

Drug and Alcohol JSNA Summary

16 February 2023

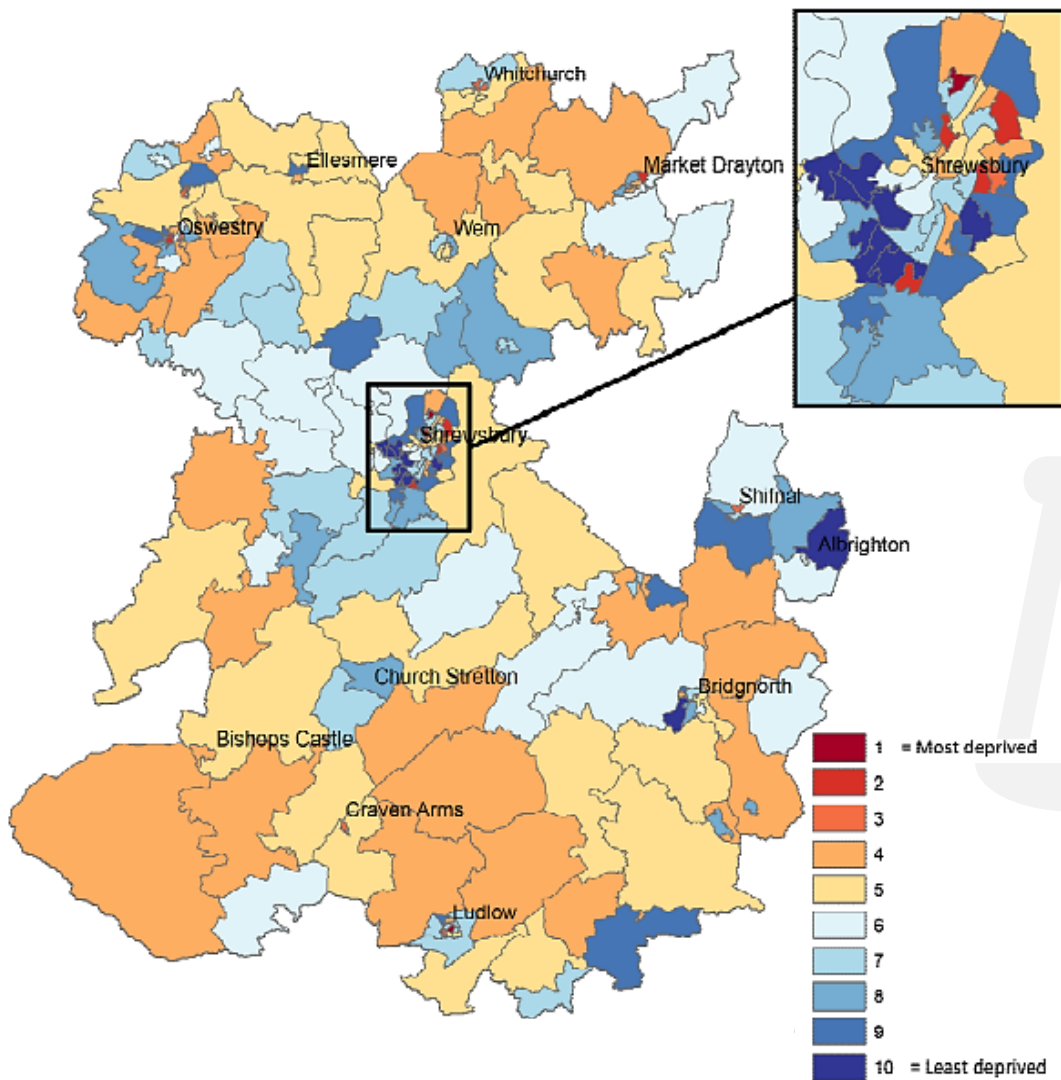
Aims of JSNA

- Inform commissioning of community-based alcohol and drug misuse treatment services in Shropshire
- Guide the development of relevant partnerships by the Shropshire Council Drug and Alcohol Team, and provide an evidence base to support the development of services which best meet the needs of the Shropshire population
- Review national and local policy and statutory guidance
- Provide an overview of the population living in Shropshire most at risk, including trends and needs
- Provide an overview of the wider determinants affecting outcomes for people, particularly those most at risk
- Provide an overview of current service provision and assessment of outcomes including strengths, gaps and identifying emerging needs
- Make recommendations for future commissioning in the context of the changing landscape of health and social care delivery in Shropshire

