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SAFER GAMBLING INFORMATION PROJECT

Enhancing Accessibility of Safer Gambling Information Among Military Personnel and Veterans in Great Britain

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EXECUTIVE SUMMARY

Background summary

The aim of the Safer Gambling Information Project is to improve gambling harm prevention and education efforts within a community identified as at risk of gambling harms.

First, stakeholder insights and a review of the literature were used to narrow the project focus from an initial group of seven at-risk communities[1] to a single focus community that was well suited to pilot a safer gambling information initiative. Military personnel and veterans were chosen as the focus community. Next, a synthesis of academic and grey literature on promising practices for enhancing the accessibility of targeted safer gambling information for military personnel and veterans was completed along with key stakeholder interviews to identify the current and desired states of safer gambling information accessibility among military personnel and veterans in Great Britain. The literature synthesis (section 1) and gap analysis of stakeholder insights (section 2) make up this report. The objective of this report is to provide an evidence base for a safer gambling information pilot project targeting military personnel and veterans in Great Britain.

Key findings

Research and stakeholder insights revealed safer gambling information could be more accessible to military personnel and veterans if it incorporates the recommendations described below.

SOURCE

Source refers to those involved in delivering the information, such as the individual(s) who present the information or the organisation(s) responsible for its delivery. Based on the literature synthesis and stakeholder consultations, we recommend the following:

→ Use sources with lived experience of military service and/or gambling harms, as these sources are likely viewed as more credible than those without such experiences.

→ For serving military personnel, consider whether the source should be from within the military (with greater access to military personnel) or external (with fewer concerns about confidentiality or having help-seeking negatively impact careers).

MESSAGE

Message refers to the content and framing of the information. Based on the literature synthesis and stakeholder consultations, we recommend the following:

→ Frame the message positively (e.g., emphasizing the benefits of safer gambling or seeking help for gambling-related harms) and focus on normalising and destigmatising safer gambling and help-seeking.

→ Avoid "disorder" terminology that sounds permanent or unchangeable. For example, instead of "pathological gambling" or "gambling disorder" use terms like "gambling-related harms".

→ Use messages that suggest specific actions. For example, "limit your gambling to 1% of your monthly income" would be more effective than simply "limit your spending on gambling".

→ Centre messages on removing the stigma around experiencing gambling-related harms, similar to campaigns that aim to remove the stigma surrounding mental health issues.

CHANNEL

Channel refers to how the information is being delivered, such as through posters, pamphlets, information sessions, etc. Based on the literature synthesis and stakeholder consultations, we recommend the following:

→ Use a channel that allows for repeated exposure (e.g., placing posters in common areas would result in military personnel seeing them repeatedly).

→ When possible, use multiple channels to deliver messages (e.g., using both in-person training sessions and leaflets).

→ Use various, already-existing touchpoints across the military career to share safer gambling information with military personnel and veterans (e.g., cadets, recruitment, active service, transition out of service, as a veteran), beginning as early as possible.

RECEIVER

Receiver refers to the target audience; information should be tailored so that it is appropriate for the traits of the target audience. Based on the literature synthesis and stakeholder consultations, we recommend the following:

→ Recognise that military service increases vulnerability to gambling-related harms, that there are barriers to accessing information, and that the Armed Forces have an important role to play in facilitating access to safer gambling information.

→ Dedicate more resources to prevention and education at the beginning of the military career.

→ Target and tailor content to a specific sub-audience, such as only military personnel, only veterans, newly enlisted individuals etc.

BACKGROUND

Some groups and communities are at higher risk of gambling-related harms than others,[1] and it is important to understand how to effectively deliver safer gambling information to groups and communities at elevated levels of risk. The aim of the Safer Gambling Information Project is to enhance the accessibility of safer gambling information within a selected community at risk of gambling harms through an evidence-based pilot project.

Based on a systematic literature search and a series of key stakeholder interviews, military personnel and veterans in Great Britain were identified as an ideal focus population for a safer gambling information pilot project. Military personnel and veterans were chosen because:

→ Stakeholders indicated there were few safer gambling campaigns in Great Britain targeting this population.

→ There was a sufficient evidence base examining the efficacy of health promotion activities among military personnel and veterans that could be drawn upon to inform promising practices for sharing safer gambling information among this population.

→ There was an existing health promotion infrastructure that could be leveraged for a pilot project to promote safer gambling information.

Purpose of this report

This report has been prepared to establish a comprehensive and current evidence base to be used in the development of a safer gambling information pilot project for military personnel and veterans in Great Britain. The intent of the pilot project is to enhance accessibility of safer gambling information among military personnel and veterans, by ensuring information on gambling harms is easy to find, easy to understand, easy to act on, and involves messages and messengers that are relevant and that resonate with military personnel and veterans. The evidence in this report includes results of a literature search on promising practices for enhancing safer gambling information access among military personnel and veterans (section 1) and the results of a gap analysis of key stakeholder insights (section 2). Section 3 includes discussion and contextualization of research findings and stakeholder insights.

