



Ministry
of Defence

Defence Statistics (Health)
Ministry of Defence
Oak 0 West (#6028)
Abbey Wood North
Bristol BS34 8JH
United Kingdom

Telephone [MOD]: +44 (0)30679 84423
Facsimile [MOD]: +44 (0)1179 319634
E-mail: DefStrat-Stat-Health-PQ-FOI@mod.uk

Reference: FOI 2017/07868

Date: 7 September 2017

Dear [REDACTED]

Thank you for your email of 8 August 2017 requesting the following information:

“Under the FOI Act, could you please supply details of the number of UK Armed Forces personnel who have had codes for alcohol abuse/misuse entered into their electronic medical records since 2015. If possible I would like the breakdown to include service and sex.”

I am treating your correspondence as a request for information under the Freedom of Information Act 2000.

A search for the information has now been completed within the Ministry of Defence, and I can confirm that all the information in scope of your request is held.

Between 1 January 2015 and 14 August 2017 **3,479** UK Armed Forces personnel had at least one read code for alcohol abuse/misuse entered onto their electronic primary health care record (DMICP). This information is presented by Service, and gender in **Table 1**.

**Table 1: UK Armed Forces personnel¹ with an alcohol abuse/misuse read code by Service² and gender, numbers,
1 January 2015 to 14 August 2017**

Service	Gender		
	All	Male	Female
All	3,479	3,202	277
Naval Service ²	760	683	77
Army	2,329	2,192	137
RAF	390	327	63

Source: DMICP, Joint Personnel Administration

¹ Includes trained and untrained Regular and Reservist Personnel.

² Naval Service include Royal Navy and Royal Marines.

Under section 16 of the Act (Advice and Assistance), you may find it useful to note the following:

Please note, read codes for alcohol abuse/misuse cover a variety of issues which range in severity, from inebriety to alcoholism. Not all of the personnel in the table above fall into the severe categories, some are cases of intoxication.

The Alcohol Usage in the UK Armed Forces Official Statistic was published on 20 July 2017 on the gov.uk website at <https://www.gov.uk/government/statistics/alcohol-usage-in-the-uk-armed-forces-1-june-2016-to-31-may-2017>. This was a one-off statistic on a Defence initiative to introduce an alcohol screening tool (the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)) and brief advice (an Alcohol Brief Intervention) for all UK Armed Forces personnel attending routine dental inspections.

As within wider society, there is no quick fix to reduce alcohol misuse in the Armed Forces. We provide a package of measures to educate personnel on the dangers of alcohol misuse to help them make informed decisions, and have introduced extensive policy and guidance for Commanders. We also have rigorous processes in place to discipline personnel who make poor choices regarding alcohol consumption, as well as treatment mechanisms in place for those with genuine alcohol problems.

Personnel include all UK Armed Forces Regular and Reservist Personnel. This does not include entitled or non-entitled civilians, Foreign Service or non UK military. This response relates to all personnel who had a DMICP record and served between 2015 and 14 August 2017, and is not limited to the currently serving population.

Data are compiled by Defence Statistics (Health) from the Defence Medical Information Capability Programme (DMICP) data warehouse. The DMICP programme commenced during 2007 and comprises an integrated primary Health Record (iHR) for clinical use and a pseudo-anonymised central data warehouse.

Medical data is stored in the DMICP data warehouse using read codes. Data on Service personnel with codes entered on their medical record relating to alcohol related medical problems and alcohol abuse/misuse has been sourced from DMICP. The data entered has been collected using the following Read Codes:

1365	Heavy drinker - 7-9u/day	EGTON59	Alcohol overdose
1366	Very heavy drinker - >9u/day	EMISCAB16	Excessive use of alcohol
136P	Heavy drinker	Eu10	[X]Mental and behavioural disorders due to use of alcohol
136S	Hazardous alcohol use	Eu100	[X]Acute alcoholic drunkenness
136T	Harmful alcohol use	Eu100	[X]Mental & behav dis due to use alcohol: acute intoxication
136W	Alcohol misuse	Eu101	[X]Mental and behav dis due to use of alcohol: harmful use
136Y	Drinks in morning to get rid of hangover	Eu102	[X]Alcohol addiction
8H35	Admitted to alcohol detoxification centre	Eu102	[X]Chronic alcoholism
DMSMARPE	Alcohol relapse prevention education	Eu102	[X]Dipsomania
E010	Alcohol withdrawal delirium	Eu102	[X]Mental and behav dis due to use alcohol: dependence syndr
E010	Delirium tremens	Eu103	[X]Mental and behav dis due to use alcohol: withdrawal state
E010	DTs - delirium tremens	Eu104	[X]Delirium tremens, alcohol induced
E0110	Korsakov's alcoholic psychosis	Eu104	[X]Men & behav dis due alcohol: withdrawal state with delirium
E0111	Korsakov's alcoholic psychosis with peripheral neuritis	Eu105	[X]Alcoholic hallucinosis
E23	Alcohol dependence syndrome	Eu105	[X]Alcoholic jealousy
E23	Alcohol problem drinking	Eu105	[X]Alcoholic paranoia
E23	Alcoholism	Eu105	[X]Alcoholic psychosis NOS
E230	Acute alcoholic intoxication in alcoholism	Eu105	[X]Mental & behav dis due to use alcohol: psychotic disorder
E230	Alcohol dependence with acute alcoholic intoxication	Eu106	[X]Korsakov's psychosis, alcohol induced
E2300	Acute alcoholic intoxication, unspecified, in alcoholism	Eu106	[X]Mental and behav dis due to use alcohol: amnesic syndrome
E2301	Continuous acute alcoholic intoxication in alcoholism	Eu107	[X]Alcoholic dementia NOS
E2302	Episodic acute alcoholic intoxication in alcoholism	Eu107	[X]Chronic alcoholic brain syndrome
E2303	Acute alcoholic intoxication in remission, in alcoholism	Eu107	[X]Men & behav dis due alcohol: resid & late-onset psychot dis
E230z	Acute alcoholic intoxication in alcoholism NOS	Eu108	[X]Alcohol withdrawal-induced seizure
E231	Chronic alcoholism	Eu10y	[X]Men & behav dis due to use alcohol: oth men & behav dis
E231	Dipsomania	Eu10z	[X]Ment & behav dis due use alcohol: unsp ment & behav dis
E2310	Unspecified chronic alcoholism	F3941	Alcoholic myopathy
E2311	Continuous chronic alcoholism	G555	Alcoholic cardiomyopathy
E2312	Episodic chronic alcoholism	G557	Nutritional and metabolic cardiomyopathies
E2313	Chronic alcoholism in remission	J153	Alcoholic gastritis
E231z	Chronic alcoholism NOS	J61	Cirrhosis and chronic liver disease
E23z	Alcohol dependence syndrome NOS	J610	Alcoholic fatty liver
E250	Drunkenness NOS	J611	Acute alcoholic hepatitis
E250	Hangover (alcohol)	J612	Alcoholic cirrhosis of liver
E250	Inebriety NOS	J612	Florid cirrhosis
E250	Intoxication - alcohol	J612	Laennec's cirrhosis
E250	Non-dependent abuse of alcohol	J6120	Alcoholic fibrosis and sclerosis of liver
E250	Nondependent alcohol abuse	J613	Alcoholic liver damage NOS
E2500	Nondependent alcohol abuse, unspecified	J613	Alcoholic liver damage unspecified
E2501	Nondependent alcohol abuse, continuous	J6130	Alcoholic hepatic failure
E2502	Nondependent alcohol abuse, episodic	J617	Alcoholic hepatitis
E2503	Nondependent alcohol abuse in remission	J6170	Chronic alcoholic hepatitis
E250z	Nondependent alcohol abuse NOS	ZV6D6	[V]Alcohol abuse counselling and surveillance

DMICP is a live data source and is subject to change. Date of extract 14 August 2017.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK Armed Forces personnel and is used to gather information on a person's service and gender.

If you have any queries regarding the content of this letter, please contact this office in the first instance

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIO-FOI-IR@mod.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health)