

Relationship Between Gambling Disorder and Poverty

Kumar Oynama Bozukluğu ve Yoksulluk İlişkisi

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ABSTRACT

Gambling disorder is recognized as a prevalent condition that diminishes individuals' quality of life and frequently leads to severe economic, social, and psychological problems. Similarly, poverty represents a state in which individuals struggle to meet their basic needs and emerges as a consequence of social inequalities. This demonstrates that poverty and gambling disorder not only generate economic and psychosocial difficulties at the individual level but also constitute a significant public health concern with serious consequences for society as a whole. The relationship between gambling disorder and poverty has been widely investigated in the existing literature, focusing on their reciprocal interactions. Research has shown that as poverty increases within a society, gambling behavior and gambling disorder also rise; in turn, gambling disorder drives individuals into poverty, thereby perpetuating a vicious cycle. In this review, literature published between 1990 and 2025 was examined through PubMed, Google Scholar, and the Turkish National Thesis Center databases. The review addresses the effects of gambling disorder on poverty, the ways in which poverty shapes gambling behavior, and the multidimensional dynamics between these two phenomena. In this comprehensive analysis, no studies were found that directly addressed the relationship between types of poverty (absolute poverty, relative poverty, persistent poverty, etc.) and gambling disorder. Accordingly, in addition to existing findings, our study also discusses potential interactions between poverty types and gambling disorder.

Keywords: Gambling disorder, poverty, types of poverty, socioeconomic status, behavioral addiction,

ÖZ

Kumar oynama bozukluğu, bireylerin yaşam kalitesini düşüren ve çoğu zaman ciddi ekonomik, sosyal ve psikolojik sorunlara yol açan yaygın bir durum olarak kabul edilmektedir. Aynı şekilde yoksulluk, bireylerin temel yaşam ihtiyaçlarını karşılamakta zorlandığı bir durum olup toplumsal eşitsizliklerin bir sonucu olarak ortaya çıkar. Bu durum göstermektedir ki yoksulluk ve kumar oynama bozukluğu, yalnızca bireysel düzeyde ekonomik ve psikososyal sorunlara yol açmakla kalmayıp, toplum genelinde ciddi sonuçlar doğuran önemli bir halk sağlığı sorunudur. Kumar oynama bozukluğu ile yoksulluk arasındaki ilişki, söz konusu iki olgunun karşılıklı etkileşimlerini inceleyen çok sayıda araştırma mevcut literatürde yer almaktadır. Araştırmalar göstermektedir ki toplumdaki yoksulluk arttıkça kumar oynama davranışı ve kumar oynama bozukluğu artmaktadır; aynı zamanda kumar oynama bozukluğu da bireyleri yoksulluğa sürükleyerek kısır bir döngüye sebep olmaktadır. Bu derlemede, 1990-2025 yılları arasında PubMed, Google Scholar ve YÖK Ulusal Tez Merkezi veri tabanlarında yayımlanmış literatür taranarak, kumar oynama bozukluğunun yoksulluğa etkileri, yoksulluğun kumar davranışını nasıl şekillendirdiği ve bu iki kavram arasındaki çok boyutlu dinamikler ele alınmaktadır. Yapılan kapsamlı değerlendirmede yoksulluk türleri (mutlak yoksulluk, göreceli yoksulluk, süregelen yoksulluk vb.) ile kumar oynama bozukluğu arasındaki ilişkiyi doğrudan ele alan herhangi bir çalışmaya rastlanmamıştır. Bu bağlamda, mevcut bulguların yanı sıra, çalışmamızda yoksulluk türleri ile kumar oynama bozukluğu arasındaki olası etkileşimler de tartışılmaktadır.

Anahtar sözcükler: Kumar oynama bozukluğu, yoksulluk, yoksulluk türleri, sosyoekonomik statü, davranışsal bağımlılık

Introduction

Gambling disorder (GD) is recognized as a major public health concern, not only diminishing individuals' quality of life but also leading to severe economic, social, and psychiatric problems. GD can profoundly affect individuals' financial status, interpersonal relationships, and overall functional capacity. However, this condition is not solely the outcome of individual gambling behavior; rather, it reflects the combined influence of social, economic, psychological, and environmental factors. When compounded by challenging life circumstances such as poverty, GD may render individuals even more vulnerable (Hodgins et al. 2011, Walker 2013).

