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Is Gambling a Risk Factor for Suicide?

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OF THE YEAR



Disclosure of interest

- HW has received funding from the Economic and Social Research Council, National Institute for Health Research, Wellcome, Gambling Commission, Department of Digital Culture Media and Sport. Greater Manchester Combined Local Authority, and the Office for Health Improvement and Disparities. In 2018/19 HW worked on a project funded by GambleAware on gambling and suicide. The Lancet PH Commission was supported by a Wellcome Humanities and Social Sciences Fellowship to HW (ref: 200306)
- CB nothing to declare
- GR in 2017/18 worked on a project funded by GambleAware on gambling and advertising
- Tackling Gambling Stigma is funded by philanthropic donations from Derek Webb
- Clare Wyllie was research programme manager at GambleAware until 2018.



What is the nature of gambling harms?



Gambling-related harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society.

These harms are diverse, affecting resources, relationships and health, and may reflect an interplay between individual, family and community processes. The harmful effects from gambling may be short-lived but can persist, having longer-term and enduring consequences that can exacerbate existing inequalities.

Health harms and suicidality: an illustrative example from Britain

Figure 4: Suicidal thoughts in the past year, by DSM-IV gambling score

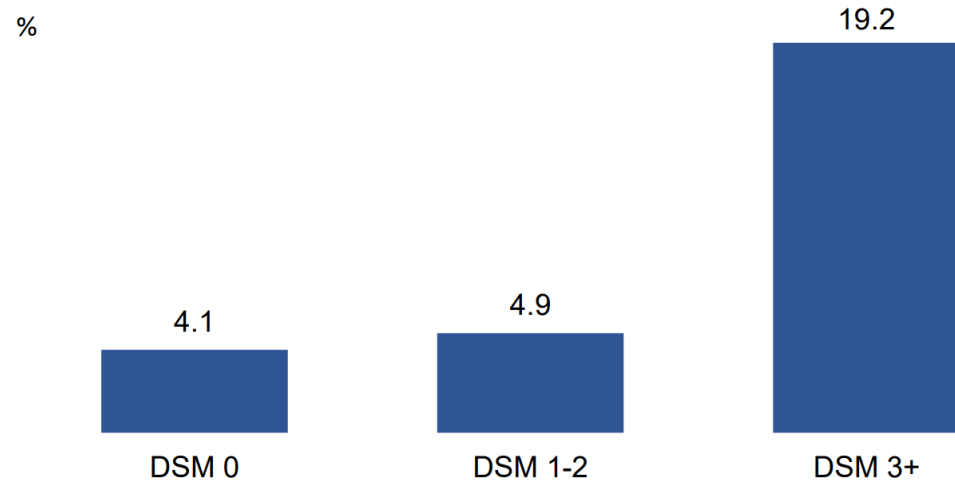
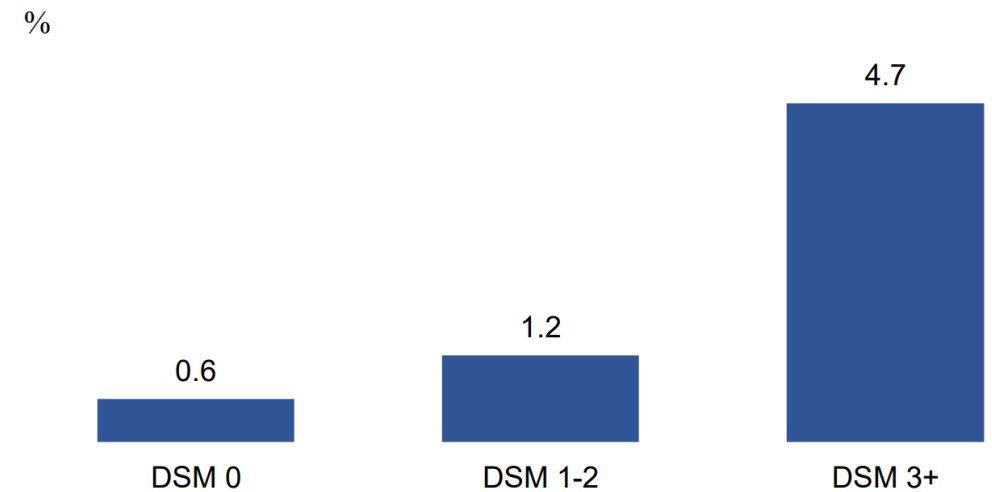


