



# Problem Gambling and the Military

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# **From adultery to illegal gambling — U.S. military generals face tougher scrutiny for personal conduct**

By Agence France-Presse

Saturday, October 19, 2013 7:18 EST

- Last week, the number-two ranking officer overseeing the country's nuclear forces, Vice Admiral Tim Giardina, was fired over allegations he used counterfeit chips at a casino in Iowa.

US - Army worried about rise in gambling  
By Seth Robson, Stars and Stripes  
Mideast edition, Wednesday, March 11, 2009

*The U.S. Army Garrison Grafenwöhr commander says that use in slot machines has increased at his bases since 172nd Infantry Brigade soldiers returned from Iraq late last year.*

- <http://maketheconnection.net/symptoms/gambling>



# Reasons to be Concerned

- Suicide risk, particularly since legal approach
  - 2.8% (CG) – 5.5% (MC) seriously considered suicide past yr (2008)
  - 1.6% (AF) – 2.8% (N) attempted suicide past yr (2008)
  - 64% of those who attempted suicide said most recent due to gambling (Kausch, 2003)
- Effect on family relationships, spouse & kids
  - 0.9% endorsed jeopardized relationships criterion
- More difficult to treat other mh & addictions

## ■ Military suicide

# Reasons to be Concerned (cont.)

- Hidden nature of disorder plus stigma and toughness issues in military may decrease likelihood of reporting prblm or seeking tx when out of the military (mindset carries over)

# Who is at Risk

1. 23 year old male African American in Air Force Office Candidate Program
2. 78 year old divorced white male Korean War era veteran
3. Female spouse of active duty, captain in Army living with husband stationed Okinawa
4. 28 year old Caucasian female, active duty, raped and severely beaten
5. 65 year old, Vietnam veteran, history of PTSD and substance use disorder
6. 72 year old, retired marine colonel
7. 32 year old Iraq war veteran with history of traumatic brain injury
8. 22 year old, Hispanic male, active duty, marine. 2 tours in Afghanistan.
9. 60 year old female, navy veteran, recently widowed.
10. 54 year old male air force captain stationed in England.

# History

- Slot machines on military installations since the 1930s
- Removed from installations in 1951
- Renewed interest as revenue generators for Welfare Recreational Funds/Activities in the 1960s
- Removed from Army and Air Force bases in 1972 after illegal activities, brought back in 1980
- Approximately 4,150 video slots on installations in nine countries
- Some estimates put revenue from slots at approximately \$120 million and others put the handle at nearly \$2 Billion
- In 2004 there was discussion about creating a lottery and making that available on all installations worldwide.

# Gambling Environment

- No centralized policies or responsible gaming
- Military regulates gambling on bases
- No fraternization
- Located in officer and enlisted clubs
- Easy availability of alcohol
- Supervised by untrained civilian bartenders
- Close proximity to civilian casinos



# Gambling Environment (cont.)

- Viewed as “harmless” recreation
- Look other way re: rules (e.g., no locals)
- Gamble for entertainment (few other options abroad)
- Gamble to relieve
  - Boredom
  - Constant stress, life-threatening, unexpected
  - Loneliness and social isolation
- Gamble to cope with
  - Grief and loss

# Gambling Environment (cont.)

- Viewed as moral, legal, criminal issue
  - Religious and conservative flavor
  - Stigma (e.g. weakness, social deviant)
  - Affecting the mission
  - Fitness for duty evaluations
  - Security clearance
  - Dishonorable discharges



# Department of Defense Research

## (2002 study)

- A paper entitled “Review of the First Year of an Overseas Military Gambling Treatment Program” was published in the August 2005 edition of the Journal of Military Medicine. The paper was prepared by a team of Navy and Marine Corps medical personnel in 2003 and found that:
  - Military personnel and their families are susceptible to gambling addiction.
  - A Gambling program was easily implemented within existing substance abuse program and effective in preventing suicides in both military members and those eligible for benefits.

