Dead cert or long shot: the utility of social marketing in tackling problem gambling in the UK?

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Abstract

Social marketing has grown from a fledgling discipline to one recognised as an established means of eliciting behaviour change. Concomitant with the maturation of social marketing has been an increasing focus on expansion into new and untapped areas for behaviour change. This paper examines the utility of applying social marketing to problem gambling in the UK by; briefly detailing the development of social marketing and evidence of its effectiveness with traditional public health issues, and its applicability with emerging areas; outlining the situation in the UK regards problem gambling, and why this represents such a fertile testing ground for social marketers; and proposing a broad agenda highlighting the potential applications of social marketing in relation to problem gambling, whilst considering the challenges that could encumber the effectiveness of such interventions.

Keywords: Gambling, Social marketing, Regulation, Policy, Intervention

Introduction

Social Marketing: Growth and diversification

Despite being able to trace its roots back to the 1950's, not until a further two decades had elapsed did 'social marketing', defined at its inception as the use of marketing techniques to promote the adoption of healthy or pro-social behaviors (Kotler and Zaltman, 1971), begin to gather true momentum. Lazer and Kelley (1973, p. 9) expanded upon this original definition to include a critical marketing dimension, advocating that social marketing is 'also concerned with the analysis of the social consequences of marketing policies, decisions and activities'. Since the early 1970's an emerging evidence base for the effectiveness of social marketing in educing behaviour change has accompanied its growth and development.

Within the last two decades, in particular, the maturing social marketing field has enjoyed a period of unprecedented expansion in the UK and elsewhere. This exponential growth has occurred alongside the increased capacity for research, funding and a practitioner skills base, and also the development of professional standards in social marketing under the auspices of the Marketing and Sales Standards Setting Body. The UK government have also recognised, and embraced, the value of social marketing with the 'Choosing Health' white paper espousing the *'power of social marketing* and *marketing tools applied to social good* being *used to build public awareness and change behaviour'* (Department of Health, 2004). Indeed, this mounting governmental interest has culminated in the formation of the National Social Marketing Centre (NSMC) in 2006, a Department of Health and the National Consumer Council collaborative elevating social marketing, for the first time, to the fore in relation to behaviour change.

These developments have been complemented by the establishment of benchmark criteria, and case studies which collectively define or give examples of 'good' social marketing (Andreasen, 2002; NSMC, 2006; Hastings, 2007). These criteria include consumer research and orientation, behaviour change, exchange analysis, competitive analysis, audience segmentation, continuous monitoring and also the 'marketing mix' (Grier and Bryant, 2005). Progress made in the UK has been mirrored to some degree

in other nations, where social marketing is now regarded as a key component of health improvement strategies and social change efforts. This is exemplified by the endorsement of social marketing as a core public health strategy for influencing quasi-voluntary behaviours such as smoking, drinking, diet and drug use in the U.S. (Centers for Disease Control and Prevention, 2005).

Despite this progress social marketing is still in its relative infancy, at least when compared to more established psychological and health behaviour change frameworks. However, the extant literature provides evidence of the utility of social marketing in eliciting behaviour change. This can occur directly, through interventions targeted at the individual, family or community (operational social marketing), or indirectly, via critical marketing and upstream social marketing (strategic social marketing), which can create the necessary conditions for enabling behaviour change by informing policy and regulatory decisions. Both the operational and strategic approaches are critical to the success of social marketing in the 21st century (Hastings and Donovan, 2002; Hastings and Saren, 2003; Grier and Bryant, 2005; Andreasen, 2006). In relation to the former, systematic reviews have demonstrated that social marketing interventions applied to food consumption and nutrition, substance misuse and physical activity can have an impact on awareness, stage of change and also behaviour (Gordon *et al.,* 2006; Stead *et al.,* 2007). For the latter, critical studies of tobacco marketing (Sargent *et al*., 2000; MacFadyen *et al*., 2001) have helped guide regulatory change, and ultimately strengthen tobacco control in the UK, by contributing to the development of the Tobacco Advertising and Promotion Act in 2002. Similarly, a systematic review examining the effect of food marketing on youth found strong evidence that food promotion has an effect on children's food preferences as well as purchase and consumption behaviour, which, in turn, aided regulation and decision making around food marketing (Hastings *et al*., 2003; Institute of Medicine, 2006). And finally, critical studies of the impact of alcohol marketing on behaviour (Ellickson *et al*., 2004; Snyder *et al*., 2006; Gordon *et al*., 2007) have also been used to construct an evidence base to inform alcohol policy.

