Shropshire Council

Drug and Alcohol Needs Assessment

2022/23

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Aims and objectives

This Needs Assessment has been developed to inform commissioning of community-based alcohol and drug misuse treatment services in Shropshire. It will 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. The JSNA is focused on the needs of Shropshire residents who use alcohol, illicit drugs or other substances in a manner of irregular harmful misuse or dependence, regardless of whether they are already in contact with treatment services.

A variety of data sources have been used to inform the JSNA, including the local treatment services database and the National Drug Treatment Monitoring System (NDTMS) reports, scientific literature and government reports. The JSNA would also not have been possible without input from stakeholders and members of the service user focus groups who offered their time, experience and wisdom to the project. This accompanying report compares current and changing performance data against regional and national benchmarks, and outlines recommendations for consideration in future commissioning of services.

This Needs Assessment will:

- 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 gaps
- Make recommendations for future commissioning in the context of the changing landscape of health and social care delivery in Shropshire

Executive summary

Shropshire is a diverse, large, predominantly rural, inland County, situated in the West Midlands. It is the second largest inland rural county in England and is approximately ten times the size of all the Inner London Boroughs put together. It covers 1,235 square miles and there are no areas in Shropshire that are considered major or minor conurbations average.

Shropshire has an ageing population with higher proportions of the population aged 50 and over compared to the national average. The population size has increased by 5.7%, from 306,100 in 2011 to 323,600 in 2021. Overall, there will be a rise in residents aged 30 and over by 2043, with the largest increase among those aged 75-79 and 80-84 years old.

The number of households in Shropshire is projected to rise at a steeper rate than seen nationally over the next 22 years. We can expect to see a rise of 33,467 households in Shropshire by 2043, rising to a total of 178,215 households in 2043.

In 2021, the White ethnic group accounts for the majority of Shropshire's population, with the Asian/Asian British and Mixed ethnic group accounting for the second largest proportion of the population and the Black/Black British accounting for the lowest proportion of the population.

In Shropshire, only 1.0% of LSOAs are among the 10% most deprived and 5.2% are among the 10% least deprived LSOAs in England.

Core substance misuse treatment service delivery in Shropshire is delivered by a single third sector treatment provider, known as We Are With You (WAWY). In May 2022 the care quality commission independent inspection rated the service provided by WAWY in Shropshire as good overall, with outstanding for Care We are With You - Shropshire - Care Quality Commission (cqc.org.uk). This is positive and lends assurance to our local perception that services are safe and offer a suitable range of interventions.

Shropshire Council commissions one organisation to deliver treatment and recovery services, We Are With You (WAWY) formally Addaction. The service has a number of distinct areas of service delivery, to provide core clinical services, including pharmacological and harm reduction interventions and the co-ordination of community pharmacy services (supervised consumption, needle and syringe and naloxone provision). Secondly, they provide alcohol interventions and finally individual personalised recovery-based interventions. These include support around housing, education, employment and relationships.

Shropshire also has a small contract with Willowdene, which provides recovery focussed residential and day programmes, with a specific focus on female offenders. Shropshire commissions Birchwood to provide residential detoxification and is also part of a regional commissioning framework for in-patient detox services.

WAWY also deliver appropriate treatment services to children and young people. During 2020-21, 84 young people received treatment services, and of these, 36% were new presentations. Cannabis and alcohol use are the most reported substances used. Hospital admissions for substance misuse among 15–24-year-olds is significantly lower in Shropshire compared to the national rates (2018/19 – 2019/20).

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 in rates of waiting times, drop out rates and successful completions compared to 2020/21. Compared to the previous quarter (Q1 2022/23), the number of new presentations to treatment, the number of adults in treatment and successful completion rates are rising for almost all substance types in Shropshire, with waiting times falling along with early drop out rates among opiate users.

Doing well

- **Reduction in those at risk of homelessness**: During 2021/2022, a total of 1,033 households in Shropshire were identified as being owed a prevention or relief duty, a 10% reduction from the previous financial year.
- **Shropshire's drug-specific hospital admission rate** is significantly below the national average and is falling. The current admission rate is 37.8 per 100,000 population in Shropshire (national rate 50.2 per 100,000, 2020-21).
- **Shropshire's alcohol-specific hospital admissions rate** is lower than the England average at 405 admission episodes per 100,000 (2020-21), equating to 1,385 admission episodes in the period and is falling over time.
- **Shropshire's drug related death rate** is falling and is below the national rate. Between 2018-20, there were 31 drug use deaths in Shropshire, equating to a mortality rate of 3.7 per 100,000 population. This ranks Shropshire third lowest in the West Midlands region and is statistically similar to the regional (5.3) and national rate (5.0).
- There has been a 13% **rise in new presentations to drug treatment** (2020/21)
- Higher rates of **abstaining from drugs or alcohol** when leaving treatment than seen nationally
- **Referrals to Hepatitis C treatment** n Shropshire during 2021-22 was higher than the national rate with 3.2% of eligible adults referred to hepatitis C treatment, compared to the national rate of 1.9%.
- The **treatment completion rate for opiate users** in Shropshire is similar to the national figure of 5% and remains unchanged compared to the previous year at 4% (national figure 5%, 2020/21).

Areas of need

- **Opiate / or crack users (OCU) prevalence is rising**: a 13% rise compared to the previous year and reaching its highest level since 2010 at 1,353 individuals equating to a rate of 7.1 per 1,000 (2016/17). However this ranks Shropshire fourth lowest in the region, is below the regional rate of 9.6 per 1,000 and the national rate of 8.9 per 1,000
- Residents **abstaining from drinking alcohol** is lower than the regional and national rate at 8.4% compared to 20.7% in the West Midlands and 16.2% nationally. However, Shropshire has a higher rate of adults leaving treatment and abstaining from drugs or alcohol compared to nationally.
- Small **rise in alcohol dependent adults** in Shropshire, up 4% compared to the previous year to 2,932 adults and reaching its highest level since 2010. However, recent data shows a steady increase in adults entering treatment for alcohol misuse, with 678 adults in treatment during Quarter 2 of 2022/23.

- **Repeat alcohol-specific hospital admissions** are higher in Shropshire compared to the national average, with 340 admissions during 2020-21 having three or more prior admissions in the previous two years, equating to a rate of 128 admissions per 100,000 people, higher than the national rate of 86 per 100,000.
- **Alcohol specific mortality rising slowly**, up from 8.0 per 100,000 population in 2014-16 to 10.9 deaths per 100,000 population in 2017-19. More recently, local intelligence indicates that alcohol plays a contributory factor to deaths, such as suicide.
- **Naloxone prescribing rates** are lower than seen nationally, with 23% of opiate users issued naloxone, lower than the 28% nationally. However, recently WAWY employees have attended drug & alcohol and Naloxone training and the service has instigated new naloxone targets for staff members and appointed new harm reduction leads. This has led to a recent rise in rates of issued naloxone.
- **Hepatitis C testing and positivity rates** are lower in Shropshire than nationally with 39% of adult drug treatment clients eligible and accepting a hepatitis C test, compared to the national average of 45%. During the same period, 26% of adult drug treatment clients tested positive for hepatic C antibodies in Shropshire and 12% tested positive for hepatitis C RNA, higher than seen nationally for both tests (21% and 9% respectively).
- **Waiting times of more than 3 weeks for treatment** were higher than the regional and national average (both 1.5%) during 2020/21, with 11.7% of adults waiting more than 3 weeks for treatment. However, a thematic audit identified a recording error which has resulted in a change to the assessment and engagement process in service. Most recent quarterly data already indicate an improvement, in Q2 2022/23, 8.5% of adults waited more than 3 weeks for treatment.
- **Higher dropout rates** compared to England for both drug and alcohol clients, with 20% of adults in drug treatment leaving treatment early (before 12 weeks, 16% nationally) and 18% of adults in alcohol only treatment leaving treatment early (before 12 weeks, 13% nationally). However, recent data indicates an improvement in dropout rates among opiate users, with rates now similar to England (Q2 2022/23).
- **Rate of mental health need** on entering treatment higher than seen nationally for drugs and alcohol clients
- **Treatment completion rates for non-opiates and alcohol** are lower than the national average:
    - **Non-opiate completion rates in Shropshire are** lower than the national average at 21.1% (national 33.0%) but remain steady over time
    - **Alcohol completion rates** are lower than the national average at 23.5% (35.3% nationally) and are falling over time

Recommendations

Recommendation	Evidence/ rationale	Ambitions
1. 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.	All substance misuse clients who attended the focus group reported mental health issues and trauma, some waiting over a year for treatment. Service user groups identified a lack of eligibility in receiving mental health support during treatment and recovery. Clients strongly felt that mental health provision should be provided alongside drug and alcohol treatment and that it would be pivotal to their recovery. Service users also reported that currently there is no linked mental health and substance misuse service and no mental health nurse in house at the provider's site. Clients are currently referred into two different services, often following a detox. Suicide attempts involving drugs and/or alcohol are re-directed from mental health services to the provider however, WAWY staff lack training in mental health provision. ACE's and mental health were identified by stakeholders as the most common triggers of alcohol and substance misuse, with 75% of participants highlighting both as key risk factors. For both financial years (2020/21 and 2021/22), the most common support needs of households owed prevention or relief duty was for a history of mental health problems, with a rise from 30.8% of all needs being mental health problems in 2020/21 to 32.4% in 2021/22. In Shropshire, 63% of parents or adults in substance misuse treatment living with children presented with a mental health treatment need, higher than the benchmark of 54%. Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure. 44% of all young people new presentations to treatment were identified as having a mental head need (33 people). Of those, 45% were already engaged with the Community Mental Health Team/Other mental health services, lower than seen nationally (55%).	• Set up a joint substance misuse and mental health working group • Develop a joint working protocol between WAWYY and MPFT as main providers • Establish complex case review meetings • Apply learning from audits for people with co-occurring needs • Upskilling and training for substance misuse workers in mental health provision and crisis management • Share intelligence between mental health services and alcohol and drug treatment services to allow for identification of individuals in the community with untreated mental health issues which act as a barrier to seeking substance misuse treatment • Partnership working with mental health services during substance misuse treatment and as part of follow-up care to maximise potential for recovery and reduce inequalities • Inclusion of mental health services in substance misuse strategic working groups • Seek to strengthen a joint outreach approach for high-risk groups e.g., those at risk of homelessness; homeless and parents/carers with dependent children

2.	**Improve integrated working between substance misuse and domestic abuse services to support Shropshire residents of any age with co-occurring needs.**	Domestic abuse co-occurs with substance misuse. Rate of domestic abuse related crime has been increasing over time in Shropshire, now at 30.4 domestic abuse related crime incidents per 1,000 population aged 16+.	• Set up a task and finish group to improve pathways and outcomes between substance misuse and domestic abuse services • Link domestic abuse, early help, mental health and substance misuse data to identify and engage with high-risk groups, such as children living in toxic-trio households • Embed domestic abuse within the mental health and substance misuse joint working protocol and working group
3.	**Continue to develop effective pathways with housing providers to support access to emergency and move on accommodation**	In 2021/22 Q4, a total of 275 households in Shropshire were identified as being owed a prevention or relief duty, a rise compared to the previous two quarters. Of these, 203 households were assessed as homeless, a small rise compared to the two previous quarters and remaining higher the England average There has been a steady increase in rough sleepers in Shropshire since 2015, rising from seven people in autumn 2015 to 23 people in autumn 2020. This trend is not seen regionally or nationally where the numbers of rough sleepers has been falling since 2018. Homelessness prevention is about helping those at risk of homelessness to avoid their situation turning into a homelessness crisis. In the latest financial year in Shropshire, majority of households owed a prevention were couples with dependent children (28%) and female single parents (20%).	• Monitor and review the test and learn project of RESET, particularly focusing on delivery. RESET is an ambitious and innovative initiative developed to support individuals in accessing, engaging with, and sustaining engagement with drug and alcohol treatment and other relevant services. The multidisciplinary team will provide holistic support so that people affected by substance misuse can find long term accommodation and achieve their goals. • Set up a pilot for a specialist housing provider to deliver a bespoke support package for those struggling with substance misuse and accommodation. • Joint working between Shropshire Council Housing and Public Health teams.
4.	**Address levels of unmet need by increasing number of individuals in treatment**	During 2016-17 in Shropshire, more than half of people aged 15-64 who were OCU users were not in treatment (58%). Between 2015-18, 28% of adults living in Shropshire reported abstaining from drinking alcohol, significantly higher than the England rate (23%). During 2020-21, 597 individuals in Shropshire were reported to be receiving alcohol treatment (2020-21), meaning 80% of alcohol-dependent individuals in Shropshire in potential need of alcohol treatment were not receiving treatment. The main barrier which was discussed by service users was the lack of partnership working and joined up care between the hospitals, GPs, and mental health services. The common route which drug and	• Use awareness and promotion initiatives in locations attended by a wide range of residents to gain more visibility and awareness of the service e.g., GP practice waiting rooms, supermarkets, shopping centres, cafes/restaurants and bus stops and bus/train stations. • Explore the underlying drivers of unmet need further • Undertake an outreach approach to make the service more accessible, e.g., delivering local satellite clinics, utilising the RESET bus and other partner venues

		alcohol users took to enter treatment was reported to be by self-referral despite their efforts to seek help through their GP.	
5.	**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.**	In 2020/21 (FY), almost three quarters (73%) of all adult clients who newly presented substance misuse treatment in Shropshire did so by self-referral, family or friends, higher than the national figure of 61%. The lowest number of referrals were made through A&E/hospitals, GPs and social services. Almost half of referrals in Shropshire for young people (45%) came from education services, higher than seen nationally (25%). Referrals from all other sources were lower than the national average except for referrals from other substance misuse services. Of note is referrals from the youth service, with Shropshire's rate being 12% whereas nationally it was almost double that at 22%. Alcohol was the second most reported substance problem at 46%, higher than the England figure of 42%, meaning Shropshire had a higher percentage of young people in treatment for alcohol dependence in 2020-21 than nationally. This was also true for cocaine, nicotine, ecstasy, ketamine, where Shropshire's rates are almost all double the national rate.	• Organise a bi-annual partnership event bringing partners together to understand gaps in provision and raise the profile of the substance misuse service • Establish an alcohol awareness week with events and activities taking place to raise visibility of the substance misuse service • Consider recruiting a bespoke youth worker post to the RESET team to work closely with young people facing substance misuse issues, focusing particularly on vulnerable groups. Use awareness and promotion initiatives in locations attended by a wide range of residents to gain more visibility and awareness of the service among residents, e.g., GP practice waiting rooms, dentists, supermarkets, shopping centres, cafes/restaurants and bus stops and bus/train stations. • Undertake an outreach approach to make the service more accessible, e.g., delivering local satellite clinics, utilising the RESET bus and other partner venues
6.	**Continue to improve and develop support for children who have parents in treatment to ensure services respond to the needs of the whole family.**	12% in drug treatment and 23% in alcohol treatment were reported being parents/carers in Shropshire in 2020-21. Rates of parent/carer clients in treatment in contact with social care were higher in Shropshire compared to nationally: with a child in need (7% vs 5%), a child protection plan in place (18% vs 12%) or looked after children (12% vs 7%). In Shropshire, 63% of parents or adults living with children presented with a mental health treatment need, higher than the benchmark of 54%. Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure. In Shropshire, 4% of newly presenting parents living with children received family or parenting recovery support during the treatment journey or starting within 3 months after the end of treatment, lower than the benchmark figure of 7%. The rate parents living with children who received housing or employment recovery support during the treatment journey or starting within 3 months after the end of treatment was lower among newly presenting parents not living with children compared to the benchmark figure of 8%, with 3% receiving support in Shropshire. In the latest financial year in Shropshire,	• Improve pathways with universal and targeted Early Help, children's social care services and charities during parents/carers substance misuse treatment to mitigate the impact on children who have a parent in structured treatment • Continue to work in an integrative way with the Youth Service and Early Help teams through the already established task and finish group • Link data to identify and engage with high-risk groups, such as children living in toxic-trio households (co-occurring mental health, substance misuse and domestic abuse) • Explore if there is a need for provision of child-care support for parents with child-caring responsibilities which may be a barrier to fully engaging with treatment

		majority of households owed a prevention were couples with dependent children (28%) and female single parents (20%).	• Continue to support the MPACT programme, an initiative delivered by Willowdene, which supports families a parent/carer with substance misuse issues. • Embed substance misuse as part of the Integration Programme for children, young people and families building on the Oswestry Test & Learn.
7.	**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.**	In Shropshire, the rate of young people in treatment affected by sexual exploitation was more than double than seen nationally, with 8% of young people in Shropshire and 3% nationally. However, the counts behind this rate are low in Shropshire with 6 young people reporting being affected by sexual exploitation.	• Continue to be an active member of the Combatting Drugs Partnership, delivering the joint action plan alongside partners, particularly the police • Public Health to continue to lead the Shropshire Place Drug and Alcohol Partnership group to work with partners such as West Mercia Police, Probation, local fire services, adult and children social care services, and charities to reduce county lines, child drug exploitation and modern slavery • Improve accessibility of data and data sharing pathways across partnerships to combine intelligence and gain holistic insights e.g., Combatting Drugs Partnership and the local drug and alcohol partnership • Continue to support employment among clients in treatment and consider pathways with Job Centre Plus
8.	**To review physical health needs of people in treatment and work with partners to develop an action plan to better meet clients' needs**	People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. NHS Health Checks review the risks to an individual's health and seeks to reduce the likelihood of CVD-related illnesses by helping them to adopt healthier behaviour, referring them to existing specialist services, or by prescribing medication such as statins. Health checks estimates the risk of having a heart attack or stroke in the next 10 years and of developing type 2 diabetes. Underpinning this is an assessment of 6 major risk factors that drive early death, disability, and health inequality: alcohol intake, cholesterol levels, blood pressure, obesity, lack of physical activity and smoking.	• Undertake a more detailed review of physical health needs of people with substance misuse issues and develop an action plan to address working in partnership with Healthy Lives providers and services. • Promote and enable access to health check completions
9.	**Reduce waiting times for those accessing drug &**	Waiting times of more than 3 weeks for treatment were higher than the regional and national average (both 1.5%) during 2020/21, with 11.7% of adults waiting more than 3 weeks for treatment. In Shropshire in 2020/21, 40 adults waited more than 3 weeks for drug	• Complete data deep dive to establish potential recording issues

	alcohol treatment (under 3 weeks)	treatment, equating to 12.8%, significantly higher than the national figure of 1.2%. In Shropshire in 2020/21, 25 adults waited more than 3 weeks for alcohol treatment, equating to 10.2%, significantly higher than the national figure of 2.0%. Most recent quarterly data indicate an improvement, in Q2 2022/23, 8.5% of adults waited more than 3 weeks for treatment.	• Targeted actions included in community treatment provider development plan. • Revise delivery to ensure all recovery workers can assess and onboard clients as opposed to a specialist smaller intake team
10.	**Reduce number of drug & alcohol related deaths for those accessing treatment over the next 3 years**	In Shropshire, drug misuse deaths have been rising over time. Between 2018-20, there were 31 drug misuse deaths in Shropshire, equating to a mortality rate of 3.7 per 100,000 population, statistically similar to the regional (5.3) and national rate (5.0). There has been a rising trend in the alcohol specific mortality in Shropshire since 2014-16. In Shropshire, between 2017-2019, there were 111 deaths wholly caused by alcohol consumption, equating to an alcohol-specific mortality rate of 10.9 per 100,000, below the West Midlands rate of 12.9 deaths per 100,000 population and at a similar level to the national mortality rate (10.9).	• Re-establish Drug and Alcohol related death (DARD) panel • Work closely with colleagues working on unexpected deaths to identify substance misuse themes • In partnership with Telford & Wrekin commission a bespoke DARD case management system to better identify and record DARDs • Increased distribution of Naloxone via core services including outreach via Reset project. • Each case worker has personal targets to dispense a number of naloxone units every month. • Work with ambulance service and local hospital trusts to identify any near-death incidents and target those individuals for harm reduction advice.
11.	**Reduce dropout rates for those accessing drug and alcohol treatment (first 12 weeks)**	Higher dropout rates compared to England for both drug and alcohol clients, with 20% of adults in drug treatment leaving treatment early (before 12 weeks, 16% nationally) and 18% of adults in alcohol only treatment leaving treatment early (before 12 weeks, 13% nationally). However, recent data indicates an improvement in dropout rates among opiate users, with rates now similar to England (Q2 2022/23).	• Engage a proactive service model which will outreach directly in person to those who drop out. • Continuous development of the service offer to ensure it is relevant and meaningful to clients • Develop delivery options which make attendance easier for clients, e.g., outreach clinics, childcare, evening or weekend delivery for those in employment
12.	**Increase number of people diagnosed with Hepatitis C accessing treatment**	Hepatitis C testing and positivity rates are lower in Shropshire than nationally with 39% of adult drug treatment clients eligible and accepting a hepatitis C test, compared to the national average of 45%. During the same period, 26% of adult drug treatment clients tested positive for hepatic C antibodies in Shropshire and 12% tested positive for hepatitis C RNA, higher than seen nationally for both tests (21% and 9% respectively).	• Develop a hepatitis C awareness action week to encourage more people to get tested • Ensure every client who is at risk of hepatitis C is offered a test, those that test positive are offered treatment • Work in partnership with health and wellbeing teams to raise awareness of the importance of testing those at risk

		Referrals to Hepatitis C treatment n Shropshire during 2021-22 was higher than the national rate with 3.2% of eligible adults referred to hepatitis C treatment, compared to the national rate of 1.9%.	• Alongside hospital trusts review capacity and efficient of current treatment offer.
13.	**Improve pathways between community treatment services and custody**	Referrals from the criminal justice system accounted for 11% of all referrals in Shropshire, similar to the 12% experienced nationally. In 2020-21, 71% of referrals were self-made, higher than the national figure of 59% and 14% were made through the criminal justice system (CJS), lower than the national average of 16%. In 2020-21, 74% of referrals to alcohol treatment were self-made, higher than the national figure of 63% and 7% were made through the criminal justice system (CJS), similar to the national average of 6%.	• Develop pathways between prisons and community services including closer working, gate pickups and in reach activity. • Review / improve pathways between police custody interventions and service delivery offer • Improve pathways between Probation SMS support and core treatment offer. • Streamline continuity of care as it passes from custody treatment to community treatment, share essential data, assessments etc.

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Introduction

Use of alcohol or drugs at some stage in life is common; it is estimated that approximately 80.0% of adults in England consume alcohol at levels associated with some risk to their health [1], and 9.4% of adults aged 16 to 59 and 20.3% of young adults (aged 16-24) had taken an illicit drug in the last year [2].

For a proportion of these individuals their alcohol and drug use may reflect dependency or excessive consumption and may be associated with substantial harmful consequences such as health problems or encounters with the criminal justice system.

Alcohol is one of the leading modifiable life-style related drivers of non-communicable diseases alongside smoking and obesity, and it is estimated to be the behavioural risk factor with the second highest impact on the NHS budget after poor diet [3]. Use of alcohol and drugs has also been highlighted as one of the six key drivers of crime due to associations with behavioural disorders and violence: it is estimated that 1 in 100 people each year will be a victim of an alcohol related violent crime [4] [5]. The impact of alcohol and drug use on wider communities can be far-reaching, and include:

1) direct economic costs on health and social care services, the criminal justice system and the social welfare system
2) indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity
3) intangible costs to the affected individual or their family members from anxiety, pain, financial worry and reduced quality of life.

Alcohol and drug treatment services have an important and evidence-based role in mitigating the personal and financial costs of alcohol and drug misuse and have the potential to provide cost-efficiency savings for a range of public services including health and social care, housing and welfare, and the criminal justice system. This needs assessment will comparatively describe the needs of alcohol and drug users in Shropshire and will highlight areas of potential service improvement or partnership development to better meet these needs.

People with untreated drug and alcohol dependencies have a disproportionate impact on our communities. In an average secondary school in England, 40 pupils will be living with a parent with a drug or alcohol problem. About one in six Child in Need assessments carried out by local authorities last year record parental alcohol problems, with a similar proportion for drug use. And problem parental alcohol or drug use were each recorded in over a third (36%) of serious case reviews where a child died or was seriously harmed.

Last year 17,000 households assessed by local authorities as being statutorily homeless were recorded as being drug dependent, with 12,500 assessed as alcohol dependent. Almost half of homicides every year are drug-related, and in almost a fifth, the suspect is under the influence of alcohol. Nearly half of acquisitive crime is drug-related and one-third of the people in our prisons committed drug-related crimes, including acquisitive crime.

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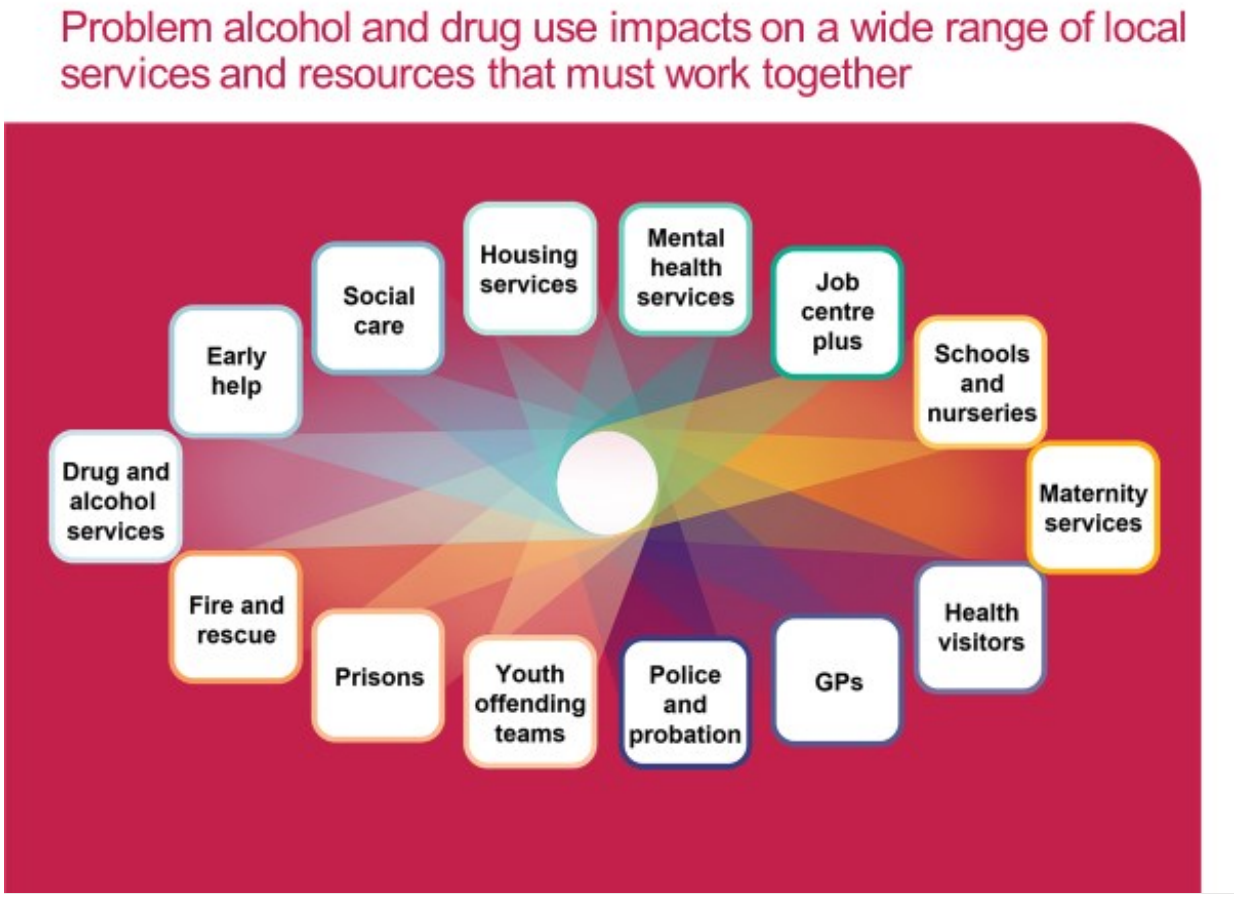
[1] Health Survey for England 2015, Last accessed 01/12/2022
[2]. Statistics of drug misuse 2019, NHS Digital Last accessed 01/12/2022
[3] Scarborough P, Bhatnagar P, Wickramasinghe KK, Allender S, Foster C, Rayner M. The economic burden of ill health due to diet, physical inactivity, smoking, alcohol and obesity in the UK: an update to 2006-7 NHS costs. J Public Health (Oxf) 2011;33(4):527-35.
[4] Secretary of State for the Home Department, ''The Government's Alcohol Strategy', HM Government, 2012:(1);8–9 Last accessed 01/12/2022.
[5] Institute of Alcohol Studies Last accessed 01/12/2022

Analysis by the Ministry of Justice shows that over half (58%) of offenders had been drinking at the time of the offence, and a third (32%) said their offending was connected to their alcohol use.

More people die from drug misuse nationally every year than from all knife crime and road traffic incidents combined. And more working years of life are lost in England as a result of alcohol-related deaths than deaths from cancer of the lung, bronchus, trachea, colon, rectum, brain, pancreas, skin, ovary, kidney, stomach, bladder and prostate, combined.

Local authorities commission drug and alcohol treatment services through the Public Health Grant. It is a condition of the 2021/22 grant that local authorities improve the take up of, and outcomes from, its drug and alcohol misuse treatment services, based on an assessment of local need and a plan which has been developed with local health and criminal justice partners.

These services, working in partnership with other local services, can and do help thousands of people to stabilise and turn their lives around every year; reducing the risks to the individuals, their families and wider community and the burden on a range of other local services. Every pound spent on drug treatment saves at total of £21 over the course of ten years.



Source: Must Know: Treatment and recovery for people with drug or alcohol problems 2021, Local Government Association

Key facts

Drugs – National Picture

In 2016/17, consumers in England and Wales spent approximately £9.4 billion on illicit drugs. This makes revenue from the drugs industry greater than the UK revenue of such household names as Aldi, Boots or EasyJet.

- The harms from drug misuse cost society £19.3 billion per year, 86% of which is attributable to the health and crime-related costs of the heroin and crack cocaine markets.

- In 2019-20 approximately 3 million adults in England and Wales used illegal drugs. Of these, over half a million (588,000) reported drug use at least once a week.

- Drug use by children aged 11-15 has increased by over 40% since 2014, following a long-term downward trend. Two in five (38%) of 15-year-olds report having taken drugs at least once in their lives.

- There were 160,000 adults receiving treatment for drug problems in local authority commissioned services between April 2019 and March 2020. Of these 141,000 were being treated for opiate problems.

- The number of reported county lines has quadrupled in three years and the numbers of children and young people getting drawn into this exploitation continues to grow. In 2020 referrals of children suspected to be victims of county lines increased by 31 per cent.

- Half of adults starting drug treatment are parents – while many don't currently live with their children there were 19,000 children living with adults who started drug treatment last year.

- There were over 14,000 young people under the age of 18 years in contact with alcohol and drug services between April 2019 and March 2020. This is a 3 per cent reduction on the number the previous year and a 42 per cent reduction on the number in treatment since 2008 to 2009.

Alcohol – National Picture

- There are around 10 million adults in England who drink above the UK Chief Medical Officers' low risk guidelines, including more than two million who drink at higher risk and an estimated 587,000 who are dependent on alcohol.

- The 4% of the population who drink the most heavily are estimated to drink a third of all alcohol consumed in England. Their drinking is estimated to contribute 23% of all the alcohol industry's revenue

- There were 358,000 hospital admissions in 2018-19 where the primary diagnosis was a condition related to alcohol consumption, including 22,000 for alcoholic liver disease and 41,000 for mental and behavioural disorders.

- 22% of 15-year-olds reported having been drunk at least once in the last four weeks, and of these a quarter (23%) had vomited.

- 105,000 people with alcohol problems were receiving treatment in local authority commissioned services last year, of whom 30,000 had non-opiate drug problems alongside their alcohol issues.

- Half of those starting alcohol treatment last year were parents, while many don't currently live with their children, there were 31,000 children living with an adult who started alcohol treatment last year.

- The median drinker in treatment was consuming 400 to 599 units in the four weeks prior to starting treatment – this is the equivalent of between 10 and 15 litres of vodka. One in ten (9.7%) drank over 1,000 units in the four weeks before they started treatment.

Policy and Financial Context

National Guidance

There are numerous strategy documents and guidance to inform the development of Drug and Alcohol treatment services. Key documents include:

Drug Strategy Public Health England 2017

The drug strategy 2017 sets out how the government and its partners, at local, national and international levels, will take new action to tackle drug misuse and the harms it causes. The approach is balanced over four key themes:

- **Reducing Demand** - take action to prevent the onset of drug use, and its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. This includes placing a greater emphasis on building resilience and confidence among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships).
- **Restricting Supply** - take a smarter approach to restricting the supply of drugs: adapting our approach to reflect changes in criminal activity; using innovative data and technology; taking coordinated partnership action to tackle drugs alongside other criminal activity.
- **Building Recovery** - raise our ambition for full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to people according to their needs; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range of services that are essential to supporting every individual to live a life free from drugs.
- **Global Action** - take a leading role in driving international action, spearheading new initiatives e.g., on new psychoactive substances, sharing best practice and promoting an evidence-based approach to preventing drug harms.

https://www.gov.uk/government/publications/drug-strategy-2017

Independent review of drugs by Professor Dame Carol Black (2020)

The review examines the harm that drugs cause and look at prevention, treatment and recovery. Dame Carol was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government's thinking on what more can be done to tackle the harm that drugs cause.

Part one was published on 27 February 2020 and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. Part 2 was published on the 8 July 2021 and focuses on drug treatment, recovery and prevention.

The report's aim is to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around, in the community and in prison. It contains 32 recommendations for change across various government departments and other organisations, to improve the effectiveness of drug prevention and treatment and to help more people recover from dependence.
https://www.gov.uk/government/collections/independent-review-of-drugs-by-professor-dame-carol-black

From harm to hope: a 10-year drugs plan to cut crime and save lives (2021)

A 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. National and local partners will focus on delivering three strategic priorities:

- Break drug supply chains
- Deliver a world-class treatment and recovery system
- Achieve a generational shift in demand for drugs

https://www.gov.uk/government/collections/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives

Statutory Duties

The local authority has a duty to ensure the availability of prevention and treatment for people with drug and alcohol dependence to ensure it meets requirements included in legislation: Health and Social Care Act 2012, Care Act 2014 and Section 17 of the Crime and Disorder Act 1998 as amended.

As outlined in the Quality governance guidance for local authority commissioners of alcohol and drug services, local authorities are required to have effective quality governance arrangements in place for services that are commissioned using the public health grant. Safeguarding responsibilities, in relation to children and vulnerable adults, need to be recognised within these arrangements. Good quality governance processes and systems enable local authorities to meet the care needs of their alcohol and drug using populations and by so doing also to achieve a wide range of positive impacts on local communities.

Roles and responsibilities of key contributors to quality governance

- **Local authorities** are responsible for ensuring that appropriate quality governance is in place for services they commission with the public health grant.

- **Local authority commissioners** are responsible for meeting the drug and alcohol treatment and care needs of their populations through their commissioning of high quality services. However, it is the local authority elected members who are responsible for agreeing the final award of relevant contracts.

- **Elected members** of local authorities are the decision and policy makers for future activities of the council, and have an overview and scrutiny role in relation to the day to day business of the local authority, including [care] quality governance. As

statutory members of the local health and wellbeing boards, elected members, advised by their directors of public health (DsPH) have a key role to play in providing the strategic lead on quality governance.

- **Alcohol and drug service providers** are ultimately accountable for the quality of care delivered in their services. They are responsible for ensuring that care is safe, that it is delivered in line with the evidence base by competent and supported staff, and that service users are fully involved in decisions about individual care and service delivery.

- **Service users** should be fully involved in decisions about their care and treatment. Involvement in service design and delivery, and the development of local strategy by service users will increase service effectiveness and deliver more positive outcomes.

- **DsPH** are defined by statute as the officer champion for health within the local authority, and the principal adviser on all health matters to elected members and officers. DsPH will wish to ensure that providers have appropriate quality governance arrangements in place that are equivalent to NHS standards.

The benefits of treating drug and/or alcohol dependence

Drug and alcohol treatment reduces the burden on local authority services, NHS Healthcare and to society. Dame Carol Black's independent review estimates the costs of drug use to social care at £630 million a year and noting that treatment for dependent drug users can reduce the cost of drug related social care by 31%.

PHE estimate that there are over 310,000 adults who are dependent on opiates (mainly heroin) and crack cocaine, and about 600,000 who are dependent on alcohol. Most are not being treated for their addiction – about half of opiate and crack users (OCUs) and only one in five dependent drinkers.

Being in treatment reduces offending behaviour – up to half for alcohol users – reduces drug and alcohol related deaths, and the spread of blood borne diseases such as Hepatitis C[6].

[6] Must Know: Treatment and recovery for people with drug or alcohol problems 2021: https://www.local.gov.uk/publications/must-know-treatment-and-recovery-people-drug-or-alcohol-problems

Source: Must Know: Treatment and recovery for people with drug or alcohol problems 2021, Local Government Association

Social return on investment for alcohol and drug treatment

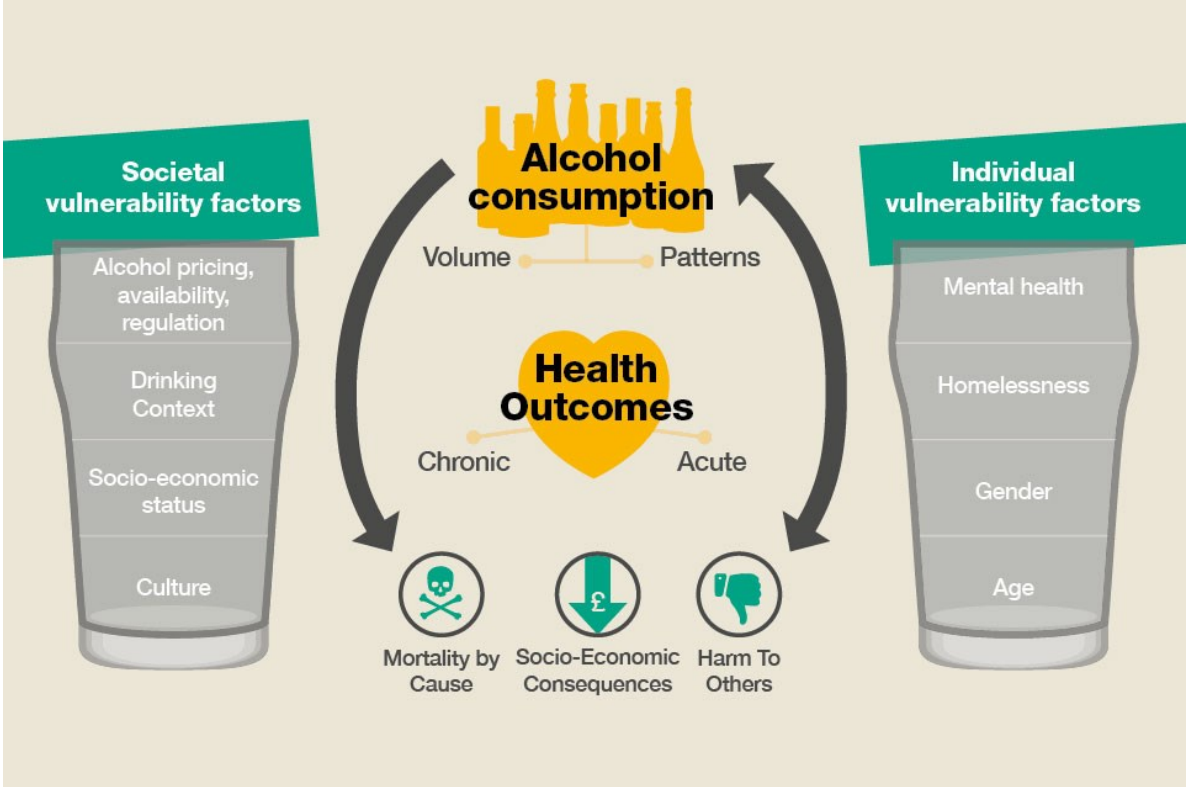
This guide explains how investment in alcohol interventions, including specialist alcohol treatment, can produce a high return.

Guidance Health matters: harmful drinking and alcohol dependence

Health inequalities and alcohol dependence

Harmful drinking, alcohol dependence and socio-economic factors

Although the volume of alcohol consumed is a clear indicator of potential harm to health, other factors affect the relationship such as socioeconomic factos and individual vulnerability [7]:



Source: Guidance Health matters: harmful drinking and alcohol dependence

In England, alcohol dependence is more common in men (6%) than in women (2%). This gender difference is found to be the case all over the world and is one of only a few key gender differences in social behaviour.

The impact of harmful drinking and alcohol dependence is much greater for those in the lowest income bracket and those experiencing the highest levels of deprivation.

The reasons for this are not fully understood. People on a low income do not tend to consume more alcohol than people from higher socio-economic groups.

The increased risk is likely to relate to the effects of other issues affecting people in lower socio-economic groups.

The areas with the lowest rates of alcohol related mortality are mainly found in the south of England. Councils with the highest rates are situated predominantly within the North West.

[7] Guidance Health matters: harmful drinking and alcohol dependence

Alcohol-related deaths for the most deprived decile were 53% higher than the least deprived in 2013.

In 2013 in Blackpool there were 79.5 alcohol related deaths recorded per 100,000 of the population. In Wokingham, Berkshire there were 33 alcohol related deaths per 100,000.

Rates of admission to hospital for alcohol-related causes show considerable regional variation. Hospital admissions for the most deprived decile are 55% higher than the least deprived decile in 2013 to 2014.

The north west of England has the highest rate of hospital admissions for alcohol-related causes with 551.22 per 100,000 people.The lowest rate was in the south-east with 383.68 per 100,000.

Populations that experience severe and multiple disadvantages

There is growing awareness about the considerable overlap of populations that experience severe and multiple disadvantages, such as:

- alcohol and drug misuse
- homelessness
- poor mental health
- offending behaviours

The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43. This is compared to 77 for the general population.

Alcohol and drug abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.

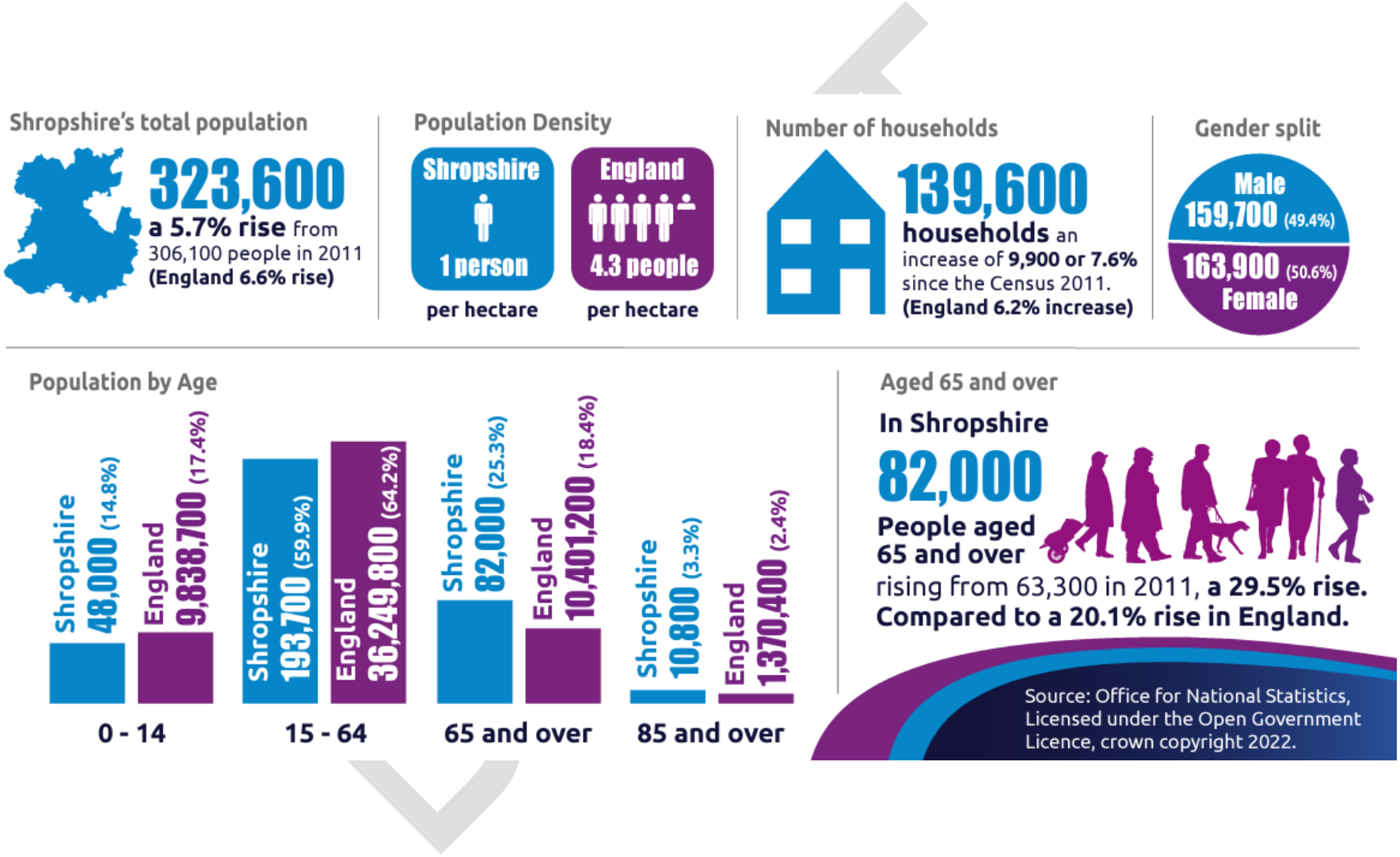
A recent study in England found that the quality of life reported by people with these experiences was much worse than that reported by many other people on low incomes and vulnerable people, especially regarding their mental health and sense of social isolation.

Tackling alcohol related harm is an important route to reducing health inequalities in general.

Alcohol treatment can contribute to making improvements in:

- hospital-related admissions
- child poverty
- employment for those with a long term health condition
- social isolation
- falls and injuries in those over 65
- self-harm
- treatment completion for tuberculosis
- premature mortality from liver disease
- cardiovascular disease cancer

Shropshire on a page



Economy

People in employment 2020
151,200

68% Full time jobs
32% Part time jobs

3.4%
Unemployment Rate (claimant count)

Total number of Businesses
15,870
(2020)

90.6% of Shropshire business employ less than 10 people

Total number of **Jobs**
124,500
(2019)

People in self employment
15.1%

compared to Great Britain 9.6% and the West Midlands 9.1%

(ONS Population Survey 1.4.2020. to 31.3.2021)

40
Number of businesses with 250+ employees

7.8 jobs average number of jobs per enterprise

Health and Social Care

Healthy Life Expectancy
(age when health started to be affected eg by a long-term condition) for people living in Shropshire 2017-2019:

Female – Shropshire 64.9
West Mids 62.6
England 63.5

Male – Shropshire 64.6
West Mids 61.5
England 63.2

Adult Social Care is seeing increasing demand for care and support by 5% on average each year for the past 2 years (2018-2020)

The Council is looking after more children compared to previous years.
26% increase in number of LAC 2019/20 to 2020/21.

