

Briefing: gambling and suicide

This briefing is aimed at professionals and practitioners in Scotland who require further information on gambling and suicide.

As Scotland's public health agency, our vision is to create a Scotland where everybody thrives. However, after decades of improvement, Scotland's health is worsening.

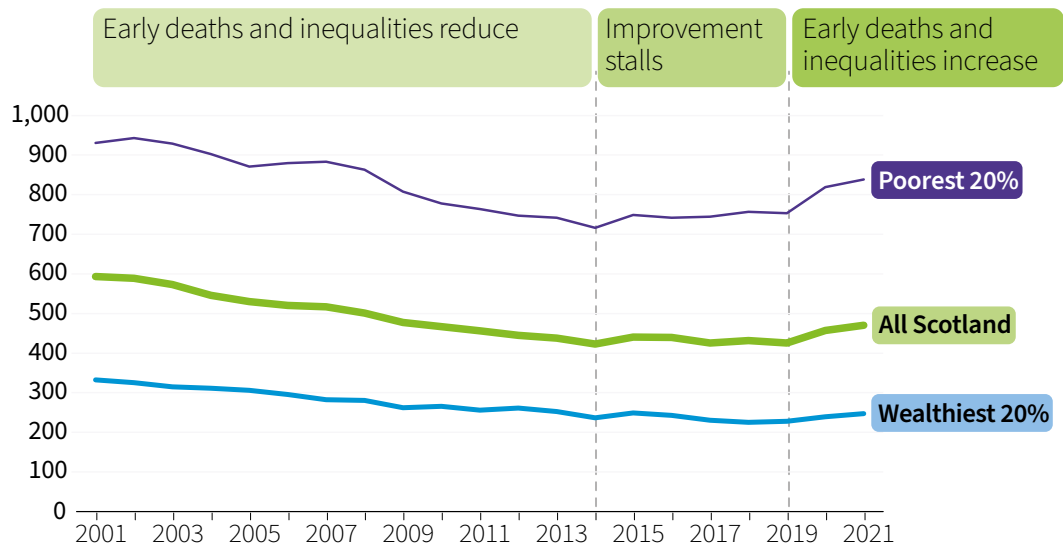
People are dying younger.

The number of people dying early is increasing.

People are spending more of their life in ill health.

The gap in life expectancy between the poorest and the wealthiest is growing.

Age-standardised premature mortality rate among under-75s: 2001–2021



Source: National Records of Scotland (NRS)

Long-term success in reducing health inequalities will not be achieved by the health service alone. We will work with public health partners to support investment in prevention and deliver policy actions across the building blocks of a healthy society.

Definition of suicide

Suicidal behaviour can include thoughts of suicide, having a plan to take your own life and suicide attempts. **Suicide is not caused by a single factor and the pathway to suicide is complex.**

Feelings of **defeat, humiliation and entrapment** are often apparent in the formation of suicidal thoughts. (Source: [O'Connor and Kirtley](#), 2018)

Definition of gambling and gambling harms

The Gambling Act 2005 has defined gambling as 'gaming, betting and participating in a lottery'.

Gambling harms are the adverse impacts from gambling on the health and wellbeing of individuals, families, communities and society. (Source: [McDaid et al](#), 2018)

The Problem Gambling Severity Index (PGSI) and the **Diagnostic and Statistical Manual of Mental Disorder of the American Psychiatric Association (DSM-IV)** are screening tools used to identify at-risk or problem gamblers. The Scottish Health Survey uses the PGSI.

Gambling disorder is a psychiatric diagnosis which causes significant distress or impairment to important personal functions and control over gambling. (Source: [American Psychiatric Association](#))

Language is important

Diagnosis screening and research related to gambling use terms such as gambling disorder and problem gambler. However, this language is stigmatising and suggests an individual is to blame for the harm they are experiencing, not the gambling product or wider determinants leading to harmful gambling. Stigma and shame may stop people from seeking the support they need, so we should be mindful of the language we use. See the [gambling harms language](#) page on the Public Health Scotland (PHS) website for further information.

