

# JSNA Health and Wellbeing Profile 2025/26

## Substance Use

### Summary points

- Bristol, like many other cities has high prevalence of substance use
- There are an estimated 5,435 opiate and/or crack users in Bristol, and their age profile is getting older
- There has been a sharp increase in the last 2 years of people with non-opiate and alcohol use needs seeking treatment
- Substance use causes serious harm to individuals, families and communities<sup>1</sup>. The proportion of Bristol residents using drugs is relatively small, but the impact is extensive.
- Drug use has health implications such as the blood borne viruses, long term health conditions and a negative impact on mental health; although there is clear evidence that poor mental health may increase use of substances as a coping mechanism.
- Bristol has, similarly to other core cities, seen an increase in drug related deaths, some due to an acute overdose but more often due to the chronic health conditions associated to substance use.
- The links between substance use, crime and homelessness are well established.
- Supporting access to treatment is key in reducing harm, building recovery and reducing the inequalities this population face.

### Bristol opiate & crack prevalence

Bristol has an estimated 5,435 opiate and/or crack users<sup>2</sup>. Whilst the proportion of Bristol residents using drugs is relatively small the impact can be extensive. Bristol has the second largest estimated rate of opiate and/or crack users (per 1,000 population) of the English core cities<sup>3</sup> and the largest proportion of very high complexity clients which makes them more likely to be in treatment for longer and need specific support.

In line with national trends, the number of new clients with opiate issues is gradually reducing; however with an ageing population of opiate users in treatment, this presents different challenges.

### Clients in treatment<sup>4</sup>

Clients in treatment are the number of people in contact with specialist substance use services, and who access treatment for either problematic drug use, alcohol use or both. During 2024/25 there were 2,365 clients in treatment for opiate use, 865 for alcohol use, 785 for non-opiate and alcohol use and 485 for non-opiate use only.

A significant proportion of people who develop dependency on drugs and/or alcohol are known to have experienced trauma, often in early childhood. Furthermore, many people who as adults use drugs and alcohol, come from socially deprived communities. Given these facts, BCC and strategic partners have committed to take a trauma-informed view when developing services which support people who use substances. Over the last 3 years there have been several

<sup>1</sup> For Children and Young People, see [JSNA section: "Lifestyle behaviours of Young People"](#)

<sup>2</sup> [Opiate & crack cocaine use: prevalence estimates \(last updated 2023\)](#)

<sup>3</sup> [Core Cities](#): Birmingham, Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, Sheffield.

<sup>4</sup> Data for clients in treatment and completion rates is sourced from the [National Drug Treatment Monitoring System](#)

initiatives to develop and embed a trauma-informed approach, and to address the specific needs of individuals experiencing multiple disadvantage.

The use of alcohol and other drugs is a significant factor in violence, domestic abuse and sexual violence, intimidation, and anti-social behaviour. It is estimated that 45% of all acquisitive crime in England is related to heroin and crack cocaine use<sup>5</sup>. The tackling of drug related serious organised crime, including the exploitation of children and young people in the distribution of drugs, is a local and national priority.

Those with substance use needs are more likely to have interacted with the criminal justice system, experienced homelessness or rough sleeping. Securing and maintaining employment may also be more difficult, often in part due to substance using. Isolation and loneliness are often co-occurring with serious substance dependency, with some people in treatment being isolated from community and lacking strong social networks.

Stigma is a key feature for those using substances. This stigma can reduce an individual's access to opportunities, to services, to relationships and importantly to their sense of worth. Given this, services must respond not just with individualised approaches but part of a comprehensive treatment approach will include connecting service users with community assets and building opportunities for connection and friendships.

**Age and sex:** In the 18-29 age group there is a significant reduction in the number of opiate users compared to fifteen years ago (Figure 1), which reflects the decline in the numbers of people in this age group presenting to treatment. There has been a sharp increase in the last two years in the number of people in treatment for 'non-opiate and alcohol' use and non-opiate use with increases experienced in the last year for alcohol use. In this age group males represent 57.3% of clients and females represent 42.7% of clients in treatment.