Poverty is a multidimensional phenomenon that prevents individuals from meeting basic life needs and often results in deep social inequalities. Beyond financial deprivation, it also encompasses barriers encountered in social, mental, and community life. Poverty deprives individuals of essential resources such as nutrition, housing, healthcare access, education, cleanliness, and hygiene. Children and adolescents, due to their developmental vulnerabilities, are particularly affected by these conditions. The psychosocial burdens of poverty—including stress, anxiety, and depression—can increase their susceptibility to risky behaviors such as gambling. Thus, poverty represents not only an economic challenge but also a serious threat to psychological well-being and social integration across all age groups (Özmen et al. 2008, Kurak 2020).

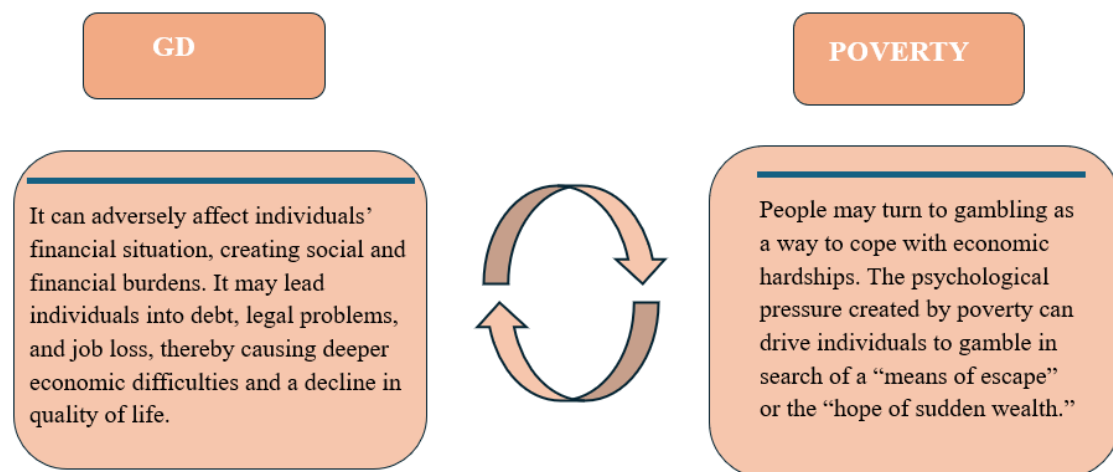


Figure 1. The vicious cycle of gambling disorder (GD) and poverty

GD often emerges at a young age and is associated with adverse consequences such as family conflict, academic failure, and social isolation. At the same time, poverty creates a living environment dominated by hopelessness about the future, chronic stress, and a search for escape. Within this context, gambling may be perceived as a strategy to "get rich quickly" or to "escape existing problems." Such conditions substantially increase the risk of gambling behavior becoming entrenched and eventually evolving into an addiction (Walker and Barnett 1999, Blaszczynski and Nower 2002, Walker 2013).

GD is a form of behavioral addiction characterized by impulsive and repetitive behavioral patterns that negatively affect daily functioning. Socioeconomic factors play a critical role in the development and maintenance of GD, and its relationship with poverty must be evaluated in a multidimensional framework. GD not only undermines financial stability but also has detrimental effects on family dynamics, social relationships, and societal status. Similarly, poverty is far too complex to be considered a one-dimensional phenomenon; analyzing its different forms is essential for understanding gambling behavior. Poverty can trigger the development of various addictions, leading to increased debt, social exclusion, and deterioration of mental health. This vicious cycle creates significant problems both at the individual and societal levels, and GD appears to exacerbate and perpetuate poverty over time. The reciprocal interaction and self-reinforcing cycle between GD and poverty are illustrated in Figure 1 (Blaszczynski and Nower 2002, Walker 2013).

In this review, literature published between 1990 and 2025 in the PubMed, Google Scholar, and Turkish National Thesis Center databases was examined to investigate the effects of GD on poverty, the ways in which poverty shapes gambling behavior, and the reciprocal interactions between these two concepts. This study also aims to contribute to raising public awareness and developing potential solution strategies. The literature search revealed that no study has directly addressed the relationship between different types of poverty and GD. Accordingly, in addition to the existing findings, our review discusses the possible interactions between types of poverty and GD. In order to better understand these complex dynamics and to develop effective solutions in the future, the available knowledge has been synthesized in a comprehensive manner in light of the existing literature.

