Check for updates

DE GRUYTER OPEN

NAD

Research report

From boredom to dependence: The medicalisation of the Swedish gambling problem

JOHAN EDMAN & JOSEFINE BERNDT

ABSTRACT

AIMS – The aim of this study is to investigate the medicalising of gambling problems by comparing the political discussions on gambling in the Swedish Parliament in the early 1970s and the early 2010s. DESIGN – Against a theoretical background on medicalising processes in general, and medicalisation of gambling problems in particular, we have analysed discussion protocols and parliamentary bills in the Swedish Parliament from the years 1970–1975 and 2012–2013. RESULTS – The problem descriptions of the 1970s and 2010s are, in certain respects, strikingly similar, identifying proactive operators such as the gambling companies and highlighting an inadequate legal framework. But where the MPs of the 1970s put some effort into describing the drab society which fed the need for gambling, the elected representatives of the 2010s shortcut to individual dependence. CONCLUSIONS – EU membership and the development of the Internet have made effective control and regulation impossible in the early 2010s and the political handling of the Swedish gambling problem is therefore a clear example of how market liberalisation can pave the way for individualisation, medicalisation and depoliticisation of social problems.

KEYWORDS – gambling problems, gambling policy, Sweden, parliamentary debate, medicalisation, 1970s, 2010s

Submitted 18.06. 2015 Final version accepted 09.11. 2015

"The fourfold vices due to desire are hunting, gambling, women and drinking", says the ancient Indian treatise *Arthashastra* (Kauṭilya, 1923, p. 453) from the fourth century BC. Gambling, gambling problems and efforts to solve the problem have a long history, even in a country on the outskirts of civilisation such as Sweden. Against this background of a long and global gambling history, the developments of the recent decades appear as remarkable. Technological and economic development have quickly changed our conception of gambling and paved the way for both a legal adaptation and descriptions of problem gambling in individual pathological terms.

The aim of this study is to investigate this medicalisation process by comparing the political discussions on gambling problems at a time before (1970s) and after this turn (2010s). How have the consequences of gambling problems been described in the Swedish parliamentary debates and bills by individual MPs? What causes have been traced behind the gambling problems? What solutions have been discussed? The sources consist primarily of discussion protocols and parliamentary bills from the Swedish Parliament from the years 1970–1975 and 2012–2013. All parliamentary debates and bills – accessible through the Parliamentary Library

10.1515/nsad-2016-0006

Unauthenticated
Download Date | 12/16/16 1:19 PM

and Internet – that touch upon the gambling problem in line with the aim of the study have been analysed, a total of 12 parliamentary debates and 26 parliamentary bills. Analysis of the source material has been guided by frequently occurring themes on the description, causes and possible solutions of the problem.

We will first tackle medicalisation of misuse in general and of gambling problems in particular and will then present a brief historical background of gambling and gambling regulation in Sweden. This is followed by the empirical study, where the causes, consequences and solutions of the gambling problem are analysed for the 1970s and 2010s. The article concludes with a summarising discussion.

Misuse and medicalisation

The medicalisation of misuse has a long and colourful history, and can be described as a two-step process in which certain human actions are identified as abusive in some sense before becoming a state of disease. This has been a slightly imperialistic process absorbing an ever-increasing number of behavioural patterns. Alcohol misuse could with some justification be described as the original misuse, regarded as a social and individual problem for millennia – but also medicalised during certain periods from the late 1700s onwards. The shorter history of drug misuse shows similar variations in the problem formulation. These substance misuses have, mainly during the last 30–40 years, been accompanied by a number of substance-free lifestyle misuses.

The highly influential description of addiction as a brain disease which, for various reasons, mainly took shape in the United States from the 1960s onwards, has paved the way for addiction as an all-embracing concept able to subsume diverse phenomena (Vrecko, 2010). Both research literature and more popularised accounts are awash with professions of describing ever more behaviours as pathological addictions. Among these we find obesity (García-García et al., 2014), exercise dependence (Allegre, Souville, Therme, & Griffiths, 2006), workaholism (Griffiths, 2005), shyness (Scott, 2006), religiosity (Taylor, 2002), cybersex (Schiebener, Laier, & Brand, 2015), muscle dysmorphia (Foster, Shorter, & Griffiths, 2015) and fortune telling (Grall-Bronnec et al., 2015). Carrots (Kaplan, 1996) and cow dung (Khairkar, Tiple, & Bang, 2009) are now apparently vehicles for substance misuse, whereas substance-free misuse includes fishing, characterised by the Swedish psychologist Anders Tengström (2014) as more addictive than alcohol and described within a general psychological interpretative framework in such terms as "near-bite-reinforcement". The addiction concept lends itself to almost anything, and by attributing the negative consequences to external variables, it seems possible to count both oil dependence (Spencer, 2009) and binge flying (Cohen, Higham, & Cavaliere, 2011) as among the severe addictions of our times. This gathering around a common concept implies a notion that different things really are the same thing – and that this would also explain something (e.g. Marks, 1990). Often, something rather odd happens when a researcher sets out to show how different kinds of addictions show similarities. This may sometimes even lead to a nominal fallacy: the researcher shows that addicts are addicted,

Unauthenticated
Download Date | 12/16/16 1:19 PM

something that was already assumed in the definition of the studied group (e.g. Jacobs, 1986; da Silva Lobo et al., 2007).

The expansion of the addiction concept can roughly be described from three different interpretive frameworks. Within medical, psychological and neurobiological research on the prevalence and development of misuse, the often tacit point of departure is that these descriptions agree with clinical facts; in short, that the characterisation of ever more phenomena as individual pathologies is due to scientific advances that allow us to see them as they really are (Borch, 2015). A much rarer approach, which involves a certain historical dimension, is that addictions actually have increased and spread. For example, the psychologist Bruce Alexander traces a societal development that evokes addictive behaviours (defined as "intense, irrational, and ultimately self-destructive") in a variety of forms such as compulsive love relationships, gambling, exercise, accumulating money or power, television-viewing, working, religious practice, computing, eating or political commitment (Alexander & Schweighofer, 1988, p. 153; Alexander, 2000). The basic cause is described as a kind of alienation in free market societies, which creates a dislocation, a void to be filled by various addictive behaviours. Alexander resembles a modern Friedrich Engels, but where Engels (1887) saw alcohol as an escapist comforter of the vulnerable English working class during the nineteenth century, Alexander argues that almost every human act can be addictive. He also believes that this development can be found in all sorts of societies (which makes it hard to see why he specifically makes a point of the alienating tendencies of free market societies).

A third variation is the perspective which to a historian appears more appealing: that there is some kind of logic in the formulation of the problem in terms of its socially changeable position. This approach can be seen as one of the more potent criticisms of the addiction concept and we will therefore elaborate on this critique of addiction/medicalisation as it has been formulated both on empirical and theoretical grounds. The critique has sometimes challenged whether certain phenomena, given a specific definition of addiction, truly can be described as addiction (e.g. Fox & Orford, 2004). More often, however, it has emanated from theoretical problematisations of defining criteria, such as how to distinguish pathological craving from desire or the peculiarity of holding both craving and withdrawal as symptoms of addiction when the former is assumed to be evidenced by the latter (Davies, 1997). Loss of control as a defining criterion has also been questioned (Keane, 2002). The concept of impaired control has been criticised for being a self-validating description: "addicted individuals are unable to give up, while those who are able to give up are not truly addicted" (Cantinotti, Ladouceur, & Jaques, 2009, p. 651). Impaired control is at the same time a descriptive and an explanatory phenomenon; it characterises pathological addiction but also explains the development to severe misuse. Psychopathological research in the field also often faces the problem of being mainly confirmatory and rarely exploratory, partly because diagnoses are assumed a priori as providing vital support for further studies (Boudreau, Labrie, & Shaffer, 2009).

Unauthenticated
Download Date | 12/16/16 1:19 PM

Furthermore, the problem can be traced to the conceptual level, as the disease concept of misuse is more of a metaphor. In fact, it has been described as an analogy mistaken for a homology (Hellman, Schoenmakers, Nordstrom, & van Holst, 2013; Rantala & Sulkunen, 2012). Psychologist John Booth Davies (1997, p. 50) has labelled it as "the problem of *reification*, the process whereby a convenient semantic symbol becomes transmuted into an entity which is assumed to have actual existence". But for a number of reasons it is not a very good metaphor: there is a lack of effective medical cures, the aetiology is more or less unknown, most people tend to rehabilitate themselves without external help and prevention methods focus more on availability than on excessive individual use (Rantala & Sulkunen, 2012). In the words of Peter Cohen (2000, p. 590) it seems unreasonable to bring together all behaviours that share "a seemingly involuntary repetitiousness or an unusual centrality in someone's life". This conceptual approach also has a sociohistorical dimension, for the questioned phenomenon is connected with influential groups' needs and the political use of such concepts. Also, the criteria of pathological behaviour of this kind tend to be socially defined and based on failures to live up to essential social obligations (Reith & Dobbie, 2012).

As sociologist Helen Keane (2002, p. 10) has put it, the addiction concept fills the task of making the described phenomena appear as "real", something that can be regarded as a resource in the political handling of the problem. This relationship between concepts and politics has been explored in several studies of the substance misuse field (e.g. Edman, 2009; Edman, 2012; Edman & Olsson, 2014; Edman & Stenius, 2014). In addiction research it seems at times that some policies require certain concepts (Vrecko, 2010), while at other times some concepts seem to lead to certain policies (Berridge, 1997). Some scholars, such as the historian Ross McKibbin (1979), have treated pathological or compulsive gambling as factuality, albeit dependent on historical and cultural circumstances. Others, like Keane (2002, p. 6), see addiction "not [as] a universal feature of human existence, but [as] a historically and culturally specific way of understanding, classifying and regulating particular problems of individual conduct". We sympathise with Keane's definition.

Gambling as a disease

Gambling described as a disease requires that it is first of all described as a problem. As sociologist Gerda Reith (1999) has shown, this has not always been the case. Instead, gambling has frequently been conceived of as almost at the core of being human and as a cornerstone of our civilisation. But as a problem, it has commonly been seen as a pathological condition during the 1900s. We find psychological problematisations of the gambling urge already in the early 1900s (France, 1902), psychiatric reports of pathological gambling by Kraepelin in the 1910s (Müller-Spahn & Margraf, 2003) and psychoanalytic descriptions by Freud in the 1920s (Rosecrance, 1985). These accounts were nevertheless not very influential, and Collins (1996) finds no pathological gamblers in his review of the 1967 edition of Chambers' Dictionary of Psychiatry. This can hardly be attributed to any modest claims

Unauthenticated
Download Date | 12/16/16 1:19 PM

of psychiatry, because the dictionary talks about a considerable number of compulsive and impulsive disorders, ranging from erotomania and dromonomania (compulsive wandering) to kleptomania and nostomania (intense homesickness). By this time, however, the medicalisation of gambling had gained momentum, at least in the United States. Psychoanalyst Edmund Bergler had published his article "The gambler: a misunderstood neurotic" already in 1943, but it was not until 1958 that his influential book *The Psychology of Gambling* came out, a book that can be regarded as the starting point for a broader understanding of excessive gambling in medical terms (Castellani, 2000). Gamblers Anonymous (GA) had been founded in 1957, another important step in the description of gambling as pathology (Collins 1996). GA did not initially adopt any disease model but in the 1960s they became influenced by Jellinek's alcoholism model (Rosecrance, 1985). In 1969, the GA took the initiative for treatment to be provided for gamblers with psychological problems, and the first in-patient treatment facility for compulsive gamblers opened in 1972 (Castellani, 2000). This was also the year that the National Council on Compulsive Gambling was founded (Rosecrance, 1985).

