CRITICAL gambling studies

ISSN: 2563-190X. Available Open Access at https://criticalgamblingstudies.com

ORIGINAL RESEARCH ARTICLE

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APA Citation: Korfitsen, J., Samuelsson, E., Forsström, D., & Cisneros Örnberg, J. (2025). Why, by Whom and How? Representations of gambling problems and their solutions in Swedish general administrative court cases. *Critical Gambling Studies*, *6*(1), 68–85. https://doi.org/10.29173/cgs208

Article History:

Received October 17, 2024
Accepted September 17, 2025
Published October 29, 2025

Critical Gambling Studies
Vol. 6, No. 1

Why, by whom and how? Representations of gambling problems and their solutions in Swedish general administrative court cases

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Abstract: To strengthen the right to support for people with gambling problems in Sweden, legislative changes were enacted in 2018. This study aims to critically examine how problems and solutions are represented in 69 appeals concerning gambling treatment within the general administrative court (2014–2022) and to assess how these representations have evolved following the legal amendments. The study employs Bacchi's WPR approach to scrutinize court judgments. The results reveal that gambling problems are unequivocally recognized as severe issues requiring intervention, with both explicit and implicit notions of the problem rooted in the concept of loss of control. Prior to the legal amendments, rulings primarily focused on identifying the responsible actor for providing care, often framed within a medical discourse. Post-amendment, the focus shifted to how treatment needs should be met, emphasizing an evidence-based discourse. These varying representations produce discursive, subjectifying, and material consequences, significantly affecting access to different welfare interventions. The new legislation has solidified the responsibility of social services to provide treatment for gambling problems. However, as the study demonstrates, responsibilization of gamblers occurs not only in policy and treatment frameworks, but also within the court system.

Keywords: gambling problems, problematization, treatment, law, Bacchi

Article History: Received October 17, 2024; Accepted September 17, 2025; Published October 29, 2025
Available Open Access from https://doi.org/10.29173/cgs208

Introduction

Despite its high prevalence in marginalized groups and connection to other psychosocial issues, gambling problems have long been overlooked in social work legislation, research, and practice (Rogers, 2013; Manthorpe et al., 2018). In 2018, Swedish law was revised to clarify municipalities' responsibility to provide support and treatment for gambling problems (Prop. 2016/17:85). These changes, prompted by concerns about limited access to care for gamblers and affected others (Ds 2015:48), equated gambling with alcohol and other drugs (National Board of Health and Welfare [NBHW], 2018). This reform marks a shift in societal responses to gambling problems, potentially expanding individuals' right to treatment. This study examines how the right to treatment has been represented in Swedish administrative court verdicts over time.

Both regulators (Prop. 2016/17:85) and scholars (Heiskanen & Egerer, 2018; Rogers, 2013) have noted the lack of support and treatment for gambling problems, emphasizing the need for greater attention. Several reasons for this neglect have been suggested, including the lower priority given to gambling compared to substance use, the lack of evidence-based treatment methods, and the assumption that few people need or seek

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help for gambling problems (Manthorpe et al., 2018). Treatment-seeking rates among those with gambling problems internationally are estimated at around 20 percent (Bijker et al., 2022). Barriers to seeking help include problem denial, lack of awareness, stigma, but also external factors such as costs, waiting times, and low trust in treatment quality (Loy et al., 2018).

The terminology of gambling problems has varied in Swedish political debate, indicating the phenomenon is subject to negotiation in relation to the available solutions (Edman & Berndt, 2017). Comprehended as a public health issue, gambling problems are characterized by substantial harms for the individual, affected others and society at large (Hofmarcher et al., 2020). In Sweden's welfare system, regional healthcare and municipal social services share the responsibility to offer support and treatment for alcohol and other drugs. Healthcare, responsible for medical prevention, examination and treatment of diseases (SFS, 2017), has been assigned to treat gambling disorder as a psychiatric condition since the classification of "pathological gambling" as a disease in 1980 (NBHW, 2017). Social services have the responsibility to offer psychosocial support and treatment (Stenius & Storbjörk, 2021), initially only for substance use. A 2015 government inquiry called for improved collaboration between these sectors to strengthen gambling support and treatment (Ds 2015:48). As of January 1, 2018, both healthcare and social services are jointly responsible for gambling support and treatment, required to collaborate locally to tailor interventions to personal needs (Prop. 2016/17:85). One of the challenges in the implementation of the reform was that insufficient resources had been allocated to municipalities and regions to ensure access to treatment (Forsström & Samuelsson, 2018). While access to support has generally increased since the 2018 reforms, it remains unclear if the interventions offered can meet the needs of gamblers and their affected others (Forsström & Samuelsson, 2020).

Since Swedish law allows citizens to appeal when denied treatment, the judiciary ultimately shapes the boundaries of welfare. The 2018 legal amendments offer a chance to examine how court proceedings, guided by regulations and political directives, construct assumptions about gambling problems and their management. This study aims to critically analyze how gambling problems and their proposed solutions are represented in gambling treatment appeals within the general administrative courts, and how these representations may have changed following the 2018 legislative amendments. In addition, the underlying assumptions embedded in these representations are examined and discussed in relation to the potential consequences for those concerned.

