

Wokingham Borough Council

**Alcohol, Drugs,  
Tobacco and Vaping (ADTV)  
Needs Assessment**

**September 2025**



**WOKINGHAM  
BOROUGH COUNCIL**

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# Introduction

*Alcohol, drug, tobacco and vaping use is complex and influenced by a wide range of personal, social, psychological and environmental factors. It is important to approach these behaviours with empathy and without stigma and judgment. The language we use shapes public understanding, influences policy, and impacts the dignity and wellbeing of individuals and communities affected by ADTV use. This assessment adopts inclusive language, using terms such as “people who use ADTV” rather than stigmatising labels like “addict” or “abuser.” We also avoid terms like “substance misuse”, opting instead for neutral language such as “drug and alcohol use” or “drug and/or alcohol use disorders”<sup>1</sup>.*

## Purpose

This needs assessment brings together quantitative and qualitative data and insight which describes how the population of Wokingham Borough Council is affected by alcohol, drugs, tobacco and vaping (ADTV). It covers the life course from children to adults, recognising that the needs and issues experienced by different ages, ethnicities, communities and other sub-populations are varied.

There are gaps in the data and knowledge available to us in this area and we have highlighted where insight is missing and where further data gathering or review work is needed. This assessment is part of an ongoing, iterative process to improve our understanding of ADTV needs in Wokingham and has been used to inform our five-year ADTV Strategy Into Action and accompanying Action Plan.

In particular, it is challenging to understand the full picture as there will be many people with ‘hidden need’ who do not seek support for their ADTV use and are not known to services. Often, this means we need to rely on the data and characteristics of those in formal treatment or known to services, which may not be reflective of the whole population locally with ADTV needs.

## Approach

In this needs assessment we also highlight the building blocks of health<sup>2</sup> model, which emphasises that, to create a society where everybody can thrive, we need all of the right building blocks in place including stable jobs, fair pay, quality housing and good education. When some or all of these blocks are missing or unstable, people are more likely to engage with ADTV. It is a shared responsibility of many partners across the Borough to improve these building blocks to support our local residents and their needs or risks around ADTV.

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<sup>1</sup> [Words Matter - Terms to Use and Avoid When Talking About Addiction | National Institute on Drug Abuse \(NIDA\)](#)

<sup>2</sup> [What builds good health? | The Health Foundation](#)

# Population Overview

## Wokingham Population

The latest estimate of Wokingham’s resident population is **187,200** ([ONS 2024 mid-year population estimates](#)), comprising of **95,156** females and **92,044** males.

Population by broad age group for Wokingham (2024)

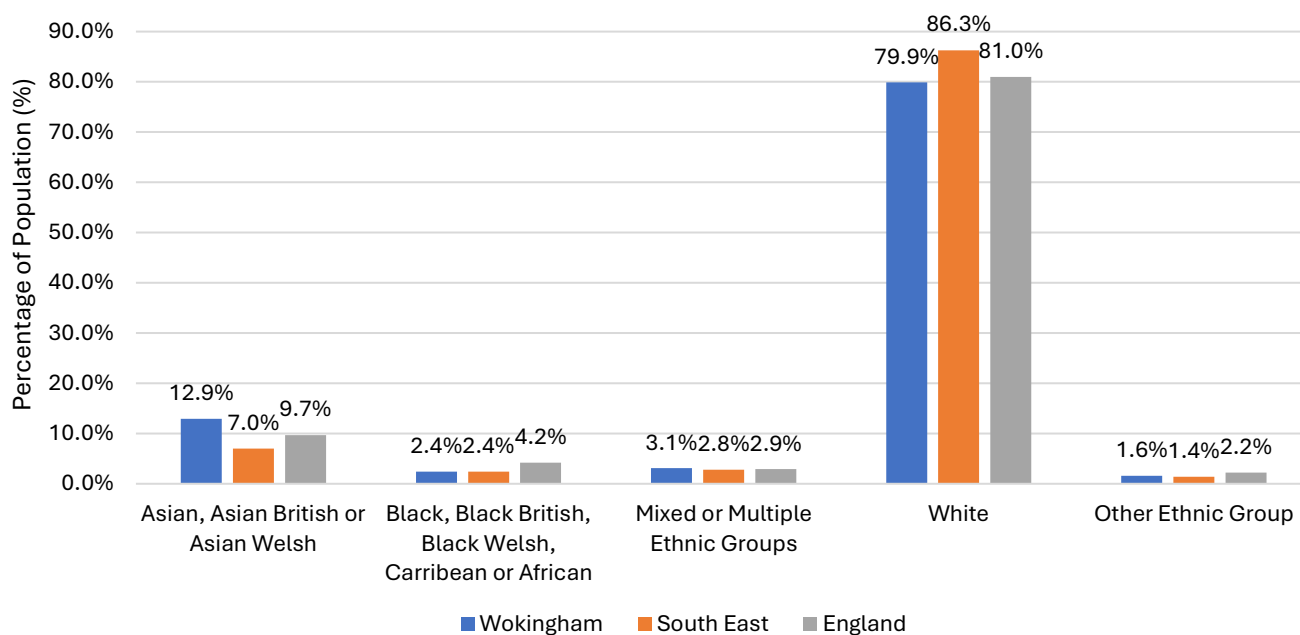


There are 39,131 children and young people aged 5-19 years (20.9% of resident population), of which 18,991 are female and 20,140 are male.

Details of the Borough’s demographic composition are available from the [2021 Census](#):

The largest ethnic group in Wokingham Borough is ‘White’, accounting for 79.9% of the population. This proportion is slightly lower than the average of 86.3% in the South East. The largest ethnic minority group is ‘Asian, Asian British or Asian Welsh’, which makes up 12.9% of the Borough’s population, compared to 7.0% in the South East.

Figure 1. Broad Ethnic Groups by Percentage in Wokingham, the South East and England, 2021



Data Source: ONS, 2021 Census

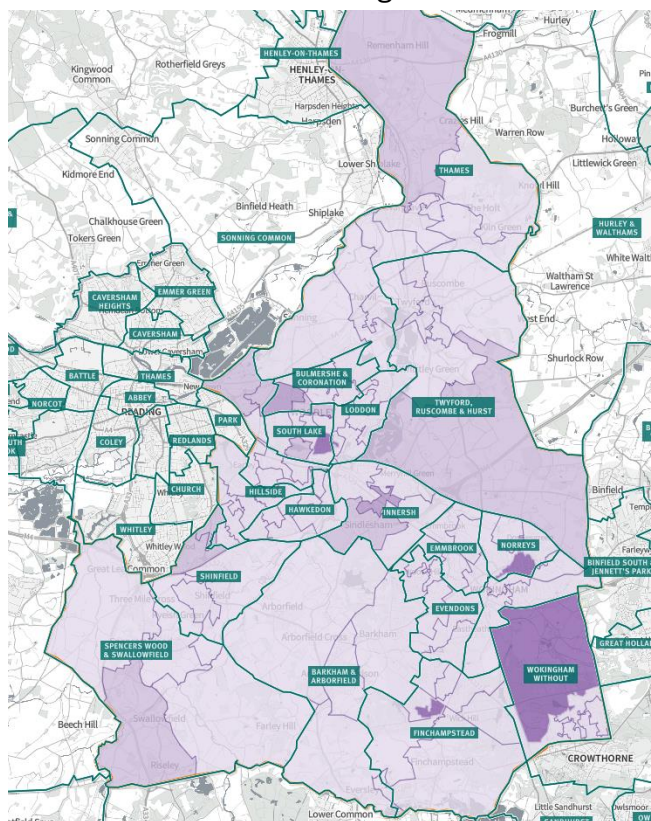
In terms of sexual orientation, 91.2% of the borough’s residents aged 16 or over identify as ‘straight or heterosexual’ (compared to 89.8% in the South East).

Figure 2. Sexual Orientation of Residents in Wokingham and the South East. Data Source: ONS, Nomis

| Sexual Orientation                                       | Wokingham |      | South East |      |
|--|-----------|------|------------|------|
|  | Number    | %    | Number     | %    |
| <b>Total: All usual residents aged 16 years and over</b> | 140,823   | 100  | 7,554,579  | 100  |
| <b>Straight or Heterosexual</b>                          | 128,426   | 91.2 | 6,787,148  | 89.8 |
| <b>Gay or Lesbian</b>                                    | 1,467     | 1.0  | 112,033    | 1.5  |
| <b>Bisexual</b>  | 1,311     | 0.9  | 97,831     | 1.3  |
| <b>Pansexual</b>   | 95        | 0.1  | 8,215      | 0.1  |
| <b>Asexual</b>   | 83        | 0.1  | 4,887      | 0.1  |
| <b>Queer</b>   | 28        | 0.0  | 2,313      | 0.0  |
| <b>All other</b>   | 160       | 0.1  | 9,695      | 0.1  |
| <b>Not Answered</b>                                      | 9,253     | 6.6  | 532,457    | 7.0  |

### Local deprivation and low-income households

Overall, people living in Wokingham Borough experience relatively low levels of deprivation. 92% of neighbourhoods in Wokingham Borough are in the least deprived 20% of all neighbourhoods in England. However, it is known that there are hidden pockets of deprivation, some of which are too small to be identified through national measures of deprivation. Furthermore, deprivation is not



experienced equally by different groups living in the same neighbourhood; for example, there are socioeconomic differences between people of different ethnic groups<sup>3</sup>.

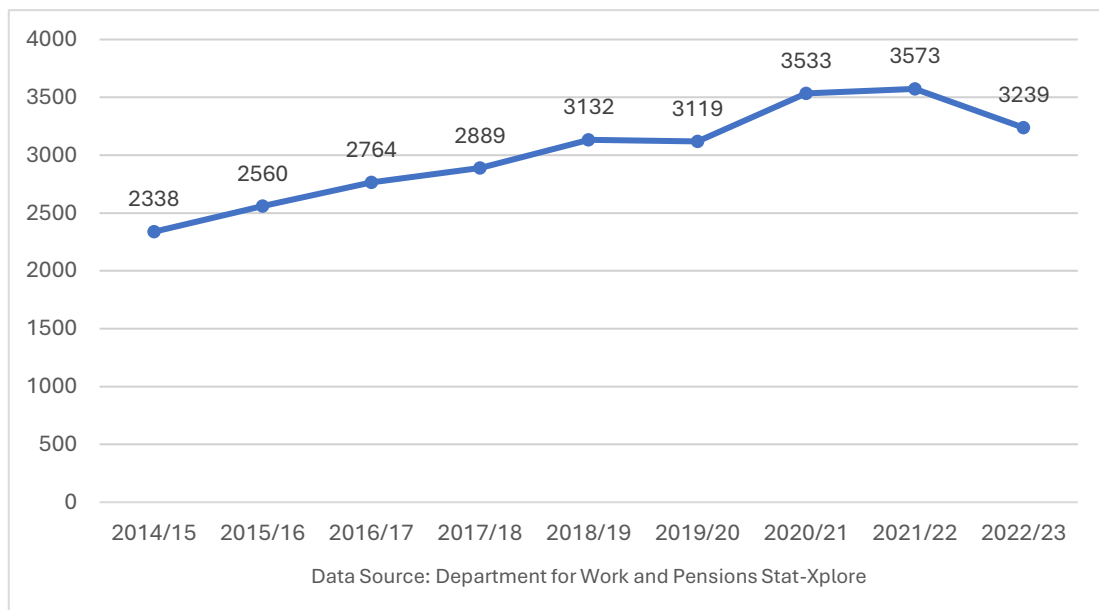
Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions. Income is equivalised to adjust for household size and family composition. The number of children living in low-income households in Wokingham Borough has increased steadily over the past 10 years with a spike over the peak of the COVID-19 pandemic period. In 2022/23 there were over 3,200 children in Wokingham living in low-income families<sup>4</sup>.

Image 1: Index of multiple deprivation scores Wokingham Borough neighbourhoods (darker shading indicated higher levels of deprivation)<sup>1</sup>

<sup>3</sup> EGD - Gedi

<sup>4</sup> Department for Work and Pensions accessed via the Wokingham Borough Observatory 14/04/2025

Figure 3. Number of Children Living in Families with Relative Low Income in Wokingham, 2014 – 2023







Data<sup>5</sup> for November 2024 shows that there were 7,364 households on universal credit to help with living costs for those on low income or out of work. 4,000 of these were families with children. Almost 6,000 were single adult households (with or without children). 4,900 claimants (56%) were aged between 30 and 49 and 5,400 (60% were male). 8,800 (44%) of claimants were in employment. 6,200 (70%) had been receiving universal credit for 1 or more years.

Wokingham Citizens Advice has seen an increase in clients seeking advice for Cost-of-Living support. Support around charitable support/foodbanks, and energy have been the areas in highest demand. This suggests a growing number of people who are "Just About Managing". This cohort are a key priority group within the local Tackling Poverty strategy.

<sup>5</sup> Department for Work and Pensions Stat-Xplore [accessed 14/04/2025]

## ADTV use in Wokingham

|   | Adults  | Children and Young People   |
|---|---|---|
| <b>Alcohol</b><br>   | <p>In England, <b>80%</b> of adults drink alcohol.</p>  | <p>In England in 2023, <b>37%</b> of pupils (mostly aged 11-15 years) said they had ever had an alcoholic drink.</p>  |
|   | <p><b>187</b> Wokingham residents were in treatment for alcohol use in 2023/24.</p>   | <p><b>45</b> young people under the age of 18 from Wokingham accessed specialist drug and alcohol treatment services during 2023/24.</p>  |
|   | <p>During 2023/24 there were <b>442</b> admissions to hospital for Wokingham residents due to alcohol-specific conditions and <b>1,897</b> alcohol-related conditions.</p>                                | <p>Between 2021 and 2024 there were <b>19</b> admissions of under 18-year-olds to hospital for alcohol-specific conditions.</p>   |
| <b>Drugs</b><br>     | <p>In England, <b>8.8%</b> of people aged 16 to 59 years (around 2.9 million people) reported using any drug in the last 12 months. Cannabis is consistently the most used drug in England and Wales.</p> | <p>In England, drug use is higher among people aged 16 to 24 years, with <b>16.5%</b> reporting usage in the last 12 months.</p>  |
|   | <p><b>272</b> Wokingham residents were in drug treatment services in 2023/24.</p>   |   |
| <b>Smoking</b><br> | <p><b>7.1%</b> of all adults in Wokingham smoke.</p>  | <p>In 2023, <b>11%</b> of 11–15-year-olds had ever tried smoking, <b>3%</b> currently smoked and <b>1%</b> smoked regularly. This is equivalent to around 400,000 11- to 15-year-olds in England that have tried smoking and 120,000 that currently smoke.</p>  |
|   | <p>The smoking prevalence in routine and manual workers is <b>18.7%</b> and <b>14.7%</b> for those with long-term mental health conditions.</p>   |   |
|   | <p><b>601</b> Wokingham residents in smoking cessation treatment set a quit date and of those <b>420</b> had successfully quit at 4 weeks.</p>  | <p>It is estimated that approximately <b>4,800</b> children in Wokingham live in a smoking household.</p>   |
|   | <p>Emergency hospital admission for COPD (aged 35+) was <b>177</b>.</p>   | <p>Each year, it is estimated that approximately <b>170</b> children in Wokingham start smoking.</p>  |
| <b>Vaping</b><br>  | <p><b>11%</b> of adults (n=5.6m) in Great Britain reportedly vape, the highest ever rate and 53% are ex-smokers (n=3m).</p>   | <p>We don't currently have accurate data on vaping habits of children and young people in Wokingham.</p> <p><b>20%</b> of 11–17-year-olds in Great Britain have <i>tried</i> vaping (n=1.1 m), unchanged since 2023. <b>7%</b> currently vape (n=400k), among which <b>40%</b> vape daily (n=160k).</p> |

# Alcohol and Drugs

## Alcohol use in children and young people (CYP)

### Prevalence

An NHS England survey (2023) of secondary school pupils focusing on smoking, drinking and drug use<sup>6</sup> shows that 37% of pupils (mostly aged 11-15 years) said they had ever had an alcoholic drink, compared to 40% in 2021, and 44% in 2016. The prevalence of having ever had an alcoholic drink was similar for boys (36%) and girls (38%), with pupils with another gender identity being the most likely to have ever had an alcoholic drink (48%). The prevalence of having ever had an alcoholic drink increases with age, from 15% of 11-year-olds to 62% of 15-year-olds. In 2023, 7% of pupils said they had drunk in the last week, compared to 9% in 2021 and 10% in 2016. Of these 7%, the proportion of pupils who drank alcohol in the last week increased with age, from 2% of 11- and 12-year-olds to 16% of 15-year-olds, with 15-year-olds being more than twice as likely as 14-year-olds. Of the 7% of pupils who had drunk in the last week, 38% of 15-year-old boys and 20% of 15-year-old girls were estimated to have drunk 15 or more units.

There is no reliable data on drinking habits in young people locally. 45 young people under the age of 18 from Wokingham accessed specialist drug and alcohol treatment services during 2023/24. Between 2021 and 2024 there were 19 admissions of under 18-year-olds to hospital for alcohol-specific conditions<sup>7</sup>.

### Mental Health

Alcohol and/or drug use among children and within their environments creates a complex web of risks that significantly affect emotional and psychological development. Alcohol and cannabis use during adolescence are linked to emotional and behavioural problems, with early exposure increasing the likelihood of long-term mental health issues<sup>8</sup>. Parental substance use (alcohol and/or drugs) further compounds these risks, contributing to emotional instability, poor family relationships, and reduced parental support—all of which negatively impact children's mental well-being<sup>9</sup>. There is no reliable local data on children's mental health and alcohol use in Wokingham.

## Alcohol use in adults

### Prevalence

Nationally, 80% of adults drink alcohol (at any level)<sup>10</sup>. Most people who drink above recommended guidelines will not have alcohol dependence; however, this is still associated with adverse physical and mental health outcomes. Regularly drinking above recommended levels can lead to escalating reliance on alcohol, for example as a coping mechanism to stress, yet these individuals may never

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<sup>6</sup> [Part 5: Alcohol drinking prevalence and consumption - NHS England Digital](#)

<sup>7</sup> [Alcohol Profile. Fingertips, Department of Health and Social Care](#)

<sup>8</sup> [Adolescent and young adult health](#)

<sup>9</sup> [The Enduring Effects of Parental Alcohol, Tobacco, and Drug Use on Child Well-being: A Multilevel Meta-Analysis - PubMed](#)

<sup>10</sup> [Drinking trends in the UK | Alcohol Change UK](#)

present to treatment services. National data from the 2022 Health Survey for England<sup>11</sup> show that 55% of men and 42% of women drink alcohol at least once per week. 32% of men and 15% of women drink more than 14 units of alcohol per week indicating increasing or higher risk of harm.

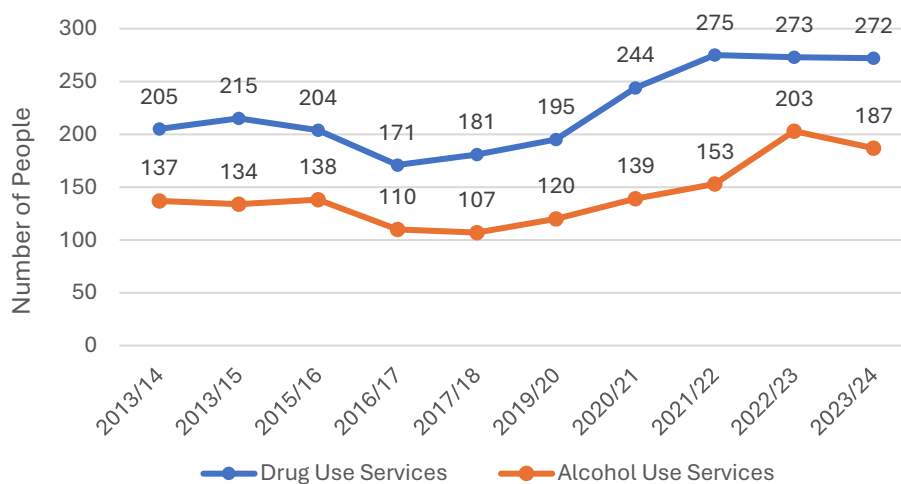
The latest population estimates for alcohol dependency in Wokingham are from 2019/20 meaning that they do not consider any impacts of the COVID-19 pandemic on alcohol dependence, which may be significant. They estimated that **885** adults are dependent on alcohol. When compared against the number of adults in contact with specialist substance misuse services in Wokingham during 2023/24, this results in an estimated unmet treatment need in Wokingham of 79% for alcohol (187 in treatment out of 885).

During 2023/24 there were 442 admissions to hospital for Wokingham residents due to alcohol-specific conditions such as alcohol poisoning. When using a broader definition to include conditions that are made more likely by alcohol (in addition to alcohol-specific conditions), but also occur in the absence of alcohol use, there were 1,897 admissions. During 2023, 46 people from Wokingham died from alcohol-related conditions.<sup>12</sup>

## Alcohol Treatment

The number of people in specialist alcohol treatment in Wokingham has steadily increased over the past 10 years (see Figure 4). **187** Wokingham residents were in treatment for alcohol use in 2023/24. **62** (33%) successfully completed treatment. People in treatment for alcohol use are more likely to be female and aged over 50. We do not have the same information on those who are not accessing treatment.

Figure 4. Number of People in Specialist Alcohol Treatment in Wokingham, 2013 – 2024



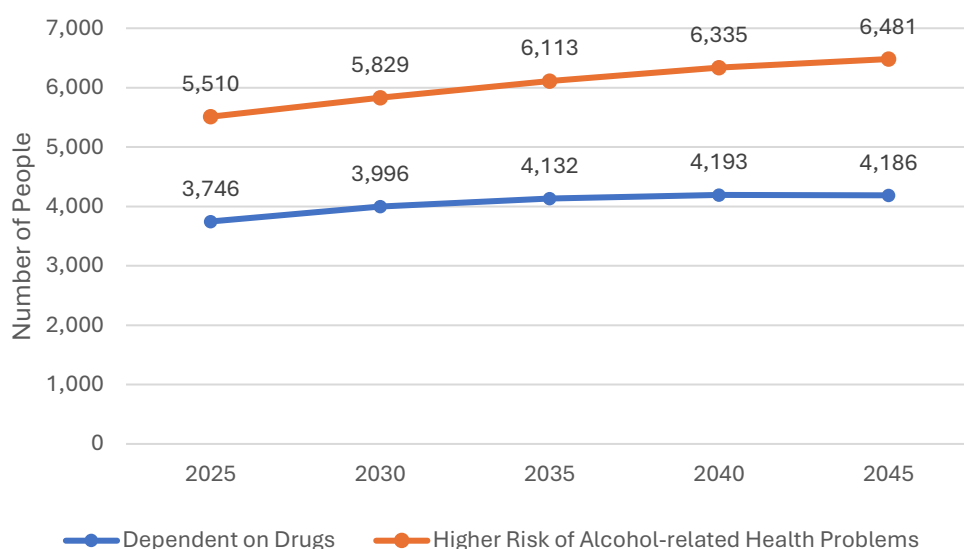
Data Source: Fingertips

<sup>11</sup> [Adult drinking - NHS England Digital](#)

<sup>12</sup> [Alcohol Profile. Fingertips, Department of Health and Social Care](#)

ONS population predictions show that the number of adults at higher risk of alcohol-related health problems will continue to increase (see Figure 5).

Figure 5. Population Predictions for Alcohol-Related Health Problems and Drug Dependency for 18 -64 Year Olds in Wokingham, 2025 – 2045



Source: ONS 2022-based population projections (PANSI indicators)

## Drug use in CYP

### Prevalence

In England, 13% of school aged pupils reported having ever taken drugs, down from 18% in 2021. Of these, 9% reported that they had taken drugs within the last year and 5% reported that they had taken drugs in the last month.<sup>13</sup> Boys and girls were equally likely to have taken any drugs in the last month (5%), but a higher proportion of pupils of another gender identity said that they had taken any drugs in the last month (17%) when compared to boys and girls.<sup>14</sup> Cannabis is the drug taken most amongst most age groups except for those 11 years or younger where the most taken substance is volatile substances such as glue or solvents.<sup>15</sup> There is no local data on drug use prevalence for CYP in Wokingham.

### Drug and Alcohol Treatment

There were 45 young people under the age of 18 from Wokingham accessing specialist drug and alcohol treatment services during 2023/24<sup>16</sup>. Numbers of young people in treatment have risen year on year since 2020/21 when there were 20 young people in treatment. 35 out of the 45 young people in treatment are male and 25 are aged between 16 and 17. 5 are under the age of 14. Of the 35 with an education or employment status recorded, 30 are in mainstream education and 5 are not in education, employment or training (NEET). All the young people in treatment are using cannabis with just over half also using alcohol. 35 of the 45 in treatment are also using nicotine.

<sup>13</sup> [Smoking, Drinking and Drug Use among Young People in England - NHS England Digital](#)

<sup>14</sup> [Smoking, Drinking and Drug Use among Young People in England - NHS England Digital](#)

<sup>15</sup> [Smoking, Drinking and Drug Use among Young People in England - NHS England Digital](#)

<sup>16</sup> [NDTMS - ViewIt - Young People](#)

During 2024-25, 39 CYP were referred to Cranstoun by the Prevention and Youth Justice Service (PYJS). A total of 17 children were referred by a youth justice worker for support with their substance misuse, and 22 children (56% of all referrals to Cranstoun) were referred for a Drug Diversion Scheme (DDS) intervention, a bespoke intervention for children and young people arrested in possession of small amounts of cannabis, supporting them to engage with assessments, drug education and treatment options instead of being prosecuted.

