



Military Personnel: More Guidance Could Help Address Service Member Gambling Problems

GAO-25-107700

Q&A Report to Congressional Committees

September 22, 2025

Why This Matters

Many forms of gambling have become increasingly available in the United States, including increased access for service members. In 2018, the U.S. Supreme Court overturned a law that made it illegal for states to authorize sports gambling schemes, which led states to rapidly introduce legislation to legalize sports betting. In addition, some privately owned casinos are located near major Department of Defense (DOD) installations in the United States. DOD's military services also operate recreational gaming machines (i.e., slot machines) at certain overseas installations.

According to a 2021 academic study looking at gambling and military service, service members may be more likely to have problem gambling issues than the general population due to demographic risk factors. Such factors include being younger and having a higher propensity for risk-taking. Also, in 2017, we reported that preoccupation with gambling, financial hardship, and increased risk of suicide due to higher rates among problem gamblers can pose a risk to individual readiness for service members.

Senate Report 118-58, which accompanied a bill for the National Defense Authorization Act for Fiscal Year 2024, includes a provision for us to review what is known about the degree to which service members are struggling with problem gambling and about the support provided to these individuals. This report examines the information DOD collects about problem gambling, a broad term that describes disruptive gambling behavior, and gambling disorder, which is a clinical diagnosis. In addition, the report examines the guidance in place to prevent and respond to problem gambling and DOD's recreational gaming machines overseas.

Key Takeaways

- DOD collects data related to gambling disorder from health surveys it administers to service members. The Defense Health Agency (DHA) also maintains records of encounters with service members diagnosed with gambling disorder. For example, there were 185 active-duty service members with a gambling-related diagnosis in fiscal year 2024.
- DOD guidance, updated in January 2025, outlines the steps the department and the military services should take to help prevent and treat gambling disorder among service members. These include offering medical treatment and non-medical services to service members such as assessment, treatment, and annual training. However, the guidance does not identify a party responsible for implementation of certain tasks such as designating staff who will be trained to prevent, assess, diagnose, and treat gambling disorders.

- The military services operate recreational gaming machines (i.e., slot machines) at certain installations overseas to provide recreational opportunities to service members, their adult family members, and to other members of the community. But the military services' guidance does not consistently include clear requirements for responsible gaming practices, such as guidance for restricting access to the gaming machines for individuals with a gambling problem and for posting signage with resources for problem gambling.
- We recommend that DOD and the military services define all roles and responsibilities related to gambling that are not already explicitly assigned in DOD guidance. By defining these roles and responsibilities, DOD would help ensure that its guidance is fully implemented. We also recommend that DOD and the military services include requirements for responsible gaming in their Morale, Welfare and Recreation (MWR) instructions specific to their recreational gaming machines at overseas installations. By including requirements for responsible gaming, the military services could help prevent or respond to any problem gambling associated with their recreational machine programs.

What are problem gambling and gambling disorder?

Problem gambling is a broad term—which is generally not used by DOD—that could include mild, moderate and severe gambling problems. In contrast, DOD commonly uses the term gambling disorder, which generally refers to a clinical diagnosis.

- *Problem gambling*, according to the National Council on Problem Gambling, is gambling behavior that is damaging to a person or their family, often disrupting their daily life or careers. DOD and the military services generally do not use the term problem gambling. We use the term problem gambling in this report to encompass all service member gambling problems, including those that may not meet the clinical definition of gambling disorder.
- *Gambling disorder* is a mental health diagnosis defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision* (DSM-5-TR) as persistent and recurrent problem gambling behavior leading to clinically significant impairment.¹ An individual must exhibit four or more traits in a 12-month period to be diagnosed with gambling disorder. These traits include, but are not limited to:
 - needing to gamble with increasing amounts of money to achieve the desired excitement;
 - being restless or irritable with attempting to cut down or stop gambling; and
 - lying to conceal the extent of involvement with gambling.

DOD officials we interviewed said that service members must receive a diagnosis of gambling disorder to receive medical treatment in military medical treatment facilities (MTFs) or care covered by medical insurance.

We reported in 2017 that the Office of the Secretary of Defense (OSD) and the military services did not include gambling disorder in their substance use guidance documents. In response to our recommendations in that report, OSD and the military services updated their substance use guidance to include gambling disorder.² Specifically, DOD Instruction 1010.04 on *Problematic Substance Use and Gambling Disorder*, revised in January 2025, defines

gambling disorder as gambling behavior that is persistent, recurrent, and continued despite impairment and negative consequences.³ DOD officials told us that this definition is used for policy purposes and does not replace the DSM-5-TR definition of gambling disorder, which the department will continue to use for diagnosis of gambling disorder and other medical purposes.

What information does DOD collect related to service member problem gambling?