Each section of this report is organised using four factors from McGuire's Classic Input-Output Framework for Constructing Persuasive Messages,[2,3] which have been previously used in a study on designing mental health messaging for military personnel.[4] These factors are:

1. Source (who delivers the information),
2. Message (the content and framing of the information),
3. Channel (how the information is being delivered), and

4. Receiver (traits of the target audience).

Key recommendations drawn from the literature and from the gap analysis of stakeholder insights are summarised and organised by these factors.

SECTION 1 - LITERATURE SYNTHESIS: ACCESSIBILITY OF SAFER GAMBLING INFORMATION AMONG MILITARY PERSONNEL AND VETERANS

The goal of this section is to uncover promising practices in the literature for enhancing the accessibility of safer gambling information among military personnel and veterans in Great Britain. To meet this goal, we first review and summarise key literature on gambling behaviour and gambling harms in military personnel and veterans to provide the necessary background context. We then synthesise literature on safer gambling information campaigns in military and veterans, as well as select studies on other health promotion information targeted to military personnel and veterans, such as mental health promotion.

Methods

LITERATURE SEARCH

Greo's Information Specialist conducted a systematic search of the academic (up to 26 January 2022) and grey literature sources (up to 27 January 2022) on prevention and education for problem gambling targeted to military personnel and/or veterans. This search returned 93 unique records. See **Appendix A** for a more complete description of the search strategies used.

Greo's Research Analyst then screened the results for relevance. We excluded 12 academic papers and three grey literature papers for either not focusing on gambling or not focusing on military personnel or veterans. Due to a lack of sources focusing on gambling-related prevention and education targeting military personnel and veterans, the Research Analyst performed a supplementary search for literature on alcohol use, tobacco use, and mental health promotion targeting military and veterans. This included a Google Scholar search as well as the snowball method of scanning reference lists of key papers. From this supplementary search we found 13 relevant academic papers and seven relevant grey literature sources. See **Appendix B** for a description of the screening process and supplementary search.

SYNTHESIS OF THE RESULTS

First, we summarised the literature on gambling, gambling harms, and help-seeking among military personnel and veterans to provide background context. Where multiple papers provided similar information, we prioritised those that were more recent and those based on UK population samples. Next, we used four factors from McGuire's Classic Input-Output Framework for Constructing Persuasive Messages[2, 3]

to organise findings from the broader literature on health promotion in military personnel and veterans and to highlight promising practices for sharing safer gambling information among these populations.

For each section reviewed below, we focused on the main findings from the literature. For some sections, we have included additional details from the literature in **Appendix C**.

Gambling prevalence and vulnerability to gambling harms among military personnel and veterans

THE PREVALENCE OF GAMBLING AMONG MILITARY PERSONNEL AND VETERANS

Compared to other populations at risk of gambling harms, such as friends and family of those with gambling problems or ethnocultural communities, there has been relatively little research focusing on gambling and gambling harms in military personnel and veterans. Over the past couple of decades, research on gambling harms in military personnel and veterans has increased. This research indicates military personnel and veterans gamble more frequently[5] and have higher problem gambling scores than civilians.[6]

Recent research from the UK

Recent estimates of problem gambling among UK veterans vary widely, depending on the samples used and the methods used to assess problem gambling.[7, 8] However, it does appear consistent that veterans are at higher risk of problem gambling than the general population. For example, according to the 2021 *UK Armed Forces Veterans' Health and Gambling* study:[8]

→   91.5% of armed forces veterans gambled in the past year.

→   Among veterans who gambled in the past year, 43.1% met the criteria for problem gambling, compared to 6.5% of age- and gender-matched civilians.

→   Veterans were over seven times more likely to gamble to escape or avoid distress, compared to age- and gender- matched civilians.

Note that a 2018 study on UK veterans found only 1.4% of all veterans met their criteria for problem or pathological gambling. However, this was still seven times higher than their estimate of problem or pathological gambling in non-veterans.[7]

UK military personnel also appear to be at high risk of problem gambling. For example, according to the 2022 report released by the Royal Air Force Benevolent Fund on *Gambling and Wellbeing in the RAF*:[9]

→   67.9% of currently serving Royal Air Force personnel gambled in some capacity in the past year.

→ Of those who gambled, 9.8% were at low-risk of problem gambling, 3.9% were at moderate-risk and 2% were identified with problem gambling.

The most common gambling activities across all Royal Air Force personnel were the National Lottery, any other lottery, scratch cards, and online betting.[10] Additionally, the most common activities for those identified with problem gambling were the National Lottery, scratch cards, online gambling, virtual gambling machines, and online betting.

