

## ShowCase

### Kiwi Lives

**Topic:**

Gambling

**Organisation:**

Health Sponsorship Council

**Location:**

New Zealand

**Dates:**

2005 to ongoing

**Budget:**

Approximately NZ\$1.5 million per year

**Website:**

[www.problemgambling.org.nz](http://www.problemgambling.org.nz)

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### Overview

The New Zealand Health Sponsorship Council's Kiwi Lives campaign aims to prevent and reduce problem gambling and gambling harm. Delivered in stages, the campaign began by raising awareness of problem gambling, then introduced messages on how to seek help, followed by focusing on specific behaviours, such as encouraging those at risk of gambling harm (particularly those that frequently play electronic gaming machines and others in their lives) to seek help early.

The campaign includes: TV advertising using real-life stories; Pacific and Māori radio advertising; a website; signposting to the Gambling Helpline and other support services; resources and materials for service providers such as a DVD, posters, bags, pens and balloons; and support for Gamblefree Day activities.

### 2009 results

77 per cent of people surveyed recalled the campaign when prompted. Of those:

- 16 per cent said they did something as a result of seeing the advertisements
- 30 per cent said they had talked to friends and family about problem gambling
- 38 per cent agreed that the campaign had told them something they did not know
- 55 per cent were more concerned about problem gambling than before
- 51 per cent felt more able to take action about problem gambling



Gambling-related harm is a continuing issue in New Zealand, with significant health, social and economic implications.

Problem gambling is defined as when a person's gambling starts to cause any type of harm to them or others – for example, if the gambling is starting to cause emotional stress, financial strains or problems with relationships. Problem gamblers and those close to them can experience stress-related physical and psychological ill health; family breakdown; domestic violence; criminal activity such as fraud; disruption to or loss of employment; other dependencies such as alcoholism and substance misuse; and social isolation.

National surveys have shown that around 80 per cent of adult New Zealanders gamble in some form. Most do this without any negative effects on themselves or others but nearly three per cent of past-year gamblers meet the criteria for problem or moderate-risk gambling, and a further five to six per cent are classified as low-risk gamblers (indicating that they were already experiencing some low levels of harm and could be potentially at risk of further problems in the future). Furthermore, almost 3 per cent of adults had experienced problems due to someone's gambling in the previous 12 months.

Problem gambling affects several groups disproportionately, including Māori and Pacific peoples, those of low socioeconomic status, and some Asian communities.

To minimise gambling harms, New Zealand has developed a public health approach and supporting legislation (Gambling Act 2003, Part 4, s.317). The Ministry of Health is responsible for delivering this approach and has contracted

the Health Sponsorship Council (HSC) to implement a social marketing programme to support it.



The HSC is a crown agency that promotes health and encourages healthy lifestyles. Its long-term focus is on reducing the personal, social, financial and healthcare costs associated with risky health behaviours such as smoking and problem gambling. To do this HSC has developed a comprehensive approach that draws on the disciplines of public health, health promotion and social marketing to plan, execute and evaluate its programmes.

To help with the development of a social marketing programme to combat problem gambling in New Zealand, HSC set up a Public Health Advisory Group to help advise on the early development of the programme. The advisory group consists of:

- The Department of Internal Affairs (which regulates gambling activities in New Zealand)
- Researchers from two university-based problem gambling research centres, with two specialising in Māori and Pacific and population-based research
- Problem gambling providers, including:
  - The National Helpline Service
  - Problem Gambling Foundation
  - Oasis Problem Gambling Services (part of the Salvation Army)

Findings outlined in the document *Addressing Problem Gambling in New Zealand: A public health approach*, published in September 2006, informed the HSC's three-year programme plan for 2007/08 to 2009/10. HSC received approximately NZ\$1.6 million each year from

the Ministry of Health to deliver this programme.

### Aims and objectives

The initial goal for the programme was to:

- Reduce the incidence of problem gambling and the impact of gambling harms in Aotearoa/New Zealand

To realise this goal four main objectives were established:

- To de-normalise harmful gambling by getting society to understand and question the issues
- To prevent gambling-related problems in individuals and groups at risk of gambling addiction
- To protect vulnerable groups from gambling-related harms
- To reduce harm by preventing and minimising the adverse health, social and economic consequences of problem gambling for individuals, families, community and society



The programme has been conducted in three stages, with research conducted prior to each stage.

