



## Problem Gambling and the Military

Rates of problem (PG) and pathological gambling (PAG) are much higher among veterans, military recruits and those currently in the military compared with rates in the general population<sup>1,15</sup>. Research suggests that Military personnel are at risk of experiencing negative consequences as a result of gambling related issues such as stress from financial debts, which may have a negative effect on military readiness<sup>1</sup>. Furthermore, military and veteran populations are more prone to substance abuse<sup>2</sup>, mental health problems<sup>3</sup>, and suicide<sup>4</sup>, all of which are highly co-morbid with PG<sup>5</sup>. There is a clear need to screen military personnel and veterans for PG. The identification of those at risk of and suffering from PG provides opportunities to intervene, which may reduce the incidence and prevalence of PG, as well as alleviate associated negative impacts to public health.

### Prevalence

Rates of PG and PAG in military and veteran populations exceed those for other adults. Because other issues such as substance abuse, depression, and anxiety often mask gambling, most estimated PG rates are deflated.

- Across their lifetime, 7.1% of military personnel reported at least one serious gambling-related problem<sup>1</sup>. It should be noted we do not know current rates of PG among military personnel, as the military omitted PG questions from the 2005 survey of health behaviors<sup>18</sup>.
- A study of an Australian military base found that 29% of participants were probable PAGs<sup>6</sup>.
- Soldiers in a Naval Medical Center reported failing to admit to gambling problems due to shame and confusion about the military's confidentiality policies<sup>5</sup>.

### At-risk

- Previous PG studies suggest that the most at-risk categories are young, unmarried men, which describes the majority of military members<sup>5</sup>.
- Having served in the military was a significant predictor of PG among women but not among men<sup>16</sup> suggesting that a "feminization" of gambling may be occurring<sup>7</sup>.
- Veterans and military persons stationed close to casinos and other gambling opportunities had a greater risk of becoming PAGs<sup>7</sup>.
- Among Military recruits: minorities were 2.07 times more likely to be PAGs than Whites; those involved in physical altercations and binge-drinking were more likely to be PGs (OR=1.44 and 1.32, respectively).<sup>15</sup>

### Co-Morbidity

Problem gambling behaviors are often hidden by other addictions and mental health problems<sup>5</sup>.

- Among veterans in treatment for substance abuse, 33% met criteria for PAG<sup>8</sup>. Furthermore, of 40 veterans with severe gambling problems, only 1 had been previously diagnosed as a PAG<sup>9</sup>.
- Compared to non-PGs veterans with gambling problems were admitted to treatment significantly more often for psychiatric problems and for drug and alcohol detoxification, suggesting the importance and cost effectiveness of treating gambling addictions concurrently with other issues veterans may be facing<sup>9</sup>.
- Post Traumatic Stress Disorder (PTSD), an affliction that many military personnel and veterans face, is associated with high levels of comorbidity, including substance abuse, anxiety, depression, personality disorders, and PG. A study of veterans found that problem gambling behavior among those with PTSD often occurred as a way to escape current problems, such as dysphoric moods<sup>6</sup>.

## Suicide

Each year 243 of the roughly 1.4 million U.S. military personnel take their own lives, making suicide the 3<sup>rd</sup> leading cause of death for the military population<sup>9</sup>. From 1999-2002 of the 80 individuals seeking PG treatment in a military program 35 had seriously considered suicide in relation to their gambling<sup>10</sup>.

## Combat Experiences

Problem gambling is associated with increased risk-taking<sup>11</sup> and overconfidence<sup>12</sup>. Combat experiences, including exposure to violent combat, killing someone, and experiencing high levels of trauma, predicted<sup>13</sup>.

- Greater risk-taking propensity upon return from deployment
- Although the relation between violent combat experiences and PG was not assessed, the increase in risky behaviors suggests that those returning from combat who experienced violence are at-risk of developing PG; screening and developing PG intervention programs for returning war veterans may be warranted.

## Homeless Veterans and Problem Gambling

- The VA homeless council of New York/New Jersey identified PG treatment as an “unmet need” among homeless veterans and asserted that gambling serves as a barrier to obtaining permanent housing<sup>17</sup>

## Treatment

PG treatment options for veterans and military personnel are lacking, especially overseas<sup>10</sup>. There are currently only 3 PG treatment programs for military personnel<sup>19</sup>

- Gambling treatment programs can be easily implemented within existing military substance abuse programs with only little additional training for the counselors and psychologists<sup>10,14</sup>.
- In a study of a military gambling treatment program overseas, retention rates were high for PGs who sought treatment before too many legal problems had accumulated<sup>10</sup>.
- Motivation for those in the military and veterans to seek PG treatment remains low due to issues of shame and secrecy, highlighting a need to screen for PG when they are seen for other issues<sup>10</sup>.

