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Gambling Addiction in Senegal: Preliminary Results of A Study Conducted in Dakar Among Players of the Senegalese National Lottery (Lonase)

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ABSTRACT

Introduction: *Gambling has long been practiced worldwide and remains deeply rooted in Senegalese society, particularly through the products of the national lottery company (LONASE). Despite increasing public concern about excessive gambling—especially among adolescents—no prior empirical study had documented the extent of gambling addiction in Senegal. Behavioral addiction to gambling shares neurobiological and psychological mechanisms with substance addictions, involving distorted beliefs, hope of gain, and loss of control. This preliminary study seeks to assess the prevalence of at-risk and excessive gambling among LONASE players in Dakar and to characterize the sociodemographic and clinical profile of these gamblers.*

Methods: *A cross-sectional exploratory survey was conducted among active gamblers in Dakar, Pikine, and Rufisque. Six trained investigators administered a structured questionnaire within gambling venues after obtaining informed consent. The questionnaire collected sociodemographic data, types of games played, history of international travel and gambling abroad, psychoactive substance use, and any prior addiction treatment. Gambling severity was evaluated using the Canadian Problem Gambling Index (CPGI). A total of 405 participants were included.*

Discussion: *Although the sample does not allow generalization to the broader population, the study highlights strong indicators of problematic gambling in Senegal. The typical gambler is a 37-year-old man, either single or married, employed, educated, and residing in Dakar. Minors—despite regulatory prohibition—were also found to participate, with ages as low as 13. Nearly all respondents were male, consistent with sociocultural norms that stigmatize gambling among women.*

Most participants were classified as problem gamblers (96.3%), with half falling into the excessive-risk category. Tobacco use was highly prevalent (39.5%), while alcohol and cannabis were less common. Only 1% had ever sought treatment for gambling addiction, indicating a substantial gap in recognition and care. The widespread engagement of employed individuals raises questions about financial vulnerability and gambling motivations. Overall, the study reveals gambling as an underrecognized public health issue in Senegal.

Conclusion: *This pilot study demonstrates that gambling is a significant reality in Senegal and that the majority of gamblers face mental-health risks associated with problematic gambling behavior. Strengthening early detection, raising awareness among LONASE staff, and developing referral pathways toward psychiatric and psychosocial services—particularly CEPIAD—are crucial steps in addressing gambling-related harm. Continuous collaboration between health services and gambling operators is essential to mitigate the growing burden of gambling addiction.*

Keywords

Gambling addiction, Problem gambling, LONASE, Behavioral addiction.

Introduction

Games of chance and gambling have been practiced for a very long time across the world. In France, they were progressively legalized starting in the 18th century, especially with the creation

of the Royal Lottery, the PMU in 1931, and the Française des Jeux in 1976 [1,2].
Gambling is an ancestral cultural practice present in all civilizations. Its institutionalization and taxation are relatively recent.

In Senegal, gambling in its various forms—national lottery, scratch cards, horse betting, sports betting, poker, and slot machines—is widespread and deeply rooted.

Senegalese authorities quickly recognized the need to regulate gambling, leading to the creation of LONASE in 1966 (Law n°66-22-1966 and Decree 66-306 of April 21, 1966). Initially a private company owned by French national Jean Luc DEFAIT, it became a national company under Law 87-43 of December 28, 1987. LONASE now holds a monopoly on lotteries, gambling, betting, and related activities.

Today, LONASE offers a flourishing range of products—no fewer than 15—targeting different socio-professional groups. Media outlets have expressed concern about the growing scale of gambling, particularly among adolescents [3]. However, there had been no studies in Senegal to support these concerns prior to this research.

The term "addiction" appeared in the 1970s, initially describing dependence on alcohol and drugs. It now includes behavioral addictions such as gambling. Excessive gambling transforms a "normal" player into a "pathological" one. Behavioral addictions disrupt the brain's reward circuits, similar to chemical addictions, by increasing dopamine levels.

