

Strategy Into Action for Alcohol, Drugs, Tobacco and Vaping 2025-2030

Introduction

Substance use — including use of alcohol, drugs, tobacco, and vaping (ADTV) — remains a significant public health challenge with wide-ranging impacts on individuals, families, and communities. The purpose of this strategy is to reduce the harms associated with ADTV use by promoting prevention, early intervention, and equitable access to support and treatment. It aims to create healthier, environments that support individuals to make informed choices and sustain recovery.

This strategy aligns with the UK Government’s 2022 [10-year drug strategy](#) which sets out a national vision to reduce harm, cut crime, and save lives through breaking drug supply chains, improving treatment and recovery, and reducing demand. To achieve these ambitions, Combatting Drugs Partnerships (CDPs) have been established across the country. Wokingham is a member of the Berkshire CDP along with all other Berkshire local authorities and other partners, including police, local services, healthcare, and schools, among others. This strategy aims to address the Berkshire CDP ambitions at a local level relevant to a Wokingham context.

This strategy aligns with the UK Government’s 2023 ‘[Stopping the Start: our new plan to create a smokefree generation](#)’² policy which sets out national steps needed to create a smokefree future and tackle youth vaping. The 2025 ‘[Tobacco and Vapes Bill](#)’³ has also recently been introduced which aims to create new smokefree places and address the supply of tobacco, vapes and other products.

This strategy aims to deliver against these national ambitions at a local level in relation to ADTV, helping to contribute to Wokingham’s Community Vision ambitions, Wokingham’s Council Plan priorities, and our ambition to become a Marmot Borough. Locally, we are aiming to protect and improve health, reduce inequalities and support long-term recovery across our communities. This includes consideration for the building blocks of health¹, an approach based on the premise 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. The Building Blocks approach aims to foster collaborative working across Wokingham to improve these building blocks to support our local residents and their needs or risks around ADTV use.

¹ [What builds good health? | The Health Foundation](#)

Governance

To drive forward the ambitions set out in this strategy, we need strategic commitment from leaders across the system working around ADTV use. A new ADTV Steering Group will be established to monitor the well-established ADTV multiagency action group in the delivery of the strategy, monitor progress with the wider Berkshire CDP and Tobacco Alliance work, along with any other relevant ICB networks and police networks, review any local drug-related deaths, and drive forward learning and change across the system. This group will report directly into the HWB.

Vision

Collaboration, compassion and community: Working together to improve health, prevent harm and reduce inequalities associated with ADTV.

Collaboration is demonstrated through the strategy's co-production with a wide range of partners, including residents. The implementation of the strategy will be driven by collective effort across sectors and partnerships.

Compassion is reflected in the emphasis on listening to residents' voices, incorporating lived experiences into planning, and working to ensure services are inclusive and equitable.

Community is reflected across the building blocks of health. The strategy fosters a sense of shared ownership and collective responsibility for delivering on this strategy.

ADTV use in Wokingham

Adults

Children and Young People

Alcohol



In England, **80%** of adults drink alcohol.

In England, **38%** of 15-year-old boys and **20%** of 15-year-old girls drink 15 or more units of alcohol per week.

187 out of 459 total Wokingham residents were in treatment for **alcohol** use in 2023/24.

45 young people under the age of 18 from Wokingham accessed specialist **drug and alcohol** treatment services during 2023/24.

During 2023/24 there were **442** admissions to hospital for Wokingham residents due to alcohol-specific conditions and **1,897** alcohol-related conditions.

Between 2021 and 2024 there were **19** admissions of under 18-year-olds to hospital for alcohol-specific conditions.

Drugs



In England, **8.8%** 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.

In England, drug use is higher among people aged 16 to 24 years, with **16.5%** reporting usage in the last 12 months.

272 out of 429 total Wokingham residents were in **drug** treatment services in 2023/24. This figure includes those who use opiates (160), non-opiates (56), and non-opiates and alcohol (56).

Smoking



6.2% of all adults in Wokingham smoke. **4.3%** of pregnant women smoke in Wokingham.

In 2023, **11%** of 11–15-year-olds had ever tried smoking, **3%** currently smoked and **1%** 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.

The smoking prevalence in routine and manual workers is **18.7%** and **20.1%** for those with long-term mental health conditions.

601 Wokingham residents in smoking cessation treatment set a quit date and of those **420** had successfully quit at 4 weeks.

It is estimated that approximately **4,800** children in Wokingham live in a smoking household.

Emergency hospital admission for Chronic Obstructive Pulmonary Disease (aged 35+) was **177**.

Each year, it is estimated that approximately **170** children in Wokingham start smoking.

Vaping




11% of adults (n=5.6m) in Great Britain reportedly vape, and 53% are ex-smokers (n=3m).

We don't currently have accurate data on vaping habits of children and young people in Wokingham.


20% of 11–17-year-olds in Great Britain have *tried* vaping (n=1.1 m), unchanged since 2023. **7%** currently vape (n=400k), among which **40%** vape daily (n=160k).

Key Findings

Building Block	Why Relevant
Surroundings and Transport 	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.

