Lutz, Martin; Müller, Uwe: Rauhes Haus lehrt Ansichten des SED-Oberpädagogen. In: Die Welt vom 11.6.2012
Rawls, John: Eine Theorie der Gerechtigkeit. Frankfurt am Main 1979
Rawls, John: Die Idee des politischen Liberalismus. Frankfurt am Main 1994
Ricœur, P.: Das Selbst als ein anderer. München 2005
Rorty, Richard: Solidarität oder Objektivität. Drei philosophische Essays. Stuttgart 1988
Rorty, Richard: Kontingenz, Ironie und Solidarität. Frankfurt am Main 1989
Rosenfelder, Lydia: Lassen Sie uns darüber reden. In: Frankfurter Allgemeine Zeitung vom 17.6.2012
Sack, M.; Ebbinghaus, R.: Was hilft ehemaligen Heimkindern in der DDR bei der Bewältigung ihrer komplexen Traumatisierung. In: Beauftragter der Bundesregierung für die Neuen Bundesländer (Hrsg.): Aufarbeitung Heimerziehung in der DDR. Expertisen. Berlin 2012
Schütze, O.: Zu einigen Problemen sozialer Fehlentwicklung und der Umerziehung. In: Jugendhilfe 3/1964, S. 83-87
Senatsverwaltung für Bildung, Wissenschaft und Forschung (Hrsg.): Heimerziehung in Berlin. West 1945-1975. Ost 1945-1989. Annäherung an ein verdrängtes Kapitel Berliner Geschichte. Berlin 2011
Wapler, F.: Rechtsfragen der Heimerziehung in der DDR. In: Beauftragter der Bundesregierung für die Neuen Bundesländer (Hrsg.): Aufarbeitung Heimerziehung in der DDR. Expertisen. Berlin 2012
Windelband, W.: Geschichte und Naturwissenschaft. Freiburger Rektoratsrede. In: Windelband, W.: Präludien. Aufsätze und Reden zur Philosophie und ihrer Geschichte, Band 2. Tübingen 1915, S. 136-160

IMAGES OF PROBLEM DRINKING AND GAMBLING | German social workers' view on self-governed drinking and game providers' profit motives (Part 2)

Michael Egerer

Zusammenfassung | Glücksspielprobleme sind erst seit Kurzem ein Thema in Deutschland. Diese Studie vergleicht auf der Basis von sechs Fokusgruppen die Vorstellungen deutscher Sozialarbeiterinnen und Sozialarbeiter von problematischem Trinken mit denen von problematischem Glücksspiel. Teil 2 präsentiert die Ergebnisse der Studie und deren Schlussfolgerungen. Die Studie empfiehlt Vorsicht bei der Verwendung substanzbezogener Ansätze „im Paket" zur Bewältigung von problematischem Glücksspiel.

Abstract | In comparison to problem drinking, problem gambling has only recently become an issue of public interest in Germany. Analysing six focus groups, this study compares German social workers' problem-drinking images with those of problem gambling. Part 2 presents the results of the study and its implications. Specifically, the study suggests being cautious when handling problem gambling by copying "a package" of substance-based approaches.

Schlüsselwörter ▶ Alkoholismus ▶ Glücksspiel ▶ Suchtkranker ▶ Sozialarbeiter ▶ empirische Sozialforschung

Introduction | Problem gambling is, in comparison to problem drinking, a rather new subject of scientific enquiry and of welfare-state intervention. The scientific discourse has approached it by incorporating it into the addiction theory (e.g. *Orford* 2001, *Bühringer* et al. 2012) and "Gambling Disorder" has been integrated under the section of "Addictive Disorders" into the Diagnostic manual DSM-5 (*American Psychiatric Association* 2013). How a problem is conceptualised is more than an academic matter: *Ian Hacking* (1999) describes phenomena like addiction as interactive meaning that by conceptualising such issues we also change the gestalt of these phenomena

