A Social Marketing Approach to Tele-counselling for Problem Gambling

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Executive Summary

Designed and operated by the Centre for Addiction and Mental Health (CAMH), the Problem Gambling Tele-counselling program offers professional counselling sessions via telephone to Ontarians who have problems with their gambling. In assessing the feasibility of this program, CAMH was unable to generate sufficient recruitment with its existing advertising approach.

The objective of the current study was to develop a communications strategy to increase the number of admissions to the tele-counselling feasibility study. Employing a social marketing approach, the overriding goal was to identify and understand the target audience and, in turn, formulate a clearly articulated strategy. To access the necessary marketing expertise, the Responsible Gambling Council (RGC) and CAMH worked with Manifest Communications, a firm that specializes in social marketing, to produce a strategy for participant recruitment.

Based on demographic and psychographic profiles of individuals with gambling problems and their propensity towards treatment, the campaign targeted women with problem gambling in their lives; more specifically, the female “escape” gambler. The advertisement portrayed tele-counselling as the initial step towards getting help. This approach postulated that those with gambling problems want help but cannot handle immediate and complete disruption in their lives. Calling the tele-counselling program would be a way of easing into getting help -- the first step towards emotional, financial, and personal health. The advertisements appeared in newspapers and transit shelters in Sudbury and Kingston between February and March 2005. Both cities had various regional media opportunities and sufficiently large populations to make marketing distribution more economical and efficient.

The campaign resulted in no new clients to the tele-counselling feasibility study. The reasons can only be surmised, but the failure may be related to a number of factors. Geographic, demographic, and media constraints may have further reduced an already small, difficult-to-reach population that is generally believed to be resistant to treatment in the first place. The campaign messaging itself may have been misplaced and ineffectual. Further, the expectations of tele-counselling program may be overestimated, as experience in other jurisdictions with tele-counselling revealed relatively low levels of engagement. Finally, problem gambling, as a general issue, may have relatively little public salience compared to other social issues (e.g., drinking).

Background

This study is part of a larger study assessing the feasibility of tele-counselling as a treatment option for individuals with gambling problems in Ontario. Designed and operated by the Centre for Addiction and Mental Health (CAMH), the Ontario Problem Gambling Tele-counselling program offers professional counselling sessions via telephone to Ontarians who have problems with their gambling. To be eligible to participate in the feasibility study, callers must be gambling at a problematic level as defined by Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria and agree to receive counselling over the telephone. The program consists of a workbook that is mailed to participants, and a series of six counselling sessions that are conducted over the telephone.

The advertising approach used by CAMH (see Appendix A) consisted of standard factual and clinical recruitment study postings. It generated insufficient participants for the program's feasibility study with about 30 calls over 4 months and 7 people entering the program. This lack of participation is similar to the experiences of the Addictions Foundation of Manitoba (AFM). For example, in the first year of offering tele-counselling, the program attracted 22 clients (G. Kolesar, personal communication, 2005). Promotion was modest, consisting of posters and some advertisements in rural newspapers. The advertisements were factual, informing the public that counselling over the telephone was a new treatment option for individuals with gambling problems.

Efforts to reach, engage, and motivate gamblers with problems to seek help are challenging and difficult. The objective of this study was to develop a communications strategy to increase the number of admissions to the tele-counselling feasibility study. The overriding objective was to clearly understand and identify the target audience and, in turn, formulate a clearly articulated strategy.

To obtain the necessary marketing expertise, the Responsible Gambling Council (RGC) put out a request for proposal to marketing firms to work with RGC and CAMH to produce a recruitment strategy for the feasibility study. Manifest Communications, who specialize in social marketing, was awarded the contract. With extensive marketing experience in a variety of social and health issues, Manifest Communications had a keen interest in the social dimensions of problem gambling. Manifest Communications believed that the basis of any successful social marketing strategy begins with understanding how people think about, react to, and place themselves in relation to the particular social issue.

Social Marketing Process

The development of a strategy to promote and market the tele-counselling program for individuals with gambling problems in Ontario consisted of three broad phases. Phase I focused on gathering background research to guide the development of a marketing strategy. Areas examined included: societal perceptions of gambling and problem gambling; the structure of CAMH's tele-counselling program; the experiences of others operating tele-counselling programs; and the nature of gambling problems and help-seeking among those with gambling problems. The information from Phase I was then used to define the target group for the tele-counselling program, the type of messaging that should be employed, and ways to creatively communicate the information (Phase II). The final phase (Phase III) examined media options (e.g., radio, posters, newspapers, etc.).