Discourses on Gambling Problems

Gambling has long been controversial, characterized by moral judgments, conflicting interests, and unclear responsibilities (Alexius, 2017; Reith, 2007). While overall gambling rates are decreasing, those with gambling problems face more severe consequences (Abbott et al., 2018). Since the 1970s, technological and economic developments, influenced by the gambling industry (Reith, 2007), have led to legal adaptations and individual-focused explanations (Edman & Berndt, 2017). According to Livingstone and Rintoul (2020), placing responsibility on individual gamblers discourages effective measures to prevent gambling harm. Instead of addressing structural factors, such as regulating the gambling market or limiting marketing, the burden is largely placed on individuals to manage their gambling through responsible gambling tools (Alexius, 2017; Hancock & Smith, 2017; Livingstone & Rintoul, 2020; Selin, 2015). Gamblers who fail to self-regulate are pathologized (Reith, 2007). The medicalization of gambling as a disease promotes individual treatment measures over broader policy interventions (Edman & Berndt, 2017; Rossol, 2001). This responsibilization extends to

the treatment system, where common approaches like cognitive behavioral therapy and motivational interviewing focus on strengthening individual self-control (Alexius, 2017). Although medicalization is intended to reduce shame and guilt, it can reinforce stigmatization by internalizing compulsory traits and promoting a homogenized view of gambling problem experiences (Fraser, 2016; Rossol, 2001).

Swedish Social Work Law and Regulation

Social work relies heavily on legislation that regulates individual rights and the authority of the Social Welfare Committee (henceforth "committee")—the municipality's formal decision-making body. Anyone unable to meet their needs independently is entitled to assistance from social services (SFS, 2001, 4:1). These measures, such as financial aid, housing, psychosocial support, and treatment, aim to ensure a reasonable standard of living and promote independent living. Decisions must be based on individual assessments of the person's overall life situation (NBHW, 2021), and the committee is responsible for providing the necessary support to help people recover from "abuse" (SFS, 2001, 5:9). Interventions should be planned in agreement with the applicant, based on the best available knowledge, and tailored to individual needs and self-determination, following evidence-based practice (EBP) (NBHW, 2021). EBP, modeled on medical practice, integrates 1) the best research evidence, ideally from randomized control trials, with 2) clinical expertise, and 3) client values, including preferences and expectations, to inform practice decisions (Sackett et al., 2000). Social services officials are thus expected to consider research, professional knowledge, and the help-seeker's needs when making intervention decisions.

When the committee rejects an application, the individual has the right to appeal, a key aspect of upholding the rule of law (Fridström Montoya, 2022). The appeal must present reasons for changing the decision. The committee can review the case, but if the decision remains, the appeal is forwarded to the administrative court. The Swedish legal system has three levels of administrative courts: the Administrative Court ("district court"), which handles disputes between individuals and authorities, including social services appeals; the Administrative Court of Appeals ("court of appeal"), which reviews district court cases with a permit; and the Supreme Administrative Court, which rarely grants review permits and primarily addresses cases that set legal precedents (Swedish Courts, 2020).

Verdicts from the higher court of appeal can shape future legal applications, unlike those from the lower-level district court (Fridström Montoya, 2022). However, district court verdicts may still have prejudicial effects by legitimizing certain decisions in social work practice and guiding municipalities in how they can and should act in similar cases. Courts can overturn committee decisions and set precedents, influencing social work practices by shaping the reasoning behind decisions and intervention designs (Fridström Montoya, 2022). Legal reasoning also reflects societal norms and values, helping to define and address social problems through recommended interventions (Hydén, 2002). Thus, legal discourse plays a role in shaping and reinforcing notions of gambling problems.

Theoretical Framework

The representations presented in court cases can be understood as social constructions, where claims of truth (Burr, 2015) directly and indirectly shape the societal handling of gambling problems and determine people's access to support and treatment. Inspired by Bacchi's (2009) "*What's the Problem Represented to Be*" (WPR) approach, we critically analyze how gambling problems and their solutions are constructed and managed in legal cases. This approach highlights how governing discourses define the problems they aim to solve (Bacchi & Goodwin, 2016). Bacchi (2009:35) defines discourses as "forms of social knowledge that

make it difficult to speak outside the terms of reference they establish for thinking about people and social relations". While setting the stage for what is possible to say and think, the discourses of an issue in court shape public understanding and drive political action, promoting certain solutions while excluding others. As expressions of political governance, they have real consequences for those involved (Bacchi, 2009).

The judiciary plays a central role in producing and reinforcing societal problems. Thus, the assumptions and constructions in legal discourses can be critiqued similarly to political documents (Seear & Fraser, 2014). Political initiatives often follow and are shaped by legal system representations, influencing how problems are framed. Dichotomies, or *binary oppositions*, simplify complex issues and maintain certain representations, privileging one side over the other in hierarchical orders (Bacchi, 2009).

Court cases also engage in the process of *subjectification*, where people are assigned certain characteristics and expectations, creating hierarchical oppositions (e.g., the "sick" gambler versus the "not sick" gambler). These subject positions shape how people perceive themselves and limit their potential actions (Bacchi & Goodwin, 2016). By labeling people as "in need" or "responsible", these subject positions influence the legal process and the solutions offered. Analyzing these subject positions in court reasoning reveals how assumptions about individuals are constructed and legitimized.