### Stage One (2005 to 2008): Literature review and face-to-face survey

The Auckland University of Technology's Gambling and Research Centre conducted a literature review with the aim of informing the likely effectiveness of social marketing approaches and the development of behaviour change indicators to prevent and minimise gambling harm.

HSC commissioned a nationally-representative survey to provide better understanding and baseline measures of New Zealanders' knowledge of, experiences with, and opinions about gambling and gambling-related harm.

The survey involved face-to-face interviews in people's homes, and were carried out between September 2006 and November 2007. The survey resulted in a response rate of 68 per cent, with the final sample size being 12,488 adults aged 15 years and over, which included 3,160 Māori, 1,033 Pacific, 1,513 Asian and 8,593 European/Other adults.

The findings included:

- **Past-year gambling** – Two in every 3 adults (65.3 per cent) had gambled in the last 12 months
- **Problem gambling** – Among adult past-year gamblers the prevalence of problem gambling was 0.6 per cent, and the prevalence of moderate-risk gambling was 2 per cent, indicating that 1 in 40 past-year gamblers (nearly 3 per cent) were either problem or moderate-risk gamblers
- **Profile of problem gambling** – Socio-demographic factors that were found in regression analysis to be significantly associated with problem gambling included: being aged 35 to 44; being of Māori or Pacific ethnicity; having fewer educational qualifications; and living in areas of higher neighbourhood deprivation
- **Problem gambling and health** – Problem gambling was significantly associated with current smoking and hazardous alcohol consumption, and problem and moderate-risk gamblers were more likely to have a high or very high risk of an anxiety or depressive disorder, compared to people with no gambling problems
- **Experiencing problems in the last 12 months due to someone's gambling** – 2.8 per cent of adults had experienced problems in the last 12 months due to

someone's gambling, representing about 87,000 adults



Based on the survey findings, a number of advertising concepts were developed and pretested through focus groups with audiences aged 25 to 54 and including people of Māori, Pacific and Pakeha/European ethnicities. Concepts were also pretested through interviews with Asian people and people who had identified as problem gamblers.

### **Stage Two (2008 to 2010): Individual interviews**

Rather than using focus groups to test the Stage 2 campaign concepts, HSC decided it would be more appropriate to discuss the advertisements and the issues they raised in one-on-one interviews, so the following were conducted:

- 50 face-to-face interviews with people aged 25 to 54 years, spread across a diverse range of ethnic groups and locations. Asian interviews were conducted in Mandarin, Cantonese and Korean. Māori, Samoan and

Tongan interviews were conducted in English, with the support of a translator fluent in the respective languages to participate as required

- Six exploratory telephone interviews with self-declared problem gamblers. These participants had been asked by their counsellors if they would be prepared to participate before being contacted

This research provided some useful insights about how people from different backgrounds engaged with the proposed messages. Findings showed that using stories worked well and conveyed the intended messages about the harms of problem gambling, along with the message that something can be done about it. The stories worked well on their own but were particularly strong when viewed as a suite, showing emotive real-life examples of the harm that gambling can do, along with a positive story about one community's response.

### **Stage Three (2010 to ongoing): Literature review, focus groups, interviews**

As some time had passed since the original literature review was conducted in 2005, an updated literature review was conducted in September 2010. This updated literature review found that in the past year the overwhelming majority of problem gamblers (93 per cent) played electronic gaming machines of some type (colloquially know as 'pokies'), compared to just 19.4 per cent of recreational gamblers. Moreover, the majority of low-risk (57.6 per cent) and moderate-risk (74.2 per cent) gamblers also played electronic gaming machines in the last 12 months. Therefore, the use of gaming machines is clearly indicative of some risk or problems associated with gambling.

#### *Target audiences*

- **Primary audience:** At-risk gamblers (particularly those that frequently play electronic gaming machines)



- **Secondary audience:** Friends and family of those at-risk gamblers, and staff within venues with gambling facilities such as electronic gaming machines

#### *Primary research*

- Focus groups with problem gamblers and family members of problem gamblers (recruited through problem gambling services)
- Interviews with people who regularly played electronic gaming machines, but had not accessed problem gambling help

Participants were asked about:

- Their perceptions of gambling as they had experienced it
- What they thought would be the most effective way to help people who were having problems with gambling
- Their preferences regarding a selection of possible new brands and messages for the problem gambling programme