Phase I: Formative Research

Marketplace

For the most part, problem gambling is not seen as a significant issue in today's society. It tends to fly under the radar on the public agenda and conscience. For instance, compared to other social

issues like drug or alcohol addition, smoking, and driving above the speed limit, Canadians tend to view gambling as a relatively less serious social problem (Azmier, 2000).This vacuum creates challenges for promoting services, such as tele-counselling program, since the problem is essentially invisible and discounted.

Tele-counselling

As discussed earlier, the advertising approach taken by CAMH in 2004 did not generate sufficient recruitment for the feasibility study, with about 30 calls over 4 months and 7 people entering the program. While the expertise of the tele-counselling service is not in question, it is possible that the delivery of the program may have created some barriers that contributed to the low number of participants. For example, the phone line includes an answering machine to take messages for calls received outside normal business hours. Having to leave messages may ward off potential clients who want immediate help or are fearful of being called back. Moreover, the workbook feature may be discouraging because its delivery to the home can undermine confidentiality and privacy, as well as provide unwanted written documentation of their situation. Nonetheless, due to limited resources requiring the use of an answering machine and the original design of the tele-counselling program, neither of these potential issues has been addressed.

The CAMH advertisements were placed in newspapers in various cities (e.g., Kingston, North Bay, Sudbury, Brampton, Ottawa, Oakville, Burlington, and Toronto) between January and April 2004. One theory offered by Manifest Communications was that the advertisements may not have captured the attention of individuals with gambling problems because they were too clinical and rational; that is, the advertisements essentially asked people to identify themselves as having a gambling problem. Manifest Communications felt it was important to use a softer approach, one that connected with individuals on an emotional level, making it easier for people to seek assistance. The concept of connecting on an emotional level is discussed further in the creative presentation section.

In addition to examining the structure of the CAMH tele-counselling program and promotion, three successful tele-counselling delivery-type services were reviewed: Sweden's problem gambling tele-counselling program, Canada's Kids' Help Phone, and Canada's Smokers' Helpline. The importance of issue salience emerged in the experience of Sweden's problem gambling tele-counselling program. The program's success was attributed to a broader social movement that generated and maintained interest and investment in addressing the issue of problem gambling (e.g., National Problem Gambling Initiative). Consequently, there was a high level of public awareness, response, and support, much like the levels for drug or alcohol addiction.

The Kids' Help Phone and the Smokers' Helpline demonstrate how powerful a well-crafted and well-placed message can help connect with somewhat hard to reach audiences. According to program staff, the messaging used for both services identify with the inner needs and issues of the target audience without judgment and obligation. In addition, both services show how multi-channel approaches to marketing and communications (e.g., radio, TV, print, and web) and their strategic placement can facilitate audience exposure.

Problem Gambling

Part of developing a social marketing strategy for the tele-counselling program involves building a profile or profiles of individuals with gambling problems in order to define the group most likely to use and benefit from tele-counselling services. Essentially, the process involves identifying the target group based on motivations, thoughts, feelings, and behaviours. However, quite often the research simply does not exist to give definitive direction, and best guess decisions need to be made based on what is currently known.

In the review of the problem gambling research, an important observation noted by Manifest Communications related to the emotional rewards of gambling; in particular, its "action" and "escape" effects (Lesieur & Rosenthal, 1991; Nower & Blaszczynski, 2002; Lesieur & Blume, 1991). These effects can split the problem gambling population into two general types by gender: action gamblers and escape gamblers (see Potenza, Steinberg, McLaughlin, Wu, Rounsaville, & O'Malley, 2001; Ibanez, Blanco, Moreryra, & Saiz-Ruiz, 2003; Tavares, Martins, Lobo, Silveira, Gentil, & Hodgins, 2003; Grant & Kim, 2002; Blaszczynski, Steel, & McConaghy, 1997).

