

## On the front line



# Alcohol and the armed forces

## Introduction

*“Alcohol has been a part of military life since well before the formation of the units that now make up the British Army.”*

Army website, 2012<sup>1</sup>

Various commentators have noted the drinking traditions of Britain’s armed forces, often romanticising practices such as the Royal Navy’s daily rum ration, ended in 1970.<sup>2</sup> As early as 1850, the Admiralty found that alcohol was linked to disciplinary problems amongst sailors,<sup>3</sup> and in recent decades all the armed services have taken alcohol misuse more seriously as a disciplinary, health and performance issue. Concerns remain, however, that heavy drinking is too ingrained in armed forces culture; that the forces themselves are not doing enough to tackle this; and that alcohol misuse problems may only come to light once a soldier, sailor or airman has re-entered civilian life. This briefing paper looks at the evidence about drinking within the UK’s armed forces, what is being done to address alcohol-related problems, and what more could be done.

## What is alcohol misuse?

Alcohol misuse is generally defined as drinking more than the recommended daily and weekly maximum amounts:

- For men: 3 to 4 units per day, up to a maximum of 21 units per week
- For women: 2 to 3 units per day, up to a maximum of 14 units per week

Drinking within these limits is termed **sensible** drinking. Drinking beyond them may be defined as **hazardous, harmful, or dependent**.

- The World Health Organisation (WHO) defines **hazardous drinking** as “a pattern of use that increases the risk of harmful consequences for the user... In contrast to harmful use, hazardous use refers to patterns of use that are of public health significance despite the absence of any current disorder in the individual user.”
- The WHO defines **harmful drinking** as “a pattern of use which is already causing damage to health. The damage may be physical or mental.”
- **Dependent drinking** is characterised by a drive to use alcohol and difficulty controlling its use, despite negative consequences. It may involve psychological and/or physical dependency.<sup>4</sup>



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**Binge drinking** is usually defined as consuming more than double the daily recommended maximum over a short period of time, i.e. more than 6 units for a woman and more than 8 for a man.

### Alcohol consumption in the armed forces and amongst veterans

*“Alcohol is a social medium used extensively in the services, leaving dos, beer calls, after work wind downs, with the boss, with friends, and it can sometimes be very difficult to avoid. There is also a stigma attached to non participants. Everything is okay in moderation but add stress to the equation, marital problems, trouble at work and the situation can quickly become out of hand.”*

Royal Air Force Families Federation, 2012<sup>5</sup>

Alcohol plays a major role in the social environment of the British armed forces. Whilst alcohol may provide benefits in terms of social bonding and comradeship, drinking in excess can lead to physical and mental health issues, as well as operational problems. Recent research findings in the UK have indicated that there are higher levels of alcohol consumption in the military than amongst civilians:

- Research published by King’s College London in 2007 found hazardous drinking amongst 67% of men and 49% of women in the British armed forces, much higher than the general population after taking age and gender into account.<sup>6</sup>
- A study published in 2009 found excessive consumption, particularly binge drinking, to

be significantly more prevalent in the Royal Navy than in the civilian population.<sup>7</sup>

- The Army has reported that 75% of violent offences amongst soldiers are alcohol-related, and has also expressed concern that excessive drinking can:
  - Undermine operational effectiveness
  - Leave soldiers unfit for duty
  - Damage trust and respect within the team<sup>8</sup>

Alcohol Concern’s own discussions with forces charities and local alcohol services have provided further anecdotal evidence that alcohol misuse is an issue within the armed forces. These discussions also highlighted the fact that patterns of heavy drinking established whilst serving in the forces can be hard to shake off, and may worsen after people have left. This concurs with a small but growing body of evidence that alcohol misuse is an issue affecting a significant number of former services personnel:

- A recent survey of armed forces veterans in Wales in contact with Combat Stress found that 20% were drinking at a hazardous level and 27% were probably alcohol dependent.<sup>9</sup>
- One alcohol treatment agency in Wales has estimated that armed forces veterans make up around one in five of its clients, significantly higher than the percentage of ex-service personnel in the general population.<sup>10</sup>
- London-based charity Veterans’ Aid reported that in 2009-2010 they referred 105 veterans for substance misuse treatment, with alcohol misuse being the primary diagnosis for two thirds of these clients.<sup>11</sup> Similarly, research by the Ex-Service Action Group on

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Homelessness found that homeless veterans were more likely to misuse alcohol than other homeless people.<sup>12</sup>

- The Welsh veterans' charity R3 Cymru have claimed that "geographical isolation in rural Wales can and has resulted in alcoholism and suicide as the veteran finds that he cannot survive without the sort of camaraderie and backup he enjoyed in the services."<sup>13</sup> This concurs with the claims made by some (although disputed by others) that military life can leave ex-service personnel institutionalised and ill-equipped to adjust to less structured civilian life.<sup>14, 15</sup> For example, in his recent evidence to the Welsh Affairs Select Committee inquiry into support for armed forces veterans in Wales, Clive Wolfendale of the north Wales substance misuse agency CAIS stated: "A lot of veterans will tell you that that is what they need help with, because often they arrived in the services at a very young age and have not had the life experiences to enable them to make the transition sometimes into, but particularly out of, a very controlled environment."<sup>16</sup>
- Research has also identified that those leaving the armed forces early are more likely to have an alcohol misuse problem than those who have served their full term.<sup>17</sup> This may be linked in some cases simply to age, as younger service personnel are more likely to misuse alcohol.<sup>18</sup> It may also be that premature termination of a military career is an indication of other problems that may predispose someone to alcohol misuse, such as underlying mental health problems or difficulties adjusting to military life.