Shropshire has large employment base in low paid sectors (care, retail, hospitality)

Gross weekly pay:
West Midlands £552.50
Shropshire £532.90
Great Britain £586.70

More than **1,250** tourism businesses creating **11,000 jobs**

Shropshire's top employment sectors

Employment sectors have grown the most since 2015

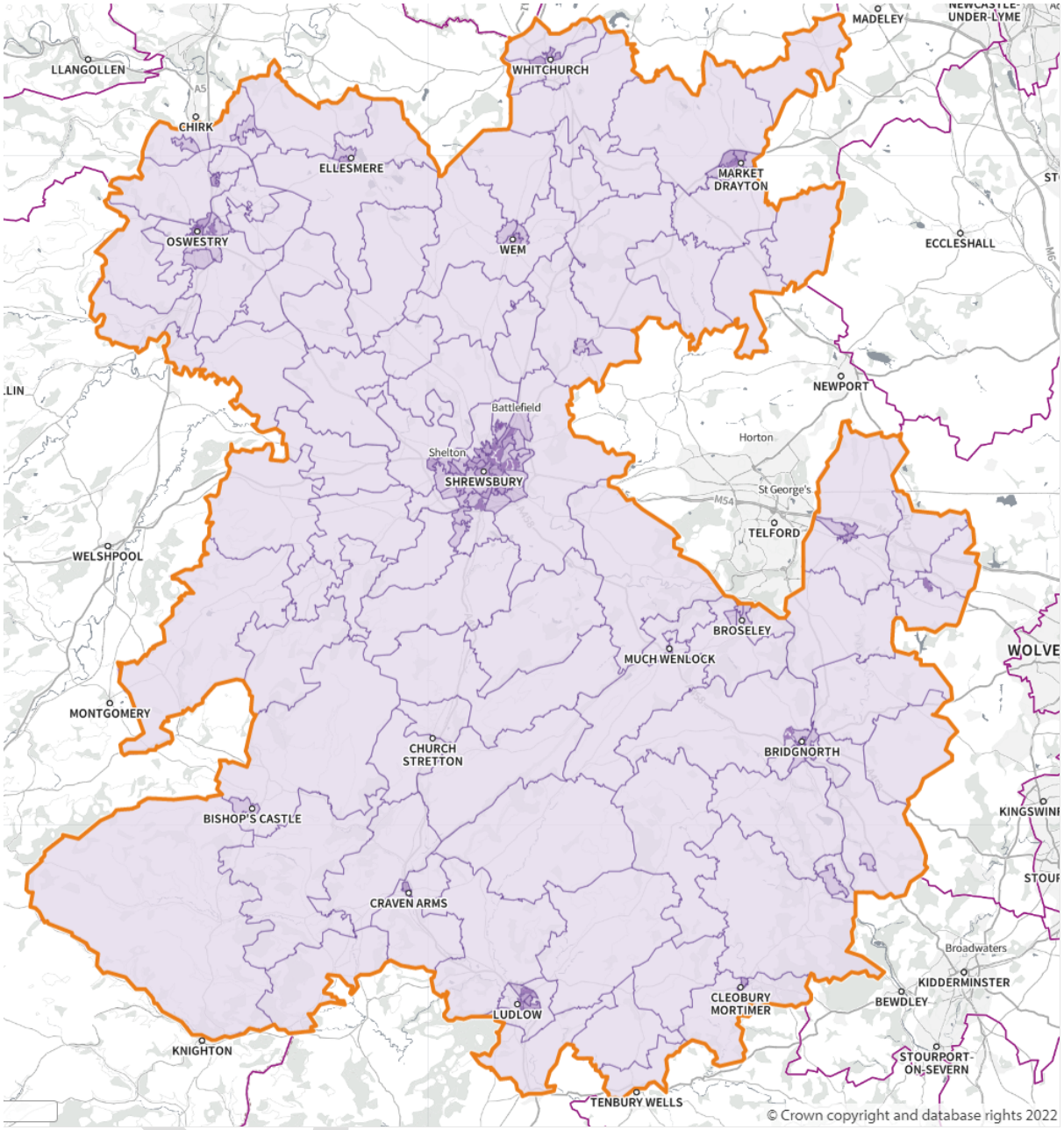
Population trends

Geography

Shropshire is a diverse, large, predominantly rural, inland County, situated in the West Midlands. It is the second largest inland rural county in England and is approximately ten times the size of all the Inner London Boroughs put together. It covers 1,235 square miles and there are no areas in Shropshire that are considered major or minor conurbations average. It is one of the most sparsely populated counties; with just one person per hectare on.

Overall Shropshire is a rural county with around 66% of the population living in areas classified as rural. Around 34% of the population resides in areas classed as being urban. Much of the South-West of Shropshire is classified as being sparsely populated. Shrewsbury is home to around a third of the population and is a key employment, shopping and cultural centre for Shropshire, as well as being a popular destination for tourists and visitors. The county's economy is based mainly on agriculture, tourism, food industries, healthcare and other public services. The profile of Shropshire County, its history, geography and population distribution makes delivering services effectively and efficiently more difficult.

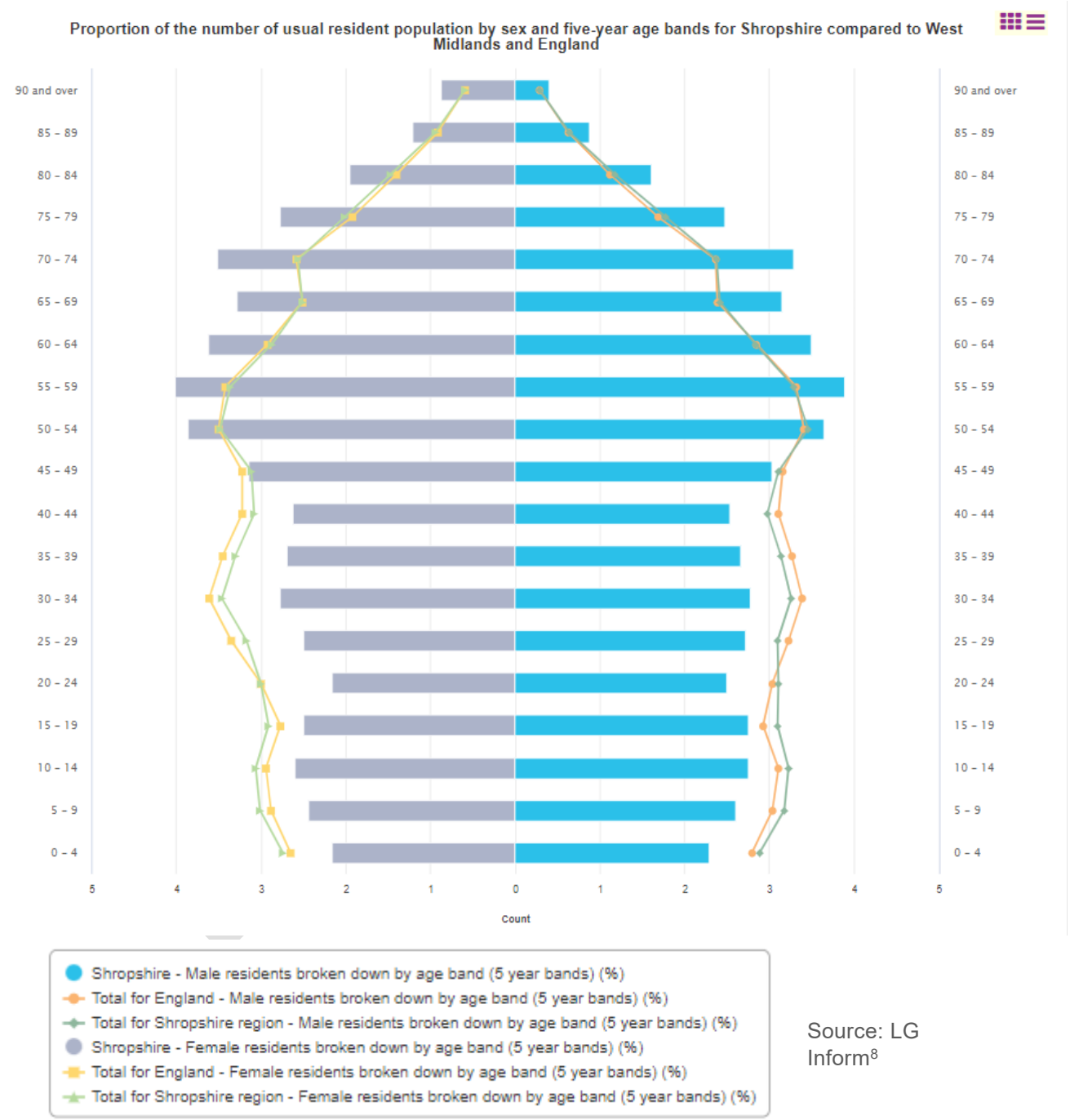
Map showing Shropshire's boundary and LSOA areas within the county, 2022.



Source: Small Area Population Estimates for mid-year 2020

Age-sex distribution of population

Shropshire has an ageing population with higher proportions of the population aged 50 and over compared to the national average. The largest proportion of the population is aged 55-59, with almost 8% of the population falling into this age group, higher than what is seen nationally.



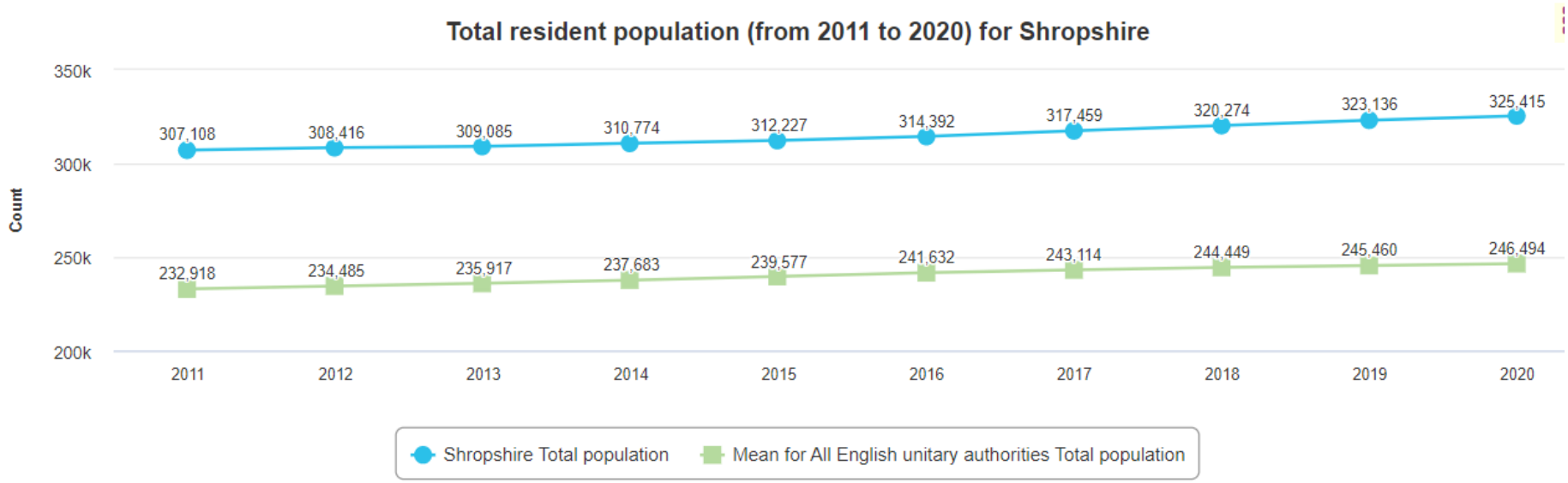
Source: LG Inform[8]

[8] LG Inform

Population estimates

The graph below shows the estimated resident population for Shropshire. In 2020, the number of people usually living in the area, irrespective of nationality, was 325,415 people. This is an increase of 5% (18,307) since 2011. Shropshire is ranked 1 (out of 4 unitaries in the West Midlands region) in terms of population size, with 1 being the largest [9].

Chart showing the change in Shropshire's population between 2011 and 2020, LG Inform.

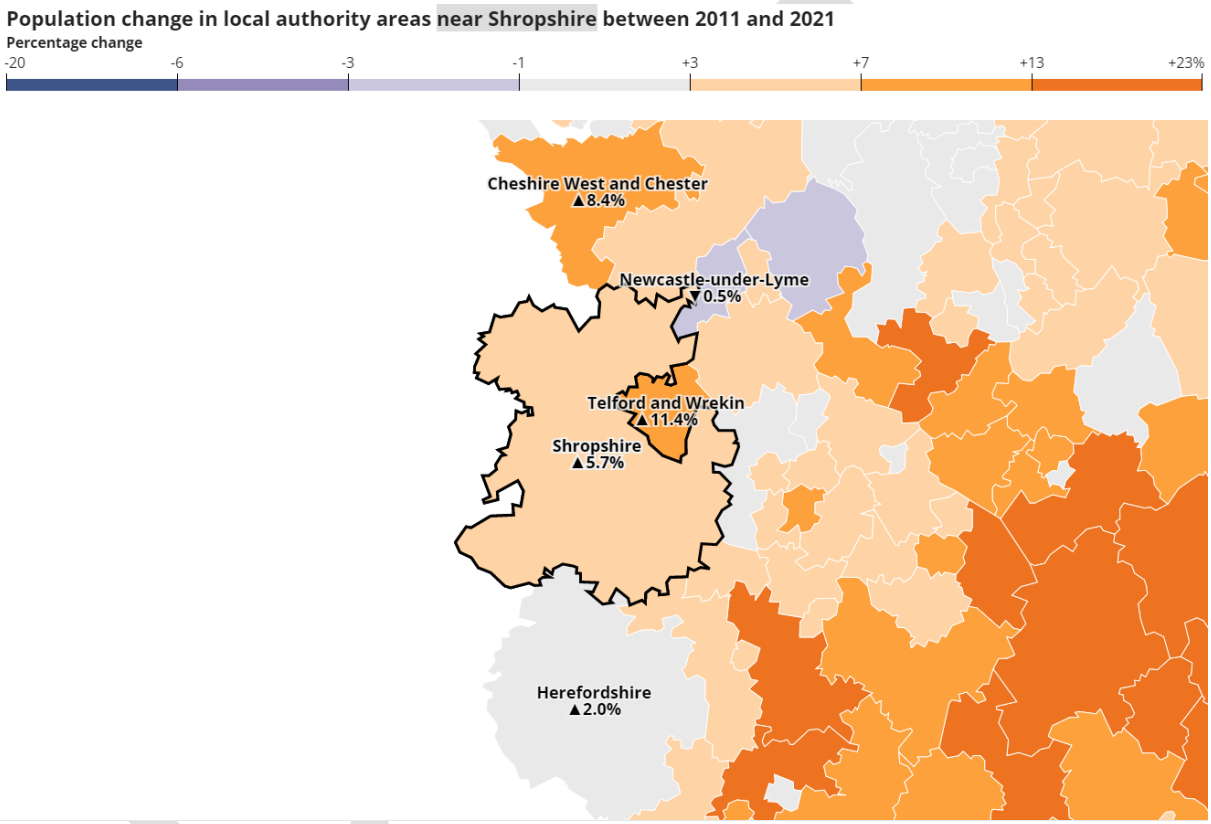


[9] LG Inform

Population change (between 2011-2021)

In Shropshire, the population size has increased by 5.7%, from around 306,100 in 2011 to 323,600 in 2021. This is slightly lower than the increase for the West Midlands (6.2%) and England overall (6.6%), where the population grew by nearly 3.5 million to 56,489,800. Nearby areas of Telford and Wrekin and Cheshire West and Chester have seen their populations increase by around 11.4% and 8.4%, respectively, while others such as Herefordshire saw a smaller increase (2.0%) and Newcastle-under-Lyme saw a decrease of 0.5%. As of 2021, Shropshire is the second least densely populated of the West Midlands' 30 local authority areas, with an area equivalent to around one football pitch per resident.

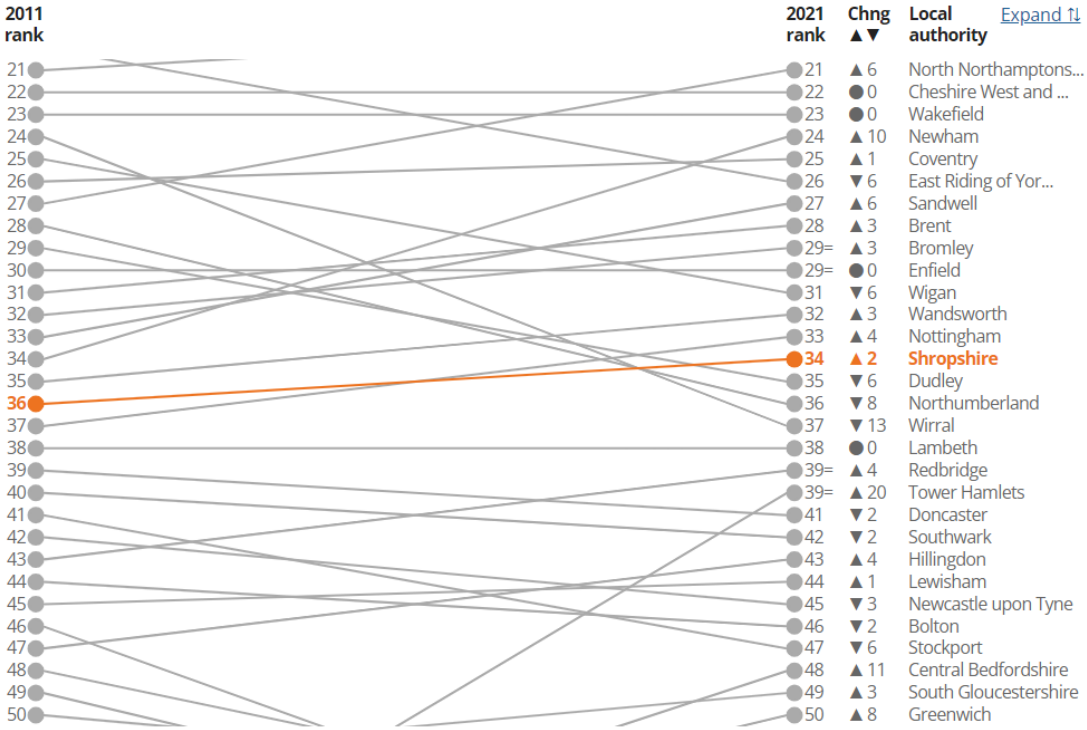
Map showing population change in Shropshire between 2011 and 2021. ONS



In 2021, Shropshire ranked 34th for total population out of 309 local authority areas in England, moving up two places in a decade.

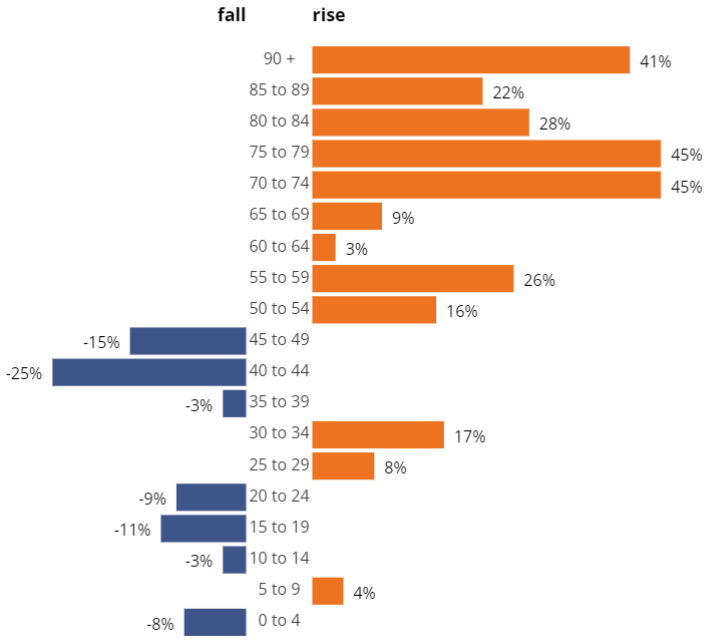
Population rank of Shropshire at the time of the 2011 and 2021 Censuses

Rank of local authority areas for population size in England



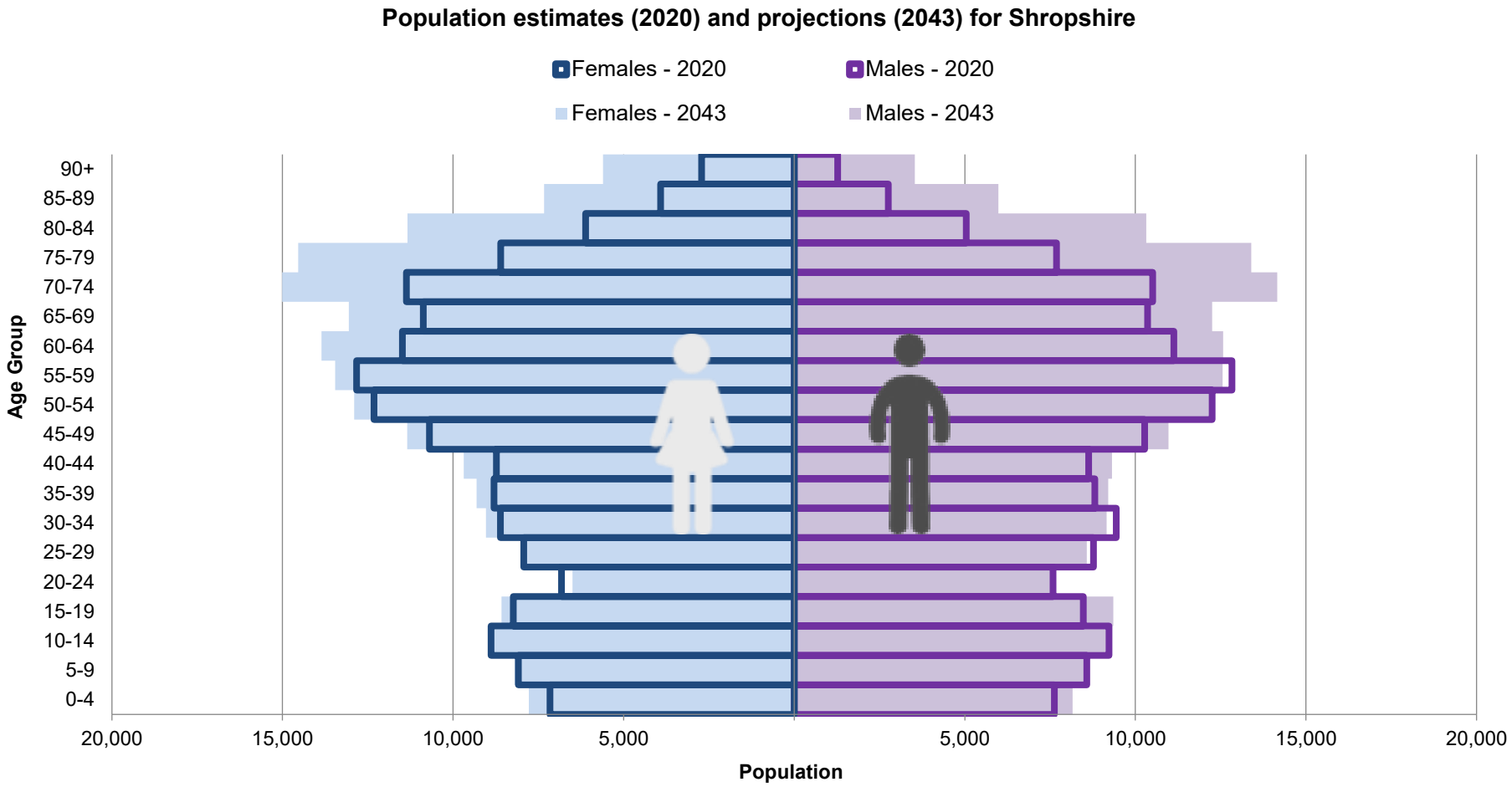
There has been an increase of 29.5% in people aged 65 years and over, an increase of 0.1% in people aged 15 to 64 years, and a decrease of 2.5% in children aged under 15 years.

Population change (%) by age group in Shropshire, 2011 to 2021



Population projections

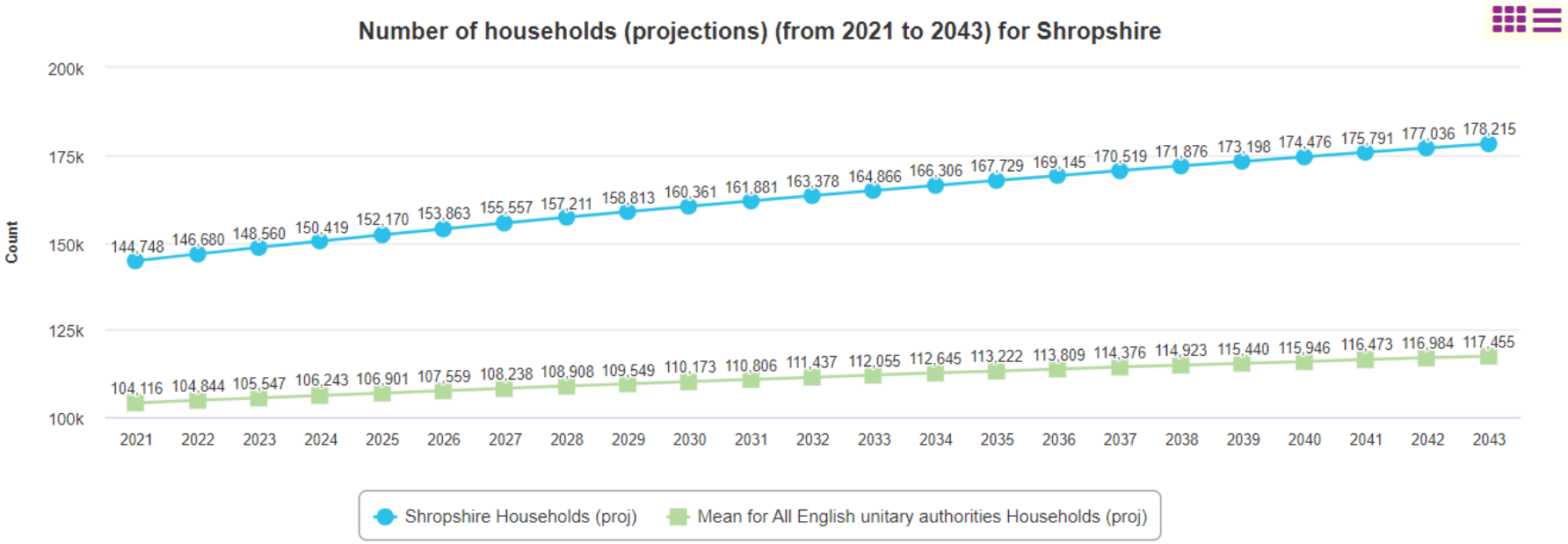
The chart shows the population of Shropshire in 2020 for males and females compared to the projected population in 2043 for Shropshire. Overall, there will be a rise in residents aged 30 and over, with the largest increase among those aged 75-79 and 80-84 year. The largest fall will be among the 20–29-year-olds, particularly females aged 20-24 and males 25-29.



The chart below shows the total projected number of households (all ages) based on the reference year of 2016[10]. It is worth noting that projections become increasingly uncertain the further they are carried forward due to the inherent uncertainty of demographic behaviour. This should be considered in using the figures. Due to rounding totals may not equal the sum of the parts.

The number of households in Shropshire is projected to rise at a steeper rate than seen nationally over the next 22 years. We can expect to see a rise of 33,467 households in Shropshire by 2043, rising to a total of 178,215 households in 2043.

Chart showing the projected number of households between 2021 and 2043 in Shropshire and all other UAs in England

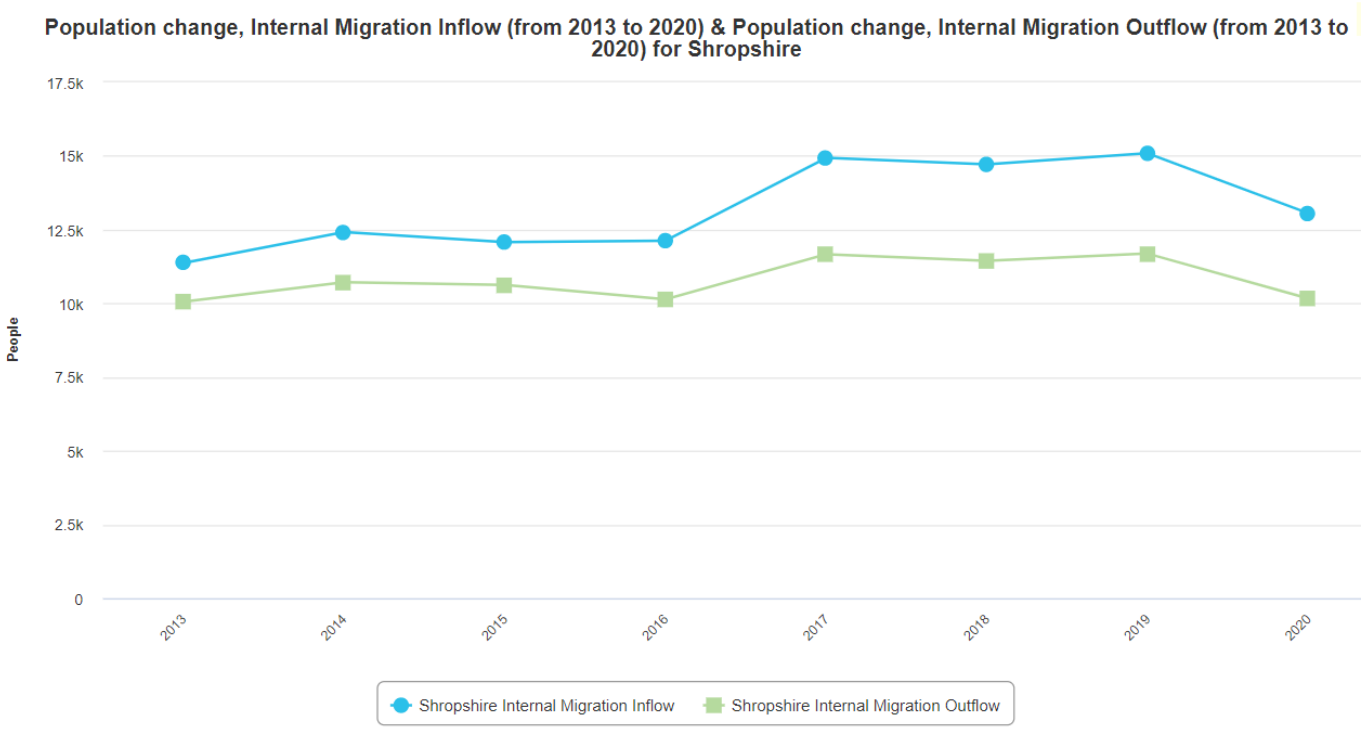


[10] LG Inform

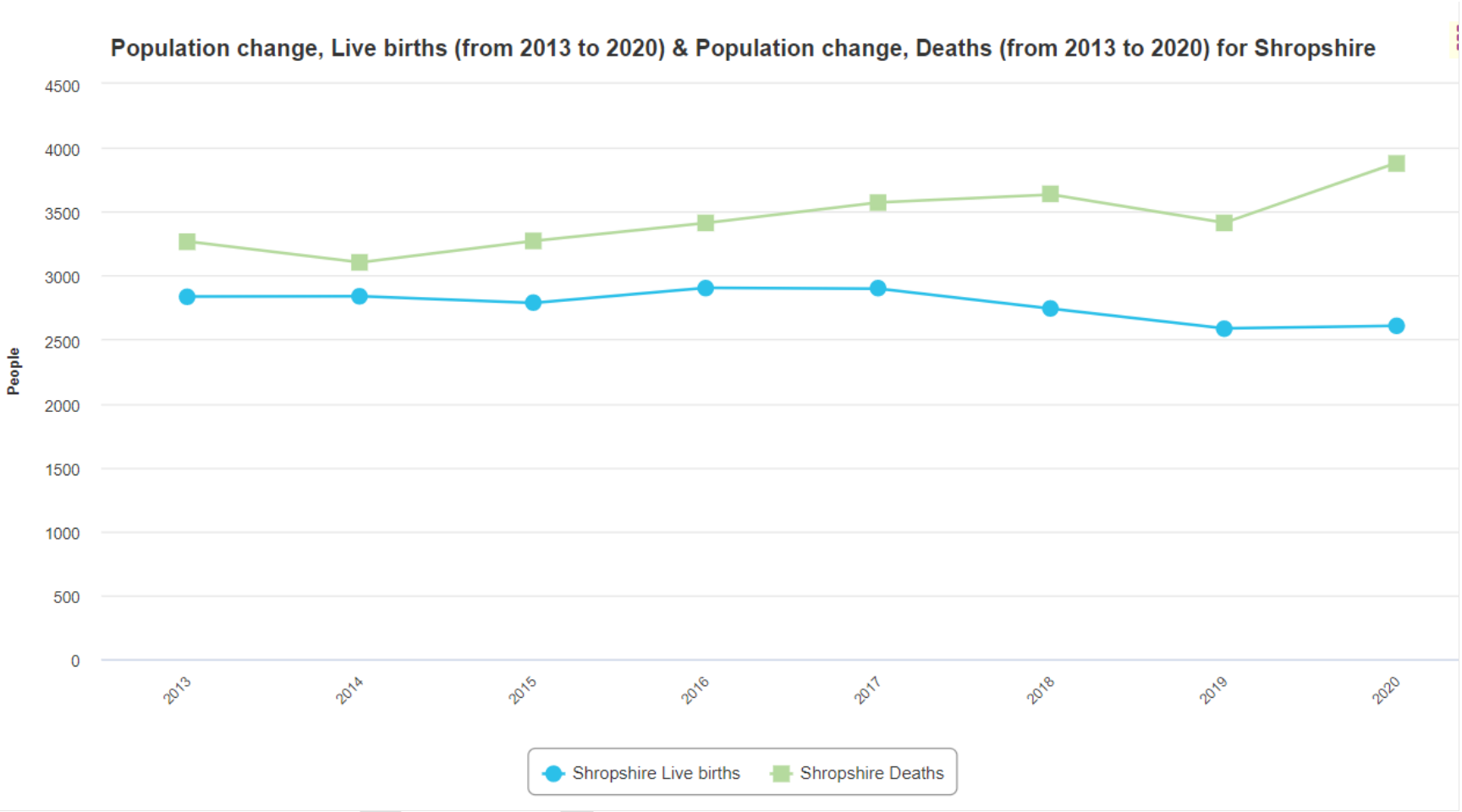
Live births, deaths and migration

The total population change in Shropshire for the year to 2020 was 2,279 people. This included natural change (births - deaths) of -1,275 people, net internal migration (people into/away from the area within the UK) of 2,886, net international migration (people immigrating/emigration into/out of the UK) of 584 and other migration factors of 84. Natural change was less than in previous years (down to -1,275 people from -826 people in 2019) caused largely by an increase in the number of deaths (3,882), combined with the continuing increase in the number of births (up 2,607). An increase in immigration (up 1,242) and a decrease in emigration (down 658) have both contributed to the increase in net international migration compared to that seen in the year to mid-2019.

Population change include changes in population due to internal and international civilian migration and changes in the number of armed forces (both non-UK and UK) and their dependants resident in the UK. In calculating the international migration component of the population estimates, ONS uses the United Nations recommended definition of an international long-term migrant (someone who changes their country of residence for at least 12 months). This component does not include short-term migrants and visitors [11].



[11] LG Inform



Source: LG Inform

Ethnicity

Table showing the breakdown of broad ethnic groups in Shropshire, West Midlands and England in 2011 and 2021, ONS Census.

Ethnic Group	2011 Shropshire	2011 West Midlands	2011 England	2021 Shropshire	2021 West Midlands	2021 England	% change Shropshire	% change West Midlands	% change England
White	98.0%	82.7%	85.5%	96.6%	76.9%	80.8%	-1.3%	-5.8%	-4.7%
Asian/Asian British	1.0%	4.8%	6.5%	1.3%	6.5%	8.2%	0.3%	1.7%	1.7%
Black/Black British	0.2%	4.0%	5.8%	0.3%	6.0%	7.7%	0.2%	2.0%	1.9%
Mixed ethnic group	0.7%	4.5%	6.3%	1.2%	6.7%	8.4%	0.5%	2.2%	2.1%
Other	0.1%	2.4%	2.2%	0.4%	3.1%	2.9%	0.3%	0.7%	0.7%

2011 Census

In 2011 in Shropshire, the percentage of the population who identified themselves as White was 98.0%. The percentage who identified as Asian or Asian British was 1.0%, the percentage who identified as Black or Black British was 0.2%, those who identified as Mixed/Multiple ethnic groups made up 0.7% of the population and those who identified as Other ethnic group made up 0.1% of the population.

In the West Midlands region, the percentage of the population who identified themselves as White was 82.7%, the percentage who identified as Asian or Asian British was 10.8%, the percentage who identified as Black or Black British was 3.3%, those who identified as Mixed/Multiple ethnic groups made up 2.4% of the population and those who identified as other ethnic group made up 0.9% of the population.

This compared to England where the percentage of the population who identified themselves as White was 85.4%, Asian or Asian British was 7.8%, Black or Black British was 3.5%, Mixed/Multiple Ethnic Groups made up 2.3% and Other ethnic groups made up 1.0% of the population.

2021 Census - change

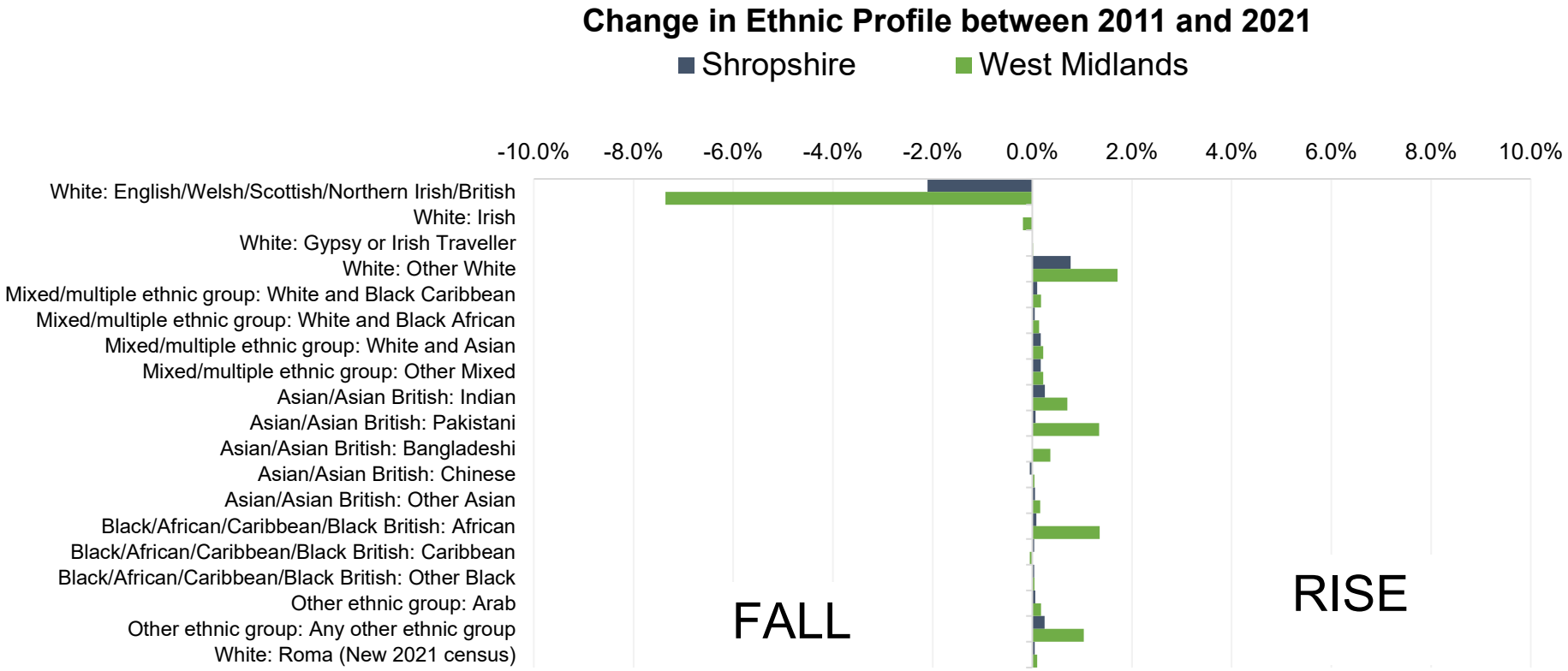
There has been a change in Shropshire's and the West Midlands ethnic profiles over the last 10 years. The largest rise in Shropshire was seen among the Mixed ethnic group, with a 0.5% increase compared to ten years ago, rising from 0.7% to 1.2%. This was also the group with the largest rise regionally and nationally. All other ethnic groups saw a rise in Shropshire except for White which saw a 1.3% fall, down from 98.0% to 96.6%. However, this was not as large a fall as seen regionally or nationally with a 5.8% fall across the West Midlands region and 4.7% fall nationally[12]. The White ethnic group remains the majority group in Shropshire, the West Midlands and England in 2021. In Shropshire, the

[12] ONS 2021 Census- https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/bulletins/ethnicgroupenglandandwales/census2021

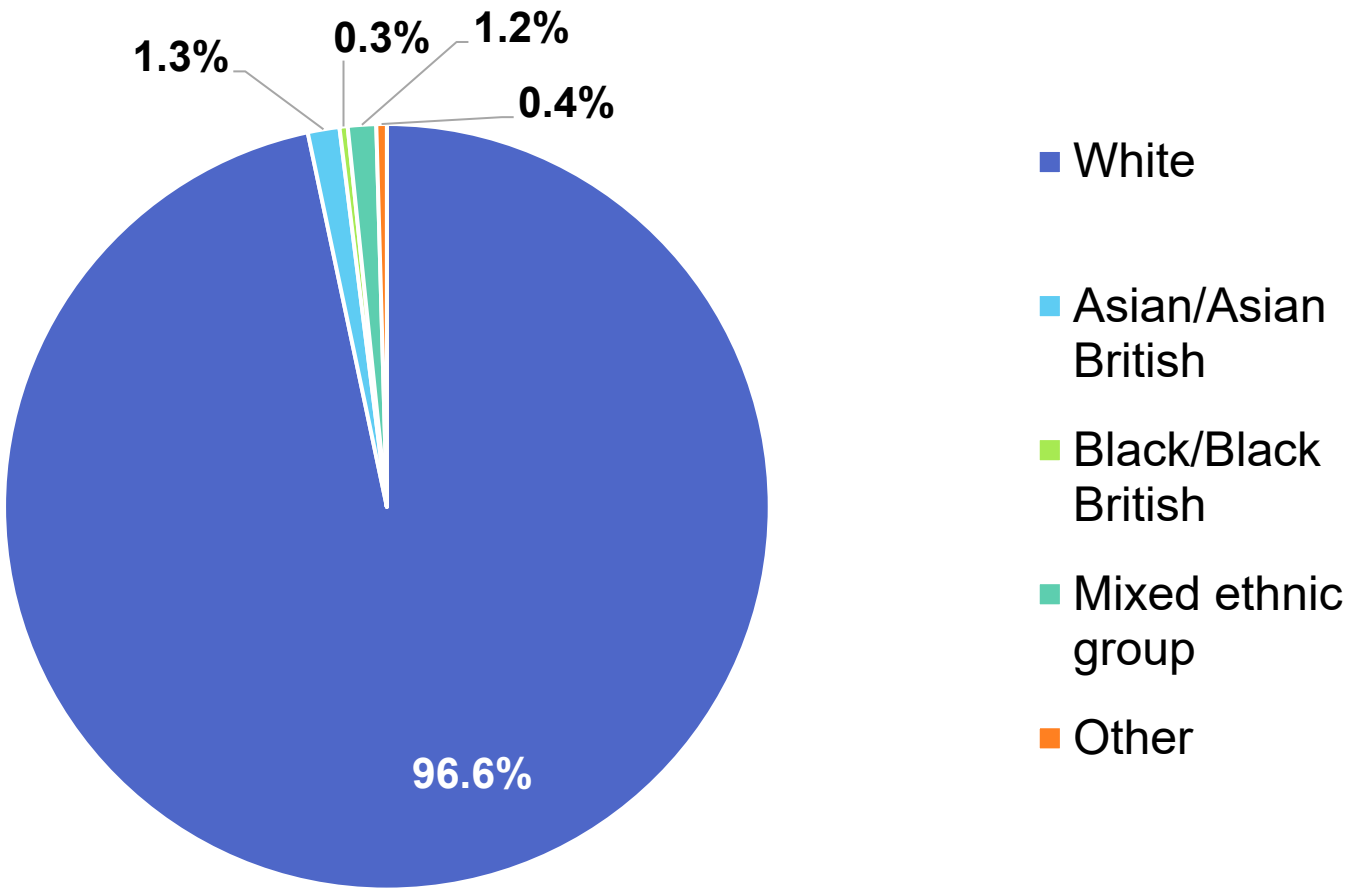
Asian/Asian British and Mixed ethnic group account for the second largest proportion of the population in the county with Black/Black British accounting for the lowest proportion of the population in Shropshire. Regionally and nationally, there is a slightly different picture, with the Other ethnic group accounting for the lowest proportion of the population. The table below shows the detailed ethnic group breakdowns. In Shropshire in 2021, White English/Welsh/Scottish/Northern Irish/British make up most of the population at 93.3%, a higher proportion than seen nationally (73.5%) and regionally (71.8%).

