

2025–2026

Let's Call Time on Alcohol Harm: Small Changes, Big Difference

Hampshire County Council

Annual Report of the Director of Public Health 2025

Contents

Foreword	3
Why do we need to talk about alcohol?	4
What do we know about alcohol and alcohol harm?	8
What is the picture in Hampshire?	13
Access to alcohol	16
Stigma and talking about alcohol	17
Successes	20
What can we do to reduce alcohol harm?	23
Together we can call time on alcohol harm	26
Glossary	29

Let's Call Time on Alcohol Harm

Foreword

I am pleased to share my Director of Public Health annual report for this year, which focuses on alcohol, the associated harms and the stigma that can prevent people from seeking help.

Most people in Hampshire drink alcohol within the recommended limits. The UK Chief Medical Officer advises that adults should not regularly drink more than 14 units¹ of alcohol per week. However, around 24% of adults in Hampshire exceed this limit, increasing their risk of alcohol-related harm. Tackling alcohol-related harm is essential as it remains one of the leading risk factors for poor health in Hampshire. On average, 25 people in Hampshire are admitted to hospital every day for conditions caused by alcohol.

The impact of alcohol goes far beyond individual health. It also influences our

economy, places additional demand on a wide range of public services and affects the wellbeing of families and communities. While the supply of alcohol supports the economy through hospitality and retail, it is vital to recognise the significant health and social harms alcohol consumption causes, including increased hospital admissions and chronic illness. The cost to our local NHS is significant.

Whilst the harms from alcohol can affect anyone, we know that people living in areas of deprivation are affected more due to factors like existing poor health and chronic illness, housing insecurity and multiple behavioural risk factors such as smoking and poor diet. These challenges are often exacerbated by limited access to early identification, treatment and support services. Stigma also plays a major role, preventing people from recognising when they need help, making it harder to

access support and making professionals feel uncomfortable raising the issue. This must change.

We need a joined-up approach across the system to break down these barriers. That means ensuring that both the public and professionals know how to access and offer support as early as possible.

We know that small changes can lead to big improvements. By working together, we can reduce the harms caused by alcohol through early and meaningful conversations, effective services, better support and helping the residents of Hampshire to make healthier choices.

Let's call time on alcohol harm.

Acknowledgements

I would like to thank the team for their role in this report including Emily Shelton, Sue Cochrane, Natalie Garwin, Matthew Kitcher, Mike Newman, Kate Raines, Lisa Williams, and the Hampshire County Council design team. Special thanks to Ileana Cahill for her editorship.

Simon Bryant
BSc, MSc, MSc, FFPH
Director of Public
Health for Hampshire



¹Department of Health and Social Care et al. (2025). *Delivering Better Oral Health: An Evidence-Based Toolkit for Prevention – Chapter 12: Alcohol*

Why do we need to talk about alcohol?

Reducing alcohol harm is a complex public health challenge. We know the evidence behind what works and we have made significant progress in Hampshire over the last few years. However, the scale of harm means we must continue to collaborate to meet this challenge together.



Alcohol: a normal part of life with hidden risks and unmet needs

In the UK, 80% of adults report drinking alcohol in the last year; alcohol for most people is a normal part of life, often associated with socialising, celebrating or relaxing.² However, alcohol causes significant health harms, with people drinking at harmful levels and using alcohol to manage anxiety, loneliness and trauma. Harmful drinking often goes unnoticed because it is socially

acceptable, can be consumed at home, people may not recognise their own alcohol use as harmful and may hide it due to stigma or shame. As a result, we know that approximately 9,000 people in Hampshire are dependent on alcohol but are not currently getting the help or treatment they need. Without routine conversations around alcohol harm, the opportunity to offer support is missed.