Action gamblers tend to be male and gamble for the thrill, excitement, or "high". They lean more towards games involving skill (e.g., poker, horses, and sports). Problems tend to start earlier and have a longer lifespan. There is evidence to suggest that males with gambling problems are less likely to seek self-help style treatments (Hodgins, Currie, & el-Guebaly, 2001), while women appear to be more likely to seek help for difficulties related to spousal gambling problems (Rush, Moxam, & Urbanoski, 2002). For escape gamblers, gambling offers a temporary respite from a life marked by problems, pressures, and other anxieties. These types tend to be female and begin gambling later in life (i.e., 35-55 years of age), but "crash and burn" quickly. Escape gamblers are more likely to play less strategic or skill-based games, such as slots and bingo. Females with gambling problems have been found to be more responsive than males to treatment (Grant & Kim, 2002).

Based on this research, it was concluded that females would be more likely than males to use problem gambling tele-counselling services.

Phase II: Strategy Development

Target Audience

Given limited resources, it was necessary to develop a highly targeted campaign directed to those who are most likely to utilize a telephone counselling service for gambling problems. Based on the demographic and psychographic profiles of individuals with gambling problems, a decision was made to target the social marketing initiative to women with problem gambling in their lives, and more specifically, the female escape gambler. This decision was based on the idea that males would be less responsive to the tele-counselling program. Whereas men may hide their ailment or learn how to cope, juggle, or manage it, women are more motivated to escape their emotional pains and actually seek help. Male gamblers, however, were not completely precluded from the campaign because the communications also appealed to women who were involved with males with a gambling problem (e.g., spouses, family members, or friends).

The profile of the female escape gambler and female spouse/significant others of male with gambling problems included the following:

- women, 35 years of age and older;
- middle to low income brackets;
- primarily bingo and slot machine players (if they gamble);
- tend to feel isolated, bored, lonely, and unhappy;
- relationships (i.e., with spouse, family, friends, other) are likely stressful as a result of their gambling or the gambling of their loved one;
- for those who gamble, they do it to escape their pain and distract them from their worries.

Message Tone

In order to effectively reach the target group, Manifest Communications advised that the new advertising connect with the target on an emotional level. The success of the Kids' Help Phone and Smokers' Helpline suggested that messaging needs to be open and trust-inducing, not challenging or accusatory. These campaigns projected a service image of being approachable, supportive, and

available, rather than demanding and authoritative, which tend to make the target defensive and resistant. For example, asking a smoker to quit would likely create resistance, or a "no" response, but asking if he or she ever thought about quitting would likely result in a "yes" response. It is believed that the second, less confrontational and judgemental approach puts the individual in a mindset that is more likely to be open to the offered assistance. At the same time, messages must be real, optimistic, and encouraging, thereby providing an attractive possible avenue for dealing with the individual's troubles.

Substantively, marketing and communications must connect with an individual's feelings of pain and helplessness, and offer hope. They are not about telling people to quit gambling – they are about focussing on the benefits of taking the pain away and feeling better. Tele-counselling is an easy step to take on the road to emotional, financial, and social recovery for the individual with the gambling problem or their loved ones. Lastly, messages must convey the unique features of tele-counselling that offer a flexible, accessible, and convenient way to access problem gambling support and counselling services.

Creative Concepts

Manifest Communications produced three creative concepts; that is, general messages or themes that drive and organize a communications strategy. The concepts were labelled *the first step*, *getting control*, and *let's talk about it*. Each concept included options for taglines and headlines.

a) The First Step

This approach theorized that those with gambling problems want help but cannot handle immediate and complete disruption in their lives. Calling the tele-counselling program is a way of easing into getting help -- the first step towards emotional, financial, and personal health. In a tone that was real, optimistic, encouraging, hopeful, non-judgemental, trusting, personal, and informed, this messaging conveyed the idea that the end benefit is release and relief from some of the pain and anxiety that the individual is experiencing. The taglines, with descriptors to portray the underlying intent of each tagline, included the following:

- "*Help, in the comfort of your own phone***"**
    - This line was intended to be reassuring, manageable (own phone/own home), and a comfortable first step.
- "*Just a call, just between us*"
    - This line portrayed a simple first step, a gentle nudge to action, and trust and privacy.
    - The headline read: "*Raise your hand if gambling is affecting your life*" with a picture of a hand holding up a phone.

b) Getting Control

Many individuals with gambling problems believe they can solve their problems on their own, and therefore reject professional treatment options. The focus of the second message series was that the tele-counselling program was a way to take control of one's life and problems with the end benefit being regaining control of one's life, relationships, finances, and health. The message tone was empowering, real, optimistic, and non-judgemental. The suggested tagline was:

- **"***Call. You can't lose.*"
    - This line was intended to project dependability, give a directive to call, take control, and use "gambling language" with a positive outcome.
    - Two headlines were presented: "*If gambling is pushing you over the edge, push back"* with a picture of fingers pressing phone keys and, "*This machine can take*

*your life away***"** (with a picture of a slot machine) "*This machine can give it back"* (with a picture of a phone).

c) Let's Talk About It

This option recognized that some people with gambling problems are ashamed and afraid to talk to those around them about their gambling, and assume no one would understand anyway. The messaging suggested that through the tele-counselling service, people could meet their need for talking about their gambling. The tone was friendly, non-judgemental, open, and uncomplicated. The perceived benefit was a hope of feeling less isolated and lonely. The suggested tagline was:

- "*A number you can count on*"
    - This line portrays dependability and hope.
    - The headline read: "*We're not talking giving up your life, airing your dirty laundry, or group hugs with strangers*. *We're just talking*", and included a picture of a phone.

Selecting the Creative

The creative treatment is a rough rendering of a print advertisement to express the message concept. Manifest Communications was instructed to design treatments using the first two concepts (i.e., *the first step* and *getting control*), which were believed to have overlapped to some degree. The third approach (i.e., *let's talk about it*) was rejected outright because it suggested the program offered immediate assistance (i.e., those in urgent crises might be mislead into calling and ultimately be left frustrated). In reality, aside from possibly getting the answering machine, callers initially speak to a research assistant who screens them for eligibility into the program and makes arrangements to send them an information package. Thus, there is no immediate therapeutic encounter at the initial point of contact.

The original plan was to focus test the creative concepts to determine which concept best resonated with the target group, and glean insight for further creative development. Unfortunately, finding a focus group of female escape gamblers or female spouses/significant others of males with gambling problems (who were not in treatment) proved very difficult. The same problems inhibiting the recruitment of participants for the tele-counselling program would certainly exist for focus group recruitment (e.g., shame, stigma, invisibility). Since the existing CAMH campaign has been largely unsuccessful, current participants in the tele-counselling program were not a viable source for feedback.

In the end, a decision was made to put the funds for focus testing towards piloting the media buy. It was believed that more could be learned from actual responses to the advertisements than from comments provided in a focus group setting. Therefore, decisions on creative concepts and treatments were research-informed rather than focus group tested, and based on the collective, expert decisions of RGC, CAMH, and Manifest Communications.

After careful consideration, *the first step* concept was selected over the *getting control* concept. The decision was based on the belief that asking someone to take *the first step* may be perceived as less demanding than *getting control*, and therefore would be more likely to create calls to the tele-counselling program. The eventual creative treatment chosen simply showed a raised hand holding a phone with the caption "*Raise your hand if gambling is affecting your life*" (see Figure 1).

Reflecting the concept of *the first step*, the symbol of a hand raised indicated the initial step of self-identifying with the advertisements; that is, that gambling is affecting one's life. The phone represented the tele-counselling service that would help the individual follow through with the first step of doing something about their situation. Several advertisement details projected and reinforced these ideas. For instance, the phrases "*reaching out for help is now as simple as reaching out for your phone*"

and "*the first step is already in you hands*" highlighted the simplicity and ease of the service. The immediate accessibility of the phone put the control in the person's hand, thereby simplifying the first step. The conscious decision to use the phrase "*gambling is affecting your life*" was to avoid any negative, pejorative, or stigmatizing connotations that often load such terms as "compulsive" and "problem gambler". The message was basic, sparing the reader of the complexities and harshness that go with self-identification. As a result, the message was perceived as less threatening, intimidating, and accusatory. The service was extended to anyone -- "*whether it's for you or someone you love*" -- who has "*been thinking it's time to address a gambling issue*".

Figure 1. Creative treatment for the tele-counselling program campaign

There were a couple of notable omissions that were included in the original CAMH advertisements. Manifest Communications suggested eliminating the CAMH logo to strip away any

aura of authority and stigma it might bear that could alienate or deter potential callers. The word version of the original phone number (i.e., BET-LESS) was also removed because the words suggested a specific course of action or outcome that was inconsistent with a concept theme of generality, minimal intrusion, and simplicity. Although Manifest Communications tried to secure another 800 phone number combination that was both thematically consistent and easy to remember, no such number was available. In the end, the contact information was an easy to remember website (i.e., justacall.ca) that readers could visit to obtain the telephone number for the tele-counselling program.