The twentieth-century history of psychiatric diagnosis shows that client and patient associations have often allied themselves with physicians and pharmaceutical companies in order to get a diagnosis and help with their problems (Svenaeus, 2013). In this context, the strive to establish a distinction between heavy gambling and compulsive gambling has had the same role as, for example, the distinction between heavy drinking and alcoholism; the latter is a pathological state to be treated, a status that confers the problem greater legitimacy (Davies, 1997). In the United States, Gamblers Anonymous became a strong force in getting problematic gambling into the increasingly influential Diagnostic and Statistical Manual of Mental Disorders, DSM (Reith, 2007). With the DSM-III in 1980, the new diagnostic psychiatry established its absolute presence in the debate about mental illness (Castellani, 2000). Svenaeus (2013) tracks several factors behind this development: an enticing scientific ideal borrowed from successful physical medicine, the need of the American health insurance system for clear criteria of diseases and the pharmaceutical companies' need for and influence over the diagnoses. As noted by Keane (2002), this and other diagnostic manuals satisfy the ambition to proceed from theoretical speculation to hard facts, an ambition that also requires an atheoretical classification system free from any interpretive framework.

Problematic gambling was now given the status of an impulse control disorder (Borch, 2012), which was then discussed in terms of pathological gambling in DSM-IV from 1994 (Reith, 2007). The DSM-5 (from 2013) classifies this as an addictive disorder in the same chapter as substance use disorders, which highlights an understanding of how gambling problems are "similar to substance-related disorders in clinical expression, brain origin, comorbidity, physiology, and treatment" (APA, 2013). The legitimacy that the DSM diagnosis has given pathological gambling has apparently been crucial for the public perception of gambling as a disease (Collins,

Unauthenticated
Download Date | 12/16/16 1:19 PM

1996). And yet, the diagnosis is not linked to any aetiological theory but is merely based on a checklist of behavioural symptoms (Rantala & Sulkunen, 2012). At the same time, the diagnosis has far-reaching implications for, for example, the dispensation of justice when criminality linked to problematic gambling can be described as part of a (non-criminal) disease (Rose, 1988). From the 1990s onwards, we can also see that treatment professionals have helped to further establish the image of problem gambling as a medical disorder (Volberg & Wray, 2007).

The DSM and other diagnostic instruments have enabled gambling problems to reach a kind of self-affirmative status. The terminology that surrounds the identified problem is assumed to relate to empirically identified and clearly defined actions. If the terminology is discussed at all (and usually it is not), it is often just about assigning a certain term to a perceived behaviour rather than a critical conceptual discussion. One Swedish example is a booklet published by the Swedish Gambling Authority where Binde (2013b) has written a manual of sorts to define concepts such as gambling dependence, gambling misuse, gambling problems, etc. In addition to such diagnostic manuals as the DSM and the ICD, the research on gambling problems has made use of a number of instruments for measuring the prevalence and severity of gambling problems. These include the Problem Gambling Severity Index (PGSI; Holtgraves, 2009), Gambling Urge Scale (GUS; Smith et al., 2013), Lottery Addiction Scale (LAS; Ye, Gao, Wang, & Luo, 2012), Personal Luck Usage Scale (PLUS; Wohl, Stewart, & Young, 2011); Gambling Related Cognitions Scale (GRCS; Raylu & Oei, 2004), Victorian Gambling Screen (VGS; Mcmillen & Wenzel, 2006), Chinese Version of the Gambling Motivation Scale (C-GMS; Wu & Tang, 2011), Pathological Gambling Adaptation of the Yale-Brown Obsessive-Compulsive Scale (PG-YBOCS; Pallanti, DeCaria, Grant, Urpe, & Hollander, 2005), Canadian Problem Gambling Index (CPGI; Mcmillen & Wenzel, 2006; Young & Wohl, 2011), NORC Diagnostic Screen for Gambling Disorders (NODS; Toce-Gerstein, Gerstein, & Volberg, 2009), South Oaks Gambling Screen (SOGS; Young, 2013) and Brief Bio-Social Gambling Screen (BBGS; Gebauer, LaBrie, & Shaffer, 2010). The variety of measurement tools indicates a certain vagueness of the observed phenomenon but the very ambition to standardise the description of the problem in this way may partly indicate that the problem really needs to be constructed, as it hardly seems obvious otherwise. It may partly be due to a perceived need for policy action based on supposedly precise facts (Volberg & Wray, 2007). By taking the problem for granted in study after study, prevalence studies also contribute to the construction of a problem. This has shifted responsibility from the gambling industry to the gamblers. According to Young (2013, p. 4), "it is the very process of observation and measurement itself, not the preexistence of a pathological gambler category, which made the phenomenon of the pathological gambler increasingly visible to scientific enquiry". The classifications bring life to the problem descriptions (Reith, 2007); it is through the new terminology that scientists, politicians and the public will see the problem.

It seems somewhat strange that so many

Unauthenticated
Download Date | 12/16/16 1:19 PM

take the gambling disease for granted just because it holds a position in the DSM or ICD (e.g. Custer & Milt, 1985). It amounts to simplistic literalism, with potentially major implications for both clinical and policy work with gambling problems. From the 1980s onwards, professional interests and a specialised field of research have also supported the disease model of gambling: special journals devote themselves to the gambling problem, and descriptions of compulsive or pathological gambling seep into everyday thinking through the media (Lesieur & Rosenthal, 1991). Gambling has become an ever-growing field of research but with increasingly narrow explanations: the research literature listed in the PSYCLIT database describes gambling as pathology in 45 percent of the articles in the years 1974–1986, compared with 90 percent in the years 1987–1993 (Collins, 1996). A study from 2006 confirms this tendency up until 2003 (Shaffer, Stanton, & Nelson, 2006). But research specifically focused on gambling problems seldom problematises the addiction concept. Frequently, investigations treat pathological or compulsive gambling as factuality and will rather engage in categorisation and measurement in order to, for example, achieve better treatment or prevention. Pathological gambling should be measured and possibly also explained but the diagnosis should not be problematised (e.g. Bonnaire, Bungener, & Varescon, 2006; Griffiths, Wardle, Orford, Sproston, & Erens, 2010).

Since the 1980s, gambling markets have liberalised and expanded in several countries worldwide (Orford, 2011). And, as shown by Kingma (2004), these liberalisations have been closely linked to the framing of gambling as an addiction. However, gambling problems and the descriptions of problem gamblers have seldom been studied in this context (Markham & Young, 2015). Gambling behaviours are deeply rooted in social and historical contexts (Binde, 2005b and 2005c) but, as argued by Egerer & Marionneau (2015), the DSM classifications have helped to establish a description of this phenomenon that is insensitive to cultural differences.

Gambling regarded as a behavioural addiction more or less uses the disease model by proxy. If the description of substance misuse as a disease is an analogy mistaken for a homology, then substance-free misuse can be described as a disease-like state by being modelled on the former. Gambling research typically treats pathological gamblers and alcohol and drug misusers on an equal footing, as they both share characteristics that "have a frequent preoccupation with seeking out gambling; they gamble longer than intended and with more money than intended" (Lesieur & Rosenthal, 1991, p. 8). But does this mean anything else than that people do not always act rationally? An often unarticulated basic assumption is also that gambling is described as an addiction similar to substance-based addiction because the brain is able to produce addictive substances of its own. But, as Davies (1997, p. 73) has pointed out, this "internal addictive pharmacology" is valid for all possible behaviours such as "playing the violin, walking to the North Pole, or becoming a Member of Parliament". It seems unreasonable to describe every commitment as an addiction, and the definition cannot start from assumptions about a common (chemical) causality. Perhaps we should rather ask

Unauthenticated
Download Date | 12/16/16 1:19 PM

ourselves what functions this explanation provides when it spreads to new areas.

Whether certain behaviour is socially and legally accepted or not does of course make a difference when it comes to how it is characterised. It is likely that criminalisation and strict regulations will redefine previously unproblematic behaviour as acts of misuse. Svenaeus (2013) elaborates on what would happen if we banned coffee, how this would force coffee drinkers into situations where they could easily be defined as misusers. Collateral control damage of this sort where regulation and prohibition contribute to the abusive behaviour and/or the description of the behaviour in terms of addiction, has been observed in some research (e.g. Davies, 1997; Keane, 2002; Courtwright, 2010). But when it comes to the pathologisation of gambling, we find significantly more often explanations which take as their starting point the dual challenge of an increasingly liberalised society. The very fact that gambling is decriminalised has been described as an opportunity for the gambling problem to switch from one conceptual arena to another, from the legal to the medical (Castellani, 2000). On the one hand, this trend towards market liberalisation increases access to gambling that is assumed to lead to more people with gambling problems (Lesieur & Rosenthal, 1991; Reith, 2007; Volberg & Wray, 2007; Markham & Young, 2014), and it has also been suggested that the total consumption model therefore applies to gambling (Hansen & Rossow, 2008; Lund, 2008; Orford, 2011). On the other hand, this development indicates a view of the individual as rational and self-regulating and therefore able to address the challenges to which market liberalisation exposes her (Alexius 2014). This then becomes the perceived normal position against which the disease description is carved out; those who cannot handle the structural pressure must be explained, described and perhaps remedied (Collins, 1996; Cohen, 2000; Reith, 2007; Keane, 2002; Campbell, 2011; Reith & Dobbie, 2012; Rantala & Sulkunen, 2012; Borch, 2012; Young, 2013). In order to explain the specific problem formulation of gambling, however, we need to examine the historical context in which the problem has been formulated.

Gambling in Sweden

The oldest gambling objects found in what is Sweden today are a few sheep bone dice from the 200s AD. The oldest legal regulation of gambling is extant in medieval provincial laws from the thirteenth century, decreeing that gambling is punishable by a fine. A law dating from 1350 makes the first surviving distinction between gambling and excessive gambling, the latter (over a certain amount) punishable by a fine. This law also contains a notable social consideration, forbidding gambling with minors and poor people. The first lottery, for which a royal permission was required, was organised in 1699, followed by a swift spread of this form of gambling during the 1700s. In the early eighteenth century the State's willingness to ban gambling was loosened by the realisation that gambling could add to the State revenue. In 1730 a stamp duty was imposed on playing cards, but the decisive step was taken when the State numbers lottery was launched in 1773 (Wessberg, 2012). Gambling was accompanied by gambling problems and criticism of hazard games,

Unauthenticated
Download Date | 12/16/16 1:19 PM

i.e. gambling with money. Moral criticism of easy profits was paired with criticism of the negative consequences for the players, their families and society at large. In the early 1800s a moralising and increasingly influential bourgeoisie called for a ban on lotteries, which several European countries introduced in the 1820s and 1830s. The Swedish State lottery was abolished in 1842, and all lotteries were banned two years later (Norberg, 2004; Husz, 2004).

