

JSNA Health and Wellbeing Profile 2025/26

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 698.9 per 100,000 population, significantly higher than the national average (504.1 per 100,000) (2023/24)
- The rate of alcohol specific admissions to hospital for residents living in the 20% most deprived areas of Bristol is 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 (2023). 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 2024/25 Quality of Life survey⁴ showed that 13.3% of respondents were at a higher risk of alcohol related health problems. The survey reported that men are at a higher risk than women (17.8% 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 2,816 hospital stays in Bristol due to alcohol-related harm⁶ in 2023/24, a rate of 698.9 persons per 100,000 population. This remains significantly worse than the national average (504.1 per 100,000).

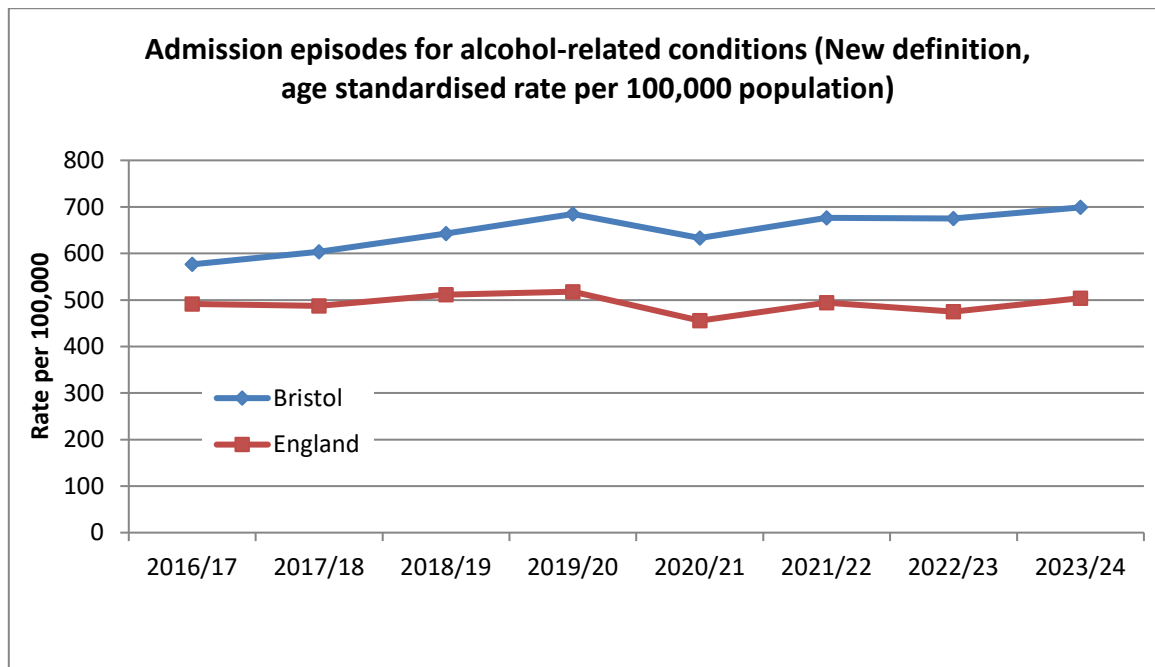


Figure 1: Alcohol-related hospital admissions (using the ‘new narrow definition’), age standardised rates per 100,000 population. Source: OHID Alcohol Profiles for England, [Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://www.phe.org.uk/local-alcohol-profiles)

Equalities data - gender: Of the 2023/24 Bristol hospital admissions due to alcohol-related harm, 1,720 were men and 1,095 women. As rates, 892.2 men and 520.2 women per 100,000 were admitted – both rates are significantly worse than nationally, and with a larger increase in women than men compared to last year.

Equalities data - deprivation: Hospital admissions due to alcohol-specific conditions⁷ in Bristol in 2023/24 show that the rate of admissions for the most deprived 20% of Bristol’s population was 1,691.1 per 100,000 population compared to 649.9 per 100,000 population in the least deprived 20%, more than twice as high. See figure 2. Furthermore, the gap between the rate in the most and least deprived quintiles is widening, from 738.9 last year to 1,041.2 this year, caused by both an increase in the most deprived quintile, and a drop in the least deprived quintile.