Phase III: Media Recommendation

Locations

Manifest Communications conferred with Media Buying Services (MBS), a media-marketing information source company, to assess the potential markets for conducting the campaign. Ideally, project members wanted the advertising to coincide with the RGC-sponsored Responsible Gambling Awareness Week occurring in six cities (i.e., Kingston, Sudbury, North Bay, Brampton, Ottawa, and Oakville/Burlington) in February 2004, but due to budget constraints, only Sudbury and Kingston were selected based on Manifest Communication's recommendation. In total, $60,000 was available for the media buy. Both cities had various regional media opportunities, including television, radio, newspaper, and out-of-home options (e.g., transit shelters and billboards). Both had larger populations compared to most of the other cities, making marketing distribution more economical and efficient. Although Ottawa had the biggest market, multiple media placement was not affordable within the budget parameters.

Media Vehicles

Given the available resources, MBS suggested two media placements options: newspaper and out-of-home. The newspaper provided a high reach in an environment where people are actively seeking information. Out-of-home placements added frequency to the newspaper message, delivering the message to people as they travelled to work, appointments, and social engagements.

a) Newspaper

According to the Print Measurement Bureau (PMB) 2004[1], the target audience was "medium" newspaper readers (see Table 1).

Table 1. Daily newspaper reading frequencies for target audience

Readership of Daily Newspaper	% of Women 35+	% of Heavy Casino Goers
5 out of 5 issues/week	40.0	47.7
3-4 out of 5 issues/week	6.5	7.5
1-2 out of 5 issues/week	12.5	12.5

The advertisements appeared in the Sudbury Star and Kingston Whig Standard -- the two main dailies in each market -- twice weekly (i.e., Wednesday and Saturday) from February 16 to March 30, 2005 in the front news/A section. They were approximately half a page in length, predominantly black

[1] PMB provides annual data that measures readership of over 110 publications and consumer usage of over 2,500 products and brands. Media buyers use this data to develop media plans based on target demographics, geographic location, etc.

and white, with two colours to attract the eye. An advertisement article was also included in each of the 2.7 million Within Limits Problem Gambling Awareness Month educational inserts that were placed in 83 newspapers[2] across Ontario in March 2005. This insert was part of a month long promotional campaign aimed to inform and educate Ontarians about problem gambling.

b) Out-of-home

Transit shelters were used because they provide a strong visual "street presence" for the problem gambling message. They were located along major and secondary arteries and at key intersections where they were highly visible to motorists, pedestrians, and transit riders around the clock. In each city, the advertisement was placed in six shelters that were near gaming venues. For Kingston, the average daily circulation was 34,875 people around the shelters. For Sudbury, it was 77,800 people. Research by the PMB confirmed that the targets spent a considerable amount of time driving, presenting plenty of opportunity to view these out-of-home messages (see Table 2).

Table 2. In town travel frequencies for target audience

In Town Travel	% of Women 35+	% of Heavy Casino Goers
Under 15 km	17.4	13.7
15-49 km	28.3	30.5
50-149 km	27.3	24.5
150+ km	21.4	29.2

Results and Discussion

The current study employed a social marketing strategy to recruit females with gambling problems into a feasibility study for a tele-counselling problem gambling program. The strategy portrayed tele-counselling as the first step towards getting help. The advertisements appeared in newspapers and transit shelters in Sudbury and Kingston between February and March 2005.

The campaign resulted in no new clients to CAMH's telephone counselling feasibility study. Given the potential benefits of such a program (e.g., privacy, anonymity, convenience, accessibility), the absence of calls was disappointing and surprising. The reasons can only be surmised, but may relate to the communications strategy, the tele-counselling program itself, or broader social circumstances.

Social Marketing Strategy

While there are many instances where social marketing has been successful (Mintz & May, 1988; Murray & Douglas, 1988; Bryant et al., 2001), it was not effective in this particular case. In marketing, there are two key elements that affect success: market and exposure.

In a study of tele-counselling in Alberta (Hodgins et al., 2001), media announcements via press releases, paid advertisements, and flyers were used to recruit individuals "who were concerned about their gambling and wanted to cut down or stop on their own" (p.51). A total of 196 individuals called. Although only 52% (102 people) were eligible for the study, the high number of initial calls was likely due in large part to the wider exposure of the recruitment advertisements. Although the announcements

[2] Most were English language newspapers with a few French, Spanish, Italian, and Portuguese language papers.

targeted urban and rural settings in the province, 20% of the sample was recruited from other areas of Canada as a result of the "substantial media interest" generated.

