All-age Alcohol JSNA

Joint Strategic Needs Assessment (JSNA) Profile

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Alcohol Harm In Nottingham

A significant public health and health inequalities challenge



7,220
adults estimated to be harmful or probable dependent drinkers

2.7%
of the adult population in Nottingham

£203.1 m
alcohol-related harm costs in Nottingham each year

£636
per resident per year

16th
highest per head alcohol harm cost of any local authority in England

Alcohol-Related Deaths (2022-2024)

354 alcohol-related deaths

72%
occuring in males

Alcoholic liver disease was the leading cause of death

Alcohol Harm Is Not Shared Equally

Least Deprived Areas

Lower alcohol-related mortality rates

Most Deprived Areas

Higher alcohol-related mortality rate

1,600 to 1,700
Children are estimated to be living with an alcohol-dependent adult in Nottingham

Alcohol-specific hospital admissions are concentrated among people aged 45-64 years

Higher rates of harmful drinking

The greatest burden of harm falls on:

- Males
- White British residents
- Older Irish Males and Sikh Males
- Individuals with long term conditions

Higher rates of alcohol related poor health

- People with co-occuring mental, physical or social vulnerabilities
- Residents living in the most deprived communities
- White British and Irish, Indian males and people of mixed ethnicities

Alcohol harm affects health, families, communities and the local economy.

The greatest burden falls on people already experieincing disadvantage and inequality.

1. Health and wellbeing overview

Why alcohol matters

Alcohol-related harm is a major public health issue in Nottingham. It contributes to preventable illness, premature mortality, health inequalities, crime and anti-social behaviour, and places substantial pressure on health and care services [16]. Local rates of alcohol-related harm are consistently higher than the England average[17,18].

Impact, inequality and inequity

Key indicators demonstrate a substantial burden of alcohol-related harm in Nottingham:

- An estimated **7,220 adults** are harmful or probable dependent drinkers, representing **2.7% of the adult population in Nottingham** [2,44].
- Alcohol-related harm costs Nottingham an estimated **£203.1 million per year (£636 per resident)**, higher than national and regional averages [3,4].
- Nottingham has the 16th highest per-head alcohol harm cost of any local authority in England [3,4]
- Between 2022 and 2024 there were **354 alcohol-related deaths**, with **72% occurring in males**. Alcoholic liver disease was the leading cause of death [5] [6].
- Alcohol-specific hospital admission rates are substantially higher than the England average and are concentrated among middle-aged adults and residents living in deprived communities [7].
- Residents in the most deprived areas experience more than **double the alcohol-related mortality rate** of those in the least deprived areas [8].
- Around **1,600 to 1,700 children** are estimated to be living with an alcohol-dependent adult in Nottingham [9].
- The greatest burden of harm falls on:
  - Men [25]
  - White British and Irish individuals, along with Indian males and individuals of mixed ethnicity [64]
  - People with co-occurring mental health, physical health or social vulnerabilities [10–12]
  - Residents living in the most deprived communities [13–15]
  - Older adults[44]

2. Nottingham picture and how we compare

Inequalities in Alcohol-Related Harm

- Marked inequalities in alcohol-related harm exist across Nottingham's population.
- **Alcohol-related mortality demonstrates a clear deprivation gradient** [15].
- Residents living in the most deprived areas experience an age-standardised mortality rate of approximately 83 deaths per 100,000 population [5].
- Residents living in the least deprived areas experience an age-standardised mortality rate of approximately 38 deaths per 100,000 population [5].
- Among men, alcohol-related mortality rates in the most deprived communities are **more than double** the least deprived communities [5].
- Alcohol-specific and alcohol-related hospital admissions are concentrated in deprived communities [47].
- Around 66% of alcohol-related hospital admissions occur among residents living in the 20% most deprived areas of Nottingham [47].
- **Admission rates in the most deprived neighbourhoods are substantially higher** than those in more affluent parts of the city [47].
- Local data shows white residents account for 85.4% of alcohol-related admissions [47].
- Local data shows white residents have higher alcohol-specific admission rates (89.1%) than other ethnic groups [47].
- National data suggests Irish individuals, Indian men and individuals of mixed ethnicity are more likely to suffer from alcohol-related diseases[64].
- A recent Health Equity Audit (HEA) identified **females** are under-represented in alcohol treatment services in Nottingham.
- The HEA identified **younger adults** are under-represented in alcohol treatment services in Nottingham.
- The HEA **identified LGBTQ+ people** are under-represented in alcohol treatment services in Nottingham.