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

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 2023/24.

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, 2025

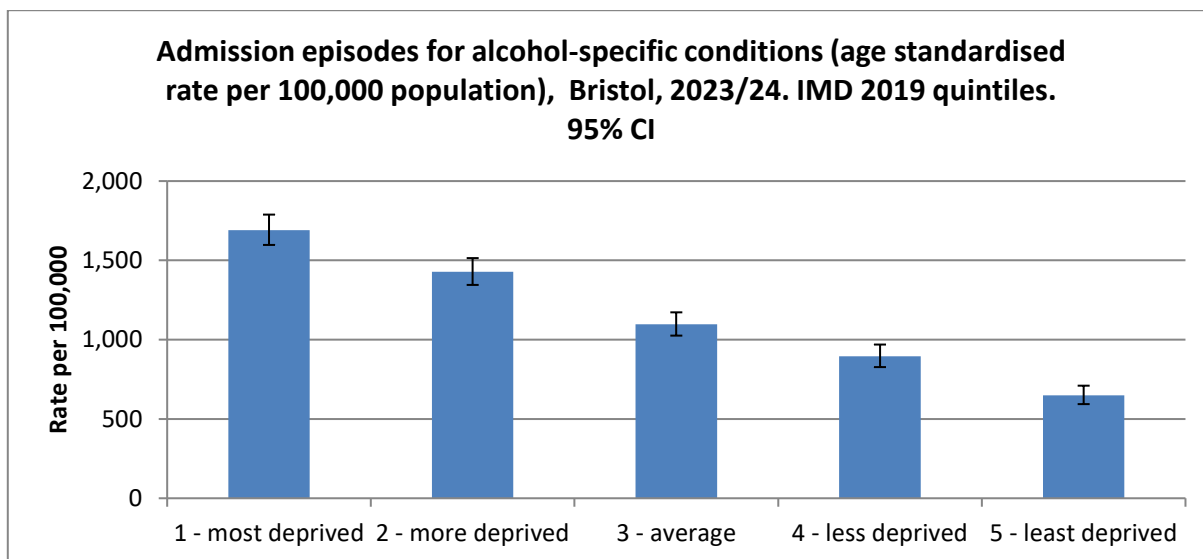
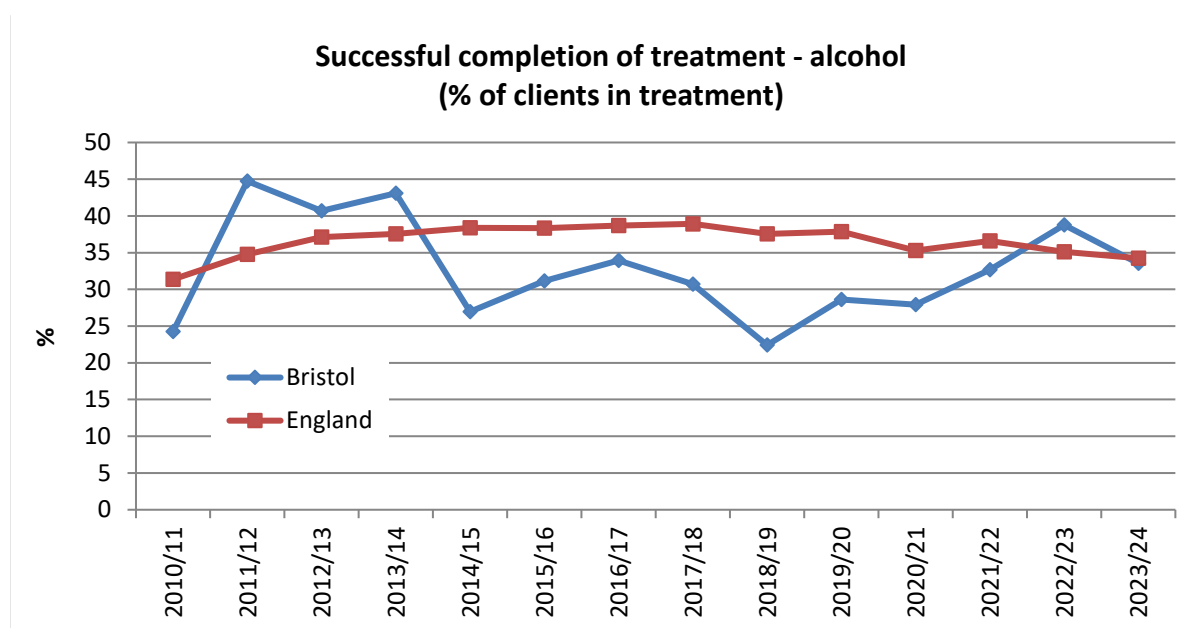


