



Lyn Beverley
Committee Secretary
Joint Select Committee on Gambling Reform
PO Box 6100
Parliament House
Canberra ACT 2600, Australia

April 2012

Dear Ms Beverley,

Thank you for the invitation to submit to the Joint Select Committee on Gambling Reform: *Inquiry into the prevention and treatment of problem gambling*.

My submission to the Inquiry is based on my research on gambling risks; the role of marketing strategies in encouraging the consumption of gambling products; and social marketing strategies to prevent and minimise the harms that may be caused by the problematic consumption of gambling products.

As a public health sociologist, this submission also draws upon my extensive experience in researching other public health issues in Australia.

This submission focuses on:

- 1) The prevention of problem gambling
- 2) The role of industry marketing strategies in encouraging the consumption of gambling products, and social marketing strategies to counterframe these.

Please feel free to contact me should you have any further questions regarding the submission.

Yours sincerely,

Dr Samantha Thomas
Senior Research Fellow, Department of Marketing, Monash University.



1. Prevention

1.1 Until recently, most gambling research studies have focused on the treatment of individuals who have developed problems with gambling. While important, this ignores a very important part of the problem gambling equation – that of prevention. Part of this is because prevention is difficult to measure. How do you show that x number of people did not engage in behaviour? It is much easier to show that x number of people sought help, and gambled a lot less as the result of interventions. Nevertheless, and as we have seen in many other important health and social issues (road safety, tobacco, obesity, alcohol use, sexual health, cancer), prevention is a vital component of the health and wellbeing of individuals, communities, and populations. It is essential that the prevention of risky gambling behaviours remains a core focus for key stakeholders – including state and federal governments; non-governmental and consumer organisations; industry; and research funding bodies.

1.2 In order to fully understand how to prevent risky gambling behaviours, we need to focus on a number of different areas. These include: socio-cultural factors (what ‘value’ does gambling hold for different subgroups within the community and why?); environmental factors (these include the social, physical and now virtual environments in which people may be exposed to or interact with different types of gambling products, or for example the marketing for these products); and individual risk factors (including whether some groups – according to e.g. age, socio-economic status, gender, life experience, may interact with different types of gambling products in different ways). At present, we have only scratched the surface in understanding what makes some individuals more ‘at risk’ of problematic patterns of gambling.

1.3 It is very likely that as with other ‘risky’ health and social issues, that the main drivers of risky gambling behaviours will be socio-cultural. Understanding these factors will require more than population based surveys, but in-depth research into why gambling may be embedding itself into different communities, or sub-groups, in different ways. This detailed understanding will also allow us to appropriately tailor messages, social marketing campaigns, and policies to respond to risk behaviours in different groups. There will be no ‘one size fits all’ solution to problem gambling, and it is essential that researchers, policy makers, community groups and other key stakeholder work together to identify research questions and methodologies which lead to translatable, policy focused research.



1.4 Current gambling 'prevention' strategies (both primary and secondary) are predominantly based around personal responsibility. These strategies assume that if we tell individuals often enough that something is 'risky' or that they should behave in a certain way (e.g. tobacco causes cancer; too much soda will damage your teeth; eat less, exercise more) that their behaviour towards that product will change. This type of approach puts responsibility on the individual for voluntarily listening to the message, and changing their behaviour to interact with the product 'responsibility'. It also is used repeatedly by industry (including alcohol, junk food, soda, and gambling) as a reason not to change their practices – 'if people engaged 'responsibly' with our products there wouldn't be a problem'.

