A Review of Problem and Pathological Gambling in North Cyprus

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Abstract: This review article discusses the prevalence and causes of the problem and pathological gambling in North Cyprus. In Northern Cyprus, pathological gambling is spreading very rapidly. The prevalence of gambling cannot be explained by the widespread use of casinos. In some countries, gambling prevalence may stop if adaptation to gambling occurs. There are many factors affecting the prevalence of gambling. Each country has its own sociocultural conditions. In some countries, the presence of a minority affects the prevalence of pathological gambling. Particularly high prevalence of pathological gambling can be explained by sociocultural reasons. The regions with extremely high pathological gambling addiction have similar characteristics. As adaptation to gambling has not taken place in these countries, the prevalence of pathological gambling continues to increase. Therefore, understanding the causes of pathological gambling in these countries will have a significant benefit in the preparation of prevention programs. Prevention programs are needed in Northern Cyprus due to the rapid growth of pathological gambling. It is necessary to take into account the sociocultural reasons and the culturalization characteristics in the prevention programs to be prepared.

Key Words: Gambling, Pathological Gambling, North Cyprus.


Anahtar Kelimeler: Kumar, Patolojik Kumar, Kıbrıs.

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Date of received/ GelişTarihi: 02.08.2019, Date of acceptance/ Kabul Tarihi: 05.08.2019

Introduction

Betting, card playing, and other games of chance have long significant place in Cypriot life. Whilst the state lottery, horse-racing and football betting are the only licensed forms of gambling in the south, a small number of casinos, modelled on the private clubs run by Turkish Cypriots during the 1950s and 60s, was long in operation in the North (Scott, 2013). After the war in Cyprus, North Cyprus has entered into the political and economic sanctions. North Cyprus has gone to the economic solution which has based upon tourism industry (Alipour & Vughaingmeh, 2010). Till to the 1991, only four small premises has been working in North Cyprus (Scott, 2001) which after 1997 casino gambling has expanded exponentially. Mounting reports of widespread problem gambling and stories linking casinos with organized crime and corrupt politicians, result of the reactions from the public and the media casino gambling was prohibited in Turkey (Duvarcı & Varan, 2000). After that time, large part of casinos moved immediately to NC (Scott, 2003) and over the past 15 years the casino sector has grown and internationalised with over 20 casinos opening on the casino resort model adapted from Las Vegas (Scott, 2001). Most of the gamblers come from Turkey and Greek Part of Cyprus, where gambling is illegal (Scott & Asikoglu, 2001). Besides the casinos, betting offices, state lottery of NC and Turkey, Sport Lotto, Sport Totto, Instant Scratch Cards, Numerical Lotto for the financing of Sport Clup are legal gambling in NC.

Numerous studies reveal the serious adverse psychological, social, and biological consequences of gambling for some people (Lesieur & Rosenthal, 1991). People experiencing severe adverse reactions to gambling have become known as “compulsive,” “addicted,” “disordered,” “pathological,” or more recently “problem” gamblers (Campbell & Smith, 2003). In gambling literature those terms often used interchangeable. People experiencing difficulties with gambling can be group into two categories: (1) Problem gamblers and, (2) Pathological or compulsive gamblers (Ashley & Bohlke, 2012). Pathological gambling has been defined in 1800’s in medical literature (Harvard Mental Health Letter, 2010). It was officially recognized in 1980 with the publication of the DSM-III and was classified as an impulse control disorder (American Psychiatric Association, 1980). According to DSM-IV-TR to be diagnosed with pathological gambling, an individual must meet at least five of 10 criteria such as a preoccupation with gambling; needs to gamble with increasing amount of money; repeated unsuccessful efforts to stop gambling; restless or irritable when attempting to cut down; gambles as a way of escaping from problems; “chasing” one’s losses; lying to loved ones about gambling; committing “illegal acts,” such as forgery, fraud, theft or embezzlement to finance gambling; lost a significant relationship, job, or educational or career opportunity because of gambling and relies on others to provide money to relieve a desperate financial situation (American Psychiatric Association, 1994). In DSM-V, PG has renamed “gambling disorder” and moved to the category for alcohol and drug use disorders. The threshold for a diagnosis of gambling disorder will be lowered from five to four symptoms by eliminating the “illegal acts” criterion because it does not appear to be a decisive symptom for most people with gambling problems (American Psychiatric Association, 2010).

