

Executive summary

International trends

The recent exponential growth in the South African gambling industry has parallels in the United States and Australia. Starting with remotely situated casinos, accessible primarily to upper income clientele, legislation has softened to allow for the licensing of casinos within the major urban areas of these countries. Although the industry has created employment opportunities, a backwash effect has been the increasing incidence of compulsive or “problem” gambling.¹ There is consensus that this social phenomenon impacts negatively on the financial circumstances, personal and family relationships, health and work situations of victims. Views about the nature of problem gambling differ, however. One view is that in extreme cases, gambling becomes a chronic clinical condition requiring professional treatment, including counselling of a psychological, spiritual and emotional nature. Another perspective is that by succumbing to the temptation to gamble, a “problem gambler” wilfully relinquishes responsibility for his/her own actions and requires therapeutic support to gain control of his/her behaviour.

Gamblers’ focus group discussions

Excessive participation in gambling was seen by focus group respondents in this study to be a consequence of several factors including boredom, curiosity, peer pressure and a need for easy money. Gamblers agreed that it is not difficult to lose control of one’s interest and to become obsessed with winning money. Stories were told of “revolving credit” on several credit cards in order to keep pace with debt and of neglect of one’s business affairs. The ease with which credit and cash is available within casinos was seen as highly problematic and conducive to compulsive gambling. Some incidences of problem gambling were related to prostitution,

¹ Compulsive gambling or pathological gambling and problem gambling are used interchangeably in this study.

the income derived from it being used as additional gambling money. Most gamblers admitted that their relationships with their spouses and children had been affected negatively. In some cases children had been neglected or influenced to start gambling themselves. Others had lost jobs or fallen asleep at work as a result of their gambling habits. Depression, hunger and stress were some impacts on the personal health of gamblers. Counselling was not seen as helpful unless the gambler was motivated to give up gambling. There was consensus that group discussions were helpful. Easy access to casinos promotes problem gambling. Hence it was suggested that credit, casino hours and free drinks be restricted. It was also felt that public awareness about the dangers of excessive gambling should be enhanced and that the gambling industry should be proactive in addressing problem gambling.

Casino clientele

Interviews with casino operators revealed that although target markets were the middle and high-income groups, most of their customers were middle or low-income people. At most casinos, the average customer was aged between 30 and 50 years, with more men gambling at night and more women during the day. White customers were in the majority at most casinos, but there were substantial proportions of Indian and black customers, especially at certain casinos. In most cases, customers lived in close proximity to the casinos they visited. The average amount spent per customer per visit was about R150, although frequent customers tended to spend much more.

Existing measures to address problem gambling

While Sun International recently introduced a comprehensive policy on problem gambling, this was not yet the case with the other operating groups. Sun International's programme included education, counselling, research and treatment. It has established a national help line and counselling sessions for people who admitted to having problems. The help line was well utilised. Other groups appeared to be waiting for the National

Gambling Board to establish a national policy. Closed circuit television systems were in place in all casinos and staff members were in the process of being trained to watch out for compulsive behaviour patterns.

An exclusion system was still to be finalised, especially for an exclusion strategy between casinos.

Gamblers' support groups

Several individual interviews and gamblers' support group meetings revealed that addiction to gambling had serious repercussions for gamblers in the Johannesburg and Durban areas. The relief of overcoming compulsive gambling and the satisfaction of being able to spend time on other activities were frequently mentioned. It was felt the media should give publicity to highlight the negative impacts of gambling. The solution to compulsive gambling was seen to be total abstinence from gambling and regular attendance of support group meetings of "rehabilitated" gamblers. Gamblers Anonymous (GA) and GamAnon were voluntary organisations aimed at providing group therapy and support to gamblers and their spouses. Several such groups were extremely active in the Durban and Pietermaritzburg area, as were two in Johannesburg. Suggestions made were that a national help line be established, that warnings be placed in casinos and that the help line be advertised. Restrictions on under-age gambling and casino advertising should be increased and strictly enforced. Some felt that it would be important for "rehabilitated" gamblers to participate in a national programme aimed at dealing with problem gambling. There was no consensus on how this should be put into effect and how it should be funded. In many cases it emerged that recognition or self-diagnosis of problem gambling was a long process during which inestimable financial and social damage was incurred.

Other stakeholders

The South African Police Service felt that in the absence of finality concerning the granting of casino licenses and owing to different provincial policies with regard to gambling, it was extremely difficult to police the

industry. In particular provinces, prosecutions for illegal gambling were successful, while others were largely unsuccessful owing to legal loopholes and the ease with which suspects were able to pay fines.

The provincial gambling boards looked forward to the formulation of a coherent national policy on problem gambling that would facilitate national strategy in addressing the issue. It was felt that the proliferation of limited payout machines at a large number of accessible localities would exacerbate the incidence of problem gambling. Restrictions on credit were felt to be an appropriate disincentive to gamblers with problems. A national help line with links to regional counselling and treatment facilities was suggested by many respondents. However, it was felt that restrictions on the trading hours of casinos would encourage illegal operators to fill the gaps. The presence of automatic teller machines (ATMs) in casinos was also felt to be inappropriate. The Gauteng Gambling Board felt that support groups such as GA needed a more professional and co-ordinated approach to their methods of operation. The Mpumalanga Gambling Board indicated that most money spent on gambling was diverted from household spending and that individuals tended to spend more during weekdays than at weekends. It was suggested that casinos' most valued guest (MVG) cards should be used to identify problem gamblers. The Department of Welfare could assist and provide access to a wide range of community support services throughout the country although most of these would require more information and training to play an effective role in dealing with the social impact of gambling. The Department of Welfare expressed doubts about the cost effectiveness of a dedicated national help line for gamblers. At Elim Clinic (Kempton Park) a special programme to treat problem gamblers was being introduced. It comprised two weeks of in-patient therapy costing R5 573, as well as an after-care programme. The clinic suggested that this programme be subsidised in order to make it accessible to individuals who cannot afford it.

National survey of gambling behaviour

A national survey in February and March 2000 found that 2,2% of adults had gambled during the week prior to being interviewed. Gambling was

more prevalent in Gauteng and its immediate neighbours than elsewhere, but most of the country's frequent gamblers lived in either Gauteng or KwaZulu-Natal. Although frequent gambling was more common amongst Asian and white groups, overall the majority of frequent gamblers were black adults. Similarly, although a higher proportion of white gamblers spent R500 or more per visit than those of other groups, black gamblers spent the most in absolute terms. About one in twelve of all adults spent more than 10% of their monthly income the last time they gambled. This category of individuals was disproportionately large among residents of Gauteng and KwaZulu-Natal, among whites and Indians, males, unmarried people and people aged less than 26 years. Other over-represented groups were individuals who had achieved Grade 11 or 12 levels of education, speakers of isiZulu, Sepedi or English and people who were unemployed, students or housewives. Finally, persons who did not have a personal income or whose household income was less than R2 500 per month were more highly represented than those in other income groups.

Survey of gamblers at ten casinos

Two hundred customers at ten casinos in four provinces were asked several questions about their gambling behaviour. More than half indicated that they gambled at least once per week and that it took them less than half an hour to reach the casino. Four out of five travelled by car. About half of the respondents spent more than R1 000 on gambling during the previous month and one in ten spent more than R5 000. Just over one-third admitted to having won more than R1 000 in the last month. When testing for potential problem gambling behaviour it emerged that one in seven borrowed money to gamble, one in twenty sold things to finance gambling and almost one-quarter admitted to using household money for gambling. Only one-third never gambled for longer than they had planned, almost half felt they had to return soon after losing money and more than half felt that they should not stop after a good win. One in seven said that they gambled to escape from worry or trouble, and one in twelve indicated that they arrived late or missed work as a result of gambling or that the habit affected their family relationships. Most respondents spent more than 10%

of their income on gambling during the previous month and more than one-third won less than R50 during the same period.

Policy recommendations

1. Subject to further research, “problem gambling” should be seen as an irresponsible and progressively addictive behaviour that results in physical and emotional health problems that have an adverse effect on interpersonal relations as well as financial problems such as bankruptcy, embezzlement, fraud and default on financial obligations.
2. The National Gambling Board should acknowledge the incidence of problem gambling in South Africa and declare its intention to take proactive steps to reduce and combat the problem.
3. The National Gambling Board should facilitate the establishment of a national support group for persons who have gambling problems, in conjunction with existing groups such as Gamblers Anonymous, GamAnon and GamHelp. The national support group should incorporate “rehabilitated” gamblers and existing groups should be accredited by the Board on the basis of proven records of successful intervention and support to affected individuals and families.
4. A national toll free help line should be established for callers in need of counselling. This should be linked to other services such as Telefriend and LifeLine as well as to therapy programmes aimed at overcoming gambling problems.
5. School educational syllabi should include a component outlining the dangers of gambling. This could be incorporated into a module dealing with the risks of alcohol and other substance abused.
6. All individuals younger than 18 years should be prohibited from gambling and their access to venues where gambling takes place should be strictly policed by requesting customers to produce their identity documents.
7. Advertising of gambling opportunities should be monitored to ensure that they do not become excessively aggressive or manipulative.

8. Automatic teller machines (ATMs) should not be situated within 100 metres of a casino gambling floor.
9. Cheques should not be accepted in casinos and credit should be limited to R4 000 per month.
10. Warnings about the dangers of excessive uncontrolled gambling should be displayed prominently at all gambling venues.
11. “Problem gamblers” should be identified proactively by casino operators, using most-valued guest cards or similar promotional methods.
12. Individuals who are identified as “problem gamblers” should be excluded from all gambling venues for a period of two years. “Self-exclusion” should also be facilitated where necessary.
13. Parents of children who are left unattended should be given a warning. If they repeat the offence they should be prevented from entering casinos.
14. Customers who are inebriated should be required to leave gambling venues.
15. Casinos should be levied in order to fund the National Gambling Board’s efforts to combat problem gambling.
16. Further research should be undertaken at a national level to monitor the incidence of gambling in general and “problem gambling” in particular. Additionally, representative research among regular gamblers should be conducted to clarify the nature of “problem gambling” and to determine the point at which it may be perceived to deteriorate from being a bad habit into a psychological disease.

Introduction

Background

Historically, the Gambling Act (Act no. 55 of 1965) prohibited all forms of gambling in South Africa with the exception of betting on the results of horse races. This legislation constituted the consolidation of earlier restrictions on most forms of gambling dating as far back as 1673 (Lötter, 1996). The Act was criticised as exemplifying “the paternalistic attitude government displayed in matters of morality” (Lötter, 1996: 193). Starting in the late 1970s, casinos began to operate legally in the former homelands of Bophuthatswana, Venda, Transkei and Ciskei. These were “not seen by South Africans as an evil which had to be avoided. Instead they flocked to these casinos to discover what they had missed during the years of prohibition” (p. 194). The casino industry during this period was monopolised by Sun International, which by the early 1990s had established 17 casinos in the homeland areas. Enforcement of gambling legislation in other parts of South Africa slackened and the Wiehahn report (1995) estimated that 2 000 (illegal) casinos were already operating by 1995, prior to the legalisation of the industry. The report recommended, inter alia, that licensed forms of gambling should be allowed subject to strict controls and regulations and that a national state lottery be established.

The National Gambling Act (Act no. 33 of 1996) provided for the granting of a maximum of 40 licenses, distributed across each of the nine new provinces. Ten of the existing Sun International casinos ceased operations, some of these changing hands and re-opening under new licenses. By early 2000, eight companies were operating a total of 18 casinos in seven provinces, with a further two under construction. In addition, the national lottery began operating during March 2000, sports betting is widely practised, a few bingo halls have been licensed and the horseracing industry has a lengthy history. Referring to gambling, the Minister of Finance quipped that the government had “introduced a new form of tax” that was mainly for people “who do not understand mathematics” (speech at the HSRC, 29/2/2000). Although this burgeoning industry has resulted

in new investment opportunities for previously disadvantaged individuals and groups and although hundreds of new employment opportunities have been created, the cost of this industry to South African society is a cause for great concern.

Aims of the study

The promulgation of the National Gambling Act and provincial gambling legislation, thus legalised a wide range of activities that exposed respondents to financial risks from which they were previously protected. One of the National Gambling Board's functions is to allocate funds "for the rehabilitation of persons who in its view have become addicted to obsessive gambling" (par. 11 (e), National Gambling Act, 1996). With this in mind, the Human Sciences Research Council (Group: Democracy and Governance) was commissioned by the Board to undertake an investigation into the social impact of gambling in South Africa. This book comprises the findings of the research, conducted between March and June 2000. Prior to this investigation, no similar study had been undertaken on a national level. This study will thus serve as a baseline against which future research into social impacts of the gambling industry can be measured. The report comprises several sections:

1. An introduction
2. A brief survey of the international literature on problem gambling;
3. An outline of the research methodology utilised;
4. An analysis of four focus group discussions of gamblers;
5. Interviews with casino operators;
6. Interviews with other stakeholders in the gambling industry;
7. Results of a two-question national survey of gambling behaviour;
8. Results of a survey of customers at ten casinos;
9. Conclusions and policy recommendations.

Selective review of gambling research literature

A concise examination of the international gambling industry is presented here in order to contextualise the South African study. The twin emphasis is on social impact of the industry, particularly the casino component and on the debate over what constitutes “problem gambling”.

Problem gambling

Given the huge vested interests of casino operators and governments in the gambling industry, it is not surprising that a fierce debate exists in respect of the nature and extent of what is variously termed “compulsive”, “problem” or “pathological” gambling. Broadly speaking, two divergent perspectives have emerged. Proponents of each perspective do nevertheless attempt to take cognisance of the arguments put forward by the other. The first (medical view) holds that problem or compulsive gambling is a psychiatric disorder over which the gambler does not have control and for which treatment should be prescribed. This view is widely propagated in the United States (NGISCR, 1999). The second (traditional view) is that it is a social vice encouraged by particular socio-cultural environments and that the gambler is fully accountable for her or his own actions. This perspective appears to be more commonly held in Australia and New Zealand. Proponents of each view would clearly have vested combinations of financial, medical, moral or ethical interests in the propagation of that view.

Medical view

The United States National Council on Problem Gambling defines compulsive gambling as “a progressive addiction characterised by increasing preoccupation with gambling, a need to bet more money more frequently, restlessness or irritability when attempting to stop, ‘chasing’ losses, and loss of control manifested by continuation of the gambling behaviour in

spite of mounting serious, negative consequences”.² A Canadian definition refers to compulsive gambling as “a persistent behaviour in which a person’s gambling activities significantly disrupt his or her social, financial, vocational or family life”.³ This is essentially the medical view, which recognises compulsive gambling as a disease that has negative effects on the life of the gambler and those who are close to him or her. In 1980, the American Psychiatric Association recognised compulsive or pathological gambling as a psychiatric disorder. Pathological gambling is usually tested using questions from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association (Productivity Commission, 1999). The ten DSM-IV criteria are preoccupation with gambling, decline in tolerance with low-risk gambling, social withdrawal, escapism, “chasing” losses, lying, loss of control, illegal acts, decline in significant relationships and career decline, leading to reliance on “bailouts” to relieve desperate financial situations (NGISCR, 1999). Pathological gambling would then be indicated by five or more criteria.

“Pathological” gambling is viewed as a chronic condition similar to alcoholism or manic depression. Gerstein et al. (1999: 21) hold that “chronic disorders strongly tend to recur, constituting a lifelong vulnerability, even in periods of remission or relative quiescence the disorder may yield continuing streams of disability”. “Problem” gamblers are defined as those gamblers who score below five of the ten DSM-IV criteria used to define “pathological” gamblers.

Traditional view

In contrast, the traditional view recognises compulsive gambling as a vice (see Francis & Lubbe, 1999), caused by moral weakness or lack of self-discipline. Proponents of this view blame the medical view with “creating” a strange new disease in terms of which compulsive gamblers are not held responsible for their misdeeds. Instead the blame is shifted to the casinos or to the act of gambling itself. Australian research asserts that “because

² www.ncpgambling.org

³ www.uwindsor.ca

problem gambling is not seen as an illness, help services have mainly been oriented towards general counselling services, rather than the sort of therapies customarily used by psychiatrists or clinical psychologists in treating control disorders” (Productivity Commission, 1999: 6.6-6.7). Also, the medical view is criticised by some Australian researchers and those who prefer a “broader epidemiological model that includes the impact of the environment in which gambling takes place” (Productivity Commission, 1999: 6.6). Australian tests for problem gambling pose questions about a gambler’s behaviour, such as whether he or she “chases” losses, has problems controlling his or her gambling, gambles more than intended, feels guilty about gambling or believes that s/he has a problem. Its prime focus is on the financial aspects of gambling (Productivity Commission, 1999: 6.15). Concerns over the medical model arise because the patterns of behaviour exhibited by problem gamblers do not consistently fit with typical conceptions of a genuine mental illness, and “pathological gamblers” do not appear to suffer a set of clearly defined mental symptoms which suggest a distinctive mental illness. In contrast to the traditional view, the medical view tends to see problem gambling as a progressive disorder which can only be stemmed through lifetime abstinence, rather than as a continuum of problems of varying severity and duration. The medical model tends to concentrate on ill people, rather than social processes and environmental factors that affect prevalence rates.

Gambling is more socially acceptable in Australia than in the United States and a number of other countries, and a wider spectrum of gambling behaviours are regarded as perfectly normal. It is argued in Australia that the use of assessments about problematic behaviour based on another country’s (i.e. the United States) norms runs the risk of mislabelling some people as ill when they are not. The term “pathological” gambler is therefore perceived by some proponents of the traditional view as pejorative. If it is seen rather as “problem” gambling, more effective progress towards finding solutions to the problem is facilitated (Productivity Commission, 1999: 6.6-6.7).

Most Australian research and policy making concerning gambling have avoided the psychiatric nomenclature and framework for problem

gambling, in favour of wider, but less precise, definitions of “harm”. The problems are typically couched in terms of harm experienced or received by the gambler or significant others. The virtue of this approach is that it admits aspects such as problems that arise within certain ethnic or cultural groups over gambling, systematic misperceptions that consumers may have over gambling, and risks posed by the venue in which gambling takes place (Productivity Commission, 1999).

Synthesis of perspectives

However defined, “problem gamblers” are a heterogeneous group. In some cases the problems may stem from behaviour patterns that have been conditioned by the nature of the rewards offered by gambling. In others, problems may result from a false understanding of the nature of gambling. Alternatively, problems may occur because of boredom, social isolation, depression or cultural factors. As the reasons for problem gambling vary, it follows that the impacts will vary. These may range from the breakdown of relationships to financial and legal problems to depression and even suicide. Given that problem gambling is multi-dimensional in this sense, it would seem appropriate to consider some problems as inherently medical. Equally, however, other problems may require different models of help and resolution (Productivity Commission, 1999).

Within the medical view there are scholars who hypothesise a genetic component of pathological gambling, and that particular individuals might be at high risk of becoming compulsive gamblers because of their genetic make up (Looney, 1998). Other treatment professionals assert that some people become compulsive gamblers because they come from families where gambling addiction is common (Productivity Commission, 1999). Another view is that compulsive gambling is a learned behaviour (Looney, 1998). Despite the conflicting views between the traditional view and the medical view, there is consensus that “problem” gambling has a negative impact on the personal health and interpersonal relationships of gamblers, as well as on the financial, occupational, social and legal dimensions of their lives.

However, “much of the evidence on impacts of problem gambling establish associations between certain adverse outcomes that problem gamblers have experienced. An association is not the same as causality. In order to ascertain whether the increased legal availability of gambling has caused any given outcome, it would need to be shown that this outcome (or similar bleak alternative) would not have occurred in the absence of gambling” (Productivity Commission, 1999: 7.2-7.3). “Some psychologists have agreed that prior problems may be a factor which precipitate problem gambling for some people. However, for many gamblers pre-existing problems do not appear to precipitate problem gambling. While some factors do appear to predispose a person to gambling, there is little evidence that problem gamblers share common personality traits, which suggests in turn, that anyone can, in the right circumstances, become a problem gambler” (Productivity Commission, 1999: 7.5). In any case, among those for whom prior problems or disorders are a precipitating factor, gambling appears to exacerbate their prior problems, in what has been termed the “problem gambling loop” (Productivity Commission, 1999: 7.7).

The growth of gambling and its social impacts

United States

In 1973 legalised casinos in the United States were still restricted to Nevada, Atlantic City and a few other north-eastern states. By 1999 only two states had not yet legalised some form of gambling. Casinos were established in 28 states, notably in Indian reservations throughout the country as well as along the Mississippi Gulf Coast, mining towns in the west and on riverboats in the Midwest. Whereas one in ten Americans gambled at a casino and one-quarter bought a lottery ticket in 1975, the equivalent proportions increased to 29% and 52% respectively in 1998 (NGISCR, 1999).

Recent research depicted the size and contribution of the gambling industry to the United States economy. It was estimated that 125 million

Americans (two-thirds of the adult population of the United States) participated in some form of gambling. The National Gambling Impact Study Commission Report (NGISCR) (1999: 7-6) cited an Arthur Anderson study which calculated revenues generated by the casino industry in 1995 at between US\$22 and US\$25 billion. A total of US\$2,9 billion was paid in direct taxes to federal and state governments or in property, construction or sales. The industry employed 300 000 people who earned US\$7,3 billion in wages. Furthermore, the revenue earned from more than 82 million visitors by the top three casino markets in 1997 (Nevada, New Jersey and Mississippi) totalled US\$13,75 billion. Commercial building permits granted, for example, in Biloxi-Gulfport (Mississippi) during the two years (1991-92) prior to the establishment of legalised casinos increased in value from US\$12 million to US\$447 million in the three subsequent years (1993-95). During the same period there was a 50% increase in jobs and an increase from 3% to 13% in the growth of retail sales in the area (NGISCR, 1999: 2-8). The size of the gambling sector is thus considerable.

The focus of the NGISCR is, however, the social impact of gambling, and in those terms legal gamblers countrywide lost US\$50 billion during 1998. Different studies provide various estimates of the extent of the problem in the USA. Estimates of problem and pathological gambling range from 1,7% to 7,3% (NGISCR, 1999: 7-19). Additionally, the Harvard Medical School Division on Addictions estimated (1997) that there were 5,3 million adult Americans who could be classified as “problem” gamblers and a further 2,2 million in the “pathological” gambler category⁴. These numbers amounted to 3% and 1% of the adult population respectively. The prevalence of problem and pathological gamblers was higher among males than females and among blacks than whites or Hispanics. It was also found to be higher among those earning less than US\$50 000 per annum than those with higher incomes, and

⁴ Whereas pathological gambling is a clinically diagnosable behavioural disorder in terms of the U.S. Diagnostic & Statistical Manual of Mental Disorders, problem gambling is a sub-clinical level disorder with the potential to worsen (Shaffer et al., 1999).

higher amongst people without a post-high school education than their better educated counterparts (National Opinion Research Center (NORC), University of Chicago, 1999). Critics of gambling also pointed to the negative impact on communities that can least afford to gamble and the lack of economic multiplier effects in poor neighbourhoods closest to casinos. "Pathological" gamblers revealed in a survey of public opinion (NORC, University of Chicago and Lewin Gambling Group, 1999) that during the one-year period preceding the survey, they had been significantly more prone to psychological and social problems than non-gamblers. These problems included poor health (30% to 21%), being mentally troubled (67% to 15%), having emotionally harmful family arguments about gambling (66% to 1%), suffering from depression (20% to 0,1%), divorce (54% to 18%), dependency on alcohol or drugs (20% to 1%), loss of a job during the past year (25% to 5%), bankruptcy during one's lifetime (11% to 3%) and ever being arrested (26% to 7%).

The incidence of arrest among problem and pathological gamblers was found to be three times that of "low-risk" gamblers and eight times that of non-gamblers. Additionally, a study in Atlantic City (Hakim & Buck, 1989) revealed an increase in the levels of all forms of crime subsequent to the establishment there of a casino in 1977. The study demonstrated statistically that "the further the locality from Atlantic City, the lower the level of imported crime, with the level of local crime generation variables kept constant" (p. 414).

Australia

In Australia there are currently 13 casinos in operation. Eight of these began operations during the 1970s or 1980s at remote locations such as Tasmania, Alice, Springs, Townsville and Perth. The newest five opened in close proximity to major metropolitan centres or, in one case, a tourist destination (Cairns). There are also about 185 000 gambling machines outside casinos. More than four out of five (82%) Australian adults gambled during the twelve months prior to the Productivity Commission inquiry into Australia's Gambling Industries (July 1999). Of these, one-third (35%) gambled from one to three times per week and a further 12%,

more frequently. One-quarter (25%) gambled from one to three times per month and the remaining 27%, less than once per month. The most frequent type of gambling was on lotto or other lottery games, in which 6% took part more than three times per week. In relation specifically to inside casinos, 16% of adults had played poker or gaming machines at these facilities during the previous year (13% of these more than once per month) and 10% had played table games at a casino (17% of these more than once per month).

Overall, more than 7 000 businesses (more than half of these in New South Wales) provided gambling services in the country, generating revenue in excess of A\$11 billion in 1997-98. More than 110 000 people were employed directly or indirectly by the gambling industry. However, numerous negative associations with gambling can be identified. A debate proceeded about whether gambling had negative social impacts or whether people with problems exacerbated their problems by gambling. Nevertheless, personal problems were much more prevalent among "problem gamblers" (defined as clients of gambling counselling services in Australia) than amongst all adults. For example, whereas just less than half of "problem gamblers" indicated that they suffered from depression owing to gambling, this was the case with only 1% of adults overall. Similarly, 9% of problem gamblers seriously considered suicide as a result of gambling, as opposed to 0,1% of adults in general. The figures for suffering from guilt and experiencing feelings of lack of control were 88% and 64% among problem gamblers. In contrast, the equivalent figures for all adults were 5% and 2% respectively (Productivity Commission, 1999). Similarly, there were significant positive correlations between gambling and dependency on alcohol or other drugs and on family relationships and work situations.

In the Australian states where per capita gambling rates were higher, the prevalence of problem gamblers was higher, indicating that accessibility to gambling opportunities correlated with incidence of problem gamblers. Additionally, a study in Victoria concluded that the expansion of gambling in that state "had been funded by the decline in the level of savings rather than a switch in expenditure from the retail sector" (Pro-

ductivity Commission, 1999: 9.26). Public opinion tended, not surprisingly, to be against gambling. Seven in ten (71%) adult Australians disagreed with the statement that “overall, gambling does more good than harm for the community” (47% strongly disagreed and 24% disagreed). Only one in eight (12%) were neutral on the issue and 15% were in agreement (4% strongly agreed). Sentiment against gambling varied by state, with the highest levels of disagreement in South Australia (84%) and the lowest levels in Queensland (64%) (Productivity Commission, 1999).

