'You just change the channel if you don't like what you're going to hear': gamblers' attitudes towards, and interactions with, social marketing campaigns

Samantha L. Thomas PhD, Sophie Lewis PhD† and Kate Westberg PhD‡

*Visiting Senior Fellow, Centre for Health Initiatives, University of Wollongong, Wollongong, NSW, †Research Fellow, Department of Marketing, Faculty of Business and Economics, Monash University, Melbourne, Vic., and ‡Associate Professor, School of Economics, Finance and Marketing, RMIT University, Melbourne, Vic., Australia

·----

Correspondence

Samanatha L. Thomas PhD
Visiting Senior Fellow
Centre for Health Initiatives
Innovation Campus
University of Wollongong
Northfields Avenue
NSW 2522
Australia
E-mail: docsamanthathomas@gmail.
com

Accepted for publication 28 September 2012

Keywords: gambling, problem gambling, public health, risk, social marketing, unintended consequences

Abstract

Objectives To investigate how gamblers interact with, and respond to, downstream social marketing campaigns that focus on the risks and harms of problem gambling and/or encourage help seeking.

Methods Qualitative study of 100 gamblers with a range of gambling behaviours (from non-problem to problem gambling). We used a Social Constructivist approach. Our constant comparative method of data interpretation focused on how participants' experiences and interactions with gambling influenced their opinions towards, and interactions with social marketing campaigns.

Results Three key themes emerged from the narratives. (i) Participants felt that campaigns were heavily skewed towards encouraging individuals to take personal responsibility for their gambling behaviours or were targeted towards those with severe gambling problems. (ii) Participants described the difficulty for campaigns to achieve 'cut through' because of the overwhelming volume of positive messages about the benefits of gambling that were given by the gambling industry. (iii) Some participants described that dominant discourses about personal responsibility prevented them from seeking help and reinforced perceptions of stigma.

Conclusions and implications Social marketing campaigns have an important role to play in the prevention of gambling risk behaviours and the promotion of help seeking. Social marketers should explore how to more effectively target campaigns to different audience segments, understand the role of environmental factors in undermining the uptake of social marketing strategies and anticipate the potential unforeseen consequences of social marketing strategies.

Background

Over the past two decades, there has been a rapid increase in both the number and variety of gambling products available to Australian consumers. About 60-70% of Australian adults^{1,2} and 50-70% of adolescents gamble each year.³⁻⁵ Per capita, gambling expenditure in Australia is among the highest in the world,⁶ with \$10.9 billion spent on gaming machines (sometimes called 'slots' or 'pokies'), \$3.5 billion on wagering, \$2.5 billion on lotteries and scratch tickets, and \$1.2 billion on Casino games in 2011.² Most of the focus and political tension surrounding gambling reform in Australia has revolved around gaming machines.⁷ However, recent research has also highlighted the risks posed to some subgroups by other types of gambling products - particularly sports bet wagering and online gambling.^{8–12}

Between 80 000 and 160 000 people (about 0.5–1.0% of the Australian adult population) experience problem gambling and a further 230 000-350 000 people (about 1.4-2.1% of the Australian adult population) are at high risk of developing problems with gambling.¹ Australian prevalence of problem gambling is comparable to rates in other countries including New Zealand (0.7%), Canada (0.8%) and the UK (0.5-1.0%). 13-16 However, it has been argued that both Australian and international statistics on problem gamblers, or those at risk of developing problems with gambling, are likely to be an underestimation due to inadequacies in problem gambling screening tools and survey sampling techniques.^{1,8} While problem gambling is associated with a range of health, economic and social consequences, 17-22 which impact both on the individual gambler and their broader social networks, 23,24 only a small proportion (about 8-17%) of those who develop a problem will seek help.¹

Traditionally, attempts to reduce the harms associated with gambling have focused on downstream initiatives such as the encouragement of personal responsibility (prevention) and help seeking (treatment) rather than upstream attempts to regulate and reform the gambling industry. Some academics and industry groups argue that this is appropriate because the vast majority of individuals gamble responsibly without major risks or harm.²⁵ For example, in their post draft report submission to the Productivity Inquiry, Leagues Clubs Australia stated that the focus of gambling harm minimization initiatives should be based on personal responsibility (e.g. education and treatment) rather than social responsibility (e.g. regulation and product reform) because the 'actions of a small minority' should not compromise the 'rights and freedom of choice' of the majority.¹

Over the last 30 years, social marketing has been promoted as a technique, which can be used to encourage shifts in, or prevention of, risky behaviours. 26,27 Social marketing utilizes the principles of commercial marketing and applies them to social issues with the goal to achieve 'benefits for society as a whole, rather than for profit or other organizational goals'.²⁸ Social marketing was originally defined as 'the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research'. 29 Recent discussions have highlighted the importance of social marketing in influencing the behaviours of priority target audience segments, but also stress the need for a systematic process, which incorporates marketing principles and the delivery of a positive societal benefit.³⁰

