

# knowledge snapshot



## What is known about gambling problems in US military veterans?

### What this article is about

People who have served in the military are at higher risk of developing gambling disorder (GD). GD is when someone continues to gamble despite experiencing harms. These harms can include harms to relationships, personal well-being, financial well-being, and employment. Even those who do not meet the clinical criteria for GD can experience harms through at-risk or problem gambling. Overall, 2% of US military veterans have experienced GD, while up to 9% have experienced problem gambling.

In general, few people with GD seek professional help. For military personnel, they may be even less likely to seek professional help because it could impact their employment. This is concerning since only about one-third of people with GD recover without professional help. So, policies should aim to protect military members and veterans from gambling harms, as they may be especially vulnerable.

This paper reviewed studies on GD and problem gambling in US military veterans and active-duty personnel. The goal of the review was to help inform US policies around identifying and treating GD in military members and veterans.

### What was done?

The authors searched electronic databases for journal articles published from 1994 to 2019. The databases were Medline/Pubmed and PsycINFO. The authors only included peer-reviewed studies on US veterans that were written in English. They excluded papers that were systematic reviews or meta-analyses. They also excluded studies on the psychological or intellectual profiles of veterans with GD.

### Why is this article important?

This article reviews the academic literature on gambling harms in US military members and veterans. It is important because it shows that there are several gaps in our knowledge. For example, it is still unclear how many active-duty military members and veterans experience problem gambling. In addition, few studies have looked at effective treatments for problem gambling for military members or veterans. The authors recommend that future studies address these gaps. They also recommend policy changes to increase the screening and treatment of problem gambling in military populations.

The authors initially found 351 articles. They then screened the articles to check they met the eligibility criteria. Thirty-nine articles met their criteria. Finally, they summarized the results from these 39 articles.

### What you need to know

As of 2019, Congressional legislation requires standard screening for US active-duty personnel for GD. However, in 2020 this screening was still not common. So, few active-duty military personnel received help for problem gambling. Veterans Affairs services also do not commonly screen for GD, even though 2.2 to 2.8% of veterans have had GD at some point. One study reported even higher rates of 9.9% and 4.3% in American Indian and Hispanic veterans, respectively.

Veterans are at higher risk than non-veterans for many mental health and substance use problems. There is also a large overlap in GD and substance use

disorders in veterans. For example, about 30% of veterans seeking treatment for substance use also had GD. Additionally, 30% of veterans seeking treatment for GD experienced post-traumatic stress disorder (PTSD).

A few studies looked at other harms linked to GD in veterans, such as homelessness and suicidality. These studies found that GD was linked to increased suicide risk in military populations. Two studies focused on homelessness. Their results were contrasting in whether GD increased the risk of homelessness in veterans. Thus, more studies are needed to understand this link.

The researchers only found one study on GD treatments specifically for veterans. This study showed an inpatient treatment program helped improve veterans' attitudes and beliefs about gambling. One study looked at a drug treatment for veterans with alcohol dependence and other psychiatric disorders. This study found that veterans with alcohol dependence and problem gambling showed less improvement over time.

Finally, several studies used the Vietnam Era Twin Registry (VET-R). This is a registry of male twins who served in the Vietnam war. These studies showed that genetic factors explain between 35 to 54% of the risk of developing GD. The results also showed overlap in the genetic factors for GD and depression, obsessive-compulsive disorders, and alcohol dependence.

Overall, the authors identified several gaps in our knowledge of how GD affects veterans. These include understanding the rates of GD in veterans, how GD is affected by the availability of gambling on military bases, and how it is affected by demographic differences (e.g., age, gender, and ethnicity). There is also limited research on how to treat GD in veteran populations. Finally, the authors recommended that future studies could compare GD in US veterans to veterans from other countries. This could help inform gambling harm preventions and treatments for US veterans.

## Who is it intended for?

This review is intended for gambling researchers and policy makers. The authors point out several gaps in the research on GD in military and veterans. They also recommend that policy changes, such as routine screening for GD, could help reduce gambling harms for military personnel and veterans.

## About the researchers

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## Citation

Etuk, R., Shirk, S. D., Grubbs, J., & Kraus, S. W. (2020). Gambling problems in US military veterans. *Current Addiction Reports*, 7, 210-228. <https://doi.org/10.1007/s40429-020-00310-2>

## Study funding

This project was supported by the International Center for Responsible Gaming.

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