Suicide and gambling harm

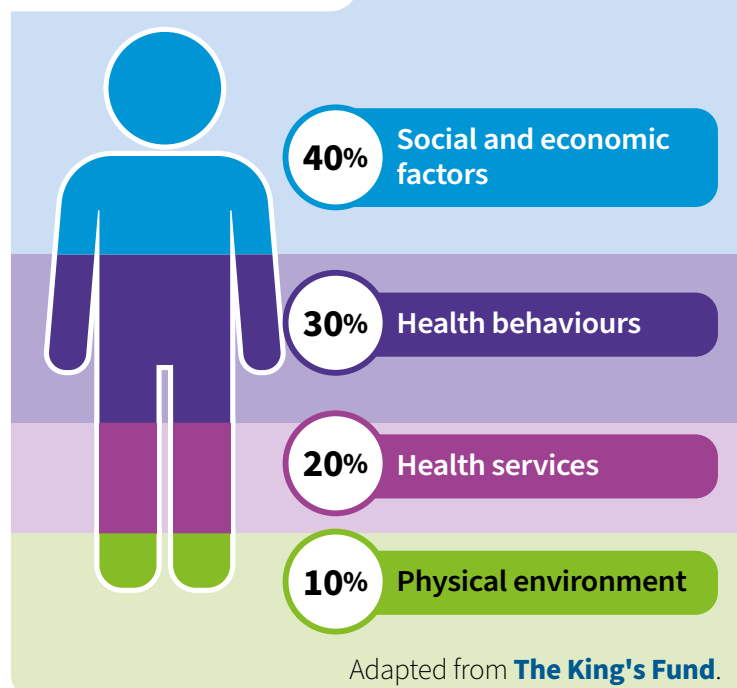
As Scotland's public health agency, our vision is to create a Scotland where everybody thrives. PHS is a leading partner in the delivery of Creating Hope Together, Scotland's suicide prevention **strategy** and **action plan** which aims to reduce the number of suicide deaths in Scotland, while tackling the inequalities that contribute to suicide.

Achieving this vision requires collaborative action, at all levels and across all sectors/settings, to build on a whole-society approach to address the wider determinants, which have the greatest link to suicide risk. This includes:

- developing a better understanding of the scale of people experiencing gambling problems in our communities
- action for prevention
- working towards ensuring people experiencing gambling harms are able to access the right support and treatment.

Emerging international and UK evidence has begun to establish strong links between suicide and people experiencing gambling problems. The connection between gambling harm and suicide is a complex interplay of psychological, social and economic factors. With the increased availability of internet and smartphone-based gambling applications, coupled with the increased scale of gambling advertising, there's a need to examine and evidence these links within Scotland. A collaboration between PHS, Scottish Government, COSLA and other partners on addressing gambling harms has been established through the National Gambling Harm Group for Scotland.

