GAMBLING RESEARCH CENTRE

.

LITERATURE REVIEW TO INFORM SOCIAL MARKETING OBJECTIVES AND APPROACHES, AND BEHAVIOUR CHANGE INDICATORS, TO PREVENT AND MINIMISE GAMBLING HARM

EXECUTIVE SUMMARY

November 2005

Prepared for:
Health Sponsorship Council
1st Floor, Fulbright NZ House
120 Featherston Street
PO Box 2142
Wellington
New Zealand

Authors:
Lana Perese
Dr Maria Bellringer
Professor Max Abbott

EXECUTIVE SUMMARY

Introduction, Background and Methodology

- This report provides an overview of gambling and other bodies of literature relevant to the development of social marketing objectives and approaches to prevent and minimise gambling harm in New Zealand. The Health Sponsorship Council (HSC) commissioned the report and specified eight objectives. Each objective is addressed as a separate section. The report includes conclusions reached from the overall review.

- Lana Perese, Dr Maria Bellringer and Professor Max Abbott conducted the review along with Tane Cassidy and Julie Gillespie of the HSC who wrote the two sections pertaining to social marketing and theories and models of behaviour change. Peer critique was provided by a group of five independent specialists appointed by the HSC.

- An extensive search of library and other electronic databases, personal specialist collections and grey literature was completed. Professional and personal networks were also drawn on to locate pre-publication and unpublished reports. Relevant documentation was accessed and critically reviewed.

- Background and contextual information is provided in Section 1. Section 2 outlines the methodology used. The literature review, Section 3, constitutes the main body of the report. Key points arising from the review follow, grouped under headings derived from the eight HSC objectives.

Literature Review

- Social Marketing

  There is no universally agreed definition of social marketing. However, it is generally accepted that it is more than mass media or public education campaigns. While overlapping with public health, social marketing differs in that it involves the strategic use of marketing principles and practices. It also overlaps with commercial marketing but varies in significant ways.

  The following definition is considered to be the most satisfactory in the present context:

  > The application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programmes designed to influence the voluntary or involuntary behaviour of target audiences in order to improve the welfare of individuals and society (Donovan & Henley, 2003).

  This definition draws on the Universal Declaration of Human Rights as the baseline definition for the 'common good' and assumes the focus is on modifying social determinants of health as well as on individual behaviour change.
  The key principles and practices for social marketing include:

Behaviour change focus

Fundamental concepts
- Consumer orientation
- Exchange concept

Overarching principles
- Consumer value (use of the marketing mix)
- Selectivity and concentration (market segmentation)
- Differential advantage (competition)

Defining features
- Use of market research
- Integrated approach to implementation
- Monitoring and influencing environmental forces

In the New Zealand context it is recommended that application of social marketing embraces the principles of Partnership, Participation and Protection derived from the Treaty of Waitangi and referred to in the Government's He Korowai Oranga (Maori Health Strategy).

While failure is not uncommon, social marketing approaches have been successful in reaching population groups and improving behavioural outcomes across a range of public health areas. A number of New Zealand applications appear to have been successful. However, evidence of efficacy with ethnic minority and lower socio-economic groups is lacking in this country.

- Public health implications of gambling and problem gambling

'Public health implications' encompass a broad view of communities and societies, rather than focusing on individuals. Although a wide array of gambling-related impacts (both positive and negative) is evident and acknowledged, this section places strong emphasis on relevant social factors that are potentially responsive to social marketing interventions.

While various public health approaches have been taken to problem gambling throughout the world, New Zealand is the first jurisdiction to firmly place problem gambling within an explicit public health policy framework. Gambling specific public health programmes are in their infancy and there is scant evaluative research to date. It is too early to determine the most effective public health models and interventions.

Primary prevention approaches target all members of a population or sub-population with the object of preventing the development of a particular problem. Gambling specific examples include public awareness-raising campaigns, service provider awareness programmes, gambling education and game re-design.

Secondary prevention targets high-risk groups including people with sub-clinical problems with the aim of preventing problem onset or progression. Gambling-related

examples include gambling industry staff education, host responsibility programmes, exclusion policies and practices and responsible gambling features.

- Risk and protective factors

  Exposure to particular forms of gambling, notably electronic gaming machines and other forms of 'continuous' gambling (such as casino table games), is associated with the development of problem gambling. Other than exposure to the agent (gambling), a variety of environmental (physical, social and cultural) and individual factors have been shown to increase (risk factors) or decrease (protective factors) the likelihood of problem development.

  While there are some common and enduring risk factors, others vary across jurisdictions and within jurisdictions over time. For example males, young adults, unemployed and low income people, Maori and Pacific people were at very high risk for problem gambling in New Zealand in 1991. In 1999, while people of Maori and Pacific ethnicity remained at high risk, gender, employment and income differentials were greatly diminished. People aged 18-24 years, initially the age group at highest risk, was the second lowest in 1999.

  Since the great majority of research on risk and protective factors is cross-sectional, cause and effect relationships are not clear. Prospective studies are required to clarify the role and importance of the large number of factors that appear to be involved in the onset and cessation of problem gambling. While this information is ideally required for the design of effective prevention programmes including social marketing approaches, a lack of prospective data should not preclude the commencement of a social marketing approach to gambling based on the available evidence from the gambling, and other related, fields.