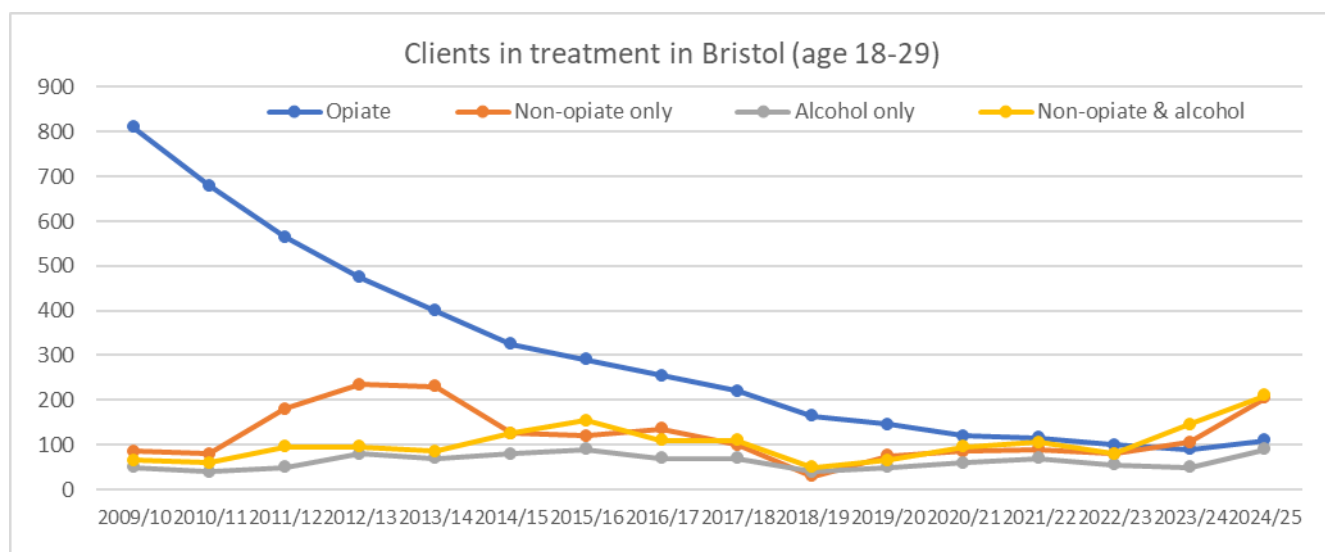


Figure 1: Number of clients in treatment age 18-29. Source: National Drug Treatment Monitoring System, January 2026

<sup>5</sup> From harm to hope: a 10-year drugs plan to cut crime and save lives ([publishing.service.gov.uk](https://publishing.service.gov.uk))

In contrast to the younger age group the number of clients in treatment for opiate use in the over 50 years age group has seen a significant increase in the last 15 years, which may reflect the ageing population of opiate users (Figure 2). 73% of adults in treatment aged 50+ are male and 27% are female.

