Problem Gambling Health Needs Assessment HSE South West (Cork and Kerry)

Dr Orla Cotter SpR 25.06.26

Department of Public Health, HSE South West

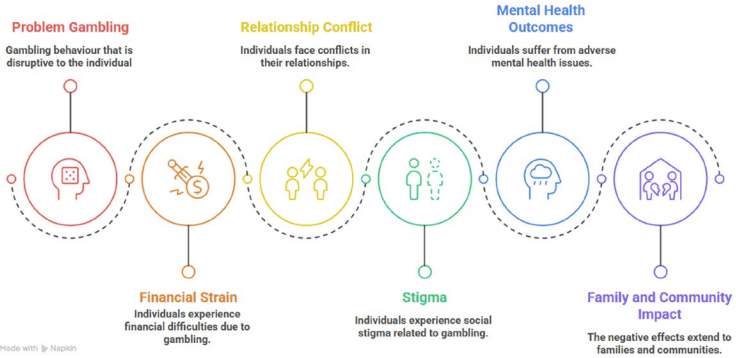
FSS an Iardheiscirt
HSE South West

Background

- Gambling occupies a significant **cultural position in Ireland** - betting on sports events, purchasing lottery tickets, and visiting bookmakers are common recreational activities

- **Almost half of Irish adults** (49%) report gambling in the previous 12 months – HRB 2020 (1)

- **Problem gambling** is described as gambling behaviour that is disruptive or damaging to individuals- ESRI (2)



1.Health Research Board. Factsheet: Gambling – the Irish situation [Internet]. Dublin: Health HRB; May 2025.

2.O'Ceallaigh D, Timmons S, Robertson D, Lunn P. Measures of problem gambling, gambling behaviours and perceptions of gambling in Ireland. Dublin: Economic and Social Research Institute; 2023.

Gambling as Public Health issue

- The ***Lancet Public Health Commission on Gambling*** highlights gambling as an emerging global public health issue(3)

- **Drivers** - by the rapid expansion of online gambling, increased accessibility through digital technologies, and widespread marketing and commercialisation

- Recently published HSE ***Public Health Strategy 2025-2030*** identifies gambling as a **commercial determinant** which adversely impacts health behaviours in Ireland(4)

- Seen similar to tobacco, alcohol, foods with high fat, salt and sugar content and fossil fuels

3.Wardle H, Degenhardt L, Marionneau V, Reith G, Livingstone C, Sparrow M, et al. The Lancet Public Health Commission on gambling. Lancet Public Health. 2024.

4.Health Service Executive. Public Health Strategy 2025–2030: Achieving the best possible health for everyone in Ireland [Internet]. Dublin: Health Service Executive; 2025.

Regulation and Policy

- The **Gambling Regulation Act 2024 (GRA) -** Enacted on 23 October 2024
- Provides a comprehensive framework for the licensing, regulation, and oversight of gambling activities in Ireland
- Provisions **introduced on a phased basis** through commencement orders

Gambling Licence Register

Record all licensed gambling operators in the State.

Advertising restrictions

Prohibit gambling advertising between 17.30 and 21.30

Limits on social media advertising

Prohibition of ads targeting children

Enhanced consumer protection measures

Introduction of a National Gambling Exclusion Register, allowing individuals to voluntarily self-exclude from licensed gambling activities.

Creation of a Social Impact Fund

Support research, awareness campaigns, and initiatives aimed at reducing gambling-related harm

HNA Aims and Objectives

- Aim: **determine the extent** of problem gambling in the HSE South West (HSE-SW) region and identify potential **unmet needs**.

- Objectives
  1. To review the literature on problem gambling, with a focus on identifying key **risk factors, effectiveness of prevention strategies, and examining international regulatory frameworks** aimed at preventing and reducing gambling-related harm

  1. To **describe the epidemiology** of problem gambling in the HSE-SW region among both adults and adolescents.

  2. To **describe the commercial determinants** of problem gambling within the region

  3. To **consult with key stakeholders** working with individuals affected by problem gambling to identify perceived unmet needs and priority areas for problem gambling prevention, treatment, support services, and policy within the region.

