Charity Casino Impact Study

Report Of The Pre-Opening Survey In Three Communities

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Ontario Substance Abuse Bureau
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Part 1: Charity Casinos and the Charity Casino Impact Study

In the spring of 1998, the Government of Ontario announced plans to create four new "charity casinos" in selected locations across the province where a community referendum had supported this initiative: Sault Ste. Marie, Brantford, Point Edward and Thunder Bay. Smaller than the existing "commercial casinos" at Windsor and Niagara Falls, and with a lower maximum number of table games and slot machines, the charity casinos were designed to replace the roving "Monte Carlo" casinos which had operated in various locations throughout the province and raised funds for participating charitable organizations.

The Charity Casino Impact Study is designed to monitor the social and economic effects of introducing these four new charity casinos. (In addition, the Study will examine the effects of the introduction of 450 slot machines into Hiawatha Horse Park in Sarnia, which is adjacent to the Point Edward site, since it was recognized that it would be impossible to separate the effects of the Point Edward casino from those of the Hiawatha expansion.) This Study, funded by the provincial Ministry of Health Substance Abuse Bureau, will track data on a wide range of socio-economic conditions in the four communities, obtain opinion and impressions from a wide range of community members, and facilitate community discussions of the opportunities and challenges created by the new charity casinos. The basic design of the Study is a comparison over time of the trends in social and economic factors in the communities before and after the arrival of the new gaming opportunities embodied in the new charity casinos (and slot machines at Hiawatha Horse Park).[1] The Study draws on both existing data on social and economic factors, and new information created specifically for the research.

This report is the first in a series of reports due to come out of the Charity Casino Impact Study. It is divided into three parts:

Part One- this Introduction

Part Two – Survey Results

1. As of this writing, only the charity casinos in Sault Ste. Marie and Brantford, and the slot machines at Hiawatha Horse Park have been opened. For the sake of simplicity, the text of this Report will normally refer only to the new charity casinos, although in Point Edward/Sarnia, it is to be understood that this includes the slot machines at Hiawatha Horse Park.

In the weeks prior to the opening of the casinos (or slot machines at Hiawatha Horse Park), the researchers engaged a professional survey firm, Consumer Contact, to administer a questionnaire to over 1000 residents in each community (the Thunder Bay survey is expected to be administered some time in 2000). The survey asks about perceptions of the community prior to the charity casino, expectations regarding the impact of the charity casino, and gambling habits. About two years following the administration of this survey in each community, a second survey will occur, which will allow the researchers to compare perceptions and reported gambling patterns to those prior to the charity casino arrival.

Part Three – Socio-Economic Indicators

Part Three presents summary data on a series of socio-economic indicators in each community during the “Pre-Opening Period” – before the charity casino opened. It is intended to reflect the patterns observed in certain social and economic factors before the arrival of these new “gaming opportunities”. These patterns, occurring in the five years prior to each charity casino opening, will later be contrasted to patterns observed in the years following each opening.

In so doing, this report permits community members and government officials at all levels to have a record of reported perception and gambling behaviour, as well as the available information about the social and economic well-being of the community during the five years prior to the opening of the new gaming opportunities. Such information not only establishes a basis for later comparisons with the “post-opening” patterns, but also allows all concerned to consider what further information should be made available in the years to come, and to begin a process for deciding how to use that information, now and in the future.

Part 2: Survey Results

Chapter 1 : Survey Objectives and Design

1.1 Objectives of the Survey

The Survey which is the subject of this Report is one example of a new data base created for the purpose of the Study. The Survey has two principal objectives:

- to measure changes in the prevalence of problem and pathological gamblers in the population of each community, before and after the introduction of charity casinos; and

- to assess residents' perceptions of economic and social conditions in their communities and measure the expectations which residents have concerning the impact which the new gaming opportunities will have on those conditions; and later, to assess any changes in those perceptions which may have occurred after the charity casino/racetrack slot machines have been in place for some time.

The Pre-Opening Survey for the Charity Casino Impact Study has been completed in three out of four of the pilot communities (Brant County, Lambton County and Algoma District). The intention is to complete the Pre-Opening Survey in the remaining community (Thunder Bay) shortly before the actual opening of the new charity casino, currently projected for the late spring or early summer of 2000. About two years following the opening of the new charity casinos in each community, the Survey will be re-administered in order to assess changes in perceptions and opinions. (No decision has as yet been made as to the precise interval which will occur between the two surveys.)

In addition, the Survey will track any changes in peripheral health issues, including smoking, alcohol consumption and exercise patterns, and will assess changes in residents' perceptions of the relative frequency and seriousness of various types of addictive behaviours, including pathological gambling.

1.2 Design of the Survey

The Survey is divided into four parts. The final wording of the Survey instrument was arrived at through discussions with interested members of the communities and provincial government officials.

Part One asks at least[2] 250 adults (i.e., persons 18 years of age or older) in each community about their perceptions of their community and their expectations about how the new charity casinos will affect these and other conditions.

Part Two asks at least 1041 adults in each community about their gambling behaviour in the past twelve months. Respondents who answered the questions in Part One were eligible to go on to answer the questions in the subsequent Parts of the Survey. The questions contained in Part Two are derived from the South Oaks Gambling Screen (SOGS), an instrument widely used for assessing the prevalence of problem and probable pathological gamblers. The sample size of 1041 was derived using the formula for inverse sampling for a rare event; that is to say, since previous research suggests that the percentage of problem and pathological gamblers in the general population is relatively small, it is important to interview a sufficiently large number of people in order to be confident of obtaining a sound estimate of the actual number in each community.

Part Three asks at least 1041 residents in each community questions about certain health-related aspects of their lifestyle, such as smoking and exercise. These questions were worded to correspond with selected questions on the Ontario Health Survey (Ontario, Ministry of Health, 1990, 1995), an instrument administered every five years across Ontario. Their purpose is two-fold: to answer questions about any association between these lifestyle habits and gambling habits; and to assess any changes which may occur in the overall patterns of these health-related factors in the population over time.

Part Four asks all respondents to answer certain questions about themselves, such as their age, income, and educational level. The average interview length for all Parts of the Survey was 20 minutes. For those who answered only Parts Two through Four, the average interview length was 10 minutes.

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2. In some cases, more than 250 responses to Part One were collected. This is a result of the use of multiple interviewers, who are instructed to continue interviewing until at least 250 responses in total are collected; occasionally, a few more interviews have been completed before it is apparent that the 250 total has been reached.

1.3 The Survey Method

The Survey was administered by telephone by interviewers under the supervision of Consumer Contact, a professional survey research firm based in Toronto. The dates of administration were chosen in order to have the interviews take place a few weeks before the expected opening date of each charity casino (or, in the case of Lambton County, the slot machines at Hiawatha Horse Park). In Algoma District, interviews took place from April 15-27, 1999. In Lambton County, interviews took place from April 15-28, 1999. In Brant County, interviews took place from August 3-11, 1999.

Respondents were obtained via random digit dialing in each community. In order to avoid any biasing of the sample from the household members most likely to answer the telephone, interviewers asked to speak to the adult member of the household who had had the most recent birthday. If that person was not available, interviewers called him or her back later, up to a maximum of five times, until an interview could be conducted.

The rate at which households and individual respondents decline to participate in a survey is of interest in surveys of this type. In the current Survey, among the households answering, 33% refused to participate. A further 20% refusals were given by the individual with the next birthday, once s/he had gotten on the line. Once the interview had begun, another 2% of individuals broke off the interview before completion. This yields a final refusal rate of 55% for all three community surveys combined. The rate varied somewhat by community: 53% in Algoma, 57% in Lambton County, and 56% in Brant. This refusal rate may be compared to rates for similar surveys which have been reported as low as 24% (Iowa) and as high as 75% (British Columbia); a recent Alberta study had a 50% refusal rate.

Responses were weighted for age and gender to ensure that the results would parallel the patterns in the overall population at the last census.

Chapter 2 : Previous Research on the Prevalence of Problem and Pathological Gambling

As noted above, the first of the Survey's key purposes is to measure any differences which may occur in the prevalence of problem and pathological gambling prior to the opening of each new charity casino and after the charity casino has been open for some time.

