



Ministry
of Defence

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Ref: FOI2020/07087
[REDACTED]

4 September 2020

Dear [REDACTED],

Thank you for your email of 22 June 2020 requesting the following information:

“In a previous Fol response [Ref: FOI2016/10884] you stated that a statistical breakdown of the latest results of a questionnaire issued to armed forces personnel with regard to alcohol consumption would be published in July 2017. Could you provide me with a copy of that publication, or assist me in telling me where I might find it? Also if the publication has been superseded by a more recent version could you provide me with that as well please?”

In a previous Fol response [FOI2018/09363] you provided two tables, broken down by services, for those people in the military treated for (a) alcohol abuse/misuse and (b) sexual transmitted diseases. Could you provide me with similar updated tables that provide statistics separately for (a) 2018 and (b) 2019?

In relation to 2019 could you provide a breakdown of the STDs in a similar format to that provided in a previous response [FOI 2018/10121]?”

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. Some of the information falls within the scope of the absolute exemption provided for at section 40 (personnel data) of the FOI Act and has been withheld.

Section 40(2) has been applied to some of the information to protect personal information as governed by the Data Protection Act 2018 and GDPR. In line with JSP200 Statistics Disclosure Guidance, numbers fewer than five have been suppressed to reduce the possible inadvertent disclosure of individual identities; secondary suppression has been applied so numbers cannot be derived. 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.

The Alcohol Usage in the UK Armed Forces Official Statistic was published on 20 July 2017 on www.gov.uk. 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. This report has been published on only one occasion so has not been superseded by a new publication:

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

Between 1 January 2018 and 31 December 2018, **955** UK armed forces personnel had at least one Read code for alcohol misuse entered onto their electronic medical record (**Table 1**).

Between 1 January 2019 and 31 December 2019, **1,029** UK armed forces personnel had at least one Read code for alcohol misuse entered into their electronic medical record (**Table 1**).

Table 1: UK armed forces personnel¹ with an alcohol misuse Read code by service and gender, numbers² and percentages³

1 January 2018 to 31 December 2019

		All		Male		Female	
2018	All	955	0.47%	872	0.48%	83	0.37%
	Naval Service⁴	217	0.54%	203	0.56%	14	0.35%
	Army	624	0.50%	572	0.51%	52	0.41%
	RAF	114	0.29%	97	0.29%	17	0.29%
2019	All	1,029	0.50%	932	0.51%	97	0.42%
	Naval Service	267	0.65%	253	0.69%	14	0.34%
	Army	626	0.50%	566	0.50%	60	0.46%
	RAF	136	0.34%	113	0.33%	23	0.38%

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² Personnel were counted once per service but only once in the total. E.g. if someone had an alcohol misuse Read code entered while in the Naval Service and then another while in the army, they were counted once in Naval Service and once in army but only once in the total.

³ Percentages were calculated using the total number of trained and untrained regular and reservist personnel who served at any time during 2018 or 2019.

⁴ Naval Service includes Royal Navy and Royal Marines personnel.

Between 1 January 2018 and 31 December 2018, **2,187^r** UK armed forces personnel had at least one Read code for an STD entered onto their electronic medical record (**Table 2**).

Between 1 January 2019 and 31 December 2019, **2,265** UK armed forces personnel had at least one Read code for an STD entered onto their electronic medical record (**Table 2**).

Table 2: UK armed forces personnel¹ with an STD Read code by service and gender, numbers² and percentages³

1 January 2018 to 31 December 2019[EMM(1)]

		All		Male		Female	
2018	All	2,187^r	1.07%	1,903^r	1.05%	284	1.27%
	Naval Service⁴	470	1.16%	424	1.17%	46	1.15%
	Army	1,335^r	1.07%	1,163 ^r	1.04%	172	1.36%
	RAF	383	0.97%	317	0.94%	66	1.13%
2019	All	2,265	1.10%	1,951	1.07%	314	1.36%
	Naval Service	516	1.26%	460	1.25%	56	1.34%
	Army	1,350	1.08%	1,162	1.03%	188	1.46%
	RAF	400	1.00%	330	0.98%	70	1.15%

[EMM(4)][HC(S5)][ME6][HC(S7)]

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² Personnel were counted once per service but only once in the total. E.g. if someone had an STD Read code entered while in the Naval Service and then another while in the army, they were counted once in Naval Service and once in army but only once in the total.