South Africa

In view of its short history as a legalised industry, minimal research on gambling has emerged in South Africa to date. Soon after the establishment of Sun City in Bophuthatswana, a study of its impact on the social environment of the adjacent local communities of Ledig, Phokeng and Tlhabane was conducted (Strijdom, Schurink & Van der Burgh, 1980). At the time, the complex included the world’s second largest casino, in addition to a theatre, conference centre, golf course, restaurants and other facilities. With no other legal casinos in South Africa, large numbers of clientele were attracted from the Johannesburg and Pretoria areas from the inception of Sun City. In 1979, the complex provided employment for 1 200 people, mainly locally based. In their study, Strijdom, Schurink and Van der Burgh (1980) interviewed a random sample of 549 respondents in three adjacent communities and found that more than a quarter (27%) had made use of the gambling facilities. Of these, 39% had gambled less than once per month, 27% once per month and the rest (34%), more than once per month. Nine percent (2,5% of the total sample) gambled twice a week and a further 10% (2,7% of the total) gambled once per week. The vast majority (94%) of those who gambled, used the gambling machines only, with the balance playing table games such as roulette or black jack. Majority opinion (60%) in these communities was in agreement with the statement that “people who visit Sun City lose money which could be used to buy food for their children”. Also, more than three-quarters of the respondents felt that gambling was a problem in their residential area. One of the recommendations that emerged was that a “counselling programme,

by means of which the local population can be guided to a better insight into, and more judicious use of gambling facilities ... should be considered” (Johnson, in Strijdom et al., 1980: 3-2-9). Other findings were that nearly one-fifth (22%) of respondents thought that the use of dagga had increased since the establishment of Sun City, more than one-quarter (30%) said that prostitution had increased, 38% that theft had increased, 28% that rape had increased and 40% that robbery and assault had increased. During the first six months of 1980, there were 257 reports of crime in the complex, of which 132 were theft, 23 loss of property and 14, assault (Olivier & Schurink, 1980).

A study in 1999 (Francis & Lubbe) pointed out that the major benefit of the liberalisation of gambling legislation in South Africa was the “equity participation by previously disadvantaged people” (p. 13). A questionnaire survey of customers (sample details not provided) at casinos in Gauteng found that men were in the majority (64,8%) and that most did not have children. More than one-quarter (28,2%) had a monthly disposable income of between R0 and R1 000 and only 8,2% were in the R5 001 to R7 000 category, supporting the thesis that “the less you have to spend the more likely you are to gamble instead of investing it” (p. 17). One in six (15,9%) respondents to this survey indicated that they visited a casino “at least once per week” and the largest proportion (40,2%) spent between R50 and R300 per visit. The study referred to the historical ban on gambling and the sense of rebellion against Calvinist societal norms that prevailed among South African gamblers.

An investment analysis on behalf of Sun International (Van Zyl, 1999) forecast that 2% of personal disposable income (PDI) would be spent on gambling during the years 1999 to 2001. During these years, PDI was expected to grow by 6%, 9% and 11% respectively. The propensity to spend money on gambling was highest in KwaZulu-Natal (2,3% of PDI) and Gauteng (2,1%), followed by the Western Cape and North West (both 2%). In the other five provinces, the expectation was that 1,7% of PDI would be spent on gambling. More than one-third of the anticipated R508 million nationally spent on gambling in 2000 would come from Gauteng (38%). A further 15% would come from each of the Western Cape and

KwaZulu-Natal and 8% from the Eastern Cape. The other provinces would account for the balance, namely 6% from each of the Free State and Mpumalanga, 5% from North West, 4% from the Northern Province and 2% from the Northern Cape (Van Zyl, 1999). Significantly, the same analysis predicted an increase of the smaller casino license holders at the expense of Sun International and Tsogo Sun, especially if the small licence holders were successful in their license bids in KwaZulu-Natal and the Western Cape. Gauteng was also likely to capture the market of the surrounding provinces once all six of its provincial licenses had been allocated and operators were on stream. Ease of access to gambling opportunities in the major metropolitan areas of the country appears to be a conclusive determinant in generating awareness of and resultant participation in gambling activities.

More recently, the Western Cape Gambling Board commissioned a study (Collins & Barr, 2000) of “problem gambling”. The intention was to determine its incidence prior to the issuing of casino licenses in that province. Of a representative sample of 1 000 adults, more than one-third (34%) were found to be respondents in gambling more than once a month. The greatest propensity for regular gambling was evident among males (37% as opposed to 32% of females). In terms of age groups, more than two in five (44%) of those aged 25 to 34 years were regular gamblers as were 38% of the 40-49 year group. Educationally, respondents who had completed only a primary level education were more likely to be regular gamblers (40%) than those who had achieved either a higher or a lower level of education. The black (mainly isiXhosa-speaking) population were more likely to be regular gamblers (44%) than members of other groups. Also, coloured people (37%) were more likely than their white counterparts (25%) to gamble regularly. Gamblers in the income bracket R800 to R7 999 gambled the most regularly; gamblers in the lower and higher income brackets gambled less regularly.

The study estimated that 2,5% of the adult population (about 50 000 people) could be identified as potential problem gamblers (Collins & Barr, 2000), constituting about 6% of those who gambled. This was calculated on the basis of respondents answering in the affirmative to more than six

of the 20 questions based on those used in similar studies in the United States. The study noted that the decision to legalise casinos was primarily a reaction to the emergence of a “huge illegal slot machine gambling industry” (Collins & Barr, 2000: 8) in South Africa since the late 1980s and to “regularise” the situation whereby on the reincorporation of the former homelands, there were suddenly 17 legal casinos in South Africa. In relation to public opinion about the morality or perceived benefits of gambling, significantly more felt negative (38,4%) or indifferent (33,4%) about the introduction of gambling in South Africa than felt positive (28,2%). The potential implications of contravening accepted social and moral standards should clearly thus not be underestimated.

Social impacts of gambling

The study by Francis and Lubbe (1999) laments the lack of data in South Africa that might substantiate preconceptions that gambling results in an increase in crime and other evils. They also point out that “[t]he social implications of gambling are much more difficult to measure than the economic implications since many of the possible impacts of gambling, such as on the work ethic of a society, are difficult to measure” (p. 13). The paragraphs that follow outline briefly the social and other pathologies to which gambling has been shown to be linked, although not necessarily in a relationship of causality.

Personal health

The Productivity Commission (1999: 7.10) asserts that many studies find a connection between problem gambling and mood disorders, such as depression, anxiety, guilt, restlessness, preoccupation with gambling and loss of control. The Compulsive Gambling Society of New Zealand argues that many pathological gamblers consider suicide as a way out of their gambling problems. Also, in the United States, since the early 1970s, the increase of legalised gambling opportunities has led to an increase in the number of problem and pathological gamblers needing help and in the number of programmes for the treatment of compulsive gamblers (Volberg

& Steadman, 1986). A recent United States survey concluded that pathological gamblers had an “incidence of poor health 2.2 times higher than low risk gamblers” (Productivity Commission, 1999: 7.17). Furthermore, it has been found that many pathological gamblers have other dependencies, such as alcohol and drugs (Productivity Commission, 1999).

Interpersonal relationships

The NGISCR (1999) argues that despite the scarcity of research on the impact of compulsive gambling on interpersonal relationships, the available literature suggests that compulsive gambling may have a severe impact on the family of a pathological gambler. The increase in the number of problem and compulsive gamblers implies that the number of affected non-gamblers is also high. It is estimated that the activities of most compulsive gamblers affect the lives of between six and 12 people, particularly members of the family and friends (Looney, 1998). Compulsive gambling leads to family disruption, child abuse and neglect. Also, children of problem gamblers are more likely to adopt delinquent habits such as smoking, drinking and using drugs, and have a high risk of becoming compulsive gamblers (NGISCR, 1999).

Financial problems

It was reported (Council on Compulsive Gambling, 1998) that during 1998, 25 038 calls to the 1-800 help line indicated average gambling debts of \$38 030 and average annual income of \$36 134. One year earlier, data from 23 606 calls showed annual income exceeding gambling debt by more than \$5 100. There are many areas of social costs to society such as high insurance costs due to illegal acts, due to fraud, embezzlement, white-collar crimes, bank fraud, credit card debt and bankruptcy, police costs, judicial (both civil and criminal) and corrections (prisons) are increased due to compulsive gambling. Compulsive gambling leads to financial devastation for the problem gambler and family members (Looney & O’Neill, 1999; Productivity Commission, 1999). A new study demonstrates there is a correlation between the rapid growth and availability of legalised gambling and a recent surge in personal bankruptcies (Looney & O’Neill,

1999; NGISCR, 1999). There are 2,5 million compulsive gamblers in the United States—about 3% of the adult population that gambles—and more than 20% of compulsive gamblers said they had filed for bankruptcy as a result of their gambling losses. At least 85% of compulsive gamblers indicated that they used credit cards for “gambling money” (Looney & O’Neill, 1999; NGISCR, 1999). The availability of credit for gambling exacerbates the addiction. A plethora of credit cards owned by a gambler are used to finance one another.

Employment problems

The NGISCR (1999) estimates that a quarter to one-third of gamblers in treatment in Gamblers Anonymous state that they lost their jobs as a result of gambling. Also, compulsive gambling is said to be responsible for poor work performance, lost time at work or study and resignation (Productivity Commission, 1999; NGISCR, 1999).

Legal problems

Problem and pathological gamblers are often involved in criminal activities, such as embezzlement, fraud and default on their financial obligations (NGISCR, 1999). In the United States about 85% of compulsive gamblers say that in some instances they steal from their employers to finance their gambling habit (*Industrial Week*, 1991). Nicholas, Asimacopoulos, Dimouski and Haydon (1997) assert that there is a relationship between pathological gambling and crime. It is argued that an increase in the number of legal casinos would probably lead to an increase in the number of compulsive gamblers (Criminal Justice Commission, 1991) and gambling-related crimes.⁵ It is argued that about 40% of gamblers commit gambling-related crimes in Queensland (Criminal Justice Commission, 1991).

⁵ See also sano.arf.org.announce/na9806d.html; www.uwindsor.ca.

Social costs

It is estimated that the annual average costs of job loss, unemployment benefits, welfare benefits, poor physical and mental health, and problem or pathological gambling treatment are approximately \$1 200 per pathological gambler per year and approximately \$715 per problem gambler per year. NORC (1999) further estimated lifetime costs (bankruptcy, arrests, imprisonment, legal fees for divorce, etc.) to be \$10 550 per pathological gambler, and \$5 130 per problem gambler. With these figures, NORC (1999) calculated that the aggregate annual costs of problem and pathological gambling caused by the factors cited above were approximately \$5 billion caused per year in addition to \$40 billion in estimated lifetime costs. NORC did not attempt to estimate the financial costs of any gambling-related incidences of theft, embezzlement, suicide, domestic violence, child abuse and neglect, and the non-legal costs of divorce (NGISCR, 1999: 4-14). At the Niagara Falls one year prior to the opening of a casino, few people gambled. Once a casino was opened the incidence of gamblers jumped to nearly one in two.⁶ In Essex County, before a casino was in operation, 66% of the adult population indicated that they had gambled at some stage in their lives. Four years after the opening of the casino, 82% of the adult population indicated that they gambled. Although there was no statistically significant change in the percentage of problem or pathological gambling among adult gamblers, the number of compulsive gamblers increased from 4 600 to 6 000.⁷

International policy guidelines

The social, political and moral environments of the United States and Australia differ from each other and to an even greater extent from the South African context. Fundamentally, the United States and Australia, with per capita GNP levels in excess of US\$22 000 and US\$16 000 respectively, constitute far wealthier societies than South Africa, whose GNP per capita is less than US\$3 000. At another level, gambling appears

⁶ sano.arf.org.announce/na9806d.html.

⁷ www.uwindsor.ca.

to be viewed as a contravention of the Protestant work ethic by greater proportions of people in the United States and South Africa, than is the case in Australia.

Nevertheless, it is pertinent to note the essence of the recommendations of the United States NGISCR (1999). Apart from recommending a “pause in the expansion of gambling” in order to facilitate “an assessment of the costs and benefits already visible”, the Commission makes a series of important recommendations about the gambling industry in its current form. These include the prohibition of all individuals aged below 21 years from participation; the display of warnings against the dangers of gambling at places where gambling occurs; and a termination of licensing of additional electronic gambling devices and a reduction of the existing stock. Other recommendations are a ban on aggressive advertising of casinos, especially in impoverished neighbourhoods; the introduction of educational programmes about the dangers of uncontrolled gambling; and a limitation on the number of outlets for lottery ticket machines. It is also recommended that there should be an annual gathering of data to monitor the extent of problem gambling. Finally, it is recommended that ATMs be banned from the immediate area where gambling occurs because their proximity “encourages some gamblers to wager more than they intended” (p. 7-30).

Additionally, it should be noted that in the United States US\$20 million is given annually to 45 organisations that treat problem gamblers. Although this constitutes only 0,01% of the US\$18,5 billion received by the state in the form of revenue from the gambling industry it is a guideline for policy in South Africa.

Research methodology

The high profile of the proliferating casino industry in relation to the established horse racing, the lower-profile bingo and national lottery at that stage influenced the decision to focus the research on casinos. Owing to budgetary constraints, the research was restricted to four provinces, each one with a different historical exposure to legalised casino gambling. Firstly, North West was selected owing to its twenty-year history of legal gambling in the former Bophuthatswana homeland and secondly Gauteng, where five of the six new casino licensees had commenced operations at the time of conducting the study. The third province was Mpumalanga, where three new casinos were in operation in small town contexts and fourthly, KwaZulu-Natal, where illegal operations had proliferated amidst delays in the issuing of four of the five allocated casino licences. Due to its proximity to KwaZulu-Natal, casino operators in the Eastern Cape were interviewed.

The research methodology utilised comprised five phases that ran concurrently. Each phase was informed by the international literature. The phases were:

- a series of focus group discussions with regular gamblers
- in-depth interviews with casino operators
- in-depth interviews with other stakeholders in the casino industry
- two questions about gambling behaviour in a national omnibus survey
- interviews with casino patrons at ten casinos

The combination of approaches facilitated the collection of complementary data by different means and from divergent perspectives. Views ranged from the very positive, amongst those who had vested corporate or personal financial interests in the industry to those who were tasked with monitoring or regulating gambling and at the opposite extreme, those who would have liked to see gambling made illegal again. The focus groups allowed for the gathering of nuanced information that would not normally emerge in formal interviews. The complicated and often contradictory

answers which people expressed in the groups facilitated a textured understanding of attitudes. Although the findings of the focus groups should not be taken to be representative, they can be seen as indicative of the views of the larger target groups. For the purposes of this project four groups were recruited on the basis of gender and race, in two provinces.

The in-depth interviews were conducted with representatives of the casino operators in Gauteng, North West, Mpumalanga and KwaZulu-Natal and neighbouring Eastern Cape. Similarly, interviews were conducted with the police, the national Department of Welfare, a clinic that treats compulsive gamblers, provincial gambling boards and representatives of gambler help groups. These interviews were structured to include questions about the nature of the operations or programmes involved in relation to gambling and the specific ways in which the social impact of gambling was addressed.

Focus group discussions of gamblers

Sample and discussion guidelines

A series of four focus group discussions of people known to be casino or horseracing patrons was convened in April and May 2000 to explore the issue of problem gambling from the perspective of South African gamblers. Some of the participants appeared to be conscious of problems with their gambling habit, while others perceived it as a pleasant past time. Each group comprised between eight and ten respondents recruited by Q and A Research (Randburg). Visits to various casinos and interviews with operators informed the choice of focus group compositions, these being the individuals apparently most likely to be regular casino patrons. Trained facilitators used prescribed guidelines to direct the discussions. Topics addressed included the nature of the respondents' gambling activities, the effects of these on their families, jobs and financial situations and their recommendations for dealing with gamblers who were perceived to have become addicted to the habit (Appendix 1).

The four group discussion sessions took place on weekday evenings between 18:00 and 20:00, three in Randburg and one in Durban. The Indian and white groups used English and occasionally Afrikaans. The black group utilised a mixture of isiZulu, Sesotho and English, depending on the choice of each respondent.

Table 1: Composition of focus groups, April-May 2000

Gender	Race	Type of area	Province
Male	White	Metropolitan	Gauteng
Male	Black	Metropolitan	Gauteng
Female	White	Metropolitan	Gauteng
Male	Indian	Metropolitan	KwaZulu-Natal

The three Randburg groups comprised black males, white males and white females respectively. The white females were mainly "middle class", some working and others not. The black male group included two insurance

consultants, an IT technician, a hawker and a laboratory assistant. The white males were all either employed or running their own small businesses. The fourth focus group, comprising Indian males, was held in Queensburgh, Durban. The Indian respondents were mainly artisans, with two teachers among them. The paragraphs that follow record the feedback obtained in response to each question posed by the facilitator.

Why do people start gambling?

The groups discussed how they started gambling and several reasons emerged. A common factor among most respondents was boredom and predominantly so among women respondents. One female respondent said that she never gambled while her children were young but once they had grown up she started:

I think it was the start of emptiness and having nothing to do, nobody needs you anymore, everybody is going their own separate ways after being so involved—suddenly there’s all this time on your hands. You haven’t worked; you are not marketable anymore. I’m now taking computer lessons but at this age nobody will give you a job. Kids coming out of school with degrees and whatever. So I was looking for something to do.

An Indian respondent said that in order to stop gambling it is essential to “find an alternative to occupy yourself”. He felt that rather than saying you are “going fishing” you should really go fishing. “Boredom is the issue.”

Another female respondent said, “You sit and you don’t have anything to do and the weather is maybe bad or your husband is watching rugby, or he’s involved in his job.” Another asked her husband whether he would prefer her to have an affair or to gamble, her rationale being that gambling was “the lesser of two evils”. She admitted that she did not need the money but that she was “looking for something”. She added, “The person who finds out what we are looking for is the one who’s going to solve all our problems.” Another said that while her family was out all day at work and school she could spend the day gambling. “I can leave home at

08:30 in the morning and sit there until six o'clock at night. I've got my cellphone and if it rings I run to the toilet and say, 'I'm at the mall.' You start lying a lot." Another recalled that in her previous job she had to travel frequently and when sleeping over at a hotel in the vicinity of Sun City she started gambling, not knowing what else to do in the evening. Having been "stingy" with money her approach changed at the casino. She indicated that when she went in there, she lost her mind. "So that is how I started and then I couldn't stop." One of the white male respondents said that when he was 17 years old he had "nothing to do, then you play with one cent, then two cents...after six months out of one cent and two cents I had R18...it was actually a lot of money in those days. I could put petrol in my car."

Others began out of curiosity because their friends or members of their families gambled. In some cases it was passed down the generations. One said, "My mother was always a gambler, there's been one in every generation in our family." Awareness that this was problematic was discernible in her comment: "I miss my mother terribly but I think God knew what he was doing when she passed away because she was a gambler." Another likened gambling to alcoholism that ran in families. In contrast, one respondent said that she thought gambling was merely a "hobby". One of the black male respondents became interested when his father placed bets on horses. His father used to ask him "to come and look at the newspaper with him" and "tell him which horse will be ridden by whom".

Another motivation was recreational. One Indian male respondent said, "I think it was just fun at first and then you get hooked onto it." Another said that as a child he played card games and tossed coins for money. What began as fun developed into a perceived means of balancing one's budget. A black male respondent said that his gambling "started with spinning zwipi at school"⁸. Similarly, another said:

It started at the zwipi. There were heads and tails. We played this and as one was getting older, one realised that even if one

⁸ Also called zwepe or zwiki in some townships.

played zwipi for the whole day you will not make a lot of money. I then started admiring people betting on horses and dice. Dice is not like zwipi; zwipi money is too small. When I went to the dice, the money was better than the one from zwipi. Then I moved on to playing the dice, I then moved to betting on horses. After the horses one moved to playing the jackpot and every time you feel this one is better than the previous one. What I was looking for was making more money.

A white male respondent said, "Let's be honest, I enjoy it. There's always nice pubs there. My wife gambles, I gamble. We can go and sit down. Sport on TV. I enjoy it. It's getting out of home I'm enjoying and there's a possibility you can become a millionaire." A black male respondent said that gambling was a hobby and a way of relaxing at first. "I would just go telling myself that I'm going to have fun. It happened that I had a few occasions where I won. This motivates you even further, you are pulled into gambling. I won on three or four occasions and then told myself that this will be a way of entertaining myself, but then I realised later that I was addicted."

One Indian respondent actually worked at different racecourses (Scottsville, Clairwood and Greyville). He remembered observing the punters and emulating their bets. In this way he began to gamble seriously. Similarly another black male respondent began working at the racecourse at a young age. "Because I was taller I could get part time jobs." He continued, "Before the race starts I would see people moving, placing their bets and became curious."

Others, however, admitted that they did need the money and that was their reason for gambling. One of the Indian male respondents said that "in the beginning it was for fun. For going out a lot, you need money. With kids you need money and trying to get more money." Another Indian respondent said that he started gambling as a youngster because he needed the money. In their family of ten,

... it was difficult for my dad to give us all pocket money, so we used to go and work on weekends and after school and all

that for our own pocket money, and my late brother and I've got another job in New Zealand, and the three of us we started work at the racecourse. We started work there washing glasses in the bar and we used to see all the punters rush in and out and there was great excitement. Lots of excitement in those days you know and we used to watch these guys and all our guys who used to work there—wash boys, the waiters and all these, put twenty-five cents, all of us together and we'd take a bet and the bet comes on and we'd go home with R5,00 each, so it's a lot of money for us...And that is where we got the taste from. We never stopped.

Others stated that they depended on gambling to make ends meet. One Indian respondent said, "Right now my telephone account is outstanding, about R4 000. I'll pay that when I win. I'm hoping every week I'm going to win." A black male respondent said gambling was "about trying to get rich and meeting the demands of your family". Another in the same group said his motivation for gambling was poverty. "In Zulu there is a saying 'kubamba ezingelayo', meaning this gives one hope that if you play or gamble you will eventually get something." Speaking more generally, one male respondent said, "Some men even go to the extent of taking their week's salaries, trying their luck, go and gamble the whole salary with the hope of getting something back because the salary is not enough to meet the demands of the family. At the end of the day he loses it all, he ends up being afraid to go back home."

Peer pressure and enhancing one's status also tends to motivate gambling. One black male respondent complained that his wife would measure their economic progress in terms of that achieved by friends and family. He said that she would pressurise him with comments like "You don't try your luck with other things ('awuphande', meaning trying other ways of making money even if the ways are not legal). How come you don't try your luck like them? You never try anything. At least they are trying. Even if he's arrested trying his luck, he was trying." Another mentioned that his wife tells him about other people's children who attend a school where the fees are between R4 000 and R5 000. She also makes

comments about “so and so who is not as educated as you but he’s driving a Z3, you are still struggling”.

An Indian respondent told how he enjoyed hitchhiking around the country when he was younger. He once went to Swaziland and ran out of money. To boost his finances he took his remaining R4 to the casino and emerged with R376.

Gambling behaviour

One of the women respondents described in detail her collusion with her mother-in-law to go gambling together as frequently as possible. She said, “We beg my husband like on a Friday night or a Sunday night, please can we go, please can we go, by ten or eleven o’clock in the evening. The minute he says yes he thinks we won’t go anymore because it’s so late, we will get into our car and we are gone.” A white male indicated that peer pressure fuels gambling activity. At social functions, gamblers like to boast to one another about the size of their winnings. At the casinos, thoughts such as, “If he can do it, I can do it” are common. The heart of the issue was touched upon in a comment by another white male who said, “You set yourself a target and the trouble is, it’s not how long you play, it is when you stop, because you will find that a lot of the people here will tell you that they are R2 000 or R3 000 up. Now they’ve made that and now they want to make R10 000. And this is where we all go wrong.” Another said that in a casino “the more you drink, the more reckless you feel”. An Indian respondent said, “Once you start gambling and drinking, you don’t think logically.”

One female respondent related the story of a female gambler at the Sundome who lost money and “started to scream and shout and swear and kick people and hit a guy off his chair...she was screaming at everybody and swearing and they had to carry her out.” The teller of this story admitted that she too could easily stand in the middle of the casino and scream sometimes.

The compulsiveness of the habit was illustrated by the comment of one of the female respondents. She said, “I’ve always thought I’m a strong person. I woke up one morning and I said, ‘That’s it, I’m not smoking

anymore.' I've smoked for 28 years and I don't smoke anymore. But, I wake up every morning and I'm not craving anymore and by eleven o'clock I'm sitting in the Dome." The frustration involved in gambling is illustrated by the comments of one of the white male respondents: "You put in the money, you feel that thing like this, nothing happens, as soon as you leave there comes another oke, he puts in his first coin and he wins the jackpot and you say to yourself, why, you keep saying just one more coin. I've played that machine the whole bloody night. You start thinking, I might first go with R300 there, I think I will win so much to pay all my debts and I lose it, then you get eager, you put in another R300. Then you start playing with your debtors..." Others are more rational in their gambling. One white male respondent said that he budgets to gamble. "I haven't got a family, but what I do is, because I work for myself, I work out I've made so much at the end of the month. It can be R18 000 to R20 000, it depends on how the month was. I would say to myself I need this, I need a new car or whatever. Then I go to the casino. I put money into the casino instead of buying what I want for myself."

In exploring the sociability of gambling, from the female's group said that "today 90% of my friends are gamblers". Another said that she preferred to go gambling on her own. If she goes with someone else and that person wants to leave earlier than she does, "They sit next to you and they wait and wait and it puts you off, then you have to take them home and that really puts me off. I prefer that everyone has their own car." In contrast, one white male respondent said that he favoured sports betting. In his circle of friends, each person puts in R5 on a game. He said, "It's just to make it a little bit more interesting, just to give a little more flavour to the whole atmosphere of the party."

It was felt in the Indian male group that casinos were worse than horse racing in terms of accessibility. With the latter "You've got nine races over five hours but with the casinos, if they're closing at three o'clock and you're winning they'll carry on until you lose. They do not have to close." (The illegal casinos in Durban are not open 24 hours per day like their licensed counterparts elsewhere in the country.)

An Indian respondent felt that the temptation to gamble was increasing. "People catching the lottos and getting the millions at the Wild Coast and people that are non-gamblers are starting...with the promise of one million, R4,00, I'm sure I can invest R4,00 as well. Guys are just investing R4,00, R4,00 and they are carrying on. Multiplying." Another said that he had been to one of the new casinos and "what excited me then, there were free drinks".

Reference was made in the Indian group to different types of gamblers. It was felt that for pensioners, going to the casino is "an outing" whereas for "hardcore" gamblers it is "a different story". The implication is that for some gamblers, the act of gambling constitutes much more of a problem than for others.

Resultant financial problems

Asked if gambling posed a financial problem, a respondent from the female group indicated that it had "become a problem to her and her bank manager". Another could not understand why she won so much when she started gambling but that this pattern did not continue. She reasoned that "it's even cheaper to become an alcoholic".