Figure 2: Alcohol-specific hospital admissions by deprivation quintile. Source: Hospital Episodes Statistics via NHS England and Index of Multiple Deprivation via Ministry of Housing, Communities & Local Government

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 2023/24, there were 504 Bristol clients in treatment for alcohol use⁸. Of these, 33.5% completed treatment successfully (did not re-present to treatment within 6 months), showing a small decrease comparing to previous year, but still similar to the national average (34.2%) – see Figure 3.



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

Figure 3: Treatment success rates – alcohol; Source: Public Health Outcomes Framework (Sep 2025)

Equalities data - gender: Just over the half (64%) of clients in treatment for alcohol use⁹ in Bristol were male, and 36% female in 2023.

Alcohol Specific Mortality¹⁰

There were 66 alcohol-specific¹¹ deaths in Bristol in 2023, a rate of 17.8 per 100,000 population. This is similar to the national average (15.0 per 100,000). The rate has slightly increased comparing to the previous year (16.1 per 100,000 population).

Equalities data - gender: Of the 66 alcohol-specific deaths in Bristol in 2023, 44 (67%) were men and 22 (33%) women.

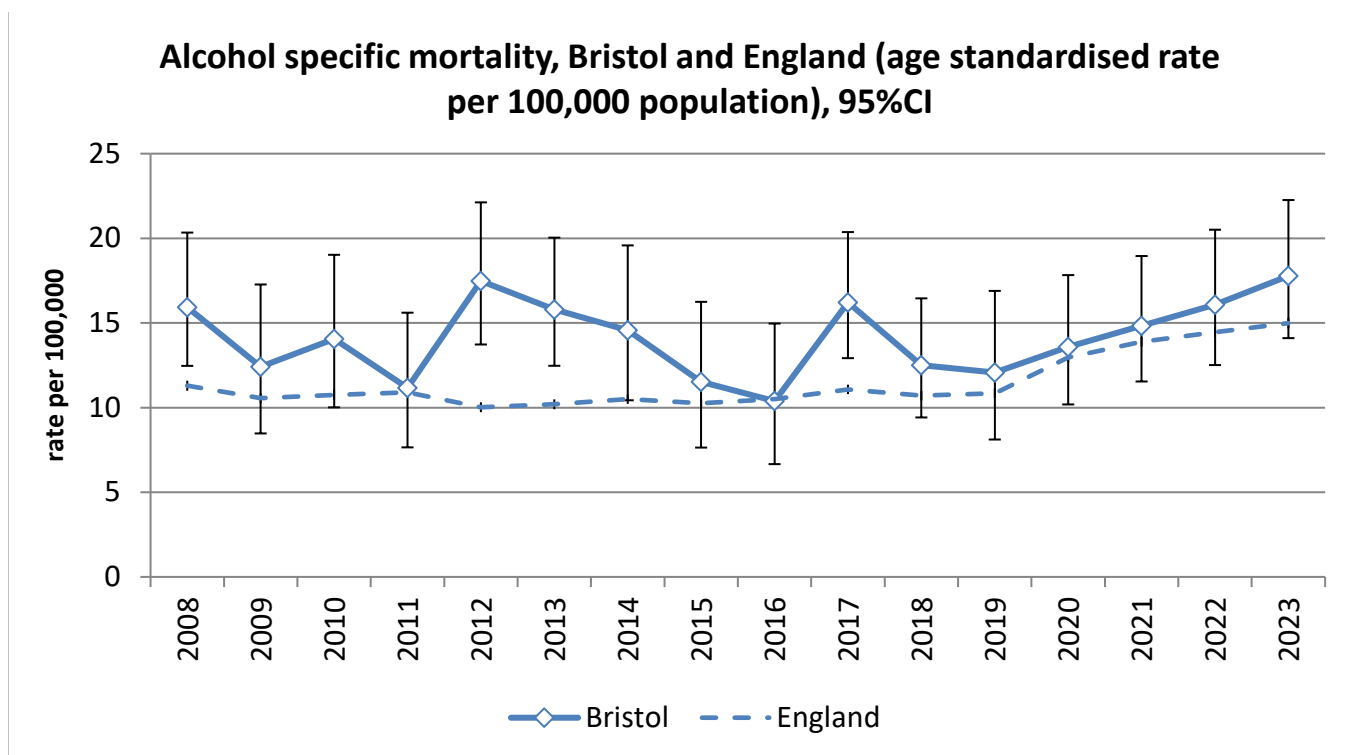


Figure 4: Alcohol-specific mortality by gender; Source: Public Health England Local Alcohol Profiles <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>

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.

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 September 2025)

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

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

COVID-19 Impact:

The COVID-19 pandemic accelerated a long-term shift in drinking patterns. When pubs and bars closed during lockdowns, alcohol sales moved sharply to the off-trade, with supermarket and off-licence purchases rising by around a quarter while on-trade sales fell by almost 40%. When restriction lifted, this change did not fully reverse. Home drinking remains higher than before the pandemic, driven by affordability and convenience. The cost-of-living crisis has reinforced this trend, as people choose cheaper off-trade alcohol over drinking in pubs and restaurants.¹³

The increase in consumption was not evenly spread. Evidence shows that the heaviest and most harmful drinkers increased their intake the most, widening health inequalities.¹⁴ This is reflected locally, where alcohol-related hospital admissions and deaths remain significantly higher in Bristol's most deprived communities.