In last three decade hundreds of survey heve shown that pathological gambling prevalence has global prevalence of approximately %1 (Wiebe & Volberg, 2007). The minimum standardized prevalence rates of problem gambling tend to occur in Europe, with intermediate rates in North America and Australia, and the most elevated rates in Asia (Williams et. al., 2012). The rates of pathologic gambling in Hong Kong, Singapore and Macau, with high prevalence rates are around 2% (Wong & So 2003; Ministry of Community Development, Youth& Sport, 2005; Fong & Ozorio 2005). In 2007, the rate of pathological gambling was found to be 2.2% (Cakci, 2012). In some special populations, rates of pathological gambling are much higher than these rates. In adolescents, indigenous minority groups, among refugee and migrant populations, there is a higher rate of gambling in the same population. (Derevensky & Gupta, 2004; Abbott & Volberg, 1996).

Over the past decade, the nature of gambling in Northern Cyprus has been changing, due largely to the introduction of the Casinos, but also to the increasing availability of other forms of gambling such as spread-betting and gambling on the Internet. While there is growing interest in the social impact of these new forms of gambling on the Northern Cypriot population, up till now there has been little reliable information available about people’s gambling behaviour. It has been shown that gambling is becoming more widespread in North Cyprus and that pathological gambling addiction is increasing. In 2007 (Cakci, 2012), it was found that the gambling addiction increased from 2.2% to 3.5%, the gambling problem and addiction increased from 11.9% to 12.7% and the gambling game increased from 55% to 79.8%. Prevalence rates similar to those identified in North Cyprus have only been found among three specific ethnic groups. These include the Puerto Rico (Volberg & Vales, 1998), Maori in New Zealand (Abbott & Volberg, 1996) and Native Americans in North Dakota (Volberg & Silver, 1993). Volberg & Vales (1998), has shown the common characteristics of history of colonization and accompanying policies of economic exploitation and they remain relatively disadvantaged in socio-economic terms, low levels of formal education and high non-employed population. There are 82 British colonies in North Cyprus in the past year, due to the survival of a country recognized as a country dependent position located under the influence of economic embargoes and Turkey have common characteristics with this group.


Table 1. Comparison prevalence rates for some jurisdictions and Northern Cyprus.

