

# Gambling Disorder: The Data from Samsun Province

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## Main Points

- Nowadays, due to the increased availability of technology and ease of access, gambling disorder has begun to attract more attention and has become a social problem.
- Gambling disorder is more common in those with alcohol and substance users.
- As a behavioral addiction, gambling disorder leads to detrimental effects in many areas similar to those of alcohol and substance use disorders.
- The rate of harm suffered by the individuals in any area due to gambling behavior is quite high, especially in terms of family and financial losses.
- As such, it is critical to consider the gambling behavior of at-risk individuals and those who use alcohol and other substances and seek treatment for the possibly accompanying psychiatric disorders.

## Abstract

This study aims to identify the characteristics of patients who sought treatment for gambling disorder in the province of Samsun. The study data were obtained from the files of individuals who were referred to the AMATEM polyclinic for gambling problems. Almost all of the individuals with gambling disorders were males. The mean age was  $35.7 \pm 9$  years, the mean age of onset of gambling was  $24.1 \pm 8$  years, and the mean time spent on gambling was  $10 \pm 2$  years. Of the patients, 88.2% were smokers, 67.6% were alcohol users, and 11.8% were substance users. The most favored games included Sports Toto/Loto/Bets and online gambling and betting games. Of the patients, 64.7% were gambling every day. The rate of harm suffered due to gambling behavior was 85.6%. The most affected area was family relationships, followed by financial problems. Gambling disorder leads to detrimental effects in many areas similar to those of alcohol and substance use disorders. The rate of harm suffered by the individuals because of their gambling behavior is quite high. It is necessary to create support opportunities that people can easily access before they lose control of their gambling behavior.

**Keywords:** Addiction, behavioral addiction, gamblers, gambling, gambling disorder

## Introduction

Behavioral addictions have today acquired a different dimension in the category of addictions and are emerging as a new category of addiction that is not solely based on substances. It has similar characteristics to alcohol and drug abuse in many respects (Deveci, 2020).

The Turkish Language Association defines the word “gambling” as “a game of chance played for money” (Turkish Language Association, 2021). The games that are played to get more than the money staked

are called “gambling” (Elmas et al., 2017). Activities such as card, dice and okey games, sports betting, lottery, horse racing, and casino games are the most popular forms of gambling. Along with the development of digital environments and ease of access, virtual gambling has also been a frequent topic of debate in recent times.

Most of the gamblers do not suffer from loss of control and functionality, and gambling is most often performed for recreational purposes only. This type of gambling is called social gambling, which accounts for 80 – 85% of the gamblers. There exist

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tolerable levels of loss, and the duration of the behavior is limited. In the case of problematic gambling, individuals spend a significant amount of time on gambling, where social boundaries are crossed and gambling-related problems begin to arise in the individual's life. Despite the unfavorable outcomes, the amount of money spent as well as the frequency of gambling and the risks taken increases. The most advanced form of gambling behavior is the gambling disorder (Altıntaş, 2018).

Gambling addiction was first introduced into psychiatric classifications in 1980 with the definition of "Pathological Gambling" in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)-3*. In 2013, it was first defined as an addiction by the American Psychiatric Association (APA, 2013) under the term Gambling Disorder with the *DSM-5* (APA, 2013).

Gambling disorder involves a behavioral addiction whereby gambling is continued despite numerous physical, psychological, social, and economic problems, legal troubles, or criminal behavior and where the individual loses control of the urge to gamble, followed by excessive and repetitive behavior and a craving for the behavior (Altıntaş, 2018; Dalbudak, 2020; Evren & Bozkurt, 2016). In studies conducted in our country, Turkey, similar rates have been reported for gambling disorder, which is observed at a rate of 1-2% in developed countries (Altıntaş, 2018; Aslan et al., 2021; Vayisoğlu et al., 2019). This study aims to identify the characteristics of patients who applied for the treatment of gambling disorder in the province of Samsun.

