

Preventing drug and alcohol related harm in Reading: supporting recovery and saving lives

Director of Public Health
Annual Report 2026



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Foreword by Director of Public Health

Dr Matthew Pearce
Director of Public Health



Behind every statistic is a person; a family member, a friend, a neighbour and a life that matters.

Drug and alcohol harm affects individuals, families and communities across Reading. It contributes to poor health, inequality, homelessness, family breakdown and, too often, preventable deaths. Yet addiction is never the whole story. Many people affected by drugs and alcohol have also experienced trauma, poor mental health, poverty or social exclusion and as a result have lost access to the building blocks of health. If we want better outcomes that individuals, families, communities and services can benefit from then we must look beyond the addiction and understand the person and the context of their lived experience

This report builds on the themes explored in my 2025 Director of Public Health Annual Report, 'Setting the foundations for lifelong health' in *Reading*, which highlighted how early experiences shape lifelong health and wellbeing. The evidence is clear: adverse childhood experiences, trauma and inequality can have lasting impacts throughout life, including increasing vulnerability to drug and alcohol use and poorer health outcomes.

Throughout this report you will hear from Reading's Recovery Ambassadors who have rebuilt their lives after addiction. Recovery Ambassadors are helping shape our services and strengthen the recovery community in Reading. Their role in tackling stigma is explored later in this report. From their stories we all

have much to learn about our own personal resilience, they remind us that recovery is possible, that people can and do recover from whatever life throws our way.

Evidence shows that early intervention, compassionate support, strong partnerships and recovery-focused services save lives. But services alone cannot create a recovery friendly community. Reducing drug and alcohol harm requires action across health, housing, education, criminal justice, employers, community organisations and local communities. My hope is that this report challenges us to see the person behind the drug and/or alcohol use, reject stigma, and recognise that preventing drug and alcohol harm is everyone's responsibility.

Recovery is possible, but it is rarely achieved alone. Together, we can create a Borough where fewer lives are lost, fewer families experience harm, and more people have the opportunity to recover, rebuild and thrive.

I would like to give thanks to those who helped write the report: Sally Andersen (Public Health Principal, Adults), Vickie Pitchforth (Drug and Alcohol Business and Projects Manager), Karla Smith (Public Health Support Officer), Paul Trinder (Senior Public Health Intelligence Analyst) and a special thanks to our Recovery Ambassadors Balazs, Ruth, Mark, Ali and Marta for generously sharing their lived experience, insights and expertise to help shape its development.

Foreword by Lead Councillor

Councillor Rachel Eden

Lead Councillor for Education and Public Health



This year's Director of Public Health Report is a powerful reminder that drug and alcohol harm affects individuals, families and communities across Reading, and that while there can be devastating consequences, recovery is possible and this harm can also be prevented. Behind every statistic are people whose lives matter.

Like many areas, we face significant challenges, and this report is clear about them. However, it is also full of hope. The bravery of Reading's Recovery Ambassadors in speaking out about their recovery and sharing how they have rebuilt their lives is a powerful demonstration of what can be achieved when people receive the right support at the right time.

I am very grateful to them for sharing their experiences, and I am sure their stories will inspire others to begin their own journey of recovery.

Everyone in Reading deserves the opportunity to live a healthy, fulfilling life free from addiction.

Supporting this means acting earlier, preventing harm wherever we can, and recognising the impact of poor mental health, trauma, insecure housing and social isolation, which are often part of the story. It also means challenging stigma and treating every person with dignity, compassion and respect.

Creating safer, healthier communities is a shared responsibility. Local government, health services, schools, employers, community organisations, the police and residents all have a role to play. No single organisation can solve these challenges alone, but by working together, change is possible.

The first step I am asking of you is simple: read this report, reflect on it and consider what you can do. Whether we are policymakers, professionals, volunteers, family members, neighbours or friends, we can all help prevent harm, support recovery and ultimately save lives.



Understanding drug and alcohol harm in Reading

Similar to other areas across England, drug and alcohol harm is one of the most significant and preventable public health challenges in Reading. People are dying earlier than they should, families are being devastated, and some of our most vulnerable residents are experiencing avoidable harm. These outcomes are preventable and demand a coordinated response.

Prevention must come first

Too often, support is only provided when people have reached crisis point. By then, relationships may have broken down, health may have deteriorated, and opportunities may have been lost. Prevention means acting earlier to reduce the factors that increase the risk of drug and alcohol harm. This includes supporting children and families, addressing trauma, improving mental health, reducing social isolation and helping people access support before problems escalate.

Early intervention improves outcomes, reduces inequalities and can prevent the need for more intensive support later in life. If Reading is to reduce drug and alcohol harm over the long term, prevention must be at the heart of our approach.



Drug and alcohol related deaths: a public health emergency

Evidence shows that many of the factors contributing to drug and alcohol-related deaths can be identified and addressed through effective prevention, treatment, recovery, and harm reduction approaches. Every death represents a life cut short, often after years of unmet need, trauma, poor physical and mental health, and social disadvantage.

The number of people dying as a result of drug and alcohol use remains deeply concerning and highlights the stark inequalities that exist across our communities. These deaths are disproportionately concentrated among people experiencing multiple disadvantages, including poverty, homelessness, poor mental health, involvement with the criminal justice system, social isolation, and long-term physical illness.

We must challenge the belief that drug and alcohol-related deaths are solely the result of individual choices. Evidence shows that deaths are often influenced by a complex combination of factors, including increasingly potent and unpredictable substances, people using alone, untreated physical and mental health conditions, alcohol dependence, multiple long-term health conditions, and barriers to accessing timely support and treatment.

Drug and alcohol-related deaths are among the most preventable causes of premature mortality. Reducing these deaths requires coordinated action across treatment services, housing, healthcare, mental health, social care, criminal justice, employment, and community organisations.

Tackling drug and alcohol misuse is remarkably high-value, with government and public health data showing that every £1 spent on structured treatment yields an estimated return of £2.50 in public sector and societal savings.





Harm and impact

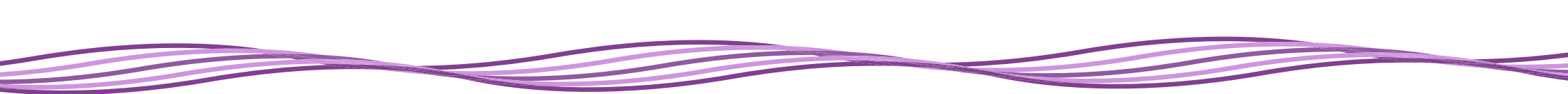
Drug related harm

Drug use places a significant burden on healthcare, social care, housing, community safety and criminal justice services, which can drive significant social and economic costs.

