

**Evaluation of the  
National Responsible Gambling Programme (NRGP) of South Africa**

by

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The South African **National Responsible Gambling Programme (NRGP)** is a joint initiative of the industry and the regulators, funded by the industry, supervised by a board of trustees, composed of industry and regulator representatives, under an independent Chair and accountable to the Department of Trade in the national government. It integrates various dimensions of Responsible Gambling: Education, prevention, treatment, and research. This integration under a single organizational umbrella makes it unique in its field.

I was approached to provide feedback on the “deliverables” and budget for the activities of the NRGP. More specifically, I was asked to write a short report commenting on the following issues:

1. Appropriateness of the NRGP’s objectives and deliverables;
2. Adequacy of the service provision;
3. Comparison with what is being done to promote responsible gambling in other jurisdictions and by the gambling industry in other parts of the world;
4. Comparison of the cost-effectiveness of the overall programme.

I was invited to make recommendations about how the NRGP can improve their programme and to address any issues about management and administration, which I felt may be appropriate.

In order to do so, I was supplied with the following:

- i. Generic brochure;
- ii. Annual reports for the years 2005, 2006, 2007, and the first Quarterly Report of 2008;
- iii. Recent issues of the newsletter;
- iv. Treatment manual;
- v. Examples of recent brochures, advertisements, etc.;
- vi. Copies or transcripts of some media interviews;
- vii. Extracts from training materials;
- viii. Extensive material about the school prevention programme.

I was able to meet with various persons, including Prof. Collins, Dr. Meyer, and Tamra Capstick-Dale, Nelleke Bak, Loren Human, LP Peddie, and Barbara Van der Spuy. I had the opportunity to participate in one of the weekly supervision meetings with the helpline

group. In addition, the key persons involved in the following programmes invited me to a short and comprehensive presentation of the following programmes: the School's Prevention Programme, Training, Media and Advertising, and Public Education.

Finally, I had the opportunity to meet with over 30 counsellors in the context of a one-day training programme delivered in Johannesburg.

My evaluation includes comments on each of the components of the programme, as well as a general conclusion.

## 1. Research Programme

### a) Description

The research programme being developed and conducted through the NRGF focuses on capturing the South African idiosyncrasies of gambling. This is an important asset of this programme. However this does not prevent the researchers from conducting cutting edge research which would certainly make significant contributions to the level of our knowledge in the field of gambling. The following are among the main studies currently being conducted or planned within the next months:

(a) A prevalence study which aims to provide an updated profile of South African gambling behaviours (e.g., frequency, type), the demographics of gamblers, and the correlations between problem and pathological gambling and related psychiatric disorders (alcohol and drug dependence, depression, anxiety). Such studies are needed in any jurisdictions in order to have an accurate estimate of the number of pathological gamblers (PGs) and individuals who are at risk of developing gambling related problems. The information that will come out of this investigation will be valuable for the various stakeholders to plan their work, such as the Ministry of Health, policy makers, prevention organizations, etc. I would like to mention that South Africa is probably quite advanced in conducting such a study, compared to other African countries, and even compared to some European countries (such as France) which have not yet established the number of gambling related problems through scientific research.

(b) A Panel study<sup>1</sup> will follow the prevalence study in order to test the models of causal factors for changes in individuals' gambling behaviours between problematic and non-problematic patterns. Factors included in the models include psychological dispositions, standing environmental conditions (availability of gambling opportunities, prevailing attitudes towards gambling among friends and family), and life events (stressful occurrences at work or in personal relationships, changes in financial situation, indulgence in alcohol or drugs). To my knowledge, very few panel studies, if any, have been conducted in the field of gambling. This will bring outstanding information on the etiological factors of gambling related problems and most importantly, it will determine whether pathological gambling is a

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<sup>1</sup> Robert Ladouceur was invited to participate in a workshop aimed at planning the design of the panel and the cognition studies. No honorarium was provided for his contribution. His scientific interests and commitments were the motivating factors of his contribution.

progressive and chronic disorder or an episodic and transient disorder. This study will provide major information to clinicians in the field of gambling and, more importantly, to experts working on re-defining the characteristics of PGs for the next issue of the diagnostic manual of the American Psychiatric Association (DSM-V).

(c) A poverty study will replicate both the prevalence and panel study methods as it applies to an impoverished rural population in KwaZulu-Natal. Its purpose is to identify differences between poor/rural South Africans and urban South Africans in gambling behaviour, psychiatric problems related to problem gambling, and causes of change in gambling patterns. This culture-bound study is very important in understanding gambling and gambling related problems in the South African context.

(d) A cognition study will examine the extent to which problem gamblers display impaired capacity for cognitive control of midbrain response. Many studies have already shown that gamblers are influenced by cognitive biases, cognitive errors and illusion of control when gambling. These factors may play a pivotal role in the development and maintenance of gambling related problems. However, we do not know how these cognitive biases are related to brain activity. This study examines the potential relationship between the cognitive and neurophysiological dimensions of gambling.