# DSM-IV Gambling, 2002

Active Duty	Army	Navy	Marine Corps	Air Force	Total
1+ sxS	5.6	6.6	7.9	6.0	6.3
3+ sxS	2.2	2.8	2.9	1.7	2.3
5+ sxS	1.4	1.5	1.4	0.7	1.2

# Navy Study

(Weis et al., 2007)

- 584 surveys at initial visit to psychiatry clinic at Portsmouth Naval Medical Center
- 53% Male; 47% Female
- Majority (51.8%) under 30
- 72.7% Caucasian
- 74.4% Active Duty
- Record Review of all admissions (n=5,661) 2 Dx. Pathological gambling (.04%)
- Among study participants 1.4% (8) positive for probable pathological gambling and 2.7% (16) for problem gambling
- During course of study only one patient (n=2411) dx'd as pathological gambling

# Navy Study

(Weis et al., 2007)

## ■ Risk Factors

- Male
- Cigarette smoker
- Alcohol Problem
- Member of Military vs. Dependent

## ■ Forms of Gambling

- Lottery
- Playing cards for money

# Air Force Study

Steenbergh et al, 2008

- 31,108 Air Force recruits completing basic training
- Mean age 19
- Questions on gambling in year prior to enlistment
- 6.2% problem gambling (Level 2); 1.9% disordered gambling (level 3)
- Risk Factors
  - Males
  - Ethnic Minority
  - Low Household income predicted frequent gambling
  - Frequent Binge Drinking
  - Physical fighting
  - Cigarette Smoking
  - Tobacco Chewing
- Implications for Prevention

# Active Duty, Veteran, Domestic Partner Study

(Zorland et al., 2010)

- N=328
- 60% Male
- 55% Caucasian; 31% Afr. Amer; 7% Latino; 4% Nat. Amer; 2% Pacific Is; 1% As. Amer
- 56% Unemployed in past year
- 50% Income under 30,000
- 59% Veteran; 23% Active Duty
- 36% In Domestic Partnership with Vet or Active Duty



# Active Duty, Veteran, Domestic Partner Study

(Zorland et al., 2010)

- 26.8% Probable Pathological Gambling (Lifetime)
- 12.2% Problem Gambling
- 21.3% At Risk Gambling
- Over half also reported at least some gambling problem in the past 6 months with over 25% probable problem or pathological gambling during that period.
- 50% reported knowing a member of the military with a gambling problem
- Over half the sample reported they would not be comfortable discussing their or someone else's gambling problem with anyone in the military

# Active Duty, Veteran, Domestic Partner Study

(Zorland et al., 2010)

- 20% filed bankruptcy – Of those 40% attributed bankruptcy to gambling
- Over 30% of Path. and Problem Gamblers (P/PG) reported hurting or threatening another person due to gambling or gambling debts compared to 3.5% for non-problem or at-risk gamblers NP/ARG)
- Over 27% of P/PG reported hurting or threatening someone with a weapon due to gambling or gambling debts (2% NP/ARG)
- Nearly 25% P/PG threatened a partner or family member (1.5% NP/ARG)
- Over 31% P/PG reported being hurt or threatened by a partner/family member (4% NP/ARG)
- 35% reported gambling related criminal activity (64% path. Gamb.; 8% problem gamb.; 8% at-risk gamb.)



# Westermeyer, 2011

- Gambling among 2,185 veterans using the VAMC
  - Oversampled females and vets in their 20s
  - SOGS
  - Higher rates of criterion endorsement than DoD study
  - 7.9% problem and 1.8% pathological (crude)

# Westermeyer, 2011 (cont.)

- Rate in 20s exceeds rate in older veterans
- Rate in female veterans EQUALS rate in male veterans
- Probable prevalence now 2X gen pop, in future 2.7X gen pop (older & male vs younger & female)
- Ratio of problem to pathological gamblers in VA is high ( 2-3X gen pop) indicating potential large increase in PG among veterans in future years

# Minnesota & N. Mexico Veteran Study

(Westermeyer et al., 2013)

- N=1999
- 92.5% Male
- Mean Age: 62.1 (20-91)
- 78.9% Caucasian; 11.3% Latino; 3.3% Black; 1.5% Nat. Amer; .4% As. Amer
- 2.0% Lifetime pathological gambling
- .9% Current PG Recovered; .2% Current PG continued
- 8.8% Lifetime Problem Gambling
- Pathological/Problem Gambling (P/PG) rates 2-4X general population

# Minnesota & N. Mexico Veteran Study

(Westermeyer et al., 2013)

- Women had higher rates of pathological gambling and equal rates of problem gambling
- Younger veterans (20-29) had higher rates of pathological gambling compared to those 30-39.
- Substance Use and Mood Disorders strongest association with P/PG

# Further Research

Post-deployed National Guard and Reserve soldiers are also more likely to develop alcohol abuse compared to their non-deployed peers, and the risk of problem gambling is nearly twice as high among military personnel as the civilian population (6.3 percent as opposed to 3.3 percent) (Feeder, 2010). (Yellow Ribbon Paper).