DOD collects data related to service member problem gambling, including data captured through service member encounters with medical providers for gambling disorder or other medical conditions involving gambling, and in health survey assessments that include gambling questions.⁴ DHA maintains a repository of data on medical provider contacts with service members. In line with guidance requiring that medical surveillance continuously capture data about individuals’ health status, instances of disease, and medical treatment, this repository includes information on gambling disorder. This includes data from medical billing codes for gambling-related diagnoses from health care visits and treatment data.⁵

Table 1 shows the number of active-duty service members from the DHA data repository with a gambling-related diagnosis—including both gambling disorder and other conditions involving gambling—for fiscal years 2019 through 2024. DOD officials told us that they viewed the number of service members with a gambling-related diagnosis as very low compared with the total numbers of active-duty service members. For comparison, the National Defense Authorization Act for Fiscal Year 2024 authorized active-duty end-strengths of 445,000 for the Army, 320,000 for the Air Force, 337,000 for the Navy, and 172,300 for the Marine Corps. Although the data in table 1 does not capture the prevalence of gambling disorder for service members who do not seek medical treatment, it does capture data on medical diagnosis for gambling-related conditions.

Table 1: Number of Active-Duty Service Members with a Gambling-related Diagnosis, Fiscal Years (FY) 2019 through 2024						
	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Army	55	42	40	41	58	71
Air Force	38	33	23	25	41	29
Navy	23	23	32	38	49	58
Marine Corps	20	11	7	18	21	27
Total	136	109	102	122	169	185

Source: GAO analysis of Defense Health Agency System data. | GAO-25—107700
Note: This table includes the number of unique service members with a gambling-related diagnosis in each fiscal year. The same service members may be included in more than one fiscal year.

DOD also collects data related to gambling disorder from health surveys it administers to service members.⁶ DHA officials told us that these surveys are intended to identify potential cases of gambling disorder. In doing so, the surveys also provide some information on problem gambling since they include responses that may indicate some gambling-related problems that fall short of gambling disorder. However, these assessments are reliant on self-reported data and may not fully capture the prevalence of service member gambling disorder. Specifically, the Periodic Health Assessment is a mandatory survey, conducted annually to identify service member health concerns. The survey includes four questions to screen for gambling disorder.⁷ DHA officials responsible for the Periodic Health Assessment said that the survey is not anonymous because the

information is shared with a health care provider. As an example of a military service's response to this survey, our analysis shows that in fiscal year 2024, 4.8 percent (15,039 of 310,482) of Army respondents stated "yes" to the question about whether they gambled in the past 12 months. Of these, 2.7 percent (402 of 15,039) also responded "yes" to the question: "During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut-down on gambling?"

Service members are also asked questions to screen for gambling disorder through the RAND Corporation-administered Health-Related Behaviors Survey.⁸ This confidential survey assesses the health-related behaviors of service members. Specifically, the survey asks if a service member has ever lied about how much they gamble, or if they have felt the need to bet "more and more" money.⁹ RAND and DHA officials said that they did not see a statistically significant increase in the gambling disorder rate in a preliminary analysis for the 2024 Health-Related Behaviors Survey compared to the 2018 Health-Related Behaviors Survey. They noted that the earlier survey showed that the overall screening rate for gambling disorder was around 2 percent. DHA officials said that the 2024 survey also has limitations in identifying the true prevalence of problem gambling or gambling disorder because the results of the survey may not be generalizable since it received only a 4.7 percent response rate.

DOD is undertaking efforts to internally report on the prevalence of gambling disorder. Specifically, officials from the Office of the Assistant Secretary of Defense for Health Affairs said that the DHA will issue its first annual report by June 2026. This report, according to DOD Instruction 1010.04, will include an assessment of and data on the prevalence, incidence, and trends of gambling disorder among service members.¹⁰ These officials further stated that there are limitations inherent in the self-reported data used in the Periodic Health Assessment and with the low response rate of the Health-Related Behaviors Survey. However, they said that the upcoming 2026 annual report will include discussion of the methodology used to create the report, including the limitations of available survey data. Officials from DHA and the Office of the Assistant Secretary of Defense for Health Affairs also said that there are no plans to conduct more survey assessments for or collect additional data associated with problem gambling or gambling disorder because the number of service members seeking treatment is relatively low compared with other mental health concerns.

To what extent does DOD have guidance in place to help prevent and respond to gambling disorder?

DOD guidance outlines the steps the department and the military services should take to help prevent gambling disorder among service members and to provide both medical and non-medical support to service members that experience problem gambling. However, it does not identify a party responsible for implementing certain tasks. The January 2025 revision to DOD Instruction 1010.04, which as noted above now discusses gambling disorder, assigns some responsibilities and prescribes procedures for gambling disorder prevention, identification, diagnosis, and treatment.¹¹ For example, this instruction requires the secretaries of the military departments to facilitate the identification and referral of service members who show symptoms of gambling disorder for assessment, intervention, and treatment. The instruction also requires the DHA director to use diagnostic criteria for gambling disorder.

DOD's instruction outlines other procedures for providing service members prevention and treatment support for issues related to gambling disorder, but it does not identify a party responsible for implementing certain tasks included in the instruction. Examples are:

- Designate gambling disorder treatment staff who will be trained to prevent, assess, diagnose, and treat gambling disorder.
- Ensure that commanders and leadership will receive annual training on the prevention, identification, assessment, and referral for treatment of personnel displaying signs of gambling disorder in addition to the services that are available for treatment.
- Ensure that DOD personnel will receive annual training on the prevention, identification, and awareness of gambling disorder risks to health and military readiness and will be provided information on DOD policies related to gambling disorder.
- Provide gambling disorder education services for individuals identified with having problematic gambling behaviors.
- Provide community prevention programs for gambling disorder.