The lottery prohibition was gradually relaxed at the beginning of the 1900s, and betting on horses was allowed in 1923. The illegal gambling market nevertheless grew rapidly in the late 1920s, leading to press reports on "the gambling lust, the lottery fury, the lottery suggestion or the lottery fever" (Husz, 2004, p. 179). Illegal betting was similarly described as "betting rage" and "the betting devil" (Norberg, 2004, p. 138). When foreign betting companies were launched on the Swedish market in 1932, swift action was called for. Betting was legalised in 1934 for several reasons, not least to counter the onslaught of foreign companies. With a view to possibly boost Government finances, a state-controlled betting company was established in 1939. Its mission was contradictory in a way still recognisable in the State monopoly of gambling: it was to be attractive enough to knock out illegal competition while not attracting harmful gambling (Husz, 2004; Gustavsson & Svanell, 2012; Norberg, 2004; De Geer, 2011).

Until the mid-1950s, local gambling markets dominated with different associational lotteries for charitable purposes, but State forms of gambling accounted for the quantitative growth of gambling until the end of the 1950s. From the 1960s onwards, popular movements and political parties came to venture into the gambling market to a greater extent. Our first study period coincides with yet another step in liberalising gambling and the ensuing discussion on the causes and consequences of gambling: gambling on so-called one-armed bandits (slot machines) was permitted in 1973–1979, which was a clear catalyst for the investigated parliamentary discussions on gambling. Another reason for choosing this period is that the lottery investigation was launched in 1972, which further promoted parliamentary debates on gambling (De Geer, 2011).

Several factors contributed to radically changing the conditions for gambling in Sweden during the years between our two investigated periods. From the early 1980s, the gambling market developed fast with ever more games and increased turnover (Binde, 2005a). The State gambling companies abandoned their restrictive policies and began to market their games harder (Binde, 2013a). Towards the late 1980s, new research suggested that gambling with money could create a dependence similar to that on alcohol and drugs. But this research, mainly from the United States and Australia, was not regarded as applicable to Swedish conditions. However, in 1991 a national association was created for gambling dependence (Alexius, 2014), while the creation of the Swedish Gambling Authority in 1994 made it clear that the regulation of gambling should not lie with the national gambling companies. This is why they became more like ordinary gambling companies with no exercise of authority (De Geer, 2011). As a consequence, the national gambling companies came to compete with one another, which

Unauthenticated
Download Date | 12/16/16 1:19 PM

led to more games and intensified marketing (Gustavsson & Svanell, 2012). In the mid-1990s, the National Public Health Institute (established in 1991) also paid attention to the gambling problem, which was now perceived as gambling dependence (De Geer, 2011). With Sweden's EU membership in 1995 the gambling market was embraced by the principle of free competition between member states. While this development could be contested with the argument that a State monopoly would protect the citizens (Cisneros Örnberg & Tammi, 2011), it was also required that the monopoly keep up with the competition. This, however, has proven to be difficult with the development of various forms of online gambling. Two national surveys, conducted in 1995 and 1997, helped to further establish the dependence concept in this area (Alexius, 2014). From the beginning of the 2000s, the media have also shown a greater interest in the negative effects of gambling (Cisneros Örnberg & Tammi, 2011). The second investigation period of our study is therefore clearly marked by the limitations on national gambling regulations introduced by the EU membership and the Internet and is similarly distinguished by a medicalised view of gambling problems.

The gambling problem in the 1970s

In her investigation of the early 1900s Swedish consumer culture, Swedish historian Orsi Husz (2004) did not find any descriptions of pathological lottery gambling. Both Ihrfors (2007) and Binde (2013a) date the pathological approach to heavy gambling to the 1990s. We can therefore expect that the MPs in the 1970s mainly understood the gambling problem in other ways.

The investigated period marked the last years of over four decades of unbroken social democratic rule. This influenced the political debate: it was a delicate task for the largest party in Sweden to criticize certain social conditions without simultaneously being met by criticism that it had failed to improve these very conditions once and for all. We can therefore expect much sharper and more illustrative political arguments from the opposition than from the ruling party. At this time, the political opposition consisted of one party (the Communist Party) to the left of the Social Democrats, and three parties to the right of the Social Democratic Party: the agrarian Centre Party, the Liberal Party and the Conservatives.

The problem

During the 1970s, the Swedish Parliament primarily discussed a certain kind of gambling, regulated in the Criminal Code and defined as adventurous, illicit and accessible to the public (SSB [Swedish Statute Bok] 1962:700). The description of roulette, blackjack and slot machines as adventurous gambling, illicit gambling (for money) and hazardous (with a large element of chance) worked as much as a condemnation as a characteristic. Contemporary political debate was informed by the assumption that such gambling had increased (PR [Parliamentary Record] 1971:139, § 8; 1972:44, § 5; 142, § 15): illicit gambling had previously been amounted to "offences contrary to good morals and order" (PB [Parliamentary Bill] 1972:1698, p. 1), but this seemed to have changed. The past and its "innocent play on simple machines" was contrasted

Unauthenticated
Download Date | 12/16/16 1:19 PM

with something that had "evolved into pure hazard" (PR 1972:142, § 15, p. 116). There is a moralistic undertone in some of the addresses, but usually gambling was not described as evil in itself. The consequences of gambling were, however, remarkable: "financial ruin, alcohol misuse, embezzlement, cheque fraud, burglary, ruined marriages are examples of this" (PB 1972:12, p. 8; PR 1971:108, § 9, p. 12). Gambling also led to "shattered people, destroyed homes, fragmented environments and a devastated economy" (PR 1975/76:29, § 7, p. 13), to "drug crimes, embezzlement, sale of liquor, maltreatment" (PR 1971:139, § 8, p. 105). One of the most commonly identified downsides of gambling was that it produced great social harm. The harm was typically unspecified but sometimes the consequences were recognised as part of a trinity of "harmful effects of economic, social and personal nature" (PB 1972:1698, p. 1). Most commonly, though, economic ruin was seen as a kind of core problem which gave rise to a plethora of other ills from embezzlement to ruined marriages. The gamblers put themselves in debt, gambling away "too large sums in relation to what they can afford". The gambling affected "the economically weak in society" and made people "spend their last penny", money that otherwise would be used for "food, rent and other necessities of life" (PR 1972:44, § 5; 1975/76:29, § 7, pp. 7 f. & 11).

As has often been the case in debates of acute social problems – from sinful dancing (Frykman, 1988) to alcohol and drug misuse (Edman, 2015) – the protection of the youth was in focus also when the consequences of gambling were investigated (PB 1970:285; 1971:1613; 1972:1885; 1887–1888; 1974:841; 1975:610; 624; PR 1970:9, § 28; 1974:67, § 3; 1975/76:29, § 7). Problem gambling was also framed as time-consuming escapism, which drew attention to the non-working and economically vulnerable group of pensioners (PB 1974:841; 1975:610; 624; PR 1975/76:29, § 7). The discussion revolved around activities in a legally grey area; it involved both activities that unfortunately were legal but should be regulated and activities that were prohibited and where monitoring and sanctioning should be strengthened. This obscure field was both an expression of criminal activity and its breeding ground. Several MPs argued that organised crime flourished in gambling environments and that the games were rigged to benefit the gambling organisers. Minors were allowed to gamble, and it was likely that gambling operators' profits funded other criminality. Gambling was typically accompanied by alcohol and drug abuse, and in the tracks of gambling losses followed "theft, burglary, embezzlement and murder" (PB 1972:1698, p. 1; PR 1971:139, § 8; 1972:142, § 15; 1975/76:29, § 7). Based on this problem description, it should not be surprising that several MPs were upset and took to expletives in depicting the phenomenon. Gambling operations were portrayed as a swamp and a ghetto, akin to both a "plague spot" and an "ulcer" (PB 1972:1698, p. 1; 1975:394; PR 1971:108, § 9, p. 12; 1975/76:29, § 7), while the gambling organisers were likened to "scum" and a "future gangster mafia" (PR 1971:139, § 8, pp. 103 & 108).

The cause

The gambling problem needed some kind of causal logic to become politically man-

Unauthenticated
Download Date | 12/16/16 1:19 PM

ageable. The imagined causes can on a general level be described as structural or individual. In her thesis, Husz (2004) has demonstrated that the prevailing Swedish view in the early 1900s held gambling as essentially natural. Gambling problems were usually blamed on structural factors such as the very existence of games or tempting advertisements for gambling. Ihrfors (2007) sees how this tendency is further reinforced in the public inquiries before the 1939 nationalisation of gambling. The gambler makes way in the discussions for the regulatory framework, which is more or less the valid frame of reference for the entire 1900s. The Parliament did however debate the active role of the gamblers themselves during the 1970s. As gambling often occurred on premises which also served alcohol, an individual's poor judgement was frequently coupled with intoxication (PB 1972:12; PR 1971:108, § 9; 1975/76:29, § 7). Gambling problems did not affect just anybody, but rather the "weaker persons and misfits" (PR 1971:139, § 8, p. 103; 1974:67, § 3; 1975/76:29, § 7). Sometimes the blame was put on gamblers lacking the "moral strength to refrain from this game" (PR 1975/76: 29, § 7, p. 7). Some people were found to possess a "liking for gambling" or to suffer from the "gambling devil" (PR 1975/76:29, § 7, pp. 20 & 11).

Gamblers were worthy of protection but usually not regarded as ill. Disease descriptions cropped up when gamblers were assumed to be recruited among the "mentally ill, mentally retarded and others with intellectual disabilities" (PB 1972:1887, p. 9). Some disease-related linguistic markers – which should not be over-interpreted – also appear: there is talk of a gambling mania (PB 1972:1884), and examples are given of how someone has "turned into a gambling crazy fool" (PR 1975/76: 29, § 7, p. 12). There are also some examples of disease descriptions turned into metaphors: "it is *like* a disease" (PR 1972:44, § 5, p. 31); "it *becomes* like a disease" (PR 1975/76:29, § 7, p. 11); "they are *like* drug-intoxicated" (PR 1975/76:29, § 7, p. 12) [our italics]. In a parliamentary bill introduced by the Communist Party this metaphor is taken rather far when a troubled citizen is cited referring to "the intoxication of gambling" and how he had been "affected by a madness that might be worse than alcoholism" (PB 1975:624, p. 1).

But the gambling devil was an ambiguous metaphor. While it could, as above, allude to a kind of individually internalised weakness of the will, it could also be an external structure, as recognised by a social democratic MP who wanted to "curb the gambling devil's business" (PR 1975/76:29, § 7, p. 14). The focus on the gambler outlined above is nevertheless an exception. It was the games, the gambling organisers and the circumstances of gambling that were typically seen as causes of the problem. Legislation was outdated and useless against slot machines (PB 1975:394), which were argued to be designed to encourage interest in gambling and to maximise the gamblers' losses (PR 1975/76:29, § 7). At the same, both slot machines and the roulette were criticised for enabling unusually high winnings, which was also assumed to spur interest in gambling (PR 1971:108, § 9; 139, § 8).