# Personnel Risk Factors (PRF), 2009

- Young males
  - 14%  $\leq$  25 yrs of age
  - 24%  $\geq$  41 yrs of age
- Lower education (enlisted)
  - 93% enlisted vs 9% officers < bachelors
- Minorities
  - 30% self identify as a minority



# PRF Women

- Women (14.3%, most in AF, least MC, 2009)
  - High stress (2008)
    - Stress from being female in the military, 26% Air Force to 48% (Navy & Marine Corps)
    - 1/3 exp stressors due to being a female in the military in past 12 months
- Trying to 'be one of the boys'

# PRF Women (cont.)

- Lifetime sexual harassment/assault (more likely to report unwanted sexual contact) (2008)
- 1 in 10 women experience sexual assault in their lifetime (Resnick et al, 1993)
- 1 in 4 women who use the Veterans Affairs Medical Centers experienced sexual trauma while on active duty (Skinner et al, 2000)



# PRF Women (cont.)

- Gamble to cope or escape
  - 1.1% (0.5% AF – 1.7% Navy) endorsed gambling to escape criterion (2002)
- More likely to have gambling affected by mood
- Women prefer, non-skilled games (e.g. EGMs, bingo)

“You know one if you see  
one” ---

Director of Substance Abuse Treatment  
Program, Detroit VA

# VA Study

Edens & Rosenheck, 2011

- Data on over 1 million VA mental health clinic users
- The past-year rate of PG diagnosis among veterans treated in specialty MH program was 0.2%
- Significantly lower than prevalence rates in other treatment samples and the general U.S population, suggesting under-diagnosis and/or a low-income sample.

# Gambling Environment (cont.)

- Huge treatment barriers
  - Sign of weakness
  - Rank & uniform (especially for women)
  - Lack of knowledge by clinical personnel (not avail)
  - Negative effect on career
  - 20% in 2008 sought mh counseling (highest in Army, 20%)
  - 13%, 2008, believed that seeking mh tx definitely would affect career

# Barriers to Treatment (cont.)

- Lack of confidentiality – who needs to know in chain of command?
- Conflicting legal/military and medical roles of physicians

# ??Military Gambling Tx Options??

- Inpt: Brecksville, OH
- Outpt, LV
  - 6wk intensive outpt (eval 1,478; enrolled 111)
  - Agreement with Nellis AFB
- Outpt US Naval Hosp, Okinawa
- No (sporadic?) screening at VA so unlikely referrals to other sectors
- Dependent on individuals, not systems

