

9.3 Gambling in the Military

In recent years, there has been increasing interest and concern about pathological gambling in the Military. Problems related to excessive gambling can affect the financial and psychological well-being of military personnel and, thus, in turn, can have a negative effect on military readiness. Estimates of problem and probable pathological gambling obtained from civilian surveys are not strictly comparable to estimates from the 2002 DoD survey because of methodological differences between studies, ranging from sampling procedures to design of the survey instruments. Nevertheless, it may be suggested that based on the sociodemographic characteristics of problem and probable pathological gamblers that were observed in other studies, 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 sociodemographic composition of the Military, with higher proportions of males, younger persons, and nonwhites.

Respondents in the 2002 DoD survey were asked a series of 10 questions on problems related to gambling in order to assess the lifetime prevalence of gambling problems and the lifetime prevalence of pathological gambling in the Military. Items on gambling-related problems correspond to the *DSM-IV* (APA, 1994) symptoms of pathological gambling. An affirmative answer to at least one of these items was considered to be indicative of problem gambling at some point in a person's life, but not necessarily pathological gambling. Answering affirmatively to 5 or more items was considered to indicate probable pathological gambling in the lifetime. As noted in [Chapter 2](#), the definition of pathological gambling has changed over the years. Earlier definitions considered 3 or more items to be indicative of pathological gambling, whereas the most current *DSM-IV* criteria define a threshold of 5 or more problems. We adopted the latter definition for this report but also report on 3 or more problems for comparison with findings from earlier DoD surveys:

- For the total DoD, 6.3% of personnel had experienced at least 1 of the 10 gambling-related problems in their lifetime, 2.3% experienced at least 3 of these gambling-related problems, and 1.2% experienced 5 or more problems—the level constituting probable pathological gambling. The Marine Corps (7.9%) showed the highest rate of at least 1 gambling problem ([Table 59](#)).
- The prevalence of individual gambling problems for the total DoD has not changed greatly since 1992. Increased preoccupation with gambling and going back to win money lost were behaviors most frequently reported in the 1992, 1998, and 2002 surveys (data not shown).
- Gambling problems appeared to be related to alcohol use. An estimated 11% of heavy drinkers had at least one problem associated with gambling in their lifetime, compared with 6.3% of military personnel overall, regardless of drinking level. Some 5.1% of heavy drinkers had five or more gambling problems ([Table 60](#)).
- Probable pathological gambling (five or more gambling problems in the lifetime) was also associated with negative effects of alcohol use. Of those who experienced serious consequences of alcohol use, 8.5% had five or more gambling problems; of those who

experienced alcohol dependence symptoms, 7.4% had five or more gambling problems; and of those who experienced productivity loss due to alcohol use, 5.8% had five or more gambling problems.

