

BUCKINGHAMSHIRE: *Uncovered*

Alcohol misuse in our community

Shining a spotlight on our county of contrast



Content warning

This report contains frank discussions about alcohol dependency and domestic violence.

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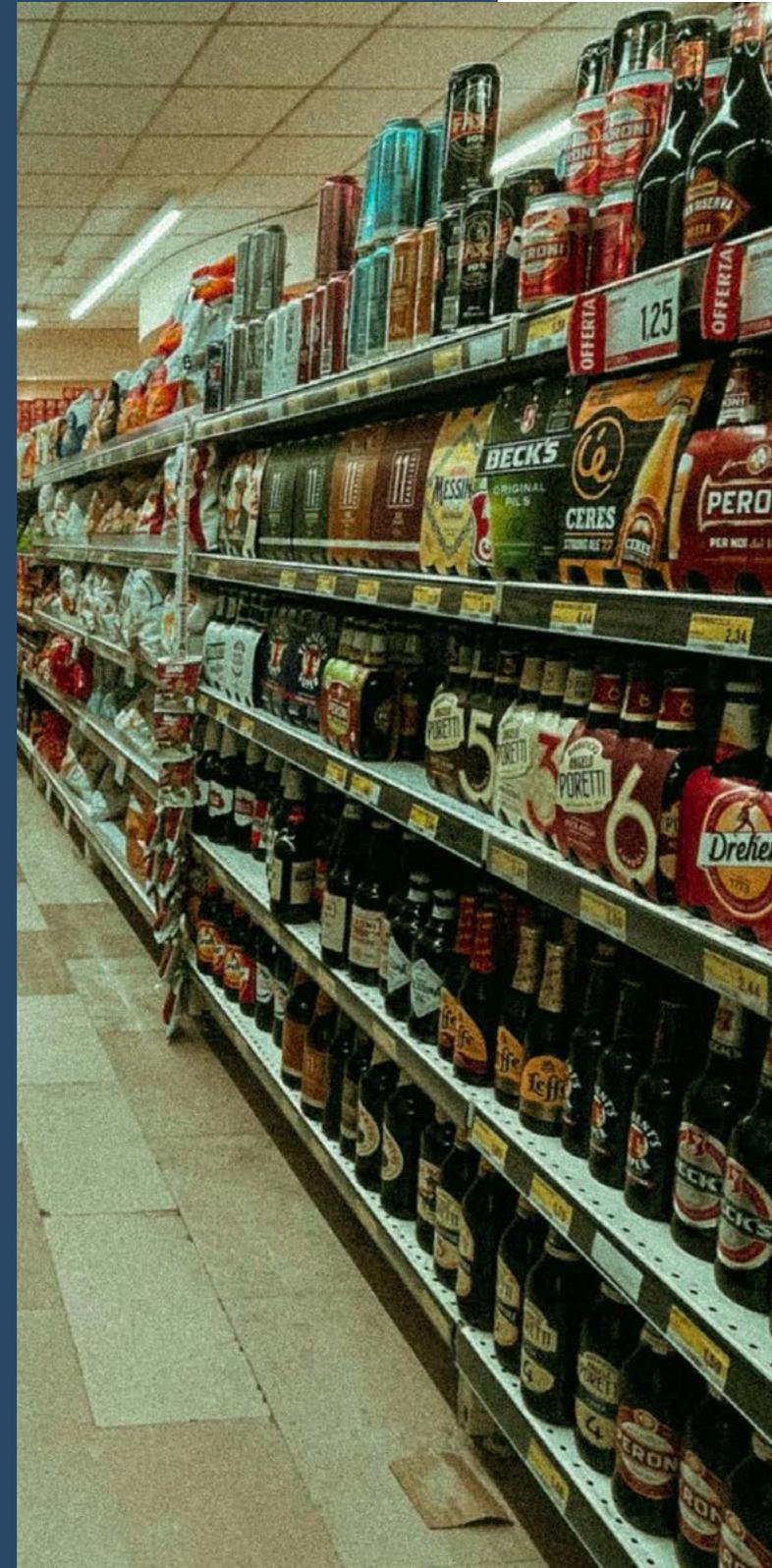
Introduction

Substance use and addiction are significant public health issues in Buckinghamshire, impacting not only individuals but families and communities. Dependencies on drugs and alcohol are complex issues with well-documented health consequences, often intersecting with a wide variety of personal and social factors.

Alcohol use is of particular concern in Buckinghamshire. 1 in 4 Buckinghamshire adults drink above the government guidelines for low-risk alcohol consumption (more than 14 units per week) – higher than the national average. This proportion has not reduced for a number of years. Alcohol is also the number-one cause of death and premature death in Buckinghamshire's 15-49 year-old population. In terms of overall harm (to self and to others), alcohol is identified as the most harmful drug.

"It's a killer disease. And it's the only one able to convince you that you don't have it."

- Anonymous



Local support services like **One Recovery Bucks** report that **alcohol is the most commonly used substance in the county**. Long-term excessive drinking can lead to serious health issues, including cancers, heart and liver disease, and brain damage. There is also a strong link between alcohol use and self-harming behaviours, including suicide.

As a legal and readily accessible substance, alcohol poses unique challenges. Stigma surrounding alcohol addiction and stereotypical social perceptions of alcoholics often prevent individuals from seeking help.

The social and personal costs of alcohol use are devastating, affecting not only those struggling with it but also their families and communities. Alcohol also factors significantly in violent crime and domestic abuse, straining or breaking down relationships.

This report will explore local data on alcohol use before focusing on some of the specific and complex challenges related to alcohol and its impact on individuals, families, and wider communities in Buckinghamshire. It also highlights the role of statutory and VCSE (Voluntary, Community and Social Enterprise) organisations in addressing these multifaceted issues. Personal stories are threaded throughout to highlight the human cost of alcohol use.

Heart of Bucks is grateful to every individual and organisation that contributed to this report. Their voices and lived experiences challenge the stereotypical image of alcohol addiction, helping to reduce stigma, raise awareness, and ensure more people access support.



A photograph of a hospital hallway. In the foreground, a nurse in blue scrubs is pushing a wheelchair. In the background, a reception desk is visible with a staff member in a white coat. The hallway is brightly lit with white walls and a tiled floor.

Key statistics

- Alcohol-related harm costs the NHS £3.5 billion every year.
- The national societal cost of alcohol is £21 billion.
- 1 in 4 adults in Buckinghamshire regularly drink above the government guidelines for low-risk alcohol consumption.
- An estimated 3,400 Buckinghamshire adults are dependent on alcohol.
- There were 8,670 alcohol-related hospital admissions in Buckinghamshire in 2023/24.
- Children of alcohol-dependent parents are four times more likely to develop problems with alcohol.
- 1 in 5 Buckinghamshire secondary school pupils reported having been drunk in the previous week (2021 Public Health Survey).

What does the data tell us?

Exploring the data on alcohol use sets the scene for understanding its local impact. Both nationally and locally, alcohol-specific and alcohol-related deaths occur in much higher numbers than other drug-related deaths. From 2020-2022, there was a staggering 45% increase in alcohol-related deaths in Buckinghamshire compared to 2017-2019.