Most previous research into the prevalence of problem and pathological gambling has made use of the South Oaks Gambling Screen (Lesieur and Blume, 1987), which is based on the Diagnostic and Statistical Manual of the Amercian Psychiatric Association (Third Edition, 1987). The SOGS is a 20-item screen which was developed in a clinical setting in order to assist treatment personnel in assessing people who seek help with their gambling. The scored items on the screen ask about the problems which the respondent's gambling may be causing in his/her life, such as having to borrow money from various sources or arguing with significant others about the amount of gambling s/he is doing. A revised version is available for use with adolescents. The SOGS can be adapted to measure either the "lifetime" presence of difficulties with gambling, or (as in the current Survey) the "current" presence of difficulties with gambling – that is, difficulties experienced over the past 12 months. Tallied scores on the SOGS are, in North America, generally scored to suggest either the absence of any difficulties with gambling (score of 0 to 2); a problem gambler (score of 3 or 4) – someone who is experiencing some difficulties in life as a result of gambling, but not to a serious degree; or a probable pathological gambler (score of 5 or more) – someone with significant life problems stemming from an inability to control his/her gambling.

Various criticisms have been offered of the SOGS as an instrument for use in surveys of the general population, most of them centering on its origins as a tool for clinical uses. Indeed, the reliability of the SOGS as a measure of prevalence in the general population is still something of an open question. Nonetheless, the SOGS is without question the most widely used and tested instrument available, and by virtue of this fact, its use permits useful comparisons with other research.

Compared to other fields of research dealing with compulsive behaviours, gambling studies still number very few. Nonetheless, SOGS-based research with adult populations of various jurisdictions in North America have shown "current" rates of problem and pathological gambling which are in a fairly consistent (with some exceptions) combined range of three to five percent. However, large numbers of questions remain unanswered, including the degree of correspondence between lifetime and current rates.

Several Canadian studies are available. A 1993 survey of 1200 Ontarians (Insight Canada, 1993) suggested that 7.7% of the sample were currently problem gamblers, and another 0.9% were probable pathological gamblers. A later survey of 1031 Ontarians (Ferris et al., 1996) showed a rate of problem gambling of 1.9% and probable pathological gambling of 1.6%. A 1993 survey (Gemini Research and Angus Reid, 1994) of 1200 British Columbia adults showed current rates of 2.4% problem gamblers and 1.1% pathological gamblers. A survey of 1803 adult

Albertans (Smith, Wynne and Volberg, 1994) suggested a current problem gambling rate of 4.0% and pathological gambling rate of 1.4%. In New Brunswick, a study (Baseline Market Research, 1992) based on 800 adults yielded current rates of 3.1% for problem gamblers and 1.4% for pathological gamblers. A 1996 survey in Nova Scotia (Nova Scotia Gaming Control Commission, 1996) suggested current rates of 2.8% problem gambling and 1.1% pathological gambling. A Quebec study (Ladouceur, 1992) of 1002 adults surveyed in 1989 reported lifetime problem gambling rates of 2.6% and pathological gambling rates of 1.2%. Studies have also been conducted in at least sixteen American states, with similar results (Victorian Casino and Gaming Authority, 1997), and a national study in the U.S. was recently conducted by the National Opinion Research Center (NORC,1999) for the National Gambling Impact Study Commission struck by the U.S. Congress.

Most studies of the relationship between gaming opportunities and rates of problem and pathological gambling have examined the differences in such rates between jurisdictions with greater and lesser legalized gambling opportunities (e.g., Volberg, 1994). NORC (1999), using a combination of telephone survey and casino patron surveys, concluded that “the availability of a casino within 50 miles (versus 50 to 250 miles) is associated with about double the prevalence of problem and pathological gamblers”.

Some studies have examined prevalence rates before and after the introduction of large new gaming opportunities, however. Emerson and Laundergan (1996), measuring four-year differences over a period of significant gambling expansion in Minnesota, found that the problem gambling rate increased from 1.6% to 3.2%, and the probably pathological gambling rate increased from 0.8% to 1.2%. Frisch and Govoni (1999; summary conclusions available only) measured differences four years after the opening of the commercial casino at Windsor, Ontario, finding a large increase in the proportion of the Windsor population who gamble (from 66% to 82%), and an increase in the level of problem gamblers (from 1.5% to 1.6%) and pathological gamblers (from 0.8% to 1.4%) within the gambling population. Comparisons between the new charity casinos and these “commercial casinos” and their effects must be made with care because of the differences in size – 450 slot machines and 12-40 gaming tables at the charity casinos, as compared to 2000-3000 slot machines and over 100 gaming tables at the commercial casinos.

Chapter 3 : A few notes about the text

In the text which follows, if a small percentage of respondents declined to answer, said “don’t know”, or gave a neutral (e.g., “yes *and* no”)response, that response is not specifically noted. As a result, totals of percentages cited do not always add to 100%. However, questions in which a higher percentage of respondents gave such an answer are noted.

Chapter 4 : Format of the Survey Results

The following Chapters summarize the results of the Survey for all three of the study communities, distinguishing where relevant among the results seen in each community. Chapter 5 discusses the findings regarding the perceptions which community members have of their community and their expectations of how the new charity casino will affect the community and the conditions in it. Chapter 6 discusses the findings regarding gambling behaviour and current rates of problem and pathological gambling.

Chapter 5 : Perceptions and Expectations of the Community and the Charity Casino Impact

The Survey asks at least 250 respondents in each community to discuss their perceptions of how well the community is faring along various social and economic dimensions, whether they believe the introduction of the new charity casino will have an impact on these conditions, and if so, what the nature of the impact will be.

5.1 Perceptions of Current State of the Community

The Survey first asks respondents to rate how well they believe their community is currently faring on six economic factors and five social factors, as compared to other similarly-sized communities in Ontario. This approach will allow for later comparisons with perceptions of the community’s health after the charity casino has been operating for some time. The factors

queried in this way were chosen both to reflect overall community perceptions, and to match what was believed to be the most salient social and economic factors which have (rightly or wrongly) been linked in many people's minds to the creation of a significant new gaming opportunity.

Thus, on the economic side, the factors queried concern:

- the availability of jobs (since, for example, casinos must hire staff),
- the standard of living in the community,
- the funds available to the municipality to provide an adequate level of service (since the municipalities which are hosting the new facilities will receive direct monetary compensation to cover such additional expenses as police service, and may experience other effects from the presence of the facility),
- the economic well-being of tourism businesses (since some tourism may be generated by the presence of the charity casino),
- the economic well-being of non-tourism businesses (possible economic impacts such as employee absenteeism or spin-off businesses), and
- the creation of new investment or businesses.

On the social side, the factors queried concern:

- the number of people having trouble controlling their gambling (since new gaming opportunities may create new problem gamblers),
- the quality of family life and the time families spend together,
- people's sense of pride in their community (the charity casino may, for example, give life to a section of the community which has been fallow),
- how much charities do for the well-being of the community (since the presence of the new facilities may affect such things as the number of people requiring assistance, or the revenues from charities' traditional fund-raising sources , such as bingos), and
- moral values (since many people either have ethical objections to gambling or associate it with other lapses in morals).

5.2 Perceptions of the Economy

The results indicate that **on what is probably, for most people, the most significant indicator of the economic health of a community, "the availability of jobs", respondents are concerned about their community; in Algoma, residents are very concerned.** Two out of five Lambton and Brant County residents rank their community below average (a 1 or a 2 on a 5-point scale) on this factor; in Algoma District, almost eight out of ten rank their community below average. (If the unemployment rate can be taken as a proxy for "the (un)availability of jobs",

figures at the last census suggest that Lambton and Brant have a higher unemployment rate (at 10.7% and 9.5%, respectively) and Algoma a much higher unemployment rate (at 13.4%) than the overall Ontario unemployment rate of 8.7%.[3])

On other economic factors, residents in Lambton and Brant County are less concerned, and about the same proportion of the population rate the community above average (4 or 5 on a 5-point scale) as below average among similarly-sized Ontario communities on other economic factors. The exception to this general pattern of responses is in standard of living, where two-thirds of Lambton County residents and half the Brant County residents, believe the standard of living in the community is above average. (The median household income in each of the three communities is lower than for Ontario as a whole, and in Algoma is significantly lower, but the cost of living is probably also lower than for the province as a whole.)

In Algoma, while almost half the respondents rate their community above average on standard of living, and 38% rate the well-being of tourism businesses above average, significantly more people believe the community's performance is below average on other economic factors than believe it is above average. Half of the Algoma respondents rated the community below average in the creation of new investment and business.

5.3 Perceptions of Social Well-Being

Regarding the current state of the selected social conditions in the community, most residents in each of the communities are positive. Although Brant County residents are slightly less positive overall, more than half the respondents in each community ranked their community above average on every social factor except "the number of residents having trouble controlling their gambling". On this latter factor, most people either could not hazard a guess or ranked their community about average. In each community, about a fifth of the respondents ranked their community below average and above average on this factor.

