



Veterans and problem gambling: A review of the literature

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Veterans and Problem Gambling: A Review of the Literature

The prevalence of problem gambling is increasing, and research indicates that the rate of problem gambling is higher among military personnel than that of the general population. Moreover, problem gambling tends to co-occur with other disorders such as substance abuse, intimate partner violence (IPV), post traumatic stress disorder (PTSD), depression, and suicide, the rates of which have also found to be high among those who have served in the military. While there are plentiful opportunities for veterans and enlisted personnel to gamble in the United States and overseas, many members of the military do not have access to treatment for gambling problems and may face disciplinary action after seeking help. Therefore, greater attention needs to be paid to this problem by military policy makers and counselors, and community based treatment providers. Increased efforts at problem gambling prevention as well as the expansion and improvement of existing treatment programs may help reduce the prevalence of problem gambling among service members.

To date limited research has been conducted assessing the prevalence and correlates of problem gambling among past and present service members. In an effort to best serve Georgia troops additional information is needed to determine 1) the prevalence of problem gambling within this population; 2) which, if any other health compromising behaviors are associated with problem gambling specific to this population, 3) what treatment services for problem gambling this population is aware of, and 4) whether or not gambling being an endorsed activity at military sponsored events and on military bases is associated with increased problem gambling severity.

Prevalence of Problem Gambling

Rates of gambling problems among the general U.S. population have been on the rise in recent years, possibly due to the increased availability of legalized gambling opportunities (Shaffer, Hall, & Vander Bilt, 1999), and estimates indicate that the rate of pathological gambling is higher among active-duty service members than among the general population. Specifically, the average rate of problem gambling across all armed services was estimated at 8.1%, compared with 3.9% in the U.S. adult population, while the rate of pathological gambling was 2.2%, compared with 1.6% of U.S. adults (Shaffer, et al., 1999; Bray et al., 1998).

Availability of Gambling Opportunities

Service members overseas are exposed to gambling opportunities such as machines operated by the military on base as well as in the surrounding community. Those serving in the US have access only to legalized gambling activities such as lotteries and casinos in the surrounding community. Availability of gambling opportunities such as video lottery terminals

(VLTs) and casinos has been associated with increased incidence of gambling problems among the general population (Cox, Yu, Afifi, & Ladouceur, 2005). Domestic bases removed military-operated gambling opportunities in 1951 with the passage of the Anti-Slot Machine Act. However, the Navy and Marines continue operation of some 1,500 on-base slot machines in 18 overseas locations (U.S. Department of Defense, 2001).

Problem Gambling and Co-Occurring Disorders

Problem gambling frequently co-occurs with other psychiatric disorders including depression (National Research Council, 1999), suicidal ideation (Kennedy, Cook, Poole, Brunson, & Jones., 2003), alcohol (Bray et al., 1998) and substance abuse (Petry & Armentano, 1999), PTSD (Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996), and. Individuals presenting with these conditions may be at risk for problem gambling, and problem gamblers may be experiencing one or more of these problems, as well.

Among the general population, depression frequently co-occurs with pathological gambling. As many as 76% of gamblers in treatment may be diagnosed with depressive symptoms (National Research Council, 1999). These depressive symptoms may contribute to increased suicidal ideation among problem gamblers. For instance, data from a military treatment program at Camp Pendleton found that of 80 individuals seeking gambling treatment, 35 had considered suicide in relation to their gambling (Kennedy et al., 2005).

Among those in the military, problem gambling also frequently co-occurs with heavy alcohol use. Bray et al. (1998) found that approximately 15% of heavy drinkers in the military had a gambling problem compared with 4.9% of alcohol abstainers, and 8.1% of all military personnel. Kasuch (2003) found that veterans who were pathological gamblers had a 43% rate of lifetime alcohol dependence. These findings indicate that for both veterans and active duty personnel, alcohol abuse is a risk factor for the development of gambling problems.

In the general population, as many as 50% of pathological gamblers also have a substance abuse disorder (Petry & Armentano, 1999), while a study of 93 veterans found that those with a substance abuse disorder are 6 times more likely to have a gambling addiction than the general population (Gambino, Fitzgerald, Shaffer, Renner, & Courtnage, 1993). Daghestani, Elenz, & Crayton (1996) found a 33% rate of co-occurring pathological gambling among a sample of hospitalized, substance abusing veterans.

Additionally, over 13% of treatment seeking pathological gamblers in the general population were found have co-occurring PTSD (Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996). These associations may be greater among veterans who experience trouble with the criminal justice system. In a study of incarcerated veterans, 39% screened positive for PTSD. These veterans experienced more serious drug and legal problems, more psychiatric symptoms, and poorer general health compared to those who were not assessed as suffering from PTSD (Saxon et al., 2001).

These co-occurring issues highlight sub-populations that may be at increased risk of developing gambling problems. Therefore, during the course of treatment, attention should be paid to the possible contribution of gambling to the development and severity of other disorders. For example, gambling problems may lead distressed veterans to become depressed and in turn consider suicide. An alcohol or drug problem could further exacerbate the negative

impact of gambling issues on patients, their partners, and dependents, making screening for gambling problems critical in the treatment of these disorders.