Figure 5: Suicide attempt in the past year, by DSM-IV gambling score





Understanding the association – an epidemiological debate

“an **appreciable relationship** between problem gambling and at least two forms of self-harm (suicide ideation and attempts), well-designed longitudinal research is needed to make more firm conclusions” (Edson et al, 2023)

“The association of suicidal thoughts with disordered gambling was non-causally explained by common genetic influences among women (but not men). Conversely, there was **evidence consistent with a potentially causal influence of disordered gambling on suicide attempt among men** (but not women)” (Slutske et al, 2022)

“No conclusion regarding the casual relationship can be drawn....[but] it seems like sub-clinical levels of problem gambling might have an impact on suicidal ideations **whereas for suicide attempts to occur, other factors need to be present**” (Sundqvist, 2022)

“This suggests that **gambling disorder was unlikely to be a predominant cause of suicidal behavior**. This is consistent with the finding that only a minority of those with co-occurring gambling disorder and suicidal behavior (20%) attributed the suicidal behavior to gambling” (Slutske et al, 2022)



Dynamic pathways? Towards a better understanding of gambling and suicidality

Cause or Consequence?

- Is this the wrong question? Should we be looking at the cause AND consequence of gambling and its relationship with suicidality and the other risk or moderating factors associated with suicidality?