Husz (2004) claims that there emerged a consensus in the early years of the twentieth century that gambling was spread across all social groups. During the years

Unauthenticated
Download Date | 12/16/16 1:19 PM

leading up to the Second World War, however, the Parliament and the press depicted gamblers as poor. There appear to be no reliable studies that could decide the question, but the trend has since been toward a kind of gambling that – according to Ihrfors (2007) – is mainly practised by people with lower levels of income and education. In the 1970s parliamentary debate gamblers were economically disadvantaged: gambling was presented as "the poor man's poetry" (PR 1972:142, § 15, p. 114), while slot machines were known as "the simple people's roulette" (PR 1975/76:29, § 7, p. 9). The gamblers' relative poverty was depicted as both a consequence and a presumed cause of gambling. Added to this was the increasing availability of criticised forms of gambling, especially of slot machines. They were available in too many places that too many people had access to almost around the clock (PB 1972:1887; 1974: 841; 1975:610; PR 1975/76:29, § 7).

The critics took aim at the accelerating and unregulated nature of gambling, pointing their finger at ruthless profiteers who took advantage of the weak and the poor (PB 1971:1613; 1972:1884; 1974: 841; 1975:394; 610; 624; PR 1970:9, § 28; 1971:139, § 8; 1972:142, § 15; 1974:67, § 3; 1975/76:29, § 7). Both illegal games and the unfortunately legal forms of gambling were condemned. A right-of-centre MP in fact admitted to having exceptional "objections to groups of entrepreneurs" (PR 1970:9, § 28, p. 93). But these were not any entrepreneurs and the gambling business was not any business. As when the drug problem was discussed from the late 1960s onwards (Edman, 2013a & 2013b), several MPs chose to describe this undesirable phenomenon as culturally alien. "The companies behind the game in this country originate from the big country in the west" (PR 1972:142, § 15, p. 120), noted a Liberal Party MP. It was now about "fending off the advent of the North American gambling culture in Sweden" (PR 1972:142, § 15, p. 121). On the one hand, one had to act against illegal gambling, where the key players were likely to be "foreign interests" and "international criminal syndicates" (PR 1971:139, § 8, p. 105; 1972:142, § 15, p. 114). On the other hand, it was even more about discrediting these gambling forms – even those that unfortunately were legal – because they were a manifestation of the "American gambling culture" or because they benefitted "foreign profiteers" (PB 1975:394, p. 8; PR 1971:139, § 8; 1972:44, § 5, p. 31; 1974:67, § 3; 1975/76:29, § 7). A link between legal and illegal was also constructed: the slot machines, according to a Centre Party MP, had originally been introduced by gambling syndicates in the US and in Italy: "The connection is quite obvious to those familiar with the conditions in the field" (PR 1975/76: 29, § 7, p. 7). The very fact that many of the machines were owned by the American Bally company was also suspect (PB 1974:841; 1975:610; PR 1971:139, § 8). Like the slot machines, the very problem was imported.

The fishy gambling organisers, lingering poverty and suspicious foreigners created a framework that made problematic gambling understandable. But even more voices were raised when the gambling problem was discussed in terms of the drab society or citizens' boredom and alienation. The arguments bring to mind Alexander's (2000) characterisation of addiction as a

Unauthenticated
Download Date | 12/16/16 1:19 PM

general phenomenon capable of covering everything from television-viewing to gambling, embracing behaviours ultimately explained by the perceived alienation in free market societies. The scenarios put forward by the MPs could, in diagnostic parlance, be divided into sensation seeking and boredom susceptibility (e.g. Bonnaire, Bungener, & Varescon, 2006; Mercer & Eastwood, 2010; Orford 2011). Alongside or as part of the explanations that addressed the attractive moment of excitement in gambling, it was also found that gambling was "a cynical speculation on people's loneliness and lack of connections and their need of variation" (PB 1974: 841; 1975:610; 624; PR 1975/76:29, § 7, p. 20). Loneliness and boredom were relieved by gambling (PB 1972:1887; 1974: 841; 1975:610; PR 1975/76:29, § 7). In 1972, a conservative MP read a plea sent to him which argued for the keeping of slot machines. The plea was entitled "On boredom in the countryside" (PR 1972:142, § 15).

But it was not only the countryside that was boring. Several MPs suggested passivity as both a cause and a consequence of gambling (PB 1975:394; PR 1975/76:29, § 7). Ultimately, it was the boredom-inducing society that was to blame (PB 1974: 841; 1975:610; 624). In this situation, it was suggested that the State ought to tighten government control over gambling activities, partly by organising even more games itself. This is a pattern recognisable from Norberg's (2004) description of how the State at various times has tried to curb gambling, controlling and nationalising it and ultimately also taking care of the profits. The development made the State more "gambling dependent", as De Geer (2011, p. 210) has put it, something that already in the 1960s contributed to political demands of popularising the games to gain increasing market shares. But to profit from a problem that was ultimately caused by a dysfunctional society was, however, considered greatly distasteful by several critical MPs (PB 1972:1884; 1975:624; PR 1975/76:29, § 7).

The solution

As Ihrfors (2007) has noted, the early twentieth-century prohibition on gambling aimed to protect the gamblers. This idea is also easily seen in the 1970s gambling debate. Despite some descriptions of individual causes to problem gambling, the solution demanded structural reformation. Some gamblers may have been weak but the solution was to protect them, not to heal or strengthen them. And although the problem often was interpreted in terms of an overall social structure, there were only a few MPs who sought the solution in, for example, more meaningful leisure activities (PR 1975/76:29, § 7). Even though it was suggested on one occasion (PR 1974:67, § 3), self-regulation of the gambling business was not the way to go. The solution rather appeared as greater control and taxation, legislative reforms and prohibitions. The most important reform implemented during the early 1970s was the taxation of slot machine and roulette games in 1972. The reform also required that these games become licensable (SSB 1972:823). Much parliamentary debate was devoted to this reform and, when accused of having an ineffective gambling policy, the Government could also refer to the forthcoming reform (PR 1972:44, § 5). The political opposition was cautiously

Unauthenticated
Download Date | 12/16/16 1:19 PM

positive about the proposed measures, although some felt that they would come too late and others suspected that they would be inadequate (PR 1972:44, § 5; 142, § 15). The reform primarily led to an intensified debate on gambling in general. The most common addresses suggested new or revised legislation and stricter application of the law in order to regulate the legal games and to get rid of the illegal ones (PB 1970:285; 1971:1613; 1972:1698; 1884–1885; 1887; 1974:841; 1975:394; 610; 624; PR 1970:9, § 28; 1971:108, § 9;139, § 8; 1972:44, § 5; 142, § 15; 1975/76:29, § 7). As a possible alternative to a total ban, several MPs argued that all gambling should be controlled by the State monopoly (PR 1971:139, § 8; 1972:142, § 15; 1975/76:29, § 7).

The gambling citizen

In the early 1970s, members of the Swedish Parliament more or less agreed on the nature of the gambling problem, its causes and preferable solution. The gambling question was not politically divisive and thus resembles the lottery discussions of the early twentieth century (Husz, 2004). Two differing dispositions must nevertheless be noted. First, the Government acted much more slowly than many MPs wanted. Indeed, the Government rather played down the situation when gambling was on the agenda. The responsible minister had to spend some time defending the less absolute nature of the political reforms, as it was not "a sufficient criterion for social intervention and regulation that business makes money on a certain activity" (PR 1974:67, § 3, p. 11). It should also be shown that the gambler risked some harm from gambling. On this point the minister was not convinced, as he chose to put the slot machines' harmful effects into a certain perspective by comparing them to comic books "which similarly seduce and attract young people to spend money, acquire bad taste and learn various ways of being a nuisance!" (PR 1974:67, § 3, p. 10). Second, there was one party that, just as the social democratic Government, took part in the debate less often. This could be interpreted as a more cautious approach to the gambling problem. As the foremost right-wing party, the Conservatives saw themselves as averse to market prohibition, which in this case was partly motivated by possible benefits to the illegal gambling market, partly because the consequences of such regulation were unknown (PR 1972:142, § 15; 1975/76:29, § 7). But these voices were the exception in a political climate where gambling was generally considered a serious problem to be solved by drastic measures. The dominant problem formulation was built on social goals at the collective level. This took as its point of departure that gambling was harmful not only for the individual but also made political reform aimed at a better society impossible. It stood in the way of increased real incomes, greater community involvement, limited alcohol consumption, family stability, etc. Individual profiteers were here pictured against an imagined social community.

In the 1970 public inquiry on slot machines, Ihrfors (2007) sees the machines labelled as a threat to vital social behaviour patterns, a description that can also be found in the parliamentary records. The gambling organisers' activities were not consistent with "public interest", which called for protecting "the individual citizens" (PB 1971:1613, p. 9). Illegal gambling

Unauthenticated
Download Date | 12/16/16 1:19 PM

organisers were accused of lacking "social responsibility" (PR 1971:139, § 8, p. 103). "[T]he American 'gambling culture'" (PR 1975/76:29, § 7, p. 8) is also set against the "public interest", while State monopolisation of gambling is portrayed as a "social concern" (PR 1971:139, § 8, p. 105). Any acceptance of this foreign – US – phenomenon is nothing less than "a motion of censure against society itself" (PR 1972:142, § 15, p. 121), and the consequences of slot machine gambling are regarded as incompatible with "the Swedish society's social ethos" (PR 1975/76:29, § 7, p. 9). Gambling is repeatedly described as a public enemy in stark contrast to the good welfare state populated by active citizens building a better welfare state. The problem description can be linked to the criticism of "residual poverty" that had been heard in the social policy debate since the 1960s (Inghe, 1960; Inghe & Inghe, 1967): the welfare system was far advanced and the major social problems had been solved, but now it was time to take vigorous action to get the final pieces of the good society puzzle in place. The gambling problem was – like prostitution, alcohol and drug abuse, for example – such a residual problem. It could and should be resolved by the elected representatives. A concrete manifestation of this ambition was the ban on slot machines in 1979. However, this did not solve the gambling problem.

The gambling problem in the 2010s

Swedish legislation on gambling is relatively dated and based on regulation of the physical gambling market within the national borders (SSB 1982:36; 1994:1000; 1999:355). Although vigorously challenged, the Swedish gambling market is still under strict regulation and is the sole preserve of the State, the horse-racing industry and NGOs. Recent public inquiries on gambling agree on the description of the problem: 1) gambling is growing, both in the domestic regulated market and in the foreign unregulated market; 2) the gambling problem, often described as gambling dependence, is a manifest and serious problem; 3) online gambling and EC legislation on the free market of services pose a double challenge to the regulation of gambling (SGOR [Swedish Government Official Report] 2000:50; 2006:11; 2008:124). The problem description and the fact that the legislation had not yet been adapted accordingly, came to structure the investigated parliamentary debate in 2012–2013.

During these years, the government was made up of a coalition of the Conservatives, the Liberals, the Centre Party and the Christian Democrats. The opposition consisted of the Social Democrats, the Left Party (formerly the Communists), the Green Party and the far-right Sweden Democrats. The centre-right coalition government had been in office since 2006 and could not like the Social Democrats in the 1970s be blamed (or credited) for decades of social development. However, even now the sharpest problem descriptions came from the political opposition.