## Mental Health

Across England, nearly half (49%) of children and young people starting treatment this year said they had a mental health treatment need. This has risen each year since 2018 to 2019, when 32% reported a mental health treatment need. A higher proportion of girls reported a mental health treatment need than boys (65% compared to 40%). Most children and young people (72%) who reported a mental health treatment need received some form of treatment, usually from a community mental health team.<sup>17</sup> There is no reliable local data on children's mental health and drug use in Wokingham.

## Drug use in adults

### Prevalence

Drug use is widespread in England. In 2024, an estimated **8.8%** (2.9 million people) of people aged 16 to 59 years (around 2.9 million people) reported using any drug in the last 12 months<sup>18</sup>. Drugs can be grouped by how they work—**opiates** like morphine help relieve strong pain by affecting the brain's pain signals, **non-opiates** like ibuprofen reduce pain and swelling without touching those brain areas, and **other drugs like cocaine (crack or powder) cannabis, ecstasy or ketamine** affect mood, awareness, or senses in different ways. Drugs are classed A, B, or C according to the harm they cause. Class A drugs are considered to be the most harmful and include cocaine (crack and powder), ecstasy, heroin, lysergic acid diethylamide (LSD, also known as acid or lucy), magic mushrooms, methadone and methamphetamine.<sup>19</sup> Around 3.0% of people (approximately 1 million people) reported using a Class A drug in the last 12 months.<sup>20</sup> Cannabis has consistently been the most used drug in England and Wales.<sup>21</sup> In 2024, drug use was higher among people aged 16 to 24 years, with 16.5% reporting any usage.<sup>22</sup>

There are multiple risk factors that contribute to drug use, including a family history of addiction, socio-economic deprivation, homelessness, unemployment, poor working conditions, and job insecurity and poor mental health (drug use also impacts mental health). There are population groups which are more prone to drug use and dependency. It is important to note that these groups are not homogenous, each individual's needs will differ and being within these groups does not automatically mean that a person will have a substance use disorder. These groups include<sup>23</sup>:

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<sup>17</sup> [Children and young people's substance misuse treatment statistics 2023 to 2024: report - GOV.UK](#)

<sup>18</sup> [Drug misuse in England and Wales - Office for National Statistics](#)

<sup>19</sup> [Drug misuse in England and Wales - Office for National Statistics](#)

<sup>20</sup> [Drug misuse in England and Wales - Office for National Statistics](#)

<sup>21</sup> [Drug misuse in England and Wales - Office for National Statistics](#)

<sup>22</sup> [Drug misuse in England and Wales - Office for National Statistics](#)

<sup>23</sup> [Vulnerabilities and substance use: ACMD report - GOV.UK](#)

- Vulnerable young people (including those not in education, employment, or training, those in care)
- Offenders, particularly young offenders
- Perpetrators and victims of domestic violence and abuse
- Sex workers
- Veterans
- Older people

The UK Drug Policy Commission (UKDPC) has also found that drug use among Lesbian, Gay, Bisexual and Transgender (LGBT) groups is higher than among their heterosexual counterparts, irrespective of gender or the different age distribution in the populations.<sup>24</sup>

The latest population estimates for drug and alcohol dependency in Wokingham are from 2019/20 meaning that they do not consider any impacts of the COVID-19 pandemic on drug and alcohol dependence, which may be significant. They estimated that **324** adults in Wokingham were dependent on opiates and/or crack. When compared against the number of adults in contact with specialist substance misuse services in Wokingham during 2023/24, this results in an estimated unmet treatment need in Wokingham of 49% for opiates and/or crack (165 in treatment out of 324).

## Drug and Alcohol Treatment

**141** new Wokingham clients presented to drug treatment services in 2023/24, with a total of **272** adults in drug treatment that year. 78% of all adults in treatment were **male**. 19% were aged 18-29, 63% were aged 30-49, and 17% were aged 50+.

Adults in drug and alcohol treatment need to remain in treatment for a long enough period to successfully complete their treatment. The measure of people who are leaving treatment is known as an “unplanned exit”. This means that they left treatment in an unplanned way before 12 weeks. It is calculated as a percentage of all those currently in treatment. Drop-outs are common amongst people in drug and alcohol treatment due to several risk factors, including relapses; low motivation; psychiatric disorders; lack of stable accommodation; lack of a support network, amongst others. Drop-out figures will include individuals who only engage with the service for one or two appointments without returning. They also include those who have remained in treatment for a longer period and who have significantly reduced their use of drugs and/or alcohol but lost contact with the service before this reduced use is formally recorded as a “successful completion”. In 2023/24, 135 (30%) of clients dropped out of treatment and 107 (24%) clients successfully completed treatment.

Clients in drug and alcohol treatment also have the option to attend in-patient detox if appropriate to do so. This is determined in partnership between the provider, individual, and commissioner (with other partners present if required). The Drug and Alcohol Treatment, Recovery and Improvement Grant (DATRIG) currently funds 2 in-patient detox allocations per year for Wokingham.

Drug and alcohol treatment services will not always be aware of other multi-agency support that their clients receive. However, referral sources can provide an indication of other touchpoints in the system

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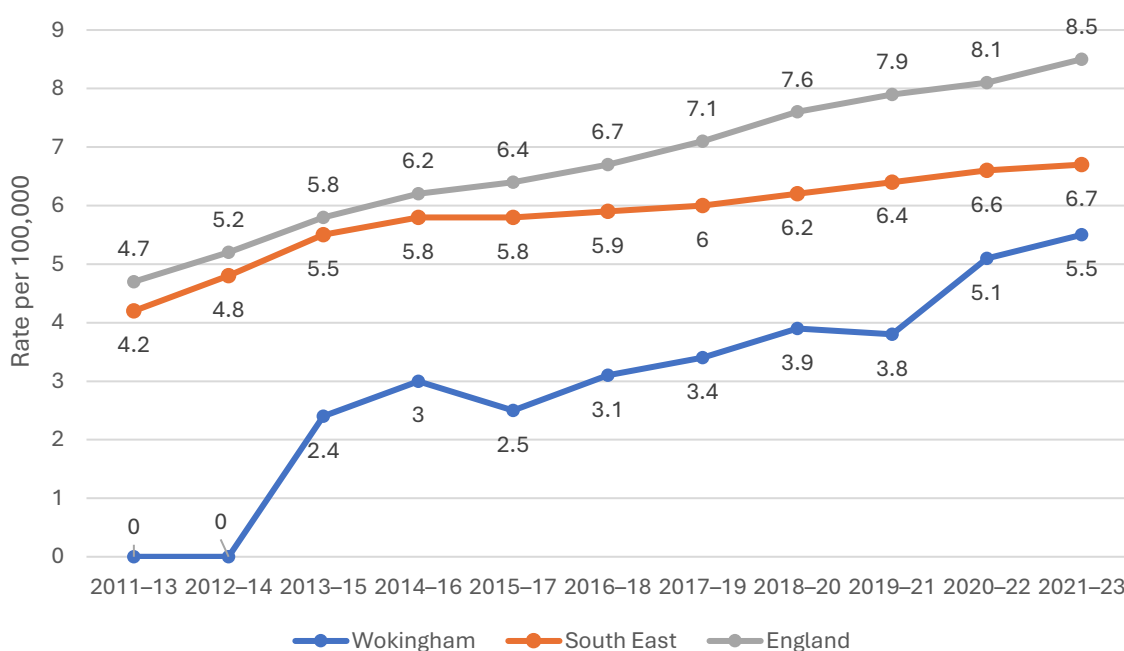
<sup>24</sup> [Policy report - Drugs and diversity LGBT groups \(policy briefing\).pdf](#)

for clients. In 2024/25, referrals into Cranstoun came from: probation, GPs, hospitals, children’s services, adult social care, prison, and adult mental health services. The number of referrals from these sources varies by quarter. It is important to note that the majority of referrals into Cranstoun are self-referrals.

## Drug-Related Deaths

When the building blocks of health are unstable or missing, the likelihood of a drug or alcohol related death increases. In Wokingham, there were 28 deaths due to drug poisoning registered between 2021 and 2023<sup>25</sup>. The age standardised rate for drug poisoning deaths in Wokingham during 2021-23 is 5.5, which is better than the England average of 8.5 and South East average of 6.7. The rate of drug poisoning deaths has increased over the past 10 years in Wokingham and on average across England.

Figure 6. Trend of age-standardised mortality rate per 100,00 for deaths related to drug poisoning, by area, 2011 – 2023



Drug poisoning deaths include deaths occurring because of both legal and illegal drugs. Drug misuse deaths are a sub-category for which one or both of the following two conditions must be met:

- the underlying cause of death is drug abuse or drug dependence,
- And/or substances involved are controlled under the misuse of drugs act.

In Wokingham, out of the 28 drug poisoning deaths, 15 were classified as drug misuse deaths, 11 of which were among men. The age standardised rate for drug misuse deaths in Wokingham during 2021-23 is 3.3, which is lower than the England average of 5.5 and South East average of 4.3. There has been an increasing trend in drug misuse deaths in Wokingham since 2018, but numbers are too low to describe this as a significant increase.

It is worth noting that:

<sup>25</sup> [Deaths related to drug poisoning in England and Wales - Office for National Statistics](#)

- ONS statistics are based on the year of death registration; because of death registration delays, around half of these deaths will have occurred in previous years.
- The proportion of drug-related deaths where there is no information on the specific substances involved has been increasing over time which will lead to underestimations on drug poisonings classified as drug misuse deaths.
- There is no internationally agreed definition of what constitutes a drug-related death; figures cannot be compared with those produced by other organisations.

Locally, we use data and insights from the ONS to benchmark and identify population trends. Near to real-time drug and alcohol related deaths data and insights from Thames Valley Police, Berkshire Local Drug Information System (LDIS) the Berkshire coroner, and the local drug and alcohol service are used to mitigate risks and improve harm reduction initiatives. The Pan Berkshire Death from Drug and Alcohol Prevention Partnership (PBDDAP) reviews data and learning from drug and alcohol related deaths. The Partnership meets twice a year to understand the causes of the deaths, share learning and make recommendations to mitigate the risks and prevent future drug and alcohol related deaths. The PBDDAP has identified an increase in alcohol-related deaths and deaths occurring in people not in treatment, in line with national trends. There is a need for a more systematic and transparent approach to sharing learning from a death.

Cranstoun conducts a yearly audit of drug related deaths within its service. Whilst this only includes clients open to the service at the time of death, therefore excluding any other resident deaths, it provides key learnings and informs how we can improve harm reduction initiatives to prevent further deaths from happening.

## Mental Health, Alcohol and Drugs

There is a complex bi-directional link between alcohol and drug use and mental health disorders. Alcohol and drug use can both contribute to the development or worsening of mental health conditions such as depression, anxiety, and psychosis, due to their effects on brain chemistry and coping mechanisms. Conversely, individuals experiencing mental health challenges may turn to substances as a form of self-medication, increasing the risk of dependency and further psychological distress. There are a number of terms widely used to describe the experience of problem substance use and some form of mental health concern, including ‘comorbidity’, ‘dual diagnosis’, ‘co-occurring disorders’ and ‘co-occurring mental health, alcohol and drugs (COMHAD)’<sup>26</sup>. These terms are variably defined and are sometimes used to describe co-existing physical as well as mental health conditions.<sup>27</sup>

The Royal College of Psychiatry recently introduced the term co-occurring substance use and mental health (Co-SUM) disorder which describes a wide range of many possible combinations of different drugs (including alcohol) and different mental illnesses (such as affective or psychotic disorders).<sup>28</sup> The College refers to CoSUM disorders in order to describe the population who meet the threshold for

<sup>26</sup> [Drug and alcohol services - co-occurring substance use and mental health concerns: literature and evidence review - gov.scot](#)

<sup>27</sup> [college-report-cr243---cosum.pdf](#)

<sup>28</sup> [college-report-cr243---cosum.pdf](#)

the diagnosis of both a mental and a substance use disorder (including alcohol) as defined in the ICD-11.

The following provides an overview of COMHAD:

- National COMHAD rates range from 30-85%<sup>29</sup>.
- Office for Health Improvement and Disparities (OHID) guidance on COMHAD stresses the importance of the ‘no wrong door’ approach and effective joint working between agencies, to ensure people can access support via any pathway (health or non-health) that they contact or access<sup>30</sup>. However, guidance has been poorly implemented, despite recent improvements in national funding. The Dame Carol Black review highlighted the lack of effective joint working, shared visible leadership and person-centred approach for people experiencing both issues, often in conjunction with other complex needs<sup>31</sup>.
- We don’t currently have a full picture of local COMHAD needs and efforts are ongoing to improve this data picture.

## Severe Mental Illness

Prevalence of severe mental illness (SMI) in Wokingham Borough is relatively low (0.76% of the population on the QOF register for SMI) when compared to England and the South East region. However, prevalence is not equally distributed between groups, with residents of Black or Black British ethnicity a third more likely to have severe mental illness. Those residing in the most deprived areas (IMD 4) of Wokingham are over twice as likely to be being treated for severe mental illness. This is likely to therefore have an impact on specialist treatment for those with COMHAD.

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<sup>29</sup> <https://alcoholchange.org.uk/publication/rapid-evidence-review-the-relationship-between-alcohol-and-mental-health-problems>

<sup>30</sup> [Better care for people with co-occurring mental health, and alcohol and drug use conditions](#)

<sup>31</sup> [Review of drugs part two: prevention, treatment, and recovery - GOV.UK](#)

Figure 7. Proportion (%) of Severe Mental Illness (SMI) in Wokingham by Index of Multiple Deprivation (IMD), 2024

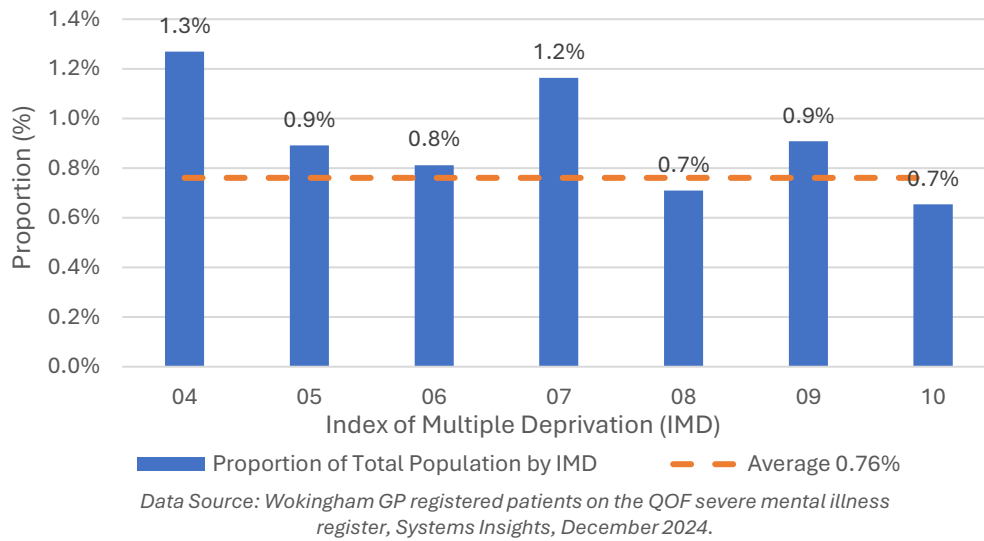
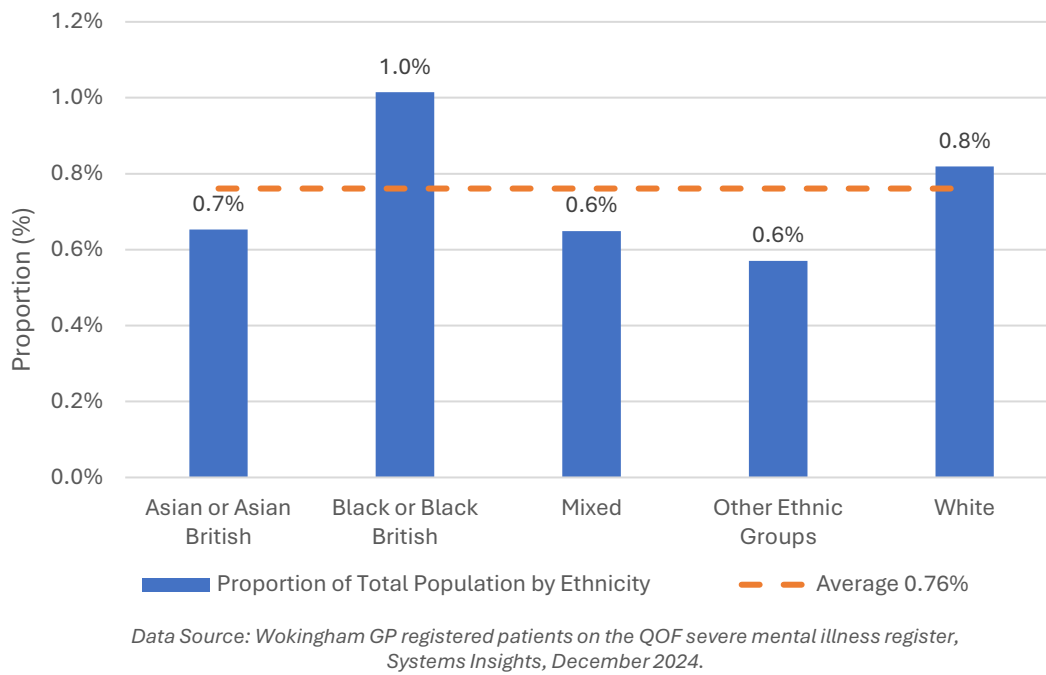


Figure 8. Proportion (%) of Severe Mental Illness (SMI) in Wokingham by Ethnicity, 2024



## Criminal Justice

Many people will experience multiple and complex needs across drug use, mental ill health, homelessness, and contact with the criminal justice system<sup>32</sup>. In Wokingham, 7% of all referrals into the drug and alcohol treatment service in 2023/24 came from criminal justice sources (including prison, probation, ATR, and DRR), compared to the England average of 15%.<sup>33</sup>. There are several ways that a person can be in touch with the criminal justice system with regard to drugs and alcohol:

- They may be a persistent prolific offender requiring Integrated Offender Management (IOM), a multi-agency approach to managing offenders in the community. IOM is not a legal requirement and often includes police, probation, health, housing, social services, drug and alcohol services and others working together to provide holistic support including housing, employment, and treatment. Locally, across 2023/24, the quarterly rolling average of IOM clients in drug and alcohol treatment was 6<sup>34</sup>.
- They may be an offender assessed as needing treatment for specific issues. This can be done through a Community Sentence Treatment Requirement (CSTR), a court-mandated treatment order which aims to address the underlying issues (such as drug and alcohol use) linked to criminal behaviour. The three main types of CSTRs are:
  - o Drug Rehabilitation Requirements (DRRs): Target individuals with drug misuse problems. Locally, across 2023/24, the quarterly rolling average of DRR clients was 14.<sup>35</sup>
  - o Alcohol Treatment Requirements (ATRs): Focus on those with alcohol-related issues. Locally, across 2023/24, the quarterly rolling average of ATR clients was 10.<sup>36</sup>
- They may be a prison leaver requiring continued treatment in the community upon release. Locally, between January-December 2023, 33% of prison leavers with a continued treatment need successfully engaged with the local drug and alcohol service within three weeks of release, compared to the England figure of 50%.<sup>37</sup> There are very small numbers of prison leavers (n<10) in Wokingham, therefore figures can appear skewed. Although the service works to engage all clients leaving prison, the remaining 67% who did not engage may have done so out of choice or were placed outside of the borough upon release.
- They may be required to attend treatment following Drug Test on Arrest (DToA). The Thames Valley Police Force (which covers Wokingham Borough) participates in the national DToA programme. If someone is arrested for certain offences linked to Class A drugs, police can require a saliva or urine test, and refusing without a valid reason is a criminal offence. If they test positive, they may be legally required to attend a drug treatment assessment, even if no further action is taken for the original offence. Evidence suggests that treatment works to reduce drug use and drug-related offending.<sup>38</sup>

The national drug strategy outlines that there needs to be an increase in referrals into treatment in the criminal justice system with specialist drug workers to support treatment requirement as part

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<sup>32</sup> [From harm to hope: a 10-year drugs plan to cut crime and save lives](#)

<sup>33</sup> *National Drug Treatment Monitoring System, 2023/24*

<sup>34</sup> *National Drug Treatment Monitoring System, 2023/24*

<sup>35</sup> *National Drug Treatment Monitoring System, 2023/24*

<sup>36</sup> *National Drug Treatment Monitoring System, 2023/24*

<sup>37</sup> *National Drug Treatment Monitoring System, 2023/24*

<sup>38</sup> [PHE-MoJ-experimental-MoJ-publication-version.pdf](#)

of community sentences. Prisoners also need to remain engaged in treatment after release and the following actions are recommended:

- Provide support to engage in treatment ahead of release and increase the use of intensive drug rehabilitation requirements for those on community sentences
- Ensure that drug treatment, housing and employment support is available for every prisoner subject to probation supervision on release
- The probation service should work closely with healthcare services to make sure that offenders continue to access treatment
- Prisoners should be given the education and employment support they need when they move out of treatment

# Tobacco and Vaping

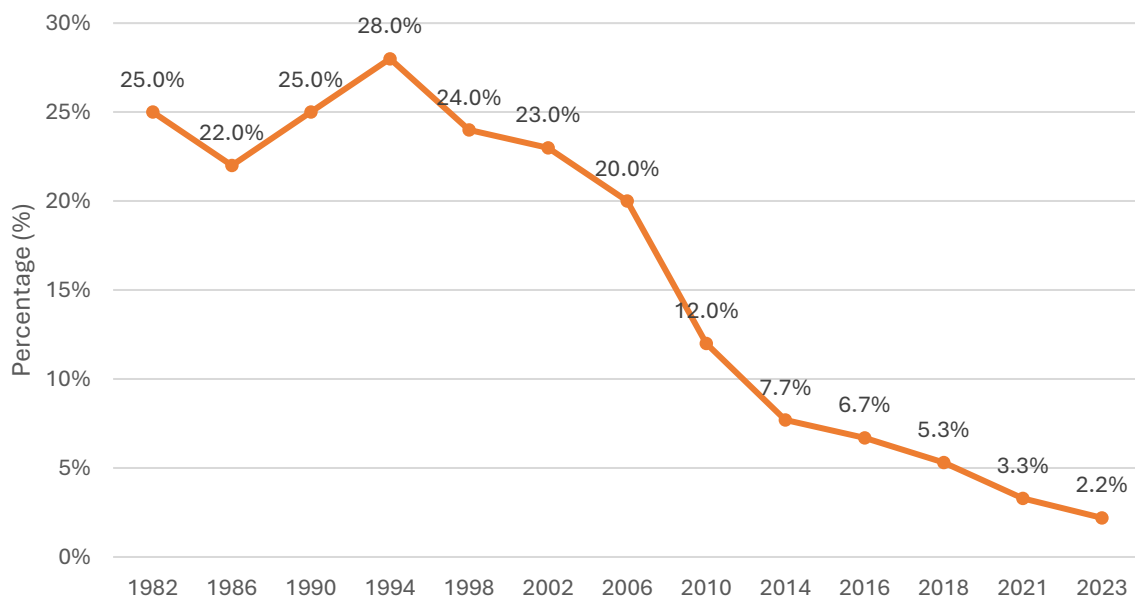
## Tobacco Smoking in CYP

### Prevalence

Prevalence of tobacco smoking in CYP in England has significantly decreased over the last 50 years. There is no reliable local data on tobacco smoking prevalence in Wokingham CYP, however NHS England conduct regular surveys with secondary school pupils focusing on tobacco smoking, drinking and drug use<sup>39</sup> behaviours. The following outlines the key results.

2023 survey results, as shown in Figure 9, found that 2.2% of 15-year-olds were regular smokers, a notable decline since the peak in 1994. It is difficult to estimate local prevalence, given that adult smoking prevalence is lower than England average, it is therefore reasonable to assume children and young people prevalence would also be lower. However, if Wokingham had similar rates to that shown in Figure 9, using ONS 2024 mid-year population estimates for 15-year-olds in Wokingham, approximately 60 children could be a regular smoker. ASH also provide estimates on total number of children and young people smoking by region, the 2025 estimates were that each year approximately 170 children start smoking<sup>40</sup>. Introduction of strict regulation and legislation<sup>41</sup> have contributed significantly to the decline – see *Licensing and Planning* for more information.

Figure 9. Percentage of 15-year-old regular smokers in England, 1982-2023



Data Source: NHS England Smoking, Drinking and Drug Use among Young People in England, 2023

<sup>39</sup> [Smoking, Drinking and Drug Use among Young People in England - NHS England Digital](#)

<sup>40</sup> Action on Smoking and Health (2025). ASH Inequalities Dashboard January 2025. Available at [https://ashresources.shinyapps.io/inequalities\\_dashboard/](https://ashresources.shinyapps.io/inequalities_dashboard/)

<sup>41</sup> Harris F, MacKintosh AM, Anderson S, Hastings G, Borland R, Fong GT, Hammond D, Cummings KM. Effects of the 2003 advertising/promotion ban in the United Kingdom on awareness of tobacco marketing: findings from the International Tobacco Control (ITC) Four Country Survey. Tobacco Control. 2006

11% (n=400,000) of all children surveyed aged 11-15 years reported *ever tried smoking*, 2% an *occasional smoker*, 3% a *current smoker* and of the combined aged groups, a total of 1% (n=100,000) reported being a *regular smoker*. The prevalence of *regular* and *occasional* smoking increases with age, with 0.7% of 11-year-olds reported as a current smoker compared to 7.1% of 15-year-olds. Results also showed a higher percentage of 11-year-olds reporting being a *current smoker*, 3.3% compared to 12-and-13-year-olds (1% and 2% respectively) and 11-year-olds were also more likely to be a regular smoker (1.6%) compared to 12-and-13 years olds (0.2% and 0.8% respectively). This is the first year this has occurred and will be monitored.

