The Creation of Gambling as a Social Problem: The Application of Weiner's Model to the South Australian Treatment Industry

ROBERT MÜLLER

Department of Sociology

Abstract

In South Australia, gambling has only recently emerged as a significant social problem, primarily since the introduction of electronic gaming machines (EGM’s or poker machines) into South Australia’s hotels and clubs in 1994. Sociological research into this phenomenon in the Australian context is very sparse and lacking in theoretical frameworks through which to analyse the socially constructed nature of the emergence of gambling as a social problem. Carolyn Wiener (1981) has produced a sociological framework through which to analyse the emergence of alcohol as a social problem. This paper is an attempt to address the lack of a suitable theoretical framework through which to examine gambling. This will be addressed through the application of Wiener’s analytical framework. Wiener’s model posits that the creation of alcohol as a social problem has been socially constructed through a number of processes which have been enacted through a wide range of social institutions. The model puts forward the thesis that this social construction has occurred through a process of the animation, legitimisation and demonstration of the problem of alcohol. It is this process which constructs alcohol as a social problem. The purpose of this paper is to apply Wiener’s model to the emergence of gambling as a social problem in the South Australian context.

Introduction

One of the major problems associated with the sociological study of gambling is the lack of an adequate theoretical framework pertaining to the accumulation of power and influence within the gambling industry. This is a surprising development as Sociology is a discipline in which theory is considered paramount. The study of gambling within the discipline of Psychology is well-established and takes into account a wide range of theoretical frameworks. This has not happened in Sociology. There have been attempts at uncovering the nature of the construction of gambling as a social problem including analyses of the professionalisation of the gambling treatment field (Abt and McGurin, 1991; Collins, 1996; Rosecrance, 1985). On analysis of the sparse literature, it was found that Rosecrance puts forward Conrad and Schneider’s (1985) famous five-step sequential model of the medicalisation of deviance. However, as the medicalisation of gambling has not been a major factor in the Australian context, it was felt that this model would not be appropriate. Therefore, in the literature, there is little evidence of an appropriate cohesive model which can be translated from field to field or between jurisdictions. As a result, this paper is an attempt to remedy this situation by formulating a framework with which to analyse the accumulation of power within Australia’s gambling industries.

The model to be used for this study is based on the work of Carolyn Wiener (1981) who developed a framework to examine how the alcohol treatment industry gained public acceptance in the USA, in the process turning the over-consumption of alcohol into a social problem. Basically, the argument goes as follows: for a discourse to be built around the social problem of alcohol entails increasing its visibility by animating the problem, legitimising it and demonstrating it. While these are the key processes, each of these in turn is broken down into component sub-processes, as will be demonstrated after the following outline of Wiener’s model.
Wiener’s Model

Animating the problem includes:

*Establishing turf rights:* The growth of associations, the burgeoning of the research world and the relationship to the macrosociological conditions of the history of the arena and federal, state and county programming.

*Developing constituencies:* The growth of ‘citizen participation’ through advisory boards, special minority boards and commissions, and the awarding of grants and contracts. The consequences in terms of interorganisational relationships and the building of a dependency within organisations.

*Funneling advice and imparting skills and information:* The relationship of the National Centre on Alcohol Education to the growth of area education and training, summer schools, and state prevention programmes; the increase in training courses; the role played by the National Clearinghouse for Alcohol Information and its effect on the Rutgers Centre of Alcohol Studies. Consequence for the arena: the growth of a training constituency, and the assertion, re-establishment and enlargement of turf rights.

Legitimising the problem includes:

*Borrowing prestige and expertise:* The history of the arena’s eclecticism. Roots of that eclecticism in closely protected turf rights; the intellectual isolation of the early ‘alcoholists’; and the disinterest and inability of other professional worlds to take on the problem of alcohol use. Consequences for the arena: a variety of treatment approaches which, also influenced by movements outside the arena, engage in mutual borrowing.

Redefining the scope: The shift from a moral to a legal to a medical/psychological model of alcoholism; the conditions leading to a disease concept; the conditions undermining a disease concept. The next stage in the redefining process: social setting detoxification and the social model of recovery.

Building respectability: Strategy for attaining respectability: the enhanced status lent to the problem of alcohol use by prominent recovered alcoholics; by interested legislators; by the existence of a national institute; by softening the labelling to ‘alcoholic persons’. Consequences of the drive for respectability: the establishing of a clearinghouse for information, an epidemiology division and research centres. Further tactics: buying into the health insurance institution. The continuation of the redefining process; the search for a ‘disability’ definition.