<table>
<thead>
<tr>
<th>Classification of Jurisdictions* (used Instrument)</th>
<th>Problem Prevalences %</th>
<th>Probable Pathological %</th>
<th>Combined %</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands (SOGS-L)</td>
<td>1.5</td>
<td>1.0</td>
<td>2.5</td>
<td>De Bruin (2006)</td>
</tr>
<tr>
<td>Great Britain (SOGS)</td>
<td>1.3</td>
<td>0.8</td>
<td>2.1</td>
<td>Sproston et al. (2000)</td>
</tr>
<tr>
<td>Denmark (SOGS-L)</td>
<td>1.2</td>
<td>0.5</td>
<td>1.7</td>
<td>Bonke &amp; Borregaard (2006)</td>
</tr>
<tr>
<td>Germany (DSM-IV-PY)</td>
<td>0.64</td>
<td>0.56</td>
<td>1.2</td>
<td>Meyer &amp; Hayer (2009)</td>
</tr>
<tr>
<td>Norway (SOGS-L)</td>
<td>0.7</td>
<td>0.3</td>
<td>1.0</td>
<td>Jonsson (2006)</td>
</tr>
<tr>
<td>Belgium (DSM-IV-PY)</td>
<td>1.6</td>
<td>0.4</td>
<td>2.0</td>
<td>Druine (2009)</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1.9</td>
<td>1.0</td>
<td>2.9</td>
<td>Abbot &amp; Volberg (2000)</td>
</tr>
<tr>
<td>Average</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>United States (DSM-IV-PY)</td>
<td>2.1</td>
<td>1.4</td>
<td>3.5</td>
<td>Welte (2002)</td>
</tr>
<tr>
<td>Switzerland (SOGS-L)</td>
<td>2.2</td>
<td>1.1</td>
<td>3.3</td>
<td>Bondolfi et al. (2008)</td>
</tr>
<tr>
<td>Spain (SOGS-L)</td>
<td>1.6</td>
<td>1.4</td>
<td>3.0</td>
<td>Becon (2009)</td>
</tr>
<tr>
<td>Sweden (SOGS-L)</td>
<td>2.7</td>
<td>1.2</td>
<td>3.9</td>
<td>Volberg et al. (2011)</td>
</tr>
<tr>
<td>Canada (SOGS-PY)</td>
<td>1.3</td>
<td>1.3</td>
<td>2.6</td>
<td>Ferris &amp; Wynne, 2001</td>
</tr>
<tr>
<td>Higher</td>
<td></td>
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<tr>
<td>Hong Kong (DSM-IV)</td>
<td>4.0</td>
<td>1.8</td>
<td>5.8</td>
<td>Wong &amp; So (2003)</td>
</tr>
<tr>
<td>Singapore (DSM-IV)</td>
<td>2.0</td>
<td>2.1</td>
<td>4.1</td>
<td>Ministry of C.Y &amp; S. (2005)</td>
</tr>
<tr>
<td>Macau (DSM-IV)</td>
<td>2.5</td>
<td>1.8</td>
<td>4.3</td>
<td>Fong &amp; Ozorio (2005)</td>
</tr>
<tr>
<td>Australia (SOGS-PY)</td>
<td>2.8</td>
<td>2.1</td>
<td>4.9</td>
<td>Productivity Com. (2000)</td>
</tr>
<tr>
<td>Between Higher and Extremely Higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Cyprus (2007) (SOGS-L)</td>
<td>9.7</td>
<td>2.2</td>
<td>11.9</td>
<td>Çakıcı (2012)</td>
</tr>
<tr>
<td>Extremely Higher</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puerto Rico (SOGS-L)</td>
<td>6.4</td>
<td>7.4</td>
<td>13.8</td>
<td>Volberg &amp; Vales (1998)</td>
</tr>
<tr>
<td>N.Dakota Native Americans</td>
<td>7.1</td>
<td>7.1</td>
<td>14.2</td>
<td>Volberg &amp; Silver (1993)</td>
</tr>
<tr>
<td>New Zealand Maori (SOGS-L)</td>
<td>8.7</td>
<td>5.9</td>
<td>14.6</td>
<td>Abbot &amp; Volberg (1996)</td>
</tr>
</tbody>
</table>

*Classification of the jurisdiction is based on Williams et al. (2012) and Volberg & Vales (1998).

However, while there is a colony history in Portugal, Macau tries to solve its own economic problems by turning into gambling cities with casinos. But there are also studies showing that there is a lower prevalence of problem gambling in Hong Kong which does not have a gambling city feature with similar characteristics (Fong & Ozorio 2005). These different findings suggest that the relationship between exposure and the harms of gambling is still controversial in the literature today. It was revealed that adaptation is possible to risks and losses in time (Volberg, 2011). It is observed that adaption is not developed among North Cyprus population as pathological gambling is increasing day by day. The reason for the lack of adaptation process is the increase in the number of casino and betting offices as well as the opportunities offered by these venues. The number of Betting Officers rose from 70 in 2007 to 75 in 2012 and became widespread in North Cyprus. In Northern Cyprus, Betting offices have become socially accepted places of widespread gambling of Turkish Cypriots with low incomes because they are almost the only places of entertainment in the villages. In 2007, there were 20 casinos and 315 tables and 3612 machines in these casinos. The increase in casino numbers and especially the intensity of EMGs has also been demonstrated by increasing the number of gambling problems (Storer, 2009). The facilities offered at the casinos are very attractive for locals who are not in a good economic situation and have little social facilities. Casinos today also offer free meals, alcohol and cigarettes. In the casinos, customers are offered life-packed gambling along with a package. Casinos in turn offer their customers “package” deals where gambling and prostitution are mixed (Rodriguez, 2001). The second reason is that the casinos are perceived as negative and alien and that the local people cannot adapt to the “bad” one. North Cyprus population consider casinos as the culprit behind various social, cultural, aesthetic, and environmental problems, felt and perceived the casino industry as an alien economic agent planted in their communities, which simply ran over their interests and also aware that the overwhelming majority of investments in casinos are foreign owned, which then employ foreign labor (Alipour & Vughaingmeh, 2010). The third reason is that the casinos are forbidden to NC citizens, unlike the betting offices. It is not expected to