## Nicotine addiction

Aside from the long-term health harms, preventing the initiation of tobacco smoking in CYP is a public health priority for several different reasons. 66% of adult smokers in England reportedly start tobacco smoking before the age of 18 years and this increases to 80% before 20 years. Initiation of smoking at a young age increases the likelihood of long-term dependency, levels of use, lower rates of quit attempts and higher mortality<sup>42 43</sup>. Children are highly susceptible to nicotine addiction even before daily smoking is initiated<sup>44</sup> and experience withdrawals the same as adults do<sup>45</sup>. The NHS Survey (2023) found that 61% of regular smokers aged 11 to 15 years said they would find it difficult to stop for one week, and 66% of the same group reported they would find quitting difficult.

## Exposure to tobacco smoking

Exposure to tobacco smoking is an important influencing factor in initiation and uptake of tobacco smoking in child and adulthood. See section *Family, Friends and Communities* for available statistics.

## Health harms

Aside from being a factor which can influence smoking behaviour, exposure to passive smoking can have serious side effects on a child's health. Conditions such as bronchitis, asthma and pneumonia are higher in infants and children who have one or two parents who smoke, as is sudden infant death syndrome (cot death)<sup>46 47 48</sup>

As shown in Figure 10, in 2023/24 there were **40** admissions for asthma (under 19 years) for Wokingham, a rate of 87.8 per 100,000, similar to England rate of 148.6 per 100,000. Data shows an

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<sup>42</sup> Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax*. 66(10):847-855, 2011

<sup>43</sup> Seddon C. Breaking the cycle of children's exposure to tobacco smoke. *British Medical Association*. 2007

<sup>44</sup> DiFranza, J., Rigotti, N., McNeill, A., Ockene, J., Savageau, J., Cyr, D. and Coleman, M. (2000). Initial symptoms of nicotine dependence in adolescents.

<sup>45</sup> McNeill A, West R, Jarvis M, Jackson P, Bryant A. Cigarette withdrawal symptoms in adolescent smokers. *Psychopharmacology*. 90(4); 1986 Reid D, McNeill A, Glynn T. Reducing the prevalence of smoking in youth in Western countries: an international review. *Tobacco Control*. 4(3):266-277. 1995

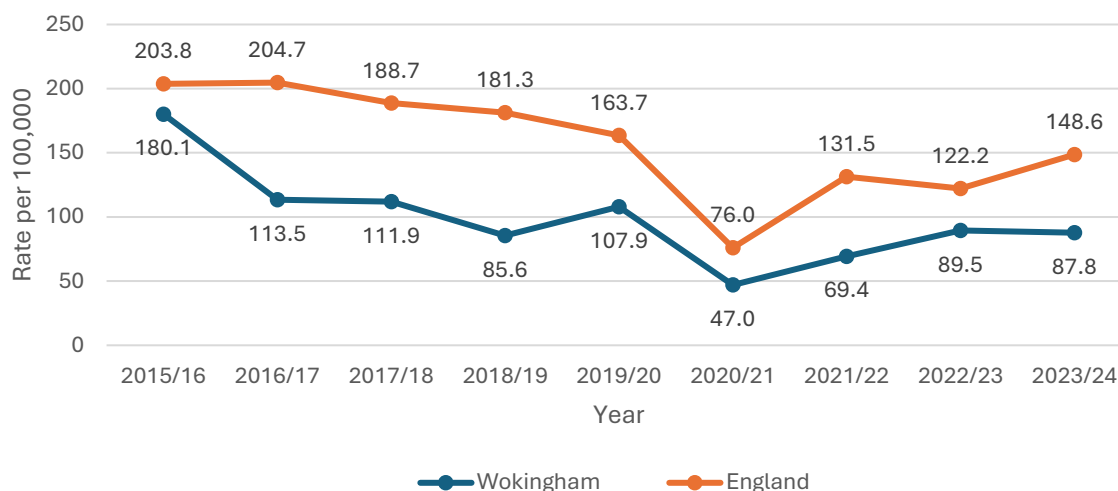
<sup>46</sup> Salihu, HM et al. Prenatal Tobacco Use and Risk of Stillbirth: A Case—Control and Bidirectional Case—Crossover Study. *Nicotine & Tobacco Research*, Volume 10, Issue 1, January 2008, Pages 159–166

<sup>47</sup> Nadhiroh SR, Djokosujono K, Utari DM. The association between secondhand smoke exposure and growth outcomes of children: A systematic literature review. *Tob Induc Dis*. 2020 Mar 3;18:12

<sup>48</sup> Zhen Wang, Sara M. May, Suvanee Charoenlap, Regan Pyle, Nancy L. Ott, Khaled Mohammed, Avni Y. Joshi. Effects of secondhand smoke exposure on asthma morbidity and health care utilization in children: a systematic review and meta-analysis. *Annals of Allergy, Asthma & Immunology*. Volume 115, Issue 5, 2015, Pages 396-401

increasing trend in Wokingham returning back to near pre-covid levels. There is no data on household smoking status in relation to asthma admissions.

Figure 10. Hospital admissions for asthma (under 19 years), Wokingham and England, 2015/16 – 2023/24



Data Source: OHID (2025), Fingertips Tobacco Control Profiles

## Tobacco Smoking in adults

### Prevalence

Whilst prevalence of smoking in adults has been on the decline since the late 1970's, tobacco smoking remains one of the leading causes of premature death in England, with nearly 75,000 deaths attributable to tobacco smoking in 2019<sup>49</sup>. Tobacco smoking affects smokers, families and communities. Supporting smokers to quit is the single biggest actionable activity to improve health and reduce inequalities.

Smoking rates within Wokingham Borough are low and lower than that of the South East of England and England as a whole<sup>50</sup>. Wokingham prevalence reduced to 4.1% in 2022, effectively achieving the Government's 'smokefree' status (<5%), however, Wokingham data has shown an increasing trend since then. This is likely to be influenced by the way the Annual Population Survey was conducted during the pandemic and subsequent return to face-face surveys, and fluctuating populations numbers and quits rates, rather than there being a significant increase in residents smoking. As it currently stands, 7.1% (n=10,020) of all adults aged 18 and over living in Wokingham Borough currently smoke (see Figure 11 below), estimated prevalence in those in routine and manual occupations, as shown in Figure 12, is over three times higher (18.7%) and in **people living with long-term mental health conditions (20.1%)**. For those with serious mental illness, smoking rates are even

<sup>49</sup> NHS Digital, 2023 [https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-2-mortality#:~:text=Deaths%20estimated%20to%20be%20attributable,%25%20from%202009%20\(82%2C000\).](https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-2-mortality#:~:text=Deaths%20estimated%20to%20be%20attributable,%25%20from%202009%20(82%2C000).)

<sup>50</sup>DHSC. Fingertips Public Health profiles - Smoking % of patients (aged 15+ years). [Accessed January 2026] [Fingertips | Department of Health and Social Care](#)

higher at 31.2%. See Building Blocks of Health *Work* section for further information on routine and manual workers.

Figure 11. Smoking prevalence in adults (aged 18 and over), England and Wokingham, 2015 to 2024

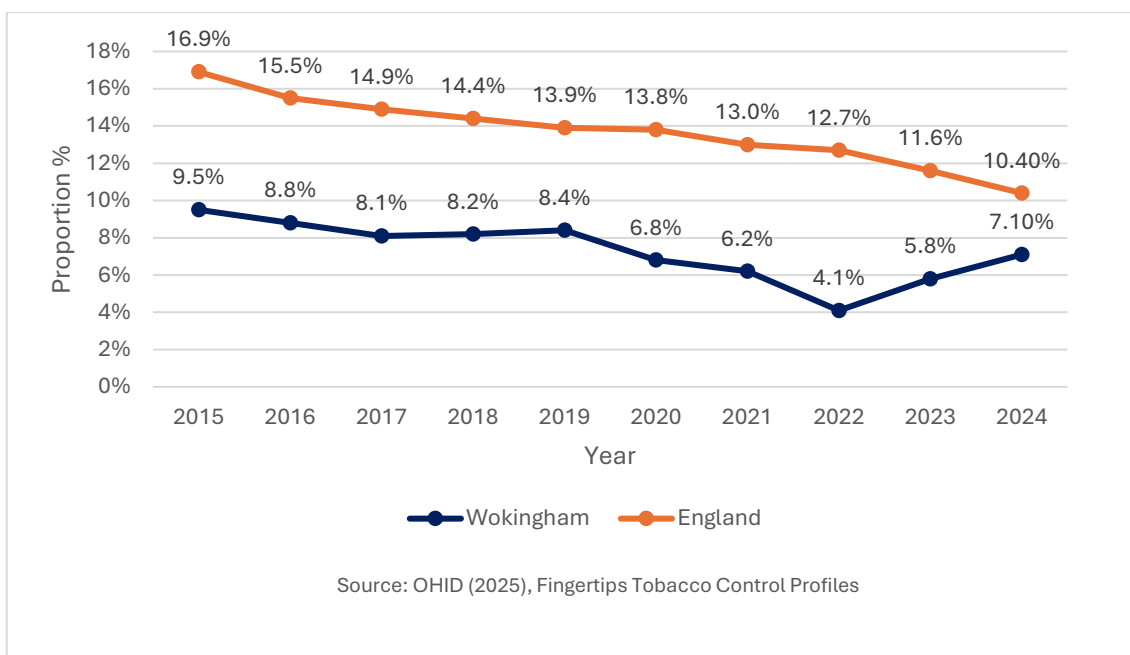
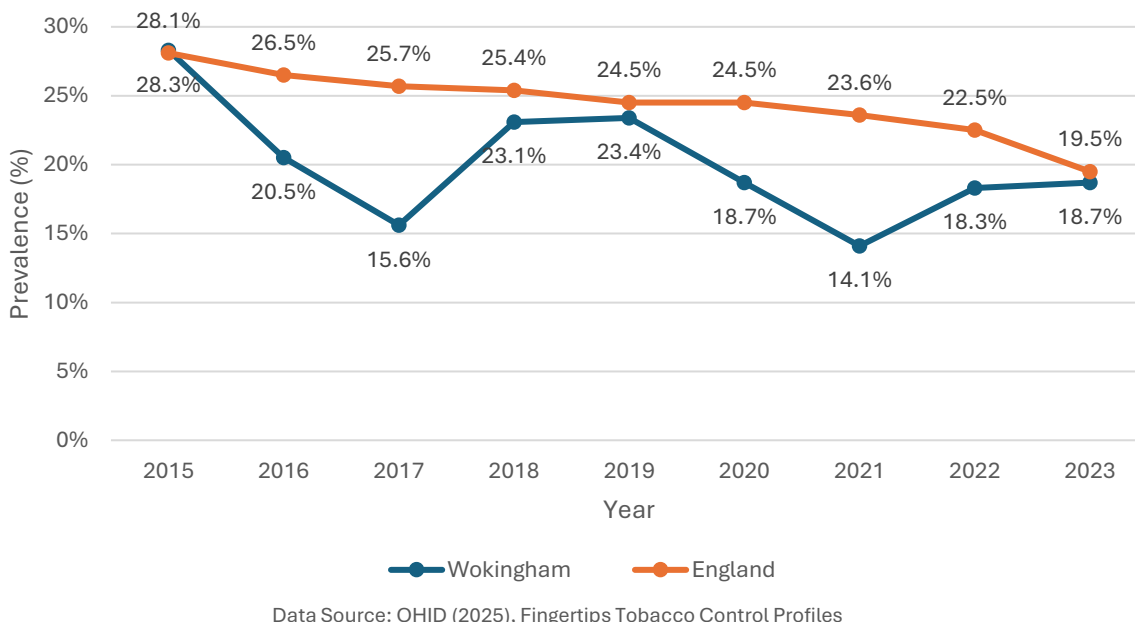


Figure 12. Smoking prevalence in adults in routine and manual occupations (aged 18 to 64 years), England and Wokingham (1 year range), 2015/16 – 2022/23



There is a strong association between smoking and mental health conditions<sup>51</sup>. Although smoking is often used as a coping tool, evidence shows increases anxiety and other mental health issues in the longer term<sup>52</sup>. In 2024, there were 548 referrals to the CRHT team: a service that provides intensive support at home for individuals experience acute mental health crisis. As a proportion of those with a record of smoking status (n=295), 105 (35%) were smokers, indicating a high level of smoking amongst those with serious mental illness. The CRHT team made 96 referrals to local stop smoking services, Smokefree Berkshire between 2022 and 2023.

It is important that mental health services continue to provide intensive support to smokers through trained stop smoking advisors, ideally within mental health services but alternatively via a local stop smoking service. Support should involve flexible but intensive behavioural support alongside pharmacotherapy. For anyone who is not interested in quitting completely or is unable to do so, services should follow National Institute for Health and Care Excellence (NICE) guidance on tobacco harm reduction, including provision of nicotine replacement therapy (NRT) and advice on the use of vapes. All staff working in mental health services should be trained to deliver very brief advice on smoking cessation<sup>53</sup>.

Trends in smoking prevalence in adults with long-term mental health (Figure 13 below), have not shown the same consistent reduction in prevalence as shown in the general population. In 2022/23 it was estimated 20.1% of adults with a long term mental health condition were a current smoker. There has been a recent change in the GP Patient Survey (GPPS) questions and collection which has and will change data reporting going forward, new data recently published shows estimated prevalence of smoking in 2024/25 in this population as 14.7%, which is an improvement, however it is still double the prevalence in the general population.

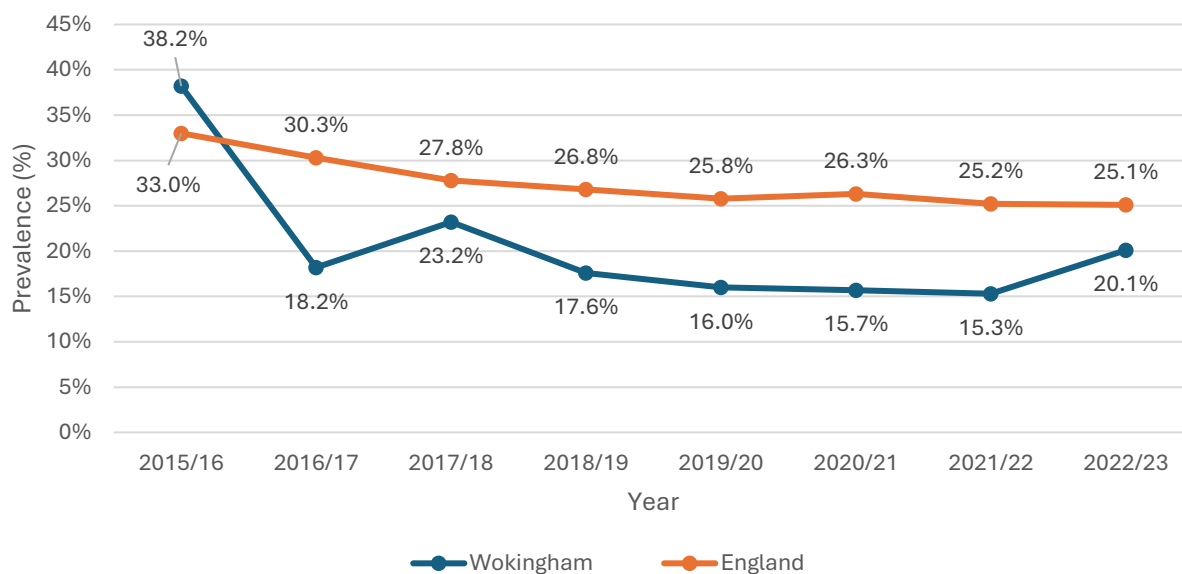
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<sup>51</sup> <https://www.ncsct.co.uk/library/view/pdf/CC%20mental%20health%20v1.pdf>

<sup>52</sup> <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/smoking-and-mental-health#:~:text=Some%20people%20smoke%20as%20'self,it%20reduces%20stress%20and%20anxiety.>

<sup>53</sup> <https://www.nice.org.uk/guidance/ng209/chapter/recommendations-on-treating-tobacco-dependence#support-to-stop-smoking-in-secondary-care-services>

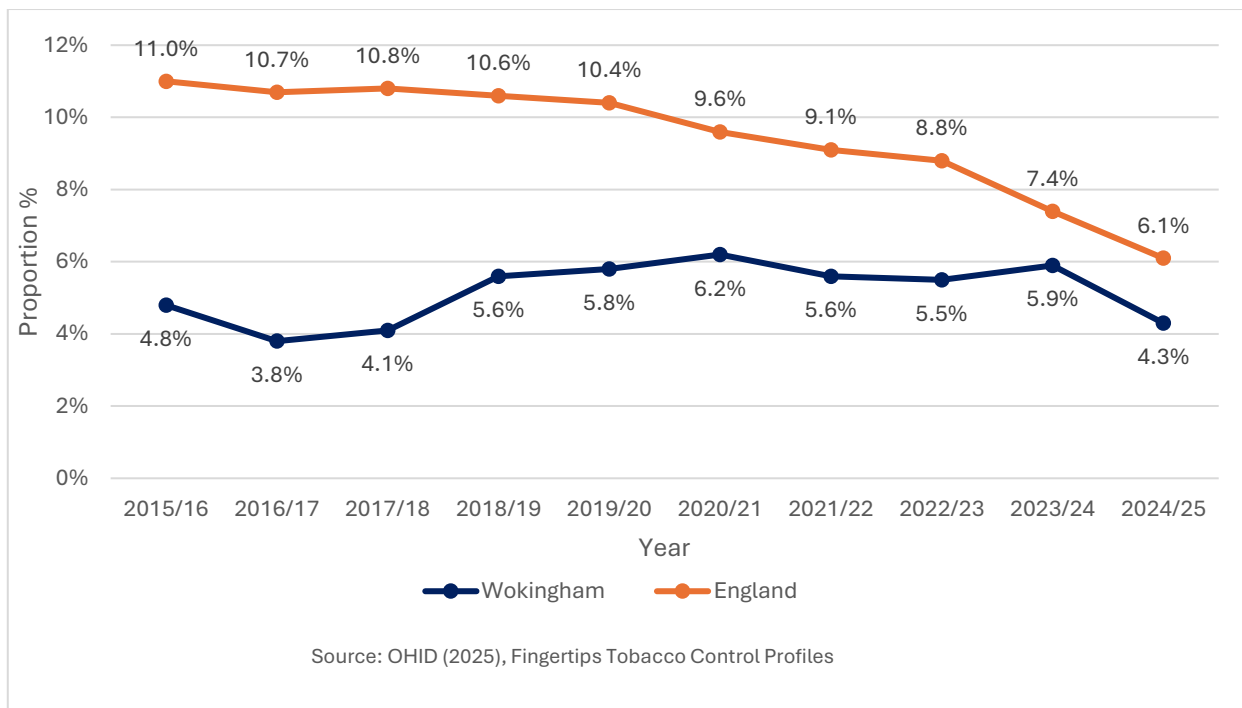
Figure 13. Smoking prevalence in adults with long term mental health condition (aged 18 and over), England and Wokingham (old method), 2015/16 – 2022/23



Data Source: OHID (2025), Fingertips Tobacco Control Profiles

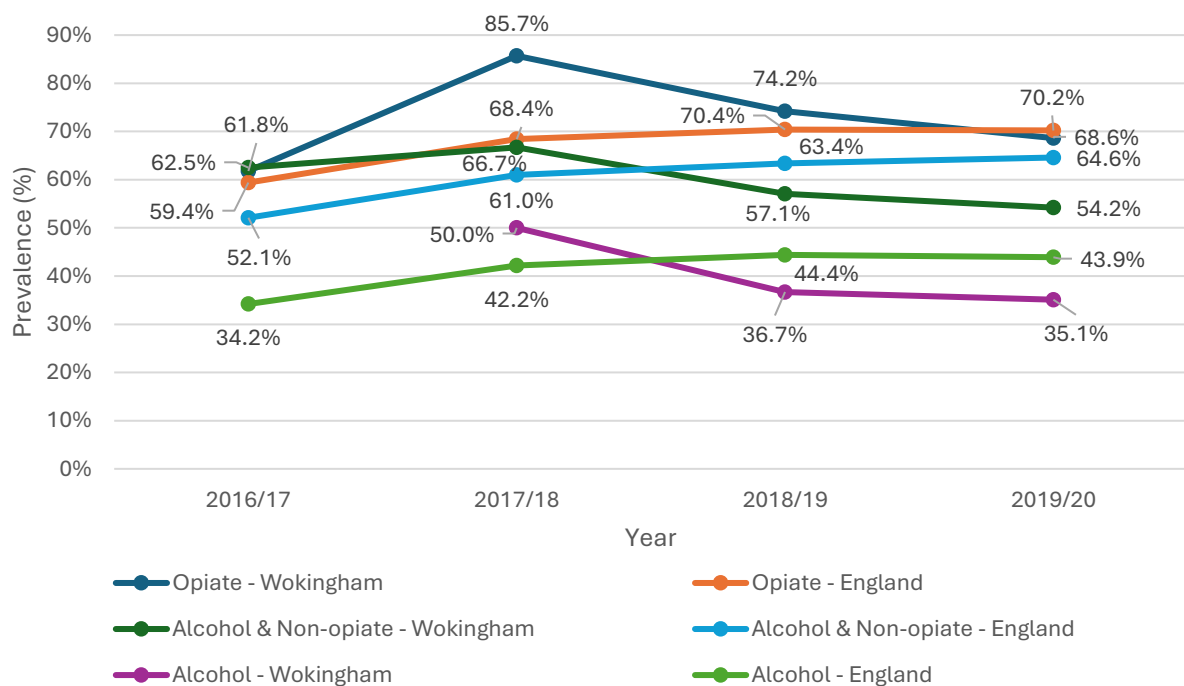
Smoking in pregnancy can have significant health impacts on mother and child, increasing the risk of premature births, miscarriages, stillbirths, perinatal death, pregnancy complications, low birthweight and, risk of a child developing other conditions once born. All pregnant people are asked smoking status during the first antenatal appointment, and as this data is based on self-reported smoking status there is risk of bias and underreporting, it can also be affected by small numbers. Figure 14 below shows trends for smoking prevalence at time of delivery for Wokingham and England. Unlike England which has shown a gradual consistent downward trend, Wokingham prevalence has remained fairly consistent across the last decade until this last year. Smoking at time of delivery (birth) in Wokingham residents in 2024/25 was 4.3% (n=68) and reduction from 5.9% (n=88) reported in 2023/24. It is also lower than England which was 6.1% in 2024/25.

Figure 14. Smoking status at time of delivery, England and Wokingham, 2015/16 – 2024/25



Adults in treatment for opiates, alcohol & non opiates are also more likely to smoke than the general population. Trend data is limited for some categories, however what is available shows some fluctuation likely due to small numbers in treatment, smoking prevalence in Wokingham residents across the three groups have shown a decline. In 2019/2020 68.6% of those in treatment for opiates, 54.2% for alcohol & non-opiates and 35.1% for alcohol were smokers, compared to 70.2% opiates, 64.6% alcohol & non-opiates and 43.9% alcohol for England. All were similar or better than England.

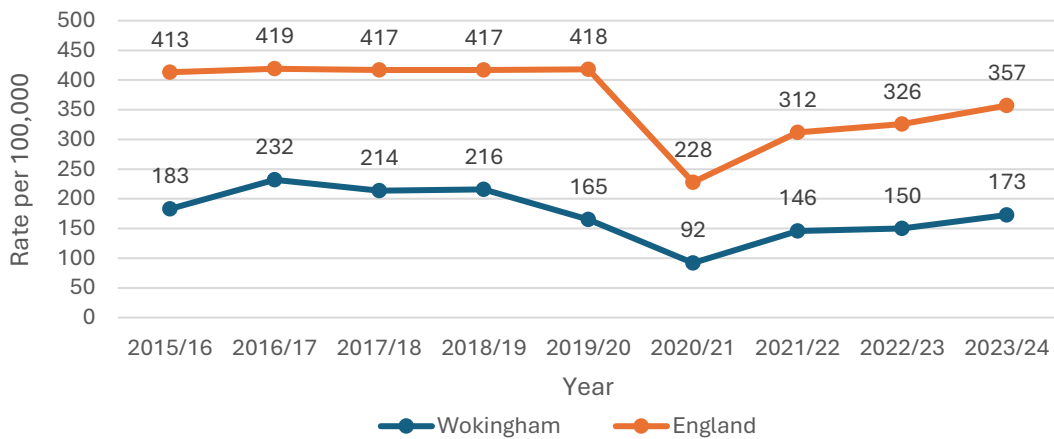
Figure 15. Smoking prevalence in adults (aged 18 and over) admitted to treatment for substance misuse (all opiates, alcohol & non-opiates), England and Wokingham, 2016/17 – 2019/20



## Hospital Admissions

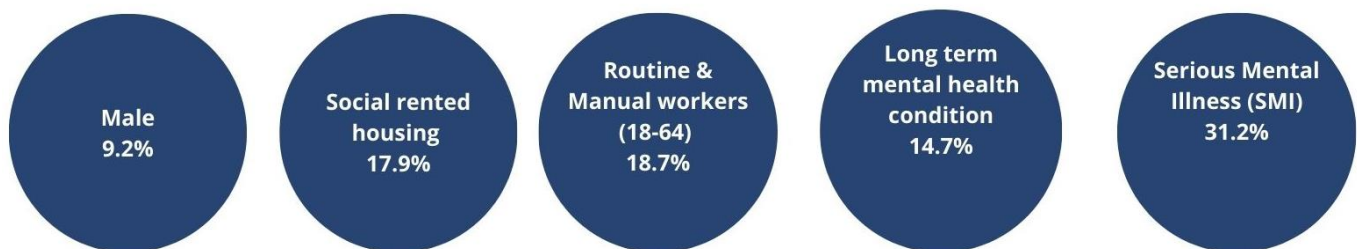
Chronic Obstructive Pulmonary Disease [COPD] is a serious lung disease commonly diagnosed in smokers. In 2023/24, there were **177** emergency hospital admissions for COPD of Wokingham residents (aged 35+), rate of 173 per 100,000, this was similar to England rates of 357 per 100,000. There has been an increasing trend in admissions from Wokingham up from **87** (rate of 146 per 100,000) in 2020/21, returning to similar pre-covid levels.