5.4 Expectations regarding the Charity Casino Impact

The next part of the Survey asks respondents about their expectations regarding the impact which the new gaming opportunities will have on their community. The responses to these questions are summarized in the tables which appear in Appendix A to this report. **Opinion on what to expect from the arrival of the new charity casino is deeply divided, and for the most part, there are no significant demographic differences which explain the variance in**

3. Statistics Canada, 1996 Census, Cat.No. 95-187-XPB.

opinion. That is to say, the findings do not point to any common characteristics which distinguish the individuals who are expecting a major impact, or are expecting an impact of a particular kind, from the individuals who disagree. For example, women do not differ significantly from men, or lower-income respondents from higher-income ones, in their views on most issues. Rather, the subject seems to invoke highly personal opinions across common characteristics.

Overall, about half the respondents in each community believe that the new charity casino will bring "no real change" to their community as a relatively "good place to live". In Brant County, the rest are divided equally between those who expect the charity casino to make the community "a better place to live" or a "worse place to live". In Algoma, 22% expect the change to make the community a worse place to live, and 18% expect it to make the community a better place to live. In Lambton County, significantly more respondents felt the change would mean a worse place to live – 29%, as compared to 19% who believe it will be a change for the better. Since many people in Sault Ste. Marie believe that Algoma is already experiencing "all the problems and none of the benefits" (as it is often phrased) from the nearby casinos across the international bridge to Michigan, these results suggest that Algoma residents are ambivalent about the trade-offs which they can expect. The significantly higher negative opinion in Lambton may be related to the double impact of both a new charity casino and the introduction of slot machines into Hiawatha Horse Park.

The most frequently expressed expectation of the overall economic impact of the charity casino is that it will be neither good nor bad, or will be a mixture of both. However, **more respondents in each community expect that the overall impact on the local economy will be positive than believe it will be negative.** A quarter of the respondents believe the overall economic impact will be negative, and 34 – 44% believe it will be positive. Algoma residents held the fewest positive expectations (34%) about the overall economic impact. This may be related to their greater concern about the severity of current economic conditions: it will take a great deal more to make a significant positive impact on their economy.

Table 1 : Percentage of Respondents Rating the Expected Overall Effect of the New Charity Casino on the Economic Well-Being of the Community

Rating	Lambton	Algoma	Brant
Very positive	13%	12%	16%
Somewhat positive	28%	22%	28%

Neutral/a mixture/don't know	33%	42%	33%
Somewhat negative	17%	17%	19%
Very negative	8%	7%	4%

The most frequently expressed expectation of the overall social impact of the charity casino is that it will be neither good nor bad, or will be a mixture of both. However, **more respondents in each community expect that the overall impact on social conditions will be negative than believe it will be positive.** About a quarter of respondents in each community are expecting an overall positive effect on social conditions, and somewhat more – from 26 to 33% – believe the effect will be negative.

Table 2 : Percentage of Respondents Rating the Expected Overall Effect of the New Charity Casino on the Individual and Social Well-Being of People in the Community

Rating	Lambton	Algoma	Brant
Very positive	8%	7%	8%
Somewhat positive	17%	15%	14%
Neutral/a mixture/don't know	42%	51%	44%
Somewhat negative	22%	18%	22%
Very negative	11%	9%	8%

Beyond these highly generalized expectations, however, a large proportion of the respondents in each community are expecting the new gaming opportunities to have an impact on specific conditions. In particular, **there are high expectations in all three communities concerning the positive impact which the charity casino will have on the availability of jobs and the well-being of the tourism industry**. More than eight out of ten respondents in Brant and Lambton, and more than seven out of ten respondents in Algoma are expecting an impact in these areas, most of it positive. At least half of the respondents in each community are also expecting a positive impact on the creation of new investment or businesses, the economic well-being of non-tourism businesses, and the funds available to the municipal government.

Table 3 : Percentage of Respondents who are Expecting an Impact on Selected Factors, and Percentage of those Respondents Who Expect the Impact to be Positive						
	Pct. Expecting an Impact			Pct. of Those Expecting an Impact who think the Impact will be Positive		
	Lambton	Algoma	Brant	Lambton	Algoma	Brant
ECONOMIC FACTORS						
Availability of jobs	88	71	86	76	61	91
Tourism Business	89	79	83	73	68	89
New Investment or Business	69	60	73	54	49	86
Non-Tourism Business	71	69	71	54	51	80
Municipal funds	65	63	70	51	51	78
Standard of living	69	54	64	34	27	51
SOCIAL FACTORS						
Problem Gamblers	78	66	72	4	2	3
Charitable works	74	71	73	45	48	65
Pride in the Community	63	52	57	37	36	50
Family life	63	52	53	4	5	2
Moral values	62	57	58	12	11	22

On the social side, more people are expecting a positive effect than are expecting a negative effect on “people’s sense of pride in their community” and “how much charities do for the well-being of the community”. However, **significantly more respondents in each community are expecting a negative impact on the number of problem gamblers, the quality of family life, and moral values.** Finally, a large number of people do not know what to expect on the social side, or are expecting mixed results.

In each community, among a list of groups provided, respondents were most likely to believe that **the group which will be most affected by the new charity casino is people at lower income levels**. In terms of the effect on how safe it is to walk alone at night in the area, a large proportion of people in each community are undecided, but respondents are more likely to believe that the new charity casino will **make the area less safe** than to believe it will make the area safer. In response to an open-ended question about additional impacts, few people raised further issues, but the most common new concern raised was over increased crime and traffic congestion.

Finally for this part of the Survey, respondents were asked about their **perceptions of the frequency and seriousness of compulsive gambling, tobacco smoking, drug addiction, and alcoholism**. These questions are principally for later comparison to responses in the Post-Opening Survey. However, it is interesting to note that most respondents think compulsive gambling is about as common as drug addiction, and considerably less common that alcoholism and tobacco smoking; and that most respondents ranked compulsive gambling third or fourth among the list of four in terms of the severity of its impact on people's lives.

Chapter 6 : Gambling Behaviour in the Three Communities

6.1 The South Oaks Gambling Screen

The South Oaks Gambling Screen (SOGS) was administered to at least 1041 respondents in each community. The SOGS begins with general questions about people's recent gambling behaviour, then proceeds to a series of questions about possible problems in their lives which may be related to gambling. These latter questions are scored to yield estimates of the prevalence of "problem" and "probable pathological" gamblers in the population.

6.2 Types of Games and Frequency of Play

The SOGS asks respondents to indicate which types of gambling they have engaged in during the past year, and how often. The results from the three communities (summarized in) suggest that gambling is an activity which is common to a large portion of the population, and for significant numbers in the population is engaged in with a high degree of frequency. However,

for most people, as will be seen below, gambling does not present any apparent problems in their life.

Fixed-date lotteries and instant-win tickets are the most commonly played games in each of the communities. Close to two-thirds of the population in each community have bought fixed-date lottery tickets in the past year, and almost half of those who did, said that they bought them once a week or more. Instant-win tickets were also purchased by about half the respondents in each of the three study communities, and between a quarter and a third of those who said they had purchased them, did so once a week or more frequently. Other types of gambling are considerably less common.

In an attempt to determine how many respondents engage in *any* form of gaming on a frequent basis, the responses on frequency of play were combined for all forms of gaming. When fixed-date lotteries, the most commonly and frequently played game, are included in this analysis, it is seen that 20% of all respondents engage in at least one form of betting once a week, and 18% engage in at least one form more than once a week. When fixed-date lotteries are excluded from this analysis, it is seen that 13% of respondents bet on some type of game once a week, and 10% do so more than once a week. When both fixed-date lotteries and instant-win tickets are excluded, there still remain 5% of respondents who gamble once a week, and 5% who gamble more than once a week. The results of this combined analysis differ little across the three study communities, and not to a level of statistical significance.

One of the criticisms which has been offered of the SOGS (e.g., Ferris, Wynne and Single, 1999) is that it is possible to score as a problem or even pathological gambler even if one gambles infrequently. However, in practice this may not be a common pitfall in the SOGS. Frequency of play was found in this Survey to be highly correlated with problem and pathological gambling, as estimated through the SOGS.