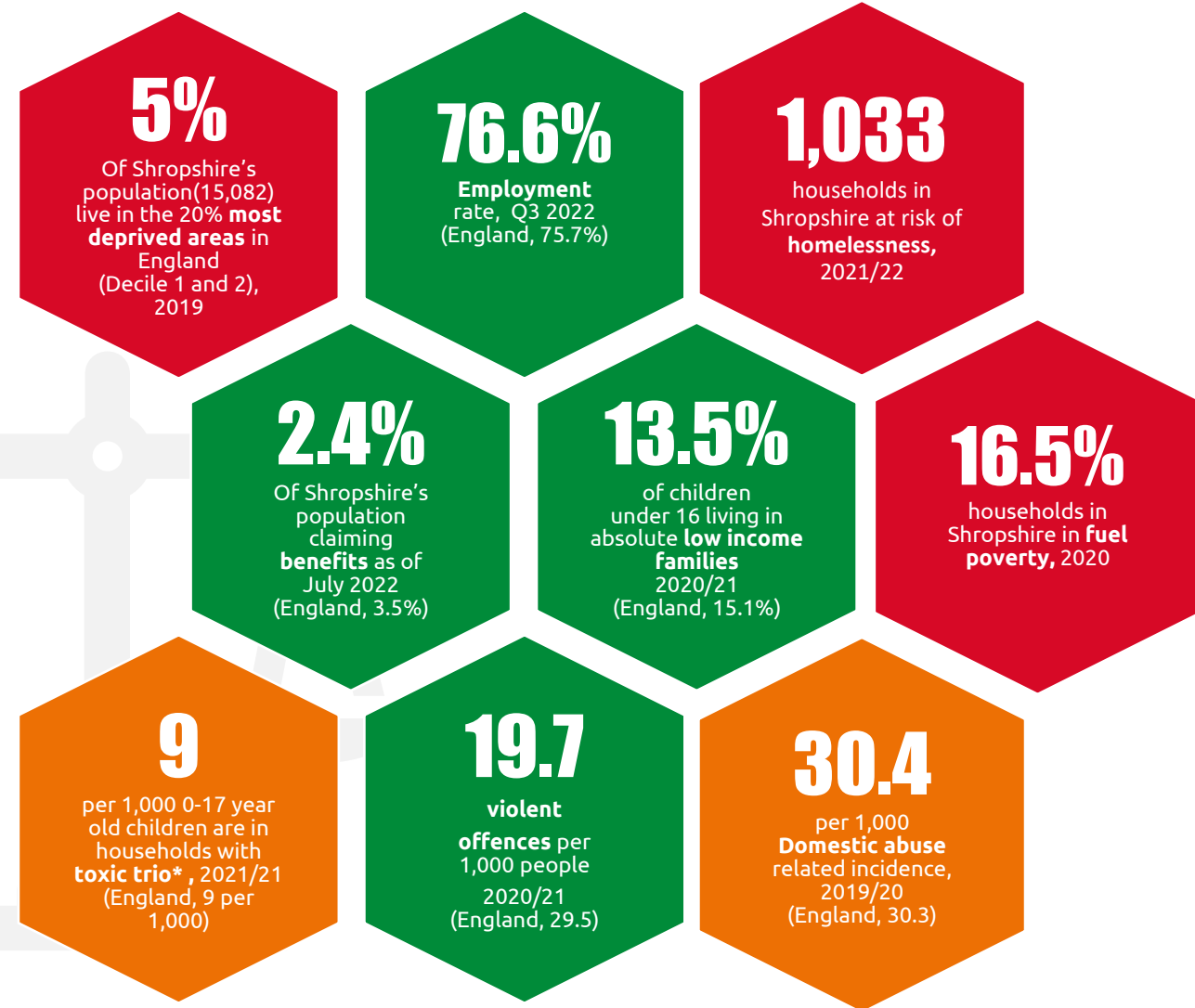
This report focuses on Local Treatment System data for the financial year of 2020/21. As this period coincided with the COVID-19 pandemic and national lockdowns (March 2020 onwards), the data may not be a true representation of the service's performance due to the substantial impact on service delivery, for example, an increase in waiting times.

To mitigate for this, we have included the latest data in the Latest Activity (Q2 2022/23) section which provides a more up to date snapshot of the current local drug and alcohol treatment system activity. This section highlights substantial improvements compared to 2020/21.

Risk factors and wider determinants



Overall, deprivation is low in Shropshire, ranking 174th out of 317 LTLAs nationally for its average IMD score.