Figure 16. Emergency hospital admissions for COPD (aged 35 and over), England and Wokingham, 2015/16 – 2023/24



Data Source: OHID (2025), Fingertips Tobacco Control Profiles

- In 2023/24 there were **40** for admissions for asthma (under 19 years), a rate of 87.8 per 100,000, similar to England rate of 148.6 per 100,000 (Fingertips, 2023/24). Data shows Wokingham trend of increasing back to near pre-covid levels.
- In 2024/25, **608** Wokingham residents in smoking cessation treatment set a quit date (Fingertips, 2024/25) and of those **464** successfully quit at 4 weeks.

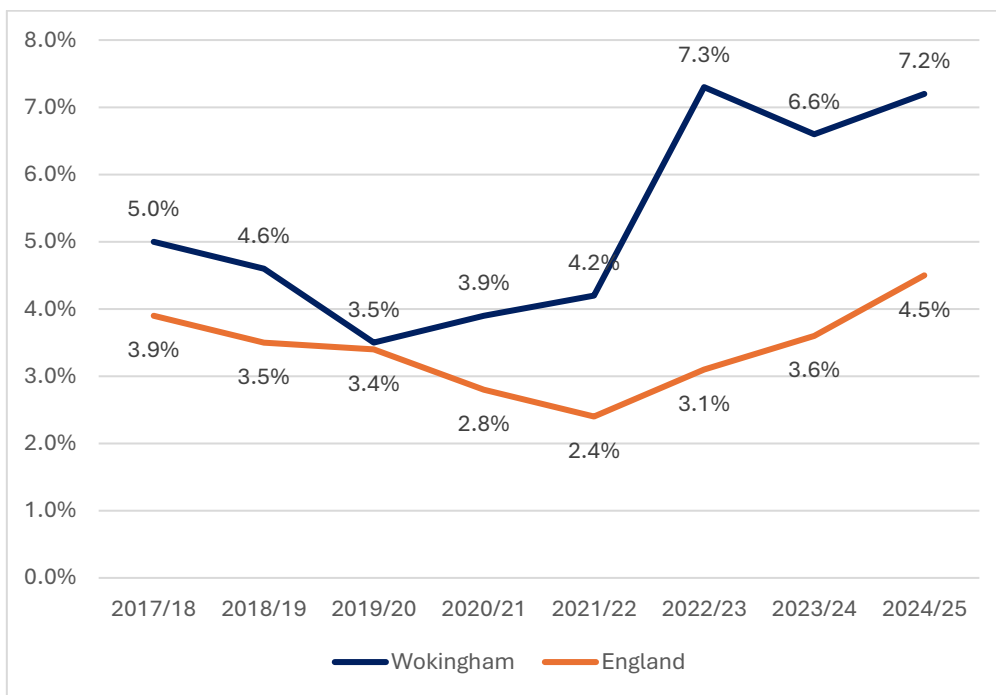


## Quit Rates

Monitoring quit data is an important aspect of understanding need in relation to tobacco smoking. It can help us understand the reach of service provided, behaviours of smokers and using local commissioned service data, we can broadly understand who is attempting to quit. The following section outlines national published data in relation to quits.

In 2024/25 it is estimated that 7.2% of local smokers set a quit date, this was an increase from 2023/24 and higher when compared to England, 4.5%. There is a fluctuating trend in proportion of the population supported to quit, likely to be affected by the estimated prevalence figures and changes to data collection. The local aim is to continue to have free quit support available for smokers through both NHS and local community provision, particularly targeting groups where prevalence is highest.

Figure 17. Proportion of local smoking population who set a quit date, Wokingham and England, 2017/18 – 2024/25

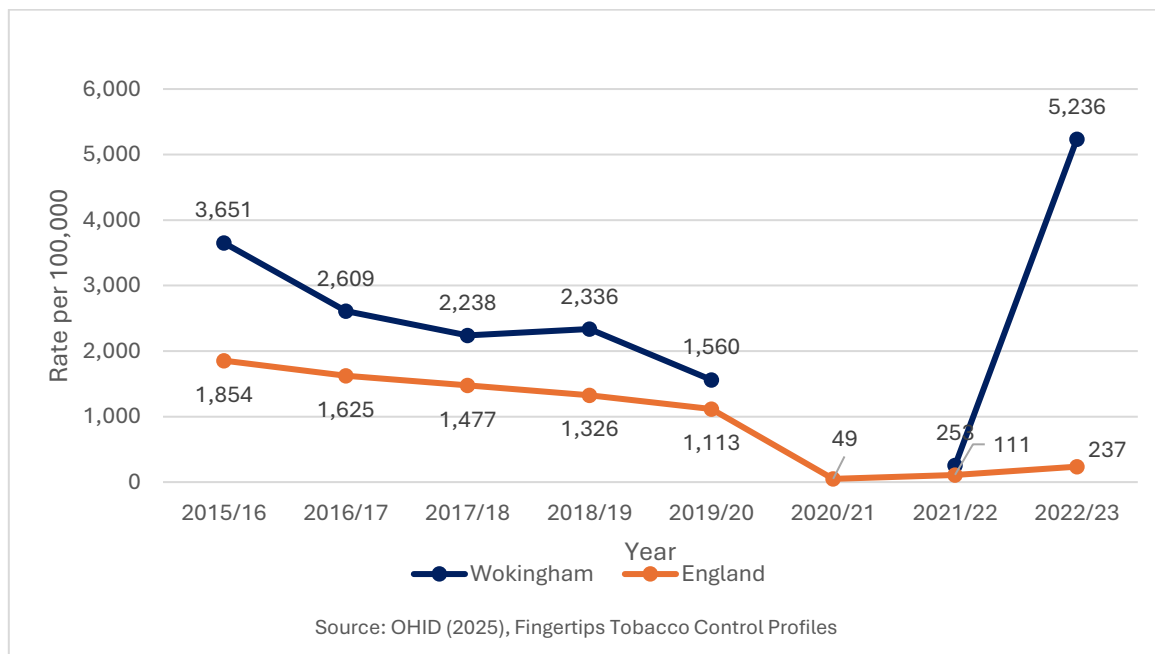


A person's smoking status can be validated by measuring carbon monoxide (CO). CO validation can be a guide in how effective local stop smoking services have been in helping people quit smoking. The crude rate is calculated by dividing the number of smoking quits by the smoking population estimation, multiplied by 100,000. As shown in Figure 18 below, in 2023/24, a rate of 5,236 per 100,000 (n=344) successfully quit at 4 weeks and were carbon monoxide (CO) validated, better than England rates of 237 per 100,000. Whilst this looks to be a significant increase for Wokingham from 2021/2022, the changes in these rates are likely to be influenced by a combination of:

- Resumption of CO testing after being disrupted during COVID.
- Changes to survey collection methods which has affected estimate smoking prevalence data
- Local services may also be recording and reporting CO-validated quits more accurately.

Looking just at the number of people who quit (rather than the rate), the 344 CO-validated quits in 2023/24 are actually similar to 295 CO-validated quits in 2016/17, when the rate was 2,609 per 100,000. This demonstrates the rate is influenced by changes in the estimated smoking population and data recording than by a major increase in the number of people quitting.

Figure 18. Smokers that have successfully quit at 4 weeks (CO validated), 2015/16 – 2022/23



Wokingham public health regularly monitor and report local commissioned service performance data to the Health and Wellbeing Board which looks at quality and performance of local service provision against local service agreements. The data from this service is submitted to NHS Digital on a quarterly basis and is used in the Tobacco Control Profiles published by OHID.

## Going Beyond the Smokefree Target: Behavioural Insights in Wokingham

In 2024, Wokingham public health commissioned *Hidden Voices* to conduct local research in the behaviour insight of Wokingham residents working in routine and manual occupations who were current or ex-smokers. This involved conducting 3 online focus groups, paired and solo interviews using a mixed method approach of online qualitative interviews. A key part of this work was to gather insights to the behaviour and beliefs on tobacco and vapes.

Whilst this is only a small number of participants, 17 in total (10 males and 7 females), the themes and findings of this work are very similar and support the findings from ASH survey on key themes in relating to tobacco smoking and vaping (see section XXX for prevalence data on vaping).

Key findings and themes which came out of the work include:

- Smoking was seen as healthier than vaping
- Vaping was seen more socially acceptable form of smoking and not perceived as a quit aid
- When talking about quitting 'smoking', some were referring to their vaping and not their use of tobacco.
- Smoking was seen as a 'reward' and a 'relaxation technique'
- Accessibility – to cheaper cigarettes and increase accessibility of vapes
- Habit – embedded into daily routines
- Opportunity to smoke at work – social reward, break time, me time
- Familiar with the Stop 2 Swap scheme but expressed a low opinion of it based on their personal experience of using vapes in quit attempts.
- Vapes are used to 'prop' up tobacco smoking
- Multiple (spontaneous) unsuccessful quit attempts
- Do not plan a quit, low or no desire to quit
- Familiar with the Stop 2 Swap scheme but expressed a low opinion of it based on their personal experience of using vapes in quit attempts.
- Vapes are used to 'prop' up tobacco smoking
- Multiple (spontaneous) unsuccessful quit attempts
- Do not plan a quit, low or no desire to quit

Following this work, the following recommendations and insights were gathered:

- Consider the need for a digital/immediate offer that can be accessed in time of need i.e. 24 hours, to support spontaneous or cold turkey quits etc.
- Service approach - shift from offering quit support and start empowering and maintaining independence of quit, making it okay to quit many times.
- Consider local messaging and service needs around vaping that reflects smokefree behaviours locally.
- Start relationships whilst people are happy smoking and join the vaping conversation, leverage short term quits.
- There were two obvious profiles which emerged following insights, which were *entrenched* and *social* smokers.

Following this work, the following recommendations were made in relation to **tobacco and vaping** in adults (see Vaping in Adults for more information):

- Consider the need for a digital/immediate offer that can be accessed in time of need i.e. 24 hours, to support spontaneous or cold turkey quits etc.
- Service approach - shift from offering quit support and start empowering and maintaining independence of quit, making it okay to quit many times.
- Consider local messaging and service needs around vaping that reflects smokefree behaviours locally.
- Start relationships whilst people are happy smoking and join the vaping conversation, leverage short term quits.
- Consider the two profiles which emerged through the research which were entrenched and social smokers

## Vaping in CYP

### Prevalence

There is no reliable local data on vaping prevalence in CYP for Wokingham, therefore we are drawing on nationally published data to help us understand what the need may be. The NHS England survey (2023) of secondary school pupils focusing on tobacco smoking, drinking and drug use<sup>54</sup> referred to earlier, also includes questions on vapes (e-cigarettes). In addition, Action on Health and Smoking [ASH] published a *Use of Vapes in Youth in Great Britain [GB] Survey*<sup>55</sup>. The following outlines the findings in relation to CYP and vaping.

Findings from the NHS Survey found that 96% of CYP aged 11 to 15 years survey were aware of vapes. 5% of pupils survey reported being a *regular* vape users with vape use increasing with age, starting with 1% for 11-year-olds, 6% in 14-year-olds and 11% in 15-year-olds. More girls aged 13-15 year reported being a regular vape user than boys in the same age groups.

76% of pupils who reported being a *regular* tobacco smoker reported being a current user of a vape. 89% of pupils who have *ever used* vapes reportedly never regularly smoked tobacco cigarettes *before* or *after* trying vapes. 5% smoked tobacco *before* trying a vape, and 6% started smoking tobacco regularly *after* first try a vape.

The ASH survey<sup>56</sup> found that among 11–17-year-olds surveyed in Great Britain, 20% (estimated 1.1 million) of 11-17 years have *ever vaped*, largely unchanged since 2023. 7% (estimated 400k) reported *currently vaping*, similar findings to the NHS data. Whilst 40% (estimated 160k) reported *vaping daily*. As showing in Figure 19 below, *ever vaped* in youth has increased from 11% in 2021 to 20% in 2025, a noticeable and concerning increase. 63% of young people believe vaping is *as or more harmful* than

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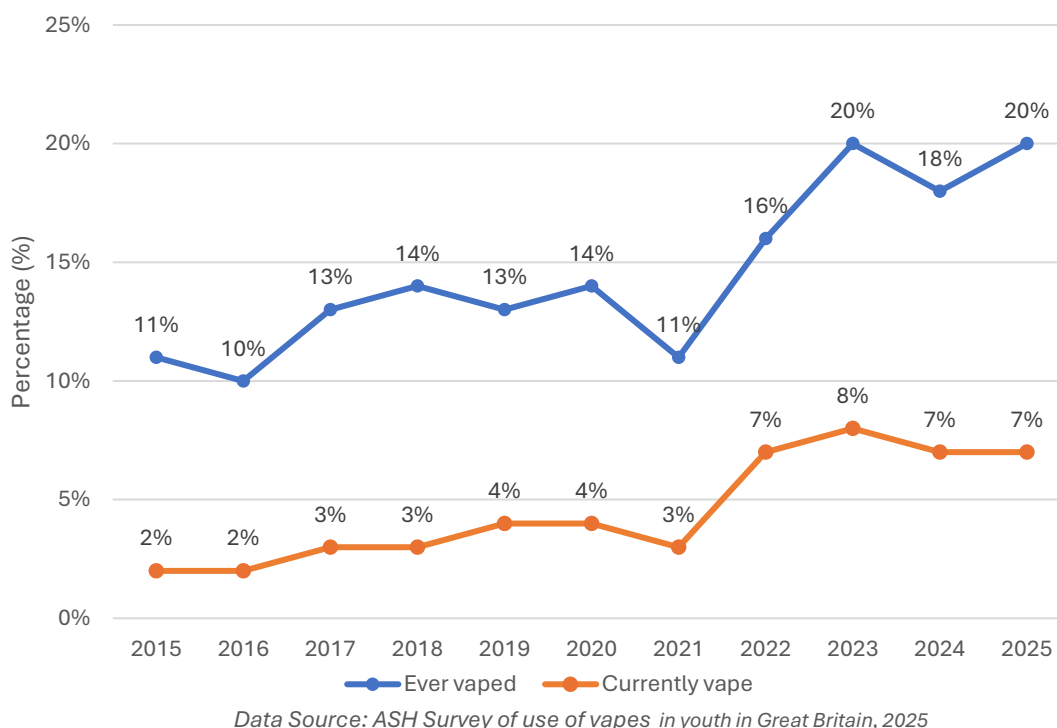
<sup>54</sup> [Smoking, Drinking and Drug Use among Young People in England - NHS England Digital](#)

<sup>55</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

<sup>56</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

smoking, showing an increase in perceived harms. This could further confound issues around using of vapes as quit tobacco aid tool for any CYP who go onto smoke tobacco.

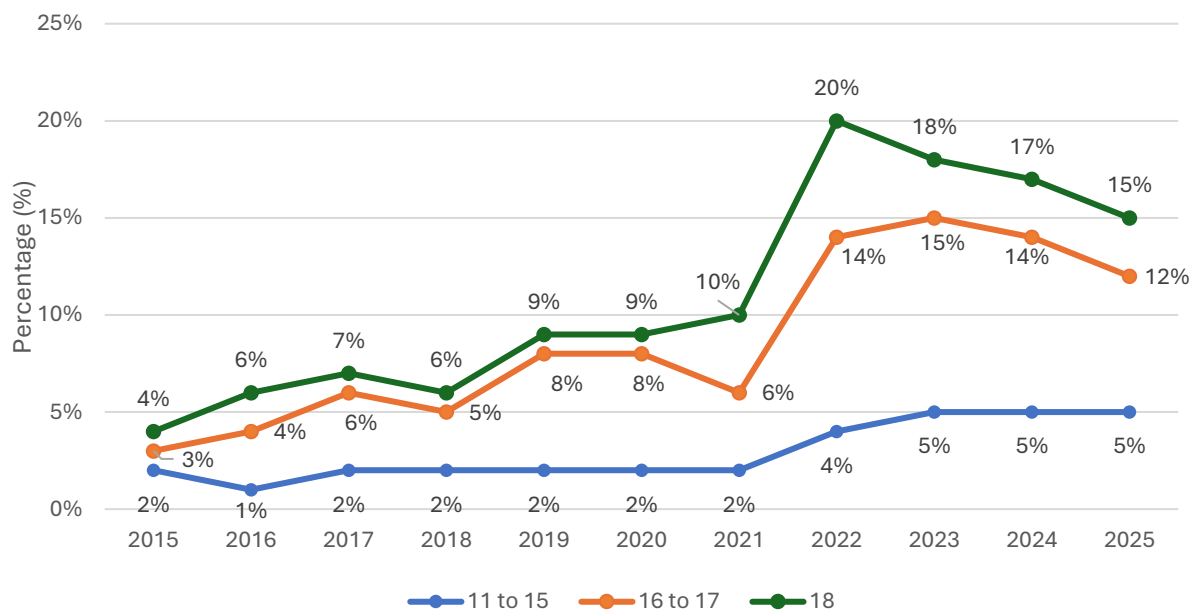
Figure 19. Use of vapes by GB youth (aged 11-17 years), 2015-2025



As shown in Figure 20 below, ASH survey<sup>57</sup> results show similar patterns for *current use* of vapes increasing with age, with prevalence increasing from 5% currently vape in 11–15-year-olds to 12% currently vape in 16–17-year-olds.

<sup>57</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

Figure 20. Current use of vapes by age, GB youth (aged 11-15, 16-17 and 18 years), 2015-2025



Data Source: ASH Survey of use of vapes in youth in Great Britain, 2025

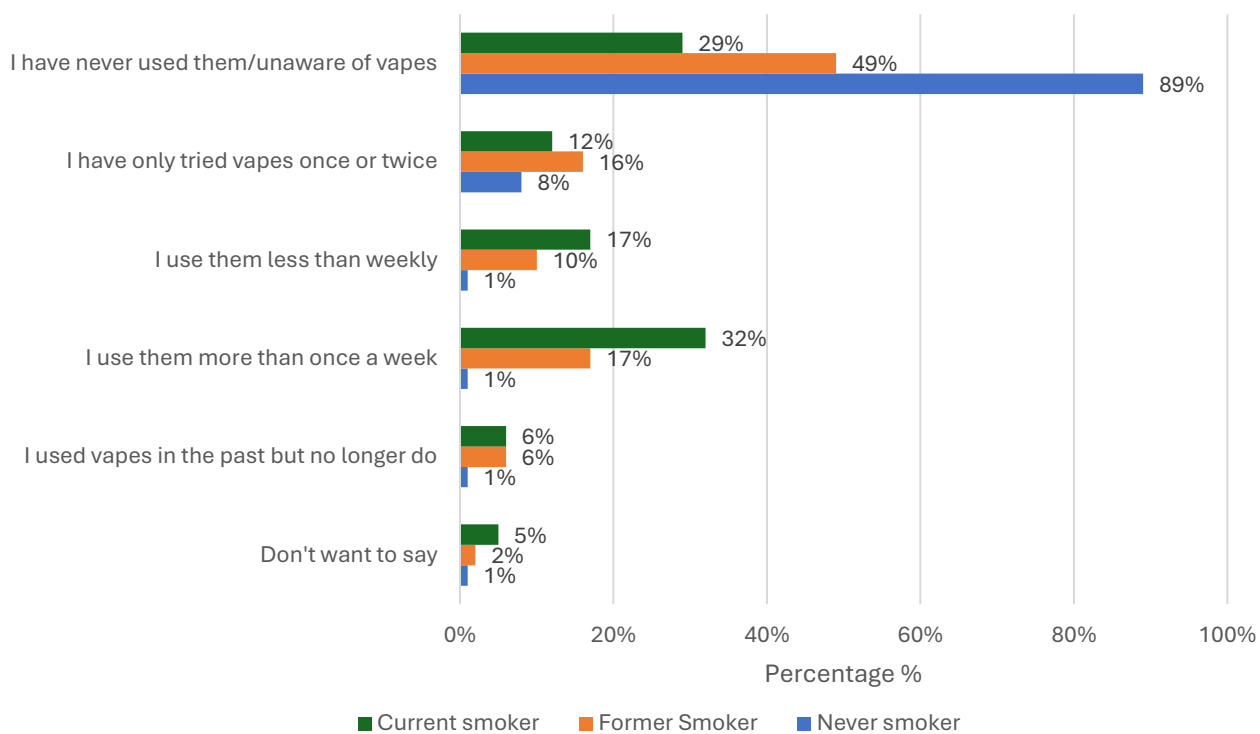
ASH survey<sup>58</sup> results on use of vapes by smoking status, as shown in Figure 21 below, showed that 32% of current smokers and 17% of ex-smokers aged 11–17-year-old report using vapes more than once a week, lower than the NHS survey results. 6% of current and former smokers reported using vapes in the past but no longer reported use. There is limited evidence on the health harms associated with vaping in CYP however there is an increase prevalence of use in CYP who report experiencing depression, anxiety and suicidal thoughts and it is seen as a gateway to smoking and other substance use<sup>59</sup>. Additionally, adverse childhood experiences such as abuse or household substance misuse are strongly correlated with both vaping and mental health disorders<sup>60</sup>.

<sup>58</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

<sup>59</sup> [Vaping and harm in young people: umbrella review | Tobacco Control](#)

<sup>60</sup> [Adverse childhood experiences and other risk factors associated with adolescent and young adult vaping over time: a longitudinal study | BMC Public Health | Full Text](#)

Figure 21. Use of vapes by smoking status, GB youth (aged 11-17 years), 2025



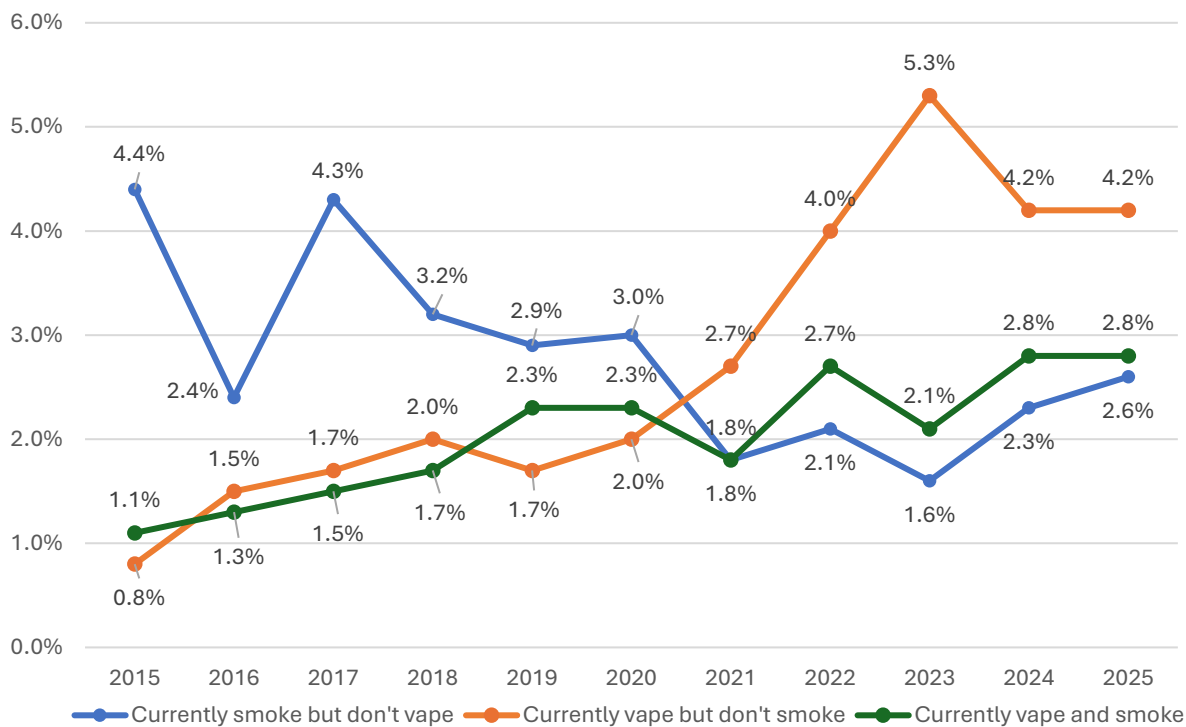
Data Source: ASH Survey of use of vapes in youth in Great Britain, 2025

### Dual use – tobacco smoking and vaping

ASH survey<sup>61</sup> results on current use of both cigarettes (tobacco smoking) and vapes showed that a gradual increase over time in 11-17 years in Great Britain. As shown in Figure 22 below, 1.1% of youth in 2015 reported currently vaping and smoking, rising to 2.8% in 2025. The greatest increase in trend is in *currently vaping but don't smoke*, increasing from 0.8% in 2015, peaking in 2023 to 5.3% before decreasing to current levels of 4.2%. The percentage of youth reportedly currently smoking but not vaping has decreased by nearly 60%, decreasing from 4.4% in 2015 to 2.6% in 2025, which is positive.

