



Ministry  
of Defence

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FOI2023/05962  
[REDACTED]

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Dear [REDACTED]

Thank you for your email of 12 May 2023 requesting the following information:

"Under the FOI Act, could you provide details of the number of personnel who have been prescribed antidepressants, such as prozac, and other drugs. I would also like details of the number of personnel who have been treated for addiction to antidepressants. Could you also provide details of the number of service personnel who have been prescribed sleeping tablets. I would also like details of the number of personnel who have been treated for addiction to sleeping pills. In all cases I would like the figures broken down by year and sex and service since 2017."

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 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 (Personal Data) of the FOI Act and has been withheld.

I can advise that some of the information in scope of your request falls entirely within the scope of the exemption provided for at Section 40 (Personal Data) of the FOIA and has been redacted. Section 40(2) has been applied to some of the information in order to protect personal information as governed by the Data Protection Act 2018. Section 40(2) requires the Department to conduct a balancing exercise, this exercise involves balancing the rights and interests of individuals against the legitimate interests in disclosure, this is not the same as carrying out the public interest test associated with certain exemptions in FOIA. The balancing exercise is carried out in order to decide whether the absolute exemption in section 40(2) is engaged. In particular, there is no assumption of disclosure in the legitimate interests test, as there is with qualified exemptions. The outcome of the balancing exercise has resulted in numbers fewer than five being suppressed to prevent inadvertent disclosure of individual identities.

Between 1 January 2017 and 30 November 2023, **27,611** UK armed forces personnel had a prescription for an antidepressant drug entered into their medical record. **Tables 1 and 2** presents this information by year, service and sex.

**Table 1: UK armed forces personnel<sup>1</sup> prescribed antidepressants by year and service, numbers<sup>2</sup>**

1 January 2017 to 30 November 2023

	All	Royal Navy <sup>3</sup>	Army	RAF
<b>All</b>	<b>27,611</b>	<b>5,307</b>	<b>16,609</b>	<b>5,706</b>
2017	7,441	1,341	4,712	1,389
2018	7,440	1,332	4,534	1,574
2019	7,658	1,490	4,429	1,739
2020	6,840	1,404	3,782	1,654
2021	7,291	1,524	4,022	1,745
2022	7,565	1,520	4,183	1,862
2023 <sup>4</sup>	6,936	1,433	3,830	1,674

Source: DMICP and JPA

<sup>1</sup> Includes trained and untrained regular and reservist personnel.<sup>2</sup> Personnel were counted once per year and service but only once in the totals. E.g. if personnel had a prescription during 2022 and another prescription in 2023, they were counted once in each year but only once in the total. Therefore, the sum of years and service does not equal the total number of personnel prescribed antidepressants.<sup>3</sup> Royal Navy includes Royal Navy and Royal Marines personnel.<sup>4</sup> Includes prescriptions between 1 January 2023 and 30 November 2023.**Table 2: UK armed forces personnel<sup>1</sup> prescribed antidepressants by year and sex, numbers<sup>2</sup>**

1 January 2017 to 30 November 2023

	All	Female	Male
<b>All</b>	<b>27,611</b>	<b>5,535</b>	<b>22,083</b>
2017	7,441	1,570	5,871
2018	7,440	1,598	5,844
2019	7,658	1,701	5,958
2020	6,840	1,561	5,280
2021	7,291	1,708	5,583
2022	7,565	1,713	5,854
2023 <sup>3</sup>	6,936	1,587	5,349

Source: DMICP and JPA

<sup>1</sup> Includes trained and untrained regular and reservist personnel.<sup>2</sup> Personnel were counted once per year and gender but only once in the totals. E.g. if personnel had a prescription during 2022 and another prescription in 2023, they were counted once in each year but only once in the total. Therefore, the sum of years and sex does not equal the total number of personnel prescribed antidepressants.<sup>3</sup> Includes prescriptions between 1 January 2023 and 30 November 2023.