Red = worse, orange = similar, green = better than national average

*co-occurring parental substance misuse, mental ill health and domestic abuse

Shropshire's level of need

Drugs

Prevalence

1,353
OCU users
aged 15-64
in 2016-17,
rate of 7.1
per 1,000, lower
than nationally

58%
unmet
need

Burden

123
Drug specific
hospital
admissions, 38 per
100,000, England
50 per 100,000
2020/21

32
Drug misuse
deaths, 4 per
100,000, England
5 per 100,000
2018-20

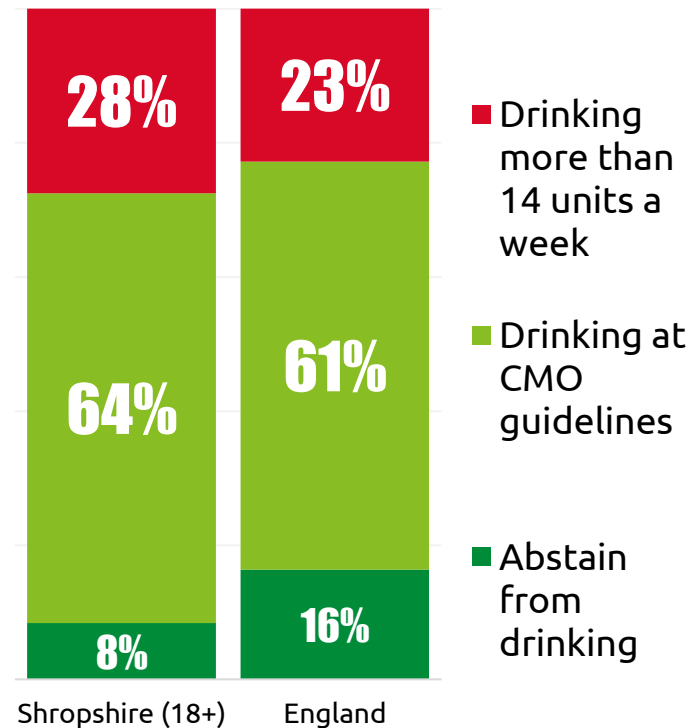
Alcohol

2,932
Alcohol
Dependent
adults(18+) in
2017-18
(28% accessed treatment,
higher than nationally)

80%
unmet
need

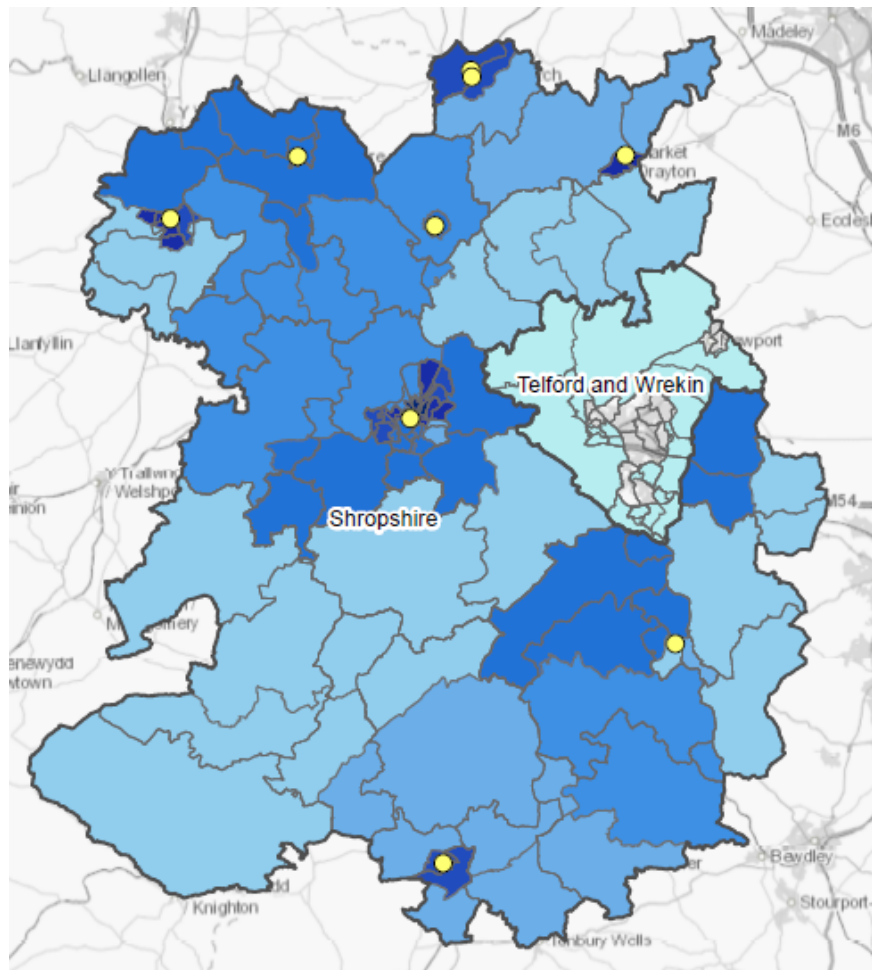
1,385
Alcohol specific
hospital
admissions, 405 per
100,000, England
587 per 100,000
2020/21