  4. To **make recommendations**, informed by the key findings, to support regional service planners and budget holders

Methods

- Pragmatic approach to HNA

- **Planning stage**
  - Ethical Considerations
  - Informal consultation with two addiction service leads – one voluntary service and one HSE

- **Literature Review** – search of peer reviewed and grey literature
- **Epidemiological Analysis** – International and National datasets used to estimate regional prevalence.
- **Commercial Determinants Analysis** - Review of Register of Lobbying and geo mapping of licenced gambling premises in Cork city - Department of Geography UCC.
- **Stakeholder Consultation** – mapped relevant stakeholders, online survey disseminated across HSE services, community and voluntary organisations and General Practice – mix of open and closed questions

What does the literature tell us?

- **Problem gambling is associated with**:

- **Adults**
- Male gender
- Younger age
- Online gambling
- Sports betting
- Substance use disorder
- Mental health difficulties
- Socioeconomic disadvantage

- **Adolescents**
- Similar factors inc. male gender, online sports betting and substance use
- Engagement with gambling-like digital products in video games
- Exposure to parental gambling

What does the literature tell us?

- **Predatory promotion practices**

- 2026 study (5)
- Irish men were **exposed to gambling advertisements 2.3 times more** often than women to be exposed to gambling ads on social media
- Males **aged 25–34** years received the highest levels of exposure
- Targeted advertising algorithms may d**isproportionately expose already vulnerable populations** to gambling pro motions
- **Environmental risk factor** for the development and maintenance of problem gambling

- 5. Petrovskaya E, Xiao LY, Khoo N, Leahy D, Roberts A. Gambling adverts on social media reach 2.3 times more men than women: Using the Meta Ad library to assess gambling advertising in Ireland. J Behav Addict. 2026.

What does the literature tell us?

- **Harms occur well before a person reaches the threshold for gambling disorder**

🧠 **Psychosocial**– depression, anxiety, suicidality - gambling has been documented as an underlying cause of approximately **0.6% of suicide deaths** in Ireland (6)

💰 **Financial** – debt, housing insecurity, bankruptcy

👨‍👩‍👧 **Family** – financial arrears, housing instability conflict, relationship breakdown

🏢 **Societal** – occupational and educational impacts, unemployment, criminality

🩺 **Healthcare** – increased service utilisation and treatment demand

6. Reynolds CM, Cox G, Lyons S, McAvoy H, O'Connor L, Kavalidou K. A qualitative analysis of people who died by suicide and had gambling documented in their coronial file. Addict Behav. 2025;163:108267

What does the literature tell us?

- **Prevention of gambling related harms**

- **Population-level measures** (advertising restrictions, spending limits, regulation) more effective than education alone

- **Educational programmes** can improve knowledge of harms and reduce gambling in the short term – lack of longitudinal evidence

- Limited evidence on prevention relating specifically to **online gambling r**elated harms

What does the literature tell us?

- **International Regulatory on Policy Landscape**

- **Norway –** State controlled gambling model, strict limitations on high-risk products have been associated with reductions in gambling-related harm.

Finland & Sweden - State controlled model, guided by public health objectives, emphasise controlling availability and “channelling” consumers toward regulated gambling providers as a means of reducing harm

Australia - Comprehensive harm-minimisation framework with a strong focus on consumer protection and regulatory compliance

UK - 2023 White Paper, *High Stakes: Gambling Reform for the Digital Age*, major reform to create structural safeguards from online gambling and digital technologies.

Ireland **comparatively less developed** in areas such as enforcement capacity, data infrastructure, regulatory transparency, and longitudinal policy evaluation

What does the literature tell us?

- **Research gaps**

- **Lack of longitudinal data** on progression of problem gambling from adolescence into adulthood

- **Limited evaluation** of national and international preventative interventions and policy measures

- **Under-researched groups**: women, vulnerable groups, people in recovery

- Insufficient evidence on harms to **affected others**

Gambling behaviour HSE-SW

- Approximately **320,630** individuals over the age of 15 years report gambling in previous 12 months
- HRB 2019–20 National Drug and Alcohol Survey ()

Prevalence of any gambling in the HSE South West in those aged 15+

Gambling Prevalence	All	Males	Females	15-34 yrs	35-64 yrs	65+ yrs
Last Year	53.6%	56.5%	51%	48.2%	57.7%	51.8%
Monthly	30.5%	32.2%	28.9%	20.2%	34.6%	35.7%

7.. Mongan D, Millar SR, Doyle A, Chakraborty S, Galvin B. Gambling in the Republic of Ireland: results from the 2019–20 National Drug and Alcohol Survey. Dublin: Health Research Board; 2022.