As of 2023, Buckinghamshire had lower overall rates of alcohol-related mortality and Potential Years of Life Lost (PYLL) due to alcohol-related conditions compared to the national average. Like many issues in Buckinghamshire however, this statistical average can mask the reality faced by many in our county.

For example, alcohol-related mortality in Buckinghamshire has risen over the past decade – from 24.8 per 100,000 in 2016 to 30.4 per 100,000 in 2023. In 2023 alone, alcohol-related conditions were responsible for 3,372 PYLL for Bucks residents: 2,199 for men and 1,173 for women. This disparity reflects the wider trend that men are more likely to over-consume alcohol. Twice as many men as women suffer alcohol-specific deaths.

In 2023, 34 people under the age of 75 died from alcoholic liver disease in Bucks.

Alcohol profile for Buckinghamshire

Indicator	Period	Bucks UA			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Mortality								
Alcohol-related mortality	2023	➔	173	30.4	40.7	76.1		24.6
Alcohol-specific mortality	2023	➔	51	9.1	15.0	31.4		6.7
Under 75 mortality rate from alcoholic liver disease (1 year range)	2023	➔	34	6.7	12.0	25.4		5.3
Under 75 mortality rate from alcoholic liver disease (3 year range)	2021 - 23	–	114	7.5	11.7	24.7		5.1
Mortality from chronic liver disease, all ages (1 year range)	2023	➔	53	9.3	15.0	33.5		5.6
Mortality from chronic liver disease, all ages (3 year range)	2017 - 19	–	134	8.4	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2023	➔	2,199	818	1,246	2,520		639
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2023	➔	1,173	406	533	1,080		161
Admissions								
Admission episodes for alcohol-specific conditions	2023/24	➔	2,379	428	612	1,713		207
Admission episodes for alcohol-related conditions (Narrow)	2023/24	➔	2,408	432	504	890		240
Admission episodes for alcohol-related conditions (Broad)	2023/24	➔	8,670	1,540	1,824	3,241		1,054
Admission episodes for alcohol-specific conditions - Under 18s	2021/22 - 23/24	–	-	*	22.6	61.7		3.8

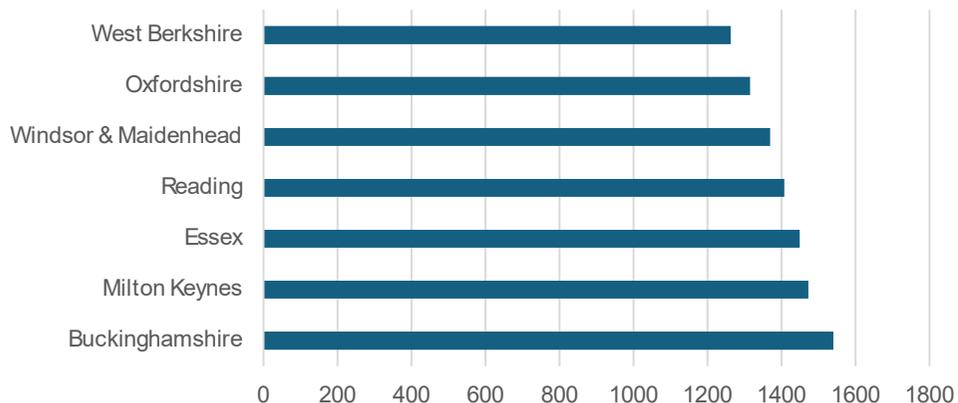
Fingertips Public Health Alcohol Profiles

Alcohol-related hospital admissions per 100k, Buckinghamshire

	Persons	Male	Female
2016/17	1,201	1,870	630
2017/18	1,283	1,993	673
2018/19	1,364	2,157	681
2019/20	1,323	2,081	671
2020/21	1,077	1,685	552
2021/22	1,332	2,063	701
2022/23	*	*	*
2023/24	1,540	2,467	733

Source: OHID, based on NHS England and Office for National Statistics data

Alcohol-related hospital admissions per 100k (2024)



In 2023/24, there were 2,379 hospital admission episodes for alcohol-specific conditions in Bucks. Including wider alcohol-related conditions, the number rockets up to a total of 8,670. This number has been trending upwards since COVID.

This is equivalent to 1,540 admissions per 100,000 population, higher than neighbouring counties such as Milton Keynes, Oxfordshire, and West Berkshire. Admission rates are again much higher for males than females (2,467 per 100k for males vs. 733 per 100k for females).

Alcohol-related harm costs the NHS £3.5 billion every year. The Bucks Joint Strategic Needs Assessment (JSNA) reports that alcohol care teams provide an estimated return of £3.85 for every £1 invested – yet unlike Oxford and Berkshire, Buckinghamshire Healthcare Trust does not currently have alcohol care teams.



Despite its reputation as an affluent county, Buckinghamshire has pockets of significant deprivation and disadvantage. Notably, there are areas of economic and social disadvantage in Aylesbury, High Wycombe and Chesham. The data also highlights:

- Alcohol-related hospital admission rates are 57% higher for those living in the most deprived areas of the county.
- 2020-2022 alcohol deaths in Buckinghamshire's most deprived quintile were more than double the number in the least deprived quintile of the population.

Buckinghamshire Public Health's JSNA reference national data demonstrating that drug and alcohol issues affect disadvantaged people and communities disproportionately. This is especially true for alcohol-related mortality levels and alcohol-related hospital admissions.

This contributes to the health inequalities experienced by people living in economic disadvantage. It is evidenced by the 'alcohol-harm paradox', an observation from numerous studies that, despite having the same or lower alcohol consumption than high-income households, people of low socioeconomic status have higher levels of alcohol-related illness and mortality.

Various reasons for this have been proposed – including poorer access to healthcare, comorbidity of other health-affecting behaviours such as smoking and poor diet, the quality of the alcohol itself, and higher prevalence of binge drinking.



This report largely focuses on the impact of alcohol for adults in Buckinghamshire, with youth drinking deserving its own consideration.

For context, a 2021 Buckinghamshire Public Health Survey found that 19% of all secondary and 23% of sixth-form pupils reported having been drunk in the previous week.

For more data and information on alcohol use in Buckinghamshire, refer to:

- Buckinghamshire Public Health – [Drug and Alcohol Joint Strategic Needs Assessment](#)
- The Buckinghamshire Combating Drugs Partnership – [Drugs and Alcohol Strategy](#)
- Buckinghamshire New University – [Drug and Alcohol Research Group](#)

Community voices

This data shows us that, whilst Buckinghamshire may rank above the national average, there is evidently need in our communities.

The following quotes humanise the numbers and highlight the real costs of local alcohol use:

"I was physically dependent on alcohol. I wanted to stop drinking, but I would experience severe withdrawal symptoms. You can have fatal seizures if you go cold turkey."

"I went from earning £70k in the city and happily married to being jobless and unable to look after myself because of my drinking. Completely dependent on alcohol, I destroyed my relationships with my family and isolated myself into a hole I couldn't get out of."

"I became a liar. I lied to myself and I lied to other people about the problem. You hide your bottles and say 'I can stop if I want', but everybody knows that's not true."

Challenges of excessive alcohol use

Access to alcohol

As a legal and readily available substance, alcohol poses unique challenges compared to other illegal products. In 2023/24 in Buckinghamshire, there were 1,592 premises licensed to sell alcohol. This equates to one premise per square kilometre, and highlights that one is never very far from a potential source of alcohol.

