



A PROVINCE WIDE NEEDS ASSESSMENT OF SERVICE PROVIDERS

A SUMMARY REPORT ON COMPULSIVE GAMBLING IN ONTARIO

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**Addiction Research Foundation
Problem and Compulsive Gambling Project**

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INTRODUCTION

In November 1994, the Ministry of Health announced that monies would be allocated to community organizations, namely, the Canadian Foundation on Compulsive Gambling, the Addiction Research Foundation, and the Donwood Institute to help deal with problem gamblers. ARF's role would be to develop a treatment curriculum and to train staff of mental health, family counselling and addiction agencies to identify and treat problem gamblers.

Before developing a training curriculum, it was important to ask the service providers of Ontario for their input. The primary objective of the needs assessment was to determine if and how problem gamblers were presenting to community agencies, how the service providers were dealing with problem gamblers and what type of training would be most beneficial for agency staff in relation to gambling issues.

When we designed and conducted the needs assessment, we did not define problem gambling. Several definitions exist, for example, "a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble;..." (Rosenthal, 1992). The words "pathological", "compulsive" and "addictive" have also been used to describe gambling problems. Service providers from all over the province subscribe to different addiction models. Our goal was to reach as many of these agencies as possible and to develop for them a broad based package of information on gambling and its related issues. We did not want to exclude any opinions by limiting our definition to one specific school of thought. In addition, the absence of a given definition served as an indication of the present level of awareness concerning gambling issues in our society.

The needs assessment survey was conducted in late November and December of 1994. The data was collected in December 1994 and January 1995.

SURVEY

The survey used for the needs assessment was developed and administered by Rosa Dragonetti and Andrea Faveri of the Addiction Research Foundation, with input from Jackie Ferris and Robert Pearson (refer to Appendix B for a copy of the survey). The completion time of the survey is approximately twenty minutes. Because of time constraints and strict deadlines, the survey was faxed to the agencies with a cover letter explaining the scope of the project and the needs assessment. Follow up telephone calls were made to those agencies who had not responded within one week.

The questionnaire focused on gambling and its prevalence within the client population of the target agencies and their surrounding communities; the present methods used for dealing with gambling problems among their clients and what type of training would be most beneficial for their staff in relation to problem gambling.

SAMPLING PROCEDURES

The target agencies were randomly sampled from mailing lists provided from the following resources: Ministry of Health, the Community Programs Department of ARF, the Ontario Federation of Community Mental Health and Addictions Programs, College of Psychologists of Ontario; Jewish Family and Child Services in Toronto; Directory of Alcohol and Drug Treatment Services in Ontario and the Directory of French Alcohol and Drug Treatment Services in Ontario (DART), the Ontario Council of Agencies Serving Immigrants (OCASI) and the Chinese Inter-Agency Network Membership list.

SAMPLING PROCEDURES (cont'd)

The sample was divided into four categories: addiction agencies, mental health agencies, family services agencies and other. The "other" would encompass employee assistance programs (EAP), corrections, multicultural organizations, financial counselling services, distress centres, etc.

The total number of agencies contacted was 220 (addiction 52, mental health 51, family services 32, other 85). The total number of respondents was 89, a response rate of 40%. The breakdown of agencies that responded is as follows: addictions 32, mental health 28, family services 10 and other 19.

The random sample included agencies from the six regions of Ontario. Refer to Appendix A for a map of Ontario's regions.

REGION	# OF RESPONDENTS
North East	26
North West	15
South West	24
Central West	25
Central East	94
Eastern	36

FRENCH SURVEY AND SAMPLING PROCEDURES

The english survey was translated into french by Translex, Toronto. The mailing list for the french agencies was compiled from the Directory of French Alcohol and Drug Treatment Services in Ontario (DART).

French surveys were sent by fax to 16 Francophone agencies and followed up with a telephone call within a few days. 10 agencies responded to the survey, a response rate of 63%.

The respondent agencies included 1 mental health agency, 4 addiction and 5 "other" services.

RESULTS The remainder of the report highlights the results of our data analysis. The data is summarized in Tables 1 through 26 in Appendix D.

The following shows which types of gambling are most popular in the cities closest to provincial borders.

City/Border	Type of Gambling	Increase In Gambling
Addiction Agencies:		
• Hamilton/New York	• lotteries, bingo, horse racing, betting on sports	• yes
• Niagara/New York	• casino, lotteries, bingo, horse racing, pool betting, betting on sports	• no
• Port Colbourne/New York	• bingo, horse racing, betting on sports	• yes
• Kenora/Manitoba/Minnesota	• casino, bingo, Nevada tickets	• no
• Sault Ste. Marie/Michigan	• casino, lotteries	• yes
Mental Health Agencies:		
• Cornwall/New York	• lotteries, bingo, card playing	• no
• Kirkland Lake/Quebec	• lotteries, bingo, card playing, break open tickets, VLT's	• yes
• Pembroke/Quebec		• no
• Kenora/Manitoba/Minnesota	• casino, bingo, Nevada tickets	• yes
• Thunder Bay/Manitoba/Minnesota	• lotteries, bingo, Nevada tickets	• no
• Sault Ste. Marie/Michigan	• casino, lotteries, bingo, Nevada tickets, pool betting	• no
Family Services Agencies:		
• Sault Ste. Marie/Michigan	• casino, lotteries, bingo, card playing, betting on sports	• yes
Other agencies:		
• Cornwall/New York	• casino, lotteries, bingo, Nevada tickets, card playing, pool betting	• yes
• Kenora/Manitoba/Minnesota	• casino, lotteries, bingo, card playing, pool betting	• yes

Issue of Problem Gambling (Table 2)

Overall, 69% of the agencies that responded claimed that problem gambling was an issue for their clients. (Addictions 81% Mental health 50% Family Services 100% Other 58%). When asked about the prevalence of problem gambling among their clients, 27% of the agencies reported it to be "somewhat to very common" (specifically: 31% of addiction agencies, 31% of mental health agencies, 50% of family services and 16% of the "other" agencies).

Half of the Family Service agencies (50%) and almost a third (31%) of the Addictions agencies are tending to see an increase in gambling problems.

Most of the agencies do not address gambling issues during their intake process (79%). As a group, however, 40% of Family Service agencies said they do address these issues. On the other hand, only 9% of the Addictions agencies and 4% of the Mental Health agencies said that they routinely address gambling during intake.

Why Clients Would Choose Agency (Table 4)

Some agencies suggested that clients with gambling problems would present at their agency primarily to address another issue. 47% of addiction agencies responded that clients would present with an addiction problem first and their gambling problem was subsequently uncovered, while 36% of mental health agencies claimed that clients would come to them because of a mental health problem and gambling problems were later identified.

20% of Family services agencies suggested that clients with gambling problems presented at their agency primarily for financial counselling, 50% claimed that their clients had no other options in the community.

