

Cross-Addictions of Gambling, Alcohol and Drugs in Aboriginal Communities

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Introduction

Over the past twenty years, Native Canadians or Aboriginal people have enjoyed considerable progress in the development of sobriety. That is the good news. The bad news is that there has not been similar success in the area of other addictions, particularly gambling. Statistics exist which reveal the negative effects of gambling on Native people.

This paper will examine the cross-addictions of gambling, alcohol and drugs in Aboriginal communities in Canada. Three studies conducted by the Nechi Institute, a Native Addictions Counsellor Training, Research and Health Promotions Centre, will be used to support the relationships discussed in this paper. Methods of recovery will be noted and gambling statistics will be reviewed to illustrate the tendencies for cross-addiction, and to show the effect of grief and loss in relation to recovery from alcohol and drug abuse. The conclusions will suggest practical strategies for use in these areas. As well, concerns will be raised regarding future directions in treatment, education, prevention and aftercare.

The Studies

1. The Eagle Has Landed Study (Nechi Institute, 1992)

The Eagle Has Landed Study (EHL), (1992), consisted of a survey of 500 Native Counsellors regarding addictions. In the study, 63% of respondents self-reported as having achieved sobriety; of those, 62.5% reported that they had been sober for a period from five to twenty years. On the other hand, 100% of the counsellors surveyed reported that they were either adult children of alcoholics, or codependents. This indicates that these respondents constitute a population which is potentially vulnerable for high risk behaviour.

In the EHL study, the primary catalyst which motivated respondents to sobriety was family and children. The second most frequently mentioned catalyst was health professionals; the third was friends, and the fourth was substance abuse counsellors.

The resources identified as being key to maintaining sobriety, in order of importance, were as follows: culture and spirituality; recreation; self-help support groups (such as A.A., Alanon, Gamblers Anonymous, Narcanon and Adult Children of Alcoholics, or Children of Alcoholics); and substance abuse counsellors.

The EHL study also wanted to examine what those people surveyed actually did for relapse prevention. The question was worded based on guidance given to the researchers by the Elders. The Elders indicated that what people value is shown by how they spend their time, and that this does not always agree with what people say they value. The point is that the true reflection of a person's value system is indicated through their behaviour on a minute-by-minute basis.

The EHL study also examined whether the same catalysts which encouraged the counsellor to achieve sobriety would also stimulate them to change other addictive behaviours, such as gambling.

2. Spirit of Bingoland - Ontario Study (Nechi Institute, 1995)

In 1994 the Nechi Institute conducted a study on gambling called the Spirit of Bingoland - Alberta Study. This study examined 150 Native gamblers.

In 1993, the Alberta Government opened up gambling and increased access to video lottery terminals or VLTS, which are operated by the government. The researchers wanted to examine the profile of that segment of the Native population who were serious gamblers. They also wanted to determine if the catalysts to sobriety identified in the EHL study could be potential resources for an effective intervention or educational program to reach the Native gambler.

In 1995, the Nechi Institute conducted a study similar to the Spirit of Bingoland - Alberta study, in response to a request from two Native communities in Ontario which were considering the possibility of developing casinos in their communities as an economic development initiative. These two studies will be discussed together.

In the two Bingoland studies, researchers examined potential points of entry for intervention, prevention or education on the issue of gambling for some people in the communities who were experiencing difficulty with gambling. This population was accessed through current systems of alcohol and drug treatment, or aftercare facilities.

The results indicated that in Ontario, 38% of the problem gamblers were in recovery from alcohol and drug addictions. In Alberta the number was 68%. In a sense, this is a positive result because it indicates that there is some success in current systems of community treatment and aftercare. As well, these systems provide the community with an entry point to intervene in gambling addiction because many of the problem gamblers are already part of the recovery or healing community.