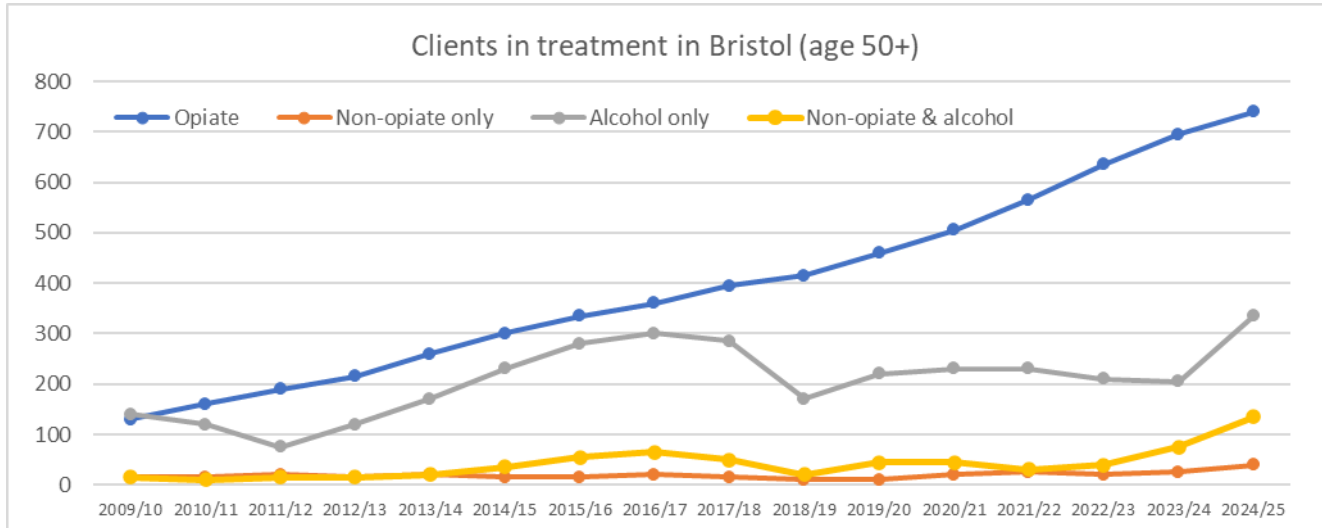


Figure 2: Number of clients in treatment age 50+. Source: National Drug Treatment Monitoring System, Jan 2026

**Treatment completion rates**

In 2024/25, Bristol had approximately 2,365 clients in treatment for opiate use, 865 for alcohol use, 785 for Alcohol and Non Opiate and 485 for Non Opiate. The percentage of opiate drug users that left having successfully completed treatment and did not re-present to treatment within 6 months has been falling in recent years and as at 2024/25 is at its lowest recorded success rate in Bristol of 3.13%, below the national average (5.4%) - Figure 3. Compared to the English core cities Bristol had the lowest successful completion rate, and Leeds had the highest success rate at 7.64%. Bristol, with its ageing opioid population has a high number of clients who have remained in treatment for many years.

