

# JSNA Health and Wellbeing Profile 2023/24

## Alcohol

Bristol drinks more than any other area of the UK<sup>1</sup>. Alcohol use has an impact on the health and well-being of individuals, families and communities within Bristol<sup>2</sup>.

The Chief Medical Office (CMO) published guidelines that state any level of alcohol regularly carries a health risk for everyone<sup>3</sup>. The Chief Medical Officers' guideline for both men and women is that:

- It is safest not to drink more than 14 units a week on a regular basis
- If you drink as much as 14 units per week, it is best to spread it evenly over 3 or more days
- The risk of developing a range of health problems (including cancers of the mouth, throat, liver and breast) increases the more you drink
- It is advised to have several drink-free days per week

## Summary points

- The rate of alcohol-related hospital admissions in Bristol was 677 per 100,000 population, significantly higher than the national average (494 per 100,000) (2021/22)
- The rate of hospital admissions for residents living in the 20% most deprived areas of Bristol was more than twice as high than residents living in the 20% least deprived areas of the city.
- The mortality rate in Bristol for alcohol-specific deaths is significantly worse than the national average (2018-20). There was twice the number of alcohol-specific deaths amongst men than women in this period.

## Alcohol consumption in Bristol

Bristol's 2018 Quality of Life survey has been used to estimate alcohol consumption in Bristol:

- 13.4% of adults in Bristol reported that they drink alcohol 4 or more times per week.
- Young people (16 – 24 years) were significantly lower at 5.5%
- Over 65's reported much higher levels (21.9%)
- In the least deprived 10% of Bristol's population 19.9% reported drinking alcohol 4 or more times per week, compared to 8.0% in the most deprived 10% of Bristol's population.

The 2022 Quality of Life survey<sup>4</sup> showed that 15.8% of respondents were at a higher risk of alcohol related health problems. The survey reported that men are at a higher risk than women (20.5% vs 11.1%).

<sup>1</sup> [Adult drinking habits in Great Britain: 2017 - Office for National Statistics](#)

<sup>2</sup> See JSNA section "Lifestyle behaviours of Young People"

<sup>3</sup> [UK Chief Medical Officers' Low Risk Drinking Guidelines \(publishing.service.gov.uk\)](#)

<sup>4</sup> [The quality of life in Bristol - bristol.gov.uk](#)

## Hospital admissions<sup>5</sup>

There were 2,732 hospital stays in Bristol due to alcohol-related harm<sup>6</sup> in 2021/22, a rate of 677 persons per 100,000 population. This remains significantly worse than the national average (494 per 100,000).

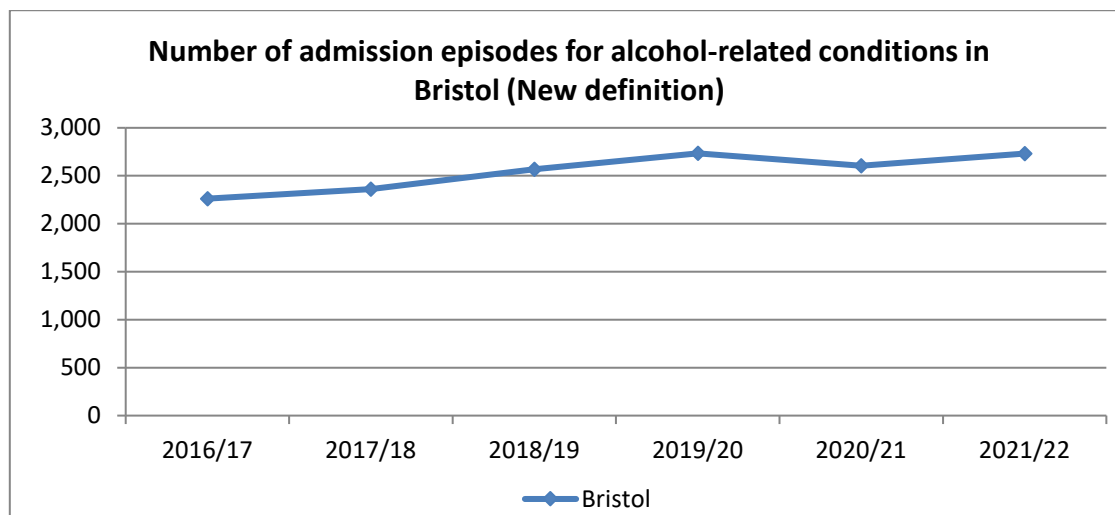


Figure 1: Alcohol-related hospital admissions (using the 'new narrow definition'). Source: OHID Local Alcohol Profiles for England, [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

**Equalities data - gender:** Of the 2021/22 Bristol hospital admissions due to alcohol-related harm, 1,681 were men and 1,051 women. As rates, 873 men and 493 women per 100,000 were admitted – both rates are significantly worse than nationally.