Results Table 1: Overview discussion topics

		Problem drinking	Problem gambling
Reasons	biological	6/166	2/177
	psychological	49/166	72/177
	social	111/166	103/177
Consequences	biological	70/317	25/208
	psychological	27/317	70/208
	social	220/317	113/208
Handling	medical	12/228	5/128
	psychological	79/228	47/128
	social	137/228	76/128

themselves; theorising addiction as a disease, or as a crime, for example, has a huge impact on how the addicts themselves and people around them act and react. Consequently, the fact that problem gambling is handled in many countries in the context of (substance) addictions has an effect on what problem gambling becomes in these European countries (e.g. *Ministère de la Santé et des Solidarités* 2007, *Sosiaali- ja Terveysministeriö* 2007, *Deutsche Hauptstelle für Suchtfragen* 2009).

This study compares German social workers' problem drinking images with those of problem gambling in order to inquire whether or not participants copy the individualised model of addiction prominent in Germany (e.g. *Spode* 1999). Six focus-group interviews were conducted using six film vignettes as discussion stimulus (*Sulkunen; Egerer* 2009). These vignettes portray alcohol and gambling problems (*Egerer* 2010). A semiotic analysis inquires into what reasons, consequences and possibilities for recovery the interviewees discussed. Now, in Part 2, I am going to present the results, my conclusions, and the implications of the study.

Medical issues play almost no role in social workers' discussions on problem gambling. In fact social workers discuss how problem gambling differs from drinking in not having physical consequences for the gambler. This lack of outward signs is also obviously a matter complicating the identification of problem gamblers in social work practice as the following quote inspired by the stimulus clip from the movie "Owning Mahowny" exemplifies:

I1: But do we know this then, when he comes? Do we know then that he is not gambling? But with his habitus, you know from the outward physical appearance, well groomed and he, indeed, worked at a bank. Then he also represents more, when he asks for a donation.[1]
I3: But then, he would need to tell how much he earns and at least then we would need to say your income is too high [for being eligible for social benefits]. And then he hardly says I want 100 Euro for gambling, because he has gambling debts of a couple of million. (Group no. 2)

In this example quote, interviewee 1 questions social workers' competence in handling problem gambling (especially when compared to problem drinkers): they simply do not know, for example, whom they would need to help. Interviewee 3's comment about the gambling debts offers her colleague the possibility for identification. The harmful consequences of problem gambling can be found more in the social dimension than in the medical and, therefore, it falls into the realm of the social work profession. Social workers' narratives construct problem gamblers as lonely characters, who are ashamed of their irrational behaviour and who get into financial and legal trouble. These problems then also touch those closest to the gambler, as for example the family of a social worker's friend:

I2: I have a good friend who has been paying off his gambling debts now for ten years or so.
I1: Something similar [like in the clip Owning Mahowny] happened to him?
I2: I do not know how much he gambled and so forth; he did not talk about it, but ... That is indeed a crazy thing. The whole family and everything else is drawn into it. (Group no. 6)

1 Social workers in group no. 2 used the term "donation" [Spende] ironically to talk about the social benefits they approve.

The neglect of family obligations has already been identified as a common theme in the Finnish social workers discourse about problem drinking and gambling, and therefore in a context of a "non-medical" approach towards addictions (*Bruun* 1971, *Egerer* et al. 2012, *Egerer* 2013). Here, even in the context of the German "individualised medical" model of addiction (*Spode* 1999) and although the interviewees just watched the clip portraying loss of control (i.e. "Owning Mahowny") and not the neglect of family duties (i.e. "Bord de mer") the modality of obligation serves in constructing the problem gambling in social workers' narratives.

Despite the emphasis of harm being inflicted by problem gamblers on others, they are still discussed more as victims of their circumstances than as holding responsibility for their misery. This is a surprising finding, in the light of the strong individualistic value traits in Germany (*Inglehart; Welzel* 2010). The discourse on the reasons for problem gambling is however twofold: there is the question of responsibility and the question of how to explain why someone ends in problem gambling (*Egerer* 2013). Social workers' explanations for the appearance of problem gambling do not involve biological or medical mechanisms, like genetic reasons, but instead are placed in the social-psychological sphere. Self-medication of problems (mainly created by an unfortunate childhood) via excessive gambling is an important mechanism that is discussed. Furthermore, not only the legacy of a bad childhood, but also the current social context is involved in encouraging problem gambling.