Another female respondent related that however much she won it never seemed enough, even if it was R6 000 to R7 000. Another female indicated how problems are compounded when one starts to develop "your own system of revolving credit. You put it [the money] in one bank and you go to the next bank and draw it out...It becomes a very serious problem. You get to the point where you actually don't enjoy it anymore." An elderly female respondent said that she was no longer able to "afford to gamble anymore because I'm on pension now".

Examples of inexplicable financial losses were indicated by some of the focus group respondents. One female respondent said that over the Easter period she won R22 000 at Sun City and then lost R25 000 at Carnival City. She did not know what happened to the R22 000 or the extra R3 000. An Indian male respondent related how he went to the casino with R100. He said, "I won R7 000 and left the casino without a cent and so it goes on and on." A black male respondent said that he did

not take care to restock his shop. "I started losing my customers because every time they looked for something I did not have it. They would go to other shops because I did not take stock of what I had and did not even communicate with my staff. I rented the shop. It became difficult for me to even pay for the building. I had to decide to leave the shop because I was getting into more and more debts."

One of the female respondents indicated the irrationality of her gambling. She said that while she had no problem in spending R2 000 at the Sundome, she would not be prepared to pay R300 for a pair of shoes. Another female respondent said that in spite of her "weakness" for expensive shoes, she had not bought one pair for five years, although she gambled regularly.

Some of the male Indian respondents pointed out that the "private casinos" (illegal) were not reliable because "you get paid by cheque" which bounce. No fears about going to these casinos were expressed, however. One male respondent said, "If you want to play, you want to play."

Several respondents remarked on the amounts of money they could have accumulated had they stopped after winning. One female respondent said that she could have paid off the bond on her house. Another said that she could have bought a new car. A black male respondent said:

When you come back from the Tab, you've lost, your heart is bleeding. After working the whole month for my salary, I take perhaps part of it, even if it's just R200. When I lose that I come home with a bleeding heart. I end up spending sleepless nights thinking, "Had that horse performed better, I would be better off." I become so touched and decide to teach my children not to gamble. I don't want them to go through the same thing as me.

Availability of credit

Several respondents identified easy credit as a problem. One female respondent explained that her credit card limit was R2 000 but that at casinos this did not appear to hold. She said:

Where I got into deep trouble is to go there and withdraw R500. When you go back again the same night you can actually draw up to R2 000. At the middle of the night, after twelve o'clock, you start again, then you can withdraw that R2 000 again. At the end of the day my credit limit was only R2 000 and Morula Sun was my favourite. You could sit with an overdraft of R6 000 and then the bank starts at you. You see that was my big problem and at the end of the day after about six months, I couldn't sleep. I nearly started getting heart failures, anxiety attacks and sweat and can't sleep and whatever. The bank phoned my husband, 'What is going on, Morula can't sponsor your wife's gambling.' It was a terrible mess.

One of the female respondents admitted that the bank repossessed her credit cards. She said, "They will give it back to you when you are square again." A black male respondent said, "The most depressing situation was that I had to cancel my credit card. When I cancelled it, I was owing a lot of money, about R6 000. It put me in a worse position because I had just applied for a house. I must now pay it before I can move into the house." He explained that once the bank began litigation "you end up at the credit bureau with a judgement" which lasts about five years, "during which you will never get credit anywhere".

A white male respondent said, "I've thrown out my credit card now. I don't have my credit card anymore. You know when you start gambling with money that you haven't got it is a problem." Another white male respondent said that he had no credit cards and did not even want any. A white female respondent expressed relief that she did not have a "gold card". Even if offered one she would decline because "that R25 000 [limit] would be gone within a month". An Indian male respondent expressed the

view that there should not be ATMs in casinos and that other credit facilities or cheques should not be accepted in casinos. He felt that only cash should be accepted. However, another Indian male respondent said that ATMs are “just as dangerous to compulsive shoppers who go to the Pavilion on a Sunday and then draw money to buy something that they will hardly use because they see it is cheap”.

Other ways of sourcing money

Several female respondents expressed resentment towards people who attempt to sell their jewellery at casinos in order to access additional money. Others revealed that offers of money for sex or vice versa occurred in casinos. One female respondent related an incident at the Morula Sun where a female respondent approached her husband just after he had won the R17 000 jackpot. The female respondent “asked him for R500 for a quickie in the car”. Another said that she noticed men watching women losing money and then offering them “R250 for a quickie”. Another said that she would not approach a stranger for sex for R500. She remarked that if she had to she would charge not less than R5 000.

When asked if they had ever stolen money to gamble, the female respondents replied that they “just pinched” or “took it from his wallet” or “borrowed from my husband”. A black male respondent admitted that he would steal his wife’s money when she was “busy doing the washing”. One of the Indian male respondents admitted that he had stolen money. Others said that they had deliberately issued cheques knowing that there were not funds in the account. A black male respondent felt that stealing money for gambling was a “white” rather than a “black” problem. He thought that addiction to gambling was more serious among white people than black people. Another black male respondent revealed that he had stolen company money to go and gamble. Fortunately he had been able to return it but he said, “That was wrong. What if I never got the money back? It was going to be a problem.”

A white male respondent revealed that strong feelings existed in relation to stealing in order to gamble. He said:

If you are a gambler, you become very superstitious and a gambling debt is a debt of honour and the other thing is that if you steal from somebody else, look, basically most of us wouldn't steal if opportunity presented itself but there are some people that won't steal specifically from another gambler if the opportunity arise because it will give bad luck and so on. These are things that develop in the religion of gambling.

A black male respondent admitted to having surrendered a Fedsure cash plan insurance policy so that he could pay his credit card. He added, "It sometimes happens that you surrender your policy, after surrendering then something happens within the family that needs money, then you realise that this is more important than the reason you surrendered your policy, you find yourself in a very difficult position not knowing what to do."

Impacts on family and relationships

One of the female respondents explained that she had begun to lie, to borrow money, to use household money for gambling. This caused arguments with her husband. Another female respondent said that both she and her husband gambled. They have a nine-year-old daughter but they are always looking for a "gap" to go gambling. They only take the daughter when they make the trip to Sun City because "it's a holiday resort more than gambling". Referring to their daughter, she said:

She has lots to do and plus you get sitters, but she's old enough now. We never ever gamble in the day, that we don't do when she's with us and we stay with her right up till about nine-thirty, then she goes to bed, then we only go and gamble. What is bad is that we come to bed at six or seven the next morning but then she's just woken, so one of us has to stay up with her and that's a killer—which is usually him. He would take her to breakfast. He will stay with her until about two o'clock. It's not fun for her because he's very tired and I

might take over after two in the afternoon and he will go and sleep. So we are fine, that's happened a lot though.

One of the female respondents told of how her own daughter had asked, "Hoe oud moet jy wees om te kan 'gamble'?" [How old do you have to be to gamble?] When told, she responded, "Ek kan nie wag om agtien te wees nie." [I cannot wait to be eighteen years old.] Another female respondent said that her son hated gambling when he was young but that once she started sharing her winnings with him, he became more amenable to the concept. A black male respondent told how his 18-year-old son always wanted to accompany him to gamble on Fridays. He said, "I would then suggest that he should also gamble for himself. I would encourage him to gamble. I say to him it's a man's life. A man should not expect money to come to him. There are other ways of making money." One of the Indian male respondents said that his children would never gamble because of his experience. Another held the opposite view. He explained how his 14-year-old son takes his R5 or R10 pocket money and comes home with R25. He blamed the "Cherry Master" (illegal gambling machines) that are "in almost every café" and into which one can insert fifty-cent coins. The children go shopping "and they spend their time spinning for fun". He felt that shop owners should get rid of the Cherry Master machines used so much by children. Another sentiment expressed in the male Indian group ran thus: "If primary school children can be given sex education, then they should also be educated about gambling." He also felt that it was the responsibility of parents to "counsel" their children "about the dangers of gambling". With regard to being exposed to gambling, another Indian male respondent said that children should not even be admitted to race-courses. He thought that the current restriction on bets to those aged 18 years or more does not prevent children from watching and learning how to gamble. Another said that casino operators should insist on seeing the identity documents of young-looking customers.

One of the female respondents remarked that she did not know how people coped if both spouses gambled. She indicated that with her husband's help she was still able to "pay the bills, the grocery money and sort out my credit card and go out the next day, pay the maid. I get by, but if

there's two of you and you both do it, it's not going to work." Another female respondent said that when her husband accompanies her to the casino, he keeps her winnings and refuses to give them to her in the casino. In spite of the anger and frustration that this causes, she admitted that she would spend it all, were he not there to maintain control.

An Indian male respondent said that the loss of money was not as important as the breakdown in relationships. He said, "You pick up the phone and phone somebody, they always say they're out...you get into arguments...wife...children..." One of the females said that her husband had pleaded with her to refrain from going gambling so often because he wanted to spend more time with her. Another female respondent admitted to having thrown the car keys at her husband in the course of a gambling-related argument. Another said that her husband had tried to prevent her from going gambling by taking the telephone from her and throwing it against the wall in anger. One Indian male respondent said that his wife was "not happy because she knows that I'm gambling and she knows we can have a better life if I don't".

A black male respondent confessed that he sometimes went gambling at 19:00 "and you end up getting home after 24:00. The children are asleep. You end up neglecting your children because of gambling." Another said that while he thought that he was relieving his work stress by going to the casino, he did not realise that his "family was breaking up". In another case, anger was generated by his wife's sarcasm about his losses even though he had been trying to win "for her".

Among the white male group there appeared to be an initial reluctance to admit that there were family or relationship problems. One male respondent said that his wife had threatened to divorce him because of his gambling. In another case, the whole extended family was involved in horse racing. The male respondent said that for this reason he avoided placing bets at the races. Another male respondent mentioned his family's unhappiness about his going to the casino. He said, "The children hate it and they see a change in their parents. We actually go there to better their lives but it never happens, or it seldom happens." In another case, the cou-

ple took to apologising because they lost again when they returned from the casino and the children were waiting at home.

Impacts on work

One female respondent admitted to having lost clients as a result of missing appointments. So she then took on a full-time job “to control myself”. One black male respondent said that he sometimes arrived at clients five hours later than arranged. Another black male respondent said that he “stopped gambling owing to certain things that happened to me, including losing my job”. Another said:

I wanted to take a chance and play the trifactor, I would go there maybe 15 minutes before going home time, or even during working hours. I would go there. I would make my selections and put in my bet. I would just get there and sit, instead I will be so hooked to an extent that I would want to listen to the results—I would end up spending 2 hours there, that would be during working hours and when I get there I would give my employers a story. So that put me in a lot of trouble with my employers, I was continuously getting warnings.

Another black male respondent said that if he missed the opportunity to place bets he would feel empty. His work colleagues would ask what the matter was and he would say that he needed to “go and attend to something”. His colleagues eventually found out when they realised that “if the horses were not running I had no problems but if the horses were running I always had problems. They would ask me funny questions.”

One female respondent said that she tended to fall asleep at work “between twelve and two” after a night at the casino and when her supervisor addressed her she woke up and thought she was being screamed at. A white male respondent said that he ended up working until three or four in the morning sometimes. Another said that he frequently gambled the whole night and just returned home to shower and change his clothes

before work the following morning. Another said that his gambling caused problems for his employees. He said:

I had to fire people and put more pressure on the people who were still working for me to make ends meet for me. I had to pressure them. That is actually now causing a rip-off. I have to pressure them to actually meet the deadlines still...

An Indian respondent recalled how he frequently left college after the first two lessons on Wednesday to attend horse races.

Health problems

When asked how they coped with depression, anxiety and stress resulting from gambling, a member of the female group replied that she went “back to gambling”. Another female respondent said that compulsive gamblers could be recognised by insomnia, headaches and shaking. One of the females admitted to feeling suicidal on occasions. However, one female respondent said that compulsive gamblers were unrecognisable from the outside. In contrast, a white male respondent said, “You know when you walk through a casino, you see the desperate look in the people’s eyes. They are not relaxed because it’s the R100 you lose, you hope to win a R500. You lose R1 000 and you hope to make R3 000, eventually as you said, you use your family’s money and the money which does not belong to you.”

Two female respondents complained of shortness of breath and rapid heart rates. One remedied this by asking her doctor to prescribe tablets that would calm her nerves. Another made the bizarre admission that she sometimes had to remove her clothes and “lie on the cold floor” to reduce her pulse rate. Another said that in spite of her hunger she would sometimes deprive herself of food so that she could gamble. One Indian male respondent said that he was “seeing a psychiatrist” in order to find a solution to his stress. Another Indian respondent admitted to anxiety, saying, “If you have five grand and you’ve got commitments, how the hell can you sleep?”

Lack of nutrition appears to be another health-related consequence of gambling. A black male respondent revealed how he would often not eat so that he could place another bet on a horse race. "People at the racecourse eat just peanuts. The peanuts are not even bought, they are on credit. The ladies at the racecourse already know their customers. They know about the ones who pay on time and the ones who don't pay on time." Another problem resulting from excessive gambling included tiredness which was particularly dangerous when one had to drive.

Reactions to the idea of treatment or stopping gambling

One of the female respondents said, "I'm not proud of the fact that I gamble." She continued that she would be grateful to anyone who could help her to stop because it had become a "nightmare". One female respondent said that she had never been to counselling because there was "nothing wrong" with her. Another said that her counselling had not been successful because of its religious slant. She explained that she did not think "that kind of psychology was going to work for me. The religious aspect that it was against God's will, which I'm sure it is, was not going to cure me. Believe me, I know. I want to know why I'm doing it and what I can do to stop it and fill those hours with something else." Aspects of compulsiveness were evident in the comment of one female respondent who said, "You go back and then you lose and you promise yourself I will never do it again. Why am I doing it? You actually fight with yourself. Why do I do it? I'm stupid! And the next day you go back gambling."

One female respondent said that she would like to speak to the minister at her church but could not bring herself to do so. She had often driven past his house but had not been able to go in. She could not even talk to her family about her concerns.

One female respondent said that she did not like the idea of counselling but that the focus group discussion itself had been helpful to her. She suggested that a support group for "listening to other people's problems and thinking 'I'm like that'" would be constructive. Another female respondent said that just as recovering alcoholics sometimes have "spon-

sors”, so should gamblers. The gambler could then phone the sponsor and say “I’m dying to get to the Dome” and the sponsor could talk to her “until that urge is gone”. Another pointed out that the sponsor would have to be strong willed. If both gambler and sponsor had a weak spot, they would both end up at the casino.

A white male respondent felt that if the motivation to stop or control one’s gambling did not emerge from oneself or one’s family then it would not work. “There will never be structures to prohibit the guy from gambling.” Another agreed with the comment that “gambling was illegal till a few months ago, but everybody still did it”. One suggestion was that people who have gambling cards (the “most valued guests”, i.e. MVGs) could be prevented from gambling if a record of judgements against them was kept. They could be temporarily blacklisted or limited to small amounts (say R100) per session. Another white male respondent suggested that gamblers should be registered. The government then knows who the gamblers are and can deal with them appropriately, for tax purposes for example.

The location of casinos

The ease of access to casinos was seen to be a major incentive to gambling and a major problem to compulsive gamblers. One female respondent thought that the proximity of a casino “one block up from a high school” resulted in 18-year-old children “nipping across the road to the casino”. Previously long drives had been necessary to reach casinos. Concern was expressed in the female’s group about children starting to gamble as soon as they turned 18. One said that children going to the casino with their pocket money “would be committing suicide at 26”.

One female respondent said that she went to the casino two or three times a week because it was “five minutes away”. Another remarked that people without easy access to casinos in the past can now “do their shopping and go gambling”. One female respondent said:

When we only gambled at Morula or the Carousel, R50 fruit and veg money was saved. Now you can’t save it anymore,

but now you are saving on petrol. I don't have to fill up my tank. I just put in petrol, for R10 to get to the casino. Now if I've got this R50, I can buy two weeks' groceries. If I take this R50 I might make R100 and then we can eat fillet steak instead of brisket or whatever. These casinos are really in the wrong places now.

A contrasting view expressed was that ease of access motivated better control of the habit because the distance and travelling at night to and from a faraway casino no longer had to be taken into consideration.

Ways of reducing problem gambling

Several respondents expressed sentiments that a lower credit limit could somewhat reduce the incidence of problem gambling. One female respondent said, "I think basically in the casino itself they should cut down on the amount of money they can give to people." Another said, "They should say you can only get R2 000 and that's it and if it's finished it's finished."

Feelings were that ease of access to casinos at all hours encourages more gambling than racecourses or totes. An Indian male respondent suggested that casino operating hours be restricted. One black male respondent, who felt that casinos should only be open from "Friday to Sunday maybe if the days and hours could be shortened, this will somehow help big gamblers, also mentioned casino hours." One woman indicated that she needed to replace gambling with something else. "It's a personal thing. Each person who gambles does it for a different reason...so we need to find that need, to replace that need with something else." Another woman suggested that all gamblers with problems should be put in a trauma treatment unit for a day. One woman could think of no solution. She said, "I don't know how I will stop. I don't have my own mind anymore. I can't control it."

Another idea from the Indian male group was that free food and drinks and cheap bus trips to the casino should be eliminated. The same group suggested that churches should warn their members not only about drugs, illicit sex and alcohol abuse, but also about gambling.

A black male respondent regretted the lack of social security in South Africa. He said, "It's better in first world countries. When you are down and out you know that you will end up with social services which will help you. You will be given soups, you can bring your family and get food. In our country when you are down and out you end up a hobo, you will end up lying down in Joubert Park or wherever."

Another felt that

... awareness is very important, especially to people who reached certain consequences in gambling. There should be support groups or certain organisations that teach people about the dangers of gambling. It would be better if the counselling or the support groups are run by people who've lost quite a lot in gambling and have managed to stop. It won't be easy to simply cancel gambling. I think an attempt has been made by introducing the National Lottery. There should be one big organisation that handles gambling. So the best thing is to make people aware, say to them there's nothing wrong with gambling, make the community aware of the dangers of gambling and the importance of controlling themselves strongly. The community should be made aware of their responsibilities. If money is budgeted for groceries, fine. Let it buy food for your family. If it's budgeted for entertainment etc. I think awareness is very important.

A further comment was that restrictions should be imposed on people as a perception was that only the wealthy tend to win more. "Imali iya emalini" (money goes where money is). People should be encouraged not to exceed their budgeted amount for gambling. Another suggestion was that people who had bet and lost large amounts should be reimbursed a certain proportion "as some form of consolation".

Another said that rather than imposing restrictions on people,

I believe that the important thing is to make people aware. This is a new thing in black communities. All these things are still foreign to us. We are from an oppressed era... to us these

are privileges. We should be made aware and educated about the disadvantages. A mechanism should be put in place on which people will be educated by media and television; the merits and demerits of gambling so that people should not be addicted to it. You can make gambling a hobby, take your family out and have a good time. If you win you are fortunate. We need to be educated. Whites have long been gambling. They become addicted because they already know. If you were to compare our literacy rate with theirs, you will find that they are more enlightened than us. We need to be enlightened and made aware of these things. I believe the government has made it their responsibility by legislating and regulating the industry, by saying this is what we are going to put in place to ensure that all casinos are legal, gambling is now regulated. No one is going to tell me how much beer to drink. It's my own responsibility. Am I going to expect the state to protect me, to govern and introduce a legislation that says I am allowed to drink 20 pints? I'm responsible for my own actions. If a problem becomes too big, then people need to be made aware. If you look at countries like Australia, the Aborigines, these people have a heavy drinking problem. Because they are neglected and they have nothing, they are landless. They were introduced to liquor, which became their consolation. Maybe the social system of Australia should absorb them and teach them what to do, the type of things that would benefit them. So that a person can have future plans—they can then play certain roles as citizens in their country. Because anything that happens to our brothers, one way or the other, it would mean we would contribute more taxes to uplift the person who couldn't make it. Whichever way we do our things, there's a result. So the only way is to educate people and make them aware.

A further sentiment that emerged (from a black male respondent) was stated as follows:

I think those companies involved should plough something back into the community. For example they should help problem gamblers. They should be seen sponsoring such activities. For example, the Lotto [national lottery], certain proceeds go to charity. We need to see big gambling companies also taking part, the community is involved in their social responsibility programmes. They need to educate the public by saying we don't just end up by taking your money but we will plough back so much into the community, like old age homes, homes for the destitute, the homeless etc., and those who have serious problems that need rehabilitation. They need to be proactive in such social cases. That is how I feel they could plough back the money that they make into the community. It shouldn't just be the few companies that we know, lotto and others. There should be something in the whole thing for the community. When I gamble and I lose, I would like to see the organisation that I support so much, even after losing, what is it doing for the community. If they don't do anything for the community and I keep on supporting them, like horse betting, what is their social responsibility, nobody knows about it. We don't know, maybe they are contributing, maybe we don't know. That is how people can benefit by being made aware of what is being ploughed back into the community.

Concluding observations

A major theme emerging from the focus group discussions was the importance of consumer education. It was felt that public awareness about the dangers of excessive gambling should be enhanced and that the gambling industry should be proactive in addressing problem gambling.

In essence, excessive participation in gambling was perceived to be a consequence of several factors including boredom, curiosity, peer pressure and a need for easy money. Gamblers agreed that it is not difficult to lose control of one's interest of gambling for recreation and to become ob-

sessed with winning money. Incidents were related of “revolving credit” on several credit cards in order to keep pace with debt and of neglect of one’s business affairs. The ease with which credit and cash is available within casinos was seen as highly problematic and conducive to compulsive gambling.

Some incidences of problem gambling were related to prostitution around gambling venues, the income derived from it being used as additional gambling money. Most gamblers admitted that their relationships with their spouses and children had been affected negatively. In some cases children had been neglected or influenced to start gambling themselves. Others had lost jobs or fallen asleep at work as a result of their gambling habits. Depression, hunger and stress were some impacts on the personal health of gamblers.

Counselling was not seen as helpful unless the gambler perceived him/herself as having a problem and was motivated to give up gambling. There was consensus that group discussions were more helpful than individual counselling. Easy access to casinos was seen to be contributing to the incidence of problem gambling. Furthermore, it was suggested that credit, casino hours and free drinks be restricted.

Interviews with casino operators

Sample profile

Out of the 18 operating casinos at the time the study was conducted, ten were visited. They were selected on the basis of convenience of access from Gauteng and because they represented five of the operators in five provinces, each at a different stage of development in terms of their casino projects. Senior managers nominated by each of the ten casinos were interviewed, as well as the senior representatives of five operating companies, namely Sun International, Tsogo Sun, Casino Austria International, Global Resorts and Kairo Management. Issues discussed focused on three areas, namely the socio-demographic information of the customers, attendance frequency and problems associated with gambling (Interview guide attached as Appendix 2). The questions also addressed the issue of the typical customer, the proportion of the gamblers that come every week and measures taken by casinos and the companies operating the different casinos to curb problem gambling. Responses that emerged under each topic are summarised in the paragraphs that follow.

Socio-demographic information

According to the Productivity Commission survey (1999), examining the characteristics of gamblers is helpful for the following reasons:

- “They provide indications of vulnerable groups, which may usefully be the target for help services or promotional campaigns geared at raising awareness.
- They provide information about the patterns of gambling problems, which may be useful in identifying causes of problem gambling prevalence. For example, until the advent of electronic gaming machines (EGMs), females have tended to gamble less than males, and therefore been less exposed to possible problems. The fact that their representation in the problem gambling statistics has risen is

suggestive of a causal link to the availability of a gambling mode attractive to women.

- The socio-economic profile of problem gamblers, combined with other information, may be a guide to more efficient screens of problem gambling” (Who are the problem gamblers?, Q.1).

Population groups

Although customers of Sun International generally included middle and high-income groups, the low-income group predominated, especially in the East Rand area of Gauteng. The Wild Coast Sun was the only Sun International casino dominated by Indian customers (especially during weekends). Also during the week this group constituted about 70% of the customers; the remaining 30% being black, coloured or white. The Carousel and Carnival City had mainly white customers (over 90%) and at Gold Reef City there was a lower percentage of whites over weekends, when mainly Indians, blacks, Chinese and coloureds visited these two casinos. Morula Sun was the only Sun International casino that had a predominantly black clientele (70%). Despite the predominance of whites, Indians and blacks in the respective Sun International casinos, the Chinese, Greek, Jewish and Indian customers, although they constituted a smaller percentage, were considered significant customers because they were known to be big spenders compared to the other population groups. This was especially so at the Carousel and Carnival City. In contrast to Sun International that had a predominantly white clientele, Tsogo Sun had a large proportion of black customers, with the exception of the Sundome, where most of morning (90%) and afternoon/evening (60-70%) customers were white. The Global Resorts casinos, Caesars and Graceland, attracted mainly whites. Graceland had 10% to 15% blacks, 50% to 70% whites and 10% to 12% Asians, that is Indians and Chinese. These casinos, like the Sun International and Tsogo Sun casinos, also attracted Greek customers. Looking at the Akani (Casino Austria International) group, most of the Gold Reef City customers were whites from the southern suburbs of Johannesburg, with some blacks and Indians from Soweto and Lenasia. Gambling at the 50 tables was dominated by Indian and Chinese custom-

ers. About 50% of the 1 600 gambling machine players were blacks and the rest were whites, Indians or coloureds. The casino was busiest between 20:00 and 22:00 on weekday nights, especially Wednesdays when there was a prize draw, and over weekends. A bussing programme brought senior citizens (mainly women) to the casino a few mornings per week. There were about 100 “hard-core regulars” who played the gambling machines once or twice per week. Most patrons were regular customers of Gold Reef City, but tended to follow the promotions.

It can thus be concluded that casino gambling attracts all population groups depending on their location, as patrons tend to visit a casino which is in close proximity to them.

Gender

In terms of gender all the Sun International casinos except Morula Sun had a 50:50 male:female ratio. Morula Sun had about 60% males and 40% females. Tsogo Sun clientele varied by casino. At Nelspruit (Emnotweni) there was a 50:50 male:female ratio. However, during the day there was a 60% female and 40% male ratio, and at night there was a 40% female and 60% male ratio. The females who visited the casino during the day were largely housewives and that the males who went to Emnotweni at night were employed people. At Champions, Graceland, Monte Vista and Sundome, the ratio was 50:50. The pattern of gender ratios concurred with the view that females are increasingly taking advantage of the entertainment opportunities provided by casino gambling. “This reflects reported trends in other research [internationally] showing increasing levels of gambling participation and gambling problems among women.”⁹ Implications are that the chances of a male being a problem gambler are equal to the chances of a female being a gambler, despite the fact that most women begin gambling at a later age than men do.¹⁰

⁹ www.uwindsor.ca/pgrg/year.htm

¹⁰ www.8000gambler.org/women001.htm

Age

Most of the Carousel customers were in the age range 40 to 50 years. Most of these customers started visiting the casino when it opened, and they were still coming to the Carousel because of the casino's loyalty programme. At Morula Sun most of the customers were 30 years and older and Tsogo Sun customers ranged from 35 to 49 years. At Champions the typical customer age ranged from 25 to 50 years. At Sundome the age range was 25 to 60 years. No age range estimate was given for Emnotweni, Graceland, Gold Reef City and Monte Vista. The fact that most gamblers fell into the age range late 20s to 60s should be seen as a positive sign, for younger people were noted more likely to be problem gamblers. This has been proved by studies in the United States and Australia.

