

WHY THE BUILDING BLOCKS OF HEALTH MATTER

**A focus on the harm
caused by alcohol**



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Foreword

Thank you for taking the time to read my Annual Director of Public Health (DPH) Report, 2025. I have been in post for a year as DPH for the Royal Borough of Windsor & Maidenhead. I was drawn to this post as I am passionate about ensuring all voices are heard, making a difference by improving outcomes for residents and tackling the hidden inequalities that exist within the borough.

This report focuses on the harm caused by alcohol. Often the harms are hidden, yet the ripple effect is significant for individuals, families, society and the economy. By working across the system and focusing on prevention, we can have a positive impact. Alcohol consumption and mortality have increased across the country, leading to significant health, economic and societal costs. UK alcohol consumption remains higher than the average for all OECD (Organisation for Economic Co-operation and Development) countries. Alcohol harm does not fall evenly across the population. Nationally, adults in more affluent areas drink similar amounts of alcohol to those in less affluent areas [1][2], but those in more deprived areas suffer greater health harms. This is known as the alcohol-harm paradox and one we should act on in the borough given the relative affluence and hidden inequalities across our communities.

Alcohol-related harms can be seen as health impacts such as alcohol-related cancers; societal harms such as domestic violence, community safety, homelessness; and economic harms such as absence from the workplace, crime and disorder, social care pressures. There is action we can take at a local level, whilst continuing to have a strong voice nationally promoting the need for renewed policy with a prevention focus to reduce affordability, availability and the appeal of alcohol.



Sara Blackmore
Director of Public Health

As Director of Public Health, I have the privilege of connecting the dots-bridging departments, organisations, and communities to drive change that matters. Tackling alcohol harm requires exactly that: a united, place-based approach that brings together local government, the NHS, voluntary sector and residents themselves. This report is therefore a call to action to shine a light on the harm caused by alcohol and the next steps required – we have work to do! We have an opportunity to target our efforts across organisations, listen to our residents and take a needs-led and evidence-based approach to achieving the outcomes we are seeking to improve for our residents.

Thank you and should you wish to be involved in our next steps please do get in touch.

S. Blackmore

Sara Blackmore,
Director of Public Health

Why alcohol, why now, why the Royal Borough?

In the Royal Borough, headline indicators suggest a generally healthy population. But when we peel back the layers we see stark local variations at a community level. Some communities in the borough face higher levels of alcohol-related harm than others, such as in hospital admissions for alcohol specific conditions [3]. Alcohol also places a huge cost on services and the economy, estimated at nearly £60 million per year in the borough alone, spanning the NHS, policing, social care and lost productivity [4].

Nationally, alcohol policy has been folded into wider reform, most recently through the 10-Year Health Plan (Fit for the Future) [5], which included measures on labelling and the no- and low-alcohol market. The last national alcohol strategy was produced in 2012 highlighting an opportunity for a fresh national strategic approach [6]. Government funding has recently strengthened local recovery services, most recently (2025-26) consolidated via a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) [7]. Public health leaders continue to call for a new alcohol strategy and reform to enable public health to become a licensing objective (health as a licensing objective, HALO), with these calls renewed recently as part of a call to evidence for proposed changes to the licensing system [8].

Opportunities within the advertising, access, community safety and economic implications are important factors in the policy space.

Across England, people are living longer, but too often in poor health for many extra years. By 2040, the time spent living with a major illness is predicted to rise by 37% [9]. These extra years are not shared equally: people in deprived areas develop disease earlier, spend some 20 years longer in poor health and live 10 years less than those in wealthier areas [9]. Alcohol is one of the drivers of this widening gap.

Alcohol impacts health outcomes negatively. It contributes to cancers, liver disease, heart disease, dementia, poor mental health, accidents, violence [10]; conditions that cut lives short and place avoidable strain on health and care services.

In the South East, alcohol-related hospital admissions are rising: from 392 per 100,000 in 2017 to 429 per 100,000 in 2024 [11]. Alcohol-related mortality has also increased by 19.3% in seven years [12].