I2: Never stops.
I3: Yes, he never stops. And there I was thinking, someone should have and could have intervened. And then everybody watches [the gambler], great; and when he starts to lose, everybody turns away and ... game over. (Group no. 2)

The social framing of the participating social workers does not end with the responsibility of the immediate bystanders, however, but also questions the motives of the gambling providers and asks the state for intervention.

I3: How can you build such a machine, where you can put in 100 Dollar? My God!
I4: [indistinguishable] also such a thing.
I3: Yes, sure!
I1: That, I think is not the problem.
I3: Right. From the machine producer's perspective totally plausible. (Group no. 1)

Discussing the providers and availability as factors in the creation of the problem is one of the core factors in the total consumption model that is strong in Scandinavia (e.g. *Sulkunen; Warsell* 2012). This model, however, is rather weak in the German alcohol policy. Nevertheless, in all the focus groups this discourse is prominent for gambling, which shows that the focus-group participants do not copy this feature of handling problem drinking for their understanding of problem gambling.

I2: Yes, what really surprises me, with this question: Should someone do something? You can discuss it a lot, like how and what. But, concerning the woman [in the clip "Going for Broke"] I immediately thought: „This should be prohibited!" This was something practical. If it really helps a lot is another question, but in this situation ...
I4: Yes, I also had the impression, if the [slot] machine would not have been there, she would have at least gone home with her groceries, at least for this day. Only the question is ... (Group no. 4)

This example of the discourse on the legislator's responsibility shows that the social workers actively debate the ability of availability restrictions in limiting problem gambling. The participants do not necessarily agree on the efficiency of this measure, but in comparison towards their debate on problem drinking they take this possibility sympathetically into account. What also becomes clear in these debates is the preference for this preventive measure and that the gambling providers and the state alike are held responsible to implement these measures. On the other hand, concerning the recovery, social workers see the problem gambler as a main actor who is obliged to do something about his or her condition. In this they show a similar ascription of responsibility like their Finnish colleagues, but differ from their French counterparts (*Egerer* 2013). This is congruent with my expectation as based on the degree of individualistic value traits in the three countries (*Inglehart; Welzel* 2010). As *Koski-Jännes* et al. (2012) remind us, the ascription of responsibility does not necessarily involve a belief in the addict's competence to do so.

I3: Yes, this would be such a case, where you could hope that one could achieve something to a large degree. Because she started to think by herself; she fought and failed [once].
I2: And I believe, she has mentally, you know, she has an extremely high level of intelligence for perhaps committing herself into therapy. Like, this is for me now out of hand, I see fruits and think about slot machines. I lost everything. There is perhaps still her will to quit. Because she, with her level, can go about it [the therapy]. I mean mentally and emotionally. (Group no. 1)

This quote nicely exemplifies the three steps necessary for a recovery, when asking the participating social workers: first and most of all, there must be the will and wish for the problem gambler to quit. However, no matter how much they want to do that, also a certain degree of intelligence (i.e. competence) is essential to start the process. Still one's inner resources are not enough, but instead outside help (therapy) is indispensable in order to give the problem gambler the ability to recover. In *Brickman* et al.'s (1982) terminology the German social workers consequently follow a compensatory model of helping and coping concerning the inner qualities of their potential client and a medical model – more accurately a treatment model, since they are in fact not talking about medical issues and medical treatment, but treatment in general (*Blomqvist* 2009) – when elaborating the possibilities for recovery. In this process, social workers themselves feel responsible about doing something, but discuss if they really have the resources (abilities) and knowledge (competence) to resolve the problem – they see their role more as counsellors and in connecting the different help providers.

