



# HELP-SEEKING FOR ALCOHOL PROBLEMS IN SERVING AND EX-SERVING UK MILITARY PERSONNEL EXECUTIVE SUMMARY

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# FOREWORD



The drinking traditions of Britain’s armed forces go back to the days of Waterloo and Trafalgar, and probably Agincourt. The reasons are obvious and understandable. The pressures and dangers of military life, and the overriding importance of teamwork, have made sharing a drink an important way to build bonds and boost morale. As in any other setting, this is not necessarily a bad thing. But alcohol is a tricky molecule to manage. Used in moderation, it can be a fairly harmless social lubricant. The difficulty is knowing how to draw the line between moderation and excess.

As this report highlights, excessive alcohol use is more common in the armed forces and amongst veterans than in the civilian population. The fact that heavier drinking patterns established whilst serving often continue after leaving the forces is, perhaps, a particular worry. If military-style drinking is happening amongst veterans, without the camaraderie and structures of support that military life also provides, the potential pitfalls are clear. The report also indicates that recognition of alcohol problems and help-seeking for those problems is low amongst both serving personnel and veterans. Stoic persistence in the face of adversity, and a reluctance to let the side down may well be military virtues, but not when they mean alcohol problems go untreated and suffering is left unalleviated.

However, this report is not just a list of problems. The research team have made a number of clear and practical recommendations – such as increasing brief alcohol interventions (BAIs) and improving the support for military families – that deserve immediate consideration by the Ministry of Defence and others. As a country, we expect a lot from our armed forces. Men and women from a whole range of backgrounds volunteer to set aside some of their own freedoms and undertake difficult and dangerous tasks on our behalf. There is a clear duty on the rest of us to ensure that they are well supported that their needs are met in ways that are relevant and accessible to them. That has to include alcohol support that recognises the military experience and the particular factors that may make both serving personnel and veterans more likely to drink and less likely to seek help.

The researchers’ recommendations also include one “big ask” that will be far from simple to achieve: to change the conversation about alcohol in the military context. That kind of change is never quick or easy – in military or civilian life – but being able to talk honestly about the reasons we drink is essential. In British society, we often see alcohol as a great “includer” – something that brings us together. But there’s often a price to pay, not just in terms of a sore head and a sick stomach the next morning, but also in terms of relationships strained by thoughtless words and behaviour we later regret. And when alcohol becomes a precondition of social and professional acceptance, it becomes an excluder, ensuring that only those who join in with the drinking get on in life. Changing that is a challenge for all of us, not just for our armed forces.

**Andrew Misell**  
**Director for Wales**  
**Alcohol Change UK**

# 1. EXECUTIVE SUMMARY

## 1.1 Introduction

Alcohol has a long tradition in the military. Research has shown that alcohol misuse among serving and ex-serving military personnel in the US and UK is increased compared to general population estimates, and that patterns of high consumption continue once personnel leave Service. Despite high levels of alcohol use, help-seeking for alcohol problems among UK and US military and ex-military populations is routinely lower than for other mental health, emotional or general medical problems. This may be due to low recognition of alcohol problems among serving and ex-serving personnel.

- To date, there have been few UK studies looking at recognition of, and help-seeking for, alcohol problems among serving and ex-serving military populations. The aims of this project were to:
- review the prior literature on recognition of alcohol misuse problems among civilian and serving and ex-serving military populations to understand how common recognition is
  - identify what proportion of serving and ex-serving personnel recognise they have an alcohol misuse problem and what are the characteristics of those more likely to recognise and therefore self-report an alcohol problem, including mental health comorbidity
  - identify what proportion of personnel who self-report an alcohol problem seek help and determine which factors, including having a comorbid mental health problem, are associated with help-seeking
  - understand help-seeking, adherence to treatment, and perceptions of treatment for self-reported mental health problems among personnel who are also misusing alcohol

## 1.2 Methods

Four inter-related studies were conducted to address these aims. Following a review of the literature, the remaining three studies used data from the third phase (Oct 2014-Dec 2016) of the King’s Centre for Military Health (KCMHR) Health and Well-being Cohort study (n=8,093) and a linked interview study (Feb 2015-Dec 2016) (n=1450) of help-seeking in serving and ex-serving personnel. The KCMHR cohort is a multi-phase study of UK military personnel originally established to examine the health and well-being of personnel deployed to Iraq (Op TELIC) and Afghanistan (Op Herrick) and includes serving and ex-serving personnel from all three Service branches, regulars and reserves, and men and women. The majority of participants were male and ex-serving.

