Stigma Stand Down

A Public Health Response to Military Gambling

Mark Lucia, MPH | Kindbridge Research Institute | NCPG 2026

WHO WE ARE

Kindbridge Research Institute is a 501(c)(3) nonprofit providing state regulators, legislatures, and public health leaders with research to reduce gambling - related harm.

Stigma Stand Down is KRI's flagship military behavioral health and responsible gambling initiative, funded by the Colorado Department of Revenue, Division of Gaming.

TODAY'S ROADMAP

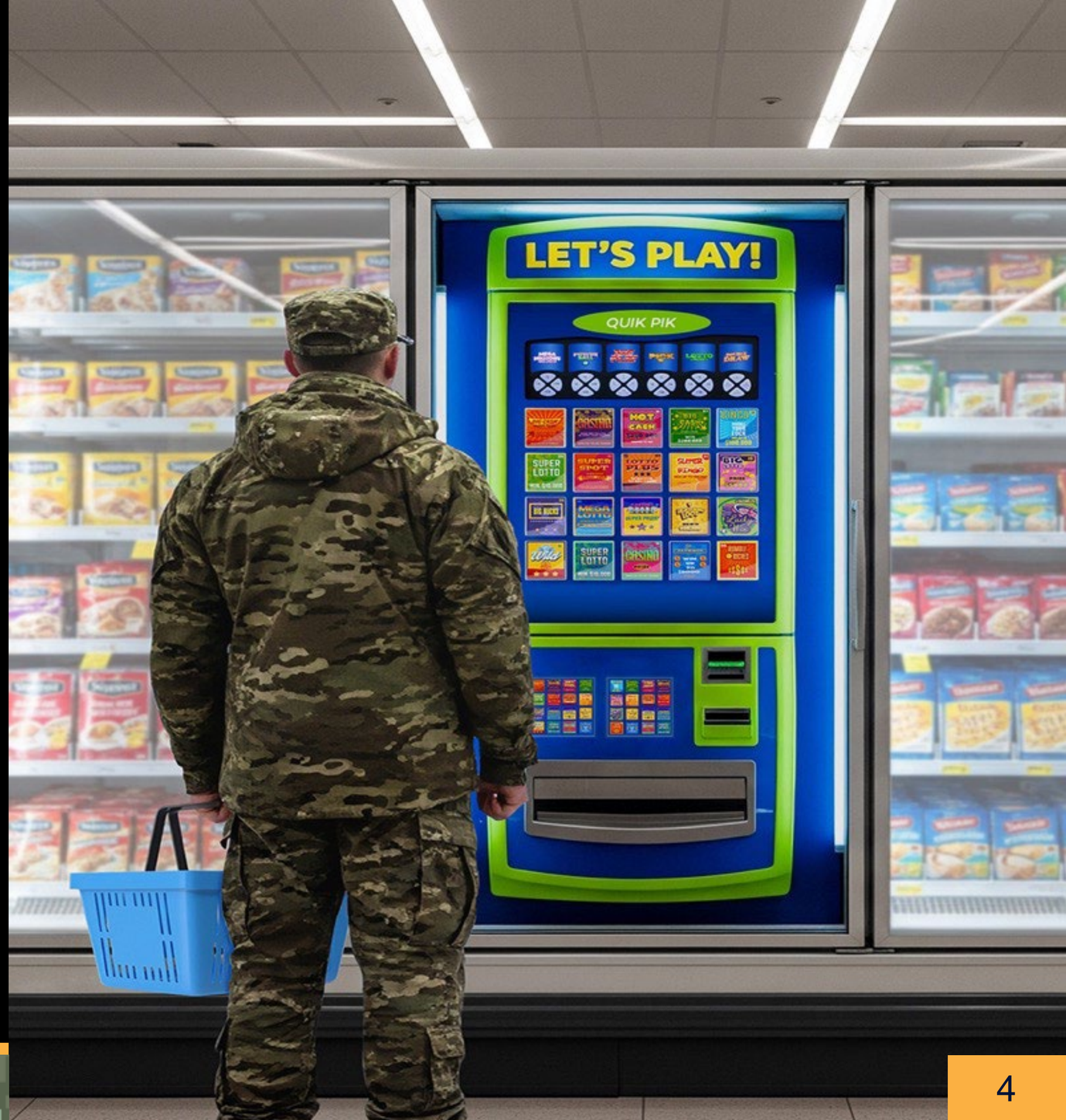
- Framing gambling as a military public health issue
- How gambling harm ripples across the force
- Understanding stigma through the socio-ecological model
- Stigma Stand Down: a statewide, multi-level response

STIGMA STAND DOWN

GAMBLING IN THE MILITARY

Why this population?