³ Percentages were calculated using the total number of trained and untrained regular and reservist personnel who served at any time during 2018 or 2019.

⁴ Naval Service includes Royal Navy and Royal Marines personnel.

† Indicates a revision to previously published data.

Table 3 displays the numbers of personnel with at least one Read code for an STD entered in their electronic medical record between 1 January 2019 and 31 December 2019. This information is presented by service, gender and infection.

Table 3: UK armed forces personnel¹, with an STD Read code by service, gender and infection², numbers

1 January 2019 to 31 December 2019

	All	Naval Service		Army		RAF	
		Male	Female	Male	Female	Male	Female
All	2,265	460	56	1,162	188	330	70
Chlamydia	882	175	27	473	90	95	22
Genital Herpes	408	65	21	173	61	46	43
Genital Warts	325	82	~	182	7	46	5
Gonorrhoea	31	~	0	23	~	~	0
Hepatitis	46	~	~	38	~	~	0
HIV	67	12	~	34	13	7	0
Mycoplasma Genitalium	~	0	0	0	0	~	0
Pediculosis Pubis	6	~	0	~	0	~	0
PID and epididymitis	524	124	~	253	14	127	~
Syphilis	18	~	0	11	~	~	0
Trichomonas	5	~	0	~	~	0	0
Non-specific genital infection	~	0	0	~	0	0	0
Unspecified STD	~	0	0	~	0	~	0

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² Personnel were counted once per infection and once overall; thus, the sum of each infection does not equal the total personnel with a Read code for an STD[HCM(8) – this applies to the overall total and to the totals for each gender within each service. i.e. if someone had Chlamydia, Gonorrhoea and Hepatitis they would be counted once each for Chlamydia, Gonorrhoea and Hepatitis and once in the total personnel with a Read code for an STD.

~ In line with JSP 200 on statistical disclosure, figures less than five have been suppressed.

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

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 2018 and 31 December 2019, and is not limited to the currently serving population.

All reservist personnel were included in the total population to calculate the presented percentages. However, please note that the majority of reservist personnel receive their primary medical care from the NHS. Any personnel who were seen by the NHS were not included in the figures presented for the number of personnel with a Read code entered into their military medical record.

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.

It is defence policy that service personnel can choose to attend NHS and private sexual health clinics. Therefore, STD figures may not represent all personnel who have had an STD within the time periods.

Information was derived from the Defence Medical Information Capability Programme (DMICP). DMICP has a centralised data warehouse of Read coded information. It is the source of electronic,

integrated healthcare records for primary healthcare and some MOD specialist care providers from which searches can be run.

Please see Annex A for a list of the Read codes that have been searched for alcohol misuse and STDs.

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

The conditions for inclusion of STD Read codes were identified from the Sexual Health and HIV Activity Property Type (SHHAPT) coding. This is the way in which Public Health England have directed that sexual health and HIV activity be recorded both within sexual health clinics and within Defence Primary Healthcare.

For some of the conditions searched for, sexual transmission is not the only route of transmission, therefore these figures may overestimate the number of personnel with an STD.

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 was not retrieved using the search for Read codes.

DMICP is a live data source and is subject to change. Date of extract 19 February 2020.

Joint Personnel Administration (JPA) is the most accurate source for demographic information for UK armed forces personnel and was 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.

Would you like to be added to our contact list, so that we can inform you about updates to statistics and consult you if we are thinking of making changes? You can subscribe to updates by emailing Analysis-Health-PQ-FOI@mod.gov.uk

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.gov.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/>.

Yours sincerely,

Defence Statistics Health