Confronting Clients With Gambling Problems (Tables 11 and 12)

Overall, the three most common methods of dealing with clients with gambling problems are:

- Confront client directly (recognition of problem, establish clients' needs and develop goals for treatment, reasons for gambling and consequences of gambling behaviour).
- Refer to treatment (Gamblers Anonymous, Self-help groups, individual or marital/family therapy, ARF, credit counsellors).
- Further assess the magnitude of the problem.

Importance of Dealing With Clients With Gambling Problems (Table 6)

Overall, 41% of the agencies said it was "important to very important" to deal with gambling problems. Among the groups of agencies, 70% of Family Services and 50% of the Addiction agencies said it was important to deal with the problem. 42% of the "other" agencies and less than one quarter (21%) of the Mental Health agencies stated that it was important.

Common Types of Gambling Seen Among Clients (Table 8)

The five most common types of gambling listed by all agencies were: Lotteries (69%), Bingo (58%), Horse racing (34%), Casino gambling (33%) and betting on sports (29%).

Reasons for Gambling (Table 9)

The most frequently cited reasons for clients having gambling problems were:

- Socio-economic factors (financial stress, lack of job security/loss);
- Accessibility/increase in gambling media;
- Instant gratification/acceptance of "get rich quick" values;
- Looking for a high; Addictions/alcohol and drug problems.

Addiction agencies cited:

- Socio-economic factors;
- Other addictions/alcohol and drug problems;
- Looking for a high;
- Instant gratification/wealth

Mental health agencies suggested the following as the most common predisposing factors to gambling problems.

- Socio-economic factors;
- Mental health problems;
- Accessibility/increase in gambling media.

Family services agencies listed:

- Accessibility/increase in gambling media;
- Instant gratification/wealth;
- Mental health problems;
- Lifestyle factors;
- Family breakdown.

Other agencies listed the following as common predisposing factors to gambling problems.

- Socio-economic factors (financial stress/lack of job security/loss)
- Instant gratification/wealth
- Looking for a high/anticipation of winning

Knowledge of Gambling Treatment Resources (Tables 13 and 14)

Gamblers Anonymous was the most well-known treatment program among the respondents (27%). 8% knew of treatment programs located in the U.S. 63% did not know of any treatment programs in Ontario and 85% did not know of any treatment programs outside the province.

19% of the respondents have referred clients to Gamblers Anonymous (Addictions agencies - 19% Mental health agencies - 18% Family services agencies - 20% Other agencies- 21%).

4% of the respondents have referred clients to these treatment programs (those mentioned in tables 13 & 14) within the past month and another 4% referred clients to treatment programs within the past year.

12% of the respondents have made 1 - 5 referrals. 62% have never referred a client.

The majority of the respondents did not know how effective these programs were in treating clients with gambling problems. Only 3% thought that these programs were "very effective", 7% believed they were "effective", 10% said "somewhat effective" and 3% responded "not very effective".

Importance of a Training Program (Table 19)

Approximately one third of the respondents stated that a training program addressing gambling issues is necessary for their agency. Of the addiction agencies, 47% felt that it was "important to very important" to receive training, while 22% felt it was "somewhat important".

18% of the Mental health agencies responded "important to very important", 39% felt it was somewhat important and 36% felt it was not very important.

Family service agencies felt that training was important, 50% responded "important to very important; 30% said "somewhat important" and 10% felt it was not very important. Almost one third of the other agencies (26%) responded that it was "important to very important " to receive this training, 16% responded "somewhat important" and 53% responded "not very important".

Front-line workers would make up the majority of the participants attending the training events (82%). 51% would send managers or supervisors; 17% would send support staff. Addictions, mental health and family services agencies all agreed that training front-line workers was a priority. The training of managers and supervisors was second in priority.

Mode and Length of Training (Tables 21 and 22)

66% of all respondents preferred a workshop format (Addictions - 59% Mental health 64% Family service - 90% Other - 68%).

Self-study was favoured by 20%.

Teleconference was rated third (15%).

63% of the respondents preferred a training event of 1 - 3 days. (Addictions -59% Mental health 71% Family services -70% Other agencies 53%). 18% of all agencies preferred the training to be less than one day and 10% preferred a 4 - 5 day training event.

Skills Training (Tables 23)

Overall, the five most important skills that agencies wanted presented at the training event were:

- Matching clients to gambling/addiction treatment
- Brief intervention
- Assessment process
- Relapse prevention
- Self-control training

Addiction agencies rated the most important skills training in the areas of:
Assessment processes, Brief intervention, Matching clients to ... (most appropriate treatment),
Treatment planning, Relapse prevention

Mental health agencies wanted training in:
Matching clients to...treatment, Assessment process, Relapse prevention, Brief intervention,
Identification

Family services agencies preferred:
Relapse prevention, Matching clients to treatment, Self control training, Assessment, marital/family
therapy

The other agencies requested specialized training in the areas of:
Self-control training, marital/family therapy, relapse prevention, crisis management, matching
clients to ... treatment

Special Populations (Table 24)

The agencies that responded to our questionnaire service diverse populations. The five most common populations that are of a focus to the agencies were: women, psychiatric disorders, social assistance recipients, youth and multiple addictions.

Importance of Networking (Table 25)

Half of the survey respondents wanted a networking opportunity incorporated into the training event (53% said it was very important). 22% said it is "important" to network, 12% reported it is "somewhat important" and only 3% said it is "not very important" to network.

SUMMARY

Problem gambling is an issue for the clientele of the agencies that responded to the survey. Most of the problem gamblers are presenting themselves at addiction as well as family service agencies although mental health agencies are also seeing a fair number of these clients.

Though many of the respondents are seeing clients with gambling problems, most of their intake processes do not address gambling issues.

Addiction agencies were seeing problem gamblers who were presenting for a drug/alcohol problem. Mental health agencies found their problem gambler clients presenting primarily with a mental health problem. The need for financial counselling brought problem gamblers to family service agencies.

The respondents were interested in dealing with problem gamblers and support the idea that it is an increasing concern in the communities and that these agencies should address the subject.

Although most of the agencies surveyed have not had extensive training specific to gambling, many still must deal with problem gamblers presenting to their agencies. "Confronting the client directly" was a predominant way of dealing with these clients. This approach included establishing needs and goals for treatment and addressing the reasons and consequences of the gambling behaviour. Many of the respondents refer these clients to other agencies - Gamblers Anonymous, self-help groups, family therapists, etc. However, few respondents were aware of existing agencies that treat problem gamblers.

Family services and addiction agencies were among the high number of respondents that expressed a great need for a training program focusing on gambling problems. Front line staff were in greatest need of this training which would be in a workshop format. The skills rated most important to address problem gambling were: matching clients to gambling/addiction treatment, assessment process, identification, brief intervention, relapse prevention, and self-control training.