Why now?



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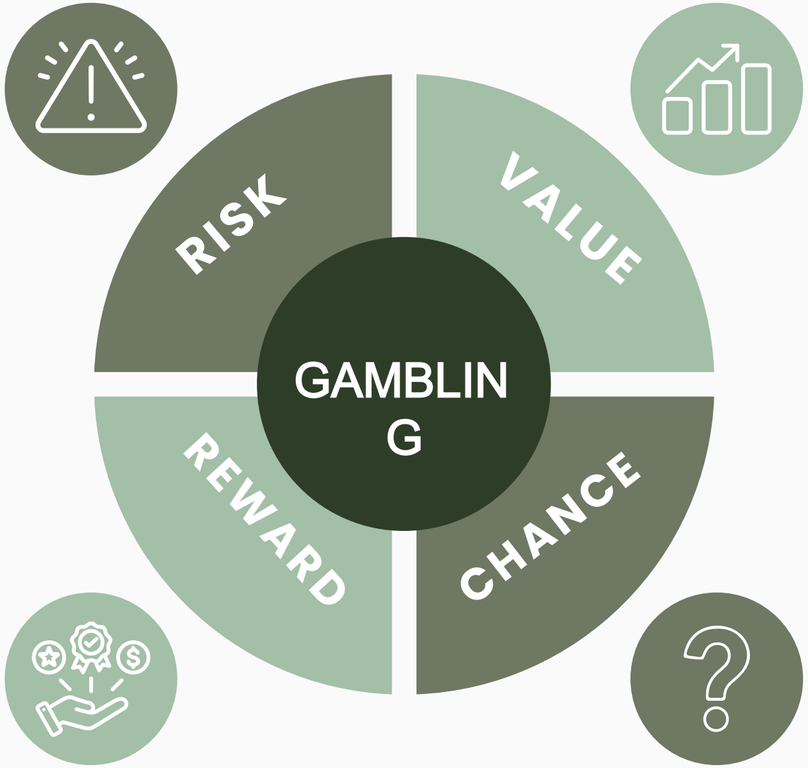
WHAT IS GAMBLING?



Gambling Definition

Risking something of **value** (usually money) on an outcome determined at least partly by **chance**, in hope of gaining something of **greater value.**

Forms range from **traditional** casinos, lottery, and slots to **fast - growing digital** ones like sports betting, daily fantasy, and prediction markets that reach the phone in every pocket.

GAMBLING ACCESS IN THE MILITARY

Historically:

- Slot machines are often what comes to mind first when we think about gambling in the military
- The DoD earns roughly $50–100 million in annual revenue from slot machines on overseas bases
- JAG officials have kept these machines off CONUS installations to protect losing the program
- Barracks and deployment betting remain ongoing concerns
- Proximity to casinos put some bases at higher risk

Present:

- Online gambling from sportsbooks, iGaming, and prediction markets have offered historic levels of access to troops across the U.S.
- **>85% of servicemembers have legal gaming available to them in their state.**

HOW COMMON AND NORMAL?

- **57%** of US adults gambled in the past year
- **62%** consider gambling personally acceptable, an all - time high
- **1–2%** of US adults meet criteria for gambling disorder
- **50%** of gamblers will contemplate suicide; **20%** of gamblers will attempt.
- Normalization allows for masking potentially harmful behaviors

THE ACCESS EXPLOSION

2018

Legal Turning Point

The Supreme Court overturns PASPA, opening legal sports betting nationwide.

2025

Market Growth

~$60B in sports - betting revenue on $700B+ in wagers, fueled by ~$3.9B a year in advertising.

