

JSNA Health and Wellbeing Profile 2024/25

Alcohol

Bristol drinks more than any other area of the UK¹. Alcohol use has an impact on the health and well-being of individuals, families and communities within Bristol².

The Chief Medical Office (CMO) published guidelines that state any level of alcohol regularly carries a health risk for everyone³. 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 675 per 100,000 population, significantly higher than the national average (494 per 100,000) (2022/23)
- 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 similar to the national average (2022). 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 2023/24 Quality of Life survey⁴ showed that 12.6% of respondents were at a higher risk of alcohol related health problems. The survey reported that men are at a higher risk than women (16.5% vs 9.0%).

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

² See JSNA section "Lifestyle behaviours of Young People"

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

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

Hospital admissions⁵

There were 2,727 hospital stays in Bristol due to alcohol-related harm⁶ in 2022/23, a rate of 675.1 persons per 100,000 population. This remains significantly worse than the national average (474.6 per 100,000).

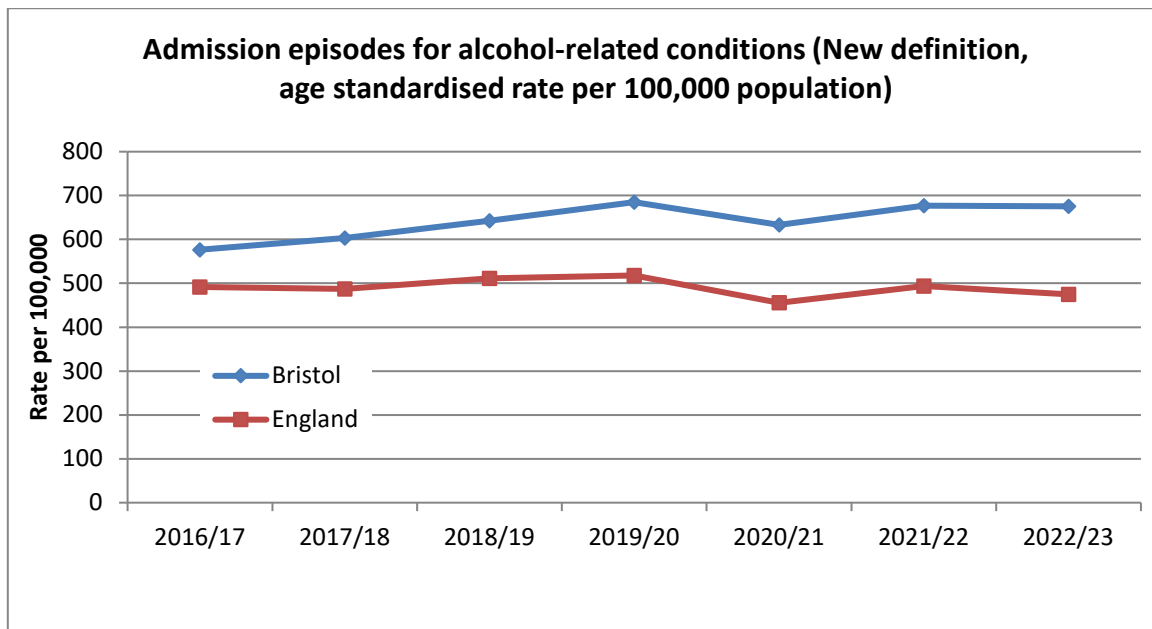


Figure 1: Alcohol-related hospital admissions (using the ‘new narrow definition’), age standardised rates per 100,000 population. Source: OHID Alcohol Profiles for England, [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

Equalities data - gender: Of the 2022/23 Bristol hospital admissions due to alcohol-related harm, 1,704 were men and 1,023 women. As rates, 879.2 men and 484.3 women per 100,000 were admitted – both rates are significantly worse than nationally.

Equalities data - deprivation: Hospital admissions due to alcohol-specific conditions⁷ in Bristol in 2022/23 show that the rate of admissions for the most deprived 20% of Bristol’s population was 1,442.2 per 100,000 population compared to 703.3 per 100,000 population in the least deprived 20%, over twice as high. See figure 2.

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

⁶ 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 2022/23.