Recovery methods self-reported by respondents in the Ontario study included Alcoholics Anonymous (85%); inpatient or outpatient treatment at a recovery facility (70%); help from family and friends (29%); help from physicians or Elders (14% each). Only 33% were currently attending AA.

Among choice for aftercare strategies, 51% of the Ontario sample mentioned one or more of the following: sweat lodge ceremonies; feasts, dances and powwows; volunteering; and sports and recreation. These strategies were similar to those mentioned by respondents in both the Bingoland - Alberta - study, and the EHL study.

One drug which continues to be abused by respondents is tobacco. In the three studies being discussed, over 50% of respondents reported using tobacco. In the EHL study, 54% of respondents reported using tobacco; in the Bingoland - Ontario study the number was 64%, and in the Bingoland - Alberta study, it was 73%.

All three studies were conducted in a social system which has potential to influence participants' behaviour collectively through the community. Elders remain an important resource for assistance in developing support strategies.

Household Income and Dollars Spent on Gambling

The reported household incomes (in Canadian dollars) in the Bingoland studies indicate that household incomes have risen in Native communities. In the Ontario study, 23% of respondents had a household income of \$15,000, and 16% had an income between \$30,000 and \$50,000. In Alberta, 32% had a household income of \$15,000, while 31% had an income between \$30,000 and \$50,000.

Sixty-eight percent of the Alberta Bingoland sample were employed, compared to 63% in the Ontario study. For the respondents at the \$15,000 level, it is clear that they would not be gambling because they have extra money, but more likely as an attempt to obtain extra money.

Since families were indicated as catalysts to recovery, researchers chose to examine the family composition of the gambler and the amount of family income gambled. In the Alberta study, 35% of households were headed by two parents; of these, 34% were more likely to have another adult living in the home. This would increase the likelihood of assistance and relief in child care. Sixty-five percent of households were headed by single parents and they were less likely to have a second adult in the home. The two-parent families tended to have younger children. Thirty-two percent of the homes had children between the ages of 13 and 17. It might be assumed that the bulk of child care would fall on these children's shoulders when their single parent gambled.

The total average amount spent on gambling per household in the Alberta study was \$639 per month. The Ontario study reported an average of \$380 per household per month. In the Alberta study, the single parents averaged \$742 per month as opposed to \$465 for the two-parent families. The highest amount self-reported was by one individual who indicated having spent \$7,650 on gambling in one month.

Grief and Loss

The examination of grief and loss was conducted using the Texas Grief Inventory Scale (Devaul, Faschingbauer & Zisook 1977). This scale needed to be adjusted culturally, and some terminology was changed to facilitate a better understanding of the questions by the respondents.

The EHL study laid the foundation for further exploration of social and environmental conditions which may impede recovery, one of which is grief. Data was collected in both Spirit of Bingoland studies which dealt with unresolved grief as a factor which has an impact on both alcohol and drug recovery, and on gambling recovery treatment. Unresolved grief is a serious social issue due to the high death rate, the overall poor level of health of the population, and the number of relationship breakdowns within Native communities. Utilizing the data from the Texas Grief Inventory, it was not statistically possible to correlate grief and incidence of gambling. However, it is recognized that unresolved grief is a key treatment issue in the onset of alcohol and drug problems, as well as gambling.

In the Ontario study, specific areas of unresolved grief were identified: 35% had unresolved grief due to a recent death; 26% had experienced a relationship loss; 48% had experienced loss of employment; 21% had left home; and 15% had experienced a recent illness. In the Alberta study, 75% had experienced a recent death; 48% indicated that they had experienced other losses; 70% indicated a recent loss in a relationship; 26% experienced either a work or school-related loss; 17% had left home; and 32% had experienced health problems.

The impact of unresolved grief and its associated relationship with addictions, including gambling requires a more purposeful examination. Human service agencies need to dedicate more attention

to education, intervention and treatment strategies to assist the problem gamblers. To do otherwise runs the risk of neglecting a critical aspect of care that left undetected can translate into greater social and economic costs to communities.