Psychological mechanisms involved include hope of gain, illusion of expertise, superstition, rituals, and erroneous beliefs such as "I will win next time" or "I can earn extra income." These beliefs fuel the illusion of control over randomness. Gambling, like online video gaming, can create complex problems for the individual and their environment—spouses, children, parents, employers, friends, and neighbors.

Gambling addiction is the leading non-substance addiction.
A French study [2] reported that one in two French adults (48% of 18-75 year olds) gambles at least occasionally, and 600,000 people suffer from addiction. Although Senegal lacks statistical data, similar concerns are rising.

This study seeks to assess the extent of pathological gambling in Dakar.

Objective

This study aimed to:

- Assess the use of LONASE products within the population
- Determine the proportion of moderate-risk and excessive/problematic gamblers
- Describe the profile of the excessive gambler
- Provide recommendations related to gambling addiction
- Propose an approach to managing at-risk and excessive gamblers

Methodology

The study used a questionnaire collecting:

- Sociodemographic data
- Types of games played
- History of foreign travel and gambling abroad
- Psychoactive substance use
- History of addiction treatment
- Scores based on the Canadian Problem Gambling Index (CPGI)

Results

A total of 405 active gamblers participated. Data collected included sociodemographic profile, types of games played, age at first bet, substance use, legal history, and prevalence of problematic gambling.

Age Distribution

All age groups are represented in our study. We even observed that minors participate in the games, even though these are prohibited for those under 18.

The average age of the study population was 37 years, with a standard deviation of 15.6 years and a median of 32 years. The minimum age was 14 years and the maximum was 78 years, with a modal age of 26 years.

Sex distribution

Table 1: Sex distribution.

Sex	Absolute frequency (N)	Relative frequency (%)
Female	3	0.7
Male	402	99.3
Total	405	100

Almost all of the players are male. Very few women participated in the study. The researchers report that some women declined to participate due to the repressive social view of gambling.

Distribution of the study population according to the type of activity

Table 2 shows the univariate and multivariate analyses of the factors associated with cannabis use disorder among schizophrenia patients.

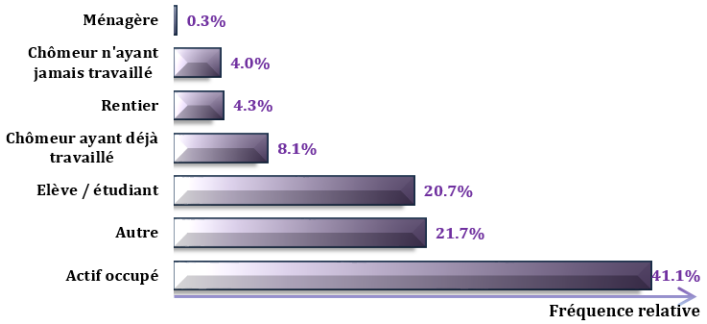

Figure 1: Distribution of the study population according to the type of activity.

A large proportion of players have paid employment (41.1%). Students are also well represented (20.7%), while the unemployed

account for 12.1%. However, for 21.7%, we have no information about their occupations.

Distribution of participants according to marital status

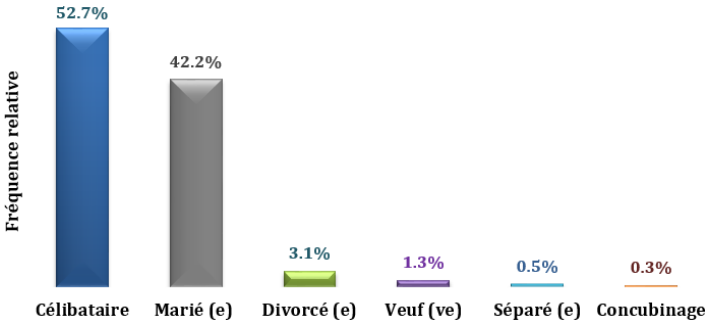

Figure 2: Distribution of participants according to marital status.