This research provided a number of insights, including:

#### *Motivations for gambling*

- Attractiveness of the machines
- Prospect of winning
- Need to chase losses

- Need to escape external stresses
- While gamblers experienced enjoyment while playing, they felt bad afterwards because of money they had lost, going over the limit they set themselves, and the impact it had on their relationships

#### *Influence of family and friends*

- Some reported family members had normalised gambling behaviour, while others reported that family members had an important role in reducing their gambling by indicating the negative impacts it was having on them and their children
- Gamblers indicated that if family or friends were to intervene if they needed help, they would like them to be encouraging and supportive, contact help services with them, spend time with them on other activities, and provide practical support through help with money management
- Friends and family wished they had been aware of signs to look for and what to do about it because, in hindsight, they recalled their loved one's unreliable behaviour and some emerging financial problems

#### *Help services*

- Gamblers wanted help services to be non-judgemental, help them to understand their gambling and with money management, and provide practical advice (such as suggesting activities other than gambling and ways to avoid venues)

Based on previous experience working in the area of problem gambling, the project team identified the following common barriers to seeking help:

#### *Barriers for problem gamblers*

- Not feeling that the issue was relevant to them
- Believing that gambling is a personal choice
- Feeling helpless to act

### Barriers for those close to problem gamblers

- Perception that gambling is recreational and harmless
- Do not want to cause tensions in their relationship by raising the issue

### Benefits of reducing gambling

- Improved relationships and being able to take better care of families
- More control over their finances
- Reduction in negative feelings related to gambling and losses

### Competition

The campaign team conducted a competition analysis to identify what competes for the audience's time, attention and inclination to change.

- High level of advertising by New Zealand Lotteries (for example for Lotto, Keno and scratch cards)
- Role of gambling revenues as a source of funding for community activities
- Perception that problem gambling is an individual issue affecting a very small number of people
- The unproblematic enjoyment many people get from gambling
- Accessibility and lure of gambling
- Potential to win
- Life stresses compete with getting help



The ultimate goal of the programme is to increase the quality of life of New Zealanders by strengthening society's response to gambling and preventing and reducing gambling harm. To do this, the programme has

developed different objectives for each stage. Research is conducted after each stage and interventions revised accordingly.

### Stage One

The objective of this stage is to de-normalise harmful gambling behaviour in society by increasing discussion and debate about gambling and gambling harms.

Initial feedback from Stage One found that the main reasons people did not take action as a result of seeing the advertisements was that they did not see problem gambling as an issue that affected them. In addition, they were unsure about the specific harms of gambling and wanted information about how to respond to problem gambling.

Stage Two therefore used real people with real stories to show that it can affect everyday New Zealanders, and showed what they have done to make things better.



### Stage Two

The objective of this stage is to raise awareness of how problem gambling can affect anyone, how problem gamblers can seek help and how those close to them can help them to do so.

Initial feedback from Stage Two found that the materials and advertisements featuring people from apparently well-off, European backgrounds was viewed positively by Māori respondents, some of whom had noted that media around social and health issues tended

to concentrate heavily on 'Māori problems'. These advertisements succeeded in demonstrating that problem gambling affects people from all walks of life in New Zealand.



### Stage Three

The objective of this stage is for players of electronic gaming machines to seek help early, and for those close to them and venue staff to help them to do so.

### Branding

The 'Problem Gambling' brand with a number of straplines was developed to be used throughout the programme and on all interventions and resources. This brand was chosen primarily because it was the term used by the sector at the time.

HSC developed the following interventions, with all concepts pretested with the target audiences.

### TV advertising

In Stage One a TV advertisement was developed that sought to convey the message that 'problem gambling affects us all, we all lose'.

Stage Two expanded on this message and used the strapline 'Together we can make it right'. Three TV advertisements were developed about real-life stories that promote the messages that you can help yourself, your loved ones and your community:

- Individual – Lynette who lost everything and finally got help (message: you can help yourself)
- Family – The devastating effect that Thomas' gambling had on his wife Denise and their family until they sought help (message: you can help your loved ones)
- Community – A group that got together in Manukau (Auckland) to address the gambling problem in their community (message: you can help your community)

These advertisements were followed by the development of a diverse range of testimonial-based stories (to add to the original three from the television advertisements) from approximately 30 people whose lives were affected by gambling. These included individuals from a range of ethnic groups who have experienced gambling problems, their family members, problem gambling and health and social services, and concerned members of the wider community who have taken action to address gambling harm. These stories were adapted for use on the HSC's problem gambling website, printed resources and a DVD.