² NHS Digital (2024). Health Survey for England 2022 – Part 1: Adult Drinking. [online]



Changing drinking patterns

Our drinking habits and patterns of consumption in England have changed significantly over recent years.³ Whilst the proportion of underage drinkers (under 18 years) and young adults (18–24 years) drinking alcohol at high-risk levels has reduced, middle-aged adults (45–64 years) have some of the highest levels of regular alcohol consumption and many drink above low-risk guidelines. Men are more likely than women to drink frequently and at higher levels, but this is changing. Women are now drinking more due

to changing social norms, targeted marketing, increased stress and generational shifts.

The COVID-19 pandemic significantly changed patterns in alcohol consumption across the UK. Whilst some people drank less, many increased their alcohol intake, often in response to stress, isolation or poor mental health.⁴ Drinking at home became more common which has led to a rise in alcohol-related harm.

Adults aged 45–64 have some of the highest levels of regular alcohol consumption



Many increased their alcohol intake due to COVID-19



Men are more likely to drink higher levels and more frequently than women



Stress, isolation or poor mental health can lead to higher alcohol consumption

Women are drinking more due to changing social norms



The proportion of underage drinkers and young adults drinking alcohol at high-risk levels has reduced



³ [Institute of Alcohol Studies \(2024\). Alcohol Across Society. \[online\]](#)

⁴ [C Merlo, A., Hendriksen, P.A., Severeijns, N.R., Garssen, J., Bruce, G. & Verster, J.C., 2025. Alcohol consumption during the COVID-19 pandemic: a critical review. Human Psychopharmacology: Clinical and Experimental, 40\(2\), e70004](#)

The cost of alcohol harm

Alcohol harm reaches far beyond the individual drinker, impacting families, communities and society. The cost of alcohol harm to the NHS and social care is significant. The annual cost of alcohol related admissions in Hampshire is £65 million. There are also substantial costs to the criminal justice system and the cost of lost productivity at work.

Alcohol harm impacts families, communities and society.

The annual cost of alcohol-related hospital admissions in Hampshire is £65 million.

There are substantial costs to the criminal justice system and loss of productivity at work.



What do we know about alcohol and alcohol harm?

