



Ministry  
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Dear [REDACTED]

Thank you for your email of 22 March 2017 requesting the following information:

1. *The number of UK Armed Forces personnel with a read code for alcohol abuse/misuse entered into their electronic primary health care record since 1 January 2007, broken down by year and Service.*
2. *The number of UK Armed Forces personnel who have had an episode of care at a MOD DCMH or In-patient provider for psychoactive substance misuse due to alcohol since 2007/08 is available broken down by year and Service in the following report : <https://www.gov.uk/government/statistics/uk-armed-forces-mental-health-annual-statistics-financial-year-201516>*
3. *The number of UK Armed forces personnel convicted at Court Martial or Summary Hearing for unfitness or misconduct through alcohol or drugs (Armed Forces Act 2006) or Drunkenness (Army Act 1955, Naval Discipline Act 1957), since 1 January 2007, broken down by year and Service.*

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.

In response to question 1; between 1 January 2007 and 28 March 2017 **9,890** UK Armed Forces personnel had at least one read code for alcohol abuse/misuse entered onto their electronic Defence Medical Information Capability Programme (DMICP) primary health care record. This equates to **0.4%**<sup>1</sup> of Armed Forces personnel per year. This information is presented by calendar year in **Table 1**.

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<sup>1</sup> The annualised rate of incidence has been calculated as the average number of read codes per year divided by the average size of the Armed Forces over the 11 year period.

**Table 1: UK Armed Forces personnel<sup>1</sup> alcohol abuse/misuse<sup>2</sup>, 1 January 2007 - 28 March 2017, by calendar year, broken down by service, numbers<sup>3,4,5</sup>**

Calendar Year	All Personnel	Naval Service	Army	RAF
<b>All</b>	<b>9,890</b>	<b>2,197</b>	<b>6,661</b>	<b>1,032</b>
2007	735 <sup>f</sup>	175	457	103
2008	931 <sup>f</sup>	252	578	101
2009	1,075 <sup>f</sup>	304	653	118
2010	1,036 <sup>f</sup>	290	624	122
2011	1,116 <sup>f</sup>	270	738	108
2012	1,227 <sup>f</sup>	306	808	113
2013	1,737 <sup>f</sup>	303	1,253	181
2014	1,773 <sup>f</sup>	347	1,259	167
2015	1,693	351	1,163	179
2016	1,519	332	1,010	177
2017 <sup>6</sup>	528	157	296	75

Source: DMICP

<sup>1</sup> Includes trained and untrained Regular and Reservist Personnel

<sup>2</sup> Alcohol abuse/ misuse read codes recorded on DMICP electronic primary care record between 1 January 2007 and 28 March 2017 (see section 16 advice and assistance for codes used)

<sup>3</sup> Data extracted on 30 March 2017

<sup>4</sup> The data between 2007 and 2010 may be incomplete due to the rollout of the electronic medical record system, therefore numbers presented are a minimum.

<sup>5</sup> Personnel are only included once overall and once per calendar year but may be entered in more than one year, thus subtotals will not sum to the overall total

<sup>6</sup> Data for 2017 covers the period 1 January 2017 to 31 March 2017.

<sup>f</sup> There has been a change in methodology since the figures were previously released therefore numbers presented have been revised

In response to question 2; please see attached report as referenced in the link previously supplied.

In response to question 3; between 1 January 2007 and 31 March 2017 **3,781** UK Armed Forces personnel were convicted at Court Martial or Summary Hearing for unfitness or misconduct through alcohol or drugs (Armed Forces Act 2006) or Drunkenness (Army Act 1955, Naval Discipline Act 1957); (1,292 Naval Service personnel, 2,303 Army personnel, and 186 RAF personnel). These 3,781 personnel had a total of **4,227** convictions. This information is presented by calendar year in **Table 2**.

**Table 2: Convictions for UK Armed Forces personnel<sup>1</sup> at Court Martial or Summary Hearing for unfitness or misconduct through alcohol or Drunkenness, 1 January 2007 - 31 March 2017, by calendar year, broken down by service, numbers<sup>2,3,4,5</sup>**

Calendar Year	All Personnel	Naval Service	Army	RAF
<b>All</b>	<b>3,781</b>	<b>1,292</b>	<b>2,303</b>	<b>186</b>
2007	70	15	53	2
2008	210	43	162	5
2009	378	99	267	12
2010	671	286	367	18
2011	606	251	318	37
2012	530	205	297	28
2013	436	161	263	12
2014	432	165	249	18
2015	401	140	230	31
2016	402	124	249	29
2017 <sup>6</sup>	91	24	60	7

Source: JPA

<sup>1</sup> Includes trained and untrained Regular and Reservist Personnel

<sup>2</sup> Please note that the figures in the table above have been extracted from data recorded on JPA Discipline.

<sup>3</sup> Figures for 2007 are likely to be incomplete as JPA was not fully rolled out until mid-2007.

<sup>4</sup> Please note that we do not have full confidence in the data recorded on JPA Discipline prior to 2010.

<sup>5</sup> An individual who has been convicted on more than one occasion will appear more than once in the table. However they are only included once overall thus subtotals will not sum to the overall total.

<sup>6</sup> Data for 2017 covers the period 1 January 2017 to 31 March 2017.

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

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. We recognise we can do more and the tri-Service Alcohol Working Group are introducing a screening tool to identify misuse of alcohol as well as investigating the use of an Alcohol Brief Intervention.

There has been a change in methodology since the figures were previously released therefore the numbers presented in this loose minute have been revised.

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 2007 and 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. Prior to this data warehouse, medical records were kept locally, at each individual medical centre. By 2010, DMICP was in place for the UK and the majority of Germany. Rollout to other overseas locations commenced in November 2011. The data between 2007 and 2010 may be incomplete due to the rollout of the electronic medical record system, therefore numbers presented are a minimum.

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 extracted on 30 March 2017:

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: withdrawl 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 alcoh: 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

It is not possible within the DMICP data warehouse to identify episodes of care for individuals. A person could have several codes relating to alcohol abuse/misuse entered into their record but it is not possible to say if these codes relate to one, or multiple events. Therefore each person is counted once per year in table 1. Please note if any of the descriptions or codes listed above were recorded as free text only in the patient medical record they will not be included in the above search.

**Please note, DMICP is a live system and thus patient figures may change as a result.**

If you are not satisfied with this response or you wish to complain about any aspect of the handling of your request, then you should contact me in the first instance. If informal resolution is not possible and you are still dissatisfied then you may apply for an independent internal review by contacting the Information Rights Compliance team, 1st Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail [CIO-FOI-IR@mod.uk](mailto:CIO-FOI-IR@mod.uk)). Please note that any request for an internal review must be made within 40 working days of the date on which the attempt to reach informal resolution has come to an end.

If you remain dissatisfied following an internal review, you may take your complaint to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not investigate your case until the MOD internal review process has been completed. Further details of the role and powers of the Information Commissioner can be found on the Commissioner's website, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics (Health)