November 19, 2012

Secretary Eric Shinseki
Department of Veterans Affairs
810 Vermont Avenue, NW - Washington, DC 20420

Dear Secretary Shinseki:

I would like to call your attention to the following language in the 2012 Report from the House Military Construction, Veterans Affairs and Related Agencies Appropriations Committee regarding gambling addiction among veterans:

_Gaming study._—The Committee requests that the VA conduct a study to assess the extent of problem gambling among VHA patients, and subsequently develop assessment and treatment approaches for problem gambling in VHA patients._

Existing evidence strongly suggests that veterans who utilize services within the VA healthcare system are an important group of individuals who have an elevated risk for developing gambling problems, and that a sizeable number of them might have already developed gambling problems.

Our concerns are based on information from a number of sources, including the work of our own Military/Veterans Task Force of the National Council on Problem Gambling, Congressional testimony and committee reports as well as a growing body of academic research and anecdotal reports.

Gambling addiction is a serious health problem that affects veterans and active duty service members. It is highly co-occurring with other serious conditions and complicates the treatment of those disorders. In addition, gambling addiction has disastrous consequences for the veteran and his or her family.

Nationally between 1% and 3% of the general population experience a gambling problem in a given year. Studies consistently find rates among age matched veterans are significantly higher, and highest among minorities. Rates are even higher among veterans seeking treatment for some other disorder. For example, studies have found:

- Veterans utilizing VA treatment services found that 10% were problem or pathological gamblers.
- A survey of veterans living in the community found that 9% of American Indian veterans and 4% of Hispanic veterans had a pathological gambling problem at some point in their lives.
- 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.
- VHA patients using mental health services were significantly underdiagnosed and undertreated for gambling problems.

In addition, individuals with traumatic brain injury (TBI) have demonstrated poor decision-making on gambling tasks. Although veterans with TBI may be particularly vulnerable to developing gambling problems, little is known about this potentially vulnerable population.

Gambling problems are also frequently seen in medical settings, with up to 25% of people within medical clinics reporting problems with gambling. These findings are consistent with those of community samples where gambling problems have been associated with multiple medical conditions.

There are many reasons to believe that gambling will continue to be a problem for veterans. Over the past decade legal and illegal opportunities to gamble have exploded across the US. At the same time the expansion of the Armed Forces resulted in a surge of relatively younger veterans, many with significant risk factors for gambling addiction, presenting for care. Two large recent studies found female veterans were more likely to be pathological gamblers than would be expected based on studies of the general population, perhaps reflecting some unique factors at play in today's military environment. Today's military culture, the nature of combat in recent conflicts (e.g., resulting in a greater number of traumatic brain injuries, or TBIs), and social and financial difficulties during deployment and upon returning home provide additional risk factors for the development of gambling problems. Finally, recent studies have suggested that gambling may be an increasing problem for older patients being treated for neurological conditions such as Parkinson's disease. Rates of serious disorders of impulse control, mostly gambling, among patients receiving the most common pharmacological treatments (dopamine agonists) for Parkinson's have been measured at 7%, well above the rate expected for age matched people in the general population.

According to the testimony presented in 2008 to the House Veterans Affairs Committee:

"Specialized treatment programs for veterans with pathological gambling are 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 nor has problem gambling been integrated into substance use disorder, co-occurring disorder or mental health treatment programs."
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."

The assessment and treatment of gambling problems are generally not integrated into treatment programs within the VHA. Before it is possible to construct protocols that effectively address problem gambling among veterans who use VA healthcare services, some important information must be obtained. We need to derive an accurate estimate of the extent of gambling problems that is both current and representative of the entire VHA patient population. Factors related to the development of gambling problems in veterans, including aspects of or experiences during military service and adjustment after deployment, and the impact of gambling problems on veterans receiving care in the VA healthcare system should be examined. Furthermore, levels of awareness and readiness of VHA providers and consumers to address the issue of gambling problems among veterans must be established, and sites within the VA healthcare system that currently provide assessment and treatment of problem gambling must be identified.

Therefore, we recommend conducting a two-part study consisting of 1) a survey of VHA patients that includes an assessment of gambling problems, factors related to the development of those problems (including aspects of or experiences during military service and adjustment after deployment), and the social, health and financial impacts of gambling, and 2) a survey of VHA providers and consumers to assess current levels of awareness and readiness to address gambling problems among veterans, and identify sites within the VHA healthcare system that are providing problem gambling assessment and treatment at this time. The study should be designed and administered by staff with experience in research methodology and problem gambling, in concordance with standard survey and clinical research practices. Consequently, we strongly recommend that the VHA consult with expert clinicians and researchers who have studied various aspects of gambling by military personnel and/or VHA patients (e.g., the Military/Veterans Task Force of the National Council on Problem Gambling, clinicians/researchers at VAMCs that already address gambling problems). The study’s design should provide a sample that is representative of the VHA healthcare system and sufficient statistical power to enable the study of differences involving gender, race/ethnicity, urban/rural location, military branch, deployment/combat status, and co-occurring mental health and substance abuse disorders. Data collection should result in a computerized database that is formatted to facilitate data sharing and merging with other existing databases.

Although it is not likely feasible to survey the entire VA healthcare system, a multi-site approach, including but not limited to existing gambling programs/researchers at the Bedford, Cleveland, Las Vegas, Minneapolis, Portland and West Haven VAMCs is recommended. This will provide geographical diversity while building on existing knowledge and infrastructure. All staff and veterans in substance abuse, mental health, neurological, PTSD and TBI programs/clinics, plus a random sample of staff and veterans in primary care and other health clinics at sites selected for inclusion in the study should be surveyed. Interviewers and/or any clinical staff obtaining information used to assess gambling attitudes and/or behaviors must be trained specifically in appropriate ways to deliver the questions and/or probe for information.
The study’s design should include quality control measures for issues such as faulty data values and inter-rater reliability.

Based on the findings of the aforementioned study, further recommendations for the development of an integrated, system-wide, evidence-based plan for addressing gambling problems within existing VHA treatment programs will be provided. Furthermore, it is imperative that provisions for a process evaluation of the implementation of the staff training, assessment, and treatment protocols, as well as an outcomes evaluation of the impact of this plan on the physical, mental and social health of VHA patients are included.

Problem gambling programs may provide cost savings for VHA through improved recovery rates, decreased demand on current substance abuse and mental health systems, and a reduction in the social costs generated by untreated problem and pathological gamblers. Most importantly it will ensure veterans and their families receive the best possible services and enjoy the highest quality of life possible. The National Council on Problem Gambling and our Military/Veterans Task Force stand ready to assist with this important effort and we look forward to hearing from you.

Sincerely,

[Signature]

Keith S. Whyte, Executive Director

Cc: Joan Mooney, Assistant Secretary for Congressional & Legislative Affairs