## 1.3 Findings

**Study 1 - How common is recognition of alcohol misuse in military and non-military samples?**

A review of the prior research in military and non-military populations indicated that fewer than half of those meeting criteria for alcohol misuse recognised their alcohol problem. In military populations 38% recognised an alcohol problem and in non-military populations 48% recognised an alcohol problem. The majority of prior research was conducted in non-military populations in the USA, revealing a lack of information from studies conducted in military populations or in the UK.

**Study 2 – Recognition of alcohol misuse among UK serving and ex-serving personnel – a cohort study**

Findings from data analyses of the KCMHR Cohort showed that approximately half of UK serving and ex-serving personnel who met criteria for alcohol misuse recognised their alcohol problem, with no difference between serving and ex-serving personnel after accounting for age and gender.

Overall, recognition of alcohol misuse problems was significantly higher among those experiencing greater mental and physical health problems and greater alcohol misuse severity. Recognition was typically higher among those experiencing adverse life events, although only among serving personnel or those with comorbid alcohol and mental health problems.

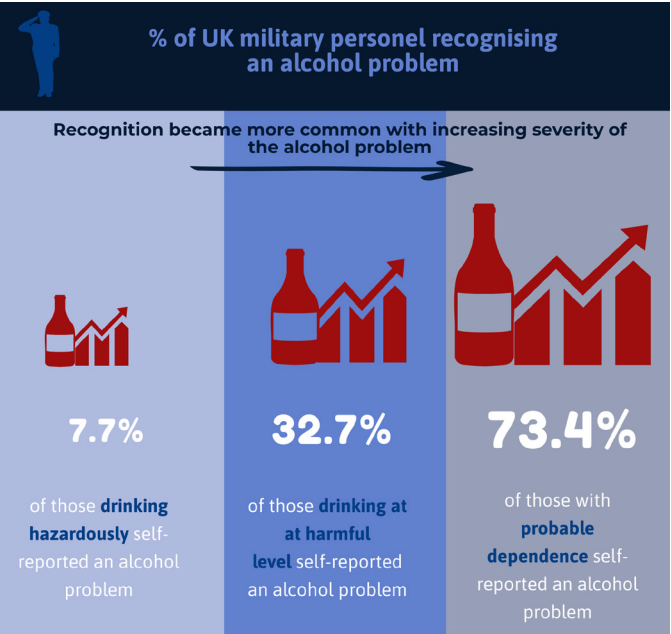


Figure 1: Recognition of alcohol problems stratified by severity of alcohol misuse