Table 59. Lifetime Prevalence of Gambling Problems

Problem	Service				Total DoD
	Army	Navy	Marine Corps	Air Force	
Increased preoccupation with gambling	3.4 (0.6)	4.1 (0.4)	4.7 (0.5)	3.0 (0.5)	3.7 (0.3)
Needed to gamble with increased amounts of money to achieve desired level of excitement	2.2 (0.3)	2.3 (0.5)	2.8 (0.7)	1.9 (0.3)	2.2 (0.2)
Tried to control, cut back, or stop gambling, but unable	1.4 (0.2)	1.8 (0.4)	1.3 (0.6)	0.7 (0.3)	1.3 (0.2)
Restless or irritable when unable to gamble	1.1 (0.3)	1.4 (0.5)	1.7 (0.5)	0.6 (0.2)	1.1 (0.2)
Gambled to escape from problems	1.0 (0.3)	1.7 (0.8)	1.2 (0.3)	0.5 (0.1)	1.1 (0.2)
Went back to try to win back money lost	3.8 (0.4)	4.9 (0.5)	5.3 (0.8)	4.1 (0.3)	4.3 (0.2)
Lied to others about extent of gambling	1.5 (0.4)	1.9 (0.5)	2.0 (0.4)	1.0 (0.3)	1.5 (0.2)
Broke the law to pay for gambling	0.7 (0.2)	1.0 (0.5)	0.8 (0.3)	0.1 (0.1)	0.6 (0.1)
Jeopardized or lost important relationships, job, or career opportunities because of gambling	1.1 (0.3)	1.1 (0.5)	1.1 (0.3)	0.3 (0.2)	0.9 (0.2)
Someone provided money to relieve financial problems caused by gambling	1.3 (0.4)	1.3 (0.4)	1.0 (0.3)	0.5 (0.2)	1.1 (0.2)
1 or more problems	5.6 (0.5)	6.6 (0.4)	7.9 (0.9)	6.0 (0.6)	6.3 (0.3)
3 or more problems^a	2.2 (0.5)	2.8 (0.8)	2.9 (0.7)	1.7 (0.3)	2.3 (0.3)
5 or more problems^b	1.4 (0.4)	1.5 (0.5)	1.4 (0.5)	0.7 (0.3)	1.2 (0.2)

Note: Table entries are percentages (with standard errors in parentheses). Estimates have not been adjusted for sociodemographic differences among Services.

^aIndication of three or more problems was interpreted to suggest probable pathological gambling per Lesieur and Blume (1987).

^bIndication of five or more problems was interpreted to suggest probable pathological gambling per *DSM-IV* (APA, 1994).

Source: DoD Survey of Health Related Behaviors Among Military Personnel, 2002 (Gambling Problems, Q123).

Table 60. Alcohol Use and Gambling Problems, Total DoD

Alcohol Measure	Number of Gambling Problems		
	0	1–4	5 or More ^a
Drinking Level			
Abstainer	96.8 (0.3)	1.9 (0.3)	1.2 (0.2)
Infrequent/light or moderate	94.8 (0.3)	3.1 (0.3)	2.1 (0.3)
Moderate/heavy	92.5 (0.7)	5.9 (0.6)	1.7 (0.4)
Heavy	89.2 (0.7)	5.7 (0.6)	5.1 (0.8)
Negative Effects			
Serious consequences	84.5 (1.4)	7.0 (0.8)	8.5 (1.6)
Productivity loss	86.9 (0.8)	7.3 (0.6)	5.8 (0.7)
Dependence symptoms	86.2 (1.1)	6.4 (0.5)	7.4 (1.1)
Alcohol Treatment Since Entering Service			
Yes	96.3 (0.5)	1.9 (0.3)	1.8 (0.4)
No	93.2 (0.4)	4.4 (0.3)	2.4 (0.3)

Note: Table entries are row percentages (with standard errors in parentheses). Estimates may not sum to 100 due to rounding.

^aIndication of five or more problems was interpreted to suggest probable pathological gambling per *DSM-IV* (APA, 1994).

Source: DoD Survey of Health Related Behaviors Among Military Personnel, 2002 (Gambling Problems, Q123; Drinking Level, Q15–Q18 and Q20–Q23; Negative Effects: Serious Consequences, Q36 and Q38, Productivity Loss, Q34, Dependence Symptoms, Q35; Alcohol Treatment, Q42).

These findings represent an initial exploration of the issue of pathological gambling in the Military. Data show that the lifetime prevalence of probable pathological gambling in the Military was relatively low and similar to rates that researchers observed among civilian populations. Rates among the Military also were similar to those observed in Missouri (Kroutil et al., 1998), Vermont (Bray et al., 1997), and Louisiana (Kroutil et al., 1997)—states where the same instrument was used and the data therefore were more comparable. These data also support the relationship found in existing studies between alcohol use and abuse and gambling-related problems. Overall, given that veterans have been found to have problems with pathological gambling and alcohol use (Daghestani et al., 1996), it is not surprising to find a similar situation among active-duty personnel.