RECOMMENDATIONS

The following section outlines our recommendations for the problem and compulsive gambling training curriculum, based on the results of our needs assessment of Ontario service providers.

The training should be designed with a focus towards front line staff. The training should take the form of a workshop and should be no longer than 3 days duration.

RECOMMENDATIONS (cont'd)

The training should focus on basic skills since few have had exposure to this area. Many have rated identification and assessment as important needs.

Gender differences among problem gamblers and gambling activities need to be addressed since 62% of the respondents focus on women as a special population of their clientel.

Networking was rated very high as an important component of the training. A network of problem gambler treatment staff needs to be established for support and exchange of ideas.

A mailing list of treatment agencies should be prepared and distributed to participants to encourage the development of a network. This list could eventually develop into a province wide newsletter addressing future problem gambling events in order to continue the service providers network.

CONCLUSIONS

As legalized gambling activities are becoming more popular in our society, the increased awareness and education of problem gambling issues follows as a logical step. Our 1994 Needs assessment has demonstrated that there is indeed a growing concern and interest in this area from Ontario social service providers.

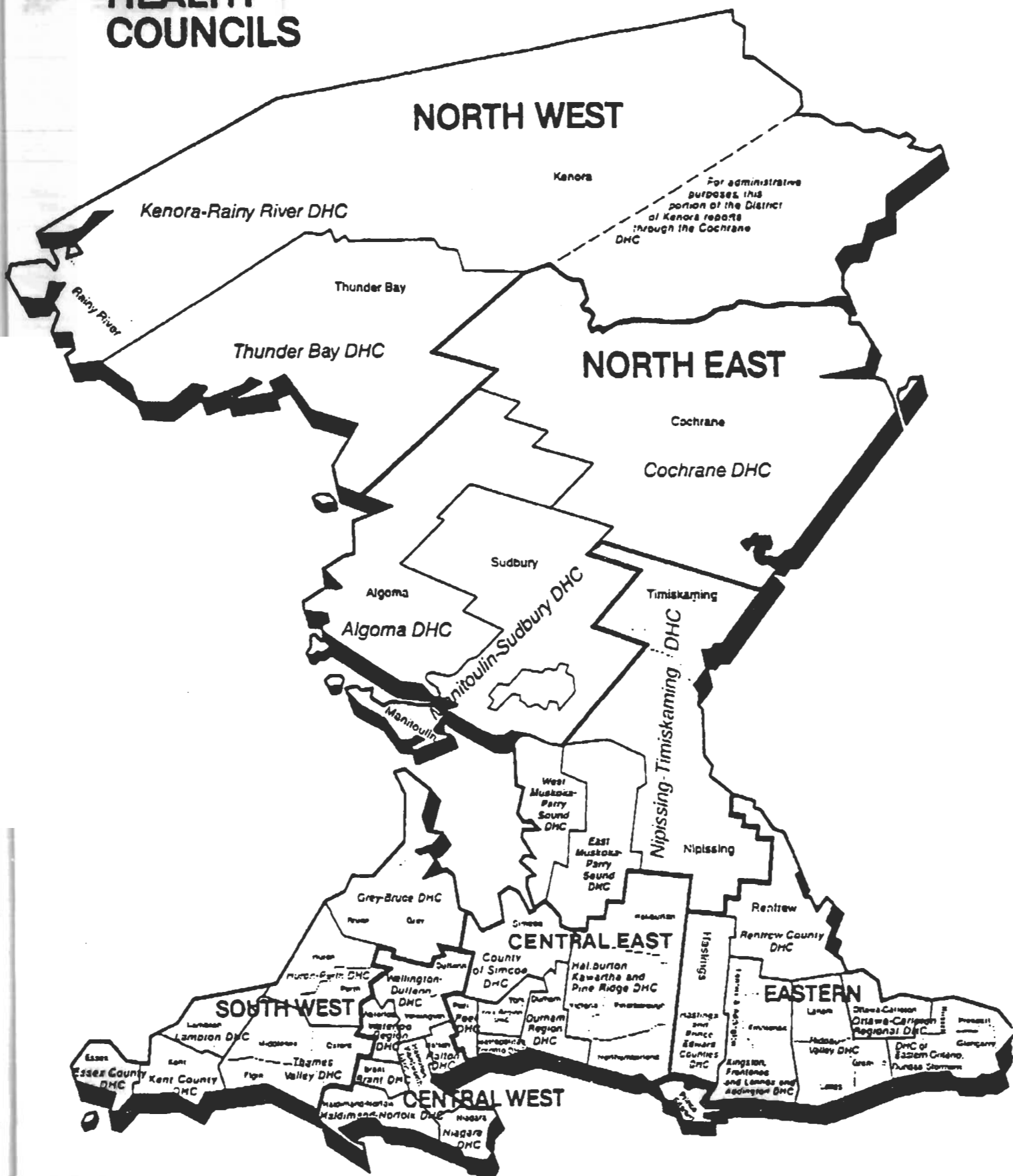
We believe that a three day general training curriculum is sufficient time to introduce the main principles of gambling behaviour and its related issues. As reflected in the comments of the needs assessment report, the lack of resources for cultural and linguistic minorities with gambling problems in our society is a concern. It is our hope that education of problem gambling issues will increase and a commitment to an organized network of service providers will be established in order to address these legitimate concerns.

APPENDIX A

MAP OF ONTARIO REGIONS

Ministry of Health - Ontario District
Health Councils (June 1994)

ONTARIO DISTRICT HEALTH COUNCILS



APPENDIX B

INTRODUCTION LETTER AND SURVEY

(English)



Addiction
Research
Foundation

Fondation
de la recherche
sur la toxicomanie

Training and
Education

Information et
Éducation

3 Russell St.
Toronto, Ontario
Canada M5S 2S1

3, rue Russell
Toronto (Ontario)
Canada M5S 2S1

tel: (416) 595-6020
fax: (416) 595-6644

Dear Colleague:

With the advent of casino gambling in Ontario, there has been an increasing interest and concern over the negative consequences of gambling, both personal and community-wide. To adequately address these concerns, Health Minister, Ruth Grier, announced that the Ontario government will spend \$1 million annually to help community organizations deal with problem gamblers. This money will be allocated to the Canadian Foundation on Compulsive Gambling, the Donwood Institute and the Addiction Research Foundation. With this money the ARF will develop a treatment curriculum and train staff of mental health, family counselling and addiction agencies to identify and treat gambling problems.

In order to plan for and deliver more effective services and training in this area, we, the Gambling Project of the Addiction Research Foundation, are conducting a survey of the gambling issues and training needs of service providers throughout Ontario. The information generated by this undertaking will assist us in developing a training curriculum to be delivered to interested service providers in the form of a three day workshop. This training program will be provided free of cost across eight sites throughout Ontario.