There are two approaches to social marketing: downstream social marketing and upstream social marketing.31 Downstream social marketing uses a range of techniques (including media campaigns, communication strategies and education programmes) to influence individuals away from risk-taking behaviours and/or towards health-promoting behaviours for example: using sunscreen and limiting sun exposure;^{32,33} reducing binge drinking;^{34,35} and increasing fruit and exercise consumption.³⁶ Two key challenges in downstream communication strategies are to: (i) understand the barriers that individuals face in adopting more socially desirable behaviour; and (ii) to identify and

communicate the benefits of the desirable behaviour in a way that will appeal to target segments.³⁰ Social marketing can also seek to influence the ideas and decisions of policy makers, legislators, commercial organizations and other key stakeholders who can address broader social and environmental influences.^{28,37} This upstream social marketing aims to change the environment through policies and regulations that promote individuals to change their behaviours. In doing so, social marketing can influence involuntary as well as voluntary behaviours.²⁸

In Australia, social marketing strategies about gambling have predominantly focused on downstream personal behaviour based campaigns that seek to encourage individuals to be responsible with their gambling; provide details about counselling services for those who want help with their gambling; and target those in a position to influence the individual – such as family members and friends – to seek help. While a small number of studies have evaluated the success of these strategies with different gambling population groups, ^{38–40} there is still very limited empirical information - and much debate about the effectiveness and role of current social marketing campaigns in minimizing gambling harm. 41-43 There are also limitations to current evaluations. Most studies focus on problem gamblers. Only a few studies have explored how individuals with a range of gambling behaviours (from non-problem through to problem gamblers), understand, interact and respond to these campaigns in different ways, 42 and any barriers that may exist to influence the uptake of messages and subsequent behavioural change.

The aim of this study is to take a step towards addressing these limitations, by exploring the attitudes and opinions of a range of gamblers towards social marketing campaigns related to responsible gambling, and gambling risk.

Methodology

Approach

The data reported in this study derives from a larger qualitative study conducted in Victoria,

Australia. The aim of the study was to explore how gamblers with a range of gambling consumption patterns (from non-problem to problem gambling) conceptualized the risks and benefits of gambling. Gamblers are very rarely provided with an opportunity to 'have their say' about their gambling experiences, attitudes and opinions. As such, a key objective of this study was to provide a detailed 'consumer' perspective to guide future research, health professional and practitioner training, and harm minimization strategies.

Our study took a Social Constructivist approach. 44 We were interested in how social contexts and experiences influence how gamblers conceptualize the risks and benefits of gambling. The study focused on four broad research questions: (i) How do social and cultural factors influence attitudes towards gambling? (ii) What is the influence of industry marketing and advertising techniques on product consumption, attitudes and experiences? (iii) How do individuals conceptualize the risk factors and benefits of gambling for individuals and communities? (iv) What is the awareness of, and interactions with, a range of existing social marketing initiatives which seek to prevent gambling risk and harm.

The focus of this study relates to the data collected in response to the fourth research question.

Ethical approval was obtained from the Monash University Human Research Ethics Committee (CF10/1846 – 20100001001).

Participant recruitment and data collection

We utilized strategic recruitment techniques⁴⁵ to invite individuals with diverse socio-demographic characteristics, social contexts, attitudes, gambling behaviours and experiences to participate in the study. Recruitment methods included advertisements on social media; articles in local newspapers; direct recruitment outside gambling venues and through venue managers; community recruitment at suburban train stations during peak hour commute times; and through participants sharing the

study details with their friends and family members. Advertisements varied to target different types of individuals with different gambling and socio-demographic characteristics.

Participants were interviewed for 30–120 min by telephone between November 2010 and June 2011 and were reimbursed with a \$50 grocery or petrol voucher. Verbal, audio-taped consent was received from participants before each interview. Interviews were audio-taped and transcribed by a professional transcribing service.

We collected quantitative information about participants' socio-demographic characteristics (age, gender, income) and gambling behaviours (including types and frequency of gambling). We administered the nine-item Problem Gambling Severity Index⁴⁶ (a screening tool for use with the general population⁴⁷) to group participants into one of four gambling risk categories: non-problem gambler (a score of 0); low risk gambler (a score of 1-2); moderate risk gambler (a score of 3-7); and problem gambler (a score of 8 or over). We used these groupings to ensure the diversity of the sample, although we also were interested in participants' own descriptions of their behaviours.

We used a number of broad open-ended questions to prompt discussion about social marketing initiatives. Participants were asked to describe any information that they had seen about gambling risks or help seeking; to describe their thoughts about the information that they had seen; and to suggest ways in which information about gambling risks and help seeking could be improved. These questions were used as prompts, and we followed participants' thoughts as they emerged during the interview.

Data analysis and interpretation

In this study, we were interested in the meanings that participants gave to their different experiences and interactions with gambling.⁴⁸ In interpreting participants' narratives, we wanted to examine how experiences influenced meaning and discourses. While the focus of this study is on social marketing, we did not look at responses to this issue in isolation. Rather, we drew upon insights from other sections of the interview to understand how individuals constructed meaning around social marketing initiatives. For example, we were interested in how participants' gambling profiles influenced how they interpreted and applied the meanings in social marketing initiatives, and any unforeseen consequences of any of these initiatives. Data were managed using QSR NVIVO.49 We used a constant comparative method of interpretation, repeatedly reading the transcripts, coding and identifying similarities and differences between participants' narratives, and highlighting specific words and phrases that were used. We met to discuss why these differences and similarities may have occurred, and drew upon other research studies and theories to guide and stimulate this discussion. 50,51 This interpretation process occurred throughout the data collection period and allowed us to introduce new lines of questioning as the interviews progressed.