## Methods

### Participants

Data of the patients were obtained retrospectively from the data of those who applied to the AMATEM-Behavioral Addiction Polyclinic of a Mental Health and Disorders Hospital during the period from July 1, 2020, to November 15, 2021, for gambling problems. The diagnosis of gambling disorder was confirmed by a psychiatrist on the basis of the criteria of the *DSM-5* (APA, 2013). Ethics committee approval was obtained for this study.

### Sociodemographic Data Form

The researchers created a sociodemographic data form that assessed the participants' age, gender, education, marital status, employment status, income level, smoking, alcohol and substance use, type of gambling, and the level of harm suffered due to gambling.

### Statistical Analysis

For the statistical evaluation, the Statistical Package for the Social Sciences 25.0 Package Program was used. Descriptive statistics were reported as mean  $\pm$  standard deviation for continuous numerical variables with normal distribution, and categorical variables were reported as number of cases ( $n$ ) and percentage (%).

## Results

The mean age of the patients included in the study was  $35.7 \pm 9$  years, the mean age of onset of gambling was  $24.1 \pm 8$  years, and the mean time spent on gambling throughout life was  $10 \pm 2$  years. Of the patients, 97.1% were males, 52.9% were

university graduates, 64.7% were married, and 61.8% had children. Of those with gambling disorders, 88.2% were smokers, 67.6% were alcohol users, and 11.8% were substance abusers. Table 1 shows the sociodemographic data of the patients.

For the patients, the most preferred games were Sports Toto/Loto/Bets. The second most popular form was online gambling and betting games, followed by casino games in third place. Table 2 shows the gambling activities of the patients.

It was noted that 64.7% of the patients gambled every day and 94.1% preferred to gamble alone. Of these, more than half had at least one gambling friend in their immediate circle. Of the surveyed individuals, the rate of harm suffered due to gambling at the family, social, economic, or legal level was 85.3%. As a result of gambling, 67.6% of patients suffered familial harm, 8.8% suffered social harm, 47.1% suffered financial harm, and 5.9% suffered legal harm. Table 3 presents the data on the patients' gambling characteristics.

## Discussion

Gambling has been practiced in almost all societies and cultures since ancient times (Allcock, 1986). There are many types of gambling, including both legal and illegal. While some people engage in gambling activities for recreational or social purposes, the incidence and severity of gambling gradually increases in others. Eventually, the individual loses the control of his/her gambling habits and develops a gambling disorder.

Our study found that almost all gamblers were males, the mean age was about 36 years, the mean age of onset of gambling was about 24 years, and the mean time spent on gambling was about 10 years. Many studies have shown that gambling disorders are more common among young people and men (Çakmak & Tamam, 2018; Elmas et al., 2017; Erdogdu, 2020; Johansson et al., 2009). It has been found in studies in our country, Turkey, that the mean age of those with gambling disorders is about 33 years and the mean time spent on gambling is 8 years (Elmas et al., 2017; Soyata et al., 2015). The data we obtained in our study are consistent with previous studies.

The majority of those seeking help for gambling problems are found to have graduated from either high school or university (29.4% and 52.9%, respectively). The findings on educational levels and gambling disorders are complex. Despite the fact that in some studies low educational levels and in others high educational levels have been shown to be associated with gambling, it is generally argued that there is no relationship between educational levels and gambling disorder (Bondolfi et al., 2008; Johansson et al., 2009; Kessler et al., 2008; Myrseth et al., 2010). The studies on pathological gambling conducted in our country, Turkey, and in Cyprus, show that the educational level of the study participants is similar to that in our study (Cakici, 2012; Elmas et al., 2017).

Our study found that 64.7% of gamblers were married and 61.8% had children. It is reported that most people who gamble are married and that being married is among the risk factors for developing gambling disorder (Bondolfi et al., 2008; Cakici, 2012; Johansson et al., 2009; Soyata et al., 2015).