Table showing the breakdown of detailed ethnic groups in Shropshire, West Midlands and England in 2011 and 2021, ONS Census

Ethnic Group	2011 Shropshire	2011 West Midlands	2011 England	2021 Shropshire	2021 West Midlands	2021 England	10 year change Shropshire	10 year change West Midlands	10 year change England
White: English/Welsh/Scottish/Northern Irish/British	95.4%	79.2%	79.8%	93.3%	71.8%	73.5%	-2.1%	-7.4%	-6.3%
White: Irish	0.5%	1.0%	1.0%	0.5%	0.8%	0.9%	0.0%	-0.2%	-0.1%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
White: Other White	2.0%	2.5%	4.6%	2.8%	4.2%	6.3%	0.8%	1.7%	1.7%
Mixed/multiple ethnic group: White and Black Caribbean	0.2%	1.2%	0.8%	0.3%	1.4%	0.9%	0.1%	0.2%	0.1%
Mixed/multiple ethnic group: White and Black African	0.1%	0.2%	0.3%	0.1%	0.3%	0.4%	0.0%	0.1%	0.1%
Mixed/multiple ethnic group: White and Asian	0.2%	0.6%	0.6%	0.4%	0.8%	0.8%	0.2%	0.2%	0.2%
Mixed/multiple ethnic group: Other Mixed	0.2%	0.4%	0.5%	0.3%	0.6%	0.8%	0.2%	0.2%	0.3%
Asian/Asian British: Indian	0.2%	3.9%	2.6%	0.5%	4.6%	3.3%	0.3%	0.7%	0.7%
Asian/Asian British: Pakistani	0.1%	4.1%	2.1%	0.1%	5.4%	2.8%	0.1%	1.3%	0.7%
Asian/Asian British: Bangladeshi	0.1%	0.9%	0.8%	0.1%	1.3%	1.1%	0.0%	0.4%	0.3%
Asian/Asian British: Chinese	0.3%	0.6%	0.7%	0.3%	0.6%	0.8%	-0.1%	0.0%	0.1%
Asian/Asian British: Other Asian	0.3%	1.3%	1.5%	0.3%	1.5%	1.7%	0.1%	0.2%	0.2%
Black/African/Caribbean/Black British: African	0.1%	1.1%	1.8%	0.2%	2.5%	2.6%	0.1%	1.4%	0.8%
Black/African/Caribbean/Black British: Caribbean	0.1%	1.5%	1.1%	0.1%	1.5%	1.1%	0.0%	0.0%	0.0%
Black/African/Caribbean/Black British: Other Black	0.0%	0.6%	0.5%	0.1%	0.6%	0.5%	0.0%	0.0%	0.0%
Other ethnic group: Arab	0.1%	0.3%	0.4%	0.1%	0.5%	0.6%	0.1%	0.2%	0.2%
Other ethnic group: Any other ethnic group	0.1%	0.6%	0.6%	0.3%	1.6%	1.6%	0.2%	1.0%	1.0%
White: Roma (New 2021 census)	-	-	-	0.0%	0.1%	0.2%			


Change in Ethnic Profile between 2011 and 2021
Shropshire
West Midlands
-10.0%
-8.0%
-6.0%
-4.0%
-2.0%
0.0%
2.0%
4.0%
6.0%
8.0%
10.0%
White: English/Welsh/Scottish/Northern Irish/British
White: Irish
White: Gypsy or Irish Traveller
White: Other White
Mixed/multiple ethnic group: White and Black Caribbean
Mixed/multiple ethnic group: White and Black African
Mixed/multiple ethnic group: White and Asian
Mixed/multiple ethnic group: Other Mixed
Asian/Asian British: Indian
Asian/Asian British: Pakistani
Asian/Asian British: Bangladeshi
Asian/Asian British: Chinese
Asian/Asian British: Other Asian
Black/African/Caribbean/Black British: African
Black/African/Caribbean/Black British: Caribbean
Black/African/Caribbean/Black British: Other Black
Other ethnic group: Arab
Other ethnic group: Any other ethnic group
White: Roma (New 2021 census)
FALL
RISE

Ethnic groups in Shropshire, Census 2021



Risk factors, vulnerable groups and wider determinants

The following have been identified as risk and related factors for co-occurring substance misuse and mental health issues[13] :

- Deprivation
- Affordability of housing
- Homelessness
- Unemployment
- Income
- Crime
- Domestic abuse
- Mental health disorders
- Rough sleeping

Deprivation (IMD 2019)

Overall Shropshire County is a relatively affluent area. Shropshire has become slightly more deprived since 2015 with an increase in the average score from 16.7 in 2015 to 17.2 in 2019 an increase of 0.5. Shropshire is the 174th most deprived local authority in England out of a total of 317 lower tier authorities (rank of average score).

The IMD is based on sub-electoral ward areas called Lower-level Super Output Areas (LSOAs), which were devised in the 2011 Census. Each LSOA is allocated an IMD score, which is weighted based on its population.

In England there are 32,485 'super output areas' (LSOA) of these only 9 LSOAs in Shropshire fall within the most deprived fifth of LSOAs in England, (ONS). These LSOAs were located within the electoral wards of Market Drayton West, Oswestry South, Oswestry West, in North Shropshire; Castlefields and Ditherington, Harlescott, Meole, Monkmoor and Sundorne in Shrewsbury and Ludlow East in South Shropshire.

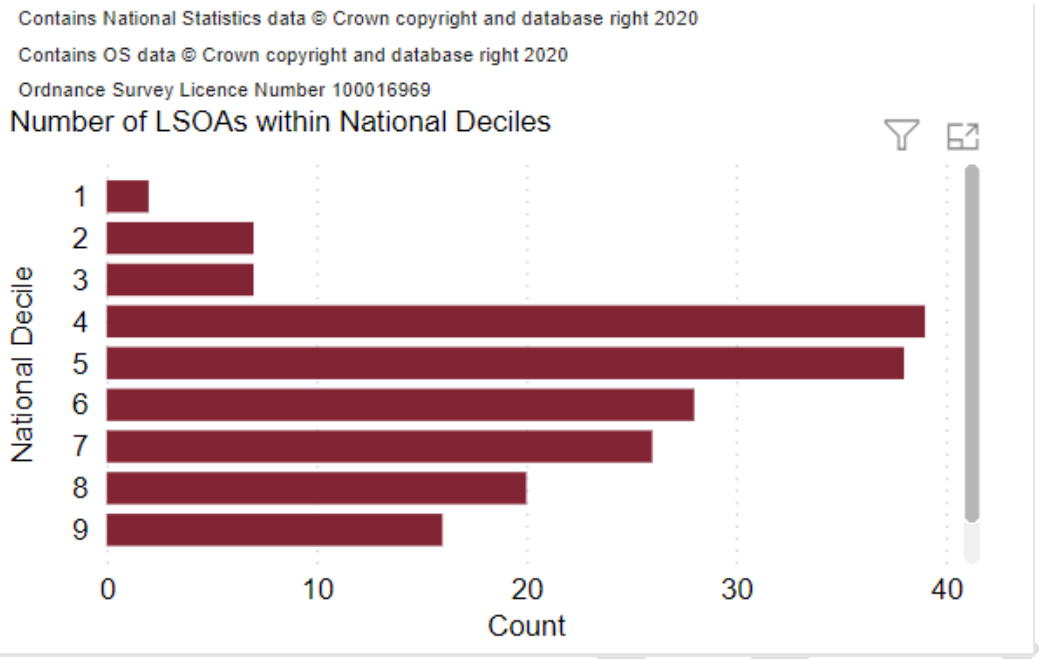
To get a more meaningful local picture, each LSOA in Shropshire LA was ranked from 1 (most deprived in Shropshire) to 194 (least deprived in Shropshire). Shropshire LSOAs were then divided into local deprivation quintiles which are used for profiling and monitoring of health and social inequalities in Shropshire County (1 representing the most deprived fifth of local areas and 5 the least).

The map shows the most deprived areas in Shropshire – areas in yellow indicate a greater deprivation. Deprivation tends to be situated around the major urban settlements in Shropshire (for example, include Shrewsbury, Oswestry, Market Drayton, Ellesmere, Ludlow, Wem) but there are significant areas of deprivation in the County's less densely populated rural areas.

In Shropshire, only 1.0% of LSOAs are among the 10% most deprived and 5.2% are among the 10% least deprived LSOAs in England[14].

[13] Fingertips
[14] PHE IMD Dashboard

Chart showing the number of LSOAs in Shropshire falling into each of the 10 national deciles.

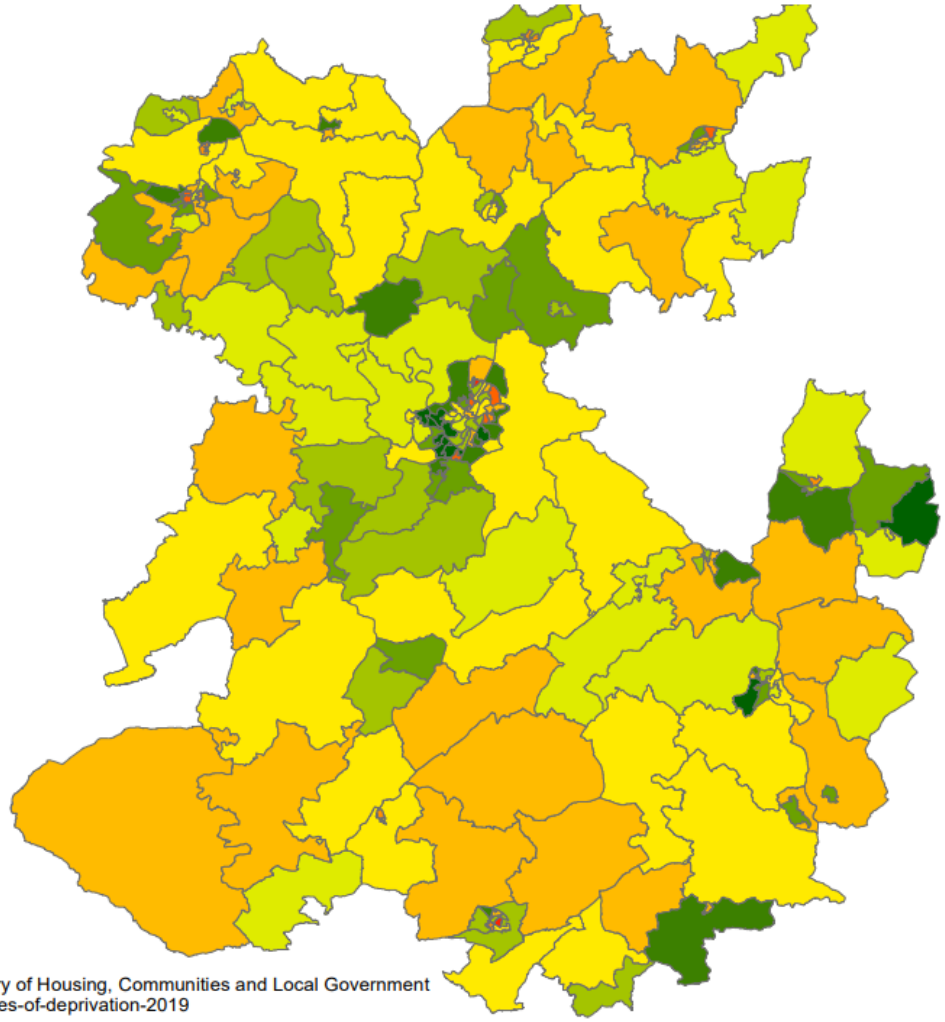


Source: [PHE IMD dashboard 2015-2019]

Shropshire Council Area
IMD Overall (2019) - National Decile

National Decile

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10



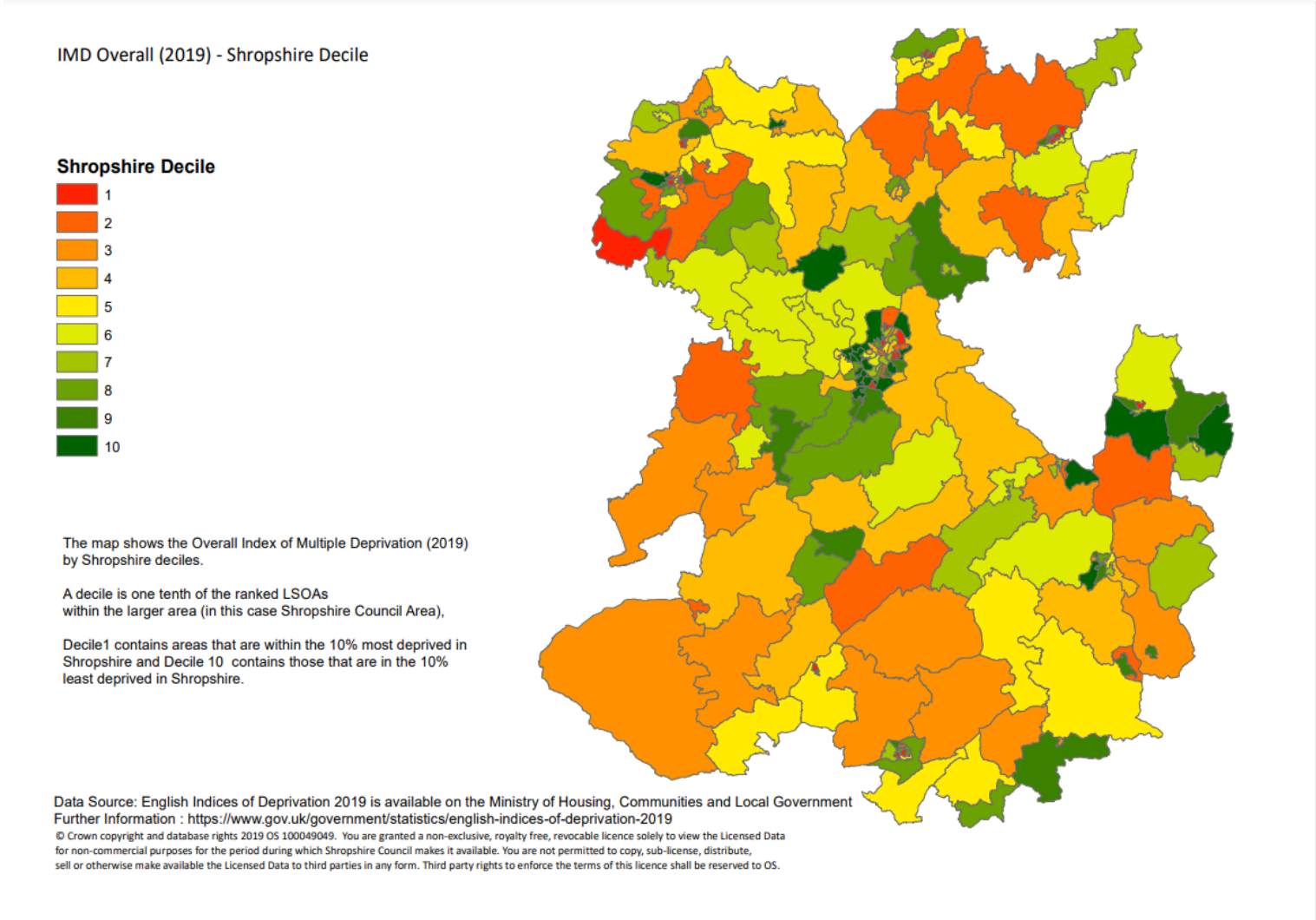
The map shows the Overall Index of Multiple Deprivation (2019) by National deciles.

A decile is one tenth of the ranked LSOAs within the larger area (in this case England),

Decile1 contains areas that are within the 10% most deprived in England and Decile 10 contains those that are in the 10% least deprived in England.

Data Source: English Indices of Deprivation 2019 is available on the Ministry of Housing, Communities and Local Government
Further Information : https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Source: https://shropshire.maps.arcgis.com/apps/MapSeries/index.html?appid=2b886455a358405eb71e7a8c12783067

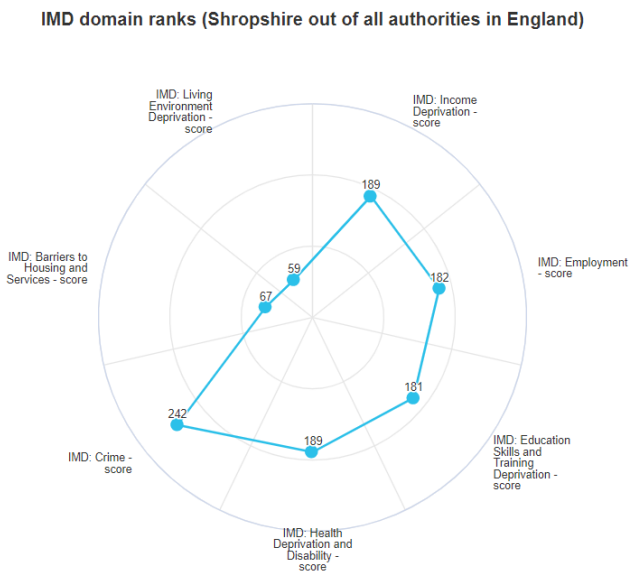


Indices of Deprivation domains

The chart below shows Shropshire's rank across all 317 English authorities in the Index of Multiple Deprivation's seven domains:

- **Income** - the proportion of the population in an area experiencing deprivation relating to low income (22.5% weighting towards the overall index)
- **Employment** - the proportion of the working age population in an area involuntarily excluded from the labour market (22.5%)
- **Education, Skills and Training** - the lack of attainment and skills in the local population (13.5%)
- **Health and Disability** - the risk of premature death and the impairment of quality of life through poor physical or mental health (13.5%)
- **Crime** - the risk of personal and material victimisation at local level (9.3%)
- **Barriers to Housing and Services** - the physical and financial accessibility of housing and key local services (9.3%)
- **Living Environment** - the quality of the local environment (9.3%).

See CLG's research report for full details.



Shropshire ranks [15]: (out of all 317 authorities in England)

- 189th for the Income domain
- 182nd for the Employment domain
- 181st for the Education domain
- 189th for the Health domain
- 242nd for the Crime domain
- 67th for the Barriers domain.
- 59th for the Living Environment domain.

(Rank 1 = most deprived, 317 = least deprived.)

Local economic context

This section is from the LGAs understanding homeless in Shropshire report.

Overall employment rate

Shropshire has an employment rate of 76.2% this has increased from 75.1% for the previous 12 month period. This is above the All English unitary authorities figure of 75.4% and above the England figure of 75.4%[16].

[15] LG Inform

[16] https://lginform.local.gov.uk/reports/view/lga-research/lga-research-report-understanding-homelessness-in-your-area?mod-area=E06000051&mod-group=AllUnitaryLaInCountry_England&mod-type=namedComparisonGroup

Median Gross Annual Pay of Employees (by Residence)

The Annual Survey of Hours and Earnings (ASHE) is conducted in April each year to obtain information about the levels, distribution and make-up of earnings and hours worked for employees. This data provides information about earnings of employees who are living in an area, who are on adult rates and whose pay for the survey pay-period was not affected by absence. This data therefore provides some useful context in terms of potential economic and financial resilience.
In Shropshire, median gross annual earnings are £29,558.0, this is below the All English unitary authorities figure of £30,317.0 and below the England figure of £31,490.0.

Universal Credit

This data set highlights the total number of people claiming Universal Credit, including the numbers of those in and out of employment. The number of claimants in/out of employment are released one month later than the overall total. The latest month's total for overall number of people claiming is provisional.

19,591 people were claiming Universal Credit in Shropshire in Jul 2022. For the latest month available (Jun 2022) 10,484 of these claimants were not in employment, whilst 8,592 were in employment. The total number of claims has decreased by -3% compared to Jul 2021.

Claimant Count

Claimant Count is an administrative measure of the number of people claiming benefit principally for the reason of being unemployed, using individual records from the benefit system. It therefore provides a useful indication of how unemployment is changing at a local level.

The claimant count rate in Shropshire in Jul 2022 was 2.4%, a decrease from 3.6% in Jul 2021. The All English unitary authorities rate was 3.5% for the same month and 5.1 last year.

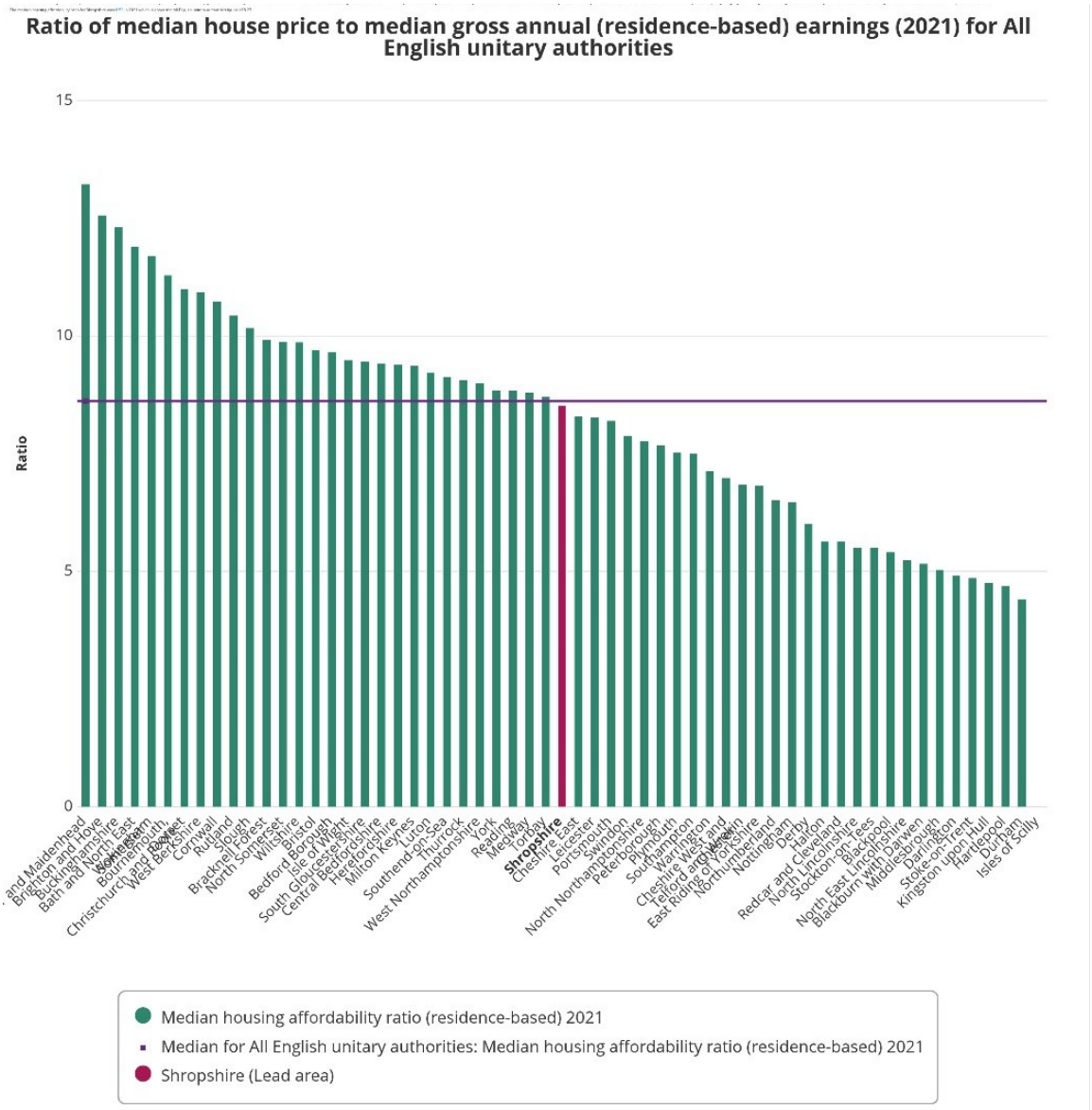
Total number of Local Council Tax Support claimants

Each council has its own individually designed and owned Local Council Tax Support scheme to provide help to low-income (working age) council taxpayers. Local discretion means that the amount of discount varies between councils. Local Council Tax Support for pensioners is set at a national level. This data therefore provides a useful indication of levels of resident vulnerability within Shropshire.
In 2022/23 Q1, there were a total of 15,354 Local Council Tax Support claimants in Shropshire. This equals to a rate of 5.6% of the area's population aged 16 or over in receipt of a reduced council tax bill, which is lower than the All English unitary authorities rate of 8.3%.

Affordability of housing

The chart below shows the ratio of median house price to median gross annual (residence-based) earnings for all local authorities in England. This is calculated by dividing house prices by gross annual earnings, based on the median of both house prices and earnings. This measure of affordability shows what the people who live in a given area earn in relation to that area's house prices, even if they work elsewhere. This measure does not consider that people may be getting higher earnings from working in other areas. A higher ratio indicates that on average, it is less affordable for a resident to purchase a house.

The median housing affordability ratio for Shropshire was 8.53 in 2021 which is above the overall English unitary authorities figure of 8.27, meaning that for residents in Shropshire, purchasing a house is slightly less affordable than in England overall.



Source:
Office for National Statistics, Housing affordability in England and Wales, Ratio of median house price to median gross annual (residence-based) earnings , **Data updated:** 23 Mar 2022

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Average weekly local authority and private registered provider rents

Local authority average weekly rent (social and affordable) is the average weekly local authority rent for the financial year. Average rents data were based on a standardised 52-week collection calculated by MHCLG from figures provided by local authorities. They are a weighted average of both social rent and affordable rent units. Private registered

provider average weekly rent is the average weekly Private Registered Provider (PRP) rent for the financial year.

The average weekly local authority (social and affordable) rent in Shropshire was £83.26 in 2020/21 which is lower than the English unitary authorities figure of £91.85. The average weekly Private Registered Provider (PRP) rent for the same period was £89.01 compared to a figure of £94.55 for all English unitary authorities, again lower than England overall.

Housing benefit recipients

This is the proportion of all households within a local authority area that are in receipt of housing benefit. It is compiled from monthly returns of housing benefit claimants provided by each individual local authority.
There were 9,435 housing benefit recipients in Shropshire in February 2022. This was 6.43% of all households in Shropshire which is lower than the average of 8.87% across all English unitary authorities.

Homelessness

The following data shows several indicators relating to households seeking help for homelessness, including the number of households identified as being owed a homelessness prevention or relief duty and those assessed as being homeless or threatened with homelessness. This provides a useful indication of levels of resident vulnerability.

Summary

Between April 2021 and March 2022, a total of 1,033 households in Shropshire were identified as being owed a prevention (229 households) or relief duty (804 households), a reduction from 1,143 households the previous financial year (289 prevention, 894 relief) [17].

Homelessness prevention

Homelessness prevention is about helping those at risk of homelessness to avoid their situation turning into a homelessness crisis. The Homelessness Reduction Bill (in clause 4) will require local housing authorities (LHAs) to take reasonable steps to help prevent any eligible person who is at risk of homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live. The Bill extends the period for which people are considered threatened with homelessness from 28 days to 56 days before they are likely to become homeless, ensuring that LHAs can intervene earlier to avert a crisis[18].

In the latest financial year, majority of households owed a prevention were couples with dependent children (28%) and female single parents (20%). This is a different profile compared to the previous financial year, where majority of households were female single

[17] Live tables on Homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness
[18] Policy Fact Sheet: Homelessness prevention duty: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592995/170203_-_Policy_Fact_Sheets_-_Prevention.pdf

parents with dependent children (26%), female single adults (26%) and male single adults (24%)[19].

Overall, there has been a reduction in all household types owed prevention between 2020/21 and 2021/22, except for those consisting of three or more adults living with dependent children or without dependent children which has more than tripled since 2020/21 (+240%, +267% respectively). There has also been a doubling in the number of households consisting of couples with dependent children (+168%), with a rise of 40 households year on year, the largest absolute rise across all household types.

Chart showing the proportion of household types of households owed a prevention duty in Shropshire over time

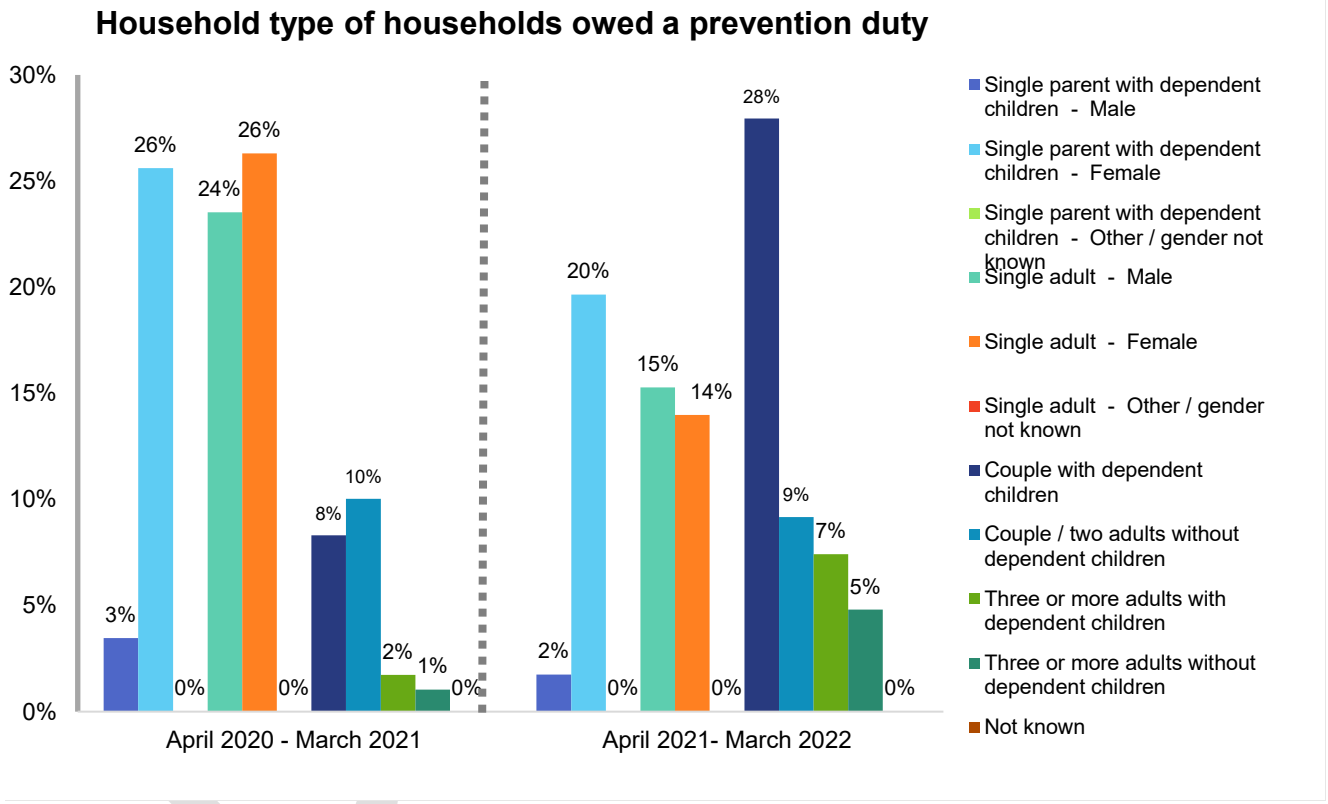
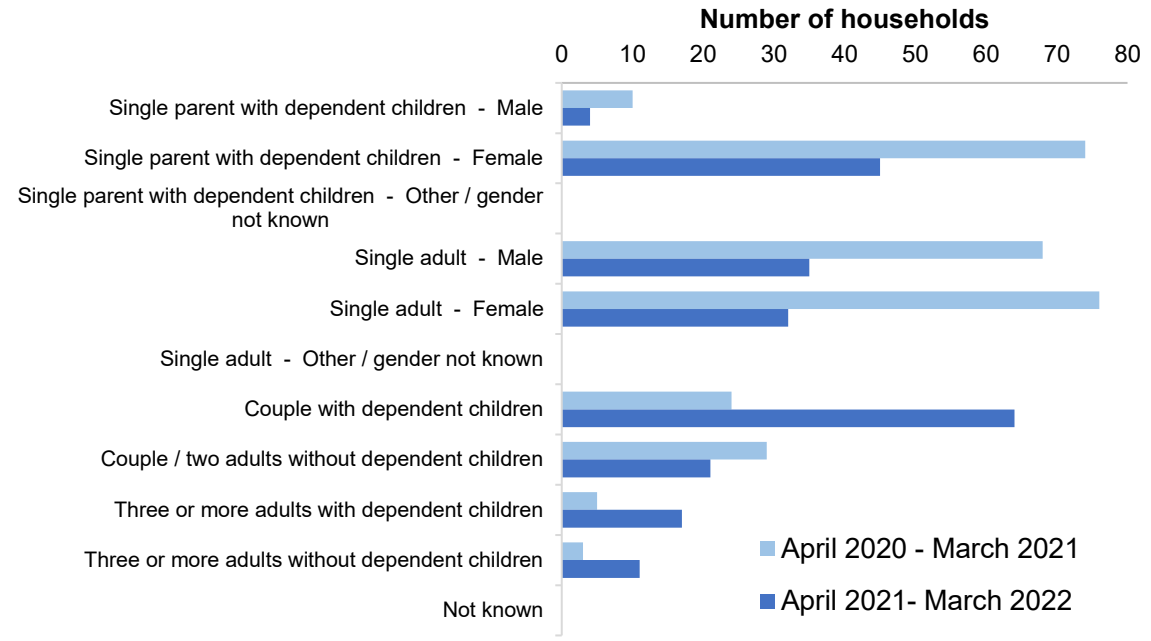


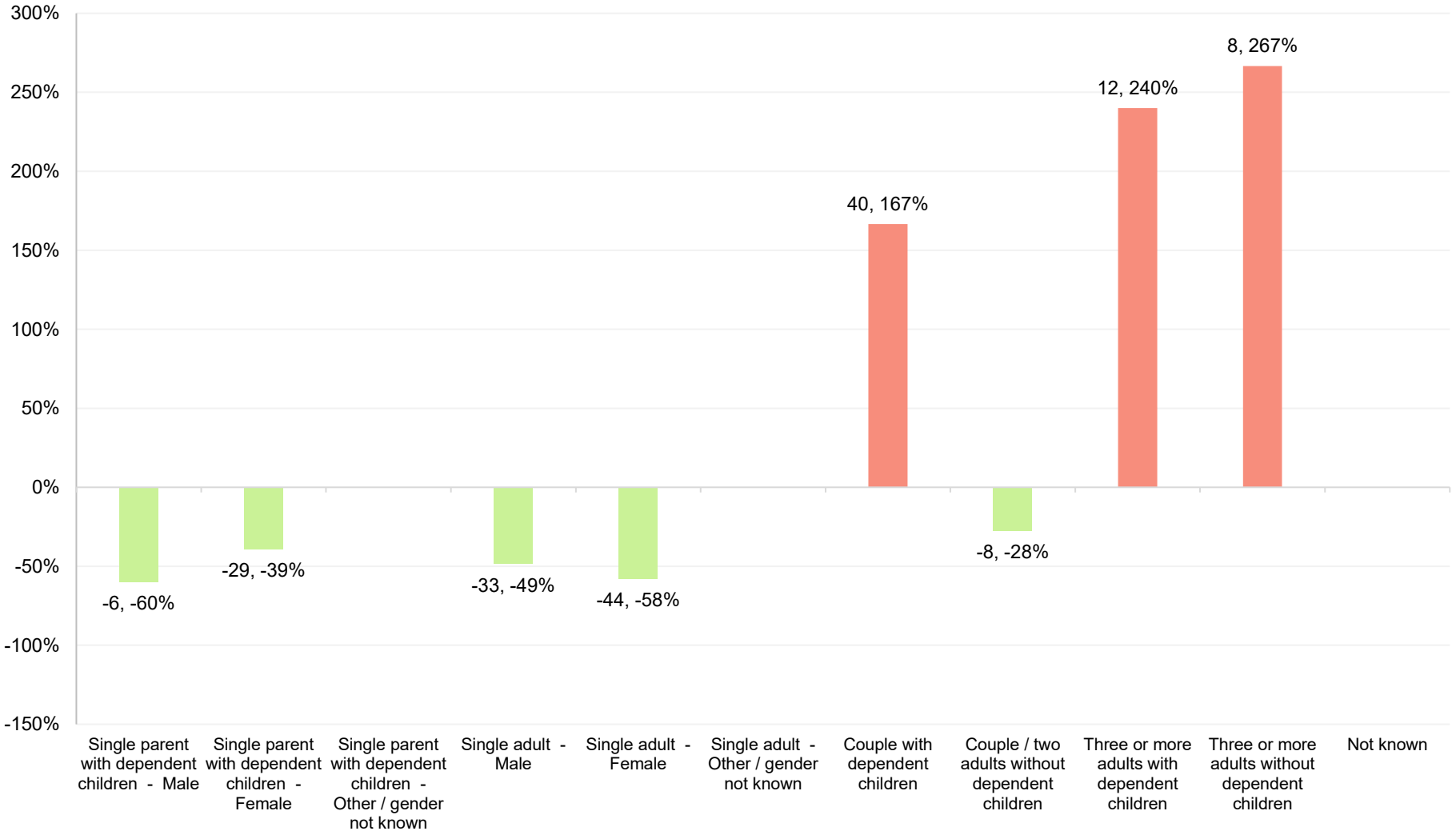
Chart showing the number of household types of households owed a prevention duty in Shropshire over time

[19] Live tables on Homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Household type of households owed a prevention duty:



Household type of households owed a prevention: number of households and % change between FY 2020/21 and 2021/22

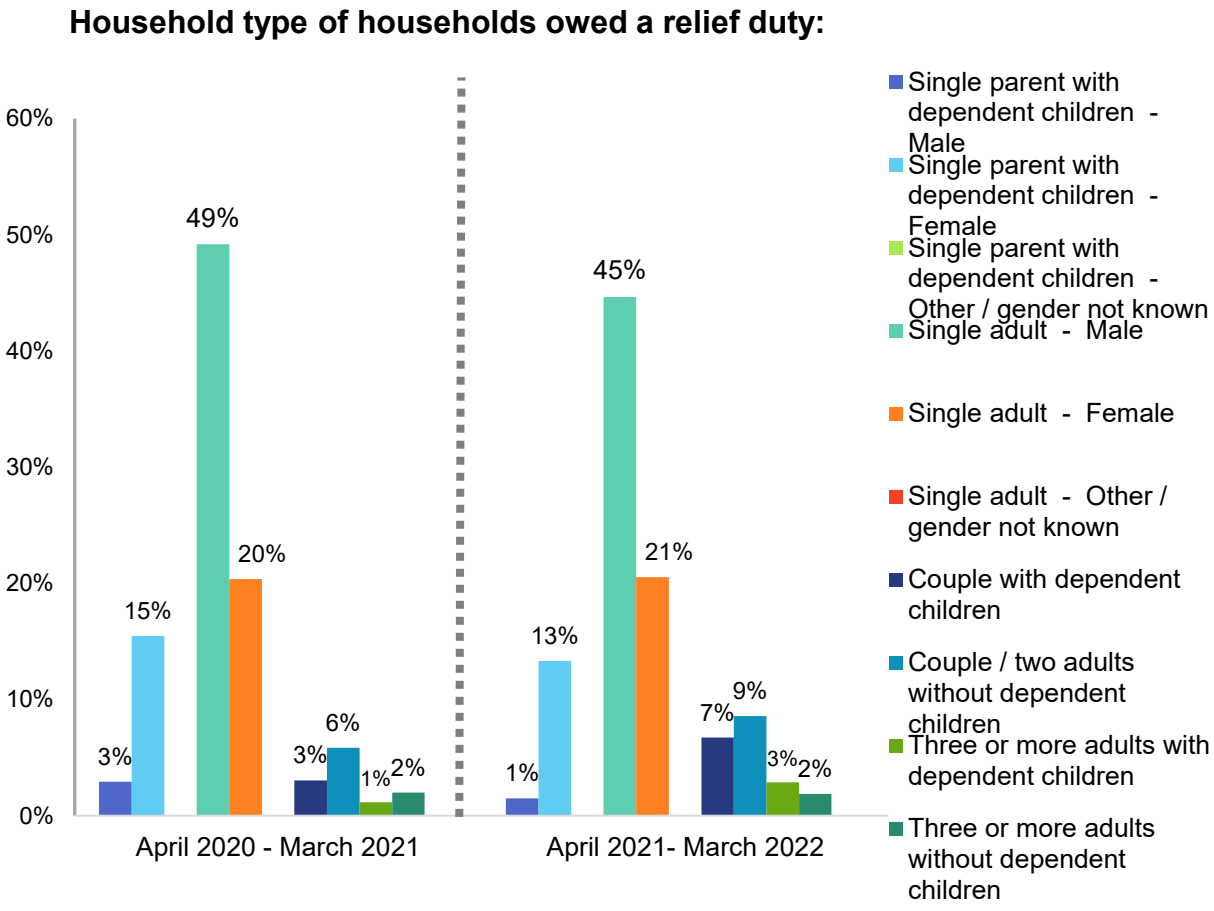


Homelessness relief

Homelessness relief duty is action taken to help resolve homelessness. Where, for example, an eligible applicant has sought help from the local housing authority (LHA) when they are already homeless or if homelessness prevention work has not been successful, they will be owed the relief duty (clause 5). The relief duty requires LHAs to take reasonable steps to help secure accommodation for any eligible person who is homeless. This help could be, for example, the provision of a rent deposit or debt advice[20].

The charts below show the proportion and number of households owed a relief duty by household type and compares 2020-21 to 2021-2022.Over the last two financial years, majority of households which were owed a relief duty in 2020-21 and 2021-22 were single adult males at 49% and 45% respectively, representing a small fall year on year. This equates to 359 single adult males owed a relief duty in 2021-22, compared to 165 single adult females [21].

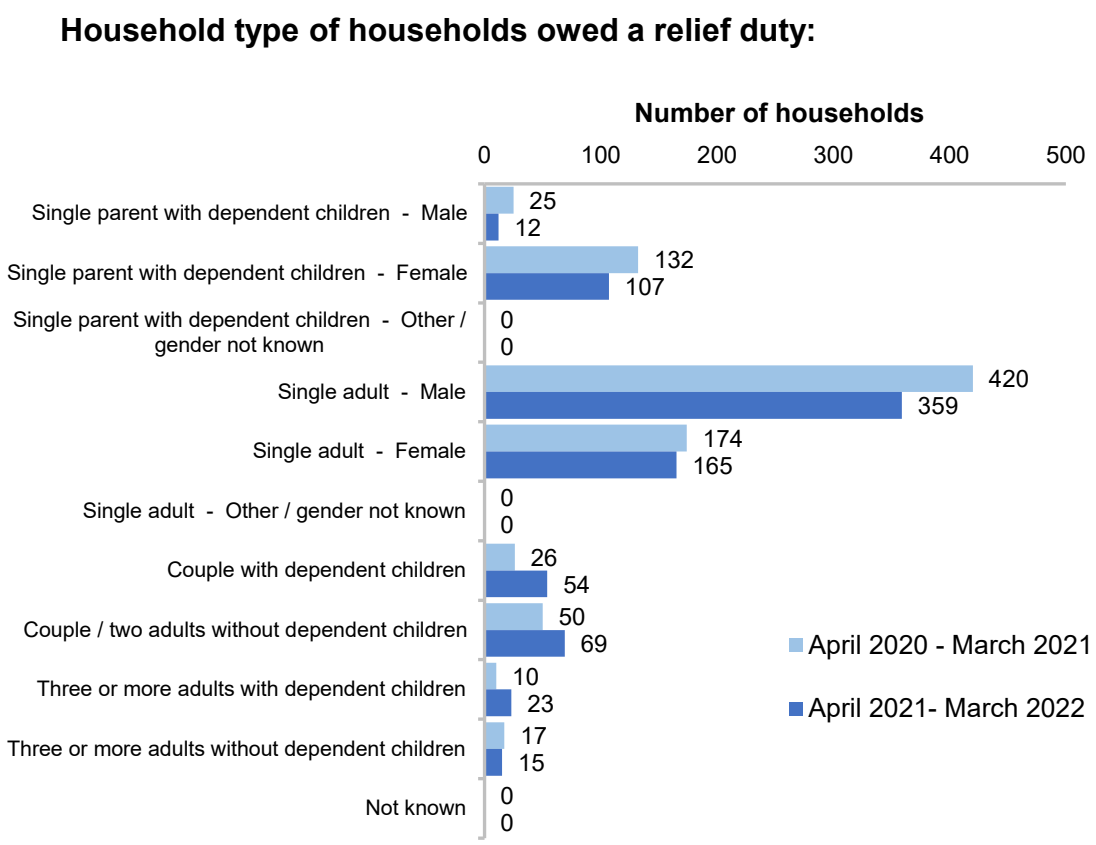
Chart showing the proportion of household types of households owed a relief duty in Shropshire over time



[20] Policy Fact Sheet: Homelessness prevention duty https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/592996/170203_-_Policy_Fact_Sheets_-_Relief.pdf

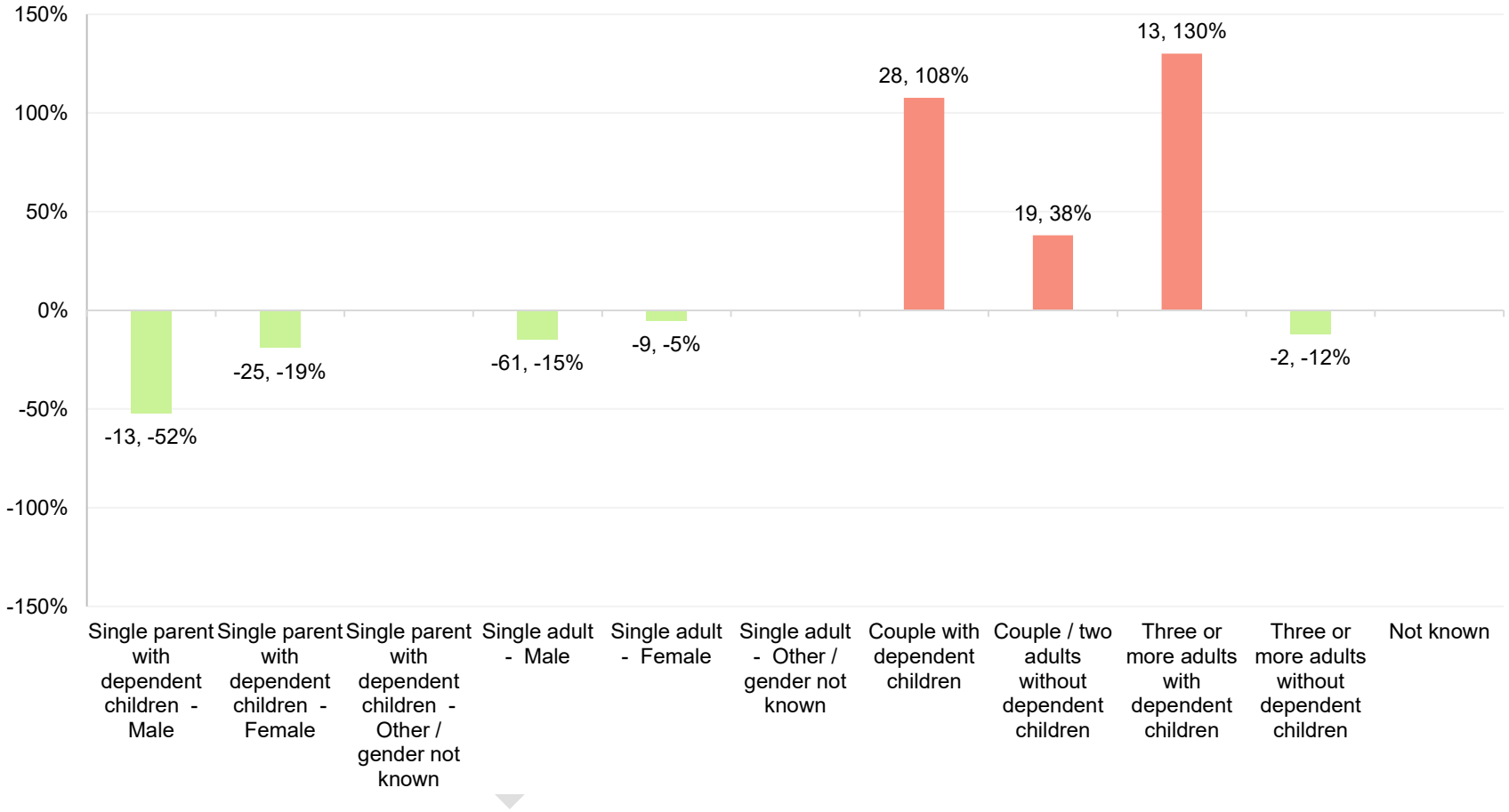
[21] Live tables on Homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Chart showing the number of household types of households owed a relief duty in Shropshire over time



Whilst most household types have fallen year on year, there was a doubling in households consisting of couples with dependent children and those with three or more adults living with dependent children (+108%, +130% respectively) during 2021/22, with the largest absolute rise among households consisting of couples with dependent children. However, the total number of households in these groups remains much lower than those for single adult males and females, which are still the majority.

