The Global Landscape of Addictions: How Does Tourism Influence Modern Addictive Behaviors?

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In my research, I aimed to provide a comprehensive overview of the global prevalence of various types of addictions and to examine how these may relate to the intensity and economic significance of tourism. My analysis included not only classical chemical addictions—such as alcohol, cannabis, and cocaine—but also modern behavioral addictions, including internet and gaming addiction, gambling, compulsive shopping, workaholism, eating disorders, and sex addiction. By analyzing country-specific prevalence data and supplementing this with cultural and psychological explanations, I explored which societies exhibit particularly high rates of addiction and why. I paid special attention to the extent to which tourism may influence the occurrence of specific addictions—and found that while certain addictions (e.g., cannabis use, sex addiction, gambling) may indeed be linked to inbound tourism, others (such as workaholism or eating disorders) are more closely tied to internal socio-economic and cultural factors. My findings highlight that the geographical distribution of addictions is shaped more by cultural norms, social structures, and local economic conditions than by tourism activity. In conclusion, I propose directions for further interdisciplinary research and emphasize the importance of comprehensive prevention and treatment strategies in an increasingly globalized and digitalized world.

Keywords:
addictions,
behavioural addictions,
tourism,
prevalence,
socio-economic factors

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1 Introduction

In 21st-century societies, addiction - whether chemical or behavioral - is not only a health issue but also a socio-economic challenge that affects productivity, public services, urban safety and community well-being (Koob & Volkow, 2010; Volkow et al., 2016). Tourism matters in this debate because travel can create concentrated risk environments: high visitor volumes, nightlife clustering, event-based peaks, permissive consumption norms and partial anonymity may increase exposure and amplify visible harms in specific places and time windows.

While many studies examine addiction prevalence or tourism impacts separately, the tourism-addiction interface remains fragmented. This paper therefore connects a global, comparative overview of selected addictions with a destination-governance lens: which addiction types are plausibly tourism-exposed, through which mechanisms, and what kind of burdens appear locally in tourism hotspots?

We address three research questions: (R1) What are the international prevalence patterns of key chemical and behavioral addictions? (R2) For each addiction, through what channels might tourism influence exposure and harms? (R3) Which addiction types are least connected to tourism and are mainly driven by domestic socio-economic and cultural factors?

The paper first outlines the concept of addiction and the main categories used in applied research (Table 1). It then synthesizes selected prevalence patterns and tourism linkages, followed by two communication-oriented frameworks (Figures 1-2). We close with practical lessons for party-tourism destinations and festivals, and with recommendations for local monitoring and policy design.

2 Materials and Methods

The study is based on secondary sources and a descriptive-comparative approach. For chemical addictions, we rely mainly on WHO alcohol reporting and international drug monitoring (WHO, 2022; UNODC, 2023; EUDA, 2024). For behavioral addictions, we use meta-analyses and authoritative institutional reports where available (Grant et al., 2010; Andersen et al., 2023; Productivity Commission, 2010).

The aim is not to estimate causal effects of tourism on addiction, but to organize evidence for destination governance. We therefore combine (i) prevalence and contextual explanations with (ii) tourism-relevant exposure mechanisms (night-time economy, gambling venues, festivals, destination branding, seasonal peaks). The two figures are conceptual tools: they summarize patterns and generate hypotheses for future local studies.

3 The Concept of Addiction and Types of Addictions: Chemical and Behavioral Addictions

From psychological and neuroscientific perspectives, addiction is a chronic and often relapsing pattern characterized by persistent engagement in a substance or behavior despite harm, loss of control, and heightened salience of the reward cue (Berridge & Robinson, 1998; Robinson & Berridge, 2003). Beyond individual suffering, addictions generate social costs through health care use, reduced labor participation, family harms and public order problems (Rehm et al., 2009).

Table 1: Types of Addictions

Chemical addictions	**Illegal substances**	**cannabis, cocaine, heroin, amphetamine, MDMA, LSD, GHB**
	Legal substances	alcohol, nicotine, caffeine, some inhalants
	Prescription drug addictions	benzodiazepines (e.g., Xanax), opioid painkillers, sedatives/sleeping pills, stimulants (e.g., Ritalin)
Behavioral addictions	**Gambling addiction**	gambling, sports betting, online poker
	Digital addictions	social media, online gaming, streaming, mobile/smartphone use
	Sexual and relationship addictions	sex addiction, pornography addiction, dating-app addiction, codependency
	Eating-related disorders	binge eating episodes, sugar addiction, orthorexia
	Performance-based addictions	work addiction, exercise addiction, body-image-related behaviors
	Consumption-related addictions	compulsive buying, online shopping, crypto speculation
	Special/additional addictions	travel addiction, adrenaline addiction, compulsive pursuit of cosmetic surgery

Source: Author's own compilation (APA, 2013; WHO, 2019/2022; Grant et al., 2010)

In applied monitoring, addictions are often grouped into chemical (substance-use) and behavioral (non-substance) categories (Grant et al., 2010). This distinction is helpful for tourism analysis: some chemical addictions (alcohol, stimulants) and some behavioral addictions (gambling, party-sex risk behavior) are more likely to be amplified in high-intensity tourism settings, while others are shaped mainly by domestic socio-economic structures (e.g., workaholism).