<sup>61</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

Figure 22. Current use of cigarettes and vapes over time, GB youth (aged 11-17 years), 2015 - 2025



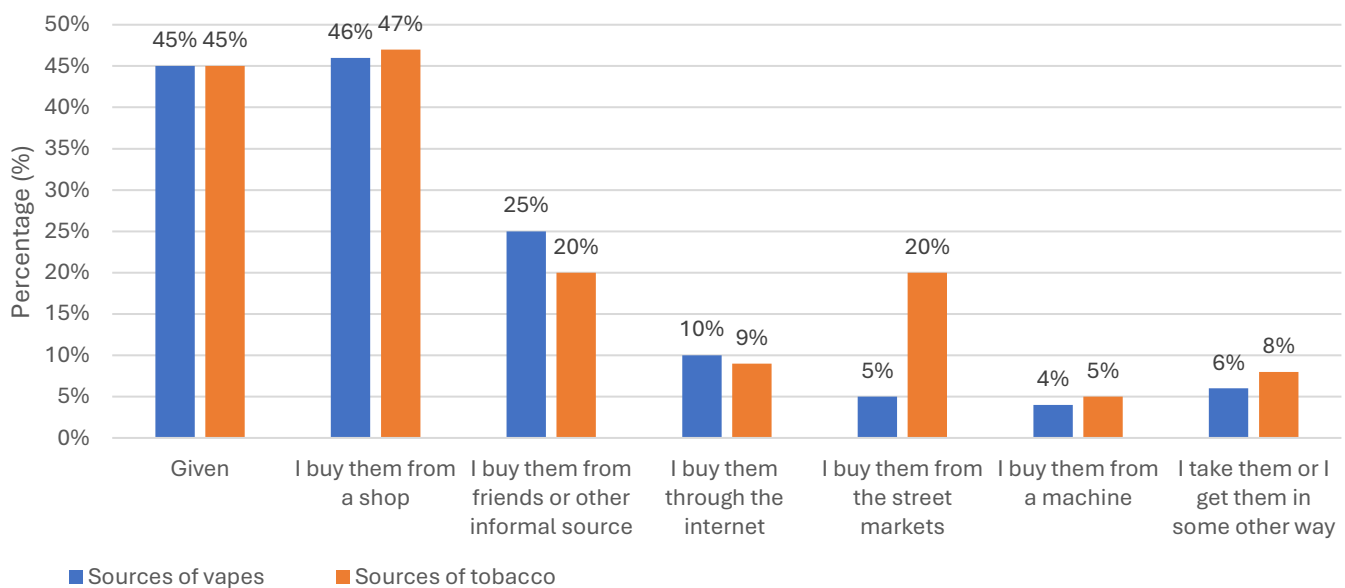
Data Source: ASH Survey of use of vapes in youth in Great Britain, 2025

## Sources of vapes

ASH survey<sup>62</sup> results reported the most common sources of vapes and tobacco that young people access, shown in Figure 23 below as *given by someone* (76% for first vape); *self-purchase from shops* (46% vapes and 47% for tobacco) and *purchase from informal sources* (25% vapes and 20% for tobacco). The sale of tobacco and vapes to people under 18 is an offense and therefore this should be of.

<sup>62</sup> Action on Health and Smoking (2025). *Use of vapes among young people in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Young-People-in-Great-Britain-2025.pdf?v=1752076968>

Figure 23. Reported sources of cigarettes and vapes over time, GB youth (aged 11-17 years), current vapers and current smokers, 2025



Source: ASH Survey of use of vapes in youth in Great Britain, 2025

In addition, survey results report 1 in 10 (10%) respondents as saying they were given their first vapes from an online source and 2% of vapers say they were given their first vape by a company promoting the product. 71% reported seeing vape promotion this was broken down to 55% in shops, 29% online, mainly TikTok (42%), YouTube (33%) and Instagram (30%) demonstrating the increased exposure of online sources.

There is a gap of reliable vaping and tobacco smoking data at regional and local authority levels which means we are unable to report Wokingham data. Anecdotally, partners and young people have shared perceptions that vaping use is significantly rising in children and young people however we do not have the data or evidence to demonstrate this. Drawing on national data shown above in Figure X, it is reasonable to assume that use of vapes has increased over the last 10 years in Wokingham.

### OxWell Student Survey Findings

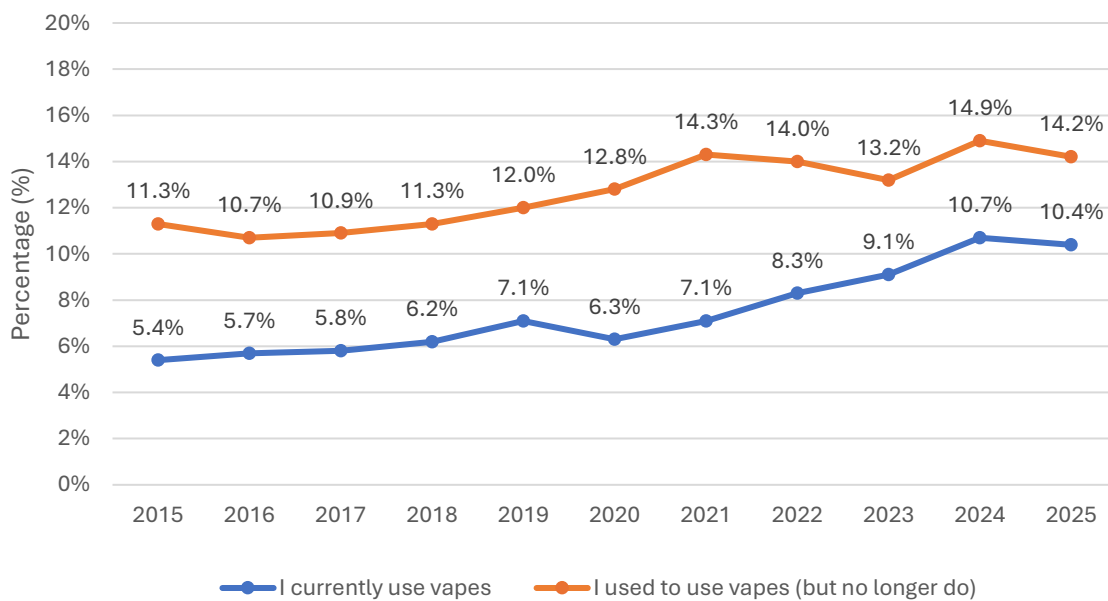
There is limited local data available, findings from the 2023 OxWell Student Survey of 971 Wokingham secondary school pupils. Results showed that 2.6% of 698 school pupils who responded to questions about vaping said they had vaped; and 1.6% of 695 responding to questions about smoking cigarettes said they did. This is a small sample size with different data collection and analysis methods to national surveys, so findings cannot be directly compared, however it does show similar low use of vapes.

## Vaping in adults

### Prevalence

Figure 24 below shows results from the 2025 ASH *Smokefree Great Britain [GB] Survey*<sup>63</sup> on use of vapes among adults in GB. The survey showed that current vape use in adults has nearly double in the last 10 years, rising from 5.4% of adults in 2015 to 10.4% (estimated 5.5 million) of adults in 2025. There has also been a rise in the number of adults stopping vaping over the same period, increase from 11.3% in 2015 to 14.2% in 2025. The total number of respondents to the 2025 survey was 13,314 adults, compared to 12,055 in 2015.

Figure 24. Vape use in adults in Great Britain, 2015-2025



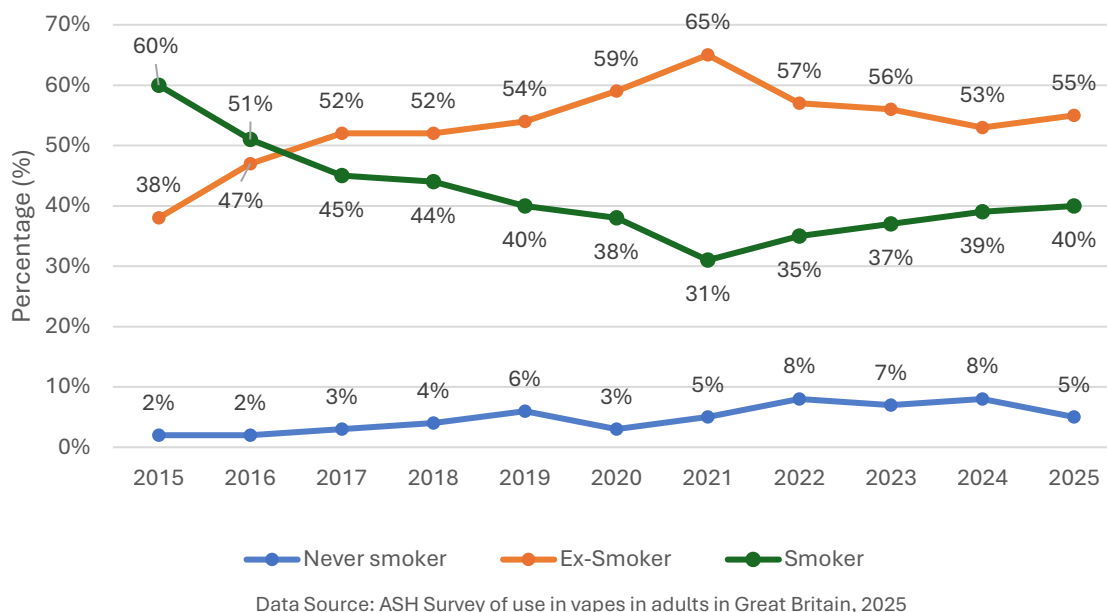
Data Source: ASH Survey of use in vapes in adults in Great Britain, 2025

Current and ex-smokers are most likely to vape, of the 10.4% of current vapers (shown in Figure X above), 55% are reportedly an ex-smoker (3.0 million) and 40% (2.2 million) are currently smokers, as shown in Figure 25 below. People who vape who have never reportedly smoked make up 5% (260,000) of current adults who vape and the trend has only marginally fluctuated over the last 10 years.<sup>64</sup>

<sup>63</sup> Action on Health and Smoking (2005). *Use of vapes among adults in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Adults-in-Great-Britain-2025.pdf?v=1752070503>. Accessed: 01 September 2025.

<sup>64</sup> Action on Health and Smoking (2005). *Use of vapes among adults in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Adults-in-Great-Britain-2025.pdf?v=1752070503>. Accessed: 01 September 2025.

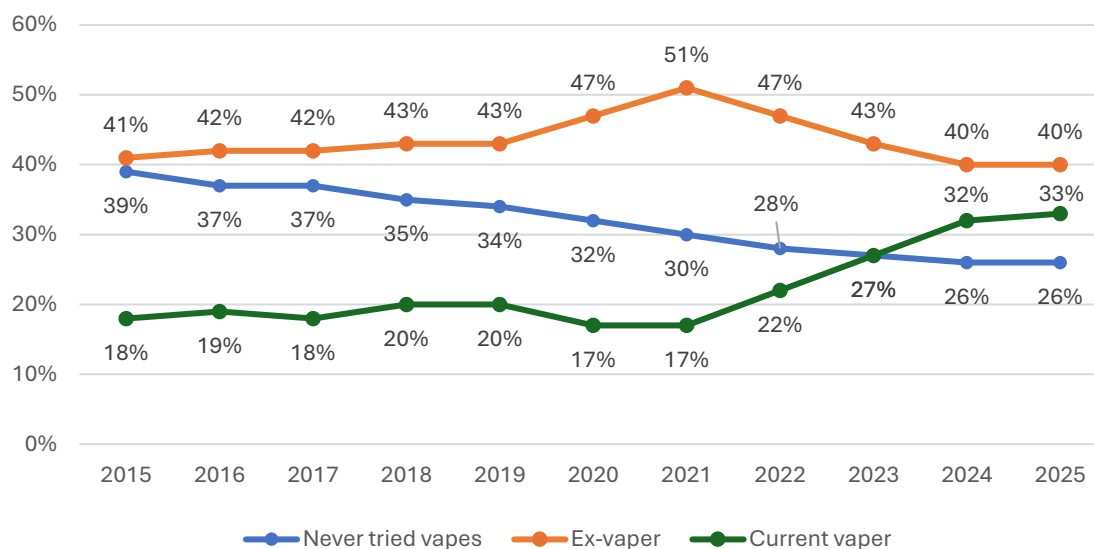
Figure 25. Smoking status of vapers in adults in Great Britain, 2015-2025



Trends of vaping in adult smokers from 2015 to 2021 shown in Figure 26 below, remained fairly consistent before nearly rising from 17% in 2021 to 32% in 2024. ASH report this rise can be attributed to disposable vapes becoming more widely common in the market and, smokers who had previously tried vapes, attempting to use them. Data also shows that 26% (1.7 million) of adult smokers have reportedly never tried to vape, 33% (2.2 million) currently vape and 40% (2.6 million) tried but no longer use vapes.<sup>65</sup>

<sup>65</sup> Action on Health and Smoking (2005). *Use of vapes among adults in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Adults-in-Great-Britain-2025.pdf?v=1752070503>. Accessed: 01 September 2025.

Figure 26. Vaping by adult smokers in Great Britain, 2015-2025



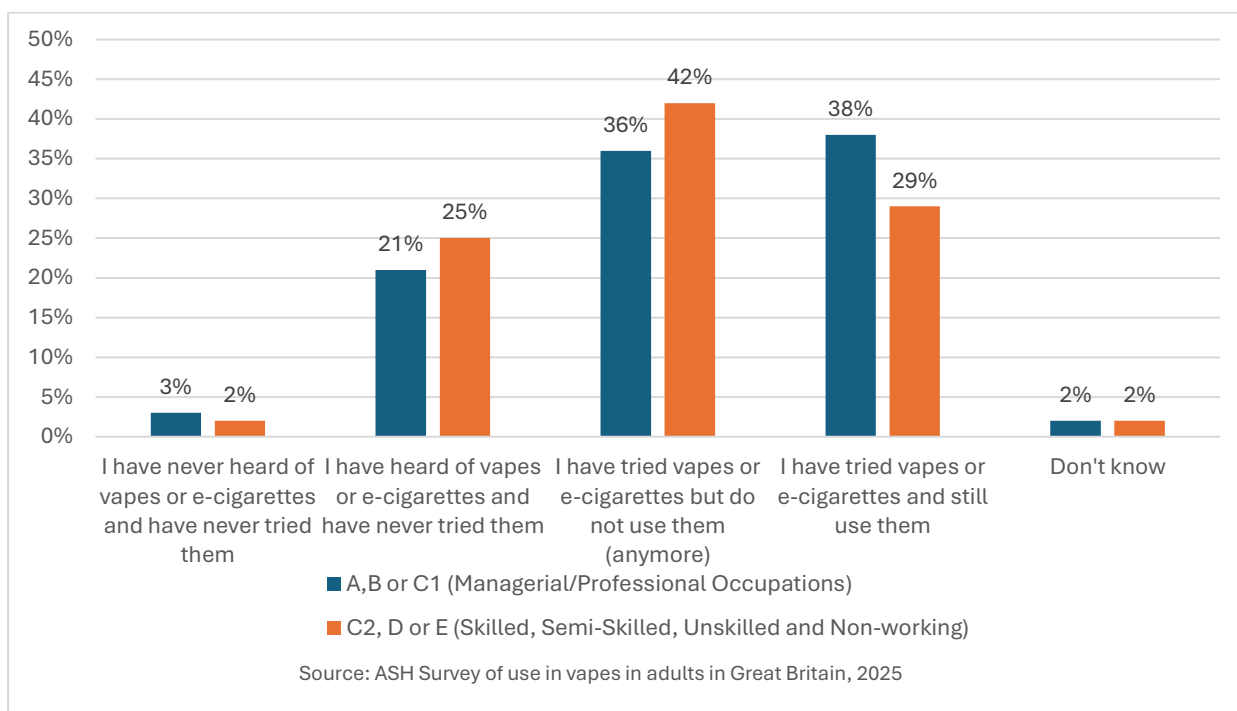
Data Source: ASH Survey of use in vapes in adults in Great Britain, 2025

### Socio-economical status

Vaping varies across the different socio-economical status (SES) groups and, between smokers, ex and non-smokers. The ASH 2025 survey found that 9.5% of adults with employment in SES groups of A, B or C1 (managerial and professional occupations) vaped compared to 11.4% in those in C2, D or E (skilled, semi-skilled, unskilled and non-working), meaning vaping was more common in socially disadvantage groups. That changes when they look at vaping in smokers. As shown in Figure 27 below, adult smokers in the higher SES group of A, B or C1 being more likely to vape (38%) compared to those in the lower SES group of C2, D or E (29%). The data shows that adult smokers in more socially disadvantaged groups are more likely to try a vape, but less are likely to go on to use them longer term compared with less disadvantaged groups.<sup>66</sup>

<sup>66</sup> Action on Health and Smoking (2005). *Use of vapes among adults in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Adults-in-Great-Britain-2025.pdf?v=1752070503>. Accessed: 01 September 2025.

Figure 27. Vaping among adult smokers by social groups in Great Britain, 2025



## Vaping Perceptions and harm reduction

Perceptions of vaping and misperceptions of harm directly influences who takes up vaping and why, and those who choose to use it as a quit tobacco aid. Vapes are unlikely to be risk-free, but current evidence of risk indicates that the health-risk of using a vape is lower when compared to tobacco smoking<sup>67</sup>.

The National Institute of Health and Care Excellence (NICE) guidance<sup>68</sup> which covers promoting quitting of tobacco states ‘nicotine-containing e-cigarettes’ are as effective in supporting people to quit tobacco, as varenicline and nicotine replacement therapy (NRT).

In 2023 UK Government invested and launched the national ‘Swap to Stop’ scheme<sup>69</sup>. This public health harm reduction initiative offered free vape starter kits to adult smokers, encouraging them to switch from tobacco smoking to vaping. Alongside of this, the Government also addressed the growing concern of vaping in young people by proposing new legislation in the Tobacco and Vapes Bill (2024)<sup>70</sup> which aims to take action on tackling illicit vape sales, marketing to children which will help the framing vaping as a quit aid rather than a lifestyle product.

ASH survey<sup>71</sup> results showed that of adults who are aware of vapes, 56% believed that vaping is as/more harmful than smoking, see Figure 28 below. More concerning is that this inaccurate belief has been on the rise since 2021. A similar trend can be found in adult smokers, shown in Figure X

<sup>67</sup> [ADPHSouthEast-PositionStatementOnVaping2024.pdf](#)

<sup>68</sup> National Institute of Health and Care Excellence (2021), *Tobacco: preventing uptake, promoting quitting and treating dependence*. NG209. Available at: <https://www.nice.org.uk/guidance/ng209>

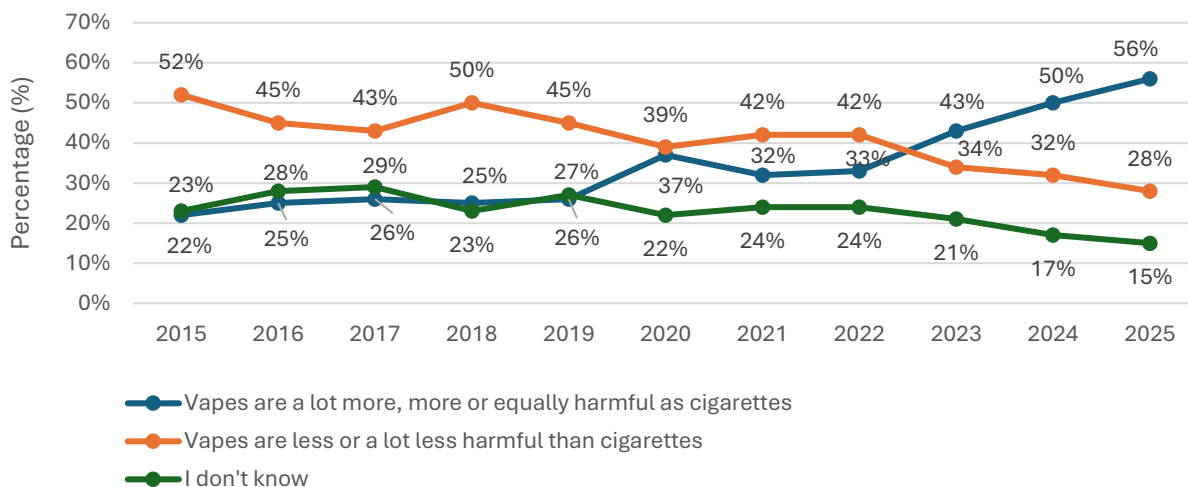
<sup>69</sup> UK Government (2023), *Smokers urged to swap cigarettes for vapes in world first scheme*. Press Release. Available at: <https://www.gov.uk/government/news/smokers-urged-to-swap-cigarettes-for-vapes-in-world-first-scheme>

<sup>70</sup> Department of Health and Social Care (2024) *Tobacco and Vapes Bill 2024*. UK Parliament. Available at: <https://bills.parliament.uk/bills/3879> (Accessed: 15 September 2025).

<sup>71</sup> Action on Health and Smoking (2005). *Use of vapes among adults in Great Britain*. Available at: <https://ash.org.uk/uploads/Use-of-Vapes-Among-Adults-in-Great-Britain-2025.pdf?v=1752070503>. Accessed: 01 September 2025.

below, rising from 32% in 2021 to 53% in 2025. This change is attributed to media coverage of health injuries reported in the United States linked to products that are banned in UK<sup>72,73</sup>

Figure 28. Perceptions of harm of vapes compared with cigarettes, GB adults who have heard of vapes 2015-2025

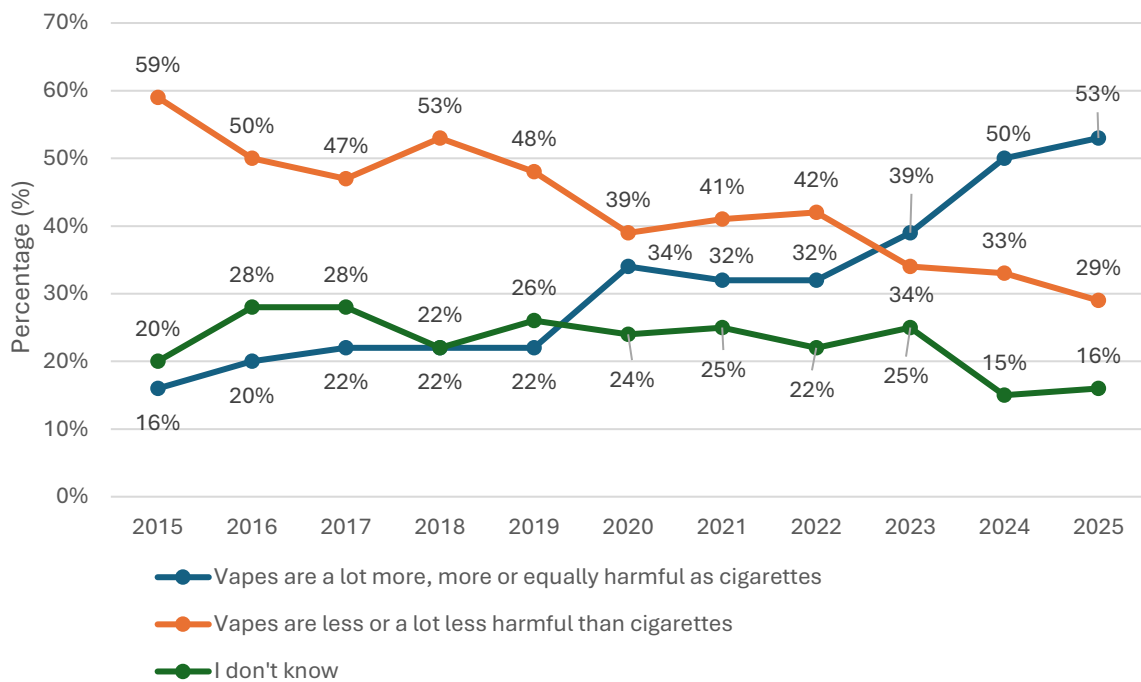


Data Source: ASH Survey of use in vapes in adults in Great Britain, 2025

<sup>72</sup> East K, Reid JL, Burkhalter R, Wackowski OA, Thrasher JF, Tattan-Birch H, Boudreau C, Bansal-Travers M, Liber AC, McNeill A, Hammond D. Exposure to Negative News Stories About Vaping, and Harm Perceptions of Vaping, Among Youth in England, Canada, and the United States Before and After the Outbreak of E-cigarette or Vaping-Associated Lung Injury ('EVALI'). *Nicotine Tob Res.* 2022 Aug 6;24(9):1386-1395. doi: 10.1093/ntr/ntac088. PMID: 35368062; PMCID: PMC9356695.