**Equalities data - deprivation:** Hospital admissions due to alcohol-specific conditions<sup>7</sup> in Bristol in 2021/22 show that the rate of admissions for the most deprived 20% of Bristol's population was 1,598 per 100,000 population compared to 694 per 100,000 population in the least deprived 20%, over twice as high. See figure 2.

<sup>5</sup> Office for Health Improvement and Disparities: Local Alcohol Profiles for England, [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

<sup>6</sup> Admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause (new narrow definition), directly age standardised rate per 100,000 population. Please note that the definition of the indicator (fractions used to calculate the alcohol related admissions) has changed and the data has been updated for the years 2016/17 to 2021/22 only.

<sup>7</sup> Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. Analysis by Bristol Public Health using Hospital Episode Statistics, 2023

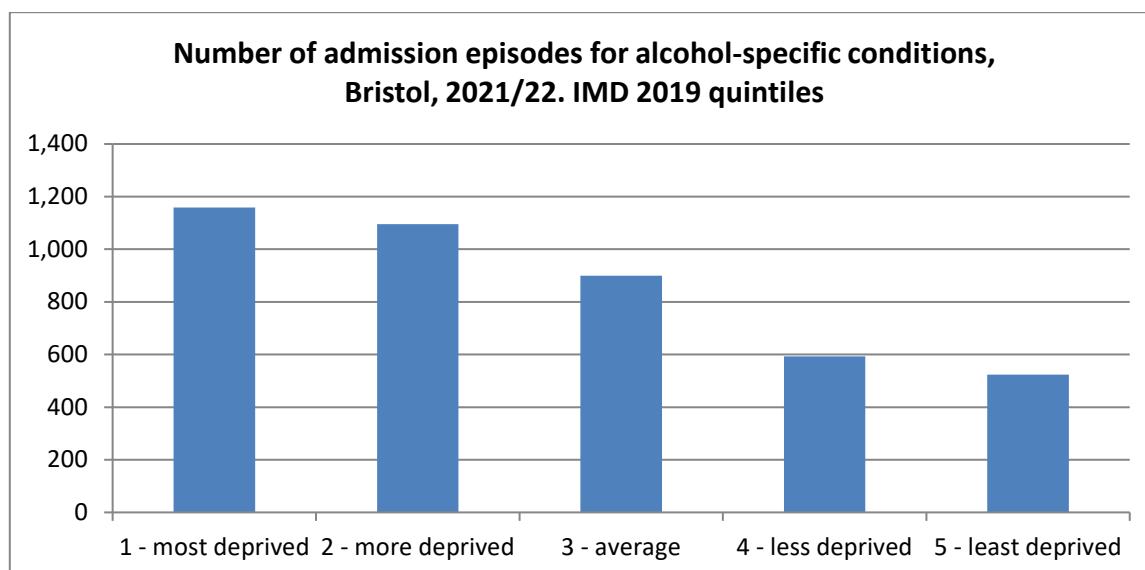


Figure 2: Alcohol-specific hospital admissions by deprivation quintile. Source: Hospital Episodes Statistics via NHS Digital and Index of Multiple Deprivation via Ministry of Housing, Communities & Local Government

## Treatment

The Public Health Outcomes Framework reports on the number and proportion of alcohol users that left alcohol treatment successfully who do not re-present within 6 months. This is defined as the number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment. This means that a successful completion can only be counted **at least 6 months after** the individual has completed treatment

During 2021, there were 624 Bristol clients in treatment for alcohol use<sup>8</sup>. Of these, 32.7% completed treatment successfully (did not re-present to treatment within 6 months), similar to the previous year and similar to the national average (36.6%) – see Figure 3.