Maintaining a separate identity: The rationale behind maintaining a separation from mental health and drug problems. Two consequences: the divisiveness over the issue of ‘straight alcoholism’ versus ‘broad brush’ occupational programs, and the thwarting of the California plan to combine the Office of Alcoholism with the Department of Alcoholic Beverage Control.

Demonstrating the problem includes:

*Competing for attention; combining for strength:* Competing for jurisdiction, funding, eminence and the attention of the public eye. A consequence of the competing process: intersecting of worlds around the issue of the public inebriate; the relationship of this issue to the macrosociological condition of urban redevelopment and to the redefining process.
Stratagem for alliances and cooperation; relationship of the combining process to the California tax bill.

**Selecting supportive data:** Problems avoided and encountered by the need for accountability. Relationship to the macrosociological condition of cost-benefit thrust in government. Intersection of the bureaucratic world and the alcoholic beverage industries world over the issue of ‘responsible drinking’. Strategy for developing sophisticated statistics; the search for causal relationships to explain alcohol problems.

**Convincing opposing ideologists:** The contra-ideologies behind the ‘controlled drinking’ issues. Relationship to organisational turf carving and to turf rights of the research world.

**Enlarging the bounds of respectability:** The expanded ‘ownership of the problem’ in terms of careers, prevention approaches and pressure on the alcoholic beverage industries world. New turf broken by the co-alcoholic. Relationship of career growth and prevention stance to the ‘professional reform’ movement. Contrast in turf strength of the alcoholic beverage industries world and the temperance world. Relationship of prevention activities to insurance and legal worlds (Wiener, 1981, pp.20-22).

The model offered posits that building an arena around the over-consumption of alcohol entails increasing its visibility by animating, legitimising and demonstrating it either as a social problem or as a social benefit. A crucial factor in the analysis is that each of the processes mentioned in the model is not independent of the others, in fact there are considerable overlaps. In order to apply the model, “focus remains on the overall movement of events - tactics, conditions and consequences are of interest as they contribute to the larger flow” (Wiener, 1981, p.22).

One important caveat applying to Wiener’s model is that it applies to the American alcohol industry. As such, there are a number of organisational situations that do not apply to the Australian gambling context. For example, the first section on Legitimising the Problem: Borrowing Prestige and Expertise mentions the intellectual isolation of the early alcoholists. This may be an artifact specific to American alcohol research as such a phenomenon has not happened in the Australian gambling research industry. Likewise, in the section Legitimising the Problem: Maintaining a Separate Identity, there is a reference to the thwarting of the California plan to combine the Office of Alcoholism with the Department of Alcoholic Beverage Control. Such specific instances of bureaucratic politics can only be applied through local knowledge and as such, the local South Australian bureaucratic and political context may appear very different from the context to which Wiener was referring.

Nevertheless, despite such incompatibilities, Wiener’s model can be used to shed light on the broader processes of the construction of power within a range of industries and settings. To apply the model absolutely would defeat its purpose. The application of the model to the specifics of the local gambling treatment industry is the purpose of this paper, using Wiener’s model as more of a general framework.

**The Application of Wiener’s Model to the South Australian Gambling Treatment Industry**

**Animating the problem of gambling:**

**Establishing turf rights** - Since the establishment of the Adelaide Casino in 1985, and particularly since the introduction of Electronic Gaming Machines (EGM’s or ‘poker machines’) into hotels and clubs in 1994, there has been a substantial growth in the number of organisations associated with the rehabilitation and counselling of problem gamblers (Productivity Commission, 1999, p.17.9). For
example, under the umbrella of the BreakEven network, which is funded through the government administered Gamblers Rehabilitation Fund, the Adelaide Central Mission, Relationships Australia, Anglican Community Services, the Wesley Uniting Mission, the Salvation Army, CentaCare, the Port Pirie Central Mission, Lifeline Mount Gambier, the Vietnamese Community in Australia, the Cambodian Australian Association, the Overseas Chinese Association, the Aboriginal Sobriety Group, and the Flinders Medical Centre all provide specialist counselling and treatment services (BreakEven Gambling Rehabilitation Service, no date specified).

In addition, there is a range of other independent organisations relying on grants and self-funding who provide treatment and support such as Gamanan, Pokie Anonymous, Gamblers in Crisis, Gamblers Anonymous, Winning Women, the Partners and Families Support Group, Help Ourselves and Others Overcome Pokies, and a support group based at the Port Pirie Central Mission (Higgins, 1998). Previous to the establishment of the BreakEven network, gambling problems were dealt with through counselling for other problems. BreakEven has provided a presence for the establishment of specialist treatment for problem gambling.

