Policy brief: Gambling and suicide

April 2021

Introduction

There is an established association between gambling and suicide.¹ More action is needed to prevent gambling-related harms, to break down stigma around gambling-related harms and to ensure that the regulatory framework offers enough protection.

Gambling-related harms

Gambling-related harms are the negative impacts from gambling on the health and wellbeing of individuals, families, communities and society. They can be experienced for a short time, or have long term impact, and can also be wide ranging, affecting relationships with friends and families as well as finances and health.² They can also range in severity, with the worst material outcomes including bankruptcy and undertaking criminal activity to fund gambling. Health impacts can include anxiety, depression, physical health problems, with suicidality and loss of life in some cases.³

Estimates vary but Gambling Commission research has found approximately 0.6% of the adult population⁴ experience serious problems related to gambling, measured against particular thresholds of harm.⁵ This equates to about 340,000 directly affected individuals, but their gambling is also likely to cause harm to those around them.⁶ People move in and out of harmful behaviour so while the number of directly affected individuals may remain similar over time, it may be different people who are experiencing harm from year to year.⁷ More evidence is needed to understand the full scale of gambling related harms.

Gambling-related harms and suicide

People experiencing gambling related harm in the UK who are seeking treatment are a high-risk for suicidal ideation and behaviour. The most recent statistics from treatment provider
Gamcare indicate that 11% of the 25,542 gamblers contacting their helpline had experienced suicidal thoughts, either currently or in the past, with 62% of callers mentioning anxiety and stress.\(^8\)

47% of those presenting for treatment at the National Problem Gambling Clinic in London reported currently having suicidal thoughts, with the likelihood of having suicidal thoughts increasing as the severity of gambling problems increased.\(^9\) This suggests a relationship between severity of problems and suicidal thoughts.

Research from a residential treatment centre for people experiencing gambling related harm showed that from 2010 onwards, 20-30% of users had attempted suicide and between 78-90% had thought about suicide.\(^10\) These findings are replicated in studies across the world, showing a strong association between gambling related harms and suicidal thoughts and attempts.\(^11\)

Research indicates that these patterns remain among those not seeking treatment. A study from GambleAware into gambling related suicide in the UK showed that people experiencing gambling related harm experienced suicide ideation and attempts at a rate at least four times higher than people with no signs of those experiencing problems with gambling.\(^12\)

In the USA, analysis showed that 49% of people experiencing gambling related harm within a community survey had experienced suicidal thoughts\(^13\) and data from Sweden shows an increase in mortality and rates of suicide among those with diagnosis of gambling disorder.\(^14\)

There is a well-established connection between financial stressors, like problem debt, and suicide.\(^15\) Statistics from the National Gambling Treatment Service show that most gamblers (71%) receiving treatment have a debt due to their gambling.\(^16\) In the UK, 24 million people lost over £14.5 billion to gambling operators in 2019 and losses have steadily increased in recent years.\(^17\) Analysis of over 6 million bank accounts showed that higher gambling is
associated with a higher rate of a range of financial harms, including using an unplanned bank overdraft, missing a credit card, loan, or mortgage payment, and taking a payday loan.\textsuperscript{18}

**Recent policy developments**

The NHS Long Term Plan in England committed to expansion of NHS specialist clinics to support people with serious gambling problem. The document notes that ‘current treatment only reaches a small number through one national clinic. We will therefore expand geographical coverage of NHS services for people with serious gambling problems, and work with partners to tackle the problem at source’.\textsuperscript{19} A total of 15 NHS specialist gambling clinics are due to be in place by 2023/24, including the first dedicated clinic for children and young people which is being piloted as a satellite of the existing national clinic in London.\textsuperscript{20}

In December 2020, the UK Government launched a review of gambling regulation in Great Britain which seeks to assess the current balance of regulation, including whether there is sufficient protection from harm and whether the regulatory framework is fit for the digital age.\textsuperscript{21} A White Paper is expected during 2021.

**What is Samaritans calling for?**

The severity of outcomes from gambling related harms varies but there is an established – and accepted – association between gambling and suicide. People experiencing gambling related harm are a risk group for the experience of suicidal thoughts, attempts and death by suicide.

Gambling has been recognised as a public health issue, and as an addiction that requires clinical treatment.

- The new clinics for specialist gambling treatment that the NHS is rolling out in England should assess the prevalence and severity of suicidal thoughts amongst the people that they support.
• The National Institute for Health and Care Excellence should prioritise the development of a new quality standard on gambling to help ensure that treatment is accessible to everyone who needs it, when they need it.

Reform of the gambling regulatory environment in Great Britain should be underpinned by a public health approach focused on harm reduction.

• Gambling products should be specifically assessed against harm indicators and be designed to slow the speed of play and the scale of losses, creating as many opportunities for intervention as possible.
• Forthcoming regulatory changes should ensure that there is a complete ban on marketing communications to consumers who have self-excluded or who have registered with GAMSTOP without the need for consumers to give any further consents to put this in place.
• VIP schemes – offering inducements for further play – have been identified as a particular area of concern by both experts by experience and the regulator. The option of banning such schemes completely should remain on the table if the new measures to eradicate irresponsible practice do not go far or fast enough.
• Recent measures to reduce harm such as the reduction of maximum stakes for Fixed Odds Betting Terminals and the prohibition of using credit cards to gamble should be assessed from a public health harm reduction perspective to judge whether they have been effective.

Suicide is preventable, and effective intervention from gambling operators could save lives.

• The gambling industry needs to ensure all staff have a good understanding and awareness of suicide prevention. Customer service and support staff who are often at the front line of dealing with vulnerable people should receive additional training to help them recognise risk and offer support.
• Operators need to utilise the full range of insights about their customers and intervention actions at their disposal to reduce harm.
Gambling related harms can remain ‘hidden’ from both gambling operators and the loved ones of those who are suffering. Feelings of shame can delay people seeking help.

- Government, industry and the regulator need to invest in building broader social understanding of gambling-related harms and remove stigma so that people seek support if they need it at an early stage.

There is already enough evidence to justify concerted action to reduce gambling related harms.

- The evidence base could be further strengthened through additional analysis to definitively establish the prevalence of gambling-related suicides, to establish if there is a causal link between gambling and suicide, to explore links between gambling and other suicide risk factors and to ascertain if young people are more at risk of suicidality from gambling related harm.
- Questions on gambling should be included in the next iterations of the Adult Psychiatric Morbidity Survey and Health Survey for England.

How Samaritans is working to reduce gambling-related harm

Samaritans is committed to playing our part in reducing gambling-related harm. We have been funded by the Gambling Commission to create best practice guidelines for the industry on suicide prevention, in line with similar guidance we have developed for online platforms and for media reporting of suicide. We are also developing eLearning and face to face training to support gambling operators working with customers in crisis as part of this project.

We regularly refer Samaritans callers who may be struggling with gambling to the GamCare advisory service and GamCare also refer people requiring emotional support to Samaritans.
References


3. Ibid


5. Gambling Commission. Problem gambling screens (gamblingcommission.gov.uk)

6. Gambling-related harm as a public health issue (gamblingcommission.gov.uk)


18. Ibid
