



Gambling with Lives submission to Gambling Reform APPG Inquiry

Introduction

We thank the APPG for the opportunity to provide written evidence and would welcome the opportunity to contribute further through oral evidence.

Much has been achieved in the past year laying the framework for improvement in tackling gambling related harms. However, there is still considerable change required if we are to prevent the current scale of harm. There is growing consensus that major change can only be achieved through reworking the legislative framework but clearly the timetable for a new Gambling Act is likely to be lengthy. Harm continues to be high so there are also short- and medium-term interventions needed.

Gambling with Lives (GwL) continues to draw attention to the number of people dying by gambling suicide every year and the current failure to investigate and record deaths. We have three policy requests that have the potential to limit the number of suicides while progress can be made towards new legislation:

- Health related investigation of all gambling suicides to generate learning that can contribute to policy change
- Responsibility for gambling to be transferred to DHSC to enable policy strategy to be reframed as a Public Health approach based on understanding the risks of harm to the population not just individuals
- Evidence-based public health warnings on risks of the most dangerous gambling products that includes learning from investigations of gambling suicides

Current policy

The framing of the 2005 Gambling Act tasks DCMS with promoting gambling as a leisure activity to enable consumer choice and economic benefit. A consequence of this framing is that the impact of gambling, including harm, is not measured using a public health perspective. DCMS continues to refer to a harm narrative that locates responsibility for limiting harm to individuals and conflates different gambling products which cause different levels of harm to health. This masks the scale of harms created by the most dangerous products and the need for government to learn from the damage caused by toxic products to effect change to regulation.

Since the Gambling White Paper 2023 and the introduction of a statutory levy and statutory commissioning in early 2025, DHSC has responsibility for the treatment and prevention of gambling harm and is tasked with protecting public health and reducing suicides. However, regulation (the principal evidence-based measure for prevention of harm to the public from



health harming products) is outside scope for OHID – it remains the responsibility of DCMS. The Secretary of State for Health and Social Care clarified the current relationship between DHSC and DCMS in July 2025 when he told the Health Select Committee that while he has a “line of sight” into gambling harms “it sits with DCMS”. OHID’s current commissioning framework for stakeholders states that regulation change is out of scope for DHSC.

Scale of harm

The gambling industry likes to portray gambling as an ordinary leisure activity which the majority of people like to engage with and do so with no harm. In fact, less than half the population gamble and removing people who only participate in lotteries, just over a quarter of the population are regular gamblers. The industry continues to locate responsibility for harm with those who are harmed suggesting that they are unable to ‘gamble responsibly’ despite the evidence of the scale of addiction from some forms of gambling,

The industry lobby continues to refuse to use the [Gambling Commission’s official figures](#) on harm which show that 2.5% of adults are suffering ‘problem gambling’ (PG). In fact, the scale of harm is revealed more by evidence considering people who actually gamble:

- 4.1% of people who gamble suffer ‘PG’
- 9.1% of 18 to 24-year-olds who gamble suffer ‘PG’

However, the scale of danger of gambling is hidden by conflating the numbers who engage with relatively benign products such as lotteries and the relatively small proportion of people who use highly dangerous high speed electronic products such as online slots and fruits and casino games:

- Casino: 21.5% suffer ‘PG’, with 23.8% classified ‘moderate risk’
- Slots/fruits: 24.5% suffer ‘PG’, with 20.7% classified ‘moderate risk’

So that over 45% (nearly half) of people using online casino, fruit or slots are suffering “problem gambling” or at risk. Examining the perspective for younger people playing those products, it would likely be well over half. At present only 2-3% of people use these most dangerous products.

However, this situation is changing with [latest figures](#) showing that growth in gambling is being driven by online slots, which increased profits by 12% over the year to March 2025. The figures also show high increases in the number of players and the number of sessions lasting for over an hour.

If these rates of growth continue it is likely that the harm rates will rise. The logical response is that:

- Regulation and public health information should be risk-based
- The focus should be on ensuring that the most dangerous products are made safer
- The public are fully informed about the risks of different forms of gambling.



Gambling-related suicides

Gambling with Lives (GwL) was founded in 2018 by families bereaved by gambling-related suicide. The charity is the UK's only specialist support for families bereaved by gambling-related suicide and enables people to raise awareness and advocate for reform based on public health evidence and lived experience.