Military

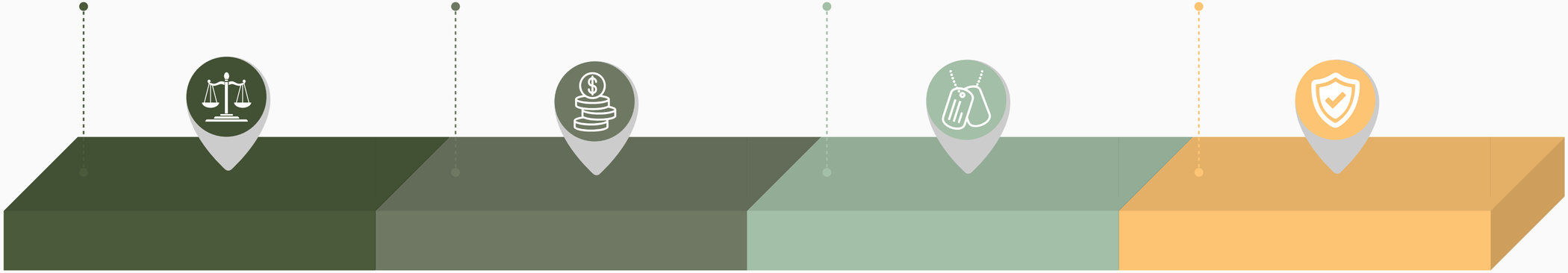
Financial Impacts

The DoD earns ~$50 - 100M annually from slot machines on overseas bases.

Readiness Concern

Access moved from overseas slot rooms to the phone in every pocket,

Daily fantasy and prediction markets adding faster reward loops. The military both hosts gambling and profits from it, even as the risk to the force grows.



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CASE STUDY

$410K

won on ~$33K in bets, using classified operational timing

Fort Bragg, January 2026

When Betting Meets the Mission

A Special Forces sergeant who helped plan a classified operation bet on its outcome, and won big.

- Prediction markets: the newest gambling frontier
- Gambling now intersects directly with operational security
- Charged with insider trading, theft of nonpublic information, and wire fraud
- Gambling is now a force-readiness and national-security risk

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CASE STUDY

20,000+

signatures forced online gambling limits “to curb troop addictions”

Ukraine, 2022 –2024

Readiness on the Line

After online gambling returned in 2020, wartime gambling began degrading readiness.

- Soldiers reportedly pawned drones and thermals to fund gambling
- Direct hits to unit readiness and equipment accountability
- A public petition drove emergency online-gambling restrictions in 2024
- Harm scales from individual up to command

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CASE STUDY

~1,200

of 4,300 tickets went to junior enlisted troops and officers

White House Grounds - Freedom 250, July 2026

When Wagering Meets the Mainstream

At the UFC Freedom 250, an MMA fight was staged inside a cage ringed with prediction market and crypto ads.

- Prediction market and crypto brands have moved to center stage, normalizing and legitimizing the products
- $1M token bonus pool was offered to top fighters by the event's primary sponsor
- Roughly 1 in 4 tickets went to junior service members, putting service members face-to-face with it
- Tied to a sitting president and staged nationally, the exposure reaches a new scale, with service members most at risk

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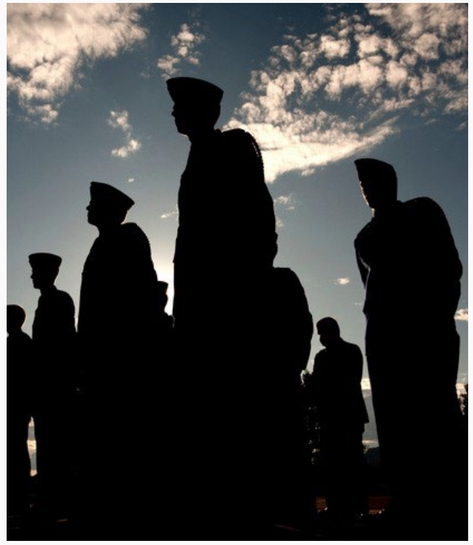
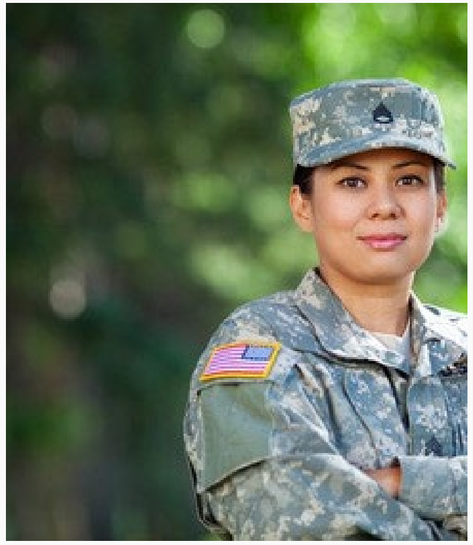
WHY THE MILITARY?