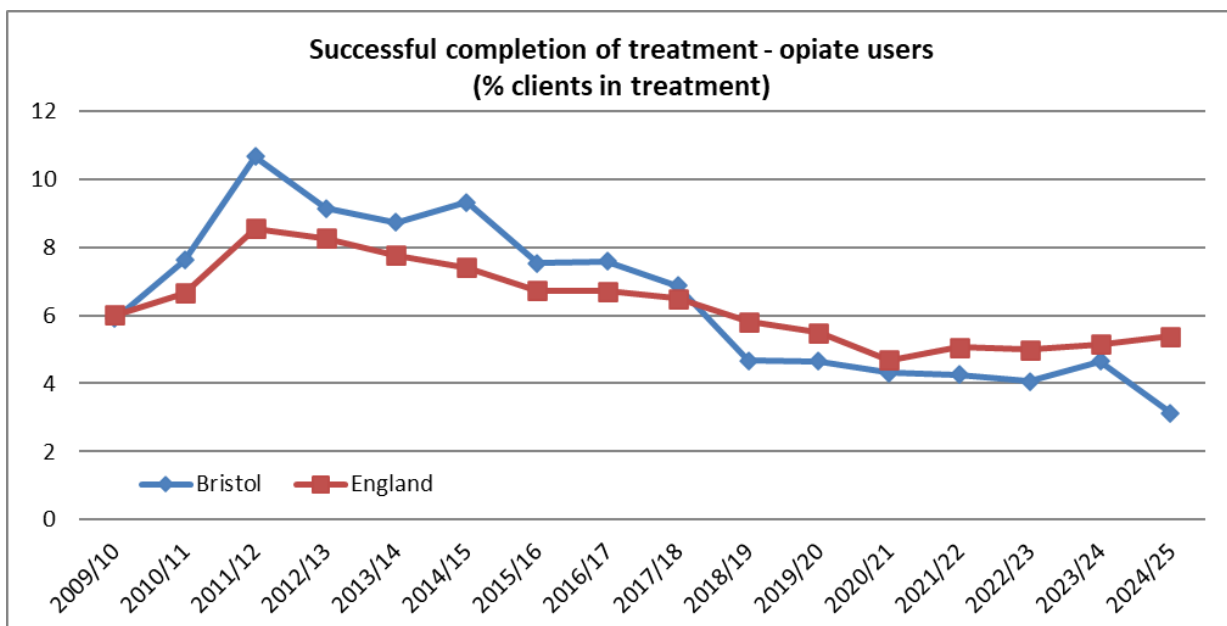


Figure 3: Treatment completion rates – opiate; Source National Drug Treatment Monitoring System, January 2026

The completion rate for non-opiate users (who successfully completed drug treatment and did not re-present to treatment within 6 months) was 23.3%, lower than the national average (29%) – Figure 4. Bristol ranked the second lowest when compared to the other core cities, Newcastle has the lowest successful completion rate at 22.57% and Liverpool the highest (40.8%).

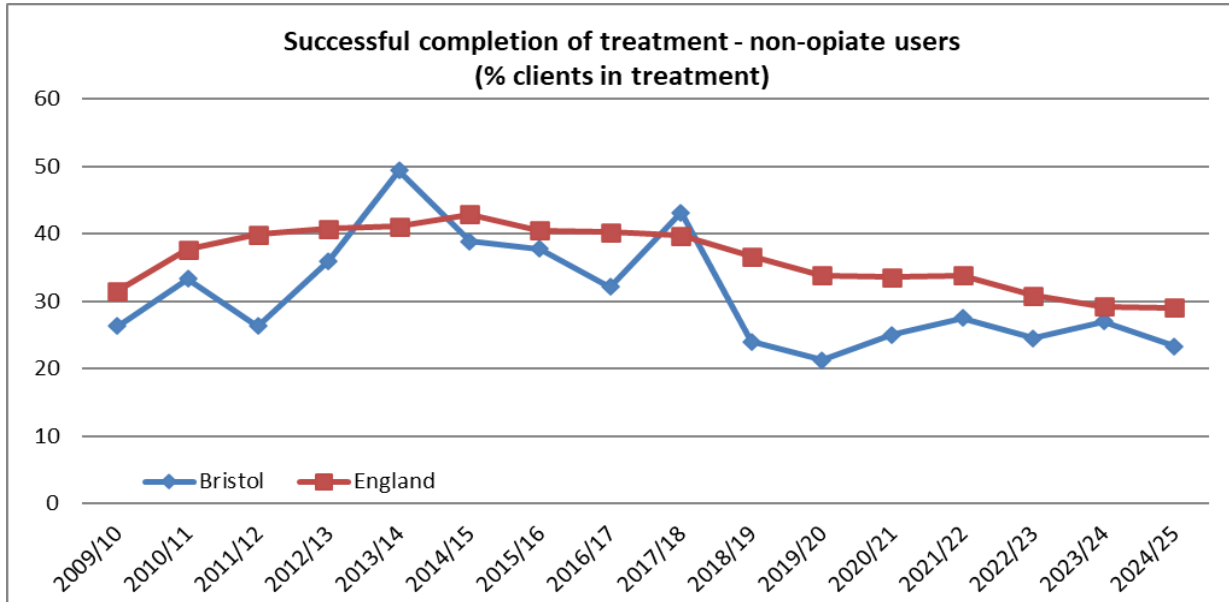


Figure 4: Treatment completion rates – non-opiate users; Source National Drug Treatment Monitoring System, January 2026

### Drug Related Deaths

Bristol deaths from drugs use per 100,000 remains significantly higher than the national rate. For the period 2022-24, there were 10.3 per 100,000 deaths from drug use in Bristol, compared to 5.8 per 100,000 nationally (Figure 5). Bristol is not statistically significant when compared to similar English Core Cities which range from 13.9 in Liverpool to 7.8 in Nottingham and Sheffield.