Between 1 January 2017 and 28 June 2023:

- **no** currently serving UK armed forces personnel had a record of an addiction to antidepressants in their medical record. (please see background notes for more detail)

Please note, advice provided by clinicians states that defining an addiction to antidepressants is difficult, as they tend to be used for long periods and problems are more likely to be seen as a difficulty in withdrawing from the antidepressant due to a recurrence of depressive symptoms.

Between 1 January 2017 and 30 November 2023, **18,846** UK armed forces personnel had a prescription for sleeping tablets entered into their medical record. **Tables 3 and 4** present this information by year, service and sex.

**Table 3: UK armed forces personnel<sup>1</sup> prescribed sleeping tablets by year and service, numbers<sup>2</sup>**

1 January 2017 to 30 November 2023

	All	Royal Navy <sup>3</sup>	Army	RAF
<b>All</b>	<b>18,846</b>	<b>3,457</b>	<b>10,057</b>	<b>5,349</b>
2017	4,611	804	2,545	1,262
2018	4,607	775	2,501	1,332
2019	4,512	765	2,346	1,402
2020	3,349	580	1,704	1,065
2021	3,146	579	1,554	1,013
2022	3,283	553	1,550	1,180
2023 <sup>4</sup>	2,965	566	1,289	1,110

Source: DMICP and JPA

<sup>1</sup> Includes trained and untrained regular and reservist personnel.<sup>2</sup> Personnel were counted once per year and service but only once in the totals. E.g. if personnel had a prescription during 2022 and another prescription in 2023, they were counted once in each year but only once in the total. Therefore, the sum of years and service does not equal the total number of personnel prescribed sleeping tablets.<sup>3</sup> Royal Navy includes Royal Navy and Royal Marines personnel.<sup>4</sup> Includes prescriptions between 1 January 2023 and 30 November 2023.**Table 4: UK armed forces personnel<sup>1</sup> prescribed sleeping tablets by year and sex, numbers<sup>2</sup>**

1 January 2017 to 30 November 2023

	All	Female	Male
<b>All</b>	<b>18,846</b>	<b>3,298</b>	<b>15,550</b>
2017	4,611	876	3,735
2018	4,607	816	3,791
2019	4,512	795	3,717
2020	3,349	615	2,734
2021	3,146	610	2,536
2022	3,283	571	2,712
2023 <sup>3</sup>	2,965	504	2,461

Source: DMICP and JPA

<sup>1</sup> Includes trained and untrained regular and reservist personnel.<sup>2</sup> Personnel were counted once per year and gender but only once in the totals. E.g. if personnel had a prescription during 2022 and another prescription in 2023, they were counted once in each year but only once in the total. Therefore, the sum of years and sex does not equal the total number of personnel prescribed sleeping tablets.<sup>3</sup> Includes prescriptions between 1 January 2023 and 30 November 2023.

Between 1 January 2017 and 28 June 2023:

- **fewer than five** currently serving UK armed forces personnel had a record of an addiction to sleeping tablets in their medical record. (please see background notes for more detail).

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

The numbers of prescriptions provided in this response cover all UK armed forces trained and untrained, regular and reservist personnel who had a DMICP record and served between 1 January 2017 and 30 November 2023 and is not limited to the currently serving population. This does not include entitled or non-entitled civilians, foreign service or non-UK military.

To identify personnel who have a record of an addiction to antidepressants or sleeping pills in their medical record, a Read code search was carried out for drug addiction related Read codes. A review of individual medical records was also required where the Read code did not specify the type of drug addiction. Please note that the review of medical records was carried out for currently serving personnel only, as clinical staff have no legitimate relationship with ex-service personnel in order to access and view their medical records. Therefore the figures provided should be treated as a minimum.

It is not possible to identify from centrally held coded information the condition for which the drugs were prescribed. Some medications used to treat depression are used to treat other conditions. Amitriptyline, nortriptyline and duloxetine are used much more frequently in the management of neuropathic pain than in depression. Furthermore, selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, paroxetine, citalopram, escitalopram and sertraline can be used to treat other medical conditions. Therefore, the numbers provided will contain prescriptions for medical conditions other than depression and insomnia. To determine the reason for the prescriptions would require a clinician to manually review the medical records of personnel prescribed these drugs which would exceed the cost limit associated with FOI requests.