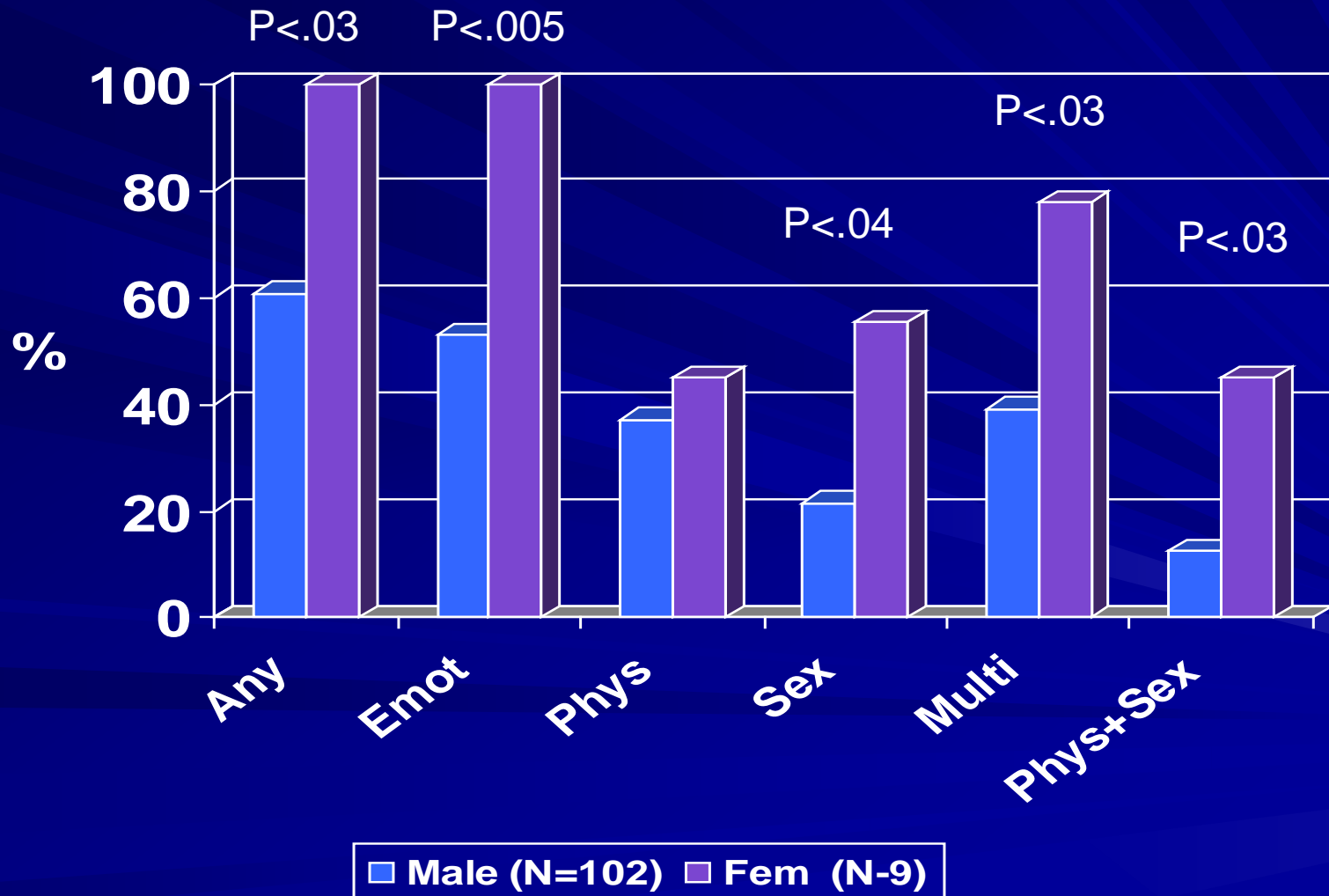


# Hallmark Injuries

- Nature of conflict
- Posttraumatic stress disorder (PTSD)
  - 17% of veterans entering tx for PTSD also met criteria for problem gambling (Biddle, 2005)
  - PTSD drives the lower psych and health fxing (Najavits, 2011)
- Traumatic brain injury (TBI)
  - Identification difficult given circumstances of injury, time for development of symptoms, different assessment methods

# Gender and Trauma History

(Kausch & Rugle, 2004)