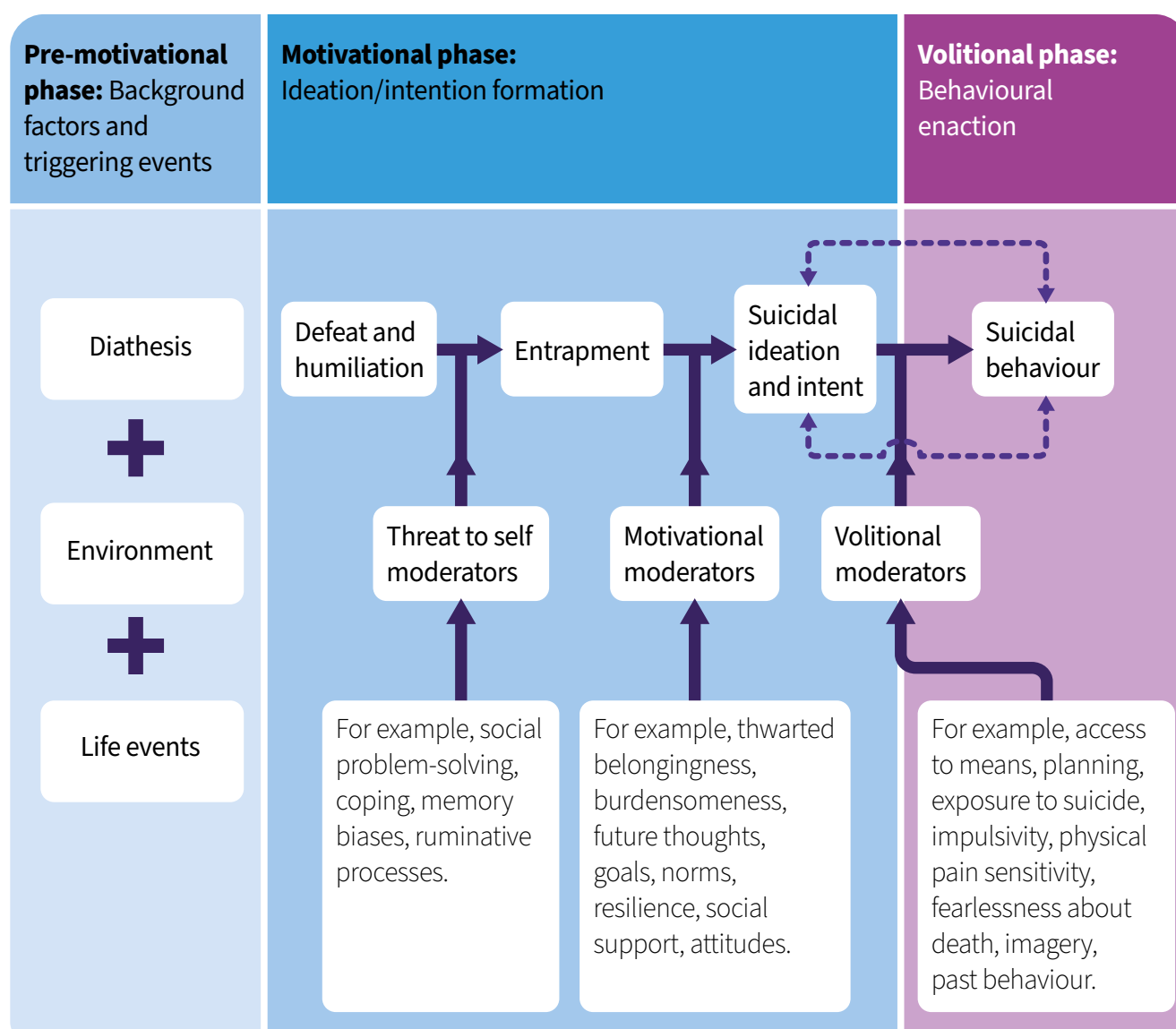
What shapes our health



Association between gambling and suicide – individual impact of suicidal thoughts

The **Integrated Motivational-Volitional Model** (IMV Model) has been developed by academics to help improve our knowledge and understanding of why people die by suicide. The IMV Model describes the emergence of suicidal thoughts and how these can transition to suicidal behaviour. The model is presented in three phases:

- **The pre-motivational phase** is the context in which suicidal thoughts and behaviours emerge. Suicide most often occurs in a context of disadvantage, as do gambling harms.
- **The motivational phase** is the emergence of suicidal thoughts, which are often underpinned by feelings of defeat, humiliation and entrapment. Many gambling harms could lead to these feelings, for example if someone is in debt, experiencing relationship breakdown, and has maintained secrecy around the extent to which they gamble, these feelings could emerge.
- **The volitional phase** describes if someone moves to acting on their thoughts of suicide, or attempts to take their own life.



Source: **O'Connor and Kirtley**, 2018.

