

**From:** [REDACTED]  
**To:** [REDACTED]  
**Subject:** RE: PHE - gambling report critique from [REDACTED]  
**Date:** 12 August 2022 14:45:00

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OK

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**From:** [REDACTED]  
**Sent:** Friday, August 12, 2022 1:56 PM  
**To:** [REDACTED]@gamblingcommission.gov.uk>  
**Subject:** Re: PHE - gambling report critique from [REDACTED]

**CAUTION:** This email is from an external source - be careful of attachments and links

Hi [REDACTED]  
Just noticed there is an email trail below the email. If you share more widely can you just share the relevant email from me please?

Best

[REDACTED]

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 12 August 2022 13:54  
**To:** [REDACTED]  
**Subject:** Fw: PHE - gambling report critique from [REDACTED]

Hi [REDACTED]  
For info as discussed.

Best

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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**From:** [REDACTED] <[REDACTED]@dhsc.gov.uk>

**Sent:** 09 August 2022 17:52

**To:** [REDACTED]

**Subject:** RE: PHE - gambling report critique from [REDACTED]

Hi [REDACTED]

Thanks for sharing your thoughts, I've passed this along to some of our team as useful to have other stakeholders inputs.

Best,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Office for Health Improvement and Disparities,  
Department of Health and Social Care

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**From:** [REDACTED]

**Sent:** 05 August 2022 11:22

**To:** [REDACTED] <[REDACTED]@dhsc.gov.uk>

**Subject:** Re: PHE - gambling report critique from [REDACTED]

Hi [REDACTED]

Thank you for sharing this report. It made interesting reading. I was left wondering what it was seeking to achieve, as it seemed to have little commentary on the bigger picture we now have from the combined PHE reports, which set out the evidence on gambling harms so clearly and comprehensively, drawing on a wide body of robust research from around the world.

I see their point about basing calculations on the Swedish hospital study leading to an over estimation of the numbers and therefore the final cost calculations. However as I am sure you already know the Black et al (2015) case control study, which used quite a different methodology, concluded a tenfold increased likelihood, and Battersby et al (2016) found a 36-50% history of suicide ideation amongst treatment seeking gamblers. The PHE study had to start with a set of assumptions, and the Swedish study was a good place to start

given the robust nature of their work. I would hope it will prompt other researchers round the world to start to replicate and compare figures. We are some way off being able to reach actual figures for England as we don't yet have a mechanism for recording deaths, a change that ABSG amongst others has been calling for. Wardle et al's work is interesting but is based on 2007 data, long before the advent of online products and 24/7 consumption.

In any event the aim of the PHE study was to provide an initial estimate of the economic burden of harmful gambling in England, which could not include wider costs for example to affected others, social costs of harm, very little on intangible costs such as burden of disease and premature deaths etc and therefore more than likely to be an underestimate.

One suicide related to gambling is one too many. Efforts to reduce gambling related deaths has to be a shared priority, and a government-led priority, as it is with other suicides. I find myself wondering if the authors of this report have lost sight of this in their efforts to challenge the assumptions PHE used in their laudable work to begin the process to calculate the economic burden of harmful gambling for England. In my view, the report adds little to the research discourse and appears to be a distraction from what matters to people and families harmed by gambling.

Happy for you to share these reflections with colleagues, if helpful.

Best

[Redacted signature]

[Redacted signature]

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**From:** [Redacted] <[\[Redacted\]@dhsc.gov.uk](mailto:[Redacted]@dhsc.gov.uk)>

**Sent:** 01 August 2022 13:50

**To:** [Redacted]

**Subject:** PHE - gambling report critique from [Redacted]

As discussed, here is the full report. Its marked April 2022 but we only received it this week.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Office for Health Improvement and Disparities,  
Department of Health and Social Care

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