Additionally, there has been a dramatic growth in gambling research, both through these organisations (BreakEven Gambling Rehabilitation Service, no date specified; Nunkuwarrin Yunti, 1999a, 1999b; Relationships Australia {SA} and Women’s and Children’s Hospital, 1999; Relationships Australia {SA}, 1999a, 1999b; Adelaide Central Mission, 1999a, 1999b; Anglican Community Services, 1999a, 1999b), and through tertiary institutions (NCETA, 1998; Delfabbro and Winefield, 1996a, 1996b; Marshall, 1996, 1998; Muller, 2001; O’Connor, 1999; Balfour, 1999; Dekker, 1997). This has resulted in the establishment of a legitimate niche for research, treatment and rehabilitation of problem gamblers.

**Developing constituencies** - There has been a growth in the awarding of grants and contracts, by industry and government sources. For example, the Gamblers Rehabilitation Fund provides the finance for official gambling treatment services. This fund is administered by the state government and funded by the hotels and clubs industries through poker machine gambling (NCETA, 1998, p.2). Here, it can be seen that the treatment industry has deeply entrenched relationships with both government and the poker machine industry. As with the alcohol industry, “this process has had consequences in terms of inter-organisational relationships and the building of a dependency within organisations” (Wiener, 1981, p.20). In relation to dependency within organisations in the South Australian context, most of the rehabilitation and research sectors are smaller sectors of larger organisations. For example, Gamanan, Pokie Anonymous and BreakEven are all provided and supported by the Wesley Uniting Mission (Higgins, 1998). In such a case, if the overall funding of an organisation is cut, services for some gambling counselling may be cut before other services in the wider organisation. Additionally, there has been the building of a dependency between organisations. The treatment industry depends on the poker machine gambling industry and the state government for its funding (Social Development Committee, 1998, p.35) and has little freedom to break out of this cycle of dependency. Nevertheless, despite the disadvantages inherent in such dependency relationships, the gambling counselling and research industries have been successful in linking with other organisations which has helped to establish gambling as a social problem.

**Funnelling advice and imparting skills and information** - There has been a dramatic increase in training courses for rehabilitation counsellors. Australia-wide, 71% of treatment organisations require their counsellors to have accreditation (Productivity Commission, 1999, p.17.43). This has led to the growth of a training constituency and has helped to create and maintain the treatment industry. Additionally, through the establishment of a gambling information library collection in the Drug and Alcohol Services Library in suburban Adelaide, a local ‘clearinghouse’ for information on gambling has been established.
Legitimising the problem of gambling:

**Borrowing prestige and expertise** - There has been a history of eclecticism in the discourses emanating from the psychological, medical and counselling fields. As with the alcohol field “the root of this eclecticism has been in closely protected occupational niches” (Wiener, 1981, p.21). Thus, there is a range of diagnostic and treatment models available in South Australia ranging from self-help groups such as Gamblers Anonymous, Pokie Anonymous, Gamanon, Winning Women, Help Ourselves and Others Overcome Pokie and Gamblers in Crisis, through to treatments based on medication, individual, group and family counselling, and behavioural and cognitive-behavioural psychotherapy (Higgins, 1998; Productivity Commission, 1999, pp.17.40-17.43). These models are based on a range of different disciplines and philosophies ranging from psychology, psychiatry, medicine and social work through to public health. As a result, there has been a growth in the availability of a variety of different treatment approaches, each of which has been created through the exchange of knowledge and expertise.

**Redefining the scope** - Over time, problem gambling has been redefined from being a moral problem through to a legal problem through to being defined as a medical/psychological problem (Dekker, 1997, pp.20-21). Presently it is defined in terms of a crossover between a medical/psychological and a public health/self-help model of problem gambling. This ongoing process of redefinition has helped the gambling treatment industry to keep abreast of both long-term and short-term trends in policymaking and in changes happening in other areas such as drug and alcohol counselling.

**Building respectability** - Respectability for the gambling treatment industry has been enhanced through a number different strategies. Interested and relatively high-profile politicians such as Nick Xenophon and Federal Senator Grant Chapman have worked with and supported treatment organisations, Protestant Church representatives and other interested parties in the debate. The political power of these politicians lends an air of respectability to the public debate while weighing in with support during conferences, public seminars, press releases and in submissions to inquiries, while also helping to link the treatment industries with other sources of support such as the church and academics (cf. Xenophon and Costello, 1999, 2001; Chapman, 1999). This process of support has been further enhanced through the establishment of the Australian Institute for Gambling Research at the University of Western Sydney.