Gambling Disorder

GD is defined as the inability of individuals to control their gambling behavior and the continuation of this behavior despite its negative consequences. This addiction is not limited to financial losses; it also adversely affects individuals' mental health, occupational functioning, social relationships, and family dynamics (Hodgins et al. 2011). Although genetic factors play a limited role in the development of gambling behavior, the primary determinants are environmental and familial influences. Witnessing family members gamble during childhood and adolescence may foster modeling of such behavior through social learning mechanisms. Exposure within the family to gambling, substance use, or other addictive behaviors increases the risk of developing an addiction. Additionally, traumatic life events, low parental supervision, and sibling or peer influence further amplify this risk (Nower et al. 2022).

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines this condition as "gambling disorder." In previous editions of the DSM, it was referred to as "pathological gambling" and classified under the category of "impulse control disorders." In the current edition, however, it is placed within the section of "substance-related and addictive disorders" and conceptualized as a "non-substance-related addiction" (APA 2013, Boland et al. 2021). Similarly, the International Classification of Diseases – 11th Revision (ICD-11) designates this condition as "gambling disorder," classifying it under "mental, behavioural or neurodevelopmental disorders" within the subgroup of addictive behaviors. In contrast, in the ICD-10 it was described as "pathological gambling" and categorized under "habit and impulse control disorders" (Boland et al. 2021, WHO 2024).

Table 1. Risk factors for gambling disorder

Male gender
Social acceptance
Easy access to gambling
Family history
Presence of psychiatric comorbidity
Easy access to the internet
Low sociocultural level
Unemployment
Poverty

Similar to substance addiction, GD is a behavioral addiction that affects the brain's reward system. Stimulation of mesolimbic dopamine transmission produces short-term feelings of pleasure, reinforcing the urge to gamble and laying the foundation for the development of addiction (Stahl 2013). Functional magnetic resonance imaging (fMRI) studies consistently report abnormalities in critical neural regions associated with reward processing and decision-making, such as the striatum, medial prefrontal cortex, amygdala, and insula. However, some studies have reported both hypoactivity and hyperactivity in these regions. These conflicting findings are thought to arise from methodological limitations and challenges in differentiating the stages of choice, expectation, and outcome within experimental designs. Overall, GD is characterized by structural and functional disruptions within the reward circuitry, providing a significant neurobiological basis for explaining its clinical manifestations (Çakmak and Tamam 2018).

The general prevalence of GD is estimated to be between 2% and 3%, though higher rates have been reported in certain demographic groups. Notably, GD is more common among men, younger individuals, and those with low socioeconomic status. Furthermore, greater social acceptance of gambling within specific cultures and societies contributes to elevated prevalence rates (Gabellini et al. 2023). GD should not be regarded solely as an individual problem but as a significant public health issue influenced by social, economic, cultural, and environmental determinants. Environmental stimuli and social interactions play a central role in shaping the development of GD. Accordingly, numerous risk factors identified in the literature are summarized in Table 1 (Dowling et al. 2017).

In a study conducted by Blanco and colleagues (2006), individuals who had gambled five or more times in at least one year of their lives were examined, and it was found that 1.92% of men and 1.05% of women met the diagnostic criteria for gambling disorder (GD). GD is particularly prevalent in societies where gambling is easily accessible, socially accepted, and normalized. For instance, a study conducted in the United States reported higher gambling rates in states with easier access to gambling and in areas closer to casinos. Similarly, in Chinese society—where gambling is socially accepted and where superstitions, fate, and luck beliefs are deeply rooted—high prevalence rates of GD have also been reported (Welte et al. 2004b, Chee and Lui 2021).

Family history of gambling (reflecting both genetic predisposition and role-model effects), early exposure to gambling, the adolescent developmental stage characterized by heightened risk-taking and ongoing identity formation, and male gender are among the major risk factors for GD (Dowling et al. 2017, Kurak 2020). Moreover, psychiatric conditions such as stress, depression, anxiety, bipolar disorder, and substance use disorders, along with personality traits such as impulsivity, low self-esteem, and high risk-taking tendencies, play a significant role in the development of GD. The literature highlights a high prevalence of comorbid disorders in individuals with GD. Substance use disorders have been reported in up to 57% of this population, mood disorders (particularly depression) in 37%, and anxiety disorders in approximately 40%. Comorbid conditions may reduce the likelihood of treatment-seeking and treatment response, further decreasing quality of life and increasing societal costs. Gender differences are evident: depression and anxiety disorders are more common among female gamblers, whereas substance use disorders are more prevalent among male gamblers. Younger individuals also appear more vulnerable to comorbid conditions. For many, gambling may function as a coping mechanism for depression and anxiety; conversely, GD itself generates psychological stress that can accelerate the onset of comorbid disorders (Lorains et al. 2011, van der Mass 2016).