- **Young:** a mean age of ~28.5, a core risk window for gambling harm
- **High - stress:** an environment that rewards risk - taking
- **Male - dominated:** roughly ~82%, in a culture that prizes competition
- **Easy access:** gambling available on base and on every phone

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COMORBIDITIES & CHARACTERISTICS

DEPRESSION
23%

TBI
20%

ANXIETY
7.9%

PTSD
7%

MEAN AGE
28.5

MALE
82.5%

Also typical: competitive, sport-oriented, and risk-taking. ***Military prevalence estimates run 2–4× the civilian rate.***

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IMPACT ACROSS THE FORCE

When gambling harm goes unseen

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IMPACT OF GAMBLING ACROSS THE FORCE

INDIVIDUAL

- Financial harm
- Psychological harm
- Emotional harm
- Relationship harm
- Debt & legal trouble
- Risk to career & security clearance

UNIT

- Reduced morale
- Decreased team cohesion
- Weakened unit integrity
- Harm stays hidden

COMMAND

- Decreased mission focus
- Reduced unit readiness
- Security & insider - threat risk

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THE ROLE OF STIGMA

The central barrier to prevention and help - seeking

THE ACCESS EXPLOSION

WWI	1980	2004	MID-GWOT	2015	2020
Help-seekers branded “weak malingerers”	PTSD formally recognized (DSM-III)	Only 23–40% with likely mental-health problems sought care	New push: DoD MH Task Force, “22 a day,” Real Warriors	~60% with mental-health needs still didn’t seek care	DoD reports stigma falling, but says it persists

Is this still a problem today? Every era softened the overt shaming. None of them erased the quieter barriers that still keep service members silent.

WHAT DOES STIGMA LOOK LIKE TODAY?

- Fear of career harm and being "flagged" prevents disclosure
- A culture of self-reliance and silence discourages help-seeking
- Policy has modernized, but policy literacy lags behind
- Gambling disorder stays structurally invisible without routine screening

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WHY DON'T WE SEE IT?

WARRIOR ETHOS

- "Don't be weak"
- "Someone needs support, but not me"
- "If I go to therapy, I've failed

CAREER HARM

- 1 in 3 believe seeking care will hurt their career
- AR 600-85 reporting requirements
- Fear of being "flagged"

SECURITY CLEARANCE

- DoDI 6490.08 (Command Notifications on Mental Health): meant to destigmatize, but poorly understood
- Gambling's financial fallout adds risk beyond 6490 protections

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WHY SILENCE IS DANGEROUS: WOMEN VETERANS

60% of women veterans seeking GD treatment in the sample reported a past suicide attempt

40% + of all veterans in GD treatment report a suicide attempt history

Valle Frias, Grubbs, Chapman & Kraus (2025), Military Medicine

Women veterans with gambling disorder face especially **high suicide risk**, and **higher rates of pathological gambling** than non-veteran women.

Stigma keeps this population from screening and care.