Almost all players (94.9%) are either single (52.7%) or married (42.2%).

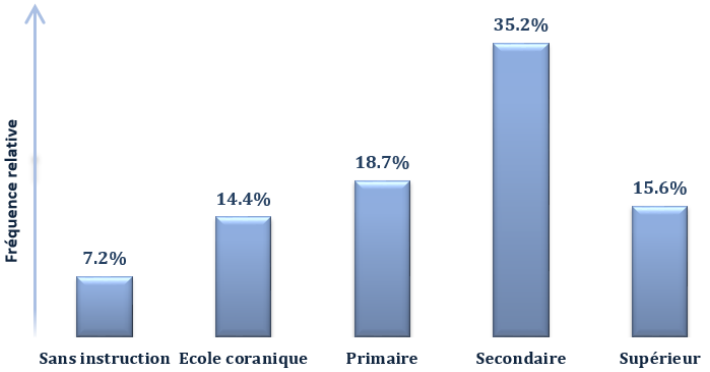

Figure 3: Distribution of respondents according to education level.

Only 7.2% of players have not received any education. More than a third of players have attended secondary school (35.2%), 18.7% stopped at primary school, while 15.6% reached higher education level.

Distribution based on respondents' addresses

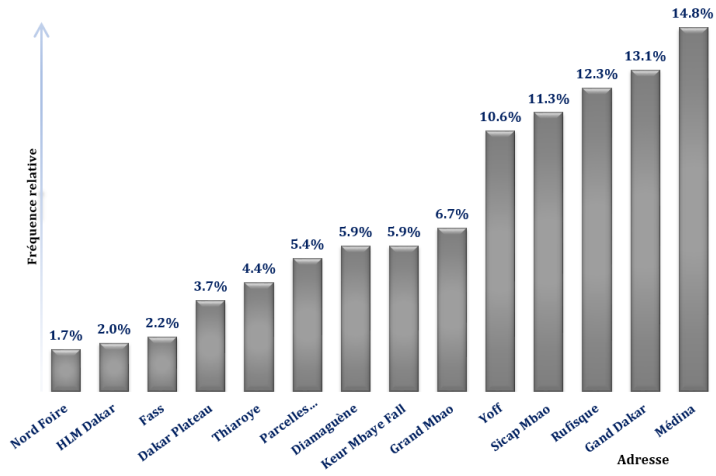

Figure 4: Distribution based on respondents' addresses.

More than half of the recruited players (53.5%) reside in the Dakar department, which accounts for 35% of the region's population. Meanwhile, more than a third of the players (34.2%) live in the Pikine department, which comprises 39% of the region's population. The Pikine department includes the towns of Thiaroye, Diamaguene, Keur Mbaye Fall, Grand Mbao and Sicap Mbao 12.3% of the players live in the Rufisque department (16% of the region's population).

Distribution according to the current accommodation situation

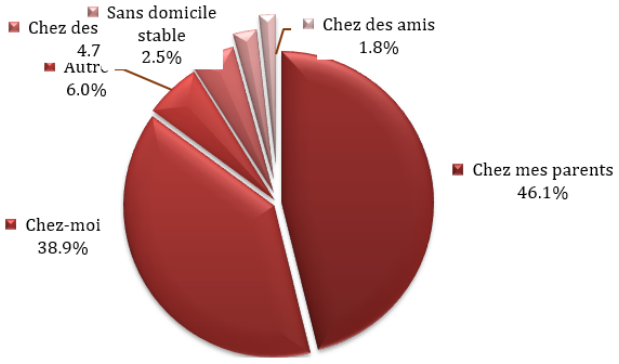

Figure 5: Distribution according to the current accommodation situation.

85% of players report having stable housing because they live either in their own home (38.9%) or with their parents (46.1%).