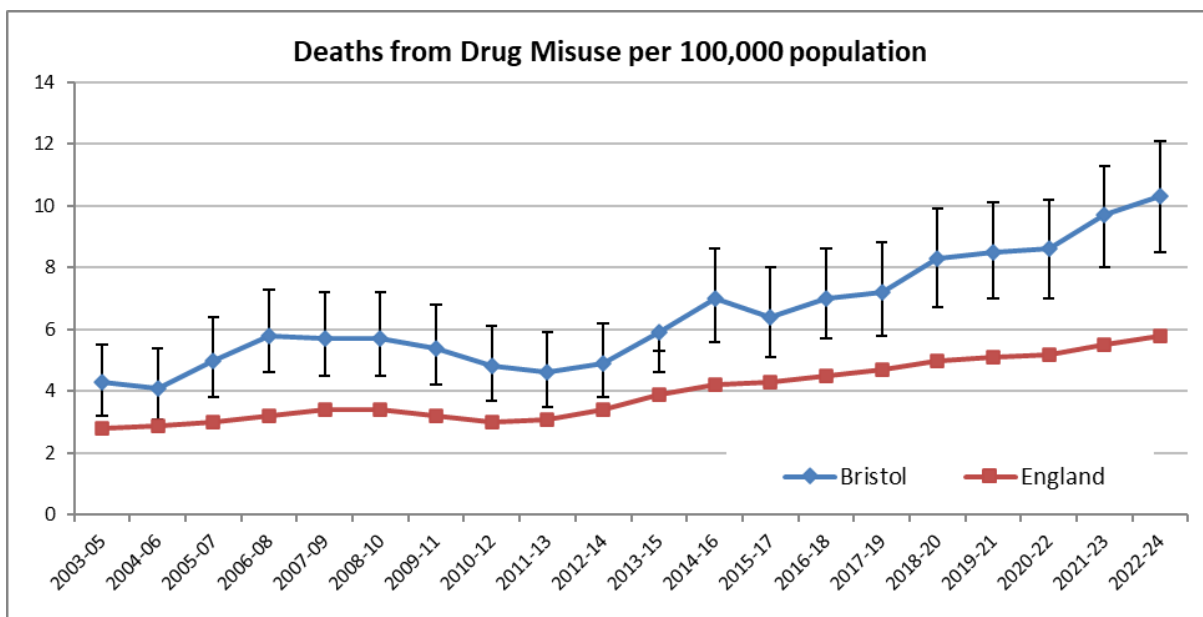


Figure 5: Deaths from drug use per 100,000, via [ONS](https://www.ons.gov.uk), January 2026

Of those who are in contact with substance use treatment, Bristol has a local drug related death rate significantly below national average at 1.15%, (England 1.3% in 2023/24) despite having a prevalence rate of problem drug use twice the national average. Bristol has established reporting pathways for drug related deaths, non-fatal overdoses, and drug alerts to enable swift multiagency prevention and mitigation activity.

**Equalities data:**

Death from drug use is significantly higher in males than females in Bristol. In 2022-24, 15.4 males died of drug use per 100,000 population compared to 5.1 females per 100,000. This compares to 8.4 males and 3.3 females per 100,000 population nationally.

Bristol has a mixed ethnic population including Polish, Somalian, Afro Caribbean communities and there are differences in substance use within ethnic groups. Data shows that some communities are underserved and there is still work to do in Bristol to ensure parity of access to minoritised groups in treatment.

**Further data / links / consultations:**

- [National Drug Treatment Monitoring System](#)
- [Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)
- Public Health Outcome Framework: [Deaths from drugs use](#)
- [Bristol Local Drug Strategy](#)
- [From Harm to Hope: 10 year national drug strategy](#)
- [Combating Drug Partnership – Joint Strategic Needs Assessment – June 2023](#)

**Date updated:** January 2026

**Next update due:** January 2027