With the continual development of social marketing in the UK, and indeed globally, attention has turned to broadening its scope and application outside the traditional public health behavioural issues (such as tobacco, alcohol and nutrition) into largely untapped areas such as citizen engagement (McKenzie-Mohr, 1999; Bhattacharya and Elsbach, 2002), climate change and sustainability (Marcell, Agyeman and Rapport, 2004), energy conservation (Schultz *et al*., 2007), public transport use (Cooper, 2006) and gambling (Messerlain and Derevensky, 2007). Yet the idea of extending the scope of social marketing is by no means a new one. In the early 1980s academics reviewed the first decade of social marketing and advocated more research and application to counter criticism that the discipline lacked substance, academic rigour and a strong theoretical basis (Bloom and Novelli, 1981). The gauntlet had been thrown down and the ensuing debate amongst social marketers centred on the applicability and contribution of social marketing to social change (Lefebvre and Flora, 1988; Hastings and Haywood, 1991). The 1990s witnessed a widespread growth in popularity and use of social marketing and a gradual maturation of the field (Lefebvre, 1996). As the evidence base grew, the debate turned to the extent to which social marketing tools and techniques could be used to alter a wide range of undesirable behaviours (Andreasen, 2003). Resultantly, since the turn of the century, a concerted effort is

being made by social marketers to engage in discipline building by examining how social marketing can be used in other areas to engender social change.

Social Marketing and Problem Gambling: Are they compatible?

One area that has been suggested as being compatible with a social marketing approach is problem gambling (Messerlain and Derevensky, 2007), although their review of (putative) social marketing interventions for gambling would more aptly fall under the rubric of social advertising, given the focus on mass media campaigns (Perese, Bellringer and Abbott, 2007). Nonetheless, this review found evidence that mass media campaigns can have a degree of success changing gambling behaviours. As the primary goal of social marketing, which can incorporate but is not restricted to the use of mass media campaigns, is promoting desirable behaviour then this could well offer a more effective means of addressing problem gambling.

In terms of compatibility, gambling is an activity that is historically and globally prevalent, widely engaged in by both adults and adolescents, socially acceptable, heavily marketed and tightly regulated. Thus, it is similar to other health-risk behaviours such as tobacco and particularly alcohol use and would, therefore, appear amenable to social marketing intervention. Indeed, with its focus on consumer orientation and insight, social marketing can generate a more thorough understanding of gambling within British culture. Moreover, carefully designed and continuously monitored social marketing interventions, employing appropriate outcome measures, can help build lasting relationships with consumers and thus enable the necessary long-term approach required to tackling problem gambling (Williams, West and Simpson, 2007).

Using Social Marketing to tackle problem gambling: The case of New Zealand

Social marketing is already being used to tackle gambling issues with the campaign recently introduced by the HSC (Health Sponsorship Council) in New Zealand called 'Kiwi Lives'. The on-going campaign, commissioned by the New Zealand Ministry of Health, initially involved the development of a national social marketing programme to increase understanding and awareness of problem gambling, with the ultimate aim being the prevention and minimisation of gambling related harm. HSC opted to take a public health approach and reposition problem gambling as a social and community issue rather than just an individual concern (HSC, 2007). This approach is consistent with the shift in the gambling field away from the medicalisation of gambling, where it is considered as an individual pathology, to it being viewed as a wider public health concern (Korn, Gibbins and Azmier, 2003). Problem gambling is now viewed as a behaviour that results in harm to the individual gambler and indeed others. In this sense gambling-related harm is better defined in the broader sense to mean any harm that is directly caused by gambling behaviour, whether it be financial, psychological, physical, legal or vocational.