The data on drug-related harm in Reading shows a mixed picture. In some areas, progress has been made, for example in reducing hospital admissions from drug poisoning, and rates of drug-related mortality in Reading have remained relatively stable or fallen slightly in recent years, despite increases seen in the South East and England.¹ For example, the mortality rate from drug poisoning was 10.0 per 100,000 in 2020 to 2022 and 8.5 per 100,000 in 2022 to 2024. Although, this still represents 43 deaths from drug poisoning in Reading in 2022-24.¹

Despite being only the 11th largest local authority in the region by population, Reading has the highest proportion of people estimated to be using opiate drugs, crack cocaine or both in the South East, and this has increased significantly, from a rate of 11.6 per 1,000 people aged 15 to 64 in 2011/12, or an estimated 1,260 people in total, to 14.4 per 1,000 people in 2022/23, or an estimated 1,772 people in total. This makes clear the significant level of treatment and recovery need for these drugs across the borough.

The rate of hospital admissions recorded as being due to poisoning by drug use in Reading has fallen between 2019/20 and 2022/23, and the current rate is significantly lower than the England average.² In contrast, hospital admissions where drug-related mental and behavioural disorders were a factor have remained stable since 2019/20.² The hospital admission rate (all ages) in Reading was 184.6 per 100,000 in 2023/24, significantly higher than the South East rate of 128.4 per 100,000, but similar to the England rate of 180.9 per 100,000.² In addition, other harms from drug use may not be fully captured in routine healthcare data, as drug use is not always consistently recorded.



Alcohol related harm

Alcohol harm remains a major cause of illness and premature death in Reading, with the rate of alcohol-related deaths and deaths from chronic liver disease both increasing over time and both higher than the South East regional and England average rates. Although alcohol-related admission rates are lower than England overall, mortality outcomes suggest that alcohol continues to cause significant harm and premature death within Reading's population.

There are two main recorded measures of alcohol mortality: alcohol-specific deaths and alcohol-related deaths. In 2024 there were 35 alcohol-specific deaths in Reading, the highest number since data was routinely reported in 2006 when 18 deaths were recorded. The current alcohol-specific mortality rate in Reading is 25.5 per 100,000, significantly higher than the rates of 11.1 in the South East and 13.8 per 100,000 in England.³

In 2024 there were 70 alcohol-related deaths in Reading. This is the highest number of deaths since 2016 when 55 deaths were recorded. The 2024 alcohol-related mortality rate in Reading, which was 51.5 per 100,000 people, is also significantly higher than rates in the South East, which was 34.6 per 100,000 people, and England, which was 38.9 per 100,000 people.³ In addition, 27 people in Reading died from chronic liver disease in 2024, the second equal highest number of deaths in a single year since 2006. The 2024 mortality rate from chronic liver disease (all ages) in Reading is significantly higher than the South East average, but similar to the England average.³

By contrast, the all-age hospital admission rate for alcohol-specific conditions in 2023/24 (445.8 per 100,000) has fallen since 2016/17 and is the lowest it has been since 2016/17 and is significantly lower than 520.³ in the South East and 611.7 per 100,000 in England.³ The current alcohol-related hospital admission rate across all ages in Reading has remained relatively stable, at 1,407.5 per 100,000 in 2023/24, which is significantly lower than the South East and England averages.³ Both causes of hospital admission are significantly higher amongst men than women. The rate of hospital admission due to alcoholic liver disease specifically has steadily increased from 2020/21, although the current rate for Reading remains significantly lower than the South East and England averages.⁴

Recorded alcohol specific and alcohol-related deaths capture only a proportion of alcohol related mortality. It should be noted that alcohol also contributes to a wider range of conditions including cancers, cardiovascular disease, digestive diseases, injuries and mental health conditions. As a result, the full impact of alcohol on healthcare demand and the risk of people dying is substantially greater than the above mortality figures alone.

The impact of alcohol also extends beyond health services.

Alcohol contributes to pressure on emergency services, criminal justice services, social care, housing services and local communities.

National evidence estimates that alcohol harm costs society billions of pounds annually through healthcare costs, crime, lost productivity and wider social impacts.⁵ Local estimates have suggested that the wider social and economic cost of alcohol harm in Reading runs into many millions of pounds each year.⁶

Alcohol use harms every part of your body



Figure 1. Illustration showing how alcohol use harms every part of the body

The reality in Reading

Growing demand, increasing complexity of need and lower than average recovery outcomes demonstrate the need to strengthen the approach to prevention, treatment and recovery.

Adults

In 2019/20, there were 995 adults aged 18 and over in treatment for drug and alcohol in Reading. By 2024/25, this number had risen to 1,320, a relative increase of 32.7%. Of the 1,320 adults in treatment, 57.6% were in treatment for opioids, 9.8% for non-opioids only, 9.3% for alcohol only treatment needs, and 13.3% for non-opioids and alcohol treatment needs.⁷ 56.5% of adults in treatment for alcohol in Reading in 2024/25 were drinking at increasing risk or higher risk levels.⁷

In 2024/25, 791 adults in Reading accessed drug treatment although an estimated 1,772 adults required treatment. This equates to an unmet treatment need of 55.4%. For alcohol, 575 adults accessed alcohol treatment although an estimated 1,796 required treatment. This equates to an unmet treatment need of 68%.⁷ While engagement with treatment services remains strong, recovery outcomes are below the England average across all adult treatment groups.

2.1% of recorded people using opiate drugs aged 18 and over in Reading successfully completed drug treatment in 2024/25. This equates to just 16 adults.

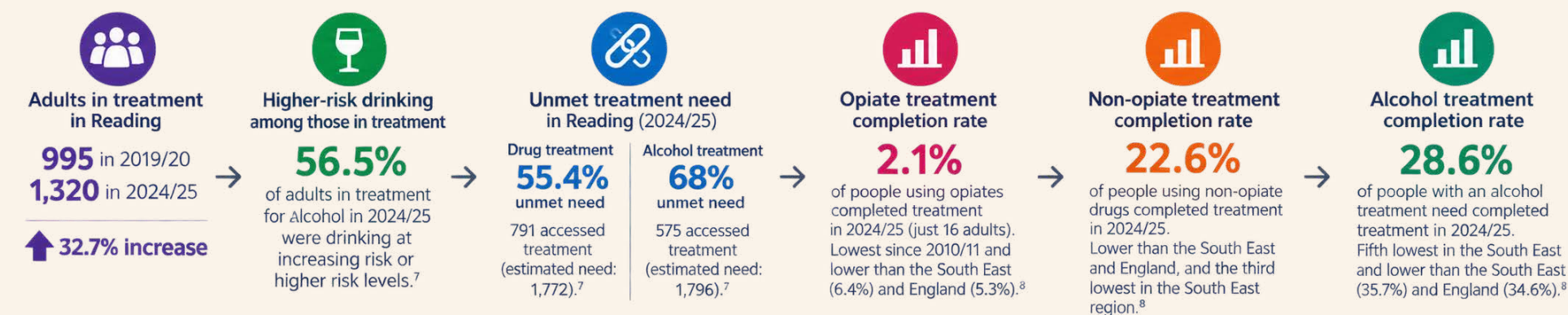


Figure 2. Summary of treatment outcomes across services



The successful completion rate of 2.1% in Reading is the lowest it has been since data was routinely reported in 2010/11 and the lowest across the South East region. The completion rate in Reading is also significantly lower than the average completion rates of 6.4% in the South East and 5.3% in England.⁸

22.6% of recorded people using non-opiate drugs aged 18 and over in Reading successfully completed drug treatment in 2024/25. Over the past decade, the completion rate in Reading has fallen from a high of 54.4% in 2016/17, when the completion rate was higher than the South East and England, to the current completion rate of 22.6%, which is significantly lower than the South East and England. The current completion rate in Reading is the third lowest across the South East region.⁸

28.6% of recorded people with an alcohol treatment need in Reading aged 18 and over successfully completed treatment in 2024/25. The current completion rate in Reading is the fifth lowest in the South East region and is significantly lower than the rate of 35.7% in the South East and 34.6% in England.⁸

This data indicates that although many people are accessing support, a lower proportion are achieving successful recovery outcomes compared with the national average. This likely reflects the increasingly complex needs of people accessing services in Reading, including co-occurring mental health conditions, homelessness, trauma, and long-term physical health problems. In response, the Council and partners are strengthening pathways between drug and alcohol treatment, mental health services, housing, primary care and criminal justice services, whilst also expanding recovery support, peer-led interventions, and targeted outreach for those with the greatest needs.