Taken together, this makes alcohol one of the most urgent and preventable public health challenges for the borough. Reducing harms will not only improve health and wellbeing but also ease pressure on public services and strengthen local communities [13].



unequal health harms



£60m local cost



rising hospital admissions



increased alcohol-related deaths

The building blocks of health

Good health doesn't come from healthcare alone. Clinical care accounts for 20% of health outcomes while social and economic factors and physical environment together make up 50%. It depends on the wider 'building blocks of health' - the conditions in which people are born, grow, live, work and age [14]. These include:

- **Housing:** safe, secure, good quality homes.
- **Work and employment:** fair work, decent pay, good working conditions.
- **Education and skills:** opportunities to learn, develop and progress.
- **Family, friends and community:** social support and belonging.
- **Money and resources:** enough income to afford life's essentials.
- **Transport:** reliable, affordable access to jobs, services and social life.
- **Our surroundings:** safe streets, clean air and green spaces.

When these building blocks are strong, people live longer, healthier lives. When blocks are missing or fragile, avoidable illness and early death become more likely. Building a healthier society means strengthening these foundations and addressing inequalities, not just treating the consequences.

Alcohol harms are both a cause and consequence of these fragile building blocks of health: disadvantage can negatively impact alcohol-related health outcomes, while alcohol misuse in turn undermines housing, work, family life and health [2]. Prevention cannot be left to healthcare alone, but needs action across the whole system. Building a healthier society means putting strong foundations in place: secure housing, good jobs, education, supportive communities and access to healthcare [15]. Only by strengthening these blocks can we reduce inequalities and protect people from avoidable harm.



Alcohol and its harm to health

No level of alcohol is without risk. It contributes to more than 200 health conditions, including liver disease, cancers, heart disease, stroke, poor mental health [16] and may also increase the risk of dementia [17]. Even at moderate levels, alcohol increases the risk of cancers such as breast and bowel cancers and the more we drink, the greater the harm [15].

To keep health risks to a low level, it is safest not to drink more than 14 units per week.

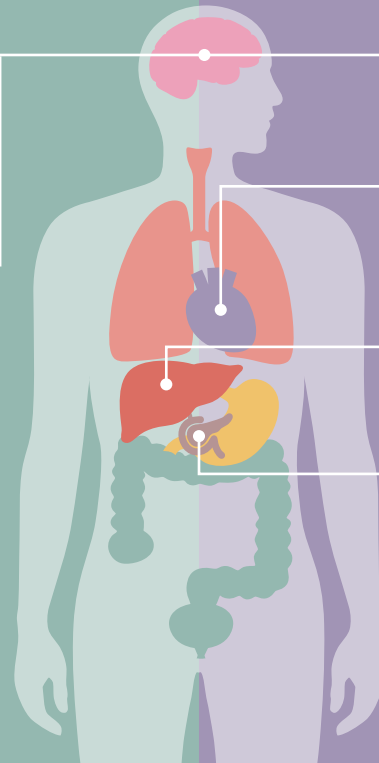
Short-term effects of drinking alcohol

Brain and behaviour: Lowers inhibitions, impairs decision-making and increases impulsive or risky behaviours.

Memory and alertness: Can cause drowsiness, poor coordination, memory blackouts and loss of consciousness at high levels.

Body symptoms: Hangovers, dehydration, nausea and 'hangxiety' (anxiety during a hangover).

Accidents and injury: Higher risk of falls, burns, road traffic accidents and violence.



Long-term effects of drinking alcohol

Brain: Can affect memory, mood and mental health. Increased risk of dementia.

Heart and blood pressure: Raises blood pressure, strains the heart and increases risk of stroke.

Liver: Can cause fatty liver, hepatitis, cirrhosis and liver cancer.

Pancreas: Can trigger painful and dangerous inflammation (pancreatitis).

Immune system: Weakens the body's defences against illness.

Cancers: Increases the risk of several cancers, including breast, bowel and mouth.

Alcohol unit reference

One unit of alcohol



Half pint of 'regular' beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

More than a single unit of alcohol



Pint of 'regular' beer, lager or cider



Pint of 'strong' or 'premium' beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of 'regular' lager or cider



440ml can of 'super strength' lager



350ml glass of wine (12%)



75cl bottle of wine (12%)

Alcohol harm paradox: Inequalities and local context

Alcohol harm does not fall evenly across the population. Nationally, adults in more affluent areas drink similar amounts of alcohol to those in less affluent areas, but those in more deprived areas suffer greater health harms - the alcohol harm paradox [2] [20]

In the Royal Borough

- Alcohol-related hospital admissions and deaths are still rising, showing harm exists despite affluence [21].
- Within the borough, people in more deprived wards face a double disadvantage: higher risk of poor health overall and greater harm from alcohol [21].

Tailored interventions are needed for groups at greater risk of harm, including:



Younger adults have the highest unmet treatment need.