DOD Instruction 1010.04 directs the DHA Director to publish guidance necessary to implement the instruction and to delegate authority as appropriate. The instruction further assigns responsibility to the heads of the DOD components, including the military services, for publishing guidance necessary to implement this instruction. In addition, *Standards for Internal Control in the Federal Government* states that management should document roles and responsibilities through policies with clearly defined time frames for achieving the organization's objectives.¹²

However, DHA has not defined all roles and responsibilities for gambling disorder prevention, identification, diagnosis, and treatment because, according to DHA officials, it has not yet issued implementation guidance as required by DOD's instruction. DHA officials also told us that they recognized their responsibility for publishing implementation guidance and delegating authority for tasks as appropriate. These officials further stated that as of June 2025, senior management instructed them to delay issuing any new policy guidance until further notice since they did not have permanent leadership in place.

Officials from each of the military services' substance use offices stated that they are clear about their roles and responsibilities for gambling disorder prevention and identification that are assigned in DOD Instruction 1010.04. Moreover, each military service has substance use policies and procedures that include gambling disorder.¹³ However, they acknowledged that these policies do not fully reflect all of the changes made to DOD Instruction 1010.04. According to officials from each of the military services' substance use offices, the services have not yet reviewed and, where needed, updated their own service-specific guidance to meet the new requirements for gambling disorder. For example, the military services have not ensured that their service-specific policies address how service members who show signs of gambling disorder are referred for evaluation and treatments, as discussed in DOD Instruction 1010.04. There could also be additional responsibilities assigned to the military services once DHA issues its implementation guidance for DOD Instruction 1010.04.

DHA officials stated that they will develop the implementation guidance but have no time frame for doing so. Further, military service officials stated that they would review the revised instruction, as well as the DHA implementing guidance when it is available, and update their policies and procedures as needed. By establishing a time frame to issue its implementation guidance for DOD Instruction 1010.04 that defines all roles and responsibilities for gambling disorder prevention, identification, diagnosis, and treatment, DHA can help ensure that the military services can then in turn update their own policies and

guidance, as appropriate. By taking these actions, DHA and the military services can increase their ability to address issues related to gambling among service members.

What support do DOD and the military services provide to service members for gambling disorder and problem gambling?

DOD provides medical treatment for service members diagnosed with gambling disorder and non-medical support for service members diagnosed with gambling disorder and for those who might experience problem gambling without a medical diagnosis. However, unlike other addictive disorders such as drug or alcohol misuse, DHA officials told us that DOD does not provide specialized treatment programs for gambling disorder. Specifically, the revised DOD Instruction 1010.04 outlines DOD and the military services' responsibilities to provide medical screening, diagnosis, and treatment for gambling disorder at MTFs or through referral to private healthcare providers.¹⁴ The approaches to screening and treatment can vary based on the case and the provider. For example, an MTF official at Naval Base San Diego stated that most of the installation's mental health cases are referred to civilian healthcare providers covered by the TRICARE network due to a lack of provider capacity. By contrast, Army MTF officials at Camp Humphreys in South Korea stated that they have the capacity to treat patients in-house and have been directed to not refer patients outside of their MTF.¹⁵ They also added questions to their screening evaluation that all new patients complete prior to their first appointment related to finances and gambling to identify more patients who might have gambling disorder.

The revised DOD Instruction 1010.04 and DOD Instruction 1322.34 on service member financial readiness also outlines DOD and the military services' responsibilities to provide non-medical support to service members such as financial counseling or financial education and training.¹⁶ Officials from Navy headquarters stated that these services are designed to help members manage financial stressors that may result from problem gambling. Some unit leadership, counselors, and chaplains in the military services that we spoke with stated that at their installations the military services provide financial counseling, behavioral and mental health counseling, and chaplain support when service members seek help or are referred for problem gambling. For example, Military and Family Life Center officials at Nellis Air Force Base in Nevada stated that for gambling cases, unit leadership can refer a service member to the Military and Family Life Center for non-medical behavioral health and financial counseling.

In addition, chaplains we spoke with at each of the four installations said that their conversations with service members are voluntary and have confidentiality restrictions. For example, Army chaplains at Joint Base Lewis-McChord in Washington stated they can and will often encourage the individual to make use of other resources if they encounter gambling issues during a confidential counseling session. Figure 1 shows a poster used by the Marine Corps to direct service members to its support services for non-medical problem gambling.

Figure 1: Marine Corps Poster to Promote Behavioral Health Services for Problem Gambling



Source: © Marine Corps Community Services (MCCS). | GAO-25-107700

What is the relationship between problem gambling and other mental health diagnoses?