Problem Gambling Prevalence HSE-SW - Adults

- **National prevalence** of Problem Gambling estimated at 3.3% - ESRI 2023(8)
- Applied to HSE-SW Census 2022 data:

18,771

individuals across Cork and Kerry aged 18+ years affected by problem gambling

8. O'Ceallaigh D, Timmons S, Robertson D, Lunn P. Measures of problem gambling, gambling behaviours and perceptions of gambling in Ireland. Dublin: Economic and Social Research Institute; 2023.

Problem Gambling Prevalence HSE-SW - Adolescents

- European School Survey Project on Alcohol and other Drugs (ESPAD) 2024 (9)

Problem gambling in the last 12 months amongst 15-16 year olds in the HSE South West

	Males	Females	Total
Problem gambling	7.6% (n=762)	2.9% (n=281)	5.8% (n=1,143)

9. Molinaro S, Benedetti E, Cerrai S, Cotichini R, Scalese M, Arpa S, et al. ESPAD Report 2024: Results from the European School Survey Project on Alcohol and Other Drugs. Luxembourg: Publications Office of the European Union; 2025.

Treatment Episodes for Gambling HSE-SW

- HRB National Drug Treatment Reporting System (10)
- There were 54 treatment episodes for gambling (as either a primary or secondary problem) in HSE-SW in 2024.

Treatment episodes for gambling in Cork and Kerry 2024

Total treatment episodes for gambling as a main or additional problem		**54**
Sex		
Male		49
Female		≤5
Age		
29 years and under		13
30-39 years		29
40 years and over		12
Main problem	**Additional Problem**	n
Alcohol	Gambling	20
Drug use	Gambling	21
Gambling	-	13
Total		**54**

10. Health Research Board. National Drugs Treatment Reporting System; Data on gambling in the HSE South West Region in 2024. HRB, January 2026. [Unpublished]

Commercial Determinants of Problem Gambling

- **Register of Lobbying**
- Approximately **55 out of 310 (18%)** submissions on the lobbying register related to gambling had a public health focus
- From 15 organisations, relating to:
  - Gambling to be treated as a public health issue
  - Funding for prevention and treatment services
  - Encouraging safer gambling
  - Implement educational and communication programmes to those at risk within sporting communities
  - To prevent the targeting of young people to gambling advertisements
- Remaining 255 submissions suggest the **gambling industry may present a powerful lobby group** influencing the landscape around gambling policy.

Commercial Determinants HSE-SW

- Extracted licenced gambling premises in Cork City from Revenue .ie
- **Bookmakers, casinos, greyhound and horseracing locations.**
- Geo mapped – UCC academic partners
- Layered with Pobal Deprivation index
- Gambling premises concentrate around regions of higher deprivation

