


# License to Gamble: Discursive Perspectives on the 2019 Reregulation of the Swedish Gambling Market

Klara Goedecke , Jessika Spångberg  and Johan Svensson 

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Article abstract

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## License to Gamble: Discursive Perspectives on the 2019 Reregulation of the Swedish Gambling Market

Klara Goedecke <sup>a,2</sup>, Jessika Spångberg <sup>b</sup>, and Johan Svensson <sup>c</sup>

<sup>a</sup> Centre for Gender Studies, Karlstad University

<sup>b</sup> Department of Public Health Sciences, Stockholm University

<sup>c</sup> Swedish Council for Information on Alcohol and other Drugs and Stockholm Department of Public Health Sciences, Stockholm University

**Abstract:** During the last decades, several European gambling markets have been reregulated. In 2019, it was Sweden's turn; the former oligopoly was replaced by a licensing system. In this article, the governmental inquiry in which the new system was proposed, outlined, and justified is studied using discourse analysis. Medical, public health, and free market discourses have been shown to dominate articulations of gambling in several national contexts, but the ways in which these discourses interact, overlap, and differ are crucial to understand better in order to appreciate the production and legitimation of meanings around gambling. Moreover, the 2019 reregulation has not yet been studied from discursive perspectives; thus, the article makes both theoretical and empirical contributions. The article demonstrates that market and medical discourses structure the inquiry. While they sometimes overlap and merge, their co-existence also causes tensions, for instance regarding whether an increase in gambling is acceptable or not. The article points to a strengthening of market and medical discourses and a weakening of public health discussion within Swedish gambling debates.

**Keywords:** Gambling; privatisation; discourse analysis; Swedish gambling policy; gambling licenses

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In 2019, following the “Gambling licencing public inquiry” (SOU, 2017a; 2017b), the Swedish gambling market was reregulated. A licensing system replaced the old oligopoly wherein gambling had been controlled by state-owned Svenska Spel and a few other operators. While often studied from medical and quantitative perspectives, and as potentially addictive unless enjoyed responsibly, numerous scholars have shown that gambling and meanings around it are produced discursively (e.g. van Schalkwyk et al., 2022). Gambling policies and inquiries are important arenas for articulating what gambling is; they construct problems as “particular sort[s] of ‘problems’” (Bacchi, 2009, p. 1), a process connected to power where alternative articulations are discarded or hidden. However, the Swedish reregulation has only been studied from tax and legal perspectives (Cisneros Örnberg & Hettne, 2018; Hettne, 2017); its ideological foundations and their implications have not yet been discussed.

The gambling field contains multiple discourses, which change historically and vary between contexts. While this research is still underdeveloped, medical,

public health, and neoliberal discourses which see gambling as a market have been shown to dominate articulations of gambling in several national contexts, in policy and beyond (e.g. Reith, 2007). Not only do these discourses co-exist, they converge, overlap, and differ in specific ways, an interplay that is crucial to understand in order to appreciate the production and legitimation of meanings around gambling. The Swedish reregulation offers a chance to study the interaction between central discourses in the gambling field.

The article analyses the main claims, underlying points of departure, and implications of the governmental inquiry which shaped the reregulation of the Swedish gambling market. Using discourse analysis (Bacchi, 2009; Laclau & Mouffe, 2001), we show that two central discourses, the market and the medical ones, shaped the articulations of gambling, gamblers, regulations, and responsibilities. This article addresses the need for more discursive perspectives within gambling research and contributes with an in-depth study of how central discourses in the gambling field

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<sup>2</sup> Corresponding author. Email: [klara.goedecke@kau.se](mailto:klara.goedecke@kau.se) Postal address: Karlstad University, 651 88 Karlstad, Sweden.



interact, overlap, and compete for meaning, using the Swedish reregulation as a case in point.

### **Gambling: Discursive Perspectives**

Gambling studies is a young field dominated by various medical perspectives. However, an emergent body of research employs discursive approaches to understand and critique gambling (e.g. Bacchi, 2009; Reith, 2007; Reith & Wardle, 2022; Selin et al., 2019; van Schalkwyk et al., 2022). Discursive approaches see an entity, like gambling, as socially constructed and in itself unstable. Such entities gain meaning in constant political and rhetorical processes which attempt to achieve stability by excluding competing articulations (Laclau & Mouffe, 2001). As Reith and Wardle (2022) put it, “the choice of language and the setting of parameters within which gambling can be discussed” are central to “the ways that we can and cannot think about gambling, as well as what we can do about it” (p. 71). While religious discourses once shaped understandings of gambling, contemporary discourses include medical, public health, and market ones, emphasising gambling as addictive to the individual, as risky on a population level, and as entertainment and consumerism respectively (Reith, 2007; Reith & Wardle, 2022; van Schalkwyk et al., 2022).

Medical discourses about gambling started to gain traction in the 1970s. Based on psychiatric and neurological ideas, they articulate gambling as addictive and see excessive gambling as pathological and possible to measure with standardised diagnostic instruments (Volberg & Wray, 2007). However, addiction is not a transhistorical, objective diagnosis, but a “cultural-historical understanding” that attempts to *theorise* an excessive behaviour (Borch, 2015, p. 72). While enabling understandings of gambling not as immoral but as compulsive, medical discourses see the problem gambler as irresponsible, irrational, and dependent (Reith, 2007), as “an individual organism whose pathology can be corrected or mitigated by responsibly choosing to seek treatment” while little consideration is given to the gambler as “a social being, a product of particular social conditions” (Volberg & Wray, 2007, p. 67).