Intimate Partner Violence (IPV)

There has been little research on the link between problem gambling and IPV, however the existing research indicates that IPV may be associated with gambling problems (Korman et al., 2008), military service (Heyman & Neidig, 1999), and PTSD (Kulka et al., 1990; Jordan et al., 1992). Since gambling problems and risk factors for PTSD are prevalent among military personnel, clarifying the possible interaction effects between these problems has important implications for interventions targeting this population. In a study of anger problems and IPV among problem gamblers, Korman et al. (2008) found that over 40% of the problem gamblers studied reported physically assaulting their partner during the past year; whereas less than 2.0% (1.1% of women and 0.6% of men) in the general population reported experiencing past-year physical assault (Tjaden & Thoennes, 2000).

IPV also appears to be more common among active duty military personnel than among the general population. Compared to their civilian counterparts, wives of Army servicemen reported significantly higher rates of moderate husband-to-wife violence (13.1% vs. 10.1%) and severe husband-to-wife violence (4.4% vs. 2.0%) (Heyman & Neidig, 1999). Other researchers (Pan, Neidig, & O'Leary, 1994; Rosen, Kaminsky, Parmley, Knudson, & Fancher, 2003) have estimated IPV rates to be as high as 32% amongst Army servicemen.

IPV is approximately 2.5 times more prevalent among veterans with PTSD than among the general veteran population. Data from the National Vietnam Veterans Readjustment Study (Kulka et al., 1990) showed an estimated 13.5% prevalence rate of past year IPV among veterans without PTSD. Among veterans with PTSD, 33% of veterans were found to have perpetrated IPV during the past year (Jordan et al., 1992).

Taken together, these findings indicate that IPV is related to gambling problems, military service, and PTSD. However, the possible interaction between these problems has yet to be fully explored. Since it is unknown whether a causal link can explain these associations, further research is needed to explore how these problems are related. These findings will aid intervention efforts targeting veterans with these problems.

Gambling Treatment Programs for Military Personnel

Few treatment options exist for military personnel with gambling problems (Kennedy et al., 2005). Because of shame and secrecy, many people do not seek treatment early on in the development of their problem (Tavares & Zilberman, 2002). Among service members who do receive mental health counseling, about half believe that receiving these services will damage their career. While military treatment providers have an obligation to report illegal activity such as spousal abuse, theft, or illegal drug use to commanding officers, they are not required to report on a soldier's gambling problem per se. There are currently only three structured

gambling treatment programs operated by the military: an outpatient program in Las Vegas which treats only local service members, a program in Okinawa which also treats local service members, and one program in Camp Pendleton in California which treats service members from any location (*Military Psychology: Clinical and Operational Applications*, 2006).

The gambling treatment program provided to military personnel in Okinawa, Japan provides group and individual counseling, patient and family education, GA meetings, and access to a 24/7 crisis counselor. Other agencies are utilized to supplement the services provided such as financial counseling, mental health treatment and marital/family therapy. For this program, staff were well-versed in substance abuse but required additional training to gain proficiency treating the unique challenges of gambling problems. Staff members were provided with 30 hours of gambling education, enough to qualify for certification (Kennedy, Cook, Poole, & Brunson, 2005).

While there is a clear need for similar treatment programs at other locations, an additional option is screening for gambling problems during routine post-deployment health assessments for soldiers returning from combat, as well as any other points at which soldier's health is assessed. Additionally, the military has provided little evidence that they engage in active efforts to prevent problem gambling amongst troops. Therefore, the military may best address this issue by providing additional treatment options for troops with gambling problems, increase screening for gambling problems, and provide specifically targeted preventative information and self-help materials to troops to reduce the probability of recreational gamblers developing serious problems.

Conclusion

The ready availability of gambling opportunities for those in the military, coupled with a lack of treatment options, screening, and prevention programs, and the military's elevated rates of pathological gambling necessitate greater attention to the problem. Screening tools have been developed that can assist treatment providers in identifying probable pathological gamblers, with special attention being paid to individuals who present with disorders highly correlated with problem gambling. Providers should also be aware that veterans who screen positive for problem gambling have an increased chance of harming themselves through suicide or harming others by committing intimate partner violence. Veterans with a co-occurring alcohol or drug problem may benefit from simultaneous treatment of gambling and alcohol/drug addictions. Although we know that military service, problem gambling, and PTSD are individual risk factors for committing IPV, additional research is required to understand the magnitude of the interaction between these problems.

The increased rates of problem gambling among military personnel necessitate a greater attention to this problem on the part of military policymakers. There has been little research on the few available gambling treatment programs for military personnel. Therefore, additional treatment should be provided to military gamblers as well as additional research to assess the effectiveness of existing treatment programs. Screening instruments can be used to detect problem gambling among veterans returning from combat during post-deployment health assessments. These health assessments also provide an opportunity to disseminate prevention measures including information about identifying problematic gambling before a

severe problem emerges and self-help booklets for service members who may be resistant to seeking treatment. On-base gambling opportunities provide an excellent arena to test and disseminate different prevention messages that encourage problem gamblers to seek treatment before the problem becomes more severe.

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