Your voluntary participation with our needs analysis is greatly appreciated. All the information gathered is strictly confidential and will not be used for any other purposes. You may of course refuse to answer any questions for any reasons.

Within the next few days, Rosa Dragonetti or Andrea Faveri will be contacting you to arrange a 10 - 15 minute phone interview, should you be interested in participating.

We thank you in advance for your time and cooperation.

Carmela DiFlumeri
Project Manager

Andrea Faveri
Program Assistant

Rosa Dragonetti
Program Assistant

GAMBLING SURVEY

1. What services does your organization offer? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Addictions-specific | <input type="checkbox"/> Assessment/referral | <input type="checkbox"/> Community/Social services |
| <input type="checkbox"/> Health care | <input type="checkbox"/> Education | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Distress centre | <input type="checkbox"/> Elderly services |
| <input type="checkbox"/> Youth services | <input type="checkbox"/> Other: _____ | |

2. Is problem gambling an issue for any of your clients?

- ☐ Yes ☐ No

3. If yes, how common is it?

- ☐ very common (50% or more)
☐ common (25-50%)
☐ somewhat common (10-25%)
☐ not very common (< 10%)

4. Why would a client choose your organization to get help for their gambling problem?

5. How would a client choose your organization to get help for their gambling problem?

6. In your opinion, how important is it for your organization to deal with gambling problems?

- | | |
|---|---|
| <input type="checkbox"/> very important | <input type="checkbox"/> important |
| <input type="checkbox"/> somewhat important | <input type="checkbox"/> not very important |

7. Are you seeing an increase in the number of gambling related problems among your clients?

- ☐ Yes ☐ No

8. Identify the five most common types of gambling you have seen among your clients?

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> casino gambling | <input type="checkbox"/> lotteries | <input type="checkbox"/> Bingo |
| <input type="checkbox"/> horse racing | <input type="checkbox"/> card-playing | <input type="checkbox"/> Video lotteries |
| <input type="checkbox"/> betting on sports | <input type="checkbox"/> pool betting | <input type="checkbox"/> betting on other activities |
| <input type="checkbox"/> Other (please specify) | | |
-

9. What do you think are some of the predisposing factors for this problem?

10. Are gambling problems routinely addressed during your intake process? If yes, what types of problems?

- ☐ Yes ☐ No

11. How would you deal with a client with whom you suspect gambling to be an issue?

12. How would you deal with a client with whom you know gambling is an issue?

13. List any gambling-related treatment programs that you are aware of that are offered anywhere in the province?

14. List any gambling-related treatment programs that you are aware of that are offered elsewhere?

15. Have you ever referred a client to any of these program(s)? If yes, which ones?

16. When was the last time you referred a client to any of these program(s)?

17. How many clients have you referred in the last year?

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 6 - 10 |
| <input type="checkbox"/> 10 - 20 | <input type="checkbox"/> more than 20 |

18. How effective do you think these programs are?

- | | |
|---|---|
| <input type="checkbox"/> very effective | <input type="checkbox"/> effective |
| <input type="checkbox"/> somewhat effective | <input type="checkbox"/> not very effective |

19. How important is a training program for gambling problems to your organization?

- | | |
|---|---|
| <input type="checkbox"/> very important | <input type="checkbox"/> important |
| <input type="checkbox"/> somewhat important | <input type="checkbox"/> not very important |

20. Which staff in your organization do you think would benefit from training in gambling issues?(check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Managers | <input type="checkbox"/> Supervisors | <input type="checkbox"/> Support staff |
| <input type="checkbox"/> Front-line workers | <input type="checkbox"/> Other (please specify) _____ | |

21. What would be the most convenient method of receiving this training?

- | | | |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> In-class course | <input type="checkbox"/> Workshop | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Teleconference | <input type="checkbox"/> Self-study | |

22. How long can you be away from your regular work in order to take part in a formal training program?

- ☐ less than 1 day
- ☐ 1 day
- ☐ 2 days
- ☐ 3 days
- ☐ 4 days
- ☐ 1 work week

23. List the five most important skills you feel you need to develop in order to better perform your job with clients who may have gambling problems:

<input type="checkbox"/> Relapse prevention	<input type="checkbox"/> Group counselling	<input type="checkbox"/> Marital/family therapy
<input type="checkbox"/> Crisis management	<input type="checkbox"/> Suicide prevention	<input type="checkbox"/> Treatment planning
<input type="checkbox"/> Matching clients to gambling and/or addictions treatment	<input type="checkbox"/> Health promotion concepts and skills	<input type="checkbox"/> Motivational Interviewing
<input type="checkbox"/> Brief Intervention	<input type="checkbox"/> Case management	<input type="checkbox"/> Legal and ethical issues
<input type="checkbox"/> Stress Management training	<input type="checkbox"/> Philosophies of helping	<input type="checkbox"/> 12-step approaches to treatment
<input type="checkbox"/> Self-control training	<input type="checkbox"/> Self-help movements	<input type="checkbox"/> Identification
<input type="checkbox"/> Assessment process	<input type="checkbox"/> Alternative to gambling	<input type="checkbox"/> Aftercare and evaluation
<input type="checkbox"/> Financial planning	<input type="checkbox"/> Other: _____	

24. The following are special populations. Check all which are a focus for you and/or your staff.

<input type="checkbox"/> Youth	<input type="checkbox"/> Women	<input type="checkbox"/> Native
<input type="checkbox"/> Multiple addictions	<input type="checkbox"/> Psychiatric disorders	<input type="checkbox"/> Elderly
<input type="checkbox"/> HIV/AIDS or high risk	<input type="checkbox"/> Physically challenged	<input type="checkbox"/> Gay/Lesbian
<input type="checkbox"/> Cultural groups (please specify): _____		
<input type="checkbox"/> New Canadians	<input type="checkbox"/> Social Assistance recipients	
<input type="checkbox"/> Other (please specify): _____		

25. How important is the opportunity to network (discuss work related issues, share work experiences, etc.) with colleagues?

<input type="checkbox"/> very important	<input type="checkbox"/> important
<input type="checkbox"/> somewhat important	<input type="checkbox"/> not very important

26. Other comments:

APPENDIX C

INTRODUCTION LETTER AND SURVEY

(French)



Chère collègue,
Cher collègue,

Depuis l'arrivée des jeux de hasard dans les casinos en Ontario, de plus en plus de personnes s'inquiètent de leurs répercussions néfastes, tant sur le plan personnel que pour l'ensemble de la collectivité. La ministre de la Santé, M^{me} Ruth Grier, a donc annoncé que le gouvernement de l'Ontario dépensera chaque année un million de dollars pour aider les organismes communautaires à faire face au problème des joueurs compulsifs. Cette somme sera attribuée à la Canadian Foundation on Compulsive Gambling; à l'Institut Donwood et à la Fondation de la recherche sur la toxicomanie (ARF). Avec cet argent, la ARF préparera un programme d'études sur les traitements pour former le personnel des organismes de santé mentale, de counseling familial et de toxicomanie à identifier et à traiter les problèmes liés au jeu.