⁷ Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition. NHS England Hospital Episode Statistics, 2024

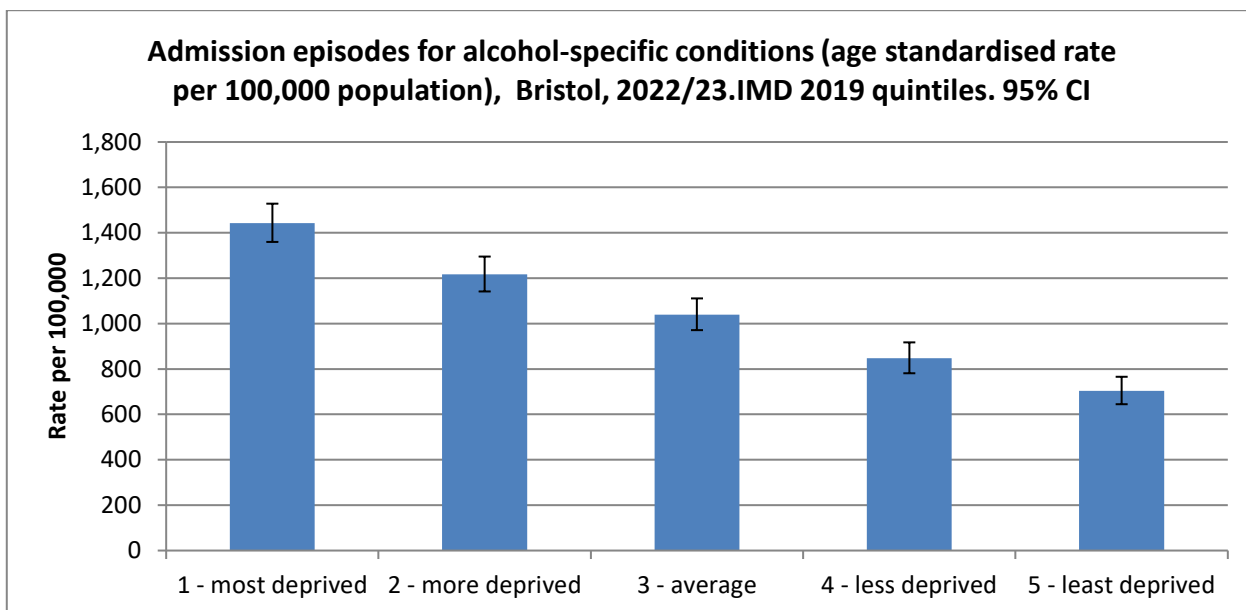


Figure 2: Alcohol-specific hospital admissions by deprivation quintile. Source: Hospital Episodes Statistics via NHS England and Index of Multiple Deprivation via Ministry of Housing, Communities & Local Government

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 2022, there were 534 Bristol clients in treatment for alcohol use⁸. Of these, 38.8% completed treatment successfully (did not re-present to treatment within 6 months), showing a continued upward trend and now similar to the national average (35.1%) – see Figure 3.

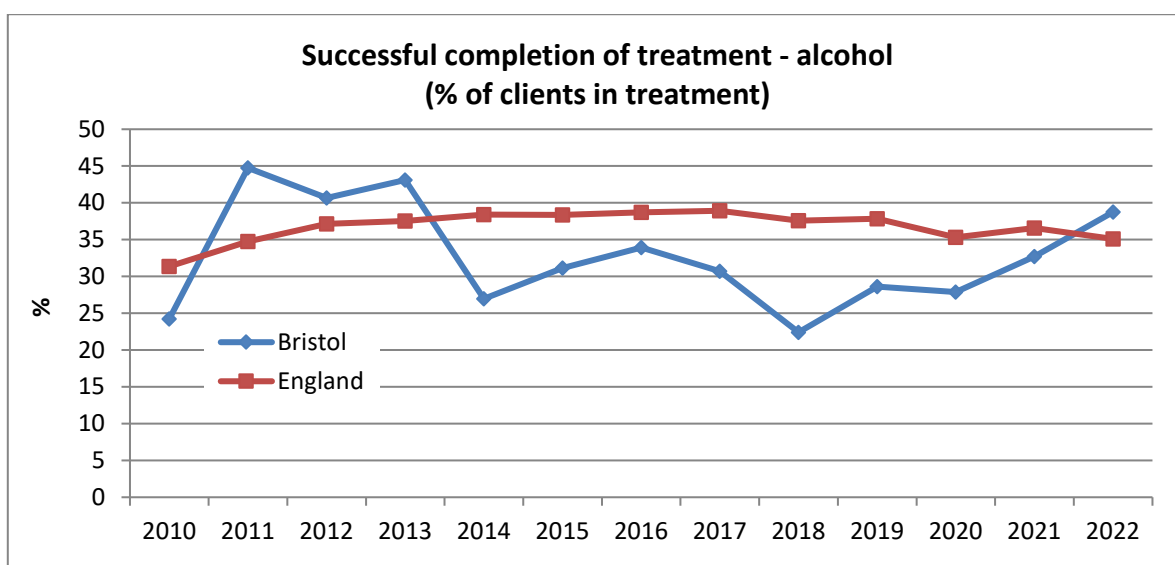


Figure 3: Treatment success rates – alcohol; Source: Public Health Outcomes Framework (June 2024)

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

Equalities data - gender: Just over the half (62%) of clients in treatment for alcohol use⁹ in Bristol were male, and 38% female in 2022.