Distribution based on the type of games played in the last 30 days

Variables		Absolute frequency (N)	Relative frequency (%)
PMU	Yes	275	67.9
	No	130	32.1
Pari Foot	Yes	248	61.2
	No	157	38.8
Cash Chrono	Yes	34	8.4
	No	371	91.6
Tebbi	Yes	12	3
	No	391	97
Dare Dare	Yes	6	1.5
	No	398	98.5
Télé Million	Yes	6	1.5
	No	399	98.5

Table 2: Distribution based on the type of games played in the last 30 days.

The most used types of games are PMU (67.9% of players) and Pari Foot (61.2%)

Study of quantitative parameters relating to the age of the first discount according to the type of games

The average age at the time of the first bet varies depending on the type of game, ranging from 21.4 years for Tebbi to 26.7 years for PMU. The minimum age for players is 13 years for Pari Foot and the maximum age is 62 years for PMU.

Age at first posting	N	Minimum	Moyenne	Standard deviation	Médiane	Maximum	Mode
PMU	247	14	26,7	9,4	25	62	20
Pari foot	218	13	23,4	7,8	21	55	18
Cash chrono	26	17	23,3	5,9	22,5	45	18
Tebbi	7	17	21,4	6,3	18	34	18
Dare dare	3	20	22	2,6	21	25	20
Télé million	2	20	37	24	37	54	20

Table 3: Quantitative parameters relating to the age of the first discount according to the type of games.

Distribution of respondents according to whether they had stayed abroad in the last 30 days

Stay abroad	Absolute frequency (N)	Relative frequency (%)
Yes	97	24.8
No	294	75.2
Total	**391**	**100**

Table 4: Distribution of respondents according to whether they had stayed abroad in the last 30 days.

Nearly a quarter of the recruited players have stayed abroad (24.8%).

Distribution of individuals according to the type of games played abroad during the last 30 days

Variables		Absolute frequency (N)	Relative frequency (%)
PMU	Yes	19	4.7
	No	387	95.3
Pari Foot	Yes	8	2
	No	398	98
Cash chrono	Yes	2	0.5
	No	404	99.5

Table 5: Distribution of individuals according to the type of games played abroad during the last 30 days.

During their stay abroad, 4.7% played at PMU and 2% at Pari Foot

Distribution of the population according to the consumption of psychoactive substances during the last 30 days

Variables		Absolute frequency (N)	Relative frequency (%)
Tabac	Yes	160	39.5
	No	245	60.5
Cannabis	Yes	13	3.2
	No	392	96.8
Alcool	Yes	37	9.1
	No	368	90.9

Table 6: Distribution of the population according to the consumption of psychoactive substances during the last 30 days.

Tobacco is the most commonly used psychoactive substance among players (39.5%), followed by alcohol (9.1%) and cannabis (3.2%). No player reported using injectable drugs (heroin or cocaine/crack).

Study of quantitative parameters relating to the age of first use of psychoactive substances

The average age at first use of a psychoactive substance is 19.6 years for tobacco, 24 years for cannabis, and 22.8 years for alcohol.

The minimum age at first use is 9 years for tobacco, 18 years for cannabis, and 8 years for alcohol. The maximum reported age at first use of psychoactive substances is 40 years for cannabis and 57 years for tobacco and alcohol.

Distribution of the population according to the existence of a history of treatment for gambling addiction

Treatment for addiction problems	Absolute frequency (N)	Relative frequency (%)
Yes	4	1
No	400	99
Total	**404**	**100**

Table 8: Distribution of the population according to the existence of a history of treatment for gambling addiction.

Very few players have ever received support for an addiction problem (1%).

Population distribution according to the existence of prior arrests or incarcerations related to gambling

Table 9: Population distribution according to the existence of prior arrests or incarcerations related to gambling.

Arrests/Detentions related to gambling	Absolute frequency (N)	Relative frequency (%)
Yes	11	2.7
No	392	97.3
Total	**403**	**100**

2.7% of players have had prior criminal records related to gambling

Distribution according to gambling addiction as shown in the Canadian index

The overwhelming majority of players who agreed to participate in the study are problem gamblers (96.3%), with risks ranging from low (10.1%), to moderate (36.2%) and excessive (50%).