Methods

Material

The data for this study is based on Swedish general administrative court cases concerning appeals of gambling treatment decisions from 2014 to 2022. The timeframe was chosen to encompass a significant period both preceding and following the legal amendments in 2018. Official verdicts were sourced from the JUNO and Infotorg databases using Swedish terms for "gambling addiction", "gambling abuse", and "gambling problem" (N=633). The first step in the sampling process was to narrow the focus to verdicts addressing the right to assistance for gambling treatment under the Social Services Act (SFS, 2001, 4:1), leaving 293 relevant cases. Verdicts concerning other issues, such as child protection or assistance for people with disabilities, were excluded (N=340).

In the second step, 208 additional verdicts were excluded because they concerned the right to economic assistance for household and daily living expenses (e.g., housing, electricity, food) rather than specific treatment measures. The third step entailed a detailed review of the remaining 85 verdicts, resulting in the exclusion of 16 cases in which gambling was mentioned only briefly – for instance, in relation to computer gaming concerns or as a complicating circumstance – while the primary focus of these cases was treatment for substance use problems or criminality. This left 69 verdicts specifically focused on appeals for gambling treatment. Of these, 32 cases occurred between 2014 and 2017 (before the legal amendments), and 37 cases occurred between 2018 and 2022. Only 3 of the 69 verdicts were from the higher-level court of appeal.

The verdicts analyzed range from 3 to 10 pages, with an average length of 5 pages (345 pages in total). Each document begins with information about the appellant and the opposing party, followed by a background description that includes the decision made by the committee. The appellant's claims and arguments for why the court should overturn the committee's decision are then presented. The judgment section refers to relevant laws, government bills, and precedent cases, synthesizing documentation such as social service investigations, the appellant's claims, and medical certificates. The verdict concludes with the court's ruling, rationale, and final decision.

Although these documents are publicly accessible, the study underwent ethical review by

the Swedish Ethical Review Authority (no 2018/2021-31/5, 2023-01349-02) due to the sensitive personal data involved. Confidentiality was maintained throughout the analysis, with all personal details removed. Excerpts used in the study were translated from Swedish to English, ensuring the core meaning of the text was preserved.

Coding and Analysis

Following a procedure similar to Stoor et al. (2021), the coding and analysis process was guided by an interpretative approach inspired by Bacchi's (2009) *What's the Problem Represented to Be?* (WPR) framework, in combination with thematic categorization. Coding and analysis were conducted in Word iteratively by the first author and refined over time. The material was initially reviewed both chronologically and comparatively, distinguishing court judgments issued before and after the legal reform. WPR questions 1 and 2 directly informed the coding process, while questions 2, 4, and 5 supported the theoretical operationalization. Due to the limitations in the scope of the material, questions 3 and 6—which address the genealogy and dissemination of problem representations—were excluded from the analysis. The first question—*What is the problem represented to be?*—was applied to explore how gambling problems and their proposed solutions were described and understood in the court cases. The second question—*What assumptions underlie these representations?*—was used to uncover the presuppositions that lent these representations legitimacy and made them appear as taken-for-granted "truths." The fourth question—*What is left unproblematic in these representations?*—helped identify what was omitted or silenced in the court cases, thereby excluding alternative explanations or perspectives. Additionally, the fifth question—*What effects are produced by these representations?*—enabled analysis of how such representations constructed subject positions with particular expectations and responsibilities, especially in relation to eligibility for social welfare interventions. This analytical procedure enabled the identification of both manifest content—what is explicitly stated—and latent meanings embedded in the court cases. In an effort to critically reflect on and mitigate potential biases in the selection of excerpts and the interpretation of data, the first and second authors engaged in ongoing collaborative discussions throughout the analytical process. Final codes were labeled and organized by the first and second authors into three overarching themes centered around the reasons for gambling problems represented as problematic (*why*), the actor considered responsible to solve it (*by whom*), and with which solutions (*how*).

Since court documents are not designed for research, it is important to critically reflect on their specific characteristics and limitations. These documents aim to legitimize rulings, potentially omitting key nuances in the court's reasoning. The verdicts concern cases preceded by a social investigation and appealed by the applicant. The decision to appeal may be tied to certain resources, meaning the cases in this study are not necessarily representative of how social services handle gambling treatment in general. Additionally, the court may have access to investigation documents not included in the materials available for this study, which is important to consider when interpreting the results. The focus of the analysis was directed towards the representations produced by the courts in the included verdicts, to display how different truth claims are created, expressed and influential in the legal process.

Description of Court Cases

Before the 2018 legal amendments, residential care was the most common intervention requested in 27 of the 32 cases. The other five cases involved either external outpatient care or financial aid for treatment costs. The primary reason for rejection by the committee was that the responsibility for support fell under regional

healthcare (19 cases, see Table 1). Other reasons for rejection included the applicant having an economic surplus above reasonable standard of living or the committee deeming the individual's needs already sufficiently met. The court ruled in favor of the appellant in only two cases, while in seven cases, the court annulled the committee's decision, citing inadequate documentation and requiring further investigation.

After the 2018 legal amendments, residential care remained the most common intervention in 26 of the 37 cases. The other 11 cases involved external outpatient care or financial aid for treatment costs. In 28 cases, the committee's main reason for rejection was that municipal outpatient services had not been fully utilized, or that the individual's needs could be met through outpatient care. Only two rejections cited regional healthcare responsibility. The court ruled in favor of the appellant in five cases, annulled two, and rejected 30 (see Table 1).

This comparison highlights a shift in the grounds for rejection after the 2018 amendments, with a reduced focus on transferring responsibility to regional health care and an increased emphasis on exhausting outpatient services before considering residential care.

