list-style-type: none"> <li>Counselling</li> <li>Awareness raising for prevention</li> <li>Professional help</li> <li>Referral</li> <li>Information</li> </ul>
To ascertain community members' perception of gambling and problem gambling	<ul style="list-style-type: none"> <li>• Acceptable since gambling is known and practiced activity</li> <li>• Not a positive characteristic</li> <li>• Needs to be addressed</li> <li>• Concern about the effects on the younger generation</li> <li>• Community at large unaware of extent</li> <li>• Christian community most likely</li> <li>• Prohibited by religion</li> </ul>	<ul style="list-style-type: none"> <li>*Gambling is prevalent in the community</li> <li>*There is a cultural constraint/taboo in discussing sensitive topics</li> <li>*Family breakup</li> <li>*Prohibited by religion</li> <li>*Members still engage – Christian community gambling is not an issue until the activity begins to affect families</li> </ul>	<ul style="list-style-type: none"> <li>Professional counselling</li> <li>Information</li> <li>Referral</li> </ul>
To ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others	<ul style="list-style-type: none"> <li>• Very limited knowledge of resources</li> <li>• Do not know steps to take in seeking help</li> <li>• No concert answers</li> </ul>	<ul style="list-style-type: none"> <li>*Absolutely no knowledge of resources available</li> <li>*Agreement that members should seek help before it gets too late</li> <li>*No knowledge of the steps to take in seeking help</li> </ul>	<ul style="list-style-type: none"> <li>Referral</li> <li>Awareness raising</li> <li>Information</li> </ul>

### 3. INVENTORY OF RESOURCES

Organizations	Funding	Venues	Other
*Arab Community Centre of Toronto *Community Health Centres *Akad Community Centre *Crisis Centres *CAMH *Ministry of Health	To approach all levels of government To solicit private donations	-Akad Community Centre -Arab Community Centre of Toronto -Centre for Addiction and Mental Health -Counselling Centres -Religious venues/ mosques and churches -Canadian Arab Federation	-Arab health care professionals -Community leaders -Settlement Counselors -Professionals (medical and otherwise)

**APPENDIX 1**  
**ACTION PLAN STRATEGY & TIME LINE**

### Action Planning Strategy

<b>Task/Activity</b>	<b>Key Players</b>	<b>Outcome</b>	<b>Evaluation</b>
Public Education and Awareness Raising Campaign (Print/Audio Media)	Arab Community Centre of Toronto Community media	Community will become aware of problem gambling issues and venues for assistance	<ul style="list-style-type: none"> <li>• Increased awareness of community members to problem gambling</li> <li>• Increase in number of client calls to the Centre</li> </ul>
Establishing a Problem Gambling Prevention Program	ACCT CAMH Ministry of Public Health	<p>Clients will be able to access service and counseling dealing with issue in a culturally sensitive setting</p> <p>Increase of number of clients who do know where to turn</p>	<ul style="list-style-type: none"> <li>• Increase in number of clients who seek assistance</li> <li>• Clients will have a venue through which they will attain service in a culturally sensitive setting</li> <li>• Increase in the number of non-Iraqi clients</li> </ul>
Staff Training	ACCT CAMH Community Health Centres	Staff will become cognizant of problem gambling issues and how best to handle clients	Increase in number of clients supported and referred by staff
Volunteer Training	ACCT CAMH Community Health Centres	Volunteers will be able to assist staff in their work	Referral from trained volunteers within the community
Compile list of Resources	ACCT Staff Community Coalition	<p>Referral list to be available for staff and trained volunteers</p> <p>Compilation of list of problem gambling organizations to be used as referral</p>	Referrals to appropriate services



**Action Plan Time Line**  
**September 2004 – August 2005**

<b>Activity</b>	<b>S</b>	<b>O</b>	<b>N</b>	<b>D</b>	<b>J</b>	<b>F</b>	<b>M</b>	<b>A</b>	<b>M</b>	<b>J</b>	<b>J</b>	<b>A</b>
Consultations (Community Coalition/Community Health Centres/CAMH/Ministry of Health)	√	√	√	√	√	√	√	√	√	√	√	
Development of Staff/Volunteer Training Manual		√	√									
Development of Measurement Tools			√									
Focus Group/Pre-testing of Measurement Tools				√								
Compilation of Resource Lists		√	√									
Staff and Volunteer Training			√	√								
Development of Information Brochure for Community					√	√						
Public Education and Awareness-Raising Campaign (Print/Audio Media)				√	√	√	√	√	√	√	√	
Outreach to Community		√	√	√	√	√	√	√	√	√	√	√
Project Monitoring & Interim Reporting	√	√	√	√	√	√	√					
Project Monitoring and Final Reporting							√	√	√	√	√	√

**Addressing Problem Gambling  
In the  
Windsor/Essex County  
Jewish Community**

**FINAL ACTION PLAN REPORT**

**Prepared by:**

**Windsor Jewish Community Centre**

**Windsor, Ontario**

**March 2004**

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## 1. INTRODUCTION

The following action plan is the second phase of a larger scale study which investigated the attitudes towards and perceptions of gambling in the Windsor Jewish Community (WJC). The overriding goal of the first phase of this project was to learn more about gambling behaviours and attitudes towards gambling and problem gambling with the intent of developing an action plan to address the nature, if any, of problem gambling and problem gambling concerns within the WJC. This document addresses the action plan portion of the larger project.