Online gambling has also been identified as an increasing risk factor for GD. Technological advancements have made gambling more accessible and attractive, offering anonymity during play and enabling individuals to gamble independently of their social environment. These features are considered critical determinants of risk (Williams and Wood 2007). The COVID-19 pandemic amplified this trend, with reports indicating increased frequency of gambling through easily accessible online platforms. The pandemic, beyond being a severe global public health crisis, has also emerged as an important risk factor for GD. Online gambling, in particular, has been highlighted as a high-risk behavior during this period (Hakansson et al. 2020, Emond et al. 2022).

In summary, GD shows higher prevalence particularly among young people and low-income communities. Increased accessibility, pervasive gambling advertisements, and the expansion of digital platforms have further exacerbated this situation. Notably, lottery tickets, scratch cards, and other “easily accessible” forms of gambling are reported to be more common among economically disadvantaged individuals (Livingstone et al., 2014). Furthermore, low educational attainment and weak family bonds are significant socio-demographic factors contributing to the spread of GD (Blażczynski & Nower, 2002). Poverty remains one of the most critical risk factors for GD. The two phenomena are often described as mutually reinforcing within a vicious cycle: poverty drives individuals toward gambling behavior, while GD, in turn, pushes individuals into deeper poverty. This cycle is reported to be more pronounced in societies where social support mechanisms are weak (Walker 2013, Hahmann and Matheson 2017).

Poverty

Poverty has historically been recognized as a social problem. However, addressing poverty as a scientific phenomenon and systematically examining its causes and consequences has increasingly gained importance in recent years (Çobanoğlu and Duran 2022). Poverty can be defined as a state of deprivation in which individuals experience difficulty in meeting their basic life needs. Limited economic resources, restricted access to education, unemployment, and social exclusion are among the primary causes of poverty. The lack of access to essential needs such as food, clean water, housing, clothing, healthcare, and education also constitutes major indicators of poverty. Although defining and interpreting poverty is relatively straightforward, delineating its boundaries and measuring its impact remain challenging. For this reason, debates regarding the scope and consequences of poverty continue in the literature (Özmen et al. 2008). Poverty does not merely refer to living below a certain income level; it also encompasses social and economic exclusion, the deprivation of opportunities for self-development, and the lack of an environment in which such opportunities could be utilized (Gölçek and Organ 2023).

Table 2. Types of poverty

Absolute Poverty
Relative Poverty
Subjective Poverty
Human Poverty
Generational Poverty
Situational Poverty
Urban Poverty
Rural Poverty

According to the Turkish Statistical Institute, the rate of persistent poverty in Türkiye has been reported as 13.6%, and approximately six out of ten individuals were found to be in debt (TÜİK 2024). Poverty emerges as a consequence of various factors, including income inequality, unemployment, lack of financial resources, and shortcomings in social policies, while also leading to a wide range of adverse outcomes, particularly health problems (Yıldırım and Balbay 2003). Poverty directly affects individuals' lifestyles, daily activities, and social relationships. It plays a decisive role in multiple aspects of human life, from nutrition patterns to educational attainment, and from access to healthcare services to the ability to benefit from these services (Kayalidere and Şahin 2014). Furthermore, different types of poverty that highlight its multidimensional nature are presented in Table 2 (Kayalidere and Şahin 2014, Sharath 2020, Acar and Gümüş 2023).

Absolute poverty is defined as the condition in which an individual cannot meet even the most basic needs necessary for survival, such as nutrition, shelter, and healthcare. This concept was introduced by the World Bank and is based on the minimum energy requirement for survival, estimated at 2,400 kcal per day. Accordingly, individuals whose daily income is insufficient to purchase food providing this caloric intake are considered "absolutely poor." According to current data, as of June 2025, the international poverty line in low-income economies has been set at USD 3.00 per person per day (Sharath 2020, Acar and Gümüş 2023, World Bank 2025).

Relative poverty refers to a state in which individuals are disadvantaged compared to the average income level of the society in which they live and fall behind the general welfare level. In this context, although individuals may be able to meet their basic needs (e.g., nutrition, shelter, healthcare), they still live below the general standard of living in their society. The concept of relative poverty focuses not on absolute income levels but on inequalities in the social distribution of income and welfare. This type of poverty is not limited to material deprivation but is also closely linked to social exclusion and psychological stress (Sharath 2020, Acar and Gümüş 2023).

Subjective poverty is a type of poverty based on individuals' self-perception of their living conditions, whereby they consider themselves poor. This concept depends not only on income levels but also on personal experiences and emotional states. Even if a person is not objectively classified as poor,

perceiving oneself as “left behind” or “lacking” within society may negatively affect mental health and behavioral choices (Acar and Gümüş 2023).