Findings

The following section presents our findings, organized around the three central themes identified in the analysis. The first theme—An indisputable problem of economy and loss of control—presents why gambling is represented as problematic in the verdicts, revealing relatively consistent representations over time. The subsequent themes display how arguments lead to different solutions and responsibilities before and after the gambling reform. The second theme—Before the legal amendments—a medical discourse discerning care responsibility—centers around who is responsible to solve the problem. In the third theme—After the legal amendments: an evidence-based discourse—the focus is on how the problem should be solved. Excerpts from the verdicts are included to illustrate the analysis, specifying the actor (appellant, committee, or court), court level (district court or court of appeal), year (2014–2022), and case number.

An Indisputable Problem of Economy and Loss of Control

Problem representations are not neutral or self-evident; they are shaped by how the issue is

Table 1. Overview of court rulings and reasons for rejection

	Court cases 2014-2017		Court cases 2018-2022	
	N	%	N	%
Verdict by the court				
Rejection	23	72	30	81
Approval	2	6	5	14
Annulment	7	22	2	5
Reason for rejection by the committee				
Responsibility of regional healthcare	19	59	2	5
Need already satisfied	3	9	7	19
Need can be satisfied through outpatient care	3	9	19	51
Other measures not exhausted	3	9	9	24
Economic means above reasonable standard of living	3	9	0	0
Case not possible to investigate	1	3	0	0
Total	32	100	37	100

understood and addressed (Bacchi, 2009). Most appeals argue for gambling-specific residential or outpatient care due to the severe economic, social, and relational consequences of long-term gambling. In the verdicts, the appellant's gambling is framed as evidently problematic, with both the committee and courts affirming the appellant's claims, using terms like "indisputable", "ascertained", or "not questioned". For instance:

> It is indisputable that [the appellant] suffers from gambling abuse and is in need of care. (Court, district court, 2014, 12370-14)

The gambling behavior is portrayed as severe, with far-reaching negative consequences that legitimizes the need for intervention. Both the court and the committee share the appellant's representation of the problem and need for care, presenting a more or less homogenous view. The verdicts highlight the economic toll of gambling problems, describing unmet basic needs, evictions, and excessive debt that strain social relationships. Economic aspects are framed as both the consequence and cause of the problem.

Another basic assumption in the verdicts is the implicit and explicit connection between the problem and loss of control, described as a compulsory behavior and lack of capacity to self-regulate.

> From the administrative court's point of view, it is clear that [the appellant] lacks the capacity to stop the abuse on [their] own despite having the honest will to do so. (Court, district court, 2019, 4583-19)

Here, the appellant's "honest will" emphasizes that the issue is not lack of motivation but loss of control. This narrative of irrationality and inability to stop gambling appears in both the court's and appellant's representations, justifying the need for treatment. The portrayal of gambling as a problem of control positions individuals as lacking accountability and self-regulation. Appellants often describe themselves as incapable, which, as Bacchi (2009) suggests, creates a subjectification effect. By adopting such subject positions, individuals can legitimize their need for support. The verdicts reveal that this subject position is not only assigned but internalized by appellants to qualify for assistance.

These depictions of gambling problems remain consistent over time, but as we will demonstrate, they often conflict with court expectations about individuals' ability to resolve their issues. In contrast, representations of solutions shift significantly over time, shaped by changes in legislation and legal interpretations.

Before the Legal Amendments: A Medical Discourse Discerning Care Responsibility

Before the 2018 legal amendments, the core issue in court cases is not whether the gambling problems were severe but who was responsible for providing care. The most common reason for the committee to reject care requests is that responsibility falls to regional healthcare. This distinction between the responsibilities of social services and healthcare shapes the understanding of gambling problems and assigns accountability based on whether gambling problems are considered similar to substance use problems. The committee frequently argues that, unlike substance use problems, gambling problems are not their responsibility since no legal mandate at the time existed to prevent or treat it. By framing gambling problems within a medical discourse as a disease, the committee places responsibility on healthcare, creating a circular argument where the problem (a disease) defines the solution (medical care), and vice versa.

> The responsibility to care for, investigate and treat diseases accrues to the regional healthcare according to the law. Gambling addiction is regarded as a disease (in line with the verdict of the court of appeal in [city]). (Court, district court, 2015, 8843-15)

This medical discourse shows the legal proceedings' capacity to reproduce previous reasoning and judgments, lending legitimacy to new verdicts. Other actors, such as medical doctors through their certificates, also shape these representations:

> According to [medical doctor], gambling addiction should be regarded as other addictions. The social welfare committee does not share the doctor's opinion that treatment of gambling abuse should be equated with other addictions. (Court, court of appeal, 2015, 3477-14)

Different assumptions about gambling problems thus coexist, leading to varying ways of understanding and addressing it. These discrepancies demonstrate that the nature of gambling problems is open to interpretation and subject to negotiation. However, the adequacy of each actor to meet the needs of the target group—whether in terms of resources, prerequisites, or competence—remains an invisible concern in the parties' claims. This suggests that the categorization itself, rather than individual needs, is the primary focus.

The court's formative role in the construction of gambling problems is evident in the importance placed on the presence of a diagnosis. In some cases, representing gambling problems as a disease is sufficient to determine responsibility, while in others, judicial judgment is also required. A diagnosis is then considered necessary to hold regional healthcare accountable.