Alcohol Specific Mortality ¹⁰

There were 59 alcohol-specific¹¹ deaths in Bristol in 2022, a rate of 16.1 per 100,000 population. This is similar to the national average (14.5 per 100,000). The rate has slightly increased comparing to the previous year (14.8 per 100,000 population)

Equalities data - gender: Of the 59 alcohol-specific deaths in Bristol in 2022, 40 (68%) were men and 19 (32) women.

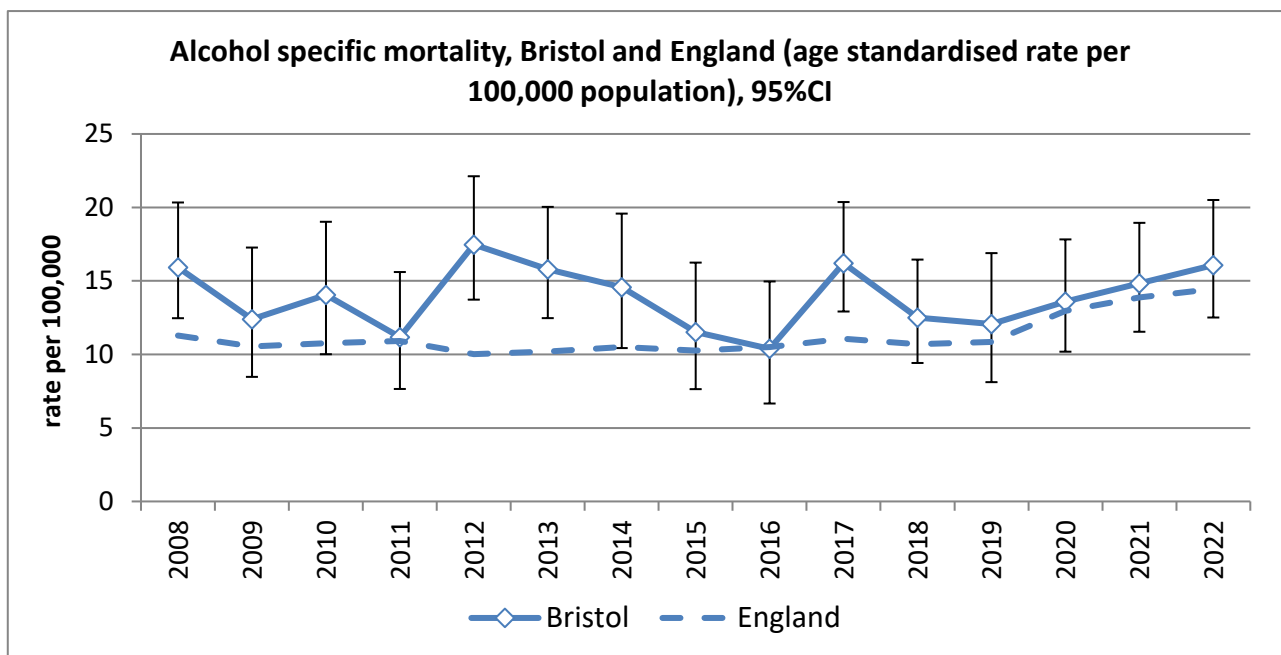


Figure 4: Alcohol-specific mortality by gender; Source: Public Health England Local Alcohol Profiles <https://fingertips.phe.org.uk/profile/local-alcohol-profiles> and Primary Care Mortality files by NHS Digital

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

In addition, the NHS Long Term Plan¹² includes several commitments for alcohol which as a city we are working towards achieving.

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

¹⁰ Data via PHE [Local Alcohol Profiles](https://fingertips.phe.org.uk/profile/local-alcohol-profiles) (accessed June 2024)

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

¹² <https://www.england.nhs.uk/long-term-plan/>

Further data / links / consultations:

- PHE [Local Alcohol Profiles](#)
- Bristol City Council: [Drug and alcohol misuse support - bristol.gov.uk](https://www.bristol.gov.uk/drug-and-alcohol-misuse-support)
- 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 impact¹³ 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: June 2024**Next update due:** June 2025

¹³ [The COVID Hangover: addressing long-term health impacts of changes in alcohol consumption during the pandemic - Institute of Alcohol Studies \(ias.org.uk\)](https://www.ias.org.uk/the-covid-hangover-addressing-long-term-health-impacts-of-changes-in-alcohol-consumption-during-the-pandemic)