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A VETERAN'S VOICE

"In the military, we were taught to carry our own …the lone wolf attitude where I can do it myself. **The hardest thing for us is asking for help.** "

—Jared, veteran. Vana et al. (2025), Journal of Gambling Studies

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A PUBLIC-HEALTH LENS

Addressing stigma through the socio - ecological model

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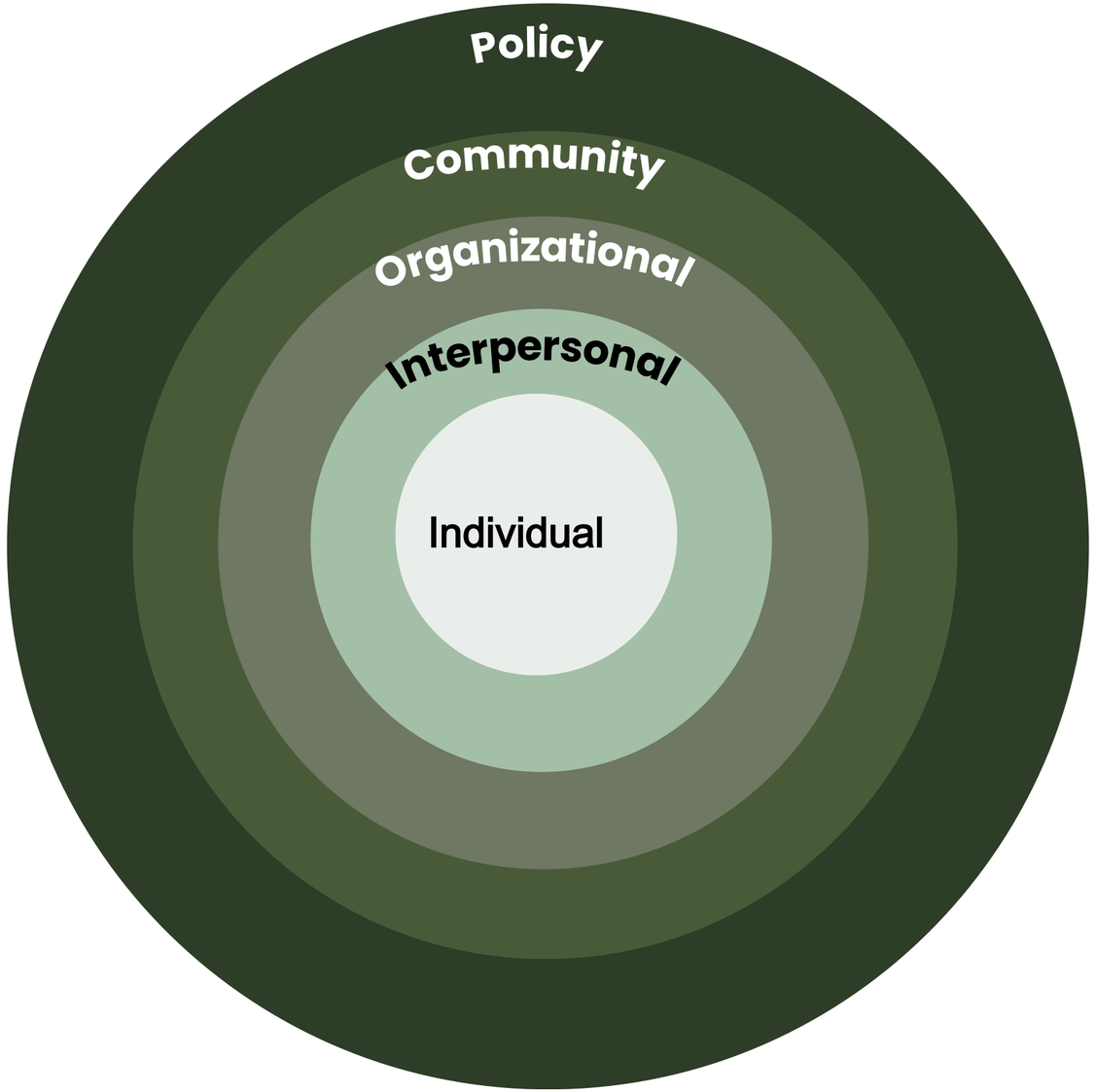
THE SOCIO-ECOLOGICAL MODEL

Health behavior is shaped across five nested levels, from the individual outward to policy.

What happens at one level ripples through the rest. Stigma isn't just personal; it's reinforced by relationships, institutions, community, and policy alike.

An effective response has to work at every level at once.