MILITARY PERSONNEL, VETERANS, AND VULNERABILITY TO GAMBLING HARMS

The high rates of gambling and problem gambling in military personnel and veterans are concerning because problem gambling can contribute to many harms. Research suggests, among military and veterans, gambling problems are linked to:

→ Negative impacts on mental health during service[9]

→ Increased risks of homelessness[11, 12]

→ Increased risks of suicidality[6, 13, 14]

Predisposition to gambling problems

There are some factors that may increase the likelihood of military personnel and veterans experiencing problem gambling. For example, those joining the UK military tend to be younger and are more likely to be male,[15] both of which are linked to higher risks of problem gambling in the general population.[16, 17] Additionally, military personnel have been found to be more comfortable taking risks, which is associated with increased gambling participation.[18]

Service may increase vulnerability

Military personnel and veterans may be at higher risk of experiencing problem gambling before joining the military. As well, there are several aspects of military service that may increase risk. These include:

→ Having disposable income and opportunities to gamble when unsupervised[9]

→ Being on deployment and away from family members[9]

→ The gambling culture in the Royal Air Force[9]

→ Exposure to risks as part of their military role[9]

→ Increased rates of depression, anxiety, and post-traumatic stress disorder (PTSD) in veterans, and increased motivations to gamble to escape or to avoid distress[8]

Barriers to help-seeking

In addition to individual and environmental factors that can increase risks of gambling harms among military personnel and veterans, there are also unique barriers to seeking help or receiving treatment. Among Royal Air Force personnel, many did not want to discuss gambling problems with others in the service due to:

→ Concerns about confidentiality[9]

→ Concerns about it negatively impacting their career[9]

→ The military culture, which expects them to be strong and resilient, making it difficult to seek help[9]

As a result, many personnel surveyed in 2021 expressed a need and preference for gambling support from outside the Royal Air Force.[9] Note, however, that some personnel said they did not experience any consequences when they sought help from within the military.

Finally, for mental health, gambling, and alcohol use problems, some personnel reported not knowing what organisations to go to for support.[9]

Promising practices for sharing safer gambling information among military personnel and veterans

When designing targeted campaigns for any group, there are many factors to take into consideration. McGuire's Classic Framework for creating effective communications[2, 3] considers the source of the information, the message itself, the channel through which it is delivered, and the receiver or target audience.

Unfortunately, little work has examined the best ways to tailor safer gambling information for military personnel and veterans. However, there has been relatively more work looking at targeting information for military personnel and veterans in the areas of mental health, tobacco cessation, and moderation of alcohol use.

From this literature, we can draw some lessons that likely apply to safer gambling information targeted to military personnel and veterans.

SOURCE

The source is the individual, group, or organisation who delivers the information. The source of information can affect how people react to it.

Research on sources of information for mental health promotion can inform what sources would be best for providing safer gambling information to military personnel and veterans.

Focus groups with US military officers on mental health promotion for military personnel found that military officers felt the most credible sources included:[4]

→ High-ranking officers who speak openly about their experiences seeking help

→ Individuals with combat credibility, as they understand the stressful experiences of the target audience

→ Mental health professionals, specifically when giving informational presentations about mental health

Previous educational messaging for military personnel has included:

→ A US Marine program focused on reducing alcohol misuse with sessions delivered by corporals and sergeants to their personnel[19]

→ Training sessions for UK military personnel in which someone with lived experiences of gambling harms and a military background presented to the personnel[20]

→ Evaluations indicated that these training sessions were highly rated and well received, with participants noting that 'the real personal story' of the presenter contributed to their effectiveness

Finally, UK Royal Air Force personnel have most commonly accessed formal support through The Department of Community Mental Health during their military service.[9] So, safer gambling information could also be delivered through The Department of Community Mental Health.

MESSAGE

Safer gambling messages can vary in both their framing and the specific information they include. Much of the evidence on effective messaging to military personnel and veterans focuses on mental health issues, such as PTSD and suicidal ideation, which can provide ideas for tailoring safer gambling messages to these audiences. These studies highlight the importance of framing the messages to military personnel and veterans in a positive way. For example, they suggest messages should:

→ Focus on the benefits of seeking help, instead of the harms of not seeking it[4]

→ Focus on positive cases where individuals adaptively coped and recovered[21]

→ Frame help-seeking as normal and socially acceptable[22]

→ Avoid "disorder" terminology, so that the problem does not feel permanent[4]

These studies also suggest messages should:

→ Provide target behaviours, like where and how to seek help[22]

→ Include specific rather than vague information (e.g., the specific signs and symptoms of PTSD)[4]

→ Promote straightforward actions, as these can help create behaviour change[21]

Finally, research on health promotion around the cessation or reduction of alcohol and tobacco use in military personnel suggest messages should:

→ Focus on deglamourizing alcohol[23]

→ Highlight that smoking increases drop-out rates and lowers readiness to fight in and win wars[24]

→ Remind military personnel that they are role models to others, especially youth, so they should avoid smoking to be a positive role model[24]

These strategies may also be useful in a gambling context. For example, messages could focus on deglamourizing gambling, highlight how gambling could affect readiness to fight, or encourage military personnel and veterans to model safer gambling behaviours.