Key Financial Resources for Gambling

The South Oaks Gambling Screen was used to measure gambling behaviours of respondents (Blume & Lefleur, 1987). Outside of income from a job, key resources used by respondents for money to gamble with were usually the family. Other financial resources the participants used for gambling were as follows: rent money; food and/or utility money; family allowances; pawning personal property; welfare; and money borrowed from a relative or spouse (reported by 80% of respondents). A large number of those in the pathological gamblers group used welfare or family allowance money to gamble. Fifty-two percent of respondents indicated that other people complained about their gambling.

It appears that economic stress is a key factor in the gambling behaviour of these respondents. Although they were the catalysts to get people into alcohol treatment in the EHL study, the families of these gamblers enable their gambling, since 80% gamble using money borrowed from a relative or spouse, even though at least 52% of those families complain about the gambling. The challenge is to include treatment for gambling in some of the current activities that alcohol and drug recoverers are involved in as part of their treatment or aftercare.

An informal study was conducted among substance abuse counsellors being trained at the Nechi Institute, using the SOGS scale. It was found that 35% of these counsellors had serious problems with gambling themselves.

A survey of 1,000 Native youth has recently been conducted to determine their own gambling habits and their reaction to the gambling of people they live with or love. This data is currently being analyzed.

Use of Cultural Resources and Ceremonies in Community Development

In the early 1970s, alcohol and drug education programs were started in communities to break the denial at the community level. As a result of awareness workshops on community addictions and family healing, within a few years many treatment programs were initiated in response to the problem of alcohol and drug addiction. The challenge now is to treat an addiction, gambling, which the communities do not necessarily see as having the same ramifications as alcohol and drug addiction.

It is important to know how much time is spent in assisting people to utilize cultural resources to deal with unresolved grief in the health care system and recovery programs. What percentage of program design is allocated to using traditional resources and ceremonies to deal with grief? And do these resources and ceremonies tend to be used in times of death only, or is their power recognized for use in grief and loss as well?

The combined use of traditional and western healing resources is illustrated by the example of a friend of the author. He is in recovery from alcohol, and recently had a leg amputated due to diabetes. In order for him to continue in his recovery, he used the following traditional methods for support and healing: accessed sweat lodge ceremonies to help him heal from his surgery; utilized his peers as resources to hold ceremonies with him, not for him, as he is an Elder within our cultural group; accessed community and family for support concerning his loss of mobility, his move into a wheelchair, physical rehabilitation and utilized traditional herbs to assist with the healing process. He continues to assist others and reads literature on gambling addictions that helps ensure his road to recovery. The use of western medicines combined with traditional healing approaches helps to balance his journey to recovery.

Conclusions

Increased levels of education, employment, sobriety, and traditional approaches to social problems are successes to be celebrated by the many people who have been instrumental in developing a firmer cultural and social foundation on which to build a healing and

healthy community. Yet the questions remain: how can we utilize the resources we have gathered for recovery from drugs and alcohol to address the problem of gambling addiction? This is especially problematic because gambling addiction is not yet seen as a health, economic, social or child welfare issue, and many of our addictions counsellors are problem gamblers themselves.

The Nechi Institute is currently designing a comprehensive education program on gambling addiction for communities and a separate one for counsellors. Added to these programs are sections on money management to address the severe problems some of the trainees encounter, and the problem of dealing with grief, loss and pain through excessive spending. This program is funded by the Alberta Government; the research discussed here was funded by the Alberta Lotteries Commission via the Alberta Alcohol and Drug Abuse Commission.

Native communities must build on their current successes in alcohol and drug recovery, and deal with these new challenges with volition, vision and guidance of our Teachers within our cultural communities, in partnership with mainstream resources. This must be done with the eye of the eagle and the spirit of the mouse, so that we may continue to see things up close, and yet see the whole picture as it unfolds by drawing on both strengths within our Nations.

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