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. At-home visits for people who are housebound are provided.
- 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.
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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 in 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. (*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 4.3% 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 secondhand 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 become a smoker. (*ASH Young People and Smoking Fact Sheet, 2025*)
- 82% of those who regularly 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. It influences our prospects for where we live and work, and how we participate in society. It shapes our skills, opportunities and choices, helping us avoid harmful 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 locally.
- 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 ADTV 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 more and cheaper ADTV options, 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*)

What we will do

Four priority areas for action have been identified based on our local intelligence. These include:

Data and Intelligence

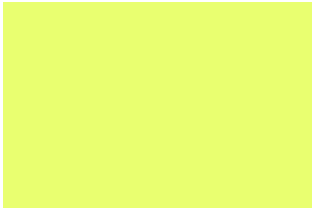


- Map number of places licensed or registered to sell alcohol, tobacco and vape products.
- Improve monitoring and reporting on local vape recycling.
- Improve local understanding and insight of vaping habits and emerging needs in relation to use, particularly in children and young people to identify priorities and actions around vaping risks.
- Improve understanding and insight of population drinking habits locally for all ages.
- 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).
- Improved shared data reporting for travel related incidents where alcohol or drugs was a factor to inform prevention work.
- Improve partnership working and intelligence sharing between police, community safety, adult social care, children's, youth justice, healthcare, public health and mental health partners to understand themes and issues locally around alcohol and drug behaviours to inform prevention work.
- Improve data and understanding on crimes committed under the influence of drugs and alcohol (i.e. who is committing these crimes and what support they require).

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, record and appropriately support (jointly) those in AD treatment about wider building blocks of health i.e. housing status, work, money, resources and skills.
- 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 employees to access services and support for ADTV use and encourage other local workplaces to do the same.




- 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.
- Review pathways and joint support for children and families with parental ADTV use.

Access
(including referrals and pathways)



- Closer joint working between ADTV services, schools and young people with frequent absenteeism from school or at risk of suspension for improved early intervention.
- 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).
- Review outreach needs and collaborate with partners to engage people not in treatment for ADT use.
- 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.
- Review Co-existing Mental Health, Alcohol and Drugs (COMHAD) pathways and work collaboratively with healthcare partners to ensure that individuals receive timely and joint support during their treatment and recovery journey.
- Review our digital offers within ADTV services to improve accessibility where appropriate.
- Pilot a women’s only project within the drug and alcohol treatment service to improve accessibility and engagement of female clients.
- Use data and intelligence on local vaping use and needs for children and adults to inform what support and services are required.
- Closer joint working between ADTV providers, prisons, probation services, and other partners (i.e. mental health) to improve referral routes, pathways and outcomes for those in touch with the criminal justice system (all ages, including custody and prison leavers).
- Improved numbers benefitting from existing diversionary and preventative schemes for all ages, with a focus on the youth justice system.

Prevention,
intervention and
training



- To collectively and systematically challenge and reduce stigma, including stigmatising language around ADTV use.
- Very Brief Advice and Audit C Training to relevant front facing roles on improving understanding and recognising risk in relation to ADT use and how to access information or make effective referrals, e.g. primary and secondary care, A&E, debt advice, customer services, health visitors, etc
- 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.
- Understand and influence local MECC training to ensure it considers and reflects needs around ADTV use.
- Improved joint working to support work opportunities for people who are in treatment for alcohol and drugs.
- Work with routine and manual occupation workplaces to better support smokefree environments.
- Consider and implement a universal alcohol offer and improved awareness raising around illicit sales of alcohol, tobacco and vape products.

What success looks like when the building blocks are in place for ADTV

When the building blocks are stable and in place for all residents, people are less likely to use ADTV. If people do use ADTV, should the building blocks be in place, rebuilt, or supported and sustained during treatment and recovery, the following outcomes can be improved:

Alcohol and Drugs

- Increased proportion of clients successfully completing drug and alcohol treatment from 43% to 45%
- Decreased proportion of clients having an early unplanned exit (dropping out) from drug and alcohol treatment from 49% to 47%
- Reduced levels of local unmet need for drug and alcohol support and treatment
 - Opiates and/or crack use – from 49% to 48%
 - Alcohol – from 79% to 77%

We will also work with the provider for drugs and alcohol to address unmet need and improve demographic breakdown to better improve outcomes for all residents.

Tobacco

- Decrease smoking prevalence in adults to 5% (meeting national smokefree ambitions)
- Decrease smoking prevalence in adults in routine and manual worker occupations (aged 18 to 64) to 15% from 18.7%
- Decrease smoking prevalence in adults with a long-term mental health condition to 16% from 20.1%
- Decrease smoking at time of delivery from 4.3% to 3%

Vaping

- Decreased number of young people vaping (note, currently no routine measure of data collection locally)

Qualitative measures of success

While quantitative data—such as numbers, percentages and prevalence rates—provides essential benchmarks for evaluating ADTV, it does not fully capture the complexity of success in these areas. Many critical outcomes, such as shifts in public attitudes and behaviours, reductions in stigma, improvements in lived experience, and the strengthening of community resilience, are qualitative in nature, and efforts will be made locally to gather these insights to help inform the success of this strategy into action.