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WHERE STIGMA LIVES AT EACH LEVEL

INDIVIDUAL	Self- stigma and shame: “asking for help means I’ve failed.”
INTERPERSONAL	Peers and family normalize gambling; silence is modeled and expected.
ORGANIZATIONAL	Commands and providers under - screen and under - train; harm stays invisible.
COMMUNITY	VA, MHS, and base culture shape whether help - seeking feels safe.
POLICY	Reporting rules and clearance concerns; modernized but poorly understood.

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WHY ONE LEVEL IS NEVER ENOUGH

SINGLE-LEVEL FAILS

Telling an individual to “just stop” fails when everything around them normalizes gambling.

EFFECTS RIPPLE

A change at one level moves the others: policy shifts behavior, culture shifts help-seeking.

PRESSURE COMPOUNDS

Acting at several levels at once creates reinforcing pressure. That's the core public health insight.

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A coordinated response across every level

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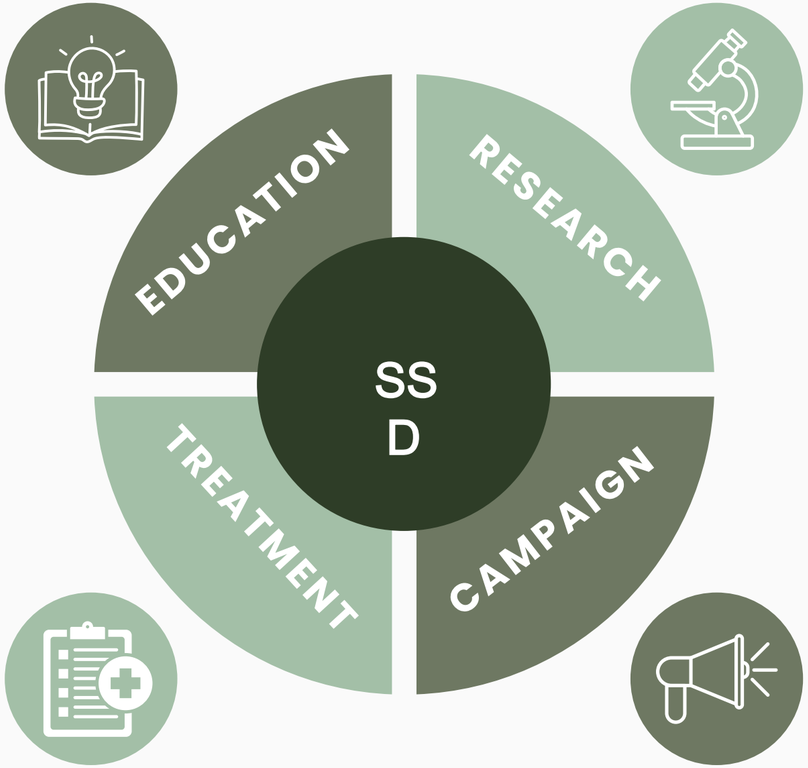
THE STIGMA STAND DOWN (SSD) MODEL



Our Goals:

- ↓ Stigma
- ↑ Access
- ↑ Anonymity

Our Method:

- Culturally appropriate messaging
- Community feedback
- Direct partnerships

STIGMA STAND DOWN ACROSS THE MODEL

INDIVIDUAL & INTERPERSONAL

Anonymous self-screening, no-cost telehealth, and refreshed language that makes help-seeking safe.

ORGANIZATIONAL & COMMUNITY

Leadership, provider, and partner briefings, on-base resource distribution, and a central hub for education and referral.

POLICY

Policy support and partnerships that connect service members to care through warm handoffs.

From Briefings to Warm Handoffs

SSD turns strategy into practice:

- Leadership and provider briefings and trainings
- Anonymous self-screening and treatment options
- Refreshed language around gambling and mental health
- A central hub for training, education, and resources

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WHAT STIGMA STAND DOWN OFFERS

EDUCATION HUB

Free CEUs on understanding and managing gambling disorder, plus military-specific educational materials.

TREATMENT HUB

Free, confidential treatment and group therapy, including TRICARE-paneled telehealth care.

RESEARCH HUB

Clinician-led studies and partnerships (50x4Vets, VA) that feed evidence back into practice and policy.