Academic studies we reviewed and DOD data that we analyzed, as well as DOD and military service officials we interviewed, have identified an overlap between problem gambling and other mental health diagnoses, such as post-traumatic stress disorder (PTSD) or substance misuse. For example,

- A 2021 academic study reviewed risk factors for gambling disorder in the United States military and found that service members who received outpatient care in MTFs and had prior substance misuse were 3.9 times more likely to receive a gambling disorder diagnosis.¹⁷ The study also found that service members with mental health conditions were 6.3 times more likely to receive gambling disorder diagnosis than those without substance misuse or mental illness history.
- A 2021 academic study compared the general population of New Jersey to its veteran and active-duty military service members and found that active-duty service members who experienced problem gambling also had higher rates of substance use and suicidal ideation than veterans and civilians.¹⁸
- A 2019 academic study found that individuals who were diagnosed with gambling disorders or self-reported gambling issues and were exposed to trauma had small to moderate correlations with PTSD.¹⁹

DHA officials and medical and non-medical service providers told us that a service member's gambling disorder tends to be a secondary diagnosis related to a primary issue other than gambling, such as PTSD or drug or alcohol misuse. For example, our analysis of fiscal year 2019 through 2024 DHA repository data showed that among the service members who were diagnosed with a gambling-related disorder, about 56 percent were also diagnosed with depression, about

50 percent were diagnosed with anxiety, and about 8 percent were diagnosed with a substance use disorder.

In addition, financial counselors we interviewed told us that problem gambling can lead to financial challenges, and that financial planning sessions can provide indicators that a service member is dealing with gambling issues.²⁰ They also stated that these sessions can be used to support those struggling or recovering from problem gambling.

Why do overseas military installations have recreational gaming machines and who operates them?

The military services operate recreational gaming machines (i.e., slot machines) at certain installations overseas to provide recreational opportunities to service members, their adult family members, and other members of the community. Gaming machines at overseas installations are generally located in some community recreational facilities, such as bowling centers and clubs.

- The Air Force operates its own gaming program at overseas installations through the Air Force Venture Entertainment Program.
- The Army Recreation Machine Program operates select gaming machines for the Army, the Marine Corps, and every overseas installation for the Navy with gaming machines except for Naval Station Diego Garcia.

Figure 2 shows one of the gaming machine rooms at Kadena Air Base in Okinawa, Japan.



Source: U.S. Air Force/Senior Airman Omari Bernard. | GAO-25-107700

Army Recreation Machine Program officials said that they are responsible for managing the revenue and running the technical aspects of the gaming machines for the Navy and U.S. Marine Corps, but the Army does not provide any oversight over responsible gaming at the Navy and Marine Corps installations.

Revenues from the Army Recreation Machine Program, the Air Force Venture Entertainment Program, and Naval Station Diego Garcia were about \$86.9 million for fiscal year 2023 and about \$91.0 million for fiscal year 2024. According

to Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy and Army Morale, Welfare and Recreation (MWR) officials, the revenues generated from these gaming machines are invested back to the MWR quality of life programs on the installations in support of service members and their families. Examples of these MWR programs include library, golf, childcare and fitness programs.

Officials of the military service MWR programs do not track data on the users of these recreational gaming machines at overseas installations but told us that active-duty service members are not the primary users. Instead, users are mainly retirees, contractors, family members, or other personnel, according to some of these officials. Army and Air Force officials stated that they were not aware of military service members having any problem gambling issues with the recreational gaming machines. MWR officials from OSD and military service officials also said that there has been a shift from traditional gambling in casinos for service members to online or mobile sports gambling. However, DOD does not track this so it could not provide any associated data. DOD MWR officials said that they believed that service members were more affected by commercial gambling online or from traditional gambling in casinos than DOD's limited gambling operations with the recreational machine program.

To what extent do the Military Services have guidance on responsible gaming for their overseas recreational machine programs?

The military services' MWR instructions do not consistently include guidance with clear requirements for responsible gaming practices at overseas installations. Specifically, the Air Force and the Navy have some guidance for responsible gaming in their MWR instructions, but some aspects are missing. For example:

- The Air Force's MWR instruction has a section titled "gambling abuse" which identifies the goal of reducing the risk of excessive and unaffordable participation.²¹ The guidance also states that the installation commander should restrict individuals identified as having a gambling problem from using the gaming machines.
- The Navy's MWR instruction has a section stating that signs must be posted informing patrons of financial management and gambling addiction services.²² It also states that all MWR personnel working where gaming devices are located must complete responsible gaming training that must be documented in their personnel file.

However, the Air Force and Navy instructions do not include consistent guidance for responsible gaming requirements. For example, the Air Force's MWR instruction does not contain any guidance on posting responsible gaming signs or providing training on steps to identify, prevent, or respond to possible problem gambling for personnel working where gaming machines are located. In contrast, the Navy's MWR instruction does not contain any guidance for restricting individuals from using the gaming machines that have been identified as having a gambling problem. In addition, the Army and Marine Corps do not have any guidance about responsible gaming in their instructions related to MWR operations.