Looking at the results so far, I have to realise that the participants of my study did not copy the individualised medical model of alcohol in Germany and they only partially expressed individualistic value traits. Still they expressed concerns about availability of gambling and therefore discussed this issue in terms of the present gambling legislation in Germany. On the other hand, the analysis of social workers' discussions about problem drinking revealed however that an individualised medical model might be less wide spread among social workers in Germany after all.

This study's participants may discuss biological consequences of drinking more often and as more severe than they do concerning problem gambling. However, the main topic and frame of the alcohol related harm is of a social nature.

I2: Well, the children as well. For them this has obviously not been an unfamiliar picture. Because they lay down to sleep.
You know, it was not like, where is Dad, what can we do, he is gone? We wait and waiting is part of our life.
I1: You function in the system. And there, somehow, to revolt, like normal children in normal families; they lie down on the backseat and basically endure. (Group no. 1)

Moreover, the way into problem drinking is also explained mainly in a social-psychological frame and in a similar way as for problem gambling. Drinking is a wrong coping mechanism learned in childhood and self-medication for life's problems.

I1: But for him it seems that he has been literally drowning his mental sorrows.
I2: Yes. He has no other strategy, not at all.

I1: I belief this is hard, in case you have not experienced that [other strategies] as a child. Like, right, like here in the description [of the clip]: loveless upbringing. Then, I believe, it is difficult to produce positive thoughts and feelings, when you have to live through a negative situation. (Group no. 6)

In comparison with the discussion on problem gambling, the macro dimension of the social frame of explanation, like availability, the state, or alcohol providers' motives are not the topic of the discussion about problem drinking. Furthermore, participants are more critical about the problem drinker's own role in becoming addicted. They ascribe more responsibility towards the drinker than towards the gambler. Even an unfortunate childhood does not allow for letting oneself go and the responsibility remains to cope with one's problems properly.

I1: Yes, he has to watch out that he does not end in such a pattern. Always thinking that life anyway wants only the worst for me. Hence I do not have a possibility and therefore I do not need to quit drinking. Because no one gives me a chance anyway. He has also to reflect differently, or reflect.
I2: First and foremost, the danger with him is that he only succeeds by arousing people's sympathy as they think: Oh, the poor lad/guy. (Group no. 3)

This moral model of helping and coping (*Brickman* et al. 1982) can be considered indeed a mark of a more individualistic society and of an individualistic model of addiction.

As already discussed in the section about problem gambling, responsibility to do something about one's problems, does not necessarily involve also the belief in the competence of the individual to do so. Instead, the interviewees believe in medical interventions (detoxification) and (not further specified) therapy. These are discussed as being able to solve the alcohol problem. However, I could also identify some sceptical voices. The interviewed social workers put more trust in low-threshold activities of the immediate environment, like the family and friends. In comparison to problem gambling, the problem drinker seems to be a common client of this study's participants. Discussions about the role of social work in dealing with the problem drinking are already in number much higher than for problem gambling. These statements are settled between irony,
I4: Yes, to Ms XY [another social worker of the same focus group], she is already looking forward to it [the client meeting]. "Did you drink?" (Group no. 4),
scepticism and cautious optimism,
I8: Somehow reacting, of course. I do not want to create the impression I would not do anything at all, ok? To react, yes, of course. Only: That something lasting follows from it [the social worker's intervention] this we will not achieve with our resources we have here; this is what I wanted to say.
I4: Mh, but I also think that you have to hang in there, to address the issue again and again. (Group no. 4)
and a clear commitment to buffer the social harm
I3: Or we arrange the distance.
I2: At least for the children.
I3: Yes. (Group no. 2)

These three quotes show, parallel to the Finnish social workers' discussions (*Egerer* et al. 2012), how social workers are willing to take the responsibility for protecting the innocent (children) and, on the other hand, questioning their abilities to help the problem drinkers themselves.

Conclusions | In this study I analysed German social workers' understandings of problem drinking and gambling. I also enquired how they see their own role in dealing with these two problems. I hypothesised that these understandings are based on either of three occurrences of culture: the German traditional individualistic and medical model of addiction, the German legislation of alcohol and gambling, or the presence of individualistic value traits.