create an adaptation to the forbidden one. Forbidden nature of the activities like gambling, drug, alcohol and cigarette make people specially adolescents more prone to engage in them (Netemeyer, 1998). It is seen that the ban does not prevent the increase in gambling if it is not effective. Moreover, since Northern Cyprus is a collectivist and traditional society in terms of small and family relations (Zorba 2012), gamblers undergo stigmatization. Stigmatization has been reported to be particularly important in small populations, but it has been reported that the prevalence of gambling addiction remains high due to the lack of treatment of the gambling addicts (Tse, 2003). The fourth reason is that in North Cyprus, there are currently no prevention programs to address the problems of gambling and the lack of effective treatment services for people suffering from problems. In addition to all of the reasons, the fifth factor, perhaps the basis for the high prevalence of high gambling problem prevalence, is the traditional gambling culture characteristics in North Cyprus. Although the gambling sin is illegal in Islamic culture, various forms of gambling have always been common in Turkish Cypriots life since the British rule of Cyprus. Scott (2013) has explained in anthropologic article that existing local gambling culture and rapidly growing global casino industry mediate each other in Cyprus.

In literature about pathological and problematic gambling, being younger than 29 years old (Volberg, 2011), male (Fong & Orizio, 2005), un-married (Becona, 2009), unemployed (Feigelma, 1995), immigrant (Çakıcı, 2019), low education level (Dickerson, 1998) are found as risk factors. However, contrary to the information in the literature as risk factors of the host culture those immigrants who are seen higher rates of problematic gambling according to the Turkish-born immigrants born in Cyprus. Indigenous Turkish Cypriots, due to bi-communal conflicts, starting from the 1950s, they had immigrated to countries like UK, Australia, Canada. After the 1974 war since Turkish immigrants came to Cyprus, North Cyprus has fallen into minority status (Bryant & Yakinthou, 2012). Because of the restrain relation between Turkish Cypriot and Turkish immigrants from Turkey, Turkish Cypriot express feelings that they have been culturally and physically annihilated (Navaro-Yashin, 2006). Experiences of loss of culture, change in social norms, breakdown of families and loss of social or economic status are often the reasons why some people move across from being a social and recreational gambler to developing problems with gambling (Dyall, 2002). Turkish Cypriots have a minority character in the acclimatization process despite the fact that they are the host culture, and that this social change may be related to increased gambling.

Conclusion

Like North Cyprus, the areas which have rapid expansion of gambling we need to learn the impact of gambling on vulnerable, at-risk and special populations. These studies will be important for understanding special groups that may be risky in the future and minimizing the losses of gambling. Special groups with high gambling prevalence have similar features and each society has its own characteristics. Problem gambling among North Cyprus people has to be seen as more than an individual problem and needs to be seen in its social context. In this article, it has become necessary to consider sociocultural characteristics while struggling with problem gambling in North Cyprus. It is clear that there is a need for further studies to understand the social impact of gambling in North Cyprus in more detail. Prevention strategies and programs will be developed in order to ensure the awareness of the society. Public campaigns need to be implemented which promote services among the NC population in order that NC gamblers are encouraged to seek help at an earlier stage. A comprehensive public health strategy must be developed with key stakeholders as a fundamental part of a strategy to reduce gambling-related harm in North Cyprus. Collaborative efforts between researchers, treatment providers, prevention specialists, and legislators will ultimately lead to more effective public health intervention and social policies.

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Gambling Research Centre and the Ontario Ministry of Health and Long Term Care.