Even though the guidance does not consistently mention requirements for responsible gaming, each military service provided us with examples of posters or signage they said are posted in overseas facilities with recreational gaming machines. The posters or signage focus on topics like engaging in responsible gaming, identifying the signs of gambling addiction, and who to contact if help is needed. See figure 3.

Figure 3: Example of Responsible Gaming Signage at Navy and Army Facilities



Sources (left to right): Commander, Naval Installation Command Fleet Readiness Programs and Army Recreation Machine Program. | GAO-25-107700

According to DOD Instruction 1015.10, *Military Morale, Welfare, and Recreation (MWR) Programs*, the Principal Deputy Under Secretary of Defense for Personnel and Readiness is responsible for developing policy, strategic guidance, and program goals to ensure proper administration and management of MWR programs.²³ Also, DOD Instruction 1010.04, *Problematic Substance Use and Gambling Disorder*, states that DOD aims to prevent and reduce gambling disorder.²⁴

The military services' MWR policies do not consistently include guidance with clear requirements for responsible gaming practices at overseas installations because DOD has not required that they do so. Such guidance can include restricting access to the gaming machines for individuals with a gambling problem and posting signage.

Officials in the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy, part of the Office of the Under Secretary for Personnel and Readiness, said they are in the process of revising DOD Instruction 1015.10. They agreed they should include direction to the military services for including responsible gaming guidance in their MWR policies, but as of September 2025, they did not provide a time frame for this revision.²⁵ Army, Navy, and Air Force officials said that they are either in the planning stages or are updating their MWR policies but are waiting to see what policy changes are included in the revised DOD Instruction 1015.10. These officials also agreed it would be beneficial to receive high-level responsible gaming guidance from the Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy to help with revising their MWR policies. By issuing guidance with clear requirements for responsible gaming practices at overseas installations—once Instruction 1015.10 has been revised—the military services could help prevent or respond to problem gambling by users of their recreational gaming machines.

Conclusions

Numerous forms of gambling are becoming increasingly available to service members in the United States, to include sports betting and casinos. In addition, according to studies we reviewed, service members may be more likely to have problem gambling issues than the general population.

DOD recently revised its instruction on substance use to include gambling disorder, which outlines the steps to help prevent gambling disorder among service members and to provide both medical and non-medical support. However, this instruction does not identify a party responsible for implementation of certain tasks such as designating gambling disorder treatment staff who will be trained to prevent, assess, diagnose, and treat gambling disorder. DHA officials said they have plans to delegate authority for tasks in DHA's implementing guidance for the revised instruction. In addition, military service officials told us that they have not yet reviewed and updated their own substance use guidance, and that reviewing DHA's implementing guidance would be helpful to update their policies and procedures as needed. DHA has not established a time frame for issuing this implementation guidance. Once it issues the guidance, the military services, by in turn updating their own service-specific guidance to meet the new requirements for gambling disorder prevention and identification, can increase their ability to address issues related to gambling among service members.

Each military service has posters or signage posted in overseas facilities with recreation gaming machines that focus on topics like engaging in responsible gaming, identifying the signs of gambling addiction, and who to contact to obtain help if needed. However, the military services' MWR policies do not consistently include guidance with clear requirements for responsible gaming practices, such as guidance for restricting access to the gaming machines for individuals with a gambling problem and for posting signage with resources for problem gambling. By issuing guidance with clear requirements for responsible gaming, once the relevant DOD instruction is revised by the Office of the Under Secretary for Personnel and Readiness, the military services could help prevent or respond to problem gambling by users of their recreational gaming machines.

Recommendations for Executive Action

We are making a total of nine recommendations to DOD. Specifically:

The Secretary of Defense should ensure that the Director of the Defense Health Agency (DHA) establishes a time frame for issuing the implementation guidance for DOD Instruction 1010.04 that defines all roles and responsibilities for gambling disorder prevention, identification, diagnosis, and treatment that are not explicitly assigned. (Recommendation 1)

The Secretary of the Army should establish a time frame to review and update guidance as needed to implement requirements for gambling disorder prevention and identification outlined in DOD Instruction 1010.04, once DHA's implementation guidance is issued. (Recommendation 2)

The Secretary of the Navy should establish a time frame to review and update guidance as needed for the Navy and Marine Corps to implement requirements for gambling disorder prevention and identification outlined in DOD Instruction 1010.04, once DHA's implementation guidance is issued. (Recommendation 3)

The Secretary of the Air Force should establish a time frame to review and update guidance as needed to implement requirements for gambling disorder prevention and identification as outlined in DOD Instruction 1010.04, once DHA's implementation guidance is issued. (Recommendation 4)

The Secretary of Defense should ensure the Under Secretary of Defense for Personnel and Readiness includes in the next revision of DOD Instruction

1015.10 a requirement for the military services to have consistent responsible gaming guidance for their recreational machine programs. (Recommendation 5)

The Secretary of the Army should update the Army's MWR guidance to be consistent with and implement DOD's revision to DOD Instruction 1015.10, once completed, for responsible gaming. (Recommendation 6)

The Secretary of the Navy should update the Navy's MWR guidance to be consistent with and implement DOD's revision to DOD Instruction 1015.10, once completed, for responsible gaming. (Recommendation 7)

The Secretary of the Navy should ensure that the Commandant of the Marine Corps updates the Marine Corps's MWR guidance to be consistent with and implement DOD's revision to DOD Instruction 1015.10, once completed, for responsible gaming. (Recommendation 8)

The Secretary of the Air Force should update the Department of the Air Force's MWR guidance to be consistent with and implement DOD's revision to DOD Instruction 1015.10, once completed, for responsible gaming. (Recommendation 9)

Agency Comments and Our Evaluation

We provided a draft of this report to DOD for review and comment. In its written comments, reproduced in Appendix I, DOD partially concurred with our first recommendation and concurred with the remaining eight recommendations. DOD also provided a technical comment regarding the use of terminology in our report, which we incorporated as appropriate.