Such social conditions are important to public health discourses about gambling, which have become more prevalent in recent decades (Browne et al., 2017; Langham et al., 2016; Productivity Commission, 2010). Public health approaches examine broad impacts of gambling rather than focusing solely on problem and pathological gambling behaviour in individuals (Korn et al., 2003). Wider health, social, and economic costs and benefits are taken into consideration, and the needs of vulnerable and disadvantaged people are centred, as are

prevention and harm reduction. Public health discourses on gambling are complex; in some articulations, they resemble medical views in their focus on addiction, use of epidemiological approaches based on disease models, and efforts to determine links between diseases or lifestyle patterns and loss of healthy life (Sulkunen, 2018). Measuring the efficiency of treatment is another concern linking public health and medical approaches. Additionally, public health discourses may resemble market discourses about gambling (discussed below) when informed, responsible gambling by consumers is emphasised (Reith, 2007; Sulkunen, 2018). Meanwhile, other public health researchers challenge both medical and market views of gambling by highlighting social inequities and the questionable ethics of integrating gambling revenues into state budgets (e.g. Adams, 2016).

Parallel to these medicalised perspectives, gambling is often articulated as a market and as a “consumer product and leisure pursuit” that is “normal and inevitable” (van Schalkwyk et al., 2022, p. 6). The notion of gambling as a market rests on neoliberal ideas, and is common in gambling policies all over the Western world. As an economic theory, neoliberalism advocates minimal state intervention, free trade, and a market that will regulate itself through supply and demand (Holborow, 2012; Reith & Wardle, 2022). However, neoliberalism is also a discourse, legitimating worldviews and producing subjects. In the context of gambling, market discourses articulate gambling as a product like any other and produce subjects as consumers who should “consume, to give in and abandon themselves to the pleasures of self-fulfilment” (Reith, 2007, p. 40).

Critical scholars often point to the fundamental ambivalence at the heart of contemporary understandings of gambling. For instance, Reith (2007) shows that while consumers are expected to give in to the pleasures of consumption, they should also “exercise self-control and restraint” (p. 40). Gambling has a “dual nature” (van Schalkwyk et al., 2022, p. 6), due to the “major tension between profit seeking and harm prevention in the field of gambling” (Selin, 2022a, p. 25). Ideas about “responsible gambling” (RG), now widespread in policy and research, demonstrate this: they are connected to the idea of gambling as a harmless commodity when enjoyed in a responsible fashion, and when subject to responsible government and industry guidelines (e.g. Blaszczyński et al., 2011). However, the stated need for responsibility in itself points to competing meanings; gambling is not just entertainment but associated with risk and abuse. Another example comes from Borch’s (2012) research about gambling discourses in Norwegian newspapers, where she shows

that medical discourses are used to make sense of privately-owned Electronic gambling machines (EGMs) and unregistered online gambling companies from abroad, which become constructed as dangerous and causing addiction. However, state-owned and regulated gambling is understood through market discourses, as harmless consumption.

Medical discourses arguably dominate scholarly and policy discussions about gambling, but they are increasingly accompanied by ideas about gambling as consumption and about responsible gambling (Reith, 2008; see also Cosgrave & Klassen, 2001; Young, 2010). From a discursive perspective, ambivalences and developments like these can be understood in terms of competing understandings of gambling which seek to exclude each other in order to establish a hegemonic, common sense meaning. To simplify, concepts like “responsibility” or discussions about various gambling forms and risk become meaningful in the interplay between, in this case, market and medical discourses, each articulating gambling in a distinct fashion.

By exposing underlying meanings in this manner, contradictions in and consequences of how gambling is articulated may be exposed. For instance, RG approaches are connected to the perception that “those who cannot or will not acquire restraint and knowledge [...] constitute the pathologized or irresponsible minority and are to be viewed as responsible for the harms they experience” (van Schalkwyk et al., 2022, p. 10). Similarly, medical and psychiatric views of gambling “individualize[...] people who experience problems and inoculate[...] government and industry agencies from responsibility for these problems” (Nicoll, 2019, p. 48). The ways in which gambling are articulated matter on ideological, cultural, and practical levels.

In our view, the gambling field is characterised by several over-arching discourses which interact with each other and with other ideas in the process of producing and stabilising meanings of gambling, an interaction which needs closer scrutiny. The aim of this article is to study the interplay of discourses in the inquiry that shaped the reregulation of Swedish gambling, and discuss tensions, overlaps, and implications of how gambling is discussed within it.

### **Swedish Approaches to Gambling**

Swedish gambling debates and legislation are shaped by international ones, most notably those of the EU (e.g. Cisneros Örnberg & Hettne, 2018; Hettne, 2017). During the 20<sup>th</sup> century, Swedish gambling was an oligopoly, dominated by a few state-owned companies and non-profit organisations which were allowed to offer sports

betting, horse and dog racing, lotteries, and bingo, with surplus money falling to the state, the horse industry, and charitable causes. Developments in digital technologies, particularly increased access to the internet, changed the Swedish (and global) gambling scene, raising questions concerning state control, revenues, and health, many of which are discussed in the inquiry analysed in this article. The 2019 reregulation effected a change to a license-based system, a process that was preceded by two decades of reregulations of various European gambling markets (see Kingma, 2008; Loer, 2018; Nikkinen et al., 2018; Rolando & Scavarda, 2018).

Sweden is well known for being a welfare state even if privatisations of several sectors have taken place during the last decades (Bergh & Erlingsson, 2008). Importantly, it has a long history of using state monopolies to protect its citizens; for example, the retail monopoly on alcohol has strong public and political support. The Swedish gambling oligopoly developed during the 1900s, and gambling was subject to parliamentary debates and inquiries during the whole century (Edman & Berndt, 2016; Ihrfors, 2007).

Public health perspectives on gambling, alcohol, and narcotics have been important in Sweden. The “total consumption model”, which emphasises that increased alcohol-related harm is related to increased per capita alcohol consumption, has been central to Swedish debates about alcohol, and can also be applied to gambling (Rossow, 2019). It proposes that alcohol/gambling consumption must be reduced in the whole population, not only among at-risk users. The high taxes on alcohol in Sweden, the alcohol retail monopoly (Norström et al., 2010), and, arguably, the gambling oligopoly should be understood in this context.