Young people

In 2024/25, 25 children and young people under the age of 18 were in treatment for alcohol or drug-related needs in Reading. This continues a long-term downward trend, with 70 young people in treatment in 2009/10, compared with 35 in 2021/22. Cannabis has remained the most commonly reported substance among young people in treatment since 2009/10 and was recorded in 74% of presentations in 2024/25.⁷

Between 2020/21 and 2024/25, successful completion rates for drug and alcohol treatment among children under the age of 18 were generally higher in Reading compared with England. During this period, completion rates ranged from between 80% to 85% in England, whilst, in Reading, they were often above 90%.⁷ It is important to recognise, however, that the completion rates in Reading are based on small numbers of children in treatment, meaning that this difference may be due to chance variation.

An analysis by the Institute of Alcohol Studies⁶ estimates that alcohol-related harm costs Reading approximately £98.1 million each year, equivalent to around £567 per resident.

The greatest costs arise from crime and disorder (£55.9m), followed by wider economic impacts such as lost productivity (£18.0m), healthcare (£13.0m) and social services (£11.2m).

This demonstrates that alcohol harm affects not only health outcomes, but also community safety, public services and the local economy.

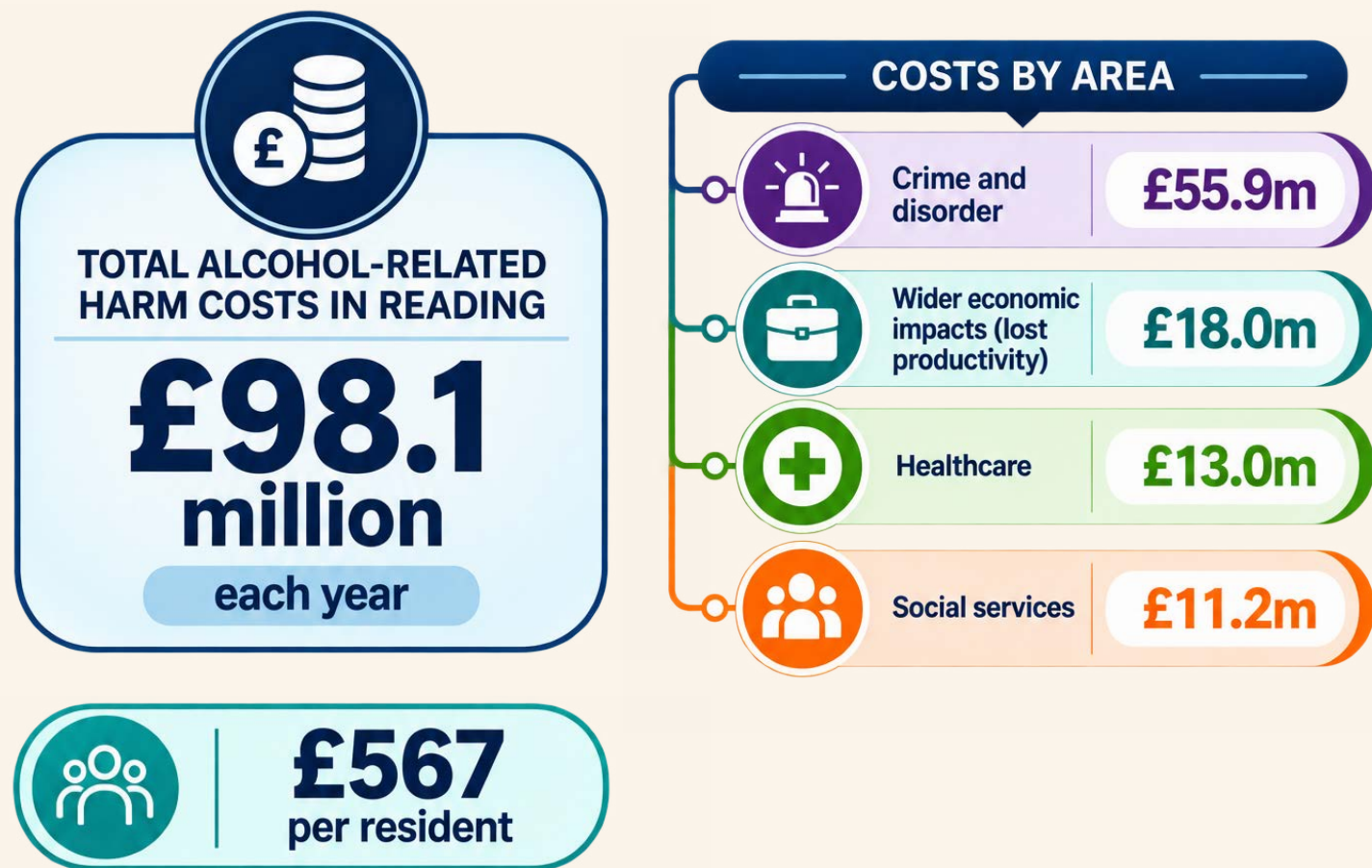


Figure 3. Alcohol-related costs in Reading

Inequalities and access to support

Drug and alcohol harm does not affect all groups equally. People experiencing poverty, homelessness, poor mental health, social exclusion and multiple disadvantage are more likely to experience drug and alcohol related harm and poorer health outcomes.

National evidence shows that drug and alcohol use, related harms and access to treatment vary between ethnic groups. Some studies report lower levels of certain types of substance use among some minority ethnic groups compared with the White British population. However, people from ethnic minority communities may also be under-represented in treatment services because of stigma, cultural attitudes, limited awareness of services, language barriers, mistrust and concerns about confidentiality.⁹

The Advisory Council on the Misuse of Drugs recently concluded that under-representation of some ethnic minority groups in treatment services is not fully understood and may reflect a combination of genuinely lower prevalence, under reporting of substance use, and barriers to accessing support⁹.