An analysis of frequent players was performed using the combined results for all three communities. With the exception of stock market players and fixed-date lottery ticket buyers, those respondents who indicate that they play a particular game or engage in a particular betting activity once a week or more are significantly more likely to score as a “problem” or “probable pathological” gambler on the SOGS than are those who indicate that they play that game less often (or, of course, that they do not play at all). This includes players of cards, bettors on horse or dog races and the like, other sports bettors, dice games players, casino patrons, “instant-win” ticket buyers, bingo players, those who play games of skill (such as pool or golf) and bet on their own performance, and players of slot machines and VLTs.

6.3 Casino Visitors

There are interesting differences in the demographic characteristics of frequent (i.e., once a week or more) players of particular games. Of the eleven types of games surveyed, for example, bingo players are the only gamblers who are significantly more likely to be women. Stock market players are the only group who are significantly more likely to have attained an educational level beyond high school graduation.

Of particular interest for the current study, however, are those respondents who indicated that they had visited a casino over the past 12 months, since the introduction of a casino into the three study communities may have a stronger impact on people who share their characteristics. Virtually all of the casino attendees in the sample would have attended a commercial casino in the U.S. or Canada. These must be distinguished from the new charity casinos, which are or will be smaller (450 slot machines and 12-40 games tables) than the commercial casinos, which have considerably more slot machines and games tables.

In Lambton County, 22% of respondents had visited a casino in the past year, the vast majority of them (91%) “less than once a month”. In Algoma District, 36% of respondents had visited a casino in the past year, 68% of them “less than once a month”. (This difference is not surprising, given the presence of an American casino within a twenty-minute drive across the international bridge from downtown Sault Ste. Marie.) In Brant County, 28% of respondents had visited a casino in the past year, 86% of them “less than once a month”. Responses for play on slot machines and VLTs were slightly lower but followed the same pattern across the three communities. These patterns for casino attendance are summarized in Table 4.

Figure 1: Participation In Gambling

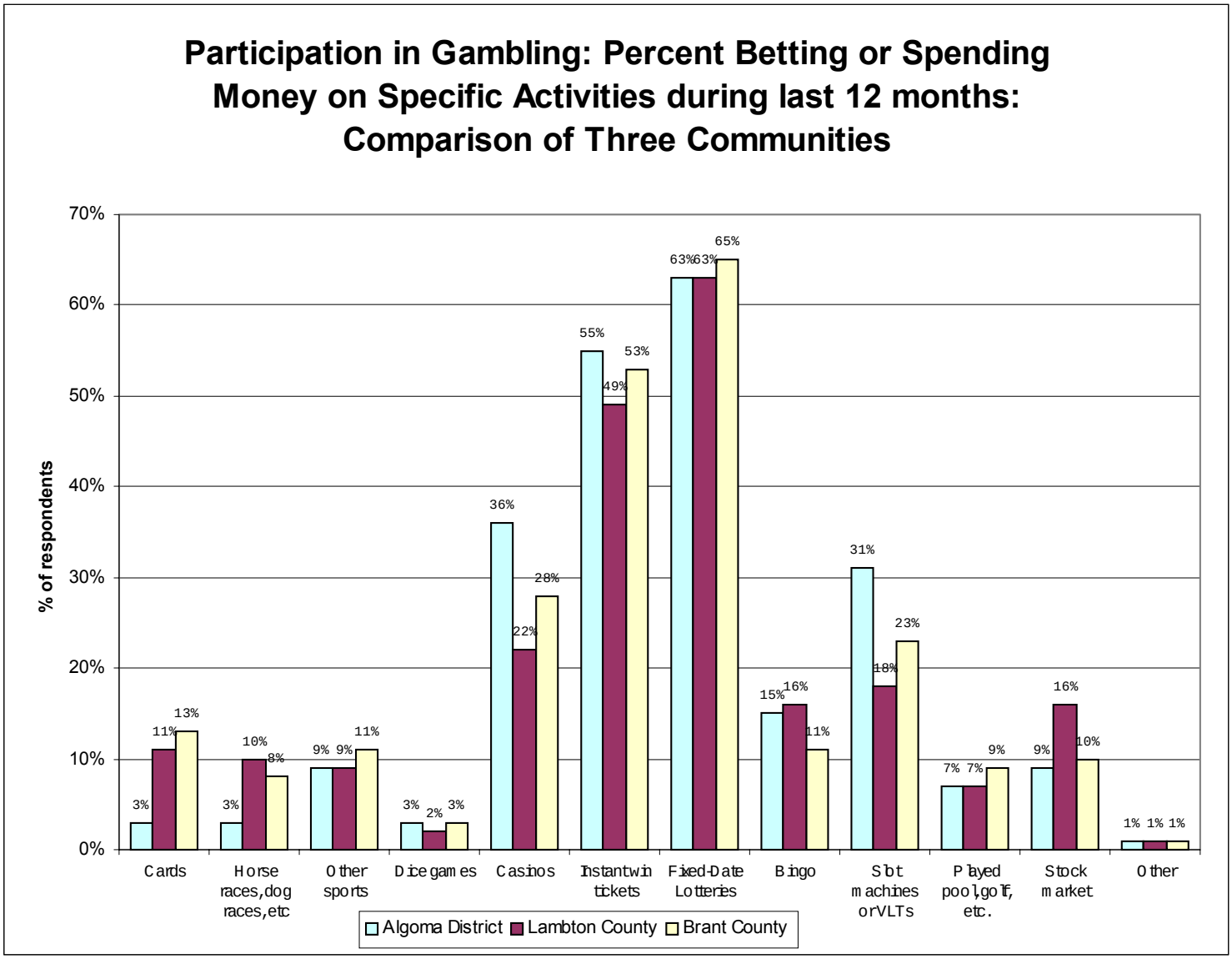


Table 4 : Percentage of Respondents who had Visited a Casino in the Past Year, and Frequency of Attendance among Visitors, for Lambton County, Algoma District and Brant County					
	Pct. of Respon-dents who had Visited a Casino	Frequency of Visits for those who had Visited a Casino			
		Once a Week or More	2-3 Times a Month	Once a Mont h	Less than Once a Month
Lambton County	22%	3%	1%	5%	91%
Algoma District	36%	9%	9%	14%	68%
Brant County	28%	3%	1%	10%	86%

The characteristics of those 43 respondents in the combined samples who stated that they had been frequent casino visitors (i.e., once a week or more) were studied. The *frequent* casino visitors were significantly more likely than all other respondents to be male, to have less education (high school graduation or less), to be single (never married), and to be working only part-time or not at all (whether by reason of being out of work, retired, in school, a homemaker, or other reasons). Frequent casino visitors were also significantly more likely to be from the Algoma District than from Lambton or Brant County. For the combined samples, 33 out of the 43 (or 77%) of the frequent casino visitors scored less than 3 on the SOGS, indicating that they were not problem gamblers. Four scored as problem gamblers and six as probable pathological gamblers.

6.4 Expenditures on Gambling

The amounts which respondents indicated they had spent on gambling in the past month suggest that – assuming the month queried was typical – about three in ten people spend nothing on gambling in a typical month. Another three in ten (28%) spend between $10 and $49 in a typical month, slightly more than those (25%) who spend less than $10. One in ten spend between $50 and $99, and fewer still spend higher amounts (see Table 5). One percent said they did not know how much they had spent.

The SOGS also asks people to estimate how much they spent in the past year on gambling. In every community, this was lower than what one would expect from looking at the amounts given for the past month.

Table 5 : Expenditures on All Forms of Gambling in Past Month, Combined Sample

Amount Bet in Past Month	Percentage of Respondents
Nothing	29
Less than $10	25
$10 - $49	28
$50 - $99	9
$100 - $199	5
$200 - $499	2
$500 or more	2
Don't know/missing	1

For the combined samples in three communities, and in Brant (but not in Lambton or Algoma), there was a statistically significant relationship between the amount spent on gambling in the previous month, and total household income: in general, people at higher income levels spend more on gambling than do those at lower income levels. The direction of this finding is contrary to the expectations of some of the previous gambling research. On the other hand, if expressed in relationship to the total disposable income of each gambler, the amount spent by people at lower-income levels may of course be proportionately higher than for people at higher-income levels. In terms of absolute spending and income levels, however, the relationship is statistically significant (chi-square = 41.138, df = 20, significance = .004).