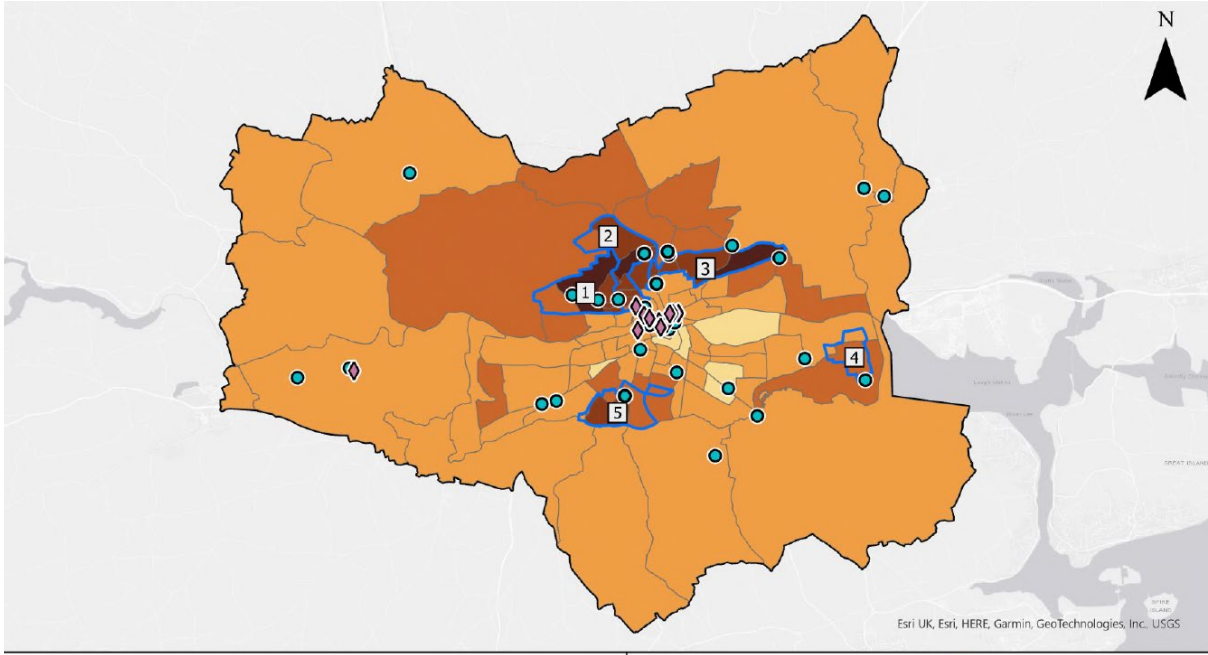


Figure 1. Map of licenced gambling premises in Cork City

FSS an Iardheiscirt
HSE South West

Stakeholder Consultation

- **Stakeholder Characteristics**
- Service providers n = 30

- Lack of representation from GP
- Separate shorter survey for GPs
- General Practitioners n = 8

Type of service respondent works in

Service Name	*n*	*Service Name*	*n*
HSE Addiction service	7	Community Services	7
Other	6	Non-Governmental Organisation (NGO)	5
Voluntary Addiction Services	4	HSE Mental Health Service	2
Academic Institution	1	HSE Health and Wellbeing	1
HSE Primary Care	1	Youth Services	1

Length of time working in role

Length of time	*n & %*	*Length of time*	*n & %*
Greater than 10 years	12 (40%)	6-10 years	3 (10%)
1-5 years	10 (30%)	Less than 1 year	5 (17%)

Service catchment area

Catchment area	*n*	*Catchment area*	*n*
Cork and Kerry	11	Outside Cork and Kerry	6
Cork only	6	National	5
Kerry only	2		

Stakeholder Consultation

- 56% reported **an increase in presentations of problem gambling** to their service over the past five years

- Stakeholders consistently identified the following **at risk groups**:
  - Young men aged 18–35 years
  - Individuals involved in sports betting and online gambling
  - People with co-occurring addictions, particularly alcohol and cocaine use
  - People experiencing homelessness or belonging to minority communities

- Emerging theme - Several services reported **increasing numbers of women seeking support** for gambling-related issues.

Stakeholder Consultation

- **Under recognition of gambling related harm**
- Gambling related harm is under recognised overall and extent of specific harms themselves are under recognised e.g. financial impacts

- **Consistent theme: Hidden problem -** isolation, loss of identity, shame, guilt, fear, and behavioural changes such as lying and manipulation.

- 56% encountered individuals with self harm
- 19% encountered those with suicidal ideation
- **Demonstrates the severity of psychological impact** in some cases

Stakeholder Consultation

Unmet needs

- Limited **gambling-specific services**
- Lack of **clear referral pathways**
- Insufficient specialist counselling and **psychological supports**
- Limited **supports for affected family** members
- Poor **awareness of available services**
- Challenges accessing supports across **rural areas**
- **Need for integrated** addiction and mental health pathways

Stakeholder Consultation

- **Areas of prioritisation**

- **Increase staffing and funding**.
- Develop **clear referral** pathways.
- **Expand gambling-focused treatment services.**
- Provide **community-based and family supports**
- Improve **clinician awareness and routine screening** in health consultations
- **Increase public awareness** and promotion of available services
- **Prevention** initiatives
- Strengthen **local policy** around location of betting shops

Stakeholder Consultation

- **GP Consultation –** validated wider stakeholder perspective

- Group most affected - **Young to middle-aged men (20–50 years),** particularly those exposed to **sports betting**

- Patients **rarely present with gambling as the primary issue** and more commonly present with anxiety, depression, substance misuse, financial stress, or relationship difficulties

- **Limited awareness of referral pathways** and highlighted the need **gambling screening within primary care**

- Called for **increased access to gambling-specific treatment services**, greater public awareness, stronger regulation of advertising and online gambling and **enhanced support for affected family members**

Conclusion - Extent of gambling harms HSE-SW

- An estimated **18,800 adults aged 18+** in Cork and Kerry are affected by problem gambling
- Approximately **1,150 adolescents aged 15–16** years are estimated to be experiencing problem gambling
- Gambling is **frequently concealed** due to stigma, shame and fear of judgement.
- Harms extend beyond the individual and affect families, workplaces, communities and health services – **not measured**
- The **true burden is likely substantially greater**