Ease of access to alcohol is a major determinant of how much alcohol is consumed. This ease of access is also a concern raised by local people who struggle with alcohol use.

“As a recovering alcoholic it’s really, really hard. Alcohol is everywhere. It blows my mind that you can even go into a petrol station and buy booze...and now you can get it delivered on apps too. There are virtually no barriers.”

“The temptation is everywhere you go. Especially compared to other substances which may be a bit harder to get hold of, alcohol is everywhere. And it’s legal, so we’re not put off by thinking we’re doing something illegal.”

Social acceptance

Alcohol has a high level of social acceptance, making it especially challenging to raise awareness about the risks of addiction. It is widely accepted and central to celebrations, social activities and relaxation. It is heavily marketed and embedded in everyday language.

Not only does this make alcohol harder to avoid, but it makes it more difficult to recognise a problem or talk openly about it.

“Alcohol is synonymous with sport. It’s everywhere with football, rugby, darts. Whether your team wins or loses, you drink to celebrate or to console. It’s so normalised.”

Stigma and stereotypes

The stereotypical image of the 'alcoholic' remains strong, often imagined as an unkempt person drinking from a paper bag on a park bench. This image ignores the reality that alcohol use can affect anybody and prevents people from accessing support due to fear.

This stereotype is also closely tied to perceptions of poverty and social exclusion. The imagined 'alcoholic' is often assumed to be unemployed, homeless, or living in deprivation. This overlooks the reality that alcohol-related harm spans all income levels, ages and lifestyles. These assumptions increase stigma not just for individuals struggling with alcohol use, but also for specific communities facing higher rates of harm. The association between alcohol use and visible deprivation can make it harder for many people to recognise their own issues, or to seek help without shame.

"People said to me – 'you can't be an alcoholic, you're too young'."

"It's just a myth, but they still think all alcoholics are... probably doing anti-social behaviour or causing trouble in public places... there's a fear there."

"You need to hit rock bottom before willing to accept that you're an alcoholic, because that stereotype persists. You worry what people will think if they find out. You wonder 'am I ever going to get work again?'"

Emma's story

Emma's* story challenges the aforementioned stereotypes and addresses the accessibility of alcohol.

"I'm a solicitor living in Bucks, and I've always been a social person, enjoying gatherings with friends and colleagues, and drinking in moderation. But when COVID happened and we started working from home, things got tough. I was suddenly alone all the time when I would usually be going out and about. The isolation and lack of routine were really challenging for me personally. After my workday, I'd feel more and more anxious and have a drink to take the edge off.

I used to enjoy a glass of wine once or twice a week, but being stuck at home, I started drinking more. Before I knew it, I was finishing a bottle of wine every evening. I would go out to the local Tesco whenever I could to buy more wine – even in lockdown I had no problems keeping topped up. I didn't think I had a problem though. I kept telling myself I could stop any time I wanted. I was in denial, convincing myself it was just a temporary way to cope even as I started my drinking earlier and earlier in the day.

It wasn't until restrictions lifted again and I started avoiding social occasions where I couldn't have the opportunity to drink that I realised how bad things were. I remember thinking, 'what is wrong with me?!'"

Continued...

*Name changed



"I felt ashamed and confused, but I couldn't break the cycle because I was now emotionally dependent on drinking. I still got my work done, but I didn't care about the quality, and my relationships were strained." The turning point came when a close friend expressed concern about my drinking. That was my wake-up call, that she had noticed it was a problem. I decided to seek help and joined a local support group. That was hard because it meant confronting my anxiety and the shame I felt. But it was there that I found the strength to confront this problem. It's been tough, but with the support of friends, family, and colleagues, I've managed to regain control of my life.

Today, I'm proud to say I'm over a year sober and committed to staying that way. Lockdown was a tough time for a lot of people and although I take accountability, I also treat myself with empathy rather than self-criticism. I've learned to manage my anxiety in healthier ways and rediscovered the joy of socialising without alcohol.

My experience has taught me how quickly alcohol can turn into a problem, the importance of self-awareness, and asking for help when needed. It's an ongoing journey, but I'm grateful for the progress I've made and all the support I've received along the way."



Related and underlying issues

Intimate partner violence

Research shows that alcohol is a major factor in intimate partner violence and domestic violence cases. Alcohol use can increase the risk of intimate partner violence by up to four times.

Alcohol is not the root cause of violence, but it can lower inhibitions and impair judgement, intensifying aggressive behaviours.

It can heighten the severity of abuse, make it even harder for victims to leave, and drive those experiencing the abuse to drink themselves as a form of escape.

“Knowing you become a different person, a violent person, when you drink – and picking up the bottle anyway. I feel so much guilt and shame about the pain I caused my loved ones. That’s the physical and mental obsession of alcohol.” – Anonymous



Mental health

Alcohol use and poor mental health are deeply intertwined issues. Roughly half of all adults entering drug or alcohol treatment in Buckinghamshire also have mental health treatment needs.

Alcohol use is often the symptom of an underlying mental health issue. National charity Alcohol Change note that alcohol is “the UK’s favourite coping mechanism” given its wide availability and social acceptance. Alcohol is frequently used for self-medication in experiences of depression, anxiety, ADHD and suicidal ideation.

“Alcohol is the symptom of the illness. The illness is why we drink. It’s to change the way we feel, to suppress feelings and fears, for confidence, for escape...as soon as the drink wore off, that angst and discomfort of being me came back.” – Anonymous

“A common thread in young men is having anxiety and not knowing how to deal with it. Then alcohol comes to the table and takes it away. Recovery is about forgiving that 15-year-old boy who didn’t have the tools to deal with it.” – Anonymous

This is not always the case, and services report the importance (and challenge) of ascertaining whether poor mental health is caused by alcohol use, or whether alcohol use is caused by poor mental health – which can significantly affect treatment methods.

It is also important to note that certain groups are at even higher risk of utilising alcohol to medicate poor mental health. These groups include military veterans, people with disabilities, and people identifying as LGBTQ+.

Many people begin drinking to deal with underlying feelings of anxiety, depression and low confidence.



Family

When considering the human cost to alcohol use, families and loved ones are often severely impacted. The emotional, financial, and social toll on families can be devastating as they navigate the stress, isolation, and complexities of addiction.

In Buckinghamshire, one in four children in need assessments identify adult alcohol use as contributing factors – a proportion higher than the national average. Furthermore, children of alcohol-dependent parents are four times more likely to develop problems with alcohol themselves.

“We’re quite selfish people... We have to put alcohol ahead of everything in our lives, even when our loved ones’ lives are being ruined... I didn’t realise the damage I was doing to my family – they weren’t sleeping and they could see that I was killing myself.” – Anonymous

The effects ripple outward, often creating long-term emotional trauma for children and partners. Families often report feeling powerless, trapped between wanting to help and protecting their own wellbeing. The impact doesn’t simply end when someone enters recovery; rebuilding trust and repairing relationships can be a slow and painful process.

[Read more about impact of alcohol on families in Buckinghamshire here](#)



Community safety

In the wider community, impacts of alcohol include the risks and harms of damaging behaviours by intoxicated individuals.