To ensure the reliability of our analysis, we: (i) Randomly selected five transcripts and listened to the audio of the transcripts to ensure that they were transcribed accurately; and (ii) Randomly selected ten transcripts, which were coded by two of the authors to ensure consistency of interpretation.⁵² If there were disagreements, we considered the narratives as a group until a common interpretation was achieved.

Results

Socio-demographic and gambling characteristics of participants

Socio-demographic and gambling characteristics of participants are detailed in Table 1.

Participants had a mean age of 38 years (range, 18-88 years), about two-thirds were men (n = 62) and about three quarters identified as White Australian (n = 77). Over a third

Table 1 Participant demographics

Demographic category	N = 100
Gender	
Male	62
Female	38
Age	
Mean	38.2
Range	18–88
Marital status	
Single	41
Married/de facto	47
Separated/divorced	8
Widowed	4
Ethnicity	
White Australian	77
Asian	12
Other	11
Area of residence	
Metro	90
Rural	10
Education	
<high school<="" td=""><td>14</td></high>	14
High school graduate <university degree<="" td=""><td>45</td></university>	45
University or postgraduate qualification	41
Household income before tax (AUD)	
<50 000	26
50 000-100 000	42
>100 000	30
Not revealed	2
SEIFA disadvantage index	
Lower tertile	9
Middle tertile	26
Upper tertile	65
Gambling profile (PGSI)	
Non-problem	22
Low risk	31
Moderate risk	35
Problem gambler	12

of participants had completed a University degree or postgraduate qualification (n = 41), and about two-thirds had an average income of under AUD\$ 100 000 per year (n = 68). Most participants had engaged in more than one type of gambling in the previous year (n = 97), including lotteries (n = 73), horse racing (n = 71), buying raffle tickets (n = 61), gaming machines (n = 56) and sports betting (n = 51). Slightly over half of participants scored on the PGSI as either non-problem (n = 22) or low risk (n = 31) and just under

half as moderate risk (n = 35) or problem (n = 12) gamblers.

Participants commonly recalled two types of social marketing messages:

- **1.** Television commercials for help seeking services:
- **2.** Taglines within industry-based advertisements that encouraged individuals to 'gamble responsibly'.

While participants' own experiences with, and attitudes towards gambling, strongly influenced the way they interacted with social marketing campaigns, three common themes emerged (summarized in Box 1).

Theme one: The framing of social marketing messages

Most participants, regardless of gambling profile, perceived that the main messages in social marketing campaigns: (i) encouraged individuals to 'take responsibility' for their gambling behaviours; (ii) implied that problems with gambling were serious but unusual; and (iii) recommended help seeking and counselling as the solution to gambling problems. This framing of gambling risk impacted on different segments in different ways.

For non-problem, low risk or moderate risk participants, gambling was associated with positive experiences including time spent with family, social connectedness, public holidays and supporting their sports team. Given that individuals are more likely to respond to marketing communications when they are personally relevant, it was unsurprising that these groups stated that they 'switched off', 'ignore' 'glaze over' or would 'turn a blind eye' when they saw advertisements for problem gambling help services. For example, the following moderate risk gambler stated that it was easy to distance himself from the behaviours presented in campaigns:

It's always a bit of a scare campaign... I think it [makes] it easy to say, 'Oh, that's not me. No, I'm not like that. I don't have a problem.' So, yeah, it's easier to dismiss that, you know? (Male, 36 years old, PGSI Score 3)

Box 1 Summary of key themes from participant narratives

Theme one: The framing of messages

- 1. Current social marketing campaigns focused on help seeking did not connect with the needs and experiences of non-problem to moderate risk participants.
- 2. Participants argued that social marketing campaigns needed to target multiple audience segments, rather than just focusing on the needs of problem gamblers.
- 3. In particular, participants thought that prevention campaigns were needed to target groups who may be vulnerable or at risk of developing problems with gambling.
- 4. Participants thought that social marketing campaigns should also focus on the risks associated with products and industries, rather than solely on individual behaviour.

Theme two: The lack of appeal of social marketing counterframes

- 1. Participants felt that volume of positive messages about gambling from industry made it difficult for social marketing campaigns to achieve 'cut through' in some spaces.
- 2. Negative framing about risk behaviours in social marketing campaigns appealed less to, particularly moderate risk, participants than commercial messages about the benefits of gambling.
- 3. Participants felt that social marketing campaigns should seek to create dialogues particularly between young men and adolescents about gambling risk and creating culturally valued alternatives to gambling.

Theme three: Unforeseen consequences of social marketing campaigns

- 1. Dominant discourses about personal responsibility may cause both delays in help seeking, and reinforce perceptions of shame, secrecy and
- 2. Problem gamblers felt that messages which promoted that help seeking and recovery was 'easy' did not adequately reflect their experiences.
- 3. Moderate risk and problem gamblers stated that campaigns needed to address stigma - a key barrier to help seeking.