The combined population of adults in Kingston and Sudbury (greater area) is approximately 235,000. Wiebe, Single, and Falkowski-Ham (2001) estimated that 3.8% of Ontarians have moderate to severe gambling problems. Applying this figure to Kingston and Sudbury, 8,930 adults have a gambling problem in these two cities. The potential audience is less however, as not all of these individuals would have seen the advertisement. Also, the advertisement targeted women, and more specifically, women who feel they have a problem and are ready to act. Given a larger media spend, Manifest Communications ideally would have included radio messaging and larger markets, such as Ottawa. Nonetheless, despite the relatively small number of potential clients in Kingston and Sudbury, exposure does not seem to be a sufficient explanation. The original CAMH advertisements, which were distributed in a wider range of cities and locations, were not very successful at attracting clients. Also, an advertisement article was included in each of the 2.7 million *Within Limits Problem Gambling Awareness Month* educational inserts that were placed in 83 newspapers across Ontario in March 2005. As such, one would expect that the strategy would result in at least a handful of new clients.

Another possibility for the low response rate relates to the creative itself. Recently we were given the opportunity to solicit reactions to the tele-counselling advertisement from a few individuals in treatment for gambling problems, and two general impressions emerged. First, most said if they had known about the program then they would have used the service, citing its anonymity as a key feature. Second, they felt the catch phrase was ineffectual and the product presentation was vague. For this particular group, the advertisement was too "soft" and general, and did not relate to gambling and problem gambling well. For instance, it contained no clear signs of gambling (i.e., financial consequences or relationship problems), making it difficult to easily decipher the advertisement's content or purpose unless the fine print was read, which most people ignore. They believed the headline should have been more hard-hitting, associating it particularly to the financial consequences (i.e., debt) to more effectively attract attention, since financial concerns are usually first and foremost on the minds of those with gambling problems.

It is not known whether a hard-hitting advertisement would have increased responses. The higher response rates to advertisements for other types of gambling treatment studies do not entirely support this explanation. Toneatto (personal communication, 2005) suggested recruitment advertisements for other kinds of gambling treatment studies (e.g., Naltrexone) involving in-person interactions have generated much better calling and participant rates than tele-counselling backed by social marketing (or not). It is also important to note that many of these studies explicitly offered financial remuneration. In contrast, while the tele-counselling advertisement indicated there was no fee for involvement, it did not mention any financial incentive.

Tele-counselling Program

At least in theory, it seems obvious that telephone counselling would be extremely attractive to individuals with gambling problems given its convenience and anonymity, but perhaps the benefits of tele-counselling are overestimated. As mentioned earlier, the AFM tele-counselling program also achieved a relatively low level of success. In its first year, the program attracted 22 clients (G. Kolesar, 2005, personal communication). Promotion was stopped in subsequent years due to the low number of callers willing to participate (i.e., by completing all of the forms and providing feedback on their use of the handbook). Subsequent year enrolment was mainly due to helpline referrals. Table 3 shows the number of clients enrolled between 1998 and 2005. Kolesar suspects the program could probably attract 10-20 clients a year through more frequent helpline referrals.

Table 3. AFM counselling enrolment numbers from 1998 to 2005

Year	AFM Tele-counselling Enrolment
1998-99	3
1999-00	22
2000-01	10
2001-02	4
2002-03	6
2003-04	4
2004-05	2

Perhaps the impersonal over-the-phone treatment is simply unappealing. Despite some anecdotal evidence that it is desirable among those with gambling problems, the convenience factor may be attractive only *after* a trust and connection have been established face-to-face with a counsellor. According to Toneatto (personal communication, 2005), several participants in problem gambling treatment groups at CAMH finished or continued their treatment via telephone, but were already in treatment for a period of time when they opted to continue via telephone. Without the initial face-to face interaction and established trust, people may be unwilling to talk to someone with whom they are not close or familiar.