DOD partially concurred with the recommendation that the Secretary of Defense should ensure that the Director of the DHA establishes a time frame for issuing implementation guidance for DOD Instruction 1010.04 that defines all roles and responsibilities for gambling disorder prevention, identification, diagnosis, and treatment that are not explicitly assigned. DOD stated it will implement this recommendation by updating DHA Administrative Instruction 6025.15, *Management of Problematic Substance Use by DOD Personnel*. However, DOD stated that the recommendation should be directed to the Assistant Secretary of Defense for Health Affairs. DOD noted that the Assistant Secretary of Defense for Health Affairs is responsible for DOD policy on the military health system and exercises authority, direction, and control over DHA. GAO generally addresses recommendations to the head of the agency, which in this case is the Secretary of Defense. We recognize that the Secretary of Defense would likely issue any direction to the Director of DHA through the Assistant Secretary of Defense for Health Affairs.

How GAO Did This Study

For this work, we analyzed gambling disorder data from the 2021 through 2024 annual Periodic Health Assessment for active-duty service members. We also interviewed representatives from the RAND Corporation on gambling disorder data included in the 2024 Health Related Behaviors Survey. In addition, we analyzed DHA data from fiscal years 2019 through 2024 on the number of active-duty service members with gambling-related diagnoses and additional mental health diagnosis from health care visits. We conducted electronic testing of this data to identify outliers, missing values, and assess completeness of the population. We then compared our analysis to DHA reports to confirm its accuracy. We determined that the data was sufficiently reliable for reporting the

number of active-duty service members with gambling-related diagnoses and those with an additional mental health diagnosis.

In addition, we met in person or virtually with officials from four installations: Camp Humphreys in South Korea, Joint Base Lewis-McChord in Washington, Naval Base San Diego, and Nellis Air Force Base in Nevada. We interviewed unit leadership, health care providers, financial counselors, and chaplains to discuss the prevalence of problem gambling at these installations and what services are provided to service members struggling with problem gambling. We selected these installations based on the variety of military service branches and the number of service members seen for gambling disorder at the MTFs on the installation, according to DHA data from fiscal years 2019 through 2024. We also selected installations that were within proximity to a casino, that are in states with legalized sports betting, or that have recreational gaming machines (i.e., slot machines) on the installation.

We reviewed DOD and military service guidance on medical treatment and substance use. We also reviewed how problem gambling coincides with additional diagnoses such as PTSD or substance use. We interviewed medical and nonmedical providers and leadership at our four selected installations and identified and reviewed studies in multidisciplinary databases including ProQuest, EBSCO, Scopus, and Dialog published in English-speaking academic journals between January 2017 and August 2024 that report on the prevalence of or any type of analysis of problem gambling in the military.²⁶ Moreover, we reviewed gaming policies and procedures in the military services' MWR guidance and interviewed MWR officials from each military service to determine what guidance is in place to facilitate responsible gaming at overseas installations with recreational gaming machines.

We conducted this performance audit from July 2024 to September 2025 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

List of Addressees

The Honorable Roger Wicker
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mike Rogers
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

We are sending copies of this report to the appropriate congressional committees, as well as the Secretary of Defense, Secretary of the Air Force, Secretary of the Army, and Secretary of the Navy. In addition, the report is available at no charge on the GAO website at <https://www.gao.gov>

GAO Contact Information

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Appendix I: Comments from the Department of Defense



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

September 2, 2025

Ms. Kristy Williams
Director, Defense Capabilities and Management
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Ms. Williams,

Attached is the Department of Defense (DoD) response to the Government Accountability Office (GAO) Draft Report, GAO-25-107700, "MILITARY PERSONNEL: More Guidance Could Help Address Service Member Gambling Problems," August 1, 2025 (GAO Code 107700).

The point of contact is CDR Elle Marie Schollnberger, MD, PhD, Director for Mental Health Policy and Oversight, Office of the Assistant Secretary of Defense for Health Affairs, Health Services Policy and Oversight, who can be reached at elle.m.schollnberger.mil@health.mil and (703) 681-4305.