Selected global patterns and tourism linkages

This section focuses on addiction types where (i) international variation is well documented and (ii) tourism exposure is plausible. The discussion is selective: the goal is to provide policy-relevant patterns, not exhaustive country rankings.

Alcohol. WHO reporting indicates that per-capita alcohol consumption remains high in several European contexts and is supported by cultural norms, availability and price structures (WHO, 2022). At national level, inbound tourism rarely changes measured prevalence substantially, but tourism can increase acute harms locally via nightlife concentration and event peaks. Municipal measures such as restrictions on pub-crawls or night-time alcohol practices illustrate how destinations try to protect residents from intoxication-driven nuisance (Janicek, 2024). Large events (e.g., Oktoberfest) highlight the need for crowd management, policing and health service planning (City of Munich, 2024).

Cannabis. Cross-country prevalence varies with legislation, social acceptance and enforcement. In regulated environments, usage can be high but harms may be partly managed through quality control and consumer information. Tourism exposure is relevant where cannabis is embedded in destination image (e.g., 'coffee-shop' tourism) or where visitors perceive lower stigma and higher access. National surveys and official statistical reporting provide useful baselines for monitoring (Health Canada, 2024; CBS, 2024).

Cocaine and other stimulants. International monitoring suggests that stimulant use is concentrated in specific high-income markets and large-city nightlife economies, where high purchasing power and party scenes raise demand (UNODC, 2023; EUDA, 2024). Tourism does not create these markets, but it can intensify exposure in entertainment districts and festivals, especially during peaks. Destination

governance therefore often relies on situational prevention, venue regulation and visible policing rather than on tourism demand management alone.

Gambling disorder. Gambling is a clear case where supply structures and destination models matter. Australia is frequently cited as an outlier in terms of losses and accessibility, with strong evidence that high availability increases harm (Productivity Commission, 2010; Sathanapally et al., 2024). Tourism can connect to gambling through integrated resort-casino models and 'gambling tourism' hubs such as Las Vegas or Macau, where revenues are large but externalities also appear as policing and social service burdens. Market indicators, such as record commercial gaming revenues in the United States, signal the scale of the sector and the importance of responsible-gambling frameworks (American Gaming Association, 2025).

Digital addictions (internet and gaming). Meta-analytic evidence indicates considerable variation across studies and regions, with risk linked to intensity of use, psychosocial vulnerability and the broader digital environment (Cheng & Li, 2014; Ko et al., 2021). There is typically no direct relationship between inbound tourism and national prevalence, yet tourism settings may still influence behavior indirectly (e.g., time displacement, stress or social isolation during travel). For destination policy, digital addictions are therefore mainly relevant via mental health and youth prevention systems rather than via tourism regulation.

Compulsive sexual behavior disorder (CSBD). ICD-11 recognizes CSBD as a diagnosis, and population studies suggest non-trivial prevalence with comorbidity and gender differences (Kraus et al., 2018; Dickenson et al., 2018). Tourism is not a primary driver of CSBD, but party-oriented destinations can create high-risk environments through alcohol/drug co-use, commercial sex markets, and perceived anonymity. For governance, the key is harm reduction and enforcement against exploitation rather than assuming that tourism determines clinical prevalence.

Other behavioral patterns (eating disorders, workaholism, shopping addiction). Eating disorder trends are documented in global burden studies and are strongly linked to domestic socio-cultural pressures and mental health systems (Global Burden of Disease Study, 2021). Workaholism prevalence is increasingly examined in meta-analyses and is related to labor market and organizational norms (Andersen et al., 2023), while long working hours are associated with measurable health impacts

(WHO & ILO, 2021; World Economic Forum, 2023). Compulsive buying is similarly anchored in consumer culture and credit environments (Black, 2007; Mueller et al., 2011). Tourism can still shape these behaviors at the margin (e.g., shopping-focused city breaks), but the main policy levers are domestic.