#### **b) Comments, Questions and Suggestions**

The group of researchers is very well qualified and its members come from diverse academic backgrounds. They are grounded in the South African culture, focussed on the particularities of its inhabitants, and are well able to conduct cutting edge research in the field of gambling. Among the strengths of this research programme, we find:

- Excellent diversity and integration of research topics;
- Diversity of the researchers' backgrounds and integration of the diversities (economists, philosophers of science, mathematicians, psychologists, etc.);
- Cutting edge research, particularly the panel study;
- South African and non South African researchers working together;
- Quality of the researchers (although I did not have the curriculum vitae of all the researchers while writing this evaluation). A book, co-authored by 4 researchers of this group, was published last year at MIT Press in Cambridge, U.S.A. ;
- Faculty members and graduate students working together.

Researchers should have the freedom and the initiative to conduct the studies that they believe will be important to advance our knowledge. The studies being conducted here are a good illustration of this principle. I have only one limitation to point out. My understanding is that the researchers and the clinicians of the NRGP (see item 3 below) are not closely linked. If this is true, it is very unfortunate. The researchers could use their skills to their advantage to examine and evaluate the clinical interventions being offered in this country. The results could be extremely beneficial to the clinicians to improve their interventions, to redesign some of their treatment components and to upgrade their programme.

## 2. Telephone Counselling Helpline

### a) Description

The NRGH helpline has a pivotal role to play in the recovery process for a problem gambler. It is the gateway to access treatment providers. When an individual calls the helpline, he or she may be referred to a treatment professional by the helpline counsellor. Since the helpline workers provide advice and counselling concerning treatment options, the word "counselling" was recently added to the name describing their services.

The helpline is available 24 hours a day, 7 days a week, through a toll free number. Presently, nine counsellors are employed full time. Four of them have an honours degree in psychology, while most of the others have completed, or are currently taking courses in counselling. Two are on duty from 7:00 a.m. to 9:00 p.m., and one from 9:00 p.m. to 7:30 a.m. Staff turnover is particularly low: some employees have been with the helpline for more than five years. Calls can be answered in the first language of the caller.

Group supervision meetings are held every week to discuss difficult cases and to update on different issues relating to calls received during the week.

Recently introduced new technology allows counsellors to keep records and statistics on the callers. It provides excellent data about various characteristics of the callers. The counsellor is required to fill out a standardized form for each call.

### b) Comments, Questions and Suggestions

This group is very well structured, organized and devoted. Their role is pivotal: Gamblers can access treatment only through the helpline. The stability of the staff is a major strength. Weekly supervision is an additional asset because the more experienced counsellors can share their knowledge with the newcomers. The services provided through the helpline are being conducted with state-of-the-art knowledge in regard to this specific area of expertise.

Although, I have no limitations to point out, I would like to make some suggestions that could improve the outcome for gamblers who call to seek counselling services.

- Once or twice per year, an expert clinician in the field of pathological gambling could participate in the weekly supervision meeting. This could open new avenues and provide new perspectives to be considered in the counsellors' daily work.
- I suspect that the treatment professionals and the helpline counsellors do not know each other well. A one day meeting, bringing the treatment professionals and the helpline staff together, could be helpful if held approximately once every 2 years. This would facilitate discussion about the referral process and could improve some procedures.

### 3. Out- and In-patient Treatment

#### a) Description

Professional treatment is available for every South African who feels that they have a gambling problem. At the present time, 68 professional counsellors, located in 40 different cities around the country, are trained and ready to provide help. As described in the “Guidelines for the Therapist”, treatment is designed to provide the patient with cognitive insight into the dynamics of the problem, so that behaviour changes may be effected and the recovery process facilitated. Delivered in a six session format, the intervention integrates the 12-step recovery programme. It is also assumed that the therapist has a good understanding of, and respect for, this approach.

The content of each of the six sessions is clearly delineated in the guide. Therapeutic components of the intervention include the following: establishing the history of the gambling behaviour, confirming the diagnosis according to the DSM-IV criteria, examining the concept of loss of control, bringing in the spouse or the collateral, introducing the Gamblers Anonymous approach, coping with denial, creating a relapse prevention programme, etc. The goal is to attain abstinence – that is, quitting all forms of gambling.

At the very beginning of the treatment, the patient must sign a contract, agreeing that he or she is willing to attend all the sessions, refrain from gambling of any kind during the treatment period, hand over control of the finances to another person for the duration of the programme, attend Gamblers Anonymous meetings, and complete all written assignments. Many forms are provided, which must be filled out by the therapist and the patient. These deal with various aspects of the treatment sessions, such as identifying four risk situations, completing a financial inventory, establishing a payback plan, determining the gambling behaviour related to loss of control, and clarifying and understanding denial.