> To be able to attribute care responsibility requires that the gambler has such an advanced consumption of gambling that he or she can be diagnosed as sick. (Court, court of appeal, 2014, 3358-13)

This is particularly evident when the court annulled a committee decision due to the absence of a diagnosis, ruling that the referral of care responsibility to regional healthcare was unfounded. The case was remanded to the committee for reassessment of whether the municipality or the individual gambler should bear the financial responsibility for treatment.

> For a social welfare committee to have the right to deny economic support for gambling addiction treatment by claiming that regional healthcare should bear the responsibility, the investigation must demonstrate that the individual's gambling addiction has been diagnosed as a disease (Court, district court, 2014, 1725-14)

Thus, a diagnosis is framed as a prerequisite for determining care responsibility. The dominance of medical discourse in shaping and understanding gambling problems is also reflected in the evaluation of professional judgments.

> In the social welfare committee investigation, it is stated that [the appellant] according to diagnostic criteria can be regarded as a gambling addict and thereby have the right to care according to the law. The diagnosis however seems to have been made by a case worker without medical expertise. The information should thereby not be accorded importance to in the case. [The doctor] reports in a letter that the clinic does not have the mission or task to treat gambling addiction and that [the appellant] instead should turn to the municipality. [The doctor's] opinion can, according to the court, be seen as a confirmation of that the clinic has not assessed [their] gambling addiction as a disease, which is what the regional healthcare according to the law has the responsibility to investigate and treat. (Court, district court, 2014, 1725-14)

The excerpt illustrates the privileged status of medical professionals, where a doctor's diagnosis

is considered more legitimate than a social worker's assessment. This reflects how discourses establish hierarchies that influence the distribution of rights and privileges (Bacchi & Goodwin, 2016). A diagnosis distinguishes the "sick" gambler—compulsive, pathological, and diagnosed—from the "problematic" but undiagnosed gambler. The "sick" gambler is portrayed as passive and in need of treatment and control, often involving medical care and additional measures like appointing a fiduciary, trustee, or legal representative.

In court cases lacking a diagnosis or adequate healthcare, the individual's right to social assistance becomes central to the legal assessment. According to law, anyone unable to meet their own needs, either independently or through other means, is entitled to support from social services (SFS, 2001). Thus, people with gambling problems could qualify for assistance even before the 2018 legislation established the right to treatment. However, this right depends on meeting the general requirements for economic assistance.

> Unlike treatment for substance abuse, assistance for gambling addiction is contingent upon the individual's inability to meet their needs independently or through other means (Court, district court, 2017, 11914-16).

The distinction between gambling problems and substance use problems at the time reflects different lines of argument. For gambling, the requirement for economic assistance places greater responsibility on individuals to meet their own needs, including the ability to pay for treatment. This leads to discussions about whether individuals have sufficient financial resources to cover treatment costs themselves.

> [The appellant] can with the study allowance pay for the ongoing treatment, since [they have] economic surplus relative to the national standard benefit. Therefore, the need for assistance is considered as met. (Court, district court, 2017, 741-17)

Paradoxically, although treatment needs are often driven by debts and financial hardship, individual capacity is assessed by the committee based on the assumption that the person should have the financial means for treatment, even if they may not actually have them. Another court requirement is that people must actively demonstrate they have exhausted all other support options to qualify for assistance. The ongoing division of responsibility between social services and healthcare often leads to people being referred back and forth due to unclear roles and assignments.

> [The appellant] was referred to psychiatric care after receiving two CBT sessions from their employer, but was denied help and referred to municipal outpatient care. From there, [they were] sent to social services, which in turn referred [them] to district healthcare, only to be sent back to psychiatric care, leaving [them] without assistance. Despite repeated attempts, [the appellant] has not yet secured an appointment at the time of appeal. However, this does not indicate that healthcare has refused to assess [their] treatment needs or provide care in line with the law. Therefore, [the appellant] has not demonstrated that all possible avenues for treatment, aside from economic aid through social services, has been exhausted (Court, district court, 2017, 11914-16).

It is argued (as in other cases, e.g., 3477-14) that the focus is not on whether social services or healthcare is responsible for treatment, but rather on whether the appellant has demonstrated the unwillingness or incapacity of the relevant actor to meet the need. The appellant must provide

sufficient evidence that regional healthcare has evaded its responsibility, in line with the administrative law principle requiring applicants to prove their eligibility. Consequently, the burden of proof that support was requested but not provided falls heavily on the individual. The help-seeker must actively seek treatment, present their case, and prove that healthcare has denied responsibility. Thus, gambling problems are framed as an individual problem, placing the responsibility on the individual to either fund their treatment or demonstrate negligence on the part of the care system. This creates a subject position in which the individual is portrayed as a responsible agent, based on the assumption that they have the capacity to demand their rights. The individual's ability to meet these demands and expectations directly impacts their right to assistance.

After the Legal Amendments: An Evidence-Based Discourse

Following the 2018 legislative changes, medical discourse largely vanishes from court arguments. The amendments solidify the responsibility of social services to provide support and treatment for gambling problems, leading to a decrease in court rejections based on referrals to regional healthcare. Additionally, demands for individuals to cover the economic costs of treatment also diminish in verdicts. The next section presents the evidence-based discourse that has emerged alongside, and is now more prominent than, the medical discourse in post-2018 verdicts.