Association between gambling and suicide – gambling harm individual impact

Over 50 different metrics of gambling harms have been identified. Gambling harm includes, but is not limited to:

Health and wellbeing

- Anxiety
- Depression*
- Mood disorders*
- Sleep problems
- Shame and stigma
- Self-harm*
- Suicide
- Physical ill-health (chronic physical illness*)
- Substance misuse*
- Alcohol misuse*
- Early death
- Feelings of anger, distress or hopelessness

Relationships

- Strained/exploited
- Loss of trust
- Separation/divorce/relationship breakdown*
- Domestic violence
- Neglect
- Adverse childhood experiences*
- Social isolation
- Loneliness
- Cultural harm
- Age of gambling disorder onset*
- Conflict relating to gambling*

Resources

- School drop out/ lower educational attainment*
- Work absenteeism
- Job loss and unemployment*
- Financial insecurity*
- Debt and bankruptcy*
- Use of food banks
- Rent arrears
- Homelessness
- Criminality
- Deprivation

* Research suggests that people experiencing one or more of these factors/harms are more likely to be at risk of suicidal thoughts/behaviour.

Sources: [McDaid et al, 2018](#); [Samaritans, 2021](#); [Ronzitti et al, 2018](#); [Farhat et al, 2020](#).

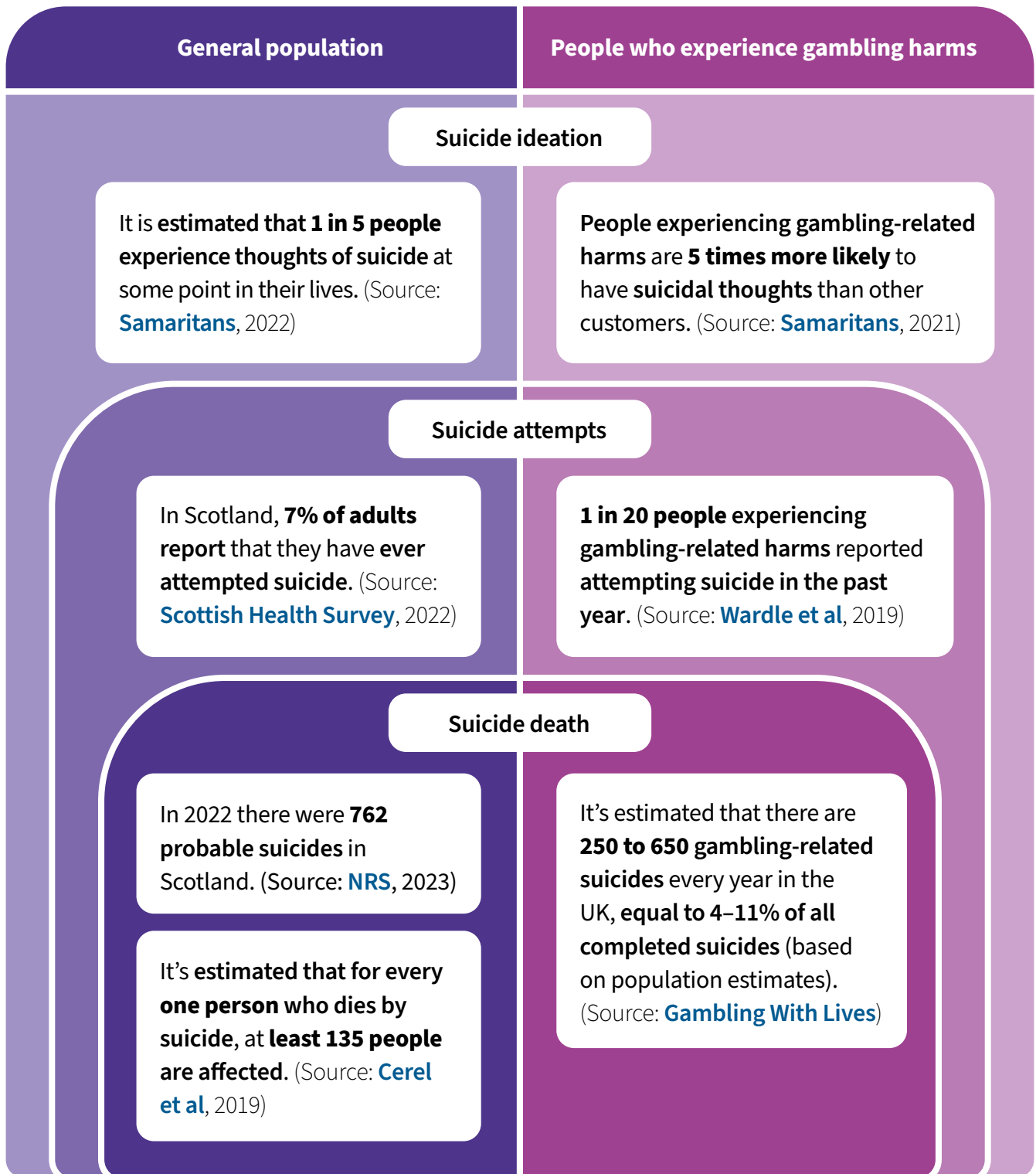
Gambling behaviour continuum

Several studies identify the level of gambling severity as being highly associated with suicidal behaviour, as is the early onset of gambling disorder.



Population-level suicidal risk

Deaths from suicide were much higher among adults gambling at a harmful level compared to the general adult population.



Note: There are limited data around the impact of gambling in Scotland, and therefore some figures draw on UK-wide data.

Why we need to act



Economic impact

- £1.5 billion is spent each year on gambling advertising in the UK. (Source: [Torrance et al](#), 2021)
- Gambling harms are estimated to cost up to £60 m in Scotland. (Source: [Scottish Parliament Information Centre](#), 2022)