For the **in-treatment or residential treatment method**, five different facilities are available around the country. This treatment is provided under the following clinical circumstances: (1) suicidal tendencies; (2) criminal tendencies; (3) concurrent substance use making successful out-patient treatment unlikely; (4) failed out-patient treatment, and (5) out of control gambling which requires containment. The NRGF assumes the fees for a two or three week stay in residence.

According to the clinical director, the treatment paradigm remains much the same as for out-patient treatment, except for the added element of containment and intensity. The treatment process within the in-patient setting is usually managed by one of the NRGF counsellors associated with the facility.

#### b) Comments, Questions and Suggestions

It is a great asset for South African pathological gamblers to have access to this type of treatment program. Not only is this programme free of charge, but it is accessible in 40 regions of the country. In addition, it is delivered by professional and trained therapists. Many industrialized western countries have not yet implemented such beneficial programs for their inhabitants. South Africa can take pride in being a leader in this field.

More specifically, this program is well designed and based on our current knowledge of what constitutes a problem gambler. The strengths of the programme include:

- the structure of the program;
- the broad reach and approach of the problem;
- the logical sequence of the treatment components;
- the inclusion of the spouse, or of collateral, in the therapeutic process;
- the face validity of the treatment components;
- the various standardized forms for collecting treatment related data.

The following questions were raised since some information was lacking in the material that was provided:

- What is the rationale for dividing the treatment into six sessions? From my own clinical experience and knowledge, six sessions is not sufficient for some patients to attain their therapeutic goal. Can the number of session be adapted to the specific needs of the patient (with a maximum predetermined number)?
- Why force all patients to attend GA meetings? Although GA is a very helpful resource, some individuals can not adhere to its philosophy. Requiring the patient to sign a contract to attend these meetings may be a hindrance to treatment. Data are needed on this issue.
- What is the rationale behind having the patient sign a contract, at the beginning of the treatment, stating that he or she will refrain from gambling for the duration of the programme? Therapy is specifically designed and implemented to help the patient to achieve this goal. Therefore, why impose this requirement in order to be able to engage in therapy? What happens when a pathological gambler in treatment gambles? Could this requirement encourage lying in the pathological gambler?
- How effective is the programme? If no systematic evaluation has yet been conducted, I strongly suggest that the NRGF undertake one as soon as possible. There are many interesting studies to be conducted in this field.
- What training do the counsellors receive? I suggest that a structured and formal 2 or 3 day training session be introduced for all new counsellors. We know that we cannot treat a pathological gambler like an alcoholic or a drug addict. A formal training could be implemented as a requirement in order to be officially recognized as a counsellor for pathological gambling.

#### **4. Public Education, Collateral, Brochures, etc.**

##### **a) Description**

Over the last few years, the NRGF has made it a part of their mission to inform the general public about gambling and gambling related problems. As clearly stated in their various publications, their objective is to disseminate educational messages about responsible gambling in a *neutral, objective and impartial way*. This information has been delivered through many means, and in a wide variety of contexts. More importantly, these initiatives were carried out in a unique fashion, corresponding to the particularities of the diverse

South African cultures. For example, the following materials were distributed from March 2007 to February 2008:

- Leaflets N = 115,600
- Slot machine stickers N = 5,200
- Posters N = 400
- Business cards N = 5,000
- Annual reports N = 1,000
- Newsletters N = 15,000

In addition the programme produces a digest of responsible gambling research from around the world, intended to give access to developments in research from around the world in a form which can easily be made use of by all interested parties.

Also, messages were delivered through a wide variety of media, such as print (daily newspapers, regional newspapers, magazines), radio and television, internet, below the line media (outdoor billboards, taxis, bus shelters, moving media and sports stadiums). I had the opportunity to examine various flyers and pamphlets. The content addresses the issues of gambling from different angles, such as responsible gambling, what is gambling, the risk of gambling, and where to seek help if needed.

Their ultimate goals are to reduce the incidence of problem gambling, to inform the general public about what gambling is, to point out some of the risk behaviours, and to provide information about the various help resources available.

#### **b) Comments, Questions and Suggestions**

The diversity of media used, the different content of the messages to be conveyed and the quality of the content are major positive aspects of this programme. Without moralizing, the information is provided in a clear, direct and easy to understand manner. The Research Digest is likely to be particularly useful.

However, I would like to make one important suggestion, which would require substantial human and financial resources. This would be to assess the overall programme. Among the specific questions to research would be (1) how are these initiatives perceived by the general population? (2) How are the different messages understood? and (3) What is the impact of these initiatives? Also, the NRGP should seek feedback on what the general population would like to know concerning the initiatives.