Household type of households owed a relief duty: number of households and % change between FY 2020/21 and 2021/22



Support needs of the at risk and homeless

During 2021/22, 505 households owed prevention or relief duty reported 873 support needs, this is a rise in both the number of households with support needs and the total number of support needs compared to the previous financial year (487 households with 817 support needs). Note, households can have multiple support needs, so the total number of support needs is not equal to the number of households with support needs [22].

For both financial years, the most common support needs of households owed prevention or relief duty was for a history of mental health problems followed by physical ill health and disability, with 30.8% of all needs in 2020/21 and 32.4% in 2021/22 falling into the mental health category.

Compared to the previous financial year, there was a rise in support needs among households owed prevention or relief duty for a history of mental health problems (13%); physical ill health and disability (10%); offending history (33%); history of rough sleeping (19%); alcohol dependency; at risk or having experience non-domestic abuse (59%); old age (111%); care leavers aged over 21 (250%) and history of repeat homelessness (21%).

Alcohol dependency needs rose by 23% since the previous year, equating to 6 more households reporting this as a need in 2021/22 compared to 2020/21. Drug dependency fell by 20% compared to 2020/21, with 7 less households in 2021/22 reporting this as a need.

The largest contributor to support needs over the last two years was for history of mental health problems, followed by offending history. These needs also had the largest absolute difference in the number of households. There was little change in the contribution of alcohol and drug dependency to the support needs of all households owed prevention or relief duty compared to the previous year (0.5% for alcohol and -1.1% for drug dependency).

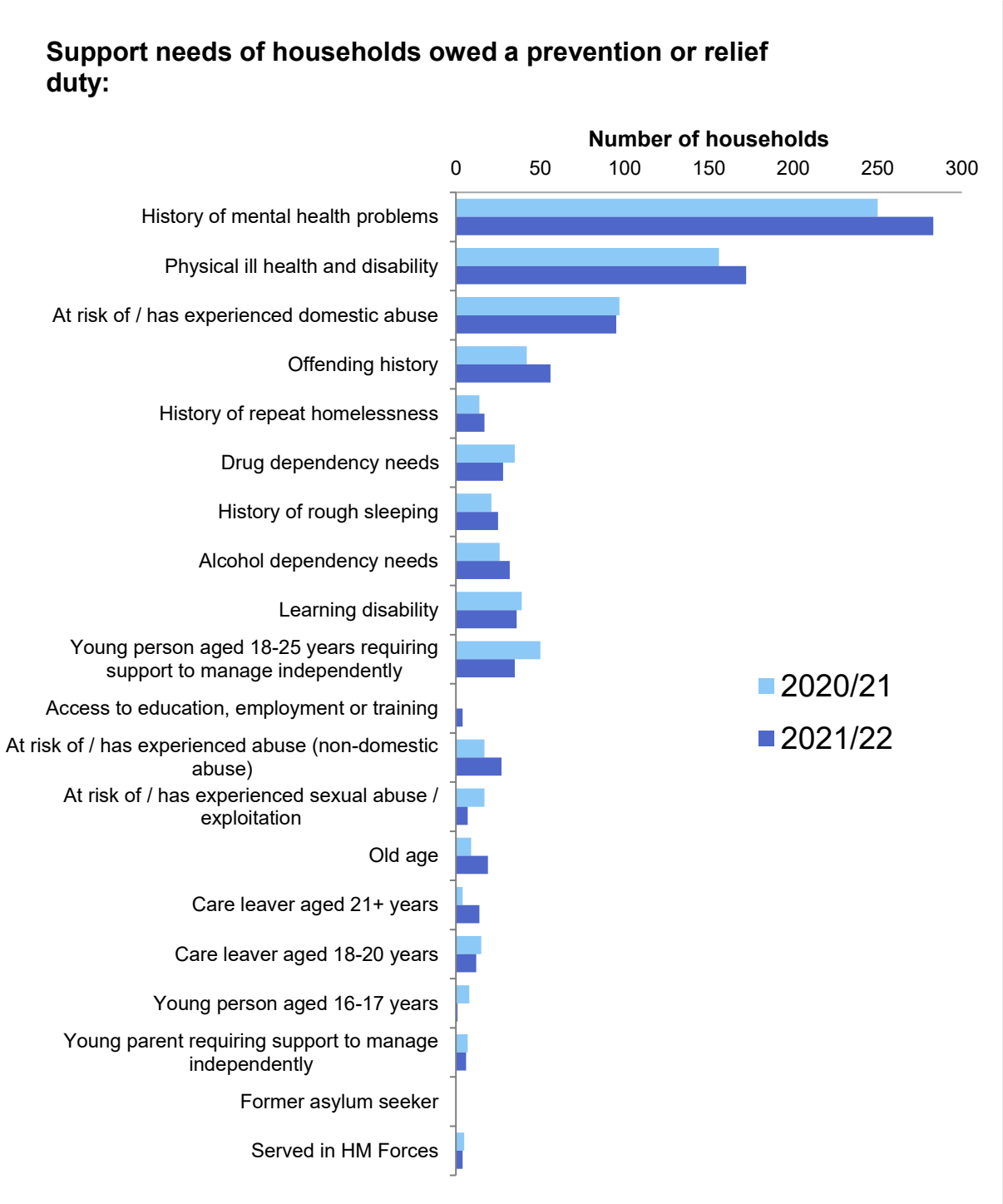
[22] Live tables on Homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Table showing the change in the number and proportion of households with support needs owed a duty in Shropshire.

	2020/21		2021/22				
Support needs of households owed a prevention or relief duty:	**Number of households**	**%**	**Number of households**	**%**	**Difference in %**	**Year on year absolute change**	**Year on year % change**
History of mental health problems	250	30.8%	283	32.4%	▲ 1.6%	33	▲ 13.2%
Physical ill health and disability	156	19.2%	172	19.7%	▲ 0.5%	16	▲ 10.3%
At risk of / has experienced domestic abuse	97	11.9%	95	10.9%	▼-1.1%	-2	▼-2.1%
Offending history	42	5.2%	56	6.4%	▲ 1.2%	14	▲ 33.3%
Learning disability	39	4.8%	36	4.1%	▼-0.7%	-3	▼-7.7%
Young person aged 18-25 years requiring support to manage independe	50	6.2%	35	4.0%	▼-2.1%	-15	▼-30.0%
Alcohol dependency needs	26	3.2%	32	3.7%	▲ 0.5%	6	▲ 23.1%
Drug dependency needs	35	4.3%	28	3.2%	▼-1.1%	-7	▼-20.0%
At risk of / has experienced abuse (non-domestic abuse)	17	2.1%	27	3.1%	▲ 1.0%	10	▲ 58.8%
History of rough sleeping	21	2.6%	25	2.9%	▲ 0.3%	4	▲ 19.0%
Old age	9	1.1%	19	2.2%	▲ 1.1%	10	▲ 111.1%
History of repeat homelessness	14	1.7%	17	1.9%	▲ 0.2%	3	▲ 21.4%
Care leaver aged 21+ years	4	0.5%	14	1.6%	▲ 1.1%	10	▲ 250.0%
Care leaver aged 18-20 years	15	1.8%	12	1.4%	▼-0.5%	-3	▼-20.0%
At risk of / has experienced sexual abuse / exploitation	17	2.1%	7	0.8%	▼-1.3%	-10	▼-58.8%
Young parent requiring support to manage independently	7	0.9%	6	0.7%	▼-0.2%	-1	▼-14.3%
Access to education, employment or training	0	0.0%	4	0.5%	▲ 0.5%	4	-
Served in HM Forces	5	0.6%	4	0.5%	▼-0.2%	-1	▼-20.0%
Young person aged 16-17 years	8	1.0%	1	0.1%	▼-0.9%	-7	▼-87.5%
Former asylum seeker	0	0.0%	0	0.0%	▲ 0.0%	0	-
Total	**812**	**100.0%**	**873**	**100.0%**	**-**	**61**	**▲ 7.5%**

Households can have multiple support needs, so the total number of support needs is not equal to the number of households with support needs

Chart showing the number of household types of households with support needs owed a duty in Shropshire.



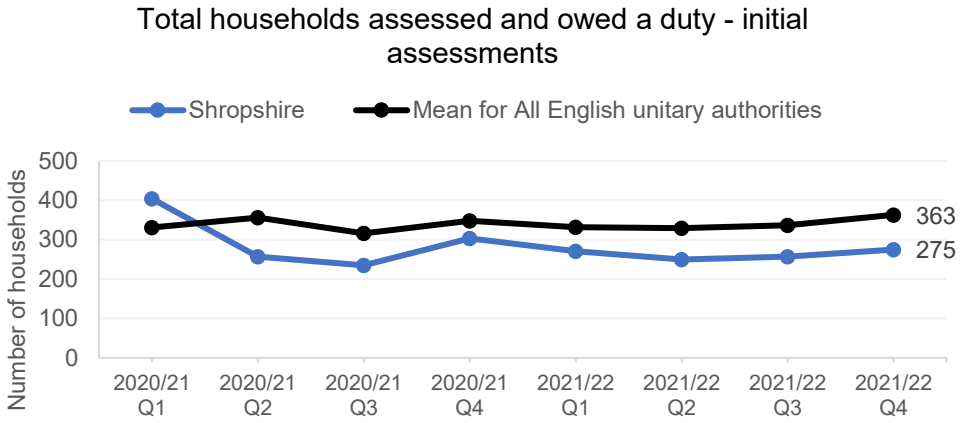
Breakdowns on household characteristics (e.g. support needs, age, etc.) have been suppressed for local authorities with fewer than 5 applicable households

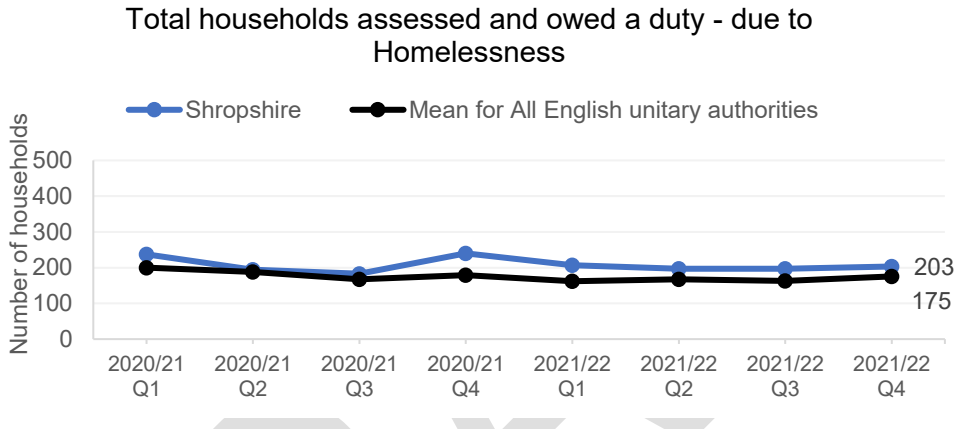
Latest quarter Q4 2021/22

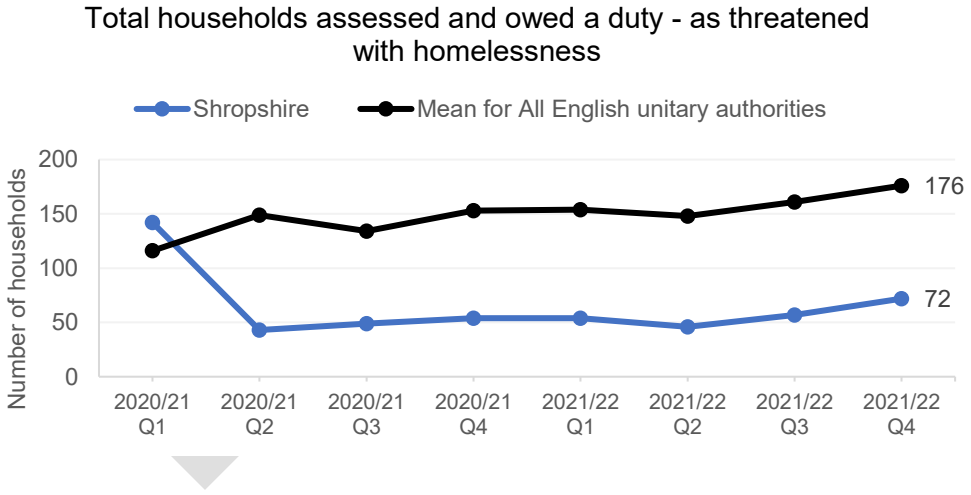
In 2021/22 Q4, a total of 275 households in Shropshire were identified as being owed a prevention or relief duty, a rise compared to the previous two quarters. Of these, 203 households were assessed as homeless, a small rise compared to the two previous quarters and remaining higher the England average[23].

The remaining 72 households were assessed as threatened with homelessness in Q4 of 2021/22, more than doubling (57%) since Q2 of 2021/2022 but still tracking below the England average. The highest number of households threatened with homelessness in Shropshire was reported during Q1 of 2020/21 (following the first COVID-19 national lockdown), with 142 households threatened with homelessness. This is the only time in the last two years where Shropshire has been above the national average.

[23] Live tables on Homelessness: https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness


Total households assessed and owed a duty - initial assessments
Shropshire
Mean for All English unitary authorities
Number of households
500
400
300
200
100
0
363
275
2020/21 Q1
2020/21 Q2
2020/21 Q3
2020/21 Q4
2021/22 Q1
2021/22 Q2
2021/22 Q3
2021/22 Q4


Total households assessed and owed a duty - due to Homelessness
Shropshire
Mean for All English unitary authorities
Number of households
500
400
300
200
100
0
203
175
2020/21 Q1
2020/21 Q2
2020/21 Q3
2020/21 Q4
2021/22 Q1
2021/22 Q2
2021/22 Q3
2021/22 Q4


Total households assessed and owed a duty - as threatened with homelessness
Shropshire
Mean for All English unitary authorities
Number of households
200
150
100
50
0
176
72
2020/21 Q1
2020/21 Q2
2020/21 Q3
2020/21 Q4
2021/22 Q1
2021/22 Q2
2021/22 Q3
2021/22 Q4

Employment and unemployment

Unemployment is associated with an increased risk of ill health and mortality. There are relationships between unemployment and poor mental health and suicide, higher self-reported ill health and limiting long term illness and a higher prevalence of risky health behaviours including alcohol use and smoking. Links between unemployment and poor mental health have been explained by the psychosocial effects of unemployment: stigma, isolation and loss of self-worth.

Between April 2021 and March 2022, 76.2% of Shropshire's population aged 16+ were economically active and in employment, equating to 144,500 residents. This is similar to the Great Britain rate and higher than the regional average of 73.7%. However, Shropshire's employment rate has been falling gradually since 2018/19, down 7.3% in three years from 83.5% (the highest rate of employment in the last decade) to 76.2% in 2021/22[24].

During 2020/21, Shropshire ranked 6th highest for its employment rate (out of 14 local authorities) in the West Midlands. Herefordshire ranked highest at 79.6% and Birmingham ranked lowest at 65.7%.

Shropshire has the largest gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate in the West Midlands at 16.3%. This is also well above the regional (11.0%) and national average (10.7%).

For all other measures in the 'Work and Labour' section of the Wider Determinants OHID profile[25], Shropshire has rates either similar to or better than the regional and national average.

The rate of unemployment in Shropshire was estimated to be 3.7% in 2020, below the West Midlands (5.3%) and national average (4.7%).

[24] NOMIS ONS
[25] Fingertips: Wide determinants Profile

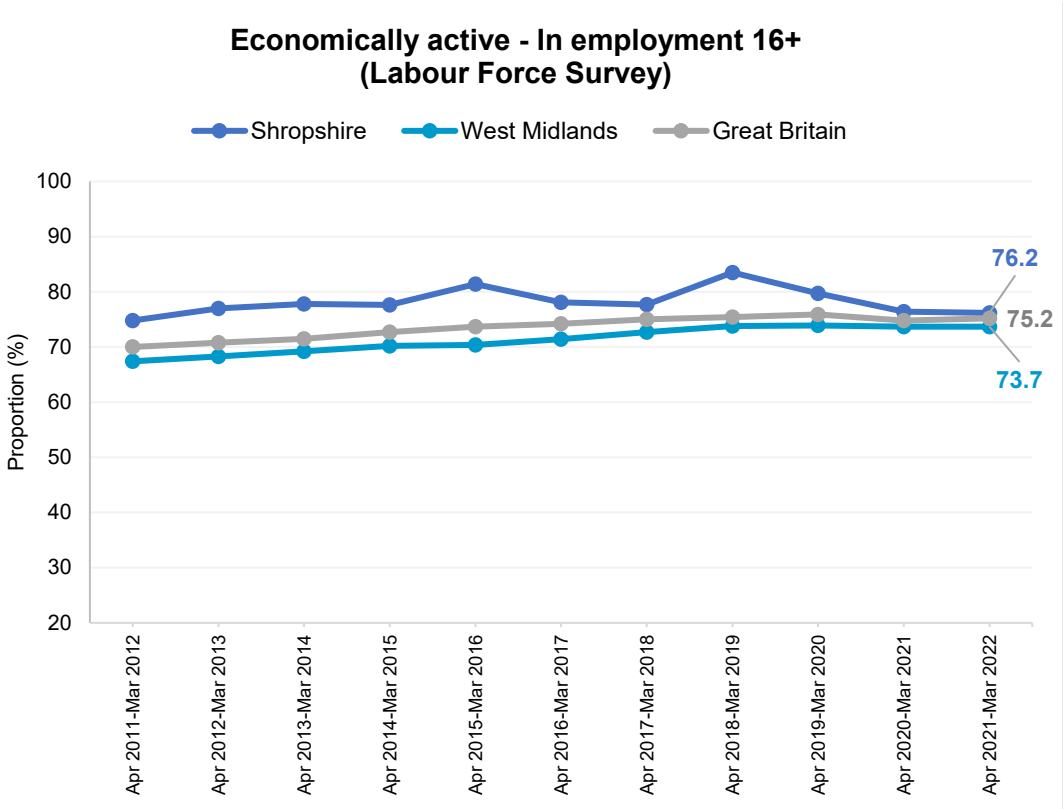


Table showing indicators of employment in Shropshire compared to other localities in the region.

Better 95% | Similar | Worse 95% | Not compared | Quintiles: Best | Worst | Not applicable

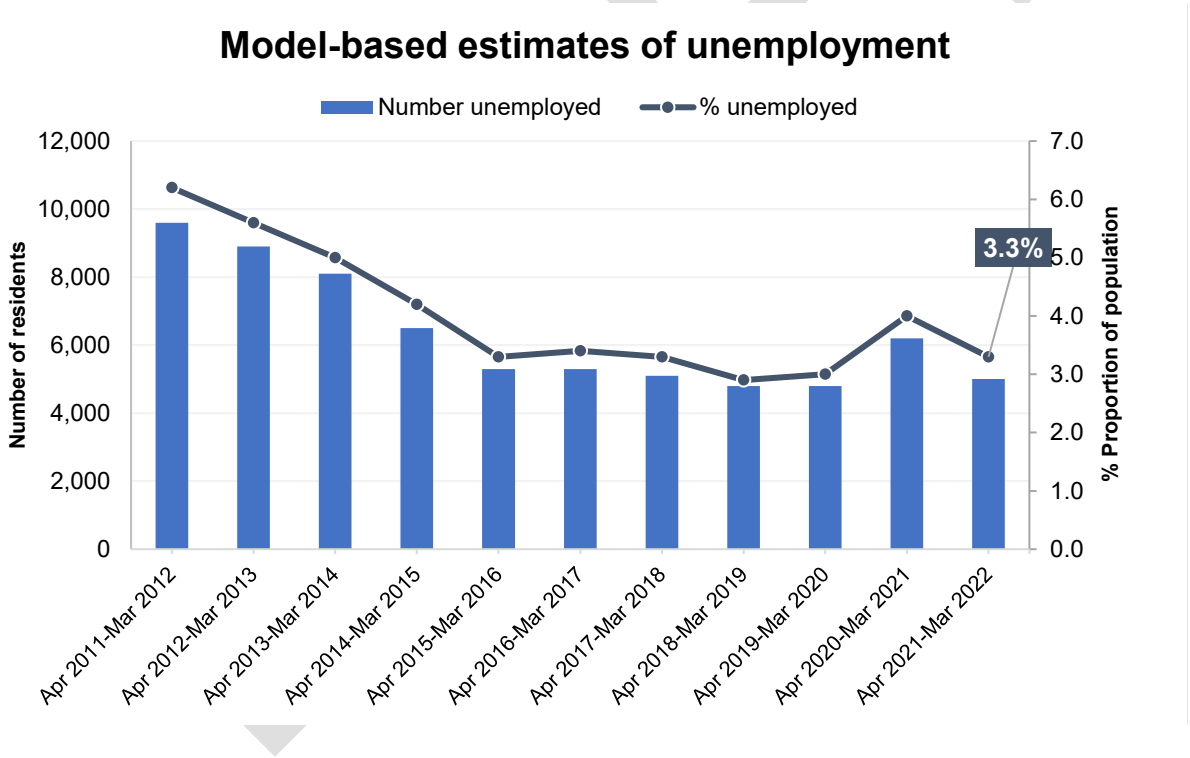
Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Percentage of people in employment	2020/21	75.1	73.7	65.7	72.8	72.5	79.6	74.0	76.4	79.0	76.8	74.0	72.9	72.7	78.7	72.8	77.9
Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate New data	2020/21	10.7	11.0	12.2	11.5	11.4	9.0	12.8	16.3	8.3	8.4	9.6	11.8	14.8	8.1	13.9	10.0
The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64) New data	2020/21	64.4	62.7	53.5	61.3	61.1	70.6	61.2	60.1	70.7	68.3	64.4	61.1	57.9	70.6	58.9	67.6
Unemployment (model-based)	2020	4.7	5.3	8.1	5.9	6.4	3.2	6.0	3.7*	4.3	*	5.2	5.1	5.8	*	6.1	*
Long term claimants of Jobseeker's Allowance	2021	2.1	3.4	6.5	2.4	5.1	1.1	5.8	1.5	1.3	1.5	4.3	2.0	4.6	1.1	5.8	1.8
Economic inactivity rate	2020/21	20.9	21.9	27.6	23.9	22.3	17.4	21.9	20.5	17.4	19.0	22.9	23.4	21.7	17.8	23.2	19.1
Employment and Support Allowance claimants	2018	5.4	5.9	6.8	5.9	5.4	4.8	7.6	4.6	4.3	5.1	9.3	7.3	7.4	4.1	7.3	4.8
Job density	2020	0.85	0.80	0.81	0.71	0.65	0.92	0.63	0.81	1.17	0.75	0.83	0.86	0.66	0.96	0.72	0.85
Sickness absence - the percentage of employees who had at least one day off in the previous week	2018 - 20	1.9	1.7	1.2	1.8	2.9	2.7	1.2	1.6	2.1	1.4	2.3	1.7	1.3	2.0	1.3	1.7
Sickness absence - the percentage of working days lost due to sickness absence	2018 - 20	1.0	1.0	0.8	1.2	1.8	1.4	0.7	0.7	1.0	0.6	1.2	1.0	0.8	1.4	0.8	0.9

Model Based estimates of unemployment

Background: As unemployed form a small percentage of the population, the Annual Population Survey (APS) unemployed estimates within local authorities are based on very small samples so for many areas are unreliable. To overcome this model-based estimates have been developed that provide better estimates of total unemployed for local authorities[26].
Methodology: The model-based estimate improves on the APS estimate by borrowing strength from the claimant count to produce an estimate that is more precise i.e. has a smaller confidence interval. The claimant count is not itself a measure of unemployment but is strongly correlated with unemployment, and, as it is an administrative count, is known without sampling error. The gain in precision is greatest for areas with smaller sample sizes.

Shropshires' unemployment rate fell between 2011/12 and 2015/16 and then levelled off up until 2019/20. However, following this, there was a rise between 2019/20 and 2020/21 likely caused but the coronavirus pandemic from 3.0% to 4.0%. The rate is now falling again and currently stands at 3.3% in 2021/22, equating to 5,000 people.

Chart showing estimates of unemployment, ONS

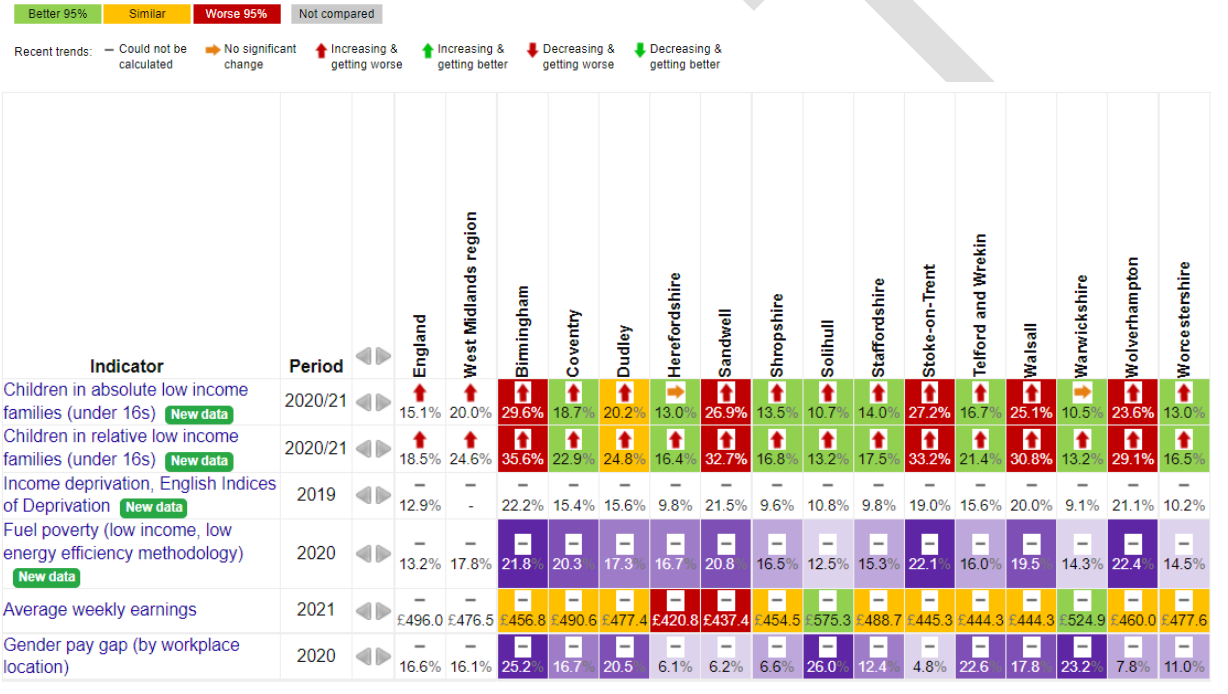


[26] NOMIS ONS

Income

During 2020/21, Shropshire's rate of children in absolute and relative low-income families was below the national average (15.1%, 18.5% respectively), with 13.5% of children under 16 living in absolute low income families and 16.8% living in relative low income families. However, there is an increasing trend compared to the previous year and the rate is worsening, which is also seen across other localities in the region with the exception of Herefordshire and Warwickshire. Compared to our nearest neighbours, Shropshire ranks 6th highest (compared to 14 other similar areas) for children in absolute low-income families and 5th highest for children in relative low income families[27].

Fuel poverty in Shropshire is higher than the national average at 16.5% but below the regional average and ranks mid table among its West Midland neighbours. Compared to our CIPFA nearest neighbours however, Shropshire ranks 2nd highest for fuel poverty.



Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Children in absolute low income families (under 16s) New data	2020/21	↑ 15.1%	↑ 20.0%	↑ 29.6%	↑ 18.7%	↑ 20.2%	→ 13.0%	↑ 26.9%	↑ 13.5%	↑ 10.7%	↑ 14.0%	↑ 27.2%	↑ 16.7%	↑ 25.1%	→ 10.5%	↑ 23.6%	↑ 13.0%
Children in relative low income families (under 16s) New data	2020/21	↑ 18.5%	↑ 24.6%	↑ 35.6%	↑ 22.9%	↑ 24.8%	↑ 16.4%	↑ 32.7%	↑ 16.8%	↑ 13.2%	↑ 17.5%	↑ 33.2%	↑ 21.4%	↑ 30.8%	↑ 13.2%	↑ 29.1%	↑ 16.5%
Income deprivation, English Indices of Deprivation New data	2019	– 12.9%	– -	– 22.2%	– 15.4%	– 15.6%	– 9.8%	– 21.5%	– 9.6%	– 10.8%	– 9.8%	– 19.0%	– 15.6%	– 20.0%	– 9.1%	– 21.1%	– 10.2%
Fuel poverty (low income, low energy efficiency methodology) New data	2020	– 13.2%	– 17.8%	– 21.8%	– 20.3%	– 17.3%	– 16.7%	– 20.8%	– 16.5%	– 12.5%	– 15.3%	– 22.1%	– 16.0%	– 19.5%	– 14.3%	– 22.4%	– 14.5%
Average weekly earnings	2021	– £496.0	– £476.5	– £456.8	– £490.6	– £477.4	– £420.8	– £437.4	– £454.5	– £575.3	– £488.7	– £445.3	– £444.3	– £444.3	– £524.9	– £460.0	– £477.6
Gender pay gap (by workplace location)	2020	– 16.6%	– 16.1%	– 25.2%	– 16.7%	– 20.5%	– 6.1%	– 6.2%	– 6.6%	– 26.0%	– 12.4%	– 4.8%	– 22.6%	– 17.8	– 23.2%	– 7.8%	– 11.0%

[27] Fingertips: Wide determinants Profile

Indicator	Period	England	Shropshire nearest neighbours	Shropshire	1 - Cheshire East	2 - North Somerset	3 - Wiltshire	4 - Cheshire West and Chester	5 - Cornwall	6 - Dorset	7 - East Riding of Yorkshire	8 - South Gloucestershire	9 - Northumberland	10 - Stockport	11 - Warrington	12 - Central Bedfordshire	13 - North Lincolnshire	14 - Solihull	15 - Calderdale
Children in absolute low income families (under 16s) New data	2020/21	15.1%	12.0%*	13.5%	9.3%	8.8%	7.8%	10.3%	13.7%	9.6%	14.0%	8.2%	23.4%	11.1%	10.6%	8.9%	19.3%	10.7%	20.5%
Children in relative low income families (under 16s) New data	2020/21	18.5%	14.8%*	16.8%	11.9%	11.2%	10.0%	13.4%	17.6%	12.3%	16.7%	10.2%	25.6%	14.2%	13.6%	10.8%	23.1%	13.2%	24.2%
Income deprivation, English Indices of Deprivation New data	2019	12.9%	-	9.6%	8.3%	10.1%	7.8%	10.8%	13.0%	8.8%	9.6%	7.4%	12.6%	12.0%	10.9%	7.7%	13.3%	10.8%	14.9%
Fuel poverty (low income, low energy efficiency methodology) New data	2020	13.2%	-	16.5%	10.8%	9.3%	10.0%	11.9%	12.6%	10.2%	14.7%	8.4%	13.6%	11.9%	11.3%	11.3%	16.3%	12.5%	17.3%
Average weekly earnings	2021	£496.0	-	£454.5	£483.7	£473.5	£465.2	£497.9	£402.7	£456.5	£460.0	£500.8	£448.7	£503.2	£505.5	£568.1	£455.6	£575.3	£444.5
Gender pay gap (by workplace location)	2020	16.6%	-	6.6%	28.2%	22.9	14.0%	6.9%	7.1%	14.7%	12.3%	28.6%	20.6%	19.2%	16.4%	22.2	18.9%	26.0%	16.1%

Crime and domestic abuse

Shropshire's crime profile shows that there are low levels of crime in the county in compared to other areas in the West Midlands and nationally [28]. The rate of hospital admissions for violence between 2018/19 - 20/21 was 20.0 per 100,000 population, a rate half that of the national rate and regional rate and has been trending downwards since 2009/10 -11/12.

All crime measures shown below have been trending downwards in the most recent year and are now below the national average. However, there is one exception. Shropshire's domestic abuse-related incidence and crimes rate increased between 2015/16 and 2019/20, and went above the national rate between 2018/19 and 2019/20. This has since fallen and is now similar to the national rate at 30.4 per 1,000, ranking Shropshire third lowest in the West Midlands.

[28] Fingertips: Wide determinants Profile

Better 95% | Similar | Worse 95% | Not compared | Quintiles: Best … Worst | Not applicable

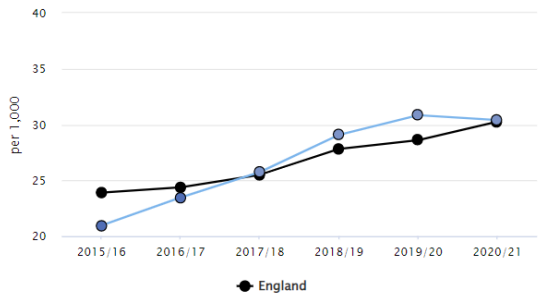
Quintiles: Low … High | Not applicable

Indicator	Period	England	West Midlands region	Birmingham	Coventry	Dudley	Herefordshire	Sandwell	Shropshire	Solihull	Staffordshire	Stoke-on-Trent	Telford and Wrekin	Walsall	Warwickshire	Wolverhampton	Worcestershire
Children entering the youth justice system (10-17 yrs)	2020/21	2.8	3.0	4.0	3.3	2.3	2.3*	3.7	2.3*	1.1	2.7	3.2	2.3*	2.9	2.9	3.6	2.3*
First time entrants to the youth justice system New data	2021	146.9	134.8	158.0	138.0	163.1	236.5	163.9	64.2	90.6	91.3	258.3	108.9	194.6	118.5	158.2	56.3
Re-offending levels - percentage of offenders who re-offend New data	2019/20	25.4%	24.5%	26.8%	26.3%	22.7%	21.7	24.2%	18.8%	17.3%	20.4%	28.1%	22.1	23.5	21.7	25.6%	26.3%
Re-offending levels - average number of re-offences per re-offender New data	2019/20	3.74	3.74	3.59	3.24	3.22	3.76	3.47	3.07	4.16	3.89	3.77	4.82	3.67	3.64	3.58	4.70
First time offenders New data	2021	166	148	160	168	125	164	188	114	98	119	242	175	157	134	183	128
Domestic abuse-related incidents and crimes	2020/21	30.3	33.7	37.3*	37.3*	37.3*	30.4*	37.3*	30.4*	37.3*	31.7*	31.7*	30.4*	37.3*	27.7*	37.3*	30.4*
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	41.9	37.7	63.7	44.0	32.8	17.6	47.6	20.0	37.0	22.0	38.3	27.8	38.8	27.5	50.1	23.5
Violent crime - violence offences per 1,000 population	2020/21	29.5*	33.7*	47.9	36.2	33.7	22.5	41.9	19.7	27.5	21.3*	41.2	32.5	39.6	25.0*	48.7	24.9*
Violent crime - sexual offences per 1,000 population	2020/21	2.3*	2.4*	3.2	2.7	2.0	2.4	2.5	1.9	1.8	1.6*	2.8	3.3	2.3	2.0*	3.0	2.2*
Crime deprivation: score	2015	0.01	-	0.43	0.38	-0.20	-0.53	0.33	-0.59	0.07	-0.35	0.48	0.01	0.20	-0.19	0.27	-0.28

Domestic abuse-related incidents and crimes

Crude rate - per 1,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

Period	Shropshire Count	Shropshire Value	Shropshire 95% Lower CI	Shropshire 95% Upper CI	West Midlands	England
2015/16	-	21.0*	-	-	23.6	23.9
2016/17	-	23.5*	-	-	24.6	24.4
2017/18	-	25.7*	-	-	25.7	25.5
2018/19	-	29.1*	-	-	28.3	27.8
2019/20	-	30.8*	-	-	29.7	28.6
2020/21	-	30.4*	-	-	33.7	30.3

Source: Office for National Statistics (ONS)

Prevalence of the “toxic trio”

The Childhood Local Data on Risks and Needs (CHLDRN) produced by the Children’s Commissioner for England provides data on the number of children at risk.

Parental mental ill-health, domestic abuse and substance misuse have been identified as commonly present in the lives of many vulnerable children; this analysis looks to measure the prevalence of this “toxic trio” and victimisation of children where these factors are present in the household.

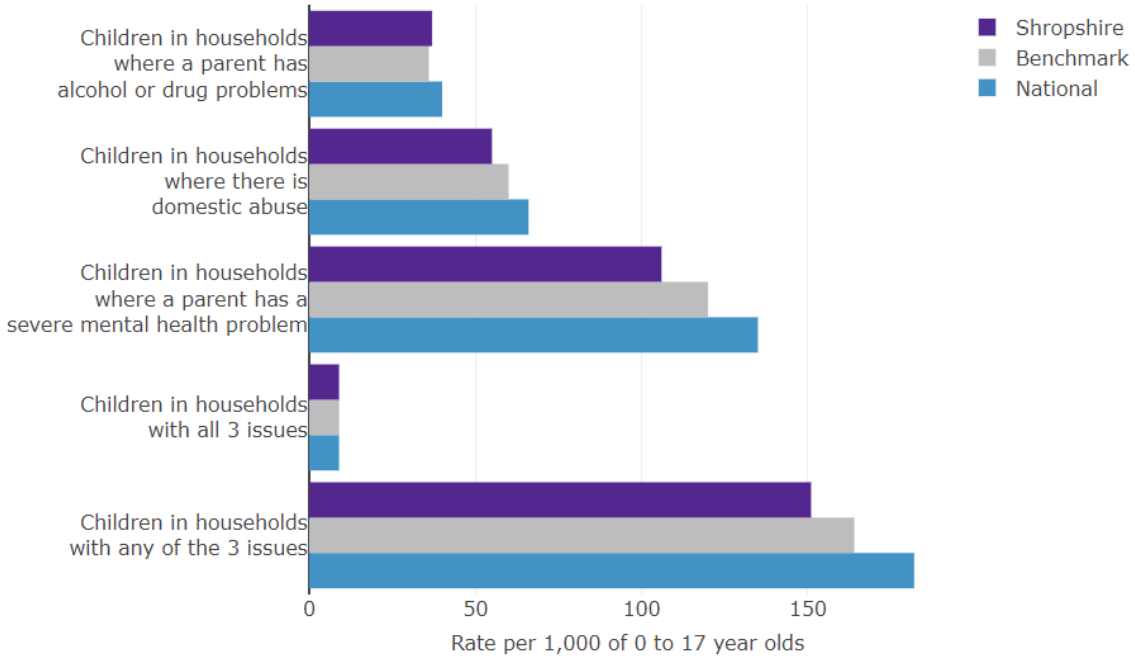
The toxic trio rate in Shropshire where children are in households with all three issues (co-occurring parental substance misuse, mental ill health and domestic abuse) was 9 per 1,000 0-17 year olds, similar to the benchmark and national rate.

The rate of children in households with any of the three issues was below the national and benchmark rates at 151 per 1,000 0-17s.

Of all the three issues, the highest rate was among children in households where a parent had a severe mental health problem at 106 per 1,000 0–17-year-olds, a trend also seen nationally and among benchmark areas.

The rate of children in households where a parent has a drug or alcohol problem similar compared to the benchmark areas at 37 per 1,00 0-17s. For the other two issues of domestic abuse and severe mental health issues, the rates in Shropshire were lower than the benchmark and nationally.

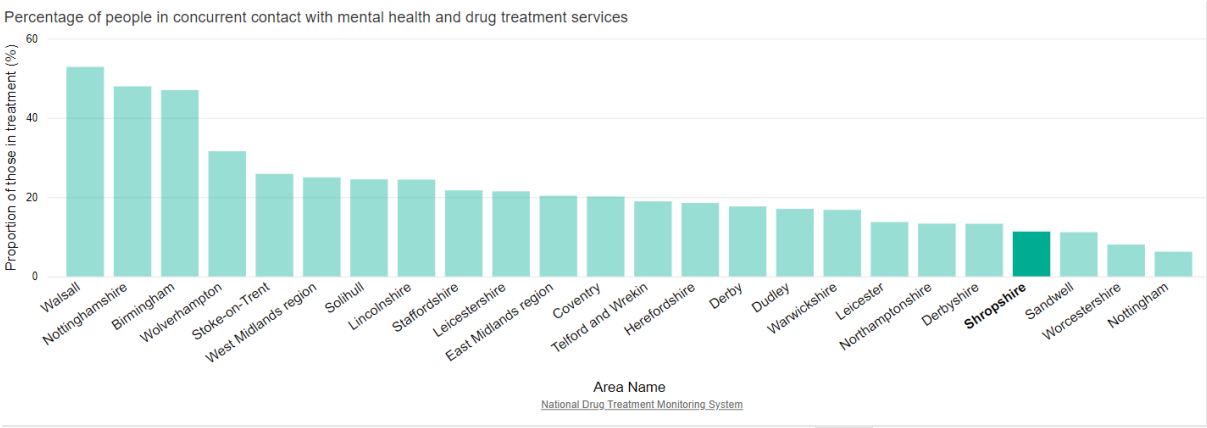
Figure 5.3.1 This chart shows data on co-occurring parental alcohol and drug problems, mental ill health and domestic abuse.



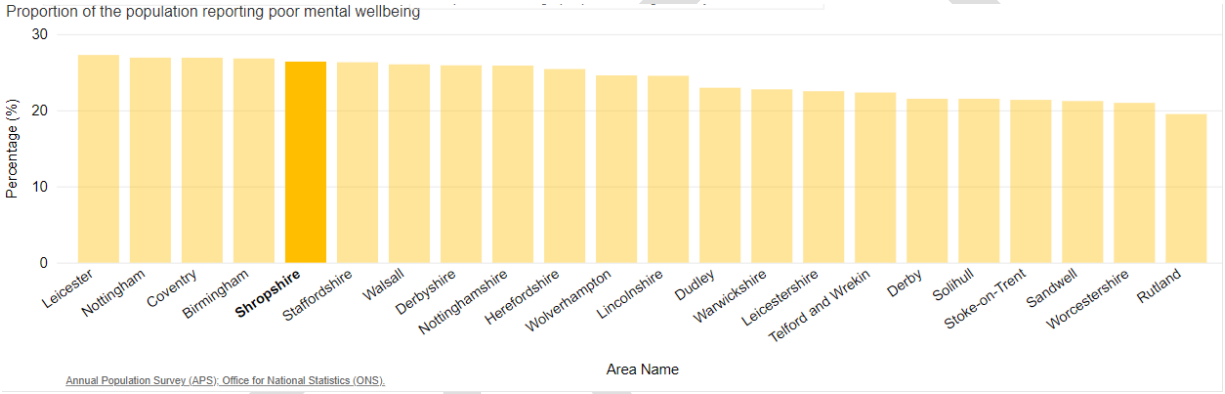
Co-occurring mental health disorders

Compared to other localities in the West Midlands region, Shropshire had a low proportion of people in concurrent contact with mental health and drug treatment services during 2016/17. Approximately 1 in 10 people were in concurrent contact in Shropshire (11.3%) is well below the regional rate of 1 in 4 people (24.9)% [29].

[29] Public Health Mental Health Dashboard 2022

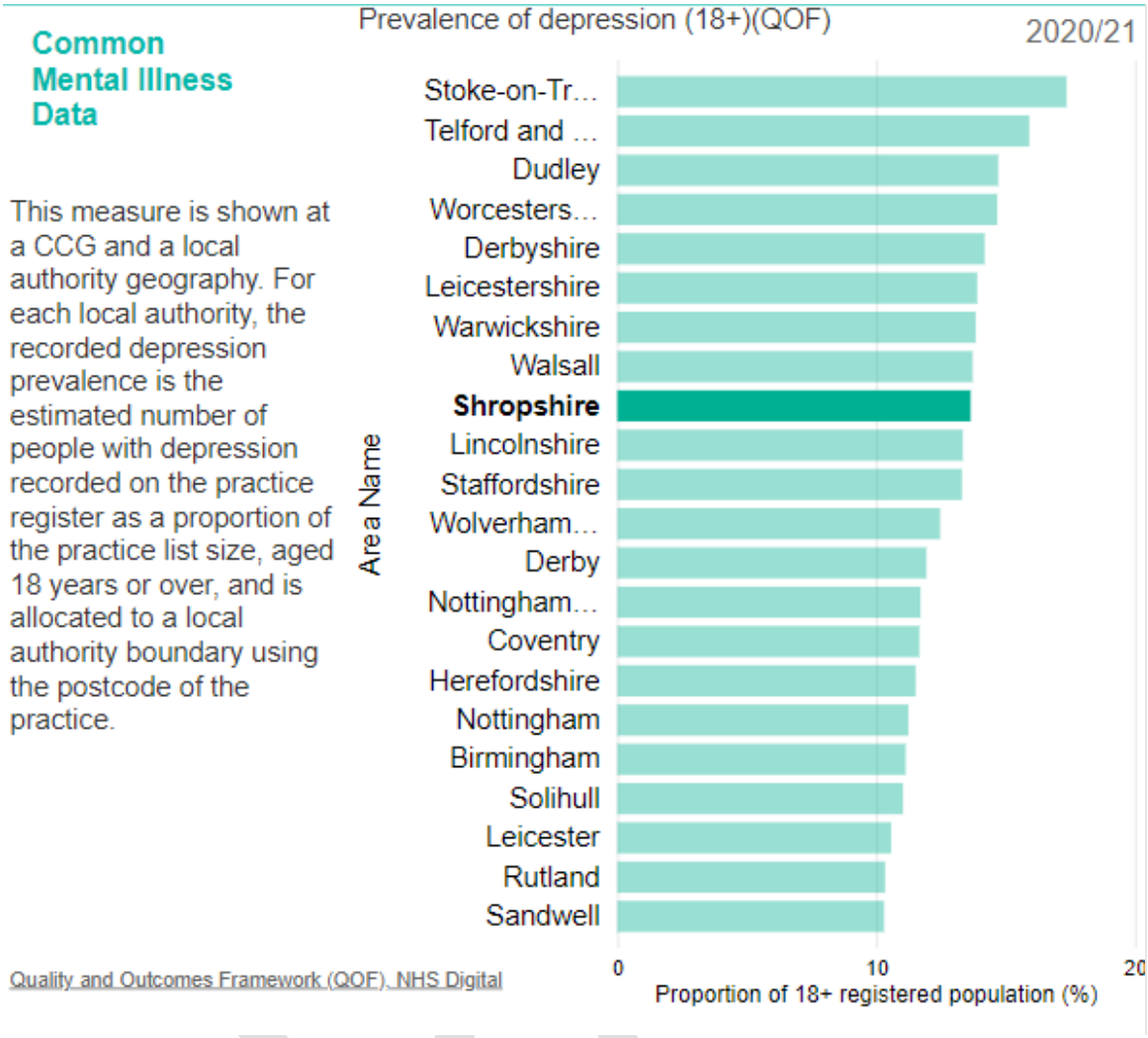


In 2020/21, 26.4% of Shropshire's population reported poor mental wellbeing, ranking 5th highest in the region and above the regional average of 24.5%[30].