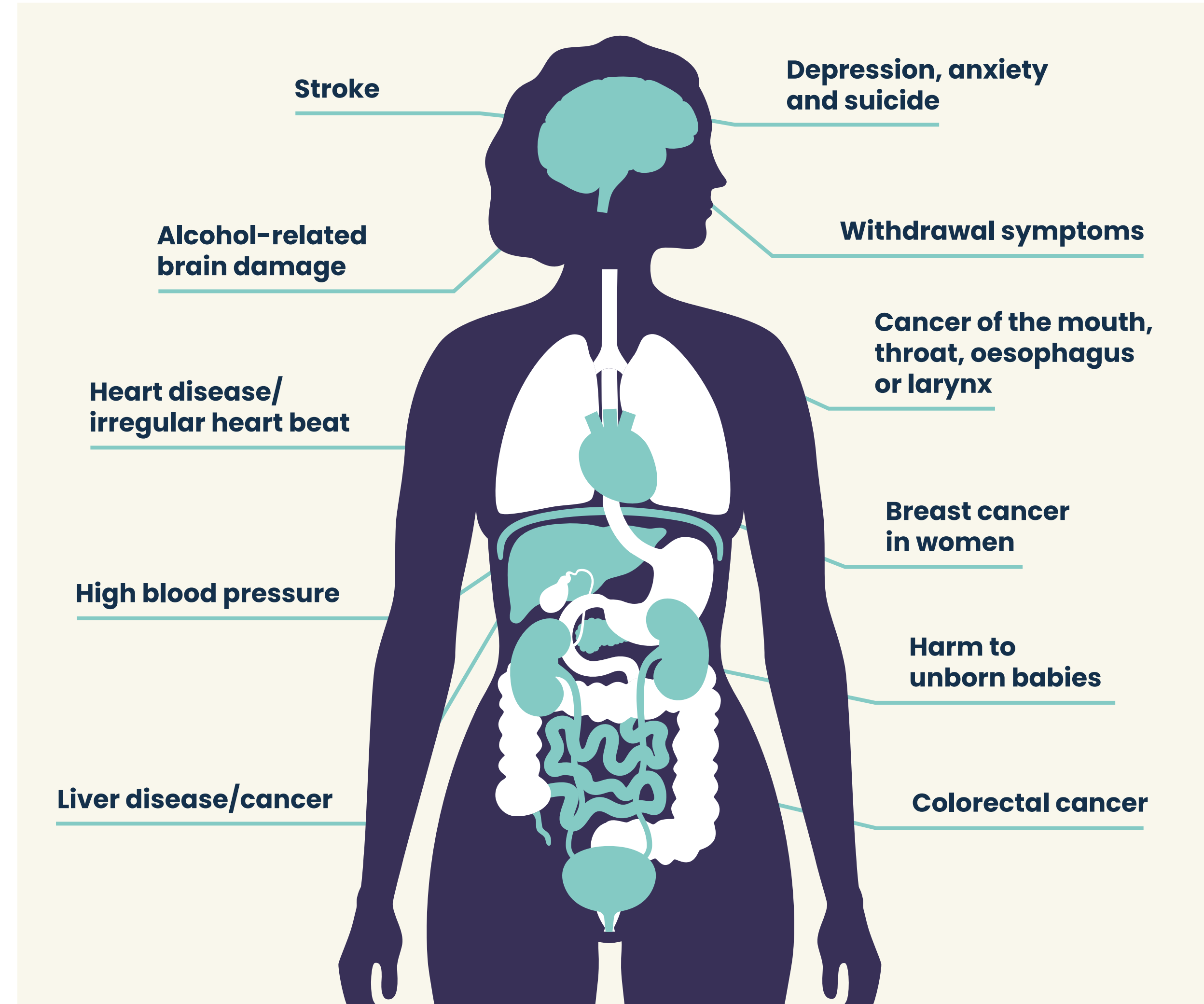
Alcohol damages our health

The health harms of alcohol are poorly understood by the population. Alcohol is linked to over 200 health conditions, including liver disease, cancer, high blood pressure and poor mental health. Alcohol is responsible for 4% of cancers in the UK. Even moderate drinking (within government guidelines of no more than 14 units per week) can increase breast cancer risk in women by up to 10% and drinking more than 3-4 units daily can increase the risk of bowel cancer by around 20%.

Evidence shows that small reductions in drinking can lead to noticeable improvements in overall mental and physical health and can lower the risk

of high blood pressure, liver disease, certain cancers and long-term conditions such as heart disease and stroke.

Deaths related to alcohol are at the highest ever recorded levels both in the UK and in Hampshire. These deaths include conditions that only happen because of alcohol, including liver disease, alcohol poisoning and mental ill health linked to heavy drinking.



The links between alcohol and other health behaviours

Alcohol use rarely occurs in isolation and is often associated with other health risk factors such as smoking, poor diet, physical inactivity and unhealthy weight. These combined factors significantly increase the risk of preventable disease and early death, which is why it is important to act on them together.

The clustering of these behaviours is more common in areas of deprivation, exacerbating health inequalities.

- People who drink alcohol are more likely to smoke and vice-versa.⁵
- Alcohol is high in calories and can contribute significantly to weight gain when consumed regularly in high quantities. Alcohol can also lead to poor dietary choices (e.g. high fat and late-night eating).
- Alcohol is often associated with sedentary behaviour and heavy drinking can reduce motivation to be physically active and affect our sleep.

⁵ Garnett, C., Oldham, M., Shahab, L., Tattan-Birch, H. & Cox, S., 2022. Characterising smoking and smoking cessation attempts by risk of alcohol dependence: A representative, cross-sectional study of adults in England between 2014–2021. *The Lancet Regional Health – Europe*, 18, 100418.

