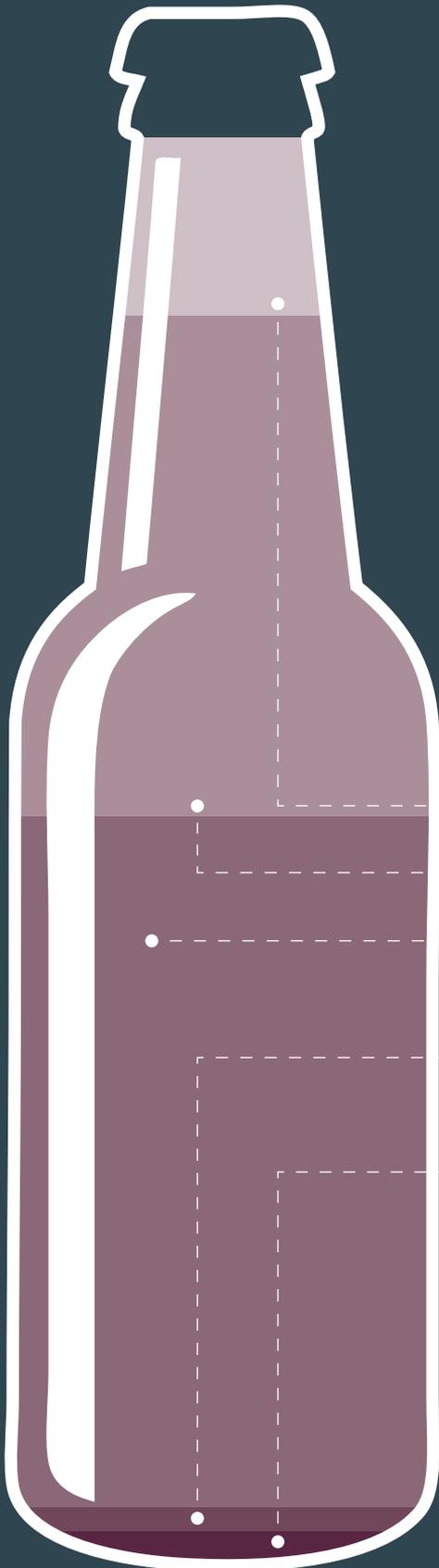# Alcohol usage in the UK Armed Forces

74%
of Regular UK Armed Forces personnel completed the alcohol screening tool (AUDIT-C) between 1 June 2016 - 31 May 2017*

61% scored 5+ indicating that they may potentially be at increasing risk or above of alcohol related harm (ranging from poor mood, accidents and reduced fitness, to possible long-term illness).

You would score in this category if you drank:

or

3 glasses of wine twice a week
4 pints of beer on one occasion in a month

AUDIT-C considers the pattern of drinking behaviour, not just the quantity. It is possible to achieve an AUDIT-C score that indicates potentially increasing or higher risk from alcohol related harm while drinking less than 14 units a week (Chief Medical Officer's Low Risk Drinking Guidelines).

AUDIT-C Scoring: (risk of alcohol related harm)

- **7%** - Non-drinkers (0)
- **30%** - May potentially be at lower risk (1-4)
- **59%** - May potentially be at increasing or higher risk (5-9)
- **2%** - May potentially be higher risk individuals who should be advised to see their GP(10-12)
- **2%** - No score (incomplete AUDIT-C questionnaire)

80% of personnel who scored 1+ were given a alcohol advice leaflet

63% of personnel who scored 5+ were given advice about reducing their drinking (alcohol brief intervention)

* This is the first large scale use of the AUDIT-C questionnaire in a military population.

Alcohol usage in the UK Armed Forces

Data Definitions

Alcohol Use Disorders Identification Test (AUDIT-C)
A three self-reported alcohol screening tool recommended for use by the World Health Organisation that can help identify individuals who may be at increased risk from their drinking habits. This screening tool was implemented across Defence Primary Health Care Dental centres as part of routine dental inspections.

Alcohol Brief Intervention (ABI)
A short, evidence-based, structured conversation about alcohol consumption with a patient, that seeks to motivate and support the individual to consider reducing their consumption.

Alcohol Related Harm
At the individual level, alcohol consumption has multiple short, medium and long term negative health effects, ranging from poor mood, anxiety, accidents and injury, weight gain and reduced fitness, to possible long-term effects of increased cardiovascular disease, diabetes and cancer risks. It is a major cause of breakdown in relationships, trauma, hospitalization, prolonged disability and early death.

Population Includes
Regular UK Armed Forces personnel (Full time Service personnel, including Nursing Services, but excluding FTRS, Gurkhas, Naval activated Reservists, mobilised Reservists, Military Provost Guarding Service (MPGS) and Non Regular Permanent Service (NRPS)) serving at 1 June 2017.

Population Excludes
Reservist personnel have been excluded from these statistics as the majority of their dental care is delivered by the NHS. Personnel who completed the AUDIT-C but left Service before 1 June 2017.

Reference Period
Personnel serving as at 1 June 2017. Personnel who completed the AUDIT-C between 1 June 2016 and 31 May 2017.

Methodology

How is it calculated?
The three responses from each of the questions in the AUDIT-C are added together to produce a score on a scale of 0-12. The scale has then been grouped into four categories, 0 non-drinkers, 1-4 potentially at lower risk, 5-9 potentially at increasing or higher risk, 10-12 potentially at higher risk.

The number of Service personnel in a score category is divided by the number of Service personnel who completed the AUDIT-C in the reference period eg. The number of males scored 5+ is divided by the number of males that completed the AUDIT-C in the reference period. Percentages are represented in the bottle by the volume of the shaded portion.

Data Quality

Original Source(s)
The analysis provided in these statistics is based on personnel serving as at 1 June 2017 who have completed an AUDIT-C between 1 June 2016 and 31 May 2017.

Coded data was searched for using the Dental AUDIT-C template. Information entered as free text in the patient record is not available in the data warehouse and is not included in these statistics.

Where personnel have been given the AUDIT-C more than once in between 1 June 2016 and 31 May 2017, only the latest entry in the medical record has been included.

Limitations
AUDIT-C is not a diagnostic tool. It is a brief screen that can be used to help identify individuals who might be at potential risk from their drinking and may benefit from advice or signposting to support services.

AUDIT-C scores do not represent sequential stepped increases in alcohol consumption or risk, e.g. a score of 4 does not signify drinking twice as much, or being at twice as much risk of harm as a score of 2.

There are also initiatives led by the Chain of Command to deliver Alcohol Brief Intervention (ABIs) by non-clinical personnel. It is not currently possible to measure how many of these ABIs have been delivered as there is no requirement to capture the information on a central reporting system. Therefore the number of ABIs given by dental clinicians is a minimum.

Information

More detailed information on the data, definitions and methods used to create this report can be found in the Background Quality Report (BQR) published at:

https://www.gov.uk/government/statistics/alcohol-usage-in-the-uk-armed-forces-1-june-2016-to-31-may-2017