- For every life lost to suicide in Scotland there is an average cost of at least £1.43 m. (Source: [Samaritans](#), 2024)
- Estimated excess cost of harm associated with gambling in England from deaths by suicide is £241.1 m to £961.7 m. (Source: [PHE Evidence Review](#), 2023)
- Overall profit generated by the gambling industry in the UK is roughly £15.1 billion with a contribution to harm support of 0.1%. (Source: [Gambling Commission](#), 2023)
- Online gambling has doubled since 2012. (Source: [Scottish Health Survey](#), 2021)



Health impact

- Adults who gamble have lower levels of mental wellbeing in Scotland. (Source: [Scottish Health Survey](#), 2021)
- There are higher rates of suicidal thoughts and suicide attempts among individuals with gambling disorder. (Source: [National Library of Medicine](#), 2022)
- Approximately 42% of gamblers seeking treatment had experienced suicidal thoughts and 20% had attempted suicide. (Source: [Gambling with Lives](#), 2020)
- For every person directly experiencing gambling harms, at least six other people will be negatively affected. (Source: [International Gambling Studies](#), 2017)
- There is a potential underestimation of harm due to lack of routine screening of gambling harms. (Source: [Gambling Commission](#), 2022)
- 6.4% of adults are considered low-risk to high-risk gamblers in Scotland. (Source: [Scottish Health Survey](#), 2021)

Inequalities: Gambling harms and suicidal thoughts/behaviour are not experienced equally



Gender

- Men aged 45–54 have the highest prevalence of harmful gambling. (Source: [Scottish Health Survey](#), 2021)
- Around three-quarters of people who die by suicide are male. (Source: [ScotSID](#), 2023)
- Men aged 16–24 are nine times more likely to attempt suicide if they are experiencing harmful gambling, and women are five times more likely. (Source: [Wardle, McManus](#), 2021)
- Almost 40% of women experiencing high levels of gambling harm may not seek out help due to stigma or shame. (Source: [GambleAware](#), 2023)



