Gambling-related suicidality: stigma, shame, and neglect

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The relationship between gambling and suicidality is now more apparent than ever. In *The Lancet Public Health*, Heather Wardle and Sally McManus[1] provide an important addition to a growing body of literature on this important and greatly worrying issue. The factors that might lead many people to gamble are also likely to have been exacerbated this year by the COVID-19 pandemic and consequent economic recession, with further possible consequences for public health.

Gambling has been shown to be strongly associated with comorbid mental health issues, particularly among young people who gamble on the internet.[2] The extent to which comorbid mental health problems are caused by harmful gambling, or vice versa, is not entirely clear, although such associations are broadly evident.[3,4]

However, it now appears that gamblers who report high-risk gambling behaviours are at increased risk of suicidality.[1] Despite the scarcity of data related to the role of gambling in suicides in most countries, available research now shows that the odds ratio for suicide among high-risk gamblers is substantial. A Swedish study, for example, reported a standardised mortality ratio of 15·1 for suicide among a cohort of more than 2000 people with diagnosed gambling disorder compared with the general population.[5] Cowlishaw and Kessler[6] reported odds ratios of 4·2 for suicidal ideation, and 5·5 for suicide attempts, among high-risk gamblers in health-care settings. Importantly, recent activity by groups of experts by experience, such as Gambling With Lives, shows the widespread and devastating impact of gambling-related suicides, and the lack of effective responses from government, regulators, and industry.

Although additional research is warranted, particularly involving coronial records and police reports of suicide, high-risk gambling behaviour is associated with increased risk of suicide. Although Wardle and McManus focus on a sample of young people, it is likely to also be a problem among other age groups, as has been shown previously.[7] In view of these data, it is crucial to improve screening and support services for people with gambling problems, either within primary care or in addiction treatment settings,[8] and to glean a better understanding of what causes this association, including through the improvement of death-investigation systems to capture gambling-related suicides.

Gambling is highly accessible in many countries, despite having previously been an activity regarded as problematic, if not unlawful. However, by the end of the 20th century, gambling had been legalised and legitimated across many high-income (and, increasingly, low-income and middle-income) countries. Legitimation of lawful gambling activity has arguably been achieved by the development of the so-called responsible gambling mantra, which has been successfully adapted in many countries to provide cover for the harm gambling imposes on communities, including in particular, disadvantaged communities.

As we have argued elsewhere,[9] responsible gambling is not fit for purpose, given that it carries with it a message of irresponsibility and shame for those who supposedly cannot control their gambling. The idea that most people can walk away from gambling once they have spent their allotted money is pervasive in the language of so-called responsible gambling. This idea is further conveyed by the use of terminology such as so-called problem gamblers. Language is obviously among the most powerful ways in which we convey meaning. Thus, to consistently describe those experiencing high levels of harm from gambling as problem gamblers carries with it an implication of irresponsibility and social shame. It might readily be argued that the label of problem gambler is an effective and highly damaging form of stigma, which alienates those described as such, and leads to their internalisation of dangerous and unhelpful self-blame, and deep shame. If this labelling could be shown to assist in recovery from the harms of gambling, it might, conceivably, be of assistance. Sadly, it does not appear to aid recovery in this way.[10]

For more on **Gambling With Lives** see https://www.gamblingwithlives.org

The normalisation of gambling, its widespread promotion, and easy accessibility, has led to substantial increases in gambling. The attendant use by governments, industry, and some researchers of concepts such as responsible gambling, and problem gamblers, could enable the avoidance of effective harm-prevention or harm-minimisation measures derived from public health principles,[11] with revenue to gambling businesses and governments not disrupted, but substantial levels of harm externalised to populations. The consequences of not applying a public health approach are widespread, and clearly include impoverishment, entrenchment of

disadvantage, relationship issues, increased criminality, exacerbation or establishment of mental health problems, and many other sequelae, including suicidality.

Researchers and clinicians have an important part in modifying approaches to prevent and reduce harm from gambling. Avoiding industry-developed concepts such as responsible gambling, and not labelling people as problem gamblers, is a good start. Neither of these concepts are naturally occurring; both are artefacts of a highly effective system of stigmatisation that has provided cover for the massive profitability of industries that, as currently regulated and licensed, impose substantial harm on vulnerable populations.

Those of us who work in public health have a duty to identify issues undermining public health, and to develop effective preventive measures that will address these issues. Wardle and McManus have contributed towards the first of those duties. Changing the way we conceive and speak of the harms of gambling should be our next priority.

We declare no competing interests.

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