### Community Health Profile

The Windsor-Essex County Health Unit has prepared a Health Profile: Windsor-Essex County, Summary Report, 2000. The Table of Contents is attached for information purposes. There is no specific notation in the Profile about mental health and addictions, specifically gambling addiction. It would be our goal to encourage the Health Unit to include this information in future Health Profiles for the Windsor-Essex community. We can also access information from Dr. Ron Frisch at the University of Windsor, Problem Gambling Research Centre, regarding prevalence rates in the general population, especially among seniors, and teens. Dr. Frisch is a member of our Local Research Advisory Committee.

### Health Issue.

According to the Phase One research, the Jewish community of Windsor “should take active steps to educate its members on the signs and symptoms of problem gambling, as well as resources for treatment that are available to them.” Problem gambling may lead to significant health issues such as increased stress which can lead to heart disease, and other addictions such as smoking and/or drug and alcohol use. In addition, some theories indicate that gambling is a form of self-medication to alleviate symptoms of depression and anxiety. It is clear that the ramifications of problem gambling behaviour are wide, indicating the need to address this issue in the community.

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## 2. ACTION PLAN

### 2.1 Community Coalition.

Members. The Local Research Advisory Committee (LRAC), from Phase One of this project, forms the primary committee through which the Windsor Jewish Community Centre (WJCC) will begin to implement strategies based on the outcome of the first phase of this project. This same group of members has been involved in both Phases One and Two of this gambling research and have committed to continuing and seeing the Action Plan phase to completion, as well as the implementation of the proposed actions.

The LRAC consists of representatives from the Windsor Jewish Federation, synagogues (Rabbis), University of Windsor, Brentwood, Windsor Jewish Community Centre (staff/volunteers). We would like to add a rep from our teen group, and our seniors group.

We also have the opportunity to access the following groups/resources:

- Teen Health Centre, Council on Aging
- Canadian Association of Retired Persons/CARP Centres for Seniors
- Problem Gambling Services
- Responsible Gambling Council (provincial)
- Health Unit
- District Health Council
- United Way (community planning)
- Centre for Addictions and Mental Health
- Representation from gaming industry ( ie Casino/Racetrack/Bingo)
- South Asian Centre
- Multicultural Council
- YMCA (youth gambling outreach)
- Boards of Education
- Mental Health professionals within the community.

In addition to the activities of the LRAC, the Summit Committee will facilitate Jewish community cooperation for this action planning phase. The Summit consists of representation from the three local synagogues (Rabbis and Presidents), the Windsor Jewish Federation, and the Windsor Jewish Community Centre. The role of the Summit Committee is to address local Jewish community issues and concerns collectively.

Planning Process. The planning process for the action planning stage involves scheduled LRAC meetings, and meetings with various community members and agencies.

### 2.2 Summary of Research Findings/Goal Area.

The goals of the Phase One have been the impetus and driving force of this, Phase Two. The overarching goal of Phase Two is education and prevention. This goal has been derived on the basis on the following Phase One goals and their respective findings:

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**Goal One.** *To describe the nature and practice of gambling as a community.*

In general the findings from Phase One suggest that members of the WJC hold a very broad sense of the nature and practice of gambling. Within this community, gambling includes activities in which the gambler is attempting to “get something for nothing” or “getting more than they put in”. Within this community, gambling activities range from the more traditional forms of gambling (e.g., bingo, a wager of any kind) to non-traditional forms such as “life in general” and “driving a car on the 401”.

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

The pervasiveness of problem gambling within the WJC could not be determined as a result of Phase One. However, the majority of focus group participants did indicate that they personally knew of at least one community member who they believed had a “gambling problem”. This suggests that future research and, indeed, primary intervention (i.e., through prevention and education) is warranted in this community. The majority of the participants noted that the main attraction for gambling in the WJC is the fantasy of the “big win”. Furthermore, the findings suggest that community members were able to correctly identify the signs and symptoms of problem gambling (i.e., frequency of gambling, prioritizing of gambling behaviours, familial and occupational problems).

**Goal Three.** *To ascertain Windsor Jewish community members’ perceptions of gambling and problem gambling (i.e., level of awareness, knowledge and values).*

WJC members reported that they are aware that problem gambling does indeed exist within their community and that they are concerned with the presence of this particular behaviour. Participants expressed particular concern with two subgroups within the community: youth and seniors. In general, the majority of participants reported that their personal experiences with gambling had been primarily negative.

**Goal Four.** *To ascertain help-seeking preferences and behaviours of problem gamblers and concerned significant others within the Windsor Jewish community.*

In general, participants felt that increasing awareness of indicators and consequences of problem gambling would be most efficacious in preventing the development of problem gambling behaviours in its community members, particularly with senior and youth members of the community. The majority of participants also indicated that they would not seek assistance at the WJCC if they personally had a problem with gambling, as they felt that their confidentiality would be compromised, given the small size of the community overall. The majority of participants reported that they would advise a problem gambler to “seek professional help”, either through a counselor or support groups, in order to overcome their addiction. Participants did not seem to be aware of specific treatment resources that are available in the community.