There is considerable evidence that gambling and suicide are linked:

- The Office for Health Improvement and Disparities ([OHID, 2023](#)) [estimated](#) between 117 and 496 gambling-related suicides annually in England.
- The [National Suicide Prevention Strategy](#) (2023) named gambling as one of six factors linked to suicide at a population level and noted that "*gambling could be a dominant factor in suicide without which the death may not have happened*".
- Gambling suicide is referenced in the [latest RHSE statutory guidance](#) (July 2025)
- [Another study](#) found that 44% of people suffering "problem gambling" are at "high risk of suicidal behaviour", with the Gambling Commission's [latest GSGB official data](#) indicating that 2.5% of UK adults are suffering "problem gambling".
- The [NICE guideline on Gambling-related harms: identification, assessment and management](#) (2025) stated that "*gambling can lead to serious mental health harms, including anxiety, depression, and suicide, and that some gambling products are more likely to cause these harms than others*".

The NICE guidelines recommends that systemic screening for gambling harms should be implemented throughout the NHS and that assessment of harm should include asking about suicidal ideation and intent. Patients should be told about the known link between gambling-related harms and suicide, that the risk may be highest immediately after a gambling episode or a relapse and a safety plan should be put in place to help manage the acute risk.

Identifying and investigating the suicides

Currently [the official estimate of the number of gambling related suicides](#) is a research-based estimate and is vigorously disputed by the gambling industry. There is no formal mechanism for systematically identifying and reviewing gambling-related suicides to generate understanding of the gambling that led to a death. Individual suicides are not identified, evidence is not collected, reviewed, or used to inform regulation. It is not clear how it will be possible for the Government to meet its manifesto undertaking to reduce suicide numbers

without the identification of the current baseline numbers of gambling related suicides (up to around 10% of current suicides).



In 2018 GwL submitted an inquiry to the Office for National Statistics (ONS), asking how many suicides had gambling mentioned on the death certificate. The response was just 21 between 2001 and 2016: GwL had already been in contact with more than twice that number of bereaved families by that time. In 2021, the Gambling Commission (GC) reported that it had been informed of [just 8 gambling related suicides in the 4 year period from 2018](#), but that is just a small fraction of the number of gambling-related suicides known to GwL alone.

The Gambling Commission

From April 2024, the GC introduced the requirement for operators [“to report if it knows or has reasonable cause to suspect that a person who has gambled with it has died by suicide”](#). This may generate some extra reporting and investigation of gambling prior to a death. However, there is no reason to believe that this will lead to further clarity on the number of suicides because operators are not given clear instruction on what is meant by “reasonable cause” or what steps they should take in order to identify deaths. Further, the Commission is unable to cross into coronial responsibility in order to determine causality.

Three years ago, GwL tried to develop a process in collaboration with the GC for bereaved families to ‘disclose’ gambling suicides to the Commission along with information that the family had about their family member’s gambling and other relevant facts. The process has fallen into disuse because the Commission refused to share information with families about the individual gambling data, the progress of investigations or any outcomes. The GC are currently developing a process for the public to report suspected gambling suicides alongside the online operator process.

Inquests

Recording of the contribution of gambling to a suicide varies depending on the coroner’s knowledge, understanding of gambling and the family’s ability and desire to engage in the process. Legal representation is usually required to convince a coroner that gambling should be investigated and that it can be in scope. Coroners vary as to whether they know about current developments in coronial law which permit investigation of the circumstances around a suicide that may have contributed to the death and whether they believe it is an appropriate use of coronial time. Some coroners are not aware of the high suicide risk of gambling.

National recording of numbers of gambling suicides is limited to the number that have recorded gambling as a cause of death. Narrative verdicts do recognise the contribution of gambling but do not contribute to nationally aggregated statistics. Therefore, the scale of

gambling related suicides remains hidden and limits the ability of public health bodies and regulators to identify patterns, assess risk, or develop targeted responses.



Only coroners have the legal authority to compel gambling companies to release gambling account data and access to gambling data varies significantly between inquests. Examination of gambling records is a crucial element of any investigation to understand the role of gambling in any death.

Inquest findings and impacts

GwL is supporting a number of families through inquest proceedings. At the time of writing, two large inquests have been completed and resulted in major changes and highlight the value of detailed investigation.

[Jack Ritchie \(2022\)](#) The inquest was heard under EUHR Article 2 engagement i.e. that the state had potentially not protected Jack's right to life. The coroner found that:

- gambling "caused or contributed" to his death
- information on the danger and harms of gambling and the treatment available for gambling were 'woeful'
- while there was a system of regulation that it was 'inadequate' to prevent Jack from taking his life
- [A Prevention of Future Deaths report \(PFDs\)](#) was issued to 3 government departments, the Gambling Commission, GambleAware and GamCare – requiring them to respond with what actions have been taken and are proposed to prevent future deaths.

