

Highlights report on gambling and addictions

CHIYÄMÄY'TIMUWIN Ä NÄNDU'CHISCHÄY'TÄKINÜCH THE "IN SEARCH OF PEACE OF MIND" PROJECT GAMBLING, ADDICTION AND MENTAL HEALTH IN EYOU ISTCHEE

BACKGROUND

This is the first report on highlights about gambling and addictions to be released from the Chiyämäy'timuwin ä nändu'chischäy'täkinüch (please see the note on the last page). The study took place in four communities in Eyou Istchee the end of 2006 and in 2007 and the results have been long awaited. This first report on the highlights of gambling and addictions will be followed by many other reports as the analysis becomes completed. This will be followed by comprehensive recommendations for how to develop and improve services in this area.

The first purpose of the study was to understand the situation of gambling in the region and how this linked to other patterns addiction. While the study was being planned, the Director of the Awamiiniwachuwanouch (regional Mental Health) Program requested that the study also include a complete section on mental health. She asked this for two reasons. First, many working in first line services say that dealing with mental health-type problems is one of their greatest challenges. But, at the same time, there is no information about the size and scope of this challenge. The Director felt that this study would be an opportunity to obtain information for purposes of planning services. However, the complete section on mental health greatly added to the length of the interviews for the study participants and the interview team. The interview team was composed of George Pisimopeo, Darryl Diamond, Kate LeBlanc - an Anishinaabe from Wikwemikong - and Maria Danté Sgro.

PURPOSE OF THE CHIYÄMÄY'TIMUWIN Ä NÄNDU'CHISCHÄY'TÄKINÜCH PROJECT

We wanted this study to help us understand more about three areas.

- The first was to describe patterns of gambling so services would know better which groups might be having more problems with gambling. For example, do men and women have the same patterns?
- The second was to understand if patterns of problem gambling are linked to substance abuse and mental health problems. For example, knowing this will help services plan strategies to help people.

- The third was to try to understand what protects some people and families from problem gambling and what makes others at risk of developing problems.

HOW THE STUDY WAS DONE

This study grew out of a request, many years ago, from the Board of Directors of the Cree Health Board who wanted to know more about problem gambling in the region. We planned the study by first talking to 46 people who work in responsible positions in some of the communities about their views of the changing role of gambling. We also did a review of what had been written about this subject, especially concerning Aboriginal groups. Then the main researcher, Dr. Kathryn Gill, met with people involved in the Awamiiniwachuwanouch (regional Mental Health) Program and with some expert Cree-English translators to develop a lexicon of terms in Cree around words that the study would be using. After this the questionnaires were adapted and translated into Cree, and then translated back into English. Audio files were created so that the interviewers (who do not read Cree) would have a quick reference for the correct wording in Cree of the questions or so participants could listen to the audio tape. After the interviewers were hired, they went through an intensive training programme in Montreal.

The study interviewed 510 adults in four communities, asking people about patterns of gambling and addictions, and whether they had experienced psychological problems and distress. They were also asked about who they were.

WHO WERE THE 510 PEOPLE INTERVIEWED

The study interviewed 222 men and 288 women. In general there were few differences between men and women. They were alike in terms of age, education and marital status; both groups were equally likely to have ever been married or in a common-law relationship. Women were more likely to be unemployed, and had a lower monthly income compared to males

In regards to physical health and well-being, there were no differences between men and women in general. However, over their lifetimes, more women reported having been depressed or suffered from anxiety. More women also reported they had taken a medication in the past year prescribed by a doctor for a psychological problem. The study showed that Eyou men and women

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were equally likely to have experienced physical abuse in their lifetimes: 44% of men reported this and 50% of women. However, more women reported they had suffered sexual abuse: 23% of men and 35% of women.

WHAT THE STUDY LEARNED ABOUT GAMBLING ACTIVITIES AND PROBLEM GAMBLING

In the Cree Health Survey carried out in 2003, the report on gambling was written by Serge Chevalier from Montreal Public Health. He found that fewer Eeyou adults gamble than adults in Québec. In Québec, 81% of people report that they gamble, but in Eeyou Istchee only 69% reported that they gamble.

However, Serge found that more people reported problem gambling here than in Québec. Here 9.5% of adults who gambled reported problems with it, while in southern Québec, only 2% report problems. Serge also found that Cree women were more at risk than Cree men: 10% of women reported problems with gambling and only 7% of men.

In this *Chiyämäy'timuwîn ä nändu'chischäy'täkinüch* study, 332 people, or 65% of people in the study, reported that they gamble at all. This is close to what Serge reported from the 2003 survey. The only difference between men and women was that women were more likely to play bingo: 57 % of women compared to 35 % of men. Women also reported they play bingo more frequently: 13 % of women played once a week or more often.

Of the 332 people who have gambled, this study found that 8.6% of them reported problems with gambling. And in this small group, men were as likely as women to report problems. Of course, we found that the more likely someone was to report problems with gambling, the more time and money they spent in gambling activities.

In Eeyou Istchee, this study showed that when Eeyou are having problems with gambling, they are also likely to be experiencing psychological problems, including depression, anxiety, and memory problems. They are also much more likely than people without gambling problems to smoke and abuse other substances. In Eeyou Istchee, 70% of people experiencing problems with gambling reported smoking and 42% reported having substance abuse problems at the same time.

In summary, the highlights from this study are showing us that in Eeyou Istchee, when people are experiencing

problem gambling, they are also likely to be experiencing other high risk and unhealthy behaviours. High risk gambling here appears to go along with tobacco addiction, substance abuse and other psychological problems. These high risk behaviours can carry significant long-term health consequences. These results suggest that interventions for gambling disorders should not focus on gambling alone. Rather, the interventions will have to focus on the constellation of unhealthy behaviours that are posing a risk to these peoples' "Peace of Mind".

WHO IS RESPONSIBLE FOR THIS STUDY AND HOW TO OBTAIN MORE INFORMATION

The principal researcher for this study is Dr. Kathryn Gill from McGill University. Jill Torrie, from the Cree Health Board, is also a researcher on this study, along with Dr. Jeffrey Deverensky from McGill.

All reports from this study will be posted at: <http://creepublichealth.org>. If you would like more information about this study or to personally receive a copy of each of the reports, please call, fax or e-mail the Research Administrator of the Cree Health Board. **Tracy Wysote** can be reached at:

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If you would like to discuss this study, please contact me, **Jill Torrie**, at any time:

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Note of apology from Jill Torrie, Assistant-Director of Public Health for Eeyou Istchee:

The results from this study were always planned to be released first to the participating communities. The main researcher, Dr. Kathryn Gill, planned to travel to meet with the Chiefs and Councils of each of the four communities to give them her 'impressions' of what she was seeing in the results from their community. At the same time, she would have presented them with the first, regional-level report like this one. However, because of illness, Dr. Gill has been unable to travel distances. This has delayed the analysis of the study and the return of the results by a year and a half. Dr. Gill completed the first 'highlights' report at the end of June immediately before I left for holidays. So the delay in releasing this first report rests with me. Dr. Gill still plans to offer to discuss the results with the Councils and I will be in contact with them to see how we might do this, by telephone or in conjunction with other meetings in Montreal perhaps.