---

### 3. INVENTORY OF RESOURCES

Based on our investigations of community resources, in collaboration with community consultation, we have identified a variety of community resources that we have access to. They are as follows:

1. Windsor Jewish Community Centre;
2. Information Windsor: Directory of Community Services/Blue Book;
3. Centre for Addictions and Mental Health: CAMH offers training programs, based out of Toronto, that would provide training in early identification to health professionals, staff, and volunteers at the Jewish community. CAMH's mandate falls in three areas: youth, dual diagnosis, and diversity. The areas of youth and diversity clearly parallel the goals of the presented action plan. (Contact: Ms. Beneteau);
4. Casino Windsor: The gaming industry has a responsibility for public awareness, customer awareness, and employee awareness. They have used this three-prong approach for the past 10 years. It is not specific to the ethnocultural communities, but is designed for the general community at large. There is a need for coordination of services and resources in the community. (Contact: Mr. Andrews);
5. Health Unit: The Health Unit's primary role is in the area of prevention. Prevention initiatives typically focus on one of two models: abstinence or harm reduction. The Health Unit focuses their prevention initiatives on four main areas: education, social support, policy development, and environment. The Health Units is not currently mandated to include problem gambling in their Health Profile. This area of mental illness is, then, neglected in terms of official health statistics and data gathering. (Contact: Ms. Palesh);
6. YMCA: The youth gambling outreach services is a new program, funded by the Ministry of Health and Long-term Care (MOH/LTC), Substance Abuse Bureau, and is specifically targeted for youth ages 8-24. The program has developed power point presentations for: youth, parents, and professionals, all focusing on prevention and harm-reduction. Resource information is also available. (Contact: Chantal Thorn, 258-9622 X238);
7. CEASE: The Committee to End the Abuse of Substances in Essex County may be reviewed as a model for prevention and awareness programs (i.e. alcohol prevention, drug awareness week). However, the Committee's resources are stretched thin at this time. Therefore resourcing with this particular group may be more limited;
8. Responsible Gambling Council of Ontario: The RGCO will be providing a "Gambling Awareness" week in Windsor from January 26-31, 2004. They have programs and resources that focus on youth (high schools), post-secondary (University of Windsor), and the 35-59 age group. They use a variety of strategies: mall activity, newspaper ads, public service announcement (PSAs), brochures, proclamations, conferences, lectures/guest speakers, theatre productions, launch of new program (ie Website), launch of new materials, and contests. Their awareness campaign is called "Within

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Limits”, using the harm reduction model. They have developed Key Messages, Elements of Awareness Campaign, Launch Event, Awareness Game, Signage, Giveaways, Resources, and Communication Tactics. This provides a unique opportunity to involve WJC members in the planned activities in January;

9. Multicultural Health Coalition: The Multicultural Council project focuses on education strategies for health professionals, and newcomers from diverse ethnocultural groups. They have received funding for a nurse practitioner for prevention purposes, to work specifically within ethnocultural communities. Their goal is to identify community health issues within those communities;
10. District Health Council: It is again noted that there is funding for prevention and treatment under MOH/LTC, Special Populations, with a primary focus on treatment. Funding for prevention-based programs tend not to be a priority at this time. (Contact: Mr. Anderson);
11. Teen Health Centre: Treatment focus at the Centre is on alcohol and drug addictions. It was noted that problem gambling has not been identified as a priority health issue, based on client statistics. This may be a reflection of screening techniques used in terms of the identification process. The Teen Health Centre has partnered with the YMCA New Canadian Centre;
12. Windsor Regional Problem Gambling Services: While their focus is treatment, they do have a mandate for public education and awareness. (Contact: Nick Rupcich);
13. In addition to the above noted organizations, the WJC is widely represented in other community resources, such as: physicians, psychologists, social workers, psychiatrists, accountants, financial planners, credit counseling services, police personnel, religious/spiritual leaders, etc.



**APPENDIX 1**  
**ACTION PLAN STRATEGY**

**ACTION PLANNING TEMPLATE:  
WINDSOR JEWISH COMMUNITY CENTRE**

<b>Research Finding:</b>	Need to increase awareness of Problem Gambling as a real social issue within the community.				
<b>Goal/Objective:</b>	To educate community members, targeting seniors and teens, on the signs and symptoms of Problem Gambling and treatment resources.				
<b>Policy/Program Action:</b>	Develop a Problem Gambling awareness campaign for the Windsor Jewish Community				
<b>Outcome:</b>	Increased awareness of Problem Gambling and treatment resources.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
Discourse with Public Health Unit	Jan 31, '05	WJCC	Volunteer to meet and discuss concerns with Health Unit	Cooperation with Health Unit staff	Inclusion of gambling statistics in future health profiles for Windsor-Essex County
Lunch and Learn with Speaker (for seniors)	Jan 31, '05	WJCC	Community speaker	Attendance at event	Survey at end of event.
Book Reading/Review (for seniors)	Feb 28, '05	WJCC	Community Staff and Volunteers	Attendance and participation in event	Survey at end of event
Movie night (for seniors)	Jan 31, '05	WJCC	Community Volunteers	Attendance at event	Survey at end of event
Speaker presentation/ Education session	Jan 31, '05	WJCC	-Community Staff and Volunteers -YMCA Youth Outreach	Attendance at event	Survey at end of event
Develop website with signs and symptoms of PG	Jan 31, '05	WJCC	Community Volunteers	Number of hits on website	Online survey
Online self-assessment	Jan 31, '05	WJCC	Community Volunteers	Number of hits on site	Anonymous response tracking
Poster Contest (with teens)	Jan 31, '05	WJCC	-Community Volunteers -WJCC youth group staff	Fifty percent of youth involved in contest	Survey at end of poster contest
Translation of posters into: Russian, Yiddish and Hebrew for display around WJCC (for seniors and general community) and larger community contest	Feb 28, '05	WJCC	Community Staff and Volunteers	Increased awareness of signs/ symptoms/ resources	Feedback/ evaluation centres and community surveys
"Three of a Kind" play	Feb '05 (during Gambling Awareness Week)	WJCC RGCO	-Community Staff and Volunteers -RGCO	Increased awareness of signs/ symptoms/ resources	
Mass Community Emails	Jan 15, '05	WJCC	Community Staff	Promote awareness of the campaign and coming events, as	Community survey at end of campaign

				well as website	
Bookmarks (for general community)	Jan 31, '05	WJCC	Community Staff	Increased awareness of signs/ symptoms/ resources	Community survey at end of campaign
Articles for News & Views	Fall Issue	WJCC	-WJCC Executive Director statement -Short articles by community "experts" and professionals in the field	Increased awareness of signs/ symptoms/ resources	Community survey at end of campaign
Organized access to Gambling Awareness Week events	Feb 28, '05	WJCC	Community Staff and Volunteers	Attendance at organized events	Community survey at end of campaign