111
Alcohol
consumption
deaths, 11 per
100,000, England
11 per 100,000
2020/21

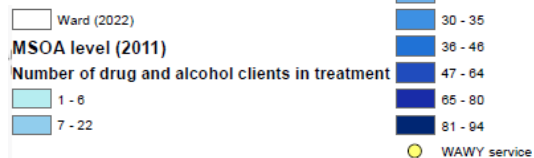


758
A&E attendances
diagnosis had an alcohol or drug
element 2020/21

Drug and Alcohol clients Adults, 2020/21



Where do clients live?



539 new presentations,
55% drug &
45% alcohol,
rise in new drug presentations

864
drug users
in treatment

468
Alcohol users
in treatment



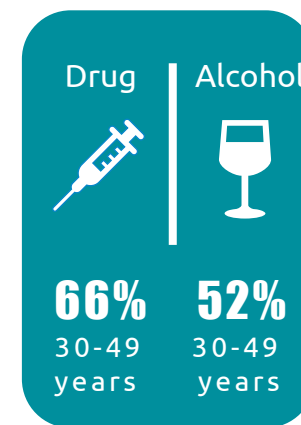
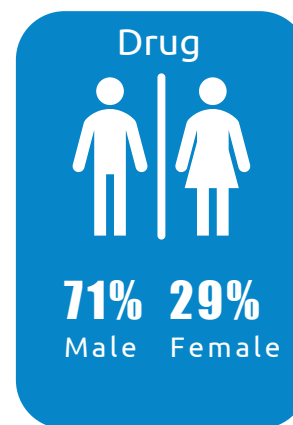
58% of new presentations had a **mental health treatment need**



36% of new presentations were **unemployed**



11.7% waited **>3 weeks** for drug or alcohol treatment, reduced to 8.5% in Q2 2022/23



19% of new presentations **dropped out early** (drug 18% and alcohol 20%)



14.3% successfully **completed treatment and did not re-present** within 6 months (England, 20%). Rise to 18.8% in Q2 2022/23.



23.5% alcohol users **successfully completed** and did not re-present within 6 months (England, 35.3%), rise to 29.4% in Q2 22/23.



21.2% non-opiate users **successfully completed** and did not re-present within 6 months (England, 33.0%). Rise to 24.8% in Q2 22/23.



3.9% opiate users **successfully completed** and did not re-present within 6 months (England, 4.7%). Rise to 4.4% in Q2 2022/23.



7 deaths in alcohol treatment (1.1%, England 1.2%) in 2021/22 and **16 deaths** in drug treatment (1.7%, England 1.3%) in 2021/22

84 Young people in treatment, 2020/21

89% aged
under 18

64% males
36% females

30 New presentations

45% referred in by
education services

92% living with
parents
(82% nationally)

5% living in care
(7% nationally)

Cannabis most cited
substance
(86% vs 84% nationally)

Alcohol second most
reported substance problem
(46% vs nationally 42%)

44% identified as having
a mental health need
(33 people)

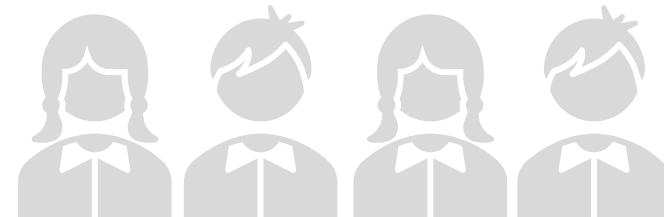
52% already engaged
with the MH services
(nationally 67%)

17% reporting self harm
as most common
vulnerability, higher in
females

8% affected by sexual
exploitation* (nationally 3%)



62% in treatment for 27
weeks or more (33%
nationally)



