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of Defence

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Ref: FOI2023/06397
[REDACTED]

21 July 2023

Dear [REDACTED],

Thank you for your email of 22 May 2023 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 from July 2012 to date. 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 ten years.

I would like the answer broken down 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. 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. 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 July 2012 and 1 April 2023, **9,676** UK armed forces personnel had at least one Read code for alcohol misuse entered onto their electronic medical record. Of these, **966** personnel had at least one Read code for alcohol dependence. Breakdowns by service, gender and calendar year are presented in **Tables 1** and **2**.

Table 1: UK armed forces personnel¹ with an alcohol dependence Read code by service, gender and calendar year, numbers^{2,3}

1 July 2012 to 1 April 2023

	All	Royal Navy ⁴		Army		RAF	
		Male	Female	Male	Female	Male	Female
All	966	200	14	589	52	94	17
2012⁵	81	16	~	52	~	9	~
2013	136	27	~	84	6	16	~
2014	145	30	~	88	9	16	~
2015	141	25	5	94	~	10	~
2016	130	17	~	85	7	15	~
2017	119	22	~	71	6	17	~
2018	149	27	~	94	9	13	~
2019	167	54	~	83	10	14	~
2020	148	35	5	81	12	10	5
2021	134	34	~	69	9	15	~
2022	141	34	~	80	5	17	~
2023⁶	62	19	0	35	~	6	~

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² Personnel were counted once per service, gender and year and once overall; thus, the sum of each year does not equal the total personnel with a Read code in that service. This applies to the overall totals and the subtotals for each service, gender and year. E.g., if someone had an alcohol dependence Read code entered while in the Royal Navy and another while in the Army, they were counted once in Royal Navy and once in Army but only once in the total.

³ In line with JSP 200, the suppression methodology has been applied to ensure individuals are not inadvertently identified dependent on the risk of disclosure. Numbers fewer than five have been suppressed and presented as '~'.

⁴ Royal Navy includes Royal Navy and Royal Marines.

⁵ Includes data from 1 July 2012 to 31 December 2012 only.

⁶ Includes data from 1 January 2023 to 31 March 2023 only.

Table 2: UK armed forces personnel¹ with an alcohol misuse Read code by service, gender and calendar year, numbers²

1 July 2012 to 1 April 2023

	All	Royal Navy ³		Army		RAF	
		Male	Female	Male	Female	Male	Female
All	9,676	1,862	184	6,092	461	919	161
2012⁴	748	172	16	461	29	60	10
2013	1,727	277	24	1,160	86	151	29
2014	1,762	316	32	1,167	83	137	27
2015	1,690	312	37	1,100	63	150	28
2016	1,503	298	31	940	58	149	27
2017	1,213	291	26	690	45	133	28
2018	957	205	14	571	53	97	17
2019	1,033	256	14	565	61	114	23
2020	860	199	26	483	40	94	18
2021	899	197	19	511	50	108	14
2022	960	229	22	509	47	133	20
2023⁵	327	75	7	176	17	45	7

Source: DMICP and JPA

¹ Includes trained and untrained regular and reservist personnel.

² Personnel were counted once per service, gender and year and once overall; thus, the sum of each year does not equal the total personnel with a Read code in that service. This applies to the overall totals and the subtotals for each service, gender and year. E.g., if someone had an alcohol misuse Read code entered while in the Royal Navy and another while in the Army, they were counted once in Royal Navy and once in Army but only once in the total.

³ Royal Navy includes Royal Navy and Royal Marines.

⁴ Includes data from 1 July 2012 to 31 December 2012 only.

⁵ Includes data from 1 January 2023 to 31 March 2023 only.

There have been several studies into binge drinking, excessive drinking and drinking patterns within the Armed forces over the last ten years. The key findings of these studies are found below:

The third phase of the KCMHR longitudinal cohort data, published in 2018, found that amongst a sample of 8,093 serving personnel and veterans, 10% reported alcohol misuse (an Alcohol Use Disorder Identification Test (AUDIT) score of 16 or more which incorporates harmful use of alcohol and alcohol dependence). This was a reduction from the 15% reported in 2006 and 13% in 2009.¹

A fourth phase, sampling 1,562 veterans from the phase 3 study during the COVID pandemic in 2020, recorded a statistically significant decrease in both harmful use of alcohol from 9.2% to 3.7% and in hazardous use of alcohol (an AUDIT score of 8 to 15) from 48.5% to 27.6%.²

A study looking at the trajectories of alcohol misuse among UK military personnel from 12 years after the start of the Iraq War in 2003 sampled 7,111 serving and veteran personnel. Findings identified five trajectories; no misuse (31.6%), hazardous (47.8), harmful (11.7%), severe (3.6%) and those who drinking changed from severe to hazardous (5.3%). For most participants, alcohol use appeared stable over the 12-year period. Substantial changes in drinking behaviour were evident only in the severe category, of whom half reduced their drinking over the study period. The factors most associated with the harmful and severe categories were younger age, male gender and childhood adversities and antisocial behaviour³.

A study of 1,188 UK military personnel identified that 'drinking to cope' and 'social pressure' were the key drinking motivations. Alcohol misuse and binge drinking were associated with reporting higher 'drinking to cope' motivations, drinking at home and drinking alone, whilst 'social pressure' as a motivation was also linked with binge drinking⁴.