Table 1.  
Sociodemographic Data of the Patients

	n	%
Sex		
Male	33	97.1
Female	1	2.9
Education		
Primary	3	8.8
Middle	3	8.8
High	10	29.4
University	18	52.9
Marital status		
Single	6	17.6
Married	22	64.7
Divorced	5	14.7
Other	1	2.9
Number of children		
None	13	38.2
One	10	29.4
Two	8	23.5
Three	3	8.8
Living with		
Parents	10	29.4
Spouse – child	21	61.8
Alone	3	8.8
Working status		
Working	31	91.2
Non-working	3	8.8
Income of the family		
No income	2	5.9
Close to minimum wage	6	17.6
Close to two minimum wage	9	26.5
Close to three minimum wage	10	29.4
More than three minimum wages	7	20.6
Smoking		
Yes	30	88.2
No	4	11.8
Alcohol use		
Yes	23	67.6
No	11	32.4
Substance use		
Yes	4	11.8
No	30	88.2
Mean age	35.7 ± 9	
Mean age of starting gamble	24.1 ± 8	
Mean gambling time (years)	10 ± 2	

Table 2.  
Type of Gambling

	n	%
Sports Toto/Loto/Bets	21	61.8
Numerical Loto	3	8.8
Scratchcard	2	5.9
Lottery	2	5.9
Online gambling/betting	14	41.2
Card/Okey/dice games for money	2	5.9
Horse race	2	5.9
Casino	10	29.4
Other games*	7	20.6

\*Other games: poker, chess, bridge, roulette, craps, slot machines, and so on.

In our study, we found that 91.2% of the individuals who gamble are employed and that the total household income ratio is at a moderate to good level. The studies investigating the factors related to gambling disorders in Turkey and Cyprus indicate that the majority of those with gambling disorders are employed and that being employed is also a risk factor for gambling disorders (Cakici, 2012; Johansson et al., 2009; Soyata et al., 2015). Although low socio-economic status is considered a risk factor for gambling, it is more evident that gambling is correlated with a moderate- or high-income level (Bondolfi et al., 2008; Çakmak & Tamam, 2018; Elmas et al., 2017; Johansson et al., 2009).

Behavioral addictions are thought to share a common pathophysiology with alcohol and substance use disorders. Alcoholism has been shown to be one of the risk factors for gambling disorders (Johansson et al., 2009). The likelihood of gambling is three times higher in cases of substance use disorders. Besides, impulsivity is reported to be a common phenotypic feature of gambling and substance use disorders (Elmas et al., 2017). The studies conducted on gambling disorders in our country show that smoking, alcohol, and substance abuse frequently accompany gambling disorders (Altuntaş, 2018; Elmas et al., 2017; Pazarçıkçı, 2018; Soyata et al., 2015). Our study shows that, of those with gambling disorders, 88.2% were smokers, 67.6% were alcohol users, and 11.8% were substance abusers. These rates are in support of the hypothesis that gambling and substance use disorders may share common pathophysiological mechanisms, as shown by previous studies.

There are many types of gambling, including both legal and illegal. With increasing technological possibilities and accessibility, new types of games are emerging today. The types of games may differ from country to country and culture to culture. For instance, while digital games and loto as well as slot machines and casino games are the most popular games in the United States, in Cyprus, bingo and cockfighting hold an important place in society, along with traditional betting and card games (Çakıcı et al., 2019). In our country, Vayisoğlu et al. (2019) reported that the most preferred type of gambling is Bets, whereas Soyata et al. (2015) reported that betting on soccer and horse racing are more commonly preferred (Soyata et al., 2015; Vayisoğlu et al., 2019). Our study shows that the most popular types of gambling