Participants described the need for campaigns to connect with multiple audiences, rather than just targeting those with severe gambling problems. Many moderate risk and problem gamblers stated that they found it difficult to identify with, or act upon, campaign messages. One exproblem gambler reflected upon how her gambling addiction overwhelmed 'meaningless' messages about responsible gambling:

By the time I even saw those [campaigns] I was so far addicted that I ignored them. ... One particular type of message that really meant nothing to me was 'Set a limit and don't exceed it'. An addict just doesn't set a limit. You can't control yourself to set a limit and not exceed it. So not only were the ads coming in too late, they were coming in at a very meaningless time in a meaningless way. (Female, 62 years old, PGSI Score 3)

The majority of participants stated that prevention campaigns were important in reaching at risk gamblers and were critically important in curbing the growth in problem gambling. However, most also argued that campaigns were insufficient on their own and needed to be supported by comprehensive measures such as government policy and regulations designed to minimize harm. Moderate risk and problem gamblers stated that the framing of campaigns around individual responsibility, rather than communicating the potential risks associated with a product (in particular gaming machines), reinforced a perspective that problem gambling was caused by poor decision making and lack of control. Many of these gamblers described how social marketing messaging strategies should focus on the harms associated with different types of gambling products rather than simply individual behaviour and responsibility. Others suggested campaigns which replicated antitobacco marketing strategies that focused on the harms caused by cigarettes. The following moderate risk gambler stated:

Like cigarette advertising where you see every cigarette is doing you damage and they actually go into the detail and show you what's going on. If someone could make ads along those lines to do with gambling and just what it means and the impacts that it has, that would be mind-blowing.(Male, 40 years old, PGSI Score 3)

Non-problem, low risk and moderate risk gamblers recalled campaigns that provided clear information about the chances of winning and losing with different products. For example, some discussed a campaign featuring a woman digging in a garden with the tagline 'You have more chance of finding buried treasure than winning the top prize on the pokies', which included statistical information about the chances of winning jackpots on gaming machines.⁵³ The following non-problem participant described how these types of campaigns helped him to weigh up the chances of winning:

On the face of it, when you look at how much you could potentially win for your wager, people think, 'oh, yeah, I must have a good chance here'... When you examine the probability of you actually winning something, that's when you go, 'Oh, really? The chances aren't really all that good here'. I think, that would be a good way of tackling it [because] some people may not have a clear understanding of how all of these things work. (Male, 30 years old, PGSI Score 0)

Theme two: The lack of appeal of social marketing counterframes

There were however, contradictions in participants' narratives. While some felt that social marketing campaigns were personally useful, they also described that gambling environments undermined the impact of these messages. Some participants who played gaming machines, stated that despite understanding the odds of winning at the pokies, they still played because gaming machine venues were easily accessible and attractive. In particular, moderate risk and problem gamblers commented that messages about risk and help seeking were completely 'drowned out' by the saturation of positive messages promoting gambling.

While participants thought that social marketing campaigns provided 'credible' information, many were critical of the style of the campaigns which they described as 'serious', 'extreme', 'dismal', 'dreary', 'dingy', 'bland' and 'unappealing'. Moderate risk gamblers and younger gamblers, contrasted social marketing campaigns with the positive messages given to them by industry, which used humour and fun to highlight a range of social, emotional and financial benefits. One participant described that while he knew the risk associated with gambling, he continued to be 'drawn towards' the 'brightness and money and fame' that was sold by the gambling industry. Others described how industry messages about glamour, fun, entertainment, good times and winning were more engaging than government campaigns that implied that individuals had been irresponsible. The following moderate risk participant stated:

The government use credibility. They sell their message by trying to sound credible, and informative. However, for me, it doesn't do anything. I don't find them that engaging. They certainly don't engage with me. But gambling ads do. (Female, 23 years old, PGSI Score 4)

The focus on financial and social losses highlighted to moderate risk and problem gamblers that individuals who developed problems with gambling were 'losers' who should have been able to make rational choices to avoid developing a problem.

Participants who went to gaming machine venues were particularly critical of the framing and placement of social marketing messages, which they described as 'inconspicuous' or 'unappealing' when contrasted with the positioning, size, colour and sounds of gaming machines. For example, one problem gambler contrasted the black and white images for help services in gaming venues, with the 'sparkle that the pokie venues try to put across'. Another noted that within venues, help seeking posters were 'quite small and not very colourful. Everything else is very colourful, but they're very plain'. Other participants stated that much of the promotional material for help services was 'out of sight', 'hidden away', 'against the wall' and easily overwhelmed by the positive messages about gambling:

I can't remember any signs just as you're entering. All of the messages as you're walking into

these venues say 'Crown is all about the glitz and glamour of the place'. There's nothing before you enter. It's only when you've sat yourself down and there's a little thing on the actual machine itself, surrounded by all of the colourful lights. Your attention is already diverted away from [the message] to what's happening on the screen. (Male, 30 years old, PGSI Score 0)

Similarly, participants were critical of the small, compulsory responsible and problem gambling statements within advertisements for online gambling and sports betting companies. They stated that taglines were 'piecemeal' and 'insincere' and encouraged an impression of 'punt now, think later'. A few non-problem and low risk gamblers stated that these messages gave the impression that the risks involved with gambling were an 'afterthought', while moderate risk and problem gamblers described the perceived lack of importance of the antigambling message, given it was 'in the fine print'. One problem gambler described responsible gambling counter-frames as 'laughable' because the message had become 'hidden' and 'mixed up' within the promotion for the product.