6.5 Rates of Problem and Pathological Gambling

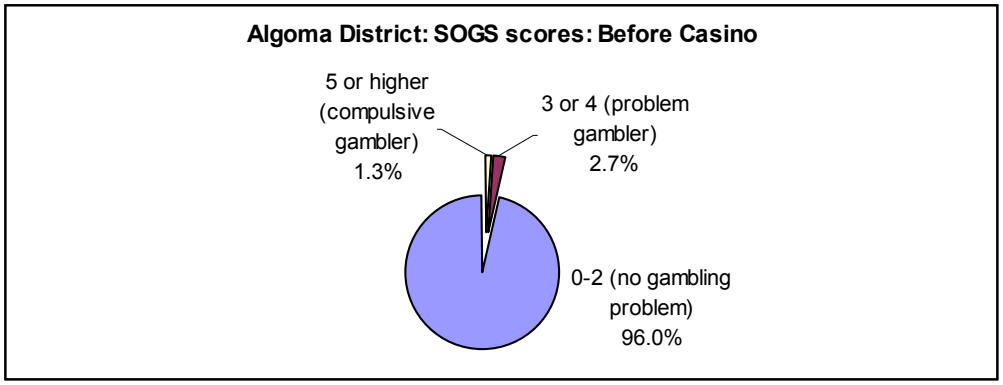
The tallied SOGS scores for each of the communities were within the ranges which one would expect from previous research in Canada and North America generally. The following rates were observed, weighted[4] for differences in gender and age patterns between the sample and the general population of each community at the last census:

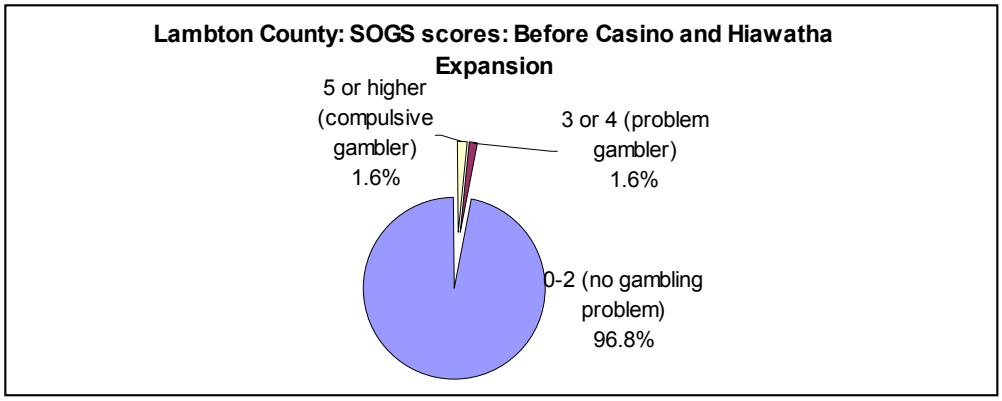
Table 6 : Rates of Non-Problem, Problem and Probable Pathological Gamblers, Algoma District, Lambton County and Brant County			
Total SOGS Score	**Number and Percentage of Respondents, Weighted for Age and Gender**		
	Lambton County	Algoma District	Brant County
Score of 0-2 (no problem)	1012 96.7%	1008 96.0%	1018 97.2%
Score of 3-4 (problem gambler)	17 1.6%	28 2.7%	18 1.7%
Score of 5 or more (probable pathological gambler)	17 1.6%	14 1.3%	11 1.0%
Combined rate for problem and probable pathological	3.2	4.0	2.7
Total	1046	1050	1047

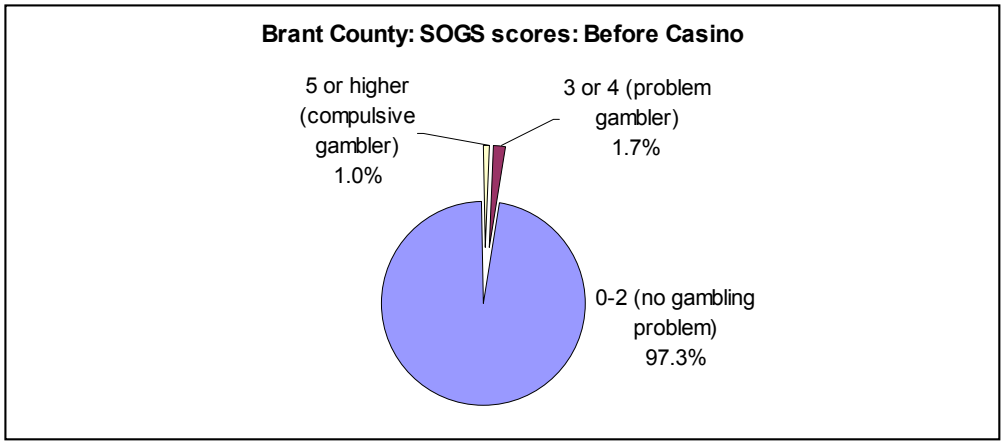
For the combined problem and pathological rates, the 95% confidence interval is +/- 0.63. The differences in observed rates among the three communities are not statistically significant – there is a one in three probability they could occur by chance.

4. The unweighted percentages are very similar: 17 and 17 out of 1047 in Lambton; 26 and 13 out of 1050 in Algoma; and 17 and 10 out of 1047; and 17 and 10 out of 1047 in Brant.

Figure 2 : SOGS Scores for Lambton County, Brant County and Algoma District







6.6 Characteristics of Problem and Probable Pathological Gamblers

The problem-gambling literature is rich with suggestions regarding the types of people who are more likely to be, or to be "at risk" of becoming, problem or pathological gamblers (see, e.g., Volberg, 1993; Ferris et al., 1996; NORC, 1999). Thus, from some studies it would appear that men are more likely to gamble excessively – although more recent studies may suggest that women are "catching up". In the U.S., it has been suggested that African-Americans and Native Americans' rates of gambling are higher than for white Americans. Younger people would appear to be at higher risk of developing problems as a result of their gambling – although the literature is divided as regards the age splits which make the greatest differences. Less educated persons may be more likely to be problem gamblers – but other studies suggest that college students and college graduates may be more at risk to develop into problem gamblers. Some researchers have found a link between income levels and gambling, suggesting people at lower income levels are more likely to develop gambling problems – although people with more disposable income to gamble with may spend more of it proportionally on gambling. Some experts believe that people who gamble to excess also drink more alcohol and abuse drugs – although others point out that "serious" gamblers prefer to stay sober and sharp. In short, it is probably fair to say that the available research does not yet provide a definitive picture of the problem or probable pathological gambler, and how s/he differs from the population at large.

In the following analysis, the unweighted results from all three communities have been combined because the small numbers of probable problem and pathological gamblers in any one community is too small to provide for separate analyses. For the sake of simplicity, missing values (e.g., cases in which the respondent refused to give their age) are not included in the tables. This accounts for the varying totals in different tables. Although an attempt was made to examine the relevance of the ethnic or cultural background of the respondents, a very high proportion (45%) of the respondents stated – as expected – that they were simply "Canadian" and another 12% refused to answer questions about their ethnic or cultural background.

6.6.1 Age

Table 7 displays the age breakdowns of the problem gamblers, probable pathological gamblers, and respondents from the three communities whose SOGS score suggests they do not have a problem with gambling. The pattern suggests that, for the samples from the three Ontario communities, more problem gamblers are likely to appear in younger age ranges.

Table 7 : Age Breakdowns for Non-Problem, Problem and Probable Pathological Gamblers, All Three Communities Combined					
SOGS Score	**Age Range, Number and Percentage of Respondents**				
	18 to 34	**35 to 49**	**50 to 64**	**65+**	**Total**
0-2 (Non-Problem Gambler)	781 94.9%	1138 97.3%	702 97.6%	405 98.3%	3026 96.9%
3-4 (Problem Gambler)	23 2.8%	22 1.9%	10 1.4%	3 0.7%	58 1.9%
5 or more (Probable Pathological Gambler)	19 2.3%	10 0.9%	7 1.0%	4 1.0%	40 1.3%
Total	823 100.0%	1170 100.1%	719 100.0%	412 100.0%	3124 100.1 %

For probable pathological gamblers, however, the same rates can be observed across all age groupings, with the exception that persons aged 18 to 34 are more likely to be probable pathological gamblers. These differences are “statistically significant” – they would be highly unlikely to occur by chance (chi-square = 17.339; df = 6; significance of .008).

When the sample is broken simply into respondents under 35 years of age and those 35 years and older, this difference is even more significant (at the .001 level): people under 35 had a 2.8% problem gambling rate and a 2.3% probable pathological gambling rate, as compared to 1.5% and 0.9% for those age 35 or older.