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

**FINAL ACTION PLAN REPORT**

**Prepared by**

**Midaynta Association of  
Somali Service Agencies**

**Toronto, Ontario**

**March 2004**

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## 1. INTRODUCTION

In November 2000, the Ontario Problem Gambling Research Centre (OPGRC) put out a call for letters of intent to conduct problem gambling research on eight of the ethno-cultural communities in Ontario, including the Somali community. The research project, “Addressing Problem Gambling in the Toronto Somali community”, the first of its kind about Somalis anywhere and at any time, was undertaken by Midaynta Association of Somali Service Agencies and concluded in February 2003, as part of this larger project of ethno-cultural groups in Ontario.

The purpose of this research was to understand the nature and practice of gambling and problem gambling in the Somali community, and to explore and address the socio-economic issues of problem gamblers as well as their behaviours and/or preferences in seeking the necessary assistance and support that are needed.

The study was descriptive in nature and employed a Participatory Action Research methodology. A cross-section representation of the Somali community served as the Local Research Advisory Committee (LRAC). This committee articulated the process from planning to data collection, analysis, interpretation and development of the findings and conclusions. Data for the research was collected using three primary research methods: community survey, focus groups and case study interviews of problem gamblers.

Findings of this study indicated that gambling was prevalent in the Somali community in Toronto. In fact, more than half of the participants admitted that they were involved in one type of gambling or another over the past twelve months. It was also clear from the findings that those who needed help were not able to get it, either due to the nature of the stigma associated with gambling within the community culture and/or beliefs, or other barriers.

It was one of the main goals of the research project that, based on the findings of this study, Midaynta will pursue a second phase, Action Plan, which will develop important preventive, educational and intervention resources, programs and services. This Action Planning process will include the establishment and engagement of an active community coalition, inventory of available resources, specific tasks and activities, timelines, responsibilities, success/performance indicators and evaluation methods.

## 2. ACTION PLAN

### 2.1 Community Coalition:

A community coalition, representing major stakeholders of organizations as well as individuals, has been set up to serve as a locus of accountability for performance of the Action Plan and its implementation. This group will articulate, guide, monitor, measure and evaluate the specific tasks and activities and success indicators/outcomes of the project on regular basis. Members of the community coalition will include the following organizations and individuals:

#	Name	Organization	Telephone #
1	Mr. Ibrahim Absiye	Midaynta	(416) 544-1992/29
2	Dr. Mohamed Tabit	Midaynta	(416) 544-1992/22
3	Ms. Ubah Nur	Midaynta	(416) 544-1992/31
4	Mr. Vince Pietropaolo	COST	(416) 244-7714
5	Dr. Mohamed H. Ali	Individual	(905) 290-9575
6	Colleen Tessier	CAMH	(416)535-8501/4550
7	Mr. Abdirashid Mohamed	Khalid Mosque	(416) 245-2888
8	Dr. Mohamed Gilao	Dajinta Beesha	(416) 743-1286
9	Ms. Ida Ali	Toronto Public Health	(416) 392-----
10	Ms. Sulekha Jama	Across Boundaries	(416) 787-3007/31

Midaynta management is responsible for engaging members of the community coalition. The coalition participates in the planning/preparation of the Action Plan, meets regularly to analyze activities and outcomes, and advise and assist Midaynta in providing accessible and acceptable services to problem gamblers in the community.

### 2.2 Summary of Research Findings/Goal Area:

#	Goal	Findings	Impetus for Action
1	Prevalence, nature and practice	<ul style="list-style-type: none"> <li>59% gambled within the past 12 months.</li> <li>Over 40% played Somali poker (Turub) while 30% bought lottery tickets and nearly 10% gambled at Casinos/Bingo Halls.</li> <li>39% gambled to win money, 12% for entertainment and 29% declined (stigma &amp; cultural taboo manifested)</li> </ul>	<ul style="list-style-type: none"> <li>Education and awareness campaigns through community media and religious congregations</li> </ul>

		<ul style="list-style-type: none"> <li>About 30% gambled once or twice a month, 29% almost weekly and 17% on daily basis.</li> </ul>	
2	Definition, characteristic & pervasiveness	<ul style="list-style-type: none"> <li>Aggressive borrowing,</li> <li>Over half bet more money than they could afford to lose.</li> <li>About 20% tried to quit/reduce but failed most of the time/sometimes</li> <li>Over 40% admitted to problems with family/friends due to gambling</li> <li>Nearly half of them reported financial problems for families because of their habit.</li> <li>Over a quarter of the sample reported having health-related problems such as stress and anxiety.</li> <li>41% had difficulty sleeping because of gambling at some time in their lives.</li> <li>A big 5% have seriously thought about attempting or committing suicide.</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Counselling</li> <li>Professional therapy</li> <li>Prevention</li> <li>Referral</li> <li>Information</li> </ul>
3	Knowledge, awareness, values and attitudes	<ul style="list-style-type: none"> <li>Both the community and problem gamblers had some knowledge of problem gambling.</li> <li>About 40% admitted that the community has criticized them.</li> <li>Almost half of the sample said that, according to Somali culture, it is NOT okay to gamble, 13% said it is okay and almost a third said 'may be'.</li> <li>Most of the youth thought that it was up to the individual to make the call – Canadianized!</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Awareness</li> <li>Counselling</li> <li>Professional Therapy</li> <li>Spiritual Counselling</li> <li>Conferences and workshops</li> <li>Information sessions</li> </ul>