<sup>73</sup> Tattan-Birch H, Brown J, Shahab L, Jackson SE. Association of the US Outbreak of Vaping-Associated Lung Injury With Perceived Harm of e-Cigarettes Compared With Cigarettes. *JAMA Netw Open.* 2020 Jun 1;3(6):e206981. doi: 10.1001/jamanetworkopen.2020.6981. PMID: 32539148; PMCID: PMC7296387

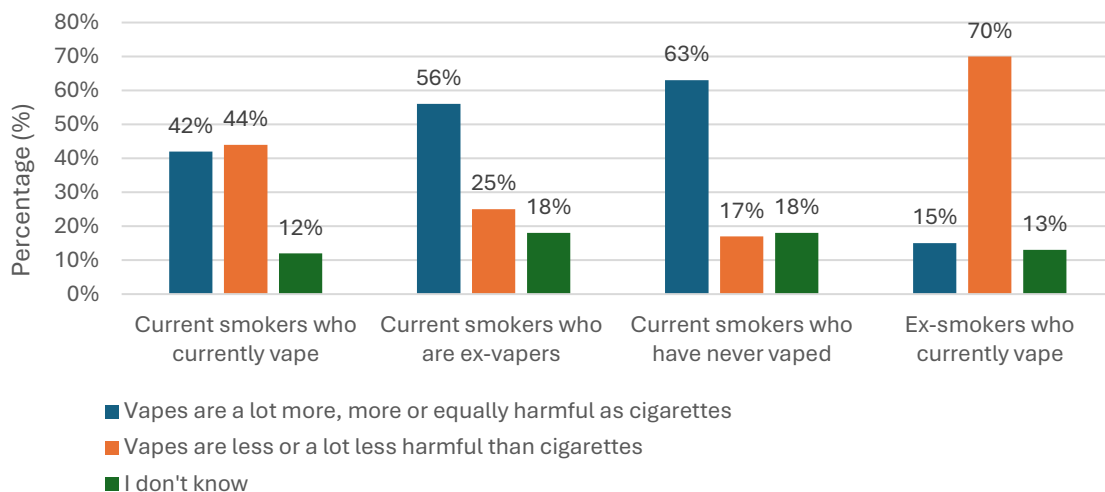
Figure 29. Perceptions of harm of vapes compared with cigarettes, GB adults who smoke, who have heard of vapes 2015-2025



Data Source: ASH Survey of use in vapes in adults in Great Britain, 2025

Analysis of ASH survey result by group found that 63% of GB smokers who had never vaped felt vapes were a lot more, more or equally as harmful as cigarettes. This was the highest across all the different groups. Those least likely to believe this were ex-smokers who current vape, with 73% of them believing vapes as less or a lot less harmful than cigarettes.

Figure 30. Perceptions of harm of vapes compared with cigarettes, among different groups, GB adults who have heard of vapes 2025



Data Source: ASH Survey of use in vapes in adults in Great Britain, 2025


## Mental Health

Unlike smoking prevalence, there is currently no reliable data published on mental health and vaping, however similarly to tobacco smoking, findings from the ASH survey<sup>74</sup> found that 14% of people who use vapes cite coping with stress and mental health difficulties as a primary reason.

<sup>74</sup> [Use of vapes \(e-cigarettes\) among adults in Great Britain - ASH](#)

# The Building Blocks of Health

To create a society where everybody can thrive, we need all of the right building blocks in place including stable jobs, fair pay, quality housing and good education. When some or all of these blocks are missing or unstable, people are more likely to engage with ADTV. This section describes in detail how and why each building block is relevant to ADTV use, including our key findings which will drive future work.

| Building Block  | Why Relevant   |
|---|--|
| <p data-bbox="108 600 304 669">Surroundings and Transport</p>  | <p data-bbox="344 600 1490 786">The physical, social, and environmental contexts in which people live, which includes access to transport, plays a key role in whether we are able to thrive. They influence accessibility to shops, venues but also access to support and/or treatment services, exposure to advertising and use in social settings. There is also a relationship to these and safe and clean environments.</p> |

## Key Findings

- We don't currently have mapping of places that sell alcohol in the area.
- Between July 2024 and July 2025, illegal underage sales of alcohol (2 out of 24 test purchases) and vapes (3 out of 34 test purchases) were low in the Borough (*WBC Trading Standards*).
- Neighbourhood crime rates (6 per 1000) and drug-related crime rates (1.1 per 1000) in Wokingham are lower than the South East (9 and 2.6) and England (14 and 3) (*Office for National Statistics, 2023/24*).
- There is a low re-offending rate in Wokingham (18.1%) compared to the Thames Valley area (24.1%) and England and Wales (26.3%) (*Ministry of Justice, 2022/23*).
- In 23/24, 12 drug alerts were sent across Berkshire, 2 of which were for Wokingham specifically, and 5 of which overlapped between Wokingham, Reading and Bracknell (*Berkshire CDP*).
- In 2024, there were 316 drug and/or drink related driving occurrences across Bracknell and Wokingham (*Thames Valley Police Joint Operations Unit*).
- Cranstoun (drug and alcohol treatment service) is located in Wokingham Town Centre, close to the train station and the main bus route. However, given the geographical spread of the Borough and the fact it's not equally served by public transport, there will be residents who will face barriers to accessing this service.
- Smokefreelife Berkshire services are delivered from a mobile hub or various satellite hubs located across Wokingham. For those unable to attend a clinic in person, telephone/ video support and home visits where needed, are available. Because Smokefreelife Berkshire provides services across most of Berkshire, residents can access support in locations outside the borough if preferred, for example if closer to their place of work.
- 3 out of 20 pharmacies in Wokingham provide needle exchange programmes (Wokingham Pharmacy, Jats Pharmacy, and Newdays Twyford). (*Wokingham Pharmaceutical Needs Assessment, 2025*)
- 7 out of 20 pharmacies in Wokingham provide supervised consumption programmes (Boots Woodley, Day Lewis Lower Earley, Jats Pharmacy, Newdays Twyford, Rose Street Pharmacy, Shinfield Pharmacy, and Wokingham Pharmacy). (*Wokingham Pharmaceutical Needs Assessment, 2025*)

## Housing



A home should be affordable, safe, and comfortable. It should meet the needs of everyone who lives in it. People who live in houses that do not support good physical and mental health and wellbeing are at a higher risk of using drugs, alcohol, and tobacco.

### Key Findings

- The overall rate of homelessness in the Borough is lower than the South East and England average. However, a higher proportion of homeless households locally (8%) have a drug dependency need compared to the averages for England (6%) or the South East (5%). (*Ministry of Housing, Communities, and Local Government, 2023/24*)
- In 2021/22 17% of people in drug treatment reported a housing problem (12%) or urgent housing problem (5) (34% of opiate and crack cocaine users reported as having a housing problem or urgent housing problem compared to all those in treatment). (*National Drug Treatment Monitoring System*)
- In 2022/23, 1 in 12 people (9%) starting treatment said they had a risk of homelessness in the next 8 weeks. People in treatment for problems with psychoactive substances (mainly synthetic cannabinoids) had the highest risk, with 24% at risk of homelessness in the next 8 weeks when starting treatment. For people with opiate use, 16% were at risk, while 5% of those with alcohol use only were at risk. This only reflects drug and alcohol users who access treatment. (*National Drug Treatment Monitoring System*)
- 19% of those in the social rented sector smoke compared with 9% of residents in private rented housing. (*System Insights, 2024*)
- 4,800 children in Wokingham are estimated to be living in a smoking household (*ASH Inequalities Dashboard, 2025*)

## Family, friends and communities



To thrive, people need a safe, supportive and accessible community that helps to meet their health and wider needs. Supportive relationships and clear boundaries can protect against use, while exposure, peer pressure, and lack of supervision or resources can increase risk. Positive influences like strong family bonds, healthy peer groups, and engaged communities help reduce the likelihood of ADTV use, as well as treatment outcomes and recovery.

### Key Findings

- We don't currently have data on local smokeless tobacco product use.
- In 2024 parental alcohol use was indicated as a factor in 13% (185) of all factors identified at the end of children in need assessments by Wokingham Borough Council's Children's Services. Parental drug use was indicated in 8% (106) of factors. (*Department for Education, Children in Need*)
- In 2023/24, 125 Wokingham adults who were in drug and alcohol treatment were parents, 90 of these had their children living with them. This is 20% of all adults in treatment which is the same as the England and South East average. (*National Drug Treatment Monitoring System*)
- In January 2025, of the 336 people in the drug and alcohol service, 29% disclosed as having been a victim of domestic abuse in the last 12 months, and 11% disclosed as having been a perpetrator of domestic abuse in the last 12 months (*Cranstoun Domestic Abuse Service, 2025*)

- In 2024/25, 4.1% of women were smokers at attendance to their first appointment with a midwife at the Royal Berkshire Hospital. Younger women are more likely to be current smokers. *(Royal Berkshire Hospital)*.
- In 2024/25 4.3% of pregnant women were smokers at time of delivery, compared to 6.1% in England *(OHID Fingertips)*.
- In 2023, 48% of CYP who smoked tobacco got their cigarettes from people they knew, mostly friends. *(NHS Digital: Smoking, Drinking and Drug Use Among Young People in England)*
- 56% of *occasional smokers* and 81% of *regular smokers* say that their families know that they smoke (open smoker). *(NHS Digital: Smoking, Drinking and Drug Use Among Young People in England)*
- 63% report been exposed to second-hand smoke in a home or a care in the past year (whether or not they were smokers themselves). *(ASH Young People and Smoking Fact Sheet, 2025)*
- 13% were exposed to second-hand smoke at home/someone else’s home most days of the week. *(ASH Young People and Smoking Fact Sheet, 2025)*
- Children with a parent or a sibling who smoke are three times more likely to becoming a smoker. *(ASH Young People and Smoking Fact Sheet, 2025)*
- 82% of those who regular smoke report having a friend who smokes, compared to 25% of non-smokers. *(ASH Young People and Smoking Fact Sheet, 2025)*

### Education and skills



A good education builds the foundation for a healthy life. Along with the skills we learn and develop, it influences our prospects for where we live and work, and how we participate in society. It shapes our opportunities and choices, helping us avoid harmful behaviours like ADTV use by fostering knowledge, resilience, and informed decision-making.

### Key Findings

- Local schools report that vaping is on the rise. We do not have accurate data on vaping habits amongst young people.
- Pupil drug or alcohol use is a more common reason for school suspension in Wokingham (4%) schools than average across England (2.7%) and the South East (3%). *(Department for Education, 2022/23)*
- Over the past 3 years in Wokingham schools there have been 3 permanent exclusions from school where pupils’ drug or alcohol use was amongst the reasons for the exclusion. There have been 127 school suspensions over the same 3-year period in Wokingham schools where pupils’ drug or alcohol use were amongst the reasons for the suspension. The number of suspensions where drug and alcohol use are given as a reason has increased from 26 in 2020/21, to 44 in 2021/22 and 57 in 2022/23. *(Department for Education)*

### Work



Work and health are closely linked, with employment generally supporting better health outcomes, while poor working conditions or stress can contribute to drug and alcohol use. Work encourages positive relationships and builds self-esteem, which can act as a protective factor against ADTV use. However, if work is stressful or poorly supervised, it may increase vulnerability to drug and alcohol use.

- Between 2023-2024, 35% of adults in drug treatment were employed, and 45% of those in alcohol treatment. In both cases this is better than the South East and England. *(National Drug Treatment Monitoring System)*

- There is disparity in smoking prevalence by occupation - 18.7% of routine and manual workers in Wokingham smoke compared with 5.3% in managerial and professional occupations (*OHID, Fingertips, 2023*).
- For prevalence of smoking, there is a 15.4 percentage point difference across the socio-economic groups for Wokingham, the equivalent gap for England is 11.6 percentage points and 10.5 percentage points for the South East. (*OHID, Fingertips, 2023*)
- Hidden Voices research found that routine and manual workers living in Wokingham self-reported a low desire to quit smoking. (*Hidden Voices Insights, 2024*)

#### Money and resources



People on lower incomes and fewer resources are more likely to use alcohol, drugs, tobacco, or vaping due to higher stress, limited access to healthcare, and fewer educational opportunities. Economic hardship also creates barriers to treatment, making it harder to break the cycle of addiction. Additionally, disadvantaged communities often face greater exposure to ADTV advertising and lack accessible supportive services, further increasing risk.

- It is estimated that the alcohol harm cost for Wokingham is £62.4m per year. (*Institute of Alcohol Studies, 2024*)
- Smoking costs Wokingham an estimated £77.1m per year. (*ASH Ready Reckoner Tool, 2025*)
- In Wokingham, there are an increasing number of households (7,364) receiving universal credit to help with living costs. (*Department for Work and Pensions, 2025*)
- In 2022/23 there were over 3,200 children in Wokingham living in low-income families. (*Department for Work and Pensions, 2025*)
- In 2023/24, 49% of people in drug and alcohol treatment self-reported as being “economically inactive” at the start of treatment, a category which includes: unemployed and seeking work, homemaker, not receiving benefits, retired from paid work and unemployed and not seeking work. (*National Drug Treatment Monitoring System*)

In addition to the summary above, we have included further contextual information relevant to each building block and how it relates to ADTV.

## Surroundings and Transport

### Key Statistics

- In Wokingham 6,242 (9%) households do not have access to a car or van.
- 87% of households (5,431) without access to a car or van live in urban areas and the remaining 13% of households (805) live in rural areas.<sup>75</sup>

### Planning & Licensing

- Environments with a higher number of outlets selling tobacco, vapes and alcohol increases people's exposure to products that can damage health and be addictive. Proximity to outlets selling tobacco, vapes, and cheap alcohol can be a significant risk factor for individuals and communities who are already more disadvantaged.<sup>76</sup>
- Currently, there is no mapped data on the location of underage sales by alcohol and vape retailers in the borough. As such, alcohol and vape sales 'hotspots' in the borough cannot currently be determined.
- In England and Wales, the Licensing Act 2003 mandates that alcohol retailers must have a proof-of-age policy, requiring ID from anyone appearing under 18.
- Regulation and legislation on notably age, pricing, tax and illicit tobacco sales<sup>77</sup> has contributed significantly to the reduction in smoking prevalence, preventing influencing access in CYP and quit rates in adults.
- The new Tobacco and Vapes Bill (2024)<sup>78</sup> proposes further restriction on age sales from 2027, meaning people born on or after 2009 will never be able to legally be sold tobacco and may have implications for local authority enforcement activities.

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<sup>75</sup> [Wokingham \(E06000041\) - ONS](#)

<sup>76</sup> [Inequalities in distance from tobacconists, off-licences and betting shops | The Health Foundation](#)

<sup>77</sup> Harris F, MacKintosh AM, Anderson S, Hastings G, Borland R, Fong GT, Hammond D, Cummings KM. Effects of the 2003 advertising/promotion ban in the United Kingdom on awareness of tobacco marketing: findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*. 2006

<sup>78</sup> Department of Health and Social Care (2024) *Tobacco and Vapes Bill 2024*. UK Parliament. Available at: <https://bills.parliament.uk/bills/3879> (Accessed: 15 September 2025).

### **Case Study 1: Expanding smokefree environments in Greater Manchester**

Greater Manchester is actively expanding its smokefree spaces to promote public health and environmental well-being. These designated areas, where individuals are requested not to smoke, currently include children's play areas, parks, hospital grounds, transport hubs, and zones near schools and public buildings. The project has involved strong community support and public input.

The initiative aims to:

1. Deter youth smoking by reducing its visibility.
2. Protect the public from second-hand smoke exposure.
3. Minimise environmental harm caused by cigarette litter.
4. Support individuals attempting to quit smoking<sup>131</sup>.

**Environment** (*includes clean and safe environments, free from waste and harmful products, and paces which comply with legalisation and reduce exposure to harm*)

- From 1 June 2025, it is illegal for businesses to sell or supply, single-use or 'disposable' vapes because of the harms to the environment. Improper disposal is a significant concern, as vapes contain lithium batteries, which can overheat and cause fires in bin lorries and landfill sites, creating safety risks and financial burdens for local authorities. In Wokingham, there were eight fire incidents reported at recycling centres and dustcarts in one year, though these may not have been directly related to vapes. Even when disposed of correctly, recycling vapes remains challenging and costly due to their complex design, and some vape components are not recyclable at all. .
- The Health Act 2006 banned smoking in enclosed public spaces, later extended to vehicles carrying children (aged under 18) under the Children and Families Act 2014. This legislation was intended to reduce smoking in the environment and harms associated with passive (second-hand) smoking and has been a public health success in reducing smoking and smoking-related mortality nationally. The recently proposed Tobacco and Vapes Bill (2025)<sup>79</sup> aims to extend the indoor smoking ban to specific outdoor spaces, including children's playgrounds, areas outside schools, and hospital grounds, subject to consultation.
- Harm reduction (policies, programmes, and practices aimed at minimising the negative health, social, and legal impacts associated with behaviours like drug

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<sup>79</sup> Department of Health and Social Care (2024) *Tobacco and Vapes Bill 2024*. UK Parliament. Available at: <https://bills.parliament.uk/bills/3879> (Accessed: 15 September 2025).

use, without necessarily requiring cessation of the behaviour) can have a positive impact on surroundings, including improved public safety and cleanliness, reduced disease transmission, enhanced community trust and engagement, decreased emergency service burden and environmental health. The Berkshire Local Drug Information System (LDIS) has improved data monitoring and sharing to issue more timely drug alerts and warnings where needed on dangerous, new and/or novel, potent, adulterated or contaminated substances that are circulating in the local area. This has helped to ensure high-quality, effective information rapidly reaches our local drug and alcohol service and other relevant frontline workers who may be in contact with people who use drugs but are not in treatment.

- Community pharmacy is vital to the care of people who use drugs and alcohol. Pharmacies in Wokingham provide two important harm reduction programmes in Wokingham: needle and syringe programmes (NSPs) and supervised consumption.
  - The main aim of NSPs is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society.<sup>80</sup>
  - Supervised consumption is a service where a pharmacist or trained pharmacy staff observes a patient taking their prescribed medication (most commonly opioid substitution treatments like methadone or buprenorphine) at the pharmacy counter. This ensures that medication is taken as prescribed, reducing the risk of incorrect use, diversion (selling or giving away medication), and accidental overdose and provides regular contact with healthcare professionals, allowing for ongoing support, advice, and monitoring of the patient's wellbeing.<sup>81</sup>

### **Case Study 2: Disposable vape recycling in Oxfordshire**

Oxfordshire County Council introduced a disposable vape recycling scheme that has exceeded its targets in its first year, collecting more than 2 tonnes of used vapes. The initiative was launched to address the growing environmental concern over the disposal of single-use vapes by providing designated collection points across the county. The success of the program has helped raise awareness about the importance of recycling vapes and is seen as a model for other areas to follow.<sup>132</sup>

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<sup>80</sup> [What is this guidance about? | Needle and syringe programmes | Guidance | NICE](#)

<sup>81</sup> [2 Clinical need and practice | Methadone and buprenorphine for the management of opioid dependence | Guidance | NICE](#)

## Digital Environments

- Digital environments also shape health behaviours. Social media and encrypted apps have facilitated the growth of the drug economy, especially among young people<sup>82</sup>. Furthermore, between 2022 and 2024, exposure to vaping promotions among 11–17-year-olds rose to 72%, with social media playing a key role in normalising nicotine products. Social media significantly influences the promotion and normalisation of vaping, snus and chewable nicotine among young people in the UK. Research has found that increased social media use is associated with a higher risk of cigarette and vape use among teenagers, and that vape companies employ tactics such as influencer endorsements, appealing flavours, and vibrant imagery to target young audiences<sup>83</sup>. We currently have no local picture on the role of the digital environment on young people’s ADTV use.

## Safety and Crime

- For people to be able to thrive, a neighbourhood needs to feel and be safe. Although neighbourhood crime is low in Wokingham, we don’t currently have intelligence on who is committing alcohol- and drug-related crimes in Wokingham and we recommend improved insights to support prevention and intervention.
- There is a strong and well-established link between alcohol and drug use and reoffending. Individuals who use drugs or alcohol are more likely to reoffend<sup>84</sup>. Community-based and prison-based treatment programmes have been shown to reduce reoffending, especially when they are tailored to individual needs and include psychosocial support.<sup>85</sup> For example, people who complete drug rehabilitation requirement (DRR) sentences or engage in structured treatment are less likely to be reconvicted.<sup>86</sup> However, reoffending is also influenced by broader social factors such as homelessness, unemployment, and mental health, highlighting the need for integrated, multi-agency support.<sup>87</sup>
- Cuckooing and county lines are forms of exploitation linked to serious organised crime. Cuckooing involves criminals taking over the home of a vulnerable person—often someone with alcohol and/or drug use issues or mental health needs—to use it as a base for drug dealing<sup>88</sup>. County lines refers to the practice of urban gangs expanding their drug networks into rural or coastal areas, often

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<sup>82</sup> [#Drugsforsale – The rise of the social media drug dealer](#)

<sup>83</sup> [https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf?v=1738083753#:~:text=Exposure%20to%20vape%20promotion%20remains,%25\)%20and%20online%20\(29%25\).](https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf?v=1738083753#:~:text=Exposure%20to%20vape%20promotion%20remains,%25)%20and%20online%20(29%25).)

<sup>84</sup> [How alcohol and drug treatment helps to reduce crime – UK Health Security Agency](#)

<sup>85</sup> [Policy report - Reducing drug use, reducing reoffending \(summary\).pdf](#)

<sup>86</sup> [Policy report - Reducing drug use, reducing reoffending \(summary\).pdf](#)

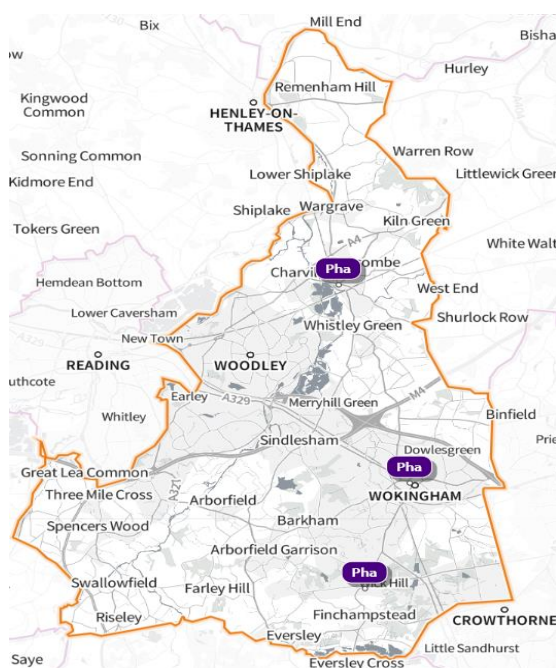
<sup>87</sup> [How alcohol and drug treatment helps to reduce crime – UK Health Security Agency](#)

<sup>88</sup> [Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK](#)

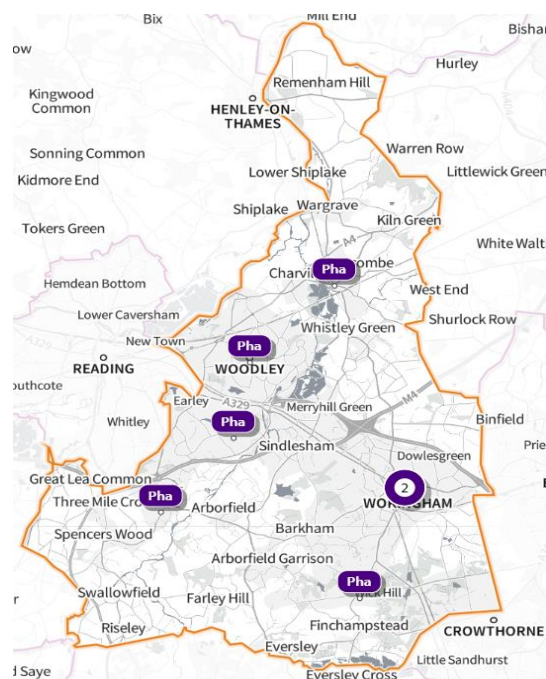
exploiting children and vulnerable adults to transport and sell drugs<sup>89</sup>. Due to the complex and often hidden nature of these crimes, an effective response requires a coordinated, trauma-informed, and community-based approach. Currently, there is no available local data on cuckooing and county lines activities.

**Transport** (includes access to surroundings and services across the life course i.e. work, education, healthcare provision, harm reduction and treatment and recovery services)

- Travel to treatment is one of the most fundamental environmental influences on treatment and can pose significant barriers. Research indicates that distance and travel time from the home to the treatment location can affect treatment attendance and completion<sup>90</sup>.
- The images below show the location of pharmacies in Wokingham which provide NSP and supervised consumption programmes.



*Needle Exchange Pharmacies*



*Supervised Consumption Pharmacies*

<sup>89</sup> [Criminal exploitation of children and vulnerable adults: county lines \(accessible version\) - GOV.UK](#)

<sup>90</sup> [Risky Substance Use Environments and Addiction: A New Frontier for Environmental Justice Research - PMC](#)

## Housing

### Key statistics:

- Many people living in Wokingham Borough live in safe, comfortable houses that meet their needs, but there are groups of people who are not as likely to be living in safe and comfortable houses, such as people living in rented accommodation.
- 6% of people in Wokingham (almost 10,000 people) live in a household that can be defined as deprived in the housing dimension which means that the household's accommodation is either overcrowded, in a shared dwelling, or has no central heating.<sup>91</sup>
- House prices and rent in Wokingham are more expensive than England. The ratio of house prices to earnings is higher in Wokingham (10.75) compared to England (8), meaning for the same salary in Wokingham it is more difficult to buy a house compared to the national average<sup>92</sup>. Fewer people in Wokingham live in social rented housing (7%) compared to England as a whole (17%).
- During 2023/24, 287 households in Wokingham were assessed as being homeless and owed a homelessness relief duty under the Homelessness Act. A further 289 were being threatened with homelessness and owed a prevention duty. The overall rate of homelessness in the Borough is lower than the South East and England average. However, rates in the Borough have been increasing significantly from 4.8 per 1,000 in 2019/20 to 8.3 Per 1,000 in 2023/24.