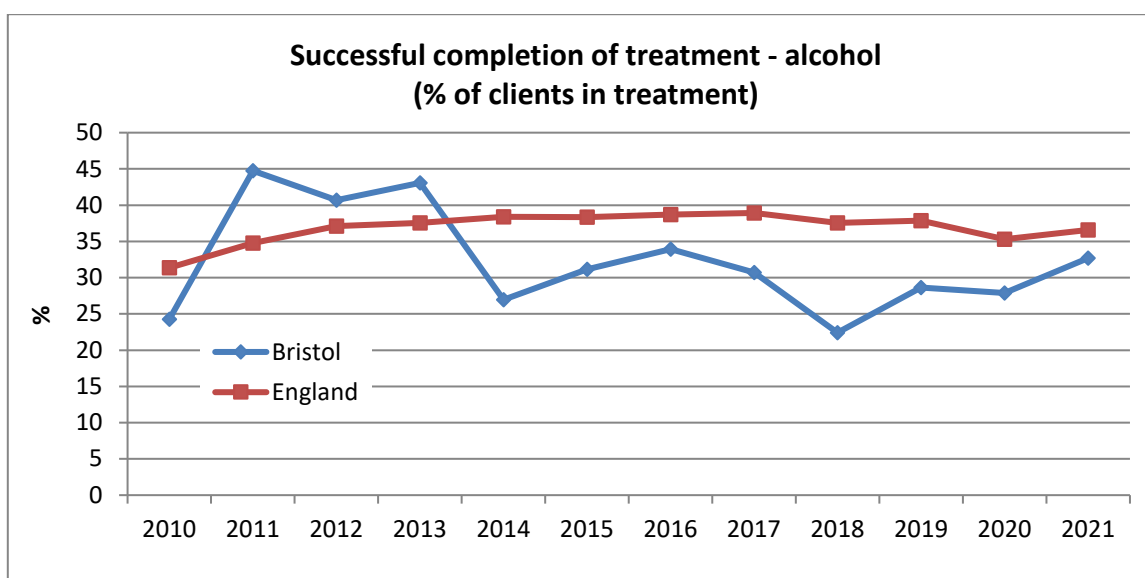


Figure 3: Treatment success rates – alcohol; Source: Public Health Outcomes Framework (July 2023)

<sup>8</sup> Public Health Outcomes Framework, indicator C19c. <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

**Equalities data - gender:** Just over the half (59%) of clients in treatment for alcohol use<sup>9</sup> in Bristol were male, and 41% female in 2021/22.

### Alcohol Specific Mortality <sup>10</sup>

There were 141 alcohol-specific<sup>11</sup> deaths in Bristol in the 3 years period of 2018 - 2020<sup>12</sup>, a rate of 13.5 per 100,000 population. This is significantly worse than nationally (11.5 per 100,000). The year 2021 saw 56 alcohol specific deaths (the rate of 14.8 per 100,000 population, similar to England average of 13.9).

**Equalities data - gender:** Of the 2018-20 alcohol-specific deaths in Bristol, 95 were men and 46 women. The Bristol male rate is 18.6 deaths per 100,000, higher than nationally (15.7), but the female rate is 8.7 per 100,000, similar to the national rate of 7.5 - see Figure 4.