- **Intoxicated Driving:** Driving under the influence of alcohol is a significant safety issue that continues to put members of our community at risk. Thames Valley Police report 218 arrests for alcohol-related impaired driving offences in Buckinghamshire from July-December 2024.
- **Crime:** It is estimated that as many as 75% of people “who come into contact with the UK’s criminal justice system” (including police custody, probation and prison) have problems with alcohol, whilst over 25% are either physically or mentally dependent on alcohol. National charity Alcohol Change report that alcohol intoxication is a factor in up to 39% of all violent crimes in England.
- **Anti-Social Behaviour:** Alcohol use is frequently linked with public anti-social behaviour such as street harassment and public disorder. This can increase a sense of insecurity and reduce community cohesion. Local charities and public services report that visible alcohol-related behaviour can deter people from using public spaces.

Nina's story



This case study highlights the potential variety of complex issues facing an individual alongside, or underlying, their alcohol use. This is just one example, yet Nina's story clearly shows how alcohol use never exists in isolation.

Nina was referred to Aylesbury Homeless Action Group (AHAG) from another supporting agency as she was facing homelessness, having been served an eviction notice from her landlord. Her relationship with her landlord had broken down.

Nina presented as quite chaotic. She was living with challenging mental health concerns and likely to always be in a state of anxiety. She disclosed multiple suicide attempts.

Nina experienced ongoing relationship issues, including a previous divorce, an abusive relationship, and her parents and family who viewed her as "being a waster" for drinking and not having a job. Due to potential neurodivergence, she found navigating relationships with her family and her feelings of being a disappointment to them difficult.

Nina had spent some time in rehab whilst she was still married. She was almost dismissive of how her current partner treated her and felt this was the only relationship she 'deserved', suggesting low self-esteem. They had an all-inclusive holiday booked together, and her thoughts were focused on having unlimited access to alcohol, rather than expressing any concern for her safety with her abusive partner.

Nina was consuming 1-3 bottles of wine per day, using alcohol to self-medicate through all of these challenges. Her alcohol use further impacted on her relationship with her children, because she was unable to remain living with them and struggled to provide for them.

What are we doing about alcohol in Bucks?

The complex nature of Nina's presentation displays precisely why statutory and voluntary services are so key in collaboratively tackling alcohol use.

For people facing interconnected challenges such as mental ill-health, housing instability, family breakdown and trauma, addressing alcohol use is only one aspect of the support they need.

This support requires coordinated and compassionate responses.

Across Buckinghamshire, statutory services and charity organisations are working to meet these challenges. The following pages highlight some of these organisations, partnerships and approaches being used to reach local people and support recovery. They also discuss some of the challenges these groups face.



Spotlight on: Buckinghamshire Public Health

Buckinghamshire Public Health acknowledges the challenges surrounding stigma and raising awareness about alcohol use. They deliver training for frontline organisations and workers to raise their awareness and enable them to recognise and identify at-risk individuals. This training is similar to Making Every Contact Count (MECC) training, emphasising that everyone has a part to play in tackling this issue.

They are running a local three-year pilot of the national Blue Light Project, partnering with One Recovery Bucks. This project funds two outreach workers to conduct intensive community engagement with clients whose alcohol use makes them more likely to engage with 'blue light' services such as police and ambulance services.

Taking a multi-agency approach, the project aims to reduce costs on these services and provide targeted interventions for people who cannot, or will not, access other treatment services due to at-risk housing situations, self-neglect, and other complex needs.

These are often vulnerable people with underlying issues alongside their alcohol use who have been previously involved with services but unable to sustain engagement.

The initial impact of the project has been effective in significantly reducing hospital admissions, police arrests, anti-social behaviour, mental health crisis and more in the cohort supported. A number of individuals have gone from "change-resistant" drinking to actively engaging with the service to reduce their alcohol consumption.

Public Health also recognise the social acceptance of alcohol, and resistance to change in this respect. For example, Public Health campaigns on alcohol have faced marked backlash from members of the public who feel this is not a pressing or worthwhile issue.



Spotlight on: Be Healthy Bucks

Be Healthy Bucks is a free health and wellbeing service designed to support the county's residents with a variety of elements including diet, weight, smoking, and alcohol. Their Drink Less, Live More programme offers advice and support for people to cut down on alcohol, and targets the wide range of people in Buckinghamshire who may drink above recommended levels, but do not see themselves as having a 'problem with' or 'addiction to' alcohol.

The Be Healthy Bucks service also recognises that for many, alcohol consumption is one part of a matrix of potential health-challenging behaviours that can elevate risks in tandem (for example, weight issues can heighten the health risks of alcohol use, and the relatively large amount of calories in alcohol can contribute to weight issues). These health problems can be more prominent and more damaging in disadvantaged communities.

The service on offer includes 1:1 phone sessions, health coaching, and goal-setting. Be Healthy Bucks provide practical advice and resources to educate on the health impacts of alcohol. Individuals can self-refer or be referred by a health professional.

By offering free advice and support to reduce alcohol use as part of a suite of services, they hope to tackle health inequalities and help as many people in Buckinghamshire as possible to improve their health.



Spotlight on: One Recovery Bucks

One Recovery Bucks (ORB) is the commissioned drug and alcohol service for Buckinghamshire. Alcohol referrals are the biggest area of demand for the charity, and alcohol is often a co-occurring issue for many service users who also use illegal substances.

ORB's approach recognises that alcohol addiction is a deeply human experience, often intertwined with personal struggles, mental health issues, and social challenges. Their services are designed to address these complexities with a holistic and person-centred approach to recovery.

ORB provides a range of treatment pathways tailored to the unique needs of each client. These include advice and information, online self-help programmes, brief interventions and high-risk treatments. They offer residential rehab and detox programmes for those in need. The Alcohol Recovery Group is an 8-week programme covering alcohol awareness, understanding dependency, and supporting reduction and treatment.

Beyond abstinence, ORB emphasises rebuilding lives and reconnecting with the community. They encourage clients to build support networks through peer support mentoring and recovery groups like Alcoholics Anonymous to create a sense of belonging.

ORB also offers various group activities, such as a Recovery Café, Women's Group, Art Group, and Meditation & Acupuncture sessions. These groups provide safe spaces for clients to share experiences, learn new skills, and support one another.

Through this wide range of services, One Recovery Bucks supports individuals in Buckinghamshire with alcohol use issues, approaching each with dignity, respect, and compassion to help them manage and beat addiction.



Spotlight on: Alcoholics Anonymous



Alcoholics Anonymous (AA) plays another integral role in supporting local people struggling with alcohol addiction in Buckinghamshire. The organisation covers a wide area, with over 35 groups offering around 50 meetings throughout the week in locations such as Aylesbury, Windsor, Slough, High Wycombe, Chesham, Amersham, Wendover, Beaconsfield, and Marlow.

Meetings are accessible and free, accommodating various schedules to ensure anyone seeking help can find a suitable meeting. The AA process emphasises regular attendance, connecting with other alcoholics, obtaining a sponsor, and working through their 12-step programme. The physical presence of meetings is essential for building connections and receiving support, which was a notable challenge during the COVID-19 pandemic when meetings were held virtually.