CHANNEL

The channel of communication refers to the pathway through which the information is delivered. Channels that allow for repeated exposure to the information, such as posters placed in common areas, may be more effective, as repeated exposure to information is linked to greater success.[21] Prior gambling messaging and treatment campaigns have used multiple channels to deliver information to military personnel and veterans, such as:

→ Integrating a gambling treatment program in an already-existing substance use program, while also creating informational videos that aired on local TV channels and placing informative posters in each base club slot machine room[25]

→ Awareness-raising sessions, which included interactive components where participants answered questions on handheld devices, and included the distribution of informational leaflets which appeared to be in demand[20]

One can also look to examples of channels used in alcohol reduction and mental health promotion to military personnel and veterans which have found that:

→ In-person training sessions helped reduce some alcohol-related problems[19]

→ Military officers were impressed by TV commercials that aired on armed forces TV channels, although they noted that those in combat areas may not have the opportunity to view such commercials[4]

US military officers felt using posters to spread information about mental health could be beneficial, as they can be placed where both military personnel and others in the Armed Forces community could see them.[4]

RECEIVER

When designing any messaging or campaign, it is important to consider the characteristics and past experiences of the target audience. In terms of military personnel and veterans, these characteristics can include their demographic characteristics as well as mental health and substance use issues, and whether the individual targeted is a member of a special subgroup within the military.

Demographic characteristics

UK Regular Forces:[15]

→ 89% of military personnel are male

→ Most common age range for officers is 25-34 years old

→ Most common age range for other ranks is 20-29 years old

UK veterans:[8]

→ 94% of veterans are male

→ Most common age range for veterans is 30-39 years old

A study on UK Royal Air Force personnel found that being male and being between 18-24 years old were both linked to increased risks of gambling problems.[9]

Mental health and alcohol use:

→ UK military personnel are more likely to experience common mental health problems than the general population.[26] UK veterans also report more symptoms of depression and anxiety than age- and gender-matched civilians.[8]

UK Royal Air Force personnel:[9]

→ 55% reported symptoms of depression

→ 60% reported symptoms of anxiety

UK Veterans:[8]

→ 70% reported symptoms of depression

→ 61% reported symptoms of anxiety

In addition, UK military personnel also report higher rates of hazardous drinking than the general population.[27] Additionally, UK veterans were more likely to report high-risk drinking and alcohol dependence than age- and gender-matched civilians.[8]

Among UK Royal Air Force personnel:[9]

→ 29.8% reported hazardous drinking levels

Among UK veterans:[8]

→ 64% reported hazardous drinking levels

The above mental health and alcohol use factors have been linked to increased risks for gambling problems in both Royal Air Force personnel[9] and veterans.[8] Additionally, 35% of UK veterans have symptoms of PTSD which is also linked to higher problem gambling severity.[8]

Experiences and biases

One can also consider the experiences and biases that military personnel and veterans may have regarding any stigmatised behaviour that may imply weakness. For example, in the US, people who have received mental health help prior to joining the military are automatically disqualified from service until they receive a psychiatric evaluation.[4] This may stigmatise mental health and possibly dissuade people from seeking help. It may also make those in the military less receptive to seeking help for problem gambling. Thus, any messaging targeted to military personnel about seeking mental health help must overcome this bias in the target audience.

In terms of gambling and gambling harms, UK Royal Air Force personnel have indicated that there is a culture of gambling within the military.[9] It is possible this culture could continue to affect veterans after they have left the military. Thus, safer gambling information targeted to military personnel and/or veterans may benefit from taking this culture into consideration.

Subgroups or specific target audiences within military personnel and veterans

Finally, safer gambling information targeted at military personnel and veterans should consider the value of focusing on specific audiences within the armed forces community and tailor information to that specific subgroup.[21] For military personnel, specific audiences could include newly enlisted individuals, individuals of specific rank, or those who are on deployment or returning from deployment. For veterans, specific audiences could be based on their era of service or location of service.

One may also choose to focus on a specific age range of military personnel, as this could help reach individuals who are at higher risk. For example, Royal Air Force personnel aged 18-24 are at higher risk of gambling problems.[9] Alternatively, focusing on a specific age range could help a program have a greater impact. For example, 80% of US Army National Guard soldiers with alcohol use disorders had the disorder start when they were between 16-23 years old.[28] So, focusing prevention during this age range could have the greatest impact on reducing alcohol use disorders in US soldiers.

Summary

Many studies have examined the prevalence of gambling and gambling harms among military personnel and veterans, indicating that they are at high risk of experiencing gambling harms. However, less work has focused on how to improve the accessibility of safer gambling information for these populations, which could help reduce the risk of gambling harms. Drawing on gambling harm reduction/health promotion research, as well as research from other areas of health promotion, we have found some promising practices that could be used to improve the accessibility of safer gambling information for military personnel and veterans.

Overall, this research suggests the most credible sources of health promotion information for military personnel and veterans include individuals with military experience, as well as those with lived experiences of the harms they are providing information about. In terms of the message itself, messages that are framed positively, avoid "disorder" terminology, and include specific recommended actions may be more effective. Channels for delivering health promotion information may be more effective if they allow for repeated exposure to the information, or if multiple channels are used. Finally, health promotion information should be tailored to meet the needs of the specific audience or receiver. For military personnel and veterans, this means tailoring information to a mostly male audience who may have comorbid mental health and alcohol use issues.