A comparison was made of data from 2,917 UK veterans with 28,631 members of the general population sampled across both the Adult Psychiatric Morbidity Survey and UK Household Longitudinal Studies. The results found that veterans reported a higher rate of alcohol misuse, 11% v 6%. Further analysis found that male veterans were more likely than male non-veterans to report hazardous, harmful and dependent use of alcohol whilst female veterans were more likely to describe only hazardous drinking⁵.

A study compared the cross-sectional data from 403 help seeking veterans with previously published data about the alcohol use of the UK Armed Forces and the general population. Results suggested that treatment seeking veterans report different patterns of alcohol misuse than the UK Armed Forces and general population. They were more likely to report alcohol dependence and alcohol related harm and reported higher levels of overall alcohol misuse than the general population. Mental health problems, including PTSD, anxiety and depression, plus anger, functional impairment and being single were all associated with greater alcohol misuse⁶.

¹ Stevelink, S. A., Jones, M., Hull, L., Pernet, D., MacCrimmon, S., Goodwin, L., & Wessely, S. (2018). Mental health outcomes at the end of the British involvement in the Iraq and Afghanistan conflicts: a cohort study. *The British Journal of Psychiatry*, 213(6), 690-697.

² Sharp, M. L., Serfioti, D., Jones, M., Burdett, H., Pernet, D., Hull, L., ... & Fear, N. T. (2021). UK veterans' mental health and well-being before and during the COVID-19 pandemic: a longitudinal cohort study. *BMJ open*, 11(8), e049815.

³ Palmer, L., Norton, S., Jones, M., Rona, R. J., Goodwin, L., & Fear, N. T. (2022). Trajectories of alcohol misuse among the UK Armed Forces over a 12-year period. *Addiction*, 117(1), 57-67.

⁴ Irizar, P., Leightley, D., Stevelink, S., Rona, R., Jones, N., Gouni, K., ... & Goodwin, L. (2020). Drinking motivations in UK serving and ex-serving military personnel. *Occupational Medicine*, 70(4), 259-267.

⁵ Rhead, R., MacManus, D., Jones, M., Greenberg, N., Fear, N. T., & Goodwin, L. (2022). Mental health disorders and alcohol misuse among UK military veterans and the general population: a comparison study. *Psychological medicine*, 52(2), 292-302.

⁶ Murphy, D., & Turgoose, D. (2019). Exploring patterns of alcohol misuse in treatment-seeking UK veterans: A cross-sectional study. *Addictive Behaviors*, 92, 14-19.

The survey data from 405 female spouses/partners of current and former UK military personnel was compared with data from 1594 female participants of Adult Psychiatric Morbidity Survey. Results found that military spouses/partners were more likely to meet the criteria for hazardous use of alcohol (AOR 2.55 (95%CI 1.87-3.47)) and report episodes of weekly daily or almost daily binge drinking (AOR 2.15 (95%CI 1.28-3.61)) than women within the general population. Binge drinking was significantly higher among spouses/partners of military personnel reporting family separation of greater than 2 months in the last two years⁷.

A randomised controlled trial amongst 123 help seeking UK veterans investigated the efficacy of a 28-day brief alcohol intervention delivered via a mobile app. The trial measured changes in weekly consumption rates and patterns of drinking plus changes in the AUDIT score. Results found that alcohol consumption in the control arm, receiving only general guidance, reduced by 10.5 units per week whilst in the intervention arm this reduced by 28.2 units per week. Analysis also identified a significant reduction in the AUDIT score of 3.9 in the intervention arm⁸.

There are also two studies currently underway: 'Drinks-Ration: RCT to determine effectiveness of an alcohol behaviour intervention' by Dr Dan Leightley as well as 'An evidence based approach to alcohol brief intervention within Defence Primary Health Care' by Surg Cdr Kate King.

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

The figures presented in this response include all UK armed forces regular and reservist personnel. This does not include entitled or non-entitled civilians, foreign service or non-UK military. All personnel who had a DMICP record and served between 1 July 2012 and 1 April 2023 were included and numbers are not limited to the currently serving population.

Reservist personnel were included, however, please note that the majority of reservist personnel receive their primary medical care from the NHS. Any personnel who were seen only 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.

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 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

Please see **Annex A** for a list of the Read codes that have been searched for alcohol misuse and alcohol dependence. Following a clinical review of Read codes; some that were previously categorised as 'alcohol misuse' have been re-categorised to 'alcohol dependence'.

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 of misuse; some are cases of intoxication.

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

⁷ Gribble, R., Goodwin, L., & Fear, N. T. (2019). Mental health outcomes and alcohol consumption among UK military spouses/partners: a comparison with women in the general population. *European journal of psychotraumatology*, 10(1), 1654781.

⁸ Leightley, D., Williamson, C., Simms, M. A., Fear, N. T., Goodwin, L., & Murphy, D. (2022). Associations between Post-Traumatic Stress Disorder, Quality of Life and Alcohol Misuse among UK Veterans. *Military Behavioral Health*, 1-7.

them make informed decisions and have introduced extensive policy and guidance for Commanders.

DMICP is a live data source and is subject to change. Date of extract 8 June 2023.

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

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Yours sincerely,

Defence Statistics Health