



Ministry
of Defence

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Dear [REDACTED]

Thank you for your email of 6 February 2018 requesting the following information:

“The number of UK armed forces personnel who have had codes for a) alcohol abuse/misuse b) drug abuse/misuse entered into their electronic medical record since 2014.

Please can you break down this data by year, sex 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.

Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 1998. This is also in line with the Joint Service Publication 200 (JSP 200), in which numbers fewer than five are suppressed in order to reduce the possible inadvertent disclosure of individual identities. Section 40 is an absolute exemption and there is therefore no requirement to consider the public interest in making a decision to withhold the information.

Please note, the figures presented are for all UK Armed Forces personnel who have served at some point between 1 January 2014 and 31 December 2017. This would include some personnel who only served for a short time and who have now left service.

Between 1 January 2014 and 31 December 2017 **5,089** 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 year, Service, and gender in **Table 1**. Please note, it is not possible to determine from the electronic primary health care record whether the code entered refers to alcohol abuse/misuse from before or during service.

**Table 1: UK Armed Forces personnel¹ with an alcohol abuse/misuse read code by Service² and gender, numbers^{3, 4},
1 January 2014 to 31 December 2017**

| Calendar Year | All Personnel | | | Naval Service ² | | | Army | | | RAF | | |
|------------------|---------------|-------|--------|----------------------------|------|--------|-------|-------|--------|-----|------|--------|
| | All | Male | Female | All | Male | Female | All | Male | Female | All | Male | Female |
| All ³ | 5,089 | 4,681 | 408 | 1,072 | 974 | 98 | 3,481 | 3,259 | 222 | 536 | 448 | 88 |
| 2014 | 1,778 | 1,632 | 146 | 349 | 316 | 33 | 1,262 | 1,178 | 84 | 167 | 138 | 29 |
| 2015 | 1,702 | 1,570 | 132 | 353 | 316 | 37 | 1,170 | 1,105 | 65 | 179 | 149 | 30 |
| 2016 | 1,524 | 1,402 | 122 | 334 | 301 | 33 | 1,013 | 952 | 61 | 177 | 149 | 28 |
| 2017 | 1,229 | 1,123 | 106 | 320 | 292 | 28 | 746 | 699 | 47 | 163 | 132 | 31 |

Source: DMICP, Joint Personnel Administration

¹ Includes trained and untrained Regular and Reservist Personnel.

² Naval Service include Royal Navy and Royal Marines.

³ Personnel have been counted once per year and only once overall, thus the sum of all years will not equal the overall number.

⁴ Service has been taken at the time a read code was first entered onto the patient's medical record. Please note, some personnel may change service and be included under a different service for another year.

Between 1 January 2014 and 31 December 2017 **583** UK Armed Forces personnel had at least one read code for drug abuse/misuse entered onto their electronic primary health care record (DMICP). This information is presented by year, Service, and gender in **Table 2**. Please note, it is not possible to determine from the electronic primary health care record whether the code entered refers to drug abuse/misuse from before or during service.

**Table 2: UK Armed Forces personnel¹ with a drug abuse/misuse read code by Service² and gender, numbers^{3, 4},
1 January 2014 to 31 December 2017**

| Calendar Year | All Personnel ⁴ | | | Naval Service ² | | | Army | | | RAF | | |
|------------------|----------------------------|------|--------|----------------------------|------|--------|------|------|--------|-----|------|--------|
| | All | Male | Female | All | Male | Female | All | Male | Female | All | Male | Female |
| All ⁴ | 583 | 558 | 25 | 28 | ~ | ~ | 524 | 504 | 20 | 31 | ~ | ~ |
| 2014 | 167 | 160 | 7 | 8 | 8 | - | 153 | 148 | 5 | 6 | ~ | ~ |
| 2015 | 191 | 182 | 9 | 5 | 5 | - | 181 | 173 | 8 | 5 | ~ | ~ |
| 2016 | 125 | 119 | 6 | 8 | ~ | ~ | 108 | ~ | ~ | 9 | ~ | ~ |
| 2017 | 124 | ~ | ~ | 8 | ~ | ~ | 104 | ~ | ~ | 12 | 12 | - |

Source: DMICP, Joint Personnel Administration

¹ Includes trained and untrained Regular and Reservist Personnel.

² Naval Service include Royal Navy and Royal Marines.

³ In line with JSP 200 on statistical disclosure, numbers fewer than five have been suppressed.

⁴ Personnel have been counted once per year and only once overall, thus the sum of all years will not equal the overall number.

⁵ Service has been taken at the time a read code was first entered onto the patient's medical record. Please note, some personnel may change service and be included under a different service for another year.

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 the personnel in the table above fall into the severe categories; some are cases of intoxication. Read codes for drug abuse/misuse also cover a variety of issues which range in severity from occasional drug use to drug dependency. Read codes for abuse/misuse of caffeine and nicotine have not been included.

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.

In the case of dependency on any substance, a medical category of Medically Not Deployable is appropriate whilst any treatment is undertaken. Healthcare is available from primary care, specialist mental healthcare in the Departments of Community Mental Health, and for those requiring inpatient management via the Independent Service Providers in the NHS who are contracted to provide such services by the MOD.

Whilst healthcare needs have higher priority, it should be noted that Service Personnel who misuse substances are liable for disciplinary or administration action, in accordance with MOD and single Service policy.

For example, soldiers caught taking drugs can expect to be discharged. In a very small number of exceptional circumstances, where an uncharacteristic mistake is made by a young soldier, second chances may be considered. This only happens where a Commanding Officer believes the individual meets the stipulated retention criteria. These retention criteria are laid out in Joint Service Publication 835, which is available on the gov.uk website.

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 1 January 2014 and 31 December 2018, 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/drug related medical problems and alcohol/drug abuse/misuse has been sourced from DMICP.