Alcohol is linked to over 200 health conditions including liver disease, cancer, high blood pressure and poor mental health.

Even moderate drinking (within government guidelines of no more than 14 units per week) can increase breast cancer risk in women by up to 10%

Drinking more than 3–4 units daily can increase the risk of bowel cancer by around 20%

Alcohol is responsible for 4% of cancers in the UK

Impact on families and children

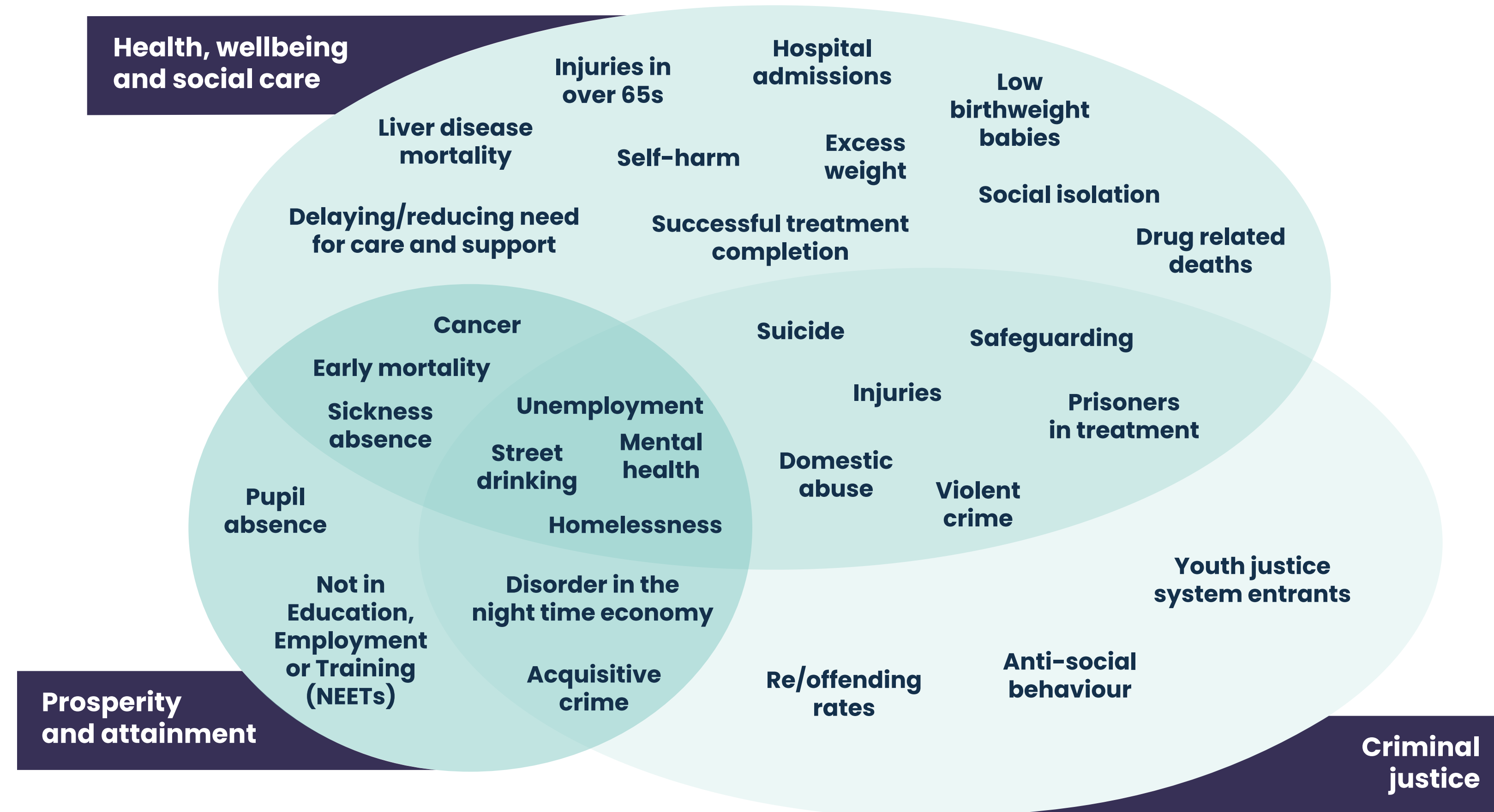
Alcohol also plays a role in factors such as domestic abuse, family breakdown and child neglect. Drinking alcohol during pregnancy increases the risk of miscarriage, premature birth and low birthweight, and can cause lifelong developmental conditions such as Foetal Alcohol Spectrum Disorder (FASD), which affects learning, behaviour and physical development. Children in households affected by parental alcohol use are at a higher risk of poor outcomes in health, education and safety.