### Radio advertising

Radio advertisements aimed at Pacific and Māori audiences were developed in Samoan, Niuean and Tongan languages and aired on community radio stations.

### Website and web media

A campaign website ([problemgambling.org.nz](http://problemgambling.org.nz)) was created and contains information in various forms for problem gamblers, those close to problem gamblers, service providers and the media.

### Support services

For problem gamblers or for those worried that someone close to them has a problem with gambling, the programme signposts to a number of support services including:

- Telephone hotlines – The 24-hour Gambling Helpline offers free and confidential



information and support over the phone, and can help arrange for someone to see a counsellor. Specialist hotlines exist – Māori Gambling Helpline, Pasifika Gambling Helpline, Youth Gambling Helpline, Gambling Debt Helpline, Problem Gambling Foundation Asian Hotline.

- Free face-to-face counselling – Provided through the Problem Gambling Foundation, the Salvation Army Oasis Centre and the smaller Māori and Pacific Services
- Support groups – Such as Gambling Anonymous meetings

### Resources, materials and support

A range of resources have been developed for service providers to promote campaign messages at a community level. Many of these have been developed in a number of languages, including Korean and Chinese to reach Asian audiences. Materials include:

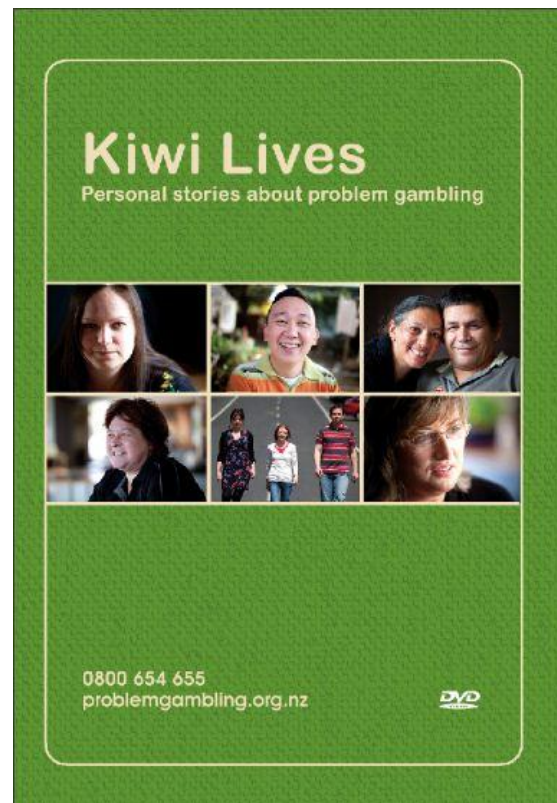
- Posters
- Postcards
- Leaflets and brochures
- Stickers
- Balloons
- Bags
- Pens



### DVD

A DVD was developed to support the public health work of service providers, by showing the stories of a wide range of people who have been involved with problem gambling. These

vignettes are also available to the general public through the campaign website.



### Gamblefree Day activities

HSC worked with service providers around the country to provide a pack of resources to support specific events on Gamblefree Day.