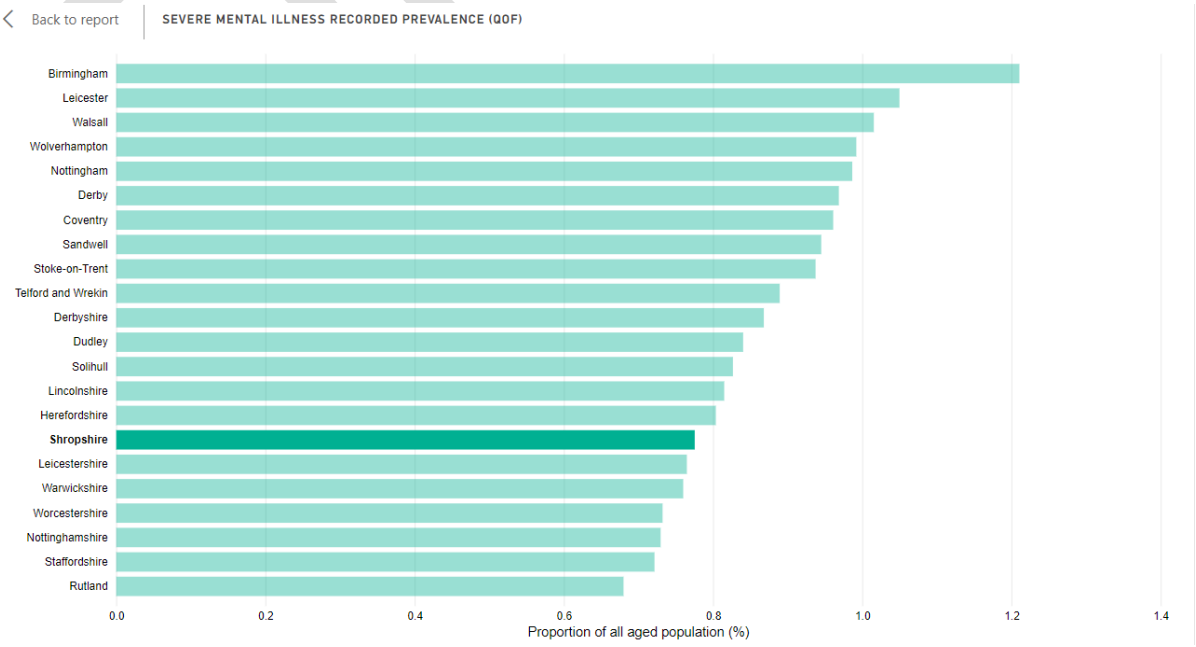


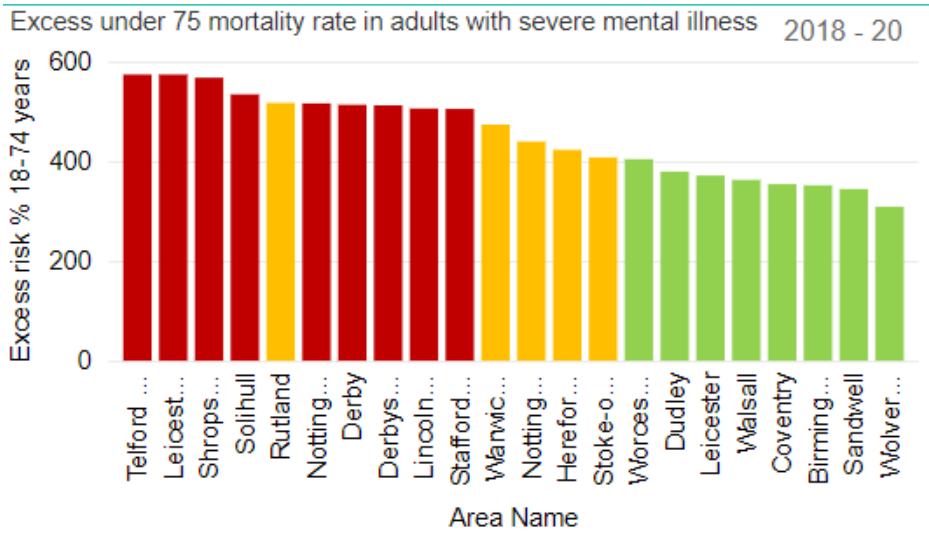
The prevalence of depression during 2020/21 in Shropshire is 13.7%, meaning 1 in 8 residents over 18 experience this condition. This is above the regional average of 12.9% and the national average of 12.3%.

30 Public Health Mental Health Dashboard 2022

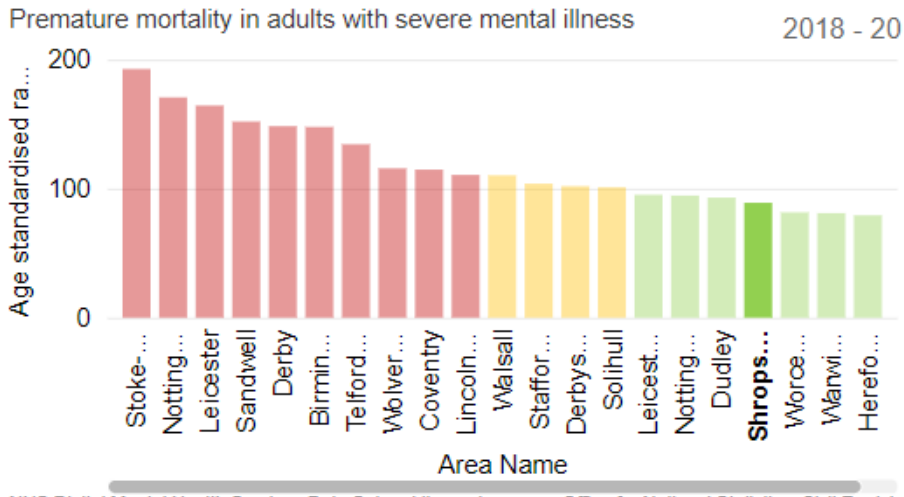


In 2020/21, the prevalence of severe mental illness remained low at 0.8% below the regional average (0.9%). However, the excess premature mortality rate in adults with SMI's between 2018-20 was third highest in the West Midlands at 567.4, well above the regional average of 425.8.





This measure is of excess premature mortality experienced by adults with SMI over adults without SMI, where SMI is defined as having a referral to secondary mental health services in the five years preceding death. It has been calculated by identifying the difference between the directly age standardised rate of premature mortality of adults (aged 18-74) with SMI and the directly age standardised rate of premature mortality of adults (aged 18-74) without SMI



This is a directly age standardised rate of people aged 18-74 with SMI per 100,000 population, where SMI is defined as having a referral to mental health services in the five years preceding death.

NHS Digital Mental Health Services Data Set and its predecessors Office for National Statistics: Civil Registration of Deaths (via NHS Digital asset)
Office for National Statistics mid-year population estimates

Rough sleeping

National figures

There were 2,440 rough sleepers across England in 2021, 8% of which were people sleeping rough in the West Midlands (equating to 190 people)[31]. Westminster and Camden had the highest number of people sleeping rough in the country compared to other local authorities, with 187 and 97 rough sleepers respectively. In the West Midlands region, Birmingham has the highest number of rough sleepers (31), followed by Shropshire, with 21 people sleeping rough in 2021.

The number of people estimated to be sleeping rough on a single night in England in autumn has fallen for the fourth year in a row from its peak in 2017. At the same time, the number of people estimated to be currently in emergency accommodation has fallen by over half on the same period last year. The snapshot overall remains higher than 2010 when the snapshot approach was introduced.

There were 2,440 people estimated to be sleeping rough on a single night in autumn 2021 across England. This is down by 250 people or 9 % from last year and down 49 % from the

[31] Public Health Mental Health Dashboard 2022

peak in 2017 but is up by 670 people or 38 % since 2010. At the same time, the number of people estimated to be in emergency & short-term accommodation in November is down 5,490 people or 56% from the same period last year.

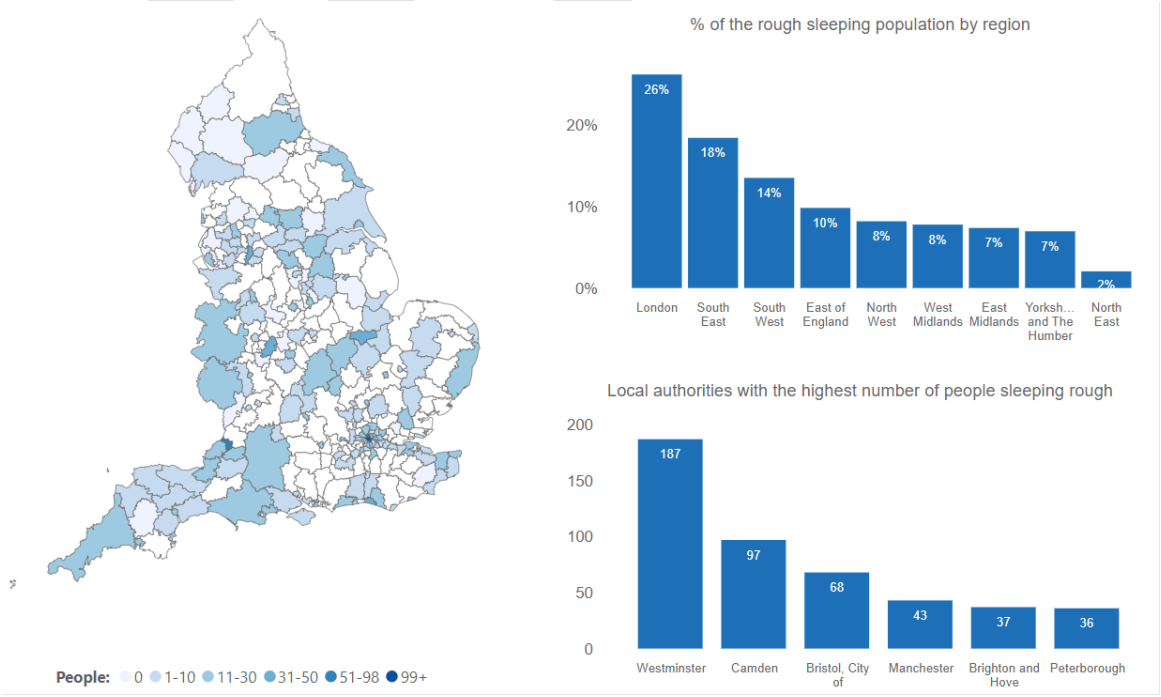
Rough sleeping decreased in every region of England compared to the previous year. The largest decrease in the number of people estimated to be sleeping rough was in London, where there were 640 people this year compared to 710 people last year. This is down by 70 people or 10 % from last year.

Nearly half (45 %) of all people sleeping rough on a single night in autumn are in London and the South East. Most people sleeping rough in England were male, aged over 26 years old and from the UK. This is similar to previous years.

Unlike last year, this year's Rough sleeping snapshot did not coincide with significant COVID-19 related restrictions which may have impacted people's risk of rough sleeping. Throughout the pandemic government has, working with local authorities, put in place significant support to accommodate and those sleeping rough or at risk of sleeping rough in order to protect them from COVID-19. By November 2021, there were nearly 4,300 people in emergency & short-term accommodation who would otherwise have been sleeping rough or were at risk of sleeping rough, and 40,000 people who had already moved on into longer-term accommodation since the pandemic began.

People sleeping rough are defined as follows: People sleeping, about to bed down (sitting on/in or standing next to their bedding) or bedded down in the open air (such as on the streets, in tents, doorways, parks, bus shelters or encampments). People in buildings or other places not designed for habitation (such as stairwells, barns, sheds, car parks, cars, derelict boats, stations, or 'bashes' which are makeshift shelters, often comprised of cardboard boxes). The definition does not include people in hostels or shelters, people in campsites or other sites used for recreational purposes or organised protest, squatters or travellers[32].

Map and charts showing the number and proportion of people sleeping rough across the country.



[32] Rough sleeping snapshot in England: autumn 2021

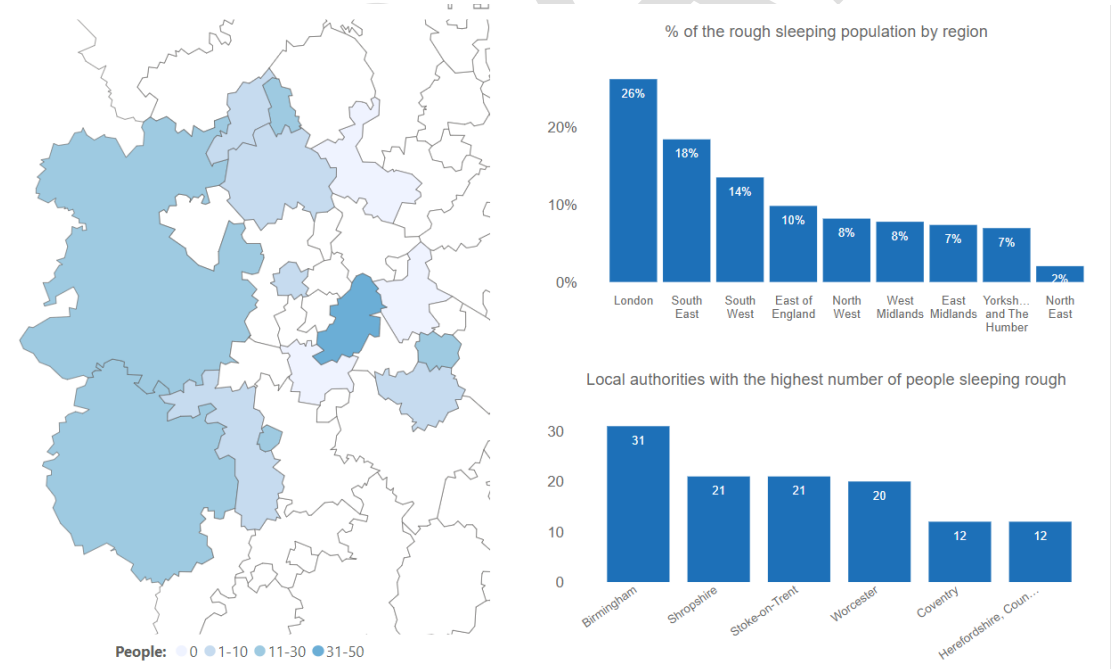
*Values between 1 - 4 are suppressed to prevent disclosure of sensitive information.

Rough sleeping in Shropshire

There was 21 people sleeping rough across Shropshire in 2021, unfortunately there is no demographic breakdown for the 2021 data available. In Autumn 2020, 23 people were sleeping rough across Shropshire. 20 were male, three were female and all but one person was over the age of 26. There was one person aged 18-25. 19 were UK nationals, one person was an EU national, and the remainder were unknown (3 people)[33].

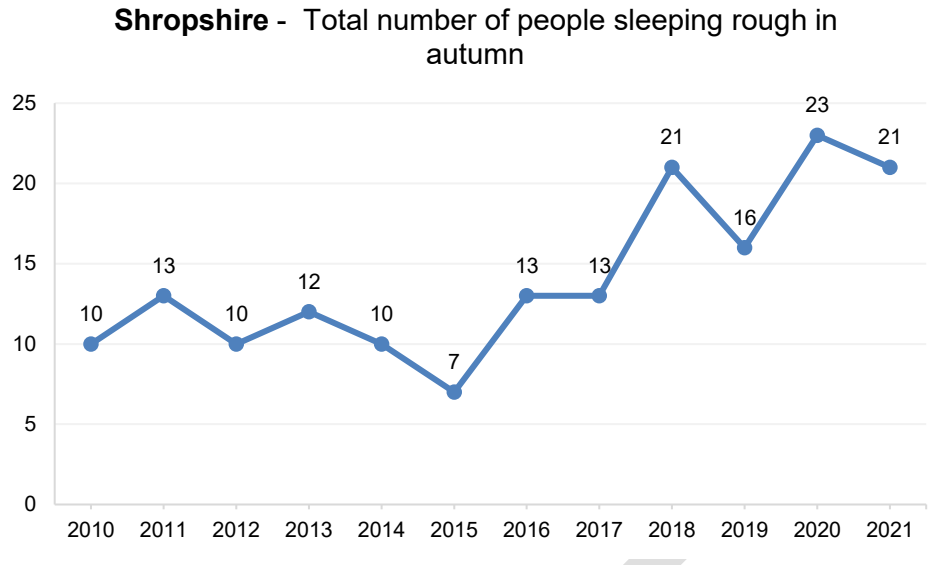
There has been a steady increase in rough sleepers in Shropshire since 2015, rising from seven people in autumn 2015 to 23 people in autumn 2020. This trend is not seen regionally or nationally where the numbers of rough sleepers has been falling since 2018.
More recently, there has been a small reduction in rough sleepers across Shropshire compared to the previous year, with two less people sleeping rough in 2021 compared to 2020. This trend is also seen regionally and nationally.
In 2021, Shropshire's rough sleepers made up 8% of all West Midlands rough sleepers. This is second highest in the region behind Birmingham (31 people) [34].

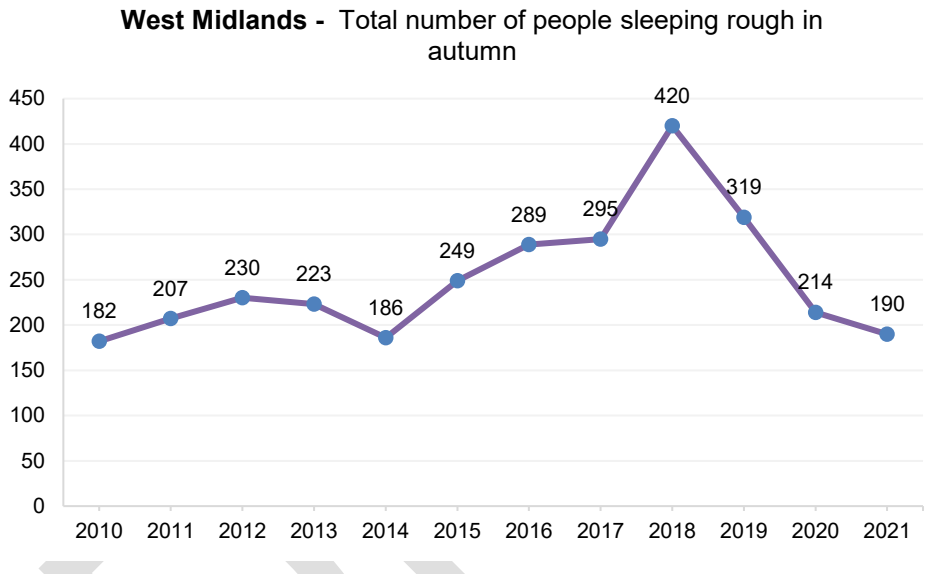
Map and charts showing the number and proportion of people sleeping rough in the region.

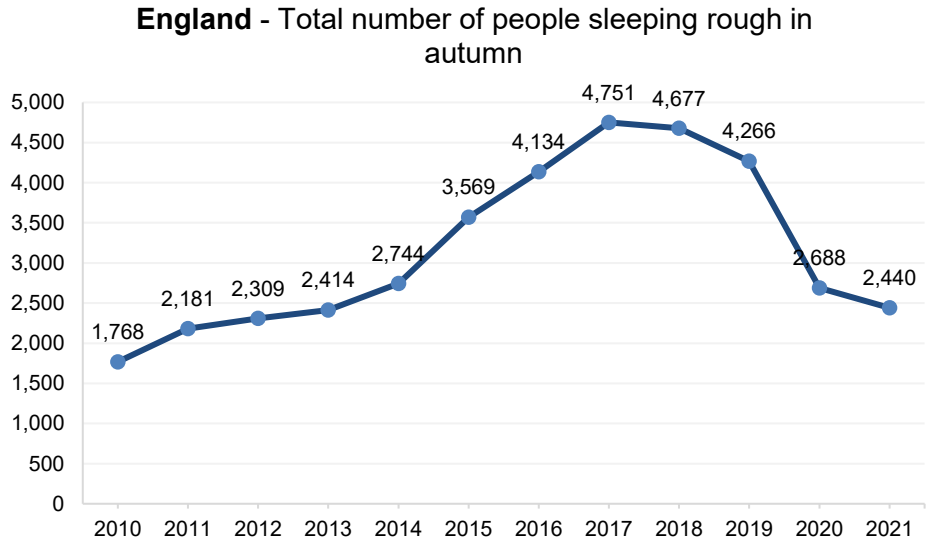


[33] Rough sleeping snapshot in England: autumn 2021
[34] Rough sleeping snapshot in England: autumn 2021

Charts showing the number of people sleeping rough over time, 2010 to 2021







Prevalence

This section alongside the Comorbidities, hospital admissions and deaths section helps monitor the extent to which alcohol is impacting on the health of the local population and identify different levels of alcohol-related harm.

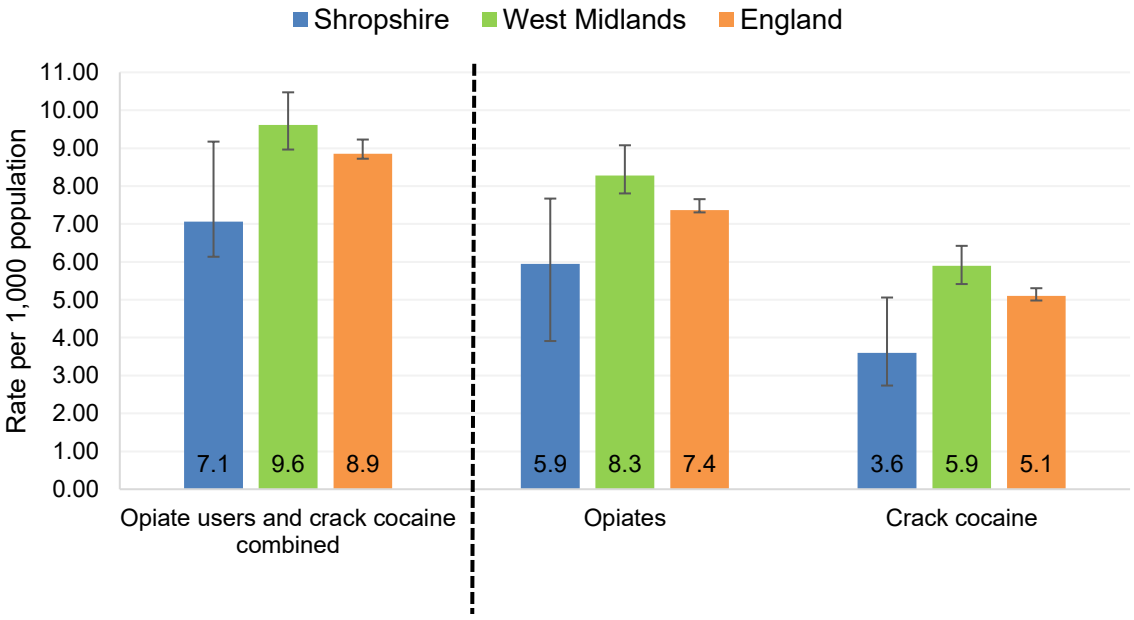
Drugs

Below are the estimated numbers of opiate and / or crack users (OCUs) in Shropshire and rates of unmet need. Collectively, they have a significant impact on crime, unemployment, safeguarding children and long-term benefit reliance.
These prevalence estimates give an indication of the numbers of OCUs in Shropshire that are in need of specialist treatment and the rates of unmet need gives the proportion of those not currently in treatment. This data can be used to inform commissioning and any subsequent plans to address unmet treatment need.

Prevalence of drug use

In Shropshire, the number of opiate / or crack users combined (OCU, aged 15-64) who needed specialist treatment during 2016-17 was estimated to be 1,353 individuals, equating to a rate of 7.1 per 1,000[35]. This is lower than the regional rate of 9.6 per 1,000 and the national rate of 8.9 per 1,000, however overlapping confidence intervals suggest that the difference from the national rate is not statistically significant. However, the rate of opiate users and crack cocaine users is significantly lower in Shropshire compared to the West Midlands region, as indicated my non-overlapping confidence bars. The rate of OCU (opiate users and crack cocaine users combined) is driven by opiate users in Shropshire, with a rate of 5.9 per 1,000 compared to 3.6 per 1,000 for crack cocaine use, a trend also seen regionally and nationally. Absolute counts of users are shown below in the table.

Prevalence of drug use (per 1,000 population), 2016-17



[35] Opiate and crack cocaine use: prevalence estimates by local area

Table showing the number of opiate and crack users in Shropshire, West Midlands and England, 2016-17

	Number of users								
	OCU	**Lower bound 95% CI**	**Upper bound 95% CI**	**Opiates**	**Lower bound 95% CI**	**Upper bound 95% CI**	**Crack cocaine**	**Lower bound 95% CI**	**Upper bound 95% CI**
Shropshire	1,353	1,175	1,757	1,139	749	1,469	689	524	969
West Midlands	35,381	32,986	38,542	30,453	28,723	33,399	21,696	19,923	23,634
England	313,971	309,242	327,196	261,294	259,018	271,403	180,748	176,583	188,066

Source: Opiate and crack cocaine use: prevalence estimates by local area

Trend: has this changed over time?

Between 2010-11 and 2011-12, there was a fall in opiate and/ or crack users. However, since 2011-12, there has been a steady increase in the number of OCU users up until 2016-17. Between 2011-12 and 2014-15, this was driven by opiate users but more recently the number of opiate users has slowed down and it is crack cocaine users who are on the rise.
Since the previous year the estimated number rose by 13% from 1,202 to 1,353 (+151)[36]. There was also a rise seen regionally and nationally. However, there was a slower rise among opiate users in Shropshire compared with crack cocaine users, with a rise of 28 opiate users compared to +133 crack cocaine users compared to the previous year. Regionally, there was a rise in opiate users compared to the previous year however a fall was reported among crack cocaine users, a trend also seen nationally.

[36] Opiate and crack cocaine use: prevalence estimates by local area

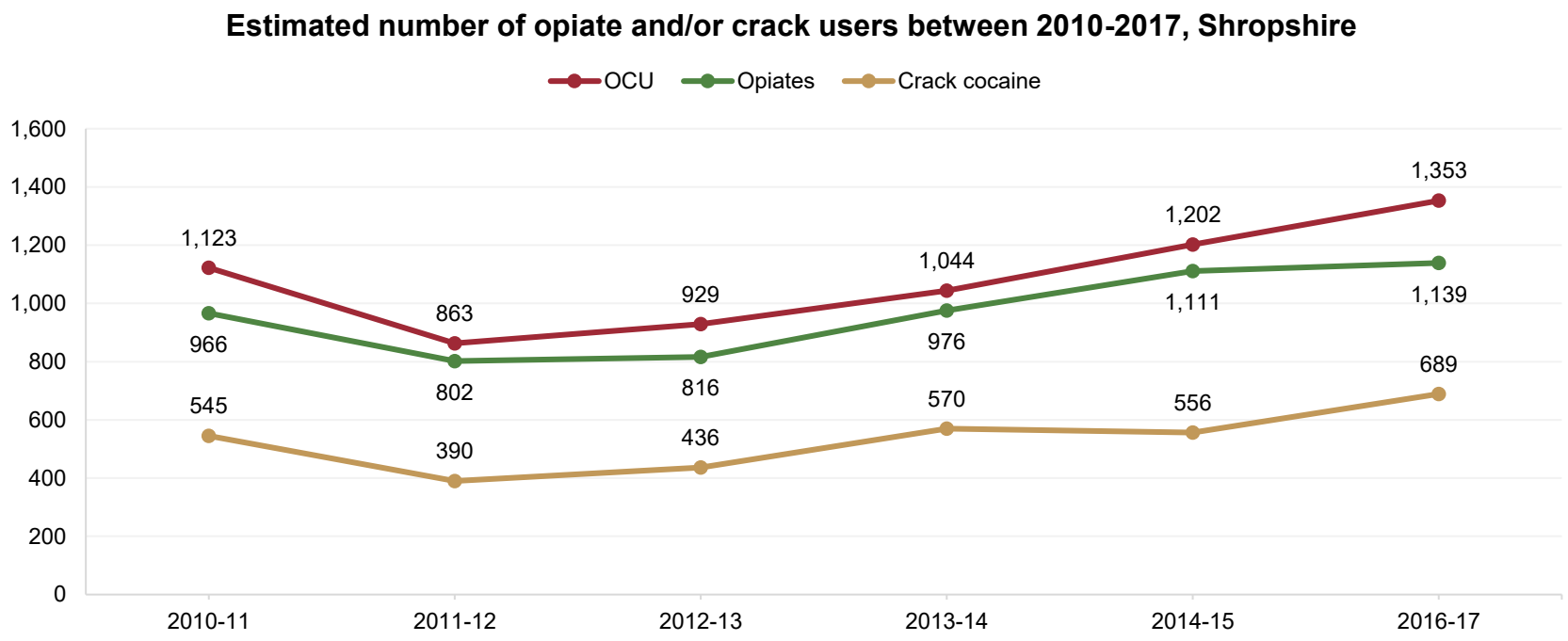

Estimated number of opiate and/or crack users between 2010-2017, Shropshire
OCU
Opiates
Crack cocaine
1,600
1,400
1,200
1,000
800
600
400
200
0
1,123
863
929
1,044
1,202
1,353
966
802
816
976
1,111
1,139
545
390
436
570
556
689
2010-11
2011-12
2012-13
2013-14
2014-15
2016-17

Table showing the difference in number of opiate and crack users between 2014-15 and 2016-17 in Shropshire, West Midlands and England.

	Difference between 2016/17 and 2014/15 prevalence estimates										
	OCU difference	Lower bound 95% CI	Upper bound 95% CI	**Significant Change**	**Opiate difference**	Lower bound 95% CI	Upper bound 95% CI	**Significant Change**	**Crack cocaine difference**	Lower bound 95% CI	Upper bound 95% CI	**Significant Change**
Shropshire	**151**	-159	550		**28**	-548	386		**133**	-91	432	
West Midlands	**559**	-3,009	3,882		**183**	-2,645	3,426		**-234**	-3,581	3,148	
England	**13,188**	2,451	25,266	*↑	**3,818**	-4,092	12,177		**-2,080**	-11,240	8,126	

How does Shropshire compare to other areas?

Some of the highest rates of opiate / or crack users (aged 15-64) are in the north of England, with Middlesbrough and Blackpool ranking highest nationally at 25.5 per 1,000 and 23.5 per 1,000 respectively. Shropshire ranks 109th out of 151 local authorities in England and is below the national average, although this is not statistically significant.

Rate of opiate use and/or crack cocaine use per 1,000 population aged 15 to 64, 2016/17

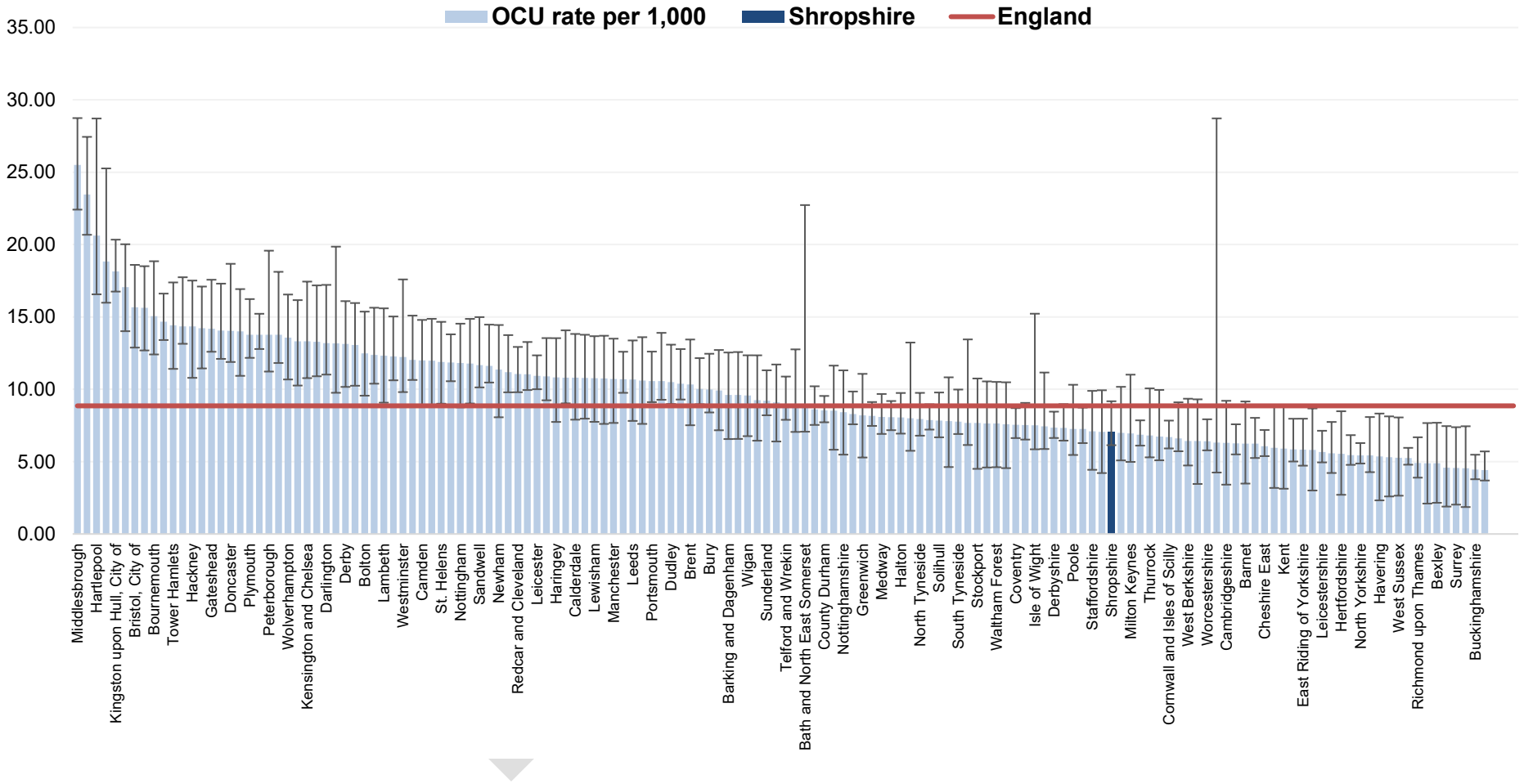
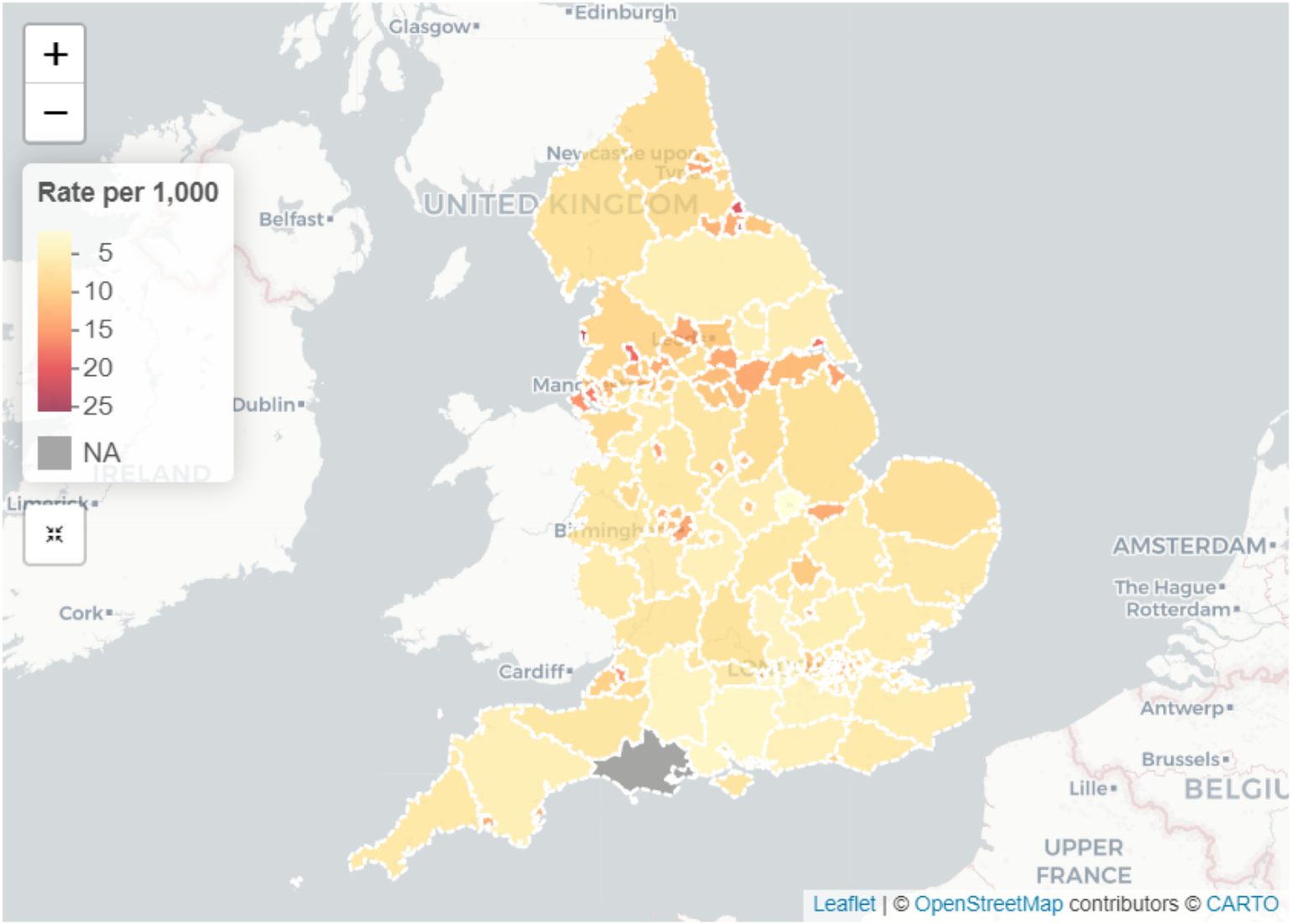


Figure 4.1 Estimated numbers of opiate and / or crack users (OCUs).



Parental drug prevalence

Here we present the estimated number of adults with opiate dependence living with children in 2014 to 2015. Rates per 1,000 are based on ONS mid-2019 population estimates (aged 18 to 64). Alongside local rates per 1,000 and unmet need we present rates for benchmark areas. Please see the appendix for a list of benchmark areas for Shropshire.
Data from the NDTMS is used alongside the estimates of national and local prevalence for opiate dependence to provide estimates of the extent to which treatment need is unmet[37].

In 2014-15, 348 adults were estimated to be opiate dependent and living with children in Shropshire, equating to a rate of 2 per 1,000 population, similar to the national benchmark [38]. 159 parents were in treatment, meaning that 54% of adults who are dependent on opiates and living with children are not in treatment (unmet need), again similar to nationally.

In Shropshire, the number of opiate dependent male parents (256, rate of 3 per 1,000) is almost triple that of female parents (92, rate of 1 per 1,000), a trend also seen nationally.

Table 2.2.1 Estimated number of adults with opiate dependence living with children in **England**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	74,713	2	31,469	58%
Male	50,828	3	18,901	63%
Female	23,884	1	12,568	47%

Table 2.2.2 Estimated number of adults with opiate dependence living with children in **Shropshire**, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	348	2	2	159	54%	52%
Male	256	3	3	91	64%	60%
Female	92	1	1	68	26%	36%

[37] Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020
[38] Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020

Alcohol

The health harms associated with alcohol consumption in England are widespread, with around 10.4 million adults (Health Survey for England 2019, NHS Digital) drinking at levels that pose some level of risk to their health; of these, around 1.8 million are higher risk drinkers. The indicators which follow help monitor the extent to which alcohol is impacting on the health of the local population

Where cells appear with an asterisk (*), small numbers have been suppressed to prevent disclosure or values cannot be calculated as the number of cases is too small.

Patterns of alcohol consumption

Alcohol-related harm is largely determined by the volume of alcohol consumed and the frequency of drinking occasions. As such, the risk of harm is directly related to levels and patterns of consumption. However, there can be a considerable lag between alcohol consumption and alcohol-related harms, particularly for chronic conditions where it can take many years. In January 2016 the Chief Medical Officer issued revised guidance on alcohol consumption, which advises that in order to keep to a low level of risk of alcohol-related harm, adults should not regularly drink more than 14 units of alcohol a week.
In England, 22% of the population are drinking at above low risk levels so may benefit from some level of intervention. However, harm can be short-term and instantaneous, due to intoxication or long-term, from continued exposure to the toxic effect of alcohol or from developing dependence. This requires a multi-component response and pathways will differ from area to area. The data presented here gives an indication of potential local need for some form of alcohol intervention and is a weighted estimate from the Health Survey for England (2015-2018 combined).
The data displayed below is sourced from Shropshire's LAPE profile.

Adults who abstain from drinking

Between 2015-18, 8.4% of adults living in Shropshire reported abstaining from drinking alcohol, significantly lower than the West Midlands (20.7%) and England rate (16.2%). This ranks Shropshire second worst in the region behind Herefordshire and third worst compared to its CIPFA nearest neighbours. This measure indicates the adult population who are at no risk of alcohol-related harm from their current consumption behaviour, therefore, Shropshire has a larger population at risk of alcohol related harm compared to other areas in the region.

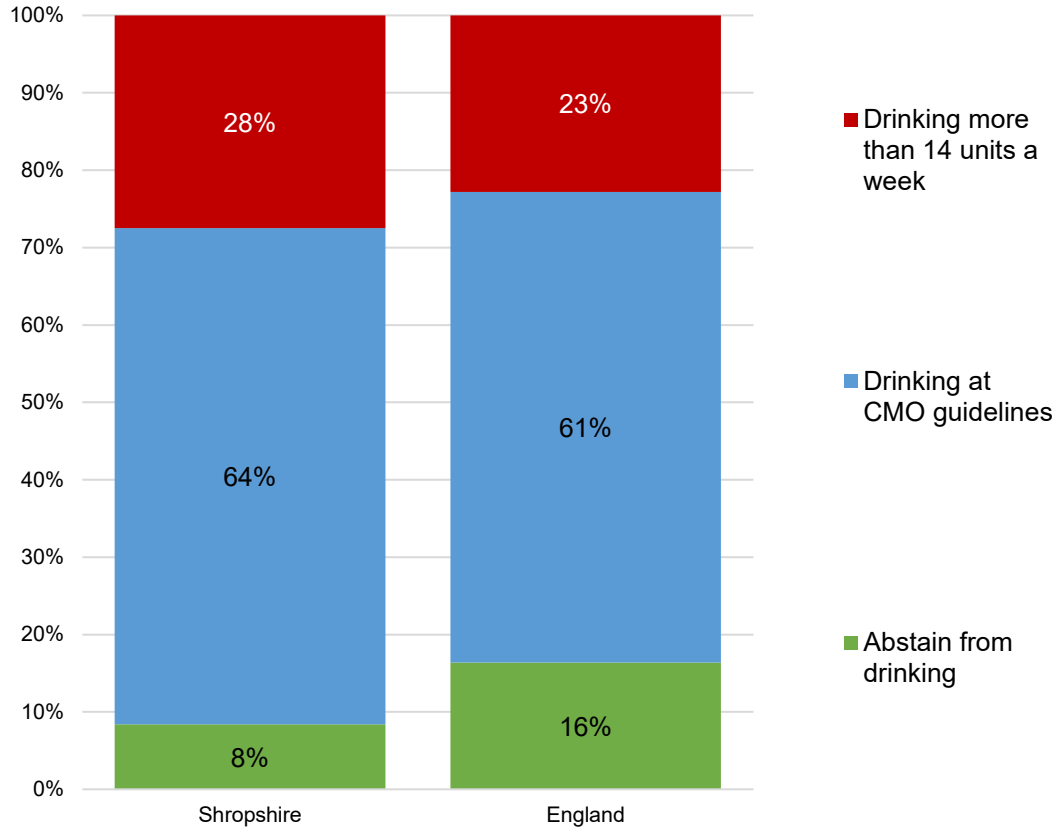
Better 95% Similar Worse 95% Not applicable

Recent trends: Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Percentage of adults who abstain from drinking alcohol	2015 - 18	–	-	8.4%	20.7%	16.2%	5.9%		
Percentage of adults binge drinking on heaviest drinking day	2015 - 18	–	-	13.9%	15.1%	15.4%	30.2%		1.3%
Percentage of adults drinking over 14 units of alcohol a week	2015 - 18	–	-	27.5%	22.2%	22.8%	41.3%		9%
Volume of pure alcohol sold through the off-trade: all alcohol sales	2014	–	1,333,169	5.3	5.1	5.5	9.4		2.9
Volume of pure alcohol sold through the off-trade: beer sales	2014	–	364,261	1.45	1.40	1.49	2.79		0.68
Volume of pure alcohol sold through the off-trade: wine sales	2014	–	488,720	1.95	1.88	2.16	3.96		1.30
Volume of pure alcohol sold through the off-trade: spirit sales	2014	–	349,354	1.40	1.34	1.38	2.46		0.70
Number of premises licensed to sell alcohol per square kilometre	2017/18	–	695	0.2	1.3*	1.3*	155.2		0.2

Patterns of alcohol consumption



Percentage of adults who abstain from drinking alcohol 2015 - 18

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	16.2	15.8	16.6
West Midlands region	–	-	20.7	19.2	22.2
Herefordshire	–	-	6.9	3.2	14.0
Shropshire	–	-	8.4	5.4	12.9
Staffordshire	–	-	13.3	10.5	16.7
Worcestershire	–	-	14.3	10.8	18.6
Telford and Wrekin	–	-	15.3	9.8	22.9
Dudley	–	-	16.6	11.4	23.5
Warwickshire	–	-	17.9	14.3	22.2
Solihull	–	-	18.1	12.2	26.1
Sandwell	–	-	19.3	13.5	26.7
Wolverhampton	–	-	20.4	12.9	30.8
Stoke-on-Trent	–	-	24.7	17.9	33.1
Walsall	–	-	26.7	19.4	35.6
Coventry	–	-	29.2	23.0	36.3
Birmingham	–	-	36.1	32.0	40.5

Adults drinking more than 14 units a week

During the same period, 27.5% of Shropshire's adults aged 18+ drink over 14 units of alcohol a week, meaning more than 1 in 4 adults drink at levels that pose some level of risk to their health.
Shropshire's rate is statistically similar to the regional (22.2%) and England average (22.8%) and ranks second highest in the region behind Worcestershire.

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Percentage of adults drinking over 14 units of alcohol a week 2015 - 18

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	22.8	22.4	23.3
West Midlands region	–	-	22.2	20.7	23.7
Birmingham	–	-	12.2	9.7	15.1
Wolverhampton	–	-	16.0	9.8	24.9
Telford and Wrekin	–	-	16.1	10.2	24.6
Coventry	–	-	20.5	15.4	26.8
Walsall	–	-	20.7	14.3	29.0
Solihull	–	-	20.9	14.5	29.1
Sandwell	–	-	22.0	16.0	29.3
Dudley	–	-	23.8	17.8	31.2
Warwickshire	–	-	24.0	19.9	28.6
Stoke-on-Trent	–	-	27.3	20.6	35.1
Staffordshire	–	-	27.4	23.7	31.5
Herefordshire	–	-	27.5	18.2	39.6
Shropshire	–	-	27.5	21.9	33.9
Worcestershire	–	-	27.8	22.8	33.3

Prevalence of alcohol dependency

People with untreated drug and alcohol dependencies have a disproportionate impact on our communities.

Below are the estimated numbers of people with alcohol dependence in Shropshire and rate of unmet need.