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**GAO DRAFT REPORT DATED AUGUST 1, 2025
GAO-25-107700 (GAO CODE 107700)**

**“MILITARY PERSONNEL: MORE GUIDANCE COULD HELP ADDRESS SERVICE
MEMBER GAMBLING PROBLEMS”**

DEPARTMENT OF DEFENSE COMMENTS TO THE GAO DRAFT REPORT

Terminology

The Department of Defense (DoD) recommends the Government Accountability Office (GAO) use terminology that is clinically accurate and aligned with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision by updating throughout the draft report “substance abuse” to “substance use,” “drug or alcohol abuse” to “drug or alcohol misuse or “drug or alcohol use,” and “gambling abuse problem” to “gambling problem.”

**DEPARTMENT OF DEFENSE COMMENTS
TO THE GAO RECOMMENDATIONS**

RECOMMENDATION 1: The Secretary of Defense should ensure that the Director of Defense Health Agency establishes a time frame for issuing the implementation guidance for DoD Instruction (DoDI) 1010.04, “Problematic Substance Abuse and Gambling Disorder,” January 17, 2025, as amended, that defines all roles and responsibilities for gambling disorder prevention, identification, diagnosis, and treatment that are not explicitly assigned.

DoD RESPONSE: Partially concur. The Under Secretary of Defense for Personnel and Readiness, through the Assistant Secretary of Defense for Health Affairs (ASD(HA)) is responsible for DoD policy on the Military Health System, and exercises authority, direction, and control over the Defense Health Agency (DHA). Therefore, recommendation 1 should be reassigned from the Secretary of Defense to ASD(HA). DHA Administrative Instruction 6025.15, “Management of Problematic Substance use by DoD Personnel,” will be updated to address updates in DoDI 1010.04 and the GAO Report recommendation. Estimated timeline for completion is September 31, 2026.

RECOMMENDATION 2: The Secretary of the Army should establish a time frame to review and update guidance as needed to implement requirements for gambling disorder prevention and identification outlined in DoDI 1010.04, once DHA’s implementation guidance is issued.

DoD RESPONSE: Concur.

RECOMMENDATION 3: The Secretary of the Navy should establish a time frame to review and update guidance as needed for the Navy and Marine Corps to implement requirements for gambling disorder prevention and identification outlined in DoDI 1010.04, once DHA’s implementation guidance is issued.

DoD RESPONSE: Concur.

RECOMMENDATION 4: The Secretary of the Air Force should establish a time frame to review and update guidance as needed to implement requirements for gambling disorder prevention and identification outlined in DoDI1010.04, once DHA's implementation guidance is issued.

DoD RESPONSE: Concur.

RECOMMENDATION 5: The Secretary of Defense should ensure the Under Secretary of Defense for Personnel and Readiness includes in the next revision of DoDI 1015.10, "Military Morale, Welfare, and Recreation (MWR) Programs," July 6, 2009, as amended, a requirement for the military services to have consistent responsible gaming guidance for their recreational machine programs.

DoD RESPONSE: Concur.

RECOMMENDATION 6: The Secretary of the Army should update the Army's MWR guidance to be consistent with and implement DoD's revision to DoDI 1015.10, once completed, for responsible gaming.

DoD RESPONSE: Concur.

RECOMMENDATION 7: The Secretary of the Navy should update the Navy's MWR guidance to be consistent with and implement DoD's revision to DoDI 1015.10, once completed, for responsible gaming.

DoD RESPONSE: Concur.

RECOMMENDATION 8: The Secretary of the Navy should ensure that the Commandant of the Marine Corps updates the Marine Corps MWR guidance to be consistent with and implement DoD's revision to DoDI Instruction 1015.10, once completed, for responsible gaming.

DoD RESPONSE: Concur. When updated guidance is received from the office of the Secretary of Defense and Secretary of the Navy, the Marine Corps will forward the guidance to the commands that have gaming programs and will update gaming policy in MCO P1700.27B W/Ch 1 and MCO 1700.30. The Marine Corps expects to have this update published by the end of Fiscal Year 2027.

RECOMMENDATION 9: The Secretary of the Air Force should update the Department of the Air Force's MWR guidance to be consistent with and implement DoD's revision to DoD Instruction 1015.10, once completed, for responsible gaming.

DoD RESPONSE: Concur.

Endnotes

¹American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (Washington, D.C: 2022).

²GAO, *Military Personnel: DOD and the Coast Guard Need to Screen for Gambling Disorder Addiction and Update Guidance*, GAO-17-114 (Washington, D.C: Jan. 30, 2017).

³Department of Defense Instruction 1010.04, *Problematic Substance Use and Gambling Disorder* (Jan. 17, 2025). DOD subsequently made an administrative change to the DOD instruction, effective May 22, 2025.

⁴For the purposes of this report, we use the term service member to refer to active-duty members of the Army, Navy, Marine Corps, Air Force and Space Force. Air Force officials stated that Space

Force, which is part of the Department of the Air Force, is included in Air Force guidance on substance use and Morale, Welfare and Recreation.

⁵Department of Defense Directive 6490.02E, *Comprehensive Health Surveillance* (Feb. 8, 2012) (incorporating change 2, Aug. 28, 2017). According to DHA officials, medical billing codes for gambling-related diagnoses include codes for pathological gambling encounters, and codes for gambling and betting used in non-medical, mental health appointments.