Situational poverty refers to the temporary inability of individuals to access the resources necessary for survival. It may arise from unforeseen external factors such as natural disasters, sudden job loss, severe health problems, or economic crises. Although often temporary in nature, situational poverty may become permanent in the absence of adequate socioeconomic support mechanisms. In this regard, situational poverty is an indicator not only of individual but also of social vulnerabilities and inequalities (Sharath 2020).

Human poverty refers not only to income deficiency but also to disadvantages in areas such as education, health, employment, and living conditions. Defined by the United Nations Development Programme (UNDP) in 1997, this concept evaluates poverty within the framework of access to humane living standards regardless of income level. Access to clean water, education, and healthcare, longer life expectancy, the capacity to seize new opportunities, and the sustainability of these factors are the core indicators of “human poverty” (Acar and Gümüş 2023).

Generational poverty (also called intergenerational poverty) is a form of poverty in which individuals experience long-term deprivation in meeting basic life needs, and this condition is transmitted from one generation to the next. It is characterized by social exclusion, mental health problems, and multiple risk factors (Sharath 2020).

Urban poverty is defined as the difficulty faced by individuals living in large cities in accessing essential services such as housing, education, healthcare, and transportation. High living costs, job insecurity, social isolation, and irregular employment are key determinants of urban poverty. Slum areas, inadequate infrastructure, and precarious working conditions are concrete indicators of this form of poverty (Sharath 2020, Acar and Gümüş 2023).

Rural poverty refers to the poverty experienced by individuals living in rural areas due to insufficient infrastructure, limited access to education, lack of healthcare services, and restricted participation in non-agricultural economic activities. It is often associated with low productivity, seasonal labor, and dependence on natural resources. Moreover, rural poverty is considered one of the leading drivers of migration (Sharath 2020, Acar and Gümüş 2023).

Relationship between Poverty and GD

The relationship between poverty and GD is multidimensional and dynamic. Therefore, research on GD should not be confined solely to income levels but should instead adopt a holistic approach that considers different types of poverty. Such an approach allows for more accurate identification of risk groups and contributes to the development of more effective public health policies (Hahmann and Matheson 2017, Hahmann et al. 2020). Existing studies indicate that GD can occur in both high and low socioeconomic groups; however, it is more prevalent among individuals from lower socioeconomic backgrounds, who are also more exposed to its negative consequences. One contributing factor to the higher rates of GD in low socioeconomic areas is the greater accessibility of gambling opportunities (e.g., the widespread presence of electronic gaming machines). In particular, physical proximity to gambling machines has been identified as a key triggering risk factor in the development of GD (Lorains et al. 2011, Raisamo et al. 2019). Another hypothesis explaining the relationship between poverty and gambling behavior is that individuals from lower socioeconomic groups are at greater risk of developing mental health problems such as anxiety disorders, depression, and low self-esteem. These conditions heighten emotional and psychological vulnerability, thereby increasing the tendency to gamble and creating a significant risk factor for the development of GD (Petry 2005, van der Maas 2016, Marbin et al. 2022). Indeed, data from the American Psychiatric Association (APA) emphasize that GD is strongly associated with economic stress and low socioeconomic status (APA 2013).

Reith and Dobbie (2013) describe gambling behavior and low socioeconomic status as dynamic states that individuals may move in and out of over time. This perspective emphasizes the importance of evaluating

individuals within the context of their current circumstances, advocating for the analysis of behavioral patterns from a dynamic rather than a static classification framework. Conversely, Schissel and Borrell interpret gambling among individuals from low socioeconomic groups as a form of liberation or self-expression, suggesting that gambling may serve both as a means of escape and as a vehicle for self-expression within these populations (Schissel 2001, Borrell 2008, Reith and Dobbie 2013). GD can adversely affect individuals' financial situation, driving them into poverty and imposing significant social and financial burdens on both themselves and their families. Gambling-related financial losses may lead to indebtedness, legal problems, and job loss, while social stigma can hinder help-seeking behaviors. Consequently, individuals may struggle to manage their income in a stable manner, leaving them vulnerable to increasingly severe economic difficulties. Furthermore, GD is associated with multiple negative outcomes, including indebtedness, unemployment, domestic violence, limited social support, and mental health problems (Blaszczynski & Nower 2002, Productivity Commission 2010, Lorains et al. 2011).