Parallel to public health approaches, gambling has been seen both as addictive and as regular consumption in Sweden (Alexius, 2017; Edman & Berndt, 2016; Ihrfors, 2007). Alexius (2017) notes that while *not* selling games was once seen as responsible, a government-run gambling industry signified responsibility in the early 2000s, a development connected to the articulation of the gambler as individually responsible and to the strengthening of neoliberal perspectives. Apart from this research, which covers the time before the reregulation, discursive perspectives have been uncommon in Swedish research; existing research about the reregulation focuses on the harmonisation of Swedish and EU regulations (Cisneros Örnberg & Hettne, 2018; Cisneros Örnberg & Tammi, 2011). Notably, the reregulation of the Swedish gambling market happened in a context where not only public health but also medical and market

discourses were influential. The reregulation entailed both ruptures and continuities in relation to this discursive landscape, a process explicated in depth below.

### Method and Material

In this article, we use the Swedish government inquiry (*Statens offentliga utredningar*, henceforth SOU) called *The gambling licensing inquiry* (*Spellicensutredningen*) as material (SOU, 2017a; 2017b). SOUs constitute grey literature, a type of material that is vital to gambling research (Baxter et al., 2021). SOUs are often appointed to evaluate upcoming policy or legal changes, and have the function of “set[ting] the agenda for the debate” (Bergh & Erlingsson, 2008, p. 87). The present inquiry was initiated in 2015, and the directive from the government was to:

submit proposals for new gambling regulations aimed at creating a gambling market with high consumer protection, high security in games, and clear requirements for being active on the market. The regulation shall be based on a licensing system which means that everyone on the Swedish gambling market shall have permits, and that actors without permits should be excluded. Another starting point is that negative consequences of gambling shall be limited. High consumer protection requires social consideration, with requirements of e.g. moderate marketing. (SOU, 2017b, p. 521)<sup>2</sup>

The inquiry amounts to 1344 pages, and is separated into two parts (SOU, 2017a; 2017b), 33 chapters, and nine appendices. It contains descriptions of the (then) current Swedish gambling situation and makes numerous suggestions which are justified and discussed in some detail. It does not constitute policy *per se*, but the subsequent policy diverged little from the suggestions in the inquiry.

We approached the material using discourse analysis (Bacchi, 2009; Laclau & Mouffe, 2001). Policies advocating certain solutions to problems also produce these problems discursively: drawing on specific discourses, they *articulate* the problems in certain ways. When problems are articulated, certain interpretations of reality are excluded while others are legitimated, and made to seem intelligible or plausible. While some problem representations are unstable and perceived as open for debate, others are established as inevitable or

as common sense; these have become *hegemonic* (Laclau & Mouffe, 2001). Discourses produce *subject positions*; for instance, RG approaches among Nordic state-owned gambling companies have been shown to produce a subject envisioned as making informed, voluntary choices (Selin, 2022b), a responsible gambling subject produced as different from irresponsible problem gamblers (see also Bacchi, 2009, pp. 91-93). As discourses produce meaning they influence how we understand the world; this connects problem representations and policy to *power*.

We conducted our analysis in several steps. After an initial high-level reading of the material as a whole, we divided the chapters between us to undertake a close reading, directing our attention to how claims were (or were not) made and justified, and how gambling and gamblers were described. All authors copied salient segments of text into separate documents, which were shared and extensively discussed. In this process, we combined inductive and deductive approaches which resulted in a broad selection of themes or codes emanating mainly from the material but also from previous research; for instance, we used literature on gambling policy in other national contexts to search for similarities or discrepancies. Our backgrounds in different but overlapping fields (gender studies, gambling policies and epidemiology, and alcohol policies and epidemiology) enriched and nuanced our discussions.

Bacchi (2009) suggests that the discourse analyst must study how issues and problems are represented and which presuppositions underlie the representation, as well as what is left unproblematic and silent. Furthermore, likely effects of this articulation of the problem and subjects that are produced by it must be discussed (p. 48). In practice, this entails studying how comparisons and lists are used in the text, how accountability is achieved, and alternating between looking at the whole of the texts and its details, and using other discursive studies as well as other previous research in order to make the choices and silences in the text visible (Potter & Wetherell, 1994, p. 55).

Using these questions, we re-evaluated the themes. This process entailed re-readings of the material as well as searches for concepts related to the themes we had found. For instance, regarding the description of gamblers, we searched for “gambler”, “consumer”, and “customer”. Text surrounding these terms was copied into a document which was studied by all authors (Potter & Wetherell, 1994, p. 52). Themes were discussed and

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<sup>2</sup> Quotes have been translated from Swedish to English.

then evaluated, in a reiterative, inductive *and* deductive process, resulting in the identification of the most noticeable over-arching discourses in the material, the medical and market ones, and the ways in which their coexistence resulted in ambivalences, overlaps, silences, and inconsistencies. Throughout, we alternated between studying the material as a whole and studying individual chapters, and between engaging with it and with theory and previous research.

Below, we present our analysis, structured in four themes, each representing an aspect of interaction between the medical and market discourses (and, sometimes, public health approaches). We discuss, in turn, the need for new legislation, the gambling market, articulations of gambling subjects, and problems and solutions in the inquiry.

### **The Need for New Legislation**

The changes proposed in the inquiry are wide-ranging. The most important one is the introduction of a licensing system where licenses shall be obligatory for all gambling providers. Land-based international casinos, some lotteries, and EGMs shall operate under state licences, and other lotteries shall operate under licences reserved for public purposes, but all other forms of gambling will be accessible to licensed companies. Moreover, the inquiry proposes changes in several laws and the introduction of a framework law which shall allow governing authorities to introduce further regulations when needed (SOU, 2017a, pp. 279-283).

In order to make these suggestions convincing the inquiry starts by articulating the problems of the old legislation. The growth of online gambling has, the inquiry states, led to a situation characterised by “unregulated” companies and “non-existent” state control when it comes to online gambling and to gambling companies based abroad (SOU, 2017a, p. 23), which escape taxation and whose obligations to their customers is unclear. Present-day legislation is “partial and obsolete” (SOU, 2017a, p. 23). Thus, a regulation that is flexible and sustainable in the long term is needed:

That the Swedish gambling regulation needs modernisation is fully accepted. It stems from a time when all gambling was land-based and has – with some exceptions – not been adapted to the digital development. Everyone with insight realises that the lottery act (1994: 1000) – which constitutes the foundation of the regulation – needs a fundamental overhaul. (SOU, 2017a, p. 255).