Wider Impact on Communities

- Alcohol-related harm extends beyond health services.
- An estimated **1,577-1,705 children** in Nottingham live with at least one alcohol-dependent adult [48].
- The rate of children living with an alcohol-dependent adult is **higher than the England average** [48].
- In **2024-25**, data from Nottingham children's social care identified alcohol as a risk factor in **21.1% of Children's Social Care assessments**.
- Alcohol contributes significantly to crime and anti-social behaviour in Nottingham [49].
- In **2025**, data from Nottinghamshire Police identified **11.6% of all recorded crime** in Nottingham was identified as alcohol related.
- In **2025**, **14.2% of anti-social behaviour incidents** in Nottingham were identified as alcohol related.
- Data from Nottinghamshire Police identified alcohol-related serious violence accounted for **3.4% of all recorded crime**.
- Alcohol-related harm is estimated to cost Nottingham approximately **£203.1 million annually** [50].
- This is equivalent to approx. **£636 per resident** [4].
- **Crime and disorder** account for the largest proportion of alcohol-related costs [4].
- Other major cost contributors include **healthcare**, **wider economic impacts**, and **social care costs** [50].

3. Policy Guidance and Evidence of What Works

National Policy and Guidance

Key national guidance includes:

- UK Chief Medical Officers' Low Risk Drinking Guidelines, which recommend that men and women should not regularly drink more than 14 units of alcohol per week and that alcohol consumption during pregnancy should be avoided [55].
- NICE guidance on alcohol-use disorders prevention and treatment [56].
- UK Clinical Guidelines for Alcohol Treatment, which promote person-centred, recovery-orientated care, early identification, integrated treatment pathways and ongoing recovery support [41].
- World Health Organization recommendations for reducing alcohol-related harm [57].

Population-Level Approaches

The World Health Organization identifies three highly cost-effective interventions for reducing alcohol-related harm [53]:

- Increasing alcohol taxation.
- Restricting alcohol advertising and marketing.
- Restricting the physical availability of alcohol.

Evidence suggests that reducing alcohol availability through measures such as limiting outlet density and restricting trading hours is associated with lower alcohol consumption and reductions in alcohol-related injuries, hospital admissions and some forms of alcohol-related crime [54].

There is also strong evidence that pricing policies can reduce alcohol-related harm. Studies of Minimum Unit Pricing (MUP), particularly in Scotland, have demonstrated reductions in alcohol consumption, alcohol-related hospital admissions and alcohol-attributable deaths, with the greatest benefits seen among heavier drinkers and people living in more deprived communities [42].

Early Identification and Prevention

Early intervention is an important component of reducing alcohol-related harm. Alcohol Identification and Brief Advice (IBA) is supported by research evidence and can be delivered in a range of settings including primary care, emergency departments and community services. Harmful drinkers who receive brief interventions consume less alcohol than those receiving minimal or no intervention [51]. Evidence also suggests digital brief interventions can be effective and may help reach people who do not access traditional services [52].

School-based education programmes, community awareness campaigns and parenting-focused interventions may also contribute to reducing alcohol-related harm, particularly among children and young people [52].

4. Community and Service User Views

What people want from services

Engagement undertaken during the 2022 recommissioning of alcohol and drug treatment services identified several features that local people, service users and stakeholders considered important for effective support. Key themes included:

- Recovery-focused and person-centred services.
- Culturally appropriate and representative provision.
- Recognition of Nottingham's diverse communities.
- Accessible and visible services.
- A skilled and supported workforce.
- Better integration between services.
- Support for families and carers.
- Proportionate data collection processes that do not create barriers to accessing support.

Awareness of local support

A small Nottingham-based survey conducted in 2026 suggested that there is general awareness of services that provide support for alcohol-related issues. Respondents most frequently identified Nottingham Recovery Network (NRN), Alcoholics Anonymous (AA), Double Impact and support available through primary care services.

Experiences of residential rehabilitation and inpatient detoxification services

A strategic review of specialist residential rehabilitation and inpatient detoxification services was undertaken in 2025. Feedback from service users and staff was generally positive, with participants describing local treatment pathways and support services favourably.

Feedback relating to services was consistently positive across a range of engagement activities. Participants highlighted:

- The quality of support provided.
- Ease of access to the service.
- The safe environment available to service users.