Children and young people

- 1.6 million children live in UK households with adults experiencing problems with gambling. (Source: [GambleAware](#), 2023)
- 0.9% of 11–16-year-olds in the UK were classified as experiencing harmful gambling. (Source: [Gambling Commission](#), 2022)
- A quarter (25.7%) of all deaths among 5–24-year-olds in Scotland were probable suicides. (Source: [ScotSID](#), 2022)



Environment

- Gambling harms disproportionately affect deprived areas. Over 1 in 10 people in the most deprived areas are at risk of or experiencing harmful gambling. (Source: [Scottish Parliament Information Centre](#), 2022)
- Suicide deaths were nearly three times more likely among those living in the most socioeconomically deprived areas than among those living in the least deprived areas. (Source: [ScotSID](#), 2023)
- Exposure to casinos and other gambling venues has been linked with an increased risk of suicide mortality. (Source: [Markham et al](#), 2024)

Challenges

Policy

- In recent years, gambling harms have been referenced in Scotland's **Suicide prevention strategy and action plan**, the **Mental health and wellbeing delivery plan** and the **Self-harm strategy and action plan**. This presents the emergence of a policy basis for further action.
- Gambling harm is not as well recognised as other public health harms like alcohol, drugs and smoking. (Source: **PHE Evidence Review**, 2023)
- Suicide is complex and there are a number of potential contributory factors that are recognised at a population level. However, at an individual level it is difficult to predict who may be experiencing thoughts of suicide. (Source: **CDC**, 2022)
- Much of the literature is based on evidence from other countries, and largely focuses on the relationship between gambling harm and suicide, rather than on how to prevent it.
- Addressing gambling harm is compounded by a complex regulatory and policy landscape. Gambling regulation and legislation is reserved to the UK Parliament, whereas health is devolved to the Scottish Government.
- There are conflicts of interest within the gambling industry's business model. (Source: **ADPH**, 2022)

Stigma

- A dual stigma exists around both gambling and suicide. (Source: **Samaritans**, 2021)

Treatment and support

- There are few treatment options in Scotland for people experiencing harm from gambling.
- Support for people in distress and crisis, including those who are suicidal, can be accessed via **NHS 24's mental health hub**, Distress Brief Intervention (DBI) service and across mental health services, primary care and the third sector. The availability of support for people affected by suicide varies locally, and to meet their needs a range of effective, timely and compassionate support is required.

Data and intelligence

- There is a lack of gambling harm data and intelligence in Scotland, and difficulties with the reliability of gambling harm data that can be linked with suicide. (Source: **PHS – ScotPHN**, 2020)

Adopting a public-health approach to gambling harms and suicide in Scotland

A **public-health approach** to tackling gambling harm is important to support effective healthcare services. This approach brings together different sectors and disciplines to collaboratively address issues that impact on health and wellbeing. It seeks to prevent and reduce harm and should be supported by regulation, legislation and funding. Other key aspects include emphasising prevention, creating an evidence-informed base, and reducing health inequalities. It shifts focus from individual behaviour change to population level. It is widely accepted that a public-health approach to tackling gambling harm is required.