The need for a “modernisation” of the Swedish gambling regulations is motivated by technological developments, and is something that, seemingly, “everyone with insight” “fully accept[s]”. Such matter-of-fact formulations have strong meaning-making effects, as other views of the matter become incomprehensible – only those without insight would disagree. The basis of success of the “earlier ‘doctrine’” (SOU, 2017a, p. 260) has disappeared: “When a market changes radically – or when new technology or competition lessens or increases the need for regulation – politics should develop and adjust to these new realities” (SOU, 2017a, p. 259).

Here, the market and technological changes constitute the “reality” while the old legislation constitutes a “doctrine”. To stick to a doctrine rather than adapt to realities is, of course, unreasonable and irrational; this makes the matter-of-fact effect just mentioned even stronger.

The notions that the gambling legislation was passé, that the state had lost control of the gambling market, and of dangers of foreign gambling companies were well-known in Swedish gambling debates before the inquiry (Cisneros Örnberg & Hettne, 2018; Edman & Berndt, 2016; Ihrfors, 2007). Our material thus draws on well-established tropes. As in British and Finnish gambling debates, technology is framed as “an unknown, unforeseeable force, divorced from commercial and political concerns” (Reith & Wardle, 2022, p. 74; see also Selin et al., 2019). We suggest that the inquiry attempts to articulate the need for change as self-evident and apolitical. Relatedly, it envisions a role of policy and politics as *adapting* and *reacting* to change rather than *initiating* it (see also Bacchi, 2009).

### **Just Another Commodity? Market and Medical Discourses at Play**

In practise, the licensing system meant the end of another Swedish oligopoly. The reregulation of the gambling market followed decades of privatisation of pharmacies, forestry, and infrastructure, and the opening up for competitive private companies in the educational and health care systems in Sweden (Bergh & Erlingsson, 2008). This process has been discussed as a dismantling of the social democratic welfare state, and forms part of a neoliberally inspired development discernible also in other parts of the world (Lindbom, 2002).

In line with this, the inquiry emphasises many neoliberal tenets. For example, it proposes that Swedish gambling enters the financial flows of the global

gambling market, and centres freedom and competition between companies:

Good competition is paramount for dynamics and growth in the Swedish economy. Competition furthers efficient production and resource allocation. Competition contributes to opening markets, benefits the establishment of new companies and the development of innovative products. Efficient competition leads to lower prices and products with higher quality for consumers and other buyers. It also entails increased service and freedom of choice, and possibilities for consumers to affect the supply of commodities, services and other utilities. Damaged competition impacts the economy of citizens and consumers. (SOU, 2017b, p. 277)

Competition is central in the material, most notably in discussions about the future relationship between state-owned company *Svenska Spel* and other companies (SOU, 2017b, pp. 277-292).

The proposed reregulation is compared to other discarded state monopolies: “We can and must learn from reregulations of other sectors, nationally and internationally, not least when it comes to organising infrastructure” (SOU, 2017a, p. 225). After stating this, the inquiry goes on to discuss the privatisation of the Swedish banking, electricity, flying, postal, telephone, railway, pharmacy, and motor-vehicle inspection sectors, as well as the reregulation of the Danish, French, British, and Dutch gambling markets (2017a, pp. 232-254). The main topic of discussion is the “bottleneck problem,” that is, how competing companies shall get access to the necessary infrastructure on equal terms, which in the gambling context mostly pertains to the infrastructure enabling horse racing.

In these discussions, gambling is put on par with other societal sectors, all subsequently transformed into markets. The choice of comparisons is significant: the Swedish alcohol retail monopoly system is not discussed despite pertaining to a product, history, and adverse effects similar and related to gambling. Instead, only markets which have gone through privatisations are discussed, and no consumer perspectives of these privatisations are addressed.

Similarly, the international comparisons chosen in the inquiry are significant: the Nordic countries with remaining or reconstructed gambling monopolies (Finland, Norway) are not brought up. Instead, only countries which, at the time of the inquiry, had wholly or partly privatised gambling are discussed. We suggest

that this selection normalises the proposals made in the inquiry as well as the neoliberal market discourses which underlie them.

Despite its centrality, neoliberalism is not mentioned openly. This is not unusual, as doing so “would be to identify [it] as a political world-view [...] [rather than] a natural law” (Holborow, 2012, p. 18). Instead, “atomised, economic behaviour [is reproduced] as outcomes of supply and demand” and as “beyond human control” (Holborow, 2012, p. 19), which gives neoliberalism a hegemonic, (seemingly) apolitical status. Humphreys (2010) suggests that a similar process is taking place within gambling:

The entanglement of money from casino gambling and government funds is increasingly taken for granted as the state of the world, not as a controversial or preventable fact. By becoming linked with a system of practices to which all major industries and politicians subscribe, casino gambling becomes one commercial interest among many. (p. 501)

Our inquiry similarly attempts to construct gambling as one market among many, and we suggest that the market discourse is to some extent normalised, rendered apolitical, within it.

The existence of market discourses inspired by neoliberalism in the gambling context is not surprising as they are common in other gambling contexts and have been adopted in other Swedish markets. However, in light of the strong position of the alcohol monopoly in Sweden and of previous articulations of gambling as a public health issue, we suggest that the reorientation is remarkable.