Likewise, certain program logistics, such as being sent forms and having to produce written documentation, might deter some users; however, this would only explain program refusals and drop-out rates. The low enrollment in the AFM tele-counselling service was partly attributed to an onerous process requiring participants to complete lengthy admission and intake modules, and feedback forms that needed to be sent back to AFM (Kolesar, 2005, personal communication). These inconveniences, however, do not explain why there were so few initial *calls* -- even out of curiosity and interest -- because presumably at least some callers would not know the details of the program or study. While the logistical characteristics of tele-counselling itself might have a greater effect on participation rates in the current situation, they likely play a reduced role, if any, in affecting calling rates. In the end, only 39 people called, and most of these calls consisted of inquiries, wrong numbers, and people just wanting to get paid for research purposes.

Finally, the potential complications of the phone line/number arrangements also deserve mention. The tele-counselling phone line did not have a 24-hour on-call person to receive calls, so people who may have called during non-business hours had to leave a message. Therefore, it is quite possible some phone calls were simply missed, particularly from those reluctant to leave messages and receive returned calls.

Social Circumstances

Manifest Communications expressed much concern about the low visibility of problem gambling within the social climate. A lack of awareness about problem gambling likely produces apathy towards the issue. In March 2005, RGC conducted the largest public awareness campaign ever in Ontario, which included the cities where the study was conducted. If this was true, assuming the

campaign was successful and awareness was heightened, we would expect calls to increase during this month; however, this clearly did not happen.

It is not clear what role social climate plays in discouraging treatment-seeking by those with gambling problems, but it is evident that, generally speaking, relatively few are involved in treatment. Estimates of problem gambling in Ontario suggest approximately 3.8% of the population have moderate to severe problems with their gambling, translating into roughly 340,000 individuals with such problems (Wiebe et al., 2001; Williams & Wood, 2004). However, only a small proportion seeks treatment. Specifically, research by Rush et al. (2002) found that between 1998 and 2000, only 1,707 gamblers in Ontario sought help at specialized treatment programs for their gambling problems. Boughton and Brewster (2002) found that, in a sample of 365 Ontario women, although the majority (74%) were gambling at severe levels, less than 10% engaged in treatment despite feeling a need to make changes. This discrepancy between problem gambling prevalence and treatment rates is found across Canada. Calls for the general Gambling Helpline are relatively low. The total number of calls to the Ontario Problem Gambling Helpline between January 1, 1998 and April 30, 2000 was 2,760; an average rate of 2.57/100,000. Overall, recruitment of individuals with gambling problems has generally been a difficult task among researchers and treatment providers in Ontario.

Why do so few individuals, who feel they have gambling problems, seek treatment? Factors identified in the literature include: social stigma; embarrassment/pride and secrecy; time and financial constraints; inability to share problems; and attempts at financial recovery (Boughton & Brewster, 2002; Rockloff & Schofield, 2004; Hodgins & el-Guebaly, 2000; Tavares, Martins, Zilberman, & el-Guebaly, 2002). Another major inhibitor of treatment-involvement appears to be a belief in self-reliance. There is ample research indicating some degree of success in self-recovery. Hodgins and el-Guebaly (2000) reported that the majority of the 103 resolved and unresolved gamblers with problems in their study did not seek treatment, and the reason most reported for this was a desire to handle their problem on their own. Many individuals with gambling problems may simply go into a process of self-recovery. Problem gambling has been found to be a relatively fluid, transitory phenomenon that can undergo change without external assistance. Despite a relative stability on an aggregate level, problem gambling may be more episodic and transitory at the individual level, indicating that "natural recovery may be the rule rather than the exception" (Slutske, Jackson, & Sher, 2003, p. 273). This view has been supported in a number of studies (e.g., Abbott, Williams, & Volberg, 1999; Hodgins, Wynne, & Makarchuk, 1999; Hodgins & el-Guebaly, 2000; Wiebe, Single, & Falkowski-Ham, 2003).

It is arguable that the issue of problem gambling could be *overstated* from a treatment perspective. Like other addictions (see Humphreys, Moos, & Cohen, 1997), it may be that people with gambling problems who seek treatment are people whose difficulties are more extreme. As stated by Hodgins and el-Guebaly (2000, p.788), "There is a continuum of severity of gambling problems that require a continuum of responses. At the lower end of problem severity, individuals are more likely to initiate and achieve change in their gambling behaviour without the use of formal treatment or self-help groups…At the more severe end of the spectrum, gamblers [seek] treatment…" In Ontario, .7% of adults were found to have a severe gambling problem (Wiebe, Single, & Falkowski-Ham, 2003).