- Emerging evidence and stakeholder perspectives suggests **women and minority/vulnerable groups** may be underrepresented in treatment services – difficult to quantify lack of equity identifiers in Irish health datasets

Conclusion – Psychosocial impacts

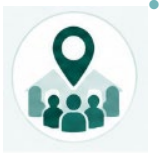
- **Suicidal ideation and self-harm** were frequently encountered among individuals experiencing gambling-related harm

- **Stigma**, shame and fear of judgement create barriers to help-seeking

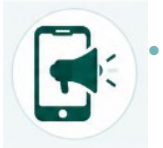
- The national suicide prevention strategy *Connecting for Life 2026–2035* identifies gambling as a **social and commercial determinant of self-harm and suicide**

- **Reframing problem gambling as a public health issue**, rather than as a consequence of individual actions, may help to challenge stigmatising attitudes and facilitate help-seeking

Conclusion – Social and Commercial Determinants



- Gambling premises in Cork City were **concentrated in more deprived communities** - Sláintecare Healthy Communities areas – social gradient



- Young men are **disproportionately targeted by gambling advertising** on social media – priority area for regulation

- GRA - important **restrictions on social media advertising**, limiting gambling advertisements to adults who actively follow licensed gambling operators or hold gambling accounts

- Reducing exposure among the general population - but **may not fully protect individuals already engaged** with gambling products and therefore most vulnerable to harm

Recommendations

- Problem gambling should be recognised and addressed as a public health issue through the development of a comprehensive **National Preventative Framework**. Such a framework should prioritise early prevention measures targeting adolescents and young adults, with particular attention to risks associated with digital environments and gambling-related advertising exposure. Preventative efforts should also include the provision of educational supports within schools and universities, including consideration of gambling awareness and harm prevention within **Social, Personal and Health Education (SPHE) curricula**

- It is recommended that an **enhanced data monitoring system** be developed to improve the identification and measurement of gambling-related harms, including prevalence rates, patterns of help-seeking, treatment uptake, and longitudinal recovery outcomes. Strengthening data collection and surveillance mechanisms would **support evidence-informed prevention initiatives**, treatment planning, and service development. Improved monitoring would also facilitate ongoing evaluation of the impact of regulatory and policy changes on gambling behaviours and associated harms

Recommendations

- The Gambling Regulatory Authority's **Social Impact Fund** presents an important opportunity to support research into gambling-related harms. It is recommended that the Fund support academic partners at both national and regional levels to undertake coordinated research on problem gambling and its associated impacts. This research network should **prioritise under-researched and higher-risk population groups** in order to strengthen the evidence base and better inform targeted prevention initiatives, treatment approaches, and regulatory responses

- It is recommended that the **capacity of dedicated gambling support services within HSE South West be increased**, alongside strengthened integration of gambling-related care within existing addiction and mental health service pathways. Consideration should also be given to expanding **community-based supports** to ensure individuals experiencing gambling-related harms can access timely, locally available, and holistic care and support

Recommendations

- We recommend the development of **a public awareness campaign** highlighting problem gambling as a health issue and signposting individuals to existing support services. At a regional level, this could take the form of a social media communications campaign led by HSE South West Communications .

- We recommend that **local authorities** strengthen the regulation and oversight of betting, gaming, and casino premises through the **effective application of planning and licensing controls under existing legislation**. There is a need for careful monitoring of betting licence concentration within the most deprived communities in order to reduce the disproportionate impact of gambling-related harms on vulnerable populations.

- We recommend the **enactment in full of all advertising-related provisions** contained in the Gambling Regulation Act 2024. To reduce children's exposure to gambling-related advertising and mitigate the impact of targeted marketing on individuals at increased risk of gambling harm.

Acknowledgements

Mr Mick Devine, Clinical Director Tabor Group

Dr. Robert O'Driscoll, Senior Addiction Counsellor HSE South West

Sadhbh Skehan, Master's Student in GIS (Geography) UCC

Colleagues at Department of Public Health HSE South West

HNA Working Group

Dr Peter Barrett - Consultant in Public Health Medicine

Dr Orla Cotter - Specialist Registrar Public

Ms Judy Cronin - Health Informatics Manager

Mr Hugh Duane - Data Analyst

Ms Heather Hegarty - Senior Research Officer

Ms Kiera Mc Carthy - Administrative Officer

Ms Noelle Millar - Senior Epidemiologist

Ms Elizabeth O Donovan - Staff Officer