Afin de planifier et de fournir des services et une formation plus efficaces dans ce domaine, nous, les responsables du projet sur les jeux de hasard de la ARF, menons une enquête sur les questions relatives au jeu et les besoins en formation des fournisseurs de services en Ontario. Les renseignements découlant de cette initiative nous aideront à mettre au point un programme de formation qui sera offert aux fournisseurs de services intéressés sous la forme d'un atelier de trois jours. Ce programme sera offert gratuitement dans huit endroits de l'Ontario.

Votre participation volontaire à notre analyse des besoins est extrêmement appréciée. Tous les renseignements recueillis seront confidentiels et ne pourront pas être utilisés à d'autres fins. Vous pouvez toujours refuser de répondre à certaines questions, quelle que soit la raison.

Rosa Dragonetti ou Andrea Faveri communiqueront bientôt avec vous afin de déterminer si vous préférez remplir le questionnaire et nous le télécopier au numéro (416) 595-6644, ou répondre aux questions par téléphone, en supposant évidemment que vous acceptiez de participer à l'enquête.

Nous vous remercions à l'avance de votre collaboration.

Carmela DiFlumeri
Directrice de projet

Andrea Faveri
Adjointe aux programmes
(416) 595-6082

Rosa Dragonetti
Adjointe aux programmes
(416) 595-6638

ENQUÊTE SUR LES JEUX DE HASARD

1. Quels services votre organisme offre-t-il? (Cochez les bonnes réponses)

- | | |
|--|---|
| <input type="checkbox"/> Soins spécialisés en toxicomanies | <input type="checkbox"/> Centre de détresse |
| <input type="checkbox"/> Soins de santé | <input type="checkbox"/> Services communautaires |
| <input type="checkbox"/> Santé mentale | <input type="checkbox"/> Services sociaux |
| <input type="checkbox"/> Services à la jeunesse | <input type="checkbox"/> Services aux personnes âgées |
| <input type="checkbox"/> Évaluations/orientation | <input type="checkbox"/> Autres : _____ |
| <input type="checkbox"/> Éducation | |

2. Est-ce que le jeu compulsif constitue un problème pour certains de vos clients?

- ☐ Oui ☐ Non

3. Si oui, dans quelle mesure est-ce un problème courant?

- ☐ Très courant (50 % et plus)
☐ Courant (25 - 50 %)
☐ Assez courant (10 - 25 %)
☐ Pas très courant (moins de 10 %)

4. Pourquoi un client choisirait-il votre organisme pour essayer de trouver une solution à son problème de jeu?

5. Comment un client choisirait-il votre organisme pour essayer de trouver une solution à son problème de jeu?

6. À votre avis, dans quelle mesure est-il important pour votre organisme de s'attaquer aux problèmes liés au jeu?

- | | |
|--|---|
| <input type="checkbox"/> Très important | <input type="checkbox"/> Important |
| <input type="checkbox"/> Assez important | <input type="checkbox"/> Pas très important |

7. À votre avis, est-ce que le nombre de problèmes liés au jeu augmente chez vos clients?

☐ Oui

☐ Non

8. Indiquez les cinq types de jeux de hasard les plus courants chez vos clients?

☐ Jeux de hasard dans les casinos

☐ Courses de chevaux

☐ Paris sportifs

☐ Loteries

☐ Jeux de cartes

☐ Paris de groupe

☐ Bingos

☐ Vidéoloteries

☐ Paris sur d'autres activités

☐ Autres : _____

9. À votre avis, quels sont certains des facteurs de prédisposition à ce problème?

10. Est-ce qu'on s'occupe normalement des problèmes liés au jeu durant votre processus d'admission? Si oui, quels types de problèmes?

☐ Oui

☐ Non

11. Comment traiteriez-vous un client chez qui vous soupçonnez que le jeu est un problème?

12. Comment traiteriez-vous un client chez qui vous savez que le jeu est un problème?

13. Indiquez des programmes de traitement des problèmes liés au jeu que vous connaissez et qui sont offerts dans la province.

14. Indiquez des programmes de traitement des problèmes liés au jeu que vous connaissez et qui sont offerts à l'extérieur de la province.

15. Avez-vous déjà dirigé des clients vers l'un de ces programmes? Quels programmes?

16. Quelle est la dernière fois que vous avez dirigé un client vers l'un de ces programmes?

17. Combien de clients avez-vous ainsi dirigés depuis un an?

- | | |
|--------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-5 | <input type="checkbox"/> 6-10 |
| <input type="checkbox"/> 10-20 | <input type="checkbox"/> Plus de 20 |

18. À votre avis, dans quelle mesure ces programmes sont-ils efficaces?

- | | |
|--|---|
| <input type="checkbox"/> Très efficaces | <input type="checkbox"/> Efficaces |
| <input type="checkbox"/> Assez efficaces | <input type="checkbox"/> Pas très efficaces |

19. Quelle est l'importance pour votre organisme d'un programme de formation concernant les problèmes liés au jeu?

- | | |
|--|---|
| <input type="checkbox"/> Très important | <input type="checkbox"/> Important |
| <input type="checkbox"/> Assez important | <input type="checkbox"/> Pas très important |

20. À votre avis, quels employés de votre organisme pourraient profiter d'un programme de formation sur les problèmes liés au jeu? (Cochez les bonnes réponses)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Cadres | <input type="checkbox"/> Superviseurs | <input type="checkbox"/> Personnel de soutien |
| <input type="checkbox"/> Travailleurs
de première ligne | <input type="checkbox"/> Autres _____ | |

21. Quelle serait la méthode la plus pratique pour obtenir cette formation?

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Cours en salle de classe | <input type="checkbox"/> Atelier | <input type="checkbox"/> Conférence |
| <input type="checkbox"/> Téléconférence | <input type="checkbox"/> Étude personnelle | |

22. Pendant combien de temps pouvez-vous vous absenter de votre travail normal pour participer à un programme de formation?

- ☐ Moins d'une journée
- ☐ 1 journée
- ☐ 2 jours
- ☐ 3 jours
- ☐ 4 jours
- ☐ 1 semaine de travail

23. Indiquez les cinq plus importantes aptitudes dont vous jugez avoir besoin pour mieux faire votre travail avec des clients qui ont peut-être des problèmes liés au jeu.