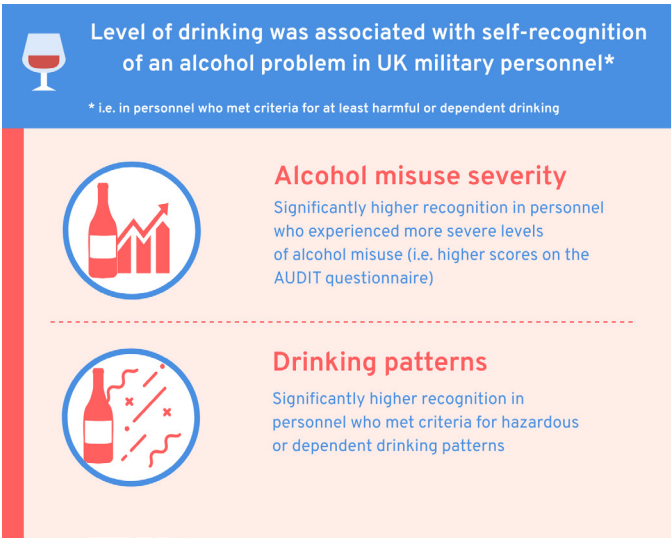


Figure 2: Associations of drinking behaviours with alcohol problem recognition

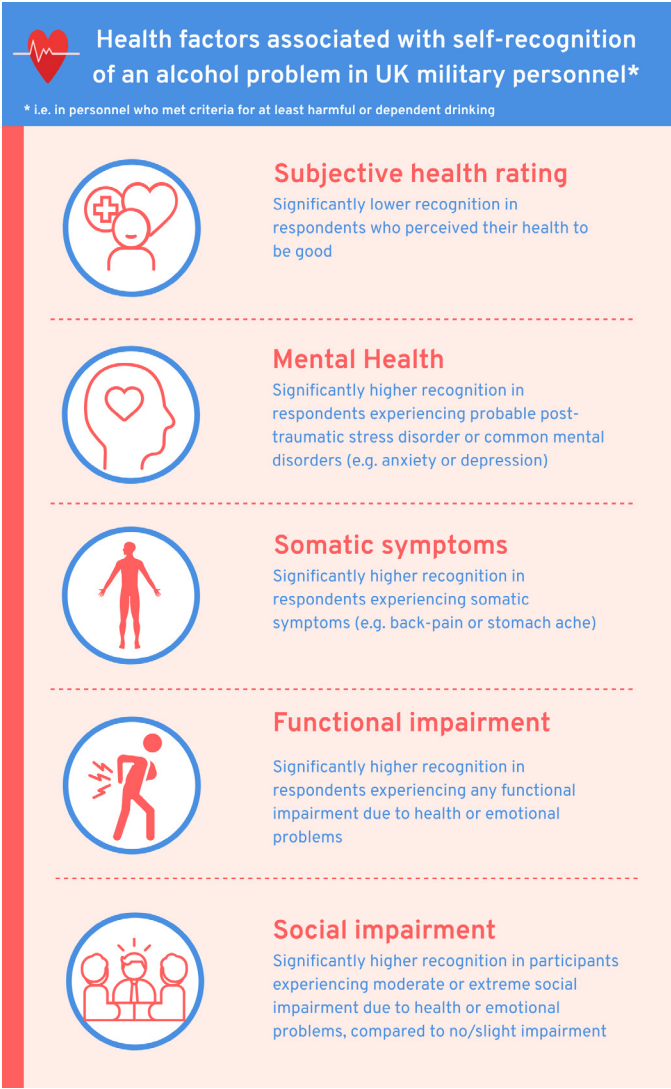


Figure 3: Association of health factors with alcohol problem recognition



Figure 4: Association of life events with alcohol problem recognition

**Study 3 – Help-seeking for self-reported alcohol problems**

Of those who self-reported a current or prior alcohol problem in the last three years, approximately one-third had sought help. This did not differ by serving status. Help-seeking for self-reported alcohol problems from formal medical services was less likely in those of older age and with greater severity of alcohol but was more likely among those not in a relationship and current smokers. Help-seeking from ‘other’ sources/ helplines was higher among both serving and ex-serving personnel who reported an increasing number of adverse life events such as divorce, bereavement, financial problems or being the victim of crime. While not defined, ‘other’ forms of support may include non-medical support such as friends, family, military charities, or charities providing treatment for alcohol/substance use.