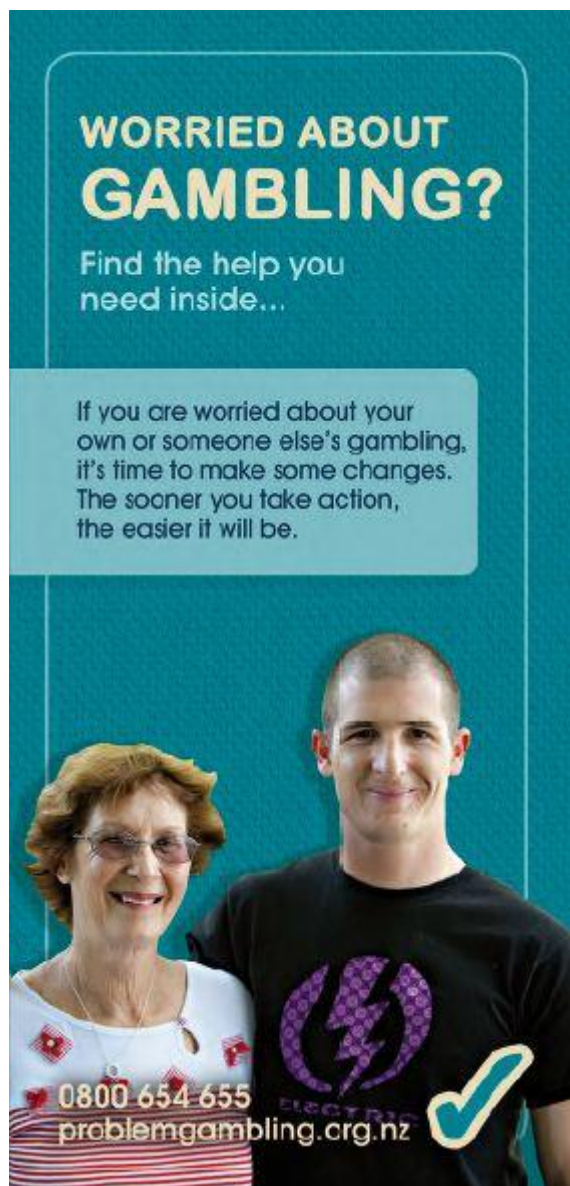


Kiwi Lives was launched in March 2007 when the first TV advertisements were aired. Kiwi Lives Stage Two was then launched in early December 2008. As part of the launch of Stage Two, a new website was developed that included a number of innovative features, such as a gambling loss map and gambling tests.

Lynette and Denise (participants in the Stage Two TV advertisements) both addressed the Problem Gambling National Provider Forum in April 2009 about their experience of being



involved with the development of Stage Two of the campaign.



HSC has learnt the importance of flexibility when implementing the campaign. For example, for Kiwi Lives Stage Two the team found it incredibly difficult to identify people who were willing to share their stories, which limited the potential scope.

Despite this challenge, the outcome was still very positive, and once the first participants talked about their experience of being involved, a lot of momentum built, which got others engaged. HSC seized this opportunity and developed more stories for the website and DVD resource, which has become a key

success of the campaign. Importantly the problem gambling sector was involved in the development of these stories and resources (which created a sense of ownership and supported better delivery on the ground). Plus, the voice of real people telling their stories meant that they resonated with a wide audience.

Another challenge the HSC has worked to overcome has been in developing printed resources to support the campaign. The HSC endeavoured to work closely with the problem gambling sector to gain their input into the development of these resources. In hindsight, however, it would have been better to undertake some audience insight work earlier to understand what was needed and what messages worked from the outset, before presenting the materials to the problem gambling sector for their input. This meant the process took much longer than expected, which sometimes caused difficulties since the resources were not available to the problem gambling sector as early as had been expected.

The brand 'Problem Gambling' has had some limitations in communicating and engaging with the problem gambling sector, so the campaign has consequently moved towards minimising the name in communications and relying more heavily on positioning statements or straplines. This has been far from ideal, because it was intended to become a community brand that could be used proactively by the sector.

The development of Stage Three provides HSC with an opportune time to consider a new name and straplines that communicate more effectively with key audiences and are better supported by the sector. Subsequently, HSC has had conversations with the sector about new branding and new branding questions were included in the scoping phase with the target audience for the development of Stage Three of the campaign.



Kiwi Lives Stages One and Two were both evaluated by telephone surveys of a representative sample of the general public (including specific population groups: Māori, Pacific and Asian) just after the campaign had been on air.

### Stage One

- One-third of the general population recalled the Kiwi Lives television advertisement, either prompted or semi-prompted (rising to one-half for fully prompted)
- Over a third (37 per cent) of Pacific respondents discussed problem gambling with others as a result of seeing the advertisement (25 per cent of Māori, 18 per cent of the general population, and 16 per cent of Asian respondents)
- One-third of the general population who had seen the advertisements agreed that they had told them something they did not know (this was significantly higher for Pacific respondents at 52 per cent)
- 68 per cent said they had more understanding of the impact of problem gambling on the community (this was also high for specific population groups – 83 per cent of Pacific respondents, 75 per cent of Asian respondents, and 69 per cent of Māori respondents)
- One-third were more concerned about problem gambling than before (this was higher for specific population groups – 64 per cent of Pacific respondents, 45 per cent of Māori respondents, and 45 per cent of Asian respondents)