The ethnic profile of people in treatment differs from that of the wider population of Reading (which has an estimated 67.2% in the White ethnic category, and 17.7% in the Asian or Asian British for example, as of the 2021 Census).¹⁰ This does not automatically mean there is inequality, as levels of need may vary between communities. However, it is important to understand whether some groups face barriers to accessing support, staying in treatment, or achieving positive outcomes. Our focus should be on ensuring that everyone who needs help can access it and receive effective support. In addition, people in treatment often experience multiple health and social challenges. Among adults aged 18 and over newly presenting to services in Reading in 2024/25, 69% had an identified mental health need; 27% of adults newly presenting to services in 2020/21 had a housing problem.⁷

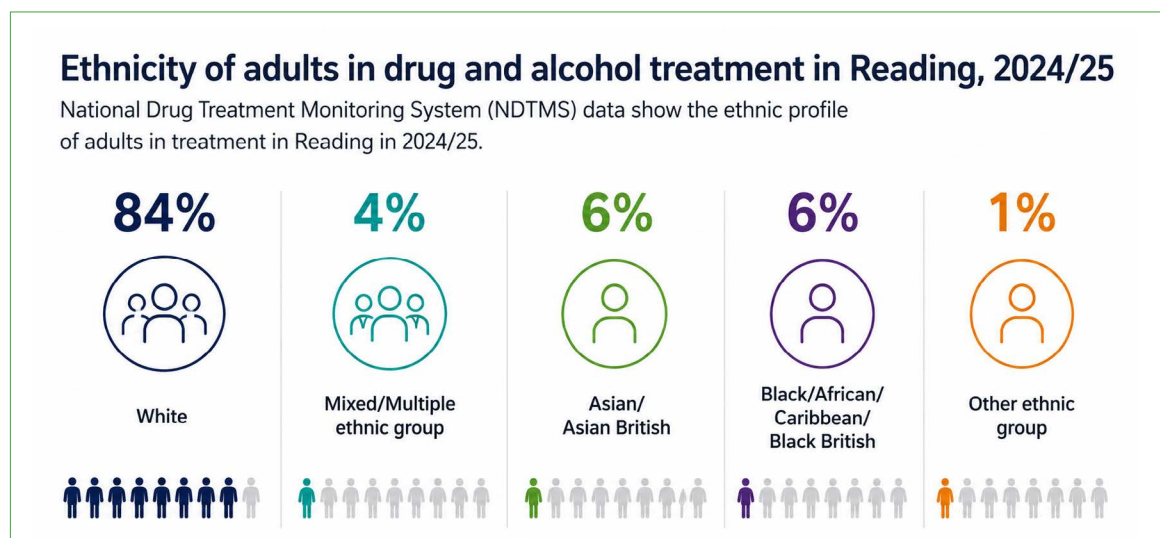


Figure 4. Ethnicity of adults in drug and alcohol treatment in Reading, 2024/25

These findings reinforce the need for services that are accessible, equitable and culturally responsive, and which act as gateways to the building blocks of health, the wider factors affecting people's health and wellbeing.

Drug and alcohol harm is not solely an individual issue. Health outcomes are strongly influenced by the social, economic and commercial environments in which people live. Commercial organisations have a duty to their shareholders rather than a primary responsibility for public health, and the marketing, availability and promotion of potentially harmful products can contribute to poorer health outcomes and widening inequalities. Tackling drug and alcohol harm therefore requires action across the wider determinants of health, not just investment in treatment services. (See figure 5)

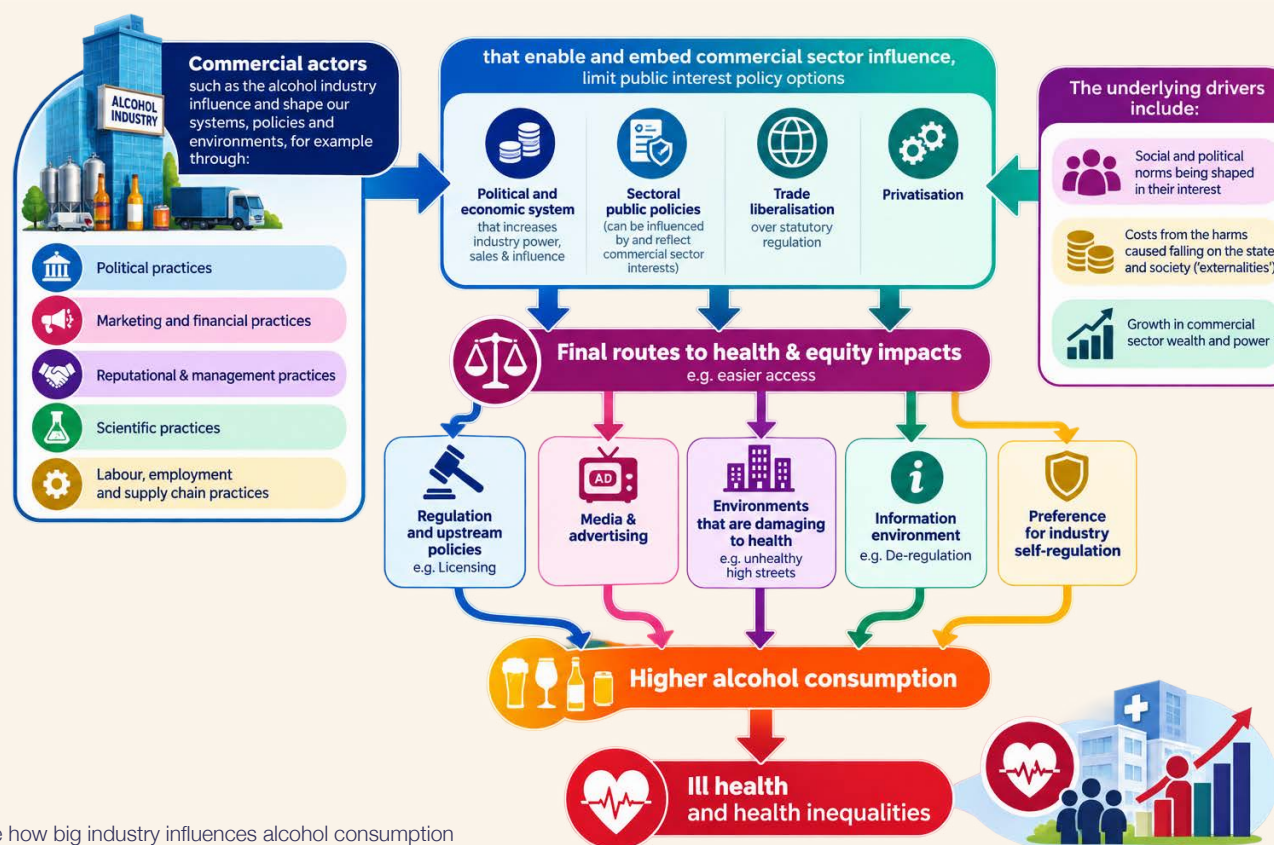


Figure 5. Diagram showing the how big industry influences alcohol consumption

New and emerging risks

Drug and alcohol harms are evolving. The substances people use in Reading, the risks they face, and the complexity of need are changing rapidly. While significant progress has been made in treatment and recovery, new threats are emerging that could reverse these gains if we fail to act. The challenge is responding quickly enough to new and emerging threats.

