



Ministry
of Defence

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

“Under the FOI act, could you please provide details of the number of service personnel who have a read code for "alcohol dependent" on their medical records. I would like figures available for the last 12 months. I would also like details of the number of service personnel who have a read code for any form of alcohol misuse on their medical records.

I would like details of any studies into binge drinking, excessive drinking and into drinking patterns and trends which have been conducted in the last five years.

If possible I would like the answer broken down by 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.

Between 1 August 2017 and 31 July 2018 **114** UK Armed Forces personnel had at least one Read code indicating alcohol dependency 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 dependency Read code by Service^{2,3} and gender, numbers

1 August 2017 to 31 July 2018

Service	Gender		
	All	Male	Female
All	114	106	8
Naval Service ³	25	~	~
Army	72	67	5
RAF	17	~	~

Source: DMICP & Joint Personnel Administration

¹ Includes trained and untrained Regular and Reservist Personnel.

² Personnel are only included once, with their Service taken at the date a Read code was first entered onto their medical record.

³ Naval Service include Royal Navy and Royal Marines.

Between 1 August 2017 and 31 July 2018 **994** 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 2**.

This table includes personnel with a Read code indicating alcohol dependency (**Table 1**) and may also have other alcohol abuse/ misuse Read codes.

Table 2: UK Armed Forces personnel¹ with an alcohol abuse/misuse Read code by Service^{2,3} and gender, numbers

1 August 2017 to 31 July 2018

Service	Gender		
	All	Male	Female
All	994	910	84
Naval Service ³	221	201	20
Army	643	598	45
RAF	130	111	19

Source: DMICP & Joint Personnel Administration

¹ Includes trained and untrained Regular and Reservist Personnel.

² Personnel are only included once, with their Service taken at the date a Read code was first entered onto their medical record.

³ Naval Service include Royal Navy and Royal Marines.

There are a number of published studies available that look into the use of alcohol within the UK Armed Forces. These include:

- Aguirre, M., Greenberg, N., Sharpley, J., Simpson, R., & Wall, C. (2013). A pilot study of an Enhanced Mental Health Assessment during routine and discharge medicals in the British Armed Forces. *Journal of the Royal Army Medical Corps*, jramc-2013.
- Aguirre, M., Greenberg, N., Sharpley, J., Simpson, R., & Wall, C. (2014). Alcohol consumption in the UK armed forces: are we drinking too much?. *Journal of the Royal Army Medical Corps*, 160(1), 72-73.
- Doherty, A. M., Mason, C., Fear, N. T., Rona, R., Greenberg, N., & Goodwin, L. (2017). Are brief alcohol interventions targeting alcohol use efficacious in military and veteran populations? A meta-analysis. *Drug and alcohol dependence*, 178, 571-578.
- Goodwin, L., Norton, S., Fear, N. T., Jones, M., Hull, L., Wessely, S., & Rona, R. J. (2017). Trajectories of alcohol use in the UK military and associations with mental health. *Addictive behaviors*, 75, 130-137.
- Head, M., Goodwin, L., Debell, F., Greenberg, N., Wessely, S., & Fear, N. T. (2016). Post-traumatic stress disorder and alcohol misuse: comorbidity in UK military personnel. *Social psychiatry and psychiatric epidemiology*, 51(8), 1171–1180.
- Hunt EJF, Greenberg N and Jones N. (2016). Poor sleep after military deployment: associations with mental health difficulties. *Occup Med (Lond)* doi: 10.1093/occmed/kqw116.