Income

All the casino managers interviewed indicated that their target income groups were middle and high-income groups, although these were not specifically defined. In practice it emerged that Wild Coast Sun drew middle and low-income groups, Graceland attracted the middle-income group and Emnotweni the low and high-income groups. Champions's typical customer was the low-income worker. Of concern is that previous studies in SA or internationally, although contestable, showed that low-income and unemployed groups were more likely to become problem gamblers than middle and high-income groups. The unemployed [and low-income groups] were more likely to "gamble problematically because it allows them an escape from their worries and raises the possibility of a win to supplement their benefit income".

Geographical areas

Most gamblers visited the nearest casinos to where they resided. About 85% of the Wild Coast Sun customers came from Durban. The Carousel attracted Pretoria residents, but also had East Rand and Johannesburg customers. Most of the Carnival City clientele were also from the areas

around the casino. Champions attracted a large number of customers from Witbank and nearby areas, and only about 2% came from Gauteng. Sundome attracted people from Sandton and nearby areas like Diepsloot. The pattern was the same at the Global Resorts casinos, Gold Reef City and Monte Vista. Most of Caesars's customers came from the East Rand, while about 20% came from the Pretoria area.

Table 2: Overview of dominant customer profiles of casinos

Casino	Age	Gender (M/F)	Population group	Origin	Income
Gold Reef City			W* I** B***	local	low/ middle
Carnival City	35-50	50/50	W	local	low/ middle
Carousel	40-50	50/50	W	Pretoria	middle
Morula Sun	30+	60/40	B	Pretoria/ local	middle
Wild Coast Sun	35+	50/50	IW	Durban	middle/ low
Sundome	25-60	day 40/60 night 60/40	WB	local	middle
Champions	25-50	50/50	BW	local/ Gauteng	low/ middle
Emnotweni	35-49	50/50	BW	local	low/ high
Caesars	30-40	50/50	W	local	middle
Graceland			W	local/ Gauteng	middle
Monte Vista	30-35	60/40	WIB	local	middle

* W denotes white

** I denotes Indian

*** B denotes black

Casino attendance patterns

Table 2 summarises the attendance patterns at the different casinos visited. With the exception of special promotions and to a lesser extent, school holidays, when high-profile shows and performances were arranged, the busiest times at all casinos were during weekends. The biggest spenders tended to play at the tables, but most customers used gambling machines. At Graceland, about 30% of the gamblers were frequent customers, most of these coming three times a week (twice for music and arm wrestling and another for a chance at the tables and gambling machines). Black customers dominated at the less expensive gambling machines (amounts 50c), whites at the middle-price gambling machines (R1-R2) and Indians at the expensive gambling machines (R2-R5). On average they spent about two hours on gambling per day. Amounts spent depended on the game being played and on whether a customer was playing for entertainment or for money.

To reach the Wild Coast Sun, about 60% of customers used buses and the other 40% used private cars. At Emnotweni (Nelspruit), business people, who spent R1 000 to R10 000 per visit, preferred Fridays and Saturdays. Frequent gamblers made up 60% of all casino visitors. Some gamblers preferred mid-week when it was quiet. At Sundome, some customers walked from Diepsloot, but most arrived by car and morning customers were 90% white. At Morula Sun, most customers were concerned about the condition of the road leading to the casino and the lack of streetlights. On average, customers spent three hours per visit. At Gold Reef City the busiest times were 20:00 to 22:00 on week nights, especially on Wednesdays when there was a prize draw, and over weekends. The highest attendance, which was 15 000 customers, was on a Saturday in April 2000 and the second highest 14 000 customers in March 2000. The lowest daily attendance in mid-month periods was between 4 000 and 5 000 customers. The average amount spent per client per customer was R160 to R170.

Table 3: Overview of customer behaviour at casinos

Casino	Busy times	Attendance	Average spends
Gold Reef City	Fri-Sun; Wed	4 000-5 000 pd	R160-R170
Carnival City	Fri-Sun; long weekends	500 000 pm	R131
Carousel Morula Sun Wild Coast Sun	Fri-Sun	37 000 pm	
Sundome	Fri-Sun	2 000pd; 4 000 week-end days	
Champions	Fri-Sun	35 000 pm	
Emnotweni			Casual R50; Serious R1 000- R5 000
Caesars	Fri-Sun; public holidays	26 000 pd	R77
Graceland		800 pd	
Monte Vista	Fri-Sun, 25 th -5 th	1 000 pd; 30 000 pm	R135

Note: where details are not indicated, these were not provided in the interviews

Problem gambling

Most casino operators had no formal policy on problem gambling at the time the study was conducted. Sun International, which operated casinos in the former homelands, did not have a formal policy on problem gambling until May 2000. Sun International indicated that it was in the process of developing a national responsible gambling programme to address problem gambling.¹¹ Sun International was being assisted by the National Centre for Academic Studies into Gaming, based at the University of Cape Town. An amount of R3 million was budgeted for the 2000/2001 year. The focus of the programme was education and training, counselling and treatment, and research. Particular attention was being given to both

¹¹ Subsequent to the interview, Sun International launched the programme during May 2000.

“problem gambling” and “under-age gambling”. The education and training component was aimed at hospitality employees (dissemination of knowledge), gaming staff (observation and reporting to management) and management itself (intervention). Counselling and treatment were based on material from the Netherlands (Jellinek), Harrahs (United States) and the American Gaming Association (United States). A national help line¹² was being established and outpatient centres operated in Johannesburg, Cape Town, Durban, Bloemfontein and Port Elizabeth. In-patient facilities were planned for Johannesburg, Cape Town and Durban. Gold Reef City of the Akani group had a 24-hour clinic for both staff and clients, operating on two 12-hour nursing shifts. A doctor and an occupational health person were affiliated to the clinic.

Sun International also adopted the slogan “Gamble with your head—not your heart”. This appeared to be an endeavour to ensure that gamblers take responsibility for their gambling habits, but whether gamblers took cognisance of the slogan was difficult to determine. In addition, the slogan did not appear on a prominent spot in any of the Sun International casinos.

Sun International also limited the use of credit cards to R2 000 per card per fortnight. This limitation was indeed confirmed at its Carnival City, Carousel, Morula Sun and Wild Coast Sun operations. However, a loophole appeared to be that if a gambler used more than one credit card, the amount per month could multiply by the number of credit cards used. The likelihood of widespread problems arising from this was confirmed by the international literature on gambling that at least 85% of compulsive gamblers indicated that they used credit cards for “gambling money” (Looney & O’Neill, 1999). According to Looney and O’Neill, “credit cards fuel the gambling addiction, which results in heavy credit card debt

¹² A trial call was made to the number, 0800-006-008, on 13/6/2000 (10:45). The counsellor handed the call very sensitively. After listening to his fictitious information, she informed the researcher that he would not be able to continue gambling and that he should sign up for the six one-hour treatment sessions. He then revealed the purpose of the mock call and that he was not a genuine “compulsive gambler”. The line operates on three shifts over each 24-hour period.

for gamblers. Problem gamblers many times have eight or ten different [credit] cards...”

In addition to its other strategies, Sun International also implemented on request self-exclusion by clients. “Since 1990, only 14 ‘problem’ gamblers have been identified. Twelve of these requested self-exclusion and two committed suicide.” A representative of the Tsogo Sun group said, “When it’s busy you cannot identify that person if he sneaks in. And you cannot stop that person from going to any other casino.” There was no network that ensured that a person who requested to be excluded did not go to other casinos. In Gauteng the situation was exacerbated by the fact that casinos were in close proximity of each other.

Furthermore, Sun International casinos identified “problem gamblers” by means of MVG cards. These are online player tracking systems. “Every person that wants to play on the floor has the privilege of enrolling...The system measures the amount of points a person collects through playing and those are our first visual indicators.” The system shows the amount a person spent, lost and won, and how often that person frequented a casino. At the Wild Coast Sun they also indicated identifying regulars through MVG cards. A change in the pattern of play, like increasing gambling money, could indicate that a person was a problem gambler. Also, it could imply that the gambling companies did not effectively utilise MVGs to identify “problem gamblers”. Furthermore, the online player tracking system was not as effective as it should be and can be improved upon to identify problem gamblers. No person, had however been identified yet through the MVG system of any of the casinos, despite the system’s sophistication. Only 14 “problem gamblers” were identified by Sun International in order to exclude them from their casinos. The Akani group also applied self-exclusion at the request of clients. Staff members were instructed to make these clients leave the casino discretely if they attempted to enter. The Global Resorts group indicated that they identified three or four “problem gamblers”, and the gamblers contacted the staff themselves. Sundome identified two “problem gamblers” since the opening of the casino, and they also reported themselves. Furthermore, the Monte Vista representative asserted that they excluded gamblers when

their “husband[s] or wife[s] phone saying that they are experiencing financial problems. Most managers are experienced in identifying ‘problem gamblers’”.

In addition to using the online player tracking system, the casinos use closed circuit television (CCTV) to watch out for under-age, intoxicated or self-excluded clients. People in these categories were prevented from entering or removed if they were found in the gambling areas. All casinos also excluded under-age people from the gambling area. However, very few casinos visited asked customers to produce identification documents as a proof that they were 18 years and above. Given that it is also difficult to detect under-aged people by means of CCTV, it seems as if the protection of this vulnerable group should be taken more seriously. Their vulnerability was indeed confirmed by a University of Minnesota survey that found that youth are four times more at risk of becoming problem gamblers than adults (NGISCR, 1999).

The exclusion or removal of intoxicated individuals from casinos was likely to curtail irresponsible gambling. One casino manager said that “problem gambling” came with alcohol abuse. Hence they refused to sell alcohol to intoxicated individuals. The Gold Reef City interviewee asserted that they provided pamphlets on responsible gambling and responsible drinking, although prior problems are acknowledged as precipitators of problem gambling by psychologists (Productivity Commission, 1999).

At some casinos there was a cover charge of R5 in order to restrict access. However, it was difficult to say if this strategy was effective as customers from all income groups were visiting these casinos during the research. In addition, casinos like Morula Sun and the Carousel were in the vicinity of townships, with few recreational facilities and low-income residents.

The different casinos visited claimed to distribute booklets on responsible gambling that included the telephone numbers of Gamblers Anonymous. In addition, the managers of casinos seemed to be uncertain about the effectiveness of Gamblers Anonymous. Some casino managers expressed a lack of confidence in the ability of Gamblers Anonymous to

effectively treat those affected by problem gambling. The view expressed was that Gamblers Anonymous should obtain official recognition on the basis of appropriate training and qualifications of its members. One manager suggested that “[the casinos] should set up a proper body [system] and that the different bodies get evaluated by the National Gambling Board to see that these have a similar standard and the counselling is similar and maybe the level of [education of] counsellors is acceptable...” One manager said, “there were different Gamblers Anonymous in different areas”. He did not know whether some of them are reputable or not.

All casino operators stated that they provided training to their staff to recognise problem gamblers. Only one casino indicated that they provided staff training to all levels of staff from till operators through to managers; the other gambling companies stated that they provided training only to supervisors and higher levels of management. No common criteria were used to identify problem gamblers at the sampled casinos. This could be attributed to the fact that gambling companies had no formalised policy on “problem gambling” and their approach to dealing with “problem gambling” was not similar. Global Resorts, for instance, encouraged people to take control of the problem rather than to abstain from gambling, while other gambling companies excluded problem gamblers, but only on their request. Global Resorts saw self-monitoring as a better way of addressing problem gambling than abstention. Problem gamblers were asked to identify the antecedents or emotional triggers such as home problems or low self-image that led to gambling so that these could be addressed. Irrational beliefs such as “I will be different” or “I must chase my losses” were identified and cognitive restructuring was undertaken in order to change thinking patterns. The intention was to start a support group, but only three candidates came forward. Once there were more, a group would be started. A counsellor for Global Resorts, was interested in individuals who did not necessarily want to abstain, but to win control over the urge to gamble irresponsibly. At Carnival City, after they identified people “chasing losses/losing, asking for credit on a regular basis”, they took them aside and asked them to relax and advised them not to chase losses. At Gold

Reef City, requests for the cashing of cheques are placed before a committee and applicants are usually granted only half of what was requested.

The problem with identifying problem gamblers was that to get people to agree that they had a problem was difficult. Like alcoholics, gamblers tended to deny that they had a gambling problem. The South African casinos had no strategy of dealing with people who denied that they had a gambling problem. Therefore, if a person did not acknowledge that he or she had a gambling problem and did not ask a casino for self-exclusion, the casino would not stop that individual from coming to the casino. Also, according to the recent Australian study (Productivity Commission, 1999), problem gamblers were a heterogeneous group. Some gamblers had moderate problems, whereas others had severe difficulties. Again, casinos had no way of discerning that a person had a moderate or severe gambling problem. Furthermore, different gambling modes had different effects on gamblers. According to the Productivity Commission (1999:15), “just as gambling products are heterogeneous, so are problem gamblers”.

Regarding the relationship between crime and casinos no obvious link were established. Petty crime predominated in gambling venues. For example, at some casinos the stealing of cellphones and handbags was mentioned. Although petty crime could not conclusively linked to “problem gamblers” it was widely believed that the perpetrators could be gamblers themselves. However, some managers’ perceptions were that people did not travel all the way to casinos for the purpose of stealing cellphones. Rather, the perpetrators could be people who lost their money and ended up stealing, or criminals who take advantage of the relaxed, gambling environment.

The legalisation of casinos in the whole of South Africa and the increase in the number of casinos were likely, if it had not started, to increase the number of problem gamblers. In the United States, for example, the legalisation of gambling has led to an increase in the number of problem gamblers (Volberg & Steadman, 1986). In order to monitor the situation in South Africa and address problem gambling in the early stages

of the gambling industry evolution, a study should be conducted on problem gambling every two to four years.

Overall observations

Interviews with casino operators revealed that although target markets were the middle and high-income groups, most of their customers were middle or low-income people. At most casinos, the average customer was aged between 30 and 50 years, with more men gambling at night and more women during the day. White customers were in the majority at most casinos, but there were substantial proportions of Indian and black customers, especially at certain casinos. In most cases, customers lived in close proximity to the casinos they visited. The average amount spent per customer per visit was about R150, although frequent customers tended to spend much more.

While Sun International recently introduced a comprehensive policy on problem gambling, this was not yet the case with the other operating groups. Sun International's programme included education, counselling, treatment and research. It has established a national help line and counselling sessions for people who admitted to having problems. The help line was well utilised. Other operators appeared to be waiting for the National Gambling Board to establish an official policy. Closed circuit television and exclusion systems were in place in all casinos and staff members of certain casinos were trained to watch out for compulsive behaviour patterns.

Interviews with stakeholders

Interviewee sample

A series of interviews were held with respondents and stakeholders in, as well as “victims” of, problem gambling during April and May 2000. The interviewees were senior members of the South African Police Service, the Department of Welfare, provincial licensing authorities, representatives of gambler help groups, a telephone counselling help line and a clinic that runs a treatment programme for compulsive gamblers. Additionally, a researcher attended several meetings of gambler help groups. (Proceedings attached as Appendix 4.) The main findings to emerge from these interviews are summarised in this section.

Provincial Licensing Authorities

Jurisdictions

Each province of South Africa has a Gambling Board/Licensing Authority. Amongst the provinces investigated, KwaZulu-Natal Gambling Board (KGB) had issued only one casino license (Monte Vista, Newcastle), with four more to be decided upon (Richard’s Bay, Pietermaritzburg and two in Durban). Gauteng established a gambling board in August 1996, in terms of the Gauteng Gambling Act of 1995. Five casino licenses were granted (Sundome, Randburg; Gold Reef City, Johannesburg; Emerald Safari Resort, Vanderbijlpark; Caesars, Kempton Park and Carnival City, Brakpan). A sixth was still subject to the outcome of contestation by the losing applicant of the license initially granted to Rhino Hotel and Resort (Krugersdorp) (Annual Report 1999, GGB). The provincial turnover was approximately R750 million per week, of which R700 million was returned to clients in winnings, leaving casinos with about R50 million per week. Nine percent of this went to the GGB as taxes and the remaining R43 million (less VAT) constituted the after-tax earnings of the casino

industry. In addition ten Bingo licenses were granted, three of which had begun operating at the time of conducting the study.

In North West, under the old dispensation there had been many casinos and the number had to be cut back to comply with the new national licensing distribution. The amount of revenue earned by casinos had declined by about half since the opening of several new casinos in the Witwatersrand area. Nevertheless, there were many illegal operators in the province in areas such as Rustenburg, Mafikeng, Thabazimbi, Ventersdorp and Klerksdorp. There was one licensed casino in the Northern Province (Thohoyandou) and two additional licenses were still to be awarded, one in the Pietersburg area and the other yet to be decided upon.

The Mpumalanga Gaming Board's (MGB) annual report (1998-1999) included findings from a comprehensive survey¹³ of 300 clients at each of the provinces' three casinos (Nelspruit, Witbank and Secunda). The study was done prior to the opening of the Gauteng casinos, subsequent to which the business turnover at the Mpumalanga casinos declined substantially. The study found that two-thirds of customers visited casinos once or more per week and that 84% of customers were residents of the province. The latter percentage was higher at the Emnotweni casino (Nelspruit) than at the other two, Gracelands (Secunda) and Champions (Witbank), which were located much closer to the populous Gauteng and therefore attracted more customers from outside of Mpumalanga. Males (58%) were more likely than females to be customers and blacks (57%) formed the largest component, followed by whites (38%), although this group comprised the majority at Champions. Although only 2,5% of customers were Asians, it was significant that only 0,5% of the provincial population were of Asian origin. A similar phenomenon occurred in the case of the coloured component (2,5% of customers but only 0,7% of the provincial population). Average spends per visitor to the casinos was R483, an alarmingly high amount. More disturbing was that one-quarter of the money spent on gambling was diverted from household spending (as opposed to 34% from

¹³ Prof. André Ligthelm of Unisa's Bureau of Market Research (012-429-3151) undertook the survey.

dissaving and 20% from alternative forms of entertainment). Higher average spends occurred from Mondays to Thursdays, indicative of more serious levels of gambling during the working week than at weekends.

Problem gambling

The GGB was aware of both positive and negative social impacts of gambling in the province. Whereas employment was created and community trust funds were boosted, it was acknowledged that there were “problem gamblers”. Problem gamblers were defined as those who lost their ability to make rational decisions about gambling and whose activities resulted in lying, stealing and an inability to provide for their dependants. Another more extreme view was that problem gamblers were those who were not gambling purely for leisure. Part of the solution is to get the gambler to admit to the problem so that it can be effectively addressed. Problem gambling is not unique to casinos and in dealing with it the impact of all forms of gambling including betting, lotteries, etc. should be taken into account.

The proposed placement of LPMs at numerous localities would exacerbate the social impact because these would be “thrust in the face” of the public. However, without empirical evidence it was difficult to know how to deal with the problem. The GGB expressed the need for research to determine whether problem gambling was a “R100 million or a R100 000 problem”. It was felt that LPMs should be located in concentrations of about 100 machines per site rather than spread out (5 per site), in order to facilitate better access control and to assist operators in identifying problem gamblers. Concentrations would also facilitate the development of facilities owing to economies of scale. Studies in the United States and Australia indicated that “convenience gambling” of this nature was far more of a danger than casinos or other forms of gambling. There was thus resistance to their placement except in places like Las Vegas or Louisiana. The problem should be addressed not only on a provincial level but also at a national level to ensure that it is addressed effectively. Further the national government was also a beneficiary of the income derived from gambling in the form of value added tax.

The problem of children being left unattended in vehicles or at the childcare facilities of casinos for lengthy periods was recognised (as highlighted in the *Sunday Times*, 30/4/2000). Security guards and surveillance personnel made efforts to locate the parents of such children, but there should be greater deployment of a gambling inspectorate to monitor the situation. It was felt that first-time offenders should be given a warning and that subsequent offences should be penalised with a three-month banning, a one-year banning and then life banning from casinos. These penalties should be linked with offers of counselling to attack the root of the problem. To place a limitation on the number of hours for which a child could be left in the childcare facilities would be counter-productive because parents might then move children to their vehicles or simply leave them alone at home. Relevant signage and warnings should be placed in casinos to highlight the problem.

The GGB further indicated that it should not be made too easy for patrons to access cash or credit. For example, in New Jersey, players could access credit while sitting at the tables. In order to ensure that fully “conscious decisions” are made to draw money, ATMs should be located at some distance from the tables and machines. A “degree of inconvenience” would act as a disincentive in some cases. It was felt that the inconvenience should not be made too great as 98% of players were not problem gamblers. The presence of moneylenders, mainly Chinese, on the floors was difficult to control because they simply claimed that they were lending money to their friends. This tied in with the high propensity to gamble among people of Asian origin, a phenomenon that was also evident in Australia.

Other recommendations from the GGB were:

- A national toll-free line operating 24 hours per day.
- Casino staff who are well trained to recognise symptoms of problem gambling and to deal with it.

In Gauteng, policy appeared to be more developed. The GGB had a sub-committee that dealt with problem gambling. Policies already implemented or proposed included the following:

- Restriction of gambling to persons aged 18 or above only.
- Restriction on credit as determined by banks (R500 per fortnight on normal credit cards or R2 000 per fortnight on gold cards).
- Incident reports and computer link-ups between GGB and casinos. Reports should include details of disagreements between clients and croupiers or occurrences of aggression.
- Barring of individuals from casinos for up to two years if they contravened regulations.

In terms of the incidence of problem gambling, the North West Gambling Board (NWGB) indicated its “hope that people are being sensible”. A few individuals were known to be problem gamblers but there was no information about problems among “small gamblers”. There were no known GA branches in North West, Mpumalanga or Northern Province and the problem gamblers were largely hidden, also as a result of underground illegal operations. Unlike alcoholics, problem gamblers were difficult to identify. The phenomenon of unattended children was however noticed at the Carousel. The NWGB also indicated a need for a national policy on problem gambling that supplement the provincial gambling acts. Bidders for licenses in the Northern Province were requested to develop their own guidelines for dealing with problem gamblers. Information was obtained on a voluntary, non-auditable basis. There was no formal process in place to identify problem gamblers, but casinos had the authority to bar certain customers if necessary. Staff found it difficult to differentiate between social gamblers and problem gamblers, but most of the latter appear to be well-to-do individuals, both local and from Gauteng. It is important that staff be trained to identify problem gamblers using indicators such as frequency of visits, amounts spent and attitudes displayed towards family members.

It was suggested that notices be put up to warn people of the symptoms of problem gambling. Established casinos had been inherited from an unregulated environment and as new policies were introduced, these casinos had to adapt. It might be necessary to re-issue existing licenses under new conditions.

Multifaceted entertainment facilities were the solution to the problem of unattended children as reported in the *Sunday Times*. In the development of problem gambling policies, all role players should be consulted (government, gambling boards, operators and civil society).

Most of the gambling boards interviewed concurred that it was difficult to implement any policy in this regard until the NGB determined a clear policy. There was a distinct lack of information about the extent of the problem and for this reason debates about the issue tended to cloud an intellectual approach with emotionalism. General ignorance at present weighed in favour of problem gambling being “a major crisis”. Gamblers Anonymous was also seen to have a role in collecting statistics on the numbers of people with which they had dealings and the nature of problems addressed. This would help to determine the need for rehabilitation programmes or facilities. The onus was also on license bidders to suggest programmes or mechanisms to deal with problem gambling. Once a national strategy was in place, the provincial boards would be in a position to operationalise monitoring structures to check up on implementation. A fund would also be created once a specific project had been identified. With each province having a gambling board, it would be difficult to standardise all provincial gambling acts, given that licenses had already been awarded.

The KGB felt that there was no need for a direct relationship between itself and GA but it was essential that GA be an effective mechanism for addressing the problem. More commitment and professionalism were necessary and the differences of opinion between GA and GamHelp needed to be addressed. Similarly, the GGB indicated that there were some credibility problems with gamblers’ support organisations because of differences in style and policy. Other sources of help such as professional counsellors, hospitals and clinics should also be investigated.

The MGB felt that there was no single approach to dealing with problem gambling. It was not preventable and cure was the only way to overcome it. Systems needed to be put into place to deal with the problem. It was difficult for the provincial gambling boards to partner with the operators in this because of the nature of the “distant relationship” between

them. Legislation disallowed any form of partnership and therefore it was up to national government to forge partnerships in this respect. Specifically the national departments of, for example Health or Welfare, should help establish a system “to pick up people with problems”. The electronic monitoring systems and MVG cards should be utilised to identify problem gamblers. It was estimated that problem gamblers could amount to between 25% and 30% of customers. Operators indicated that they did not have a long-term interest in such people because they tended to “burn themselves out, get hurt and not come back”. Rather, it was the majority of responsible gamblers who were the important customers. Nevertheless, operators needed to know what could be done for problem gamblers, once they had been identified. Government needed to put into place a social infrastructure to address the problem. Appropriate staff had to be trained and policy, developed at national level, should be implemented and monitored at provincial level.

Illegal gambling

The KGB pointed out that there was a lack of policing of the industry in spite of draconian laws on gambling. Reports in the media about political involvement and collaboration were common. Fear and bribery were suspected. There were more than 100 illegal operators in KwaZulu-Natal, particularly in the Phoenix and Newcastle areas. It was the function of the KGB to regulate and monitor licensees and not to shut down illegal operators. Nevertheless, it went beyond its brief by providing support to the police. This entailed providing trucks and storage facilities for confiscated illegal gambling equipment. The support cost R300 000 per annum. Fifteen prosecution cases were outstanding and technicalities tended to cause delays even though a legal specialist was allocated to this task.

The GGB expressed the view that a limitation on the operating hours of casinos would simply create a gap to be filled by illegal operators. In Gauteng, illegal casino operations were drastically reduced in 1999. About 2 800 machines were confiscated by the police from private residences. Whereas there used to be an estimated 30 000 illegal machines in Gauteng, these were reduced to about 2 000. Many of these were in groups of five or

six at private clubs or in shops or cafés, thus making it more difficult to control. A major problem remained the relocation of operators to adjacent provinces such as the Free State and KwaZulu-Natal, where policing was difficult. Unlike in KwaZulu-Natal, licensees elsewhere did not have to pay exclusivity fees. In Gauteng, there was a dedicated team of ten policemen and four prosecutors who focused on contraventions of the provincial gambling laws. The GGB itself had eight staff members in its law enforcement division.