Finally, participants that some stated although the majority of industry marketing focused on wagering and online betting, social marketing campaigns were skewed towards problems with gaming machines. Participants felt that campaigns should seek to engage individuals in a dialogue about gambling risk, including creating a dialogue between friends about looking after each other, and in engaging in non-gambling-related recreational activities. Participants felt that this approach would reduce the blame and stigma placed on individuals and would lead to more positive social experiences for individuals, groups of friends and communities. The following moderate risk gambler stated:

If more people were willing to say 'mate you know just take a step back, maybe we'll go out and have a cup of coffee instead of playing the pokies'. Or 'maybe we'll go see a band' or 'let's just go do something else, go visit some friends rather than playing the pokies'. I think if people were more willing to do that ... I think as a society we'd have far fewer gambling problems. (Male, 40 years old, PGSI Score 3)

Theme three: Unforeseen consequences of social marketing campaigns

Stigma and stereotyping emerged as an unforeseen consequence of social marketing initiatives, particularly for moderate risk and problem gamblers who perceived that responsible gambling messages promoted the perception that problem gamblers were 'at fault' for the adverse consequences of their 'irresponsible' gambling. These participants argued that the inherent focus on responsibility meant that they felt ashamed of their behaviours and were less likely to accept and act upon these messages to seek help. In particular, a few problem gamblers criticized a help seeking campaign with the tagline: 'people who seek help end up gambling a lot less'. For example, one problem gambler perceived that this message created a public perception that recovery from gambling addiction was 'easy':

A bloke sitting down arguing with his missus and then, the next quip will say 'now dad's seeking treatment and things are fine'. That in a way it's an absolute joke because it's not that simple. You know, the way they portray it is that... the amount of people, say 80% of people stop gambling, I find that terribly, terribly difficult to comprehend.(Male, 45 years old, PGSI Score 23)

Similarly, an ex-problem gambler stated that these types of campaigns gave an unrealistic and confusing message that you could shift from being a problem gambler to being a 'social' gambler:

What still gets me a little worried is that they say 'people who use Gamblers' Help Services are gambling a lot less'. It still has the message in there that if you've got a gambling problem we can fix it and you can keep gambling. If you've got a gambling problem really the only real way to beat it is to abstain from that form of gambling. It's a very, very rare person who can go from being a full-on gambling addict to being a social gambler.(Male, 40 years old, PGSI Score 3)

Moderate risk and problem gamblers stated that campaigns needed to address the key barrier to help seeking – stigma. A number of ex-problem and problem gamblers described how the social stigma associated with gambling caused them to delay seeking help from family, friends or professional services and led them to try to solve their problem by themselves. Those with riskier patterns of gambling also stated that the secrecy and shame associated with gambling meant that they tried to avoid helpseeking commercials:

You just change the channel if you don't like what you're going to hear. The worst thing you can have come on the TV if you're sitting in the lounge room is an ad about problem gambling and [your girlfriend] knows that you won't talk about it. You turn the channel as quick as you can. (Male, 40 years old, PGSI Score 7)

Men in particular stated that personal responsibility campaigns implied that they should be able to control their gambling, while a few stated that the dominant personal responsibility discourse from industry and within some campaigns had prevented them from seeking help, until they hit rock bottom.

Finally, a small number of problem and moderate risk gamblers perceived that social marketing campaigns had increased their intention to gamble. This was predominantly because of the framing of campaigns, which had a gamblers' help message, but featured imagery associated with gambling. For example, one moderate risk participant stated that he became overwhelmingly fixated on the noise of gaming machines in the background of a help seeking advertisement:

[It was] making me think 'God that noise of the poker machines in the background'. They were advertising the noise of the poker machine more than the conversation between the two blokes. (Male, 34 years old, PGSI Score 6)

Discussion and conclusions

Our findings identify three main challenges in developing effective social marketing messages and initiatives for gamblers. These challenges relate to target audience segmentation and message saliency, the stigma associated with problem gambling and the allure of the messages and environments promoted by the gambling industry.