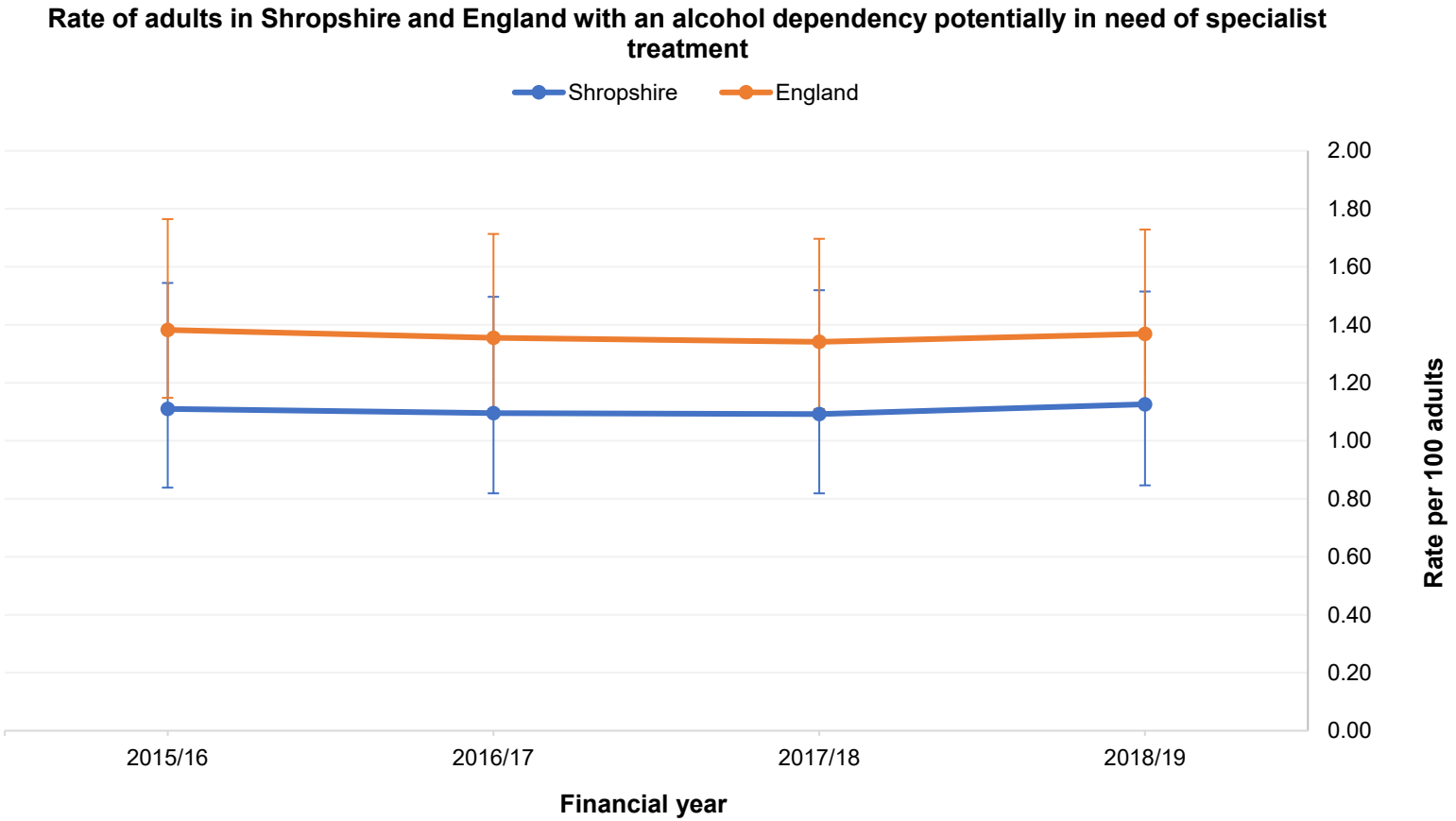
The prevalence estimate gives an indication of the number of adults in Shropshire that are in need of specialist alcohol treatment and the rate of unmet need gives the proportion of those not currently in treatment.

The number of alcohol dependent adults who needed specialist alcohol treatment (alcohol only and alcohol/non-opiate treatment) during 2018-19 in Shropshire was estimated to be 2,932 individuals, equating to a rate of 11.3 per 1,000, lower than the national rate of 13.7 per 1,000 [39]. Some of the highest rates of alcohol dependent adults are in the north of England, with Blackpool and Liverpool highest at 35.0 per 1,000 and 26.5 per 1,000 respectively[40].

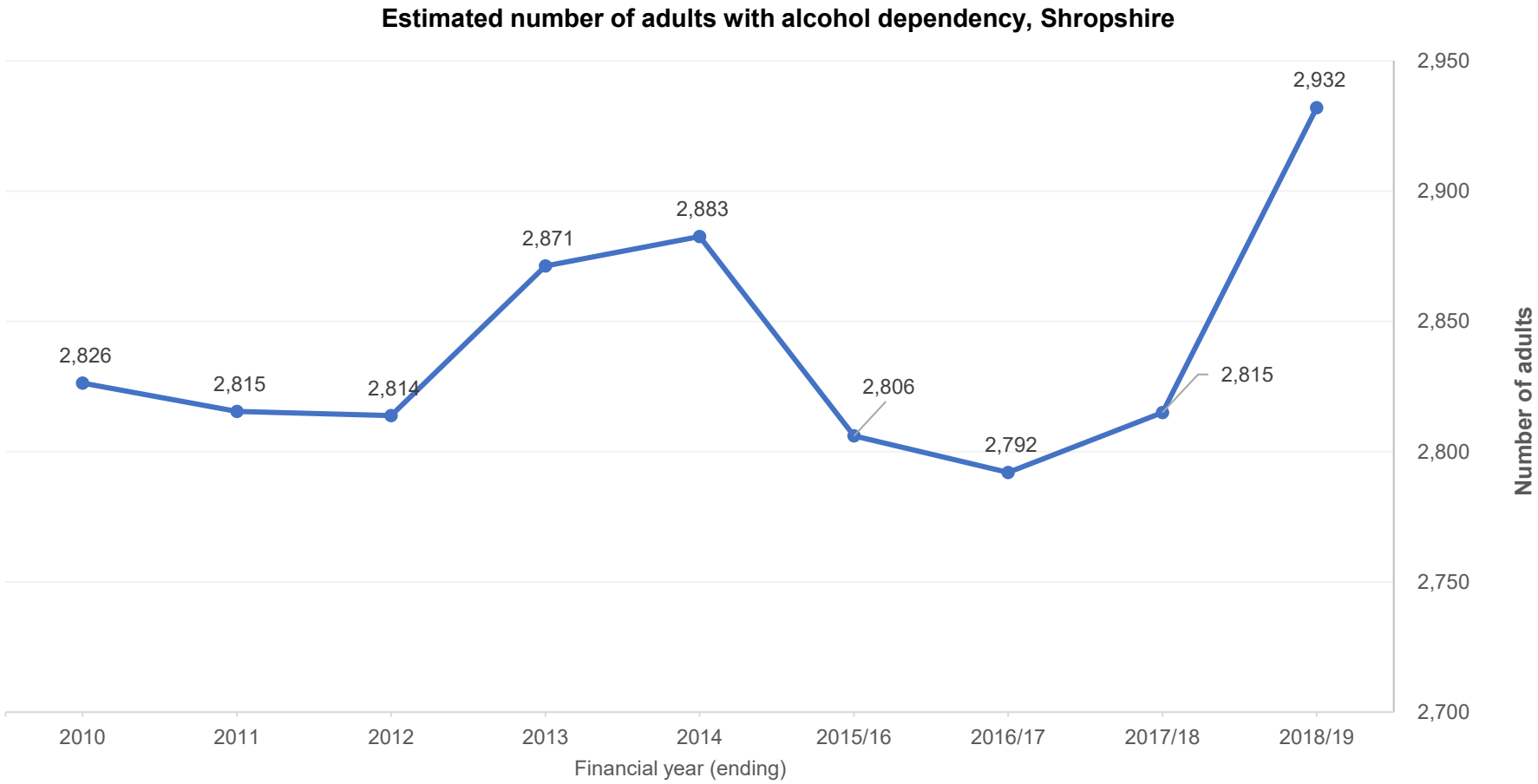
Trend: has this changed over time?

Over time, there has been little change in the rate of alcohol dependency in Shropshire and across England. There was a slight rise between 2017/18 and 2018/19 in Shropshire (+0.04) and nationally (+0.03). Whilst the chart shows a higher rate per 100 adults for England, the overlapping confidence intervals indicate that the difference between the Shropshire and England rate is not statistically significant.

[39] Shropshire's Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (OHID, NDTMS)
[40] Alcohol dependence prevalence in England https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england



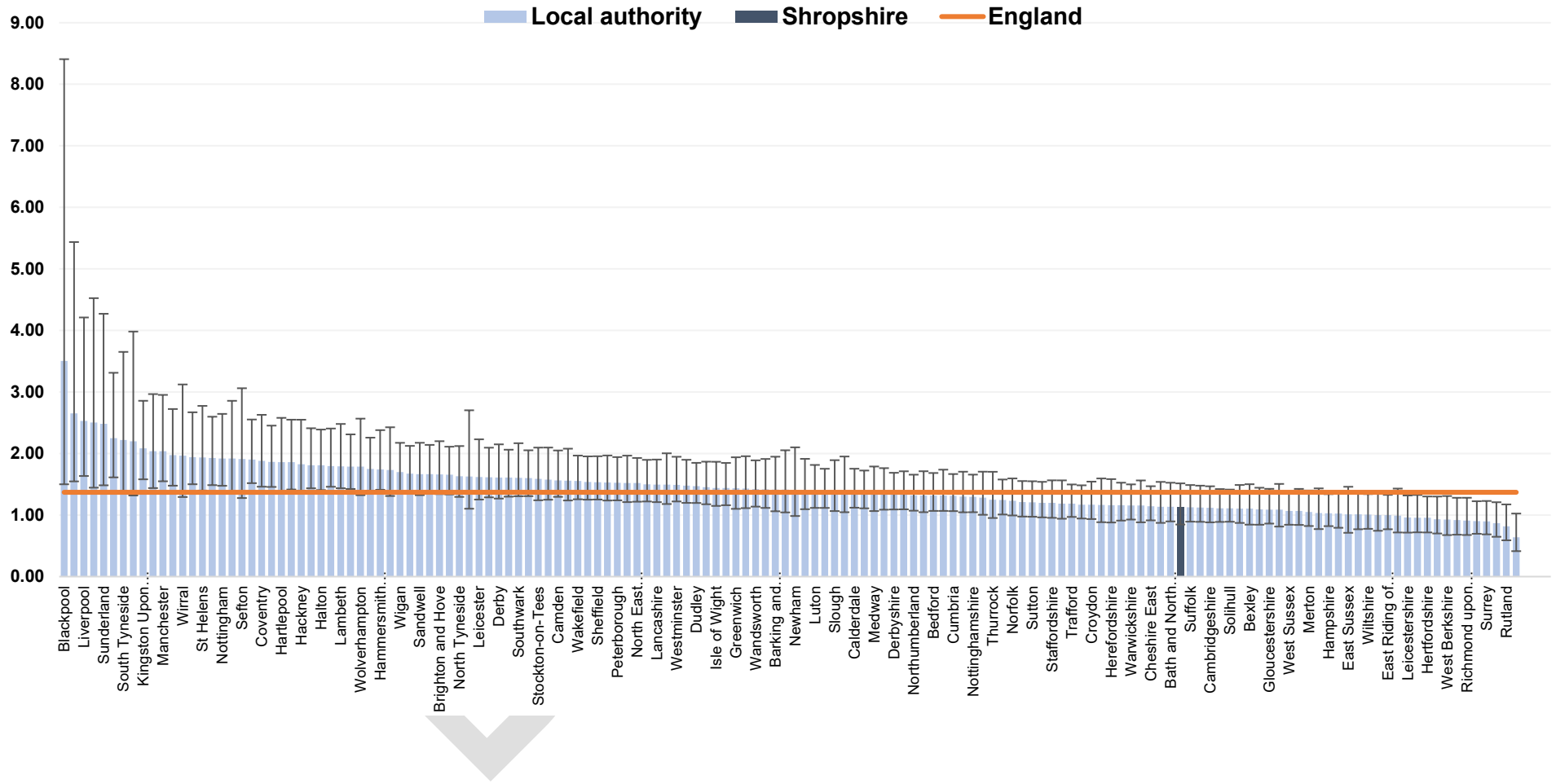
There has been a recent rise in alcohol dependent adults in Shropshire. In 2018/19, 2,932 adults were dependent on alcohol, a 4% rise compared to the previous year, (equating to 117 adults) and reaching its highest level since 2010.



How does Shropshire compare to other areas?

The rate of alcohol dependent adults in Shropshire was 1.13 per 100 adults in 2018/19 (or 11.3 per,1,000), ranking Shropshire 114th highest out of 151 local authorities in England. This is below the national average of 1.37 (13.7 per 1,000), however overlapping confidence intervals suggest that the Shropshire estimate is not significantly lower than the national average.

Rate of alcohol dependency per 100 adults, Local authorities in England, 2018/19



Parental alcohol dependency prevalence

In an average secondary school in England 40 pupils will be living with a parent with a drug or alcohol problem. In 2020, about one in six Child in Need assessments carried out by local authorities recorded parental alcohol problems, with a similar proportion for drug use. Problem parental alcohol or drug use were each recorded in over a third (36%) of serious case reviews where a child died or was seriously harmed[41].

The estimated number of adults with alcohol dependence living with children in 2018 to 2019 in England and Shropshire is shown below. Rates per 1,000 are based on ONS mid-2019 population estimates of adults aged 18 and over. Alongside local rates per 1,000 and unmet need, benchmark areas are also shown.

Data from the National Drug Treatment Monitoring System (NDTMS) is used alongside the estimates of national and local prevalence for alcohol dependence to provide estimates of the extent to which treatment need is unmet. Dependent opiate users who are also assessed as dependent on alcohol are not included in the alcohol treatment calculations to avoid double counting with the rates of unmet need for opiate use treatment. This cohort is also very unlikely to be picked up in the datasets used to calculate the alcohol dependency estimates.

In 2018-19, 607 adults were estimated to be alcohol dependent and living with children in Shropshire, equating to a rate of 2 per 1,000 population, similar to the benchmark [42]. In 2019-20, 195 parents were in treatment, meaning that 68% of adults who are dependent on alcohol and living with children are not in treatment (unmet need), lower than the benchmark.

In Shropshire, the number of alcohol dependent male parents (397, rate of 3 per 1,000) is almost double that of female parents (210, rate of 2 per 1,000), a trend also seen nationally.

[41] LGA Must Know: Treatment and recovery for people with drug or alcohol problems: https://www.local.gov.uk/publications/must-know-treatment-and-recovery-people-drug-or-alcohol-problems

[42] Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020 (OHID,NDTMS)

Table 2.1.1 Estimated number of adults with alcohol dependence living with children in **England**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	120,552	3	25,435	79%
Male	80,458	4	13,058	84%
Female	40,094	2	12,377	69%

Table 2.1.2 Estimated number of adults with alcohol dependence living with children in **Shropshire**, rates per 1,000 of the population and unmet treatment need.

		Rate per 1,000 of the population			Unmet treatment need	
Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Local	Benchmark	Number in treatment (2019 to 2020)	Local	Benchmark
Total	607	2	2	195	68%	75%
Male	397	3	3	103	74%	82%
Female	210	2	2	92	56%	63%

Unmet need

Unmet need for drug treatment

More than half of people aged 15-64 who are OCU users are not in treatment (58%), lower than rate for England. Rates of unmet need are higher among crack users (58%) compared to opiate users (48%), which is also seen nationally. Note 2020/21 drug treatment numbers have been used to calculate unmet need.

Table 4.3 Rates of unmet need of drug dependent adults for **Shropshire**.

Drug groups	Rate of unmet need*
Crack	58%
OCU	53%
Opiates	48%

Note:
*Drug treatment numbers for 2020-21 have been used to calculate rate of unmet need.

Table 4.4 Rates of unmet need for drug dependent adults for **England**.

Drug groups	Rate of unmet need*
Crack	58%
OCU	53%
Opiates	47%

Note:
*Drug treatment numbers for 2020-21 have been used to calculate rate of unmet need.

Unmet need for alcohol treatment

During 2020-21, 597 individuals in Shropshire were reported to be receiving alcohol treatment (2020-21), meaning 80% of alcohol-dependent individuals in Shropshire in potential need of alcohol treatment were not receiving treatment (this is referred to as the 'unmet need'). A similar rate of unmet need is reported nationally at 82%, with some of the highest rates seen in the south of England, particularly South Gloucestershire where 94% of alcohol-dependent individuals are not in treatment.
However, although an unmet need undoubtedly exists, these figures are likely to be higher than in reality as they are based solely on structured 'tier 3' levels of alcohol treatment, and do not include other tiers, for example tier 2 treatment in the form of brief interventions to reduce harm for those who do not feel that they are ready or those who do not need structured treatment services.
The data displayed below on prevalence is sourced from (PHE, 2021).

Table 8.1 Prevalence estimates and rates of unmet need for alcohol treatment in **Shropshire** and **England**

Area	Local estimate	Local rate per 1,000 of population	No. in treatment*	Unmet need (%)	LCL	UCL
Local	2,932	11.3	597	80%	73%	85%
England	602,391	13.7	107,428	82%	78%	86%

Note:
Current rates are based on the population of alcohol dependent adults potentially in need of specialist treatment, while previous models used the (much larger) population of harmful drinkers.
Prevalence estimates 2018-19, rate per 1,000 of the population.
'Adults' refers to people 18 and over.
*Alcohol only and alcohol/non-opiate treatment numbers for 2020-21 has been used to calculate unmet need. All subsequent treatment data focuses solely on adults in alcohol only treatment, unless otherwise stated

Figure 8.1 Estimated number of alcohol dependent adults

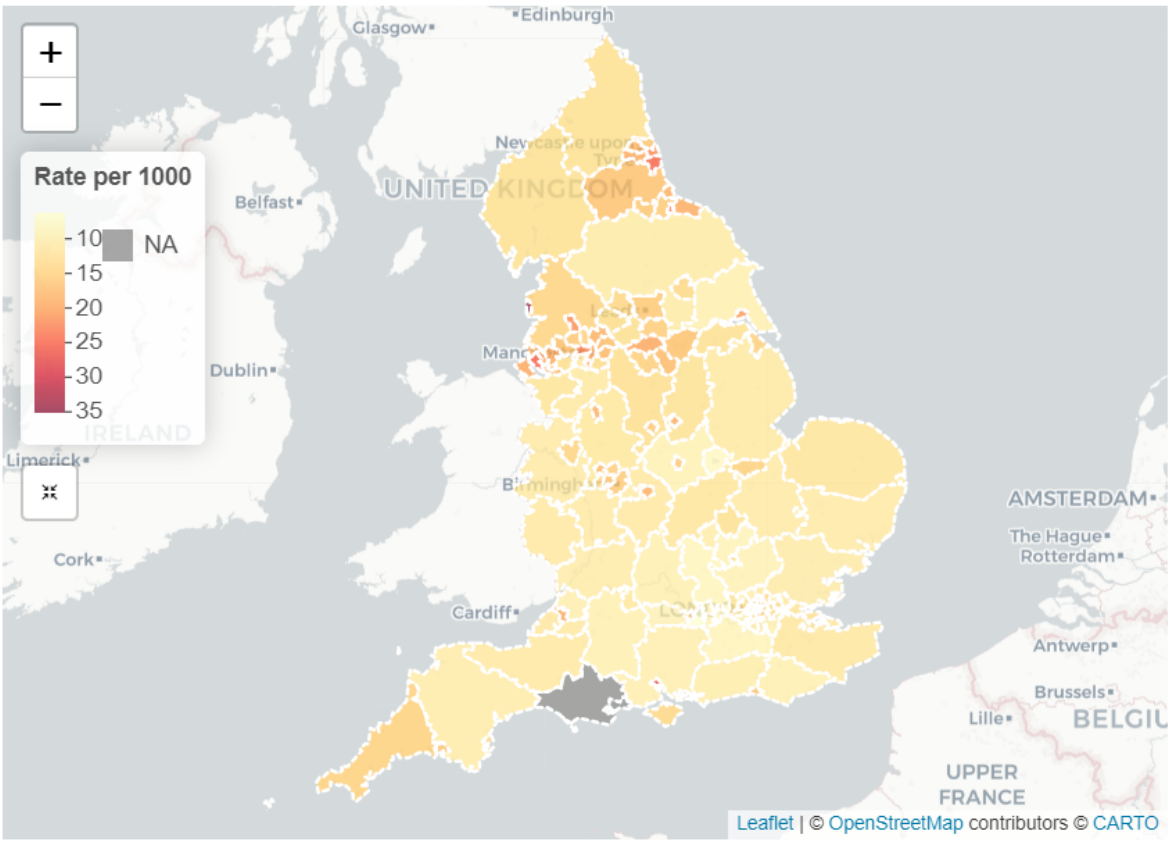
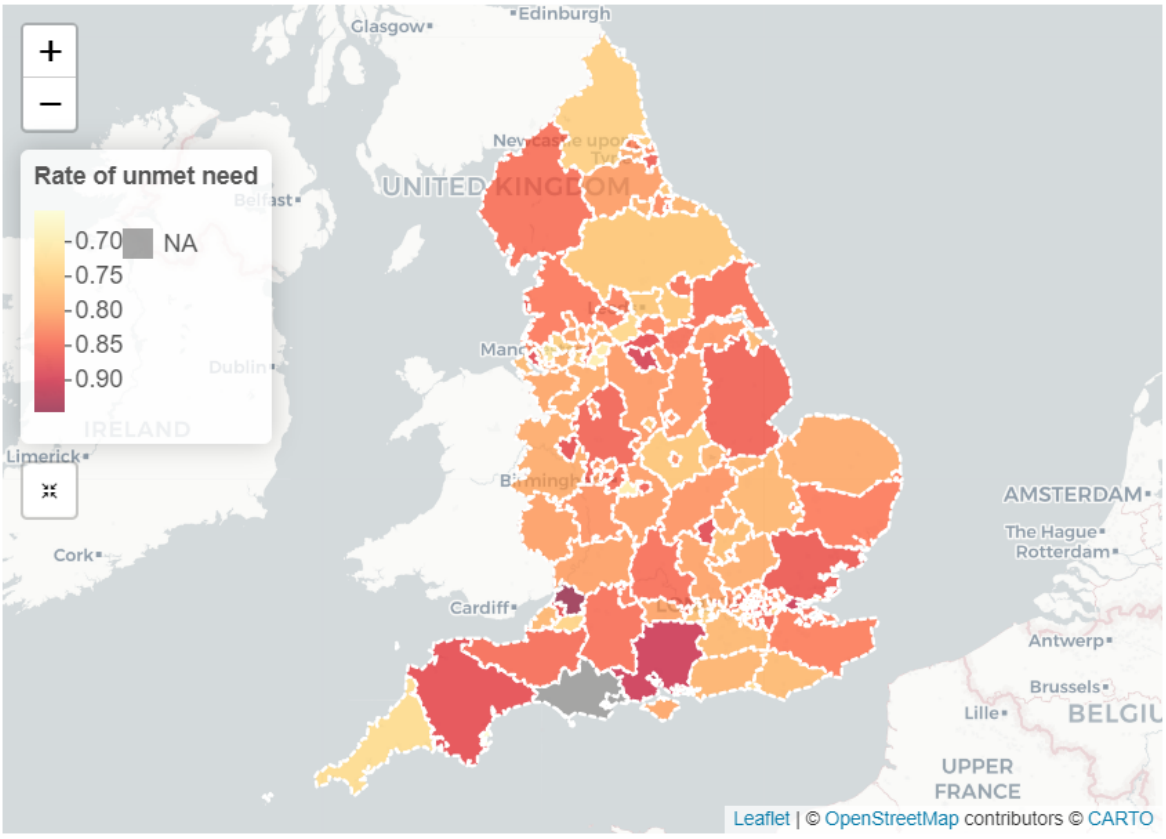


Figure 8.2 Rates of unmet need of alcohol dependent adults



Comorbidities, hospital admissions and deaths

Impact of COVID-19 on drug and alcohol treatment

Like other services, drug and alcohol treatment services were affected by the need to protect their service users and staff in the pandemic, especially in the early stages. Most services had to restrict face-to-face contacts which affected the types of interventions that service users received. Fewer service users were able to access community and inpatient detoxification for alcohol. Beyond drug and alcohol treatment itself, testing and treatment for blood-borne viruses and liver disease were also greatly reduced. These, and other changes to service provision, will have impacted on many of the indicators included in this report.

In 2020-21 there was an 44% increase at a national level in the number of people recorded as having died while in treatment for alcohol alone. There is wide local variation in this increase in deaths in treatment. These deaths are not likely to be predominantly attributable to COVID-19 infection and occurred within the context of an increase in alcohol-specific deaths in the wider population. It is likely that changes to alcohol and drug treatment, reduced access to broader healthcare services, changes to lifestyle and social circumstances during lockdowns, as well as COVID-19 itself, will have contributed to an increase in the number of service users who died while in treatment during 2020-21.

The impact of COVID-19 on alcohol-related harm

When reviewing this data to gauge the extent to which alcohol is impacting on the health of your local population, commissioners are also encouraged to consider how alcohol consumption and alcohol-related harm may have changed in the local area over the course of the COVID-19 pandemic.

The population health data set out below does not cover the year of the pandemic, except some initial earlier analysis of the latest available data. While not currently available at the local level, there is useful data published by OHID (formerly PHE) on the Wider Impacts for COVID-19 on Health (WICH) dashboard which supports exploration of the indirect effects of the pandemic on the population's health.

Analysis of the WICH data for the PHE report shows a reduction in the rate of unplanned admissions to hospital for alcohol-specific causes in 2020, down by 3.2% compared to 2019. This drop was largely driven by reduced admissions for mental and behavioural disorders due to alcohol use. Unplanned admissions for alcoholic liver disease were the only alcohol-specific unplanned admissions to increase between 2019 and 2020, with significant increases showing from June 2020 onwards. There were rapid decreases in the rate of alcohol-specific admissions that coincided with the start of the pandemic and the first national lockdown. It is important to note that this pattern was not unique to alcohol. All unplanned admissions, irrespective of cause, sharply decreased as the pandemic took hold. This 'lockdown effect' likely relates to psychological factors where people reported avoiding hospitals to ease the pressure on the NHS and because they were perceived as high-risk settings for catching COVID.

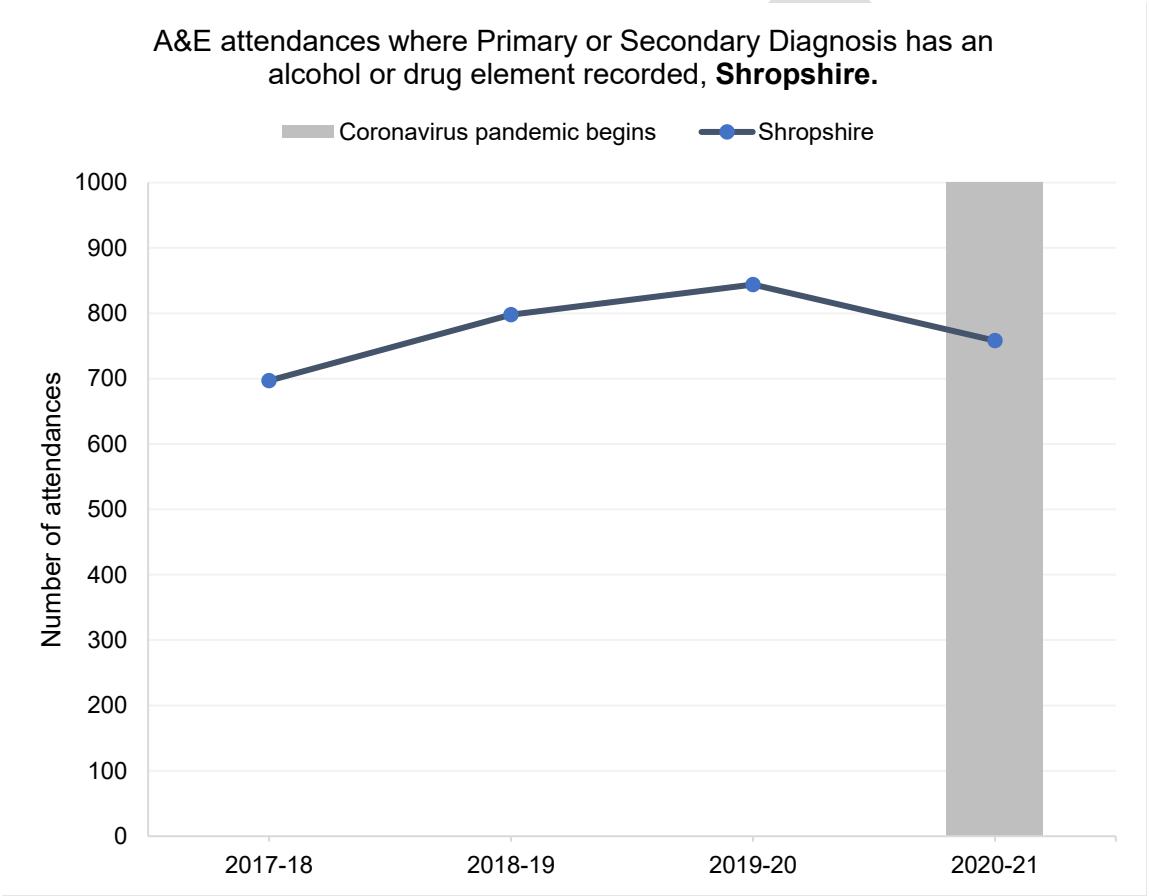
The data reported on WICH also shows an increase in total alcohol-specific disease deaths, driven by an unprecedented annual increase in alcoholic liver disease deaths above levels seen pre-pandemic. Between 2019 and 2020, death from alcoholic liver disease increased by 20.8% compared to an increase of 2.9% between 2018 and 2019. Between 2019 and 2020, deaths from mental and behavioural disorders due to alcohol use and alcohol

poisonings increased by 10.8% and 15.4% respectively, compared to a respective 1.1% increase and 4.5% decrease between 2018 and 2019.

A detailed commentary on changes in alcohol-specific hospital admissions and deaths during the pandemic can be found in PHE's report and the WICH dashboard. The data can broken down further, for example by age, sex, or deprivation.

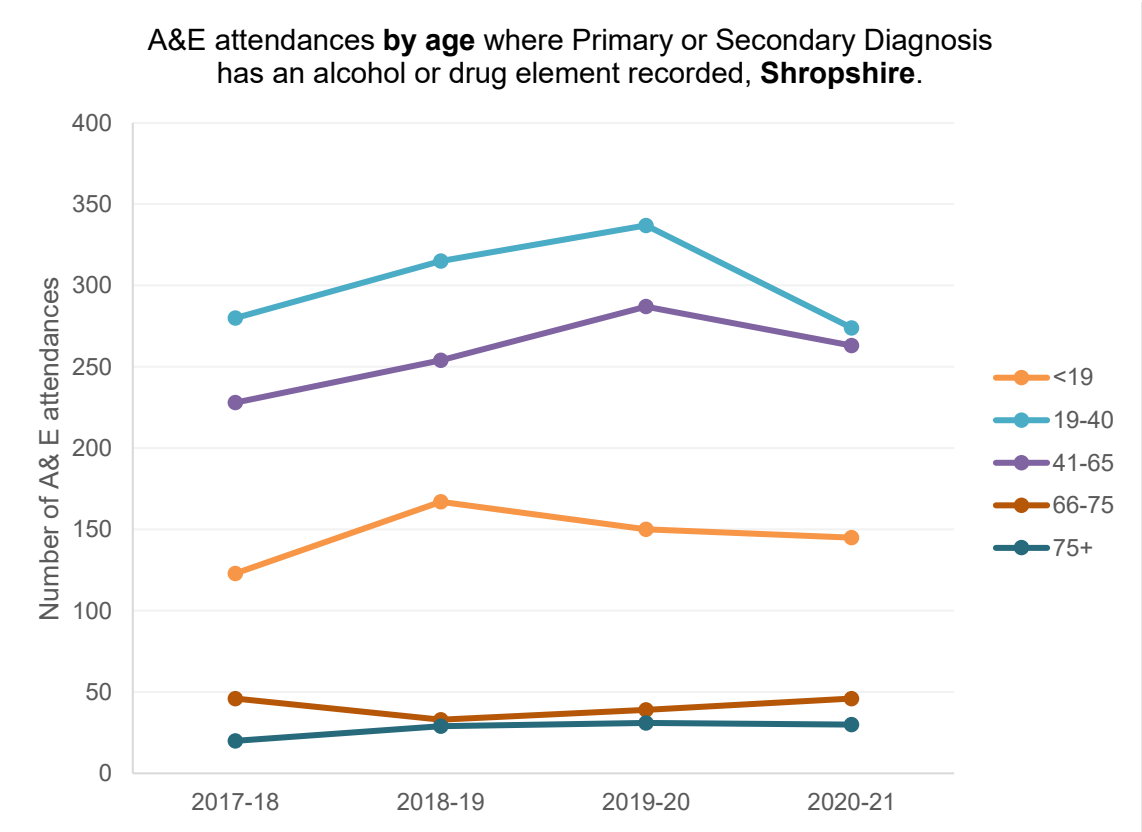
A&E presentations

Overall, in Shropshire, the number of A&E attendances (where primary or secondary diagnosis had an alcohol or drug element recorded) increased between 2017-18 and 2019-20, up from 679 attendances to 844 attendances, a rise of 21% in two years. However, between 2019-20 and 2020-21, there was a fall in A&E attendances, coinciding with the beginning of the pandemic and national lockdowns in England.



A&E attendances with a drug or alcohol element recorded were mainly driven by those aged 19-65 in Shropshire, with the highest number of people presenting to A&E in the 19-40 age group (274 attendances in 2020-21) and 41-65 age group (263 attendances).

The number of attendances increased between 2017-18 and 2019-20 among those aged 19-40 and 65+, with 66-75s and under 19s the only age groups noting a fall. Once the pandemic began in January 2020, attendances across all age groups fell, except for those aged 66-75.



Hospital admissions

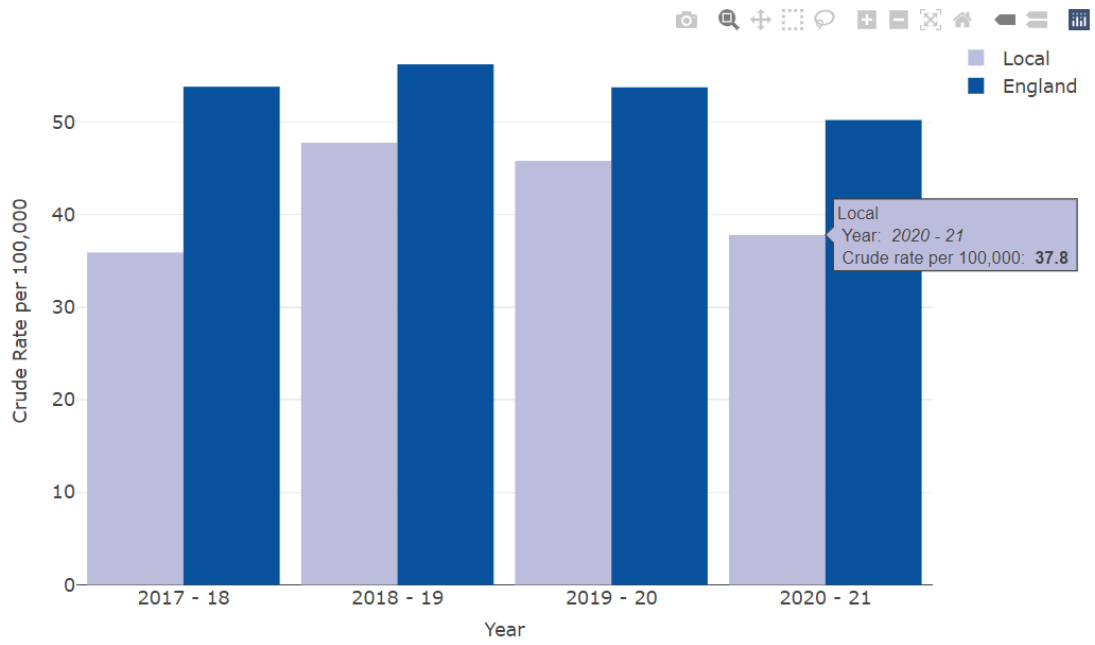
Drugs

As well as being a key issue to be addressed in themselves, poisoning admissions can be an indicator of future deaths. People who experience non-fatal overdoses are more likely to suffer a future fatal overdose. Drug treatment services should be assessing and managing overdose (including suicide) risks.

There were 123 drug-specific hospital admissions in Shropshire during 2020-21, equating to a rate of 37.8 per 100,000 population, significantly lower than the national rate of 50.2 per 100,000[43]. The number of drug-specific hospital admissions has been trending downwards since 2018-19, a trend also seen nationally.

[43] OHID Adult Drug Commissioning Support Pack: 2022-23: Key Data (NDTMS): Hospital Episode Statistics data (Source: NHS Digital) and ONS population data, analysed by Office for Health Improvement and Disparities (OHID)

Figure 3.1 Hospital admissions due to drug poisoning in **Shropshire** and **England**, **2017-18 to 2020-21**.



Alcohol

The data below reflects the general impact of alcohol on population health. Alcohol-related hospital admissions can be due to regular alcohol use that is above low risk levels and are most likely to involve increasing risk drinkers, higher risk drinkers, dependent drinkers and binge drinkers. Health conditions in which alcohol plays a causative role can be classified as either 'alcohol-specific' or 'alcohol-related'.

The first set of indicators below refer to 'alcohol-specific' conditions, where alcohol is causally implicated in all cases, e.g. alcohol poisoning or alcoholic liver disease. The subsequent indicators are for 'alcohol-related conditions' which include all alcohol-specific conditions, plus those where alcohol is causally implicated in some but not all cases, for example high blood pressure, various cancers and falls.

Summary

During 2020/21, Shropshire's alcohol-specific hospital admission rate (DSR, per 100,000 population) was lower than the England average at 405 admission episodes per 100,000, equating to 1,385 admission episodes in the period [44]. Admission episodes for alcohol-related conditions were also below or similar to the national average. For all measures, there has been no significant change compared to the previous year.

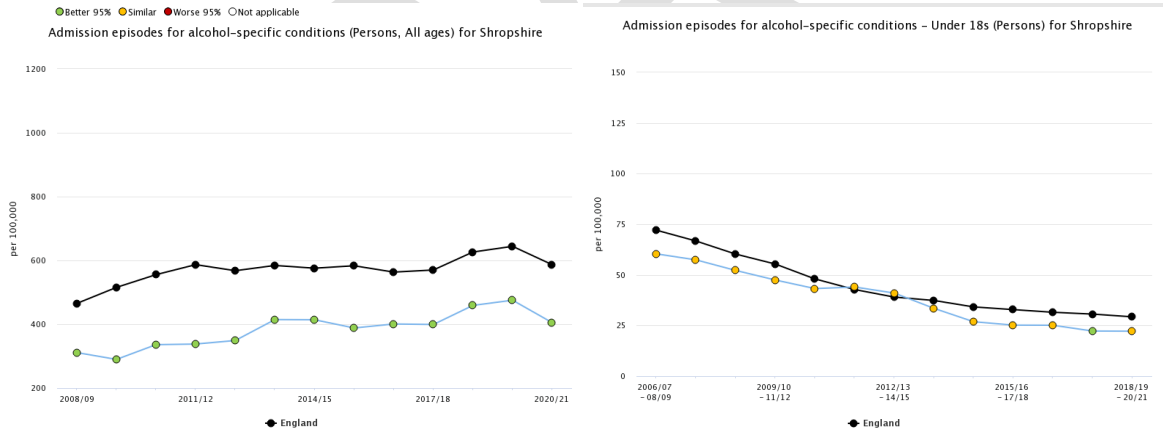
[44] OHID LAPE profiles

Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	4,960	1,321	1,656	1,500	3,459		962
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	1,636	460	515	456	805		251
Admission episodes for alcohol-specific conditions (Persons, All ages)	2020/21	→	1,385	405	581	587	2,276		298

Alcohol-specific admissions

Admissions episodes for alcohol-specific conditions give an indication of the direct health impact of alcohol on the health of that group. During 2020-21, there were 1,385 alcohol-specific admissions among Shropshire registered patients, equating to a rate of 405 admissions per 100,000 people. Shropshire's all age alcohol-specific admission rate has been rising over time but has remained below the national rate since 2008/09. Recently, there was a fall between 2019/20 and 2020/21, down from a rate of 475 to 405 admissions per 100,000 people, a trend also seen nationally.

Under 18 alcohol-specific admissions show a different trend, with a fall over time since 2008/09, remaining similar to England. The under 18 rate is currently 22.2 admissions per 100,000 population, (equating to 40 admissions, 2018/19-2020/21) below the regional and national rate[45].



Repeat admissions

Data on individuals who are admitted to hospital frequently for alcohol-specific conditions has been included to give an indication of the number of drinkers who place a heavy burden on health services and, very often, on social, housing and criminal justice services. The fact that these people are suffering ongoing alcohol-specific ill health suggests that they may not have had contact with treatment services, or if they have, it is likely that services have not engaged with them for long enough for them to achieve sustained abstinence.

The data below shows, for those individuals who had an alcohol specific hospital admission in 2020-21, the number of previous alcohol-specific admissions they had in the preceding 24

[45] OHID LAPE profiles

months. There is a case for contracting commissioned services to engage with the most frequent users of hospital services, to manage the harm from their alcohol use, even when they have no immediate desire to achieve abstinence.

In Shropshire, in 2020-21, there were 485 alcohol-specific hospital admissions that had no prior admission in the previous two years, equating to a rate of 183 per 100,000, lower than the national rate. However, 340 admissions had three or more prior admissions in the previous two years, equating to a rate of 128 admissions per 100,000 people in Shropshire, higher than the national rate of 86 per 100,000.

The data displayed below has been sourced from Hospital Episode Statistics data (Source: NHS Digital) and ONS population data, analysed by PHE.

Table 4.1 Adults (18+) with alcohol-specific hospital admissions in **2020-21** and number of admissions in the preceding 24 months for **Shropshire** and **England**

Type	Local (n)	Local rate per 100,000	LCL	UCL	England (n)	England rate per 100,000	LCL	UCL
No prior admission	485	183	167	200	101,440	228	227	230
1 prior admission	20	8	5	13	30,657	69	68	70
2 prior admissions	<7	NA	NA	NA	16,085	36	36	37
3+ prior admissions	340	128	115	142	38,200	86	85	87

Note:
In order to protect patient confidentiality local values between 1-7 have been replaced with '<7' for all local authority breakdowns where it is possible to calculate a value between 1 and 7 from the data presented. Also, all other Local (n) numbers have been rounded to the nearest 5.
NA - Data not available

Alcohol-related conditions admissions

Admission episodes for alcohol-related conditions was developed as a measure of pressures from alcohol on health systems. For this indicator the alcohol-attributable fractions are applied in order to estimate the number of admissions, rather than the number of people.

Within this there are two types of measure: broad and narrow. 'Broad' is an indication of the totality of alcohol health harm in the local adult population. 'Narrow' shows the number of admissions where an alcohol-related illness was the main reason for admission. This definition is more responsive to change resulting from local action on alcohol and is included as an indicator in the Public Health Outcomes Framework (PHOF).

Alcohol has been identified as a factor in more than 60 medical conditions, many leading to hospital admission. The conditions below have been selected because of their prevalence or because they are of particular concern for some local areas and may be the focus of wider strategic action.

The data displayed below is sourced from Shropshire's LAPE,PHE and Adult Alcohol Commissioning Support Pack: 2022-23: Key Data (NDTMS).

In 2019-20, the rate of admission episodes for alcohol related conditions (Broad) in Shropshire was lower than nationally at 1,716 admissions per 100,000. However, the rate of admission episodes for alcohol related conditions (Narrow) was higher in Shropshire compared to England, with 517 admission episodes per 100,000. Both measures saw a rise compared to the previous two time periods.

Table 2.3 Admission episodes for alcohol-related conditions (Broad) for **Shropshire** and **England**, **2019-20**

	Broad			
Admission episodes for alcohol-related conditions by area	**DSR per 100,000**	**LCL**	**UCL**	**Trend 2016-17 to 2019-20**
Local	1,716	1,674	1,760	
England	1,815	1,811	1,818	

Table 2.4 Admission episodes for alcohol-related conditions (Narrow) (PHOF C21*) for **Shropshire** and **England**, **2019-20**

	Narrow			
Admission episodes for alcohol-related conditions by area	**DSR per 100,000**	**LCL**	**UCL**	**Trend 2016-17 to 2019-20**
Local	571	546	597	
England	519	517	521	

Note:
There is currently dual reporting of indicator C21 on the Public Health Outcomes Framework – based on both the old and new methodologies. To view the data based on the new methodology select the geography version for the most recent geography (from April 2021). From the end of 2021 all reporting of this indicator will be based on the new methodology.

Which alcohol related condition contributes most to hospital admissions?

For all rates of alcohol-related conditions listed below, Shropshire is similar to or better than the national average (indicated by yellow and green icons). Between 2019/20 and 2020/21, all of Shropshire's alcohol-related conditions admission rates either fell or levelled off between 2019/20 and 2020/21, a trend also seen nationally.