The problem

One difference between the 1970s and 2010s is that some (bourgeois) MPs are now happy talk about gambling in positive terms. It is "for most people a pretty fun hobby", as a Centre Party MP put it (PR 2012/13:89, § 11, sp. 106, p. 79), while restaurant casinos are, in the words of one

Unauthenticated
Download Date | 12/16/16 1:19 PM

conservative MP, "one of Sweden's unique forms of gambling, which has great entertainment value" (PB 2012/13:Kr221, p. 48). Other Conservatives have also highlighted the benefits of an open gambling market, where "new forms of gambling are developed, new jobs are created and gambling consumers are offered a better supply of games with a higher profit share than today and with enhanced consumer protection" (PR 2012/13:Kr289, p. 193; PB 2012/13:Kr280). But such judgements are still in a minority. Most descriptions of gambling continue to focus on the problems. As is often the case when social problems are brought into public debate, the gambling problem in the 2010s has been described as big and growing. But the picture is more complicated than that. Debates of problem gambling have been littered with a slightly impressionist mixture of concepts, but some proof of the severity of the problem is provided by numbers. A total of 164,000 Swedish adults are claimed to have problems with their gambling and more than twice that number are argued to find themselves at risk of being affected by these problems (PR 2012/13:89, § 11, sp. 85 & 89). Other data suggest a quantitatively less severe problem (25,000 problem gamblers and 90,000 at risk), but the problem is not necessarily presented as any less serious (PB 2012/13:Kr289). This ill-defined category of problem gamblers has also been estimated to number at 100,000 individuals and 200,000 persons (PB 2012/13:So249; Kr229). A frequently occurring estimate is that about two percent of the adult population have a gambling problem, and for prisoners the figure is as high as 30 percent (PR 2012/13:89, § 11, sp. 86).

The variation in these figures suggests that the Parliament has not been overly eager to really estimate the scale of the problem: no matter which figures have been cited – 25,000 or 200,000 – the figures have never been challenged. The mentioning of the numbers should perhaps rather be seen as a way to establish the problem's severity: the affected are many. But it is hardly an acute emergency, when gambling expenditure as a proportion of the population's disposable income has not increased since 1970 and the proportion of gamblers in the adult population has decreased. This has been interpreted as an increase in gambling and gambling problems among some of the population (PB 2012/13:Kr341), but it has not been a univocal problem description, either. Some social democratic MPs have suggested in fact that the proportion of problem gamblers is relatively stable (PB 2012/13:So21; So557).

The quantitative severity and worsening trajectory can be questioned, but the qualitative consequences of excessive gambling are partly familiar from the 1970s. The Parliament has been presented with different categorisations of problem gambler: some argue that (young) men are overrepresented, others that women are increasingly and almost to the same extent affected by gambling problems (PB 2012/13:So21; So557; PR 2012/13:89, § 11, sp. 105–106 & 116). Particularly affected are weaker societal groups, those identified as the poor, the young, ethnic minorities, substance misusers and the mentally ill (PB 2012/13:So21; Kr4). Several descriptions have focused on the youth, and young men especially, as victims of heavy gambling (PB 2012/13:So21; So249; So557; PR

Unauthenticated
Download Date | 12/16/16 1:19 PM

2012/13:77, § 16, sp. 166; 82, § 13, sp. 116; 89, § 11, sp. 105–106).

The manifest effects of gambling are similarly familiar from the 1970s. Sometimes they are described simply as bad or negative consequences (PB 2012/13:Kr4; Kr207; Kr341; So557), but in the most common scenario gambling leads to impaired or completely wrecked personal finances. The scenario is further reinforced given that problem gamblers are considered to come from socio-economically disadvantaged groups (PB 2012/13:Kr289; So249; So557; PR 2012/13:77, § 16, sp. 166; 82, § 13, sp. 116; 89, § 11, sp. 106). The financial problems also have indirect repercussions, such as indebtedness, affected relatives, failed relationships and at worst criminal activity to finance gambling (PB 2012/13:Kr4; Kr207; Kr229; Kr289; Kr341; So249; So557; PR 2012/13:77, § 16, sp. 166; 82, § 13, sp. 116; 89, § 11, sp. 86 & 105). To cap it all, illegal gambling is prevalent with all the problems this entails (PB 2012/13:Kr220; Kr341).

The cause

The Swedish society changed considerably from the mid-1970s to the early 2010s. Increased material standards of living, urbanisation, market liberalisations and the decreased influence of popular movements have also impacted on the gambling problem studied here. Most importantly, however, new challenges have been posed by the Swedish EU membership in 1995 and the new online opportunities. Just like in the 1970s, gambling is once again depicted as an external threat. According to some social democratic MPs, "foreign" or "international" companies are to be blamed for this unfortunate development (PB 2012/13:So557, p. 924), even if the foreign threat is now even more concrete: it is not primarily about some supposedly shady operators of foreign origin but rather about how Sweden's EU membership has opened up the country to market operators which current legislation cannot touch and regulate (PR 2012/13:89, § 11, sp. 86, 89 & 90).

Foreign forms of gambling were perceived as a problem already in the 1800s, and a ban on the advertising of foreign lotteries was introduced in 1881. The problem returned in the form of foreign betting companies in the 1930s, but by the 1970s gambling outside the nation's borders was no longer perceived as a threat (Norberg, 2004; Ihrfors, 2007). However, with the advent of the Internet all levees broke. This fundamental restructuring force has been central in the discussions of the gambling problem in the 2010s. The political framing now embraced what one really *could* do rather than what one wanted to do. Online gambling has significantly increased the availability of gambling and reduced opportunities for public control and regulation, making it the most troublesome gambling form in the parliamentary discussions. The debates have been filled with gloomy prophecies of the future of this unregulated gambling market, coupled with rather vague demands for some kind of regulation (PB 2012/13:Kr207; Kr229; So557; PR 2012/13:89, § 11, sp. 85–87, 90 & 105–106). The Internet has also made the State monopoly redundant as a means of gambling regulation. The monopoly has "had its day", according to one liberal MP (PR 2012/13:89, § 11, sp. 105, p. 78), and if we are to believe a Christian Democrat MP, the gambling monopoly now exists only "on paper" (PR 2012/13:89, § 11, sp. 112,

Unauthenticated
Download Date | 12/16/16 1:19 PM

p. 86). The discussions on the outplayed monopoly are marked by an air of resignation, even if some MPs have also voiced vague and unspecified hopes of saving it (PR 2012/13:89, § 11, sp. 87; sp. 105).

The open borders of the EU, the lack of any physical borders on the Internet and a broken national solution, the argument goes, have made us defenceless against the online gambling companies that ultimately cause the gambling problem. This has had ideological implications, too: for example, a number of MPs from the Left Party have chosen to contrast the unwanted private gambling companies against the public monopoly. They maintain that private operators are only motivated by profit, and this is hardly consistent with ethical conduct (PB 2012/13:Kr207). On top of this, private competition has been accused of triggering the State's gambling companies to intensify their own marketing. Overall, more companies, more games and more aggressive marketing contribute to exacerbating the problem, while the Government has been criticised for having lost control of the gambling market (PB 2012/13:Kr4; So557; PR 2012/13:82, § 13, sp. 86, 105 & 116).

In addition to the administration of web-based gambling run by foreign companies, the State casinos that opened in 2001 and slot machines have been listed as significant causes of the problem. Slot machines in particular have been considered to promote unhealthy gambling, which is thought to have been aggravated by placing the machines in environments selling alcohol but also because they are frequently found at establishments mostly frequented by socio-economically disadvantaged people (PB 2012/13:Kr4; Kr341; So21; So557; PR 2012/13:89, § 11, sp. 85–87). Just as in the 1970s, a variety of external factors contributing to the gambling problem have been discussed in the 2010s, and the debating framework has made room for the European Union, the Internet, a dysfunctional gambling monopoly, competition from foreign gambling companies, more aggressive marketing and gambling machines. It therefore seems strange that Ihrfors (2007, p. 51) has not found any references to structural causes of problem gambling in his thesis from 2007. Not in "any parliamentary bill, investigation, parliamentary question or public report on gambling from the 2000s" does he find any traces of what he calls the gambling mate or the gambling opponent. At the same time, Ihrfors (2007, p. 56 f) somewhat inconsistently argues that "the gambler is conspicuous by his absence" and that the gambler is portrayed as "a victim of society's dangers and his own shortcomings".

Based on our study, these assertions appear somewhat vague, probably incorrect and certainly contradictory. The problem has been clearly understood in partially structural terms, but the 2010s have also focused on the gamblers themselves, and this angle was completely lacking in the 1970s. This is particularly evident in how heavy gambling is addressed. The terminology is sprawling and exploratory and suggests an ongoing process aimed at identifying the problem more precisely. The MPs talk about problem gamblers, gambling problems, problematic gambling and people who have problems with their gambling. Other rather imprecise terms include excessive gambling, destructive gambling and unhealthy gambling. Sometimes these are just vague terms that aim

Unauthenticated
Download Date | 12/16/16 1:19 PM

to describe gambling activities which may be perceived as problematic, at other times there are efforts to fill the concept with diagnostic precision (PB 2012/13:Kr4; Kr229; Kr247; Kr280; Kr289; Kr341; So21; So557; PR 2012/13:82, § 13, sp. 116; 89, § 11, sp. 85–86, 102–104 & 106). Even more common are the terms gambling misuse and gambling misuser, used by representatives of all parliamentary parties, often without any precision (e.g. PB 2012/13:Kr4; Kr221; Kr229; Kr247; Kr280; Kr341; So557; PR 2012/13:89, § 11, sp. 89–90, 96, 105, 107, 111–112 & 116), but sometimes also in order to connect to a hypothetical clinical diagnosis and produce a quantitative assessment of the extent of the problem (PB 2012/13:Kr289; PR 2012/13:89, § 11, sp. 85 & 104).

The most obvious difference from the 1970s is however the description of the phenomenon as gambling dependence. But not even this – somewhat more diagnostic – term really manages to capture the problem with any precision. Yet it is evident that the term has structured the problem description for some MPs and, as we shall see in the next section, gambling dependence has been linked to an understanding of the problem in terms of a disease with associated demands for special diagnostic tools and treatment procedures. In Parliament, the term has been frequently used by representatives of all political parties (e.g. PB 2012/13:Kr4; Kr207; Kr221; Kr229; Kr247; Kr280; Kr289; Kr341; So21; So249; So482; So557; PR 2012/13:89, § 11, sp. 86–87, 105–107, 112 & 166). Fewer MPs have described the problem as a gambling mania, which is the official translation of pathological gambling in the Swedish version of the DSM-IV (PB 2012/13:Kr4; So21; So482; PR 2012/13:82, § 10, sp. 91; 89, § 11, sp. 86 & 106).