Areas identified for improvement included:

- Better preparation before entering services, including clearer information about what to expect.
- Stronger post-discharge support and recovery pathways.
- Improved travel options to increase accessibility.
- More opportunities for service users to provide feedback throughout their care journey.
- Reducing waiting times for inpatient detoxification services.
- Strengthening relationships between professionals involved in the pathway.

5. What we are doing

Nottingham has a comprehensive alcohol treatment and recovery system that spans prevention, early intervention, specialist treatment, recovery support and partnership working. Services are delivered through NHS organisations, Nottingham City Council, commissioned treatment providers and the voluntary and community sector.

Prevention and Early Intervention

- Several local programmes support the early identification of alcohol-related harm and provide opportunities for intervention before more serious problems develop.
- NHS Health Checks include assessment of lifestyle risk factors, including alcohol consumption, for eligible adults aged 40-74 years [58].
- Severe Mental Illness (SMI) Health Checks include alcohol screening using the AUDIT-C questionnaire, with onward referral to specialist alcohol services where appropriate.
- Thriving Nottingham provides health and wellbeing support for adults, children and families. Alcohol consumption is assessed as part of routine health assessments and referrals can be made to specialist alcohol services where additional support is required [59].
- Alcohol Identification and Brief Advice (IBA) Training is commissioned by Nottingham City Council to support professionals to identify risky drinking and deliver evidence-based brief interventions [60].
- Alcohol education and prevention activities are also supported through schools, including the Achieve Well Award, which includes drugs and alcohol components [61].

Specialist Community Treatment Services

Specialist alcohol treatment services are commissioned by Nottingham City Council Public Health.

Nottingham Recovery Network (NRN) is the main adult alcohol and drug treatment provider in Nottingham. Delivered through a partnership led by Framework Housing Association, NRN provides [62]:

- Recovery case management for alcohol use.
- Psychosocial interventions.
- Community outreach alcohol treatment.
- Digital Doorway to Change.
- Primary care-based interventions.
- Clean Slate services for people involved with the criminal justice system.

Change Grow Live (CGL) – The Place provides specialist drug and alcohol support for children, young people and young adults up to the age of 25 years [63].

Licensing and Population Health Approaches

Nottingham operates an Alcohol Licensing Matrix, a data-driven tool that combines a range of alcohol-related harm indicators to support evidence-based licensing decisions. The matrix helps responsible authorities consider the potential impact of licence applications on local communities and contributes to work relating to crime, disorder, public safety and the protection of children from harm.

Hospital-Based Support

The Drug and Alcohol Liaison Team (DALT) at Nottingham University Hospitals provides:

- Specialist alcohol assessments.
- Interventions for patients admitted with alcohol-related conditions.
- Referral and coordination of ongoing care with community treatment services following discharge.

Inpatient and Residential Support

- Nottingham has access to a range of specialist services for people requiring more intensive alcohol treatment and support.
- The Level provides medically supervised inpatient alcohol detoxification.
- Michael Varnam House (MVH) provides abstinence-based supported accommodation. MVH supports people experiencing homelessness alongside substance use needs.
- Residential Rehabilitation is available for individuals requiring intensive recovery support, providing structured treatment and accommodation in a specialist setting.

Recovery and Community Assets

Recovery support extends beyond formal treatment services. National and local community-based resources available to Nottingham residents include:

- Alcoholics Anonymous (AA): Home - Alcoholics Anonymous Great Britain
- Alcohol Change UK: Alcohol Change UK charity: Alcohol harms. Time for change. | Alcohol Change UK
- Drinkaware: Drinkaware Home | Drinkaware
- Drinkline: Alcohol support - NHS
- Double Impact and wider peer support networks: Double Impact - Recovery from Addiction

These services help support long-term recovery, social connection and wellbeing by providing information, mutual aid, peer support and recovery-focused activities.

6. Key messages

Prevention of harm

The evidence indicates that the greatest reductions in alcohol-related harm are achieved through a combination of:

- Population-level action to reduce alcohol availability and affordability.
- Early identification through routine screening and IBA.
- Accessible treatment and recovery services.
- Integrated support for people with co-occurring physical health, mental health and social needs.
- Targeted action to reduce inequalities and support groups experiencing the greatest alcohol-related harm.