Types of Poverty and GD

When examining the risks posed by different types of poverty in relation to GD, it is evident that individuals living under conditions of absolute poverty are severely affected not only economically but also psychologically and socially. These adverse conditions may lead to risky decision-making, engagement in behaviors that provide short-term relief, and the neglect of long-term consequences. Chronic stress, hopelessness, and feelings of failure associated with absolute poverty can cause individuals to view gambling as a form of escape, thereby increasing their vulnerability to this behavior (Petry 2005).

GD is particularly prominent among individuals living under relative poverty conditions. Low socioeconomic status often drives individuals toward risky behaviors in their search for relief from financial difficulties. Among those living below the societal average, gambling is frequently perceived as a means to obtain "additional income." Moreover, as income inequality widens, perceptions of relative poverty deepen, making gambling more salient as a coping and escape mechanism (Latvala et al. 2021, Prasertsiwaporn and Chomtohsuwan 2023).

In the context of human poverty, gambling behavior is influenced not only by financial deprivation but also by social isolation, low educational attainment, and limited access to healthcare. Variables commonly observed among individuals with GD—such as low levels of education, childhood trauma, unemployment, and housing problems—directly overlap with the core components of human poverty, highlighting the multidimensional nature of the interaction between the two phenomena (Hahmann et al. 2020, Prasertsiwaporn and Chomtohsuwan 2023).

For individuals experiencing situational poverty, unexpected events (e.g., pandemics) may trigger hopelessness, feelings of helplessness, and the desire for quick financial gain. This dynamic is particularly evident in individuals who suffer sudden income loss, thereby increasing their risk of developing GD (Prasertsiwaporn and Chomtohsuwan 2023). The most recent and striking example of this was observed during the COVID-19 pandemic. While the closure of land-based casinos and the suspension of sporting events restricted access to offline forms of gambling, there was a marked increase in engagement with online gambling. Online casino games, poker, and bingo were reported to be particularly popular during this period. The Avon Longitudinal Study of Parents and Children (ALSPAC), conducted in the United Kingdom, revealed a decline in overall gambling frequency among young adults but an increase in online gambling activities, particularly among men and individuals with high levels of alcohol consumption. Furthermore, the stress, uncertainty, social isolation, economic hardship, and job losses experienced during the pandemic significantly exacerbated gambling behaviors among those living near the poverty line. This relationship is summarized in Figure 2 (Hakansson et al. 2020, Emond et al. 2022). Poverty increases the likelihood of individuals engaging in risky financial behaviors, while gambling is often perceived by some as a means of resolving economic difficulties or as a temporary escape. These findings highlight that, during crisis periods such as the pandemic, online gambling should be considered not only as a digital trend but also as a significant public health risk associated with poverty (Hakansson et al. 2020, Emond et al. 2022).