Doing well

Higher rates of **abstaining from drugs or alcohol** when leaving treatment than seen nationally

Reduction in those **at risk of homelessness**

Drug-specific hospital admissions below national average and falling

Alcohol-specific hospital admissions below national average and falling

Drug related death rate similar to seen nationally and is falling

Alcohol consumption death rate similar to seen nationally

13% rise in **new presentations to drug treatment**

Treatment completion rate for opiate users similar to the national figure of 5% and steady

Areas of need

Residents **abstaining from drinking alcohol** lower than the regional and national rate (all Shropshire residents)

Small rise in **alcohol dependent adults** in Shropshire (up 4%)

Naloxone prescribing lower than nationally

Waiting times of more than 3 weeks for treatment higher than the regional and national average

Higher dropout rates compared to England for both drug and alcohol clients

Completion rates lower or similar to England

Opiate completion rates similar to nationally and steady

Non-opiate completion rates worse than England but steady

Alcohol completion rates worse than England and falling

Recent progress/mitigation

Higher rate of abstaining from drugs or alcohol when leaving treatment than seen nationally

However, recent data shows a steady increase in adults entering treatment for alcohol misuse during Quarter 2 of 2022/23

Recent rise in rates of issued naloxone more recently following training

Recording error. Improvement seen recently

Recent data indicates an improvement in drop out rates among opiate users, with the drop out rates for opiate users now similar to England (Q2 2022/23).

Overall rise in completions in latest year (2021/22 to 2022/23)

Between Q1 and Q2 22/23, rise among non-opiate and alcohol completions, fall only in opiate completions.

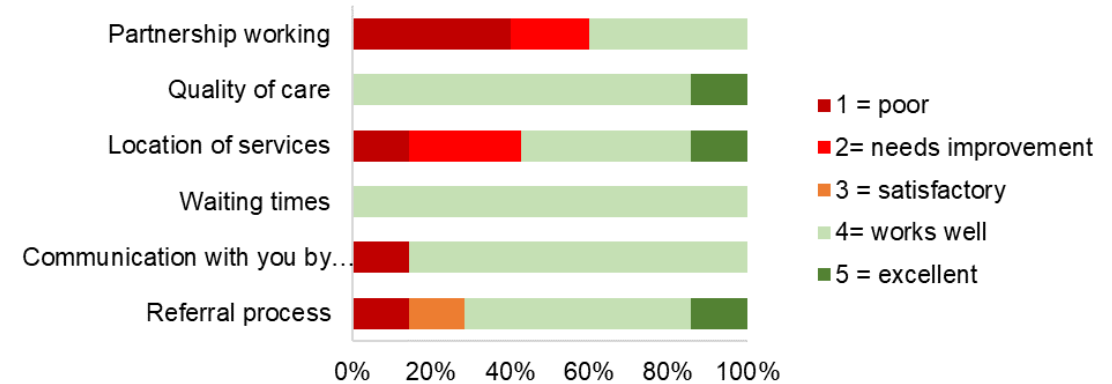
Challenges



Opportunities



Service users views on functionality of the drug and alcohol service (n=7)



“The SMART recovery group and the support worker who looked after me who met with me once a week were my saviour”.

“We should be given a card you carry with you that has a contact number for WAWY and your support worker for when in an emergency.”

Recommendations



Improve integrated working between substance misuse and mental health services to support Shropshire residents of any age with co-occurring substance misuse and mental health needs.



Improve integrated working between substance misuse and domestic abuse services to support Shropshire residents of any age with co-occurring needs.



Continue to develop effective pathways with housing providers to support access to emergency and move on accommodation



Address levels of unmet need by increasing number of individuals in treatment



Continue to raise awareness of Shropshire's substance misuse service to the public and practitioners, particularly the youth service, health services, and mental health services



Continue to improve and develop support for children who have parents in treatment to ensure services respond to the needs of the whole family.



Continue to deliver the Shropshire Strategy for Substance Misuse through the system level Combatting Drugs Partnership and the Shropshire Place Drug and Alcohol Partnership Groups and review the action plan in light of the JSNA findings.



To review physical health needs of people in treatment and work with partners to develop an action plan to better meet clients' needs



Reduce waiting times for those accessing drug & alcohol treatment (under 3 weeks)



Reduce number of drug & alcohol related deaths for those accessing treatment over the next 3 years



Reduce dropout rates for those accessing drug and alcohol treatment (first 12 weeks)



Increase number of people diagnosed with Hepatitis C accessing treatment



Improve pathways between community treatment services and custody