Where you live matters

Alcohol-related harm is not experienced equally across our society.⁶ Whilst alcohol harm can affect anyone, people living in areas of deprivation are impacted disproportionately by higher levels of harm. Whilst people with higher incomes tend to drink more frequently, it is people in lower income groups who experience the greatest alcohol-related harm. In Hampshire, the highest rate of deaths related to alcohol are from people living in Gosport, Rushmoor and then Havant, all areas with high levels of deprivation.

The impact of alcohol use on local priorities



⁶ Institute of Alcohol Studies, 2020. Alcohol and health inequalities. [online]

Alcohol and vulnerable groups: who is most at risk?

Some population groups are more vulnerable to alcohol-related harm. This includes people with mental ill health, veterans, those in the criminal justice system and people experiencing homelessness because they often face higher levels of stress, trauma, social isolation and barriers to accessing support.



Mental ill health



Veterans



People in the criminal justice system



People experiencing homelessness

What is the picture in Hampshire?

Who is drinking at harmful levels?

Alcohol can harm anyone, regardless of age, income or personal circumstances. In Hampshire it is estimated that 24% of adults drink more than 14 units of alcohol per week – classified as increasing or higher risk. This includes 32% of men and 15% of women, with the most common age groups being 55-64 for women and 65-74 for men. This equates to approximately 287,643 Hampshire residents aged 16+ drinking above recommended levels.

An estimated 11,625 people in Hampshire are alcohol dependent, yet only 22% are currently accessing treatment.



of Hampshire adults drink at an increasing or higher risk level

Approximately 287,643

Hampshire residents aged 16+ drink above recommended levels

An estimated 11,625 people in Hampshire are alcohol dependent



Only 22% of alcohol dependent people are currently accessing treatment

Insight data reveals that those drinking most frequently at home are often older adults, including those living comfortably in large rural homes and those on lower incomes in urban areas.

In contrast, the group drinking most often outside the home tends to be in their 20s and 30s, with high disposable income, living in high-value urban flats.

Alcohol-related harm is often hidden and goes unnoticed. Examining indicators such as hospital admissions for alcohol-related health conditions helps to build a clearer picture of need, demand on services and the extent of unmet need in relation to alcohol harm in a local area.



Alcohol harm can be varied and impacts every person differently

In 2023/24 there were 1,921 hospital admissions for **alcoholic liver disease** and **12,489** admission episodes for **alcohol-related cardiovascular disease**.

The highest rate of **alcohol-related mortality** in Hampshire was in **Gosport**, where there were **48.7 deaths per 100,000 population**.

In Hampshire, **alcohol-related mortality** is almost **3 times** more common in **men** than women.

There were 723 admission episodes for alcohol-related **unintentional injuries**, 347 admission episodes for **intentional self-poisoning** by exposure to alcohol and 733 admission episodes for **mental and behavioural disorders** due to use of alcohol in 2023/24.

In Hampshire in 2023/24 there were **26,480 hospital admissions for alcohol-related conditions** (1,717 per 100,000 population). This can help to highlight the wide-spread **unmet and unknown need** surrounding alcohol use in the population. There were also 9,137 admission episodes for alcohol-specific conditions (618 per 100,000 population) and **515 alcohol-related deaths** in Hampshire in 2023.