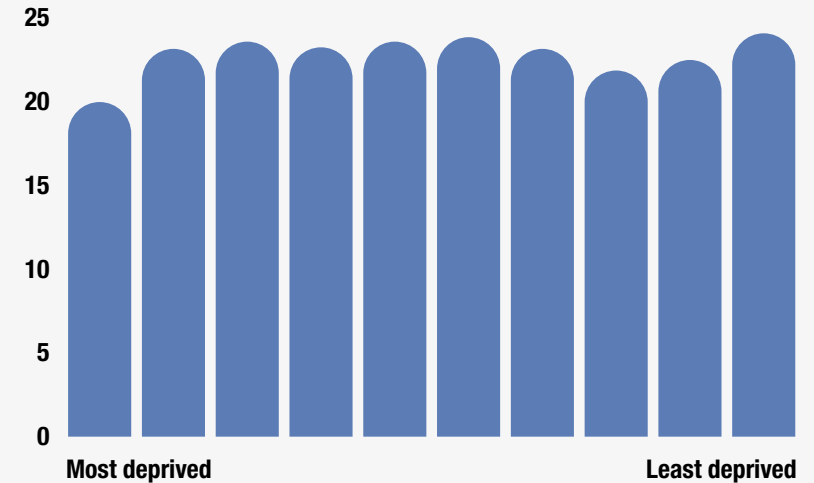


Women may face stigma, lack of tailored services and under-recognition of harm.

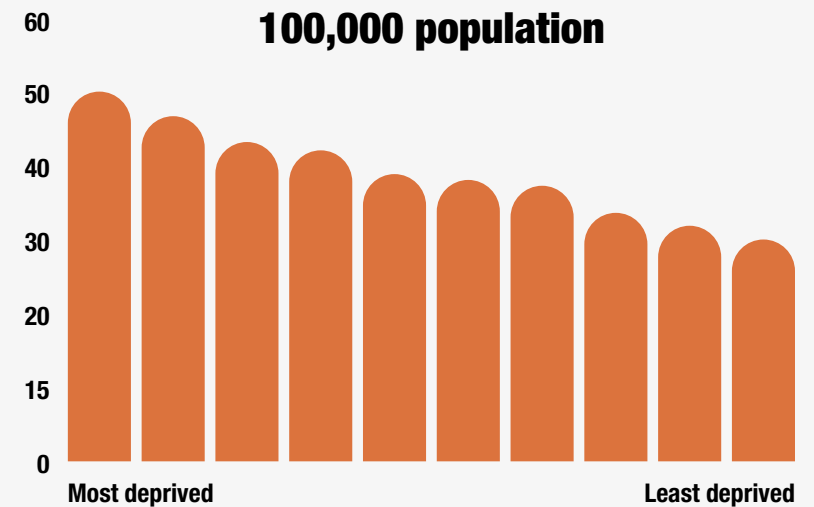


Residents with unstable housing are much more likely to experience dependence and ill health.

% that drink more than 14 units a week



Alcohol-related death rate per 100,000 population



Source: OHID Local Alcohol Profiles (accessed 2022)

Health impacts in the Royal Borough

The Royal Borough of Windsor & Maidenhead is relatively affluent, yet alcohol still causes harm.

Alcohol drinking habits in the borough:

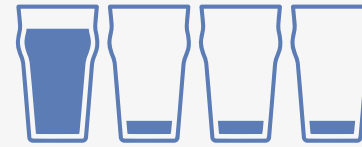
- Around 1 in 4 residents drink more than 14 units a week (2015-2018) [\[22\]](#).
- Around 1 in 8 borough adults binge drink, increasing the risk of accidents, injuries and losing control (2015-2018) [\[22\]](#).

Health-related harms:

Alcohol-related hospital admissions and deaths in the borough are rising, reflecting the national trend:

- 765 hospital admissions for alcohol-specific conditions in 2023/24 (around 500 per 100,000) [\[23\]](#).
- Men are around twice as likely as women to be admitted for alcohol-related conditions [\[23\]](#).
- 160 cases of alcohol-related cancer in the period 2017-19, including mouth, throat and breast cancer [\[24\]](#).
- 51 residents died from alcohol-related deaths in 2023 [\[25\]](#).
- Deaths from alcohol liver disease steadily increasing during the last 10 years [\[26\]](#).