*"Early Service Leavers...represent a cohort that is reluctant to publically acknowledge why they left the Services. These individuals develop a sofa surfing way of life, moving from one place to another as they attempt to settle, find employment and a home... Although no longer an MoD problem, they are a potentially a drain on resources from other departments of state who pick up the bill for drug/alcohol misuse, penal justice costs, housing benefit, Job Seekers Allowance, etc....Currently this group is not recognised but is ever present in our communities."*

Colonel P J Hubbard, OBE, DL, 2012<sup>19</sup>

### Possible explanations for excessive consumption in the armed forces

*"Alcohol does much more harm to the Armed Forces, to individuals, to their families, society, yet it doesn't get talked about. ...Not only are there high levels of drinking in the forces, but there is an effect from deployment – people come back and reinstate their drinking at a higher level than before they left. It's not an easy subject and there's no obvious answer, because alcohol also has a very positive influence on military culture – units that drink more have better cohesion and higher morale."*

Professor Simon Wessely, 2007<sup>20</sup>

A number of explanations have been offered as to why levels of alcohol consumption are so high in Britain's armed forces. Clearly, it has to be recognised that the country's armed forces are drawn from the general population and will drink for many of the same reasons as the rest



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of that population. Drinking alcohol is a strong social norm in the UK, and alcohol is used to socialise and relax, as well as to celebrate, commiserate and manage stress. Average alcohol consumption per head has more or less doubled in the UK since the 1950s,<sup>21</sup> and overconsumption is endemic. 44% of adults in Wales<sup>22</sup> and 33% of adults in England<sup>23</sup> admit they drink more than the recommended amounts, and the true figures are likely to be much higher than this, since research has shown that in surveys of drinking behaviour we routinely underestimate our own consumption.<sup>24</sup> It would be remarkable if this national pattern were not also seen in the armed forces. However, certain factors specific to the armed forces also seem to be at work:

- Recruitment for the armed forces tends to be weighted towards high risk groups for alcohol misuse in the general population, typically young, single males as well as recruits from relatively deprived socio-economic backgrounds. As noted above, research has found higher levels of drinking in the forces amongst younger personnel, and also amongst lower ranks.<sup>25</sup>
- Strong group camaraderie and bonding, as well as close-knit social interaction all create an environment conducive to higher consumption levels.<sup>26</sup> The official and unofficial rituals of military life – such as the naval Crossing the Line ceremony – may often involve alcohol.
- Stress related to deployment can increase alcohol consumption,<sup>27</sup> possibly leading to a pattern of longer-term heavier drinking.<sup>28</sup> Troops returning from an operational theatre are 22% more likely to have an alcohol problem than those who haven't been

deployed,<sup>29</sup> and the Ministry of Defence has acknowledged that “alcohol misuse is a serious problem and increased use is associated with operational deployment.”<sup>30</sup>

- Conversely, alcohol may be a means to relieve boredom during extended periods of inaction when not on active service.<sup>31</sup>
- Excessive drinking amongst some servicewomen may be a result of peer pressure to keep up with male colleagues' drinking.<sup>32</sup>
- The availability of cheap alcohol on some military bases may provide an encouragement to drinking.<sup>33</sup> Price and availability are both key factors in levels of alcohol consumption,<sup>34</sup> and this is as true of service personnel as of anyone else.

### The armed forces' response

The British armed forces have various policies and guidance on the use of alcohol:

- The Army states that it is not anti-alcohol but that drinking “must not be at the expense of operational capability”. It also notes certain circumstances in which soldiers must have no alcohol in their blood: range work, guard work, handling machinery, and any other safety critical duties.<sup>35</sup>
- A number of unofficial policies are in place to help commanders moderate alcohol consumption within their units: for example, the “two-can rule” (a maximum of two cans of beer per night) used at times during peacekeeping operations in Bosnia.<sup>36</sup>
- The RAF has discouraged lunchtime drinking for many years and has moved to establish alcohol-free meeting venues on RAF stations, such as coffee shops.<sup>37</sup>