- At least one-half of all respondents agreed that they now felt more able to do something about problem gambling

### Stage Two

- More than three-quarters (77 per cent) of the general population recalled at least 1 of the 3 television advertisements when prompted
- 30 per cent said they talked to friends and family about problem gambling as a result of seeing the advertisements
- 38 per cent of those who had seen the advertisements agreed that they had told them something they did not know (this was significantly higher for the Pacific respondents at 58 per cent)
- 68 per cent said they had more understanding of the impact of problem gambling on the community
- 55 per cent were more concerned about problem gambling than before (this was higher for specific population groups – 70 per cent of Pacific respondents and 74 per cent of Asian respondents)
- 51 per cent felt more able to take action about problem gambling

These figures were higher for Stage Two than Stage One, showing that the second stage built on the achievements of the first.

There was a particularly strong response to the advertisements by Māori and Pacific peoples, those who played a number of ‘continuous’ gambling activities and those who had seen firsthand the effects of problem gambling. This demonstrates that the medium is effective for those groups disproportionately affected by gambling harm.

### Gambling Helpline

Figures from the Gambling Helpline and other data sources have shown a positive response to both stages of Kiwi Lives. For example, calls to the Gambling Helpline increased approximately 30 per cent at the time the Stage

Two advertisements were shown on television. This demonstrates that the secondary objective of encouraging help-seeking was seeing positive results.

### **Service provider feedback**

The HSC also gains feedback from service providers and other frontline workers from an independently conducted survey. To date, respondents have said that:

- The programme supported their work by raising public awareness in ways that made their work easier to accomplish and by providing high-quality research they could draw on
- HSC's support and advice had made them more effective or added value to what they did
- The resources and information had added value or made them more effective in their role



The first two stages of Kiwi Lives have shown success in raising awareness and understanding of gambling harm and an increase in some help-seeking behaviours. The HSC is seeking to build on this and, as of early 2011, is in the process of a scoping phase to inform a third stage of the campaign.

Kiwi Lives Stage Three is aimed at empowering and enabling people at higher risk of developing gambling problems, as well as those in their lives who have the opportunity to intervene before gambling becomes harmful. More specifically, players of electronic gaming machines are the primary target audience. Secondary audiences are friends and family of electronic gaming machine players, and staff at venues with gambling facilities such as electronic gaming machines. Much like Stages

One and Two, this stage also helps those already experiencing more serious harms while showing that anyone could be affected by or be at risk of gambling harm.

Stage Three is being delivered through a suite of TV advertisements complemented by a range of other activities including radio, print, online, in-venue, public health resources and community-based activities.

The first advertisements help identify risky behaviours and provide an example of how a friend or family member can intervene effectively. The aim is to demonstrate that help-seeking and self-management can be simple and private. A further advertisement demonstrates an example of good host responsibility. The aim of this is to make it acceptable that venue staff, as responsible hosts, can and will intervene with at-risk gamblers.

### **Lessons learned**

#### **Ensure you gain sector buy-in**

Sector engagement and buy-in is vital to successfully implementing a community-based brand and ensuring the messages are being conveyed on the ground. Community action is an essential part of the programme and this requires developing trusted relationships with those working directly with communities. Be sure to put aside considerable time to build strong relationships – these relationships will be the foundations for a sustainable programme.

#### **Pretest**

It is important to pretest to ensure concepts and messages do not disengage the audiences you want to reach. Without thorough pretesting of concepts there can sometimes be unintended consequences. Despite testing in the early stage, an electronic gaming machine sound effect was added to the television advertisements towards the end of developing

Kiwi Lives Stage One. When it aired, some concerns were raised that the sound effect used could provide a trigger for some people who had gambling problems. Subsequently this sound effect was not used in Stage Two. Adding what can seem small changes to concepts during the development stage without further pretesting can be risky. Do not make assumptions – what you may see as minor may not be the case for your target audience.

### **Use appropriate research methods for a sensitive topic area**

Problem gambling is a sensitive subject that many people are used to hiding from others. This needs to be considered when deciding on your research methods. For this programme it was discovered that it is best to conduct one-to-one interviews. While it is more costly than some other research methods such as focus groups, it produced more valuable insights. Do not, however, think that research will instantly provide a ‘silver bullet’ to the problem. Problem gambling is a particularly difficult behaviour to change and the target audience may not know what would help someone in their situation. This is why ongoing research is essential.