Peer-to-peer support in AA is invaluable, as members can relate to each other's experiences, providing empathy and understanding often missing in other recovery programmes. This sense of community is core to AA's success. Members share their stories and offer hope, demonstrating that recovery is possible and sustainable.

AA groups also promote spiritual growth and personal change, encouraging behaviours such as forgiveness, helping others, and letting go of resentments. This approach helps members achieve peace of mind, reducing the need for alcohol to cope with life's circumstances and underlying challenges leading to alcohol use.

"Helping other people is so rewarding. You see a newcomer come in and they look like they're half-dead – and then you just see them change. The lights come back on, the colour back in their skin, they're happy and smiling. I always leave a meeting feeling hopeful. I meet people from all walks of life, and have met thousands over the past four years. If you walked into an AA meeting accidentally, you wouldn't know that's what it was. It's full of positive people. Many visibly happy." – Alastair McNeill

Local stories of recovery show that Buckinghamshire's AA groups provide a comprehensive support system for individuals dealing with alcohol addiction, helping members navigate the challenges of recovery and maintain long-term sobriety. The organisation's commitment to accessibility and community ensures that anyone seeking help can find the support they need to overcome addiction.

Reaching those in need

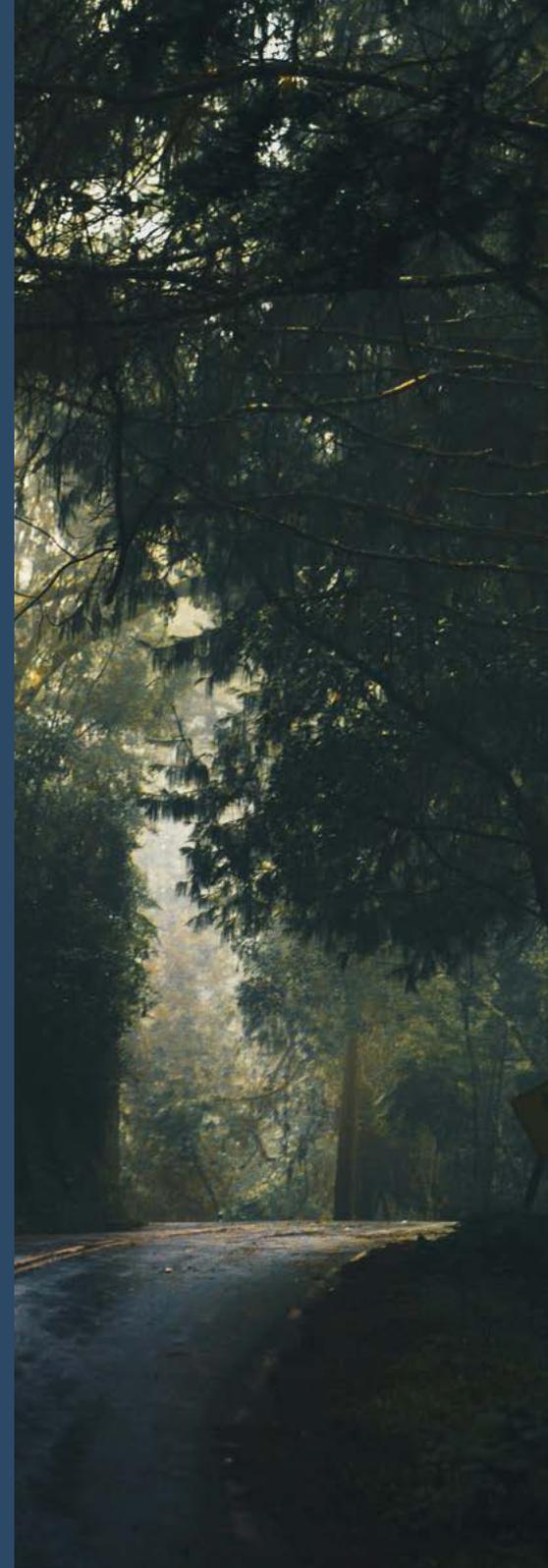
Despite the vast support networks provided by groups like ORB and AA in Buckinghamshire, ongoing stigma and myths continue to prevent support from reaching everyone in need. The World Health Organisation (WHO) estimate that as many as 90% of dependent drinkers are not in treatment.

A key aspect of AA's structure is their voluntary officer roles, which include working with specific at-risk groups such as young people, armed forces, and prisoners. The local Health Liaison Officer works to spread awareness about AA, dispel myths, and encourage people to seek help. This role involves liaising with health professionals and the community to promote the benefits of AA, helping to reduce the stigma associated with admitting alcoholism and seeking help.

"It saves lives. This is a free service, and it really does help. We want to raise awareness and reach people that are struggling. To help find their way to us, get sober, that's the goal."

- Alastair McNeil, AA Health Liaison Officer - Chiltern & Thames region

However, it can be difficult to get people to interact with support organisations due to the nature of alcohol addiction. While commissioned services like One Recovery Bucks provide worthwhile support to many, these services are perceived as not suitable or accessible to all.



“Other things I tried [including ORB] didn’t work for me. I wasn’t able to be entirely honest with the support workers and I was only afforded a one hour session every two weeks. One of the big reasons AA was a success and ORB was not is because I could get to several meetings a week and in AA the people who are helping me are able to share their own experiences which I could identify with. I felt more understood. With alcoholism it is suggested to attempt as best you can to get 90 meetings in 90 days to start with. This gives you the best chance of avoiding taking that first drink again.” – Alastair McNeill

“In Bucks the choice feels like ORB or ORB. We have a cohort of people who would walk into services like ORB and think: this is not for me.” – Anonymous

Many people who drink heavily do not see themselves as needing the support of services such as AA or ORB.

“You have to be ready to do it for yourself to get sober. Alcohol works really well for us in the beginning – we love that feeling of ease and comfort it gives us – so even if someone knows about AA, it can take a lot of work to start them on that journey.”

– Alastair McNeil

“I used to think: ‘they’re just for addicts. I drink a bit too much but I’m not an addict so that’s not for me.’” – Anonymous