Conclusion

This current application of social marketing to promote tele-counselling in Ontario seems to pose a particular kind of problem that is absent in the social marketing literature. One way social marketing has been distinguished from its commercial counterpart is that the former targets hard-to-persuade populations. The Centre for Social Marketing described the typical social marketed target group as follows:

> "Far from being the most profitable market segments, these groups often constitute the least attractive ones: hardest to reach, most resistant to changing health behaviour, most lacking in psychological, social and practical resources necessary to make the change, most unresponsive to interventions to influence their behaviour and so on. This poses challenges for segmentation and targeting" (MacFadyen, Stead, & Hastings, 1999).

Within the social marketing literature itself, however, compared to problem gambling, most of the issues have a greater public salience (e.g., smoking, drinking and driving, and sex) and are based on larger populations (e.g., youth, drinkers, and women). Despite increasing visibility, problem gambling is still a relatively unknown phenomenon. Also, the problem gambling population is comparatively small. In the present study, choosing to focus on women who represent a minority within an already small problem gambler population, as well as choosing to advertise in limited areas, likely reduced accessibility even further. Compared to Alberta (Hodgins et al., 2001), the exposure of tele-counselling in this Ontario study was significantly lower.

In conclusion, with very small, difficult-to-reach populations, sub-target marketing and segmentation may further reduce audience accessibility, particularly if resources devoted to exposure are limited. In the absence of great publicity or public salience, success may be more likely if campaigns are aimed at promoting on the broadest level possible, using a message that is most appealing to the "masses". However, this broader approach was originally tried and was not successful in recruiting enough participants for the feasibility study.

Common sense suggests convenience alone would make tele-counselling an attractive option. However, given the sensitivities and complexities surrounding gambling problems, particularly severe problems, perhaps in-person trust-building is an important first step. If this is true, a tele-counselling service would be better served through the help-line as a follow-up to in-person treatment, or as a way to offer relapse prevention following treatment.

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Appendix A. Original Tele-counselling Advertisements

CONCERNED ABOUT YOUR GAMBLING?

A 6-session treatment program is available for people who want to gamble less or not at all. Sessions are conducted over the telephone.

There is no fee for participation.

This program is part of a research project.

☎Confidentiality Guaranteed! ☎
1-877-238-5377
1-877-BET-LESS

camh

GAMBLING A PROBLEM?

Q1. do you bet more money than you can really afford to lose?

Q2. do you try to win back money you have already lost?

Q3. do you borrow money to gamble?

Q4. do you sometimes feel guilty about the way you gamble?

Q5. is gambling causing you any financial problems?

Q6. do other people think you may have a problem with gambling?

Q7. do *you* think you may have a gambling problem?

Tele-Counselling

Treatment Program

Call

1-877-238-5377

1-877-BET-LESS

camh CAMH provides other treatment options for mental illness and addiction. For more information call 416-535-8501.

Social marketing approaches that aim at social good, will need to adapt commercial approaches - that tend to focus on profits and individuals- and apply them in ways that reflect ethical standards and an understanding of the influence of environmental and social determinants of health. 1 Co-creation is a business strategy focusing on customer experience and interactive relationships. First, gambling marketing is highly targeted and ubiquitous around sport, with the most popular strategies being increasing brand awareness, advertising complex financial incentives for participation and advertising complex betting odds. Second, perceptions of gambling advertising, particularly among vulnerable groups (e.g. children, problem gamblers) appear to be influenced by this targeted content.Â Research on Australian problem gamblers raises a number of related perceptions around gambling advertising. Problem gamblers expressed concerns around free bets or risk-free gambles, especially when these adverts were targeted via mobile phone push notifications or via email when the gambler was trying to reduce gambling frequency [34]. Keywords: Society, Commercial marketing, Behavior Change, Health, Social 4P s INTRODUCTION Social marketing is the systematic application of marketing, along with the other concepts and techniques, to achieve specific behavioral goals for a social good. Social marketing can be applied to promote merit goods, or to make a society avoid demerit goods and thus promote society's well being as a whole. For example, this may include asking people not to smoke in public areas, asking them to use seat belts, or prompting to make them follow speed limits. Although "social marketing" is sometimes seen only as using standard commercial marketing practices to achieve non-commercial goals, this is an oversimplification.