- Gambling behaviours and attitudes towards gambling

  Since the introduction of new gambling forms during the late 1980s gambling has become a recreational activity for most New Zealanders. During this period adult per capita gambling expenditure has increased markedly. Gaming machines outside casinos have accounted for an increasing percentage of total expenditure.

  During the 1990s, while average adult gambling expenditure increased, the proportion of adults who gamble weekly or more often on continuous forms of gambling appears to have reduced markedly. This is the group most at risk for problem gambling. Problem gambling prevalence also appears to have fallen from 1991 to 1999, despite the introduction of casinos, a substantial increase in gaming machine numbers and rise in total gambling expenditure. It is not known what has happened since 1999 although formal help-seeking (national helpline and counselling) has continued to increase.

  A variety of theories have been proposed to explain why people gamble and why some subsequently develop problems associated with gambling involvement. These theories have varying degrees of empirical support.

The most frequently mentioned reasons given for gambling by New Zealanders are to win money, socialise, escape, cope with stress, relieve boredom, excitement/ challenge, fun, support worthy causes, hobby/habit, curiosity, exercise skill/ accumulate knowledge. Reasons vary across gambling forms and socio-demographic and ethnic groups.

- Theories and models of behaviour change

  A number of theories and models underpin health promotion practice. These frameworks and constructs assist in understanding health behaviours and behaviour change.

  Major approaches examined include individual level frameworks (Stages of Change Model; Health Belief Model; Consumer Information Processing Model; Theory of Reasoned Action and Theory of Planned Behaviour), interpersonal level frameworks (Social Cognitive Theory/Social Learning Theory) and community level frameworks (Diffusion of Innovation Theory; Community Organisation Model).

  Cultures vary in the way they perceive health and these differences need to be considered in health promotion and marketing. Maori and Pacific people are at high risk for problem gambling and remain so when other factors associated with problem gambling are controlled statistically. Pacific (Fonofale) and Maori health models (Te Whare Tapa Wha; Te Pae Mahutonga; Te Wheke) are outlined.

  None of the foregoing models of health and health promotion appear to have been explicitly applied to evaluated gambling harm reduction programmes. However, many have been applied to other health behaviours including smoking cessation and alcohol/substance misuse. No one theory or model is likely to cover all of the aspects required to inform the development of an effective social marketing approach to reduce gambling harm. However, together they contain elements that could be selected and incorporated into such a framework.

- Indicators of behaviour change

  To date only a modest number of gambling-focused social marketing, public awareness and prevention programmes have been evaluated. These programmes have used a variety of indicators of change including increased awareness and knowledge of problem gambling, attitude change and behaviour change (e.g. help-seeking).

  Some social marketing and other public health and mass media interventions have been effective in producing increased understanding of gambling and problem gambling, more positive attitudes and help-seeking. The impact of such approaches on the incidence or prevalence of problem gambling is yet to be assessed.

  Social marketing approaches have been shown to have positive impacts on smoking and alcohol-related problems, especially when they are multi-modal and carefully designed to engage particular groups. They are more likely to have significant and lasting impact when congruent and combined with a mix of additional educative, policy, legislative and intervention measures.

From the foregoing, given the wide-ranging, inter-related regulatory, industry, public participation and public health initiatives arising from the Gambling Act 2003, it appears to be particularly timely to introduce a social marketing approach to gambling harm reduction.

- Marketing strategies

  Some sectors of the gambling industry in New Zealand spend substantial sums of money on the marketing of their gambling products. Apart from mass media and other forms of advertising, marketing includes the sponsorship of sports, cultural and social events. Marketing of gaming machine societies takes a different form generally in the promotion of community benefits that accrue from the distribution of gambling proceeds.

  There are indications that some at-risk populations (notably Maori and Pacific populations) are particularly influenced by some gambling marketing. It is also apparent that industry marketing places emphasis on positive aspects of gambling. There is very little in the way of public health approaches to offset industry advertising. This imbalance and its implications would need to be considered in the development of a social marketing approach to gambling harm reduction. However, it is also pertinent to point out that while non-casino electronic gaming machines are not associated with any direct marketing, they are the form of gambling that accounts for more than half of the gambling expenditure in 2004.

- Services for preventing and minimising gambling harm

  Relative to most other countries, New Zealand has well-established services including a national helpline and face-to-face counselling that provide assistance to people with gambling problems and others affected by problem gambling. A number of services provide specialist support to Maori, Pacific and Asian people.

  While the majority of resources are currently focused on the provision of information and case finding, referral, assessment and counselling, some services incorporate public health perspectives and engage in advocacy and other activities directed towards prevention and harm minimisation.

  Under the Gambling Act 2003, New Zealand has legislation and policy in place that mandates enhancement of harm reduction and minimisation. It also has government agencies charged with responsibility for their implementation and a ring-fenced funding mechanism in place to resource them.

  The University of Auckland and Auckland University of Technology both have specialist gambling research centres with public health emphases and the capacity to inform and evaluate prevention and other interventions. Other universities including Otago and Massey have relevant expertise in related fields.

Conclusions

- It would be appropriate to develop a social marketing approach to gambling but to be effective it will need to be theory driven, evidence-based, multi-modal and incorporate the essential elements of social marketing outlined in this report.
- It is recommended that the approach embraces the principles of Partnership, Participation and Protection derived from the Treaty of Waitangi.
- It is considered timely to initiate a comprehensive, well-resourced social marketing programme in New Zealand, in the context of the roll out and enforcement of the requirements of the Gambling Act 2003.