- Jones, N., Jones, M., Fear, N. T., Fertout, M., Wessely, S., & Greenberg, N. (2013). Can mental health and readjustment be improved in UK military personnel by a brief period of structured postdeployment rest (third location decompression)? *Occupational and environmental medicine*, 70(7), 439-445.
- Jones, N., Fertout, M., Parsloe, L., & Greenberg, N. (2013). An evaluation of the psychological impact of operational rest and recuperation in United Kingdom Armed Forces personnel: a post-intervention survey. *Journal of the Royal Society of Medicine*, 0141076813491085.
- Jones, N., Twardzicki, M., Fertout, M., Jackson, T., & Greenberg, N. (2013). Mental Health, Stigmatising Beliefs, Barriers to Care and Help-Seeking in a Non-Deployed Sample of UK Army Personnel. *J Psychol Psychother*, 3(129), 2161-0487.
- Leightley, D., Puddephatt, J. A., Goodwin, L., Rona, R., & Fear, N. T. (2018). InDEx: Open Source iOS and Android Software for Self-Reporting and Monitoring of Alcohol Consumption. *Journal of open research software*, 6.
- Murphy, D., Palmer, E., Westwood, G., Busuttill, W., & Greenberg, N. (2016). Do Alcohol Misuse, Service Utilisation, and Demographic Characteristics Differ between UK Veterans and Members of the General Public Attending an NHS General Hospital?. *Journal of clinical medicine*, 5(11), 95.
- Perreault, K., Bauman, A., Johnson, N., Britton, A., Rangul, V., & Stamatakis, E. (2016). Does physical activity moderate the association between alcohol drinking and all-cause, cancer and cardiovascular diseases mortality? A pooled analysis of eight British population cohorts. *British Journal of Sports Medicine*. doi: 10.1136/bjsports-2016-096194
- Rona R, Burdett H, Bull S, Jones M, Jones N, Greenberg N, Wessely S, Fear N. (2016) Prevalence of PTSD and other mental disorders in UK service personnel by time since end of deployment: a meta-analysis. *BMC Psychiatry* 16(1): 333
- Schmidt, C.S., Schulte, B., Seo, H.N., Kuhn, S., O'Donnell, A., Kriston, L., Verthein, U. and Reimer, J. (2016). Meta-analysis on the effectiveness of alcohol screening with brief interventions for patients in emergency care settings. *Addiction*, doi:10.1111/add.13263
- Sundin, J., Herrell, R.K., Hoge, C.W., Fear, N.T., Adler, A.B., Greenberg, N., Riviere, L.A., Thomas, J.L., Wessely, S. and Bliese, P.D. (2014). Mental health outcomes in US and UK military personnel returning from Iraq. *The British Journal of Psychiatry*, DOI: 10.1192/bjp.bp.113.129569
- Thandi, G., Sundin, J., Ng-Knight, T., Jones, M., Hull, L., Jones, N., Greenberg, N., Rona, R.J., Wessely, S. and Fear, N.T. (2015). Alcohol misuse in the United Kingdom Armed Forces: A longitudinal study. *Drug and alcohol dependence*, 156, 78-83.
- Whybrow D, Jones N, Evans C, Minshall D, Smith D, Greenberg N. The mental health of deployed UK maritime forces. *Occupational & Environmental Medicine*. 2016;73(2):75-82.

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.

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

Please note, the figures presented are for all UK Armed Forces personnel who have served at some point between 1 August 2017 and 31 July 2018. This would include some personnel who only served for a short time and who have now left service.

UK Service personnel comprise the total strength of the military personnel employed by the Ministry of Defence. This includes:

- All UK Regular personnel and all Gurkha personnel.
- Volunteer Reserve personnel.

- Other Personnel including the Serving Regular Reserve, Sponsored Reserve, Military Provost Guard Service, Locally Engaged Personnel and elements of the Full Time Reserve Service (FTRS).

Defence Medical Information Capability Programme (DMICP) has a centralised data warehouse of coded information. It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers. DMICP was rolled out in 2007 and legacy medical data for currently serving personnel was migrated across during rollout.

Please note that if information was entered as free text in the patient record then it is not available in the DMICP data warehouse and will not be retrieved using the search for Read codes.

The electronic patient record has information that is Read coded. Read codes are a set of clinical codes designed for Primary Care to record the everyday care of a Patient. They are part of a hierarchical structure and form the recognised standard for General Practice.

The data entered for alcohol dependency has been collected using the following Read codes:

Eu102 [X]Alcohol addiction
Eu102 [X]Mental and behav dis due to use alcohol: dependence syndr
Eu103 [X]Mental and behav dis due to use alcohol: withdrawal state
E23 Alcohol dependence syndrome
E23z Alcohol dependence syndrome NOS

The data entered for alcohol abuse/misuse 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	F394I	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	Laenne'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 15 August 2018.

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, <http://www.ico.gov.uk>.

I hope this is helpful.

Yours sincerely