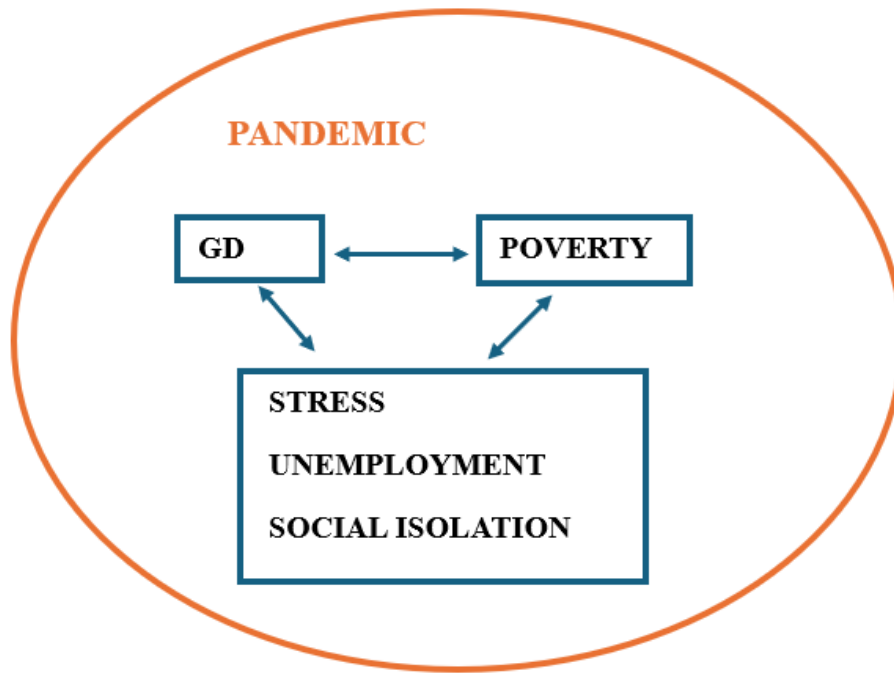


Figure 2. Interaction cycle of the pandemic, gambling disorder (GD), and poverty

In urban areas, the accessibility of casinos, betting shops, and similar physical gambling venues is significantly higher compared to rural regions. Under conditions of urban poverty, pronounced income inequalities render individuals more vulnerable and predispose them to view gambling as a potential escape. Moreover, challenges inherent to urban life—such as excessive stress, crowded living conditions, unemployment, mental health problems, and low levels of financial literacy—further promote gambling behavior as a coping mechanism (Saunders et al. 2023).

There is also a strong and multidimensional relationship between intergenerational poverty and gambling behavior. Individuals raised under persistent poverty conditions, characterized by limited economic resources, low educational attainment, and chronic stress, may perceive gambling both as a means to alleviate financial difficulties and as a way to cope with emotional distress. Within this context, gambling is transmitted across generations as an observed and modeled behavior, becoming normalized through social learning processes. The lack of education and awareness reduces individuals' understanding of gambling-related risks, while inequalities in access to services contribute to the maintenance and reinforcement of this behavior (Subramaniam et al. 2017).

Relationship between Poverty and GD from a Global Perspective

Various studies demonstrating the association between gambling and low socioeconomic status highlight that this phenomenon constitutes a universal public health concern. A study conducted in Africa revealed that in regions with particularly low levels of education and income, gambling is perceived not only as a means of escaping financial hardship but also as a form of social activity and entertainment. Low levels of education hinder individuals from adequately understanding the negative consequences of gambling and the likelihood of losses, thereby contributing to higher rates of GD in these regions (Dellis et al. 2013). In Türkiye, research has shown that low-income individuals allocate a larger proportion of their earnings to gambling compared to their high-income counterparts and tend to gamble primarily for socialization purposes (Coşkun 2017). Similarly, studies conducted in the United States have demonstrated that low-income groups are more prone to gambling behaviors. The presence of casinos in impoverished neighborhoods increases gambling rates among residents, while the strong marketing of gambling within the entertainment industry poses an additional risk factor for low-income individuals (Welte et al. 2004a). Research in Australia has likewise indicated that GD is more prevalent among individuals with low incomes, which in turn contributes to higher levels of indebtedness. Furthermore, the substantial tax revenues

generated by the gambling industry limit the government's efforts to implement restrictive policies (Langham et al. 2016). In the Philippines, gambling is a state-regulated sector, and although it is perceived as a social activity, it exacerbates the existing economic difficulties faced by impoverished individuals (Williams et al. 2012). In South Africa, GD rates have been reported to be particularly high among low-income populations. Economic inequality stands out as a critical factor driving individuals toward gambling, while the measures taken by governments to mitigate its negative effects on poor individuals remain inadequate, despite significant tax revenues derived from the gambling industry (Collins and Barr 2006).

Intervention and Support Methods for GD

GD is regarded not only as an individual issue but also as a serious public health problem that affects society as a whole and burdens the healthcare system. The negative consequences of gambling extend beyond individuals with addiction, impacting families, workplaces, and communities at large. Therefore, the early diagnosis and treatment of GD should be considered one of the fundamental components of public health policies (Shaffer and Korn 2002).

Although structured treatment approaches for GD are limited, various options exist, including outpatient and inpatient treatment, as well as individual and group therapies. In particular, inpatient care is recommended for patients with depression or suicidal risk. Most patients are referred to treatment by family members, while only a small proportion seek help voluntarily. The most extensively studied interventions are cognitive-behavioral therapy (CBT) and motivational interviewing, both of which have been shown to reduce gambling frequency, financial losses, and treatment dropout rates (Gay et al. 2017, Pettorruso et al. 2020, Şişman Ünlü and Noyan 2024).

Psychoeducation, family therapy, mindfulness-based therapies, and peer support groups are also among the supportive interventions. In addition, non-invasive brain stimulation (NIBS) techniques, such as repetitive transcranial magnetic stimulation (rTMS), have shown promising potential in reducing gambling cravings. From a pharmacological standpoint, no medication has yet been approved by the FDA or EMA for the treatment of GD. However, research on opioid antagonists (naltrexone, nalmefene), serotonergic antidepressants (particularly SSRIs), and mood stabilizers (lithium, valproate) has reported beneficial outcomes, particularly in comorbid cases. Naltrexone and nalmefene have been found effective in reducing the severity and frequency of GD, SSRIs are particularly beneficial for comorbid depression, and lithium and valproate are useful for comorbid bipolar disorder. In light of this evidence, the most appropriate strategy for GD management is to implement personalized, multi-component, and integrative treatment approaches that take into account individual clinical characteristics, comorbid psychiatric disorders, and levels of motivation (Gay et al. 2017, Pettorruso et al. 2020, Şişman Ünlü and Noyan 2024).