⁶We reported in 2017 that DOD did not screen for gambling disorder and in response to our recommendations and the John S. McCain National Defense Authorization Act for Fiscal Year 2019, DOD subsequently added screening questions for gambling disorder to its annual Periodic Health Assessment and Health Related Behaviors Survey. GAO-17-114.

⁷The four gambling questions in the Periodic Health Assessment are: (1) "in the past 12 months, have you gambled?;" (2) "During the past 12 months, have you become restless, irritable, or anxious when trying to stop/cut down on gambling?;" (3) During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?;" (4) During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?"

⁸RAND is a non-profit institution that operates three Federally Funded Research and Development Centers to assist the DOD.

⁹The Health-Related Behaviors Survey contains two gambling questions called the Lie-Bet questionnaire. A positive response on either question indicates a positive screen for gambling disorder. The questions are: (1) "In the past 12 months, have you ever had to lie to people important to you about how much you gambled?" and (2) "in the past 12 months, have you ever felt the need to bet more and more money?"

¹⁰The Office of the Under Secretary of Defense for Personnel and Readiness submitted a report to Congress in July 2022 on the first year of screening data for the Periodic Health Assessment and the Health-Related Behaviors Survey. This report found low overall rates of gambling disorder from the Periodic Health Assessment and Health-Related Behaviors Survey. Office of the Under Secretary of Defense for Personnel and Readiness, *Report to the Congressional Armed Services Committees, Inclusion of Gambling Disorder in Health Assessments for the Armed Forces and Related Research Efforts* (July 28, 2022).

¹¹DOD Instruction 1010.04.

¹²GAO, *Standards for Internal Control in the Federal Government*, GAO- 25-107721 (Washington, D.C: May 2025).

¹³Army Regulation 600-85, *The Army Substance Abuse Program* (Oct. 4, 2024). Office of the Chief of Naval Operations Instruction 5350.4E, *Navy Alcohol and Drug Misuse Prevention and Control* (Mar. 28, 2022). Marine Corps Order 5300.17A, *Marine Corps Substance Abuse Program* (Feb. 23, 2023). Department of the Air Force Instruction 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program* (July 18, 2018) (incorporating change 1, Nov. 21, 2019) (updated to a Department of the Air Force Instruction on Feb. 28, 2025).

¹⁴DOD Instruction 1010.04.

¹⁵The Defense Health Agency (DHA) offers medical care, including behavioral health services, through its health system known as TRICARE. Beneficiaries can obtain these services through DOD's direct care system of military hospitals and clinics, or through authorized civilian providers in the private sector.

¹⁶DOD Instruction 1010.04, Department of Defense Instruction 1322.34, *Financial Readiness of Service Members* (Nov. 5, 2021).

¹⁷American Academy of Addiction Psychiatry, The American Journal on Addictions, *Demographic, Behavioral, and Proximal Risk Factors for Gambling Disorder in the US Military* (Silver Spring, MD.: Psychological Health Center of Excellence, Defense Health Agency, 2021) (Washington, D.C.: Department of Epidemiology, George Washington University, 2021) (Bethesda, MD.: Uniformed Services University of the Health Sciences, 2021).

¹⁸Elsevier, Addictive Behaviors, *Gambling and Military Service: Characteristics, Comorbidity, and Problem Severity in an Epidemiological Sample* (The State of New Jersey, U.S.: Center for Gambling Studies, School of Social Work, Rutgers, 2021).

¹⁹Elsevier, Addictive Behaviors, *Post-Traumatic Stress and Gambling Related Cognitions: Analyses in Inpatient and Online Samples* (United States: Department of Psychology, Bowling Green State University, 2019) (United States: Gambling Treatment Program, Louis Stokes Cleveland VA Medical Center, 2019). This study looked at two different non-generalizable samples of individuals who were diagnosed with gambling disorders or self-reported gambling and being exposed to trauma.

²⁰Financial counselors from Joint Base Lewis-McChord, Washington, Nellis Air Force Base, Nevada, and Naval Base San Diego, California, said that service members may be reluctant to discuss financial problems due to gambling because it could affect their security clearances. Officials from the Defense Counterintelligence and Security Agency said that they do not track data to determine if gambling is the reason for security clearances being denied or revoked. However, they noted that while gambling may be a contributing factor, it is rarely the primary reason for denial or revocation.

²¹Department of the Air Force Instruction 34-101, *Department of the Air Force Morale, Welfare, and Recreation (MWR) Programs and Use Eligibility* (Mar. 7, 2022).

²²Commander of the Navy Installations Command Instruction 1710.3, *Operation of Morale, Welfare and Recreation Programs* (June 14, 2013).

²³Department of Defense Instruction 1015.10, *Military Morale, Welfare, and Recreation (MWR) Programs* (July 6, 2009) (incorporating change 1, May 6, 2011).

²⁴DOD Instruction 1010.04.

²⁵The Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy is responsible for establishing quality of life policies and programs for service members.

²⁶ProQuest, EBSCO, Scopus, and Dialog are research databases that provide access to scholarly articles, journals, and other academic resources across various disciplines.