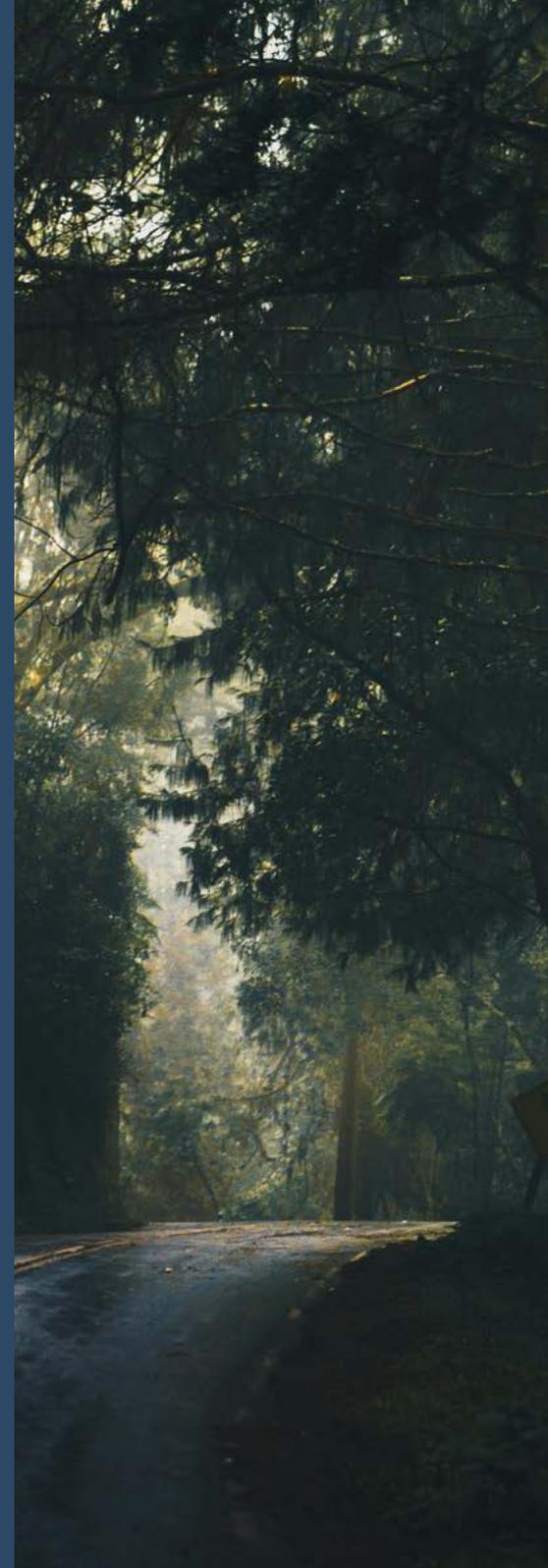


Specifically to AA, there is also a barrier stemming from religious stereotypes, with many put off by the perception that AA is a religious group.

“Alcoholics are like the least religious people. Given our life experiences we often find it hard to reconcile with God. But it is about spirituality – finding peace and letting go of fear and anger. Fear is at the centre of alcoholism.” – Alastair McNeil

There are also challenges around promoting awareness to medical professionals. AA struggles to provide detailed evidence of the impact of their services due to its anonymous nature, which can hinder support from GPs and medical professionals when prescribing patients to other services. To break down these barriers, AA periodically holds awareness open days.

“We held an awareness day for health professionals last year. Part of the event was a specially arranged actual AA meeting for them to spectate. A survey was held at the event and we discovered a significant majority of the attendees had never been to experience an AA meeting. GPs are usually the first port of call for someone who’s got a drinking problem – if they just went to one open AA meeting, they could probably give their patients a much better idea.” – Alastair McNeil



Spotlight on: Addiction Family Support

Addiction Family Support (formerly known as DrugFAM) is a charity that supports families, friends and carers affected or bereaved by a loved one's harmful use of alcohol, drugs, or gambling. Alcohol is reported to be the main problem for close to one-third of the people they support and the second most frequently misused substance of their client's loved ones.

Their mission is to ensure that no one faces the challenges of addiction alone, providing a safe space for people to access non-judgmental support.

The charity's primary service is a helpline, which offers listening support to those in need. It is a lifeline providing a safe space for individuals to share their experiences, receive empathetic, personalised support and explore coping strategies.

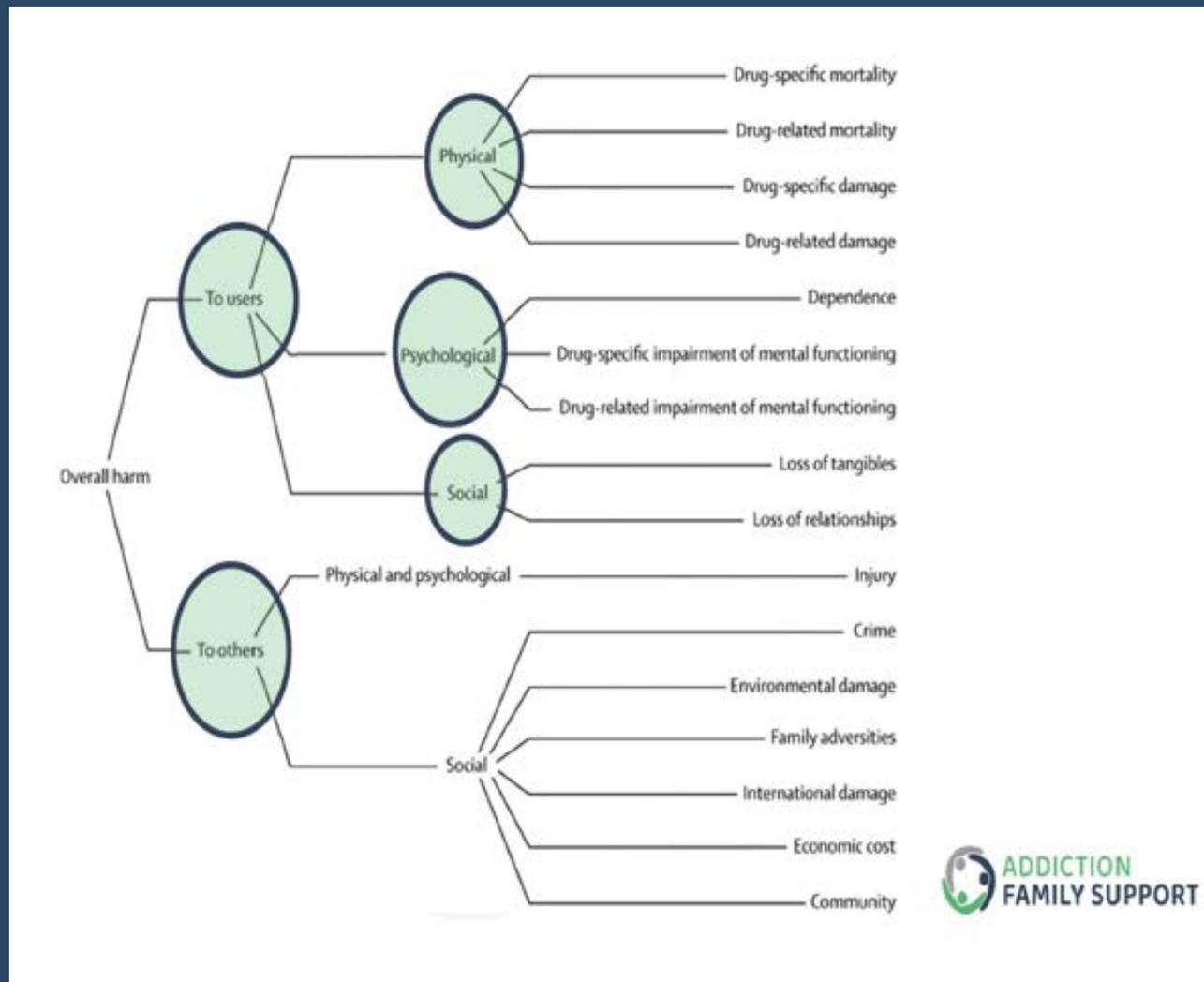
Beyond the helpline, the charity offers one-to-one support, couples' support, peer support groups, and services for bereaved individuals. These services are designed to address the diverse needs of people affected by addiction, and to facilitate resilience and recovery. Over 80% of clients report that contacting the charity has made a positive difference to their lives.