		<ul style="list-style-type: none"> <li>• According to religion, gambling was declared unlawful in Islam</li> </ul>	<ul style="list-style-type: none"> <li>• Referral</li> </ul>
4	Help-seeking preferences and behaviours	<ul style="list-style-type: none"> <li>• Over 35% have never sought help but 17% tried to do so while another 35% declined.</li> <li>• 42% preferred to turn their friends while 33% chose spiritual healing if they needed help.</li> <li>• An overwhelming majority (about 60%) were aware of the mosque while 22% did not know where to seek help and only about 10% were familiar with hospitals and community health centres.</li> </ul>	<ul style="list-style-type: none"> <li>• Education</li> <li>• Awareness campaigns</li> <li>• Spiritual Counselling</li> <li>• Information on resources</li> <li>• Tours of facilities</li> <li>• Referral</li> </ul>

### 3. INVENTORY OF RESOURCES


Organizations	Finance (Funding)	Physical (Facilities)	Other (Individuals)
<ol style="list-style-type: none"> <li>1. Midaynta</li> <li>2. COSTI</li> <li>3. CAMH</li> <li>4. Community Mosque (Khalid)</li> <li>5. Hospitals</li> <li>6. Community Health Centres</li> <li>7. Public Health</li> <li>8. Ontario Problem Gambling Research Centre</li> <li>9. Dejinta Beesha</li> </ol>	<p>Funding opportunities to be solicited from all levels of Government, Foundations, private donors and Responsible Gambling Council of Ontario.</p>	<ul style="list-style-type: none"> <li>• Mosque Counselling facilities</li> <li>• Special clinics</li> <li>• Midaynta</li> <li>• COSTI</li> </ul>	<ol style="list-style-type: none"> <li>1. Professionals (Somali Doctors)</li> <li>2. Leaders</li> <li>3. Family</li> <li>4. Friends</li> <li>5. Peers</li> <li>6. Settlement staff</li> <li>7. Counsellors</li> <li>8. Therapists</li> </ol>

**APPENDIX 1**  
**ACTION PLAN STRATEGY**



**Action Plan Strategy**

Goal Area	Research Finding	Tasks/Activities	Timelines	Responsibility	Expected Outcome	Performance Indicators	Evaluation
<p>(1) Nature practice and prevalence.</p>	<ul style="list-style-type: none"> <li>• 59% of the community gambled within the last 12 months.</li> <li>• Over 40% played Somali Poker (Turub) while 30% bought lottery tickets and nearly 10% gambled at the Casino and Bingo Halls</li> <li>• 39% gambled to win money, 12% played for</li> </ul>	<p>Education and awareness campaigns through community media and religious congregations</p> <p>Health Education and Communication</p> <p>Advocacy</p> <p>Community Action – mobilize community leaders</p>	<p>On-going</p> <p style="text-align: center;">↓</p>	<p>Midaynta Management, Staff and LRAC</p> <p style="text-align: center;">↓</p>	<ul style="list-style-type: none"> <li>• Full community understanding of gambling and problem gambling</li> <li>• Relealization of odds against winning</li> <li>• Understanding the nature of game of chances</li> <li>• Full awareness of consequences of gambling</li> </ul>	<ul style="list-style-type: none"> <li>• Proportion of the community that understands the harmful impacts of problem gambling</li> <li>• % reduction of problem gambling in the community</li> </ul>	<ul style="list-style-type: none"> <li>• community survey</li> <li>• feedback from the community</li> <li>• media reporting</li> </ul>

	<p>entertainment and 29% declined (stigma and cultural manifested)</p> <ul style="list-style-type: none"><li>• About 30% gambled once or twice a month, 29% almost weekly and over 15% on almost daily basis.</li></ul>						
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Goal Area	Research Finding	Tasks/Activities	Timelines	Responsibility	Expected Outcome	Performance Indicators	Evaluation
<p>(2) Definition, Characteristic, Pervasiveness</p>	<ul style="list-style-type: none"> <li>• Aggressive borrowing</li> <li>• Over half bet more money than they could afford to lose.</li> <li>• About 20% tried to quit and/or reduce but failed to do so most of the time.</li> <li>• Over 40% admitted to having problems with family and friends due because of gambling.</li> <li>• Nearly half of them reported financial problems for families because of their habit.</li> <li>• Over a quarter of the sample</li> </ul>	<ul style="list-style-type: none"> <li>• Health Education &amp; Communication</li> <li>• Mutual Aid Group Support.</li> <li>• Family Relationship Reforms &amp; enforcements</li> <li>• Counselling</li> <li>• Professional therapy</li> <li>• Prevention</li> <li>• Referral Information</li> </ul>	<p>On-going</p> <p>Year 1</p> <p>Year 1 – 2</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>	<p>Midaynta Management, Staff and LRAC</p> 	<ul style="list-style-type: none"> <li>• Reduction &amp; control of family expenses</li> <li>• Improvement of individual health and wealth</li> <li>• Responsible gambling practices in the community.</li> <li>• Education on serious addiction issues and stress resulting from losing or not winning.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of problem gamblers with improved health.</li> <li>• Number of problem gamblers with improved family relationships</li> <li>• Economic improvement of the family unit</li> </ul>	<ul style="list-style-type: none"> <li>• Mutual aid groups formal evaluations</li> <li>• Feedback from the community</li> <li>• Surveys</li> </ul>