The campaign was launched in 2007 using a mass media marketing campaign featuring TV and radio advertising, a website and web media, print resources, a helpline and access to support and information services. The main campaign strap-line 'Problem Gambling – We All Lose' was used to highlight that the deleterious effects of problem gambling extend beyond the individual and affect families and the wider community as well. The campaign was designed using social marketing principles drawing on findings from formative research to develop the mass media campaign

and the wider social marketing programme that the HSC is coordinating, including evaluation of a benchmark survey (HSC, 2007). Furthermore use of the marketing mix beyond advertising, competitive analysis to inform development of the programme, and utilisation of a segmentation approach to deliver campaign executions and services demonstrate how the 'Kiwi Lives' programme offers an example of how social marketing can be used to target problem gambling. Delivery of the next phase of the programme will further utilise social marketing principles and practice.

Early results from the evaluation survey, designed to measure changes in community awareness, understanding of gambling harm and gambling behaviours, demonstrate that the programme is having a positive impact. The survey showed that unprompted or semi-prompted advert recall amongst the general population was 33%, and when prompted recall reached 46%. With regards to main message take out 24% of respondents identified the message as 'problem gambling affects us all and the community'. In terms of target audience engagement the campaign was successful when assessed against three criteria: the extent to which the campaign was considered thought provoking, believable and relevant. Eighteen percent of the general population recalling the campaign revealed that it prompted them to discuss the issue of problem gambling with others. Thirty-three percent of respondents recalling the campaign agreed that they 'are now more concerned about the impact of problem gambling in the community', with 68% agreeing that they have a 'greater understanding about the impact of problem gambling in the community.' Finally, approximately half of all respondents recalling the campaign agreed that they felt more able to do something about problem gambling and just under half agreed that they are now less likely to see problem gambling as only an individual problem (Gravitas Research and Strategy, 2008). Future evaluation data will gauge the effectiveness of the overall strategy in combating problem gambling, but the early results regarding awareness-raising provide support for the utility of a social marketing approach.

Gambling and problem gambling in the UK

Gambling is a common recreational activity in the UK for adult and adolescents alike, with approximately sixty-five percent of adults (defined as those aged 16 years or over) and over seventy percent of adolescents (defined as those below the age of 16) engaging in some form of gambling activity within the past-year. As with any potentially addictive behaviour, a small minority of individuals experience problems directly related to their gambling behaviour, with 0.6% of the adult population being classified as problem gamblers according to both the 1999 and 2006 prevalence surveys (Sproston, Erens and Orford, 2000; Wardle *et al*., 2007). This figure is higher than often found in Scandinavian countries and also New Zealand, but lower than is commonly found in Australia, North America and Canada. There are however reasons to suggest that the latest figure provides an underestimation of the true prevalence rates given the low response rate (Moodie and Hastings, 2008). Moreover, as the negative consequences of problem gambling typically extend beyond the individual gambler and affect at least five significant others and also the community at large (Productivity Commission, 1999), it remains an important, if somewhat overlooked societal concern. Young people are not immune to the detrimental effects of gambling either, in fact quite the opposite. Although most forms of gambling are restricted to adults, four large-scale studies conducted in England and Wales within the last decade

or so have found rates of adolescent problem gambling to range from 3.5% to 5.9% (MORI/IGRU, 2006; Ashworth, Doyle and Howatt, 2000; Ashworth and Doyle, 2000; Fisher, 1997). The average rate of adolescent problem gambling for these surveys is 5%. It is important to acknowledge that considerably higher rates of problem gambling are commonly found among adolescents, in comparison to adults, however the fact that these surveys reveal one in every twenty adolescents in the UK to be a problem gambler is a cause for concern.