While overall alcohol-related violence and crime have fallen over the past decade, the shift to home drinking has not reduced all harms. Alcohol-flagged domestic violence has not declined as much as other types of alcohol-related violence, highlighting the hidden risks associated with drinking in private settings.¹⁵

Public Health and Licensing

Licensing decisions shape the local alcohol environment and can influence health outcomes across Bristol. While the Licensing Act 2003 does not include a specific public health objective, there are strong links between alcohol availability and harms that fall under the existing objectives (crime, public safety, public nuisance, and protection of children). Public health evidence can therefore play an important role in informing licensing policy and decisions.

Key Messages:

- **Health data and premises:** Alcohol-related health harms cannot be reliably linked to individual premises, but patterns are clear at neighbourhood level.
- **Where harms fall:** Most alcohol-related hospital admissions and deaths occur in residents of Bristol's more deprived areas, where most consumption is likely off-trade.
- **Cumulative Impact Areas (CIAs):** We support the existing City Centre CIA and advocate for exploring CIAs that include off-trade premises in high-burden areas.
- **New licence applications:** Licensing decisions should consider wider health data and local deprivation. For new off-licences, conditions could include:

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

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

¹⁴ [Trends in alcohol-specific deaths in England, 2001–22: an observational study - The Lancet Public Health](#)

¹⁵ [Off-trade-alcohol-availability-and-violence-Assessing-the-impact-of-on-trade-outlet-closures.pdf](#)

- Not stocking high-strength beers and ciders (e.g. high-ABV white ciders).
- Measures to reduce underage access and proxy sales.
- **National reform:** We support legislative changes to reduce alcohol harm, including:
 - Introducing a public health licensing objective.
 - Consideration and evaluation of measures such as Minimum Unit Pricing (MUP), alongside other evidence-based interventions, to address alcohol-related harm.

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>

Date updated: September 2025**Next update due:** June 2026