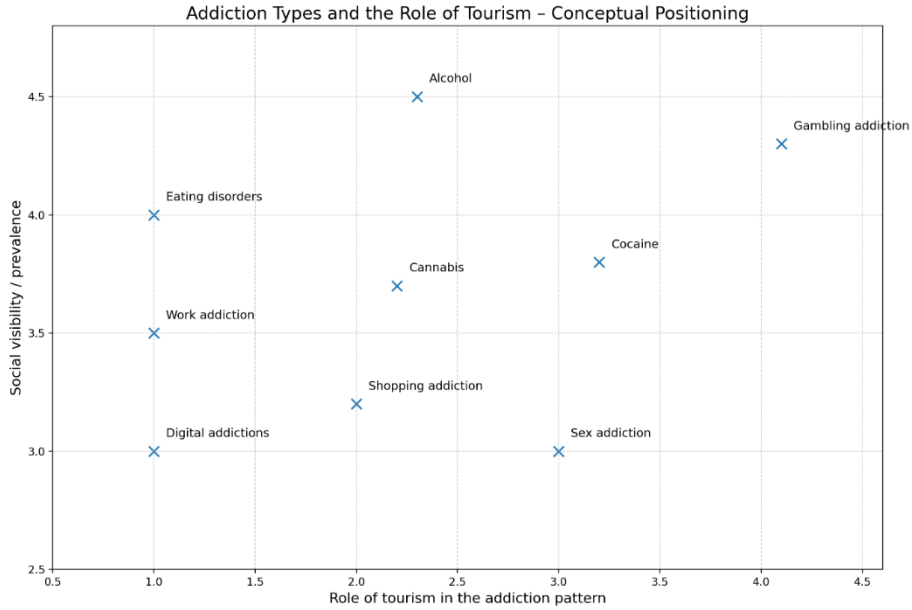

Figure 1: Addiction Types and the Role/Relationship of Tourism
Source: Author's own compilation

Figure 1 summarizes the tourism interface across addiction types. The horizontal dimension indicates how strongly a given addiction is likely to be tourism-exposed through travel settings (night-time economy, festivals, venue availability, destination branding). The vertical dimension reflects the typical scale of visible social burdens (health care, policing, public nuisance).

The map highlights that many addictions are driven mainly by domestic factors (e.g., eating disorders, workaholism), yet tourism can still create local peaks of harm for certain behaviors in specific destinations. This distinction is central for policy: national prevalence may not move with tourism, but destination-level governance must still manage concentrated burdens.

4 The Relationship Between Tourism and Addictions

Tourism as an economic engine and a concentrator of externalities

Tourism is a major economic factor globally, contributing a notable share of GDP and employment. Beyond national aggregates, the relevant governance issue is concentration: in certain destinations, visitor inflows and spending are spatially and temporally clustered, creating sharp pressure on housing, transport, public services and local labor markets (World Bank, 2024; OECD, 2023).

Addiction-related burdens in tourism hotspots are typically visible in emergency health care (intoxication, injuries), policing (violence, vandalism, drug markets), and public space management. Alcohol and drug consumption can also increase indirect harms, such as family violence or workplace impairment, although these are harder to attribute to tourism in administrative data (Rehm et al., 2009; WHO, 2022).

City-level responses increasingly reflect 'overtourism' debates. Amsterdam, for example, has used supply-side measures to curb pressure (e.g., limitations on new hotel construction) and has communicated explicitly against anti-social party tourism (Reuters, 2024; The Guardian, 2023). Such measures illustrate that destinations may seek to shift the visitor mix rather than maximize arrivals at any cost.

The tourism-addiction interface therefore includes a governance trade-off: revenues and jobs versus burdens that are often paid by residents and local services. Surprisingly, the literature contains few comprehensive cost-benefit analyses that monetize both sides in a comparable framework. In practice, destinations rely on partial indicators (night-time incidents, hospital admissions, nuisance complaints) and targeted interventions.

Interpreting the 2x2 typology

Figure 2 combines two recurring destination-level dimensions: (i) tourism revenue/economic weight and (ii) addiction-related burdens experienced by residents and local services. The upper-right quadrant represents contexts where intensive tourism income coincides with high burdens, typically due to strong concentration in nightlife zones, seasonal peaks, and high-intensity entertainment

offers. The lower-right quadrant represents contexts where revenues are high but burdens are managed through diversified offerings, regulation and targeted prevention.