PARTNER WITH US

FOUR LOW -LIFT ACTIONS YOU CAN TAKE NOW

- **Screen** for gambling disorder in routine intake and health assessments
- **Build** gambling into existing training and stand - down days
- **Know** DoDI 6490.08 and your branch's specific policy
- **Partner** with Stigma Stand Down for telehealth and trainings

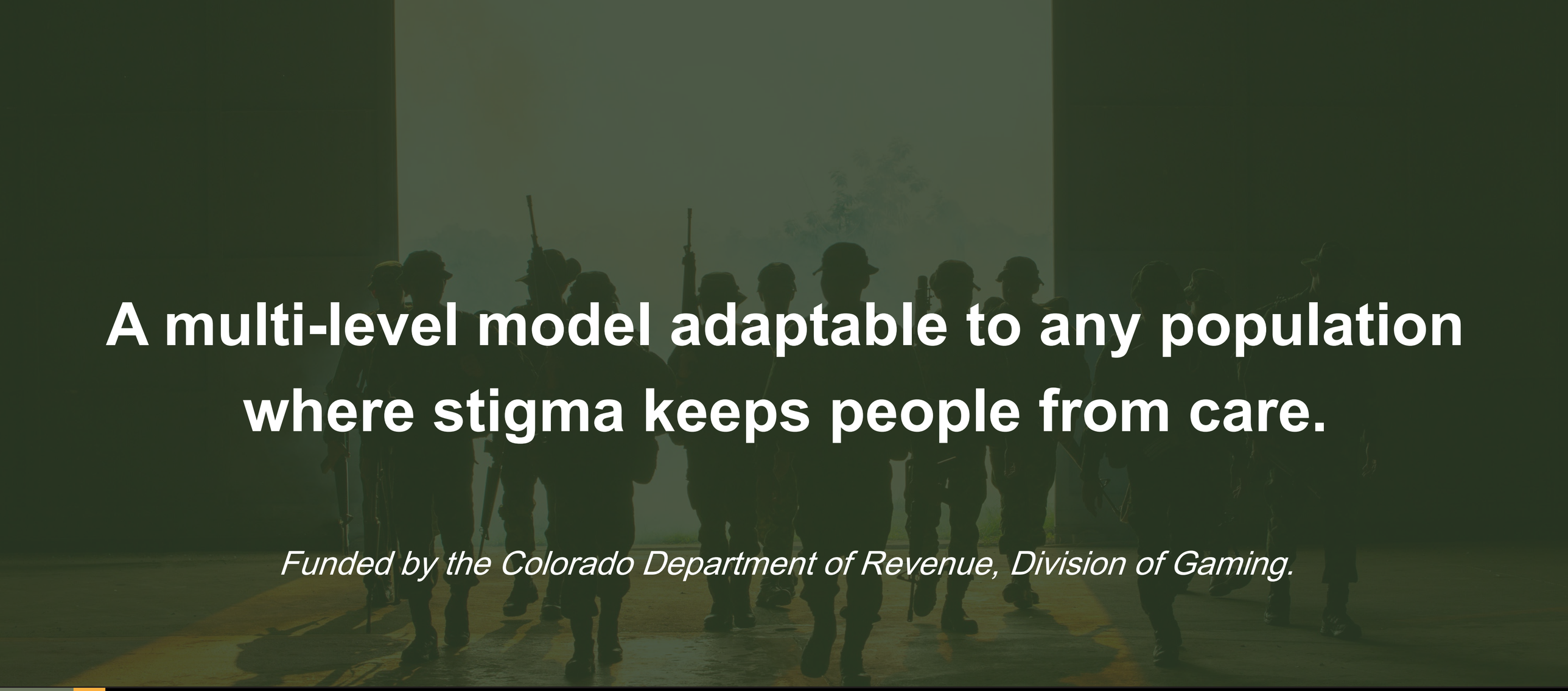
Key Takeaways

What to bring from this room back to your force

Bringing It Together

Three things to remember:

- Military gambling is a rising public health problem, futher amplified by access and hidden by stigma
- Stigma operates at every level of the socio-ecological model, so a response must too
- Stigma Stand Down offers a tested, multi-level, adaptable framework and partnership



A multi-level model adaptable to any population where stigma keeps people from care.

Funded by the Colorado Department of Revenue, Division of Gaming.

THANK YOU

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