Market discourses, while strong, were not the only ones in the material. The inquiry does not propose a completely free market, but one where companies must be licensed, as fields like alcohol or gambling have a different “political logic” than other sectors (SOU, 2017a, p. 225). We suggest that gambling is also articulated through medical discourses that produce it as a risky and addictive pursuit:

Research shows that all games come with a risk for gambling problems. Completely risk-free forms of gambling do not exist, but despite that all gambling is problematic, some games among people with gambling problems are more risky. An important aspect is how the regulation of the gambling market shall be adjusted to different forms of gambling which entail a varyingly raised



risk for unsound gambling and other negative social consequences. (SOU, 2017a, p. 308)

The medical discourse is present throughout, in discussions about the dangers of gambling to children and young people (e.g. SOU, 2017a, pp. 257, 288, 596, 731), about vulnerable groups (2017a, pp. 257, 291, 415, 596, 739), and in proposals of various safety mechanisms required of licensed companies (e.g. chapters 16-18 in SOU, 2017a).

Unsurprisingly, the coexistence of the medical and market articulations of gambling results in recurrent ambivalences in the material:

The gambling market can be understood as a homeostatic system that seeks equilibrium in supply, regulation, and level of risk. If an especially risky form of gambling is introduced, we will see an increased number of people who seek help for their gambling problems with this particular form of gambling. [...] The help-seekers are looked after and some of them free themselves of their problems. Meanwhile, the problematic form of gambling in question is noted and the awareness of its risks are spread throughout society. The public becomes aware of the risks, many gamblers with risky gambling habits realise that the game creates problems for them, and they decrease their gambling, gambling companies reassess their gambling responsibility programs, and regulations may be launched. The effect of this is that the damage of the form of gambling in question is reduced. (SOU, 2017a, pp. 599-600)

The view of the gambling market as a homeostatic system, regulating itself through supply and demand, echoes neoliberal ideas. However, "homeostasis" is a biological term, referring to steady internal conditions maintained by organisms. Thus, the term itself connects to both the market and the medical discourses; risks of gambling are envisioned as regulating themselves over time. In this instance, the two discourses reinforce each other, and their differences are glossed over.

However, in the discussion about whether the proposed changes will result in increased gambling and whether this is acceptable, the differences between the two discourses cause considerable confusion. The inquiry's directives stipulate that "[t]he demand of online gambling shall be channelled to secure and controlled offers, in a way that does not lead to increased gambling" (SOU, 2017b, p. 526). This is the

only mention of limiting gambling in the directive. The chapter "Purpose of the law" stipulates that "[t]he gambling in Sweden should be kept at a reasonable level" (SOU, 2017a, p. 287). Later, the inquiry argues that "a completely free market would lead to unforeseeable consequences and likely lead to levels of gambling that are everything but reasonable" (SOU, 2017b, p. 291). These three statements are ambivalent: The one from the directive pertains to online gambling only, and even if the following ones attempt to raise concern about increased gambling in a vague way, the meaning of "reasonable" is never defined. Elsewhere, the amount of gambling is connected to the amount of problem gambling:

The accessibility of gambling has a complex relationship to the scope of gambling and gambling problems. Increased accessibility – more forms of gambling, more distribution channels, more places to gamble and longer opening hours do generally lead to more gambling and more gambling problems. (SOU, 2017a, p. 597)

This view draws upon public health ideas, more specifically the total consumption model and its policy implications, such as reducing overall gambling by reducing accessibility (Rossow, 2019). However, there are also other views:

[I]f online gambling is channelled to "safer and controlled offers", what would be wrong with an increase? It is problem gambling that must not increase. Is there maybe an idea that an increase in gambling automatically leads to an increase in gambling problems? In that case this idea can be discussed. (SOU, 2017a, p. 310)

Here, gambling is seen as disconnected from problem gambling, and the total consumption model is disregarded. Elsewhere, the inquiry states that reregulation will lead to a rise in the number of people playing, since customers who "today are too cautious to gamble will increasingly dare to do so" as games become "more pedagogical and easier to access" (SOU, 2017b, p. 379). This statement, which embraces increased gambling, clearly draws on the market discourse. Additionally, consumer choice is said to reduce risk, which stands in contrast to the reasoning behind the oligopoly, that a *lack* of consumer choice was the safest option.

The ambivalence around increased gambling is, we suggest, one of the most important dissonances between

the market and the medical discourses in the inquiry. An increase in gambling is, on the one hand, uncomplicated or even positive, but on the other hand, it constitutes a risk, especially to vulnerable or irresponsible individuals. Moreover, public health views make a fleeting appearance in the argument about increased gambling being connected to increased problem gambling. The conflict between the medical and market discourses is most visible when the medical discourse temporarily incorporates public health arguments in this manner. Ihrfors (2007) notes a fear of uncontrolled increased gambling in all governmental inquiries of the 1900s (p. 104). In this light, the ambivalence in our inquiry stands out; even if not unequivocal, views of increased gambling as positive do exist. Overall, we suggest that market discourses are strengthened at the expense of medical (including public health) ones. Additionally, the ambiguity within the inquiry offers the gambling industry a lot of leeway to expand its influence over the Swedish gambling market.

### Consumers, Gamblers, and Problem Gamblers

Arguably, those who gamble constitute a focal point in all discourses about gambling. In the inquiry, “gambler” is the most common way of referring to those who partake in gambling; it appears more than twice as often as “consumer”, the second most common term. Additionally, “customer” and “problem gambler” are used repeatedly, while “gambling abuser” (*spelmissbrukare*) and “gambling addict” (*spelberoende*) are only used only a couple of times.

“Consumer” is used in the context of advertising, consumer protection, consumer rights and in discussions about the credit purchase law and the National Board for Consumer Disputes. For instance, it is said that “[t]he new gambling regulation shall further gambling that is sound and safe, and have a high consumer protection” (SOU, 2017a, p. 22). “Consumer” is also used about people who might, for instance, receive advertising: “marketing of gambling to consumers shall be characterised by moderation” (SOU, 2017a, p. 39). “Customer” is used similarly: “[t]he customers, when they interact with a licensed gambling operator, shall be sure that they are dealing with a person or company that fulfils a number of basic demands aimed at protecting the customer” (SOU, 2017a, p. 35). The use of “consumer” and “customer” connects to the point made above that gambling is framed as a commodity like any other with consumers like any others, linked to the market discourse. This formulation of the gambler positions him or her as informed and in control, and

vulnerable only insofar as companies fail to engage in proper consumer protection (see also Selin, 2022b).