In the medical discourse, gambling problems were compared to substance use problems to determine responsibility (who is accountable?), while the evidence-based discourse emphasizes treatment choices (how should treatment be delivered?). Appellants often seek residential care for specialized gambling treatment to escape their everyday lives filled with hardships and loss of control. They frame gambling problems as distinct from substance use problems regarding needs and experiences, asserting that recovery requires intensive, gambling-specific care in a community of like-minded peers—something that outpatient care provided by social services cannot adequately address.

In contrast, following the legal amendments, the committee now equates gambling problems with substance use problems, suggesting that specialized care is unnecessary. Individuals are referred to "addiction treatment that all addicts can participate in" (12370-14). The definition of "gambling-specific care" varies and is left to the discretion of the local committee. When gambling-specific care is outside the purview of social services, the responsibility shifts to the appellant to seek treatment through referrals to other providers:

> [The appellant] has been offered certain outpatient care measures and has participated in meetings with alcohol and drug counselors. However, [the appellant] has not attempted the interventions proposed by the committee, such as the Gambling Helpline or online distance treatment (Committee, district court, 2020, 8340-20).

The committee equates long-term residential care with short-term online or telephone support, failing to address the scope or focus of these services. Other individual needs, such as the desire to spend time away from home and escape everyday triggers, are overlooked. Gambling problems are framed as either distinct from or equivalent to substance use problems, depending on the proposed solutions and the parties involved. Regardless, the solution presented by the court most commonly defaults to outpatient care.

The verdicts legitimize certain solutions through evidence-based discourse, particularly by contrasting objective (scientific) knowledge with subjective (individual experience) knowledge. Despite the heterogeneous individual needs, varying conditions, and the importance of

respecting self-determination in assessments (SFS, 2001), outpatient care is presented as the sole solution, with gambling problems assumed to not require intensive measures. This reasoning relies on the assumption that the least intensive intervention should be preferred, as articulated by the court, which cites "scientific studies and international experiences" referring to a government-commissioned inquiry (Ds 2015:48). Additionally, assumptions are made about the inability of residential care to foster sustainable change.

> The social welfare committee contends that placement in residential care may be unsuitable due to the risk of [the appellant] relapsing into gambling abuse once the treatment period concludes (Court, district court, 2020, 8340-20).

At the same time, the potential risk of relapse associated with outpatient treatment is not critically examined. The portrayal of outpatient care as the preferred solution is legitimized by referencing evidence (e.g., "evidence-based and recommended by the NBHW", 2346-20), regardless of whether such evidence is available or absent. In contrast, the lack of available evidence for the residential care sought by the applicant is used to argue against its suitability.

> The residential care that provides treatment for gambling addiction has not been evaluated by independent researchers, leaving the effectiveness of the treatment unclear (Court, district court, 2016, 1424-16).

The use of evidence in the court argumentation does not necessarily imply that it is considered legitimate enough to guide the committee assessments. In the verdict below, the appellant cited research reports supporting the effectiveness of group treatment for gambling. However, the committee counters this by arguing that group treatment is not a prerequisite for achieving effective results.

> There is nothing that confirms that participation in group treatment should be a demand for successful treatment. The municipal outpatient care can offer a manual-based treatment program based on cognitive behavioral therapy (Committee, district court, 2022, 2020-22)

Thus, various forms of evidence are used to legitimize certain arguments, but their value is contingent on the actor's position. The basis for these assessments is often unspecified, rendering 'evidence' a self-evident concept that is frequently taken for granted.

Another tension arises between the appellant's request for a specific intervention and the municipality's emphasis on cost efficiency. The importance of involving the "addict" in treatment decisions is underscored by citing legal precedents.

> In rulings from the Supreme Administrative Court, it is emphasized that it is crucial for addicts to have the ability to choose among different treatment options in accordance with law. When the individual's preference conflicts with that of the committee, all relevant factors should be considered, including the suitability of the proposed care intervention, the costs relative to other options, and the individual's specific requests regarding a particular type of care (Court, district court, 2022, 343-22).

In cases of differing opinions, factors such as suitability and costs should thus be considered. In the verdicts, outpatient treatment is framed as evidence-based, often prioritizing costs over individual choice. The individual's preference is typically acknowledged only after other options have been exhausted. However, in two exceptional cases, the individual's choice was explicitly cited as the basis for overturning

previous committee decisions and approving residential care applications.

> The district court assesses that treatment within supported housing combined with outpatient care does not appear more suitable than residential care. Considerations of costs are lacking, and the social welfare committee has not argued that residential care should be unmotivated with regard to costs. [Their] preference for the intervention must also be taken into account. (Court, district court, 2018, 13117-18)

The court emphasized the ineffectiveness of previous outpatient care and the individual's motivation to participate. However, the final reason for the judgment was the absence of cost considerations in the committee's argumentation. Thus, outpatient care is not necessarily regarded as more suitable than residential care; rather, residential care is framed as "unnecessary", while outpatient care is considered "good enough." This framing suggests that outpatient care is supported not only by evidence-based assumptions but also by economic incentives, with little or no regard to the intention of the law to tailor interventions to individual needs and self-determination.

Evidence both producing and maintaining "the truth" about outpatient care concurrently excludes other possible solutions. To qualify for alternative treatments, people must first attempt and fail with outpatient care. However, it remains unclear how long or to what extent they must engage with outpatient care before it is deemed exhausted. When appellants consider care inadequate, the committee frequently contends that the person has not adhered to the treatment plan, undermining their efforts and needs while placing the responsibility for failed treatment on them.