	<p>reported having health-related problems such as stress and anxiety.</p> <ul style="list-style-type: none"><li>• 41% had difficulty sleeping because of gambling at some times in their lives.</li><li>• A big 5% have seriously thought about attempting or committing suicide</li></ul>						
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Goal Area	Research Finding	Tasks/Activities	Timelines	Responsibility	Expected Outcome	Performance Indicators	Evaluation
<p>(3) Knowledge, Awareness, Values and Attitudes</p>	<ul style="list-style-type: none"> <li>• Both the community and problem gamblers had some knowledge of problem gambling.</li> <li>• About 40% admitted that the community has criticized them.</li> <li>• Almost half of the sample said that, according to the Somali culture, it is NOT acceptable to gamble, 13% said it is okay and almost a third said ‘may be’.</li> </ul>	<ul style="list-style-type: none"> <li>• Health Education and Communication</li> <li>• Community Action</li> <li>• Awareness</li> <li>• Counselling</li> <li>• Professional Therapy</li> <li>• Spiritual Counselling</li> <li>• Conferences and workshops</li> <li>• Information sessions</li> <li>• Referral to appropriate health facilities</li> </ul>	<p>On-going</p> 	<p>Midaynta Management, Staff and LRAC</p> 	<ul style="list-style-type: none"> <li>• Restoration of cultural values.</li> <li>• Narrowing the inter-generational gap in the family.</li> <li>• Destigmatization of gambling and other addictions.</li> <li>• Prevention of family breakdowns.</li> <li>• Reduction of school dropouts and increase in post high school education</li> </ul>	<ul style="list-style-type: none"> <li>• Number of problem gamblers with improved health.</li> <li>• Number of problem gamblers with improved family relationships</li> <li>• Enhanced economic condition of the family unit</li> <li>• % of family unit saved from breakdown</li> </ul>	<ul style="list-style-type: none"> <li>• Mutual aid groups formal evaluations</li> <li>• Feedback from the community</li> <li>• Surveys</li> </ul>



	<ul style="list-style-type: none"> <li>• Most of the youth thought that it was up to the individual to make the call – integrated!</li> <li>• According to religion, gambling was declared unlawful (sin) in Islam</li> </ul>	<ul style="list-style-type: none"> <li>• Mutual Aid Groups</li> </ul>				<p>s.</p> <p>.</p> <p>.</p>	
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Goal Area	Research Finding	Tasks/Activities	Timelines	Responsibility	Expected Outcome	Performance Indicators	Evaluation
(4) Help-seeking Preferences	<ul style="list-style-type: none"> <li>Over 35% have never sought help but 17% tried to do so while another 35% declined.</li> <li>42% preferred to turn to their friends while 33% chose spiritual healing if they needed help,</li> <li>An overwhelming majority (about 60%) were aware of the Mosque while 22% did not know where to seek help and only 10% were familiar with hospitals, clinics and community</li> </ul>	<ul style="list-style-type: none"> <li>Education</li> <li>Awareness campaigns</li> <li>Spiritual Counselling</li> <li>Information on resources</li> <li>Tours of facilities</li> <li>Referral</li> <li>Health System Reforms</li> <li>Mutual Aid and Support</li> <li>Policy Development</li> <li>Advocacy</li> </ul>	On-going  ↓	Midaynta Management, Staff and LRAC  ↓	<ul style="list-style-type: none"> <li>Education on the stigma of gambling</li> <li>Increasing awareness and knowledge of the facilities available in the city.</li> <li>Collaboration among the different institutions in helping those who need assistance</li> <li>Access to services across the health care systems.</li> <li>Change of policies in order to</li> </ul>	<ul style="list-style-type: none"> <li>% of problem gamblers seeking help</li> <li>% of problem gamblers accessing mainstream facilities</li> <li>Number of problem gamblers with improved health.</li> <li>Number of problem gamblers with improved family relationship</li> </ul>	<ul style="list-style-type: none"> <li>Mutual aid groups formal evaluations</li> <li>Feedback from the community</li> <li>Surveys</li> <li>Media reports and comments</li> <li>Formal evaluations</li> </ul>

	health centres.	<ul style="list-style-type: none"> <li>• Clinical Intervention</li> <li>• Research and Evaluation</li> <li>• Community Action</li> </ul>			<p>accommodate new cultures</p> <ul style="list-style-type: none"> <li>• Creation of respect for clinical and cultural therapies</li> <li>• Cooperation with other ethnic centres in helping all Torontonians.</li> </ul>	<p>s</p> <ul style="list-style-type: none"> <li>• Economic improvement of the family unit</li> </ul>	
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**Addressing Problem Gambling  
In the  
Windsor/Essex County  
South Asian Community**

**FINAL ACTION PLAN REPORT**

**Prepared by:**

**South Asian Centre of Windsor**

**Windsor-Essex County, Ontario**

**March 2004**

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## 1. INTRODUCTION

### 1.1 Summary of the Research Project

This project was undertaken to determine the South Asian community's perception of gambling in the Windsor-Essex area. The goals were two fold: (a) to describe gambling activities within this ethno-cultural community and (b) to ascertain help-seeking preferences of the community. The emerging issues related to problem gambling led to the development of an action plan strategy.

