Gambling problems in the community: The limitations of a focus on 'problem gamblers'

I welcome the recognition in the Productivity Commission's draft report that problem gambling occurs on a continuum (p. 6.18). However, I am concerned that there is still an excessive emphasis on 'problem gamblers'. Although this is preferable to focusing on a smaller group of clinically defined 'pathological gamblers', it nevertheless restricts the focus to a minority of those affected by gambling, perpetuates the idea that there are two distinct populations of gamblers, thereby perpetuating the conceptualisation of problems in terms of vulnerable individuals rather than problematic activities and structural factors.

The key findings refer to 'problem gamblers' (p. XII) and 'recreational gamblers' (p. XIII) as two distinct populations. Section 6 discusses at length the difficulties in determining threshold test scores for identifying problem gamblers, but does not question the idea that there is a threshold below which gambling is not problematic. On page 6.18, figure 6.1 states that for most people gambling causes *no* problems. There is no acknowledgement that many recreational gamblers experience occasional and/or minor harms that are nevertheless substantial in aggregate.

Gambling has strong parallels with alcohol. Both gambling and alcohol are legal, are commonly used, have a high level of social acceptance, and are an important source of government revenue. Both the alcohol industry and the gambling industry resist regulation. Both invoke the principles of freedom of choice of consumers. Both have a tendency to label those who oppose their expansion as 'wowsers' and 'paternalistic' etc. Both claim to provide significant economic benefits to society.

Historically in the alcohol field, the focus was on small numbers of people with severe problems related to excessive, often extreme, alcohol consumption. Such people were labelled as 'alcoholics', and were considered to have an incurable progressive disease or addiction called 'alcoholism'. More recently, particularly in Australia and the UK, the disease model of alcoholism has been challenged. Now there is recognition of a continuum of harms, with no clear demarcation between problematic and non-problematic drinking (Cormack, Ali, & Pols, 1995, p. 346). There is also recognition of a much broader range of harms, including hangovers, absenteeism, car crashes, violence, unsafe sex, and so on, all of which can occur when people who are definitely not 'alcoholics' drink too much.

The alcohol industry, however, is more comfortable with the old disease model of alcoholism, because it posits two distinct populations: a small minority of unfortunate souls who cannot safely drink, and the vast majority of people who can drink with impunity. According to Morgan (1988, p. 177), 'It is in the interests of the alcohol beverage industry to have the onus of alcohol problems reside in the individual and not in the bottle'.

Similarly, the gambling industry has a vested interest in promoting the idea of a disease called pathological gambling, and the idea that a minority of people are gambling 'addicts' (or perhaps potential addicts), whereas the rest of us can safely go to casinos and play pokies. According to Burnham (1993, pp. 168-169):

> Following the lead of alcoholic-beverage marketers, members of the gambling business endorsed the idea that compulsive gambling was an individual illness unrelated to any gambling institution or law. The business therefore came to support therapy programs for such unfortunate individuals who presumably suffered not from the attractions of gambling but also from primitive types of thinking, compulsive fixations, and defective "affect relations with their parents." Gambling proponents and therapists alike conceptualized the addictive element in some people's betting as a strictly idiosyncratic matter. Again, as with drinking and drug problems, a significant and articulate part of the public-health apparatus was drawn into emphasizing individual, not social responsibility--and specifically the compulsive person, not the act and not the profit taker.

Casinos and other gambling venues often endorse this idea in a variety of ways, e.g. by displaying posters about treatment services, and sometimes voluntarily funding them.

Of course, there are significant numbers of people whose lives are devastated by ongoing excessive gambling. But it is crucial to recognise that these are the tip of the iceberg, and there are many more people harmed by gambling less visibly and less devastatingly on an individual basis. Furthermore, these other people arguably account for more harm than the small minority with very severe problems.

In the alcohol field, it is recognised that the distribution of consumption of alcohol in the population is significantly skewed, with a long tail towards high consumption levels (Edwards et al. 1994, p. 86). Many people drink a little or a moderate amount, a few drink an enormous amount, but no-one can drink a negative amount. The skewed distribution has significant implications for the prevention of alcohol-related problems. It gives rise to the 'prevention paradox':

> the seemingly contradictory situation that although heavy drinkers are at a (much) higher individual risk for a particular drinking problem, most of the people who actually experience the problem cannot be considered heavy drinkers at all. (Lemmens, 1995, pp. 54-55)
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> most alcohol related problems that occur in the community are due to the consumption of alcohol by non-dependent users who make up the majority of all drinkers. This is the preventive paradox. (Wellbourne-Wood (1995-96, p. 23)

Consequently, rather than focusing on the small number of people with relatively severe problems, it is more effective to focus on the large proportion of the population towards the left of the distribution (Edwards et al. 1994, p. 87) and aim to reduce per capita consumption (which, of course, the alcohol industry disputes).

This means, among other things, shifting the main focus of prevention from small numbers of high-risk drinkers to the large number of people in the moderate-drinking range. It means shifting from the individual level to the broader community and population level (in terms of prevention, not treatment). And it means taking a much more structural perspective.

For gambling, similarly, the focus of prevention needs to be on the broader population, not just heavy-gambling individuals. According to Abt and Smith (1983, p. 17), there has been too much focus on individual 'pathological gamblers' and not enough on the broader social effects of gambling, which they cautioned against underestimating:

> While evidence suggests that we may have exaggerated the impact of gambling on the individual gambler, no such evidence seems to exist concerning the impact of gambling enterprises on society and culture. (p. 17)
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> The danger in having focused so long on the pathology of individual players is that we can be lulled into relieved complacence when we turn to sociological or anthropological approaches to gambling situations. (p. 19).
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> If it is difficult to measure the effects of gambling on individuals, it is surely more difficult to evaluate the often subtle impact of commercial gambling on existing institutional structures within our larger society. (p. 18)

The focus on 'pathological gamblers' ignores the slow relentless draining of resources from communities, especially marginalised communities. According to Goodman (1995, p. 168): the costs of gambling:

> might involve declining patronage at a few local restaurants; workers being laid off over several years; a few businesses closing now and then without much fanfare; a problem gambler who loses her job. These costs might also involve a loan company that doesn't get paid back; a court which has to hire some more officers; an insurance company which has to pay for a fraud claim; and a health insurance plan in which the premiums of nongamblers rise to cover the cost of treating compulsive gamblers insured by the company. While many of these problems, individually, may involve relatively small costs, cumulatively . . . they typically cost a state millions of dollars a year.

The focus on 'pathological gamblers' runs the risk of being individualistic, atomistic, and reductionist. Drawing on Garfinkel (1981), we need to distinguish individualistic questions such as:

- how many 'pathological/problem gamblers' are there in this community?
- how serious are these people's problems?

from structural questions such as:

- what is the impact of gambling on this community?
- how many people's lives are adversely affected by someone's gambling (and in what ways)?

This is not say that the individualistic questions are not also important, but too often they are the only questions asked.

Focusing on 'problem gamblers' rather than 'pathological gamblers' reduces the magnitude of these problems, by including a greater proportion of those people significantly harmed by gambling, but does not solve them.

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