> The social welfare committee assesses that [the appellant's] needs could be met through outpatient care. However, [they have] previously chosen to terminate treatment before any results could be achieved, feeling that the treatment was insufficiently helpful. The committee argue that the planning could have been adjusted to [their] needs (Court, district court, 2022, 343-22).

When outpatient care is presented as the only suitable option for gambling problems, the shortcomings of inadequate care are rarely acknowledged. In one case, the appellant argued that two counseling sessions per week were insufficient to remedy the problem. The appellant had taken money from his father to continue gambling and lost his job due to theft from colleagues. The court responds:

> [The appellant] participates in outpatient care, which has not been evaluated. It is not proven that the treatment [they have] begun is insufficient to the extent that it will ultimately prevent recovery from his abuse (Court, district court, 2019, 13719-18).

Thus, the appellant is held responsible not only for completing the inadequate counseling but also for demonstrating its general ineffectiveness. As noted earlier, the appellant frequently expresses a need for the limitations and control provided by the specific boundaries of residential care, citing the risk of further self-destructive behavior (7919-17). The court's representations do not address how the ongoing negative consequences should be handled. While acknowledging the problem's nature (loss of control), the court often fails to provide adequate solutions for addressing it.

Following the legal amendments, the focus on evidence in the verdicts reduces differences and nuances, aligning with the clarified obligations of social services to provide treatment. However, this results in a more explicit formalization of need and support. State governance, framed as

evidence in the verdicts, limits individual involvement in decision-making and excludes alternative measures. The marginalization of certain voices and the exclusion of experience-based knowledge are largely left unproblematized in the argumentation. Consequently, gambling problems are represented as homogeneous, with a single care solution deemed sufficient, ignoring individual variations in needs and conditions.

Discussion

This study aimed to critically analyze how gambling problems and their proposed solutions were represented in gambling treatment appeals within the Swedish general administrative courts from 2014 to 2022. Gambling problems were consistently portrayed as severe, marked by financial consequences and loss of control. Assumptions, both explicit and implicit, framed gambling problems as issues of compulsion, depicting the individual as lacking responsibility and self-control. Key similarities and notable differences in problem framings and solutions emerged before and after the 2018 legislative changes.

Before the legal amendments, cases focused on determining whether social services or regional healthcare should provide care. A medical discourse dominated, portraying gambling problems as a disease requiring medical or psychiatric care, often regulated through external control measures. This discourse framed individuals as passive, pathological, and compulsive, with courts using a diagnosis as the key criterion to assign care responsibility. Beyond labeling the need for care as "indisputable", courts distinguished between appellants as either "sick and in need of care" or "in need of care but not sick". In the absence of a diagnosis, individuals were assigned responsibility for managing their care independently, expected to act and prove their entitlement to support. By framing gambling as a medical issue, courts placed significant burden on those seeking help, shaping their access to treatment and privileging specific solutions.

After the legal amendments, the medical discourse gave way to an evidence-based discourse, shifting the focus from who provides care to how care needs should be addressed. With social services' responsibility for support and treatment clarified, the emphasis moved from defining gambling problems to resolving them. In this evidence-based discourse, knowledge became central, with objective (scientific) knowledge prioritized over subjective (experience-based) knowledge, creating a hierarchical dichotomy. Gambling problems were now framed, based on available evidence, as treatable through less intensive outpatient care. Though presented as objective and true, the evidence is often vague and nonspecific.

Social services recipients are often categorized by care providers to align with prevailing norms (Järvinen & Andersson, 2009). Also, political initiatives and economic imperatives shape how substance use problems are constructed to fit available solutions (Moore & Fraser, 2013). Similarly, decision-making processes in authoritative bodies play a role in "doing" gambling problems. When gambling problems are treated as homogenous and solvable through a general solution, individual needs are overlooked. Outpatient care is portrayed as suitable, while failed treatment is attributed to the individual's lack of effort. Treated as responsible subjects, people are expected to comply and experience significant failure before alternative treatments are considered. When outpatient care is framed as the only viable option, supported by evidence or economic factors, the individual's self-determination is disregarded and alternative options excluded. This study highlights how access to necessary treatments is limited, showing how court discourses have material consequences for those affected.

Policy shapes the regulation of law, but courts must interpret laws in practice, defining problems and constructing solutions in line with societal

norms (Seear & Fraser, 2014). Legal discourse and its institutional application can have a significant impact on people's everyday lives (Finegan, 2012). The findings of this study underscore the fluid and pragmatic nature of court argumentation, wherein subjects are frequently assigned simultaneously contradictory characteristics. The shifts observed in how courts approached the relevant rulings before and after the 2018 legislative amendments are best understood in the context of how municipalities and other stakeholders engage with dominant discourses to manage shrinking public resources (cf. Björk, 2018). The allocation of resources to municipalities remains inadequate to ensure the provision of support required by people with gambling problems and their families (Forsström & Samuelsson, 2018). The findings also align with prior research showing that gambling problems remain subject to ongoing definitional processes (Edman & Berndt, 2017). This is evident in how gambling problems are either differentiated from or equated with substance use problems, often in contrast to the more established alcohol and other drugs discourse. In the court verdicts, gambling problems are compared to substance use problems not only in terms of rights but also in terms of need. Court arguments often appear arbitrary, echoing research on how social problems are constructed based on institutional conditions (cf. Moore & Fraser, 2013; Järvinen & Anderson, 2009). This arbitrariness is interpreted through the fluid nature of the phenomena (Reith & Dobbie, 2012), allowing actors to emphasize aspects that align with economic incentives and available solutions (Moore & Fraser, 2013).

