Issue Brief on Gambling in the Military

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Task Force on Gambling in the Military

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ISSUE BRIEF ON GAMBLING IN THE MILITARY

The past 30 years have seen phenomenal growth in the availability and accessibility of legal gambling, including lotteries and casinos but also electronic gaming machines in formerly non-gambling venues and, most recently, gambling on the Internet. Like the civilian population, military personnel and their families are finding more gambling available to them wherever they live – whether in the United States or overseas.

Published and anecdotal information regarding the potential impact of problem and pathological gambling in the military is creating concern.

This concern centers in two areas: A) lack of consistent policy and programs at DOD or the Services regarding prevention, referral, and treatment of problem and pathological gamblers. B) information on gambling and gambling problems in the military that potentially understates the extent of the prevalence and impacts of pathological gambling in the military.

It is important to note that NCPG is neutral on legalized gambling and does not take a position on the operation of gambling devices by the services at OCONUS (Outside Continental United States) bases. A portion of the gambling revenue generated should be used to support programs to mitigate the negative consequences of gambling addiction on morale and readiness.

It is our underlying belief that:

1. For a vast majority of those individuals who choose to gamble, the activity is a recreational opportunity causing no ill effects.

2. A relatively small percentage of those who gamble will exhibit severe, acute, and chronic problems associated with pathological gambling. However, research suggests that higher levels of problem and pathological gambling are associated with socio-demographic characteristics of military personnel.

3. Problem and pathological gambling are both conditions that respond well to intervention.

4. If the problem exists at levels suggested by contemporary research, and if left unaddressed, the readiness of our fighting forces may be compromised.

In the 1989 defense authorization bill the House Armed Services Committee directed the Pentagon to study the impact of gambling on the services. The committee report notes: “Compulsive gambling is a serious psychiatric disorder, as exhibited by the extraordinarily high rates of suicide and the high incidence of severe depression, alcohol abuse and crime associated with sufferers of this illness…Because compulsive gambling has an immediate association with financial matters, its effect on readiness and the overall mental health of service members has been largely overlooked and ignored.”
The 2001 defense authorization bill required a study on the effects of slot machine
gambling on service members and their dependents. We also understand there is current
discussion in Congress to allow the services to operate lotteries on bases domestically
and overseas. We understand that CONUS bases are seeing large increases in bingo
(including high-stakes) and Texas Hold ‘Em games.

The 1992, 1998 and 2002 Worldwide Surveys of Health Behaviors included questions on
gambling. Although there are concerns about the methodology, reporting and
interpretation of these surveys, it is clear that at a minimum service personnel are no less
likely than the civilian population to have gambling problems. Based on a 2006 force
strength of 1.2 million this equates to 12,000 pathological gamblers plus 24,000-36,000
problem gamblers, for a total of 36,000 to 48,000 active duty service members with
gambling problems. As the 2002 Worldwide Survey notes, military personnel are
believed to have a number of risk factors that have long been associated with higher rates
of gambling problems in the civilian population:

“Based on the socio-demographic characteristics of problem and problem
pathological gamblers that were observed in many States, the prevalence of
problem or pathological gambling in the military could potentially be higher than
the prevalence in the general population by virtue of the socio-demographic
composition of the Military, with higher proportions of males, younger persons,
and nonwhites in the Military relative to the general population.” (p. 9-15)

The 2002 study also noted a strong correlation between alcohol abuse and problem
gambling, a correlation also found in civilian research. The research literature suggests
additional risk factors that are likely more present in the military, including depression,
PTSD, higher rates of risk taking and sensation seeking, as well as downtime and
boredom, especially when deployed and/or at bases that are isolated geographically or
culturally/linguistically. Reports from the field note an increasing concern about
gambling problems among spouses, particularly in posts with close proximity to
gambling facilities.

In addition, studies from the VA system consistently show elevated rates of gambling
problems among veterans. Most recently, a 2005 study of Native American and Hispanic
veterans found that 10% of Native American, and 4.3% of Hispanic veterans met lifetime
criteria for pathological gambling.

We encourage the services to take several simple steps to help reduce risk rates for
service personnel and their dependents. Many of these steps are similar to existing
programs on substance abuse, financial management, health and wellness, and fall on a
spectrum we call PETER: Prevention, Education, Treatment, Enforcement and Research.

Prevention programs are broad and would include awareness campaigns on the Armed
Forces Network as well as print materials such as brochures, flyers, newsletters and
posters.
Education focuses on responsible gaming tips, such as distributing brochures, posters and stickers in overseas clubs where gaming machines are located, urging personnel to set limits and stick to them, gambling with one’s head not over it, providing warning signs of gambling problems and where to get help.

Treatment includes providing training on problem gambling to all healthcare and medical personnel as part of their certification or recertification. Most cases may probably be treated within the current command as other health/mental health problems are addressed. But it is vital to ensure there is a center of excellence for more severe cases and to make sure that personnel and commanders are aware that gambling is a treatable disorder. Persons entering treatment for substance abuse should be screened for gambling problems, as well as certain offenders, especially those with financial crimes. The military should consider mandated treatment as an alternative to discharge, with full prosecution for failure to complete treatment or relapse.

The services need to develop clear policy and enforcement of current rules and regulations regarding gambling. Current approaches seem focused on treating problems associated with problem and pathological gambling as punishable offenses with potentially little or no concern for the individual’s underlying treatable disorder.

Research will help evaluate and improve on the efforts above. There is a dire need for independent research by specialists into gambling and problem gambling in the military. Ongoing data collection efforts should be continued and improved, such as the gambling questions in the Worldwide Survey of Health Behaviors.

Proposed Immediate Action:

1. Request for a GAO study or independent study on gambling and problem gambling in the military with recommendations for policy and programs to better address these issues.
2. Call for Hearings by Armed Services Committee, Subcommittee on Personnel to review current efforts and concerns.
3. Call on DOD or Service(s) to develop policy and programs on prevention, education and treatment of problem gambling.
   a. Prevention programs for all service members and their families
   b. Responsible gaming education programs for service members who gamble
   c. Treatment programs for problem gamblers
      i. Training existing substance abuse/mental health counselors to provide problem gambling treatment with current programs
      ii. Center of excellence for residential treatment of most severe cases

NCPG is willing to provide technical assistance in: policy development, public awareness and counselor training. NCPG has already provided training to Marine and Army substance abuse counselors and information to various chaplains, family support and JAG staff—all in response to individual requests from service personnel.