6.6.2 Gender

Gender differences were also explored. Table 8 shows that the rates of probable pathological gambling are virtually identical for men and women, while 2.5% of the male respondents scored as a problem gambler, as compared to 1.5% of the female respondents. These differences are not statistically significant.

Table 8 : Gender Breakdowns for Non-Problem, Problem and Probable Pathological Gamblers, All Three Communities Combined			
SOGS Score	**Gender, Number and Percentage of Respondents**		
	Men	**Women**	**Total**
0-2 (Non-Problem Gambler)	1215 96.3%	1829 97.2%	3044 96.8%
3-4 (Problem Gambler)	32 2.5%	28 1.5%	60 1.9%
5 or more (Probable Pathological Gambler)	15 1.2%	25 1.3%	40 1.3%
Total	1262 100.0%	1182 100.0%	3144 100.0%

6.6.3 Marital Status

Single people have often been identified as being at greater risk for becoming problem gamblers. The results from the three-community analysis confirms this suggestion. As indicated in Table 9, people who have never married have a combined problem/pathological gambling rate of 5.6%, as compared to married (including common-law) people and those who are divorced, separated or widowed. These differences are statistically significant (chi-square = 16.423, df = 4, significance = .003).

Table 9 : Marital Status Breakdowns for Non-Problem, Problem and Probable Pathological Gamblers, All Three Communities Combined				
SOGS Score	**Marital Status, Number and Percentage of Respondents**			
	Single, Never Married	**Married or Common Law**	**Separated, Divorced, Widowed**	**Total**
0-2 (Non-Problem Gambler)	586 94.4%	1914 97.5%	506 97.5%	3006 96.9%
3-4 (Problem Gambler)	20 3.2%	30 1.5%	7 1.3%	57 1.8%

5 or more (Probable Pathological Gambler)	15 2.4%	19 1.0%	6 1.2%	40 1.3%
Total	621 100.0%	1963 100.0%	519 100.0%	3103 100.0%

6.6.4 Education

Much previous research has also suggested that those who have attained a lesser degree of educational achievement are at greater risk for becoming problem gamblers, although some research has expressed concerns about college students. Table 2.10 reflects completed educational levels (i.e., does not reflect whether the respondents is currently a student). There are significant variances with education – those who have gone no further than high school have higher rates than those who have obtained more education – and these differences are statistically significant (chi-square = 6.606, df = 2, significance = .037).

Table 10 : Education Breakdowns for Non-Problem, Problem and Probable Pathological Gamblers, All Three Communities Combined

SOGS Score	Highest Educational Level Attained, Number and Percentage of Respondents		
	High School or Less	Some university or Community College	Total
0-2 (Non-Problem Gambler)	1510 96.1%	1487 97.6%	2997 96.8%
3-4 (Problem Gambler)	34 2.2%	25 1.6%	59 1.9%
5 or more (Probable Pathological Gambler)	27 1.7%	12 0.8%	39 1.3%
Total	1571 100.0%	1524 100.0%	3095 100.0%

6.6.5 Alcohol Consumption

Previous research (e.g., Custer and Custer, 1978; Lesieur, Blume and Zoppa, 1986) has also identified possible "co-morbidity" questions – questions as to whether excessive gambling is likely to be associated with other activities such as the abuse of alcohol or drugs. The Survey asked respondents about their tobacco smoking, alcohol consumption and exercise habits. (It was decided not to ask about the consumption of recreational drugs, since previous survey research has suggested that telephone respondents are easily offended by such questions and may not answer honestly.)

Table 11 : Frequency of Alcohol Consumption for Non-Problem, Problem and Pathological Gamblers, All Three Communities

SOGS Score	Frequency of Alcohol Consumption, Number and Percentage of Respondents						
	Every Day	2-5 Times a Week	Once a Week	Once or Twice a Month	Less than Once a Month	Never	Total
0-2	106 98.1%	488 95.3%	406 96.9%	582 97.0%	981 97.2%	373 97.9%	2936 96.9%
3-4	1 0.9%	14 2.7%	9 2.1%	11 1.8%	17 1.7%	3 0.8%	55 1.8%
5 or more	1 0.9%	10 1.9%	4 1.0%	7 1.2%	11 1.1%	5 1.3%	38 1.3%
Total	108 99.9%	512 99.9%	419 100.0%	600 100.0 %	1009 100.0%	381 100.0%	3029 100.0%

Table 11 presents the results on alcohol consumption. The results are not statistically significant – they could have occurred by chance in this sample. However, it is interesting to note that those who drink every day and those who never consume alcohol have the lowest combined rates of problem and pathological gambling. But the second-highest rate of probable pathological gambling (1.3%) occurs in the group who stated that they never consume alcohol. This may reflect the fact that "serious gamblers" prefer to stay sober so they can stay sharp and "control" the situation better. Alternatively (or also), it may reflect that some of those who never drink do so because they are former practicing alcoholics who have substituted one compulsion for another.

It is also interesting that those who drink two to five times a week have the highest combined and separate rates. The nature and direction of this association is not well understood: do people who gamble "to relieve stress" or "for excitement" feel the need to drink to heighten the excitement or to relieve the stress of gambling? or do people whose primary interest is drinking also enjoy gambling? or are both activities the product of a common compulsion disorder? Although these results are not statistically significant, they do suggest that this is an issue worthy of more detailed research.

6.6.6 Tobacco Smoking

A statistically significant relationship was found between tobacco smoking and problem gambling. Respondents were asked whether they smoked cigarettes "daily (at least one cigarette every day)", "occasionally", or "not at all". The results suggest that people who do not smoke have lower rates of problem and pathological gambling (2.0% combined rate) than those who smoke at least one cigarette every day (5.6% combined rate), but that people who smoke "occasionally" have the highest rates of all (6.3% combined rate). These results also seem to suggest that people who gamble enough for it to affect their daily lives are also drawn to other stimulating and potentially addictive behaviours – occasional smokers are not driven by a physical craving so much as the association with other sensations and experiences, such as drinking – or gambling? These results are highly unlikely to have occurred by chance (chi-square = 28.826, df = 4, significance = .000) and are summarized in Table 12.

Table 12 : Tobacco Smoking for Non-Problem, Problem and Probable Pathological Gamblers, All Three Communities Combined

SOGS Score	Tobacco Smoking Number and Percentage of Respondents			
	Daily Smoker	Occa-sional Smoker	Non-Smoker	Total
0-2 (Non-Problem Gam-bler)	711 94.4%	193 93.6%	2079 97.9%	2983 96.7%
3-4 (Problem Gambler)	25 3.3%	8 3.9%	26 1.2%	59 1.9%
5 or more (Probable Pathological Gambler)	17 2.3%	5 2.4%	18 0.8%	40 1.3%

Total	753 100.0%	206 99.9%	2123 99.9%	3082 99.9%

6.7 Other Characteristics of Problem and Pathological Gamblers

Further analysis was conducted on other demographic variables. None of these results showed statistically significant differences. They included: employment status (working or not working), occupation, region (which of the three communities the respondent resides in), exercise levels and family income level.

6.8 Awareness of Help Available

All interviews concluded with a brief description of the services (information and help) available in the province for individuals and family members who are concerned about gambling. Following this description, respondents were asked if they had been aware that such services existed. With some variances across the three communities, about **three out of five respondents were aware of the services available**.

Respondents were then asked whether they would like more information. In Algoma, 6.2% said yes; in Brant, 5.6% said yes; in Lambton County, 3.7% said yes.

Part 3: Socio-Economic Indicators

Chapter 1 : Introduction

The second major aspect of the Charity Casino Impact Study is an assessment of the changes which may occur in social and economic conditions in the "charity casino communities" before and after the arrival of the new gaming opportunities.

The Study relies on a wide range of information, some of which is available now, and some of which will unfold as the process continues. For example, most of the data available for the "Pre-Opening Period" was available, in one form or another, from various community, regional, provincial and national sources in Canada. For future reports, more data which is obtained through community focus groups and new data-gathering methods will emerge.

The individual community Reports in this series describe the situation in each community before the charity casino (or slot machines at Hiawatha Horse Park) opened. They provides a series of "benchmark" indicators of how the community was faring in the five years prior to the arrival of the new charity casino. This information will permit researchers and community members to have a view of the community before any changes occur which may (or may not) be connected to the charity casino.