Table 3.  
*Gambling Features*

	<i>n</i>	%
Gambling frequency		
Every day	22	64.7
Three times a week	8	23.5
Once a week	3	8.8
Less than four a month	1	2.9
Gamble with		
Alone	32	94.1
With others	2	5.9
Gambling nearby		
None	11	32.4
Friend(s)	20	58.8
Parents/brother	2	5.9
Close relatives	1	2.9
Negatively affected by gambling		
Yes	29	85.3
No	5	14.7
Familial negative affected		
Yes	23	67.6
No	11	32.4
Socially negative affected		
Yes	3	8.8
No	31	91.2
Financially negative affected		
Yes	16	47.1
No	18	52.9
Judicially negative affected		
Yes	2	5.9
No	32	94.1
Total	34	100.0

include Sports Toto/Loto/Bets and online gambling. These data not only confirm previous data on the types of games preferred in Turkey but also show that the online gambling forms have become more preferred, potentially due to the effect of the pandemic period.

Although performed for pleasure initially, for some people, the amount of time spent on gambling increases and gambling-related problems begin to emerge in the individual's life. The individual then develops a loss of control over the gambling activity (Altıntaş, 2018; Evren & Bozkurt, 2016). It was found that 64.7% of the individuals surveyed in our study were gambling every day. Similar to the findings of our study, Soyata et al. also reported that 61% of patients with gambling disorders gambled on a daily

basis (Soyata et al., 2015). These data support the definition of gambling disorder as a recurrent, excessive behavioral addiction followed by loss of control and craving.

Our study found that the rate of harm suffered by the individuals in any area due to gambling behavior was 85.6%. It was found that the area most affected by gambling was family relationships, followed by financial problems. While alcohol and substance use is recognized as an addiction with adverse effects on the individual and the society, the behavioral addictions that have been on the agenda in recent years lead to impaired functionality in family, work, and social life, bringing along both adverse consequences in social and economic terms. Given the adverse consequences associated with gambling behavior, attempts are made to control, reduce, and stop the behavior. The behavior may deteriorate the relationships with family and close friends. Although the individual experiences adverse impacts on familial, social, occupational, and legal aspects, gambling behavior keeps escalating (Kaya et al., 2002). In gambling disorders, the rates of admission for treatment are very low; 90% of people do not receive treatment (Evren & Bozkurt, 2016). Studies show that the rate of seeking professional treatment or joining self-help groups is 7 – 12% (Slutske, 2006). In addition, comorbid psychiatric disorders are much more common among those with gambling disorders. These individuals often seek treatment for other mental problems caused by gambling or following gambling-related legal and judicial problems (Altıntaş, 2018; Evren & Bozkurt, 2016; Lorains et al., 2011; Pazarcıkcı, 2018).

As a behavioral addiction, gambling disorder leads to detrimental effects in many areas similar to those of alcohol and substance use disorders. Regardless of the form of gambling, the rate of harm suffered by the individuals because of their gambling behavior is quite high, especially in terms of family and financial losses. The rates of seeking treatment are low due to lack of knowledge about the disorder and the fear of being uncovered as well as the fear of stigmatization. As such, it is critical to consider the gambling behavior of at-risk individuals and those who use alcohol and other substances and seek treatment for the possibly accompanying psychiatric disorders. Nowadays, due to the increased availability of technology and ease of access, gambling disorder has begun to attract more attention and has become a social problem. In Turkey, as part of the fight against addiction, it is necessary to create support opportunities that people can easily access before they lose control and to organize social education programs in order to better recognize gambling-related disorders and raise awareness.

### Limitations and Directions/Suggestions for Future Research

The first limitation of our study is the relatively small number of patients due to the limited number of outpatient clinics specializing in behavioral addictions as a consequence of the pandemic. The second limitation is that no research has been conducted into the causes of gambling. A third limitation is that psychiatric comorbidities that may accompany gambling disorder have so far not been assessed.

Given the limitations of the study, we recommend that future studies should be conducted with larger sample sizes, particularly on the causes of gambling in gambling disorder and comorbid psychiatric conditions.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the Samsun Training and Research Hospital Scientific Research Ethics Committee with the decision numbered 2021/20/8.

**Informed Consent:** Informed consent was obtained from the participants.

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