- Tackling the drivers of gambling harms would contribute to five out of six of the Public Health Priorities for Scotland. (Source: [Scottish Parliament Information Centre](#), 2022)
- The Gambling Related Harms Working Group has been established to progress a whole-system approach to address gambling harms in Scotland. A multi-agency approach to address suicide is also being adopted through the formation of Suicide Prevention Scotland. Locally, this approach is also evident in addressing suicide prevention and should be adopted further in local areas for gambling-related harms.
- There are opportunities to take public health action in relation to the commercial determinants of health, using gambling as a priority area. (Source: [Gambling Health Needs Assessment for Wales](#), 2022)
- Including people with lived experience in shaping the education, prevention, treatment and support available to people should become embedded. (Source: [The ALLIANCE](#), 2021)
- There is an opportunity to support a public-health approach through tighter regulation outlined in the 2023 white paper 'High stakes: gambling reform for the digital age' following the review of the Gambling Act (2005), and the proposed introduction of a statutory levy.
- Workforces coordinating suicide prevention activities, but also those who may come across people experiencing gambling harms, should have the latest insight of research, data, practice, lived experience and policy expertise shared with them to allow interventions to continue to adapt and develop. (Source: [Voll et al](#), 2022)
- There are opportunities to better understand, measure and monitor the health and social harms from gambling and suicide in Scotland, including:
 - ongoing collection and analysis of gambling, gambling harm, attempted suicide and self-harm data through the Scottish Health Survey
 - development of routine data and high-quality surveillance tools on gambling-related harm and suicide at a national and local level, including through multi-agency suicide review processes
 - analysis of gambling-related harms as a contributory factor to suicide through the Scottish Suicide Information Database (ScotSID) and other national and local datasets
 - continuing to build and share the evidence base from academic and practice insight.

Proposed activities/recommendations

Prevention

- Increase public awareness of gambling harm and reduce stigma associated with gambling harm including language used around harmful gambling. (Source: [The ALLIANCE](#), 2021)
- Take steps to reduce the accessibility of gambling, both online and physical gambling premises. There may be opportunities through local authority licensing boards. (Source: [Scottish Parliament Information Centre](#), 2022)
- Work across sectors and partners to address the wider determinants and embed activity to address gambling risks and harms in practice and policy.

Early intervention

- Frame gambling behaviour as a continuum of harm to target individuals at varying degrees of harm. (Source: [Gambling Health Needs Assessment for Wales](#), 2022)
- Invest in education and training of frontline staff, monitoring effectiveness in changing practice and service-user experience. (Source: unpublished Public Health Scotland, 2023)
- Increase awareness of help, support and treatment available among key professional groups, including primary care staff, debt advisers, prison staff and third sector support staff. (Source: [The ALLIANCE](#), 2021)
- Adopt gambling harm and suicide screening tools within services, especially primary care. (Source: [BMJ](#), 2021)
- Use monetary data to identify individuals experiencing financial harms associated with their gambling to support screening, intervention and prevention. This may reduce gambling financial crises, thereby warding off a potential gambling suicide attempt. (Source: [Slutske et al](#), 2022)
- Raise awareness of support services. Campaigns should include information for family and friends on how to recognise signs and symptoms of gambling harms in others. (Source: [Gambling Health Needs Assessment for Wales](#), 2022)

Intervention

- Provide holistic, person-centred help, support and treatment, ensuring that services are joined up and provide people with the right support, at the right time, in a place of their choosing. (Source: [The ALLIANCE](#), 2021) Develop necessary pathways in support.
- Improve interventions targeting co-occurring self-harm behaviours and gambling. (Source: [Farhat et al](#), 2020)
- Consider the overall level of conflict a patient is experiencing when assessing suicide risk among individuals with gambling problems. (Source: [Carr et al](#), 2018)

Postvention

- Support children of people experiencing gambling harms, who are more likely to begin gambling themselves. (Source: [Kourgiantakis et al](#), 2016)
- Support should be in place for people bereaved by suicide as they are at higher risk of suicide themselves. (Source: [Pitman et al](#), 2016)
- Support all those affected by the gambling of others.

Recovery

- Increase the role of peer support recovery workers in all settings to create a safe space where individuals can openly discuss their experiences, feel understood and receive encouragement. (Source: [mnapg.org](#), 2022)

Further information

To find out more about Public Health Scotland's work on gambling harms and suicide, visit:

- [Gambling harms](#)
- [Prevention of self-harm and suicide](#)

For help and support for people experiencing gambling harms or thoughts of suicide visit, NHS inform:

- [Gambling harms: Problem gambling](#)
- [Getting Help with your suicidal thoughts](#)



For further information contact:
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