Gambling dependence is the epicentre of the gambling problem in the 2010s. The emergence of the problem can be explained by external factors such as aggressive marketing or regulatory failures but the dependent gambler then becomes both the cause and the effect of the unwanted forms of gambling (PB 2012/13:Kr289; So249). Several MPs have gone further by comparing the gambling problem with more established substance misuse. Referring to anonymous research, they argue that one "can draw a parallel with other misuses" and that there is thus "every reason to take the problem of gambling dependence and gambling misuse seriously" (PB 2012/13:Kr289, p. 193; Kr4). Gambling dependence is also said to be similar to other dependences in that "it is about fast rewards" (PR 2012/13:89, § 11, sp. 86, p. 86) and that it "like other dependencies leads to economic problems where one ultimately does not see any other solution than criminality" (PR 2012/13:77, § 16, sp. 166, p. 171). The parallels are many:

> Gambling dependence can in many ways be similar to alcoholism and drug dependence. Gambling-dependent persons constantly think about gambling and become restless or irritable when they try to limit their gambling. Gambling dependence often leads to a life of big lies to hide the extent of gambling. Gambling problems contribute to poorer mental health and family problems (PB 2012/13:So557, p. 923).

It is regarded as somewhat problematic that gambling dependence has not yet

Unauthenticated
Download Date | 12/16/16 1:19 PM

achieved the status of dependence granted to high-grade alcohol and drug consumption. An indisputable dependence diagnosis could have shifted the responsibility to the National Board of Health and Welfare, the Social Services Act and the municipal social services (PB 2012/13:Kr229; So21; So557). Yet, by being described as a disease in Parliament, the gambling problem relies on explicit public responsibility and concrete measures at the individual level (PB 2012/13:Kr229; So249; PR 2012/13:89, § 11, sp. 106).

The solution

Structural causes have of course also been identified and taken as a point of departure for the proposed solutions. The trend towards more operators in the gambling market has been accompanied by increased and more aggressive advertising, also by the State companies, which has led to demands for a tighter regulation of advertising. This has been pursued by the far-right Sweden Democrats in particular (PB 2012/13:Kr4; Kr247; PR 2012/13:89, § 11, sp. 86–87 & 93–94). The Left Party has somewhat nebulously called for a ban on private operators, while both social democrats and Sweden democrats have raised questions about the role of the slot machines, whether they should be banned or at least be put under stricter control (PB 2012/13:Kr4; Kr207; Kr341; So21; PR 2012/13:89, § 11, sp. 85). Other proposals have focused on regulating alcohol availability on premises where gambling occurs, on taking action against illegal gambling activities or on promoting some kind of self-regulation of the gambling market (PB 2012/13:Kr220; Kr247; Kr341; So21; PR 2012/13:89, § 11, sp. 87 & 94). Some sort of regulation of the gambling market has been advocated on several occasions, but without specifying any particular method (PB 2012/13:Kr229; Kr247; Kr289; So557; PR 2012/13:82, § 13, sp. 116; 89, § 11, sp. 85 & 87). In the same vague spirit, both a national plan and joint international guidelines have been proposed (PB 2012/13:Kr4; So249; So557). Some MPs have also sought the solution in the establishment of a new public gambling authority (PB 2012/13:Kr289; So557; PR 2012/13:89, § 11, sp. 85 & 87).

The problem is huge, the challenges many, and all who speak out on the issue are there to resolve the problem. The important dividing line goes between those who want to maintain the State monopoly in some form and those who want to establish a system of permitting and licensing of various gambling operators. More than any other faction, the Left Party wants to keep the existing monopoly, arguing that this provides the best protection for vulnerable gamblers and also benefits the sports movement, as they get a share of the profits. The greatest challenge to the monopoly is gambling over the Internet, which the Left Party representatives have wanted to resolve with technical barriers to gambling and money transitions. The licensing process is seen as a concession to the gambling industry (PB 2012/13:Kr207; PR 2012/13:89, § 11, sp. 107 & 111). The far-right Sweden Democrats are also very concerned about the monopoly's future and see the threat mainly coming from the EU's pursuit of market liberalisation. This, they say, has to be met by establishing the monopoly more firmly as a public health measure where the revenues to a high degree are used to counteract prob-

Unauthenticated
Download Date | 12/16/16 1:19 PM

lematic gambling. They see the licensing process as a danger because it loosens the principle behind the monopoly solution (PR 2012/13:89, § 11, sp. 87, 89, 91 & 103).

But the future for the monopoly does not look very bright. The Social Democrats and the Green Party would like to keep the monopoly "where it works", which refers to areas of "physical gaming", that is, casinos, betting on horses, etc. (PR 2012/13:89, § 11, sp. 90, p. 72; PB 2012/13:Kr247). The foreign-based gambling companies are portrayed as a threat that could turn into an opportunity, if licensing could make them follow Swedish law and pay Swedish taxes. Six of the eight parliamentary parties, all except the Left Party and the Sweden Democrats, are more or less agreed on this item (PB 2012/13:Kr247; Kr289; So557; PR 2012/13:82, § 13, sp. 116; 89, § 11, sp. 85–86, 94, 96, 102, 104–106 & 112).

If unscrupulous profiteers, new slot machines and unarticulated foreign threats were the great challenge of the 1970s, then it is rather galloping market liberalisation – largely driven by the EU and the Internet – that has been the dominant problem description in the 2010s. This structural challenge has necessitated structural measures, which have also been discussed extensively. But the biggest difference by far between the gambling debate of the 1970s and the 2010s has been the role assigned to the dysfunctional gambler. The solution has been sought in regulations and other prevention but also in treatment measures. Like Cisneros Örnberg and Tammi (2011) maintain, one could perhaps see these solutions as communicating vessels: by advancing public health arguments one could argue for maintaining a gambling monopoly but then the problem gambler also has to assume the role of being a (pathological) deviation. In Sweden, the gambling monopoly has not only acknowledged the problem, but has also "incorporated it into their business model" (Cisneros Örnberg & Tammi, 2011, p. 121).

It has been considered a major problem in the Swedish Parliament that gamblers do not receive adequate treatment for their problems. As this can be seen as a critique of the current gambling policy, such criticism has during these bourgeois government years – with one exception from the Liberal Party – only been heard from the political opposition. The opposition has pointed out that too few treatment facilities treat gambling misuse, that the treatment is very unevenly distributed across the country, that the municipal social services are reluctant to pay for such treatment and that the treatment may not be very effective since no one really knows what works (PB 2012/13:Kr229; Kr341; So249; So557; PR 2012/13:89, § 11, sp. 86 & 105; 105, § 16, sp. 72). This notwithstanding, frequent calls for more and better treatment have been heard (PB 2012/13:Kr4; Kr229; Kr341; So21; So557; PR 2012/13:89, § 11, sp. 86–87 & 106). In order to achieve this goal, local government should be held responsible for the treatment, which among other things requires that gambling is written into the Social Services Act (PB 2012/13:So482; So557; PR 2012/13:82, § 10, sp. 91; 89, § 11, sp. 104–106 & 112). Several MPs from most parties justify the proposed amendment by arguing that gambling misuse should be considered a misuse fully in line with substance abuse already regulated in the Social Services Act. For example, one MP for the far-right Sweden Democrats has

Unauthenticated
Download Date | 12/16/16 1:19 PM

maintained that "gambling dependence should be treated as other dependencies since this behaviour is similar to other dependence problems" (PB 2012/13:Kr4, p. 11). "The basis of treatment interventions must be that gambling is equated with other misuses", according to a Christian Democrat MP (PR 2012/13:89, § 11, sp. 112, p. 86). A Centre Party MP states that heavy gambling should be compared to "other dependence-promoting things", while a social democratic MP finds it important to "equate gambling misuse with all other misuse" (PR 2012/13:105, § 16, sp. 103, p. 94; 89, § 11, sp. 85, p. 66). Taken together, these descriptions point at the desired solution that gambling misusers should receive treatment "in the same way as when suffering from alcohol or drug abuse" (PR 2012/13:89, § 11, sp. 104, p. 77).

The rallying around the misuse analogy has been complete; the Parliament has heard no dissenting voices. What is more, this has happened at a time when substance misuse has increasingly become likened to mental illness (e.g. SGOR 2011:35). In Parliament, representatives of various political parties, without considering the therapeutic benefit or the political implications, have consequentially sought support for the description of the problem in diagnostic manuals such as the DSM. One simply announces that "gambling mania" and "pathological gambling" are listed in the DSM-IV, and in the same category as dependence to alcohol and drugs (PB 2012/13:Kr4, p. 11; Kr229, p. 68; PR 2012/13:89, § 11, sp. 106). It is hoped that the Swedish classification should institutionalise gambling misuse as a disease, which might influence legislative regulation as well as bureaucratic responsibilities and the appropriate treatment measures (PB 2012/13:Kr229; So21; So482; PR 2012/13:82, § 10, sp. 91; § 13, sp. 116). The description of problem gamblers as ill and in need of care – with references to the DSM as legitimising the problem description – provides insights into an ongoing process of definition. It is here and now that the problem gambler fully becomes the gambling dependent. After all, an established problem description would hardly have required all these similar and cross-party acknowledgments. But the problem description is still out there, and there are gaps to be filled. According to a couple of conservative MPs, the conclusion "that one can draw parallels with other forms of misuse" is based on established gambling research (PB 2012/13:Kr289, p. 193). But if research has recognised gambling problems as a misuse or as a disease, it has not yet succeeded in launching a clear solution in line with this. All sides call for research on both prevention and appropriate treatment (PB 2012/13:Kr4; Kr229; Kr247; Kr341; So557; PR 2012/13:89, § 11, sp. 85, 105 & 112; 105, § 16, sp. 110–111). A number of social democratic MPs fear that the gambling issue is being developed to "a 'matter of opinion' area replete with aimless opinions" at the same time as it is "highly unclear what works and what does not". This leads to a great risk that "help for gambling dependence becomes ineffective efforts at high cost" (PB 2012/13:So21, p. 89; Kr4; PR 2012/13:105, § 16, sp. 72). Some Sweden democrats have made use of fashionable terminology in requiring "evidence-based knowledge" (PB 2012/13:Kr341, p. 389). But the problem description is already constructed on fragile research documentation, and some

Unauthenticated
Download Date | 12/16/16 1:19 PM

MPs therefore hope that research would confirm what they already believe to be true (PR 2012/13:77, § 16, sp. 166).

The gambling addict

There is a logical discrepancy in the descriptions of the problem gambler as both pathologically predisposed and socio-economically disadvantaged. The problem is that the gamblers are ruining themselves in a process enhanced by their relative poverty from the very start. But as a disease gambling dependence should not know any class differences; it should just as easily strike the gambler with better economic conditions. However, the rich problem gambler is totally missing from the debate.

The pathologisation of the gambling problem plays no clear therapeutic role. Despite the massive support for this problem description, MPs are not, for example, convinced that the problem could be solved by treatment. Perhaps in the future, when research has supplied the method. Instead, the gambling dependent responds to a political need. In accordance with the argument by some social democratic MPs, one can in fact see how this description aims to give the gambling issue "higher political legitimacy" (PB 2012/13:So557, p. 925). This view is also shared by a number of conservative MPs who argue that gambling misuse is on a par with other misuse and therefore there is "every reason to take the problem of gambling dependence and gambling misuse seriously" (PB 2012/13:Kr289, p. 193). In the early twenty-first century the gambling problem gains political impetus by being linked to the more established substance misuse problems, just as it was given political weight in the 1970s by being linked with problems connected to a poor and unjust society.