Alcohol in the Royal Borough at a glance



1 in 4 drink above guidelines



1 in 8 binge drink



765 hospital admissions in 2023/24



160 alcohol-related cancers in the period 2017-2019



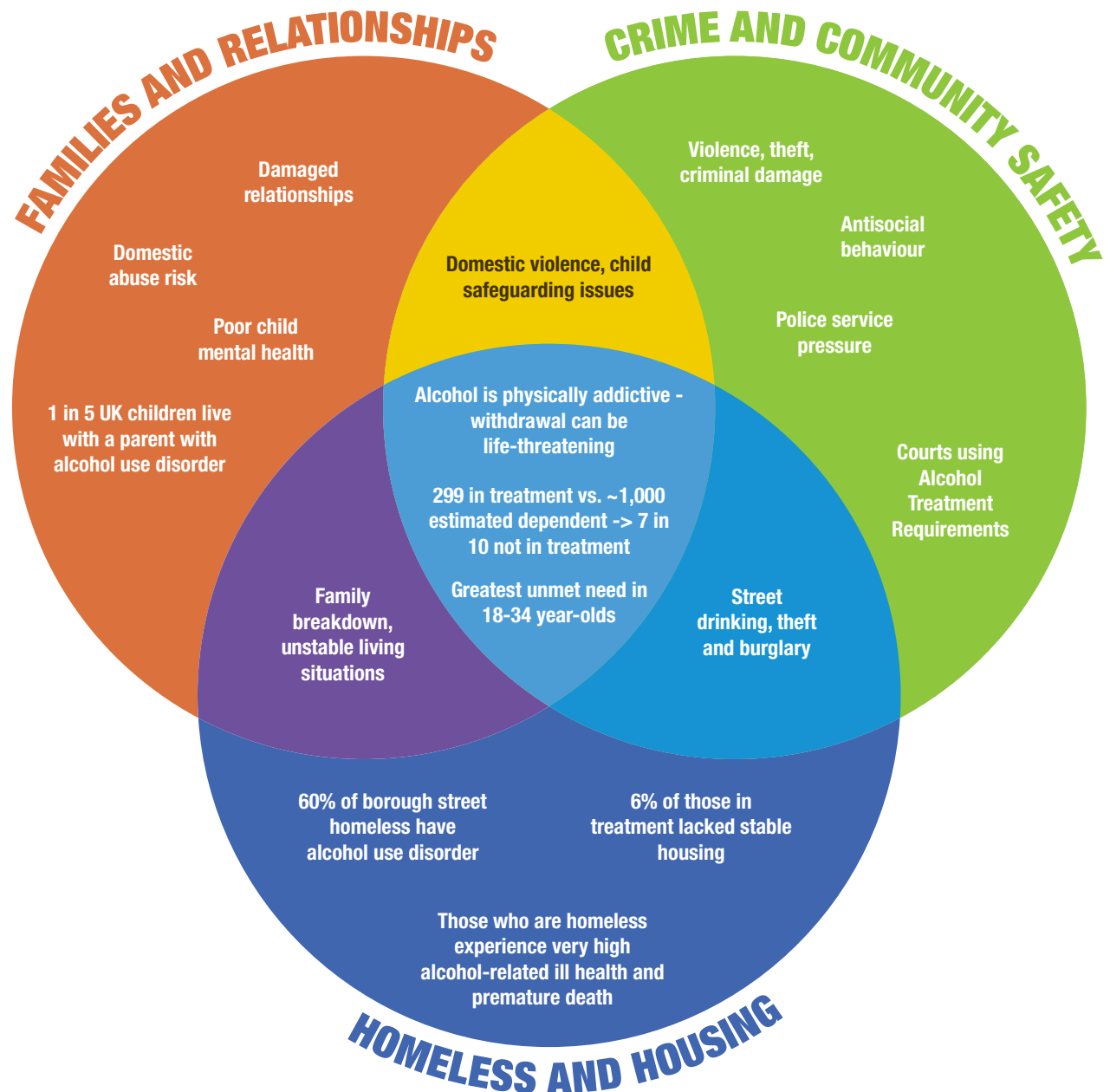
51 alcohol-related deaths in 2023



Deaths from alcohol liver disease steadily increasing

Societal harms: Crime, family impact, homelessness

Alcohol misuse has far-reaching consequences that extend beyond individual health, affecting families, communities, and wider society. The diagram on this page (which is adapted from national and local information) highlights how alcohol-related harm intersects across three key areas: families and relationships, crime and community safety, and homelessness and housing. These overlapping issues demonstrate the complex and interconnected nature the impact alcohol has on social wellbeing and public services.