Since being formed, the charity has supported an increasing number of people each year, with 3,600 people directly supported during 2024. The vast majority (87%) of those supported are women; particularly mothers of sons who struggle with substance use of various kinds. These mothers often face immense emotional and psychological challenges. The service helps them to regain a sense of hope and control.



Volunteer involvement is core to the charity's operations. Volunteers' dedication and empathy ensure that every helpline caller and support group member feels heard and supported. Volunteers receive extensive training, enabling them to provide high-quality assistance. The commitment to volunteer development ensures that the charity can continue to offer its vital services.

Addiction Family Support's work really highlights the ripple effects of addiction. They ensure families receive the help they need to navigate an extremely challenging situation; in Buckinghamshire and beyond.



Spotlight on: Carers Bucks

Carers Bucks provides comprehensive support to carers within Buckinghamshire. Their services support carers of all ages, from those as young as five years old through to adult carers aged 95+. The charity's mission is to offer early intervention, emotional support, and guidance to those who undertake unpaid caring roles, often under challenging circumstances.

One aspect of Carers Bucks' work involves addressing the impact of alcohol and substance use on carers.

Problematic alcohol use co-exists with other mental health issues, creating a complex web of challenges for carers looking after loved ones. The COVID-19 pandemic exacerbated these complexities for young carers. Carers Bucks have identified that the challenges continue to be self identification as a carer and stigma around the issue.

Carers Bucks - Self-reported alcohol/substance use	Total
Adult carers caring for individual with alcohol/substance use issues	146
Young adult carers caring for individual with alcohol/substance use issues	9
Young carers caring for individual with alcohol/substance use issues	36
Adult carers with own alcohol/substance use issues	15

It is important to note that these statistics are dependent upon self-reporting, and thus may under-represent the scale of the issue – especially due to stigma or lack of understanding surrounding alcohol use.

Alcohol use and intoxication present specific challenges for carers, as they can lead to unpredictable and potentially dangerous behaviours in those they care for. Carers may face heightened stress and anxiety as a result, managing not only physical care needs but also the emotional and psychological impacts of alcohol use. This can result in carers experiencing burnout and mental health issues. The stigma associated with alcohol use can increase isolation among carers, making it difficult for them to seek help and support.

The stress and mental health impact of taking on a carer role can increase the risk for carers to utilise substances – especially alcohol – themselves as a coping mechanism.

To combat these challenges, Carers Bucks collaborates with local specialist drug and alcohol organisations to offer specialised support for young carers, this includes providing them with factual knowledge around the use of alcohol consumption. For adult carers, the charity addresses a range of issues alongside alcohol use, including financial pressures, employment challenges, homelessness, safety concerns, and the complexities of multiple caring roles.

Carers Bucks' services are vital in addressing the multifaceted challenges faced by carers dealing with the impact of alcohol use. Their work not only provides immediate support but also seeks to create a sustainable framework for long-term assistance, ensuring carers receive the help they need to navigate their demanding roles.

Wellness Warriors

Paul and John are members of Wellness Warriors, a sober running club based in High Wycombe. Co-founded by Buckinghamshire New University's Senior Community Engagement Officer Charmain Clayton, and Phoenix Lifestyle Foundation's Lewis Baker, the club has made a huge impact in High Wycombe and hopes to expand its support into more areas by securing further funding.

Wellness Warriors use physical activity and lived experience to support local people dealing with addiction, helping them through recovery and improving both physical and mental health.

Paul's story

Paul's journey through alcoholism to recovery highlights the complexity of addiction and the transformational power of support and self-awareness.

Paul's struggle with alcohol began in his youth. He discovered that alcohol provided a sense of confidence and social ease that helped him overcome anxiety. He described himself as a "happy drunk", often the life of the party. However, his abilities to consume large quantities without immediate consequences masked the growing problem as he transitioned to adulthood.

"I had the unfortunate ability to drink copious amounts of alcohol and still be standing. The worst superpower in the world. At the time, there were never any red flags. I had a job and was never off sick, I paid my rent, I went on holiday, I was married. Never had a hangover. Looking back on it, it's so obvious – but addiction is a clever thing."

Continued...



For many years, Paul considered himself a heavy drinker rather than an alcoholic. His ability to abstain during the work week contributed to this perception. Binge drinkers can struggle more to recognise the fact that they have a problem with alcohol. Even a serious health scare involving his gallbladder didn't deter him, as medical professionals initially downplayed the severity of his drinking – a validation that only reinforced things.

"That was the worst thing they could have said, because I was like 'oh sweet'. But on the weekend I'd binge on whiskey. If I went on holiday, I'd drink a bottle of whiskey a day minimum."

The turning point came when Paul's wife left him due to his drinking. This forced him to confront the reality of his addiction. *"It broke me. I just hit my rock bottom. That's when I realised everything that was wrong with what I was doing."*

Feeling lost and desperate, Paul reached out to his employer, who connected him with a new group named Wellness Warriors. This introduction marked the beginning of his recovery journey. Paul's first encounter with Wellness Warriors (and without alcohol to calm his nerves) was daunting, and he found himself overwhelmed with anxiety.

"It was a Tuesday when I first spoke to Lewis. They were starting on the following Monday. I'd tried and failed to get a GP appointment, so I went down. I was trying to hide in the corner, thinking I need to get out of here. Normally I would have gone and had a drink."

Continued...



But the supportive, friendly environment and structured activities provided by the group's Couch-to-5K programme provided much-needed focus. The incremental achievements in running mirrored his progress in sobriety. The sense of community at the heart of Wellness Warriors played a crucial role in Paul's recovery. The group's inclusive and supportive nature helped him build meaningful relationships, friendships, and to gain valuable advice on managing addiction.

"It was just exactly what I needed... You can only run for three minutes and then all of a sudden you can do 10, then 20 minutes. It's just amazing what it does for your mental health. People in the group advised me about AA, about One Recovery Bucks. I still hadn't seen a doctor at this point so this was all new to me. Everything just sort of took off, like a switch was flipped. They helped bring me out of my shell, and learn to be happy in my own skin."

Paul's story highlights the importance (and challenge) of recognising the signs of addiction. His journey emphasises the vital role of supportive communities and structured programmes to help recovery. Today, Paul is not only sober but an advocate for others struggling with addiction.

"Recovery is possible. 34 years of drinking and I've managed to stop. I wanted to be able to run 10K - I just ran a half marathon! That's when I realised anything's possible. I want to share my story so that others know it's not hopeless."



Wellness Warriors: John's story

"I lost my dad to suicide at nine years old. I didn't fully understand at that age and carried a deep sense of guilt. I was also left to navigate life on my own without a role model. I struggled through school, feeling isolated and turning to drugs in secondary school to escape how I felt inside—I didn't like being in my own skin.

The teachers didn't expect much from me, and when one joked about me always being "pissed and stoned," I reacted—that led to me being told to leave school at 15. I then got a job, which meant I had money—money to fuel my drinking and drug use. My weekend benders would last until Sunday, sometimes beyond, and I'd already be in debt before the next payday. My addictions deepened when I found cocaine, and things really spiralled—especially after losing a close friend to suicide. I moved away, thinking a fresh start would help.