These aforementioned studies were conducted prior to the 2005 Gambling Act, effective as of September 2007, which is a landmark piece of legislation signalling a move from the restrictive regulatory regime in place in Britain for the last four decades to one that is essentially liberalising. This legislative change was clearly necessary given that technological innovation in gambling had rendered the previous 1968 Gambling Act ineffective. Some have argued however that the liberalising of the gambling market in the UK, as with many other international jurisdictions, was primarily driven by the symbiotic association between government revenue and commercial profit (Light, 2007; Reith, 2007). Irrespective of this, it is too early to gauge the impact of this legislative change on rates of adult and adolescent problem gambling, even despite a gradual deregulation of the gambling market since the introduction of the National Lottery in 1994. Nevertheless, the lifting of restrictions on gambling advertising in broadcast and digital media, together with the expected proliferation of gambling opportunities, is likely to further encourage the acceptance of gambling in the UK.

In recognition of the potential detrimental consequences of gambling liberalisation, the Gambling Commission have implemented social responsibility codes of practice to which all gambling operators, and gambling advertisements, must adhere. Whether such measures are capable of preventing an increase in problem gambling will become evident in time (Miers, 2007). The early indications are not promising however, with recent observational research revealing that certain sectors of the gambling industry have not embraced the concept of responsible gambling; indeed many operators have failed to even adhere to them (Moodie and Reith, in press). It is important that *all* sectors of the gambling industry are aware of the role they have to play in responsible gambling, and all operators should be encouraged to meet these responsibility codes. In broader terms, it is imperative that a long-term multi-faceted approach aimed at tackling gambling-related harm is introduced, one encompassing education and awareness-raising among both young people and the general public, suitable treatment provision and other prevention measures (Williams *et al*., 2007). Social marketing may have a relevant role in this process given its success with other public health issues.

What can social marketing do about problem gambling in the UK?

There appears to be some potential for the use of social marketing to help address problem gambling in the UK, and indeed elsewhere, and we outline how this might be done. Firstly, there is a pressing need for research into the effect, if any, that the marketing of gambling has on behaviour. This is highlighted by recent reviews examining the impact that gambling advertising has on gambling consumption and problem gambling, finding that not only is there a paucity of research in this area but the literature available is limited by serious methodological limitations (Griffiths, 2005; Binde, 2007). Given the recent lifting of restrictions on advertising, and other

forms of marketing, in the UK, critical marketing studies similar to those carried out to examine food, tobacco and alcohol marketing are required. An audit of gambling marketing communications measuring the extent and nature of marketing would be of value, including the marketing channels employed, information on marketing budgets and expenditure in different media and marketing segmentation. This information could thereafter contribute to the development of a cross sectional or, more ideally, a longitudinal cohort study into the effects of gambling marketing on behaviour. A questionnaire-based survey (or suitable alternative) could be employed to measure awareness of, attitudes towards and exposure to gambling marketing and assess any impact upon gambling behaviour. Such research would inform our understanding of gambling marketing and any effect it has on knowledge, attitudes and behaviour, and would help develop an evidence base that could contribute to upstream social marketing activities such as media advocacy and policy development (Goldberg, 1995). Essentially there would likely be an important critical contribution made by social marketing research of this nature to upstream initiatives such as regulation of gambling marketing and the gambling industry (e.g. limiting the amount of TV ads, regulating the content of marketing executions, developing social responsibility codes for the gambling industry), efforts to improve corporate social responsibility, and social policy around problem gambling. This would necessitate social marketers taking an active role in strategic social marketing efforts to tackle problem gambling as well as operational behaviour change approaches.