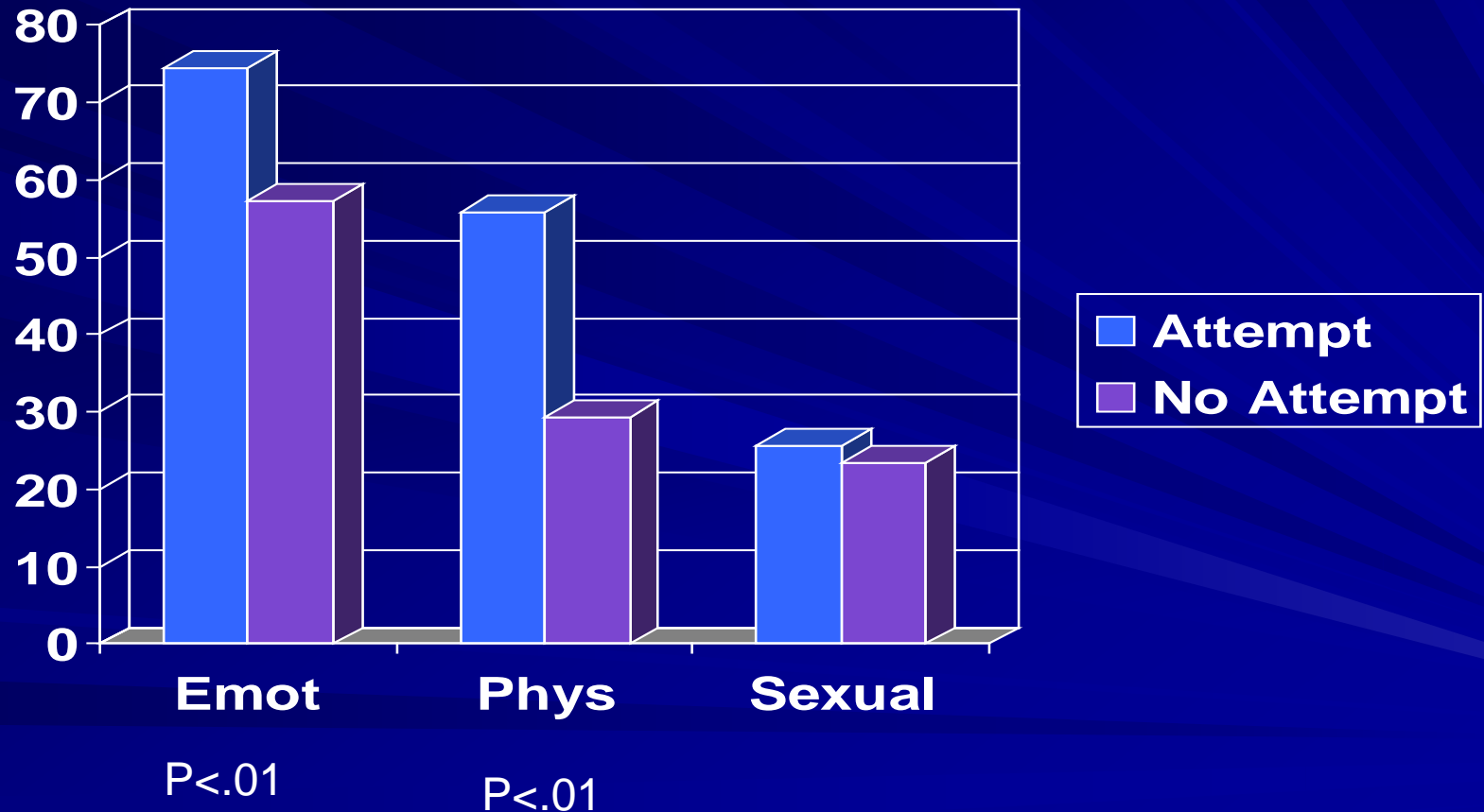
# Trauma Histories

(Kausch & Rugle, 2004)

- Many of the patients came from disruptive homes with much domestic violence
- Emotional abuse: 38.5% father; 33.3% mother
- Physical abuse: 43.2% father; 27.0% mother
- Sexual abuse: 22.6% neighbor; 12.9% father – also uncles, cousins, grandfathers, sisters, foster father, boys in an orphanage, family friend, teachers, babysitter, and others

# History of Trauma and Suicide Attempts

(Kausch & Rugle, 2004)



# Summary

(Kausch & Rugle, 2004)

- Higher levels of psychiatric distress (ASI) among gamblers with trauma histories
- High rates of lifetime trauma among treatment-seeking pathological gamblers
- Very high rates of trauma among small sample of female gamblers
- Trauma may actually be under-reported
- Higher rates of substance dependence among gamblers with physical trauma histories
- Higher rates of attempted suicide among gamblers with emotional and physical trauma histories

# Problem Gambling and Trauma Symptoms

- Gambling losses as traumatic events
  - Reexperiencing
  - Increased arousal (sleep disturbance, irritability, poor concentration, restlessness)
  - Numbing, absence of emotional responsiveness
  - In a daze, on auto-pilot
  - Derealization/Depersonalization – Nothing real, money, people, self, family
  - “Brown” outs and dissociation



# Problem Gambling as Solution

- Gambling as “undoing”
- Cure for Guilt and Shame
- Money = Invulnerability
- Re-enactment
- Dissociation and sense of safety
- Intensity and “Aliveness”





