



Ministry  
of Defence

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E-mail: [REDACTED]  
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Ref: FOI2024/05388

[REDACTED]  
[REDACTED]

14 June 2024

Dear [REDACTED]

Thank you for your email of 1 April 2024 requesting the following information:

*“details of the number of armed forces personnel who have been medically discharged from the armed forces where alcohol abuse, alcohol dependency or an alcohol related disease, such as Cirrhosis, was a principal or contributory factor. I would like figures from January 2022 to date by service, calendar year and number.*

*Could you also supply details of the number of armed forces personnel subjected to disciplinary and administrative action for alcohol misuse. I would like figures from January 2022 to date by service calendar year and number. I would also like figures for the number of personnel dismissed from the armed forces for an alcohol related offence.”*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOIA). A search for the information requested has now been completed within the Ministry of Defence (MOD), and I can confirm that information in scope of your request is held, provided in Annex A (below). Please accept my apologies for the lateness of this response.

Please note that some of the information in scope of your request falls entirely within the scope of the exemption provided for at Sections 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. In accordance with the Data Protection Act and our obligations in relation to the protection of confidentiality when handling personal data, data has been rounded to the nearest 10, where "-" denotes zero and "~" denotes a number less than or equal to 5. When rounding to the nearest 10, numbers ending in 5 have been rounded to the nearest multiple of 20 to prevent systematic bias. Due to the rounding methods used, totals may not always equal the sum of the parts.

Under Section 16 of FOIA (advice and assistance), I can advise that medical discharges are the result of a number of specialists (medical, occupational, psychological, personnel, etc) coming to the conclusion that an individual is suffering from a medical condition that pre-empts their continued service in the armed forces. Statistics based on these discharges do not represent measures of true morbidity or pathology. At best they indicate a minimum burden of ill-health in the Armed Forces. Furthermore, the number and diversity of processes involved with administering a medical discharge introduce a series of time lags, as well as impact on the quality of data recorded.

Medical discharges in the UK Armed Forces involve a series of processes, at times complex, which differ in each Service to meet their specific employment requirements. Due to these differences between the three Services, comparisons between the single Service statistics are judged to be invalid. Therefore, the figures in this answer are presented separately for each Service.

Defence Statistics release annual updates on medical discharges in the UK Regular Armed Forces as an Official Statistic publication. The last statistical release was on 13 July 2023 which presented data up to 31 March 2023. The latest report can be found at <https://www.gov.uk/government/collections/medical-discharges-among-uk-service-personnel-statistics-index>. Please note some medical discharge numbers by cause are provisional; further details can be found in the report.

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 us in the first instance at the address above. 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, 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 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 normally 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.org.uk>

Yours sincerely,

Defence People Secretariat

***“details of the number of armed forces personnel who have been medically discharged from the armed forces where alcohol abuse, alcohol dependency or an alcohol related disease, such as Cirrhosis, was a principal or contributory factor. I would like figures from January 2022 to date by service, calendar year and number.”***

Between 1 January 2022 and 31 December 2023, **63** UK Regular Armed Forces personnel were medically discharged with a principal or contributory cause of alcohol abuse, alcohol dependency, or an alcohol-related disease. **Table 1** presents this information by year and service.

**Table 1: UK Regular Armed Forces personnel<sup>1</sup> medically discharged with a principal or contributory cause of alcohol abuse, alcohol dependency, or an alcohol-related disease, by service and year, numbers**

1 January 2022 to 31 December 2023

	All	2022	2023 <sup>3</sup>
Royal Navy <sup>2</sup>	13	~	~
Army	40	11	29
RAF	10	~	~

Source: FMed 23, DMICP & JPA.

1 UK Regular Armed Forces includes trained and untrained personnel.

2 Includes Royal Navy and Royal Marines personnel.

3 Data from 1 April 2023 onwards is provisional and subject to change.

~ In line with JSP 200 figures fewer than five have been suppressed. Where there was only one value in a row that was fewer than five, the other value in this row has also been suppressed so that numbers cannot simply be derived from totals.

Please note, personnel can be discharged due to multiple conditions and therefore alcohol abuse, alcohol dependency, or an alcohol-related disease may not be the only cause of medical discharge.

## Background Notes

Medical discharge figures presented are for UK Regular Armed Forces personnel (including Gurkhas and Military Provost Guard Service).