Access to alcohol

The night-time economy brings valued social and economic benefits to Hampshire, supporting jobs, hospitality and local vibrancy. However, it is important to recognise and address the significant health and social harms linked to alcohol, particularly in areas with a high number of places that sell alcohol, like pubs, bars, supermarkets, and in areas of deprivation.

As previously identified, alcohol harm is greatest in the more deprived areas of Hampshire. This is due to a number of cumulative factors, and is further impacted by the increased availability of alcohol sales opportunities, with the districts of Gosport, Rushmoor and Havant having the highest number of premises licensed to sell alcohol per square kilometre in 2023/24.⁷ These districts have a high concentration of on-sales (pubs, bars, restaurants) and

off-sales (supermarkets, convenience stores, petrol stations), which increases access to alcohol throughout the day and night. The presence of 24-hour off-licences in some areas further contributes to this accessibility, making it easier for individuals to drink frequently or excessively. Research shows that areas with a greater number of alcohol outlets tend to experience higher rates of alcohol-related hospital admissions, crime and social harm.



Gosport, Rushmoor and Havant have the highest number of premises licensed to sell alcohol per square kilometre.

⁷ Office for Health Improvement and Disparities, 2025. Alcohol Profile. [online] Fingertips.

Stigma and talking about alcohol

Those with alcohol problems experience stigma in society where alcohol use may be perceived as a lifestyle 'choice' rather than a behaviour or physical dependency.⁸ Language used to describe people with alcohol problems can also be stigmatising.⁹

⁸ NHS Addictions Provider Alliance, n.d. Show your support – Stigma Kills campaign. [online]

⁹ NHS Addictions Provider Alliance, n.d. Stop using words that hurt and isolate – Stigma Kills campaign. [online]



Stigma is a major barrier for people seeking help and treatment for their alcohol problems.¹⁰ Services and professionals should ensure people feel respected and heard and not judged or treated differently because of their alcohol use. Many people are unaware of the risks associated with what they consider to be normal or moderate drinking. Others may already have concerns but do not know where to turn for support.

All professionals are uniquely placed to influence how people think about and manage their alcohol use. Yet conversations about alcohol are often overlooked or avoided, either because they feel too sensitive, too complex or are simply not a priority. Talking openly about alcohol helps reduce stigma

and shifts the culture towards one where people feel more confident to reflect on their drinking and seek help if they need it.

One of the actions we can take to reduce stigma is working alongside people who have experienced or been impacted by alcohol harm. In Hampshire we have worked with people who have living experience and their families/carers to improve access to services and make sure support better meets their needs. This has included working alongside community researchers (Hampshire residents trained to carry out research within their own communities), partnering with recovery organisations (peer-led groups run by people in recovery from alcohol or drug use, offering support,

advocacy, and access to services based on lived experience) and creating a person-centred language guide¹¹ to help professionals talk about alcohol in a more respectful and supportive way.



¹⁰ NHS Inform, n.d. [Challenging drug and alcohol stigma. \[online\]](#)
¹¹ Hampshire County Council, n.d. [Trauma-informed language guide. \[pdf\]](#)

Case study

The Hampshire Recovery Connections Ambassador Programme is a 12-week accredited training programme for people in abstinent-based recovery. It is a peer-led initiative designed to empower individuals in recovery from drug and alcohol dependence to become advocates, role models and sources of hope within the communities across Gosport, Havant and Fareham. Recovery Ambassadors use their lived experience to inspire others, challenge stigma and reach out to people who might not otherwise engage with services, creating earlier intervention opportunities and fostering a culture of hope.

“When I share my story, I see people realise that recovery is possible. It gives me purpose, and it helps others see a way forward.”