Better 95% Similar Worse 95% Not applicable

Recent trends: – Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

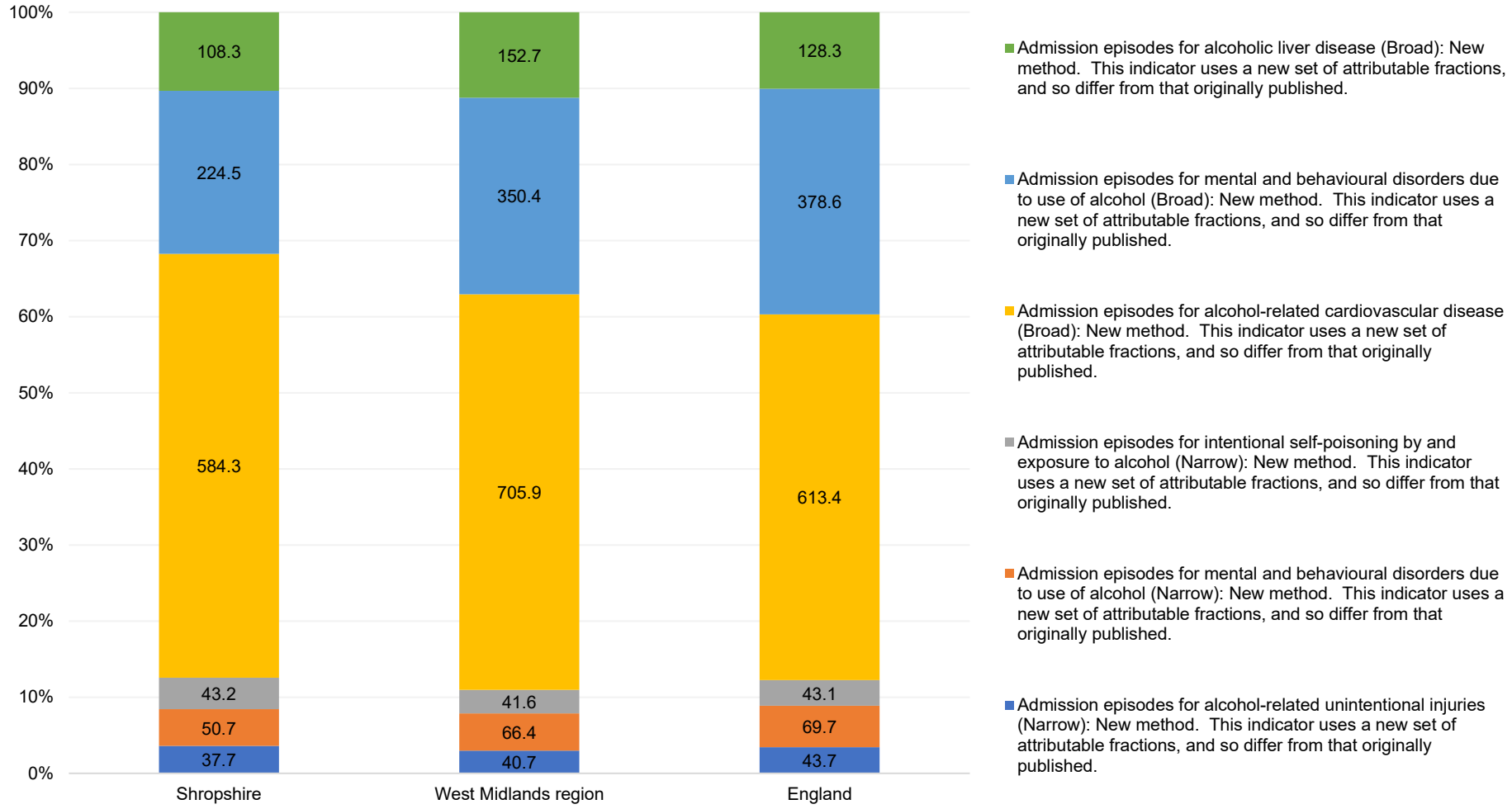
Benchmark Value

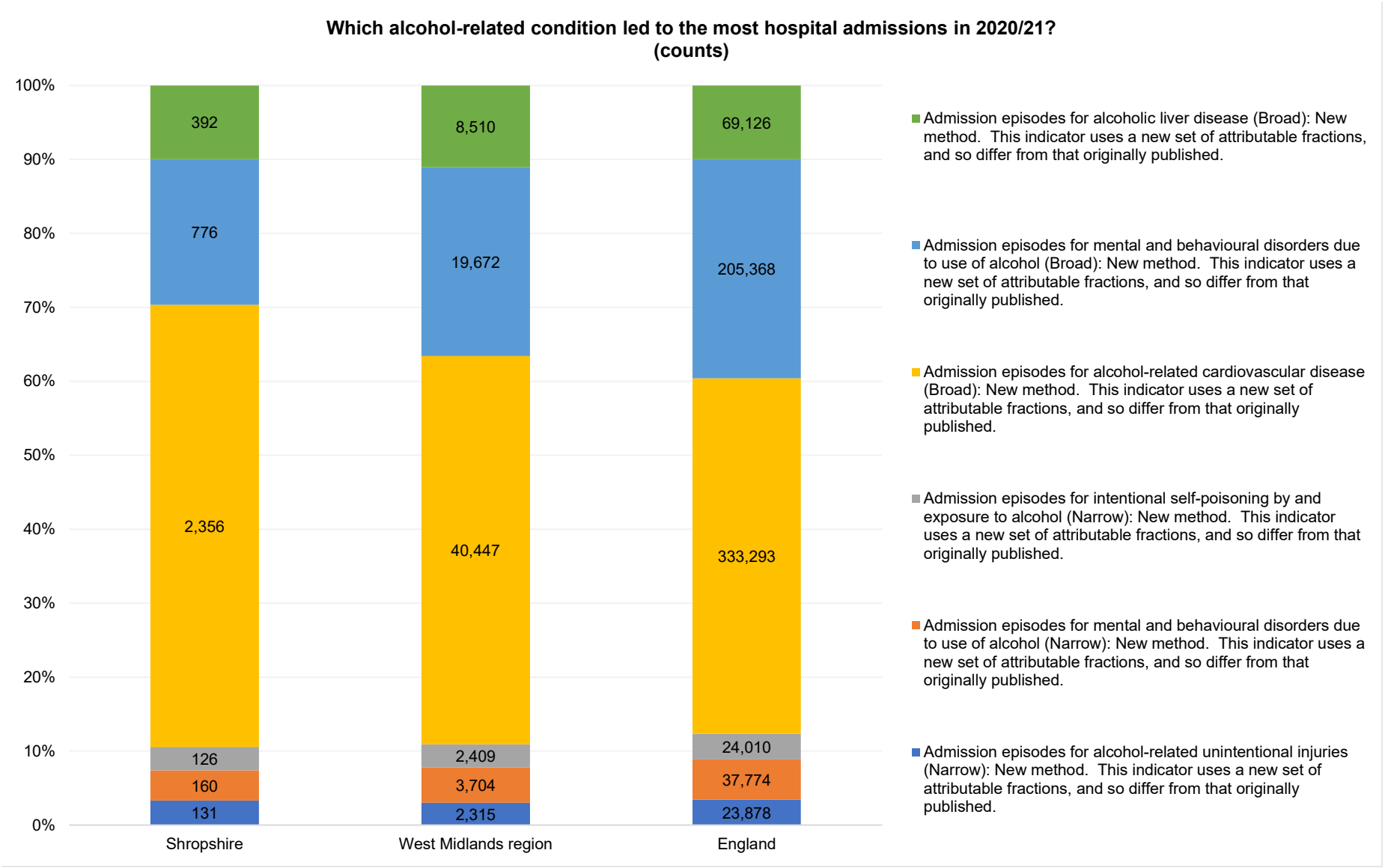
Worst 25th Percentile 75th Percentile Best

Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related unintentional injuries (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	131	37.7	40.7	43.7	73.9		28.1
Admission episodes for alcohol-related unintentional injuries (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	116	66.9	72.8	78.1	137.7		47.0
Admission episodes for alcohol-related unintentional injuries (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	15	9.2	10.0	10.9	22.1		7.8
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	160	50.7	66.4	69.7	207.3		27.0
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	115	72.5	96.3	99.1	309.4		36.8
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	45	28.8	37.2	41.1	127.9		13.6
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	126	43.2	41.6	43.1	125.1		7.9
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	53	36.8	36.7	35.4	108.8		6.2
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	73	50.1	46.6	51.1	156.1		7.7
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	2,356	584	706	613	897		
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	2,033	1,080	1,291	1,123	1,606		
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	324	154	205	180	277		106
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	776	225	350	379	1,899		156
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	547	320	516	545	2,840		197
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	229	133	192	222	1,042		89
Admission episodes for alcoholic liver disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	↑	392	108.3	152.7	128.3	282.9		63.3
Admission episodes for alcoholic liver disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	↑	248	136.4	214.0	176.0	410.1		74.0
Admission episodes for alcoholic liver disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	↑	144	81.6	94.1	83.4	195.8		26.1
Incidence rate of alcohol-related cancer (Persons)	2017 - 19	–	415	36.78	39.13	38.00	48.11		5
Incidence rate of alcohol-related cancer (Male)	2017 - 19	–	195	36.23	41.56	39.36	57.89		28.05
Incidence rate of alcohol-related cancer (Female)	2017 - 19	–	220	37.35	37.26	37.09	42.33		
Casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred	2018 - 20	–	76	4.18%	3.56%	3.60%	7.34%		85%

Alcohol-related cardiovascular disease led to the most admissions in Shropshire, the West Midlands and England in 2020/21, followed by alcohol-related mental and behavioural disorders.

Which alcohol-related condition had the highest rate of of hospital admissions in 2020/21?
(Rate per 100,000)




Which alcohol-related condition led to the most hospital admissions in 2020/21?
(counts)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
392
776
2,356
126
160
131
8,510
19,672
40,447
2,409
3,704
2,315
69,126
205,368
333,293
24,010
37,774
23,878
Shropshire
West Midlands region
England
Admission episodes for alcoholic liver disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.
Admission episodes for mental and behavioural disorders due to use of alcohol (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.
Admission episodes for alcohol-related unintentional injuries (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.

Which gender contributed most to admissions?

Men account for the majority (65%) of alcohol-related admissions. This reflects a higher level of harmful drinking among men compared to women overall (Statistics on alcohol 2019, NHS Digital). The indicators here are provided by sex to reflect this differential harm.

Below shows that the number of male alcohol-related conditions admissions (narrow) is almost double that of females, with 617 female admissions compared to 1,020 male admissions in 2020/21 in Shropshire [46]. Rates are also higher among males in Shropshire, regionally and nationally. Shropshire performs better than England for all rate with the exception of female alcohol-related admissions which is worse than the national rate.

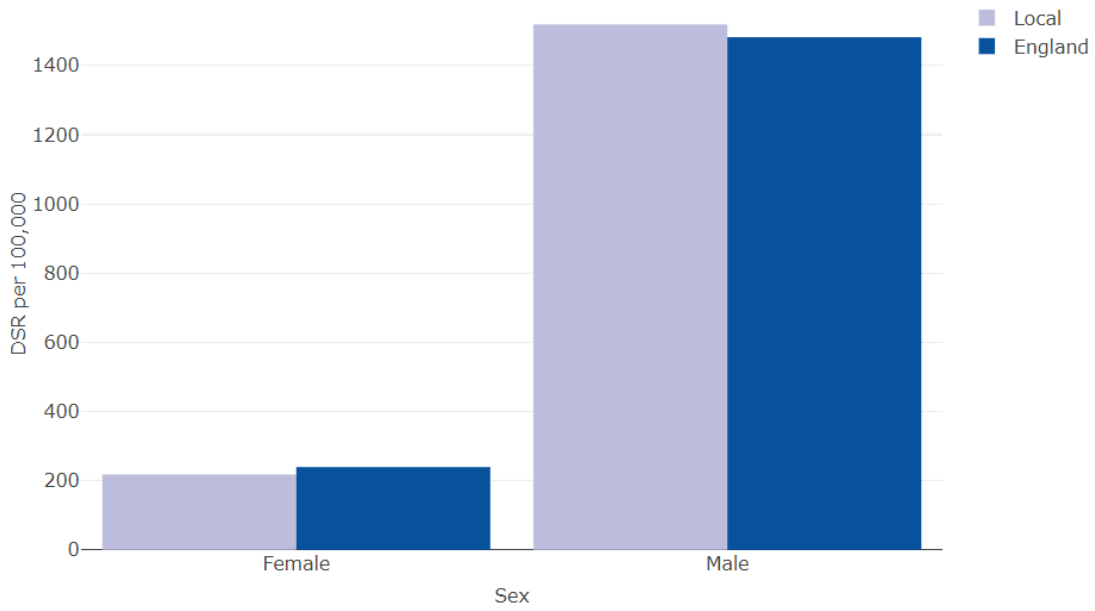
Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	1,636	460	515	456	805		251
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	1,020	579	684	603	1,063		316
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	617	352	359	322	597		141
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	4,960	1,321	1,656	1,500	3,459		962
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	3,614	1,982	2,541	2,290	5,192		1,464
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	1,346	736	872	805	1,923		445

Numbers of admissions for the alcohol-related conditions of CVD, unintentional injury, liver disease and mental and behavioural disorders were all higher in males compared to females in Shropshire during 2020/21, except for intentional self-poisoning which was higher in females.

In particular, alcohol-related CVD admission episodes were higher among males locally and nationally, with rates of admissions seven times higher than the female rate. This is also seen nationally.

[46] OHID LAPE profiles

Figure 3.1 Admission episodes for alcohol-related cardiovascular disease (Broad) by sex for **Shropshire** and **England, 2019-20**



Which age group contributed most to admissions?

Admissions for alcohol-related conditions were similar to England across all age groups in Shropshire in 2020/21, with the exception of females aged 65 and over, where the rate of admissions was higher than the national average. Most measures show no significant change compared to 2019/20 however, there has been an increase in admission episodes for alcohol related conditions among males aged 40-64 and a decrease among males aged 65+[47].

[47] OHID LAPE profiles

Better 95% Similar Worse 95% Not applicable

Recent trends: Could not be calculated; No significant change; Increasing & getting worse; Increasing & getting better; Decreasing & getting worse; Decreasing & getting better

Benchmark Value

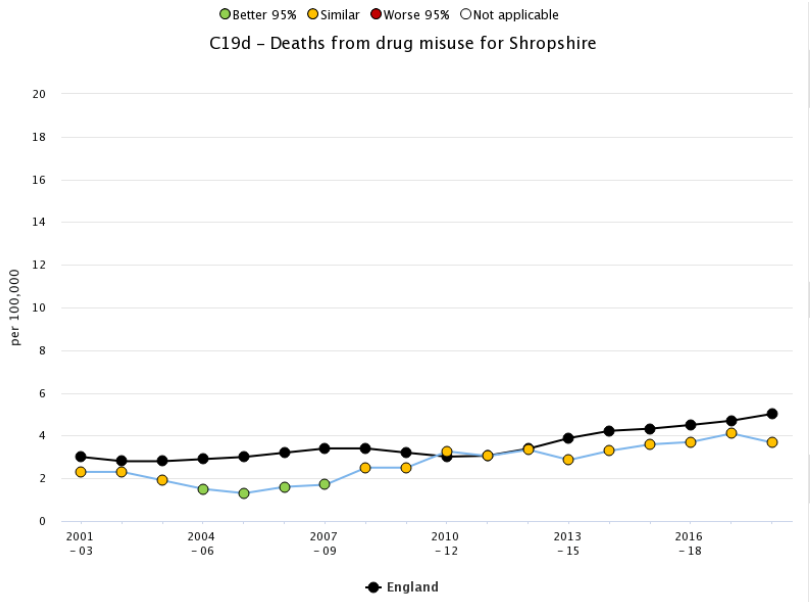
Worst 25th Percentile 75th Percentile Best

Indicator	Period	Shropshire			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	208	166.2	163.2	170.6	440.2		62.3
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	→	121	188.6	192.7	197.1	545.1		61.7
Admission episodes for alcohol-related conditions (Narrow) - Under 40s: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	87	142.6	133.8	144.2	363.2		53.6
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	858	732	830	719	1,364		339
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	↑	504	857	1,030	888	1,656		313
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	354	609	633	554	1,092		202
Admission episodes for alcohol-related conditions (Narrow) – 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)	2020/21	→	570	703	822	692	1,165		428
Admission episodes for alcohol-related conditions (Narrow) – 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	2020/21	↓	394	1,042	1,276	1,093	1,806		703
Admission episodes for alcohol-related conditions (Narrow) – 65+ years: New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Female)	2020/21	→	176	413	433	352	601		175

Deaths

Drug misuse

Between 2018-20, there were 31 drug misuse deaths in Shropshire, equating to a mortality rate of 3.7 per 100,000 population. This ranks Shropshire third lowest in the West Midlands region and is statistically similar to the regional (5.3) and national rate (5.0). Compared to 2017-19, Shropshire's mortality rate for drug misuse fell from 4.1 to 3.7 deaths per 100,000 population, whereas nationally there was a rise compared to the previous period [48].



Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

C19d - Deaths from drug misuse 2018 - 20

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	8,185	5.0	4.9	5.1
West Midlands region	–	880	5.3	4.9	5.6
Sandwell	–	21	2.2	1.3	3.3
Solihull	–	21	3.6	2.2	5.5
Shropshire	–	31	3.7	2.5	5.2
Dudley	–	38	4.2	3.0	5.8
Worcestershire	–	69	4.2	3.3	5.3
Staffordshire	–	106	4.2	3.4	5.1
Warwickshire	–	72	4.4	3.4	5.5
Telford and Wrekin	–	24	4.6	2.9	6.8
Coventry	–	47	4.6	3.4	6.2
Walsall	–	37	4.7	3.3	6.4
Herefordshire	–	24	5.0	3.2	7.4
Wolverhampton	–	45	5.9	4.3	7.9
Birmingham	–	246	7.8	6.8	8.8
Stoke-on-Trent	–	99	13.9	11.2	16.9

Alcohol

The data below presents deaths which have been wholly caused by alcohol consumption, registered in the calendar year for all ages.

In Shropshire, between 2017-2019, there were 111 deaths wholly caused by alcohol consumption, equating to an alcohol-specific mortality rate of 10.9 per 100,000[49]. This ranks

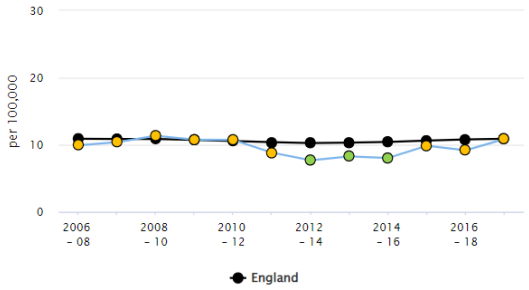
[48] OHID PHOF Fingertips profile
[49] OHID Local Alcohol Profiles

Shropshire sixth lowest in the region, below the West Midlands rate of 12.9 deaths per 100,000 population and at a similar level to the national mortality rate (10.9). However, there has been a rising trend in the alcohol specific mortality in Shropshire since 2014-16, when the rate was 8.0 rising to 10.9 deaths per 100,000 population in 2017-19. Nationally, rates are stable.

Alcohol-specific mortality (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: Could not be calculated

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2006 - 08		90	9.9	8.0	12.2	13.8	10.9
2007 - 09		96	10.4	8.4	12.7	13.7	10.9
2008 - 10		106	11.3	9.3	13.7	13.8	10.9
2009 - 11		101	10.8	8.8	13.1	13.4	10.7
2010 - 12		102	10.7	8.7	13.0	13.1	10.6
2011 - 13		84	8.8	7.0	10.9	12.8	10.4
2012 - 14		75	7.7	6.0	9.7	12.4	10.3
2013 - 15		81	8.3	6.5	10.3	12.7	10.3
2014 - 16		79	8.0	6.4	10.0	12.9	10.4
2015 - 17		97	9.9	8.0	12.1	13.1	10.6
2016 - 18		91	9.2	7.4	11.3	13.2	10.8
2017 - 19		111	10.9	8.9	13.1	12.9	10.9

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Extract Public Health Mortality File and ONS Mid Year Population Estimates

The Drug and Alcohol Treatment Service in Context

Core substance misuse treatment service delivery in Shropshire is delivered by a single third sector treatment provider, known as We Are With You (WAWY).
The initial contract was let for three years from 01/04/2019 expiring on 31/03/2022 with the option of an additional four individual yearly extensions. 2023/4 will be the second extension period. In May 2022 the care quality commission independent inspection rated the service provided by WAWY in Shropshire as good overall, with outstanding for Care We are With You - Shropshire - Care Quality Commission (cqc.org.uk). This is positive and lends assurance to our local perception that services are safe and offer a suitable range of interventions.

Shropshire Council commissions one organisation to deliver treatment and recovery services, We Are With You (WAWY) formally Addaction. The service has a number of distinct areas of service delivery, to provide core clinical services, including pharmacological and harm reduction interventions and the co-ordination of community pharmacy services (supervised consumption, needle and syringe and naloxone provision). Secondly, they provide alcohol interventions and finally individual personalised recovery-based interventions. These include support around housing, education, employment and relationships.

Shropshire also has a small contract with Willowdene, which provides recovery focussed residential and day programmes, with a specific focus on female offenders. Shropshire commissions Birchwood to provide residential detoxification and is also part of a regional commissioning framework for in-patient detox services.

WAWY also deliver appropriate treatment services to children and young people. During 2020-21 84 young people received treatment services, and of these, 36% were new presentations. Cannabis and alcohol use are the most reported substances used. Hospital admissions for substance misuse among 15–24-year-olds is significantly lower in Shropshire compared to the national rates (2018/19 – 2019/20). However, WAWY are concerned about the levels of vaping in young people in Shropshire and the links to exploitation, and they are involved in the Task and Finish Groups set up to address Vaping in Shropshire, led by Public Health.

Local drug and alcohol treatment system

Summary

The section below details key information about adults who are receiving structured drug and/or alcohol treatment in Shropshire's local drug alcohol treatment system during FY 2020/21. It helps us to understand better how Shropshire's local drug and alcohol system is responding to the problems highlighted in the Prevalence and Comorbidities, hospital admissions and deaths sections. Data has been extracted from NDTMS. The period covers 1st April 2020 to 31st March 2021. It is worth noting that this time period coincided with the COVID-19 pandemic and national lockdowns in England, therefore this likely had substantial impacts on the service, for example waiting times and engagement. More recent data can be found in the section: Latest activity: Q2 2022/23 which shows improvements in rates of waiting times and successful completions.

Drug only adults in 2020/21 [50]

- 864 people in treatment
  - 77 people successfully completed treatment (9%)
  - 81 people successfully completed treatment and did not re-present within 6 months (10%, PHOF measure)
    - 58 non-opiate including non-opiate & alcohol
    - 23 opiate
- 296 new presentations (34% of all people in treatment)
  - 13% waited more than 3 weeks for treatment to start (40 people)
  - 12% parents living with children (36 people)
  - 55% mental health need (164 people)
  - 20% early unplanned exits (60 people)
- 232 people have been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems) (27%)
  - 206 people with opiate problems were in treatment for 6 years or more (35% of all in treatment for opiate problems)
  - 12 people with non-opiate problems were in treatment for two years or more (8% of all in treatment for non- opiate problems)
  - 14 people with non-opiate & alcohol problems were in treatment for two years or more (11% of all in treatment for non- opiate & alcohol problems)
- Successful completion rate for opiate users in Shropshire was 3.9% in 2020 (PHOF)
- Successful completion rate for non-opiate users was 21.2% in 2020 (PHOF)

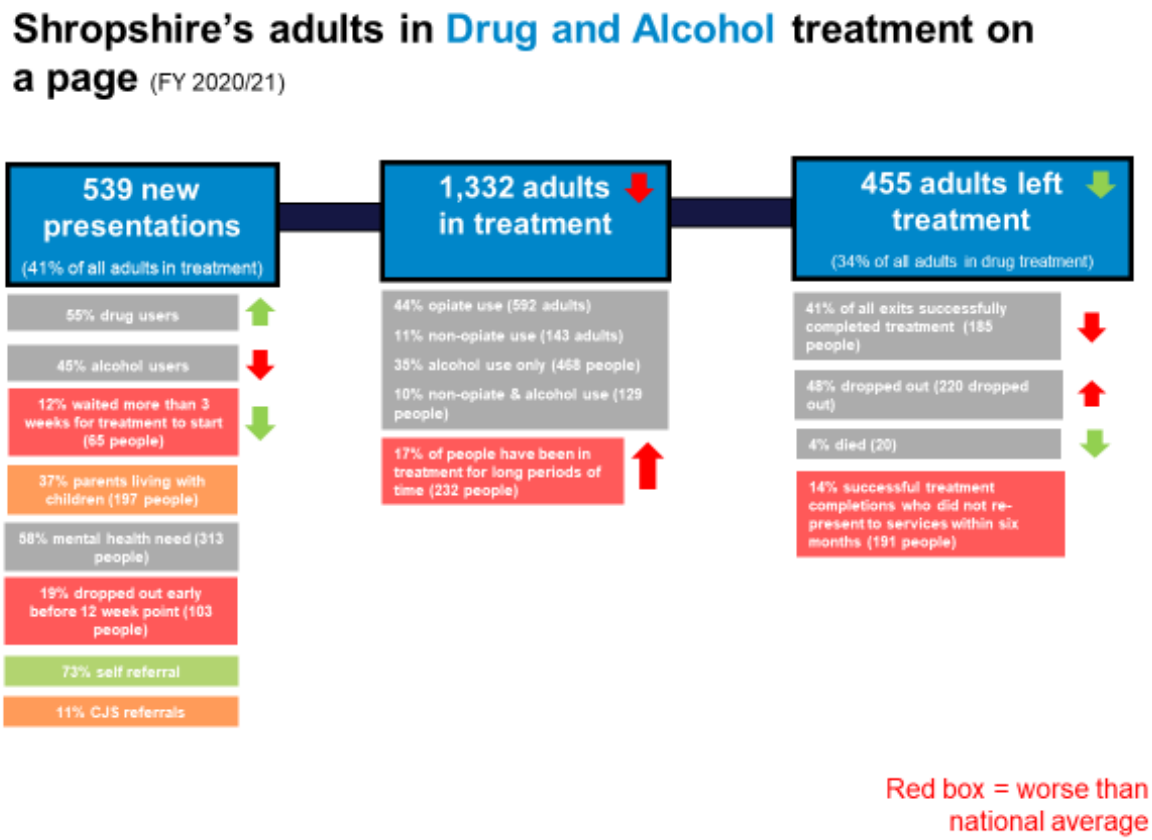
Alcohol only adults in 2020/21[51]

- 468 people in treatment
  - 108 people left treatment successfully (23%)
  - 110 people successfully completed treatment and did not re-present within 6 months (24%, PHOF measure)
- 243 were new presentations (52% of all people in treatment)
  - 10% waited more than 3 weeks for treatment (25 people)
  - 23% parents living with children

[50] NDTMS.
[51] NDTMS.

    - 61% mental health need
    - 18% left treatment in an unplanned way before 12 weeks (43 people)
- 228 people left treatment in 2020/21 (48%)
    - 29% leaving treatment were in treatment for more than one year (66 people)
    - 47% of those who left, left treatment successfully (108 people)

The below infographics show the service users flow on a page. Red boxes indicate where Shropshire are performing worse than England, orange boxes are where Shropshire is similar and green boxes show where Shropshire is performing better or have a higher rate than England. Data comes from NDTMS.



Drug treatment journey during FY 2020/21

53% unmet need opiates/crack users

296 new presentations ↑
(34% of all adults in drug treatment)

- 45% opiate (134 adults)
- 31% non opiate (92 adults)
- 24% non opiate & alcohol (70 adults)
- 13% waited more than 3 weeks for treatment to start (40 people)
- 12% parents living with children (36 people)
- 55% mental health need (164 people)
- 20% dropped out early before 12 week point (60 people)
- 71% self referral
- 14% CJS referrals

864 adults in treatment
(65% of all adults in D&A treatment)

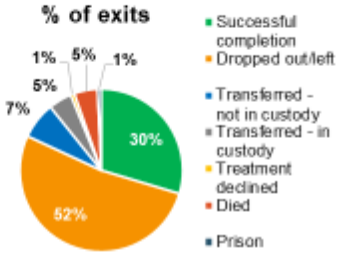
- 69% Opiate (592 adults)
- 17% Non-opiate: (143 adults)
- 15% Non-opiate & alcohol: (128 adults)

Substance type	Percentage difference
Opiate	▲ 1.2%
Non-opiate only	▲ 13.5%
Alcohol only	▼ -10.7%
Non-opiate & alcohol	▼ -14.0%
Total	▼ -3.8%

- 27% of people have been in treatment for long periods of time (232 people)
- 206 of those people had opiate problems and were in treatment for 6 years or more (35% of all adults in treatment for opiate problems)

260 adults left treatment
(31% of all adults in drug treatment)

- 9% of all in treatment successfully completed (77 people) ↓
- 3.9% successful completion rate who did not re-present within 6 months for opiate users in 2020 (PHOF) (23 people) ↓
- 21.2% successful completion rate who did not re-present within 6 months for non-opiate users in 2020 (PHOF) (58 people) ↔
- 30% of those exiting successfully completed treatment (77 people)



Alcohol treatment journey, during FY 2020/21

80% unmet need

243 new presentations ↓
(52% of all adults in alcohol treatment)

- 10% waited more than 3 weeks for treatment to start (25 people) ↓
- 23% parents living with children
- 61% mental health need (149 people)
- 18% dropped out early before 12 week point (43 people)
- 74% self referral
- 7% CJS referrals
- 7% GP referrals

468 adults in treatment
(35% of all adults in D&A treatment)

- 14% of all in treatment have been in treatment for long periods of time (more than a year) 66 people

223 adults left treatment
(48% of all adults in alcohol treatment)

- 23.8% successful completion rate for alcohol and did not re-present in 2020 (PHOF) (110 people) ↓
- 29% of all exits have been in treatment for long periods of time (more than a year) 66 people
- 47% of those exiting successfully completed treatment (108 people) 2020/21

Numbers in treatment (18+)

All substances

In 2020/21 (FY), there were a total of 1,332 adults in treatment for alcohol and drugs in Shropshire, a reduction of 3.8% compared to 2019/20, when 1,385 adults were accessing treatment [52].

Almost half (44%) of adults were in treatment for opiate use (592 adults), which is lower compared to the West Midlands (56%) and England (51%) average.

11% were in treatment for non-opiate use (143 adults), higher than the regional (8%) and national figure (10%).

35% were in treatment for alcohol use only, higher than regional (28%) and England figure (28%) and 10% were in treatment for non-opiate & alcohol use, higher than the West Midlands (9%) but lower than England (11%).

The decrease compared to the previous year was driven mostly by adults in treatment for alcohol & non-opiate and alcohol only misuse, falling by 13.5% and 10.7% respectively. Adults in treatment for non-opiates saw a 13.5% rise compared to the previous period and opiates remained the same.

Chart showing the number of adults in treatment (all substances combined) 2009/10 to 2020/21, Shropshire.

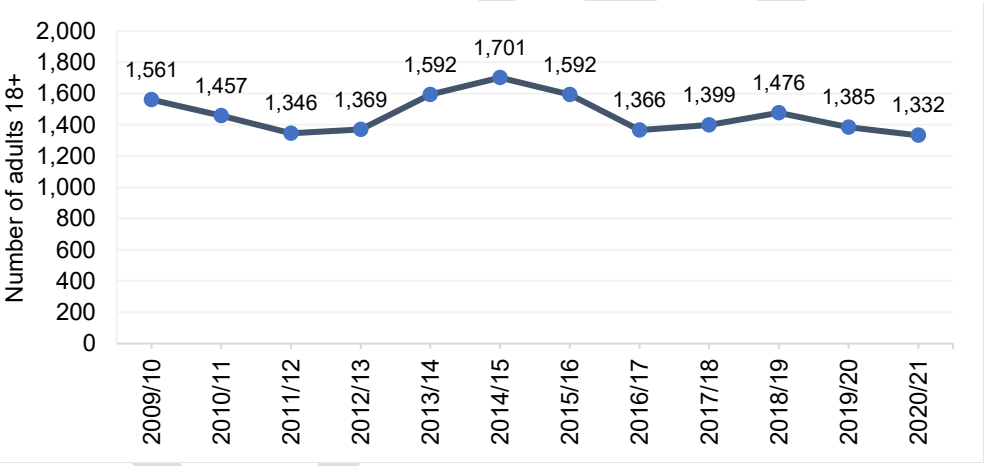
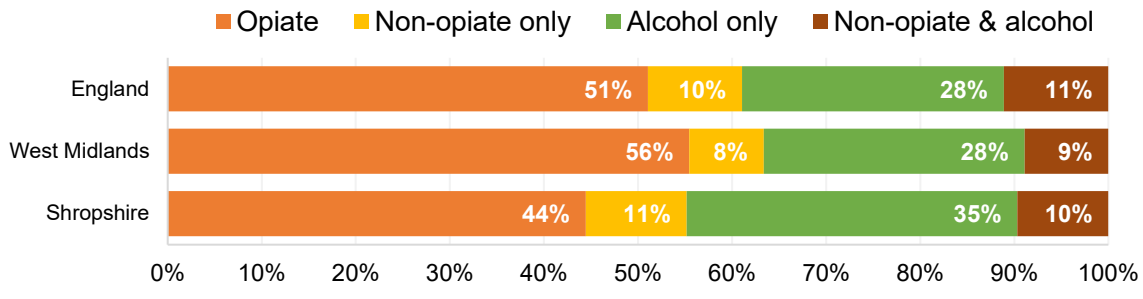


Chart showing the proportion of adults in drug and alcohol treatment in Shropshire, West Midlands and England



52 NDTMS.

Table showing change in adults in treatment between 2020-21 and 2019-20 by substance type, Shropshire

Substance type	Percentage difference
Opiate	▲ 1.2%
Non-opiate only	▲ 13.5%
Alcohol only	▼ -10.7%
Non-opiate & alcohol	▼ -14.0%
Total	**▼ -3.8%**

Chart showing the number of adults in drug and alcohol treatment in Shropshire, broken down by substance type

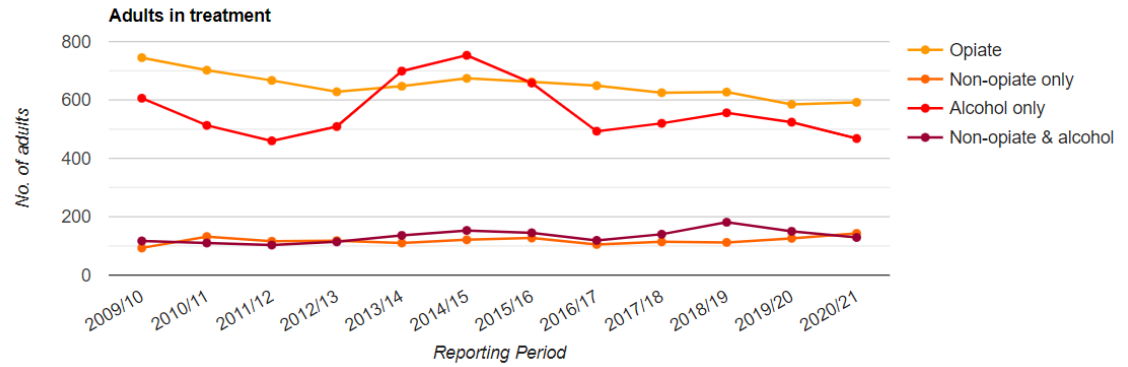
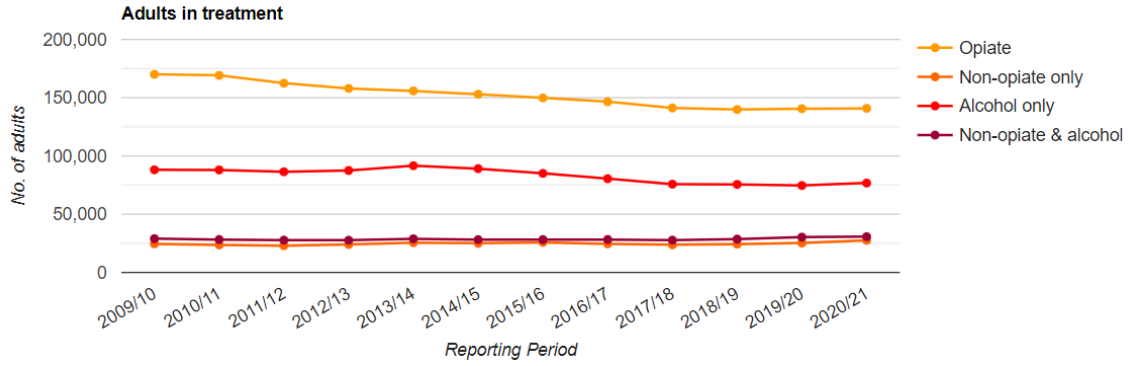


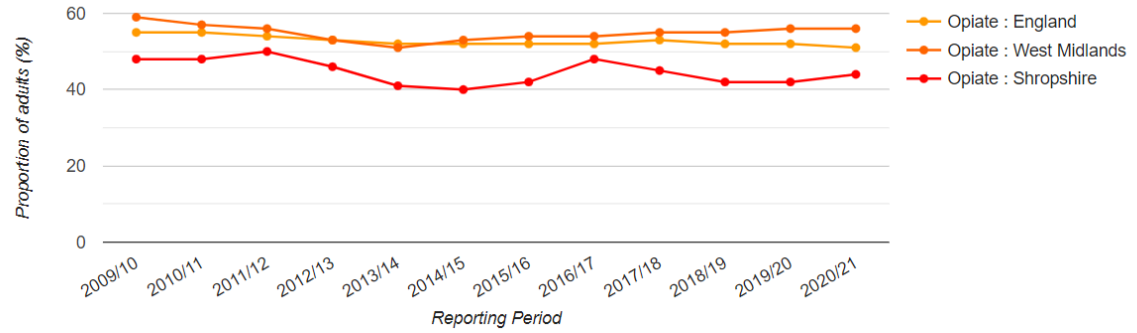
Chart showing the number of adults in drug and alcohol treatment in England, broken down by substance type



Opiate and non-opiates

In 2020/21, in Shropshire, there were 735 adults in drug treatment (opiates and non-opiates only), making up 55% of all adults in treatment in Shropshire, compared to 61% nationally. There was a slight increase in adults in drug treatment compared to the previous year (+3%), equating to a rise of 24 adults. At national level, there was also an increase in the

number of clients, up 2% from 165,825 to 168,468.



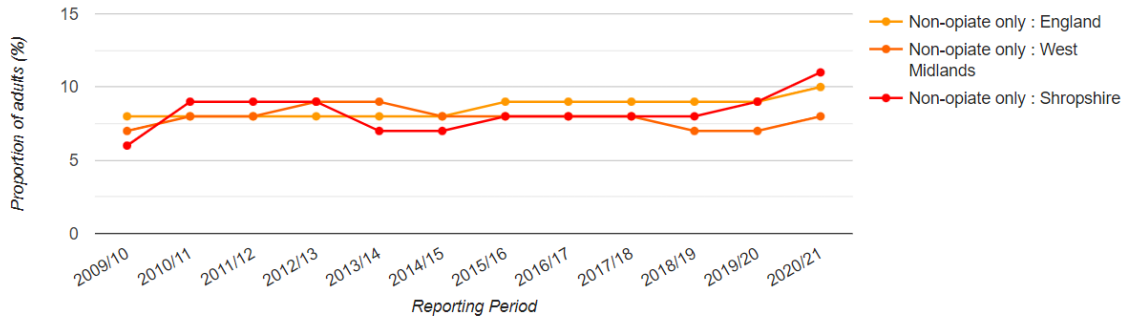
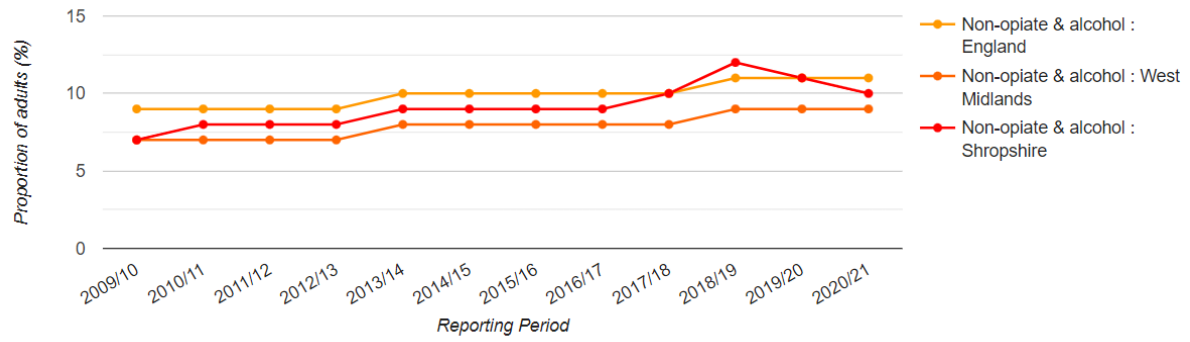


Table 7.1 Adults in drug treatment in **2020-21** compared to **2019-20** by drug group, for **Shropshire**.

Drug group	Percentage difference
Alcohol and non-opiate	↓ -14.0%
Non-opiate	↑ 13.5%
Opiate	↑ 1.2%
Total	↑ 0.3%

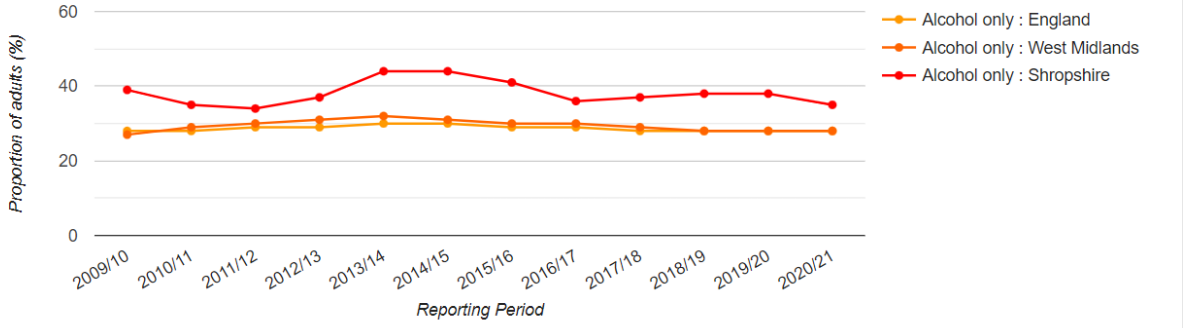
Non-opiates & alcohol

In 2020/21, in Shropshire, there were 129 adults in treatment for non-opiate and alcohol use, making up 11% of all clients in treatment, similar to 11% nationally. There was a 14% reduction in adults in treatment for non-opiate & alcohol use compared to the previous year. At a national level, there was little change in the number of clients in treatment for non-opiate and alcohol use (-1%).



Alcohol

In 2020/21, in Shropshire, there were 468 adults in treatment for alcohol use only, making up more than one third (35%) of all clients in treatment, compared to 28% in England. There was an 11% reduction compared to the previous year in Shropshire. At national level, there was little change, up 3% from 74,618 to 76,740 between 2019/20 and 2020/21.



New presentations

During 2020/21 (FY) in Shropshire, there were 539 new presentations to drug and alcohol treatment services. Of those, 55% were for drug treatment and 45% were for alcohol treatment. New presentations accounted for 41% of the entire treatment population in services during 2020/21 [53].

Drugs (opiate, non-opiate and non-opiate & alcohol)

In 2020/21, there were 296 new presentations to drug treatment in Shropshire, a 13% rise compared to the previous year and making up 34% of all adults in treatment [54]. Of these 296 new presentations, 71% were male and 29% female, a trend also seen nationally.

Almost half of new presentations were for opiate use (45%, 134 adults), 31% were for non-opiates (92 adults) and the remaining 24% were for alcohol & non-opiate use (70 adults). There has been a rise in new presentations for opiate users and non-opiate only users in Shropshire compared to the previous year and a fall among alcohol & non-opiate users.

Compared to national figures, Shropshire has a slightly higher proportion of new presentations in the non-opiate drug group (31% vs 27%), which has also risen compared to the previous year and lower proportions for the other two groups compared to England; opiate (45% vs 48%) and non-opiate & alcohol (24% vs 27%).

Table 8.3.1 Numbers and proportion of adults presenting to drug treatment for **Shropshire** and **England**, **2020-21**.

Area	Total new presentations	Proportion of all in treatment	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Local	296	34%	34%	34%	
England	78,270	39%	39%	40%	

[53] NDTMS.ViewIt tool
[54] OHID Adult Drug Commissioning Support Pack: 2022-23: Key Data (NDTMS)

Table 8.3.2 Number and proportion of adults presenting to drug treatment by drug groups for **Shropshire** and **England**, 2020-21.

Drug Group	Local (n)	Male (%)	Female (%)	England (n)	Male (%)	Female (%)	Local trend 2009-10 to 2020-21
Alcohol and non-opiate	70	73%	27%	20,849	70%	30%	
Non-opiate	92	79%	21%	19,981	68%	32%	
Opiate	134	65%	35%	37,440	73%	27%	
Total	**296**	**71%**	**29%**	**78,270**	**71%**	**29%**	

Alcohol

In 2020/21, there were 243 new presentations to alcohol treatment in Shropshire, a 14% fall from the previous year, whereas a rise was seen nationally [55]. Half (52%) of all adults in alcohol only treatment were new presentations during 2020/21, lower than the figure nationally of 68%.

Table 9.1.2.1 Number and proportion of new presentations to alcohol only treatment for **Shropshire** and **England**, 2020-21

Area	Total new presentations	Proportion of all in treatment	Male (%)	Female (%)	Trend 2009-10 to 2020-21
Local	243	52%	52%	52%	
England	52,220	68%	68%	68%	

Co-occurring mental health and alcohol conditions

This data shows the number of alcohol adults who started treatment in 2020-21 who were identified as having a mental health treatment need and, of these the number who were receiving treatment from health services. Comparing prevalence with treatment received can help us assess whether need is being appropriately met.

Of all 539 new presentations to drug and/or alcohol treatment in Shropshire in 2020-21, 313 adults were identified as having a mental health need, equating to 58%. Of those, 249 people were already receiving treatment, meaning 80% were already in services for mental health.

Drugs

In Shropshire, over half (55%) of new presentations to drug treatment were identified as having a mental health treatment need (164 people), however this is below the national average of 63%. Need was higher among females compared to males; a trend also seen nationally.

[55] OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data

In terms of drug group, the mental health need was higher among alcohol & non-opiate new presentations (60%) followed by opiate new presentations (55%).

Table 8.18.1 Adults who entered drug treatment in **2020-21** and were identified as having mental health treatment need, for **Shropshire** and **England**.

Drug group	Local (n)	Proportion of new presentations	Male (%)	Female (%)	England (n)	Proportion of new presentations	Male (%)	Female (%)
Alcohol and non-opiates	42	60%	55%	74%	14,836	71%	67%	81%
Non-opiates	48	52%	49%	63%	12,852	64%	59%	75%
Opiates	74	55%	51%	64%	21,307	57%	53%	67%
Total	**164**	**55%**	**51%**	**66%**	**48,995**	**63%**	**58%**	**73%**

Of the 164 adults identified as having a mental health treatment need on entry to treatment, 74% were already receiving treatment, largely from GPs (44%) and community health teams (28%). This picture is also seen nationally.

Table 8.18.2 Adults in drug treatment identified as having a mental health treatment need and receiving treatment for their mental health, for **Shropshire** and **England**, **2020-21**.

	Local (n)	Proportion of adults identified	Male (%)	Female (%)	England (n)	Proportion of adults identified	Male (%)	Female (%)
Health-based place	0	0%	0%	0%	266	1%	1%	1%
NICE	0	0%	0%	0%	510	1%	1%	1%
Engaged with IAPT	6	4%	3%	5%	583	1%	1%	1%
Already engaged	46	28%	24%	36%	9,320	19%	17%	22%
GP	72	44%	45%	41%	24,360	50%	48%	52%
Total individuals receiving mental health treatment	**122**	**74%**	**71%**	**80%**	**34,780**	**71%**	**68%**	**77%**

Note:
Already engaged - Already engaged with the Community Mental Health Team/Other mental health services
Engaged with IAPT (Improving Access to Psychological Therapies)
GP - Receiving mental health treatment from GP
NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem
Health-based place - Has an identified space in a health-based place of safety for mental health crises

Alcohol

In Shropshire, 61% of new presentations to alcohol treatment were identified as having a mental health treatment need (149 people), similar to the national average of 64%. Need was higher among females compared to males; a trend also seen nationally.

Table 9.15.1 Adults who entered alcohol only treatment in **2020-21** and were identified as having mental health treatment need, for **Shropshire** and **England**

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
149	61%	57%	67%	33,618	64%	59%	71%

Of the 149 people identified as having a mental health need entering alcohol treatment, 85% were already receiving treatment, predominantly through their GP (52%) and community health teams (31%). Nationally, less adults were already engaged with community health teams (16%) on entry into treatment and more with their GP (62%).

