



Gambling Among the Military and Veterans

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Introduction

Research suggests that the rate of problem gambling is higher among military personnel than that of the general population. Problem gambling tends to co-occur with other disorders that have elevated rates among those who have served in the military, such as substance abuse, intimate partner violence (IPV), post-traumatic stress disorder (PTSD), depression, and suicide. While there is an abundance of opportunities for veterans and enlisted personnel to gamble, many members of the military do not have access to treatment for gambling problems and may face disciplinary action for seeking help.

Gambling opportunities are available on or near most military bases. Surveys of active military personnel have revealed that between 6.3 % and 8.1% of service persons report experiencing at least one gambling related problem in their lifetime (4). Present data suggests that military personnel have relatively higher rates of risk-taking and sensation-seeking, two constructs associated with problematic gambling. High levels of risk-taking was identified in 28% of their military population and these individuals were prone to several health risk behaviors. Taken together, addictive behaviors are thought to have a significant impact on military readiness. (4)

Unfortunately, limited research exists on military personnel and gambling related issues, thus making the problem difficult to assess, diagnose, and treat. Increased efforts at problem gambling prevention, and the expansion and improvement of existing treatment programs may help reduce the prevalence of problem gambling among service members (1). In addition, there is a need to implement new gambling disorder screening processes in the military health system and related military support organizations.

Identifying, Assessing and Treating Gambling Disorder in the Military

Recently, a number of recommendations have been made for identifying, assessing, and treating gambling disorder among military personnel (2). The main recommendations are to (a) incorporate gambling disorder questions in a systematic screening process and (b) to update guidance on how to deal with gambling disorders. Screening is important because few seek treatment directly for gambling disorder. Without proactively asking gambling questions as part of a screening process it may not be possible to identify affected service members and provide appropriate treatment/counseling. In addition, gambling problems may not be identified until they reach a critical point affecting the individual's readiness, which could have implications for national security, as well as harming the financial situation of the service member (2).

There also exists a lack of materials available to help

Key Message

All assessments for Addiction and Mental Health issues with Military Personnel and Veterans should require assessing for Problem Gambling issues. Problem Gambling can be a significant Co-Occurring Disorder issue and should be considered in all individuals with Depression, PTSD, TBI. Military Health coverage should be included for this issue. In addition, more research is needed relative to the incidence of Problem Gambling in the Military.

support medical and non-medical staff identify gambling disorder and adequately assess the problem. Without guidance, treating the problem gambling becomes even more difficult, and problem gamblers are left without any way to receive effective treatment. Explicitly including guidance for how to deal with those with a gambling

would clarify the proper steps needed to address gambling problems before they become an administrative or disciplinary issue.

It is important to recognize that comorbidity with other diagnosis is key to understanding how/why gambling may become problematic in military personnel. Specifically, PTSD resulting from combat trauma may leave military personnel with active stress. If this stress is untreated, it can negatively affect almost all aspects of life, especially once military personnel return back home from active duty. Military personnel may then use gambling as a way to cope with this past trauma, or the relative downtime/boredom of home life.

Veterans, Gambling Disorder and Coexisting Diagnosis

From the adrenalin thrill of winning to the simple escape from the reality of their lives, gambling can become the invisible, undetected, self-prescribed medication that glosses over symptoms of PTSD, depression and anxiety. Indeed, veterans with problem gambling tend to zone out in front of slot machines because they provide a numbing electronic morphine (3). Research consistently finds that rates of problem gambling among veterans are significantly higher than average. While one study suggests that 1-in-10 veterans may develop disordered gambling in their lifetime (6), other studies put this figure as high as 1-in-5 (7). The rates of PG are even higher among veterans seeking treatment for other, possibly co-occurring disorders. In addition:

- 10 percent of veterans using veteran treatment services are problem or compulsive gamblers
- Veterans in treatment for PTSD may be as much as 60 times more likely to have a gambling problem as age matched members of the general population
- Among veterans hospitalized in inpatient psychiatric units, 40% had some form of gambling problems
- Rates of depression among veterans with pathological gambling problems have been shown to be as high as 76 percent
- Suicide is extremely common with 40% of veterans seeking treatment for gambling have reported suicide attempts

All this suggests that veterans are a priority population with which treatment and prevention resources should be targeted. Unfortunately, there are many barriers to treatment for veterans and military personnel alike.

Stigma and Barriers to Seeking Treatment

Approximately 60% of the military personnel who experience mental health problems do not seek help, yet many of them could benefit from professional treatment. Across military studies, one of the most frequently reported barriers to help-seeking for mental health problems is stigma (5, 6). Military organizations may engender stigmatizing beliefs in relation to help-seeking for mental health problems that may also persist into civilian life. These beliefs may be related to military culture, rules, and conduct learned and experienced in service. For example, the value placed on the actions of the group to achieve military objectives above all else, the cultures of reliance upon each other, masculinity, self-sufficiency, and the stigmas of going sick or shirking work have been noted to effect help-seeking behaviors. (5)

The requirement for operational readiness through good health conflicts with the direct availability of mental health care provided by the military for service personnel. In this sense, military personnel are faced with a dilemma - disclosure of health problems in order to access care may negatively affect their operational effectiveness and (consequently) their military career. Hence, military objectives, health care, structures, and cultures may interact to create barriers to seeking help for mental health problems, and personnel may elect not to disclose mental health problems such as a problem gambling. (5) Other barriers to help-seeking in military populations, including practical/logistic barriers to care, negative attitudes related to mental health treatment, and poor recognition of a need for treatment.

Future Directions

Although research suggest that military personnel and veterans are at an increased risk for the development of gambling problems, there is a lack of research conducted in a Canadian context. The majority of research has been conducted in the United States, and there may be important cultural differences with respect to the military, veterans and gambling between countries. For this reason, it is important that research on gambling be conducted

within the Canadian Armed Forces and Veteran Affairs Canada. Specifically, longitudinal analysis will help to determine how military personnel are affected by gambling throughout their military careers. Additional research should be conducted to assess the impact of online gambling on military personnel. Given the ease of accessibility across jurisdictional boundaries, it may be an enticing entertainment option for those posted overseas or in geographically isolated areas.

About the authors

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References

1. Emshoff, J., Gilmore, D., & Zorland, J. (2010). Veterans and problem gambling: A review of the literature. Georgia State University. Retrieved from <http://www.npcgambling.org/files/public/Military/veterans%20and%20Problem%20Gambling%20Lit%20Review%202010.pdf>
2. United States Government Accountability Office. (2017). Military Personnel DOD and the Coast (Office, 2017) Guard Need to Screen for Gambling Disorder Addiction and Update Guidance (GAO-17-114). U.S. Government Accountability Office, Washington D.C.
3. Hall, T.C. (2013). Compulsive Gambling. The VVA Veteran Online. Retrieved from http://vvaveteran.org/33-3/33-3_ptsd.html
4. Steenbergh, T.A., Whelan, J.P., Meyers, A.W., Klesges, R.C., and DeBon, M. (2008). Gambling and Health Risk-Taking Behavior in a Military Sample. *Military Medicine*, 173, 452-459.
5. Sharp, M.L., Fear, N.T., Rona, R.J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic reviews*, mxu012
6. Westermeyer, J., Canive, J., Thuras, P., Oakes, M., & Spring, M. (2013). Pathological and Problem Gambling among Veterans in Clinical Care: Prevalence, Demography, and Clinical Correlates. *The American Journal on Addictions*, 22(3), 218-225.
7. Hierholzer, R. (2006). Problematic Gambling Prevalent in US Military Veterans. Retrieved from <http://www.medscape.com/viewarticle/564469>