Understanding the impact of campaigns on audience segments

Our findings suggest the need for a segmented approach, which considers differences among the gambling population, for example: demographic, social and psychographic characteristics; motivation for gambling; severity of the gambling behaviour; an individual's perceived susceptibility to developing a problem with gambling; and perceived severity of the consequences of gambling behaviour. It was evident from our research that key messages around responsible gambling were being ignored by those who did not consider their gambling consumption to be an issue, even though they were classified as moderate risk gamblers. Social marketing messages must have saliency; that is, they must be relevant and significant to the target audience. The greater the message salience, 'the more likely it is to be attended to, assimilated and retained'.54

The impact of social marketing messages on problem gamblers was limited for a variety of reasons. Some problem gamblers had a defensive avoidance reaction, for example, when viewing problem gambling advertisements in the presence of family members. In addition, some problem gamblers did not believe that they had the ability to follow the behaviour advocated by the campaigns, for example setting a monetary limit. A key variable in behavioural change relates to an individual's self-efficacy or confidence in their ability to undertake the change.⁵⁵ Imploring individuals to take responsibility for their gambling behaviour, without considering whether they believe that they possess the ability to do so, is unlikely to effect change. Risk behaviours are complex and are often socially rather than individually constructed.⁵⁶ Individuals may be very aware of the risks associated with different products or behaviours, but still engage in the behaviour if they perceive that the benefits outweigh the risks. Research to inform these messages should seek to understand the potential barriers and benefits to change faced by each segment, as well as the information, resources or abilities that may be required to increase self-efficacy. As has been shown in other complex health issues, communities are the contexts for, and drivers of, behavioural change.⁵⁷ As such, community engagement strategies will be instrumental in the uptake of social marketing initiatives.

Understanding the role of the gambling environment

Participants in our study stated that once in the gambling venue, they were often 'overwhelmed' by environmental factors, which encouraged them to gamble. Importantly, these were not only the aesthetic appeals of the venue and the products but also, for some participants, the emotional benefits of being in environments where they felt safe and/or socially connected. Industry funded research exploring the effectiveness of responsible gambling 'features' on electronic gaming machines have shown that while some individuals notice responsible gambling initiatives (such as signage and alarm clocks), only a small proportion of individuals either use or are influenced by the initiatives.⁵⁸ Part of the problem with these types of initiatives is the assumption that messages will stimulate rational decision-making processes. Yet, health risk and marketing literature clearly shows that those who are vulnerable to risk behaviours, do not necessarily make rational choices about the risks and benefits of consuming products. Gambling researchers have also shown that the 'physiological arousal and emotional engagement' of gamblers at venues has implications for their ability to make rational decisions.⁵⁹

Our study suggests that messages highlighting the harms associated with gambling are overwhelmed by environments where a very positive message is given about gambling. With the introduction of new, more accessible gambling products and venues (such as online, mobile and sports betting), Australia has also seen the rapid shift and adoption of new types of products within some groups. It is important that social marketing strategies do not assume a simplistic relationship between the gambler, the product and the environment. Rather, social marketers should consider whether information-based messaging strategies, which assume that gamblers are capable of making rational choices about risk and benefit are likely to be effective in environments (such as gaming machine venues, sporting matches or casinos) where there is: a) an overwhelmingly positive message to gamble; or b) an emotional connection to that environment.

Understanding the role of stigma and stereotyping

Our findings also indicate that some gamblers were deterred from responding to help seeking messages and services due to the stigma associated with problem gambling. Strategies which encourage individuals to take personal responsibility for their health behaviour are commonly used in social marketing initiatives, but may amplify the stigma that is experienced by some individuals⁶⁰ and may subsequently prevent them from seeking help.61 It has also been argued that a sole focus on personal responsibility (at the expense of regulation or reform) creates an impression that health problems are caused by poor individual choices rather than corporate practices or socio-ecological (environmental) issues.⁶² Social marketing practitioners should try to anticipate whether there may be any unforeseen or unintended consequences (for example stigma or stereotyping) associated with campaigns, or whether a focus on personal responsibility may unintentionally create a perception that industry has limited responsibility for behavioural outcomes. 63,64

In conclusion, developing effective messages to promote behaviour change is 'complex and dynamic and constitutes a cyclical process of designing, testing, revising, implementing, evaluating and correcting campaign messages,54 Our study suggests that a range of socio-cultural and environmental factors may contribute to limited engagement with current social marketing messages and initiatives. As such, an important part of improving these initiatives will be for practitioners, policy makers and researchers to work together to understand the interplay between the drivers of risky gambling behaviour for different segments, the barriers to behaviour change and the environments in which that behaviour occurs.

References

- Productivity Commission. Gambling. Canberra, Report No. 50.
- 2 Morgan R. Single Source. January 2011 December 2011, 2012.
- 3 Delfabbro PH, Winefield AH, Anderson S. Once a gambler–always a gambler? A longitudinal analysis of gambling patterns in young people making the transition from adolescence to adulthood. *International Gambling Studies*, 2009; 9: 151–163.
- 4 Delfabbro P, Lahn J, Grabosky P. It's not what you know, but how you use it: statistical knowledge and adolescent problem gambling. *Journal of Gambling Studies*, 2006; **22**: 179–193.
- 5 Lambos C, Delfabbro P, Puglies S. *Adolescent Gambling in South Australia*. Adelaide: Report prepared on behalf of the Department of Education and Children's Services for the Independent Gambling Authority of South Australia, 2007.
- 6 The Economist Online. Gambling: The biggest losers, 2011 May 19.
- 7 Parliamentary Joint Select Committee on Gambling Reform. First report. The design and implementation of a mandatory pre-commitment system for electronic gaming machines. Canberra, 2011.
- 8 Thomas SL, Lewis S, McLeod C, Haycock J. 'They are working every angle.' A qualitative study of Australian adults' attitudes towards, and interactions with, gambling industry marketing strategies.