The interviewed social workers did not use the German medical model of addiction to make sense of problem gambling. In fact, they construct problem gambling in a social frame. Harmful consequences and the reasons for the problem lie in the social sphere. There are financial problems under which the family has to suffer. Self-medicating a bad childhood, egoistic bystanders, game providers' profit motives and an indifferent state are the reasons for the problem. In stark contrast towards participants' and the general German discourse on alcohol, industries' (i.e. game providers') motives and taming these by gambling availability was a big issue in the focus groups and one of the main topics of preventing problem gambling.

In case prevention has not been successful, social workers hold the problem gamblers as being responsible for doing something for their recovery. However, they do not believe the individual is strong enough to do so and trust therapy to achieve this task. The participants are not sure about their profession's position in handling problem gambling, mainly because they doubt being able to identify clients with this kind of problem. These results lead me to the conclusion that the model of addiction and the individualistic value traits have a rather weak impact on how social workers make sense of problem gambling. The gambling legislation however seems to be an important position from which the participants might understand problem gambling.

Looking at the understanding of problem drinking, however, revealed that the approach towards addiction might be less medical in Germany than often assumed. Participants in this study also discussed problem drinking as a social issue, with severe harm towards the drinker's family. Likewise, the reasons for problem drinking are also identified as self-medication of bad social circumstances. Still, following the German liberal alcohol policy, this study's participants do not discuss availability restrictions as a way of dealing with problem drinking; although the social workers describe the drinking consequences as much more severe than those of gambling.

The traditional approach towards alcohol problems, nevertheless, appears in the ascription of responsibility for recovery as well as for the problem. In comparison to interviewees' discussions about problem gambling, the stance on the emergence of problem drinking is more moralistic – the individual has to carry at least some blame. The role of the social workers themselves in dealing with problem drinking is clearer than for problem gambling: alcohol problems are a common experience in social work and the interviewed professionals seem to have a clear pattern in mind as to how to identify and handle the issue, although some might be pessimistic about the outcomes.

These results show that the three occurrences of culture I studied are differently involved in forming social workers' understanding of problem drinking and gambling. The traditional individualistic and medical approach towards addiction and problem drinking is not used to make sense of problem gambling. French social workers exhibit a similar way of talking about problem gambling in similar context to that of a medical model for addiction (*Egerer* 2013) – the medical model seems to be indeed less fit for offering dispositions to make sense of the (non-substance) problem gambling. Furthermore, the "medical" part of this model also has only a weak influence on the understanding of problem drinking, as participants also frame the alcohol issue socially. This is different in the case of French social workers who clearly follow their country's medical model, when discussing problem drinking (*Egerer* 2013).

The legislation of alcohol and gambling seems to be the resource most directly translated for understanding problem drinking and gambling alike. *Pöysti* (accepted for publication) showed this congruence between legislation and recreational gamblers' opinions in France and Finland. The influence of the individualistic value traits in Germany have been most difficult to evaluate, as they are also strongly interwoven with the other two occurrences of culture. The difference in ascription of individual responsibility concerning problem drinking and problem gambling hints, however, towards a weaker influence of the individualistic value traits; otherwise one would expect a rather similar "moralistic" perspective on individual responsibility for both problems.

In Germany, problem gamblers, who wish to quit, attend self-help groups, often modelled after the Alcoholics Anonymous programme, or are treated in the general (substance) addiction out- and inpatient treatment centres (*Quast; Topel* 1989, *Lindner* 1996, *Hörmann* 2000, *Bork; Foerster* 2004, *Füchtenschneider; Petry* 2004, *Meyer* 2009, *Schu* 2013). Considering how different this study's participants understand problem drinking and gambling, I am concerned with the integration of problem gambling treatment into the approach of handling substance-based addictions. There is the danger that by copying the structures of dealing with the "alcohol question" towards the "gambling question" one overlooks possibilities of more suitable interventions. Intervening via availability and prices, i.e. applying the total consumption model, is only weak in the German alcohol policy [2] and the interviewees likewise neglect this drinking prevention measure. However, they seem to favour such an approach in the case of gambling. Copying the German individualised approach towards alcohol