Due to the diversity of this Ethno-cultural community 2 groups (Hindus and Sikhs) were studied (the Hindu category comprised of members of the Gujrati, Punjabi, Hindi, Bengali, Tamil, Telgu, Kanada language groups). These groups were subdivided by gender and age.

The methodology followed in conducting this research consisted of a questionnaire of selected groups of the community, small group interviews, focus group sessions with specific sub-groups, and individual and key informant interviews. Information collected from personal interviews and anecdotal reports was also used. The primary analysis was based on themes and transcripts generated through the research.

#### ***Some of the highlights of our findings:***

*--Community members view lotteries and playing cards with family/friends as acceptable gambling activities.*

*--Community members are unaware of the adverse effects associated with problem gambling.*

*--South Asian women more than men express concern about the effects of problem gambling on the family.*

*--The South Asian community for the most part is not aware of what constitutes appropriate helping steps for problem gambling. Of interest is the fact that the South Asian youth is more aware of the adverse effects of gambling on the individual and the family; and would likely seek professional help.*

*--The younger age group is at risk for developing problem gambling behaviour due to their early exposure to different forms of gambling activity (internet for example), acceptance of gambling related activity in schools (sports betting), and advertisements drawn to gaming by institutions such as Windsor Casino. They are further at risk of developing gambling problems due to a family support system that is unaware of what constitutes problem gambling behaviour.*

## 2. ACTION PLAN

A significant finding of the study is (a) the changing attitudes of the younger age group towards gambling and towards help seeking preferences, and (b) the concerns expressed by South Asian women concerning the adverse effects of problem gambling on the family.

*An important outcome of the findings is the development of an action plan to address problem gambling concerns.*

### 2.1 Action Plan— Community Coalition, and Strategy

The action plan is based on the development of a community coalition, review of resources, and an action planning strategy addressing the summary of findings from each of the research goals.

### 2.2 Community Coalition

On July 21, 2003, the South Asian Centre of Windsor met with the following community agencies. The purpose of this meeting was to discuss our research findings and to ascertain their interest in becoming a member of a coalition in forming an action plan strategy. The interest was highly positive and resulted in the formation of the South Asian Centre Gambling Research Coalition (GRC).

Windsor Problem Gambling Services	Colin McVicki	254-2112
Windsor Jewish Community Centre	Melissa Hobs	258-1035 x5
Multicultural Council	Kathy Thomas	255-1127
Brentwood Recovery Home	Don Russell	253-244f1
CAMH	Blanche Beneteau	251-0500
Health Unit	Judy Palesh	258-2146 x3138
District Health Council	Alex Anderson	944-5888
YMCA Youth Gambling	Chantal Twin	258-9622 x238
Problem Gambling Services	Nick Rupcich	254-2112
Windsor Casino	Keith Andrews	258-7878
United Way	Colleen Mitchell	258-3033
Teen Health Centre	Michelle Petro	253-8481 x336
Psychiatrist	Dr. A. Rajan	258-3936
India Canada Association	Arvind Sharda	735-7609
South Asian Centre	Veena Verma	252-7447
Hindu Mandir	Dr. Chakarvarthi	796-4098

### 2.3 Gambling Research Coalition (GRC) Recommendations

*Develop prevention strategies that serve diverse audiences:*

- Develop an inventory of community resources.
- Identify specific areas of partnership.
- Identify accountable community partners.

- Develop an action planning committee.

*Develop Partnerships With:*

- South Asian Organizations
- Diverse Ethnic Communities
- Medical Community
- Boards of Education
- Gambling Establishments
- Mental Health Services providers

*Focus on Prevention:*

- Education and awareness campaigns that are gender and age specific
- Policy Development
- Social Support
- Environmental Component
- Training for members of ethnic communities (professionals and volunteers)

*Focus on Treatment:*

- Education
- Public Health
- Multicultural Health Systems
- Liaison and Referral
- Partnerships with Treatment Centres



### 3. INVENTORY OF RESOURCES

*Organizations:*

Gambling Research Coalition (see above list for names of organizations)

*Financial:*

--Some support available from GRC for awareness campaigns based on approval of action plan.

--Some support available from GRC for prevention resources based on approval of action plan.

--Proposals to be submitted to Ministry of Health for the bulk of funding for financial support of these initiatives. Existing resources are inadequate to fulfill the mandate.

**Appendix 1**  
**Action Plan Strategy**

## ADDRESSING PROBLEM GAMBLING IN ETHNIC COMMUNITIES

### ACTION PLANNING TEMPLATE

#### Goal 1: To describe the nature and practice of gambling as a community socio-cultural activity

<b>Research Finding:</b>	Community members view lotteries and playing cards with family/friends as acceptable gambling activities				
<b>Goal/Objective:</b>	To raise awareness that children and youth may be at risk for developing gambling problem behaviours should they engage in similar activities outside of the home.				
<b>Policy/Program Action:</b>	<b>Develop an education/awareness program for the South Asian community on addictive behaviours.</b>				
<b>Outcome:</b>	The South Asian community will become more aware of the prevalence of addictive behaviours as a public health concern.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<b>Develop pamphlets for youth and community at large.</b>	October 04	South Asian Centre Gambling Research Committee (GRC)	Apply for government funding	--An increase in awareness of addictive behaviours over a one year time period.	--Tracking of requests for pamphlets. --Tracking of requests for more information
<b>Provide information forums for youth and community at large</b>	June 04	GRC	GRC CAMH  Physicians WRPGS (Windsor Regional Problem Gambling Services) YMCA	--Number of people participating in forums	--Evaluations of information acquired by participants. --Tracking of requests for additional information.