The findings can also be contextualized within the broader framework of medicalization, where diverse behaviors are categorized and treated as similar phenomena (Edman & Berndt, 2017). Medicalization serves multiple functions: legitimizing problems, alleviating personal accountability, and appealing to public sympathy (Fraser, 2016; Edman & Berndt, 2017). Within this framework, gambling disorder is framed as stemming from individual personality deficits rather than structural issues, such as gambling availability. This framing aligns with the interests of the gambling industry by placing responsibility on individual gamblers (Alexius, 2017; Livingstone & Rintoul, 2020; Samuelsson & Cisneros Örnberg, 2022; Selin, 2016). The study emphasizes the role of diagnosis in determining treatment eligibility, reinforcing a binary distinction: care for some, but not for others. Medicalization thus shapes access to care, implying that only those with a formal diagnosis are deemed deserving of societal support.

The medicalization of human behavior is closely tied to the implementation of EBP (Lancaster et al., 2017). This study demonstrates how these discourses are prominent in shaping the understanding and management of gambling problems, and to some extent, mutually enrich each other. While the medical discourse is used in court cases ontologically to reason what kind of problem gambling is (and hence who is responsible for solving it), the evidence-based discourse is used epistemologically to value certain knowledge claims that in effect warrant specific solutions in favor of others. By positioning certain knowledge as objective and unquestionable, the evidence-based discourse diminishes the value of lived experience (Lancaster et al. 2017). By framing evidence this way, individual needs are formalized and homogenized, limiting who can define problems and propose solutions (Bacchi & Goodwin, 2016). This contrasts with EBP's original goal of providing scientifically valid, personalized care (NBHW, 2021). In social services, EBP has often led to standardization rather than tailored, person-centered interventions (cf. Stenius & Storbjörk, 2021). In this study, evidence is invoked ambiguously but used to legitimize simplified categorizations of both individuals and treatments. This reliance on evidence obscures the complexity of individuals' needs and experiences. Thus, the governance of knowledge participates more in constructing problems than

addressing them, with courts prescribing "objective" solutions through a process of homogenization.

In the verdicts, almost all needs are seen as manageable through outpatient care, justified by the evidence-based discourse. The widespread recommendation of outpatient interventions, regardless of individual needs or professional assessments, has faced criticism from Swedish authorities (Health and Social Care Inspectorate, 2015) and is viewed in research as part of a broader trend of liberalization and responsibilization. In this approach, help-seekers are made increasingly responsible for their own care (Stenius & Storbjörk, 2021). This reflects a tension between neoliberal ideals of self-governing citizens and the medical discourse framing individuals as pathologically incapable of self-control (Samuelsson & Cisneros Örnberg, 2022). The paradox surfaces in verdicts that depict gambling problems as problems of loss of control, while simultaneously requiring people to prove that regional healthcare is inaccessible and that two counseling sessions per week are inadequate.

Outpatient care, typically short-term and based on cognitive behavioral therapy, is recommended by national guidelines (NBHW, 2018). However, people with gambling problems often face complex challenges, including higher risks of psychiatric disorders, substance use problems (Håkansson et al., 2018), suicide (Karlsson & Håkansson, 2018), debt (Håkansson & Widinghoff, 2020), and relational violence (Dowling et al., 2016). Expecting people to manage their recovery with minimal counseling is often seen as unrealistic by both help-seekers and their families. Moreover, interventions aimed at teaching gamblers to take responsibility reinforce the hegemonic idea of "responsible gambling" promoted by the gambling industry (Alexius, 2017).

Conclusion

Notions of gambling problems are shaped by societal norms, available solutions, and economic interests. The 2018 legal amendments aimed at strengthening individual rights to support and treatment in Sweden have further solidified social services' responsibility. However, individuals still bear significant responsibility to prove the inadequacy of the interventions provided. This responsibilization of gamblers occurs not only in gambling policy, prevention, and treatment, as noted in previous research, but also in how gambling problems are addressed in the court system.

The verdicts are not formed in a judicial vacuum but are influenced by ideological notions that shift responsibility from the welfare system and the gambling industry to the individual gambler. The state's role in shaping the conditions for gambling problems in society is controversial. Despite gambling generating substantial revenue for the state (USD 7.3 million in 2020, The Swedish Agency for Public Management, 2021), people with gambling problems continue to face challenges in accessing necessary support and treatment. The findings of this study, along with the state's financial interest in the gambling market, highlight the need for ongoing critical scrutiny of how society manages gambling problems.

Acknowledgements

The authors would like to thank Associate Professor Per Binde for his valuable contribution to the data collection in this study.

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Funding and Conflict of Interest Statement

The authors declare that they have no competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding for the study was provided within the frame of the Swedish program grant "Responding to and Reducing Gambling Problems – Studies in Help-seeking, Measurement, Comorbidity and Policy Impacts" (REGAPS), grant number 2016-07091 and the project "Dilemmas of help-seeking – needs, experiences and barriers of contact with care in the case of gambling and alcohol problems", grant number 2016-00286 financed by the Swedish Research Council for Health, Working Life and Welfare (Forte).

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