### Housing Instability

- Housing stability significantly influences both the risk of alcohol and drug use and the success of treatment and recovery efforts. Lack of stable housing can lead to social isolation, exposure to environments where substance use is normalised, and limited access to healthcare or support services<sup>93</sup>.
- For young people and vulnerable populations, stable housing can act as a protective factor against early initiation of ADTV use. It also facilitates better access to education and healthcare, which are associated with lower drug and alcohol use rates. A joined-up approach between housing partners and services working in both drug and alcohol and smoking cessation treatment is essential to reduce health inequalities for those experiencing housing insecurity.
- Safe, supportive housing also supports recovery and is shown to:
  - Reduce relapse rates
  - Improve engagement with treatment
  - Enhance mental health and employment outcomes

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<sup>91</sup> Office for National Statistics 2021 Census

<sup>92</sup> Office for National Statistics, 2024 House price to residence-based earnings ratio

<sup>93</sup> [How Stable Housing Supports Recovery from Substance Use Disorders | Opioid Principles](#)

- To achieve recovery from addiction, quality treatment needs to be supported by housing and employment<sup>94</sup>. Accommodation services who house people whilst they are still drinking or using drugs are recommended, so individuals can receive coordinated person-centred support to help address their housing need and drug and alcohol use together. This also helps reduce risk of harm to the individual and the public<sup>95</sup>.

### **Homelessness and ADTV use**

- Homelessness and drug and alcohol use have a well-known bidirectional relationship, with drug and alcohol use both a cause and consequence of homelessness<sup>96</sup>. Nationally, it is estimated that almost two-thirds of people who sleep rough use drugs or alcohol. In 2022–23, 9% of people starting drug and/or alcohol treatment faced homelessness risk within 8 weeks—rising to 24% for those using psychoactive substances, 16% for opiates, and 5% for alcohol only<sup>97</sup>.
- Given the impact of housing problems on the likelihood of treatment success, improving standards of housing and reducing homelessness will contribute to closing the gaps between those who are more and less likely to successfully complete treatment.
- The Blue Light approach is an initiative to develop alternative approaches and care pathways for alcohol users who have complex needs (including housing needs) and are not in contact with treatment services. It is a harm reduction and engagement strategy that challenges the traditional belief that only those who are motivated to change can be helped. Instead, it focuses on assertive outreach (purposeful and persistent outreach, sometimes required for those with multiple complex needs who are not in contact with treatment service multi-agency collaboration, and person-centred care to reduce harm and improve outcomes for individuals with complex needs. The Blue Light approach is that, while we may not always be able to make someone change completely, we can help reduce harm and manage the risk they pose to themselves and others. In Wokingham we plan to further explore this model to support more people in accessing the treatment they require.

### **Inequalities in Housing Type and Smoking**

- Smoking is linked to deprivation and housing tenure. Smoking rates among social housing residents are particularly high in England, with 32.7% smoking prevalence compared to 12.1% across all other housing types. Residents in

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<sup>94</sup>

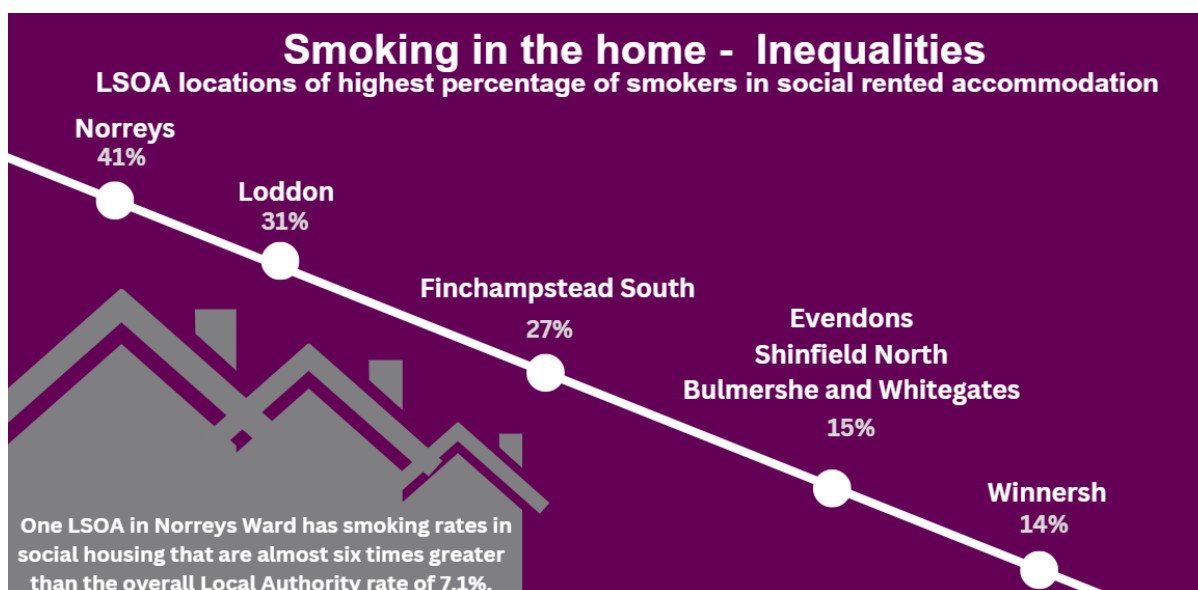
[https://assets.publishing.service.gov.uk/media/65dc7655529bfa0011e95508/E02949325\\_15.109\\_HO\\_Harm\\_to\\_Hope\\_AR\\_2022-23\\_Web+Accessible\\_v02.pdf](https://assets.publishing.service.gov.uk/media/65dc7655529bfa0011e95508/E02949325_15.109_HO_Harm_to_Hope_AR_2022-23_Web+Accessible_v02.pdf)

<sup>95</sup> [Microsoft Word - Working with Alcohol Use in Homelessness Services](#)

<sup>96</sup> [Homelessness and substance use disorders.](#)

<sup>97</sup> Source: OHID Adult substance misuse treatment statistics 2022 to 2023: report

social housing are disproportionately affected by the substantial health and economic inequalities caused<sup>98</sup>. Inequalities in smoking rates in Wokingham can be seen below:



Source: *Smokers within the social rented sector for given LSOAs, Systems Insights, September 2024.*  
(Comparison is against Wokingham smoking prevalence in adults of 4.6%, OHID 2022)

- ASH produced reports on smoking in the home and smoking among social housing residents, with several recommendations for action across professionals who may work or interact with these individuals<sup>99100</sup>. These recommendations include:
  - Training and delivery of brief advice or very brief advice (VBA) as standard by professionals including housing officers and financial/debt advisers
  - Effective consultation of residents in both social and private rented housing on their preferences around smokefree environments
  - Increased collaboration between smoking cessation services and social housing providers to ensure appropriate support and advice is given to their residents.
  - Ensuring the provision of additional tailored support during transition between smokefree environments (such as prisons or mental health inpatient settings) and a home in the community.

<sup>98</sup> ASH, 2022. Smoking and social housing: Supporting residents, addressing inequalities <https://ash.org.uk/uploads/ASH-Housing-LIN-Smoking-and-Social-Housing-May-2022.pdf?v=1652284469>

<sup>99</sup> [Smoking in the home: New solutions for a Smokefree Generation - ASH](#)

<sup>100</sup> ASH, 2022. Smoking and Social Housing <https://ash.org.uk/uploads/ASH-Housing-LIN-Smoking-and-Social-Housing-May-2022.pdf?v=1652284469>

### **Case Study 3: Flagship Homes' Smokefree Homes Project**

In March 2022, Flagship Homes, managing over 30,000 homes in East England, launched a smokefree homes initiative in collaboration with Norfolk, Suffolk, and Essex County Councils. The project supports residents in quitting smoking through key measures, including:

- Training 90 frontline staff to deliver brief smoking interventions.
- Appointing 'champions' for additional stop smoking training.
- Creating referral pathways to local Stop Smoking Services.
- Adding a non-punitive smokefree clause in tenancy agreements.
- Promoting new homes as smokefree and gathering resident smoking data.

The initiative includes a year-long campaign to raise awareness of quitting support, with positive early feedback from staff and ongoing project evaluation planned. This collaboration shows how social landlords can support smoking reduction efforts through partnerships with local authorities<sup>134</sup>.

## Friends, Families and Communities

### Social Connections

- Social connections are essential for wellbeing, but socioeconomic barriers—like low income—can limit participation in community activities, leading to isolation and loneliness. Smoking, often perceived as social, is actually linked to increased isolation, especially in older adults<sup>101</sup>.
- Drug and alcohol use can damage relationships and support networks, increasing loneliness and risk of relapse during recovery<sup>102</sup>. There is an important socioeconomic inequality, with people on the lowest incomes almost twice as likely to experience strained family relationships compared with those on the highest incomes<sup>103</sup>.

### Case Study 4: Inclusive Recovery Cities

Recovery takes place in communities after structured treatment has been completed and an individual's ability to initiate and sustain their recovery journey depends on effective, positive networks and community support. An effective recovery environment is 'somewhere to live, someone to love and something to do'<sup>1</sup>. The Inclusive Recovery Cities movement, active in 10 UK cities promotes visible recovery, challenges stigma and discriminatory attitudes, and champions multiple pathways to addiction recovery. Portsmouth, for example, hosts creative recovery events and public engagement activities. This approach aims to benefit not just those in recovery, but the wider community and local area, through improved integration and community support

- It is important to acknowledge that the impact of drug and alcohol use extends far beyond the individual—it deeply affects friends, families, and entire communities. Loved ones often experience stress, anxiety, guilt, and helplessness watching someone struggle with addiction, and families may face financial hardship due to treatment costs, legal fees, or lost income. Therefore, support for loved ones is an important element of the wider recovery process.

### Family and Cultural Systems

- Certain forms of tobacco use are more prevalent in specific communities. Shisha, popular among South Asian, Middle Eastern, and North African groups, involves inhaling flavoured tobacco smoke through water in social settings. A single session can last over an hour and expose users to smoke equivalent to

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<sup>101</sup> [Relationship of smoking with current and future social isolation and loneliness: 12-year follow-up of older adults in England - PMC](#)

<sup>102</sup> ["You can't change lonely with a bottle of wine" | Alcohol Change UK](#)

<sup>103</sup> <https://www.health.org.uk/features-and-opinion/features/what-builds-good-health#family%20friends%20and%20community>

100 cigarettes, potentially exposing users to higher levels of harmful substances<sup>104</sup>. Smokeless tobacco products like paan, betel quid, and gutkha are widely used in South Asian communities and prolonged use is linked to oral cancer and gum disease. These culturally specific practices contribute to health disparities, including higher rates of oral and throat cancers<sup>105</sup>. We don't currently have data on local smokeless tobacco product use. Engaging with these communities, understanding the cultural context, and building trust through local partners, such as faith groups and voluntary and community organisations, are essential first steps.

- Family and friends can intentionally or unintentionally provide easy access to tobacco which can be a factor of early initiation in childhood smoking.
- Socio-economic status, maternal education, societal exposure to tobacco (marketing, films, television and media) and adverse childhood experiences are all shown to be influencing factors in smoking status<sup>106 107 108</sup>

### **Parental ADTV Use and Impact on Families (including Domestic Abuse)**

- Children become aware of parental alcohol or drug dependence from an early age and are more susceptible to health and behavioural issues. For example, children of parents who are alcohol dependent are:
  - twice as likely to experience difficulties at school
  - three times more likely to consider suicide
  - four times more likely to become dependent drinkers themselves
  - five times more likely to develop eating disorders<sup>109</sup>.
- A child in need is legally defined as a child who is unlikely to achieve or maintain a reasonable standard of health or development, whose health or development is likely to be significantly impaired, or who is disabled—unless the local authority provides services under Section 17 of the Children Act 1989.<sup>110</sup> Many factors can be indicated as contributing to the impairment of a child's development, including parental alcohol and/or drug use.
- In 2021 Public Health England published a toolkit for child and family services and adult alcohol and drug treatment services, emphasising the importance of

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<sup>104</sup> <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/smoking-and-cancer/shisha-chewing-tobacco-betel-paan-and-other-tobacco>

<sup>105</sup> [Tobacco-and-Ethnic-Minorities-Fact-Sheet-v3.pdf](#)

<sup>106</sup> Leonardi-Bee J, Jere M, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. *Thorax*. 66(10):847-855, 2011

<sup>107</sup> Taylor-Robinson DC, Wickham S, Campbell M, Robinson J, Pearce A, Barr B Are social inequalities in early childhood smoking initiation explained by exposure to adult smoking? Findings from the UK Millennium Cohort Study. *PLoS ONE* 2017

<sup>108</sup> Camille Joannès, Raphaële Castagné, Michelle Kelly-Irving. Associations of adverse childhood experiences with smoking initiation in adolescence and persistence in adulthood, and the role of the childhood environment: Findings from the 1958 British birth cohort, *Preventive Medicine*, Volume 156, 2022

<sup>109</sup> [Parents who drink too much | Alcohol Change UK](#)

<sup>110</sup> [Child in need - childlawadvice.org.uk](#)

strong leadership and partnership working to develop a whole-system response to parental alcohol and drug problems<sup>111</sup>.

### *Domestic Abuse*

- There is a strong and complex interrelationship between substance use and domestic abuse; substance use does not cause domestic abuse, however they often occur at the same time. When substances are involved, abuse can become more severe, and controlling access to substances can become part of the abuse. People who experience domestic abuse might use substances as a coping mechanism. The combination of domestic abuse, substance use, and mental health is often identified as a common feature of families where harm to children and adults has occurred, and with all three contributing to adverse childhood experiences (ACEs), they can have lasting and negative effects on health, behaviour and wellbeing.

### *Second-hand Smoke and Smoking in Pregnancy*

- The Tobacco Control Plan for England aimed to reduce smoking in pregnancy to 6% or less by 2022, improving maternal and infant health outcomes. This target has not yet been reached; in 2023 the rate was still at 7.4% nationally, though this is the lowest annual rate to date<sup>112</sup>. The NHS England smoke-free pregnancy incentive scheme supports pregnant women to quit smoking through a combination of financial incentives and specialist support. The scheme provides vouchers as rewards for reaching key milestones in smoking cessation, verified through carbon monoxide (CO) testing. This scheme aims to lower the risks of smoking-related complications such as preterm birth, low birth weight, and infant mortality, improving health outcomes for both mothers and babies<sup>113</sup>.

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<sup>111</sup> [Parents with alcohol and drug problems: adult treatment and children and family services - GOV.UK](#)

<sup>112</sup> DHSC Fingertips, Smoking Profiles (2024)

<sup>113</sup> [NHS England National smoke-free pregnancy incentive scheme](#)

### **Case study 5: Wolverhampton Council**

The City of Wolverhampton Council has been successful in its bid for funding to enhance local services for people with alcohol problems and their families. They received £116,000 from Public Health England's Capital Fund to create a 'hub' providing help and support to parents and their children.

The hub provides a range of multi-agency support services and a welcoming 'home away from home' for vulnerable families<sup>135</sup>.

### **Case Study 6: COMHAD Team in Bexley**

The London Borough of Bexley have a Co-Occurring Mental Health, Alcohol and Drugs (COMHAD) team based in the Mental Health Hub. Their aim is to ensure that service users with substance use issues have equal access to mental health services as part of holistic recovery. The service provides a range of clinical and psychosocial interventions including one-to-one support and groupwork that explore the connection between substance use and mental health to better develop holistic wellbeing and self-management. The COMHAD team works closely with the locally commissioned drug and alcohol service.

### **Case Study 7: Quit Well Newham**

The Quit Well Newham service targets manual workers and people with long-term conditions, to provide support. Outreach includes visits to workplaces like construction sites and factories, with materials available in multiple languages to address barriers. Collaboration with the NHS and other health providers ensures integrated referrals. Outreach has led to high engagement and a drop in smoking rates among target groups, with 54% of participants achieving quit status.<sup>138</sup>

#### *Reaching entrenched smokers*

Their most recent campaign 'What You Will Miss' targeted entrenched smokers. It acknowledged the complexity of the relationship and the dependency and fear of missing the reward or crutch. It pushed past boundaries and asked them if there were bigger things in their life that they would miss if they died from smoking.

"Tobacco is the only product available on the consumer market that when used exactly as intended will kill 2 in 3 users, and many of those deaths will occur in middle age. These shocking stats, framed in the context of missing out on the moments that matter most in life – not just for you, but for your loved ones – stopped even the most cynical of smokers in their tracks. When we researched this concept, we saw them instantly begin to imagine the hole that smoking would leave in their world, and in no doubt that there are things in life they'll miss far more than smoking." Samantha Neville, Marketing Manager<sup>142</sup>

### **Case study 8: Vaping cessation support for teens in Slough**

Slough's new vaping cessation service offers free support for teens wanting to quit vaping. The programme provides confidential, personalised support, including nicotine replacement therapy from trained advisors. Teens can access the service by contacting their school nurse, texting QUIT, or visiting the Health and Wellbeing Slough website. Workshops and brief advice sessions are also available for local schools and colleges. This initiative aims to educate young people about the risks of vaping and assist them in quitting<sup>148</sup>.

## Education and Skills

### Key Statistics:

- In Wokingham Borough there are 29,849 children attending 71 state-funded schools, 55 primary schools, 10 secondary schools, and 3 special schools. There are also 11 independent schools, and 1 non-maintained special school located in the borough.
- In Wokingham Borough the overall rate of persistent absence from school (percent of children missing 10% or more of school sessions) is 14%. However, for some groups this is much higher. This includes children eligible for free school meals (33%), children with special educational needs (SEND) (32%), and children in need (45%)<sup>114</sup>.

### Population-level education and awareness

- Accurate knowledge on the content, strength, risks and health implications of ADTV use is essential to supporting informed decisions on ADTV use and preventing misuse.<sup>115</sup>
- Knowledge of the risks of alcohol consumption may be low amongst UK adults; a 2025 YouGov poll from the World Cancer Fund found that 1 in 14 UK adults did not think there was a link between alcohol consumption and cancer risk,<sup>116</sup> despite alcohol being attributable for 17,000 cancer diagnoses in the UK each year.<sup>117</sup>
- Similarly, inaccurate public conceptions regarding use of vapes may be adversely impacting their use as a quit tool. ASH report that misconception around vaping harms have increased in the UK; in 2025 over half (53%) of people who smoke think vaping is as harmful or more harmful than smoking<sup>118</sup>. Although NICE guidelines recognise the lack of long-term evidence on vaping, there is consensus that use of vaping is likely to be substantially less harmful than smoking.<sup>119</sup>
- Education and awareness of the risks of ADTV, in particular alcohol and tobacco, can be promoted through very brief advice (VBA) interventions. Alcohol and tobacco screening and brief interventions can be delivered by any professional who has completed the training, including those in healthcare, the criminal justice system, social services, housing services, and higher education. Through training a wide variety of professionals across the public, private and voluntary sectors, brief interventions can contribute to improving population-level

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<sup>114</sup> [Pupil absence in schools in England, Academic year 2023/24 - Explore education statistics - GOV.UK](#)

<sup>115</sup> [Shaping Alcohol Health Literacy: A Systematic Concept Analysis and Review - PubMed](#)

<sup>116</sup> [Time for a new strategy to fight alcohol harm | ADPH](#)

<sup>117</sup> [Alcohol and cancer - House of Commons Library](#)

<sup>118</sup> [Use of vapes \(e-cigarettes\) among adults in Great Britain - ASH](#)

<sup>119</sup> [Treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)

awareness on alcohol and tobacco risks, creating a system where knowledge, education and reflection on ADTV use are promoted across services.

### ADTV Prevention and Education in Schools

- Drug and Alcohol education is compulsory in state funded schools, forming part of the statutory Relationships, Sex and Health Education (RSHE)<sup>120</sup>. Within health education teaching there is a focus on mental wellbeing, including prevalence and characteristics of serious mental and physical health conditions, drugs, alcohol and information about effective interventions<sup>121</sup>.
- The Government's Harm to Hope Strategy Drug Strategy 2022 recommends school staff be equipped to provide information and support on drugs and alcohol, to help build resilience of young people<sup>122</sup>.
- NICE and the World Health Organisation recommends smoking prevention in schools be embedded within a comprehensive whole-school smokefree policy and integrated into the curriculum<sup>123 124</sup>, this should include creating nicotine- and tobacco-free sites, development of clear policies that ban these substances, align with broader health education and consider cultural and social needs of students. The guide also advocates for educational initiatives that build students' decision-making skills and self-esteem to resist peer pressure, alongside support systems to help them quit smoking and vaping. Community involvement is key, with teachers, staff, students, and parents encouraged to participate, and peer-led programmes recommended to challenge smoking norms.
- The ADPH South East guidance on vaping<sup>125</sup> provides detailed advice for schools on managing vaping among young people. It supports educators and safeguarding leads in preventing youth uptake and promoting a healthy school environment, while acknowledging that although vaping may serve as a harm reduction tool for adults, it poses significant risks to young people. It also encourages partnership working with other agencies including Trading Standards and police, to address issues such as underage vape sales and illicit products.
- Partners in schools and education anecdotally report smoking is becoming more uncommon, but that vaping use in CYP is on the rise. This makes health

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<sup>120</sup> Department for Education. (2019). *Relationships education, relationships and sex education (RSE) and health education: Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers*. HM Government.

<https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>

<sup>121</sup> [https://assets.publishing.service.gov.uk/media/62cea352e90e071e789ea9bf/Relationships\\_Education\\_RSE\\_and\\_Health\\_Education.pdf](https://assets.publishing.service.gov.uk/media/62cea352e90e071e789ea9bf/Relationships_Education_RSE_and_Health_Education.pdf)

<sup>122</sup> [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK](https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives)

<sup>123</sup> National Institute for Health and Care Excellence. (2021). *Tobacco: Preventing uptake, promoting quitting and treating dependence (NG209)*. NICE. <https://www.nice.org.uk/guidance/ng209>

<sup>124</sup> World Health Organization. (2023). *Freedom from nicotine and tobacco: Guide for schools*. <https://www.who.int/publications/i/item/9789240080553>

<sup>125</sup> [ADPHSouthEast-PositionStatementOnVaping2024.pdf](https://www.adph.org.uk/position-statement-on-vaping-2024)

education and support to schools and parents important. There are no services available to help people quit vaping. In addition, there is anecdotal local insight suggests growing concerns around the use of vapes with THC (Tetrahydrocannabinol, the principal psychoactive constituent of cannabis) and other substances among young people, which are harder to detect in vape form. A recent study found that one in six vapes seized and tested across schools in England contained spice, a group of synthetic substances that mimic the effects of cannabis but are often much more potent<sup>126</sup>.

- Individual schools are responsible for implementing the national PHSE frameworks and content. Latest guidance is available via the local Health Promoting Schools network and website, discussions between schools are encouraged particularly sharing of best practice. There is a gap in understanding of whether schools and other settings are consistently meeting the national guidance on smoking and vaping education in accordance with national guidance.
- School Nursing colleagues deliver vaping awareness assemblies to schools if they have received several referrals from a school, sessions are supported by Smokefreelife Berkshire. School nurses also see young people for individual support, looking into why they vape, risks and alternatives, using national resources to guide these conversations, such as ASH and Talk to FRANK. School nursing also provide a ‘*ChatHealth*’ text service for children, young people and parents on health and wellbeing issues including smoking and vaping, though anecdotal reports indicate very limited contacts in relation to smoking and/or vaping in the last year.
- One-off training and awareness sessions for schools commissioned by public health are well received, but there is a need to implement a more systematic approach to delivering education and information in schools through existing structures and partnerships.

### **ADTV Use in School-Age Pupils (including exclusions, suspensions and absenteeism from school)**

- There is a strong link between pupil ADTV use and educational attainment. Lower education level is associated with higher risk of smoking, including more pack-years of smoking, fewer quit attempts and a lower likelihood of cessation<sup>127</sup>. Educational attainment has been linked to higher alcohol and cannabis consumption, yet this does not translate into alcohol and drug related harms, with more severe health impacts being concentrated among less educated and more deprived communities in England and the UK. It also may not translate into

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<sup>126</sup> [Synthetic cannabinoids consumed via e-cigarettes in English schools | medRxiv](#)

<sup>127</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC4939617/#:~:text=After%20controlling%20for%20measure,d%20confounders,a%20lower%20likelihood%20of%20cessation.>

substance *dependence*, which is associated with lower educational status and/or not being in education, employment or training (NEET).

- Truancy from school is indicated as a factor in drug use amongst children and young people. Since the return to school after the COVID-19 pandemic, there has been an increase in suspensions and permanent exclusions from school across England, including in Wokingham schools. Schools included in this analysis are all state funded primary, secondary, and special schools. whose pupils will not be included in these data.

### **Young People Not in Employment, Education or Training (NEET)**

- Alcohol use in adolescence has also been associated with school disengagement and academic achievements which may impact on educational and employment outcomes or being NEET<sup>128</sup>. Being NEET at a young age is associated with detrimental effects on physical and mental health, as well as increasing the likelihood of unemployment, and low quality and low wage work later in life, which are also associated with poorer health outcomes and risk of ADTV use. We do not have data on the drug, alcohol, smoking and vaping habits of young people in Wokingham who are NEET. Of the 35 young people in drug and alcohol treatment in 2023/24 with an education or employment status recorded, 30 were in mainstream education and 5 were NEET.

### **Special Educational Needs and Disabilities (SEND)**

- Children and young people with Special Educational Needs and Disabilities (SEND) are at increased risk of using ADTV due to a combination of emotional, social, and cognitive vulnerabilities. Factors like social isolation, bullying, low self-esteem, mental health and developmental conditions (e.g., ADHD, anxiety, autism) can lead to substance use as a coping mechanism. Additionally, some may have limited understanding of the risks or be more susceptible to peer pressure. Mainstream substance education often lacks accessibility for SEND learners, highlighting the need for tailored, inclusive interventions that build resilience and informed decision-making.