- | | |
|--|---|
| <input type="checkbox"/> Prévention des rechutes | <input type="checkbox"/> Philosophies de l'aide |
| <input type="checkbox"/> Gestion des situations de crise | <input type="checkbox"/> Mouvements d'entraide |
| <input type="checkbox"/> Assortir clients et programmes | <input type="checkbox"/> Solutions de rechange au jeu |
| <input type="checkbox"/> Brève intervention | <input type="checkbox"/> Thérapie conjugale/familiale |
| <input type="checkbox"/> Gestion du stress | <input type="checkbox"/> Planification des traitements |
| <input type="checkbox"/> Maîtrise de soi | <input type="checkbox"/> Entrevues motivationnelles |
| <input type="checkbox"/> Processus d'évaluation | <input type="checkbox"/> Questions de droit/déontologie |
| <input type="checkbox"/> Planification financière | <input type="checkbox"/> Méthode en 12 étapes |
| <input type="checkbox"/> Counseling de groupe | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Prévention du suicide | <input type="checkbox"/> Suivi et évaluations |
| <input type="checkbox"/> Promotion de la santé | <input type="checkbox"/> Autres _____ |
| <input type="checkbox"/> Gestion de cas | |

24. Voici une liste de groupes spéciaux. Cochez ceux sur lesquels vous et vos employés vous concentrez.

- | | |
|---|---|
| <input type="checkbox"/> Jeunes | <input type="checkbox"/> Handicaps physiques |
| <input type="checkbox"/> Toxicomanies multiples | <input type="checkbox"/> Autochtones |
| <input type="checkbox"/> VIH/sida ou à haut risque | <input type="checkbox"/> Personnes âgées |
| <input type="checkbox"/> Groupes culturels (précisez) | <input type="checkbox"/> Homosexuels/lesbiennes |
| <input type="checkbox"/> Néo-Canadiens | <input type="checkbox"/> Bénéficiaires d'aide sociale |
| <input type="checkbox"/> Femmes | <input type="checkbox"/> Autres _____ |
| <input type="checkbox"/> Troubles psychiatriques | |

25. Pour vous, dans quelle mesure est-il important d'établir des contacts avec des collègues (pour discuter de questions relatives au travail, partager des expériences, etc.)?

- ☐ Très important
- ☐ Assez important

- ☐ Important
- ☐ Pas très important

26. Autres commentaires :

APPENDIX D

My Work Unit	Other Agency
1	2
3	4
5	6
7	8
9	10

SURVEY DATA TABLES 1 - 26

TABLE 1: What services does your organization offer?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Addictions-specific	29	91	5	18	3	30	5	26	42	47
Assessment/Referral	18	56	8	29	9	90	11	58	46	52
Community/Social services	5	16	2	7	8	80	13	68	28	31
Health care	3	9	2	7	1	10	10	53	16	18
Education	6	19	7	25	6	60	4	21	23	26
Mental health	4	13	27	96	8	80	7	37	46	52
Distress Centre	1	3	2	7	3	30	4	21	10	11
Elderly Services	3	9	4	14	6	60	8	42	21	24
Youth Services	14	44		0	6	60	4	21	24	27
Other:										
Treatment services	1	3		0		0		0	1	1
Financial/Credit		0		0	3	30	1	5	4	4
Native Services	1	3		0		0		0	1	1
Marital/Family Counselling	1	3		0	2	20		0	3	3
Provincial Correctional Care		0		0		0	1	5	1	1
EAP		0		0		0	1	5	1	1
Prevention/Health Promotion Community Development	1	3		0		0		0	1	1
Counselling for chronically ill		0	1	4		0		0	1	1
Housing		0	2	7		0		0	2	2
Case management		0	2	7	1	10		0	3	3

TABLE 2: Is problem gambling an issue for any of your clients?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Yes	26	81	14	50	10	100	11	58	61	69
No	4	13	11	39		0	7	37	22	25
Don't Know/No response	2	6	3	11		0	1	5	6	7

TABLE 3: If yes, how common is it?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Very common (51% or >)		0	1	4		0		0	1	1
Common (26 - 50%)	1	3		0	1	10		0	2	2
Somewhat common (10-25%)	9	28	5	18	4	40	3	16	21	24
Not very common (< %10)	15	47	13	46	4	40	13	68	45	51
Don't Know/No response	7	22	9	32	1	10	3	16	20	22

TABLE 4. Why would a client choose your organization to get help for their gambling problem?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Presented with addiction problem - gambling problem later identified	15	47	1	4	2	20	2	11	20	22
Presented with mental health problem - gambling problem later identified		0	10	36	3	30	2	11	15	17
No other options in community	5	16	5	18	5	50	6	32	21	24
Anonymity/Confidentiality		0	2	7		0	1	5	3	3
Individual therapy		0		0	1	10		0	1	1
Culture specific services		0		0	1	10	1	5	2	2
Financial counselling		0		0	2	20	6	32	8	9
EAP		0		0		0	1	5	1	1
Addiction/Assessment agency	5	16		0		0	1	5	6	7
For information/referral	1	3		0		0	1	5	2	2
Would not choose organization	2	6	9	32		0	3	16	14	16
Don't know/No response	4	13	1	4		0	1	5	6	7

TABLE 5. How would a client choose your organization to get help for their gambling problem?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Word of mouth	4	13		0	2	20	2	11	8	9
Phone book/Yellow pages	3	9	2	7	2	20	1	5	8	9
From referrals (A/R, physician, social services, family, financial)	8	25	7	25	6	60	4	21	25	28
Secondary to mental health problem		0	7	25	1	10	1	5	9	10
Secondary to alcohol/drug problem	5	16		0	1	10		0	6	7
Through their EAP	1	3		0		0	2	11	3	3
General addictions services	1	3		0		0		0	1	1
Know staff	1	3		0		0		0	1	1
24 Hour service availability		0		0		0	1	5	1	1
Second to other problem		0		0		0	2	11	2	2
Don't Know/No response	9	28	12	43	1	10	8	42	30	34

TABLE 6. In your opinion, how important is it for your organization to deal with gambling problems?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Very important	8	25	2	7	5	50	4	21	19	21
Important	8	25	4	14	2	20	4	21	18	20
Somewhat important	5	16	6	21	2	20	4	21	17	19
Not very important	8	25	15	54	1	10	7	37	31	35
Don't know/No response	3	9	1	4		0		0	4	4

TABLE 7. Are you seeing an increase in the number of gambling-related problems among your clients?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Yes	10	31	4	14	5	50	5	26	24	27
No	15	47	18	64	5	50	14	74	52	58
Don't Know/No response	7	22	6	21		0		0	13	15

TABLE 8. Identify the five most common types of gambling you have seen among your clients.

