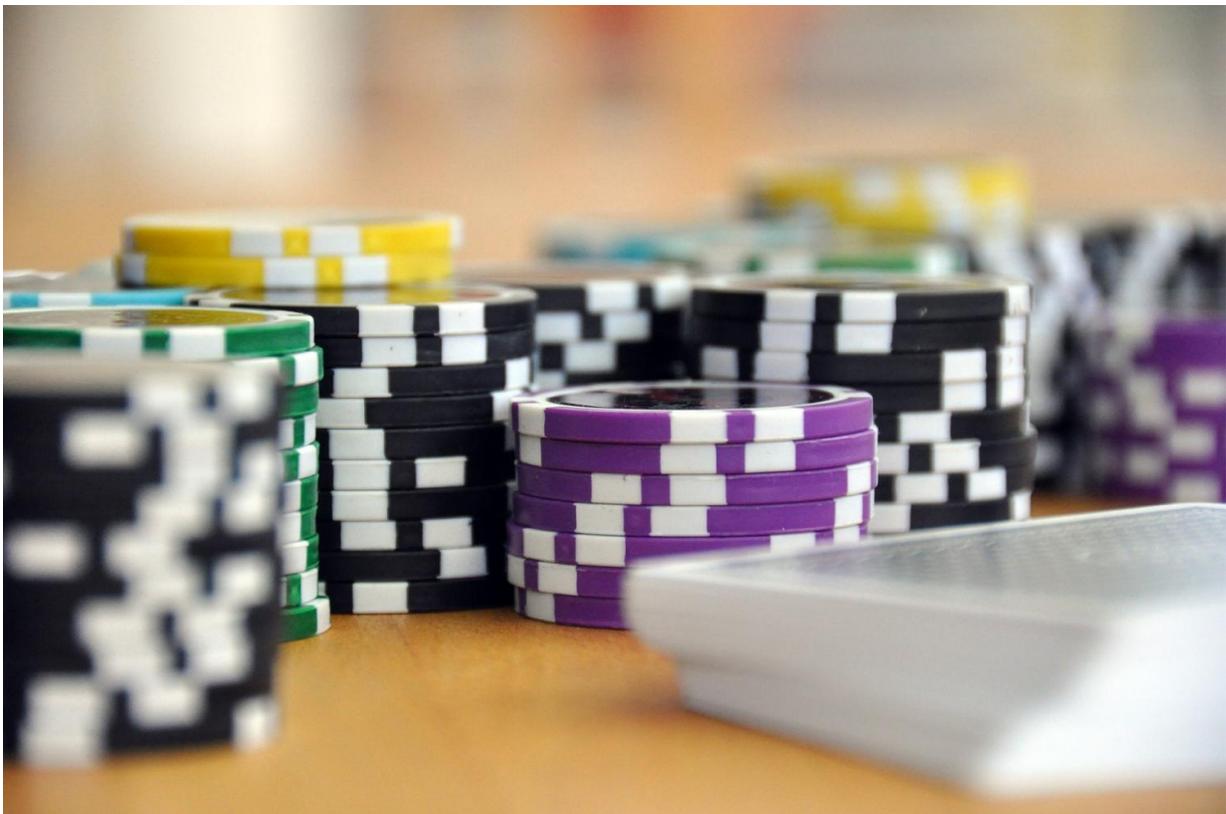


Survey finds junior rank, male sex, younger age strongly linked to 'harmful gambling' among UK military

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Several indicative factors, including junior rank, male sex, and younger age, are strongly linked to 'harmful gambling' among serving UK

military personnel, finds an analysis of survey responses, published online in the journal *BMJ Military Health*.

Harmful gambling refers to the toll taken on finances, health, [personal relationships](#), and work: nearly one in four respondents reported one or other of these effects over the past year.

The findings prompt the researchers to call for the prioritization of better, earlier, and targeted support to stave off the harmful consequences of gambling among the military.

A growing body of international evidence indicates that Armed Forces personnel may be at greater risk of experiencing harm from gambling than the general population, point out the researchers.