Illegal gambling establishments were largely controlled in Mpumalanga, although the machines that offered dolls, sometimes with watches attached, proliferated. Unattended children at casinos were not generally found and the childcare facilities, which charged R5, were utilised, but also by shoppers who did not use the casino.

Gambler Help Groups

Although it appears that the success rate of respondents in the Gamblers Anonymous (GA) programme was not high either in South Africa or elsewhere, it is pertinent to allow the voices of self-confessed “compulsive” gamblers to be heard in this report. It is people like these who need to be helped by government intervention of one kind or another. A series of interviews and discussions were held with members of GA and its associates and three GA meetings were attended by researchers, the proceedings of which are summarised in the section that follows.

Origins

GA was based on the United States model and was started in South Africa in 1988. GA Randburg had a non-denominational board of religious leaders and it was registered as a Section 21 non-profit company. The group met once per week. Meetings of the GA Norwood (Johannesburg) branch were held on Mondays, and average attendance was 20 people. Members were mainly white, with some Asian and black members. Black people had difficulty in getting to the meetings and the need was expressed for new GA branches in Alexandra and Soweto.

GA started in KwaZulu-Natal (KZN) eight and a half years ago. There were now eight branches in the province: Woodlands (Pietermaritzburg), Newlands, Queensburgh and Umbilo (Thursday group), Umbilo (Friday group), Merebank, Chatsworth and Phoenix. Membership was about 85% Indian and 15% white. Four years ago there were 25 members and there were now about 100. It was an international organisation that had hitherto not been registered in South Africa. This was currently being remedied. The parent body was contactable at isomain@gamblersanonymous.org or PO Box 17173, Los Angeles, CA 90017, Fax: +213-386-0030. There were also seven GamAnon groups in KwaZulu-Natal (for spouses of gamblers), meeting at the same time as their GA partners but at separate venues.

GamHelp was formed to complement the work of GA. The intention was to establish and operate a lifeline for compulsive gamblers. As an NGO it was in need of funding from government and other sources to be effective. Similar organisations were established with the assistance of Portnet. These are Simunye Legal Services and Makhukani, dealing with the issues and impacts of drugs and alcohol. The NGB was urged to regulate gamblers' organisations so that they all operated on the same principles.

Perspectives on problem gambling

GA Randburg blamed the growth of problem gambling on the issuing of so many new casino licenses. According to GA individuals became "hooked" as a result of greed, loneliness and pride. Only once they reached "rock bottom" did they face the options of jail, suicide or "gutter". It was felt that the use of psychiatrists and psychologists was not helpful in treating compulsive gamblers. The only way out was self-discipline and accountability to a support group. In the Randburg group, spiritual guidance was seen as an important component of the treatment process. Many of the problems in society, such as child abuse, prostitution, family break-ups and suicide, were seen to be linked to problem gambling. Housewives were particularly prone to compulsive gambling if they did not work out-

side of the home. GA Randburg indicated the importance of redirecting some of the profits of casinos to the poor.

GamHelp asserted that the only way to overcome the progressive disease of gambling was to stay away from it. It was a misunderstood problem. GamHelp attempted to help its members to manage their lifestyles. The American SOGS model was used to determine whether or not a person was a problem gambler. There was no cure and many people who joined GA relapsed into gambling. A suggestion was that casino operators should have the corporate responsibility to contribute financially to programmes that address the problem and to refer individuals to organisations such as GamHelp. Another component was to ensure that children were educated about the dangers of gambling and the need for moral regeneration. Casinos should put up signs to warn customers of the addictiveness of gambling.

GA Norwood felt that the economy of South Africa was not strong enough to support excessive addiction to gambling and the shifting of expenditure from other goods that this entailed. A member of this group telephoned various casinos about assisting GA. The general response was that they could not be seen to be telling people to stop gambling when it was their core business, while acknowledging the problem and still awaiting national policy directives.

Members of GA Norwood referred to the impossibility of reverting to social gambling once one had overcome the gambling compulsion. It was said that problem gamblers were not able to walk out of a casino with money. They also reached a stage of hating themselves. Some had mental blocks. An occasion was mentioned when a gambler made seven withdrawals at the ATM one night but did not remember having done so. Continuous efforts were needed to expose the public to the dangers of gambling. It was felt that at the NGB conference in April 2000, not enough time was allocated to problem gambling discussions in the main plenary session. It was alleged that 2% of gamblers spent 37% of the money that was spent on gambling.

More advertising in magazines such as *You*, *Drum* and *Fair Lady* would reach larger segments of the population and enhance awareness. It

was suggested that regular articles be published to illustrate the negative impacts of gambling, rather than just the success stories of winners. GA was recently advertised daily for three weeks in *The Star* and the organisation was inundated with calls. This should be done on a continual basis. A national GA office should be established to which such stories could be forwarded. GA volunteers could be used to man a 24-hour toll-free help line.

Other suggestions for the reduction of problem gambling were that there should be clocks displayed prominently in casinos, so that customers do not lose track of the time. Natural light should be allowed to enter casinos and ATMs should not be placed at spots that are inside or easily accessible to casinos. The cashing of salary cheques should be made much more difficult and collaborating adjacent restaurants and retailers should be followed up if they continue to break the spirit of this arrangement. It was mentioned that customers frequently queued up at casino ATMs at midnight because they wanted to withdraw the next day's cash limit, having reached the previous day's limit.

One person mentioned that he knew of someone who left his wife and children in his parked car until 02:00 while he was gambling. He nevertheless maintained that he did not have a gambling problem. It was suggested that future research into the issue should focus on the responses of confessing compulsive gamblers, in order to obtain a realistic picture of their behaviour.

It was pointed out that men were far less supportive of their wives who were compulsive gamblers than vice versa. Women, on the other hand, tended to blame themselves for their husbands' addiction. An important principle in dealing with gamblers was to refuse to pay their debts, but in a non-confrontational manner.

Group meetings

GA meetings were held once per week, usually lasting from 19:00 to 21:00. With a few variations between the KZN and Gauteng groups, meetings comprised the serenity prayer, four compulsory readings from the GA book, group therapy during which members shared experiences,

current problems and advice. Once a person had not gambled for 90 consecutive days, s/he was eligible to chair a meeting. There was an average attendance of ten people per meeting. The Unity Programme of GA stated that money problems obstructed GA's rehabilitation of compulsive gamblers. Success rates in GA were low but improving. Second attempts to give up gambling seemed to be more successful. The local GA telephone lines were manned by members and by an answering machine when they were not available. The 12 steps to recovery that were propagated by GA were based on an ancient spirituality that was non-denominational, that is, related to "a god of your own understanding".

In Randburg, GA and GamAnon members met jointly, unlike the KZN branches of GA. There was an 80% success rate in the reconciliation process of GamAnon. The twin organisations in KZN held monthly joint meetings and discussions focused on issues such as trust, honesty and children. Financial problems were usually the dominant issue, however. In KZN an organisation for teenage (14+) children, GamTeen, was being established for children of gamblers, to help them to understand the problems in their families. Advertising in the *Daily News* classified columns every day encouraged attendance at meetings of each of the organisations. Creating awareness of the problem of gambling, identifying problem gamblers and removing the stigma of the disease were aims of GamAnon. The recovery programme was much more effective when both spouses were involved. Character defects in the non-gambling spouse could also be addressed effectively.

A suggestion for dealing more effectively with problem gambling was the holding of a Gambling Free Week for publicity purposes. Also, the establishment of a national help line was mentioned. GA members could get involved in this at an individual level without contravening the principles of GA. An open process of recruitment for counsellors could take place.

Several meetings of gambler help organisations in Gauteng and KwaZulu-Natal were attended by a member of the research team. The proceedings are summarised in Appendix 4.

Interviews with other stakeholders

SA Police Service

The SA Police Service in Durban indicated some difficulties with regulating/monitoring the gambling industry in KwaZulu-Natal. Relationships between casino licencees, politicians and illegal operators complicated the issue even further. Most complaints received by the police in relation to gambling were from one gambling operator about another. Lack of clarity about what constituted a legal or illegal gambling operation, also existed. The SA Narcotics Bureau (SANAB) was no longer responsible for policing gambling. It was now the responsibility of each provincial Area Commissioner. In any event, given the crime situation in the country, gambling was not perceived as a priority. A view expressed in the media was that the police should do more to enhance the safety and security of the nation.

Excessive time and effort were wasted on policing gambling with little effect. Out of 77 applications for interdicts in KZN, only one was settled. Lengthy delays and the costs of storing confiscated gambling machines were additional problems. Exact procedures had to be followed in order to prosecute offenders. These included the gathering of information, the initiation of an inquiry, the deployment of undercover police, the issuing of a search warrant and the seizure of illegal equipment once proof of gain by the owner had been established. Most of the illegal casinos were operating in the vicinity of the beachfront.

The main focus of the SAPS Gambling Task Force in Gauteng was to stamp out illegal gambling. The combating of this phenomenon involved the confiscation of more than 2 000 electronic gambling machines and the closing down of more than 200 illegal operators since 1997. Many of these operators started up in neighbouring provinces with less effective policing and different gambling legislation. It was vital that provincial gambling legislation be standardised if the industry was to be effectively controlled. It was suggested that the Attorneys-General of the different provinces should standardise fines for contraventions of their gambling acts. Players should be fined R500, workers in the industry R1 500 and owners jailed

without option of bail until the following day. It was pointed out that many of the illegal operators were foreigners. Localities where illegal operators tended to set up were mainly at taxi ranks, railway stations and in low-income residential areas.

Social problems that arose from the proliferation of gambling in Gauteng included drunken driving (free drinks were given to customers) and prostitution (arrests had been made at Red Cherry, Bedfordview and Billionaires Club, Rivonia). Other crimes involved the distribution of blue movies and the incidence of under-age gambling at casinos.

Department of Welfare

The Department of Welfare (DoW) had little experience in, or knowledge of, the phenomenon of problem gambling. The DoW would like to deal with problem gambling from a broad perspective, considering the needs of the parents, spouses and children of problem gamblers. It was important that both the financial impacts and the need for physical care in families were addressed. While the DoW could offer a wide network of resources and services, it would be necessary to provide additional information and training to organisations dealing with problem gamblers in order for them to deal effectively with those affected. Many of these organisations received some form of subsidy from the government.

Efforts had been made previously to deal with smoking and the DoW suggested that the anti-smoking organisation link up with the South African National Council on Alcoholism (SANCA). This would facilitate piggybacking on the networks utilised by SANCA. It was suggested that a similar route be taken to deal with problem gambling. Other links that might prove to be useful were Mental Health (Mr Lager Vitus, 011-725-5800) and Family and Marriage Society of South Africa (Dr Annette van Rensburg, 011-975-7106). The National Drug Master Plan was another resource for comparative policy formulation in the area of gambling. It was noted that the DoW operated a 24-hour Child Emergency Line, using 16 of its social workers. They were paid R28 per hour, the annual budget for the line being about R500 000. The service was terminated in 1998 after five years. Approximately 60 000 calls were received per month, but

40% of the calls had been hoaxes (or from children who did not have the courage to speak openly). The line proved to be too expensive in the light of budget cuts. The utilisation of existing help lines (Telefriend, LifeLine, etc.) should be considered. Another possibility would be to establish a help line dealing with a range of problems including drug abuse, alcoholism, child abuse, prostitution and family abuse. The DoW had been discussing this with the SA Police Service. If more information could be collected about problem gambling, it may facilitate such a service. The country had large numbers of social workers, psychologists, sociologists and other professionals who might be employed in such a service. A national workshop in which information on problem gambling is disseminated might be a profitable way of moving forward on the issue. The DoW expressed a keen interest in participating in something of this nature.

Therapy for compulsive gamblers

Elim Clinic in Kempton Park was developing an intensive two-week treatment programme for in-patients who were admitted with a compulsive gambling problem. This programme would have similarities to their existing programmes for drug addicts or alcoholics. It was seen to be important for the patients to be removed from their normal environments in order to deal with the behaviour and with triggers and cravings related to the habit.

During the first week the patient was assisted in understanding the physical, emotional, spiritual and social dimensions of the problem. Guilt, depression and anxiety were explored, as were irrational beliefs about gambling. In the second week there was group and individual therapy. Rational behaviour therapy was used, in terms of which it was emphasised that “changed thought patterns change behaviour”. According to methods used by Dr Maxie Maultsby (a psychiatrist in the United States), these changes could take place in a step-by-step manner over time. Triggers to gambling (such as particular music, depression, a lucky feeling) were identified and the relevant neural processes were explained to the patient. Thoughts were “re-filed” appropriately. Mental training was necessary as

well as physical exercise. Patients were encouraged never to go to a casino again, to control their impulses and to develop a structured life routine with goals and ways of achieving them.

There was also an after-care programme consisting of weekly group therapy meetings. Three years ago there were only eight respondents but now there were seven groups of eight each. Sunday evening church services at the clinic were very well attended (the chapel had been enlarged three times) by in-patients and former in-patients. In the case of drug and alcohol addicts, a candle was lit for each year of successful abstinence from the habit. The spiritual programme was seen as an integral part of the treatment. While an addiction was seen as being controllable, there was no absolute “cure”. The intention was to merge the treatment programmes for gamblers with those for the other addictions until there was sufficient demand for a separate programme.

A major problem was that medical aid schemes generally funded treatment for alcohol or drug dependency, but not for gambling. A two-week programme cost R5 573 at Elim Clinic and it had to be self-funded. A reduction in government subsidies from 75% to 15% meant that rates had to be increased recently.

The Elim staff confirmed the existence of an addiction if the behaviour could not be controlled and if it impacted on the emotions, relationships and levels of concentration and general functioning of the patient. In-patient group therapy was a serious and intensive intervention. It was a result of choices made by the individual, which could be changed on the basis of better knowledge.

The clinic would like to receive subsidisation, even of a limited number of in-patients per year. The programme needed to be publicised at casinos. Existing help lines such as LifeLine and Telefriend should be used to refer problem gamblers to the programme.

Telephone help line

Telefriend is a Christian telephone counselling service that operated on numbers in Johannesburg, Pretoria, Tzaneen, Pietermaritzburg, Margate, Kempton Park, Durban, Port Elizabeth and Cape Town. Trained volunteer

counsellors generally worked two five-hour shifts per month and the service operated between 08:00 and 22:00 daily, subject to shifts being filled. The organisation was asked to give its perspective on gambling and the potential role that it could play in assisting “problem gamblers”.

The view of Telefriend is that gambling may be practised in many different ways. Some forms appear to be quite innocent, and sometimes a percentage of the profits are used for a good cause. God’s Word, however, indicates that gambling in any form is contrary to His will for a Christian. Gambling really amounts to theft by permission. It defrauds the poor and needy of food, clothes and shelter. It cashes in on their weakness. The biblical book Colossians (chapter 3, verse 5) exhorts Christians to put to death all covetousness and greed which amount to idolatry. You cannot profit from another’s loss. Similarly, Exodus (20:17) says, “You shall not covet your neighbour’s house...or anything that belongs to your neighbour.” In Matthew (5:28) Jesus teaches that the thought or desire (to covet) is as bad as the deed. Gambling trusts in “luck” rather than “faith” in God (Isaiah 65: 11,12). God despises the trust in luck. It is an abomination to Him like the tithe from prostitution (Deuteronomy 23:18). Gambling promotes a greedy spirit that becomes an idol in itself. Timothy (6:9-10) emphasises the problem of “getting without effort”, which is associated with selfish interest and lack of concern for others.

The Bible advocates Four Ways to profit materially:

Hard work: - 2 Thessalonians 3:10; Genesis 1:9; Proverbs 6:6-11, 21:25-26.

Wise investment: - Matthew 25: 14-30 (talents).

Gifts or inheritance: - 2 Corinthians 12:14 (children not responsible to save up for their parents but parents for their children).

Sow bountifully: - 2 Corinthians 9:6,8,10; Luke 6:38; Malachi 3:10-12.

Although all things are lawful for Christians, not all things are expedient (1 Corinthians 6:12) and Christians are not to cause others to stumble (1 Corinthians 8:9). Participating in lotteries and gambling makes us ac-

countable for supporting a system that rules the poor and needy and gets millions bound to a life of compulsive gambling.

The role of Telefriend in dealing with problem gambling was seen as:

- To offer trauma management support in the event of family trauma.
- To lead them to Jesus and faith in God.
- Through counsel and prayer to help strengthen coping mechanisms to resist.
- To offer follow-up counsel.
- To refer to known support groups.

Concluding observations

Similar issues were raised by stakeholders and casino operators. The following were the most prominent:

- Consumer education is important.
- There is a need for national policy on problem gambling.
- Ongoing research is required to understand problem gambling better and effectively measure its impact to enable appropriate resource allocation—and provide South African-specific definitions of problem gambling.
- Treatment institutions and methodologies have to be co-ordinated and all other related stakeholders, e.g. DoW should be involved.

National survey of gambling behaviour

Survey methodology

Two questions about gambling were included in a national survey conducted by the HSRC during February and March 2000 (Appendix 5). The questions requested information about the most recent gambling activity and the amount spent by the respondent. Other issues included in the survey related to participation in social organisations and movements. The survey sample comprised 2 704 adults throughout the country, stratified by province and lifestyle category and selected in random clusters of eight. A representative coverage of the adult population in terms of employment status, age, gender, home language and educational level was ensured by the sample design. Over-sampling of the smaller population components of South Africa, namely the population of the Northern Cape and the Indian population as a whole, facilitated generalisations about each province and each population group once appropriate down- or up-weighting had been applied. The original questionnaire comprised all questions in both English and Afrikaans. These were translated into isiZulu, Sesotho and other official languages and the fieldworkers conducted interviews in the language of the respondent's choice. The realised sample was 2 666 owing to difficulties of access or constant refusals to be interviewed in certain areas (Table 4).

Table 4: Composition of realised national sample by province and population group, February-March 2000

Popu- lation group	Province									Total
	EC	FS	GT	KN	MP	NC	NP	NW	WC	
Black	219	210	236	310	200	89	223	228	53	1 768
White	29	37	122	13	8	33	19	20	56	337
Coloured	31	1	29	1	7	126	0	0	141	336
Indian	1	0	61	132	3	0	0	0	28	225
Total	280	248	448	456	218	248	242	248	278	2 666

Most recent gambling activity

The first question simply asked: “When did you last spend money on gambling?” The question deliberately omitted any definition of gambling, thereby allowing the respondent to decide what constituted this activity. In the South African context gambling would be most likely to include gambling machines (both inside and outside of casinos, whether operating under license or illegally), scratch cards, the national lottery (which was launched while the survey was in the field) horse racing, fafi, street dice and sports betting. Respondents were given options from which to choose, ranging from “Never” or “Not once during the last year” to “Once or more during the last seven days”. The vast majority (83,4%) indicated that they had “never” gambled and a further 6,8% said that they had not gambled during the course of the last year. At the other extreme, 2,2% had gambled once or more during the week prior to being interviewed and 1,4%, once or twice during the preceding month (Figure 1). Provincially, the proportions of adults who admitted to having gambled once or more during the preceding month exceeded one in 25 (4%) in the five northernmost provinces, namely Mpumalanga (6%), the Free State (4,5%), Gauteng (4,4%), North West (4,3%) and the Northern Province (4,2%). However, the overall incidence of gambling was highest in Gauteng, where more than a quarter (27%) had gambled at least at some time in the past. This was followed by Mpumalanga and the Free State, where one in five (20%) had gambled at some time in the past (Table 5).

With regard to “problematic” gambling, the provinces with the highest incidence of people who had gambled once or more during the previous week should be examined. Clearly, some of these respondents may not have been “problem” gamblers themselves, but the apparent higher propensity to participate in gambling reflected a potentially higher proportion of people who were at risk of being or becoming “problem” gamblers. Four provinces stood out in this respect. In Gauteng, 3% of the adult population had gambled during the previous week. Similarly, high figures occurred in the North West (2,9%), KwaZulu-Natal (2,4%) and the Free State (2,3%). Significantly, the two most populous provinces

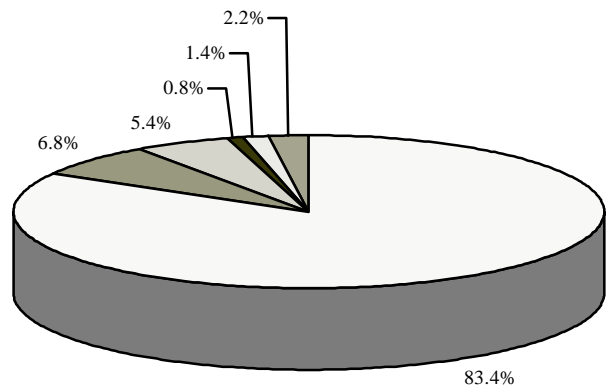
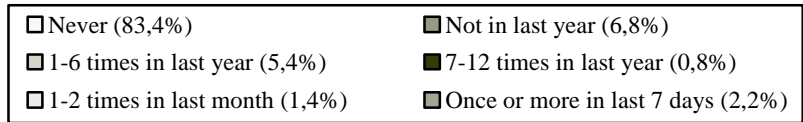


Figure 1: When did you last spend money on gambling? March 2000

were involved here, namely Gauteng and KwaZulu-Natal. In these cases, statistical extrapolation indicates that a potential 150 000 and 120 000 people respectively, had engaged in gambling activities. Apart from several horse racing circuits in Gauteng, there were also five licensed casinos operating. In contrast, KwaZulu-Natal had only one, located in Newcastle, 300 kilometres northwest of Durban. No licensed casinos were in operation in the Durban metropole. However, the Wild Coast casino was situated 170 kilometres south of Durban, in the Eastern Cape. It could therefore logically be assumed that the gambling took place mainly at the province's numerous illegal casinos.¹⁴ In the case of North West and the Free State, Sun International casinos had been operating there for many

¹⁴ Significantly, one such casino was in operation in the city block adjacent to the location of the KwaZulu-Natal Gambling Board (Pietermaritzburg) during the course of this research.

years (in the former Bophuthatswana) and this was likely to have encouraged gambling by local residents.

In respect of the different population groups of the country, two groups (Asians, i.e. mainly Indians, and whites) were apparently much more regular gamblers than the other two (blacks and coloureds). Nevertheless, overall there were more black gamblers than gamblers of other groups mirroring the country's population. Whereas more than one-third of the white and Asian groups had gambled at some stage, this was the case with only one in eight among the black and coloured groups.

Table 5: Frequency of gambling by province, March 2000 (%)*

Province	Never	Not in last year	1-6 times in last year	7-12 times in last year	1-2 times in last month	Once or more in last 7 days	Total
Eastern Cape	92,9	3,8	1,6	0,0	0,0	1,8	100,1
Free State	80,2	6,3	7,5	1,5	2,2	2,3	100,0
Gauteng	72,9	11,8	9,6	1,3	1,4	3,0	100,0
KwaZulu-Natal	83,0	9,1	4,2	0,4	0,9	2,4	100,0
Mpumalanga	80,1	4,9	8,5	0,5	4,6	1,4	100,0
Northern Cape	93,0	3,7	2,8	0,0	0,2	0,3	100,0
Northern Province	89,4	3,1	2,0	1,3	2,9	1,3	100,0
North West	85,1	3,2	6,1	1,4	1,4	2,9	100,1
Western Cape	87,0	5,4	4,7	0,3	1,0	1,6	100,0
South Africa	83,4	6,8	5,4	0,8	1,4	2,2	100,0

* As percentages were rounded off and some respondents did not give a definite answer to all questions, the totals reflected in some cases do not add up to 100,0% in this and some of the following tables.

Regarding the most regular gamblers, one in 15 Asians had gambled at least once during the preceding week, representing about 63 000 people. Only 2,3% of blacks had gambled during the last seven days, but this figure potentially represented 400 000 adults. The comparative figures for

whites (1,7%) and coloureds (0,6%) represented 50 000 and 13 000 people respectively (Table 6 and Figure 2).

Table 6: Frequency of gambling by population group, March 2000 (%)

Population group	Never	Not in last year	1-6 times in last year	7-12 times in last year	1-2 times in last month	Once or more in last 7 days	Total
Black	86,7	5,3	3,8	0,6	1,3	2,3	100,0
White	64,4	16,3	13,0	1,6	2,9	1,7	99,9
Coloured	87,5	4,7	6,4	0,3	0,5	0,6	100,0
Asian	65,2	12,4	11,7	2,0	2,2	6,5	100,0
Total	83,4	6,8	5,4	0,8	1,4	2,2	100,0

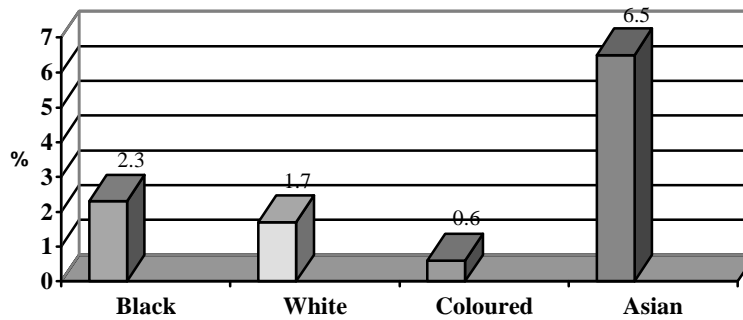


Figure 2: People who have gambled in the last seven days by population group, March 2000 (%)

Other demographic characteristics that emerged in relation to frequency of gambling were that males were more likely than females to have ever gambled (20% versus 14%) or to have gambled in the last week (3,1% versus 1,5%). Larger proportions of people in the income categories R5 830 to R8 329 (9,6%) and above R12 500 (7,5%) per month had gambled in the last week than those in the lowest income groups.

Amount spent on gambling

The second question asked of respondents was: “How much did you spend the last time you gambled?” Again, respondents were provided with six options. Most (84,1%) indicated that they had not gambled. A further 7,6% had spent less than R50 and 4,6% between R51 and R200. The rest had spent more substantial amounts, namely 2,4% from R201 to R500, 0,5% from R501 to R1 000 and 0,8% more than R1 000. Geographically, by far the largest incidence of spends exceeding R1 000 was in Gauteng, where 2,9% had spent this amount. Only in three other provinces Mpumalanga (0,9%), KwaZulu-Natal (0,8%) and the Western Cape (0,7%) had more than 0,5% of adults spent in excess of R500 the last time they had gambled (Table 7 and Figure 3).