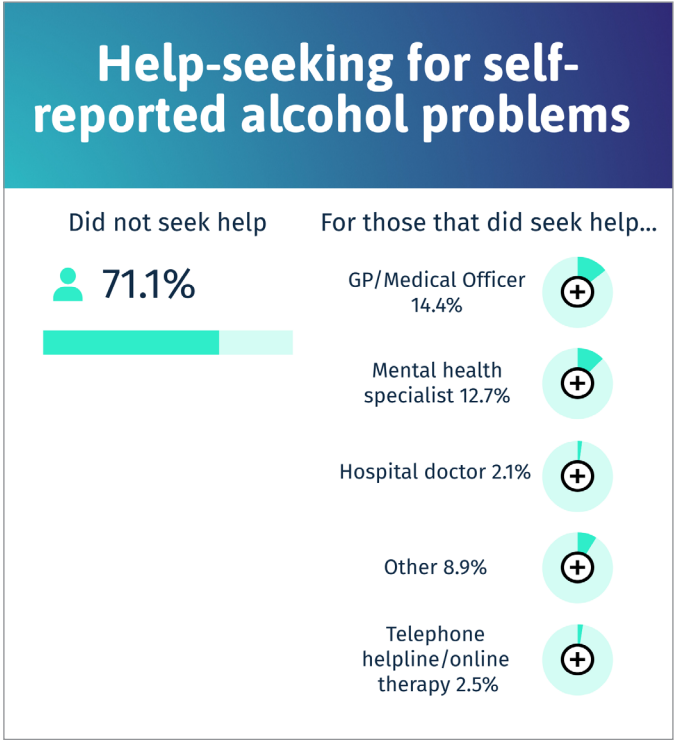


Figure 5: Proportion and type of help seeking for alcohol problems



Figure 6: Associations with help seeking for alcohol problems

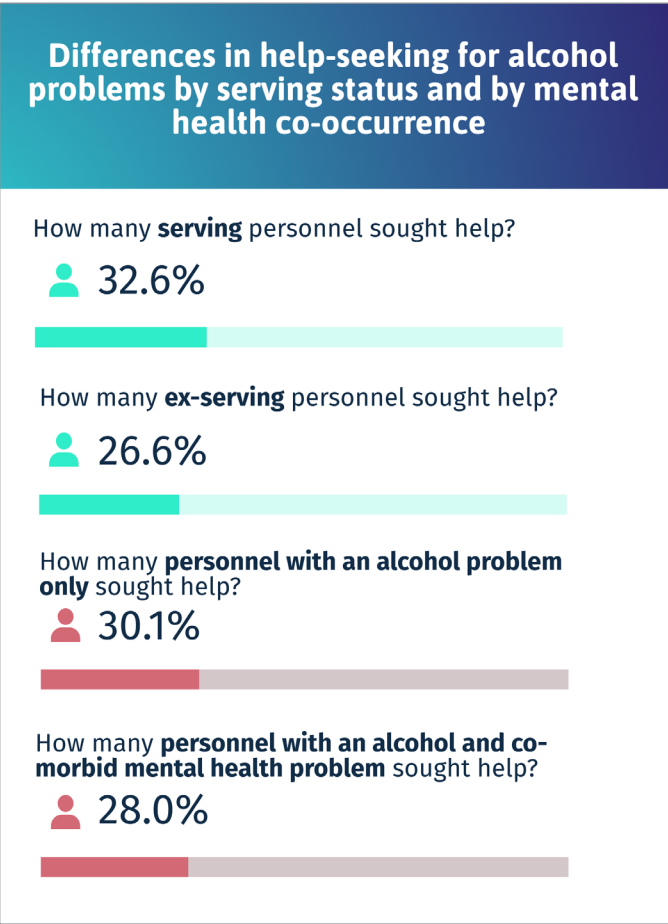


Figure 7: Alcohol help seeking associations with serving and mental health status

**Study 4 – How does help-seeking and perceptions of treatment for mental health problems differ in serving and ex-serving personnel who are also misusing alcohol?**

Help-seeking for self-reported mental health problems was not any more or less common among those with co-occurring alcohol problems, compared to those without a problem. There was no difference in help-seeking between serving and ex-serving personnel, but serving personnel were more likely to report using telephone or online services if they had mental health and alcohol problems while ex-serving personnel were more likely to access ‘other’ forms of support. Among serving and ex-serving personnel with self-reported mental health problems *and* comorbid alcohol misuse, help-seeking for mental health problems was higher for those reporting childhood antisocial behaviour. Help-seeking for self-reported mental health problems was higher among women and serving and ex-serving personnel not in a relationship, regardless of alcohol comorbidity.

Perceptions of the helpfulness and completeness of therapy for any issue were significantly lower among those self-reporting a mental health problem who were also experiencing an alcohol misuse problem. Further investigation found that this was due to poorer attitudes towards therapy among those who reported a resolved mental health problem, suggesting that some psychological therapies may not be meeting the needs of military and ex-serving personnel with more complex problems despite them showing improvement in their condition.

**1.4 Conclusions**

The findings of this study show that recognition of alcohol misuse problems and help-seeking for self-reported alcohol problems among serving and ex-serving personnel in the UK military remains low. There was no difference in problem recognition or help-seeking by serving status. Recognition of alcohol misuse problems and help-seeking for self-reported alcohol problems were both higher among those experiencing additional stressors such as poor health or stressful and adverse life events. Perceptions of the helpfulness and completeness of therapy were significantly lower among those self-reporting a mental health problem who were also experiencing an alcohol misuse problem. This was due to poorer attitudes towards therapy among those reporting a resolved mental health problem.

**1.5 Recommendations**

Recognition of alcohol misuse problems and help-seeking for self-reported alcohol problems among serving and ex-serving UK military remains low. The following recommendations could be implemented to improve recognition and increase awareness of help-seeking for both serving personnel and ex-serving personnel:

1. Change the conversation about alcohol in the military context
2. Increase brief alcohol intervention (BAIs) programmes to target all, not just those perceived to have the greatest need
3. Support for families and wider support networks in supporting and advising serving and ex-serving personnel on alcohol problems
4. Ensure that there is better publicity of the available treatment services for alcohol problems
5. Need for improved and wider access to treatment for alcohol problems
6. Need to align alcohol and mental health treatments
7. Future research to explore the links between recognition of alcohol misuse, mental health and stressful and adverse life events and to explore pathways to, and experiences of, treatment for alcohol problems