Information on medical discharges was sourced from electronic medical records (DMICP) and manually entered paper documents (FMed 23s). The primary purpose of these medical documents is to ensure the appropriate administration of each individual patient's discharge. Statistical analysis and reporting are secondary functions.

Medical discharges due to alcohol abuse, alcohol dependency, or an alcohol-related disease were identified as personnel who were discharged with a principal or contributory cause coded to the following in the International Classification of Diseases and Related Health Problems Tenth Revision (ICD-10):

- E244: Alcohol-induced pseudo-Cushing syndrome
- E52: Alcoholic Pellagra

- F10: Mental and behavioural disorders due to use of alcohol (including F101: Alcohol abuse and F102: Alcohol dependence)
- G312: Degeneration of nervous system due to alcohol
- G621: Alcoholic polyneuropathy
- G721: Alcoholic myopathy
- I426: Alcoholic cardiomyopathy
- K292: Alcoholic gastritis
- K70: Alcoholic liver disease (this includes K703: Alcoholic cirrhosis of liver)
- K852: Alcohol-induced acute pancreatitis
- K860: Alcohol-induced chronic pancreatitis
- T510-T519: Toxic effect of alcohol
- Z721: Alcohol use

The principal condition of discharge is the first principal ICD-10 code on the medical discharge documents. Contributory causes of medical discharge are all other principal conditions and any contributory conditions on the medical discharge documents.

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.

***“details of the number of armed forces personnel subjected to disciplinary and administrative action for alcohol misuse. I would like figures from January 2022 to date by service calendar year and number. I would also like figures for the number of personnel dismissed from the armed forces for an alcohol related offence.”***

**Table 2: Number of Royal Navy/Royal Marines (RN/RM) personnel found guilty of relevant offences at Summary Hearing:**

<b>Year</b>	<b>RN/RM</b>
2022	90
2023	90
2024 (to 31 March)	20

- Date used is where the date of verdict is within that calendar year.
- We are only providing RN/RM data for Summary Hearings. Court Martial data is not included as this is routinely placed into the public domain by the Military Court Service. This also covers the question of dismissals, as the Commanding Officer does not have the power to dismiss at Summary Hearing.
- Data on Administrative Action is not included as this is not routinely recorded by the RN/RM on the Joint Personnel Administration (JPA) system therefore the RN JPA data may not provide an accurate record for Administrative Action.

**Table 3: Results from a search of cases relating to Army personnel recorded on JPA with a Summary Hearing conviction or AGAI 67 Major Administrative Action sanction:**

<b>Calendar Year*</b>	<b>2022</b>	<b>2023</b>	<b>2024 (to 31 Mar)</b>
Number of Army personnel with a Summary Hearing conviction or AGAI 67 Major Administrative Action sanction for the charges/reasons listed below	410	370	70
Number of the above-mentioned Army personnel who have been awarded an AGAI 67 Major Administrative Action sanction of 'Termination of Service' for either of the reasons listed below	10	10	0

Summary Hearing convictions in the table above include any of the following charges:

- Unfitness or misconduct through alcohol or drugs - section 20 Armed Forces Act 2006 (where the offence is due to alcohol rather than drugs)
- Exceeding alcohol limit for prescribed safety-critical duties - s20A Armed Forces Act 2006
- Driving or being in charge with excess alcohol - section 5 Road Traffic Act 1988

AGAI 67 Major Administrative Action sanction awarded in the table above are for any of the following reasons:

- Civil Conviction/Caution - Drink Driving
- Personal Failing - Alcohol Misuse

**Notes/Caveats**

\*Based on the date of the Summary Hearing or the date of the award of the sanction

The above figures do not include cases dealt with at Court Martial; the Military Court Service publish Court Martial results on GOV.UK.

The sentence of ‘Dismissal from HMS’ is only available at Court Martial, it is not available at Summary Hearing, hence figures for Dismissal have not been provided above.

Please note that the figures provided are single Service estimates based on data which is not gathered for statistical purposes or subject to the same level of scrutiny as official statistics produced by Defence Statistics. The figures provided may therefore be subject to data quality issues affecting their accuracy.

**Table 4: Number of Royal Air Force personnel subjected to disciplinary and administrative action for alcohol misuse, and number of discharges:**

<b>Year</b>	<b>Number of personnel subjected to disciplinary and administrative action for alcohol misuse.</b>	<b>Number of discharges</b>
2022	90	~
2023	110	~
Up to 1 Apr 2024*	~	-