Please see the Annex A for a list of the read codes that have been searched in DMICP for alcohol abuse/misuse and drug abuse/misuse.

DMICP is a live data source and is subject to change. Date of extract 20 February 2018 for alcohol abuse/misuse and 2 March 2018 for drug abuse/misuse.

Please note, any data entered as free text only in patients' medical record will not be included in the figures presented as this information is not available in the data warehouse.

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 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). 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, <https://ico.org.uk>.

I hope this is helpful.

Yours sincerely

Defence Statistics Health

Enclosures

Annex A – DMICP Read Codes for Alcohol and Drug Abuse/Misuse

Read Codes for Alcohol Abuse and Misuse

| Code | Description |
|-----------|---|
| 1365 | Heavy drinker - 7-9u/day |
| 1366 | Very heavy drinker - >9u/day |
| 136P | Heavy drinker |
| 136S | Hazardous alcohol use |
| 136T | Harmful alcohol use |
| 136W | Alcohol misuse |
| 136Y | Drinks in morning to get rid of hangover |
| 8H35 | Admitted to alcohol detoxification centre |
| DMSMARPE | Alcohol relapse prevention education |
| E010 | Alcohol withdrawal delirium |
| E010 | Delirium tremens |
| E010 | DTs - delirium tremens |
| E0110 | Korsakov's alcoholic psychosis |
| E0111 | Korsakov's alcoholic psychosis with peripheral neuritis |
| E23 | Alcohol dependence syndrome |
| E23 | Alcohol problem drinking |
| E23 | Alcoholism |
| E230 | Acute alcoholic intoxication in alcoholism |
| E230 | Alcohol dependence with acute alcoholic intoxication |
| E2300 | Acute alcoholic intoxication, unspecified, in alcoholism |
| E2301 | Continuous acute alcoholic intoxication in alcoholism |
| E2302 | Episodic acute alcoholic intoxication in alcoholism |
| E2303 | Acute alcoholic intoxication in remission, in alcoholism |
| E230z | Acute alcoholic intoxication in alcoholism NOS |
| E231 | Chronic alcoholism |
| E231 | Dipsomania |
| E2310 | Unspecified chronic alcoholism |
| E2311 | Continuous chronic alcoholism |
| E2312 | Episodic chronic alcoholism |
| E2313 | Chronic alcoholism in remission |
| E231z | Chronic alcoholism NOS |
| E23z | Alcohol dependence syndrome NOS |
| E250 | Drunkenness NOS |
| E250 | Hangover (alcohol) |
| E250 | Inebriety NOS |
| E250 | Intoxication - alcohol |
| E250 | Non-dependent abuse of alcohol |
| E250 | Nondependent alcohol abuse |
| E2500 | Nondependent alcohol abuse, unspecified |
| E2501 | Nondependent alcohol abuse, continuous |
| E2502 | Nondependent alcohol abuse, episodic |
| E2503 | Nondependent alcohol abuse in remission |
| E250z | Nondependent alcohol abuse NOS |
| EGTON59 | Alcohol overdose |
| EMISCAB16 | Excessive use of alcohol |
| Eu10 | [X]Mental and behavioural disorders due to use of alcohol |

| | |
|-------|--|
| Eu100 | [X]Acute alcoholic drunkenness |
| Eu100 | [X]Mental & behav dis due to use alcohol: acute intoxication |
| Eu101 | [X]Mental and behav dis due to use of alcohol: harmful use |
| Eu102 | [X]Alcohol addiction |
| Eu102 | [X]Chronic alcoholism |
| Eu102 | [X]Dipsomania |
| Eu102 | [X]Mental and behav dis due to use alcohol: dependence syndr |
| Eu103 | [X]Mental and behav dis due to use alcohol: withdrawal state |
| Eu104 | [X]Delirium tremens, alcohol induced |
| Eu104 | [X]Men & behav dis due alcoh: withdrawl state with delirium |
| Eu105 | [X]Alcoholic hallucinosis |
| Eu105 | [X]Alcoholic jealousy |
| Eu105 | [X]Alcoholic paranoia |
| Eu105 | [X]Alcoholic psychosis NOS |
| Eu105 | [X]Mental & behav dis due to use alcohol: psychotic disorder |
| Eu106 | [X]Korsakov's psychosis, alcohol induced |
| Eu106 | [X]Mental and behav dis due to use alcohol: amnesic syndrome |
| Eu107 | [X]Alcoholic dementia NOS |
| Eu107 | [X]Chronic alcoholic brain syndrome |
| Eu107 | [X]Men & behav dis due alcoh: resid & late-onset psychot dis |
| Eu108 | [X]Alcohol withdrawal-induced seizure |
| Eu10y | [X]Men & behav dis due to use alcohol: oth men & behav dis |
| Eu10z | [X]Ment & behav dis due use alcohol: unsp ment & behav dis |
| F3941 | Alcoholic myopathy |
| G555 | Alcoholic cardiomyopathy |
| G557 | Nutritional and metabolic cardiomyopathies |
| J153 | Alcoholic gastritis |
| J61 | Cirrhosis and chronic liver disease |
| J610 | Alcoholic fatty liver |
| J611 | Acute alcoholic hepatitis |
| J612 | Alcoholic cirrhosis of liver |
| J612 | Florid cirrhosis |
| J612 | Laennec's cirrhosis |
| J6120 | Alcoholic fibrosis and sclerosis of liver |
| J613 | Alcoholic liver damage NOS |
| J613 | Alcoholic liver damage unspecified |
| J6130 | Alcoholic hepatic failure |
| J617 | Alcoholic hepatitis |
| J6170 | Chronic alcoholic hepatitis |
| ZV6D6 | [V]Alcohol abuse counselling and surveillance |