It didn't. My drinking and drug use followed me. Somehow, I built a family, but my addiction was a constant presence and my relationship was unhealthy. Despite attempts to quit through rehabs and 12-step programmes, I couldn't break the cycle. By 2021, when I moved back to Amersham, it was at its worst. I was drinking and using cocaine every single day for nearly three years—I had completely given up on life and was using it to kill myself slowly.

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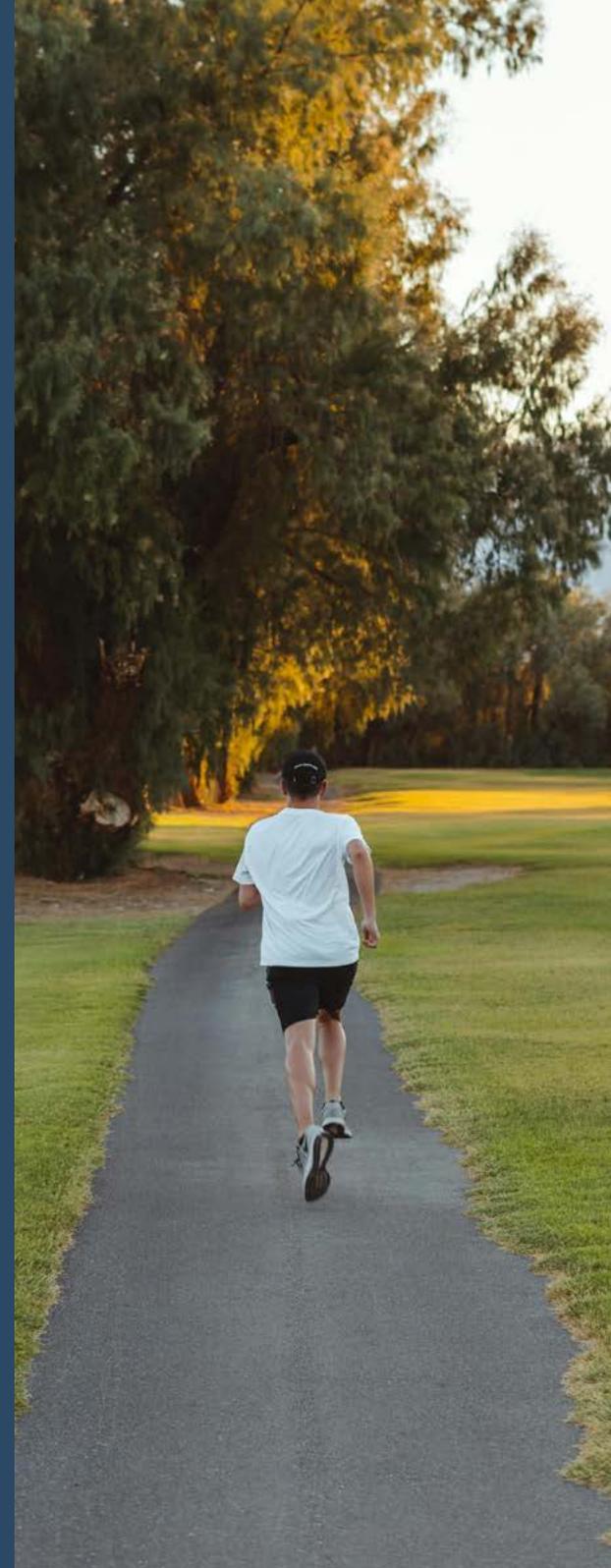


At my lowest point, I faced a choice: give up completely or give it one more shot. I chose the latter. I quit on my own, without meetings, through walking and exercise. It gave me discipline, and while simple, it was something I could control. As my body got stronger, so did my mindset.

But then I tore my rotator cuff, which required surgery and five months off work. Being unable to exercise, my mood dropped, and I found myself drinking and using weed more. I returned briefly to 12-step meetings and committed to full abstinence—alcohol, weed, all substances. But over time, I realised the traditional model didn't align with the life I wanted. I don't believe recovery has to mean identifying as an addict forever or living in constant fear of relapse.

That's when I joined Wellness Warriors, and I knew I had found something life-changing. For the first time, I experienced a real sense of community—not just a group of people running, but a family. Recovery, for me, wasn't about avoiding drugs—it was about becoming the person I'd never had the chance to be. Wellness Warriors gave me structure, purpose, and pride. It wasn't just about stopping destructive behaviour—it was about building something better in its place.

Recovery is possible. You don't have to stay sick. You don't have to believe that you're always one mistake away from disaster. I'm not 'in recovery' anymore—I've recovered. And so can you."





Recommendations

1. Awareness of local support services

- **Public Awareness Campaigns:** There is need for targeted campaigns to dispel myths and reduce stigma associated with alcohol addiction. Use of various media platforms can help reach different demographics.
- **Promote Existing Services:** It is important to ensure that information about services like One Recovery Bucks and Alcoholics Anonymous is widely available through GP offices, community centres, and online platforms.
- **Open Meetings for Professionals:** GPs and other healthcare professionals can better network with other local services to better understand the support available and refer patients more effectively.

2. Accessibility

- **Flexible Services:** Mobile outreach, extended service hours and digital support platforms can help reach individuals in remote, underserved or disadvantaged areas.

3. Family support

- **Family Support Programmes:** Offer more funding for local support groups and counselling services for families and carers affected by alcohol use to help them cope and provide better support to their loved ones.

3. *Community and diversity*

- **Community-Based Programmes:** Community-focused initiatives like Wellness Warriors prove the need for more non-clinical peer support and activities promoting healthy lifestyles across the county – in turn reducing pressures on NHS services. Community hubs can also provide accessible health services, especially in areas of disadvantage at highest risk of health inequalities.
- **Alcohol Care Teams:** Have been proven to return £3.85 on every £1 of investment, and to effectively support those struggling with alcohol use in other counties. Serious consideration should be afforded to implementing alcohol care teams in Buckinghamshire's healthcare system.
- **Holistic Treatment Approaches:** As with many other areas of Bucks' VCSE and public sector services, we found that there is a lack of opportunity for local organisations (especially smaller charities) working in similar spaces to learn about one another, share data and identify gaps in provision. For example, mental health services can integrate with alcohol support services to address co-occurring issues more comprehensively. In this way, targeted interventions can be developed for high-risk groups, such as men, military veterans, and individuals with co-occurring mental health issues.



Final thoughts

The lived experience stories, organisation spotlights and insight presented in this report highlight the need for comprehensive support and intervention on alcohol use in Buckinghamshire. By raising awareness, reducing stigma, and improving access to support services, we can make a meaningful difference in the lives of those struggling with alcohol in the county.

VCSE organisations like One Recovery Bucks and Alcoholics Anonymous play a significant role in providing the necessary support and resources. However, more can be done to enhance their reach and effectiveness. Through community engagement, targeted interventions, and increased funding, Buckinghamshire can build an environment that more effectively supports recovery and resilience.

Together, we have the power to create lasting change. By working collaboratively and at multiple levels, from small community groups to larger VCSE services, from Public Health and NHS services to the Combating Drugs Partnership, we can address the multifaceted challenges of alcohol use. In turn, we can help individuals reclaim their lives, help families to support loved ones, and help our communities to grow towards a healthier, more compassionate Buckinghamshire.

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