SECTION 2 – GAP ANALYSIS: STAKEHOLDER INSIGHTS ON SAFER GAMBLING INFORMATION FOR MILITARY PERSONNEL AND VETERANS IN GREAT BRITAIN

This section summarises key stakeholder insights on the accessibility of safer gambling information among military personnel and veterans in Great Britain. The insights were collected and analysed to identify opportunities for new safer gambling information initiatives and to clarify what key stakeholders feel are ideal approaches to sharing safer gambling information with military personnel and veterans.

Methods

DESIGN

Greo's Stakeholder Engagement Lead and Knowledge Broker conducted a gap analysis to identify the gaps that exist in the safer gambling information and support infrastructure available to military personnel and veterans in Great Britain. The following steps comprised this gap analysis:

→ Articulate what is currently happening - the "current state"

→ Articulate what stakeholders feel should be happening - the "desired state"

→ Compare and discuss the gap(s) between current and desired states

DATA COLLECTION

Greo's Stakeholder Engagement Lead and Knowledge Broker collected data between 28 January 2022 and 18 March 2022. They invited a snowball sample of key stakeholders to share their insights. A total of 10 key stakeholders participated in one-hour interviews. Areas of expertise included: lived experience of gambling-related harms, lived experience in the military, work in the treatment sector, work in an armed forces charity, and research experience specific to military/veterans and gambling.

DATA ANALYSIS

Following the interviews, data were integrated and organised categorically. As in Section 1, McGuire's Classic Input-Output Framework for Constructing Persuasive Messages,[2, 3] was used to organise stakeholder insights.

From there, stakeholder responses were analysed thematically and summarised using a series of insights that describe the current and desired states of safer gambling information access and sharing among military personnel and veterans.

The current state

Key stakeholders responded to a series of open-ended questions designed to assess the current state of safer gambling information access for military personnel and veterans in Great Britain. The current state is the articulation of what is presently happening; that is, what the network of safer gambling resources and support looks like for military personnel and veterans in Great Britain today. Responses are summarised into key insights, with accompanying data and commentary.

SOURCE

Insight #1: Overall, there are few intentional, well-suited sources for safer gambling information accessible to military personnel and veterans.

Insight #2: Most dedicated safer gambling information sources are external to the military organisation, which may limit a source's access to military personnel.

Insight #3: Messages from sources with lived experience of gambling harms or life in the military may be more impactful, lack of relatability has reduced the impact of some recent information sources.

With respect to whether there are intentional, well-suited sources for safer gambling information accessible to military personnel and veterans (insight #1), several stakeholders indicated that, to their knowledge, no intentional, well-suited sources for safer gambling information exist that are specifically for serving military personnel and veterans (insight #1). Others said a limited number of sources did exist.

> *"There is next to nothing provided by the MOD (Ministry of Defence). Unless they have a very well-versed medical officer on a unit."*

> *"If people get help whilst in service, it goes through the welfare support services which is usually a non-commissioned slightly senior office who signposts them to treatment. Not necessarily with welfare expertise."*

> *"The only thing I'm aware of is a leaflet produced by the MOD that you can find on bases but nothing more robust than that."*

> *"There is no real support service for someone who has a gambling addiction."*

Further complicating access to safer gambling information is that most sources are external to the armed forces, which may limit a source's ability to gain access to military bases and provide safer gambling information (insight #2).

> *"Serving personnel, if they did an online search, would come up with GamCare and the NHS."*

> *"A lot would come from external organisations like Gamcare."*

> *"The military powers that be are the ones to decide whether or not external people can have access. Access to serving personnel is very controlled."*

During discussions around whether sources with lived experience of gambling-related harms and/or of life in the military may be more impactful (insight #3), the consensus was that some knowledge of either life in the military or lived experience of gambling-related harms would be beneficial in a source.

> *"People are more likely to open up with someone who has gone through that experience themselves."*

> *"Groups have been in and done military kind of stuff, but they don't have the relatability."*

> *"The feedback hasn't been great … No lived experience … never talked about the industry and the products, it was very person-centred and no talk of industry responsibility."*

> *"A military personnel background is the most important to make them feel like you understand their culture."*

"A lot of people at the different touchpoints don't possess the skills and knowledge to handle the problem."

MESSAGE

Insight #4: Current accessible safer gambling information, where it exists, is not military personnel or veteran specific.

Insight #5: Messages that focus on personal responsibility may increase stigma and discourage people from seeking safer gambling information.

Insight #6: To increase buy-in, messages should use language that meets the needs and priorities of military personnel and veterans who access safer gambling information.

Several respondents stated that in cases where safer gambling information was available, the messaging was generic (insight #4), not very comprehensive, and shared by people who did not possess adequate training on how to recognise when people were at risk of gambling-related harms.