The information shown for sleeping pills relates to sleeping medications in tablet and capsule form only.

Information was derived from the Defence Medical Information Capability Programme (DMICP). It is the source of electronic, integrated healthcare records for primary healthcare and some MOD specialist care providers from which searches for prescription drugs can be run.

Please note, it is not possible to determine from the centrally held database whether the medicine was taken by the patient.

The following drug names and brands were used to identify prescriptions for antidepressants in DMICP:

Agomelatine	Edronax	Optimax	Tonpular XL
Allegron	Efexor	Optimax Wv	Tranlycypromine
Alventa XL	Efexor XL	Oxactin	Trazodone Hydrochloride
Amitriptyline Hydrochloride	Escitalopram	Pacitron	Trimipramine
Amitriptyline Sr	Faverin	Paroxetine Hydrochloride	Triptafen
Amitriptyline with Perphenazine	Felicium	Paxoran	Trixat XL
Amoxapine	Feprapax	Phenelzine	Tryptophan
Amphero XL	Fluoxetine Hydrochloride	Politid XL	Valdoxan
Aremis	Fluvoxamine Maleate	Prepadine	Vaxalin
Asendin	Gamanil	Prothiaden	Venaxx XL
Besitran	Imipramine	Protriptyline	Vencarm
Bolvidon	Imipramine Hydrochloride	Protriptyline Hydrochloride	Venlablue XL
Bonilux XL	Isocarboxazid	Prozac	Venladex XL
Brintellix	Lofepamine	Prozep	Venlafaxine
Cipralext	Lomont	Prozit	Venlafaxine Hydrochloride
Cipramil	L-Tryptophan	Ranfexine XL	Venlalic XL
Citalopram Hydrobromide	Ludiomil	Ranflutin	Venlaneo
Citalopram Hydrochloride	Lustral	Reboxetine	Venlasov XL
Clomipramine Hydrochloride	Majoven XL	Rodomel XL	Vensir XL
Concordin	Manerix	Seroxat	Venzip XL
Cymbalta	Mentaven XL	Seroxat Cr	Vexarin
Defanyl	Mianserin Hydrochloride	Sertraline Hydrochloride	Viepax
Depefex XL	Mirtazapine	Serzone	Viepax XL
Dosulepin Hydrochloride	Moclobemide	Sinepin	Vivactil
Dothapax 25/75	Molipaxin	Sinequan	Vortioxetine
Doxepin	Nardil	Sunveniz XL	Winfex XL
Doxepin XL	Nefazodone Hydrochloride	Tardcaps XL	Yentreve
Duciltia	Nortriptyline	Thaden	Zispin
Duloxetine	Olena	Tifaxin XL	Zispin Soltab

Yentreve (Duloxetine) 20mg and 40mg capsules were not included in the search as they are not used to treat depression.

The following drug names and brands were used to identify prescriptions for sleeping tablets in DMICP:

Bio-Melatonin	Loprazolam	Stilnoct
Chloral Betaine	Lorazepam	Syncrodin
Chloral Hydrate	Lormetazepam	Temazepam
Chloral Hydrate (Special Order)	Melatonin	Vytalonin
Circadin	Mogadon	Welldorm
Clomethiazole	Nitrados	Zileze 3.75
Dalmane	Nitrazepam	Zileze 7.5
Dormonoct	Noctec	Zimovane
Flurazepam	Remnos	Zimovane Ls
Heminevrin	Slenyto	Zolpidem Tartrate
Icenia Melatonin	Somnite	Zopiclone

Please note that DMICP is a live data source and is subject to change. Date of extract 11 January 2024.

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 as at the date of prescription.

If you have any queries regarding the content of this letter, please contact this office in the first instance.

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](mailto: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