2 With the exception of policies targeting the youth.

and therefore also the liberal alcohol policy towards problem gambling, neglecting the preventive opportunity of a restrictive gambling legislation, would miss implementing an effective measure (e.g. *Dickson-Gillespie* et al. 2008, *Adams* et al. 2009, *Meyer; Hayer* 2010). Furthermore, as the interviewed social workers are in favour of gambling availability restrictions – just like the general population (*BZgA* 2014) – this prevention measure would also be politically easier to retain and/or to implement. This is especially so when imagining the implementation of a restrictive alcohol legislation in Germany.

The reoccurring discussion about the difficulty of identification of problem gamblers, on the one hand, and the basic acceptance of being involved in handling this issue, demands the development of and training in an easy-to-use diagnostic tool for social work practice.

Beside these conclusions, the prominence of a social framing of problem drinking and gambling found in this study poses two future research tasks. Calling something "medical" or medicalised often misses a specific definition and lumps such different things as power, practices, conceptualisations, institutions or actors under one label (e.g. *Alanko; Sulkunen* 2013 for a critique of the medicalization claim). Upcoming studies need to address the issue of medicalization in more detail and especially in relation to problem gambling, where culture works directly on the body (*Rantala; Sulkunen* 2012). Second, the emphasis on social issues also has to be studied as an expression of social workers' historically situated position in the welfare state: they are concerned with the social well-being of their clients and their possibilities of intervention are also grounded in the social realm (*Egerer* et al. 2012). Consequently, future enquiries should also place attention on this facet of social workers' context, namely the profession's history in Germany, which can serve as a source of dispositions to handle and make sense of problem gambling.

Dr. Michael Egerer, *Dipl.-Soziologe, ist wissenschaftlicher Mitarbeiter an der sozialwissenschaftlichen Fakultät der Universität Helsinki. E-Mail: michael.egerer@helsinki.fi*

Acknowledgement | This study was funded by the Finnish Foundation for Alcohol Studies.

References

Adams, P.; Raeburn, J.; de Silva; K.: A Question of Balance: Prioritizing Public Health Responses to Harm from Gambling. In: Addiction 5/2009, pp. 688-691

Alanko, Anna; Sulkunen, Pekka: Who is Well? A Critique of the Medicalization Thesis. Unpublished manuscript 2013

American Psychiatric Association: Substance-Related and Addictive Disorders fact sheet. Arlington 2013. In: http://www.dsm5.org/Documents/Substance%20Use%20Disorder%20Fact%20Sheet.pdf (Abruf am 14.1.2015)

Blomqvist, Jan: What is the Worst Thing You could get Hooked on? Popular Images of Addiction Problems in Contemporary Sweden. In: Nordic Studies on Alcohol and Drugs 4/2009, pp. 373-397

Bork, S.; Foerster, K.: Psychiatrische Begutachtung bei problematischem Spielverhalten. In: Sucht 6/2004, S. 368-73

Brickman, Philip et al.: Models of Helping and Coping. In: American Psychologists 4/1982, pp. 368-84

Bruun, Kettil: Finland: The Non-Medical Approach. In: Kiloh, L.G.; Bell, D.S. (eds.): Proceedings of the 29th International Congress on Alcoholism & Drug Dependence. Butterworths 1971

Bühringer, Gerhard et al.: Universal Characteristics and Consequences of the Addiction Syndrome. In: Shaffer, J. (ed.): APA Addiction Syndrome Handbook. Washington D.C. 2012

BZgA – Bundeszentrale für gesundheitliche Aufklärung: Glücksspielverhalten und Glücksspielsucht in Deutschland. Ergebnisse des Surveys 2013 und Trends. Köln 2014

