

Perceived changes in alcohol consumption following the COVID-19 pandemic among UK Armed Forces personnel

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Short Report

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Abstract

The COVID-19 pandemic altered alcohol consumption across civilian populations, but evidence among serving military personnel remains limited. In a cross-sectional survey of 227 UK Armed Forces personnel, individuals currently classified in increasing- and higher-risk AUDIT-C categories were more likely to retrospectively report drinking more than before the pandemic, while demographic and military characteristics showed little association apart from younger age.

Full Text

Alcohol-related harm remains an important challenge for military health services. During the COVID-19 pandemic, alcohol consumption changed across civilian populations[1,2], although evidence among serving military personnel remains limited. Previous research in RAF personnel described changes in alcohol consumption, without examining differences according to alcohol risk[3]. We therefore examined self-reported changes in alcohol consumption following the pandemic, according to current alcohol risk in UK Armed Forces (UKAF) personnel.

Between October 2023 and July 2024, 613 serving UKAF personnel were screened for the Military DrinksRation randomised controlled trial[4], of whom 229 consented to the nested Drinking and Wellbeing study[5]. Participants were asked; “Since the COVID-19 pandemic, do you drink alcohol more than you did before?” Current alcohol risk was classified using the Alcohol Use Disorders Identification Test - Consumption (AUDIT-C). Logistic regression examined associations between current AUDIT-C risk category and retrospectively perceived changes in alcohol consumption. Secondary analyses examined demographic and military associations. Ethical approval was granted by the Ministry of Defence Research Ethics Committee (2154/MODREC/22).

Overall, 11.9% reported not drinking alcohol, 34.8% reported drinking less, 42.7% reported no change, and 10.6% reported drinking more than before the pandemic. However, this concealed marked differences by current alcohol risk (Table 1). Compared with the low-risk category, participants in the increasing-risk category had higher odds of reporting increased alcohol consumption since the pandemic (OR 3.37, 95% CI 1.23–9.29), as did those in the higher-risk category (OR 3.95, 95% CI 1.11–14.05).

No associations were observed with sex, Service, or previous combat deployment. Participants aged <25 years were more likely to report increased consumption than those aged 25-34 years (OR 0.10, 95%CI 0.02–0.48) or ≥35 years (OR 0.28, 95%CI 0.10–0.77).

Table 1: Self-reported change in alcohol consumption following the COVID-19 pandemic by current AUDIT-C risk category.

AUDIT-C risk category	Perceived change in alcohol use since COVID-19, n (%)			
	No alcohol	Less than before	About the same	More than before
Low risk (≤ 4) n=115	25 (21.7)	51 (44.3)	33 (28.7)	6 (5.2)
Increasing risk (5-7) n=83	2 (2.4)	25 (30.1)	43 (51.8)	13 (15.7)
Higher risk & potential dependence (8-12) n=29	-	3 (10.3)	21 (72.4)	5 (17.2)

Current alcohol risk, but few demographic or military characteristics, was associated with perceived retrospective changes in alcohol consumption following the COVID-19 pandemic.

A civilian meta-analysis found little overall change in alcohol consumption because increases among heavier drinkers were offset by reductions among lower risk drinkers[1]. Although this cross-sectional study cannot establish baseline alcohol risk or temporal relationships, the observed association between current alcohol risk and retrospectively perceived increases in alcohol consumption is consistent with this broader pattern of heterogeneous behavioural responses.

Current AUDIT-C scores and retrospective perceptions of changes in alcohol consumption were collected, precluding conclusions about baseline alcohol risk or temporal direction. Consequently, these findings cannot demonstrate that alcohol screening can prospectively identify personnel at risk of increasing consumption. Rather, they provide a first description of perceived changes in alcohol consumption following societal disruption. Longitudinal AUDIT-C analyses are now required to determine whether UKAF drinking trajectories demonstrate similar heterogeneity to civilian populations.

Declarations

Competing interests

KK conducted this work as part of a Doctorate in Medicine degree with King's College London. KK is employed by the Royal Navy. DL is a reservist in the British Army and this work has been undertaken as part of his civilian employment. NTF's salary at King's College London was supported by a grant from the UK Ministry of Defence. She was an unpaid trustee for the Help for Heroes charity. NG is President of the Society of Occupational Medicine.

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