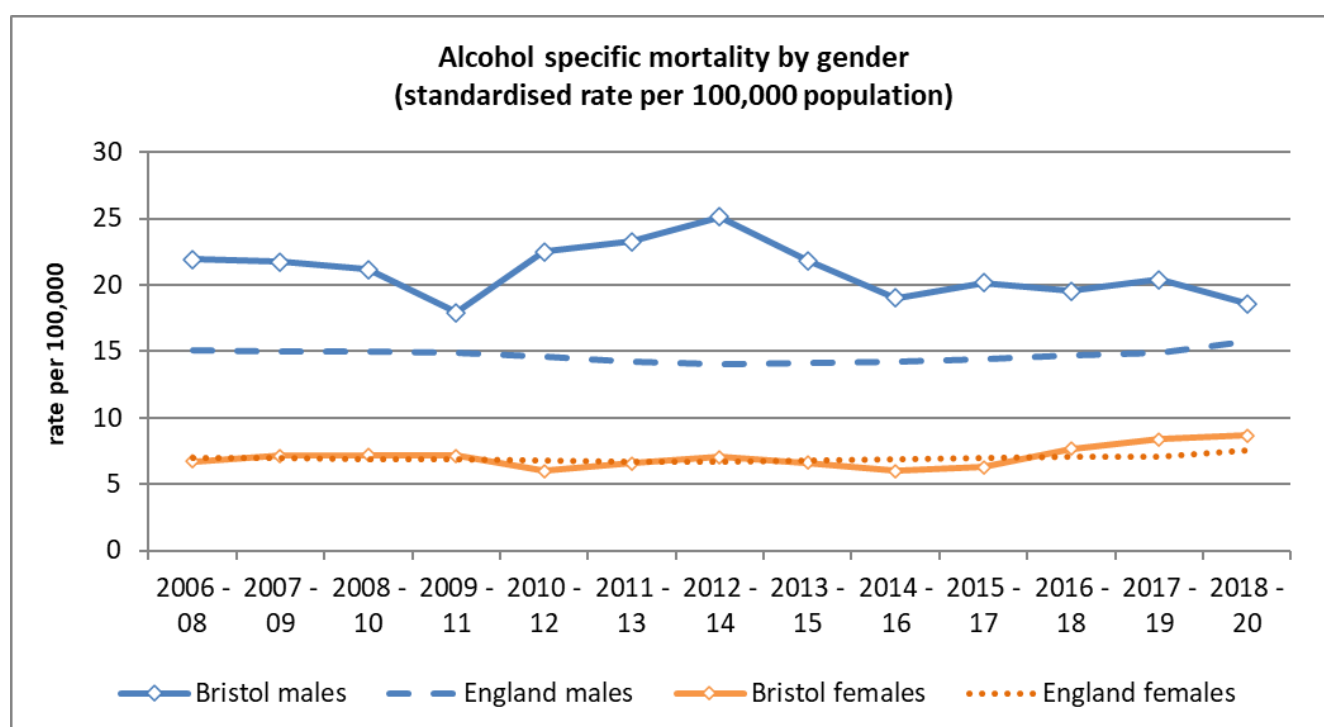


Figure 4: Alcohol-specific mortality by gender; Source: Public Health England Local Alcohol Profiles <https://fingertips.phe.org.uk/profile/local-alcohol-profiles> and Primary Care Mortality files by NHS Digital

### Bristol Drug and Alcohol Strategy

The Bristol Drug and Alcohol Strategy runs from 2021 to 2025. It is a strategy for the City of Bristol developed in partnership with organisations and people across the city. Bristol aspires to be a vibrant, inclusive, and compassionate city, where prevention is prioritised, and everyone has the right to physical and mental wellbeing, safe from the harms of alcohol and other drugs. Its ambition is that individuals and their families-regardless of starting points are well-informed

<sup>9</sup> NDTMS: <https://www.ndtms.net/ViewIt/Adult>

<sup>10</sup> Data via PHE [Local Alcohol Profiles](https://fingertips.phe.org.uk/profile/local-alcohol-profiles) (accessed July 2023)

<sup>11</sup> Deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

<sup>12</sup> Please note that the data for the years 2012-2020 is based on the ONS population estimates based on the 2011 Census. These data are based on unrevised population estimates and therefore should not be used to make comparisons with the 2021 figures. The official population estimates for mid 2012 to mid 2020 will be revised, to incorporate the data now available from Census 2021. Once published, the updated back series for this indicator will be published.

and empowered to reach their full potential, access treatment if needed, and reduce harm within their community.

In addition, the NHS Long Term Plan<sup>13</sup> includes a number of commitments for alcohol which as a city we are working towards achieving.

#### Further data / links / consultations:

- PHE [Local Alcohol Profiles](#)
- Bristol City Council: [Drug and alcohol misuse support - bristol.gov.uk](#)
- The UK chief medical officers' guidelines on how to keep health risks from drinking alcohol to a low level are available here: <https://www.gov.uk/alcohol-consumption-advice-on-low-risk-drinking>

#### Covid-19 Impact:

Impacts of Covid-19 on alcohol consumption and hospital admissions are complex to interpret due to influence from other factors such as restrictions in hospitality opening times and shop closures, and psychological factors where people reported avoiding hospitals to ease the pressure on the NHS and because they were perceived as high-risk settings for catching COVID, referred to as the 'lockdown effect'. There is, however, national evidence to suggest an increase in consumption among non-drinkers, as well as in heavy drinkers. A report from the Institute of Alcohol Studies looks at patterns of drinking and their potential future impact<sup>14</sup> and suggests:

- Drinking patterns in England changed during the COVID-19 pandemic, noting an increase in the number of higher risk drinkers, and the heaviest drinkers having increased their consumption the most, bringing a risk of more alcohol-related health problems;
- Changes in alcohol consumption have continued beyond the national lockdowns of 2020 and 2021, with a 20% increase in alcohol-specific deaths in England in 2020 compared with 2019, a trend which persisted through 2021. There have also been changes in healthcare access during the pandemic, which could mean other aspects of alcohol harm worsen but become less visible;
- The long-term indirect effect of the pandemic on alcohol harm is unknown, but even if the changes seen to alcohol consumption are short-lived, there are knock-on effects on alcohol harm over the longer term. For example, depending on future trends in alcohol consumption, their modelling projects there will be between 2,860 and 147,892 additional cases of the nine alcohol-related diseases (high blood pressure, stroke, liver disease, and six forms of cancer) studied in England by 2035. This is projected to lead to between 2,431 and 9,914 extra premature deaths, and to impact the less well-off in society the most, with a cost to the National Health Service in England are estimated to be between £363 million and £1.2 billion.

**Date updated:** September 2023

**Next update due:** June 2024

<sup>13</sup> <https://www.england.nhs.uk/long-term-plan/>

<sup>14</sup> [The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic - Institute of Alcohol Studies \(ias.org.uk\)](#)