Deutsche Hauptstelle für Suchtfragen: Jahrbuch Sucht 2009. Geesthacht 2009

Dickson-Gillespie, L. et al.: Preventing the Incidence and Harm of Gambling Problems. In: Journal of Primary Prevention 1/2008, pp. 37-55

Egerer, Michael: Gate Keepers' Images of Addiction in Finland, France, and Germany. The Film-Clips in the Group Interviews. Helsinki 2010

Egerer, Michael: Problem Drinking, Gambling and Eating – Three Problems, One Understanding? A Qualitative Comparison between French and Finnish Social Workers. In: Nordic Studies on Alcohol and Drugs 1-2/2013, pp. 67-86

Egerer, Michael; Hellman, Matilda; Sulkunen, Pekka: Autonomy and Protection in the Welfare State: Finnish Social Workers' Views on Alcohol Problems. In: Hellman, Matilda; Roos, Gun; Wright, Julius von (eds.): A Welfare Policy Patchwork: Negotiating the Public Good in Times of Transition. Stockholm 2012

Füchtenschneider, I; Petry, J.: Game Over. Ratgeber für Glücksspielsüchtige und ihre Angehörigen. Freiburg im Breisgau 2004

Hacking, Ian: The Social Construction of what? Cambridge et al. 1999

Hörmann, G.: Ein Curriculum über „pathologisches Glücksspielen" zur Qualifizierung von Beratern/Therapeuten. In: Sucht 5/2000, S. 341

Inglehart, R.; Welzel, R.: Changing Mass Priorities: The Link between Modernization and Democracy. In: Perspectives on Politics 2/2010, pp. 551-567

Koski-Jännes, Anja; Hirschovits-Gerz, Tanja; Pennonen, Marjo: Population, Professional, and Client Support for Different Models of Managing Addictive Behaviors. In: Substance Use & Misuse 3/2012, pp. 296-308
Lindner, A.: Stationäre Behandlung von Glücksspielern. In: Fett, A. (Hrsg.): Glück-Spiel-Sucht. Konzepte und Behandlungsmethoden. Freiburg im Breisgau 1996
Meyer, G.: Glücksspiel – Zahlen und Fakten. In: Deutsche Hauptstelle für Suchtfragen: Jahrbuch Sucht 2009. Geesthacht 2009
Meyer, G.; Hayer, T.: Problematisches und Pathologisches Spielverhalten bei Glücksspielern. Epidemiologie und Prävention. In: Bundesgesundheitsblatt 4/2010, S. 295-305
Ministère de la Santé et des Solidarités: La Prise en Charge et la Prevention des Addictions Plan 2007-2011. Paris 2007
Orford, Jim: Excessive Appetites. A Psychological View of Addictions. Chichester 2001
Pöysti, V.: Comparing Recreational Gamblers' Attitudes Towards National Gambling Configurations: A Qualitative Perspective. In: Journal of Gambling Issues (accepted for publication)
Quast, C. von; Topel, K.: Spieler-Selbsthilfegruppen in der Bundesrepublik – Eine Bestandsaufnahme. Frankfurt am Main 1989
Rantala, Varpu; Sulkunen, Pekka: Is Pathological Gambling also an Addiction and Not just a Big Problem? In: Addiction Research & Theory 1/2012, pp. 1-10
Schu, M.: Glücksspielsucht und was in Hessen dagegen getan wird. In: neue caritas 1/2013, S. 12-15
Sosiaali- ja Terveysministeriö: Rahapelihaittojen ehkäisy 2008. Helsinki 2007
Spode, Hasso: Alkoholismusprävention in Deutschland. In: Legnaro, Aldo; Schmieder, Arnold: Jahrbuch Suchtwirtschaft. Münster 1999
Sulkunen, Pekka; Egerer, Michael: Reception Analytical Group Interview: A Short Introduction and Manual. Helsinki 2009
Sulkunen, Pekka; Warsell, Leena: Universalism against Particularism. Kettil Bruun and the Ideological Background of the Total Consumption Model. In: Nordic Studies on Alcohol and Drugs 3/2012, pp. 217-232