Table 7: Amount spent during last gambling session by province, March 2000 (%)

Province	Nothing	<R50	R51- R200	R201- R500	R501- R1000	>R1 000	Total
Eastern Cape	92,9	4,9	0,8	1,2	0,2	0,0	100,0
Free State	82,2	9,7	5,8	2,1	0,0	0,2	100,0
Gauteng	75,0	9,7	6,2	4,7	1,6	2,9	100,1
KwaZulu-Natal	83,3	7,3	5,9	2,7	0,4	0,4	100,0
Mpumalanga	79,6	9,0	6,8	3,7	0,9	0,0	100,0
Northern Cape	94,4	4,5	0,9	0,0	0,2	0,0	100,0
Northern Province	89,4	6,2	3,8	0,6	0,0	0,0	100,0
North West	85,1	7,5	6,1	1,3	0,0	0,0	100,0
Western Cape	87,5	8,0	2,7	1,1	0,1	0,6	100,0
South Africa	84,1	7,6	4,6	2,4	0,5	0,8	100,0

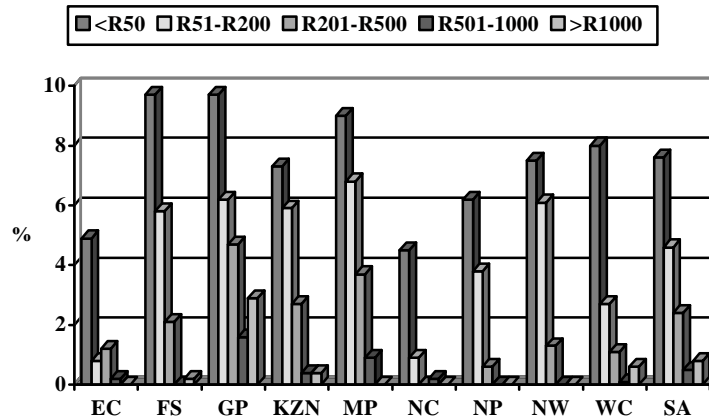


Figure 3: Amount spent during last gambling session by province, March 2000

The amounts spent on gambling varied between the population groups, with the highest proportional incidence of spending R501 or more being among whites (4,5%, representing 130 000 people). Nevertheless, the highest overall number in this category was among black gamblers (0,9%, representing a potential 150 000 people) (Table 8).

Table 8: Amount spent during last gambling session by population group (%)

Population group	Nothing	<R50	R51-R200	R201-R500	R501-R1000	>R1000	Total
Black	87,0	6,7	3,7	1,7	0,4	0,5	100,0
White	67,6	11,7	11,1	5,1	2,0	2,5	100,0
Coloured	87,7	9,0	1,5	1,3	0,1	0,5	100,1
Asian	67,4	11,0	9,3	11,5	0,0	0,8	100,0
Total	84,1	7,6	4,6	2,4	0,5	0,8	100,0

Identification of potential problem gamblers

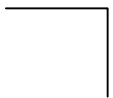
Potential problem gamblers (PPGs) internationally appeared to be characterised both by the frequency of their gambling and the amounts that they spent. In South Africa, income levels varied widely. Whereas the spending of R200 by one gambler might represent a very small proportion of his or her income, the same amount could constitute most of the wages of another gambler. Similarly, weekly visits by an individual to a casino for recreational purposes would not have the same connotation as weekly visits by a compulsive gambler. Bearing in mind the limitations of the two national survey questions, the proportions falling into the various categories of frequency versus amount spent, give a broad indication of potential problem gambler numbers. The tables that follow are cross-tabulations of when people last gambled with how much they spent.

Two categories of spenders had disproportionately high representation among those who had gambled once or more during the last seven days (Table 9). These were the group that spent less than R50, 18% of whom gambled in the last week, and the group who spent between R501 and R1 000, 24,9% of whom gambled in the last week. From another angle (Table 10), almost two-thirds (63,7%) of those who gambled during the last week spent less than R50 and 5,6% spent between R501 and R1 000. It was among these two categories of small and relatively large spenders that one might begin to identify groupings of PPGs.

Another method of identifying PPGs is to determine the amount spent during the last gambling session in relation to the level of income of the respondent. Table 11 indicates a broadly linear relationship between the personal income of the respondent and the amount spent the last time s/he went gambling. For example, 20% of those in the top income group spent from R201 to R500 as opposed to only 4,6% of the R2 500-R5 829 group and 1,5% of the R1-R579 group. Significantly, more than 15% of those with no personal income indicated that they had spent money on gambling. The implication is that they spent money obtained from other members of their households or elsewhere.

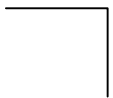


Landscape Tables 9 & 10





Landscpa Table 11 & 12



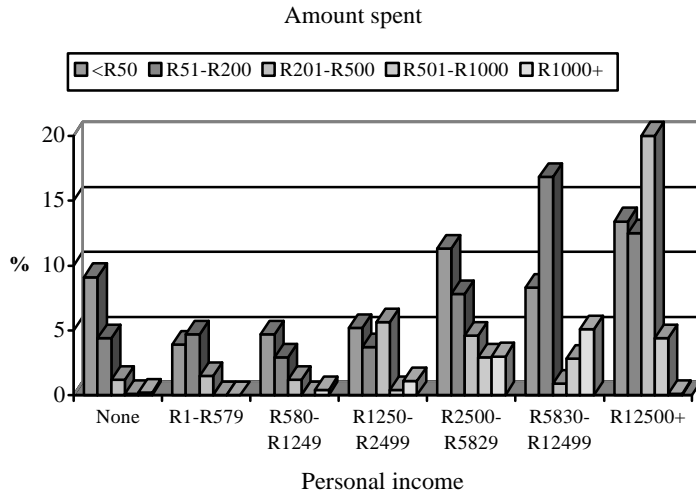


Figure 4: Amount spent at last gambling session by personal income, March 2000

The impacts being made on available disposable income can be discerned when spending patterns are viewed from an affordability perspective. More than two-thirds (69,7%) of those who spent between R501 and R1 000 and a similar proportion (68%) of those who spent over R1 000 had a personal income of less than R5 830 (Table 12). Similarly, well over half (60,6%) of those who spent between R201 and R500 had a personal income of less than R2 500. These levels of spending represent between 10% and 20% of personal income. The shaded cells in the adjacent tables (11 and 12) represent respondents who spent more than 10% of their personal monthly income the last time that they gambled. These can be identified as PPGs.

The extent to which PPGs differ from non-gamblers, responsible gamblers and respondents who did not disclose information about their incomes, is outlined in the paragraphs that follow.

The majority (78,4%) of the population can be categorised as not having engaged in gambling activities. A further 7,1% did not disclose their income and can therefore not be categorised. Of the remaining 14,5%, about half (6,6%) can be labelled “responsible gamblers” because they spent less than 10% of their personal monthly income on gambling during their last gambling session. The other half (7,9%) can be defined as PPGs because they spent more than 10% of their income on gambling the last time they gambled. There are clearly some weaknesses in these definitions, bearing in mind that the amount spent at the last gambling session may have been winnings and not earnings. Alternatively, the spending of that specific amount on that occasion may have been substantially more or substantially less than the average amount spent on gambling by the respondent. Nevertheless, the definitions are used here as broad preliminary indicators of the national pattern of spending on gambling.

Chaid analysis reveals that the clearest socio-economic variable determining whether or not one is a PPG is employment status. Four employment status categories appear to be over-represented in the PPG category. These are unemployed people (particularly those living in KwaZulu-Natal, Gauteng and Mpumalanga), students (especially those who speak Setswana, isiNdebele or Oriental languages), housewives (notably siSwati, Tshivenda and English/Afrikaans bilingual housewives) and to a lesser extent self-employed people (especially English/Afrikaans speakers).

In Tables 13 and 14, the differences between PPGs and other categories (non-gamblers, responsible gamblers and unknowns) are highlighted. The far right-hand column should be compared with the PPG column to see the extent to which PPGs are over-represented in each category.

Geographically, there are disproportionately large numbers of PPGs in the two most populous provinces, namely Gauteng and KwaZulu-Natal, as well as in Mpumalanga. Whereas only 20,8% of South African adults live in Gauteng and 20,6% in KwaZulu-Natal, 29,2% and 25,5% of PPGs live in Gauteng and KwaZulu-Natal respectively. In the Western Cape, almost one-quarter of respondents did not reveal their monthly incomes,

which may have hidden the effective proportion of PPGs in that province (Table 13).

Table 13: Gambler categories by province, population group, marital status and age group (%)

Characteristic	Non-gamblers	“Responsible” gamblers	PPGs	Unclassifiable	Total adult population	
Location	Gauteng	16,7	31,2	29,2	47,2	20,8
	KZ-Natal	21,5	19,4	25,5	6,3	20,6
	N Prov	10,9	4,0	9,7	2,3	9,7
	Mpumalanga	6,2	7,7	8,8	7,2	6,5
	N West	8,5	9,1	7,2	4,1	8,1
	E Cape	17,6	7,8	7,0	1,4	14,9
	Free State	6,5	10,0	6,3	4,3	6,6
	W Cape	9,8	9,7	6,0	24,6	10,5
	N Cape	2,3	1,1	0,5	2,7	2,1
Population group	Black	80,8	52,1	75,0	47,3	76,0
	White	9,0	33,7	15,1	25,5	12,3
	Coloured	8,5	8,2	5,3	16,7	8,8
	Asian	1,7	6,0	4,7	10,5	2,9
Gender	Female	60,0	36,5	61,1	48,7	57,7
	Male	40,0	63,5	38,9	51,3	42,3
Marital status	Never married, no children	21,3	16,8	35,3	16,8	21,8
	Never married + children	20,7	12,6	21,9	12,0	19,6
	Civil + kids	21,1	37,2	15,3	42,0	23,2
	Traditional + children	15,6	8,0	9,9	3,9	13,8
	Widowed + children	7,3	1,6	4,6	6,2	6,7
Age group	<26	22,7	11,9	37,4	10,3	22,3
	26-40	37,7	59,1	40,4	46,7	39,9
	41-55	21,8	18,8	16,3	25,8	21,5
	56+	17,9	10,3	5,8	17,1	16,3

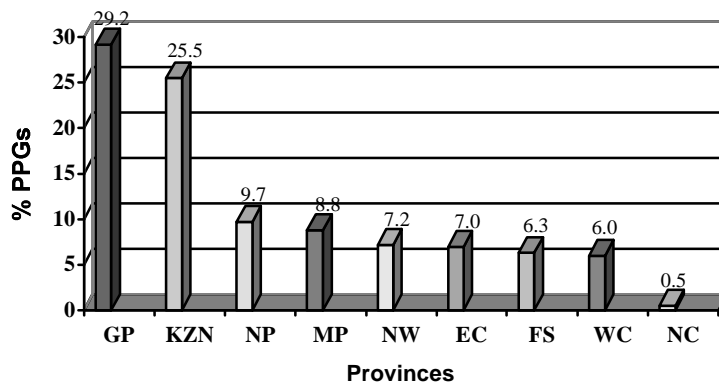


Figure 5: Provincial distribution of potential problem gamblers, March 2000 (%)

In terms of population group, whereas three-quarters (75%) of PPGs are black people, PPGs are over-represented among whites (15,1%) and Asians (4,7%). In terms of gender, there is a greater probability that females (61,1%) are PPGs than is the case with males (38,9%). People who have never been married (57,2%) are more likely to be PPGs than those who have been married (29,8%). Likewise, people who are aged 25 years or less are highly represented (37,4%) amongst the PPG group.

In terms of educational qualifications achieved, people who have passed at least some level at high school constitute the majority of PPGs (Table 14). Almost half (49%) of PPGs have passed the equivalent of Grades 11 or 12 as opposed to only 38,7% who have achieved a lower level of education. The trend thus indicates that the middle educational group are most likely to be PPGs.

More than one-third (38,2%) of PPGs are either isiZulu or Sepedi speakers. These two groups, together with six other language groups, are over-represented amongst PPGs. The six other groups are home speakers of English, siSwati, English and Afrikaans (bilingual), Tshivenda, European and Oriental languages.

Table 14: Gambler categories by education, home language and employment status (%)

Characteristic		Non-gamblers	“Responsible” gamblers	PPGs	Unclassifiable	Total adult population
Education level passed	None	11,3	2,1	0,8	2,7	9,2
	Primary	23,8	6,4	13,0	9,4	20,7
	Grades 8-10	25,2	24,4	24,9	23,6	24,9
	Grade 11	9,0	7,9	16,1	6,0	9,3
	Grade 12	20,8	34,2	32,9	35,6	23,7
	Post matric	10,0	25,2	12,5	22,6	12,0
Home language	isiZulu	22,1	17,3	21,6	8,3	20,8
	Sepedi	8,4	3,5	16,6	10,4	8,8
	English	7,3	18,4	12,0	24,9	9,6
	isiXhosa	20,7	7,7	9,6	8,1	18,0
	Afrikaans	11,2	27,7	9,2	21,1	12,9
	Setswana	10,8	2,3	9,2	4,7	9,7
	Sesotho	7,2	10,7	7,0	4,7	7,2
	siSwati	3,0	3,2	5,1	1,5	3,1
	Afrik+Eng	1,0	3,6	3,2	4,2	1,6
	Tshivenda	2,6	0,0	3,1	1,2	2,4
	isiNdebele	1,5	2,4	1,3	2,4	1,6
	European	0,3	0,0	1,1	0,8	0,3
	Oriental	0,1	0,6	0,4	1,8	0,3
	Xitsonga	3,2	2,6	0,3	4,9	3,0
Other Africa	0,7	0,0	0,2	0,9	0,6	
Employment status	Unemployed	29,8	1,8	47,1	4,7	27,5
	Student	11,0	2,1	20,5	0,9	10,4
	Housewife	6,6	0,6	9,1	7,6	6,5
	Full-time employed	26,6	68,2	8,2	58,9	30,2
	Self-employed	4,3	13,0	6,4	12,4	5,6
	Pensioner	15,1	4,9	4,0	8,8	13,1
	Part-time employed	6,2	9,4	4,0	5,4	6,2
	Informal sector	0,4	0,1	0,7	1,2	0,5

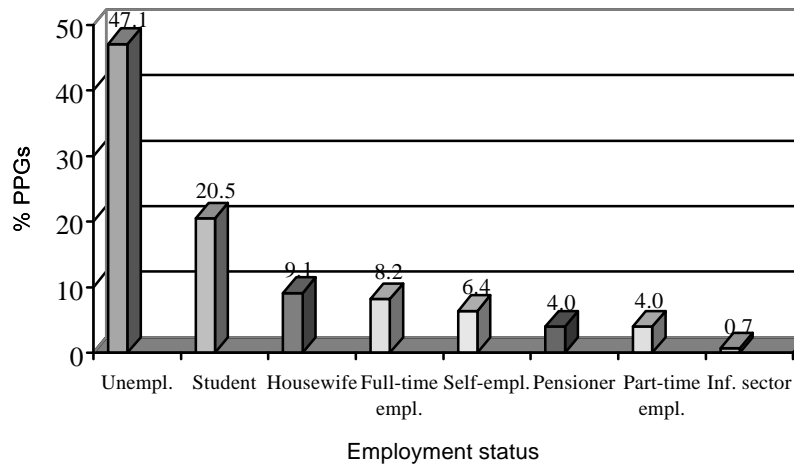


Figure 6: Employment status of potential problem gamblers, March 2000 (%)

As already indicated, people who are unemployed or students or housewives are far more likely to be PPGs than other categories. These three categories make up 47,1%, 20,5% and 9,1% respectively of PPGs. To a lesser extent, self-employed individuals are highly represented (6,4%) amongst PPGs. In respect of people who are in full-time employment, more than half refused to divulge their incomes and could not be categorised in terms of their gambling behaviour. This may disguise a proportion of full-time employees who are PPGs.

In terms of religious groups, people claiming membership of certain faiths appear to be more prone to being PPGs than others, although sub-samples of specific groups tend to be too small to facilitate generalisations. Amongst the religions highly represented in the PPG category are Lutheran Evangelicals (8,1%), Old Apostolics (7,3%) and Hindus (3,7%).

Regarding frequency of gambling activity, only 12,1% of the PPG group had spent money on gambling during the seven days before the interviews. A further 12,5% had gambled once or twice during the last

month. Another 6,2% had gambled seven to 12 times in the last year and a further 28% had gambled one to six times in the last year. About two-fifths (41,2%) of the PPG group had not gambled during the last 12 months.

It is also pertinent to investigate the amounts spent when last gambling of the four categories of respondents. Interestingly, there is minimal difference between the spending patterns of “responsible” gamblers and PPGs. Only in the case of the biggest spenders does a difference emerge (compare the PPG column with the “responsible gambler” column in Table 15). Whereas one out of 12 (8,5%) of PPGs spent in excess of R1 000, none of the responsible gamblers fell into this category.

Table 15: Gambler categories by amount spent during last gambling session (%)

Amount spent during last gambling session	Non-gamblers	“Responsible” gamblers	<i>PPGs</i>	Unclassifiable	Total adult population
Nothing - NA	100,0	0,0	0,0	80,8	84,1
Less than R50	0,0	48,0	47,0	10,4	7,6
R51-R200	0,0	30,8	28,4	4,5	4,6
R201-R500	0,0	18,9	11,4	3,0	2,4
R501-R1 000	0,0	2,2	4,7	0,2	0,5
R1 000+	0,0	0,0	8,5	1,1	0,8
Total	100,0	99,9	100,0	100,0	100,0

In terms of personal income groups, PPGs are grossly over-represented in the “none” category (Table 16). Clearly, people without any income of their own are most prone to problem gambling. In contrast, responsible gamblers are relatively over-represented in all other income groups. Minor peaks in the location of PPGs occur in the R1-R579 (9,7%) and R2 500-R5 829 (7,1%) categories, however.

Table 16: Gambler categories by personal monthly income (%)

Personal monthly income	Non-gamblers	“Responsible” gamblers	PPGs	Unclassifiable	Total adult population
None	44,1	0,0	77,6	0,0	40,7
R1-R579	23,4	11,6	9,7	0,0	19,9
R580-R1 249	10,1	9,9	1,8	0,0	8,7
R1 250-R2 499	10,3	20,9	1,8	0,0	9,6
R2 500-R5 829	8,6	34,2	7,1	0,0	9,6
R5 830-R12 499	2,7	13,7	2,0	0,0	3,2
R12 500+	0,8	9,7	0,0	0,0	1,3
Refusal/Unknown	0,0	0,0	0,0	100,0	7,1
Total	100,0	100,0	100,0	100,0	100,1

A different picture emerges when the total household income of respondents is taken into account (Table 17). Most of the PPGs then shift to the low-income categories of R1 to R579 per month (22,5%) or R1 250 to R2 499 (19,9%). Less than one in eight (7,4%) are members of households with no income at all. Overall, more than half (56,4%) of the PPG group belong to households with incomes ranging from R1 to R2 499 per month. There are, however, significant proportions of PPGs in the R2 500-R5 829 category (12,1%) and to a lesser extent in the R5 830-R12 499 (6,4%) and the R12 500+ (2,8%) categories. This suggests that international trends of PPGs having lower incomes are equally applicable in South Africa.

Table 17: Gambler categories by household monthly income (%)

Household monthly income	Non-gamblers	“Responsible” gamblers	PPGs	Unclassifiable	Total adult population
None	3,0	0,0	7,4	0,4	3,0
R1-R579	23,5	6,5	22,5	0,2	20,6
R580-R1 249	20,5	9,3	14,0	0,0	17,8
R1 250-R2 499	18,7	12,7	19,9	1,6	17,2
R2 500-R5 829	14,3	26,9	12,1	3,9	14,2
R5 830-R12 499	6,0	15,1	6,4	6,1	6,7
R12 500+	3,2	23,3	2,8	4,3	4,6
Refusal/Unknown	10,8	6,1	14,9	83,4	16,0
Total	100,0	99,9	100,0	99,9	100,1

Survey of gamblers at ten casinos

Methodology and sampling

The HSRC conducted interviews with customers at ten casinos located in North West, Gauteng, Mpumalanga, KwaZulu-Natal and the Eastern Cape during April-May 2000. Fieldworkers conducted face-to-face interviews with 20 customers at each of the ten licensed casinos listed in Table 18, amounting to 200 interviews. The research instrument was a one-page set of questions and the average length of the interview was under five minutes (Appendix 6). The interviewees were basically a “convenience sample”. Individuals were approached as they entered or left the premises, or in a few cases on the casino floor itself, by permission of the management concerned. Most of those approached were happy to be interviewed, with an average of about five refusals per casino. The results of the survey should not be taken as *representative*. At best they are broadly *indicative* of the characteristics and attitudes of customers at South African casinos.

Table 18: Casinos included in the survey of customers

Carnival City, Boksburg	Carousel, Hammanskraal	Champions, Witbank	Emnotweni, Nelspruit	Gold Reef City, Johannesburg
Wild Coast Sun, near Bizana	Morula Sun, Mabopane	Sundome, Randburg	Monte Vista, Newcastle	Graceland, Secunda

Additionally, four unlicensed casinos were also observed in adjacent shops near the corner of West Street and Marine Parade, Durban. Three of these were still operating at close to midnight and one was closed. About 100 people were inside each casino and a large number of machines were in use. Most of the clientele were Indians, with a few black and white customers amongst them. There appeared to be fairly tight security at the entrance, with everyone entering being checked.

To explore the possibility that the respondent had a gambling problem, a series of questions, some adapted from the SOGS, were asked. These included: “How frequently do you gamble at this or any other

casino?”, “How much have you spent on gambling during the last month?”, “Do you borrow money for gambling?” and “Do you sell anything to finance gambling?”.

General observations

The number of customers at each casino varied, depending on the size of the casino and the time of day. The attendance varied from less than 100 people at Monte Vista (Newcastle) to more than 2 000 at Gold Reef City casino (Johannesburg). On one of the visits to one of the larger casinos in Gauteng, when approximately 1 700 customers were on the premises, observations were made at the four ATMs located inside the casino. This took place on the night of 12 May between 23:45 and 00:15. During the 15 minutes from 23:45 to midnight, 30 customers withdrew cash and during the 15 minutes immediately after midnight, from 00:00 to 00:15, 50 customers withdrew cash. Although the reason for the increased tempo after midnight is open to speculation, it is common knowledge that ATM cardholders are subject to daily limitations on their withdrawals. At the change of date, at midnight, new daily limits come into effect. Thus gamblers who had used up their 12 May limit would be able to access the next day’s limit. This phenomenon had been mentioned during interviews with representatives with Gamblers Anonymous and it appeared to be real.

Two gamblers made notable comments to the researcher at a Gauteng casino during his visit there. One young black male respondent said that since the establishment of the casino, if he had R200 in his pocket he “had to come to the casino”. Prior to its establishment, this was obviously not the case. A middle-aged black female respondent who indicated that her monthly wages amounted to only R500, told the researcher that she had won R1 200 the previous week and was now trying her luck again. These two instances illustrate the potential problems to individuals with relatively low incomes and the sudden availability of gambling opportunities in close proximity.

Casino customer responses

Table 19 shows that 31% of 184 respondents (excluding refusals) said that they frequented casinos 3 to 6 times per week.¹⁵ A further 21,2% said that they visited casinos 1 to 2 times per week. More than half (53,8%) of the respondents visited casinos 4 or more times a month. This suggests that gambling was a casual hobby or pastime for a large proportion of casino clientele.

Table 19: How frequently do you gamble at this or other casinos? (%)

Frequency	N	%
At least once per day	3	1,6
3-6 times per week	57	31,0
1-2 times per week	39	21,2
2-3 times per month	28	15,2
Once per month	27	14,7
Every 2-3 months	13	7,1
A few times per year	12	6,5
Once per year or less	5	2,7
Total	184	100,0

Table 20 shows that 53,8% of the respondents indicated that it took them less than 30 minutes to get to a casino. This suggests that more than half of the gamblers lived in close proximity to the casinos where they were interviewed, a phenomenon corresponding to the location of casinos within the major urban areas.

¹⁵ The total numbers of frequencies for each of the tables in this section do not add up to 200, as some respondents refused to answer some or all of the questions.

Table 20: How long does it take you to get to this casino? (%)

Time taken	N	%
<30 mins	98	53,8
30-60 mins	54	29,7
>1 hour	30	16,7
Total	182	100,2

Table 21 shows that the majority (79,3%) of respondents used cars to get to a casino, with relatively few using taxis, buses or their own feet. The implication is that most casino customers had access to an income of sufficient size to support the running of a private vehicle.

Table 21: What means of transport do you use to get here?

Transport	N	%
Foot	3	1,6
Taxi	25	13,6
Car	146	79,3
Bus	10	5,4
Total	184	99,9

Table 22 shows that 44,3% of respondents started gambling when they were over 35 years, with relatively few (5,5%) who started at below the legal age of 18. This reflects the fact that most South Africans gained access to a casino for the first time relatively recently.

Table 22: At what age did you first gamble?

Age	N	%
Under 18	10	5,5
18-25	54	29,5
26-35	38	20,8
Over 35	81	44,3
Total	183	100,1

Table 23 indicates an approximately even split between respondents who spent less than R1 000 and those who spent more than R1 000 on gambling during the last month. Significantly, more than one in ten (11,6%) said that they had spent in excess of R5 000 on gambling in the last month, indicative of the seriousness of their involvement in gambling. One white male gambler at Randburg Sundome told the researcher that he had spent R17 000 on that particular evening.

Table 23: How much have you spent on gambling during the last month?

Amount spent	N	%
Less than R50	12	6,6
R51-R200	22	11,0
R201-R500	36	19,9
R501-R1 000	31	17,1
R1 001-2 500	31	17,1
R2 501-R5 000	28	15,5
R5 001-R10 000	8	4,4
More than R10 000	13	7,2
Total	181	98,8

In contrast, Table 24 shows that more than two in five gamblers (41,1%) said that they won less than R50 during the last month. This is indicative of large-scale losses in relation to amounts spent. Whereas almost two-thirds (62,5%) of respondents indicated that they had spent in excess of R500 on gambling during the preceding month, only 44,9% claimed to have won more than R500 during the same period. At the other end of the scale, 8,3% reported winnings in excess of R5 000 in relation to the 11,6% who had spent more than R5 000 during the last month.

Table 24: How much did you win from gambling during the last month?

Amount won	N	%
Less than R50	74	41,1
R51-R200	9	5,0
R201-R500	16	8,9
R501-R1 000	13	7,2
R1 001-R2 500	29	16,1
R2 501-R5 000	24	13,3
R5 001-R10 000	7	3,9
More than R10 000	8	4,4
Total	180	99,9

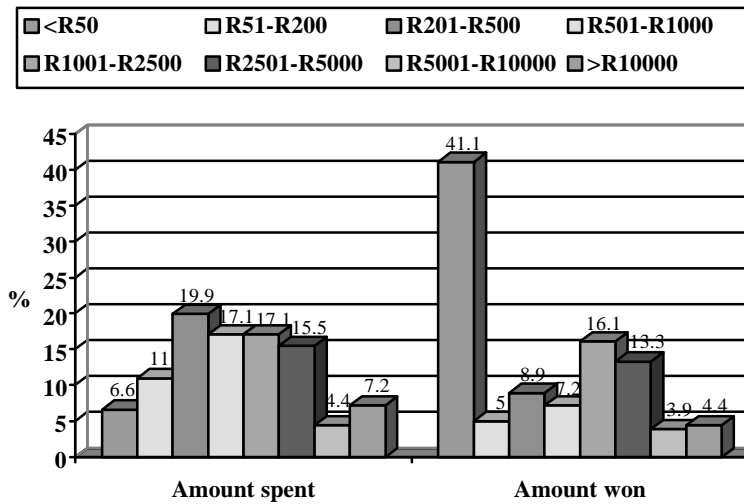


Figure 7: Amount spent on and won from gambling during the last month, April 2000

Table 25 reflects that most (85,9%) of respondents did not borrow money for gambling. The remainder (14,1%) either “sometimes” or “usually” borrowed money for gambling.