Programme participant



Successes

In Hampshire, we have worked in partnership with a wide range of different organisations to prevent and reduce alcohol harm, guided by the evidence of what works. By focusing on alcohol-related harm, we have increased the number of people accessing alcohol treatment by 100% between 2022 and 2025, which represents an additional 1,000 Hampshire residents receiving the support they need for their alcohol use.



Key successes include:



Launch of the **Rethink Your Drink** website, raising awareness about the risks of alcohol consumption and supporting people to make healthier choices, reinforced by ongoing public communication campaigns to reduce alcohol harm.



Commissioned high quality alcohol treatment and support, available when and where people need it through a county-wide service. Services are available for people of every age, including support and treatment for **children and young people** and **adults**. This includes one-to-one sessions, online support, groups and workshops, counselling, clinical treatment such as detoxification and access to residential rehabilitation. Support is also available for people impacted by others' alcohol use including **family members and carers**.



The creation of a specialist alcohol support team that can visit key settings like hospitals to offer help directly to people who need it.



Working alongside Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) to establish a No Wrong Door (NWD) Service for people with co-occurring drug, alcohol and mental ill health, embedded in Primary Care Networks. This service helps people who use alcohol and/or drugs and have problems with their mental health get the support they need. Key to the delivery is working closely with GPs and mental health professionals to do joint assessments, attend team meetings and create shared care plans to make sure people get the right help from the right services at the earliest opportunity.



A comprehensive prevention offer for education settings, including training and support for school staff in high quality drug and alcohol education.

Case study: Emma's story

Behind every person struggling with addiction is a story that's rarely simple, and never shameful.

Be brave. Be kind. Be the difference.

Emma was a 37-year-old sociable young woman. Like many, she used alcohol to ease anxiety and get through life's challenges. She worked. She maintained friendships. She didn't fit the stereotype of someone with an addiction. So, no one looked twice. Not even her.

But addiction doesn't always scream – it often whispers. And by the time the damage showed, Emma was already very unwell, with a decade of addiction. There were over 30 missed opportunities where she saw a range a

different professionals and services who did not acknowledge her dependency on alcohol or refer her to treatment and support, and she didn't know how to ask for help. She was afraid of judgment. She didn't feel seen.

Approaching someone with addiction takes courage. Everything changed for Emma when someone with lived experience was brave enough to look beyond the surface, acknowledge her pain and take action. That single moment of compassion opened the door to the hospital care she urgently needed.

When NHS staff finally looked past the stigma and saw the person, it changed everything and gave Emma a second chance at life.



**Be brave.
Be kind.
Be the difference.**

What can we do to reduce alcohol harm?

People do not need to be dependent on alcohol to benefit from reducing their consumption. Even small reductions in drinking can lead to noticeable improvements in sleep, energy levels, mood, concentration and overall mental and physical health in both the short and longer term. Cutting back on alcohol can also lower the risk of high blood pressure, liver disease, certain cancers and long-term conditions such as heart disease and stroke. For many, drinking less also means saving money, improving relationships and experiencing an improvement in overall wellbeing.



Six things we can do to make a difference

Tackling alcohol harm requires a whole-system, evidence-based approach that combines prevention, early intervention, regulation, treatment and support. This includes actions that can be taken nationally to adjust pricing and affordability, which influences the amount of alcohol consumed.

A combination of different approaches is effective in reducing alcohol-related harm:

- 1 All professionals need skills and confidence to identify and support people drinking at harmful levels to reduce their alcohol consumption.
- 2 Specialist Alcohol Care Teams for people in hospital, including effective care pathways between hospital and community services.
- 3 Services need to work together so people with alcohol problems who also have poor mental health do not experience barriers to accessing support or get turned away from getting the help they need.
- 4 Good access to evidence-based community alcohol treatment services, for people who need additional support.
- 5 Peer support from people who have experienced problems with alcohol themselves can reinforce support for other people's recovery.¹²
- 6 Fully utilise the Licensing Act in terms of availability of alcohol through the density of outlets and hours of sale.