**Goal 2: To describe the definition, characteristics, and pervasiveness of problem gambling in the community.**

<b>Research Finding:</b>	Community members are unaware of the adverse effects associated with problem gambling.				
<b>Goal/Objective:</b>	To raise awareness in the South Asian community about issues related to problem gambling (education, prevention, and treatment)				
<b>Policy/Program Action:</b>	<b>Develop a problem gambling education/awareness program for the South Asian community.</b>				
<b>Outcome:</b>	The South Asian community will be more aware of problem gambling as a public health issue.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<b>Develop a series of articles within existing South Asian Centre newsletter.</b> --Request other South Asian organizations to promote these articles.	Oct 04	Gambling Research Committee (GRC)	South Asian Center GRC	--An increase in awareness of problem gambling issues over a 1year period.	--Tracking of requests for newsletter. --Tracking of requests for more information --Telephone survey
--Develop problem gambling self-assessment instrument for youth, adults, and seniors.	Oct 04	GRC	GRC Physicians WRPGS YMCA Government funding	--Community members will increase their awareness of problem gambling. --Problem gamblers/families will seek help.	--Evaluations of information acquired by participants. --Tracking of requests for additional information.
--Develop radio and television ads regarding problem gambling.	Nov 04	GRC	Request for government funding Local sponsors MCC	--There will be an increase of awareness of problem gambling	--Telephone survey

**Goal 3: To ascertain community members' perceptions of gambling and problem gambling.**

<b>Research Finding:</b>	South Asian women more than men express concern about the adverse effects of problem gambling on the family.				
<b>Goal/Objective:</b>	To raise awareness of the impact of problem gambling on spouses and the family.				
<b>Policy/Program Action:</b>	<b>Develop a problem gambling awareness program for South Asian women.</b>				
<b>Outcome:</b>	South Asian women will become aware of the impact of problem gambling for spouses, and the resources available to help them with related issues.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
<b>Develop information sessions for adult South Asian women</b>	June 04	Gambling Research Committee (GRC)	GRC WRPGS Physicians/Counsellors South Asian Women In Action Group	--An increase in awareness of problem gambling behaviour to help women realize the impact on the family over a one year time period.	--"Before" and "After" Awareness evaluation. --Tracking of requests for more information. --Tracking of requests for referrals.
<b>Provide education to community women's mental health service providers regarding South Asian cultural norms.</b>	June 04	GRC	GRC CAMH Physicians WRPGS YMCA MCC Health Unit	--Number of agencies participating in educational sessions.	--Evaluations of information acquired by participants. --Tracking of requests for additional information. --Statistical information regarding utilization of services by South Asian women.
<b>Develop a Community Resources Guide for South Asian youth, women, and seniors</b>	Oct 04	GRC	GRC Apply for government funding.	A majority of South Asian community members will be provided with this guide.	--Telephone survey.

**Goal 4: To ascertain help seeking preferences and behaviours of problem gamblers and concerned significant others.**

<b>Research Finding:</b>	The South Asian community is not aware of what constitutes appropriate helping steps for problem gambling.				
<b>Goal/Objective:</b>	To raise awareness of the steps involved in getting help for a person and/or family member dealing with a gambling problem				
<b>Policy/Program Action:</b>	<b>Developing a <i>Helping Steps</i> Campaign for the South Asian Community.</b>				
<b>Outcome:</b>	South Asians will become more aware of the resources available to help them with problem gambling related issues, and about problem gambling as a public health issue.				
<b>Tasks</b>	<b>Timeline</b>	<b>Responsibility</b>	<b>Resources</b>	<b>Performance Indicators</b>	<b>Evaluation Methods</b>
--Develop a <i>Helping Steps</i> brochure that is gender and age specific.	Oct 04	Gambling Research Committee (GRC)	GRC WRPGS Physicians/Counsellors Windsor Casino CMHA CAMH MCC YMCA Government funding	--A great majority of the South Asian community will be provided with the guide during a one year time period. --The guide will be available on the SAC web site.	--“Before” and “After” Awareness evaluation by telephone survey. --Tracking of requests for more information. --Tracking of requests for referrals. --Tracking of utilization of treatment resources. --Tracking of visits to the web site.
<b>Provide information on problem gambling help resources to South Asian Health Professionals</b>	July 04	GRC	GRC CAMH WRPGS YMCA Health Unit	--Number of South Asian physicians participating in educational sessions. --Respecting confidentiality of process.	--Tracking of requests for additional information. --Statistical information regarding referrals for gambling related problems by South Asian health care professionals.
<b>Provide information on problem gambling help resources to South Asian community religious institutions.</b>	July 04	GRC	GRC Hindu Mandir Sikh Gurdawara Community Leaders	All South Asian organizations will be provided with a list of resources.	--Follow up letter requesting feedback on the manner in which the information was utilized.
<b>Develop an assessment tool that is a self directed questionnaire with a score, categories, and advise</b>	July 04	GRC	Apply for government funding	--Members will be notified of the availability of the assessment tool through newsletters. --The assessment tool will be available on the South Asian Centre’s website.	--Number of people frequenting the web site.