"A lot of signposting is done to GambleAware but everything is very generic."

"The [MOD] leaflet is very simple and not detailed."

One stakeholder felt it was crucial that messaging around 'problem gambling' was avoided (insight #5).

"So much guilt and stigma it drives people further into the ground. Reducing the stigma will help bring about better awareness."

"I use gambling-related harm I feel like it broadens it and makes it less stigmatised"

Almost all stakeholders said that messaging should incorporate military culture so that it resonated with military personnel and veterans (insight #6).

"Messaging will need to be non-technical, conversational, and colloquial. It needs to be service-user led and designed by lived experience."

"Any terms used should probably reflect aspects of service life."

"...frame it in military language."

"Messages need to resonate with them."

"You have to be embedded within the culture."

However, one stakeholder believed that wider public health messaging was the best way to reach military personnel and veterans with safer gambling information.

"I don't believe in a specific language model. I believe in wider public health messaging and then it's consistent right across and then have some nuancing for each group. 80% shared messaging and 20% nuanced."

CHANNEL

Insight #7: Targeted safer gambling information channels for military personnel and veterans are limited.

Insight #8: Current channels tend to be stand-alone documents or events.

Insight #9: Several touchpoints across a person's journey within the armed forces act as information-sharing channels for other purposes. These channels are found from recruitment through to the transition out of service, as well as via organisations such as the Royal British Legion and regimental associations.

Several stakeholders were aware of a leaflet produced to share safer gambling information when military personnel transition out of service, but the leaflet was described as generic with a lack of detail. Stakeholders also stated that a wellness day had been organised for serving military personnel with a focus on mental health, but there was minimal gambling-specific information at the event. Outside of a handful of one-off engagements, stakeholders were unable to recall any established channels whereby members of the armed forces would be able to access targeted safer gambling information (insights #7 and #8).

"There is a lack of support services in the military itself."

"There are events but not systems."

"Support-wise, there wasn't anything there. The military is quite closed off from the normal world, you spend a long time on military camp and away and it's difficult to get support."

"Our experience [with the Army] was that it was the first time anyone had received gambling education."

Stakeholders stated that several touchpoints are used to share other forms of information with military personnel and veterans (insight #9) including information on mental health, drug, alcohol use, and debt.

"Recruitment would be a good place to start, like we've done with debt."

"There is a lot of mental health support once you've left the military, I've accessed it and it's quite common for veterans. It's easier to find and could maybe include the gambling."

"Royal British Legion … give loads of support to veterans and people still in the military. You could turn to them maybe, they don't have gambling specific stuff but they do offer support generally."

"There is no education at the cadet level of gambling harm like there is with drugs and alcohol."

RECEIVER

Insight #10: Military personnel face barriers to accessing safer gambling information such as lack of anonymity, the rules around debt whilst in service, and a culture that views vulnerability as a weakness.

Insight #11: It can be difficult to provide veterans with targeted safer gambling information, as some do not self-identify as veterans and assimilate into the population once discharged.

Insight #12: Gambling is normalised within the military and broader community, making it difficult to discuss gambling-related harms.

Stakeholders discussed several barriers that may keep military personnel or veterans from seeking or internalising safer gambling information. Experiencing gambling-related harms is often seen as a weakness, which may prevent military personnel and veterans from seeking the help they need. As well, there are protocols in place for serving military personnel that act as an obstacle. For example, indebtedness is a punishable offence in the military, and anonymity is difficult as medical staff/welfare officers must report to commanding officers (insight #10).

"A lot of these people struggle to reach out for help."

"People who reach out for help, because of the protocols and structures in place they have concerns about using treatment services. They are worried about being caught out."

"People are worried about their career. If they open up their career is over, they'll be demoted, punished, passed over."

"Rules around debt and how much debt you can hold so there is reverse incentive for coming forward."

"You can't be seen to be a vulnerable person."

"There are structures in place that make it difficult. You would have to give up anonymity for treatment."

"The normal issues around stigma with a gambling addiction are magnified by one hundred."

"Everyone is worried about the effect on their career. They don't want it to affect their prospects going forward. It would be hard to open up to your commandant."

"All the evidence shows the armed forces aren't a very help-seeking population. Only when it's at crisis point do they seek help. It's also a disciplinary issue, nothing is private no matter what the welfare office tells you."

Stakeholders explored some of the difficulties with providing information and services to veterans (insight #11) including that they do not always want to self-identify and that once discharged from the military, they assimilate within the population.

"There is nothing specifically targeted at them. Gambling is a problem for men in general, the prevalence rate is quite high, and veterans would receive the larger population wide messages … It would be hard to have a message that said you know as a vet you are at greater risk for gambling harm."

"Veterans are amorphous and a tough group to access. It can be hard to get them to admit their veteran status in the medical world. You need to get them to answer a question that triggers that they are at risk. It's quite a closed group and some people don't like to acknowledge they are a vet."

Stakeholders also spoke to the normalisation of gambling within military culture and the larger population in Great Britain (insight #12).