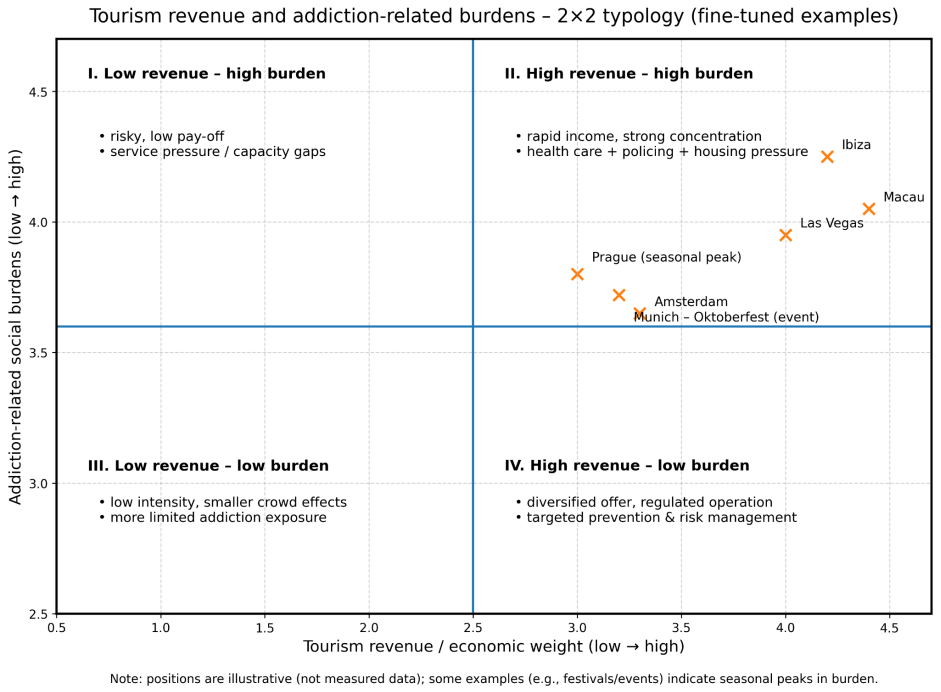

Figure 2: Tourism revenue and addiction-related burdens - 2x2 typology
Source: Author's own compilation (illustrative positions; not measured data)

The examples (e.g., Ibiza, Las Vegas, Macau, Amsterdam, Munich/Oktoberfest, Prague peak season) are placed qualitatively to communicate mechanisms, not to rank destinations. For empirical applications, the framework can be operationalized with local indicators such as tourist nights per resident, emergency admissions, police incidents, nuisance reports, housing pressure indicators and the size of the night-time economy.

Practical lessons for party-tourism destinations and festivals

Tourism generally does not determine national prevalence of addictions, but it can create local clusters of harm. For party-tourism destinations, the goal is not to eliminate entertainment tourism, but to improve the revenue-burden balance. This typically requires a mix of availability controls (licensing hours, density of venues), targeted policing, harm-reduction services, and communication that reshapes visitor expectations.

Seasonality and event peaks are critical. Short, intensive festivals can strain local capacity even if annual averages look manageable. Event governance therefore benefits from clear visitor policies, coordinated medical and security protocols, and proactive prevention messages. Publicly available visitor-policy documents show how large festivals formalize rules on alcohol, drugs and safety expectations (Sziget Festival, 2024).

From a municipal perspective, cross-sector coordination is essential. Tourism authorities, health services, policing, transport providers and event organizers need shared monitoring and rapid response capacity. A practical step is a minimal 'tourism-harm dashboard' that tracks a small set of indicators during peak periods and supports after-action reviews.

5 Conclusions

Across addiction types, the evidence supports a layered view. Structural, cultural and socio-economic conditions shape baseline prevalence, while tourism modifies exposure mainly through context: night-time economy intensity, venue availability, festival peaks and the destination offer. As a result, the same national prevalence can produce very different local burdens.

For policy, the implication is to treat tourism as a risk-amplifier rather than a root cause. Destinations with high revenues have fiscal capacity to invest in prevention and management, but they also face stronger incentives to under-regulate. The proposed figures help communicate these trade-offs and can guide the selection of targeted tools.

Limitations and future research

The paper synthesizes secondary evidence and uses conceptual frameworks. Future research should deepen local comparative analyses across destinations and distinguish persistent nightlife concentration from event-driven peaks, as the policy toolkits differ. Empirical work should link tourism intensity measures with administrative harm indicators, while accounting for domestic context factors.

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Csapi Patrik earned his MSc in Economics in 2012 from the University of Pécs, Faculty of Business and Economics (Corporate Finance and Accounting specialization). He began his PhD studies in 2024 at the Doctoral School of Business Administration at the University of Pécs. His research focuses on assessing the economic and social value of addiction treatment institutions, with particular attention to capturing the impact and social benefits of the services they provide. Since 2012, his professional career has been linked to an addiction treatment institution, where he works in the finance department and contributes to supporting financial operations and management processes. He has held a certified accountant qualification since 2009. In 2016, he obtained a GDPR Officer qualification, and in 2024 he further expanded his professional expertise by earning a Certified Audit Specialist qualification.