Surely, it would have been possible to make the gambling problem understandable in the context of some other major problem but it is not surprising that it is considered an individual-oriented misuse problem in the 2010s. EU membership and the development of the Internet make effective control and regulation impossible, at least at the level that the Swedish State has been accustomed to. In address after address we see, therefore, how the analysis of an unsatisfactory structure rather relies on a well-functioning individual. Some social democratic MPs describe how the "greatly increased availability of gambling makes it possible for dependence to develop very quickly" (PB 2012/13:So557, p. 924). Several addresses use the same logic: an unhealthy gambling market makes people gambling dependent (PB 2012/13:Kr4; Kr207; PR 2012/13:89, § 11, sp. 85–86). After this the gambling dependence becomes self-generating and should be treated with hitherto unknown methods.

Discussion

The problem descriptions of the 1970s and 2010s are, in certain pieces, quite similar, featuring both proactive operators such as the gambling companies and an inadequate legal framework. But the descriptions differ at one crucial point: where the MPs of the 1970s put some effort into describing the drab society as feeding the need for gambling, the elected representatives of the 2010s shortcut to an individual's dependence. The images serve the same function: no matter the nature of supply, there must be a demand. But in

Unauthenticated
Download Date | 12/16/16 1:19 PM

comparison the explanations in the 2010s lack explanatory contextualisation when the games are directly blamed for the initial need, irrespective of the gamblers' resources or the functioning of society.

The political handling of the Swedish gambling problem is a clear example of how market liberalisations can pave the way for individualisation, medicalisation and depoliticisation of social problems, as has been described in plenty of previous research (Markham & Young, 2014; Collins, 1996; Cohen, 2000; Reith, 2007; Keane, 2002; Campbell, 2011; Reith & Dobbie, 2012; Rantala & Sulkunen, 2012; Borch, 2012; Young, 2013; Alexius, 2014). This liberalisation has however – unlike the development described in predominantly American research – occurred indirectly through EU membership, which has hampered the national control of the gambling market, previously taken for granted. Some resistance – mild attempts to frame gambling problems as a public health issue to counteract the free-market aspirations of the EU – is detectable, but is not as intense as in other EU countries (e.g. Kingma, 2008).

The possibility of increased tax revenues from gambling, which has also been seen as a driving force in the previous research, does not apply to the Swedish case, either, as the national gambling monopoly now rather faces competition on an unregulated gambling market that threatens to reduce the State's revenue from gambling. Gambling liberalisation in the United States has been boosted by opportunities for tax revenue from gambling (Economopoulos, 2006), but the Nordic welfare states are not dependent on the taxation of the gambling industry in the same way as are some US states. It is rather the often overlooked Internet that has been crucial to the development of an open gambling market beyond both intention and control.

When studying the recent political descriptions of problematic gambling as a disease, one is tempted by what the Norwegian criminologist Nils Christie and the Finnish social scientist Kettil Bruun have argued on the so-called fat words. Christie and Bruun (1969, p. 68) maintain that concepts, such as "drug dependence", are "big, fat words without very much content". However, these words are "useful, or functional, for some basic purposes in western societies"; they work as "grease in the social machinery" (Christie & Bruun, 1969, p. 68 & 72). Translated to the gambling problem, it is not that problematic gambling would be an addiction like substance misuse or that it would share the essential characteristics or causal relationships. It is rather that this description admits a similar function where the disease description fits the contextual field surrounding problem gambling – with high welfare-state ambitions, a market-driven liberalisation of gambling, deteriorating possibilities for the nation state to regulate gambling, etc.

This is true not only for the 2010s, it is equally true for the 1970s. The gambling problem in the 1970s also ended up in a logical context of contemporary possibilities and aspirations, market criticism and modernisation, feared alienation and somewhat provincial concerns about foreign influence. It is noticeable that this fear, and an ambition to protect the national gambling monopolies, predates membership in the European Union, illustrated not only by resistance to the American gam-

Unauthenticated
Download Date | 12/16/16 1:19 PM

bling culture in the 1970s but also by the ban on advertising of foreign lotteries already in the 1880s. And despite some party differences, it is striking how unanimous large sections of the Parliament have been when describing the problem. It may be, as one of Sweden's leading experts on gambling, Per Binde (2007, p. 26), writes in one of his reports, that the medical perspective on gambling problems has "a number of practical advantages" over competing perspectives: "This approach presents the problem in terms that are understandable to the common man, it rests on established theories on the human psyche, and it can be applied in the form of prevention as well as treatment interventions". It seems unclear whether applying here means active methods or if it just refers to methods that it is possible to agree politically on. Our study indicates that the latter has been important in the national political debate. The political handling of the Swedish gambling problem therefore serves to illustrate how a possible solution determines how the problem is constructed.

Declaration of interest None.

Johan Edman, Associate Professor
Centre for Social Research on Alcohol and Drugs (SoRAD)
Stockholm University
E-mail: johan.edman@sorad.su.se

Josefine Berndt, PhD Student
Centre for Social Research on Alcohol and Drugs (SoRAD)
Stockholm University
E-mail: josefine.berndt@sorad.su.se

REFERENCES

Alexander, B. (2000). The globalization of addiction. *Addiction Research, 8*(6), 501–526.

Alexander, B., & Schweighofer, A. (1988). Defining "addiction". *Psychologie Canadienne, 29*(2), 151–162.

Alexius, S. (2014). *Ansvar och marknader: vem tar ansvar för marknadens baksida?* Stockholm: Liber.

Allegre, B., Souville, M., Therme, P. & Griffiths, M.D. (2006). Definitions and measures of exercise dependence. *Addiction Research and Theory, 14*, 631–646.

APA (2013). Substance use disorder fact sheet. http://www.dsm5.org/documents/substance%20use%20disorder%20fact%20sheet.pdf. Accessed May 11, 2015.

Berridge, V. (1997). Two tales of addiction – Opium and nicotine. *Human Psychopharmacology*, 12, S45–S52.

Binde, P. (2005a). *Att sälja en dröm – om spelreklam och dess påverkan*. Stockholm: Statens folkhälsoinstitut.

Binde, P. (2005b). Gambling across cultures: Mapping worldwide occurrence and learning from ethnographic comparison. *International Gambling Studies, 5*(1), 1–27.

Binde, P. (2005c). Gambling, exchange systems, and moralities. *Journal of Gambling Studies, 21*(4), 445–479.

Binde, P. (2007). *Spelreklam och spelberoende: en intervjustudie*. Stockholm: Statens folkhälsoinstitut.

Binde, P. (2013a). Gambling in Sweden: The cultural and socio-political context. *Addiction, 109*(2), 193–198.

Binde, P. (2013b). "Spelberoende" och relaterade begrepp: vad betyder de egentligen? *Lotteriinspektionens skriftserie*, 4, 19–38.

Bonnaire, C., Bungener, C., & Varescon, I. (2006). Pathological gambling and sensation seeking – How do gamblers playing games of chance in cafés differ from those who bet on horses at the racetrack? *Addiction Research and Theory, 14*(6), 619–629.

Unauthenticated
Download Date | 12/16/16 1:19 PM

Borch, A. (2012). Perceptions of gambling in households – A case study from Norway. *Addiction Research and Theory, 20*(4), 317–328.

Borch, A. (2015). Problem gambling – A Lacanian Real. *International Journal of Alcohol and Drug Research*, *4*(1), 71–76. doi: 10.7895/ijadr.vXiY.197

Boudreau, A., Labrie, R., & Shaffer, H.J. (2009. Towards DSM-V: "Shadow Syndrome" symptom patterns among pathological gamblers. *Addiction Research and Theory, 17*(4), 406–419.

Campbell, N. (2011). Metapharmacology of the addicted brain. *History of the Present, 1*(2), 194–218.

Cantinotti, M., Ladouceur, R., & Jaques, C. (2009). Lay and scientific conceptualizations of impaired control at electronic gambling machines. *Addiction Research and Theory, 17*(6), 650–667.

Castellani, B. (2000). *Pathological gambling: The making of a medical problem*. Albany: State University of New York Press.

Christie, N. & Bruun, K. (1969). Alcohol problems: The conceptual framework. In M. Keller & T.G. Coffey (Eds.), *Proceedings of the 28th international congress on alcohol and alcoholism*. Vol. 2 (pp. 65–73). Highland Park.

Cisneros Örnberg, J. & Tammi, T. (2011). Gambling problems as a political framing – Safeguarding the monopolies in Finland and Sweden. *Journal of Gambling Issues*, 26, 110–125.

Cohen, P. (2000). Is the addiction doctor the voodoo priest of western man? *Addiction Research, 8*(6), 589–598.

Cohen, S.A., Higham, J.E.S., & Cavaliere, C.T. (2011). Binge flying: Behavioural addiction and climate change. *Annals of Tourism Research, 38*(3), 1070–1089.

Collins, A. (1996). The pathological gambler and the government of gambling. *History of the Human Sciences, 9*(3), 69–100.

Courtwright, D. (2010). The NIDA brain disease paradigm. *BioSocieties, 5*(1), 137–147.

Custer, R. & Milt, H. (1985). *When luck runs out: Help for compulsive gamblers and their families*. New York: Facts on File.

da Silva Lobo, D.S. et al. (2007). Dopamine genes and pathological gambling in discordant sib-pairs. *Journal of Gambling Studies, 23*(4), 421–433.

Davies, J.B. (1997). *The myth of addiction*. Amsterdam: Harwood Academic.

De Geer, H. (2011). *Statens spel. Penninglotteriet, Tipstjänst, Svenska Spel*. Stockholm: Atlantis.

Economopoulos, A. (2006). Opposing the lottery in the United States: Forces behind individual attitudes towards legalisation in 1975. *International Gambling Studies, 6*(2), 267–291.

Edman, J. (2009). What's in a name? Alcohol and drug treatment and the politics of confusion. *Nordic Studies on Alcohol and Drugs, 26*(4), 339–353.

Edman, J. (2012). Swedish drug treatment and the political use of conceptual innovation 1882–1982. *Contemporary Drug Problems, 29*(3), 429–460.

Edman, J. (2013a). An all-embracing problem description: The Swedish drug issue as a political catalyst 1982–2000. *International Journal of Drug Policy, 24*(6), 558–565.

Edman, J. (2013b). An ambiguous monolith – The Swedish drug issue as a political battleground 1965–1981. *International Journal of Drug Policy, 24*(5), 464–470.

Edman, J. (2015). Temperance and modernity: Alcohol consumption as a collective problem 1885–1913. *Journal of Social History*, *49*(1), 20–52. doi: 10.1093/jsh/shv029

Edman, J. & Olsson, B. (2014). The Swedish drug problem: Conceptual understanding and problem handling, 1839–2011. *Nordic Studies on Alcohol and Drugs, 31*(5–6), 503–526.

Edman, J. & Stenius, K. (2014). Conceptual carpentry as problem handling: The case of drugs and coercive treatment in social democratic welfare regimes. *International Journal of Drug Policy, 25*(2), 320–328.

Egerer, M.D., & Marionneau, V. (2015). And that is where the fun ends – General practitioners' conceptualisation of the line between recreational and problem gambling. *Nordic Studies on Alcohol and Drugs, 32*(1), 31–47.