Prevention and harm-reduction strategies for GD should encompass not only individual treatment efforts but also structural and community-level interventions. Raising public awareness is one of the most critical steps in preventing and managing GD. Awareness campaigns, treatment centers, and economic support programs play a pivotal role in this process. Programs specifically targeting low-income individuals should focus on improving financial literacy, creating alternative income sources, and reducing economic vulnerability (Shaffer and Korn 2002).

Furthermore, policymakers must prioritize regulations addressing the gambling industry in order to protect disadvantaged groups. Such measures may include state-supported advertising restrictions, daily or monthly spending limits, restrictions on cash usage, verification of player identities, and the establishment of effective monitoring mechanisms against illegal gambling activities (Rossow and Hansen 2016, Wardle et al. 2019). Addressing GD requires not only focusing on individuals with addiction but also targeting at-risk groups. Expanding access to psychological support, financial counseling, and rehabilitation services should be prioritized, particularly through specialized programs for economically disadvantaged populations. Structural policies aimed at reducing poverty—such as expanding educational opportunities, decreasing unemployment rates, and improving income distribution—constitute

fundamental steps that may help individuals move away from risky behaviors (Petry et al. 2005, Hodgins et al. 2011).

Intervention and Support Methods for Poverty

Globally, poverty reduction policies have been shaped through the contributions of various actors. While the World Bank and the IMF have primarily focused on economic growth and monetary regulations, the United Nations has emphasized human development-based approaches, and the OECD has played a supportive role in the field of social policies. Within this framework, tools such as debt relief initiatives, the expansion of healthcare and educational services, the advancement of human rights, and microcredit programs have partially improved the living conditions of impoverished populations. Nevertheless, inequalities between developed and less-developed countries persist (Türk and Ünlü 2016).

In Türkiye, poverty alleviation policies have been shaped by social assistance programs, education and healthcare support, employment projects, housing policies, and microcredit schemes, particularly under the influence of economic transformations and crises after the 1980s. Following 2000, there has been a significant increase in funds allocated through the Social Assistance and Solidarity Promotion Fund (SYDTF). Evaluations indicate that while social assistance programs play a prominent role in combating poverty, sustainable solutions require the strengthening of education and healthcare policies, improvement of income distribution, reduction of informal employment, and a more comprehensive approach to social services. A key challenge in Türkiye lies in the lack of sufficient and systematic data regarding the structure and depth of poverty, which hinders the development of systematic, rights-based policies. As a result, interventions remain limited to short-term, assistance-based solutions. Although absolute poverty has largely been reduced according to World Bank criteria, when assessed through the frameworks of the United Nations and the European Union, it becomes evident that broader and longer-term policies are needed in areas such as human development, gender inequality, child labor, rural poverty, the working poor, and women's employment (Türk and Ünlü 2016, Özsoy and Karataş 2020).

Conclusion

The relationship between gambling disorder (GD) and poverty is complex and multidimensional; however, it remains an issue that can be addressed and mitigated. The literature demonstrates that individuals with lower income and educational levels gamble more frequently and are more prone to developing GD compared to those with higher income and education. Individuals within these disadvantaged groups often use gambling as a means of escape or as a coping mechanism for stress. Nevertheless, GD can lead to multifaceted adverse outcomes, including financial collapse, family conflict, job loss, and mental health problems. In summary, GD and poverty may function as both cause and consequence of one another, creating a mutually reinforcing vicious cycle.

Addressing this issue requires raising educational levels and expanding socioeconomic opportunities, which play a critical role in preventing GD. Increased access to education and economic opportunities for low-income individuals can reduce their propensity to engage in risky behaviors such as gambling. However, economic interventions alone will not suffice in the treatment of GD. Providing psychosocial support, enhancing individuals' coping skills for stress, and prioritizing public health policies targeting low socioeconomic groups can make significant contributions to prevention. Educational programs and economic support initiatives specifically designed for these populations can not only protect individuals from the adverse effects of gambling but also support both their financial and mental health, thereby contributing to the overall improvement of societal well-being.

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