"The big problem is normalisation. Like drink bingeing…A lot of motivation to conceal gambling problems and it's overshadowed by the normalisation."

"Huge normalisation and it's quite prevalent among senior staff as well as personnel."

The desired state

Key stakeholders responded to a series of open-ended questions designed to determine the desired state of safer gambling information access for military personnel and veterans. The desired state is the articulation of what key stakeholders would like the network of safer gambling resources and support for military

personnel and veterans to look like. Responses are summarised into a series of insights with accompanying data and commentary.

SOURCE

Stakeholders identified several ways that the source for safer gambling information could be improved. Suggestions included that the source be:

→ External to allow for anonymity. However, some stakeholders suggested that the source be the Armed Forces itself, to get better access to military personnel

→ Independent from the military and the gambling industry

→ A person/organisation with lived experience in the military and/or with lived experience of gambling harms

"A lot would come from external organisations … That's probably the way forward due to anonymity and the structure of the military."

"The lived experience angle is key. Communication needs to come from a plausible and believable source whether it's a poster, or sessions repeated during training."

"A military personnel background is the most important to make them feel like you understand their culture. Peer education is the most powerful."

"For people who are serving, have people [with lived experience] go in and deliver awareness sessions".

"Peer-support sessions can be remote, and they can turn their cameras off so they can speak and be open and honest without be stigmatised."

"Support probably shouldn't come from people in the military itself, because it's taboo and they're not the most caring people."

"Any work shouldn't underestimate the need for confidentiality and anonymity. Off-base is the way to do this."

MESSAGE

Several stakeholders spoke to the merits of sharing fact-based safer gambling information. One stakeholder said that sharing lived experience was a great way to get military personnel and veterans to listen but that you need to "*follow up the lived experience with statistics and facts*". Another said that the "*approach should be fact based. Take an awareness raising model that gives facts and there's more chance of them seeking the right help at the right time at an earlier time.*" Additionally, feedback from stakeholders suggested that messaging needs to focus on removing the stigma around experiencing gambling-related harms as has been done for

mental health, "*challenging the stigma that everything is personal responsibility, there are so many factors in play as to how that harm is developed*." One stakeholder suggested many military personnel see their service as a career. Messages could be framed as, "*Don't let gambling get in the way of your service*."

CHANNEL

Stakeholders recommended that safer gambling information should be shared with military personnel and veterans at the various touchpoints of their career. One stakeholder expressed that using mixed methods, such as a combination of leaflets, in-person sessions, posters, etc. would be an ideal way to ensure safer gambling information is accessible to military personnel carrying out a wide range of duties in diverse locations. Almost all stakeholders suggested starting early, either in cadets or during the recruitment process.

> "*Touchpoints need to be thought of in a life journey model... Cadets, recruitment, serving, etc. The issue of gambling related harms should have the same place reserved for alcohol, drugs, and general mental health. Then there is the transition period out of the military. Different organisations at different touchpoints ...have the opportunity to engage*"

> "*A lot goes back to the point of entry when entering the military. Cadets and other organisations when they're getting ready to join the military.*"

> "*Mix up the message of delivery – in-person, poster, video, leaflet. What we don't want is a series of one-offs.*"

> "*You need prevention at the start, better education and then awareness when they're serving and a safe space to come forward and then to offer support.*"

> "*Better advice and support when you join. Mental health assessments when you finish your basic training.*"

> "*There also needs to be screening at the other end in the veteran's world.*"

> "*We should be screening at enrolment when 18-year-olds are signing up. There is no education at the cadet level of gambling harm like there is with drugs and alcohol. It's a missed opportunity to bring it in at that level.*

> "*Touchpoints can be pre-entry, entry, career development and afterwards.*"

> "*The work should start at the bottom and there needs to be buy-in at the top (like the RAF's new study). Needs to be at every touchpoint within the career development. The welfare of their staff is paramount.*"

Stakeholders suggested that because military service increases the receiver's vulnerability to gambling-related harms, the Armed Forces, as an institution, have an important role to play in facilitating access to safer gambling information. Stakeholders suggested that more resources be dedicated to prevention and education at the beginning of the military career.

> *"Develop a curriculum on these issues so you have a more rounded body of soldiers. Start building resilience before they join the organisation and then they can carry on that legacy work."*

Summary

> *"There has been a shift in service to create more awareness around gambling. The leaflet I spoke about didn't exist three or four years ago so that's a big jump."*

> *"The interesting thing is that when you speak to people in the military, no one has ever denied there is a problem."*

Responses from stakeholders provide insights into the discrepancies between the current state and desired state of safer gambling information sharing for this community. New safer gambling initiatives could focus on sources that have lived experience of life in the military and/or gambling-related harms and allow for anonymity. There were differing opinions as to whether the source should be external to the armed forces in relation to targeting military personnel. External sources would provide a way to protect anonymity and avoid disciplinary procedures related to indebtedness, however relatability and access could improve with a source from within the military. Messages could focus on removing the stigma around experiencing gambling-related harms and be shared at various touchpoints starting at recruitment, or even earlier in cadets, through existing health promotion information touchpoints. Stakeholders suggested that because military service is associated with a greater risk of experiencing gambling-related harms that more resources should be dedicated to prevention and education at the beginning of the military career.