Table 25: Do you borrow money for gambling?

Borrow money	N	%
Usually	1	0,5
Sometimes	25	13,6
Never	158	85,9
Total	184	100,0

Table 26 shows that almost all respondents (95,7%) did not admit to ever selling belongings (e.g. household goods) to finance gambling. Nevertheless, it is of concern that 1,1% indicated that they “usually” did so.

Table 26: Do you sell anything to finance gambling?

Sell anything	N	%
Usually	2	1,1
Sometimes	6	3,3
Never	176	95,7
Total	184	100,1

Table 27 shows that more than three-quarters (78,7%) of respondents asserted that they “never” used household money, for instance rent, food, school and clothes money, for gambling. Disturbingly, 4,9% said that they “usually” used household money for gambling, and a further 16,4% “sometimes” did this.

Table 27: Do you use household money for gambling?

Use household money	N	%
Usually	9	4,9
Sometimes	30	16,4
Never	144	78,7
Total	183	100,0

The results reported in Table 28 show that almost half (47,5%) of respondents asserted that they “sometimes” gambled for longer than planned while 16,9% said that they “usually” gambled for longer than planned, clearly reflective of a self-confessed lack of discipline in this respect.

Table 28: Do you gamble for longer than you have planned?

Gamble longer	N	%
Usually	31	16,9
Sometimes	87	47,5
Never	65	35,5
Total	183	99,9

Table 29 shows that only 53,8% of respondents asserted that when they lost they “never” felt that they had to return soon to win back their losses. In contrast, 22,5% said that they “usually” returned soon to win back their losses, as did 23,6% who did so “sometimes”.

Table 29: When you lose do you feel that you must return soon to win back your losses?

Must return soon	N	%
Usually	41	22,5
Sometimes	43	23,6
Never	98	53,8
Total	182	99,9

The results reflected in Table 30 show that 43,5% of respondents said that after a good win they “never” felt that they had to continue playing in order to win more money. A further 23,5% “sometimes” felt that they had to continue playing to win more money and 29% “usually” continued gambling after a good win.

Table 30: After a good win do you feel that you must continue and win more? (%)

Continue	N	%
Usually	53	29,0
Sometimes	43	23,5
Never	87	47,5
Total	183	100,0

The motivations for gambling and its impact on work or family situations are indicated in Table 31. One in six (16,9%) asserted that they either “sometimes” or “usually” gambled to escape worry or trouble. One in twelve (8,2%) respondents admitted that gambling “sometimes” or even “usually” caused them to arrive late for work or to miss work and one in eight (12,7%) asserted that gambling “sometimes” or “usually” had a negative effect on their family relationships. It is precisely these sorts of scenarios that suggest the need for intervention by the National Gambling Board in order to protect the public or at the very least to reduce the level of temptation to which they are exposed in relation to gambling activities.

Table 31: Impact of gambling on personal situations (%)

Frequency	Gambles to escape worry or troubles	Gambling causes lateness or missing of work	Gambling affects family relationships negatively
Usually	8,7	1,1	4,4
Sometimes	8,2	7,1	8,3
Never	83,1	91,8	87,3
Total	100,0	100,0	100,0

Table 32 lists the most popular form of gambling among casino clients. More than four out of five (83%) gambled on gambling machines. Almost two-thirds (62,5%) purchased lottery tickets and almost half (47%) gambled on scratch cards. Relatively few gambled on jackpots, card games, horse racing, bingo or sports matches.

Table 32: Do you gamble money on the following?

Type of gambling	% Yes
Scratch cards	47,0
Jackpots	26,0
Gamblings	83,0
Horses	11,5
Sports	6,0
Cards	13,5
Lotto	62,5
Bingo	7,0
Other	2,5

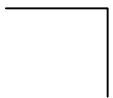
The bivariate analysis that follows examines the amounts spent on gambling at each of the ten casinos visited in correlation with the respondent's gross personal monthly income. The analysis also examines the correlation between amount spent and amount won. In addition, the analysis examines gambling frequency by gross personal monthly income, gambling frequency by time to get to the casino, starting age of gambling by gender, gambling frequency by age and gambling frequency by marital status. Furthermore, the analysis examines gambling frequency by population group.

Table 33 shows that there is not much difference in amounts spent on gambling between casinos. The most noticeable categories are the 37,5% of respondents at Champions who spent R201-R500 in the last month and the 27,8% of respondents at Monte Vista who spent more than R10 000. In comparison with the gamblers interviewed in the national survey, a far larger proportion of these casino customers spent in excess of R1 000 during the last month.

To determine the relationship between the amount spent on gambling and the gross personal monthly income the following questions were asked: "How much have you spent on gambling during the last month?" and "What is your gross personal monthly income?" Table 34 shows the relationship between amount spent on gambling and the gross personal monthly income.

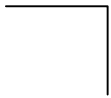


Landscape Table 33





Landscape tables 34 & 35



Significantly, about half of the respondents admitted to spending more than their gross personal monthly income on gambling in the last month, a potentially disastrous situation. The majority spent at least more than 10% of their income on gambling during the last month. Table 34 also shows that 61,5% of the respondents who said that they spent more than R10 000 earned more than R10 000. However, one in seven (15,4%) of the respondents who spent more than R10 000 earned as little as between R1 and R1 000 per month.

Table 35 shows that some gamblers spent more than they won. In order to determine the correlation between amount spent on gambling in the last month and the amount won from gambling in the last month the following questions were asked: “How much have you spent on gambling during the last month?” and “How much did you win from gambling during the last month?” Table 35 also reflects that 62,5% of gamblers who spent from R5 001 to R10 000 won less than R50. Interestingly, 50% of gamblers who spent more than R10 000 won more than R10 000.

Table 36 shows the relationship between gambling frequency and gross personal monthly income. The questions that were used to establish the relationship between gambling frequency and gross personal monthly income are: “How frequently do you gamble at this or any other casino?” and “What is your gross personal monthly income?”

Table 36 shows that more than two-thirds (66,7%) of all respondents who went to a casino at least once per day earned a relatively modest R2 501 to R5 000 a month. Most gamblers who went to a casino once per year or less (60%) earned between R5 001 and R10 000. This confirms preconceptions that frequent gamblers are likely to earn lower incomes.

Additionally, it appears that a person who lives near to a casino is more likely to be a gambler than a person who lives far from a casino. To establish the relationship between gambling frequency and time to get to a casino the following questions were asked: “How frequently do you gamble at this or any other casino?” and “How long does it take you to get to this casino?”

Table 36: Gambling frequency by gross personal monthly income (%)

Gambling frequency	Gross personal monthly income					Total
	R1-R1000	R1001-R2500	R2501-R5000	R5001-R10000	<R10000	
At least once per day	0,0	33,3	66,7	0,0	0,0	100,0
3-6 times per week	19,6	19,6	28,6	14,3	17,9	100,0
1-2 times per week	29,7	18,9	21,6	24,3	5,4	99,9
2-3 times per month	14,3	17,9	35,7	21,4	10,7	100,0
Once per month	12,0	12,0	16,0	28,0	32,0	100,0
Every 2-3 months	15,4	7,7	30,8	23,1	23,1	100,1
A few times per year	0,0	18,2	27,3	27,3	27,3	100,1
Once per year or less	0,0	0,0	20,0	60,0	20,0	100,0

Table 37 shows that more than two-thirds (66,7%) of the respondents who visited a casino at least once per day or 3 to 6 times per week took less than 30 minutes to get to the casino. At the other extreme, 2,6% of the respondents who went to a casino 1 to 2 times per week took more than 1 hour to get there.

Table 37: Gambling frequency by time taken to get to the casino (%)

Gambling frequency	Time taken to get to the casino			Total
	<30 minutes	30-60 minutes	>1 hour	
At least once per day	66,7	0,0	33,3	100,0
3-6 times per week	66,7	22,8	10,5	100,0
1-2 times per week	52,6	44,7	2,6	99,9
2-3 times per month	42,9	32,1	25,0	100,0
Once per month	38,5	23,1	38,5	100,1
Every 2-3 months	61,5	15,4	23,1	100,0
A few times per year	41,7	50,0	8,3	100,0
Once per year or less	60,0	20,0	20,0	100,0

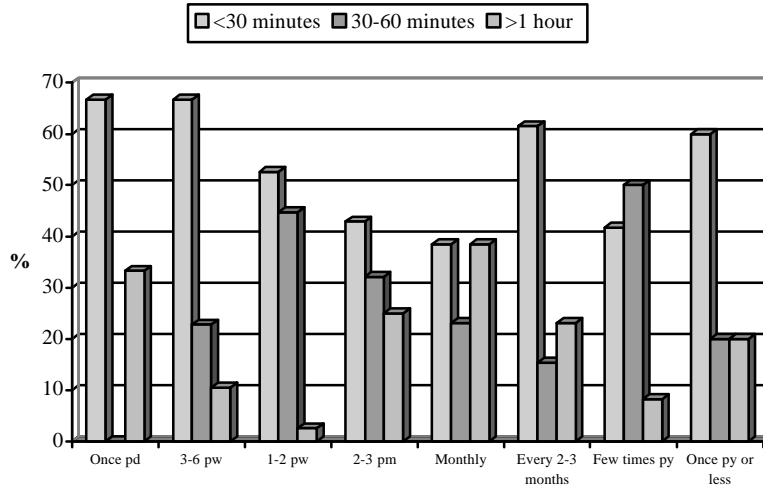


Figure 8: Gambling frequency by travel time to casino, April 2000 (%)

Table 38 shows the relationship between starting age and gender of the casino customers interviewed. Almost three-quarters (70%) of the respondents who started gambling under the age of 18 were males and 30% were females. In contrast, only 54,3% of the respondents who started gambling over the age of 35 were males and 45,7% were females. This implies that males are more likely to start gambling at an early age than females.

Table 38: Starting age of gambling by gender (%)

Age	Gender		Total
	Male	Female	
Under 18	70,0	30,0	100,0
18-25	67,9	32,1	100,0
26-35	73,7	24,3	98,0
Over 35	54,3	45,7	100,0

Table 39 shows that more than two-thirds (66,7%) of the respondents who visited a casino at least once per day were between the ages of 45 and 59.

Table 39 also shows that 80% of the respondents who visited a casino once per year or less were between the ages of 23-29 as well as 30-44. Clearly, those aged between 45 and 59 years were more likely to visit a casino frequently than those in the other age groups were.

Table 39: Gambling frequency by age (%)

Frequency	Age group					Total
	18-22	23-29	30-44	45-59	60+	
At least once per day	0,0	33,3	0,0	66,7	0,0	100,0
3-6 times per week	3,5	8,8	43,9	36,8	7,0	100,0
1-2 times per week	2,6	5,1	38,5	30,8	23,1	100,1
2-3 times per month	0,0	3,6	42,9	35,7	17,9	100,1
Once per month	3,7	3,7	29,6	37,0	25,9	99,9
Every 2-3 months	7,7	7,7	23,1	38,5	23,1	100,1
A few times per year	0,0	8,3	50,0	33,3	8,3	99,9
Once per year or less	0,0	40,0	40,0	20,0	0,0	100,0

Table 40 reflects the relationship between gambling frequency and marital status. Two-thirds (66,7%) of the respondents who visited a casino at least once per day were married and one-third were single. This implies that a married person was more likely to go to a casino than a single, divorced or separated, or widowed person.

Table 40: Gambling frequency by marital status (%)

Frequency	Marital status				Total
	Single	Married	Divorced/ separated	Widowed	
At least once per day	33,3	66,7	0,0	0,0	100,0
3-6 times per week	16,0	66,0	12,0	6,0	100,0
1-2 times per week	18,4	65,8	2,6	13,2	100,0
2-3 times per month	8,0	80,0	4,0	8,0	100,0
Once per month	8,0	88,0	0,0	4,0	100,0
Every 2-3 months	9,1	72,7	0,0	18,2	100,0
A few times per year	8,3	75,0	8,3	8,3	99,9
Once per year or less	25,0	75,0	0,0	0,0	100,0

Table 41 shows the relationship between gambling frequency and population group. Two-thirds of the respondents who visited a casino at least

once per day were Indians. Almost half (47,2%) of the respondents who went to a casino 1-2 times per week were black and almost another half were white. In contrast, 80% of the respondents who went to a casino only once per year or less were white. The most frequent customers at casinos appear thus to have been the Indian and black groups.

Table 41: Gambling frequency by population group (%)

Frequency	Population group					Total
	Black	Coloured	Indian	White	Other	
At least once per day	33,3	0,0	66,7	0,0	0,0	100,0
3-6 times per week	59,6	0,0	10,5	28,1	1,8	100,0
1-2 times per week	47,2	5,6	0,0	47,2	0,0	100,0
2-3 times per month	38,5	11,5	7,7	42,3	0,0	100,0
Once per month	29,6	0,0	25,9	44,4	0,0	99,9
Every 2-3 months	30,8	0,0	15,4	53,8	0,0	100,0
A few times per year	16,7	0,0	16,7	66,7	0,0	100,1
Once per year or less	0,0	0,0	20,0	80,0	0,0	100,0

Concluding observations

Two hundred customers at ten casinos in five provinces were asked several questions about their gambling behaviour. More than half indicated that they gambled at least once per week and that it took them less than half an hour to reach the casino. Four out of five travelled by car. About half of the respondents had spent more than R1 000 on gambling during the previous month and one in ten had spent more than R5 000. In contrast, only just over one-third admitted to having won more than R1 000 in the last month.

When testing for potential problem gambling behaviour it emerged that one in seven borrowed money to gamble, one in twenty sold things to finance gambling and almost one-quarter admitted to using household money for gambling. Lack of self-discipline was evident in that only one-third never gambled for longer than they had planned, almost half felt they had to return soon after losing money and more than half felt that they should not stop after a good win. Examining aspects of personal life, it emerged that one in seven gambled to escape from worry or trouble, one in

twelve arrived late or missed work as a result of gambling and one in twelve confessed that the habit affected their family relationships.

The majority of casino customers interviewed admitted to having spent in excess of 10% of their income on gambling during the previous month. Financial rewards from gambling did not appear to be widespread, however, given that more than one-third had won less than R50 during the same period.

Conclusions and policy recommendations



This study has portrayed broadly the extent to which gambling is impacting on South African society. Widespread popular participation in gambling is a relatively new phenomenon in the country. Until recent years gambling (with the exception of horse racing) was largely restricted to fairly remote localities. The granting of new casino licenses has made gambling accessible to a much larger proportion of the population, especially in metropolitan and urban industrial settings. The opportunity appears to have been grasped by thousands of new punters throughout the country, many of whom admit to a lack of self-discipline with regard to the time and money they spend on this activity. It is clearly incumbent upon the government, represented by the National Gambling Board, to protect the public from excesses associated with gambling, such as bankruptcy, disruptions to family life and normal economic activity and psychological addiction.

Bearing in mind the inputs of interviewees, the findings from the national survey and the survey of casino customers, the Human Sciences Research Council strongly recommends that several policies be implemented as soon as possible. The intention is that these interventions will limit the negative effects of excessive gambling on individuals, their families and the broader society. The policy recommendations that follow are not necessarily in order of priority.

1. Subject to further research, “problem gambling” should be seen as an irresponsible and progressively addictive behaviour that results in physical and emotional health problems that have an adverse effect on interpersonal relations as well as cause financial problems such as bankruptcy, embezzlement, fraud and default on financial obligations.
2. The National Gambling Board should acknowledge the incidence of problem gambling in South Africa and declare its intention to take proactive steps to reduce and combat the problem.
3. The National Gambling Board should facilitate the establishment of a national support group for persons who have gambling problems, in

collaboration with existing groups such as Gamblers Anonymous, GamAnon and GamHelp. Participation in the national support group should incorporate the experience of “rehabilitated” gamblers and existing groups should be accredited by the Board on the basis of proven records of successful intervention and support to affected individuals and families.

4. A national toll-free help line should be established for callers in need of counselling. This should be linked to other services such as Telefriend and LifeLine as well as to therapy programmes aimed at overcoming gambling problems.
5. School educational syllabi should include a component outlining the dangers of gambling. This could be incorporated into a module dealing with the risks of alcohol and other substance abuses.
6. All individuals aged less than 18 years should be prohibited from gambling and their access to venues where gambling takes place should be strictly controlled by requesting customers to produce their identity documents.
7. Advertising of gambling opportunities should be monitored to ensure that they do not become excessively aggressive or manipulative.
8. Automatic teller machines (ATMs) should not be situated within 100 metres of a casino gambling floor.
9. Cheques should not be accepted in casinos and credit should be limited to R4 000 per month.
10. Warnings about the dangers of excessive uncontrolled gambling should be displayed prominently at all gambling venues.
11. “Problem gamblers” should be identified proactively by casino operators, using on-line guest cards or other methods.
12. Individuals who are identified as “problem gamblers” should be excluded from all gambling venues for a period of two years. “Self-exclusion” should also be facilitated where requested.

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13. Parents of children who are left unattended should be given a warning. If they repeat the offence they should be prevented from entering casinos.
 14. Customers who are inebriated should be required to leave gambling venues.
 15. Casinos should be levied in order to fund the National Gambling Board's efforts to combat problem gambling.
 16. Further research should be undertaken at a national level to monitor the incidence of gambling in general and "problem gambling" in particular. Additionally, representative research among regular gamblers should be conducted to clarify the nature of "problem gambling" and to determine the point at which it may be perceived to deteriorate from being a bad habit into a psychological disease.

References

- Productivity Commission. *Australia's Gambling Industries* (AGI). July 1999. Canberra..
- Strijdom, H.G., Schurink, W.J. & Van der Burgh, C. 1980. *The effects of the Sun City Hotel complex on the immediate social environment: An exploratory study*. Pretoria: Human Sciences Research Council.
- Collins, P. & Barr, G. January 2000. *An investigation into understandings, attitudes and behaviours in respect of gambling in the Western Cape in 1999: A baseline study, Report to the Western Cape Gambling and Racing Board*. Cape Town: University of Cape Town.
- Council on Compulsive Gambling. www.800gambler.org/1998%20stats.htm
- Criminal Justice Commission. 1991. Queensland, Compulsive Gambling.
- Francis, C. & Lubbe, B. 1999. *The social and economic impacts of gambling in South Africa*. Pretoria: University of Pretoria.
- Gauteng Gambling Board Annual Report. 1999.
- Gerstein, D., Hoffmann, J., Larison, C., Engelman, L., Murphy, S., Palmer, A., Chuchro, L., Toce, M., Johnson, R., Buie, T., Hill, M.A., Volberg, R., Harwood, H. & Ticker, A. 1999. *Gambling impact and behavior study*. Report to the National Gambling Impact Study Commission. New York: Christiansen/Cummings Associates.
- Hakim, S. & Buck, A.J. 1989. Do casinos enhance crime? *Journal of Criminal Justice*, vol. 17: 409-416.
- Harvard Medical School of Addictions (cited on p. 9).
- Industrial Week*. 1991. vol. 240, no. 15.
- Johnson, P. 1980. Gambling. Chapter 3-2. In: Strijdom, H.G., Schurink, W.J. & Van der Burgh, C. *The effects of the Sun City Hotel complex on the immediate social environment: An exploratory study*. Pretoria: Human Sciences Research Council.
- Looney, E. 1998. *Journal of Gambling Behavior*.
- Looney, E. & O'Neill, K. 1999. www.800gambler.org/thegamb.htm
- Lötter, S. 1994. The odds against gambling. *South African Journal of Criminal Justice*, vol. 7: 189-199.
- Mpumalanga Gaming Board*. 1999. Annual Report 1998-1999, White River.
- National Gambling Act, No. 33 of 1996*. Republic of South Africa.

- National Gambling Impact Study Commission Report* (NGISCR). 1999. United States.
- National Opinion Research Center* (NORC). 1999. University of Chicago.
- Nicholas, A., Asimacopoulos, K., Dimouski, D. & Haydon, D. 1997. Who's holding the aces?: There is a frightening link between compulsive gambling and crime. *Alternative Law Journal*, 22(6): 268-272.
- Olivier, J.L. & Schurink, W.J. 1980. Chapter 3-5. In Strijdom, H.G., Schurink, W.J. & Van der Burgh, C. 1980. *The effects of the Sun City Hotel complex on the immediate social environment: An exploratory study*. Pretoria: Human Sciences Research Council.
- Rule, S. (ed.). 2000. *Public opinion on national priority issues March 2000*. Pretoria: Human Sciences Research Council.
- Sunday Times*. 30/4/2000.
- Shaffer, H.J., Hall, M.N. & Van der Bilt, J. 1999. Estimating the prevalence of disordered gambling in the United States & Canada: A research synthesis. *American Journal of Public Health*, 89(9): 1369-1376.
- Volberg, R. & Steadman, H. 1986. *Problems and prospects in the evaluation of compulsive gambling treatment programs*. Paper read to the American Sociological Association.
- Van Zyl, W. 1999. *Set for a high-road outcome*. Analysis for KERSAF & SISA, Johannesburg: BoE securities.
- Wiehahn, N. 1995. *The complete Wiehahn report on gambling in South Africa*. Pretoria.

Appendix 1

Focus Group Discussion Guidelines: Social Impact of Compulsive Gambling

Introduction

How did you start gambling?
Why did you start gambling?
Has it become a problem for you?

Section A—Impact on personal health

Before you started gambling did you have financial problems?
Did the financial problems influence you to gamble?
Do you experience any anxiety, depression or stress due to problem gambling?

Section B—Impact on interpersonal relationships

Which of the following problems have you experienced because of problem gambling:

- Not spending enough time with your family?
- Breaking up of a relationship with a partner or a friend?
- Losing contact with children?
- Resorting to violence due to gambling?
- Argument over money with your partner?

Has your gambling habit influenced your children or family members to gamble?

Has a family member or friend influenced you to gamble?

Section C—Impact on work or studies

Have you lost time from work or study in the last year due to gambling?

Has gambling affected your work or studies?

Have you ever been fired from work due to gambling?

Section D—Financial impact

How much time do you spend in counselling as a result of problem gambling?

Do you have debts caused by your gambling behaviour?

Have you borrowed money without paying it back?

Have you bounced cheques deliberately?

Have you sold property or surrendered a policy to finance gambling?

Have you ever spent more money on gambling than you could afford?

Section E—Impact on government budget/expenditure or society

After losing money in gambling, did you receive material assistance from a government institution or a charity organisation?

Have you used public hospital or clinic as a result of illness related to gambling?

Did you steal money for gambling?

Have gambling problems led to criminal charges?

Have you committed gambling-related criminal offence(s)?

Section F—Solution

How could problem gambling be reduced?

How can the needs of problem gamblers be met?

Appendix 2:

Managerial Interview Guidelines: Social Impact of Compulsive Gambling

Section A (Socio-demographic information)

What is your typical client? (e.g. race, gender, age, education and income)

What is the socio-demographic background of your clients? (e.g. white or blue collar background, unemployed, students and pensioners).

Section B (Regulars/Attendance)

In a month, how many frequent gamblers come to the casino?

What proportion of the gamblers come every week?

Which day of the week and what times of the day do most regular gamblers prefer?

How much time do frequent gamblers spend on average gambling in a day?

On average, what is the monthly expenditure of regular gamblers?

Problems

Do some of the gamblers use credit cards for gambling money?

Do you provide credit to gamblers?

Do gamblers experience crime within the vicinity of the casino?

Do you experience any crime within the casino?

Do you educate patrons about the danger of compulsive gambling?

Do you provide counselling services to people affected by gambling problems?

Do you take any other measures to curb problem gambling?

Appendix 3:

Summary of proceedings of National Gambling Board conference sessions on problem gambling

During the course of the research, the National Gambling Board (NGB) convened a conference (Midrand, 14-15/4/2000) to address gambling-related issues. One component of the conference was problem gambling. This section summarises the comments made in this regard during the conference, many of which informed the line of questioning of stakeholders in subsequent interviews.

Deputy Minister Lindiwe Hendricks reaffirmed that the NGB had the responsibility to ensure the proper regulation of gambling in South Africa. Chief Executive Officer, Sifiso Buthelezi posed the question: “Are we socially responsible enough for the industry?” The National Lotteries Board, CEO, Professor Vevec Ram, noted that Intel satellite technology was being utilised to ensure randomness in selecting winners. During Uthingo’s seven-year license period, 30% of the proceeds would accrue to the National Lottery Development Trust Fund, which in turn would distribute funds to five sectors: Reconstruction and Development Programme (RDP); sports and recreation; arts, culture and heritage; welfare; and “miscellaneous”. The distribution of spending on gambling in South Africa was estimated to be 60% at casinos, 20% on lotteries and 20% on other forms (horse racing, bingo, sports, etc.).

Akani’s Bongani Biyela pointed out the need for national standards and monitoring systems to regulate problem gambling. Balele Leisure’s Vivian Reddy indicated that illegal operators in the Newcastle area had a bigger turnover than the licensed Monte Vista casino. He suggested that provincial board inspectors should have Peace Officer status in order for them to control illegal gambling more effectively. It was necessary that a national rehabilitation centre should be established to deal with problem gambling. The need for further research into the social impact of gambling was also pointed out. Monde Tabata (Global Resorts) felt that the respon-

sibilities and competencies of provincial boards as opposed to the national board need to be clarified for more effective regulation of the industry. There also need to be uniformity between provinces with regard to regulations. Ian Young (London Clubs International) expressed the view that it had been a mistake to establish provincial boards prior to the establishment of a national regulator. This acted as a disincentive to prospective investors in the industry. Rob Collins (Tsogo Sun) echoed this view, but added that the NGB was empowered to promote uniformity in the regulation of gambling and that it should exercise this authority. Similarly, Winston Coetzer (Kairo) called for standardisation of legislation and probity checks in order to address disillusionment amongst investors. The feeling was expressed that gambling was over-regulated in South Africa. A way around the duplication of expenses would be to categorise casinos into large and small and to permit the pooling of resources of smaller operations for dealing with issues such as problem gambling (John Barrett, Tusk Resorts).

Sun International's Stuart Shaw admitted that the issues of problem gambling, crime and economic displacement as a result of the gambling industry were as yet unresolved. He indicated that Sun International was the first group to have designed a programme to deal with responsible gambling. The proposed gambling routes and easily accessible limited payout machines (LPMs) were seen as problematic. Several operators pointed out the farce of an exclusivity fee of R8,2 million having been paid by Balele in KwaZulu-Natal while nothing was apparently being achieved with regard to the large number of illegal operations in the province.