 International Gambling Studies, 2011; 12: 111–127.
- 9 McMullan J. Gambling Advertising and Online Gambling. Submission to the Joint Select Committee on Gambling Reform in Australia, 2011.
- 10 Maher A, Wilson N, Signal L, Thomson G. Patterns of sports sponsorship by gambling, alcohol and food companies: an Internet survey. *BMC Public Health*, 2006; 6: 95.
- 11 Monaghan S, Derevensky J, Sklar A. Impact of gambling advertisements and marketing on children and adolescents: policy recommendations to

- minimise harm. *Journal of Gambling Issues*, 2008; **22**: 252–274.
- 12 Parliamentary Joint Select Committee on Gambling Reform. Second report. Interactive and online gambling and gambling advertising. Interactive Gambling and Broadcasting Amendment (Online Transactions and Other Measures) Bill 2011. Canberra, 2011 Dec.
- 13 Wardle H, Moody A, Spence S *et al. British Gambling Prevalence Survey 2010.* London: National Centre for Social Research, 2011.
- 14 Devlin ME, Walton D. The prevalence of problem gambling in New Zealand as measured by the PGSI: adjusting prevalence estimates using meta-analysis. *International Gambling Studies*, 2012; 12: 177–197.
- 15 Ministry of Health. A Focus on Problem Gambling: Results of the 2006/07 New Zealand Health Survey. Wellington: Wellington Ministry of Health, 2009.
- 16 Wood RT, Williams RJ. Internet Gambling: Prevalence, Patterns, Problems, and Policy Options. Guelph, Ontario: Prepared for the Ontario Problem Gambling Research Centre, 2009.
- 17 Sakurai Y, Smith RG. Gambling as a Motivation for the Commission of Financial Crime: Canberra: Australian Institute of Criminology, 2003. Report No. 0642538069.
- 18 Schwer RK, Thompson WN, Nakamuro D, Beyond the Limits of Recreation: SOCIAL COSTS of Gambling in Southern Nevada. 2003 Annual Meeting of the Far West and American Popular Culture Association, Las Vegas: Citeseer, 2003.
- 19 Wheeler BW, Rigby JE, Huriwai T. Pokies and poverty: problem gambling risk factor geography in New Zealand. *Health Place*, 2006; **12**: 86–96.
- 20 Wheeler S, Round D, Wilson J. The Relationship between Crime and Gaming Expenditure in Victoria. Melbourne, Victoria: Department of Justice, 2010.
- 21 Williams RJ, Rehm J, Stevens RMG. *The Social and Economic Impacts of Gambling*, 2011.
- 22 Wynne HJ, Shaffer HJ. The socioeconomic impact of gambling: the Whistler symposium. *Journal of Gambling Studies*, 2003; **19**: 111–121.
- 23 Kalischuk RG, Nowatzki N, Cardwell K, Klein K, Solowoniuk J. Problem gambling and its impact on families: a literature review. *International Gambling* Studies, 2006: 6: 31–60.
- 24 Darbyshire P, Oster C, Carrig H. Children of parent(s) who have a gambling problem: a review of the literature and commentary on research approaches. *Health and Social Care in the Community*, 2001; 9: 185–193.
- 25 Blaszczynski A, Ladouceur R, Shaffer HJ. A science-based framework for responsible gambling: the Reno model. *Journal of Gambling Studies*, 2004; 20: 301–317.
- 26 Andreasen AR. Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing*, 2002; **21**: 3–13.

- 27 Andreasen AR. Marketing Social Change: Changing Behavior to Promote Health, Social Development, and the Environment. San Francisco: Jossey-Bass, 1995.
- 28 Donovan RJ, Henley N. Social Marketing. Principles and practice. Melbourne: IP Communications Pty Ltd., 2003.
- 29 Kotler P, Zaltman G. Social marketing: an approach to planned social change. The Journal of Marketing, 1971: 35: 3-12.
- 30 Kotler P, Lee N. Social Marketing: Influencing Behaviors for Good, 4th edn. Thousand Oaks, California: Sage Publications, 2011.
- 31 Hoek J, Jones SC. Regulation, public health and social marketing: a behaviour change trinity. Journal of Social Marketing, 2011; 1: 32-44.
- 32 Jones SC, Iverson D, Penman A, Tang A, A practical application of theory: using social marketing theory to develop innovative and comprehensive sun protection campaigns. At the Threshold: 2nd Australasian Nonprofit and Social Marketing Conference, Deakin University, 2005
- 33 Potente S, McIver J, Anderson C, Coppa K. 'It's a beautiful day for cancer': an innovative communication strategy to engage youth in skin cancer prevention. Social Marketing Quarterly, 2011; 17: 86-105.
- 34 Jones SC. Social marketing's response to the alcohol problem: who's conducting the orchestra? In: Hastings G, Angus K, Bryant C (eds) The SAGE Handbook of Social Marketing. London, United Kingdom: SAGE Publications Ltd., 2011: 253-270.
- 35 Australian Government Department of Health and Ageing. The National Binge Drinking Campaign (Don't turn a night out into a Nightmare). Canberra: Commonwealth of Australia, 2008-2010. Available at: http://www.drinkingnightmare.gov.au/ internet/DrinkingNightmare/publishing.nsf., accessed 8 May 2012.
- 36 Gordon R, McDermott L, Stead M, Angus K. The effectiveness of social marketing interventions for health improvement: what's the evidence? Public Health, 2006; 120: 1133-1139.
- 37 Hastings G, MacFadyen L, Anderson S. Whose behaviour is it anyway? The broader potential of social marketing. Social Marketing Quarterly, 2000; **6**: 46–58.
- 38 Messerlian C, Derevensky J. Evaluating the role of social marketing campaigns to prevent youth gambling problems: a qualitative study. Canadian Journal of Public Health Revue Canadienne De Sante Publique, 2007; 98: 101-104.
- 39 Powell J, Tapp A. The use of social marketing to influence the development of problem gambling in the UK: implications for public health. International Journal of Mental Health and Addiction, 2009; 7: 3-11.