SECTION 3 – DISCUSSION

Gambling-related harms are more prevalent among military personnel and veterans than the general population. Research suggests gambling problems for military personnel and veterans are likely related to their experience in the military and that they are at heightened risk for gambling-related harms.[8, 10] In recent years, more research has focused on the prevalence of gambling harms in military personnel and veterans in Great Britain and examined what factors may contribute to gambling

harms in these populations. Despite this, there has been minimal research or evaluated interventions focused on enhancing accessibility to safer gambling information among military personnel and veterans in Great Britain and internationally.

To inform a pilot project aimed at enhancing safer gambling information access among military personnel and veterans, we carried out a literature review and a series of stakeholder consultations aimed at identifying promising practices for sharing safer gambling information and understanding the current and desired states of safer gambling information infrastructure for this community. Below, we discuss the combined insights.

Source (Who delivers the information)

Stakeholder insights revealed that there are few well-suited, relatable sources currently delivering safer gambling information to military personnel and veterans. Additionally, most sources dedicated to providing safer gambling information are external to the military, which may limit access to support for serving military personnel. Most stakeholders recommended that plausible and believable sources would ideally have lived experience of military service and/or gambling-related harms and that this would make them more effective at delivering safer gambling messages to this audience. With regards to serving military personnel, several stakeholders recommended that the sources of safer gambling information be external to the military to allow for anonymity. However, others saw value in an internal source for better access. We recommend considering the advantages and disadvantages of external vs. internal when determining the source of safer gambling information for serving military personnel.

Stakeholder insights and recommendations are supported by the results of the literature synthesis that found sources with combat credibility who understand the stressful experience of military life and/or sources with lived experience of gambling-related harms contributed to the effectiveness of safer gambling messaging.[20] The literature also supports stakeholders' views of the importance of anonymity for serving military personnel when seeking help, while also noting that such help may be most accessible internally. This was the case for serving Royal Air Force personnel, who most often accessed support internally through The Department of Community Mental Health.[9]

Message (The content and framing of the information)

The safer gambling information messages currently available are limited and non-specific. Stakeholders recommended that future messaging work to remove the stigma around experiencing gambling-related harms and that the messages are targeted to be military/veteran specific. For serving military personnel, messages

should consider framing gambling harms as something that could affect their career. These suggestions are echoed in the literature synthesis. Additionally, based on the literature on general health promotion to military personnel and veterans, we suggest that messaging focus on the benefits of safer gambling and/or the benefits of seeking help for gambling problems; deglamourize gambling and portray either not gambling or safer gambling as normal; provide information on where and how to seek help; and include specific rather than vague recommendations. (e.g., "limit your gambling to 1% of your monthly income"[29] rather than simply "limit your spending on gambling").

Channel (How the information is being delivered)

Channels for targeted safer gambling information for both military personnel and veterans are minimal. Where they exist, they tend to be stand-alone documents and events. There are information-sharing channels used for other purposes where safer gambling information could be shared, from recruitment to the transition out of service, but this is not currently the case. Stakeholders suggested that safer gambling information be shared with military personnel and veterans at the various touchpoints of their career. Almost all stakeholders suggested starting early, either in cadets or during the recruitment process. One stakeholder expressed that using mixed methods would be an ideal way to ensure safer gambling information is accessible to military personnel carrying out a wide range of duties in diverse locations. Results from the literature synthesis are compatible with this, recommending the use of multiple channels to deliver information,[20, 25] such as in-person training sessions and leaflets, as well as the use of channels that allow for repeated exposure (such as placing posters in common areas) which are more likely to be effective.[21]

Receiver (Traits of the target audience)

Insights from stakeholders touched on the barriers that military personnel and veterans face when accessing safer gambling information, such as concerns about anonymity or confidentiality within the military. While they are a diverse audience, there are several commonalities among military personnel and veterans that can inform how safer gambling information is targeted to them. Stakeholders suggested acknowledging both that military service increases vulnerability for gambling-related harms and the barriers unique to military personnel and veterans when seeking safer gambling information. Stakeholders also suggested that more resources are dedicated to prevention and education at the beginning of the military career. Additionally, the literature synthesis demonstrates that military personnel and veterans are a mostly male audience,[8, 15] who may have comorbid mental health and alcohol use problems.[8, 9] As such, we recommend safer gambling information campaigns consider these characteristics of their target audience. Finally, the

literature recommends considering targeting information to a specific sub-audience,[21] such as only military personnel, only veterans, individuals of a specific age range, newly enlisted individuals, etc.

The above insights can be used to inform an evidence-based safer gambling information pilot project for military personnel and veterans in Great Britain that seeks to enhance their access to safer gambling information.

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