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For those experiencing serious problems with alcohol, the armed forces operate 15 Departments of Community Mental Health (DCHMs) to which service personnel with substance misuse problems may be referred.<sup>38</sup> To better address the needs of those who have left the forces, in 2007 six Community Veterans' Mental Health pilot projects were set up by the Department of Health and the Welsh and Scottish Governments at locations across Great Britain, including one in Cardiff.<sup>39</sup> The aim of this initiative was to ensure that ex-service personnel with mental health problems (including alcohol misuse) had access to support that recognised the nature of the military experience, with appropriate referrals subsequently to mainstream treatment and support provided by local authorities and the third sector.<sup>40</sup> The Cardiff pilot project formed the basis of the All Wales Veterans' Health and Wellbeing Service, which has been funded by the Welsh Government since 2010, and now has Community Veterans' Mental Health Therapists in all seven Health Boards in Wales. The service recognises that veterans sometimes feel unable to engage with civilian services, but also sees use of mainstream civilian services as a "key sign of successful reintegration into civilian life". One stated aim of the service is to ensure that veterans are able to take part fully in civilian life, whilst also maintaining their military connections if they wish.<sup>41</sup> This service has been very much welcomed by veterans' organisations, although the Royal British Legion have expressed some concern that demand for it may well outstrip its current resources.<sup>42</sup> There are some early indications of pressure on the service: the Cardiff and Vale service has stated that it has a waiting time of a few weeks for veterans to be assessed, but between 6 and

9 months for receiving psychological treatment (although this compares favourably with a waiting time of about 15 months in the case of nonveterans).<sup>43</sup>

Various voluntary sector provision also exists across Wales for veterans' health, some provided by local veterans' charities, and some by third sector substance misuse agencies, such as the service for around 20 veterans run by CAIS in north Wales.<sup>44</sup>

### Discussion and conclusions

*"The reason we are finding high numbers of [ex-service] people on our books is that the support has not been there at the right time or in the right place. That is something that we all need to think about."*

Clive Wolfendale, 2012<sup>45</sup>

There is clear evidence that a culture of heavier drinking is well established in Britain's armed forces, and whilst this does not lead to serious problems for most service personnel, a significant minority do experience problems of alcohol misuse, and these problems may continue or worsen after discharge from the armed forces. The drinking culture of the forces to large extent reflects the general drinking culture of the country, and in particular that of certain other professions where intense cooperation, camaraderie and socialising with colleagues are the norm.<sup>46, 47</sup> Given the frequently extremely dangerous nature of the forces' role, and the need to be able to rely absolutely on colleagues in very high risk situations, it is not surprising that a culture of working hard and playing hard together has developed within the armed services.



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Whilst recognising the role of alcohol as a social medium in the forces, Alcohol Concern is keen to ensure that the armed services provide a healthy living and working environment – one that does not facilitate or encourage alcohol misuse – and that all current and former service personnel can get appropriate and accessible support for alcohol problems. Looking at recent statistics on alcohol consumption in the forces compared with the general population, it is clear that much remains to be done to bring drinking in the military down to healthy levels. This will require a substantial shift in forces drinking culture. Education, information, and clear messages from senior staff about what is normal and acceptable will have a role to play. However, as in the population as a whole, such a cultural shift can be most effectively brought about by regulating the price and availability of alcohol.<sup>48</sup> Moves by the armed forces in recent years to promote alcohol-free social opportunities are very much to be welcomed, and Alcohol Concern would encourage all three armed forces to systematically review their policies on the availability and pricing of alcohol on their bases as a means to reducing alcohol misuse and preventing problems before they occur. To be effective, this will need to be coordinated with the work by the UK Government to control the pricing and availability of alcohol in England and Wales more generally,<sup>49</sup> or any attempt by the armed forces to reduce on-base sales may simply lead to additional purchasing of discounted alcohol elsewhere.

The Ministry of Defence should also take steps to implement the recommendation of Dr Andrew Murrison MP that service personnel (including members of the reserve forces) should receive pre-discharge screening for mental

health problems and alcohol misuse, and be followed up for further screening around 12 months after they leave the armed forces.<sup>50</sup> This measure would go some way to addressing the concerns expressed to us by forces charities and local alcohol services that veterans may be discharged with a clean bill of health but later require support for problems such as alcohol misuse that appear to have developed during their time in the forces. This proposal by Dr Murrison has also been supported by the Health, Wellbeing and Local Government Committee of the National Assembly for Wales.<sup>51</sup>

*“We should go further to reassure leavers that discovery of mental health problems will not hold up their discharge, and to ensure that they are returned to civilian life in good mental health.”*

Dr Andrew Murrison MP, 2010<sup>52</sup>

In terms of managing problems of alcohol misuse when they do occur, our research has indicated that many local alcohol treatment services are already aware that they have armed forces veterans amongst their clients, but do not always feel fully competent to manage issues arising from previous military service. These agencies have, however, shown considerable interest in providing alcohol treatment services that are specifically tailored to the needs of current and former service personnel, and which can demonstrate a good understanding of forces culture and the armed forces experience. There is, therefore, clearly considerable scope for improved and increased joint working between local alcohol treatment agencies, the armed forces, and the various statutory and voluntary agencies supporting veterans.

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### Alcohol Concern

Alcohol Concern is the national charity on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. We are working at a national level to influence alcohol policy and champion best practice locally. We support professionals and organisations by providing expertise, information and guidance. We are a challenging voice to the drinks industry and promote public awareness of alcohol issues.

## Alcohol Concern Cymru Briefing

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