The 'Kiwi Lives' campaign demonstrates the effectiveness of a social marketing programme, incorporating a mass media campaign, in raising awareness of, and indeed changing attitudes towards, problem gambling among the general population. A similar campaign in the UK, designed using social marketing principles, in which problem gambling was repositioned as a societal (and not individual) problem is warranted, particularly as consumers in the UK are only informed that the *individual* should gamble responsibly, with no mention of the impact that problem gambling can have on others. Such a campaign, framing gambling as a public health issue, could help prepare the ground for a shift in attitudes around problem gambling, and also social norms. Although social norms were not part of the Kiwi Lives campaign there is an emerging literature on how they can be successfully challenged with the aid of social marketing (Berkowitz, 2005). Social norms marketing campaigns typically involve correcting erroneous perceptions regarding the prevalence of behaviour, for example, emphasising that the majority of children do *not* smoke or take illicit substances (Berkowitz, 2005). It is well established in the social norms literature that those who overestimate the prevalence of health-risk behaviours such as alcohol and tobacco use are more likely to engage in these behaviours. Given that the majority of adolescents and adults *do* gamble, a similar approach specific to gambling would be unwarranted. However, a social norms campaign aimed at correcting misperceptions regarding gambling expenditure and frequency, highlighting that the vast majority of adolescents and adults only gamble infrequently, and expenditure is minimal, has potential value**.** This could potentially trigger a change in gambling behaviour for problem gamblers and those at-risk of developing a problem gambling by creating awareness that the time and money they spend gambling is excessive. A tangential approach would be to provide information on the true odds of winning when gambling, given that research has found that both recreational and problem gamblers appear to have erroneous perceptions and beliefs regarding gambling probabilities (Moodie, 2007).

Finally targeted interventions, using social marketing benchmark criteria, could be used as an approach to tackling problem gambling in the UK among specific subpopulations. We briefly outline how these benchmark criteria could be employed to tackle problem gambling in low-income groups, an appropriate intervention given that problem gambling disproportionately affects lower socio-economic groups (Orford, 2005).

Segmentation and targeting, to identify key sub-population groups for interventions, demonstrating consideration of demographics such as age, gender, ethnicity, socio-economic status (in this instance low-income problem gamblers). Targeting could be extended to include subsets of gamblers, such as strategic (skill-based forms of gambling including poker, horse racing, etc) and non-strategic gamblers (chance-based forms of gambling including electronic gaming machines, lottery, scratchcards, etc).

Setting clear behavioural goals, such as changing attitudes towards, and ultimately reducing problem gambling (among low-income groups).

Consumer research, employing interviews and questionnaires (or suitable alternatives) to understand gambling motives most salient with target audience (e.g. gambling to escape problems, dissociation, to win, boredom proneness, erroneous gambling-related cognitions; all relevant to low-income groups), thereby gaining insight to inform the development of interventions.

Exchange, a vital but often overlooked social marketing criterion (Hill, 2001), would necessarily involve highlighting the intangible benefits to reducing or stopping gambling given the inappropriateness of using tangible incentives to address gambling behaviour. These intangible benefits, derived from the gambling literature, could include, but not be limited to, improved interpersonal relationships, increased financial security and improved mental and physical health, highlighting less harmful alternatives to gambling.

Competition, and barriers to behaviour change, must be addressed to enhance social marketing interventions. These include gambling marketing (in conventional and digital media and within gambling venues) and psychosocial barriers such as enjoyment, passing time and social interaction (depending on form of gambling). The benefits of stopping gambling, or reducing gambling expenditure and time spent gambling, must be demonstrated. Working with stakeholders in socially deprived areas, e.g. community groups, religious groups, treatment providers, gambling operators, etc, would be necessary to provide gamblers the support needed.

The **marketing mix** could involve the use of promotional media campaigns in deprived areas to raise awareness, change attitudes and reduce problem gambling, using suitable materials to convey the message, e.g. posters, leaflets, warning labels and stickers, free items of clothing (such as hats or T-shirts, likely to be more readily accepted and worn in poorer areas).

Using a social marketing approach would enable interventions to be consumer oriented and reach difficult to reach target audiences, such as low-income groups, and

design programmes around their environment and needs. Pilot and impact studies would help establish social marketing approaches to addressing the issue of problem gambling. The learning generated from such studies could then be used to develop more honed, targeted behaviour change interventions implemented in a strategic and long-term manner. Properly implemented, monitored and evaluated interventions would enable an evidence base to be constructed on the effectiveness of such programmes at raising awareness, and changing attitudes and behaviour with regards to problem gambling. Finally, evidence of effectiveness would engender discipline building by demonstrating the applicability of social marketing in new areas.