A changing drug market means greater risk

The drug market is becoming more unpredictable, more potent and more dangerous. People are increasingly exposed to substances that are stronger than expected, contaminated with other drugs, or sold without clear information about their contents.

This means that even experienced drug users may be at risk of overdose, poisoning or death. For partners across the system in Reading, this requires a shift from reacting to harms after they occur to preventing them before lives are lost.



Nitazenes: a serious threat to life

Nitazenes are highly potent synthetic opioids that have been linked to a growing number of overdose deaths across the UK.¹¹

What makes nitazenes particularly dangerous is that people may unknowingly consume them when they are mixed with other substances. A very small amount can cause rapid respiratory depression (a condition where breathing becomes too slow or shallow), unconsciousness and death.

The arrival of nitazenes should concern every organisation involved in health, community safety and public protection.



Cocaine: increasing harm in plain sight

Cocaine remains one of the most used drugs in Reading and is increasingly associated with serious health harms.

Higher purity levels, more frequent use and greater availability are contributing to increased demand for treatment, rising hospital admissions and growing mental health concerns.

Too often cocaine use is normalised or viewed as a relatively low risk drug. The reality is very different. Cocaine use can contribute to heart attacks, stroke, psychosis, violence, exploitation and family breakdown. Its impact extends far beyond the individual and can affect communities, workplaces and public services.

Ketamine: a growing concern for young people

Ketamine use is increasing, particularly among younger people with national estimates suggesting that around 1% of 16-59 years reportedly used Ketamine between 2024 and 2025.¹² However, drug use may be underestimated because those surveyed may be reluctant to disclose their use of illegal drugs.

Ketamine is becoming more common because it is relatively cheap, accessible, and often perceived as low risk, despite its potential to cause severe urinary tract damage, chronic pain, memory problems, mental health issues, and dependence.

Many young people remain unaware of the significant harms associated with regular ketamine use. The growing number of young people seeking help for ketamine related problems should be viewed as an early warning sign. Without effective prevention, education, and early intervention, today's emerging trend could become tomorrow's public health crisis.



Naloxone: every missed opportunity matters

Naloxone is a life saving medication that can reverse the effects of an opioid overdose and prevent death. As the threat from synthetic opioids grows, increasing naloxone access remains one of the most effective interventions available to reduce opioid related deaths.

Yet too many people at risk of overdose, and those around them, still do not have access to naloxone or the confidence to use it.



The challenge for Reading

The challenges outlined in this report are not inevitable. Drug and alcohol related deaths are not an unavoidable consequence of modern life. Many are preventable. Responding effectively will require action across healthcare, housing, mental health, education, criminal justice, community safety and local communities.

We must:

- Expand access to harm reduction and naloxone.
- Strengthen prevention and early intervention.
- Improve awareness of emerging threats such as nitazenes and ketamine.
- Reduce stigma and barriers to seeking help.
- Ensure that people can access support at the earliest opportunity.
- Listen to and learn from people with lived experience.





Reading's partnership approach to reducing drug and alcohol harm

Effective treatment alone will not reduce drug and alcohol harm. A public health approach recognises that preventing harm, improving health and wellbeing, and supporting recovery requires action across the wider factors that influence people's lives. Ensuring that organisations across the system work together to prevent harm, respond to emerging risks, reduce inequalities and support long-term recovery.

Strong partnerships, shared accountability and a focus on outcomes are essential. This chapter outlines the structures, services and collaborative approaches that support the Reading partnership's response to drug and alcohol harm.



A shared responsibility

A wide range of organisations and forums across Reading have a role to play in improving outcomes for people affected by drugs and alcohol, including:

- Health and Wellbeing Board
- Community Safety Partnership
- Combating Drugs Partnership
- Thames Valley Police
- Public Health and NHS services
- Drug and alcohol treatment providers
- Children's Services
- Housing and homelessness services
- Voluntary and community organisations
- Recovery Ambassadors and people with lived experience

Together, these partners shape the conditions that support prevention, treatment and recovery. However, while responsibility for addressing drug and alcohol harm is shared across the system, there is currently no single forum in Reading with oversight of the whole agenda. This highlights the need for a dedicated Reading Drug and Alcohol Partnership Board to provide strategic leadership, coordinate action across organisations and monitor progress against agreed outcomes.

Turning strategy into action

Our approach is guided by national policy and local priorities, including:

- From Harm to Hope: The Government's 10 Year Drug Strategy¹³
- The Government's Alcohol Strategy⁵
- Berkshire West Health and Wellbeing Strategy¹⁴
- Reading Borough Council Corporate Plan¹⁵

These strategies share a common ambition:

- Prevent harm before it occurs
- Improve access to treatment and recovery
- Reduce inequalities
- Protect vulnerable people
- Build healthier and safer communities

The priority is translating agreed ambitions into measurable action at scale and pace.



Reading has been identified as a priority area for improvement

Despite many strengths within our treatment and recovery system in Reading, outcomes are not improving quickly enough for some of those at greatest risk of harm.

Local analysis undertaken through the national drug strategy plans have identified Reading as a strong candidate for a targeted quality improvement programme. This programme - led by the Office for Health Improvement Disparities supports local areas to improve outcomes by strengthening treatment quality, recovery support and partnership working. The measures considered included unmet need among people who use opiates and crack cocaine, treatment retention, outcomes for people experiencing rough sleeping, recovery rates, and continuity of care between prison and community treatment.

Reading has both significant need and significant opportunity.

Reducing deaths, narrowing inequalities and improving recovery outcomes will require continued focus on treatment quality, recovery support and partnership working across the system.



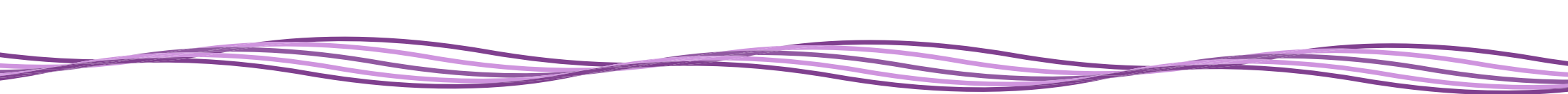
Treatment, support and recovery in Reading

Support and treatment for children and young people

Services such as [SOURCE Young People's Drug & Alcohol Service](#), they support young people under 18, and up to age 25 for those with learning difficulties. Working alongside school nursing teams, youth services, and schools, SOURCE provide advice, education, and early intervention to help young people make informed choices and access support before issues relating to drugs or alcohol become more serious.

By identifying concerns early and offering tailored support, these services play an important role in improving health and wellbeing, building resilience, and helping young people achieve positive outcomes.





Education and awareness

Public health campaigns, schools, community groups and local organisations provide information about the risks associated with drugs and alcohol, helping people make informed decisions and understand where to get help.

Supporting families

Reading Family Hubs - Brighter Futures For Children and community organisations provide support for parents, carers and families affected by drug and/or alcohol use. This helps safeguard children, strengthen family relationships and provide help at an earlier stage.

Support and treatment for adults in Reading

In recent years, there has been additional funding provided through the Government's Drug and Alcohol Treatment, Recovery and Improvement Grant (DATRIG) which has created a significant opportunity for Reading to further strengthen treatment, recovery and harm reduction services. Making the best use of this investment will be critical to improving outcomes, reducing drug and alcohol related harm, and addressing health inequalities across the borough.