**Maintaining a separate identity** - There has been an attempt made by the treatment industry to separate itself to some extent from the alcohol and drugs arenas in terms of treatment methodologies. Although there are some overlaps, the field has made a strong effort to create its own models of diagnosis and treatment (cf. NCETA, 1998, pp.8-12).

Demonstrating the problem of gambling:

**Competing for attention; combining for strength** - Competition for funding and the attention of the public and policymakers has increased dramatically since the introduction of poker machines. As in the alcohol industry, this has resulted in the utilisation of various “strategies for alliances and cooperation” (Wiener, 1981, p.22), which have helped to demonstrate the negative consequences of gambling. South Australian treatment organisations form shifting alliances with each other and with organisations not directly involved with gambling treatment. For example, the Heads of Christian Churches Task Force on Gambling incorporates a coalition of the following denominations: the Lutheran, Baptist, Anglican, Catholic and Uniting churches, the Salvation Army and the Christian Revivalist churches (Heads of Christian Churches Gambling Taskforce, no date supplied).

**Selecting supportive data** - Due to the influence of neo-liberal governmental policies by successive
South Australian state governments, gambling treatment organisations have been subject to increasing levels of accountability which has led to a myriad of undesired consequences. For example, in order to justify the spending of public money and money donated from the industry itself, the research and counselling services are not always free to do as they please. In many senses, they are so dependent on the industry and the state for funding that their services are politically constrained as is their freedom to make their own choices (Anglican Community Services, 1999, p.17).

This has resulted in a situation where treatment providers are perceived as being responsible for the appropriate use of funding which comes from other sources and therefore that they should be held highly accountable for how the funding is used. They are therefore put in a position where they need to produce a strong statistical and accounting database on every aspect of their organisation, from profit/loss budgets through to success rates for various treatments. For example, South Australian treatment organisations collect data through a wide range of diagnostic and demographic tools such as the South Oaks Gambling Screen, the Marks Parkin General Health questionnaire, the Index of Family Relations and the Work and Social Adjustment Scale (Productivity Commission, 1999, p.17.37). The need for accountability also leads to the development of basic causal explanations of problem gambling rather than more realistic complex multi-faceted explanations as treatment organisations are expected to produce results in terms of research and in terms of treatment outcomes.

**Convincing opposing ideologists** - There have also been attempts within each gambling treatment field of knowledge to convince opposing ideologists to accept various models of definition, diagnosis or treatment. A perfect example of this is in relation to the ongoing debates surrounding the adoption of either a behavioural or a medical model with which to treat problem gamblers (cf. Productivity Commission, 1999, pp.6.6-6.14; NCETA, 1998, pp.5-7). This is tied in to issues of the professionalisation of psychology in the last twenty years, the professionalisation of the counselling professions and to the already well established niche of the medical research world (cf. Abt and McGurrin, 1991; Rosecrance, 1985; Collins, 1996, Castellani, 1997). Nevertheless, these debates have helped to streamline ideas on problem gambling treatment, helping to demonstrate the problems of gambling through bringing such issues before policymakers and the general public.

**Enlarging the bounds of respectability** - In order to demonstrate the problem of gambling, the ‘ownership of the gambling problem’ has been expanded. Responsibility for the problem has been taken on by an increasing amount of organisations across society, ranging from political organisations such as Nick Xenophon’s ‘No Pokies Inc.’ through to a wide range of treatment and counselling organisations. This has resulted in increasing pressure being put on the gambling industries to take into account the social costs of gambling as is evidenced by the funding of gambling treatment by South Australia’s hotels and clubs industries (Social Development Committee, 1998, p.35). This is not to say that the treatment industry has undue influence over public policy on gambling. They are still at a marked disadvantage relative to the gambling industry in terms of the funding needed to get their messages across to the public and to policymakers. Nevertheless, in terms of respectability and professional power, the treatment industry has been able to create a niche around gambling perceived as a social problem.

Overall, it can be seen how these professions have carved out a niche in the gambling research and treatment worlds. To establish this niche, it has been critical to animate, legitimise and demonstrate that there are heavy social costs involved with the establishment of a commercialised gambling industry. Such a process constructs gambling as a social problem, allowing for a new niche of professionalisation. This has been achieved very successfully by the medical, psychological and counselling professions in South Australia.

In order to demonstrate how gambling has come to be constructed as a social problem, it has been
deemed necessary to apply Wiener’s model of ‘the construction of alcohol as a social problem’ in the absence of such a model pertaining to the gambling industry. It is hoped that the application of Wiener’s model will lead to more fruitful sociological research in the area of gambling as a social problem.

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