Meanwhile, the term “gambler” is used in discussions about how much people gamble, about registration and monitoring of gamblers, about money limits in gambling, registering for the national self-exclusion register, bonuses, quick loans, and in relation to crime. In general, “gambler” is used whenever problems are discussed. The term is thus connected to the medical discourse. While the consumer is implicitly framed as a potential victim to marketing or consumer rights violations, gamblers are framed as more active and less innocent, and their gambling practices might put them at risk:

The purpose of opening up and regulating the online gambling market is to guide the consumers towards responsible, trustworthy, and controllable offers as far as possible. The gambling offers should be so attractive that the gamblers are not tempted by the arenas of illegal [gambling] suppliers (SOU, 2017a, p. 290)

Here, consumers are connected to “responsible, trustworthy and controllable” offers to which they should be “guide[d]”, while gamblers are associated with illegal gambling, by which they may be “tempted”. “Gamblers” are also associated with gambling on unregulated sites: “[a]ctors without Swedish permits” direct their services not to consumers, but to “Swedish online gamblers” (SOU, 2017a, p. 177).

However, at other points the gambler and the consumer merge, as when the inquiry states that “The consumer of a game, that is, the gambler, must be able to trust that the games are just and trustworthy and that winnings are actually paid out” (SOU, 2017a, p. 291). Elsewhere it is stated that “it is the gamblers that the state needs to protect but also get to gamble” (SOU, 2017b, p. 353). These statements are ambivalent and draw upon both the market and the medical discourse, most notably the last one, which posits gamblers as lucrative but also at risk.

While the gambler is often at risk, they are not necessarily seen as suffering from a disorder, unlike the “problem gambler”:

The damage of gambling does not only come as a consequence of the amount of gambling that is consumed but also of the size of the losses made by the gamblers, that is, the value of the amount of gambling that is consumed. A tax which raises the price of gambling therefore risks increasing the losses of the gamblers and thus also the

damage. For problem gamblers this is extra important as their demand on gambling is relatively insensitive to changes in prices [...] problem gamblers reduce their gambling to a lesser degree than normal consumers if the prices go up, while they also lose more money. (SOU, 2017b, p. 179)

In this quote, gamblers *consume* gambling, which strengthens the closeness between the two terms. Instead, the irrational “problem gambler” to whom price spikes make no difference, is introduced and contrasted with the “normal consumer”, associated with responsibility and rationality.

The problem gambler is centred especially in chapter 18, entitled “Gambling – problem and responsibility”. This chapter defines problem gambling as “[being] incapable of limiting the expenditures of gambling or time spent on gambling, which has negative effects for the gambler, concerned others, or for society” (SOU, 2017a, p. 593). It also draws upon definitions from International Classification of Diseases (ICD-10), Diagnostic and Statistical Manual of mental disorders (DSM-5), and the Public Health Agency of Sweden (SOU, 2017a, pp. 593-594). These definitions open the chapter; thus, the “problem and responsibility” in its title are instantly framed as problems of a medical nature affecting individuals.

In this chapter, ideas of problem gamblers are informed by ideas about responsibility:

In principle, every person is responsible for their gambling, alcohol intake, etc. However, in reality, the problem is that for some the sense of responsibility is decommissioned by addiction mechanisms. Erroneous beliefs may distort what is perceived as responsible; one cannot judge it properly. Thus: Those with full capacity to be responsible shall use it of course, and those with limited ability to take responsibility shall be supported and steered in the right direction. (SOU, 2017a, pp. 606-607)

Here, problem gamblers are described as unable to take responsibility due to “erroneous beliefs” and “addiction mechanisms” present in “some”, but not all, gamblers. Many researchers note a growing emphasis on gamblers’ responsibility and self-control in contemporary Western contexts (Reith, 2007; van Schalkwyk et al., 2022; Volberg & Wray, 2007), developments that are noticeable also in our material and in Swedish debates (Ihrfors, 2007; Alexius, 2017).

The idea of responsible behaviour as solution echoes the RG approach, which tends to produce a “hypothetical ‘deficit’, a difference between a pathologized ‘problem gambler’ and an ideal-type ‘recreational’ gambler” (Livingstone & Woolley, 2007, p. 364), an argument that is reminiscent of Reith’s (2007) ideas about consumers who should consume *and* exercise self-restraint. In this quote, responsibility represents the “deficit” that separates problem gamblers from consumers.

The articulation of problem gambling in the inquiry produces certain individuals and lack of responsibility as the problem, and responsible gambling that is done with licensed companies as harmless. However, in one instance the inquiry discusses high-risk, moderate-risk, and low-risk games (SOU, 2017a, p. 303). In this passage, (licensed) games are not seen as inherently harmless. Public health perspectives again make a fleeting appearance, but do not, we suggest, alter the dominant narrative of the inquiry.

The focus on the individual and on responsible gambling as harmless is congruent with both medical and market articulations of gambling. The former tend to see the gambler as “an individual organism whose pathology can be corrected or mitigated by responsibly choosing to seek treatment”, using treatment forms that “heighten the sense of personal and individual responsibility for the disorder” (Volberg & Wray, 2007, p. 67). Within the latter, the gambler is obliged to:

temper his or her enjoyment of the thrills of gambling with a prudent awareness of the risks involved, to exercise self-control, to manage losses and, in extreme cases, even to exclude himself or herself from gambling venues altogether—because no one else will. (Reith, 2007, pp. 40-41)

The overlap between the medical and the market discourse makes the ideas of responsible gambling as harmless and of problems as pertaining to the individual self-evident and difficult to refute. The inquiry thus intensifies the focus on individual responsibility noted by Alexius (2017) while also rejecting solutions and models from the public health field, such as primary interventions to prevent ill-health in the citizenry as a whole.