Drug and alcohol treatment in Reading is free, confidential and available to any adult aged 18 and over who needs support. [Reading Drug and Alcohol Service](#)
[| Change Grow Live](#)

The drug and alcohol treatment system in Reading is designed to support people at every stage of their journey. Whether someone is looking for advice, wants to reduce the harms associated with their drug and/or alcohol use, is ready to stop using drugs or alcohol, or is already in recovery, support is available.

Services work together across health, housing, mental health, employment and community organisations to provide joined up support. People can access medical treatment, one to one support, group programmes and practical help with issues such as housing, relationships, education and employment.

The focus is on supporting the whole person, not just their drug and alcohol use. The aim is to help people improve their health and wellbeing, build confidence, strengthen relationships and achieve a life that feels meaningful and fulfilling.



Mutual aid

Mutual aid is an important component of the drug and alcohol treatment and recovery system. It refers to peer led support networks where individuals with lived experience of drug and alcohol use support one another to achieve and maintain recovery. Evidence shows that engagement with mutual aid groups can improve treatment outcomes, increase recovery capital, reduce social isolation and provide ongoing support beyond formal treatment.

In Reading, people accessing treatment are actively supported to engage with mutual aid and peer support opportunities as part of their recovery journey, helping to build sustainable recovery networks within the community. Reading's commissioned treatment provider, Change Grow Live (CGL), includes supported access to mutual aid as part of its recovery offer.

Reading residents can access a range of community based recovery and mutual aid groups, including Alcoholics Anonymous (AA) [Home - Alcoholics Anonymous Great Britain](#), Narcotics Anonymous (NA) [Welcome to UKNA | UKNA | Narcotics Anonymous in the United Kingdom](#), Cocaine Anonymous - [Cocaine Anonymous CAUK Area](#), SMART Recovery [Empowering Recovery Through Self-Management | UK Smart Recovery](#) and other peer led recovery networks.

Recovery: building lives beyond addiction

Treatment saves lives, but treatment alone is not enough. Recovery is one of the most powerful public health interventions available to us. It saves lives, reunites families, reduces inequalities, and helps people build healthier, more fulfilling futures. Recovery is built through connection, purpose, housing, employment, meaningful relationships and hope for the future. It requires services to look beyond the drug and alcohol use and support the whole person.

In Reading, people can access support at every stage of their recovery journey, from early intervention and harm reduction through to treatment, recovery and community reintegration. Services work across health, housing, mental health and community sectors to help people rebuild their lives.

A key strength of our approach in Reading is the growing role of lived experience.





Recovery Ambassadors are working with us to improve our services and walk alongside others who are in active addiction and demonstrate that recovery is possible.

Recovery looks different for everyone. For some, it means becoming drug and alcohol free. For others, it means managing their health, rebuilding relationships, finding stable housing, returning to work, or simply taking back control of their lives.

Recovery is not a single event, and it is rarely a straight line. It is a journey of growth, resilience and change. What matters is not perfection, but steady progress. Too often, people are defined by their addiction. Recovery challenges that assumption. It recognises the strengths, potential and ability of people recovering from addiction to contribute positively to their families, communities and society.

Recovery is possible, but it does not happen by chance. It happens when people have the opportunities, support and belief needed to create lasting change.

Building recovery capital

Long-term recovery is strengthened through Recovery Capital: the personal, social and community resources that help people build and sustain healthier lives. Recovery Capital reflects many of the wider Building Blocks of Health, recognising that recovery is influenced not only by treatment, but also by the conditions that support good health and wellbeing.

Recovery Capital includes:

- Safe and stable housing
- Positive relationships and social connections
- Good physical and mental health
- Education, skills and employment
- Volunteering and community participation
- Hope, confidence and purpose

The more recovery capital a person has, the greater their chances of sustaining recovery and thriving in the long term.

One way of understanding this is through the CHIME Framework¹⁶, which identifies five key components of recovery:

- **Connectedness** – supportive relationships and belonging
- **Hope** – believing that change is possible
- **Identity** – developing a positive sense of self
- **Meaning** – having purpose and direction
- **Empowerment** – having the confidence and ability to make positive choices

In Reading, recovery is about more than treatment. It is about helping people build recovery capital through peer support, education, volunteering, employment, community connections and opportunities to participate fully in society.



What does recovery mean to people in Reading?

The people best placed to describe recovery are those who have lived it. To understand what recovery means in Reading, Recovery Ambassadors spoke directly with local people and those with lived experience of addiction and recovery. This is what they told us.

Recovery in Reading

People. Support. Hope. A Brighter Future.

*More than recovery
— a better way of life.* 

What does recovery mean?

Recovery is a journey towards a healthier, happier and more fulfilling life.



Why is recovery important?

Recovery brings positive change to individuals and our community.



What would make recovery easier in Reading?

- Better access** (Icon: Door) Easier entry to support and simpler routes
- More funding** (Icon: Banknote) More rehab spaces and better aftercare
- More housing** (Icon: House) More dry houses and recovery-focused places
- More outreach** (Icon: Group of people) Reach hidden communities and support harder-to-engage people

A stronger, healthier Reading together.

Their message was clear: recovery is about far more than stopping the drug and alcohol use. It is about hope, purpose, connection, belonging and the opportunity to build a life worth living.

Putting Lived Experience at the heart of Recovery

From 2027, Reading will strengthen its recovery system through new investment toward the development of a Lived Experience Recovery Organisation (LERO).

A LERO is more than a support organisation. It is a vehicle for change, led by people with lived experience of addiction and recovery, ensuring that those who have walked the journey are at the heart of shaping the future of services and support.

People with lived experience bring expertise that cannot be learned from data, policy or professional training alone. They understand the realities of addiction, the barriers people face when seeking help, and the factors that make recovery possible. Their insights are essential if services are to be genuinely person centred, accessible and effective.

The LERO will help build a stronger recovery community across Reading, creating opportunities for people to connect, develop skills, rebuild confidence and support one another. Through peer support, volunteering, education and community leadership, it will help people move from surviving to thriving.

Recovery Ambassadors and other people with lived experience will play a central role in challenging stigma, influencing local decisions, shaping services and demonstrating that recovery is possible. Their voices will help ensure that services are designed with people, not just for them.

This is about more than improving services. It is about sharing power, amplifying lived experience and creating a recovery system that is built on hope, inclusion and opportunity.

If we want better outcomes, we must listen to the people who understand the challenges best. The future of recovery in Reading should not simply be informed by lived experience, it should be shaped by it.

Stigma drives harm

The Recovery Ambassadors in Reading have bravely shared the names they've been called — the words that tried to crush them. This is what they told us:

Stigma doesn't just bruise, it breaks. Imagine being reduced to a single word: addict. Dirty. Scumbag. Crackhead. Low life. Junkie. Drunk. Alcy. These aren't just insults. They're weapons. And when they're hurled at you, they don't just hit your ears, they hit your identity.