1.5 At the most basic level there is nothing wrong with asking people to take responsibility for engaging with a product. However, some individuals may be more able to take 'responsibility' than others. Furthermore, it is important that industry takes equal responsibility for the potential 'harms' that their product may cause – particularly with vulnerable groups of individuals or communities. As has been shown in many other health and social issues, people will continue to enter 'at risk' groups unless 'upstream' prevention initiatives (e.g. such as regulation of industry marketing tactics, or concentration of certain products in geographical locations) effectively address why there is a problem in the first place. As Prof Len Syme, one of the world's leading social epidemiologists states, without these 'upstream' prevention initiatives *"we just keep patching as best we can but we will never get ahead."*¹

1.6 Syme goes on to describe the need to look at a more comprehensive range of 'upstream' initiatives in order for true 'prevention' to occur. He provides the following analogy. He describes a hazardous and poorly maintained road at the edge of a cliff – where people regularly crash their cars, resulting in serious injuries. Syme suggests a number of measures which could be employed to prevent injuries on the road. These include hazard assessments; people who are old being directed to a different route; those who want to use the road having to take an advanced driving course; structurally reinforcing the cars to make them safer; better warning signs; and a state of the art hospital at the bottom of the cliff. Eventually, Syme describes that the only truly effective prevention program for this road, is simply to *'fix the road'*.²

¹ Syme, S.L. The Social Determinants of Health and Disease: Reflections on a Troubled Life Presented at the CIGNA Communities of Health Forum Las Vegas, Nevada, December 11, 2008

² Syme, S.L. The Social Determinants of Health and Disease: Reflections on a Troubled Life Presented at the CIGNA Communities of Health Forum Las Vegas, Nevada, December 11, 2008

1.7 In many ways, Syme's analogy could also be applied to how individuals consume gambling products. We can educate, provide people with more knowledge, place more signs warning people of the risks associated with different products, bells and whistles on machines to indicate time spent gambling, problem gambling statements in advertisements and so on. Or we can: a) comprehensively reform the way in which gambling products are 'sold' to communities; b) work to change the cultural value that gambling products (and venues) have within some communities (or sub-populations); c) empower and resource communities or sub-groups (particularly those who may be vulnerable to gambling risks) to create alternatives to gambling; d) help communities and subgroups to be more resilient in the face of social pressures and stressors, which may in turn help them to resist the consumption of gambling products.

2. Gambling behaviours – the role of industry marketing tactics and social marketing techniques

2.1 Other submissions have described concerns about the impact of advertising for gambling (mainly online) products on gambling behaviour. While I share these concerns, it is very important to recognise that advertising alone does not stimulate the consumption of products. Rather, it is likely that a combination of advertising + environments (including physical and virtual) + cultural values + norms will impact upon the uptake of products. This is because the consumption of many products are a cultural rather than an economic phenomenon. A variety of different cultural meanings influence consumption practices, including how such meanings are formed by an individual's gender, socio-economic status, age, peer group norms, family histories, personal experiences and so on.

2.2 As stated by the Responsible Gambling Advocacy Centre in their submission, advertising can interact with a range of environments and technologies to 'prompt' individuals to consume products.³ In particular my research has focused on advertising associated with, and during sporting events.^{4 5} While the Federal government has focused its attention towards 'live odds' our research has shown that live odds marketing is only a small part of the

³ Responsible Gambling Advocacy Centre. Submission to the Joint Select Committee on Gambling Reform: Inquiry into the prevention and treatment of problem gambling. March 2012.

⁴ Thomas SL, Lewis SV, Haycock J, McLeod C. "They are working every angle." A qualitative study of Australian adults' attitudes towards, and interactions with, gambling industry marketing strategies. *Int Gambling Stud.* 2011: 1-17. DOI:10.1080/14459795.2011.639381

⁵ Thomas SL, Lewis SV, Haycock J, McLeod C. "They are working every angle." A qualitative study of Australian adults' attitudes towards, and interactions with, gambling industry marketing strategies. *Int Gambling Stud.* 2011: 1-17. DOI:10.1080/14459795.2011.639381

overall marketing environment – and may not have the most impact on risky gambling behaviour.