The research team of the NRGP could be a significant contributor to such an evaluation.

## 5. Industry Training

### a) Description

The training programmes include four (4) different components and target audiences: industry staff (Basic Course), senior managers (Advanced Workshop), regulators, and health care workers (Your Safe Bet).

The *Basic Course* includes a description of the basic notions of gambling, the types of gamblers, the defining characteristics of problem and pathological gamblers, the warning signs of problem gambling, and a short description of the helpline and treatment facilities.

In the *Regulator Training*, in addition to basic information about problem gambling and the characteristics of pathological gamblers, the emphasis is on the advertising standards of gambling, responsible display of gambling material and how to dealing with individuals under the age of 18.

In the “*Your Safe Bet*” programme, the content is clearly adapted to health care providers. It covers gambling behaviours and gambling related problems in general. However, it is not clear who needs to attend this programme. Is it only the professionals who will provide therapy for pathological gamblers or all professionals working in the field of mental health?

### b) Comments, Questions and Suggestions

These training programmes have many strengths. Among them, I would like to point out the following:

- The diversity of the content of the programmes;
- The specificity of the content according to the target population;
- The detailed information for the regulators, mainly in terms of limiting advertisement for gambling and how to display responsible gambling information. This is one of the best, if not the best, programme contents I have ever seen on this matter.

I see very few limitations with regard to these programmes. Since their content conveys the current state of knowledge in the field of gambling, not much can be added. I can only point out the following:

- In the Basic Course, on page 6, the information concerning DSM-IV should be changed. It should read 5 or more (not 6) as a criteria for a pathological gambler.
- I would strongly suggest that each programme be systematically evaluated.

## 6. Schools and Youth Programme “Taking Risks Wisely”

### a) Description

The principal objective of the National Schools and Youth Programme is to provide resources aimed at developing healthy lifestyle decision-making skills that can be applied to a range of high-risk behaviours, including gambling.

In the very beginning of the programme, it is clearly stated that the NRGF is neutral with respect to whether adults choose to spend their free time and money gambling. The programme is designed to develop sound decision-making skills so that the learner can make sensible choices about what kind of activities they want to engage in.

The current goals are:

- To reduce the incidence of problem gambling in youths;
- To reduce the risks and harm related to problem gambling;
- To increase public awareness and promote healthy lifestyles choices;
- To help people who decide to gamble to do so in an informed and responsible way.

The scope of the programme is to expose Grade 7 to 9 students to a range of risky situations (with an emphasis on gambling) in order to develop a healthy lifestyle, focussing on informed decision-making. The material includes background information for the teacher, transparencies, a comic book, an interactive CD, references and websites.

### b) Comments, Questions and Suggestions

This is one of the most comprehensive and creative programmes that I have had the opportunity to examine. It integrates different sources of information, it is well articulated, and delivered through an optimal learning method. Its major strengths are:

- It is focused on *how* to make responsible decisions, not on what to do and not to do. The basic philosophy of the programme is to increase the youths’ abilities in making sensible decisions with regard to risky behaviours. It should develop critical thinking on a long term basis.
- Gambling is embedded in the context of other risky behaviours.
- The authors have clearly designed and constructed this curriculum within the cultural dimensions of its target population, that is, young South Africans. It is beautifully done.
- The presentation of the material is outstanding: The content is optimal, attractive and easy to follow.
- The multimedia aspect is a major asset, including the comic book.
- This programme may even positively affect the teachers’ gambling behaviours!

I would like to raise the following questions and provide some suggestions for future work to be conducted on this programme.

- What level of training do the teachers have? Can teachers provide the programme without any formal training?
- Is there any follow-up as to the integrity of the programme? In other words, is the programme being implemented as expected?
- A systematic and in depth evaluation of this programme needs to be conducted. More specifically, this should include an assessment of changes that occurred after the implementation of the programme, with regard to attitudes, knowledge and gambling behaviours.

### **General Overall Comments**

I will not repeat the numerous comments I have made in each section of the NRGP programme evaluation. As is evident from previous paragraphs, my overall evaluation of the programme is very positive. In summary, I draw five clear and concise conclusions:

1. This programme is unique in the world in its integration of research, treatment, prevention and training under a single organizational umbrella. The initiators of this project should be congratulated. It could serve as a model for many other jurisdictions around the world.
2. Accomplishing such tasks with a budget of 2.5 m US \$ is quite a feat. I could say that it is a “tour de force”.
3. Now that the different constituents of the programme have been developed and are being implemented, a systematic evaluation of the components should be undertaken.
4. The stability and the endurance of the programme are most important, not only for all South African citizens, but for all stakeholders. The programme’s budget should be ensured for a period of three years.
5. The main qualities of this programme are its diversity, quality, creativity and the current level of knowledge and information being applied.