Challenges

Despite the intuitive logic of applying social marketing interventions to problem gambling in the UK, given effectiveness with similar public health issues such as tobacco and alcohol, it is imperative to consider relevant challenges that may inhibit the effective use of social marketing. The ultimate success (or otherwise) of social marketing in combating problem gambling, in any international jurisdiction, will depend on a myriad of factors; the suitability of the strategy employed (must be relevant, credible and believable), support and resources available (which affects long-term funding), and country-specific factors that may undermine such campaigns.

Contrasting the situation in New Zealand with that of the UK helps elucidate some of the country-specific challenges that social marketing campaigns aimed at addressing problem gambling may face. Pivotal to the Gambling Acts in both New Zealand and the UK is the prevention of gambling problems, the encouragement of responsible gambling and the minimisation of gambling-related harm. Importantly however, whereas New Zealand legislation is primarily aimed at containing commercial growth, UK legislation creates the conditions for the liberalisation of gambling to an extent never previously witnessed. Therefore, prior to the implementation of the New Zealand 'Kiwi Lives' campaign there existed an explicit public health policy with the Gambling Act, a legislative framework ideally suited for the use of a social marketing intervention. This is not so in the UK where the Gambling Act appears to be primarily driven by commercial reasons (Light, 2007), and not a commitment to protecting public health. The endless revenue stream derived from gambling taxation has played a significant role in the deregulation of many gambling markets (Reith, 2007), but sadly in the UK none of this money is earmarked for preventing or minimising gambling harms. As such, garnering the necessary support and funding for a long-term social marketing campaign, which would be required given that gambling is, and will remain a longstanding issue could be hindered by financial constraints.

It is the lack of treatment options available to problem gamblers in the UK that represents the key challenge however. Whereas treatment services in New Zealand are well established and widely available (Perese *et al*., 2005) they are almost non-existent in the UK (British Medical Association, 2007; Moodie, 2008), with no concrete intentions to rectify this. Depending on the nature of the intervention this may pose difficulties. For example, any intervention targeting individuals with pre-existing problems or indeed those concerned about their gambling behaviour, a suitable option given that specialist help-seeking among problem gamblers is relatively uncommon with only one in ten doing so (Productivity Commission, 1999; British Medical Association, 2007), would necessarily involve the provision of information regarding available help. Lack of treatment options, and poor

organisation of existing services, could seriously limit the utility of this type of intervention.

Finally, campaigns targeting youth will also have to work in opposition to the other elements of the Gambling Act; it is difficult attempting to raise awareness among young people that gambling is a potentially addictive and harmful behaviour, whilst allowing them to legally do so and also exposing them to television adverts saying the opposite (Moodie and Hastings, 2008). This may represent a challenge because although exposure to gambling advertising is not unique to Britain, allowing those below the age of sixteen to legally play Category D electronic gaming machines (low stakes, low prizes) is.

Conclusions

This article has explicated the growth and expansion of social marketing and the benefits and challenges associated with its application to problem gambling in the UK. Gambling has clear parallels with other potentially addictive behaviours, such as tobacco and alcohol, which have benefited from social marketing and, as such, this approach remains a viable option. Indeed, social marketing is already being applied to tackle the issue in New Zealand and initial evaluation suggests that it can be effective. Certainly the application of social marketing to problem gambling in the UK would face greater challenges than in New Zealand given the recent, and divergent, legislative changes witnessed in both countries. This does not undermine the utility of social marketing to gambling, indeed far from it, but only by appreciating and satisfactorily responding to these challenges can social marketing strategies hope to be successful. We have set out an agenda for how social marketing could make a contribution to gambling issues in the UK and beyond via critical and upstream marketing, as well as downstream interventions, both of which have a critical role for modern social marketing (Grier and Bryant, 2005; Andreasen, 2006). All that remains is a call for social marketers, academics, practitioners, decision makers and research funders to accept the challenge and demonstrate how the case for using social marketing made here can become reality.

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