### **Problems and Solutions: Licensing, Channelling, and Monitoring**

As has already been mentioned, the overarching strategy suggested in the inquiry is the *licensing system*. Licensing was well-known from other European gambling

contexts (Nikkinen et al., 2018), and had been discussed as a solution for Sweden since the early 2000s (Edman & Berndt, 2016, p. 102; Ihrfors, 2007, p. 95). The inquiry studied in this article was initiated in 2015 under the name “The gambling licensing inquiry.” Thus, before it was even under way, licensing had been decided upon as its outcome: “this inquiry has not needed to start from scratch, but has been able to direct its efforts at executing and shaping the licensing system that is requested in its directives” (SOU, 2017a, p. 256). That licensing is proposed as the primary solution to the problems of the Swedish gambling market in the inquiry is thus not unexpected, nor is the lack of exploration of other options.

Various forms of licensing are possible, however: exclusive licenses for a whole sector of the gambling market is one possibility, and a strict limitation of the availability of licenses is another, similar to the decision to allow only four licensed land-based casinos in Sweden. A third possibility is to allow a virtually unlimited number of licensed gambling operators. Remarkably, these alternatives are hardly addressed in the inquiry; they are only present in two short discussions on horse racing (2017a, pp. 333-340) and land-based casinos (2017a, pp. 405-409). Without discussing the range of options, the inquiry recommends an unlimited number of licenses except when it comes to land-based casinos and EGMs, that is, for most of the gambling market. The lack of discussion renders this choice unquestionable and inevitable.

We suggest that the proposal of an unlimited number of licenses accommodates problems as they are formulated within both the medical and market discourses (see also Bacchi, 2009). Within the market discourse, problems of gambling have to do with insufficient competition on the market, which would raise prices, and with dishonest companies who launder money or cheat their customers. Accordingly, the inquiry proposes that licensed companies shall be obliged to take measures against fixing matches, money-laundering, and connections to organised crime (SOU, 2017a, pp. 583, 625, 662), while gambling authorities will give and revoke gambling licenses, required for gambling companies as well as gambling developers (SOU, 2017b). This resembles redemption narratives which suggest that “bringing corporations into the gambling business [will] ‘clean it up,’ taking business away from illegal gambling run by organized crime” (Humphreys, 2010, p. 498). The medical discourse (as it is articulated within the inquiry), frames the problems of gambling as occurring in the realms of health, and risks of addiction. These risks are to be mitigated by other aspects of the licensing

system: customer services arms of gambling companies shall be educated about gambling problems (SOU, 2017a, pp. 611-613), and obliged to contact errant gamblers and inform them about gambling problems, the possibility of applying money limits, self-exclusion, and support organisations and hotlines (SOU, 2017a, p. 621).

A system with an unlimited number of licenses is hereby framed as able to solve gambling problems as they are articulated within *both* the market and medical discourses. This mutual compatibility strengthens and stabilises the proposed solutions; had the potential system only answered one formulation of problems, it would have been less successful at excluding potential competing solutions.

Licensing is linked to two other strategies: *channelling* and *monitoring*. Channelling refers to the need to steer gamblers to licensed gambling options:

The games considered by many the most risky are those that must be channelled. If this does not succeed, the regulation will not, in reality, affect the Swedish gambling market. This has to do with increased consumer power following digitalisation. One of the strongest forms of online consumer leverage is to abstain. An unsatisfactory experience or too high prices often leads to consumers voting with their feet and buying their goods or services elsewhere. (SOU, 2017a, p. 269)

Channelling is not a new idea; it is an important tool to protect state interests in several European gambling legislations (Borch, 2022, p. 235; Selin et al., 2019), and in Sweden, channelling gamblers, winning them back from poker sites abroad, was referred to already in 2005 when *Svenska spel* sought permission to offer online poker (Cisneros Örnberg & Tammi, 2011, p. 117). It was also one of the arguments for launching international casinos in Sweden in 2001.

In order for channelling to work, the games on offer must be competitive. This might “trigger self-energising processes where more aggressive forms of marketing and products are constantly developed to outperform competitors” (Borch, 2022, p. 249). A central idea of channelling is “that some people will gamble anyway, in which case the best thing the state can do is make sure that the games provide maximum possible benefit at minimum possible cost” (Borch, 2022, p. 246). If the desire to gamble is represented as a constant in this manner, the possibility that marketing and product development may *create* new demand becomes unintelligible, and negative consequences of gambling become natural and inevitable. As Selin et al. (2019)

point out *à propos* the Finnish reregulation: “the naturalization of the desire to gamble [...] undermined any calls for gambling policies that decreased demand” (p. 157). This illustrates a kind of resignation, where politics again *react* to the market or to human behaviour, constructed as static.

Channelling steers gamblers to licensed gambling companies, which are obliged to *monitor* gamblers’ behaviour as a part of their duty of protection:

all gambling should be registered. This requirement is suggested partly due to the stricter rules about money laundering and financing of terrorism, partly due to the increased responsibility that is placed on the gambling companies according to the proposed regulation. Registering gambling is a prerequisite to it being possible to monitor the gambler, and with regard to what is known about their income etc, be able to intervene if the gambler exhibits a gambling problem. (SOU, 2017b, p. 346)

Apparently, monitoring will reduce criminal behaviour and thus ensure consumer protection, and it will enable gambling companies to intervene if problematic gambling should occur. Monitoring thus makes a virtue out of what is increasingly normalised in all (online) markets: mapping customer behaviours, which enables companies to engage in increasingly fine-tuned marketing.

Monitoring and channelling, like licensing, are said to ensure consumer protection, lead to increased revenues, and provide companies with data about customers, while also ensuring that problem gambling will be discovered and dealt with. Notably, the gambling industry will be responsible for these measures, while the state will engage in “meta-control or ‘the control of control’” (Kingma, 2008, p. 449), which represents a shift within Swedish gambling.

We suggest that monitoring and channelling, like licensing, speaks to market *and* medical views of gambling. That is, they constitute solutions to problems as they are articulated in both discourses, which render them stable and hard to question. However, there are dilemmas: channelling policies may lead to restrictive marketing, as in Norway, or to increased marketing in order to lead gamblers to licensed options, as in the Netherlands (Borch, 2022, p. 248). Additionally, shall the information collected through monitoring be used for marketing, i.e. increasing gambling, or to reduce the gambling of “big spenders”? These dilemmas are not solved but are left to gambling companies and

authorities to handle. The lack of discussion about them in the inquiry stabilises the market and medical discourses, rendering the ways in which problems are conceptualised within them self-evident.