For more information visit the GSU Problem Gambling Research and Intervention Project web site:

[www.GeorgiaGamblingHelp.org](http://www.GeorgiaGamblingHelp.org)

This site offers resources related to problem gambling prevention and treatment. For additional help or technical assistance contact Jennifer Zorland at [psyjlz@langate.gsu.edu](mailto:psyjlz@langate.gsu.edu)

<sup>1</sup>Bray, R., et al. (1992). 1992 worldwide survey of substance abuse and health behaviors among military personnel. Springfield, VA: U.S. Department of Commerce, National Technical Information Service.

<sup>2</sup>Zimmerman, M., Chelminski, I., & Young, D. (2006). Prevalence and diagnostic correlates of DSM-IV pathological gambling in psychiatric outpatients. *Journal of Gambling Studies*, 22, 255-262.

<sup>3</sup>Black, D.W., & Moyer, T. (1999). Study finds other psychiatric ills accompany pathological gambling. *Outcomes & Accountability Alert*, 4 (8), 4.

<sup>4</sup>Thompson, Gazel, & Rickman.(1996). The social costs of gambling in Wisconsin. *The Wisconsin Policy Res. Inst. Rep.* 9, 1 – 44.

<sup>5</sup>Weis & Manos(2007). Prevalence and epidemiology of pathological gambling at Naval Medical Center Portsmouth Psychiatry, *Clinic. Military Medicine*, 172.

<sup>6</sup>Biddle, , Hawthorne, Forbes, & Coman, (2005). Problem gambling in Australian PTSD treatment-seeking veterans. *Journal of Traumatic Stress*, 18, 759 – 767.

<sup>7</sup>Westermeier, J., Canice, J., Garrard, J., Thuras, P., & Thompson, J. (2005). Lifetime prevalence of pathological gambling among American Indian and Hispanic American veterans. *American Journal of Public Health*, 95, 860 – 866.

<sup>8</sup> Daghestani, A. N., Elenz, E., & Crayton, J. W. (1996). Pathological gambling in hospitalized substance abusing veterans. *Journal of Clinical Psychiatry*, 57, 360 – 363.

<sup>9</sup>Shaffer, Hall, & Vander Bilt, (1997). Estimating the prevalence of disordered gambling behavior in the United States and Canada: A meta-analysis. Boston: MA.

<sup>10</sup>Kennedy, Cook, Poole, Brunson & Jones(2005). Review of the first year of an overseas military gambling treatment program. *Military Medicine*, 170, 683 – 688.

<sup>11</sup>LaBrie, Shaffer, LaPlante & Weschler (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52, 53-62.

<sup>12</sup>Goodie, A.S. (2005). The role of perceived control and overconfidence in pathological gambling. *Journal of Gambling Studies*, 21(4), 481-502.

<sup>13</sup>Killgore, W. D., et al. (2008). Post-combat invincibility: Violent combat experiences are associated with increased risk-taking propensity following deployment. *Journal of Psychiatric Research*, In Press.

<sup>14</sup>Westermeier, J., Canive, J., Thuras, P., Kim, S. W., Crosby, R., Thompson, J., & Garrard, J. (2006). Remission from pathological gambling among Hispanics and Native Americans. *Community Mental Health Journal*, 42, 537 – 553.

<sup>15</sup>Steenbergh, Whelan., Meyers, Klesges, & DeBon, (2008). Gambling and health risk-taking behavior in a military sample. *Military Medicine*, 173(5), 452-459.

<sup>16</sup>Hraba, & Lee, G. (1996). Gender, gambling and problem gambling. *Journal of Gambling Studies*, 12(1), 83-101.

<sup>17</sup>Henderson, C., Bainbridge, J., Keaton, K., Kenton, M., Guz, M., & Kanis, B. (2008). The use of data to assist in the design of a new service system for homeless veterans in New York City. *Psychiatric Quarterly*, 79, 3-17.

<sup>18</sup>Bray, et al. (2006). *Department of Defense survey of health related behaviors among active duty military personnel*. Retrieved from [http://www.ha.osd.mil/special\\_reports/2005\\_Health\\_Behaviors\\_Survey\\_1-07.pdf](http://www.ha.osd.mil/special_reports/2005_Health_Behaviors_Survey_1-07.pdf)

<sup>19</sup>Wachter, K. (2008, August). Treating Gambling difficult in Military. *Clinical Psychiatry News*, 32a-34b.