Picture it. You're walking down the street, already carrying the weight of your own battles, and someone spits one of those labels at you. It's like being punched in the chest. Your confidence cracks. Your self worth shrinks. You start to wonder whether people see you at all, or only the struggle you're trying so hard to escape.

Now imagine hearing those words not once, not twice, but every single day.

For people facing addiction, alcohol problems, or homelessness, this is their reality. Not a moment, a constant barrage. Not a comment, a daily judgement. Not a label, a sentence. And over time, stigma doesn't just hurt. It isolates. It is shameful. It suffocates hope. It convinces people they are nothing more than the worst thing they've ever lived through. But here's the truth: No one is their addiction. No one is their circumstances. No one is the darkest chapter of their story.





This artwork by one of our Recovery Ambassadors shows the brutal divide: on one side, stigma pulling people down into silence and despair; on the other, compassion lifting them toward dignity, connection, and the possibility of change.

And that's the question we all have to face: Are your words building bridges or burning them? Are you seeing a human being, or a stereotype? Are you helping someone take a step toward recovery, or pushing them further away?

Because kindness isn't soft. Kindness is powerful. Kindness is transformative. Kindness can be the difference between someone giving up and someone reaching out.

Recovery is built on hope, compassion, understanding, and connection. It begins the moment someone feels seen, not judged. Valued not dismissed. Human not labelled. So, choose kindness. Choose compassion. Choose humanity. Because every person has a story, and every person deserves to be treated with dignity and respect. And kindness real, simple, everyday kindness costs nothing, yet can change everything.

Image source: RM - Reading Recovery Ambassadors



The human impact: addiction, treatment and recovery journeys

This section shares the videos of real life experiences of our Recovery Ambassadors in recovery, highlighting their challenges, resilience, and hope. Through their personal journeys, our Recovery Ambassadors reflect on the support that helped them, the barriers they encountered, and the lessons that can help improve outcomes for others.

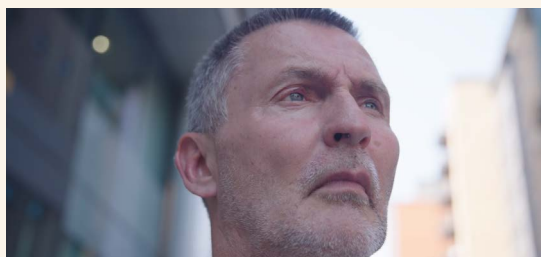
These stories demonstrate the profound impact that effective treatment and recovery support can have, while also identifying opportunities to strengthen services and ensure people receive help when they need it most.



Introducing our recovery ambassadors

Recovery Ambassadors are members of our community with lived experience of drug and alcohol use and recovery who use their experiences to inspire hope, challenge stigma, and support others. By sharing their journeys, they help make recovery visible and provide valuable insight into the realities of addiction, treatment, and long-term recovery. Through different perspectives, our Recovery Ambassadors highlight the importance of accessible, personalised, and recover focused support. Their experiences demonstrate that people achieve the best outcomes when they can access the right intervention, at the right time, in the right environment.

Their stories show that recovery is not a one size that fits all process. Successful recovery depends on recognising individual strengths, understanding personal circumstances, and providing support that meets people's unique needs.



Balazs reflects on his experiences of drug and alcohol use and involvement with the criminal justice system, demonstrating how effective partnership working and access to treatment can support positive change.

[Watch Balazs's story](#)



Ali shares his recovery journey through the lens of mental health and neurodiversity, highlighting the value of inclusive, person-centred approaches that recognise the whole person.

[Watch Ali's story](#)



Marta shares her experience of alcohol dependence and recovery as a parent, highlighting how problematic drinking can often remain hidden at home and the positive impact that support can have on rebuilding lives.

[Watch Marta's story](#)

Together, their experiences illustrate the many pathways to recovery and the importance of compassion, opportunity, and tailored support in helping people rebuild their lives, strengthen relationships, and thrive within their communities.



What we can all do to prevent harm, support recovery and save lives

The findings in this report is a call to action to us all. Reading is already doing some great work in this area, but we need to go further and build on the many assets that exist within our communities. Too many people in Reading are dying from preventable causes. Too many families are living with the consequences of drug and alcohol harm. Too many people continue to face stigma, exclusion and barriers to support.

These outcomes are not inevitable. We know recovery is possible. We know lives can be saved.

The challenge facing Reading is not a lack of evidence. It is whether we are prepared to act with urgency, ambition and determination. The success of this report will not be measured by how many people read it. It will be measured by whether fewer people die, more people recover, and more families are able to thrive.



If you or a loved one are affected by drugs and/or alcohol

You do not need to wait until things get worse.

Too many people seek help only when they have reached crisis point. By then, relationships may have broken down, health may have deteriorated and opportunities may have been lost.

There is no shame in asking for help. The greatest risk is not reaching out.

Take Action Today

Adults: Contact [CGL Reading Drug and Alcohol Service | Change Grow Live](#)

Young people: Contact [SOURCE/ReConnect Reading Directory | SOURCE - Young People's Drug & Alcohol Service \(Part of Reconnect Youth Team\)](#)

Recovery starts with one conversation. Don't wait for a crisis before asking for support.





For leaders, commissioners and policy makers

Every strategy, funding decision and commissioning choice has consequences.

They can reduce harm, save lives and tackle inequalities, or risk reinforcing barriers that keep people trapped in cycles of addiction, exclusion and poor health. In a challenging financial environment, every pound matters. This means using available resources, including targeted funding such as the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG), to maximise impact and focus on what works: preventing harm, supporting recovery, reducing inequalities and improving population health outcomes.

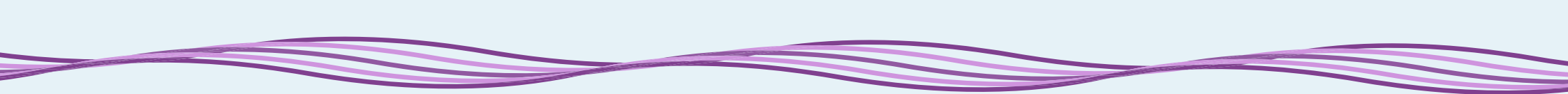
The cost of inaction is often far greater than the cost of acting differently. Poorly targeted investment can lead to avoidable demand on health, social care, housing, criminal justice and other public services. Effective prevention and recovery support help communities thrive while making better use of public resources.

A key part of maximising the impact of existing resources is ensuring that people with co-occurring mental health and drug and alcohol needs receive coordinated support. Too often, individuals experience fragmented pathways between services, creating barriers to engagement, recovery and wellbeing. The Reading partnership is committed to a No Wrong Door approach, ensuring that people can access support regardless of where they first seek help and are not passed between services because of the complexity of their needs. Drug and alcohol services, mental health providers, primary care, housing and wider support services are working together to provide more joined-up, person-centred care. By recognising the impact of trauma and addressing substance use, physical and mental health needs, and wider factors such as housing, employment and relationships together, services can improve outcomes, reduce inequalities and make more effective use of public resources.