Age of first consumption	N	Minimum	Moyenne	Standard deviation	Médiane	Maximum	Mode
Tabac	113	9	19.6	7	18	57	18
Cannabis	8	18	24	7.4	22	40	22
Alcool	27	8	22.8	10.7	20	57	22

Table 7: Quantitative parameters relating to the age of first use of psychoactive substances.

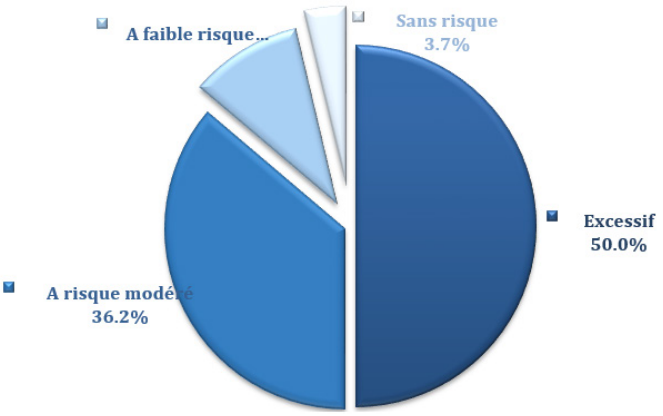

Figure 6: Distribution according to gambling addiction as shown in the Canadian index.

Discussion

This initial work on assessing the risks associated with gambling using LONASE products highlights the importance of a phenomenon that has been little understood in terms of public health in Senegal. The sample size (405) does not allow us to extrapolate to the active gambling population or the general population. However, several observations can be drawn from this exploratory study. Indeed, despite its methodological limitations, this study has enabled us to establish the sociodemographic and clinical profile of gamblers.

The typical player profile, as described in this survey conducted in various LONASE gambling establishments across the three departments of Dakar (Dakar, Pikine, and Rufisque), is a 37-year-old man, single or married, employed, educated, residing in the Dakar department, and living in stable housing (either at home or with his parents). The vast majority of players are problem gamblers and therefore at risk. More than a third of the players are daily tobacco smokers.

Gambling is a reality in Senegal, practiced by a certain segment of the population. There are breaches of the regulations in force, particularly the prohibition of gambling for those under 18. We have indeed seen minors as young as 13 participating in gambling. Another observation is the near absence of women among gamblers. This situation has been noted in other studies conducted elsewhere, notably in France, where men represented 75.5% of problem gamblers and 62.7% of active gamblers [4]. This significant disparity in the representation of women in gambling in Senegal and France could be explained by the negative socio-religious perception of gambling within Senegalese culture. Researchers reported that some women interviewed refused to answer the questions.

Having a paid job doesn't stop gamblers from "trying their luck" at games of chance. This raises questions, especially considering that a national survey in France [4] showed that financial insecurity is a characteristic of problem gamblers, with 57.8% reporting a monthly income of less than €1,100. While we were unable to obtain information on the monthly income of employed Senegalese gamblers, we can observe that gambling is widespread among this active segment of the population.

Regarding education level, only 15.6% have a higher education degree, but we note that the vast majority have received some form of education, certainly enabling them to read and participate in the games. Similar proportions were found in the study conducted in France, where almost all problem gamers have an education level at or below the baccalaureate.

Conclusion

This pilot study shows that gambling is a reality in Senegal and poses a problem for the mental health of most gamblers.
Interventions must be implemented to better identify gamblers and their health and social support needs. Raising awareness and training LONASE staff is essential to identify at-risk gamblers early and refer them to appropriate support services.

Indeed, close collaboration between LONASE and the psychiatric service, particularly CEPIAD, is crucial to raise awareness among LONASE staff about the health and psychosocial risks associated with gambling, as well as to strengthen support services.

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