### Concluding Discussion

In this article, we have studied the interaction between discourses in the inquiry proposing and envisioning the 2019 reregulation of the Swedish gambling market. While multiple discourses, including the medical, market, RG, and public health ones, have previously been shown to be influential in the gambling field, we contribute with in-depth knowledge of how some of them interact. Our analysis shows that while the co-existence of market and medical discourses sometimes causes ambivalences in the inquiry, they often overlap and reinforce each other.

We argue that in some regards the medical and market discourses compete for hegemony in the inquiry. Thus, there is no hegemonic articulation of gambling, no common-sense articulation of what gambling is, or what it means to be a gambler. This instability, this “dual nature” (van Schalkwyk et al., 2022, p. 6), is, we suggest, not surprising, as some properties of gambling render it particularly difficult to “pin down” discursively: gambling can be consumed, but what do you buy when gambling? The immateriality of gambling renders it a “post-commodity”, “more concerned with the production of desire than with the consumption of individual commodities” (Young, 2010, pp. 258-259; see also Cosgrave & Klassen, 2001). And as the multitude of instruments and criteria to measure problem gambling attest, there is no consensus about what problem gamblers are “addicted” to either (Walker, 1996); analogous to Young’s argument, gambling can therefore be seen as a *post-substance*. These qualities make gambling particularly difficult to categorise and open up space for competing understandings, as the inquiry demonstrates. According to Young (2010), the post-commodity nature of gambling renders it paradigmatic of contemporary consumerist culture. Our approach, to discuss the interplay of discourses about gambling, is vital in order to understand the complexity of this unstable discursive field. The interplay and merging of discourses that we have noted illustrate the fluidity and complexity of processes within contemporary capitalism.

Despite this ambivalence, the medical and market discourses in some respects fit together like pieces in a puzzle (see also Reith, 2007): licensing, channelling, and monitoring make sense from both viewpoints, and the view of the gambling subject as an individual unites both discourses. We argue that these discourses form an

unholy alliance; together, they constitute a joint discourse, and in articulations of gambling as harmless to “responsible” consumers, the two discourses are combined in a way that hides the deep-seated conflicts between them. We suggest that this joint market-medical discourse characterises not only Swedish discussions about gambling, but also discussions in several other Western contexts. Our article exposes the process by which the discourses are linked as well as the points of conflict between them. The latter are important; they can, if harnessed, constitute pressure points from which the discussion about gambling and gamblers may be fundamentally challenged.

Conflicts mainly surface at points where public health perspectives appear in the inquiry. As mentioned above, public health discourses about gambling are related to medical ones but also distinct due to their emphasis on prevention and promoting social equity. Unfortunately, they are rare; thus, several important themes that have been explored by public health scholars are overlooked in this inquiry. Besides the total consumption model, such themes include the disproportionate concentration of gambling expenditure among problem gamblers (Fiedler et al., 2019), the aligning of harm with “consumption rather than production” which “divert[s] attention from the corporate practices, economic systems and political decisions” that produce harm (Reith & Wardle, 2022, p. 74; see also Nicoll, 2019), and the “moral jeopardy” among states and NGOs of accepting and managing gambling revenue (Adams, p. 2016). These critiques hold the potential to challenge market and medical discourses; including them would render upcoming debates about Swedish gambling regulations more dynamic.

The silence around such public health critiques, including equality of health concerns, is remarkable as these have been important in Swedish gambling debates, albeit not as prominently as in discussions about alcohol (as demonstrated by the alcohol retail monopoly system). Furthermore, since 2003 gambling has fallen under the purview of the Swedish public health authorities. The strengthening of duty of care and limiting spending policies potentially constitute important tools from a public health point of view, but they are articulated using RG discourses and ideas about the gambler as an individual. The failure to activate public health perspectives in the reregulation process is enigmatic; the referral process of the inquiry and the more general weakening of these discourses in the Swedish context is a topic in dire need of further study. One observation is that there is no gambling equivalent to the temperance movement in Sweden, and that

patient and significant others’ associations are weak when compared to the alcohol field.

This article has demonstrated the importance of employing discursive perspectives not only to describe various discourses about gambling, but to investigate how they relate to each other. In this regard, the article has pushed scholarly discussions about discourses in the gambling field further. More concretely, the article has contributed a deeper understanding of the articulations of gambling that shaped the Swedish reregulation, including by pointing out some of the dilemmas and tensions involved. However, the consequences of the reregulation, that is, the inquiry’s impact on gambling legislation, practices, and finances have not been discussed; this is an important topic for future research. Several countries have discarded gambling monopolies and oligopolies, and remaining ones are contested and in some cases under reconstruction, for instance in the Nordic countries. Hopefully, our results will deepen the understanding of regulative processes of gambling in these countries and of “vice industries” (e.g. alcohol, tobacco, and sugary food) more generally (Hellman, 2017).

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### **Author Details**

Klara Goedecke, PhD, is a gender studies scholar at Karlstad University, Sweden. Her research focuses on men and masculinities from intersectional perspectives, and includes work on men's friendships and men's gambling, using discourse analysis, in-depth interviews, and other qualitative methods. In her current project she studies rest as a political and temporal practice.

Jessika Spångberg (formerly Svensson), PhD, is a public health scientist and gender researcher who works with problem gambling and other public health issues at the Public Health Agency of Sweden. She also conducts research within the REGAPS (Responding to and Reducing Gambling Problems) research program at Stockholm University.

Johan Svensson, PhD, is a public health scientist. His focus is mainly youth alcohol consumption and gambling among youth. His publications also include scientific articles in the field of social media marketing of alcohol and gambling. Svensson conducts research within the REGAPS (Responding to and Reducing Gambling Problems) research program at Stockholm University.