- 40 Jackson AC, Thomas SA, Thomason N, Ho W. Longitudinal Evaluation of the Effectiveness of Problem Gambling Counselling Services, Community Education Strategies and Information Products. Melbourne, Victoria: Department of Human Services, 2002.
- 41 Poulin C. Gambling. Canadian Medical Association Journal, 2006; 175: 1208.
- 42 Perese L. Bellringer M. Abbott M. Literature Review to Inform Social Marketing Objectives and Approaches, and Behaviour Change Indicators, to Prevent and Minimise Gambling Harm. Final report. Auckland: Gambling Research Centre, Auckland University of Technology, 2005.
- 43 Najavits LM, Grymala LD, George B. Can advertising increase awareness of problem gambling? A statewide survey of impact. Psychology of Addictive Behaviors, 2003; 17: 324.
- 44 Denzin NK, Lincoln YS. The Handbook of Qualitative Research, 2nd edn. London: Sage, 2000.
- 45 Huberman AM, Miles MB (eds). The Qualitative Researcher's Companion. Thousand Oaks, California: Sage Publications, 2002: 305-330.
- 46 Ferris J, Wynne H. The Canadian Problem Gambling Index: Final Report. Submitted for the Canadian Centre on Substance Abuse (CCSA),
- 47 Holtgraves T. Evaluating the problem gambling severity index. Journal of Gambling Studies, 2009; **25**: 105-120.
- 48 Crotty M. The Foundations of Social Research: Meaning and Perspective in the Research Process. St Leonards, NSW: Allen and Unwin, 1998.
- 49 QSR International Pty Ltd. QSR NVivo 10. 2012.
- 50 Liamputtong P. Qualitative Research Methods. 3rd edn. Melbourne: Oxford University Press, 2009.
- 51 Willis K, Daly J, Kealy M et al. The essential role of social theory in qualitative public health research. Australian and New Zealand Journal of Public Health, 2007; 31: 438-443.
- 52 Creswell JW. Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Thousand Oaks, California: Sage Publications Inc, 2009.
- 53 Victorian State Government. Gamble Aware. Melbourne: State Government Victoria, 2010. Available at: http://www.gambleaware.vic. gov.au/, accessed 22 May 2012; updated 21 May 2012.
- 54 Mattson M, Batsu A. The message development tool: a case for effective operationalization of messaging in social marketing practice. Health Marketing Quarterly, 2010; 27: 275-290.
- 55 Rosenstock IM, Strecher VJ, Becker MH. Social learning theory and the health belief model. Health Education & Behavior, 1988; 15: 175-183.

- 56 Rhodes T. Risk theory in epidemic times: sex, drugs and the social organisation of 'risk behaviour'. Sociology of Health & Illness, 1997; 19: 208-227.
- 57 Lefebvre C. On social marketing and social change: Selected readings 2005-2009, 2011 April.
- 58 Blaszczynski A, Gainsbury S. Executive Report Blue GumTM Gaming Machine: An evaluation of responsible gambling features. Prepared for Aristocrat Technologies Australia Pty Limited. The University of Sydney Gambling Treatment Clinic & Research Unit, 2011 November.
- 59 Cotte J, LaTour K. Gambling beliefs versus reality: implications for transformative public policy. In: Mick EG, Pettigrew S, Pechmann C, Ozanne J, (eds) Transformative Consumer Research. New York: Routledge Group, 2012: 485-498.
- 60 Corrigan PW, Rowan D, Green A et al. Challenging two mental illness stigmas: personal

- responsibility and dangerousness. Schizophrenia Bulletin, 2002; 28: 293.
- 61 Lewis S, Thomas SL, Hyde J, Castle DJ, Komesaroff PA. A qualitative investigation of obese men's experiences with their weight. American Journal of Health Behavior, 2011; 35: 458-469.
- 62 Brownell KD, Kersh R, Ludwig DS et al. Personal responsibility and obesity: a constructive approach to a controversial issue. Health Affairs, 2010; 29: 379-387.
- 63 Grier SA, Kumanyika S. Targeted marketing and public health. Annual Review of Public Health, 2010;
- 64 Grier SA, Brumbaugh AM. Noticing cultural differences: ad meanings created by target and nontarget markets. Journal of Advertising, 1999; 28: 79-93.