

**Disabled American Veterans
Stand Up For Vets Project
Position Paper on Gambling Problems Among Veterans**

Scope of the problem:

Problem gambling is a serious problem that affects veterans and active duty service members and a common complicating comorbidity for other serious conditions. It has disastrous consequences for the veteran and his or her family.

Nationally between 1.6% and 3.4% of the general population have a lifetime probability of experiencing a significant gambling problem. Rates among age matched veterans are significantly higher, and highest among minorities. Rates are even higher among veterans seeking treatment for some other condition. For example, studies have shown:

- A survey of veterans living in the community found that 9.9% of American Indian veterans and 4.3% of Hispanic veterans had a pathological gambling problem at some point in their lives.
- Up to one third of veterans in treatment for a substance abuse problem also have a significant gambling problem.
- Veterans in treatment for PTSD may be as much as 60 times more likely to have a gambling problem than age matched members of the general population
- Among veterans hospitalized on a VA inpatient psychiatric unit, 28% were classified as problem gamblers and 12% as pathological gamblers

Rates of depression among veterans with pathological gambling problems have been shown to be as high as 76%. Suicide is extremely common, with 40% of veterans seeking treatment for gambling reporting suicide attempts.

There is every reason to believe that gambling will continue to be a problem for veterans. Rates of gambling have been rising among active duty members, and of those seeking treatment for gambling, 42% have considered suicide. This parallels increasing concern with financial troubles among military members and their families.

New studies have suggested that gambling may be an increasing problem for older patients being treated for neurological conditions such a Parkinson disease. Rates of serious disorders of impulse control, mostly gambling, among patients receiving the most common pharmacological treatments (dopamine agonists) for Parkinson have been measured at 7%, well above the rate expected for age matched people in the general population.

Availability of Treatment for Veterans with Gambling Problems

Specialized treatment programs for veterans with pathological gambling rare. Even though VA was the site of the first intensive national program for pathological gamblers, established forty years ago, and responsible for much of the early research on this disorder, the number of specialized programs in VHA is meager.

Despite overwhelming evidence that pathological gambling is a common and serious complicating comorbidity, veterans seeking mental health or substance abuse care in VHA are not generally screened for gambling problems.

There is substantial evidence that pathological gambling, even in its most serious form, can be successfully treated, including among veterans with the disorder. Rates of success continue to climb as newer treatment approaches are developed and studied. Economical screening instruments for gambling are available and have been shown to be effective in veteran populations.

Recommended Action

VHA should significantly increase access for veterans to specialized treatment for pathological gambling. Initially at least one program should be established in every VHA Network.

All veterans receiving VHA treatment for substance abuse, PTSD and other mental health conditions should routinely be screened for gambling problems, using available standardized screening tools.

At least one staff member in every VHA substance abuse and PTSD specialized treatment program should be trained and competent in treating comorbid gambling problems.

VHA should establish a full-time position as national gambling coordinator within the office of the Mental Health Strategic Group. This person would be responsible for increasing access to treatment for veterans with gambling problems and assuring that veterans at risk for gambling problems are screened and referred to appropriate treatment when necessary.

Congress should earmark \$4 million for the initial expansion of gambling treatment options.

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