Gambling is usually classified as either strategic, which involves prior knowledge or skill to influence or predict outcomes—sports betting and card games, such as poker—for example, or non-strategic, which relies on luck—fruit/slot machines and casino games like roulette.

Strategic gamblers may be more at risk of gambling harms than their non-strategic peers, explain the researchers.

To find out if there are certain characteristic factors that might help to identify a soldier at risk of gambling harms, the researchers surveyed active Armed Forces personnel from all branches and services, excluding the Royal Fleet Auxiliary (a uniformed civilian branch of the Royal Navy) in the Spring of 2023.

After excluding those who didn't complete the survey, the final analysis is based on the responses of 608 active service [military personnel](#).

The information sought included branch of service; [full-time](#) regular or a

part-time reservist status; year of enlistment; current rank; and deployment in the past three years, including where, and for how long.

Validated measures were used to assess depression, anxiety, PTSD, alcohol consumption, and [suicidal thoughts](#) over the past year. Respondents were then asked to describe their gambling activities, if any, and the consequences.

Harmful gambling risk (low to problem) was measured using a validated scale widely used around the globe for military personnel (PGSI), while the Combined Gambling Harms (CGH) measure was used to evaluate the type and number of harms.

The average age of the respondents was 39, and most were male (85.5%), and of White British (87%) ethnicity. Most had been educated to A-level or above (80%); 30% had a postgraduate qualification. Most were in a relationship (84%) and slightly over half lived with dependent children (54%).

Current mental health issues weren't common: depression (54; 9%), anxiety (61;10%), or PTSD (28; 4.5%). Suicidal thoughts or attempts in the past year were reported by 105 (just over 17%).

Nearly half the respondents were classed as heavy drinkers who exceeded recommended units at any one time daily, weekly, or monthly (279; 46%).

In all, nearly three out of four (72%; 438) said they had gambled over the past year, and 272 (45%) reported doing so within the past week. Some 74 (12%) said they had never gambled.

The most popular activities were the National Lottery (349; 57.5%), service-related lotteries (314; 52%), and online sports betting (218;

36%). Most gamblers preferred non-strategic (302; 69%) over strategic gambling (55;13%). The rest (81;18.5%) expressed no preference.

The PGSI score indicated that 64 (12%) were at low risk of harmful gambling, 22 (just over 3.5%) were at moderate risk, and 37 (6%) were at risk of problem gambling.

In all, nearly one in four (23%; 123) respondents who had gambled over the past year had experienced a gambling harm, with the average number of harms totalling 2.

Over a third 36% (44) of them had experienced at least one financial harm; over a quarter said that the quality of their relationships had been affected (32; 26%), and one in five (25) said that gambling had had a detrimental impact on their ability to work.

Certain demographic factors were predictive of harmful gambling. These included male sex (tripling in risk), age 20–29 (more than double the risk), and living alone in service accommodation (69% heightened risk).

Significant military risk factors included junior non-commissioned officer/other rank (more than four times the risk), military service lasting fewer than 10 years (more than twice the risk), and deployment twice or more in the past three years (86% heightened risk).

Mental health issues predictive of harmful gambling included likely depression and/or anxiety (more than three times the risk), risky drinking (69% heightened risk), loneliness and suicidal thoughts/attempts over the past year (twice the risk).

Strategic gamblers were five times as likely to be at risk of gambling harm as non-strategic gamblers.

This is an observational study, and as such, no definitive conclusions can be drawn about cause and effect. And the researchers acknowledge various limitations to their findings, including that the respondents were older than the average age (31) of Armed Forces personnel.

But they nevertheless conclude, "These findings highlight the importance of screening for gambling engagement, [gambling](#) type, [mental health](#) and [alcohol use](#) in both currently serving personnel and new recruits to the [Armed Forces]."

More information: Demographic characteristics, gambling engagement, mental health, and associations with harmful gambling risk among UK Armed Forces serving personnel, *BMJ Military Health* (2024). [DOI: 10.1136/military-2024-002726](https://doi.org/10.1136/military-2024-002726)

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