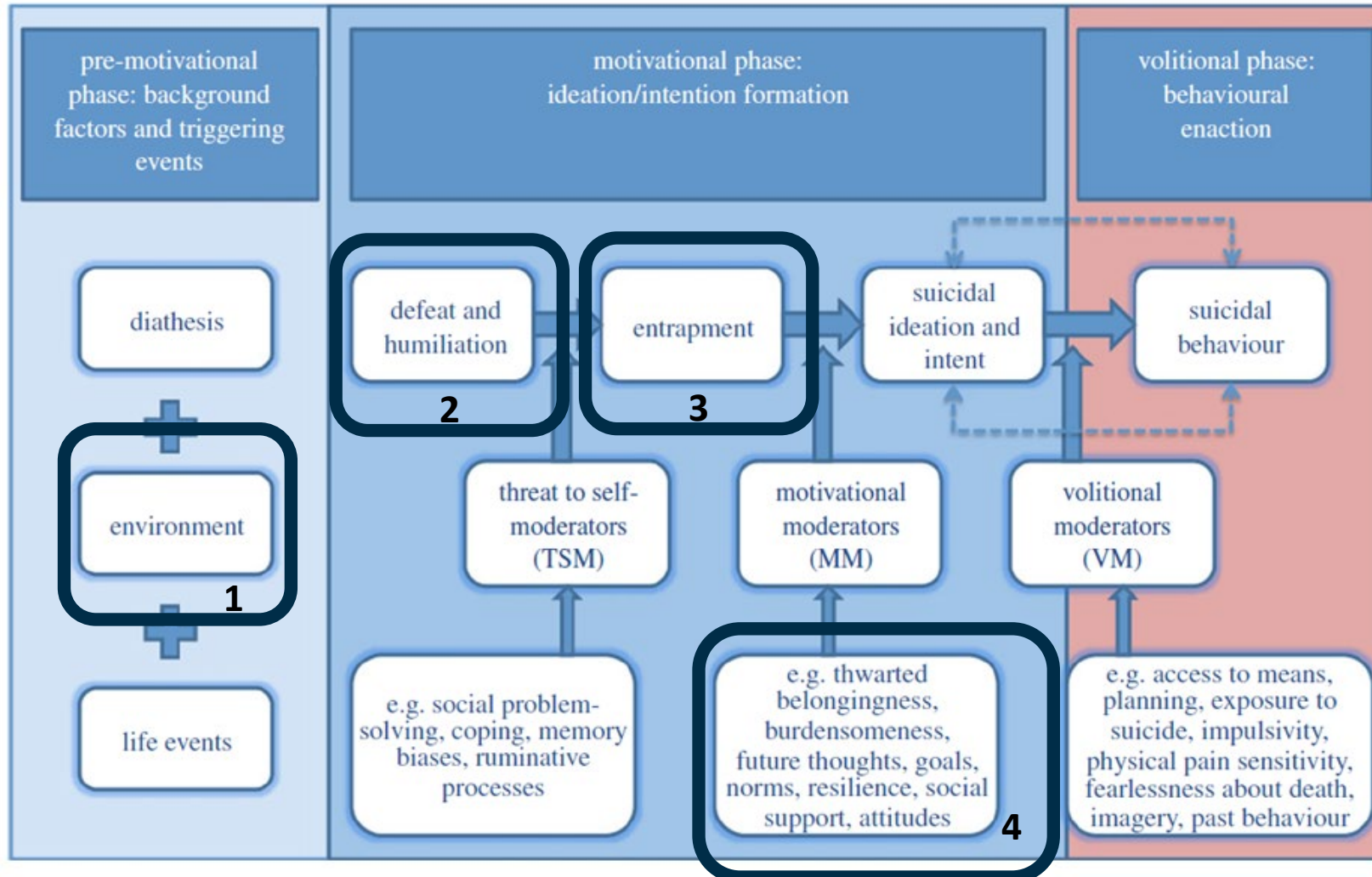
Recognition of multiple pathways

- The myriad ways in which gambling interacts with known risk factors for suicidality AND that the harms associated with gambling are likely one of multiple pathways for different people in different circumstances.

Focus on the how and why?

- What are the actual processes and mechanisms that link gambling with suicidality – how and why do they vary for different people under different circumstances?

Applying broader theories of suicidality to gambling: a preliminary example



1. Exposure to gambling; presence, proximity, actions of gambling corporations
2. Deep feelings of shame, stigma and indebtedness strongly associated with gambling disorder. Prohibits help seeking.
3. Feeling unable to escape gambling and the gambling industry; feelings of entrapment by them. Interactions with environment – widespread advertising is triggering
4. As a hidden addiction, reduces access to social support – lowers availability of motivational moderators



Evidence from lived experience, qualitative research and coronial investigations

“

At that point, I thought I'm just going to jump out of the window before anybody can even see it. I was too ashamed, too embarrassed, too guilty, everything. It was just everything was finished really in my head. That's it.



“

It ate away at me so I can't even imagine how it ate away at my brother. I dealt with everything when he died and I had his phone. His phone was bombarded with text messages and emails from online gambling people, offering all sorts, all the time. It made me feel sick holding that phone.





Evidence from lived experience, qualitative research and coronial investigations

INVESTIGATION and INQUEST

On 06 May 2021 I commenced an investigation into the death of xxxx aged xxx. The investigation concluded at the end of the inquest on 29 June 2023.

The conclusion of the inquest was that:

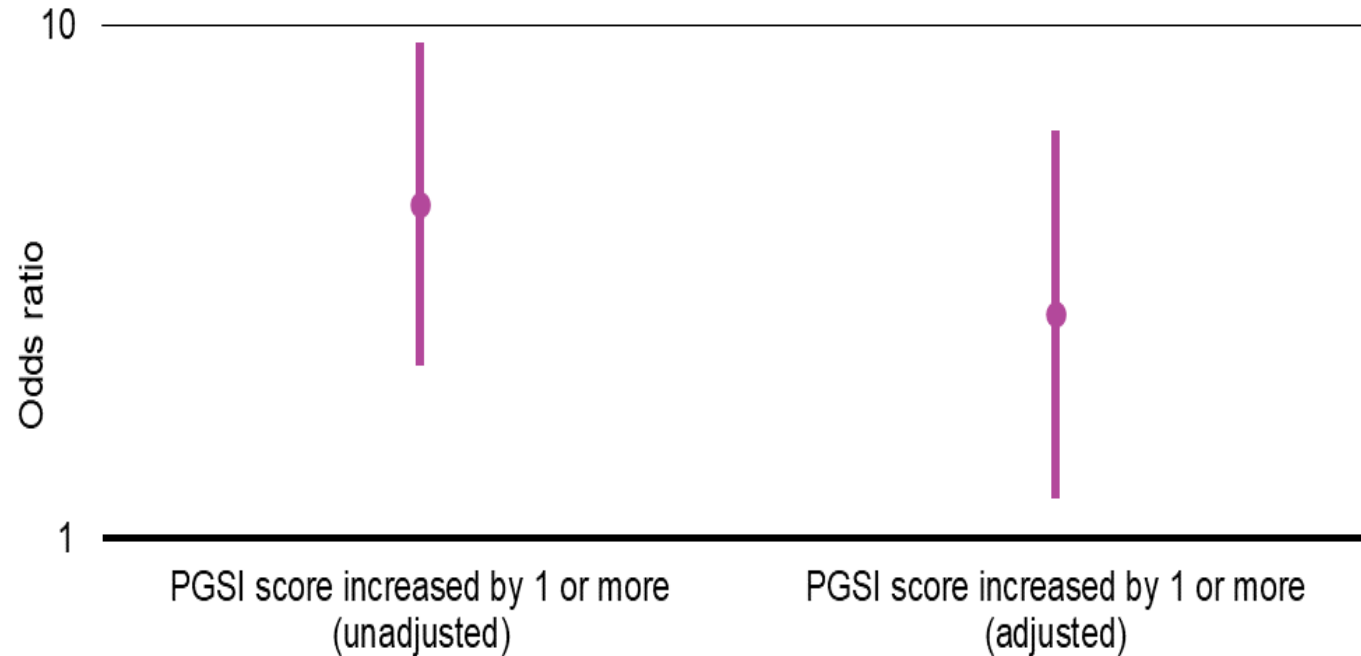
Narrative Conclusion:

Xxxx died as a result of his own actions, intending those actions to cause his death. At the time of his death, he was suffering from a gambling disorder, which was longstanding, at least from 2019 and which contributed to his decision to take his own life. In the months prior to his death, the evidence showed that xxxx had been assessed as a low-risk gambler by the operator with whom he was gambling, although xxxx' s gambling activity, deposits made and losses suffered were most intensive in the 10 weeks prior to his death. **The same operator did not intervene or interact with xxxx, in any meaningful way, between 2019 and the date of xxxx' s death, when more efforts to intervene or interact should have been made. Opportunities were missed which may possibly have changed the outcome for xxxx.**



Prevention, interactions and responsibility - challenges

Base: Young adults aged 18-26



1. Young adults whose PGSI scored increased by 1 or more between 2020 and 2021 were more likely to report attempting suicide in the same time period.
2. This was true when prior suicide attempts, impulsivity, anxiety and wellbeing and prior PGSI score were taken into account
3. Any increase in PGSI severity is associated with heightened risk of suicide attempts.



Implications for prevention (the increasingly dominant approach)

Increasing focus on industry risk assessment and intervention

- Primary prevention methodology being written into many European jurisdiction protocols.
- Self-regulatory approach, whereby industry undertakes its own risk assessment and designs the subsequent actions stands in contrast to mandatory approaches for regulating AML, crime, game and product integrity

Industry developed algorithms

- Industry developed machine learning algorithms, based on understanding the markers of harm, with people then flagged for “interactions”
- **Lack of transparency, independent and evaluation over these processes**

Customer interaction policies place industry staff at face of suicide prevention

- Reliance on customer staff to perform risk assessments. Staff are not suicide prevention experts or with expertise in dealing with vulnerable people. These are people working in call centre for global gambling industries.
- Questions of ethics and trust
- If system continues, all staff engaging in customer interactions could be required to have regular, independent, transparent, and robust suicide prevention and intervention training.



Gambling now considered a risk factor for suicidality in England

*“Although reasons for suicide can be complex, we do know that gambling can be a **dominant factor** without which the suicide may not have occurred. Action therefore needs to be taken to address the harms of gambling, including suicide, and reach people at risk”*

Suicide prevention in England: a 5-year cross sector strategy

- Produce **clinical guidelines** to support identification, assessment and management of harmful gambling
- **Invest** in research, prevention and treatment
- **Local government** public health teams consider links between their work on suicide prevention and harmful gambling
- **Royal College of Psychiatrists** to develop continuous professional development resource to improve professionals’ understanding of harmful gambling.
- strengthen **informational messaging**, including on risks associated with gambling



Implications



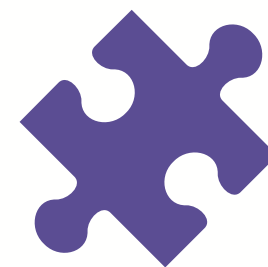
Counter

Powerful global industry narratives about the safety of gambling



Resolve

Prevention should not be left to those who profit from gambling to design, implement and enforce.



Join-up

Gambling embedded within working practices of many relevant orgs at local, national and international levels



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Thank you!

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