Economic harms: Costs to NHS, justice, social care, productivity

While tourism can contribute to economic growth through alcohol sales and related hospitality revenue, these benefits must be weighed against the significant public health and societal costs associated with alcohol related harm.

Alcohol misuse carries a major financial cost for the Royal Borough: reducing productivity and costing £59.7 million each year, or £388 for every resident [4].

Breakdown of costs

- Crime and disorder: £26m annually (44% of the total). The largest share is the direct consequences of crime (£16.5m). The borough's role as a visitor destination may add to these costs.
- Wider economy: £16.8m annually. Underperformance at work (£7.4m), absence due to illness (£5.9m) and unemployment (£3.6m) all reduce productivity and earnings.
- NHS and healthcare: £11.5m annually, including hospital admissions, A&E attendances and ambulance callouts.
- Social care: £5.4m annually, mostly for children and families affected by alcohol misuse.

The Royal Borough picture

Compared to England and the South East, the Royal Borough of Windsor & Maidenhead has lower per-head costs for crime, healthcare and social care but higher costs from lost productivity.



Why this matters

Throughout this report it is clear alcohol-related harm is an urgent and preventable public health challenge and its impact is seen across our borough. While most residents enjoy good health, stark inequalities remain, with some communities facing much higher levels of alcohol-related harm, hospital admissions and premature death.



Alcohol affects not just individuals but families, communities and public services, costing the borough £60 million each year across the NHS, policing, social care and lost productivity. These harms are preventable. Reducing them will improve wellbeing, ease pressure on services and help create stronger, safer and more resilient communities.



Good health is built on strong building blocks: housing, work, education, money, community, transport and our surroundings. Addressing alcohol harm therefore needs a whole-system approach, tackling both the causes and consequences of disadvantage to build healthier, fairer foundations for everyone.



Our call to action

A review of our local approach, benchmarked against the Association of Directors of Public Health 'What Good Looks Like: Supporting High Quality in Alcohol and Drug Prevention and Treatment' [\[27\]](#) confirmed strong foundations and a committed partnership network exist.

Opportunities remain to strengthen co-ordination across the system, to listen to our residents and to build on our strong partner relationships in order to have impact. This understanding informed the following call to action, which highlights the collective priorities and next steps required to make a difference for our communities.



Set up a new Royal Borough Alcohol Harm Reduction Stakeholder Group to unite partners, enhance our approach to place-making, share learning and drive co-ordinated and evidence informed action, while monitoring and evaluating progress.



Adopt a data and needs-led, evidence-based and outcomes-focused approach to target actions where they make the greatest difference and reduce inequalities.



Align with the strategic priorities and a life course approach of the RBWM Joint Health and Wellbeing Strategy (2026-36) and Neighbourhood Health Plan as it is developed in 2026.



Empower communities and champion lived experience by co-producing policies and actions to ensure our approaches are relevant and effective.



Increase prevention and awareness by aligning national, regional, and local campaigns to raise awareness of alcohol-related risks and encourage lower-risk drinking, and strengthen community engagement.



Strengthen and align our local system by deepening our collaboration between public health, licensing, trading standards, healthcare, and community organisations to strengthen integration across healthcare pathways and ensure consistent prevention, regulation, and response to alcohol-related harm.



Collaborate with regional leads, local partners, community organisations and the ICB-wide Alcohol Professionals Network to strengthen the workforce by embedding alcohol awareness and brief advice into everyday roles, while jointly designing and delivering accessible education and prevention initiatives.



Ensure clear governance of our Alcohol Harm Reduction Stakeholder Group reporting into the Neighbourhood Health Partnership as part of the Joint Health and Wellbeing Strategy development and delivery. We will draft an action plan for the proposed new Alcohol Harm Reduction Stakeholder Group based on the findings and call to action within this report.'

Our commitment to reducing alcohol-related harm

We are committed to a whole-system, life-course approach to reducing alcohol-related harm. By strengthening partnerships, embedding prevention and recovery within local strategies, and developing a confident and well-informed workforce, we are laying the foundation for sustained improvement in health and wellbeing outcomes. Continued collaboration across sectors will be vital to maintaining momentum and ensuring that interventions are effective, equitable, and responsive to local needs. Together, we can create an environment where fewer lives are harmed by alcohol and where every resident has the opportunity to live well at every stage of life.



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