Provision of good quality treatment and recovery services

National clinical guidance recommends a range of evidence-based interventions for people experiencing harmful drinking or alcohol dependence, including [43]:

- Structured psychosocial interventions.
- Medically assisted alcohol withdrawal (detoxification).
- Pharmacological treatments where appropriate.
- Peer support and mutual aid.
- Recovery-focused support addressing housing, employment and wider social needs.

The evidence highlights the importance of integrated, person-centred services that recognise the relationship between alcohol use, mental health, physical health and wider determinants of health. Long-term recovery is most successful when treatment is supported by strong partnership working across health, social care and community services.

Service user views

Engagement suggests that local alcohol treatment and recovery services are valued by those who use them. However, people continue to identify opportunities to improve accessibility, communication, continuity of support and integration between services. These findings reinforce the importance of person-centred, recovery-focused services that are accessible, inclusive and responsive to the needs of Nottingham's diverse communities.

7. Opportunities for Improvement and Future Development

The evidence presented in this profile and the accompanying supplementary document highlights several opportunities to reduce alcohol-related harm, improve access to support, and address inequalities across Nottingham. These opportunities are grouped into seven key themes.

1. Improve Data and Intelligence

There are limitations in the availability of local data on alcohol consumption and alcohol-related harm, particularly for some inclusion health groups and protected characteristic groups. Better intelligence would support service planning and targeted action.

Opportunities include:

- Improving local population-level intelligence on alcohol consumption.
- Strengthening demographic recording across services.
- Improving identification and recording of alcohol use during pregnancy.
- Increasing awareness and recognition of Foetal Alcohol Spectrum Disorder (FASD).

2. Strengthen Community Engagement and Co-production

Some groups are not well represented within existing datasets and there is limited understanding of the factors driving harmful drinking in different communities.

Opportunities include:

- Increasing engagement with under-represented groups.
- Developing further qualitative insight into why people drink at hazardous and harmful levels.
- Continuing to involve people with lived and living experience in service development and delivery.

3. Support Population-Level Action

Alcohol-related harm in Nottingham remains higher than the national average and contributes significantly to health inequalities.

Evidence supports a range of population-level measures including:

- Reducing exposure to alcohol advertising and marketing, particularly among children and young people.
- Restricting alcohol availability.
- Supporting policy approaches such as minimum unit pricing and improved alcohol labelling.
- Strengthening safeguards relating to online alcohol sales and age verification processes.

4. Increase Prevention and Early Intervention

Early intervention can prevent alcohol-related harm and reduce future demand on health and care services.

Opportunities include:

- Supporting children and families affected by parental alcohol use.
- Delivering evidence-based alcohol education in schools.
- Developing targeted health promotion and behaviour change campaigns for groups experiencing greater alcohol-related harm.
- Increasing delivery of Alcohol Identification and Brief Advice (IBA) across health and community settings.

5. Develop Workforce Skills and Confidence

Routine identification of alcohol-related risk is an important component of prevention and early intervention.

Opportunities include:

- Expanding IBA training for professionals working with higher-risk populations.
- Increasing confidence among staff working in maternity services, mental health services, probation services, children's services and inclusion health settings.
- Exploring use of digital approaches alongside face-to-face interventions.

6. Improve Access to Treatment and Recovery Support

Despite a well-established treatment system, significant unmet need remains.

Priorities include:

- Reducing barriers to accessing alcohol treatment and recovery services.
- Increasing service visibility and awareness.
- Strengthening referral pathways from maternity services, mental health services and children's services.
- Improving understanding of support pathways for people on probation and others with complex needs.
- Improving access for groups that appear under-represented in treatment services, including younger adults, women, LGBTQ+ communities and adults living with children.

7. Strengthen Integrated Working

Alcohol-related harm often occurs alongside physical ill health, mental ill health and wider social disadvantage.

Future development should focus on:

- Strengthening integrated pathways across alcohol, mental health and physical health services.
- Supporting collaborative approaches to preventing and managing alcohol-related liver disease, alcohol-related cancers and other major alcohol-related conditions.
- Enhancing partnership work between Public Health, healthcare providers, Licensing, Police, Community Protection and voluntary sector organisations to reduce alcohol-related crime, disorder and anti-social behaviour.
- Continuing to address inequalities by targeting groups and communities experiencing the highest burden of harm.

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Their contributions have helped improve understanding of alcohol-related harm in Nottingham and informed the opportunities identified to reduce harm, improve health outcomes and address inequalities across the city.

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