Chapter 2 :Approach

2.1 The Choice of Indicators to Monitor

The social and economic factors used as indicators of the community's well-being were chosen based on a number of considerations. These indicators needed to be available (or fairly readily created), accepted, consistent, and easily understood. Since it was important to be able to situate each community's development within an established framework for analysis, certain standard indicators of social and economic development were chosen – those in use by existing national, regional or municipal economic development and social development organization, including Statistics Canada, local economic development councils, the Ontario Quality of Life Index (Shookner, 1999), retail and housing development corporations, and the like. In addition,

previous research on the impact of new gambling opportunities was reviewed for relevant indicators. As well, new ideas provided by community members and others were incorporated, to the extent possible.

Many of these indicators do not speak directly to, nor will they reflect, the impact of new gaming opportunities, or of any single community development. Nonetheless, it was felt important to obtain a baseline picture of community factors, both large and smaller, as an opening step.

Thus, the Study tracks such information on the economic side as labour participation rates, unemployment, *per capita* income, average housing prices, new dwelling unit starts and other construction indicators, commercial and consumer bankruptcies, tourism counts, and retail sales. On the social side, the Study tracks such factors as alcohol consumption, divorces, suicides, crime, charity gaming revenue, children in care and crime rates. As the Study progresses, the research team's discussions with community members will add a depth of further information, perceptions, and interpretation which these fairly stark indicators cannot hope to provide.

2.2 A Note of Caution

Obviously, the economic and social well-being of any community is determined by an enormous range of factors of all kinds – ranging from world commodity prices, to increased awareness of the seriousness of domestic violence. The extent to which changes observed in any given community factor can be attributed solely to a single innovation like a new charity casino is highly limited. Readers should be extremely cautious about attributing any changes which may be observed from the "Pre-Opening Period" to the "Post-Opening Period" to the existence of the new gaming opportunities. Nonetheless, the presentation of trends is critical for any community which wishes to understand where it is going and what challenges and opportunities might exist for action.

Much of the information which readers will be looking for, of a more direct nature related to the charity casino, is not yet available, but will be included in future reports, on the Post-Opening Periods. For example, information on the local employment created by the charity casino construction and on liquor sales at the charity casino, will be available in later reports of the Post-Opening Period.

2.3 Information Available

It would be possible to present a vast amount of detail and statistics in such an analysis, in which the reader would quickly become buried. Instead, in the reports on the individual communities,

we have attempted to present a relatively concise picture of the *general trends in certain key factors* over the five years prior to the charity casino opening. We have also attempted to point out any areas in which the community levels or trends are significantly different from what is occurring in the province generally – for example, if the community's unemployment level is higher than in Ontario as a whole, or if unemployment in the area is remaining stable at the same time as it declines in the province as a whole. This summary picture is intended to show the backdrop of patterns in economic and social indicators, against which any changes in patterns during the post-opening period can be assessed – bearing in mind the need for caution in drawing causal inferences.

The tables in Appendix C to this report present the trend data in the Pre-Opening Period for Ontario as a whole. These can be compared to trends described for the individual communities in the Pre-Opening Reports on each.

Generally speaking, it seems fair to say that in the five years prior to the arrival of the new gaming opportunities, the "charity casino communities" were faring less well economically than the province as a whole, and were showing slower progress in benefiting from the economic recovery apparently taking place in the province as a whole. Beyond this, each community presents a somewhat different picture, to which readers are directed in the other reports in this series.

Part 4: Appendix A: Summary Tables on Community Perceptions and Expectations

Lambton County

Algoma District

Brant County

Table A.1 Lambton County Respondents' Ratings of their Communities on Selected Factors, and Expectations regarding Charity Casino/ Hiawatha Expansion Impacts on Each Factor

	Pct. of Respondents ranking their Community				Pct. Who Believe There will be an Impact	Expected Nature of Impact (% of Respondents who Believe there Will be an Impact)			
	Among worst or Below average	Middle Ranking	Don't Know	Above average or Among best		Will make things worse	No Impact	Neutral, mixed, or d/k	Will Make things better
ECONOMIC FACTORS									
Availability of Jobs	47%	36%	2%	17%	87.6%	9.0%	11.6%	3.7%	75.6%
Standard of Living	6%	30%	1%	65%	68.9%	31.8%	28.4%	5.6%	34.2%
Municipal Funds for Adequate Level of Services	25%	51%	11%	24%	65.4%	9.9%	23.6%	15.1%	51.3%
Economic Well-Being of Non-Tourism Businesses	19%	44%	3%	37%	71.1%	14.4%	26.9%	4.9%	53.8%
Economic Well-Being of Tourism Businesses	21%	42%	4%	37%	88.9%	11.1%	10.8%	5.6%	72.5%
The Creation of New Investment or Businesses	41%	36%	3%	23%	68.9%	10.0%	29.4%	6.4%	54.2%
SOCIAL FACTORS									
# of People Having Trouble Controlling their Gambling	20%	62%	38%	19%	78.2%	71.8%	18.6%	5.9%	3.6%
Quality of Family Life & Time Families Spend Together	6%	37%	6%	58%	62.8%	53.3%	35.2%	7.8%	3.6%
People's Sense of Pride in Their Community	8%	25%	1%	68%	63.3%	22.6%	30.9%	10.1%	36.5%
How Much Charities Do for Community's Well-Being	3%	34%	7%	63%	74.0%	24.3%	18.3%	12.2%	45.1%
Moral Values	10%	33%	3%	57%	61.8%	43.7%	35.4%	8.9%	12.1%

Table A.2. Algoma District Respondents' Ratings of their Communities on Selected Factors, and Expectations regarding Charity Casino Expansion Impacts on Each Factor

	Pct. of Respondents ranking their Community				Pct. Who Believe There will be an Impact	Expected Nature of Impact (% of Respondents who Believe there Will be an Impact)			
	Among worst or Below average	Middle Ranking	Don't Know	Above average or Among best		Will make things worse	No Impact	Neutral, mixed, or d/k	Will Make things better
ECONOMIC FACTORS									
Availability of Jobs	77%	17%	1%	6%	71.0%	5.3%	27.4%	6.1%	61.1%
Standard of Living	17%	38%	1%	45%	53.7%	22.3%	42.6%	8.2%	26.9%
Municipal Funds for Adequate Level of Services	33%	49%	14%	18%	63.1%	8.2%	25.5%	15.0%	51.2%
Economic Well-Being of Non-Tourism Businesses	36%	45%	4%	19%	69.4%	15.4%	27.1%	6.6%	50.8%
Economic Well-Being of Tourism Businesses	21%	41%	6%	38%	79.4%	8.1%	18.7%	5.0%	68.2%
The Creation of New Investment or Businesses	50%	29%	4%	21%	59.6%	7.6%	35.7%	7.4%	49.4%
SOCIAL FACTORS									
# of People Having Trouble Controlling their Gambling	22%	58%	35%	20%	66.3%	61.3%	28.4%	7.9%	2.4%
Quality of Family Life & Time Families Spend Together	14%	34%	4%	51%	51.5%	43.5%	44.9%	7.0%	4.6%
People's Sense of Pride in Their Community	10%	26%	1%	64%	51.5%	12.6%	42.1%	9.3%	35.9%
How Much Charities Do for Community's Well-Being	8%	30%	6%	62%	70.7%	18.7%	21.8%	11.3%	48.1%
Moral Values	10%	41%	5%	49%	56.6%	39.0%	39.7%	10.8%	10.5%

Table A-3. Brant County Respondents' Ratings of their Communities on Selected Factors, and Expectations regarding Charity Casino Expansion Impacts on Each Factor

	Pct. of Respondents ranking their Community				Pct. Who Believe There will be an Impact	Expected Nature of Impact (% of Respondents who Believe there Will be an Impact)			
	Among worst or Below average	Middle Ranking	Don't Know	Above average or Among best		Will make things worse	No Impact	Neutral, mixed, or d/k	Will Make things better
ECONOMIC FACTORS									
Availability of Jobs	41%	36%	4%	19%	86.1%	4.9%	4.0%	0.0%	91.1%
Standard of Living	13%	37%	1%	49%	63.6%	41.6%	7.3%	1.0%	50.6%
Municipal Funds for Adequate Level of Services	21%	36%	16%	28%	70.3%	16.6%	4.1%	1.1%	78.2%
Economic Well-Being of Non-Tourism Businesses	21%	51%	3%	25%	71.4%	15.7%	3.2%	0.9%	80.1%
Economic Well-Being of Tourism Businesses	28%	39%	6%	27%	82.5%	8.4%	2.2%	0.7%	88.7%
The Creation of New Investment or Businesses	22%	36%	8%	34%	73.3%	10.3%	2.4%	1.0%	86.3%
SOCIAL FACTORS									
# of People Having Trouble Controlling their Gambling	23%	21%	39%	17%	71.7%	92.5%	2.3%	2.2%	3.0%
Quality of Family Life & Time Families Spend Together	13%	29%	6%	53%	53.1%	84.4%	11.0%	2.5%	2.1%
People's Sense of Pride in Their Community	14%	27%	2%	57%	56.6%	37.6%	10.5%	2.1%	49.8%
How Much Charities Do for Community's Well-Being	9%	25%	12%	54%	73.0%	25.6%	8.7%	0.9%	64.8%
Moral Values	13%	31%	3%	52%	57.6%	71.3%	4.4%	2.7%	21.6%