## DoD Numbers for Traumatic Brain Injury

### Incidence by Severity



No. of cases

30,000

25,000

20,000

15,000

10,000

5,000

0

'00

'01

'02

'03

'04

'05

'06

'07

'08

'09

'10

Calendar year

—○— Mild

—▲— Moderate

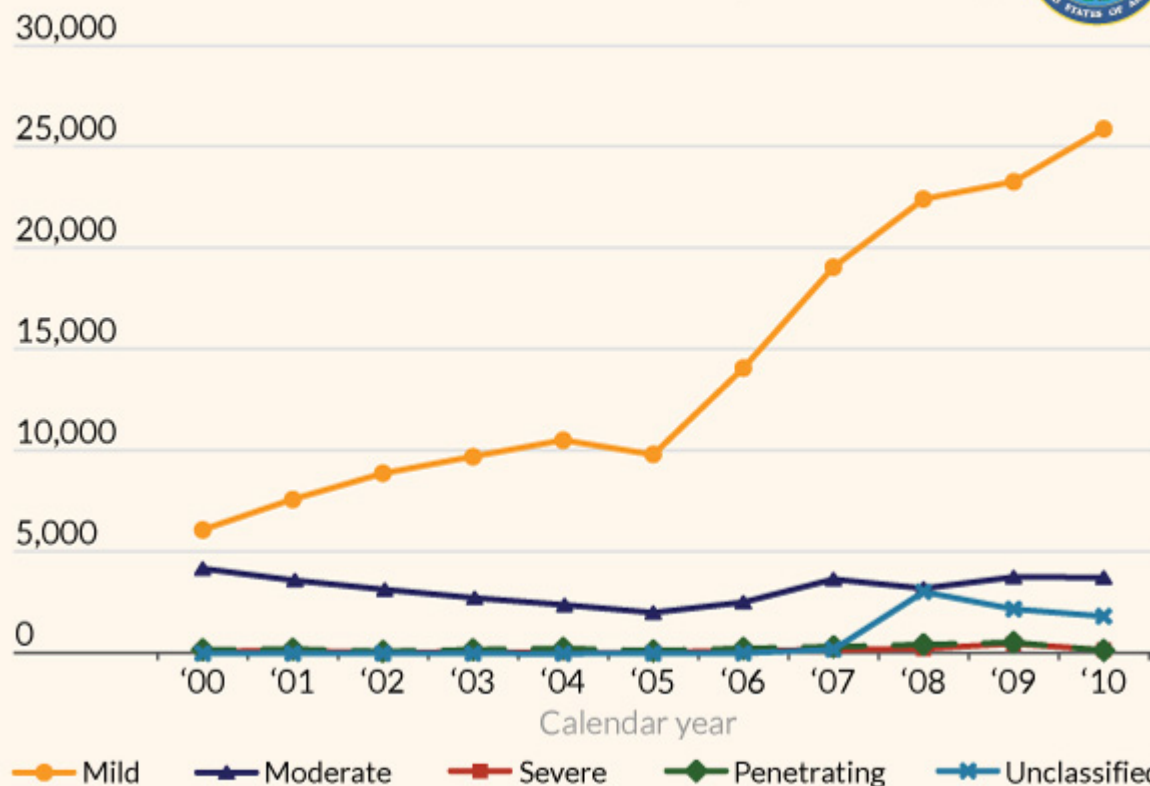
—■— Severe

—◆— Penetrating

—×— Unclassified

Source: Armed Forces Health Surveillance Center

Updated 16 May 2011



## DoD Numbers for Traumatic Brain Injury

### Total TBI Diagnoses



No. of cases

35,000

30,000

25,000

20,000

15,000

10,000

5,000

'00

'01

'02

'03

'04

'05

'06

'07

'08

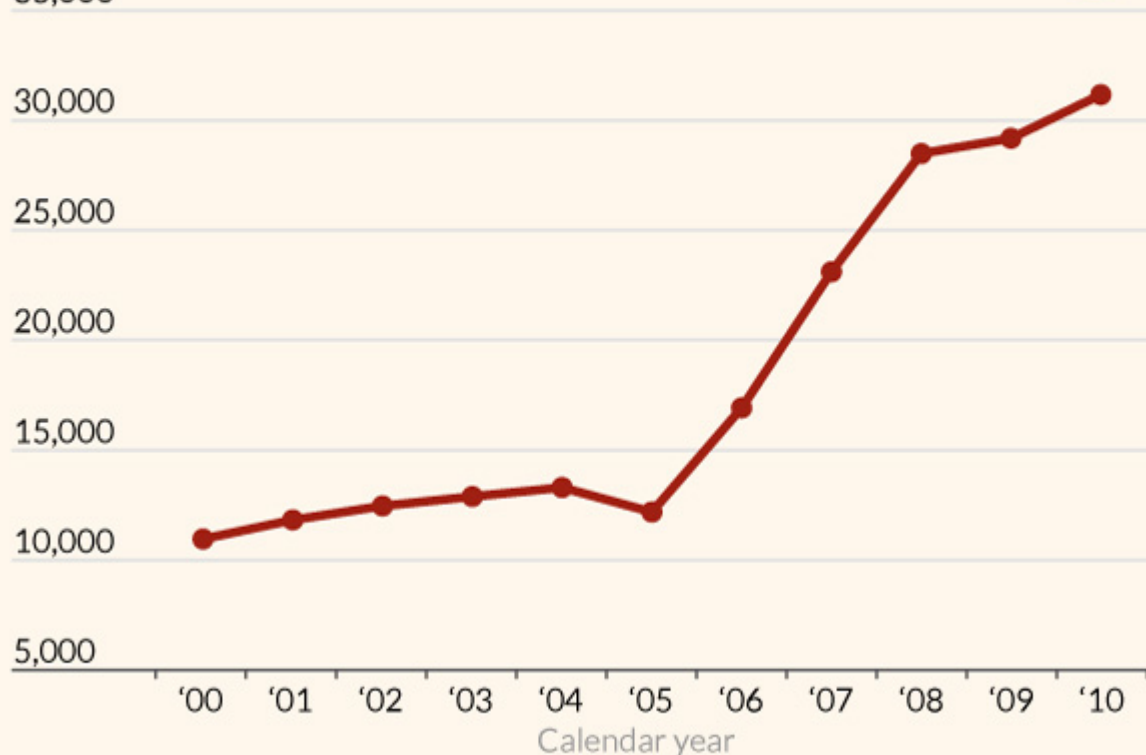
'09

'10

Calendar year

Source: Armed Forces Health Surveillance Center

Updated 16 May 2011





# TBI (cont.)

- Frontal lobes, especially the frontal & prefrontal cortex
  - Executive functions
    - Command action and reaction and integrates our attention with short- and long-term goals
    - Sustain attention by blocking out irrelevant stimuli, thoughts and actions
    - Awareness of your effect on environment
    - Planning and organizing actions

# TBI & Executive Function (cont.)

- Anticipate the future & consequences of actions (e.g. delayed rewards)
- Problem solving/decision making, alternate strategies
- Goal achievement
- Interconnectivity with other parts of brain permits 'computation' of tremendous amount of info

# A Note about Older Veterans

- Gamble for leisure, socializing, sign of independence – VFW, KC halls, etc.
- Fixed income
- Limited time to regenerate savings/recover losses
- Show signs similar to sleep deprivation and TBI that could adversely affect gambling

# The Tale of 2 Gamblers: Bill

# The Tale of 2 Gamblers: Tony



# What Can be Done?

- Legislation to motivate (and fund) change
- Military acknowledging/addressing issues of suicide, TBI, PTSD, sexual abuse, effect of deployment and reintegration on families
- Provider education
- Utilize MD extenders



# What Can be Done (cont.)?

- Better/timely identification methods in field and health care settings
