



Key Messages

Gambling-Related Suicide* in Ireland (IPSDS 2015–2020)

Reynolds, C., Cox, G., Lyons, S., McAvoy, H., O'Connor, L., Kavalidou, K, (2025) A qualitative analysis of people who died by suicide and had gambling documented in their coronial file. *Addictive Behaviors*, 163, 108267

1



Gambling-related suicide was rare but significant

Gambling was documented in 0.6% of suicide deaths, yet even low prevalence signals a need for targeted prevention strategies.


2



Underreporting and stigma obscures the true picture

Variability in coronial investigations and stigma surrounding gambling likely leads to underestimation of cases, highlighting the need for improved data collection and disclosure practices.

3



Gambling was never the sole risk factor

Deaths involved multiple risks – mental health, addiction, financial stress – highlighting the need for integrated, multisectoral interventions.

4



Mental health and addiction was common

Most cases had mood disorders and substance dependency, underscoring the importance of dual-diagnosis treatment and coordinated care.


5

Financial and relationship stress are critical triggers



Financial problems, often related to gambling and relationship breakdown were frequent triggers, pointing to prevention approaches that address social and economic stressors.

6



Action needed

Gambling harm prevention should be embedded in mental health, addiction, and suicide prevention strategies, supported by stronger regulation and better detection systems.



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* This study used data from the Irish Probable Suicide Death Study (IPSDS) 2015–2020, derived from an annual census of closed coronial files for the corresponding years. The IPSDS applies the civil standard of proof—suicide on the balance of probabilities—and includes both coroner determined and research determined suicides. Throughout this paper, the term “suicide” refers to both categories”.

Key Findings

Gambling-Related Suicides in Ireland (IPSDS 2015 – 2020 cohort)

This is a summary of the findings presented in Reynolds, C., Cox, G., Lyons, S., McAvoy, H., O'Connor, L., Kavalidou, K , (2025) A qualitative analysis of people who died by suicide and had gambling documented in their coronial file. [Addictive Behaviors](#), 163, 108267

Summary

Gambling history is not routinely collected as part of the coroner's investigation in Ireland. Analysis of six years of the IPSDS dataset found that gambling was documented in 0.6% (n=23) of all suicide deaths. The majority of cases were males (91%) in their 30s, and less than half were employed at the time of death. Analysis revealed that gambling was never the sole risk factor; deaths involved multiple interacting vulnerabilities. Distal factors included mood disorders, substance dependency, and previous suicidal behaviour, while proximal factors encompassed acute mental-health symptoms, financial difficulties, interpersonal problems, and stressful life events. These findings align with international evidence indicating that gambling-related suicides are complex and multifactorial. Although the extent of gambling's contribution to suicide remains unclear, this study provides the first national estimates for Ireland and highlights the need for improved detection, standardised data collection, and integration of gambling harm reduction within public health and suicide prevention strategies.

1. Sociodemographic characteristics

- Gambling was noted in **23 deaths**; this represents **0.6% of all suicides** during the six year period.
- **Mean age:** 38.7 years (SD = 9.82).
- **Gender:** Over-representation of males (91%).
- **Employment:** 43% in paid employment; 39% unemployed.
- **Parental status:** Almost half (48%) were parents.
- Pattern of other suicide risk factors was similar for those with and without gambling.



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2. Death details and health service contact

- **Method:** Hanging was predominant method (83%), followed by drowning (9%).
- **Verdict:** Most were coroner-determined suicides (87%).
- **Health service contact:** Over half (57%) had prior contact with health services, mainly:
 - General Practitioners (46%).
 - Counselling or psychiatric services (38%).

3. Distal Risk Factors

- **Mental health conditions:** Present in more than two-thirds of cases; mainly mood disorders (depression, bipolar), some schizophrenia and borderline personality disorder.
- **Substance misuse:** Recorded in more than half of the deaths; mostly drug dependency (cocaine), followed by alcohol dependency.
- **Past suicidal intent/behaviour:** just less than half the cases had evidence of a previous suicide attempts; in some instances there was evidence of escalation in method.
- **Exposure to suicide:** Minority had family or community exposure.
- **Other distal factors:** Adverse childhood experiences, chronic illness, social isolation.

4. Proximal Risk Factors

- **Acute mental health symptoms:** Present in more than half of the cases; depression, anxiety, agitation; recent inpatient discharge noted in some.
- **Financial issues:** Evident in 50% of deaths; linked to gambling, COVID-related income loss, and debt.
- **Interpersonal problems:** Relationship breakdown, family conflict, social network issues.
- **Alcohol/drug use at time of death:** Small number, confirmed via toxicology.
- **Other stressful events:** Work-related stress, employment issues, legal/criminal problems.