Professor Jan McMillen (Gambling Studies, Sydney) expressed the view that in Australia "the stable door has been left open and the horse has bolted" with regard to the regulation of gambling. She cautioned the NGB to prevent this from happening in South Africa. In Australia, 82% of people gambled and those who did not gamble could to some extent be viewed as "social deviants". Research in Australia indicated that 2,1% of adults were problem gamblers. She felt, however, that this was an underestimate of the extent. More than half (60%) of these had contemplated

suicide and the negative effects of problem gambling on communities, families and especially women had been documented. The most common form of gambling was at the electronic gaming machines (EGMs), which were located wherever people socialised, thus facilitating “convenience gambling”. This encouraged continuous gambling to the extent that it became irresponsible. Amongst EGM players, the incidence of problem gambling was 9,27% as opposed to only 0,28% of lottery respondents and 0,4% of casino gamblers. Half of problem gamblers were women.

Prof. McMillen said that it was the responsibility of the government to protect consumers. In New South Wales and Victoria, there were profound problems with regard to problem gambling. In Western Australia and Northern Territory on the other hand, there were fewer problems. She correlated this directly with the presence of EGMs. In the former two states, there were 102 000 and 27 500 EGMs located outside of casinos, whereas in the latter two, there were no EGMs outside of casinos. The states were encouraged by the system to raid each other’s markets, however. About one-quarter of gamblers in Australia were not English speakers, mostly of Asian origin. There was a lack of understanding of the influence of ethnicity on gambling behaviour and more research on this topic was needed. The American South Oaks gambling screen (SOGS) had been found to be invalid in Australia because of the wider prevalence and acceptance of gambling. A modification of SOGS, called the HARM screen, had been developed to assess the views of punters themselves about the nature of problems experienced. There was a tendency to blame the individual rather than examining the socio-cultural environment. Lately family impact scales and community impact scales were developed. Innovative research funding programmes were established in three states (New South Wales, Victoria and Queensland).

The response of the industry to problem gambling varied. Whereas the large operators (Jupiter, Star City, Crownswood and Burwood) were proactive, smaller clubs and hotels tended not to comply with regulations, and suppliers of equipment were “left out of the loop”. A shift in national policy was occurring from the monitoring and regulation of crime related to gambling to the monitoring of social impact and the promotion of

responsible gambling. On 19 April 2000, the National Ministerial Council officially recognised the need for standardisation between states. It also recognised that gambling was a “very regressive form” of revenue collection as its source was primarily the low-income earners. Whereas the social benefits of the gambling industry were difficult to measure, the social costs were borne mainly by the most vulnerable sectors of the community. Restrictions on marketing in the gambling industry were a blunt instrument with little effect on their own. A broader public health approach was required. This would include informed participation, community education about the impacts of gambling and a crisis line linked to broader community services dealing with both financial issues and relationship counselling. In short, a co-ordinated national approach, community-compatible regulatory mechanisms and the generation of reliable comparative research with consistent frameworks were recommended.

A representative of Gamblers Anonymous (Anandh Gounden) said that although problem gambling was not as common as alcohol or drug addiction, it was just as serious. It affected many people and could be regarded as a ruthless, painful and lethal disorder. GA was dedicated to the treatment and rehabilitation of individuals affected by the disorder. It was seen as an incurable but “arrestable” illness. Gambling tended to be beyond the emotional control of gamblers. Although they emphasised the rationality of their behaviour, it was blatantly irresponsible and led to massive debts, family abuse and withdrawal. Gamblers went through a series of stages as follows:

1. A winning phase, when big wins and fantasies of further winnings occur.
2. A losing phase, characterised by absences from work, non-payment of accounts and financial bailouts by family and friends.
3. A phase when the individual’s reputation is affected, remorse sets in, family problems occur and the gambler resorts to illegal acts.
4. A phase of hopelessness, contemplation of suicide, divorce, abuse of drugs and alcohol. Losing becomes an intolerable, perpetual reality.

GA encourages proper restitution. Incarceration is ineffective because gambling just continues in prison. It is essential that the problem is recognised and that the individual be referred to GA. GA has a series of 20 questions that a gambler needs to answer in order to confirm his or her addiction.

Kathurie Gounden, representing GamAnon, another gamblers' support group, revealed that it had been operating in the country for eight years. She pointed out that the illness was too serious to be ignored by society. If a gambling spouse could find sufficient support and encouragement it became more possible for the recovery of the gambler. The organisation sought the spiritual strength of a "higher power" in order to overcome gambling problems. Costs of running the organisation are borne by the voluntary contributions of individual respondents. Experience has shown that the most appropriate therapy for sufferers of the illness came from interaction with fellow sufferers.

Ron Rens (GA, Randburg) said that GA started operating in South Africa in 1990 in Johannesburg, Pretoria and Cape Town. Its mission was the reinstatement of gamblers to normality. To illustrate the seriousness of the problem, he cited a case of a female respondent who had committed suicide as a consequence of her husband's gambling. He warned that the proliferation of LPMs will catch low-income earners and worsen the incidence of problem gamblers. It was necessary for the government to support the rehabilitation of these people but no help was forthcoming.

At the NGB conference workshop on problem gambling, it was stated that 26 out of the 1 000 respondents to a survey in the Western Cape were identified as problem gamblers. In comparison to Australia, more low-income people were affected in South Africa because of their greater proportion in the total population. The Australian drugs-alcohol-gambling (DAG) screen was utilised to identify affected individuals. A 24-hour dedicated line was established. This was linked to regional directories of services and was organised on a local basis. Prof. McMillen defined addictive gambling as being unmanageable and out-of-control gambling. Affected individuals tried to stop but could not. It could also be seen as a disease, an abuse of money and a progressive illness for some. It was

essential to educate new gamblers about the potential dangers and to “erect a fence at the top of the cliff”. It was suggested that all machines have labels bearing the local GA telephone numbers. Counsellors should be trained and culturally sensitive. Large and small branches should combine resources. Employers and churches should be encouraged to educate their constituencies about problem gambling. This should be funded by the industry.

Appendix 4:

Proceedings of Gamblers Anonymous and GamAnon meetings

(all names changed to preserve anonymity)

Gauteng group

Chaired by Bruce, the meeting opened with a brief prayer and the reading of various principles and ideals of the organisation. After a short smoke break, 11 of the 12 respondents shared experiences. Each respondent began by stating his/her name and that s/he was a compulsive gambler or a supporter of a compulsive gambler. All respondents were white and their approximate ages are indicated in brackets in the summary that follows. Only first names are given in order to protect the anonymity of members.

Andy (30) began gambling 12 years ago at the invitation of a friend who had won a large sum of money. Andy lost on his first attempt, fetched more money and continued gambling for two weeks until he had no more money to lose. His mother bailed him out once he had committed fraud on a credit card. Stubbornness, friendship with a casino manager and experience as a trainee dealer made him continue to gamble for another five years. He worked for 18 hours per day and still found time to gamble after hours. He was totally obsessed. He left the casino industry but was then persuaded by his new boss to show him how to gamble. This started him up again and he continued to gamble, especially on his business trips to Swaziland and Botswana. He lied to his business associates and to his wife, went on a seven-day gambling binge in July 1997 and then lost his job. A family ultimatum forced him to abandon gambling and make amends with those whom he hurt, including his ex-wife, a French female respondent (present at the meeting), who was visiting him from Europe.

Bill (30) stopped gambling six months and three weeks ago after six years of gambling. He worked in a court and budgeted each month for his gambling habit. The week before he gave up he spent all that he had; only

the limits at the ATM machines controlled him. He attempted suicide. His view was that the “winners are sitting here at this meeting, the losers are sitting at a casino”. He encouraged other members not to “run too fast” in their recovery process.

John (55) emerged from a bad state three years ago and expressed his appreciation for the support that he received from the group.

Dave (50) stopped gambling 55 weeks ago. He said that he was “born with a pack of cards in his hands” and gambled since childhood. He sometimes gambled four or five nights per week on bridge, horse racing and other forms of gambling. On business trips he sometimes stopped for seven hours in places like Botswana. Since his commitment to stop he has done his “utmost to stick to it”.

Sue (45), Ivor’s wife, said that she was so glad to be out of the gambling scene. She was especially grateful of this when she heard Ivor’s relatives discussing gambling at their recent get-together for Passover.

Nevil (25) said that winning money was the worst possible thing that could happen to you when you started gambling. It took over your life and the big win that was going to solve all problems never came. It was a continual battle to keep his commitment to stop gambling. His supporter (girlfriend) was not able to speak because of her emotions.

Rachel (35) stopped five weeks ago. When she shared her experiences with friends at a braai over the past weekend they were shocked to hear and could not believe that she had been a compulsive gambler. She knew of others who would not admit that they were addicted.

Rachel’s supporter, Adele (25), said that it was difficult to discern who was a compulsive gambler because gamblers were so good at telling lies.

Nadine (25) used to “look up to gamblers”. She spent all her money on gambling over six years, and sold her furniture to obtain gambling money. She had no local family and therefore could not borrow from them. She stopped over Christmas but began again after the next pay-day arrived. Her supporter took away all her bank cards but she dreamt of another win. Other respondents said that she should get someone else to collect her pay cheque and to pay her accounts so that she could avoid the

temptation to start again. All access to money except for basic necessities should be eliminated.

Melissa (25) said that she stopped 12 weeks ago and that she had no more room for gambling in her life because she had so much else to do.

Kobus (40) stopped gambling 11 weeks ago. He said that it changed his life; he spent more time in quiet and enjoyed life and nature much more. He noticed the autumn leaves this year for the first time in six years.

Dora (55) gave up gambling 12 days ago, having gambled four times per week for the last seven years. She felt motivated and positive about her commitment and said that gambling was not an intellectual but an emotional activity. It was financially and spiritually destructive. It involved moodiness and changes of personality. Her most vulnerable time of the day was between 16:00 and 17:00, when the temptation was hardest to resist. She owned her own business and worked daily with money. She had lost thousands of Rands and was resolved to stop the gambling habit.

At the end of the meeting the Human Sciences Research Council (HSRC) researcher was given the opportunity to ask questions. He asked what measures the group thought would be effective in reducing the incidence of problem gambling. Ideas that emerged were:

1. Print warnings about the dangers of gambling in pamphlets and on billboards.
2. Advertise Gamblers Anonymous widely.
3. Children should not be allowed anywhere near a venue for gambling.
4. The age limit should be increased to 21.
5. People should be available to do counselling and distribute literature 24 hours per day.
6. A toll-free help line should be established, providing access to welfare advice, legal and personal counselling. This should be widely publicised at all casinos.
7. Casinos should not be allowed to advertise.

First KwaZulu-Natal group

Twelve men, ten Indian and two white, aged between about 30 and 50 attended the meeting. For one of those attending, it was a first meeting. Some of the others mentioned that they attended more than one meeting per week in different parts of the province. The meeting was chaired by one of the members and it opened with the prayer of serenity. This was followed by a series of seven readings from the GA booklet, each by a different member, at the request of the chair. The readings included the GA preamble, the 12 steps to recovery, the Unity Programme, the nature of compulsive gambling, identification of compulsive gamblers, “today” and the importance of attending meetings. Group therapy followed, with each member being given an opportunity to have his say. Names were changed to protect anonymity.

Brij expressed gratitude that he could be a member of the fellowship and said the “urge of gambling has definitely left me”. He recalled how it had taken him a long time to start attending GA meetings. He used to lie to his boss and worked only to be able to gamble. He had been very happy to join GA because he had not been “asked for money” or “asked to change my religion”.

The next male respondent did not wish to speak, and the next one indicated that this was his second attempt to stop gambling. The first time he had not succeeded but he expressed the hope that it would work this time. The chairperson reminded him of the importance of not missing any meetings.

Vernon revealed that he had been free of gambling for 116 days and that he had “never felt better”. He also said, “I can’t believe how focussed I am.” His advice to the others was to take one day at a time and always be ready to admit that they were powerless over their habit. Positive thinking was essential.

Paul had gambled for 29 years before stopping nearly nine years ago. He started on a small scale but his bets escalated. He used to spend about three nights per week at the Wild Coast casino, in spite of living in Durban. On one occasion he started with R100 and made R10 000 in a 48-hour session. This he lost two days later in another session. As a success-

ful businessman he was not forced to gamble but always felt compelled to “go for the big one”. His bank manager was also a gambler, a circumstance that encouraged his own gambling. Such was his addiction that as he walked down the aisle at his own wedding, he listened by earphone to a horse race on which he had placed money. On another occasion he won R79 000, half of which he gave away to someone in need, before losing the rest again. His electricity and water were cut off and he had to apply for a new bond on his house. His wife began to suffer from arthritis in her hands, which he attributed to tension in the home. Paul stopped gambling when three gamblers committed suicide. He attended three or four GA meetings per week, his view being that “as a sick person I need my regular injection”. He also felt that “gambling is one of the worst addictions a human being can have”. Unfortunately less than half of the people who attended GA meetings continued to come for more than one year.

Vinesh stopped gambling seven months ago. He said that for this to work one had to want it to work. The group meetings and phone calls in between meetings were very supportive. Almost suicidal in October 1999, Vinesh found the GA telephone number in the telephone directory and joined the organisation. He began gambling as a boy, on cards and dart games. He moved on to horse racing and eventually placed bets seven days a week. His aim was to give his wife the option of not working. He kept on borrowing and losing and borrowing to pay back other debts. He felt that it was good to be reminded of the past and he expressed his thanks to God and to the GA members “because they have pulled me through this”.

Rabindra, a male respondent attending for the first time, was asked the 20 GA questions. He responded “yes” to each one and concluded that he was “definitely a compulsive gambler”. He indicated that he had been a member of Alcoholics Anonymous for eight years in order to control his drinking problem. He had been gambling on horse racing for 18 years and more recently, at casinos. Over Easter he had won an amount of R90 000 on a jackpot. He used the amount to reduce his debt, but subsequently re-incurred the debt. He expressed the intention not to return to gambling and said, “Thank God that I found this place.” He felt that strongly worded

warnings about the dangers of gambling should be displayed at casinos, to create public awareness.

In response to the new member, another member said that money per se was not the problem, but the effects of gambling on one's character. He encouraged the new member to offer to repay his debts in small amounts. Another said that family support was important. Rabindra mentioned that his wife was currently attending the simultaneous GamAnon meeting.

Bobby recalled how he had once been so distressed by his gambling problem that he lied to his wife, took his company van and left home to go and sort out the problem. He reached some place and walked and walked for a long time. He then returned home and was welcomed and supported by his wife and daughter and his boss. On joining GA he was able to release a lot of emotion and frustration. Since then his wife handled all the family finances. She even phoned his boss to check up on him. He appreciated the GA fellowship and was now getting his life back. He was contemplating the purchase of a house, something that was previously unthinkable.

Vijay said that in order to succeed in stopping gambling it was necessary to "show an intention". He never got into serious problems but just felt that he had to place bets on races every day. He tried religion (he is Hindu, his wife is Roman Catholic) but this did not work for him. He found out about GA via the grapevine and since joining he overcame negative characteristics such as personal neglect and stinginess. He was using his previous gambling time to work at his part-time business or be with his family.

Stuart revealed that he gave up gambling 97 days ago. He said the question about "remorse" in the 20 questions "got to me". He never regretted losing money and was never happy when he won. When visiting his estranged family in Johannesburg he found himself at Turffontein racecourse or the tote, instead of spending time with them. He remembered an incident when his daughter needed socks but he preferred to spend the R20 on gambling. He tried all sorts of things to avoid gambling. Even when he locked himself in his bedroom he found himself listening to

the racing results on (the former) Radio Port Natal. He was grateful to hear at GA that compulsive gambling was a “disease”.

Second KwaZulu-Natal group

One researcher attended a short part of the simultaneous GamAnon meeting for spouses of GA members, in a venue adjacent to where the GA meeting was taking place. Four women were in attendance, one of whom was new (wife of Rabindra). Roshnee was telling the others how her husband was “gambling free” for nearly three years. While he was gambling they lived under difficult circumstances at her in-law’s home. When his friend joined GA, he followed suit. Roshnee expressed her excitement about their remaining debt being only R500, after it initially stood at R8 000. They gradually paid it off over the three years. She said that paying it “bit by bit” she felt “so much at ease”. Her husband was no longer “there but not there” because of his fascination with racing results on the radio. He was more involved with the family.

Mary expressed regret about the many young people who played the machines in West Street (Durban) at lunchtime. She felt that they “get hooked” on the apparent “easy money”. She said that parents who sent their children to buy goods on credit created an incentive to gambling. A GamTeen group for teenage children of families affected by gambling was started in the Umbilo area, meeting on Fridays.

Surya said that one of her children one day cried out to her father, “Daddy, don’t ever leave us again” and “Daddy, why you left us and went?” This moved the father emotionally and motivated him to stop gambling. She emphasised the importance of regular prayer and attendance at GA meetings.

Another female respondent said that she liked to avoid family gatherings where materialism and gambling were a way of life. Another said that she was referred to GA by Lifeline. She felt that the proliferation of new (illegal) casinos in Durban was problematic.

Several suggestions were made by the group about ways of dealing with problem gambling. One was the establishment of an office that was operating day and night. Another suggested a 24-hour help line that could

provide details of GA meetings and venues. It was mentioned that the chairman of the local GA spent hours on his cellphone, counselling members in between meetings, and that a subsidy for this should be considered. Payment for GA advertisements in the media could also be subsidised. Another suggestion was that warnings about the addictiveness of gambling should be displayed on machines and on racing cards. Television channels should consider granting free airtime for this purpose. Casino operators should certainly be involved in funding GA advertising. It was mentioned that United States hotels advertised the telephone numbers of GA and AA. Awareness at school level should also be created. At a recent talk given by GA at a Durban high school, 95% of the pupils said that they were involved in some sort of gambling.

Third KwaZulu-Natal group

Nine members (5 Indian males, 3 white males, and 1 white female), aged between 35 and 60 years, attended the meeting. Proceedings commenced with the prayer of serenity and a series of readings from the GA manual. Each member present was requested by the chairman to read a section. These included the GA preamble, the Recovery Programme, the Unity Programme (which prescribed that GA should avoid making any financial arrangements with other organisations on behalf of its members), readings on “what is compulsive gambling”, identifying the problem, the importance of “today”, “Mr Compulsion”, the 12 GA promises and the importance of regular meetings and fellowship. Prior to each reading, the member introduced himself/herself in this way: “Good evening, my name is X and I’m a compulsive gambler.” The group response in each case was, “Hi, X!”

The next section of the programme was group therapy, introduced by the chairman (a rotating function conditional on the incumbent having been “gambling free” for a minimum of 90 days) with the question, “How has it been a positive step joining Gamblers Anonymous?” Each person present made a response to this question during the 100-minutes period that followed. After each presentation, the chairman and sometimes one or more of the other members made an encouraging comment. In only one

case did a member interject—to admonish another member concerned about his intention to continue gambling on a limited scale in order to be able to pay a massive debt.

Luigi (55) said that before joining GA nearly five years ago he used to “eat, sleep and think gambling”. Since then he was able to “fill his life with so many other meaningful things besides casinos and gambling”. The moral and emotional wellbeing that he now enjoyed was something that money could never have bought. He expressed deep regret about having gambled so soon after his father’s funeral and spending half of his salary (amounting to R150 in 1965) on gambling on Christmas Eve and being unable to buy his wife a present. Billy (46) was in and out of GA since 1994. He once stopped gambling for seven months but was now gambling free for nine days.

Angus (46) resigned as a teacher and received a R200 000 payout. Seven months later he had spent the entire amount on gambling, apart from the repayment of some debts and a trip to England. He used to draw R7 000 at a time and went to the Wild Coast casino, where he used up all of the money during the course of 15 visits. On the last occasion his children came to visit him over a weekend (he was divorced and his ex-wife had custody) but he left his children at his flat while he went gambling. He now had a new job and kept a record of all the small positive things that he achieved in the nine days since he last gambled. These included doing more thorough administration in his teaching job, attending church and giving a lift to colleagues.

Narendra (40) recalled how he was suicidal when he first made telephone contact with GA. He was unable to resist the temptation to go to the racecourse and tote on every possible occasion. He consulted psychics and attended services at the temple in order to win control over the habit, but to no avail. After he lost the sum of R90 000, he wanted to shoot himself but his wife hid his .38 revolver. She found the call number for GA and gave it to Narendra. He phoned immediately, at about midnight, and was invited by the telephone attendant to come and visit. There he was asked the 20 questions and he responded in the affirmative to 18 of them (only six being necessary to categorise one as a “compulsive gambler”). Since

joining GA he had success in his business, bought a new house and spent much more time with his children. He greatly appreciated the “family” that he had at GA.

Paul (35) asked if he could speak at that stage, having “built up the courage”. He indicated that he owed money to all of his brothers and other relatives and that he lied, cheated and was a poor parent. He felt that he lost his teenage daughter’s trust but that he might still have a chance with his young son. For the past three months he avoided gambling at the race-course but felt that it was extremely difficult, given the wide prevalence of advertising for casinos, the national lottery and racing. He lost many thousands on the stock market and needed urgently to repay a debt of R32 000. With the R5 000 in his possession he planned to go and make up this amount.

At this point, another member interrupted and implored him not to go and gamble. He was told to get his priorities right, to admit the circumstances to his debtor and to undertake to repay him with regular instalments over a period. Another member asked him why he was not a millionaire after 20 years of gambling and how many losers did he think there were when one male respondent recently won R13 million on the lotto. Another told him that his two options were to stop gambling completely or to continue and end up either in jail, insane or committing suicide.

Harry (50) reached the “down and out” stage after 22 years of gambling. After his first visit to a GA meeting he felt that it was not for him because he was too well educated. Now he had a different view. He felt that “we are the fortunate ones in this programme” while many others were suffering. He admitted that had he received a retrenchment package it would all have been squandered. He considered GA to be his “new family” and told of the reconciliation with his daughter who had previously been very angry with him.

Dale (45) was very pleased that he was “gambling free” for nearly four months after 28 years of gambling. He also warned Paul of the folly of going back to gambling. He said that he could mark every day on his calendar “another gambling free day” and he felt extremely positive.

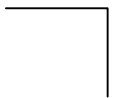
Having lived a life of lying, cheating and fraud, he now spent more time with his family and sleeping without any worries. He enjoyed reading books for the first time. He urged the other members to “be positive with what you’re doing and you’ll get where you want to go”. His wife attended GamAnon meetings for a year before he started at GA after being retrenched for fraud in his workplace.

Wendy (50) said that she used to be “such a miserable sod” before joining GA. She neglected her personal appearance and avoided any social gatherings. She was only happy among gamblers who never spoke to her. Her message to the group was, “Climb more mountains, eat more ice-cream and live your life.”

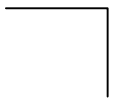
Ragu (35) was a teacher who had plenty of time after school to go to the racecourse. He wasted a lot of money on this habit and did not have much to show for it. Since joining GA he felt that he had become more tolerant and less arrogant. He recently investigated the family of a depressed child in one of his classes and discovered that the boy’s father was a compulsive gambler. He was then able effectively to counsel the boy.

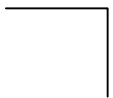
Finally, the chairman Kamal (45) recalled how he felt wretched and rotten and that he had no pride by the time he joined GA. His wife told him that he was not worth being called a man. Having joined GA he was able to focus on his “higher power”. He felt that the organisation had top-quality members who wanted to “get ahead”. He now had serenity and did not want to go back to gambling. He prayed that this would not occur.

The meeting ended with the collection of voluntary donations to fund the GA advert placed three times per week in *The Natal Witness* (R169 per 30 insertions), followed by some refreshments and informal discussions. During this time, five spouses (four females, one male) who had been attending a parallel session of their GamAnon group in an adjacent classroom, joined the GA group. The GA members requested that their identities be protected, hence names and specific details in the foregoing report were changed.









Appendix 7:

Schedule of interviews, March to June 2000

Visits were made to attend meetings or conduct interviews as follows:

Interviewee	Organisation	Date
Mr Dave Webster	Sun International, Sandton	31/3
Ms Trish McDonald	Global Resorts, Caesars	3/4
Mr Markus Prader & Mr Stony Steenkamp	Tsogo Sun, Sandton	3/4
Mr Kieran Sanderson & Ms Billie Walker	Gold Reef City, Johannesburg*	5/4
Mr PG van Wyk	Sundome, Randburg*	7/4
Mr Mike Oughtibridge	Champions, Witbank*	10/4
Mr Ig Olivier	Emnotweni, Nelspruit*	11/4
Mr Steve Vorster	Graceland, Secunda*	12/4
Mr Ron Rens	Gamblers Anonymous, Randburg	13/4
Mr Rod Walker	Carnival City, Boksburg*	13/4
Conference, National Gambling Board	Midrand	14/4
Mr Geoff Adamson	Monte Vista, Newcastle*	17/4
Advocate Alan Doorasamy	KZN Gambling Board, Pietermaritzburg	17/4
Gamblers' focus group: Indian males	Sherwood, Durban	17/4
Mr Raj Govender & Ms Eleanor Langley	GamHelp and Portnet, Durban	18/4
Director Henry Beavon & Superintendent Hennie Laatz	SA Police Service, Durban	18/4
Mr Anandh Gounden & Mr Mario Tripepi	Gamblers Anonymous, Durban	18/4
Mrs Kathurie Gounden	GamAnon, Durban	18/4
Mr Melville Vogel	Wild Coast Sun, near Bizana*	19/4
Gamblers Anonymous	Rhema Church, Randburg	25/4
Gamblers' focus group: white males	Ferndale, Randburg	26/4
Gamblers' focus group: black males	Ferndale, Randburg	28/4
Mr Prince Mafojane	North West Gambling Board	3/5
Mr Kenneth Maboea & Mr Kwena Moloko	Northern Province Gambling Board	3/5

Interviewee	Organisation	Date
Mr Jacques Booysen, Mr James Moroka & Mr Edward Lalumbe	Gauteng Gambling Board, Centurion	4/5
Col. Eddie Sevenster	SA Police Service, Johannesburg	4/5
Gamblers Anonymous	Sydenham, Johannesburg	4/5
Mr Warren Kay	Carousel, Hammanskraal*	9/5
Dr Eddie Harvey & Ms Agnes Muller	Department of Welfare, Pretoria	10/5
Mr James Stephens	Morula Sun, Mabopane*	12/5
Gamblers Anonymous	Newlands, Durban	15/5
Gamblers Anonymous	Pietermaritzburg	16/5
Mr Ian Upfold	Telefriend, Pretoria	23/5
Ms Ané Carelse & Ms Susan van Niekerk	Elim Clinic, Kempton Park	24/5