2.3 Our research, which has been cited by others in submissions to this inquiry, has highlighted a number of areas which should be targeted to *prevent and minimise the harm associated with* problematic patterns of gambling in young men who are the targets of most sports betting marketing, and the softening of children to gambling as a normal part of sporting matches. In particular, social marketing strategies – both ‘downstream’ and ‘upstream’ should focus on: impulse marketing strategies (which may lead to binge or moderate risk gambling behaviours); on field sponsorship (including banners, padding on goalposts, boundary markings, signage etc) which may then transfer into family homes; advertising during family viewing hours; and saturation technique (in which multiple forms of gambling advertising may occur within sporting matches). Further information and discussion about these issues may be found in the following cited papers.^{6 7}

2.4 One important mechanism that remains relatively unexplored in preventing gambling harm is the use of ‘social marketing’. Social marketing involves a suite of activities much broader than advertising. These include ‘downstream’ initiatives that encourage and nudge individuals towards behaviour change, and ‘upstream’ initiatives which encourage policy makers and industry, to reform policies and practices. Social marketing campaigns are backed up with initiatives which seek to engage communities in change. These may be provided through help services, community organisations, medical services and so on. It is important to recognise that an advertisement or mass media campaign is only one component of any comprehensive social marketing strategy.

2.5 In Australia gambling social marketing campaigns have been overwhelmingly focused on encouraging individuals to seek help for problems with gambling. To date there have been very few campaigns focused on preventing gambling risk. With the proliferation of gambling marketing, particularly for online gambling products which are aligned with culturally valued events (such as sporting matches), it is important that a broader range of campaigns are employed to highlight the risks of engaging in gambling. These initiatives should not employ a ‘one size fits all’ message, but should be tailored to specific groups who are shown by research to be targeted or vulnerable to the

⁶ Thomas SL, Lewis SV, Haycock J, McLeod C. “They are working every angle.” A qualitative study of Australian adults’ attitudes towards, and interactions with, gambling industry marketing strategies. *Int Gambling Stud.* 2011; 1-17. DOI:10.1080/14459795.2011.639381

⁷ Thomas, SL. Lewis, SV. Duong, J. McLeod, C. Sports betting marketing during sporting events: a stadium and broadcast census of Australian Football League matches *Aust NZ J Public Health.* 2012; 36:145-52

messages given in specific environments. These messages should be backed up with a broader suite of community based activities which can help to engage groups in the changes described in 1.7 above.

2.6 Most importantly, before any social marketing campaigns are developed, it is important that stakeholders involved in developing campaigns have a robust understanding of the norms, values, perceptions, and needs of communities. Social marketing (like industry marketing) is based on a clear understanding of cultural norms and values, and a process of exchange. It is encouraging to see the funding of independent research that is able to provide policy makers and other community stakeholders with detailed information about how individuals conceptualise the risks and benefits of gambling, and how different groups make meaning of gambling within their personal and social contexts. This information is essential in tailoring messages and interventions which are able to provide an effective alternative to the messages given by the gambling industry. Evidence from other health and social issues (such as tobacco) have also highlighted the importance of independence in social marketing initiatives – that is, that they are designed with communities, and are free from industry influences in the design and promotion of the initiatives.

2.7 Finally, and as learned from many other social marketing initiatives such as obesity and mental health, it is vital to understand and tackle the role of stigma. Stigma may work in two ways in gambling. It may encourage individuals to engage in gambling for fear of being excluded from their social groups. For example, as identified in our research, young men may engage in sports betting because it has become normalised within their peer groups and they don't want to be seen to be different by not engaging in gambling.⁸ Stigma may also prevent individuals from seeking help, because personal responsibility frameworks suggest that individuals could and should have engaged in gambling responsibly. Social marketing initiatives should think through and take into account each of these forms of stigma. Specific anti-stigma campaigns may be useful particularly in encouraging early intervention for individuals.

⁸ Thomas SL, Lewis SV, Haycock J, McLeod C. "They are working every angle." A qualitative study of Australian adults' attitudes towards, and interactions with, gambling industry marketing strategies. *Int Gambling Stud.* 2011: 1-17. DOI:10.1080/14459795.2011.639381