Take Action Today

Before every decision, system leaders, commissioners and policy makers should ask: **How will this improve outcomes, reduce inequalities and make the best use of the resources available?**

Success should be measured by lives saved, inequalities reduced and recovery achieved. The central challenge is to make sure the money we do have is invested where it can achieve the greatest benefit for individuals, communities and the public purse.



For partners across Reading

Drug and alcohol harm cannot be addressed by treatment services alone.

Housing, healthcare, social care, criminal justice, education, employment and community organisations all have a role to play in preventing harm, supporting recovery and improving outcomes.

When organisations work in isolation, people can experience fragmented support, repeated assessments and missed opportunities for intervention. When services work together around the needs of individuals and communities, outcomes improve and resources are used more effectively.

Achieving this requires more than goodwill. It requires clear leadership, shared priorities, accountability and a forum where partners can collectively identify barriers, coordinate action and monitor progress.

Take Action Today

Drug and alcohol harm affects multiple areas of public service delivery and requires a coordinated, system wide response. Reading is currently reviewing local governance arrangements for the treatment and recovery system as well as the Combating Drugs Partnership.

Partners should agree and support an appropriate governance model that provides clear leadership, accountability and coordination across the drug and alcohol treatment and recovery system. Effective governance should enable collective action, support shared decision making, strengthen partnership working and drive continuous improvement in outcomes for local people affected by drug and alcohol issues.

The governance arrangements should focus on:

- Providing strategic oversight of the local drug and alcohol system.
- Improving collaboration and integration between services and organisations.
- Identifying and addressing system barriers that prevent seamless support.

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- Monitoring outcomes, inequalities, and population needs.
 - Overseeing delivery of local priorities and national funding requirements.
 - Ensuring the voices of people with lived experience inform decision-making and service development.
 - Supporting collective accountability for improving health, wellbeing, and recovery outcomes.

Our governance arrangements, partnerships and systems should reflect working together to deliver coordinated support and better outcomes for the people of Reading.

For communities and the public

Stigma remains one of the biggest barriers to recovery. It prevents people from seeking help, isolates families and reinforces shame at precisely the moment people need support.

Every person in Reading has the power to challenge this.

Take Action Today

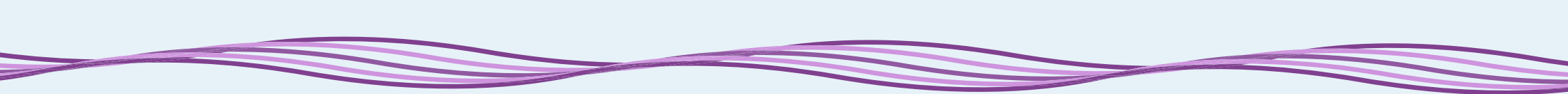
Challenge stigma when you hear it. Use language that recognises the person, not the addiction.

The next time someone is described as a “junkie”, “alcoholic” or “addict”, challenge it. Words matter. They can either open the door to recovery or keep it firmly shut.

For organisations and employers

Recovery does not end when treatment ends.

People need opportunities to rebuild their lives through employment, education, volunteering and community participation. Too often, people in recovery face unnecessary barriers because of stigma, outdated policies or assumptions about their past.



Take Action Today

Review your organisation's policies, recruitment practices and culture.

Ask yourself: **Would someone in recovery genuinely feel welcomed, supported and valued within our organisation?**

If the answer is no, then change is needed.

For people with lived experience

People with lived experience are not simply recipients of services. They are leaders, advocates, mentors and agents of change. Some of the most powerful improvements in Reading have been driven by people who have experienced addiction and recovery themselves.

Take Action Today

Use your experience to help shape the future of support in Reading. Join the Recovery Ambassadors programme and help challenge stigma, influence services and inspire hope.

Your story is more than your past. It is expertise that can help save lives and improve outcomes for others.



The final challenge

The question for all of us who live and work in Reading is simple:

Will we continue to accept preventable deaths, widening inequalities and missed opportunities for recovery, or will we act together to change the story?

As we heard from our recovery ambassadors:

Recovery is possible. Lives can be saved.

But change will not happen by accident.

It will happen only if all of us accept our role in making Reading a place where people are supported earlier, treated with dignity, and given every opportunity to recover and thrive.

Image source: Image created by one of the Reading Recovery Ambassadors.



Where to go for drug and alcohol treatment and support

Drug and Alcohol Treatment services in Reading

Young people (up to age 18) – Source Reading Directory | SOURCE - [Young People's Drug & Alcohol Service \(Part of Reconnect Youth Team\)](#)

Adults drug and alcohol treatment services [Reading Drug and Alcohol Service](#) | [Change Grow Live](#)

Mutual aid support services

Alcoholic Anonymous [Home - Alcoholics Anonymous Great Britain](#)

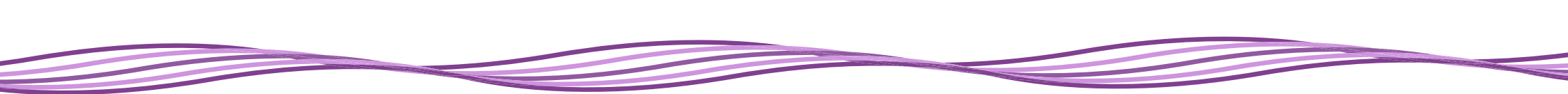
Alcohol Change <https://alcoholchange.org.uk/>

National Association For Children Of Alcoholics, NACOA [Nacoa: Helping everyone affected by their parent's drinking - Nacoa](#)

Narcotics Anonymous [Welcome to UKNA | UKNA | Narcotics Anonymous in the United Kingdom](#)

Cocaine Anonymous - [Cocaine Anonymous CAUK Area](#)

SMART Recovery [Empowering Recovery Through Self-Management | UK Smart Recovery](#)



References

- 1 [Office for National Statistics - Deaths related to drug poisoning by local authority, England and Wales](#)
- 2 [Department of Health and Social Care - Adult Mental Health and Wellbeing](#)
- 3 [Department of Health and Social Care - Alcohol Profile](#)
- 4 [Department of Health and Social Care - Liver Disease Profiles](#)
- 5 [Alcohol strategy - GOV.UK](#)
- 6 [Cost of alcohol harm in Reading - Institute of Alcohol Studies](#)
- 7 [Office for Health Improvement and Disparities - National Drug Treatment Monitoring System](#)
- 8 [Department of Health and Social Care - Public Health Outcomes Framework](#)
- 9 [Drug use in ethnic minority groups: a review and recommendations \(accessible\) - GOV.UK](#)
- 10 [Census Data - Reading: Ethnic group](#)
- 11 [Deaths linked to potent synthetic opioids - GOV.UK](#)
- 12 [Ketamine: an updated review of use and harms \(accessible\) - GOV.UK](#)
- 13 <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- 14 <https://www.reading.gov.uk/the-council-and-democracy/council-strategies-plans-and-policies/berkshire-west-health-and-wellbeing-strategy-hwbs-2021-2030/>
- 15 <https://www.reading.gov.uk/the-council-and-democracy/council-strategies-plans-and-policies/corporate-plan/council-plan-2025-to-2028/>
- 16 [Blank Page | College of Lived Experience Recovery Organisations](#)