Significant improvements in treatment have followed and improvements to information should result from the implementation of the statutory levy. Major changes include the commissioning of 15 specialist NHS gambling treatment clinics across England. NICE developed and published the [guideline for identifying and treating gambling harms](#), which recommends routine screening and triage to be established across the NHS and social care. Statutory levy funding and independent statutory commissioning is central to improving public information on the dangers and harms of gambling, which has remained affected by the legacy of conflicts of interest endemic in the voluntary funding system. The NICE guideline indicates that the information should include a focus on the different harm levels associated with different products, currently excluded from most available information.

[Luke Ashton \(2023\)](#) The coroner ruled that

- gambling disorder was the medical cause of Luke's death
- raised concerns about failures by the gambling operator to identify the risk to Luke's life and intervene in any meaningful way which might have prevented his death.
- A [PFD report](#) was issued to the operator, the Gambling Commission, and DCMS.

Further legal action is pending around Luke's death, which may lead to further changes in industry practices and regulation.



The other major inquests which are underway are likely to include investigations and significant findings across a wide range of issues, including:

- Design and failures of algorithms for identifying risk and operators' response
- Impact of inducements and 'free bets'
- Advertising and marketing
- Need for a Single Customer View
- Speed of addiction
- Understanding financial impacts vs. mental health issues
- Dangers and impacts of different gambling products

All of these have the potential of significant impact on regulation, operators' practices and product design.

Insights from these investigations also led to the creation of [Chapter One](#) – a national gambling harm prevention programme, developed by GwL and the Greater Manchester Combined Authority, which aims to reduce gambling harm and prevent future deaths by providing full, information of the causes of gambling harms, together with information on treatment options.

Data

Unlike other deaths that DHSC is tasked with preventing – online gambling results in a moment-by-moment record of the transactions and incentives that lead up to and immediately precedes a suicide. Currently a major barrier to understanding gambling-related suicide is the lack of access to this gambling data following a death.

Families are usually able to access bank records but under Data Protection legislation they do not have the right to their dead relative's data from the gambling operators. Bank records provide some information but without the operator data, they do not have a full picture of the scale and intensity of their loved one's gambling activity or any company interactions.

Coroners are able to require disclosure of gambling data from operators and commission expert reports on gambling to inform their inquiries into possible suicides and to understand the role of gambling in any death. As noted above, inquests have already produced powerful learning and led to actions through PFDs, but coroners vary in their willingness to investigate gambling.

The Gambling Commission can obtain data under licence obligations but only investigate if they are provided with evidence that a licence breach may have occurred. They do not involve



families in investigations and do not report results. The process of investigation is unclear and criteria for sanction is not public.

Access to data must change to ensure that full investigations of gambling related deaths can take place and lessons learned made public.

Future support for investigations of suicide

While GwL is supporting other families to ensure the investigation of gambling in inquests, this is not the case for the vast majority of cases of gambling suicides. So that systemic patterns – such as high-intensity product use, operators' incentives, and failure of duty of care – which are repeatedly seen in cases known to GwL are not recognised or addressed at a policy level. Without consistent investigation, these deaths are treated as isolated incidents. Families are often told that their case is the only one of its kind, despite evidence to the contrary.

In the absence of a national system, GwL remains the only organisation supporting families to investigate these deaths and raise systemic concerns. However, GwL's capacity to support investigations is limited, and access to data remains a major obstacle. Families seeking understanding or accountability currently rely on a complex, inconsistent, and often inaccessible inquest system.

MPs have raised this issue unprompted and directly. Most recently, in a Westminster Hall debate in February 2025, Maureen Burke MP highlighted the case of a constituent who died by gambling-related suicide and the family's difficulty in obtaining answers. Many other MPs referred to families in their constituencies who are involved with GwL.

Conclusion

Gambling-related suicide remains one of the least understood aspects of gambling harm in the UK. Gaps in data, inconsistencies in inquest access, and a lack of investigatory or learning mechanisms all contribute to the continued absence of this issue in regulation and public health responses. This is a significant gap in the current framework – and an untapped opportunity to prevent future deaths.

We urge the APPG to consider the serious gaps outlined in this submission and to recommend measures based on investigations and inquests that have been completed and further changes that would ensure gambling-related suicides are properly investigated, recorded, and understood as part of the wider public health response to gambling harm.