¹² Office for Health Improvement and Disparities, 2023. Recovery support services and lived experience initiatives. [online]

What can you do?

Let's all make small changes in everyday conversations about alcohol which can make a big difference.

Talking about alcohol does not have to be difficult. In fact, simple, everyday conversations can play a powerful role in raising awareness, challenging assumptions and supporting healthier choices.



Ask

Be aware of opportunities for change and raise the issue.



Explore

Use Open Discovery Questions, a non-judgmental attitude; avoid 'telling' people what to do and use a tool like [Alcohol Use Disorders Identification Test Consumption \(AUDIT C\)](#) to support identification of risk, alongside **supporting information** to help structure your conversation.



Act on the person's response

Share the [Rethink Your Drink](#) resources for helpful tips on cutting down and details of how to access [Inclusion Recovery Hampshire](#) for further support.

Together we can call time on alcohol harm

Reducing alcohol harm is a complex public health challenge. We know the evidence behind what works and we have made significant progress in Hampshire over the last few years. Given the scale of harm, it is vital that we continue working together across the whole system.



We need to take action to raise awareness of alcohol harm and reduce barriers to accessing treatment and support by:

1

Embedding prevention and early intervention across the system; strengthening alcohol education in schools, workplaces and communities, and equipping frontline professionals to identify and respond to early signs of alcohol harm, which includes referral to specialist digital brief intervention support.

2

Enhancing visibility and accessibility of alcohol treatment and support services; improving public information on how to access support and treatment, ensuring services are inclusive and trauma-informed.

3

Integrating alcohol screening across frontline services; embedding routine checks and brief interventions in settings like primary care, mental health, housing and social care, to support better conversations and timely referrals to treatment.

4

Reducing availability and affordability of alcohol in high-harm areas, through smarter licensing and policy.

5

Working together across the system to reduce stigma around alcohol use; promoting respectful language, training staff in trauma-informed approaches, involving people with lived experience, and raising public awareness to support recovery and inclusion.

**Together, we can create healthier,
safer communities and reduce
the impact of alcohol harm
across Hampshire.**

GLOSSARY

Alcohol-related hospital admission/mortality

An alcohol-related hospital admission refers to a hospital stay where alcohol is identified as a contributing factor. An example of an alcohol-related hospital admission is when a person is admitted with alcoholic liver disease as the main diagnosis, or with another condition like heart disease where alcohol use is recorded as a contributing factor.

Alcohol specific hospital admission/mortality

An example of an alcohol-specific hospital admission is when a person is admitted with a condition wholly attributable to alcohol, such as alcoholic liver disease, alcohol poisoning, or mental and

behavioural disorders due to alcohol use, where alcohol is the sole cause of the illness or injury.

Harmful drinking (high-risk drinking see below)

A pattern of alcohol consumption that is causing mental or physical damage.

Increasing-risk drinking

An increasing-risk drinker is someone who regularly consumes more than the UK Chief Medical Officers' recommended limit of 14 units of alcohol per week, but not at levels considered high risk. Specifically:
Women: 15 to 34 units per week and
Men: 15 to 49 units per week.

Higher-risk drinking

Regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women).

UK government drinking guidelines

Guidelines set by the UK government on how much alcohol may be consumed without a serious impact on health. To keep the risk of harm from alcohol low, the UK Chief Medical Officer advises that men and women should not regularly drink more than 14 units of alcohol per week. It also recommends that if the alcohol consumption is as much as 14 units per week, to spread it evenly over three or more days.

Unit

In the UK, alcoholic drinks are measured in units. Each unit corresponds to approximately 8g or 10ml of ethanol. The same volume of similar types of alcohol (for example, two pints of lager) can comprise a different number of units depending on the drink's strength (that is, its percentage concentration of alcohol).

2025-2026

Director of Public Health Annual Report