Unauthenticated
Download Date | 12/16/16 1:19 PM

Engels, F. (1887 [1845]). *The condition of the working class in England*. New York: J.W. Lovell Co.

Foster, A.C., Shorter, G.W., & Griffiths, M.D. (2015). Muscle dysmorphia: Could it be classified as an addiction to body image? *Journal of Behavioral Addictions, 4*(1), 1–5.

Fox, R., & Orford, J. (2004). A qualitative study of the meaning of exercise for people who could be labelled as "addicted" to exercise – Can "addiction" be applied to high frequency exercising? *Addiction Research and Theory, 12*(2), 167–188.

France, C.J. (1902). The gambling impulse. *The American Journal of Psychology, 13*(3), 364–407.

Frykman, J. (1988). *Dansbaneeländet: ungdomen, populärkulturen och opinionen*. Stockholm: Natur & kultur.

García-García, I., Horstmann, A., Jurado, M.A., Garolera, M., Chaudhry, S.J., Margulies, D.S., Villringer, A., & Neumann, J. (2014). Reward processing in obesity, substance addiction and non-substance addiction. *Obesity Reviews, 15*(11), 1–17.

Gebauer, L., LaBrie R., & Shaffer H.J. (2010). Optimizing DSM-IV-TR classification accuracy: A brief biosocial screen for detecting current gambling disorders among gamblers in the general household population. *Canadian Journal of Psychiatry, 55*(2), 82–90.

Grall-Bronnec et al. (2015). Fortune telling addiction: Unfortunately a serious topic. *Journal of Behavioral Addictions, 4*(1), 27–31.

Griffiths, M. (2005). Workaholism is still a useful construct. *Addiction Research and Theory, 13*(2), 97–100.

Griffiths, M., Wardle, H., Orford, J., Sproston K., & Erens, B. (2010). Gambling, alcohol, consumption, cigarette smoking and health: Findings from the 2007 British Gambling Prevalence Survey. *Addiction Research and Theory; 18*(2), 208–223.

Gustavsson, A. & Svanell, A. (2012). *Spela lagom! Hur drömmen om snabba pengar gjorde Sverige spelberoende*. Stockholm: Natur & kultur.

Hansen, M., & Rossow, I. (2008). Adolescent gambling and problem gambling: Does the total consumption model apply? *Journal of Gambling Studies, 24*(2), 135–149.

Hellman, M., Schoenmakers, T.M., Nordstrom, B.R., & van Holst, R.J. (2013). Is there such a thing as online video game addiction? A cross-disciplinary review. *Addiction Research and Theory, 21*(2), 102–112.

Holtgraves, T. (2009). Evaluating the Problem Gambling Severity Index. *Journal of Gambling Studies, 25*(1), 105–120.

Husz, O. (2004). *Drömmars värde: varuhus och lotteri i svensk konsumtionskultur 1897–1939*. Hedemora: Gidlund.

Ihrfors, R. (2007). *Spelfrossa: spelets makt och maktens spel*. Stockholm: Företagsekonomiska institutionen, Stockholms universitet.

Inghe, G. (1960). *Fattiga i folkhemmet: en studie av långvarigt understödda i Stockholm*. Stockholm: Stadsarkivet.

Inghe, G., & Inghe, M.-B. (1967). *Den ofärdiga välfärden*. Stockholm: Tiden/Folksam.

Jacobs, D.F. (1986). A general theory of addictions: A new theoretical model. *Journal of Gambling Behaviour, 2*(1), 15–31.

Kaplan, R. (1996). Carrot addiction. *Australian and New Zealand Journal of Psychiatry, 30*(5), 698–700.

Kauṭilya (1923). *Arthaśastra*. Mysore.

Khairkar, P., Tiple P., & Bang, G. (2009). Cow dung ingestion and inhalation dependence: A case report. *International Journal of Mental Health and Addiction, 7*(3), 488–491.

Keane, H. (2002). *What's wrong with addiction?* Melbourne: Melbourne University Press.

Kingma, S. (2004). Gambling and the risk society: The liberalisation and legitimation crisis of gambling in the Netherlands. *International Gambling Studies, 4*(1), 47–67.

Kingma, S. (2008). The liberalization and (re)regulation of Dutch gambling markets: National consequences of the changing European context. *Regulation & Governance, 2*(4), 445–458.

Lesieur, H. & Rosenthal, R. (1991). Pathological gambling: A review of the literature. *Journal of Gambling Studies, 7*(1), 5–39.

Unauthenticated
Download Date | 12/16/16 1:19 PM

Lund, I. (2008). The population mean and the proportion of frequent gamblers: Is the theory of total consumption valid for gambling? *Journal of Gambling Studies, 24*(2), 247–256.

Markham, F. & Young, M. (2015). "Big gambling": The rise of the global industry-state gambling complex. *Addiction Research and Theory, 23*(1), 1–4.

Marks, I. (1990). Behavioural (non-chemical) addictions. *British Journal of Addiction, 85*(11), 1389–1394.

McKibbin, R. (1979). Working-class gambling in Britain 1880–1939. *Past & Present, 82*(1), 147–178.

Mcmillen, J. & Wenzel, M. (2006). Measuring problem gambling: Assessment of three prevalence screens. *International Gambling Studies, 6*(2), 147–174.

Mercer, K. B. & Eastwood, J. D. (2010). Is boredom associated with problem gambling behaviour? It depends on what you mean by "boredom". *International Gambling Studies, 10*(1), 91–104.

Müller-Spahn, F. & Margraf, J. (2003). *Wenn Spielen pathologisch wird*. Basel: Karger.

Norberg, J. (2004). *Idrottens väg till folkhemmet: studier i statlig idrottspolitik 1913–1970*. Stockholm: SISU idrottsböcker.

Orford, J. (2011). *An unsafe bet? The dangerous rise of gambling and the debate we should be having*. Chichester: John Wiley & Sons.

Pallanti, S., DeCaria, C. M., Grant, J. E., Urpe, M., & Hollander, E. (2005). Reliability and validity of the pathological gambling adaptation of the Yale-Brown obsessive-compulsive scale (PG-YBOCS). *Journal of Gambling Studies, 21*(4), 431–443.

PB [Parliamentary Bill] 1970–1975/76; 2012/13.

PR [Parliamentary Record] 1970–1975/76; 2012/13.

Rantala, V. & Sulkunen, P. (2012). Is pathological gambling just a big problem or also an addiction? *Addiction Research and Theory, 20*(1), 1–10.

Raylu, N. & Oei, T. P. S. (2004). The Gambling Related Cognitions Scale (GRCS): Development, confirmatory factor validation and psychometric properties. *Addiction, 99*(6), 757–769.

Reith, G. (1999). *The age of chance: Gambling in the western culture*. London: Routledge.

Reith, G. (2007).Gambling and the contradictions of consumption: A genealogy of the "pathological" subject. *American Behavioral Scientist, 51*(1), 33–55.

Reith, G. & Dobbie, F. (2012). Lost in the game: Narratives of addiction and identity in recovery from problem gambling. *Addiction Research and Theory, 20*(6), 511–521.

Rose, I. N. (1988). Compulsive gambling and the law: From sin to vice to disease. *Journal of Gambling Behavior, 4*(4), 240–260.

Rosecrance, J. (1985). Compulsive gambling and the medicalization of deviance. *Social Problems, 32*(3), 275–284.

Schiebener, J., Laier, C., & Brand, M. (2015). Getting stuck with pornography? Overuse or neglect of cybersex cues in a multitasking situation is related to symptoms of cybersex addiction. *Journal of Behavioral Addictions, 4*(1), 14–21.

Scott, S. (2006). The medicalisation of shyness: From social misfits to social fitness. *Sociology of Health & Illness, 28*(2), 133–153.

Shaffer, H. J., Stanton, M. V., & Nelson, S. E. (2006). Trends in gambling studies research: Quantifying, categorizing, and describing citations. *Journal of Gambling Studies, 22*(4), 427–442.

Smith, D. P., Pols, R. G., Battersby, M. W., & Harvey, P. W. (2013). The Gambling Urge Scale: Reliability and validity in a clinical population. *Addiction Research and Theory, 21*(2), 113–122.

Spencer, D. J. (2009). The oil dependence syndrome. *Addiction Research and Theory, 17*(4), 446–449.

SGOR [Swedish Government Official Report] 2000:50. *Från tombola till Internet – översyn av lotterilagstiftningen*. Stockholm: Fritzes offentliga publikationer.

SGOR 2006:11. *Spel i en föränderlig värld: slutbetänkande*. Stockholm: Fritzes offentliga publikationer.

SGOR 2008:124. *En framtida spelreglering: slutbetänkande*. Stockholm: Fritze.

SGOR 2011:35. *Bättre insatser vid missbruk och beroende: individen, kunskapen och*

Unauthenticated
Download Date | 12/16/16 1:19 PM

ansvaret. Stockholm: Fritze.
SSB [Swedish Statute Bok] 1962–1999.
Svenaeus, F. (2013). *Homo Patologicus: medicinska diagnoser i vår tid*. Hägersten: Tankekraft.
Taylor, C. Z. (2002). Religious addiction: Obsession with spirituality. *Pastoral Psychology, 50*(4), 291–315.
Tengström, A. (2014). *Fiske i P1*. Radio Sweden, August 7, 2014. http://t.sr.se/1nXEJUd.
Toce-Gerstein, M., Gerstein, D. R., & Volberg, R. A. (2009). The NODS–CLiP: A rapid screen for adult pathological and problem gambling. *Journal of Gambling Studies, 25*(4), 541–555.
Volberg, R. A. & Wray, M. (2007). Legal gambling and problem gambling as mechanisms of social domination? Some considerations for future research. *American Behavioral Scientist, 51*(1), 56–85.
Vrecko, S. (2010). Birth of a brain disease. *History of the Human Sciences, 23*(4), 52–67.
Wessberg, G. (2012). Om spel i svensk lagstiftning fram till år 1900. *Lotteriinspektionens skriftserie*, 1, 12–21.
Wohl, M. J. A., Stewart, M. J., & Young, M. M. (2011). Personal Luck Usage Scale (PLUS): Psychometric validation of a measure of gambling-related belief in luck as a personal possession. *International Gambling Studies, 11*(1), 7–21.
Wu, A. M., & Tang, C. S. (2011). Validation of the Chinese version of the gambling motivation scale (C-GMS). *Journal of Gambling Studies, 27*(4), 709–724.
Ye, Y., Gao, W., Wang, Y., & Luo, J. (2012). Comparison of the addiction levels, sociodemographics and buying behaviours of three main types of lottery buyers in China. *Addiction Research and Theory, 20*(4), 307–316.
Young, M. (2013). Statistics, scapegoats and social control: A critique of pathological gambling prevalence research. *Addiction Research and Theory, 21*(1), 1–11.
Young, M. M. & Wohl, M. J. A. (2011). The Canadian Problem Gambling Index: An evaluation of the scale and its accompanying profiler software in a clinical setting. *Journal of Gambling Studies, 27*(3), 467–485.



Unauthenticated
Download Date | 12/16/16 1:19 PM