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Casino gambling	12	38	6	21	6	60	5	26	29	33
Lotteries	24	75	14	50	10	100	13	68	61	69
Bingo	23	72	13	46	10	100	6	32	52	58
Horse racing	11	34	7	25	4	40	8	42	30	34
Card playing	4	13	5	18	2	20	6	32	17	19
Video lottery	2	6	1	4		0	2	11	5	6
Betting on sports	15	47	4	14	4	40	3	16	26	29
Pool betting	5	16	1	4	3	30	2	11	11	12
Betting on other activities	1	3	1	4	1	10	1	5	4	4
Other:										0
Nevada tickets/Break open	3	9	7	25		0	1	5	11	12
Majhong		0	1	4		0	1	5	2	2
Don't Know/No response	2	6	9	32		0	6	32	17	19

TABLE 9. What do you think are some of the predisposing factors for this problem?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Family history/Breakdown in family structure	4	13	1	4	2	20		0	7	8
Looking for high/Anticipation of winning	7	22	4	14		0	2	11	13	15
Accessibility/Proximity to casinos/More gambling media	5	16	5	18	4	40		0	14	16
Instant gratification/wealth Acceptance of get rich quick values	7	22		0	2	20	4	21	13	15
Learned behaviour/Conditioning		0		0		0	1	5	1	1
Impulsive behaviour	3	9	2	7		0		0	5	6
Addictions/Alcohol & drug problems	9	28	2	7	1	10	1	5	13	15
Mental health problems		0	5	18	2	20	1	5	8	9
Addictive personality		0		0		0	1	5	1	1
Socio-economic factors (financial stress, job security/loss,)	10	31	7	25	3	30	6	32	26	29
Lifestyle, isolation, boredom, stress relief	5	16	2	7	2	20	2	11	11	12
Peer influence		0	1	4		0		0	1	1
Compulsive behaviour	2	6		0		0		0	2	2
Mixed message from Ontario government	1	3	1	4	1	10		0	3	3
New immigrants - assimilation problems		0	1	4		0		0	1	1
Belief systems - magical powers/strategies	2	6	1	4		0		0	3	3
Cultural - part of leisure activities	1	3		0		0	1	5	2	2
Low self-esteem	4	13		0	1	10	2	11	7	8
Loss of control on life	1	3		0		0		0	1	1
No response	3	9	10	36	1	10	10	53	24	27

TABLE 10. Are gambling problems routinely addressed during your intake process?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Yes	3	9	1	4	4	40	1	5	9	10
No	26	81	22	79	6	60	16	84	70	79
No response	3	9	5	18		0	2	11	10	11

TABLE 11. How would you deal with a client, with whom you suspect gambling to be an issue?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Confront client directly -establish clients' needs -specific reasons for gambling -discuss issues/validate suspicion	13	41	12	43	5	50	7	37	37	42
Assess magnitude of problem	6	19	8	29	3	30	1	5	18	20
Refer to treatment: -GA, Self-help, ARF -Individual/marital/family therapy	7	22	9	32	3	30	6	32	25	28
Provide counselling	2	6	2	7	1	10		0	5	6
Provide information of resources	3	9		0	1	10		0	4	4
Treat as other compulsive behaviour		0	1	4		0		0	1	1
Treat as other addiction	3	9	2	7		0		0	5	6
Part of assessment process		0		0	1	10		0	1	1
Establish rapport and trust	1	3		0		0		0	1	1
Explore clients' perceptions of significant others' views about the suspicions	1	3		0		0	1	5	2	2
Gambling questionnaire	1	3		0		0		0	1	1
Don't know/No response	4	13	2	7	2	20	6	32	14	16

TABLE 12. How would deal with a client with whom you know gambling is an issue?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Confront client directly -recognition of problem -develop goals for treatment -reasons for gambling -consequences	8	25	7	25	5	50	4	21	24	27
Assess magnitude of problem	6	19	4	14	5	50	6	32	21	24
Refer to treatment: -GA, self-help groups -private therapists -credit counsellor	10	31	15	54	4	40	6	32	35	39
Provide counselling	4	13	6	21		0	1	5	11	12
Treat as other addiction	5	16	2	7	1	10	1	5	9	10
Monitor behavioral change/progress	2	6		0		0	1	5	3	3
Educate - outline consequences	1	3		0	1	10		0	2	2
Enlist family/spousal support	1	3		0		0		0	1	1
Contact other agencies for advice	1	3		0		0	1	5	2	2
Don't know/No response	4	13	3	11	1	10	5	26	13	15

TABLE 13. List any gambling-related treatment programs that you are aware of that are offered anywhere in the province?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Gamblers Anonymous	10	31	7	25	3	30	4	21	24	27
ARF	1	3	5	18	1	10	1	5	8	9
Private therapists		0	1	4	1	10		0	2	2
Canadian Foundation for Compulsive Gambling	3	9		0	1	10		0	4	4
The Donwood Institute	1	3	1	4		0		0	2	2
Various addictions programs		0	1	4	3	30		0	4	4
Don't know	19	59	15	54	6	60	16	84	56	63

TABLE 14. List any gambling-related programs that you are aware of that are offered elsewhere?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
USA (New Jersey, Minnesota, private)	5	16	1	4		0	1	5	7	8
GamAnon	1	3		0		0		0	1	1
Addiction Foundation Manitoba		0	1	4		0		0	1	1
AADAC (Alberta)	2	6	1	4		0		0	3	3
GA - Quebec	1	3		0	1	10		0	2	2
Centre for substance abuse prevention	1	3		0		0		0	1	1
Montreal casino counselling centre	1	3		0		0		0	1	1
Don't know	22	69	25	89	10	100	19	100	76	85

TABLE 15. Have you ever referred a client to any of these program(s)

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Yes: GA	6	19	5	18	2	20	4	21	17	19
No (none)	26	81	23	82	6	60	15	79	70	79
Private therapists		0		0	1	10		0	1	1
Alcoholics Anonymous		0		0	1	10		0	1	1

TABLE 16. When was the last time you referred a client to any of these program(s)?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Within past month	1	3	1	4	2	20		0	4	4
Within past six months	1	3		0		0		0	1	1
Within past year	1	3	3	11		0		0	4	4
More than one year ago		0		0		0		0	0	0
Two years ago	1	3	1	4		0	1	5	3	3
More than two years ago		0		0	1	10	1	5	2	2
Never	26	81	20	71	2	20	16	84	64	72
Don't know/No response	2	6	3	11	5	50	1	5	11	12

TABLE 17. How many clients have you referred in the last year?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Zero	24	75	22	79	3	30	6	32	55	62
1 - 5	3	9	4	14		0	4	21	11	12
6 - 10	1	3		0		0	1	5	2	2
11 - 20	1	3		0	2	20		0	3	3
More than 20	1	3		0		0		0	1	1
Don't know/No response	2	6	2	7	5	50	8	42	17	19

TABLE 18. How effective do you think these programs are?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Very effective	2	6	1	4		0		0	3	3
Effective	2	6	1	4	2	20	1	5	6	7
Somewhat effective	5	16	2	7		0	2	11	9	10
Not very effective		0	1	4		0	2	11	3	3
Don't know/No response	23	72	23	82	8	80	14	74	68	76