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<sup>128</sup> <https://alcoholchange.org.uk/publication/adolescent-alcohol-use-and-school-disengagement>

## Work

### Key Statistics:

- The overall economic picture of the borough is good with low levels of unemployment (1.8% in December 2023)<sup>129</sup> and higher than average salaries<sup>130</sup>. Fewer people in Wokingham are claiming jobseeker's allowance or are out of work and claiming universal credit (2% of the population) than the average for the South East (3.2%) and England (4.2%). However, there is a large gender pay gap<sup>131</sup>. Men in the borough will earn, on average 33% more than women. Groups who are more likely to be unemployed include those with learning disabilities, long-term health conditions, and those with serious mental illness<sup>132</sup>.
- As of March 2025, 2,240 Wokingham Borough residents were claiming benefits due to being out of work and actively seeking employment. Males (1,250: 2.2%) are more likely to be claiming than females (990: 1.7%). Younger people are more likely to be claiming than people aged 50+ with males aged 16-24 most likely to be claiming (235: 2.7%).

### Employment status and ADTV use

- Employment status is closely linked to substance use, with unemployed individuals generally showing higher rates of smoking, alcohol consumption, drug use, and lower engagement with vaping as a cessation tool, compared to those in employment, due to factors like stress, social isolation, and reduced access to health support<sup>133</sup>.
- There is a mutually-reinforcing relationship between employment and recovery from illicit drug use. Being employed at the start of treatment improves the chances of completing treatment successfully, and completing treatment improves the chances of finding employment. Support into formal employment, education and training opportunities is an essential part of recovery from drug use, both for financial stability and to offer something meaningful to do.
- The Government's 2010 Drug Strategy listed a series of recovery-focused aims, among them sustained employment<sup>134</sup>:
  - Rolling out Individual Placement Schemes (IPS) to all areas in the UK. IPS is an intensive employment support intervention to help people find and stay in work, supporting their personal skills and preferences, providing interview coaching and job searching

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<sup>129</sup>NOMIS Official Census and Labour Market Statistics, model-based estimates of unemployment

<sup>130</sup> NOMIS Official Census and Labour Market Statistics, annual survey of hours and earnings

<sup>131</sup> ONS Gender pay gap in the UK

<sup>132</sup> Office for Health Improvement and Disparities, Public Health data: Fingertips

<sup>133</sup> [Drug use, alcohol and smoking - Office for National Statistics](#)

<sup>134</sup> [An Independent Review into the impact on employment outcomes of drug or alcohol addiction, and obesity. CM9336 - November 2016](#)

- Funding and recruiting peer mentors in each Jobcentre Plus area to encourage people dependent on drugs to claim relevant benefits and access employment support
- Equipping Jobcentre Plus staff to work more intensively in the community with those with complex needs, including people with addictions
- Smoking has a negative impact on individual earnings and employment prospects, with smokers earning, on average, 6.8% less than non-smokers nationally. People in employment are less likely to smoke (11% of the UK population) than unemployed people (20%), which can further exacerbate economic inequalities due to the expense of smoking to the individual.
- Disability among smokers plays a significant role, as it is linked to long-term smoking and chronic health impacts, leading to greater likelihood of unemployment. This is shown by the fact that the impact of smoking on employment in under 30s is not statistically significant. Furthermore, disability has a bigger impact on the employment prospects of smokers, with disabled smokers being 12.5% less likely to be in employment than disabled non-smokers<sup>135</sup>.

### **Employment type and smoking**

- Smoking is more prevalent in some occupations than others, with people in lower-paid jobs much more likely to smoke than people with higher-paid jobs. Historically there has been a slower decline in smoking among manual groups, but in recent years, smoking rates nationally have fallen by a similar amount across all social groups, which has reduced the differential between employment groups<sup>136</sup>. The local data, however, indicates in Wokingham smoking among routine and manual workers has actually risen in recent years, despite overall smoking prevalence across all occupational groups being low (see Behavioural Insights in Wokingham section in “Tobacco Smoking in Adults” section earlier in this document).

### **ADTV use in the workplace**

- Lost productivity due to alcohol use costs the UK economy more than £7 billion and 167,000 working years annually<sup>137</sup>. Between 3% and 5% of all work absence is caused by alcohol consumption. 40% of employers mention alcohol as a significant cause of low productivity. 25% say that drugs or alcohol have affected them at work, with 23% saying they had experienced decreased productivity as a result. 35% of people say they’ve noticed colleagues under the influence of drugs and alcohol at work<sup>138</sup>.
- Workplaces can also influence our drinking habits, with 27% of people reporting that workplace stress makes them drink more. Many workplace cultures also encourage

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<sup>135</sup> [Smoking, employability, and earnings - ASH](#)

<sup>136</sup> [Adult smoking habits in the UK 2023.pdf](#)

<sup>137</sup> [Health matters: harmful drinking and alcohol dependence - GOV.UK](#)

<sup>138</sup> [» Spotlight on... drugs and alcohol Best Practice Hub](#)

drinking, whether through informal socialising or workplace events where drinking is considered the norm and alcohol is often made available for free<sup>139</sup>.

- Most alcohol-related workplace incidents are not caused by very heavy drinkers but by more moderate drinkers. As little as one small drink of alcohol can impair concentration and affect reaction times, but most people are unaware of the number of units they consume or how long alcohol remains in the body.<sup>140</sup>
- Employers are required to prevent smoking on their premises and ensure compliance with the law.<sup>141</sup> Businesses that fail to enforce the ban may incur fines up to £2,500. Employers must display 'no smoking' signs in workplaces and vehicles and ensure people don't smoke in enclosed work premises or shared vehicles and staff smoking rooms aren't allowed - smokers must go outside.<sup>142</sup> Employers should implement a clear smoking policy, and are encouraged to consult with employees and their representatives to develop a smoking policy tailored to their workplace needs.<sup>143</sup>
- The British Heart Foundation's "Quit Smoking" booklet highlights the health and workplace benefits of smoking cessation including productivity, reduced absenteeism, and improved morale. It provides strategies for employers to support staff, including smokefree policies, access to cessation resources, workplace campaigns, and offers steps for developing a supportive workplace culture for quitting, such as using NHS Stop Smoking Services and financial calculators<sup>144</sup> to measure smoking-related costs<sup>144</sup>
- The links between vaping and work are less clear, particularly because vaping is relatively new and growing in prevalence. While employers are obliged by law to ensure no smoking of tobacco on any substantially enclosed premises, this ban does not extend to vapes, meaning employers have the discretion to create their own policies and there is guidance which sets out considerations for employers, including:
  - Separation between vaping and smoking policies, and regular review of policy
  - Safe disposal of vapes
  - Consideration of individuals with respiratory conditions like asthma, who may be sensitive to vapours from vapes
  - Identifying and managing risks of uptake by children and young people where professionals work in youth settings<sup>145</sup>
- There is not yet data on vaping trends around employment or type of employment in England or the UK<sup>146</sup>.

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<sup>139</sup> [Alcohol in the workplace | Alcohol Change UK](#)

<sup>140</sup> [Alcohol in the workplace | Alcohol Change UK](#)

<sup>141</sup> <https://www.legislation.gov.uk/ukpga/2006/28/part/1>

<sup>142</sup> <https://www.gov.uk/smoking-at-work-the-law>

<sup>143</sup> <https://www.hse.gov.uk/contact/faqs/smoking>

<sup>144</sup> [haw-quit-smoking-booklet-g692a.pdf](#)

<sup>145</sup> [Use of e-cigarettes in public places and workplaces](#)

<sup>146</sup> [Nicotine vaping in England: 2022 evidencemmary - GOV.UK](#)

## Money and Resources

### Societal and individual costs of ADTV use

- The economic impacts of ADTV use are significant. Alcohol is estimated to cost UK society more than £27 billion each year, including costs linked to health, crime and lost productivity<sup>147</sup>. Harm from illicit drug use amount to £20 billion. Evidence suggests that every £1 invested into harm reduction, treatment and recovery programmes for illicit drug use provides a return on investment of £4, making community drug treatment and support services a highly cost-effective intervention. Despite this, in 2020-21 only £650 million was spent on drug treatment programmes nationally<sup>148</sup>.
- Smoking costs to the economy are estimated at £17 billion a year<sup>149</sup>, with an additional £2.8 billion of costs caused by illicit (counterfeit) tobacco<sup>150</sup>. The effects of smoking amount to £14.1bn lost in income every year in the UK. Smoking costs Wokingham an estimated £77.1m per year. £51.3m of this estimated total is from smoking related lost earnings (£18.0m), smoking-related unemployment (£15.5m), smoking-related early deaths (£1.84m) and reduced Gross Value Added (GVA) due to expenditure on tobacco (£15.9m)<sup>151</sup>
- Currently there is no record of economic costs associated with vaping, though modelling suggests there will be increasing healthcare costs, as vape-related hospital admissions have increased by 237% since 2019, when they started to be recorded.

### Deprivation, Low-Income Households and ADTV Use

- There is also a strong link between deprivation and smoking, which has been noted elsewhere in this needs assessment. Smoking is responsible for at least half the difference in life expectancy between the richest and poorest in society. Approximately one-third of all smoking adults in England live in the 20% most deprived areas while only 10.9% live in the 20% least deprived areas. There is a wide variation in smoking rates across England, with a smoking rate of nearly 24% smoking among adults in the most deprived areas compared to less than 7% in the least deprived areas. Furthermore, smoking-related mortality is also highest in the most deprived areas<sup>152</sup>.
- Quitting smoking can have profound financial benefits for families. In the UK, nearly 1.5 million households which include someone who smokes are currently in poverty, when the costs of tobacco addiction are accounted for. Research suggests this includes 447,000 additional households living in poverty in the UK as a *direct result* of tobacco addiction. However, around

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<sup>147</sup> Alcohol Change UK, 2023 <https://alcoholchange.org.uk/blog/eyes-wide-open-the-cost-of-alcohol#:~:text=billion%20each%20year.-,Alcohol%20is%20estimated%20to%20cost%20UK%20society%20more%20than%20%C2%A3,the%20costs%20of%20alcohol%20harm>.

<sup>148</sup> UK Government, 2021. Review of drugs part two: prevention, treatment, and recovery <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#:~:text=Although%20Part%201%20of%20the,on%20investment%20of%20%C2%A34>.

<sup>149</sup> ASH, 2022. <https://ash.org.uk/media-centre/news/press-releases/smoking-costs-society-17bn-5bn-more-than-previously-estimated>

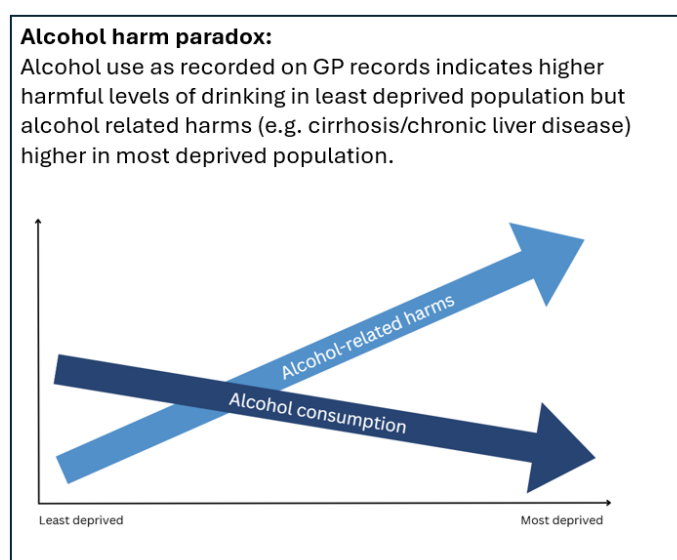
<sup>150</sup> UK Government, 2024. <https://www.gov.uk/government/publications/stubbing-out-the-problem-a-new-strategy-to-tackle-illicit-tobacco/stubbing-out-the-problem-a-new-strategy-to-tackle-illicit-tobacco>

<sup>151</sup> [ashresources.shinyapps.io/ready\\_reckoner/](https://ashresources.shinyapps.io/ready_reckoner/)

<sup>152</sup> [Deprivation and the impact on smoking prevalence, England and Wales - Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandlife/articles/deprivation-and-the-impact-on-smoking-prevalence-england-and-wales-2019)

428,000 people, including around 235,000 children, could be lifted out of poverty if the costs of smoking were returned to these households by quitting.

- There is a mixed and rapidly changing picture when it comes to the link between vaping and deprivation. A review in 2021 found that vaping rates were higher in more deprived groups than less deprived (8.2% compared to 4.6%). However, for young people, vaping was more prevalent in the more advantaged groups<sup>153</sup>.
- Factors identified for the link between deprivation and ADTV use and harms include poorer access to support services or networks in more deprived areas, reliance on ADTV as a coping mechanism due to financial stress and a sense of 'lack of control' over one's material circumstances. Therefore, addressing these inequalities requires the removal of structural and financial barriers, to support individuals to thrive<sup>154</sup>.
- National guidance recommends an equity-based approach to commissioning and service delivery that targets individuals in lower socioeconomic groups, offering tailored support, as smokers on lower incomes are less likely to have a successful quit due to the multiple barriers faced including lower education levels, lower health literacy, and limited access to health services and involvement in care<sup>155</sup>.
- It is important to note the alcohol 'harm paradox', whereby areas of high deprivation tend to have lower average consumption yet are disproportionately affected by alcohol harms and health issues. While this appears to be in part driven by the interactive relationship between alcohol and other factors influencing health such as smoking, diet, and stress, research has found that even when other health influences are adjusted for, and regardless of how deprivation has been measured, moderate drinkers of low socioeconomic status were at more risk than people who drank heavily but were more affluent. This indicates that poverty and its direct impacts make people more susceptible to alcohol-related illness, regardless of other influences<sup>156</sup>.



<sup>153</sup> [Vaping in England: an evidence update including vaping for smoking cessation, February 2021](#)

<sup>154</sup> [the-marmot-review-10-years-on-full-report.pdf](#)

<sup>155</sup> [Commissioning-delivery-and-monitoring-guidance.pdf](#)

<sup>156</sup> [Alcohol and inequalities | Alcohol Change UK](#)

## Cranstoun Drug and Alcohol Treatment and Recovery Service

### Location

Services for adults are delivered from a hub or satellite site, both located in Wokingham town centre. All clinical review appointments are required to be at the main Cranstoun service site with no outreach provision for this.

Cranstoun provide information through their website, including use of the AUDIT-C tool. They also have an online artificial intelligence chatbot called DrugBot to provide personalised drug information, with a focus on harm reduction (for ages 18+ only).

Cranstoun Here4Youth delivers their under-18s services from community locations such as schools, colleges, and other convenient and appropriate venues for young people. In 2025/26, a permanent location will be funded to improve accessibility to the service.

### Core Services

- Assessments, Information and advice
- Psychosocial interventions including one to one sessions, group work, structured interventions and recovery planning
- Pharmacological interventions including prescribing services and drug testing
- Community and ambulatory detox and rehab support, or support with access to inpatient detox where required
- Harm reduction including needle syringe programme, blood-borne virus testing and Naloxone distribution
- Health and wellbeing checks

### Collaboration across the building blocks

- Work with housing and rough sleeping outreach partners to provide information and harm reduction support; support existing clients with housing needs to access appropriate accommodation while receiving treatment. Where required, housing and Cranstoun conduct joint assessments with other agencies.
- Support families and friends of clients where appropriate, including: four sessions of information and awareness to parents of young people; joint appointments, mediation sessions, and information and awareness for family and loved ones of adult clients; and Naloxone and Naloxone training to family members.
- No specific offer for parents in treatment beyond the same services as other clients. The service attends and participates in all children's services meetings and engages in Team Around the Family, Child in Need and Child Protection processes, where needed.
- No specific COMHAD service in Wokingham or Berkshire Healthcare Foundation Trust. Community Mental Health Team (CMHT) and substance use services have highlighted a need for closer joint working including: intervention at an earlier stage for individuals with complex needs; closer referral processes between mental health and substance use services; lack of joint assessments; and a tendency for signposting rather than active referrals, which are thought to be less successful in resulting in engagement in services.
- Currently, Oxfordshire Mind and Mental Health Integrated Care System (MHICs) provide support around mental health for those who do not meet CMHT criteria. These two services maintain a referral pathway with Cranstoun, and quarterly meetings take place to review progress and discuss any issues.
- Participate in the Berkshire Individual Placement Scheme (IPS) to support clients find work. Wokingham's IPS case worker is due to start their role from September 2025.
- The local Citizens' Advice Bureau (CAB) generally signpost to Cranstoun for drug and alcohol support.

## Location

Smokefreelife Berkshire services are delivered from a mobile hub or satellite hubs located across Wokingham. Smokefreelife Berkshire regularly promotes locations and changes on their website available [here](#). Current locations include Tesco's Wokingham (Finchampstead Rd), Woosehill Medical Centre, Swallowfield Medical Practice and Finchampstead Surgery, Finchampstead Baptist Centre, Woodley Library and they provide a staff clinic for Police at Loddon Valley Police Station.

For those unable to attend a clinic in person, telephone/ video support and home visits where needed, are available. Because Smokefreelife Berkshire provides services across most of Berkshire, residents can access support in locations outside the borough if preferred, for example if closer to their place of work.

## Core Services – Smokefree Life Berkshire

4-12 weeks free Specialist Behavioural Support – available online, face-to-face, telephone or text

Free access to nicotine replacement therapies and pharmacotherapy (adults only)

- Vape friendly service who participate advice on vapes as a quit aid tool or access to government scheme
- Available to all residents aged 12+ years

Enhanced Service (Pilot) – Smokefree Life Berkshire

- Up to 16 weeks free Specialist Behavioural Support – available online, face-to-face, telephone or text
- Targeted at Routine and Manual workers and people living with serious mental illness
- Free access to nicotine replacement therapies and pharmacotherapy (adults only)
- Vape friendly service who participate advice on vapes as a quit aid tool or access to government scheme
- Flexible approach to quitting including harm reduction approach, tobacco use reduction strategies

## Collaboration across the building blocks

- Work with target groups to engage in treatment, one of which is households in postcodes in high Indices of Multiple Deprivation [IMD] areas.
- Provide at-home visits for people who are housebound.
- Referral process to and from Berkshire Fire Service who offer home visits to vulnerable people and provide a 'safe and well' visit and provide free safety equipment and harm reduction advice, particularly for smokers as smoking is a key risk for fire in the home.
- Holds clinic in community locations: Tesco Wokingham, Woodley Library, and 3 GP locations with an aim of adding further GP clinics. Support for different cultural and ethnic groups.
- Can provide support for smokeless tobacco, which may be more prevalent in some cultural and ethnicity groups in Wokingham communities,
- Offer resources in different languages and translation when required and work to deliver culturally relevant and tailored awareness-raising such as a campaign focusing on quitting for Ramadan.
- Offers and delivers Very Brief Advice (VBA) training to staff in schools and other frontline services which includes an overview of smoking at a national and local level, components of a cigarette, explains nicotine replacement therapy (NRT) products, vapes, health benefits of quitting and explains the 3 A's (ask, advise, act) approach as recommended by the National Centre for Smoking Cessation and Training (NCSCT).
- Offer school sessions for secondary schools on smoking and vaping, these sessions are arranged by schools and they provide secondary students with education around the effects of smoking and vaping on health and wellbeing, they include case studies and interactive elements of learning.
- Offers promotional events and weekly clinics at convenient locations accessible to workers during lunch hours, as well as before and after work.
- Can support workplaces to arrange access to mobile clinics for example their work in and around Winnersh Triangle industrial sites and local garages.
- All services are free to Wokingham residents and are not means test.
- They can help signpost to other services for non-residents, for other Berkshire residents – they may be able to provide direct access to quit support.

## Other Public Health Commissioned Services

### **Addiction Family Support**

Addiction Family Support (AFS), provide a service of safe, caring and professional support to families, friends and partners who are struggling to cope with a loved one's addiction to drugs or alcohol and to those who have been bereaved by addiction or related causes. By focusing solely on the families, friends and partners of people who use drugs/alcohol to help them find ways of coping better with their situations enables them to regain control of their lives and start to focus on their own well-being. provide support to families, friends and carers affected by someone else's drug or alcohol use. They provide 365 days per year support and use the 5-Step Method support programme.

In 2023, 96 residents were supported. 60-70% of clients at Addiction Family Support identify as White British which reflects the local population; The service is working on opportunities to tailor their provision to different community groups. For example, as of early 2025 the service has been working on new materials and resources for awareness-raising in the Gypsy Roma Traveller community. Also, the service is increasing attending events and increasing awareness about the services in places of worship such as having a stand at Gurdwaras. In 2023, 79% of clients reported that contacting the family support service made a positive difference and 84% of clients reported that the support focused on them.

### **Berkshire Health Foundation Trust – School Nursing**

Berkshire Healthcare Foundations Trust's **ChatHealth** text messaging service can also put people in direct contact with a member of their health visiting or school nursing teams and can offer support and advice on any concerns related to health and wellbeing, this includes advice on smoking and vapes.

# Recommendations

Four priority areas for action have been identified based on our local intelligence. All of these priority areas are underpinned by:

## Data and Intelligence





- Map number of places licensed to sell alcohol, tobacco and vape products.
- Improve monitoring and reporting on local vape recycling.
- Improve local understanding and insight of vaping habits and emerging needs in relation to use, particularly in children and young people to identify priorities and actions around vaping risks.
- Improved understanding of ADTV needs of young people with complex needs such as special educational needs (SEND) and those not in employment, education or training (NEET).
- Improve partnership working and intelligence sharing between police, community safety and public health and mental health partners to understand themes and issues locally around alcohol and drug behaviours to inform prevention work.

## Improvement to systems, processes and policy



- Improved joint working across the system to support early intervention and effective referral and engagement, ensuring that the building blocks are in place and stable.
- Improved monitoring and reporting on illicit sales of alcohol, tobacco and vape products.
- Review and expand smoke and vape free spaces in line with changes to legislation.
- Joint review of licensing applications particularly those under review for failure to comply with licensing conditions and/or legislation.
- Monitor needs of people owed homelessness duties to ensure housing and ADTV support are offered together at all levels of use, including use of harm reduction methods.
- Ask about wider building blocks of health i.e. housing status, work, money, resources and skills - for those in AD treatment and improve joint working where needed.
- Explore 'Recovery First' housing models that support treatment without requiring abstinence.
- Explore opportunities for embedding a 'whole school approach' to smoking/vaping, in line with guidance and best practice, and through the Health Promoting Schools Programme
- Review, monitor and share outcomes of new Individual Placement and Support employment service located within the drug and alcohol service
- Focused and innovative efforts for people in routine and manual occupations, including harm reductions methods, to support people to reduce and quit smoking.
- Review Employee Code of Conduct for Wokingham Borough Council and consider need for an evidence-based policy supporting

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|--|---|
|  | <p>employees to access services and support for ADTV use and encourage other local workplaces to do the same</p> <ul style="list-style-type: none"> <li>• Review our local approach to learning from drug and alcohol related deaths and other deaths where drugs and/or alcohol were a contributory factor, e.g. in Domestic Homicide Reviews</li> </ul>   |
| <p>Access<br/>(including referrals and pathways)</p>    | <ul style="list-style-type: none"> <li>• Closer joint working between ADTV services, schools and young people with frequent absenteeism from school or at risk of suspension for improved early intervention.</li> <li>• Increase promotion and outreach in areas where risk and need may be highest and where there may be more barriers to accessing support, for example in food banks or at Citizens Advice Bureau (CAB).</li> <li>• Review outreach needs and collaborate with partners to engage people not in treatment for ADT use.</li> <li>• Review our harm reduction offers in relation to ADT, both for those in treatment (including a consideration of universal buvidal, enhanced provision of NRT for target smoking groups) and for those not in treatment.</li> <li>• Review COMHAD pathways and work collaboratively with healthcare partners to ensure that individuals receive timely and joint support during their recovery journey.</li> <li>• Review our digital offers within ADT services to improve accessibility where appropriate.</li> <li>• Pilot a women's only project within the drug and alcohol treatment service to improve accessibility and engagement of female clients.</li> <li>• Use data and intelligence on local vaping use and needs for children and adults review what access to support and services are required.</li> </ul> |
| <p>Prevention,<br/>intervention and<br/>training</p>  | <ul style="list-style-type: none"> <li>• Challenging and reducing stigma, ensuring ADTV users feel they have a place in their community.</li> <li>• Very Brief Advice and Audit C Training to relevant roles</li> <li>• Training to relevant staff on improving understanding and recognising risk in relation to ADT use and how to access information or make effective referrals</li> <li>• Coordinated and systematic education and awareness raising for associated factors related to ADTV use i.e. housing instability, debt, health harms, peer influences, employment etc</li> <li>• Understand and influence local MECC training to ensure it considers and reflects needs around ADTV use</li> <li>• Improved joint working to support work opportunities for people who are in treatment for alcohol and drugs.</li> <li>• Work with routine and manual occupation workplaces to better support smokefree environments.</li> <li>• Consider models and implement a universal alcohol offer.</li> </ul>  |

## Appendix: Other relevant Needs Assessments and Strategies

Addressing ADTV in Wokingham requires partnership working across the system, and this includes the aligning of strategic priorities of other teams, departments and organisations.

Below is a list of WBC Needs Assessments and Strategies which have relevance to local ADTV priorities:

[Adult Social Care Strategy \(2020-2025\)](#)

[Berkshire Suicide Prevention Strategy \(2022-26\)](#)

[Berkshire West Health and Wellbeing Strategy \(2021-2010\)](#)

[Carer's Strategy \(2020-2025\)](#)

Community Safety Strategy 2025-28 (not publicly available)

[Community Vision \(2025-2035\)](#)

Domestic Abuse Strategy (in development)

Early Years Strategy (in development)

Helping Early Strategy

Homelessness and Rough Sleeping Strategy (2024-2028) (in development)

Serious Violence and Exploitation Strategy (2024-28) (in development)

[Wokingham Violence Against Women and Girls Strategy \(VAWG\) 2023-2026](#)