- Collaborative care/referrals to other settings that isn't dependent on one person
- GA meetings on site at VAMCs?
- Emphasize change in DSM categorization



# What Can be Done (cont.)

- Identify champions for cause who will include gambling in research & treatment
  - Movement vs manuals?
  - Start small and build up to organizational change
  - Document results!
- Take advantage of sources of research funds
  - Non-profit seed money
  - VA-NIH collaboration on related topics

# Utilize Information & Technology

- Work with local veterans/military groups to distribute data (CT returning vets get gambling information)
- Sources of available data that could be analyzed (Brecksville, Helplines, Westermeyer)
- Utilize computerized patient records (medical, admin, etc.) available at the VA (VISTA, CPRS)
- Electronic medical record linking VA, DoD

# Why address gambling problems among the military and in SUD and MH programs: Summary

- Active Duty Military and Veterans are at higher risk for having gambling problems
- Gambling may contribute to active duty and veteran suicide risk
- Individuals with substance use and mental health disorders are at higher risk for having a gambling problem
- Gambling (even at moderate levels) may have an adverse impact on treatment outcome
- Unaddressed gambling and gambling problems are likely to add to treatment costs and service utilization

# Why address gambling problems in SUD and MH programs: Summary

- Gambling may become a sequential addiction for individuals recovering from a substance use disorder
- Gambling can be a relapse risk factor
- Gambling and problem gambling may exacerbate PTSD and other psychiatric symptoms
- Relationship violence and child abuse are related to problem gambling and severely aggravated if substance use is involved.

# Thank You



Anyone can slay a dragon, he told me, but  
try waking up every morning and  
loving the world all over again.  
That's what takes a real hero.

