



Guest Editorial Suicide and gambling

Masood Zangeneh

Centre for Addiction & Mental Health, Toronto, Canada

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I recently attended Nova Scotia's International Problem Gambling Conference that was titled *Myths, Reality and Ethical Public Policy*. It was held in Halifax, one of the oldest harbour cities on the eastern coast of Canada. The weather was cold and gloomy, a typical autumn weather; yet the conference atmosphere was very warm, sincere and friendly. During this unique and special sitting, we heard lectures and presentations on topics ranging from laboratory research to ethical social policies. Most poignant was the tragic voice of the mother of an unfortunate young man who took his life as a result of his debt-accumulating and life-damaging gambling problem. The rate of gambling related suicide is increasing, and stories such as this are becoming more common. Despite this, little attention is being paid to the problematic consequences of gambling. Like Cynthia J. Orme (listserv communication, November 11, 2004) the Director of Clinical Services at the Problem Gambling Foundation in New Zealand, I suspect that most clinicians are unaware that problem gambling is a risk factor leading to suicide.

Problem gamblers have high rates of both suicidal ideation and suicide attempt. According to the *Diagnostic and Statistical Manual of Mental Disorders*, DSM-VI (American Psychiatric Association, 2000:616) 'of individuals in treatment for pathological gambling, 20% are reported to have attempted suicide'. This reality is reflected in studies that I cite in this editorial.

In a community sampling from Edmonton, Canada (Wolkowitz, Roy & Doran, 1985) 13.3% of problem gamblers had a history of suicide attempts. Among college students in Quebec, Ladouceur, Dube and Bujold (1994) found that 26.8% of those identified by survey as problem gamblers had a history of suicide attempts. Studies (Lejoyeux, Feuché, Loi et al., 1999; Linden, Pope, & Jonas, 1986) involving problem gamblers who seek help have found that 36 to 50% have a history of suicidal ideation and 12 to 16% have a history of suicide attempts. A study (Frank, Lester & Wexler, 1991) of suicidal behaviour among members of Gamblers Anonymous found that 13% had a history of suicide attempts and 48% had a history of suicidal ideation. In addition, those with a history of being suicidal began gambling at an earlier age and tended to be more serious gamblers.

Phillips, Welty and Smith (1997) examined computerized mortality data for Las Vegas, Reno and Atlantic City and found abnormally high suicide levels among out-of-state visitors. The rates were highest in Las Vegas, where suicides accounted for 4.28% of visitor deaths. In Atlantic City, the elevated suicide rates appeared only after gambling casinos were opened.

Lester and Jason (1989) examined seven cases of death by suicide among visitors to Atlantic City casinos between 1982 and 1986 and found that three had lost significant sums of money

Contact: Masood Zangeneh, Centre for Addiction & Mental Health, 33 Russell Street, Toronto, Ontario M5S 2S1 Canada
masood_zangeneh@camh.net

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immediately before committing suicide. According to the authors, the visitors had 'created situations for themselves from which escape was difficult.' Blaszczynski and Farrell (1998) hypothesized that problem gamblers are at highest risk for completed suicides following a significant financial loss.

Petry and Kiluk (2002) found that among individuals seeking treatment for problem gambling, those with a history of suicidal ideation spent more money gambling in the month prior to entering treatment. These individuals also reported greater cravings for gambling activities and had higher South Oaks Gambling Screen scores. This study confirms high rates of suicidality among problem gamblers.

Blaszczynski and Maccallum (2003) demonstrated suicide ideation (36%) and suicide attempts (8%) among a population of treatment seeking problem gamblers. In another study, Bourget, Ward and Gagné (2003) examined 75 cases of completed suicide where problem gambling behaviour was implicated and concluded that suicidal risk in individual problem gamblers is underestimated.

The phenomenon of suicide among problem gamblers is very similar to that of those who suffer from alcoholism. As we know, individuals suffering from problems such as alcoholism and major depression contribute the lion's share of the suicides. An individual who suffers from major depression may take his/her own life for 'internal' reasons including feelings of misery and hopelessness. Those with alcoholism, on the other hand, commit suicide in response to events in their environment, a common story among problem gamblers who had committed suicide.

There is a general lack of awareness among clinicians regarding gambling as a risk factor for suicide among problem gamblers in general, and youth problem gamblers in particular. This is important because the prevalence of problem gambling is reported to be higher among adolescents in comparison to adults (Gupta & Derevensky, 1998; Jacobs, 2000; National Research Council, 1999; Shaffer & Hall, 1996).

It is fair to say that the association between problem gambling and suicide is more complex than commonly assumed. Regardless of the

underlying cause, problem gamblers appear to be a high risk population and may benefit from an assessment of suicide ideation at entrance to treatment.

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