Part 5: Appendix B – References

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Part 6: Appendix C: Reference Ontario Data

Chapter 1 : Population

Population of Ontario, Actual and *Estimated (000s)						
	1994	1995	1996	1997	1998	1999
Number	*10,827	*10,964	11,100	*11,260	*11,411	*11,561
Source: Statistics Canada, Annual Demographic Statistics						

Chapter 2 : Economic

Per Capita Income ($) - Ontario						
	1994	1995	1996	1997	1998	1999
Income	19,800	19,800	19,800	21,800	NA	22,800
Source: Financial Post, Canadian Markets						
Per Capita Retail Sales Estimate ($) - Ontario						
	1994	1995	1996	1997	1998	1999
Retail Sales per Capita	7,102	7,262	7,226	7,674	8,095	*8600
Source: Statistics Canada, *Retail Trade* and *Financial Post, Canadian Markets						
Average Labour Participation Rate - Ontario						
	1994	1995	1996	1997	1998	1999
Rate (%)	66.4	65.7	66.0	65.8	66.3	66.8
Source: Statistics Canada Labour Force Survey						

Average Unemployment Rate (%) - Ontario						
	1994	1995	1996	1997	1998	1999
Rate	9.6	8.7	9.1	8.5	7.2	6.4
Source: Statistics Canada Labour Force Survey						

Average Number of Regular Employment Insurance Beneficiaries - Ontario						
	1994	1995	1996	1997	1998	1999
Number	228,363	180,855	179,563	146,863	125,033	NA
Source: Statistics Canada						

Average General Welfare Assistance Caseloads						
	1994	1995	1996	1997	1998	1999
Number	348,967	330,858	282,526	262,308	236,517	NA
Source: Ontario Community and Social Services Ministry						

Average Family Benefits Allowance Caseloads						
	1994	1995	1996	1997	1998	1999
Number	324,044	329,451	317,559	305,722	288,621	NA
Source: Ontario Community and Social Services Ministry						

Business Name Registrations						
	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00
Number	141,051	132,067	151,572	140,823	135,261	NA
Source: Ontario Ministry of Consumer and Commercial Relations, Business Connects						

Commercial Bankruptcies						
	1994	1995	1996	1997	1998	1999
Number	3,385	3,411	3,500	3,336	3,139	NA
Source: Industry Canada, Office of the Superintendent of Bankruptcy						

Consumer Bankruptcies						
	1994	1995	1996	1997	1998	1999
Number	21,436	24,639	30,035	31,604	26,274	NA
Source: Industry Canada, Office of the Superintendent of Bankruptcy						

Home Ownership and Rental (Estimates)						
	1994	1995	1996	1997	1998	1999
Owner-Occupied Dwellings (000s)	2,487	2,665	2,706	2,774	NA	*4133
Rented Dwellings (000s)	1,333	1,478	1,487	1,453	NA	*1415
Ratio	1.86	1.80	1.82	1.91	NA	*2.92
Source: Statistics Canada, Dwellings and Households, and *Financial Post, Canadian Markets						

Homes Built						
	1994	1995	1996	1997	1998	1999
Number	49,106	36,278	40,729	51,297	NA	NA
Source: Financial Post, Canadian Markets						

New Dwelling Unit Starts						
	1994	1995	1996	1997	1998	1999
Number of Units	46,645	35,818	43,062	54,072	53,830	NA
Source: Canada Mortgage and Housing Corporation, Housing Information Monthly						

Building Permits Value ($000,000)						
	1994	1995	1996	1997	1998	1999
Value	10,004	9,192	9,597	13,294	NA	NA
Source: Financial Post, Canadian Markets						

Chapter 3 : Social

Completed Divorces						
	1994	1995	1996	1997	1998	1999
Number	30,718	29,352	25,035	27,410	25,136	NA
Source: Statistics Canada, Annual Demographic Statistics 1998						

Number of Liquor Licensed Establishments						
	1994	1995	1996	1997	1998	1999
Number	15,404	15,586	15,790	16,064	16,301	NA
Source: Alcohol and Gaming Commission of Ontario						

Alcohol Consumption - Litres Sold per Capita 15 Years and Older						
	1993/94	1994/95	1995/96	1996/97	1998/99	1998/99
Spirits	5.7	5.6	5.7	5.7	6.3	NA
Wine	9.0	9.2	9.5	9.8	10.0	NA
Beer	85.8	85.7	85.3	83.0	81.0	NA
Source: Statistics Canada						

Suicides						
	1994	1995	1996	1997	1998	1999
Number	1,159	1,187	*1170	NA	NA	NA
Source: Office of the Chief Coroner, Ontario						
* Preliminary only.						

Children in Care - Ontario, January 1						
	1994	1995	1996	1997	1998	1999
Number	NA	10,639	10,266	10,419	11,260	12,515
Source: Ontario Association of Children's Aid Societies						

Waiting Lists for Rent-Geared-to-Income Housing (Public Housing only), December 31, All Property Management Agents						
	1994	**1995**	**1996**	**1997**	**1998**	**1999**
Number	64,252	67,242	68,320	NA	84,764	NA
Source: Ontario Ministry of Municipal Affairs and Housing						
Police Reported Incidents - Ontario						
	1994	**1995**	**1996**	**1997**	**1998**	**1998**
Violent Crimes						
Homicide	192	181	187	178	155	NA
Assaults	87,484	84,778	81,587	82,305	82,482	NA
Sexual Offences	11,402	10,919	10,226	10,155	9,941	NA
Robbery	8,278	9,569	9,413	9,272	9,152	NA
Rate*	9.9	9.6	9.1	9.1	8.9	NA
Property Crimes						
Break and Enter	118,358	123,168	120,469	108,066	101,126	NA
Motor Vehicle Theft	55,116	57,211	58,419	55,937	50,372	NA
Theft over**	50,067	18,166	11,564	9,175	8,567	NA
Theft under**	258,925	299,801	287,685	259,309	236,353	NA
Frauds and Stolen Goods	50,039	51,110	48,982	46,395	44,494	NA
Rate*	49.2	50.1	47.5	42.5	38.6	NA
Other Crimes	291,308	284,265	265,292	257,114	258,252	NA
Rate*	26.9	25.9	23.9	22.8	22.6	NA
Impaired Driving	27,154	26,391	26,256	22,348	21,637	NA
Rate*	2.5	2.4	2.4	2.0	1.9	NA
Source: Canadian Centre for Justice Statistics						
*Rate of violent or proprty crimes, or of impaired driving, per 1000 residents. Rate may vary from CCJS rate because of updated Ontario population estimates.						
**Cutoff was for theft over or under $1000 until 1995, when it changed to $5000.						
*** Includes failure to provide a breath sample and all other offences related to impaired driving.						

Sales per Capita of OLC Products - Ontario						
	1994/95	1995/96	1996/97	1997/98	1998/99*	1999/00
Lotto 6/49			97.00	79.88	62.79	
6/49 Encore			15.47	13.60	10.39	
Super 7			13.99	27.81	14.09	
Super 7 Encore			0.35	4.35	2.64	
Lottario			8.87	7.64	5.12	
Pick 3			5.44	5.62	4.79	
Daily Keno			9.05	8.19	5.78	
Proline			17.78	17.35	12.25	
Over/Under			4.21	2.88	1.95	
Point Spread			2.85	4.27	3.30	
$1 Instant			5.51	5.78	5.09	
$2 Instant			16.23	15.96	10.29	
Instant Bingo			22.94	26.15	16.70	
Instant Keno			9.63	8.08	5.33	
Battleship			6.93	4.91	1.28	
$5 Instant			13.23	14.86	7.42	
Group Play Bingo			NA	0.86	NA	
Ontario 49			NA	2.85	3.41	
Ontario 49 Encore			NA	0.98	1.15	
Monopoly			NA	3.25	1.84	
Source: Ontario Lottery Corporation						
* Data are for first three quarters only.						