TABLE 19. How important is a training program for gambling problems to your organization?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Very important	8	25	1	4	1	10	1	5	11	12
Important	7	22	4	14	4	40	4	21	19	21
Somewhat important	7	22	11	39	3	30	3	16	24	27
Not very important	8	25	10	36	1	10	10	53	29	33
Don't know/No response	2	6	2	7	1	10	1	5	6	7

TABLE 20. Which staff in your organization do you think would benefit from training in gambling issues? (check all that apply)

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Managers/Supervisors	20	63	12	43	3	30	10	53	45	51
Support staff	5	16	2	7	3	30	5	26	15	17
Front-line workers	30	94	21	75	10	100	12	63	73	82
Other:										
Volunteers/students	2	6		0		0		0	2	2
Treatment personnel	1	3		0		0	1	5	2	2
Prevention/Health promotion workers	1	3		0		0		0	1	1
Everyone in organization	1	3		0		0		0	1	1
Not applicable		0	4	14		0	2	11	6	7

TABLE 21. What would be the most convenient method of receiving this training?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
In class course	6	19	2	7		0	2	11	10	11
Workshop	19	59	18	64	9	90	13	68	59	66
Conference	3	9	4	14	1	10	1	5	9	10
Teleconference	7	22	3	11	1	10	2	11	13	15
Self-study	8	25	3	11	3	30	4	21	18	20
Not applicable		0	4	14		0	2	11	6	7

TABLE 22. How long can you be away from your regular work in order to take part in a formal training program?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Less than 1 day	4	13	3	11	3	30	6	32	16	18
1 - 3 days	19	59	20	71	7	70	10	53	56	63
4 - 5 days	5	16	1	4		0	3	16	9	10
Don't Know/No response	4	13	4	14		0		0	8	9

TABLE 23.

List the five most important skills you feel you need to develop in order to better perform your job with client who may have gambling problems:

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Relapse prevention	11	34	10	36	5	50	7	37	33	37
Group counselling	3	9	2	7	1	10	4	21	10	11
Marital/family therapy	4	13	1	4	4	40	8	42	17	19
Crisis management	5	16	7	25	3	30	7	37	22	25
Suicide prevention	2	6	2	7	1	10	2	11	7	8
Treatment planning	11	34	4	14	1	10	1	5	17	19
Matching clients to gambling/addiction treatment	13	41	12	43	5	50	7	37	37	42
Health promotion concepts/skills	1	3	1	4	1	10	4	21	7	8
Motivational Interviewing	7	22	4	14	1	10	5	26	17	19
Brief Intervention	13	41	10	36	4	40	5	26	32	36
Case management	5	16	1	4		0	1	5	7	8
Legal and ethical issues	2	6	1	4	1	10	2	11	6	7
Stress management training	1	3		0		0	3	16	4	4
Philosophies of helping	3	9	3	11		0	1	5	7	8
12-step approaches to treatment	3	9	5	18	3	30	2	11	13	15
Self-control training	10	31	8	29	5	50	9	47	32	36
Self-help movements	4	13	8	29		0	5	26	17	19
Identification	9	28	9	32	4	40	2	11	24	27
Assessment process	13	41	11	39	5	50	3	16	32	36
Alternatives to gambling	10	31	6	21	3	30	7	37	26	29
Aftercare and evaluation	7	22	4	14	2	20	3	16	16	18
Financial planning	5	16	1	4	2	20	3	16	11	12
No response	2	6	4	14	1	10	5	26	12	13

TABLE 24. The following are special populations. Check all which are a focus for you and/or your staff.

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Youth	20	63	3	11	8	80	10	53	41	46
Women	23	72	14	50	9	90	9	47	55	62
Native	15	47	5	18	3	30	4	21	27	30
Multiple addictions	22	69	6	21	2	20	8	42	38	43
Psychiatric disorders	12	38	24	86	4	40	7	37	47	53
Elderly	10	31	6	21	5	50	4	21	25	28
HIV/AIDS or high risk	12	38	2	7	2	20	8	42	24	27
Physically challenged	6	19	1	4	3	30	4	21	14	16
Gay/Lesbian	15	47	3	11	3	30	5	26	26	29
Cultural groups:										0
Southeast Asian	1	3	2	7		0	2	11	5	6
Francophone	5	16		0	2	20	6	32	13	15
Western European	2	6	1	4	2	20	1	5	6	7
Eastern European	1	3		0		0	2	11	3	3
Many multicultural groups	2	6		0	1	10	2	11	5	6
New Canadians	6	19	3	11	1	10	6	32	16	18
Social Assistance recipients	15	47	14	50	7	70	5	26	41	46
Other:										0
Dually diagnosed	1	3		0		0		0	1	1
Developmentally challenged	1	3		0		0		0	1	1
Abuse survivors		0	1	4		0		0	1	1
New poor		0		0	1	10		0	1	1
Incarcerants		0		0		0	1	5	1	1
No response		0	1	4		0	3	16	4	4

TABLE 25. How important is the opportunity to network (discuss work-related issues, share work experiences, etc.) with colleagues?

	Addictions		Mental Health		Family Services		Other Agencies		Totals	
	#	%	#	%	#	%	#	%	#	%
Very important	18	56	16	57	7	70	6	32	47	53
Important	5	16	7	25	1	10	7	37	20	22
Somewhat important	7	22		0	2	20	2	11	11	12
Not very important	1	3	1	4		0	1	5	3	3
Don't know/No response	1	3	4	14		0	3	16	8	9

TABLE 26. Other comments:

- Gambling not prevalent but when seen, it is in association with substance abuse, mostly alcohol, not as a primary problem
- Gambling is usually part of a multiple addiction pattern
- Gamblers do not seek services for gambling problems; usually spouses/family are affected by their behaviour
- Disappointed by the lack of foresight on part of the provincial government in its planning to inservice providers in order to counter the influx of treatment; given only lip service to prevention of gambling, now faced with paying some token attention to treatment needs
- Knee jerk reaction from government - time frame too short
- Concerned that initiative is simply a political counter-balance to decisions the government has taken
- Suggestions for training: outpatient programs, brief interventions; perceived consequences to individual; how important is the family identification; resource allocation from government to services; different methods of treatment; dual diagnosis; April - May?; identification of signs and symptoms is crucial; development of a treatment program in aftercare
- Look forward to some training in this area as referrals are increasing and staff have very little training if any in dealing with gambling problems
- Gambling - low priority problem area
- Gambling will impact on safety going into the home - needs heightened awareness of this
- Don't see many gambling problems but the ones that have presented have been quite serious
- Logical step for Addiction/referral agencies
- Foresee antagonism between 12-step and assessment/referral services
- Consult with Annie Waxler (New Jersey State Commission) for training
- Free bus service from Thunder Bay to casino in Minnesota (30 million leave city annually)
- Resources for cultural/linguistic minorities is lacking