Table 9.15.2 Adults in alcohol only treatment identified as having a mental health treatment need and receiving treatment for their mental health, for **Shropshire** and **England, 2020-21**

Treatment type	Local (n)	Proportion of new presentation	Male (%)	Female (%)	England (n)	Proportion of new presentation	Male (%)	Female (%)
Already engaged*	46	31%	29%	33%	5,516	16%	15%	18%
GP*	77	52%	55%	49%	20,681	62%	59%	64%
Health-based place*	0	0%	0%	0%	142	0%	1%	0%
NICE*	0	0%	0%	0%	338	1%	1%	1%
Engaged with IAPT	8	5%	4%	7%	535	2%	1%	2%
Total	**127**	**85%**	**83%**	**88%**	**27,027**	**80%**	**77%**	**84%**

Note:
The total number is the number of individuals receiving mental health treatment and not a summation of treatment type.
*Already engaged - Already engaged with the Community Mental Health Team/Other mental health services.
GP - Receiving mental health treatment from GP.
NICE - Receiving any NICE-recommended psychosocial or pharmacological intervention provided for the treatment of a mental health problem.
Health-based place - Has an identified space in a health-based place of safety for mental health crises.

Employment

Of all the 539 new presentations to drug and alcohol treatment, more than a third (37%) were in regular employment, equating to 197 adults. A similar proportion were unemployed (36%), equating to 193 adults. 24% were long term sick or disabled, equating to 131 people.

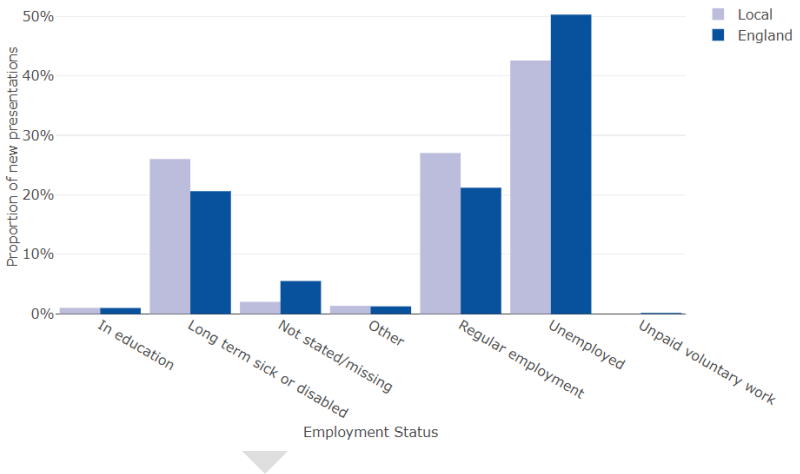
Table showing employment status of all adults entering drug or alcohol treatment in Shropshire, 2020-21. Figures under five have been supressed.

Employment Status	Total adults	Proportion of new presentations
Regular employment	197	37%
Unemployed	193	36%
Long term sick or disabled	131	24%
Other	8	1%
Not stated/missing	6	1%
In education	*	*
Unpaid voluntary work	*	*
Total	**539**	**100%**

Drugs

In Shropshire, majority (43%) of adults starting drug treatment were unemployed, lower than the national rate of 50%. More than a quarter (27%) were in regular employment, higher than nationally (21%) and 26% were long term sick or disabled, also higher than nationally (21%).

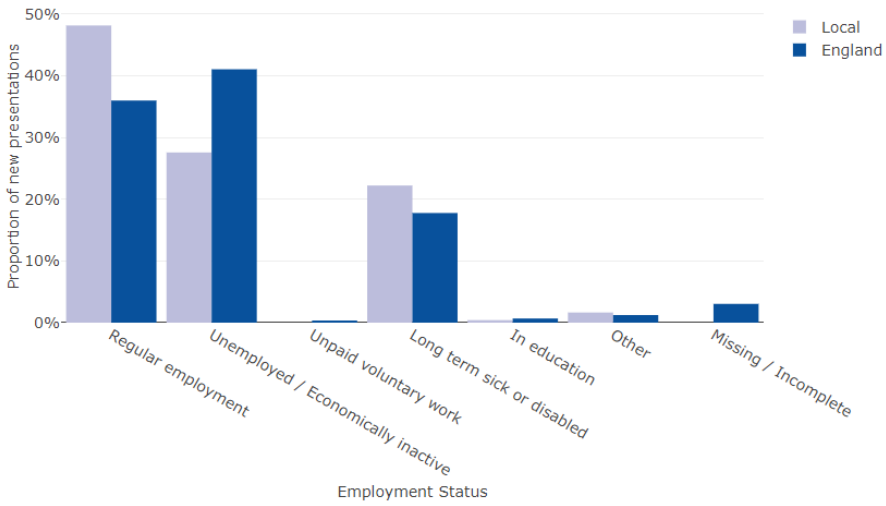
Figure 8.21.1 Proportion of adults in drug treatment at the start of treatment by employment status, for **Shropshire** and **England**, 2020-21.



Alcohol

The picture is different among adults starting alcohol treatment in Shropshire compared to those starting drug treatment. Almost half of alcohol clients were in regular employment (48%), higher than seen nationally (36%). However, more than a quarter were unemployed (28%), lower than seen nationally (41%) and a further 22% were long term sick, a rate slightly higher than seen nationally (18%).

Figure 9.16.1 Proportion of adults in alcohol treatment employment status at start of treatment for **Shropshire** and **England**, 2020-21



Housing and Homelessness

A safe, stable home environment enables people to sustain their recovery. Engaging with local housing and homelessness agencies can help ensure that the full spectrum of homelessness is understood: from homelessness prevention to rough sleeping.

In Shropshire, majority (83%) of those entering treatment in 2020-21 reporting no housing problem. However, 13% reported a housing problem, equating to 68 adults and a further 4% reported an urgent problem, equating to 21 people.

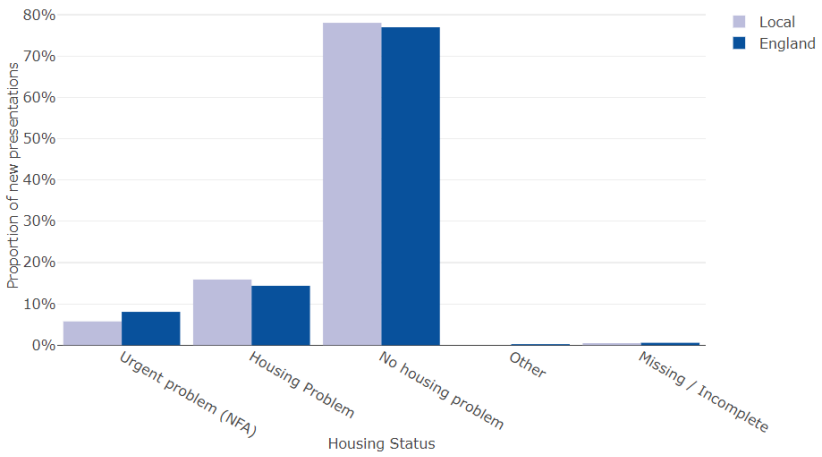
Table showing housing status of all adults entering drug or alcohol treatment in Shropshire, 2020-21. Figures under five have been supressed.

Housing Status	Local (n)	Proportion of new presentations
Urgent problem (NFA)	21	4%
Housing Problem	68	13%
No housing problem	449	83%
Other	*	*
Missing/incomplete	*	*
Total	**539**	**100%**

Drugs

For new drug treatment presentations, majority reported no housing problem (78%), similar to the England figure or 77%. However, 47 adults reported a housing problem (17%), slightly higher than seen nationally (14%). 17 adults reported an urgent housing problem (6%), but the rate was slightly lower than seen nationally (8%).

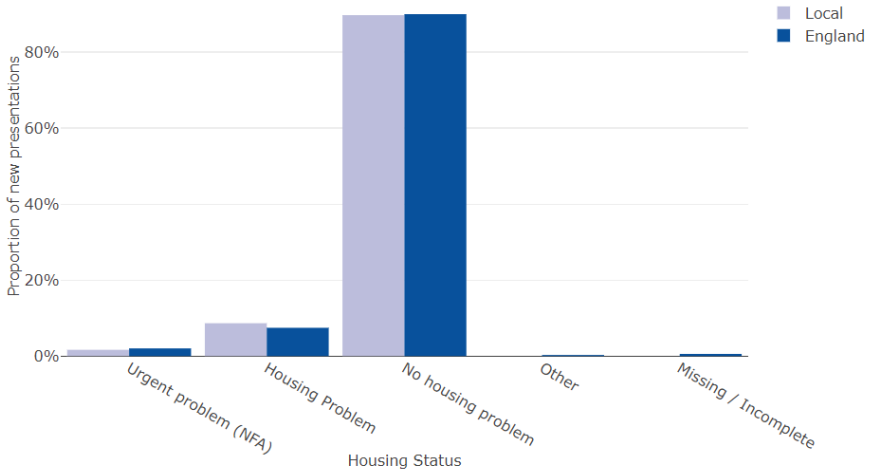
Figure 8.22.1 Proportion of adults in drug treatment at the start of treatment by accommodation status for **Shropshire** and **England, 2020-21.**



Alcohol

Among alcohol new presentations, 90% reported no housing problem, similar to what was seen nationally. Almost 1 in 10 (9%) reported a housing problem, slightly higher than the national rate of 7% and equating to 21 people.

Figure 9.17.1 Proportion of adults in alcohol treatment at the start of treatment by accommodation status for **Shropshire** and **England, 2020-21**

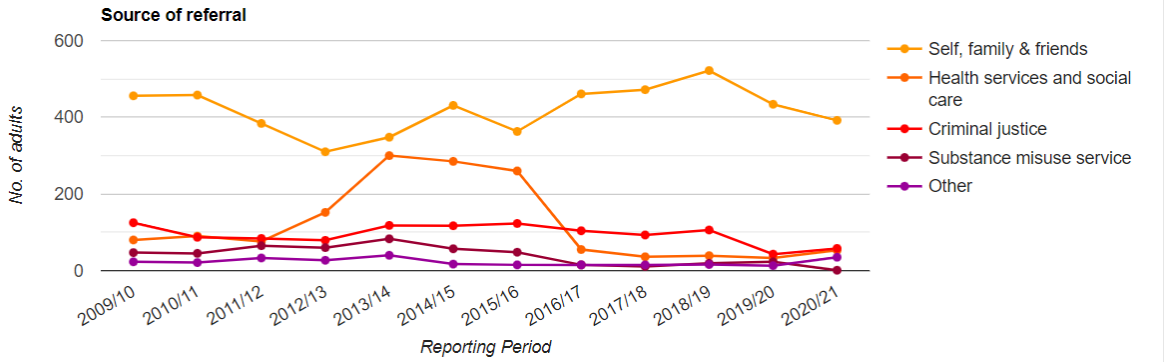


Sources of referral

In 2020/21 (FY), almost three quarters (73%) of all clients who newly presented substance misuse treatment in Shropshire did so by self-referral, family or friends[56], higher than the national figure of 61%. Referrals from the criminal justice system accounted for 11% of all referrals in Shropshire, similar to the 12% experienced nationally.

Chart showing source of referral in Shropshire over time.

[56] NDTMS.



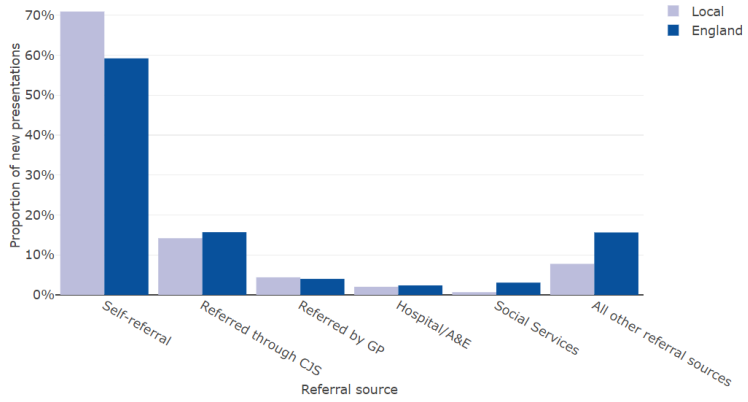
Drugs

The chart below shows the routes into drug treatment in 2020-21. These give an indication of the levels of referrals from criminal justice and other sources into specialist treatment. 'Referred through CJS' means referred through a police custody or court-based referral scheme, prison or National Probation Service/community rehabilitation company (CRC).

In 2020-21, 71% of referrals were self-made, higher than the national figure of 59% and 14% were made through the criminal justice system (CJS), lower than the national average of 16%. The lowest number of referrals were made through A&E/hospitals, GPs and social services [57].

The chart below shows the routes into drug treatment in 2020-21

Figure 8.7.1 New presentations by referral sources for **Shropshire** and **England**, **2020-21**.



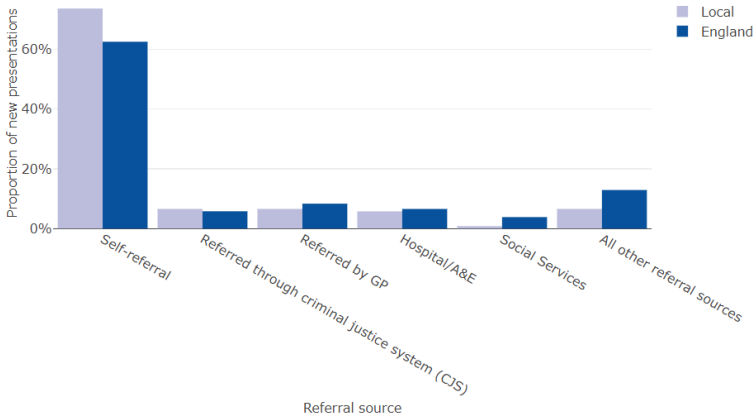
Alcohol

In 2020-21, 74% of referrals to alcohol treatment were self-made, higher than the national figure of 63% and 7% were made through the criminal justice system (CJS), similar to the national average of 6%. The lowest number of referrals were made through A&E/hospitals and social services.

The chart below shows the routes into alcohol treatment in 2020-21

[57] OHID Adult Drug Commissioning Support Pack: 2022-23: Key Data and OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (NDTMS).

Figure 9.4.1 New presentations by referral sources for **Shropshire** and **England, 2020-21**



Waiting times

During 2020/21 (FY) in Shropshire, 11.7% of adults waited more than 3 weeks for drug and/or alcohol treatment, equating to 65 people. This proportion is substantially higher than the regional (1.5%) and national average of 1.5%. Of the 65 people waiting more than 3 weeks for treatment, 25 adults were waiting for alcohol treatment, 19 for opiate treatment, 13 for non-opiates and 8 for non-opiate and alcohol treatment [58].

Chart showing proportions of adults waiting more than 3 weeks over time, Shropshire, West Midlands and England.

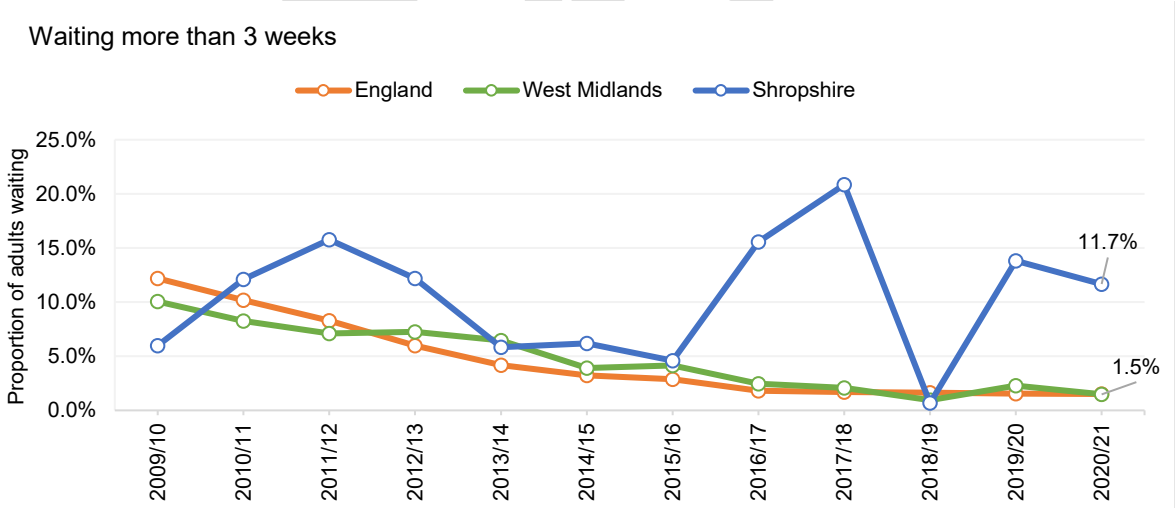


Table showing the number and proportions of adults waiting more than 3 weeks, Shropshire 2020-21.

Treatment type	Number of adults	Proportion
Opiate	19	29%
Non-opiate	13	20%
alcohol	25	38%
non-opiate & alcohol	8	12%
Total	**65**	**100%**

[58] NDTMS.View it tool

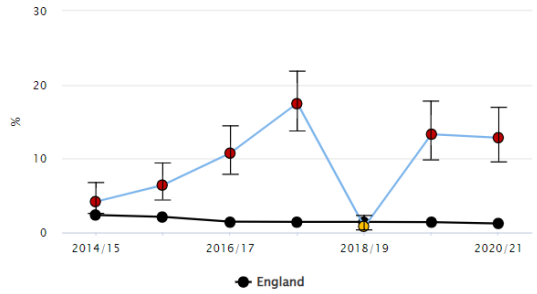
Drugs

In Shropshire in 2020/21, 40 adults waited more than 3 weeks for drug treatment, equating to 12.8%, significantly higher than the national figure of 1.2%. This ranks Shropshire worst in the West Midlands, worst among its statistical neighbours and fourth worst in the country behind Devon (28.3%), Bristol (16.7%) and Bournemouth (%). However, there has been a slight improvement compared to the previous year in Shropshire, with a 0.5% fall in adults waiting more than 3 weeks.

Proportion waiting more than 3 weeks for drug treatment

Proportion - %

Hide confidence intervals Show 99.8% CI values More options



Recent trend: No significant change

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	Neighbrs average	England
2014/15		16	4.2%	2.6%	6.7%	-	2.4%
2015/16		24	6.4%	4.4%	9.4%	-	2.1%
2016/17		37	10.8%	7.9%	14.5%	-	1.5%
2017/18		59	17.5%	13.8%	21.9%	-	1.4%
2018/19		3	0.8%	0.3%	2.3%	-	1.4%
2019/20		37	13.3%	9.8%	17.8%	-	1.4%
2020/21		40	12.8%	9.6%	17.0%	-	1.2%

Source: National Drug Treatment Monitoring System

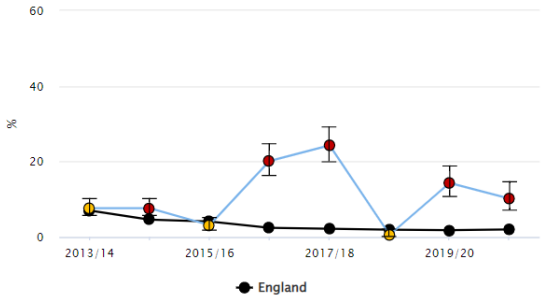
Alcohol

In Shropshire in 2020/21, 25 adults waited more than 3 weeks for alcohol treatment, equating to 10.2%, significantly higher than the national figure of 2.0%. This ranks Shropshire second worst in the West Midlands, worst among its statistical neighbours and seventh worst in the country. However, there has been an improvement compared to the previous year in Shropshire, with a 4.1% reduction in the number of adults waiting more than 3 weeks.

Proportion waiting more than 3 weeks for alcohol treatment (Persons, 18+ yrs)

Proportion - %

Hide confidence intervals Show 99.8% CI values More options



Recent trend: No significant change

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2013/14		41	7.6%	5.7%	10.2%	10.6%	7.0%
2014/15		40	7.7%	5.7%	10.3%	6.0%	4.6%
2015/16		15	3.2%	1.9%	5.1%	5.9%	4.1%
2016/17		72	20.2%	16.3%	24.6%	-	2.4%
2017/18		79	24.3%	20.0%	29.3%	-	2.2%
2018/19		2	0.6%	0.2%	2.0%	-	2.0%
2019/20		40	14.3%	10.7%	18.9%	-	1.8%
2020/21		25	10.2%	7.0%	14.6%	-	2.0%

Source: National Drug Treatment Monitoring System

Clients profile

Summary

- There was a slightly older age structure of alcohol clients compared to drug treatment clients during 2020-21 in Shropshire
- More males in drug treatment compared to females (71% vs 29%) however almost even split for alcohol treatment (55% male vs 45% female)
- Younger clients tend to be female and older clients are more likely to be male in both drug and alcohol treatment
- Majority reported being White British, no religion and being heterosexual
- 1 in 5 adults presenting to drug or alcohol treatment reported a disability
- 12% in drug treatment and 23% in alcohol treatment reported being parents/carers
- 55% of parents/carers in drug treatment and 63% of alcohol treatment reported receiving no early help, lower than nationally for both cases
- 3% of parents/carers in drug treatment and 8% of alcohol treatment reported receiving early help, similar for drug treatment and higher for alcohol treatment than nationally

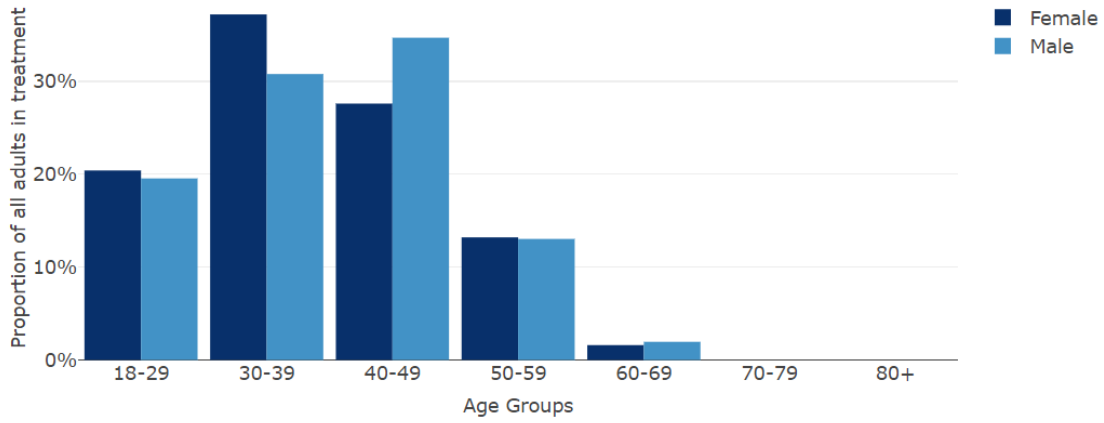
All data presented below is sourced from the OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (NDTMS) and Adults Drugs Commissioning Support Pack: 2022-23: Key Data (NDTMS).

Drug treatment clients

Age and sex

Majority (66%) of Shropshire's drug treatment clients during 2020-21 were aged 30-49, with a further 20% aged 18-29. Younger clients (18-39) tend to be female and older clients (40+) are more likely to be male. This is also seen nationally

Figure 8.1.5 Age of adults in drug treatment by sex for **Shropshire, 2020-21.**



Protected characteristics

Majority of new presentations to drug treatment in Shropshire in 2020-21 reported their ethnicity as White British (92%), higher than the national rate (80%). Many reported to have no religion (68% vs 59% nationally) and to be heterosexual (88% vs 86% nationally). In Shropshire, 20% of adults presenting to drug treatment reported a disability and the remaining 80% reported no disability. This is different to the national profile which shows a

higher proportion reporting a disability (28%) and 68% reporting no disability with the remainder not stated or missing.

Parents/carers in treatment

The data below shows the number of drug users who entered treatment in 2020-21 who live with children and the stated number of children who live with them. Users who are parents but do not live with children and users for whom there is incomplete data are also included. The data can help identify the need to engage local antenatal and family support services to ensure appropriate support for families at risk.

In Shropshire in 2020/21, 12% of adults in treatment were living with children, similar to the national average. There were more females living with children compared to males in Shropshire, a trend also seen nationally. More than two thirds of adults in treatment were not a parent and had no contact with children (70%), higher than the national figure of 60%.

The chart below shows the proportion of parents or carers in drug treatment engaging with Early Help or children's social care. Majority (55%) reported receiving no early help, lower than national average of 65%). The proportion of parents or carers in drug treatment engaging with Early Help was similar to the national average in 2020/21 (3% vs 4%). Rates of parent/carer clients with a child in need (7% vs 5%), a child protection plan in place (18% vs 12%) or looked after children (12% vs 7%) were higher in Shropshire compared to nationally.

Figure 8.13.1 Proportion of adults presenting to treatment by parental status, for **Shropshire** and **England**, **2020-21**.

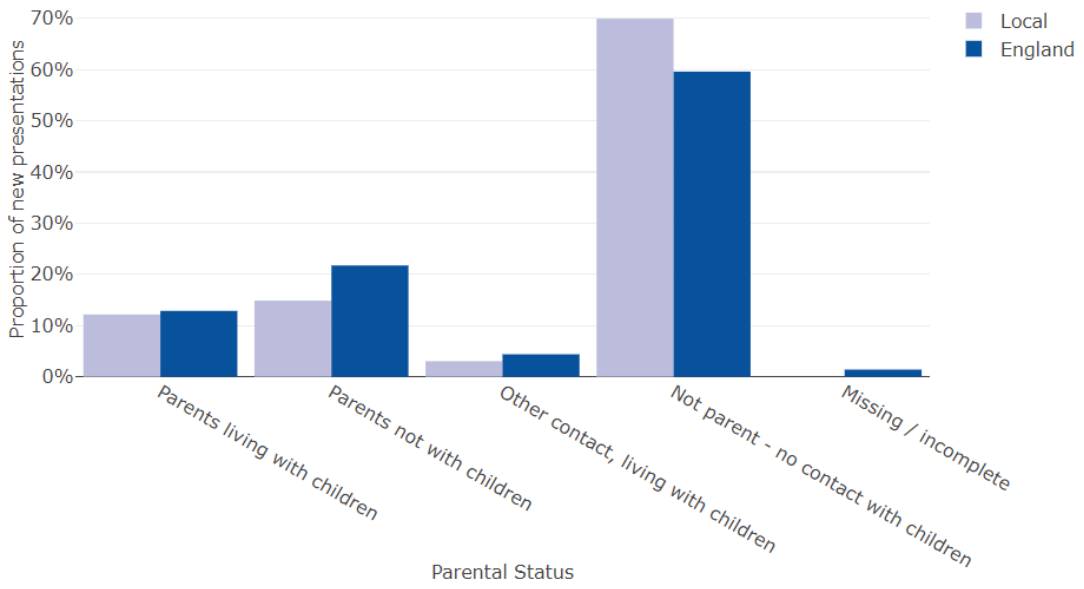
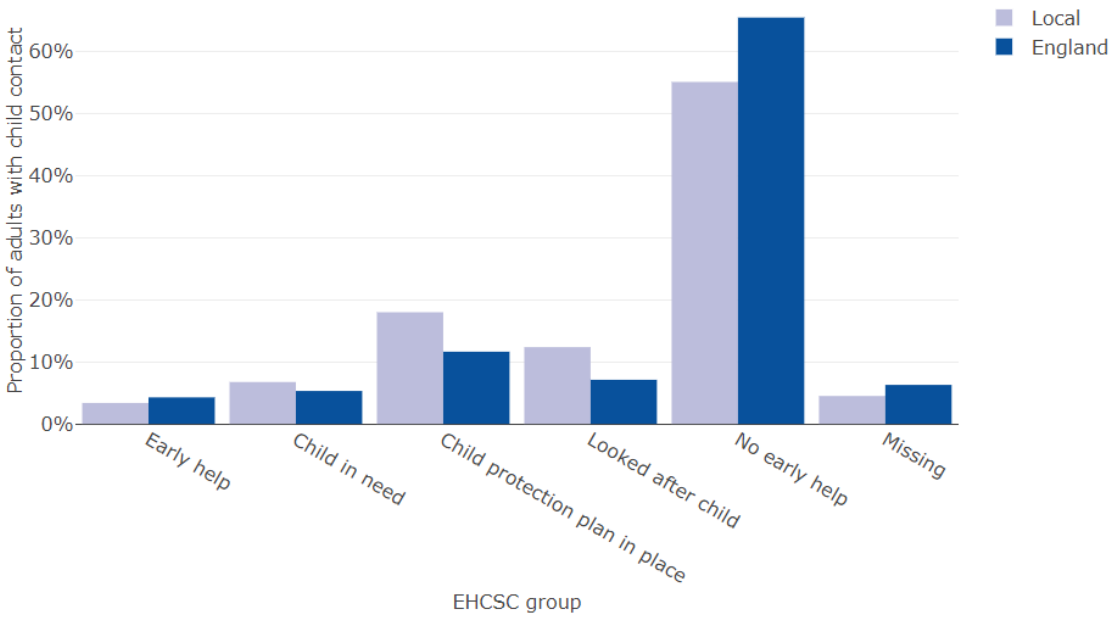


Figure 8.13.3 Proportion of client's children receiving early help or in contact with children's social care for **Shropshire** and **England, 2020-21.**



Alcohol treatment clients

Age and sex

Half (52%) of Shropshire's alcohol treatment clients during 2020-21 were aged 30-49, with a further 23% aged 50-59, therefore showing a slightly older age structure of alcohol clients compared to drug treatment clients. Clients between the ages of 40-59 were more likely to be female and clients aged 60-69 are more likely to be male. Nationally, there is a different profile, with 18-39s more likely to be female and 50-59s more likely to be male.

Figure 9.1.1.3 Age of adults in alcohol only treatment by sex for **Shropshire**, 2020-21

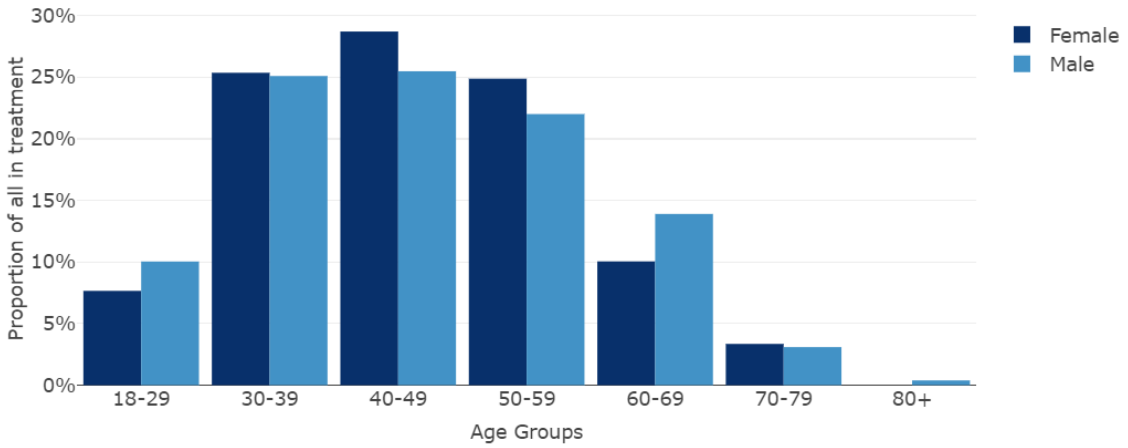
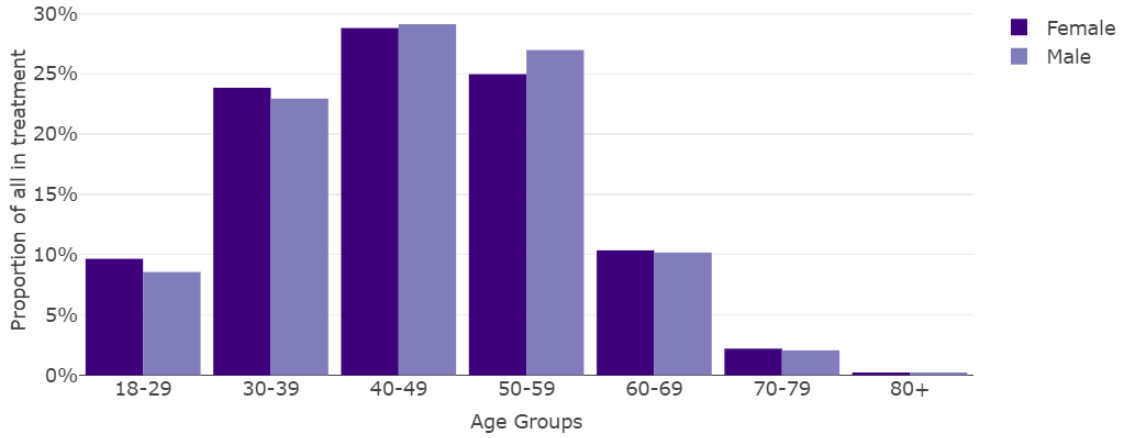


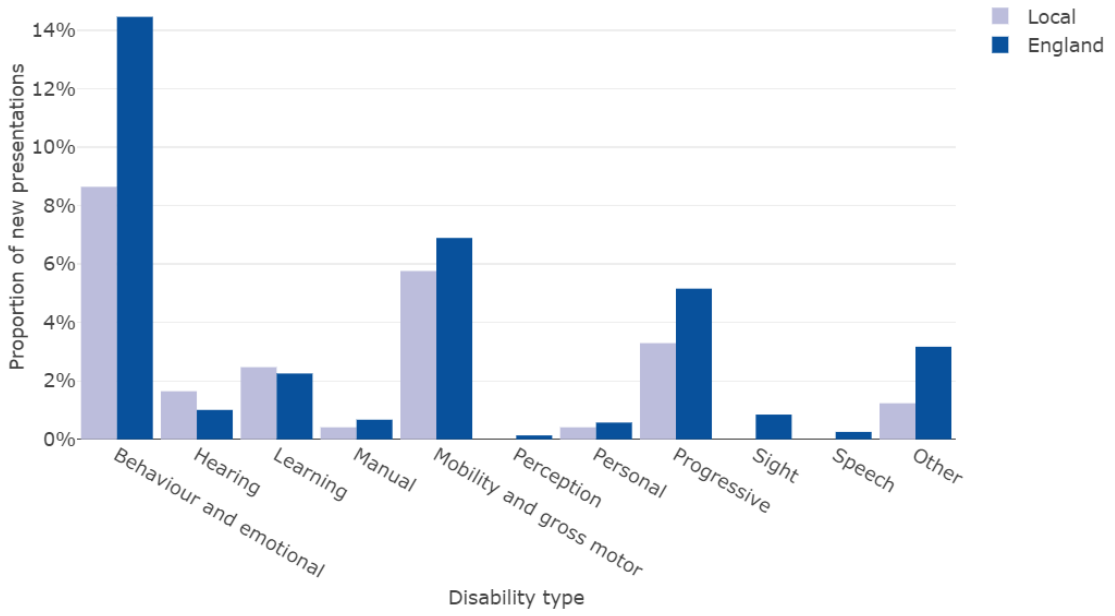
Figure 9.1.1.4 Age of adults in alcohol only treatment by sex for **England**, 2020-21



Protected characteristics

Majority of new presentations to alcohol treatment in Shropshire in 2020-21 reported their ethnicity as White British (91%), higher than the national rate (83%). A large proportion also reported to have no religion (61% vs 55% nationally) and 32% reported to be Christian, higher than the national average of 26%. Majority reporting being heterosexual (89% vs 89% nationally) with 2% reporting to be gay/lesbian (lower than 3% nationally). In Shropshire, 21% of adults presenting to drug treatment reported a disability and the remaining 76% reported no disability. This is a different profile to nationally 2020-21 which showed a higher proportion reporting a disability (28%) and 68% reporting no disability with the remainder not stated or missing. The most common disability type was behaviour and emotional both locally and nationally.

Figure 9.1.2.2.5 Proportion of adults presenting to alcohol only treatment by disability type for **Shropshire** and **England**, 2020-21

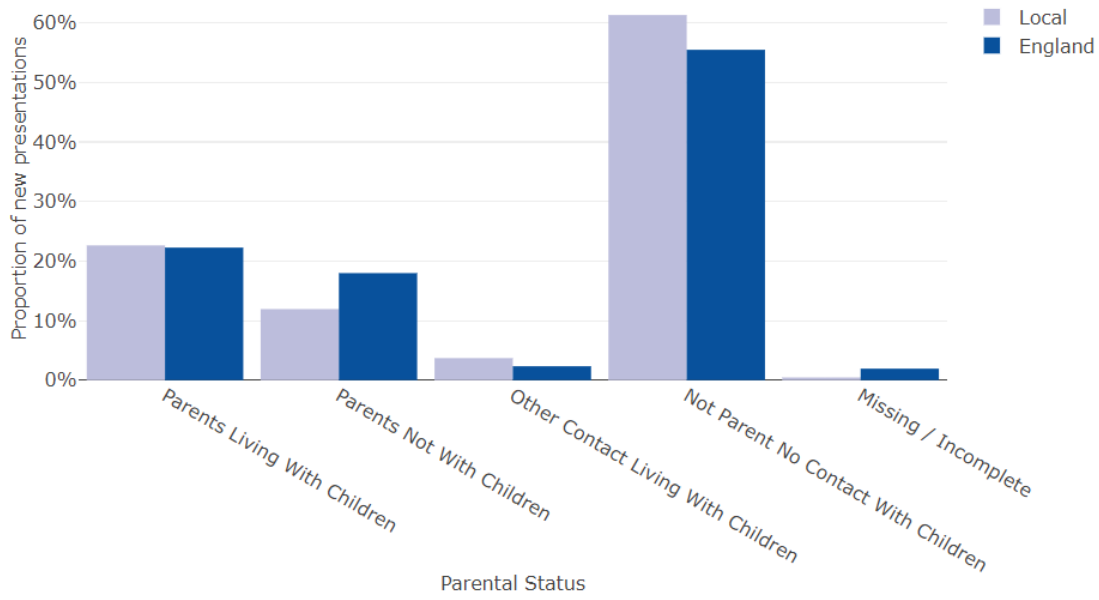


Parents/carers in treatment

The data below shows the number of alcohol adults who entered treatment in 2020-21 who live with children and the stated number of children who live with them. Alcohol adults who are parents but do not live with children and users for whom there is incomplete data are also included. In addition, the proportion of parents/ carers engaging with Early Help or children's social care (EHCSC) is also presented. The data can help you identify the need to engage local antenatal and family support services to ensure appropriate support for families at risk.

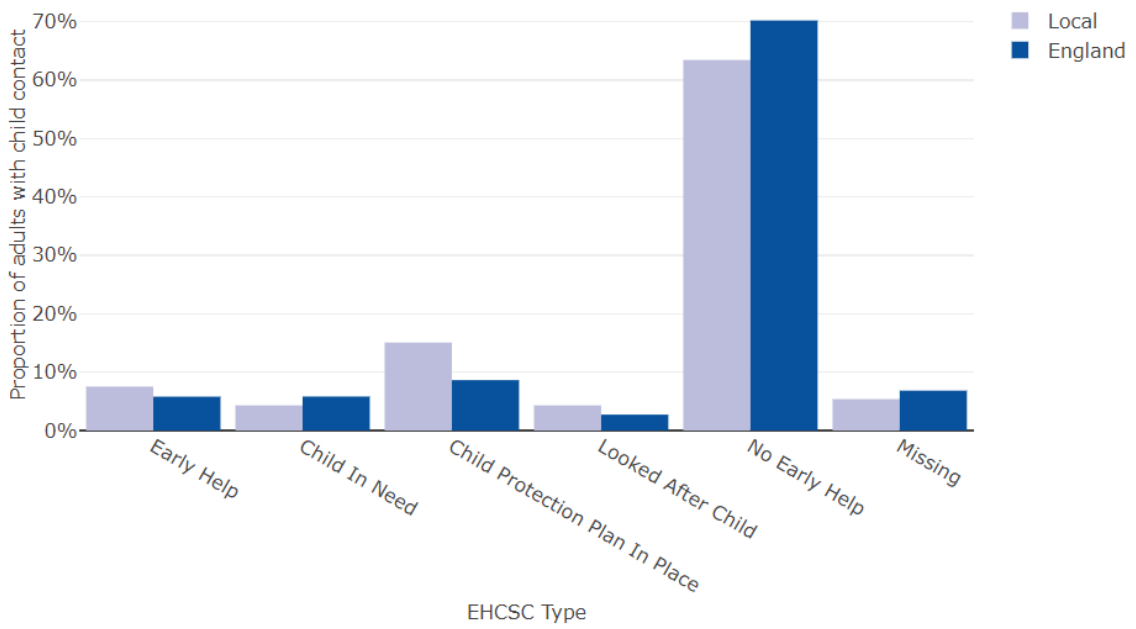
In Shropshire in 2020/21, 23% of adults in alcohol treatment were living with children, similar to the national average of 22%. There were more females living with children compared with males in Shropshire, a trend also seen nationally. Almost two thirds of adults in treatment were not a parent and had no contact with children (61%), this is higher than the national figure of 55%.

Figure 9.9.1 Proportion of new presentations to treatment by parental status for **Shropshire** and **England, 2020-21**



The chart below shows the proportion of parents or carers in alcohol treatment engaging with Early Help or children's social care. Majority (63%) reported receiving no early help, lower than national average of 70%. Rates of parent/carer clients with a child in need were also lower in Shropshire compared to nationally (4% vs 6%) and the proportion of looked after children was similar to nationally (4% vs 3%). The proportion of parents or carers in alcohol treatment engaging with Early Help (8% vs 6%) and with a child protection plan in place (15% vs 9%) was higher compared to the national average in 2020/21.

Figure 9.9.3 Proportion of adult's children receiving early help and children's social care for **Shropshire** and **England, 2020-21**



Blood-borne virus and overdose death prevention

Sharing of equipment used to take drugs can spread blood-borne viruses. Providing opioid substitution treatments (OST), sterile equipment, naloxone, hepatitis B vaccinations and antiviral treatments protects people who use drugs, protects communities, improves long term health and reduces spending on subsequent healthcare needs.

Naloxone prescribing

During 2021-22, 32% of eligible adults in treatment were issued with naloxone, lower than the national rate of 40%.

Table 8.17.7 All opiate adults in treatment in **2021-22** issued with naloxone (including CIR information), for **Shropshire** and **England.**

Naloxone issued	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Yes - Naloxone issued	196	32%	32%	32%	55,637	40%	39%	41%

Hepatitis C

Hepatitis C virus (HCV) testing and referral data will vary from area to area depending on local systems and pathways, the availability of test results to providers and where/how hepatitis C treatment is provided, so it needs to be assessed and understood locally more than compared to national figures.

During 2020-21, 39% of adult drug treatment clients were eligible and accepted a hepatitis C test, lower than the national average of 45%.

Table 8.17.3 Latest status of adults in drug treatment in **2021-22** eligible for a hepatitis C test who accepted one for **Shropshire** and **England**, **2021-22**.

Hepatitis C	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults eligible for a HCV test who accepted one	126	39%	40%	35%	28,972	45%	45%	43%

During the same period, 26% of adult drug treatment clients tested positive for hepatic C antibodies in Shropshire and 12% tested positive for hepatitis C RNA, higher than seen nationally for both tests (21% and 9% respectively).

Table 8.17.4 Latest status of adults in drug treatment **2021-22** who have a positive hepatitis C antibody test, for **Shropshire** and **England**.

Hepatitis C Antibody Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults who have a positive HCV antibody test*	30	26%	29%	20%	5,327	21%	21%	21%

Note:
*The stated proportions are of those tested for whom either a positive or negative result is recorded on NDTMS (i.e. 'unknown' and 'not recorded' have been removed from the denominator).

Table 8.17.5 Adults in drug treatment **2021-22** who have a positive hepatitis C PCR (RNA) test in, for **Shropshire** and **England**.

Hepatitis PCR Test	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults who have a positive HCV PCR (RNA) test*	14	12%	15%	6%	1,999	9%	9%	9%

Note:
*The stated proportions are of those tested for whom either a positive or negative result is recorded on NDTMS (i.e. 'unknown' and 'not recorded' have been removed from the denominator).

In Shropshire during 2021-22, 3.2% of eligible adults were referred to hepatitis C treatment, higher than the national rate of 1.9%.

Table 8.17.6 Adults in drug treatment in **2021-22** referred to hepatitis C treatment, for **Shropshire** and **England**.

Hepatitis Treatment	Local (n)	Proportion of eligible adults	Male (%)	Female (%)	England (n)	Proportion of eligible adults	Male (%)	Female (%)
Adults referred to hepatitis C treatment	4	3.17%	3.23%	3.03%	540	1.86%	1.92%	1.71%

Length of time in treatment

Summary

Overall, in Shropshire, drug and alcohol clients are spending longer periods of time in treatment compared to nationally:

- 27% of people in drug treatment in 2020-21 had been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems).
- 29% of people who left alcohol treatment in 2020-21 were in treatment for more than one year, higher than the national figure of 12%.

Drugs

Adults that have been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems) will usually find it harder to successfully complete treatment. Current data shows that adults with opiate problems who successfully complete within two years of first starting treatment have a higher likelihood of achieving sustained recovery.

Overall, 27% of people in drug treatment (232 people) had been in treatment for long periods of time (six years or over for adults with opiate problems and over two years for adults with non-opiate problems):

- 206 of those people had opiate problems and were in treatment for 6 years or more, equating to 35% of all adults in treatment for opiate problems, higher than the national average of 27%.
- 12 people with non-opiate problems were in treatment for two years or more, equating to 8% of all in treatment for non- opiate problems, higher than the national average of 3%.
- 14 people with non-opiate & alcohol problems were in treatment for two years or more, equating to 11% of all in treatment for non- opiate & alcohol problems, again higher than the national average for the drug group of 3%.

216 opiate users had been in treatment for shorter periods of time (under two years), equating to 36% of all in drug treatment. This is lower than the national figure of 46% suggesting a lower number of adults are achieving sustained recovery in Shropshire.

Table 8.23.1 Length of time in treatment for adults with opiate problems (under 2 years and six years or more), for **Shropshire** and **England, 2020-21.**

Length of time in treatment	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment
Proportion of adults with opiate problems in treatment for under two years	216	36%	39%	35%	65,496	46%
Proportion of adults with opiate problems in treatment for six years or more	206	35%	32%	36%	37,800	27%

Table 8.23.2 Length of time in treatment of two years or more for adults with non-opiate drug problems, for **Shropshire** and **England, 2020-21.**

Drug group	Local (n)	Proportion of all in treatment	Male (%)	Female (%)	England (n)	Proportion of all in treatment
Alcohol and non-opiates	14	11%	16%	9%	1,039	3%
Non-opiates	12	8%	11%	7%	704	3%

Alcohol

NICE Clinical Guideline CG115 recommends that mildly dependent and some higher risk drinkers receive a treatment intervention lasting three months, those with moderate and severe dependence should usually receive treatment for a minimum of six months while those with higher or complex needs may need longer in specialist treatment. The optimum time in treatment will be agreed based on individual assessment of adult need.

The length of a typical treatment period is just over 6 months, although nationally 12% of adults remained in treatment for at least a year. Retaining adults for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of adults in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

In Shropshire in 2020-21, 29% of people who left alcohol treatment were in treatment for more than one year (66 people), higher than the national figure of 12%. This suggests adults in alcohol treatment in Shropshire are not moving effectively through and out of the treatment system.

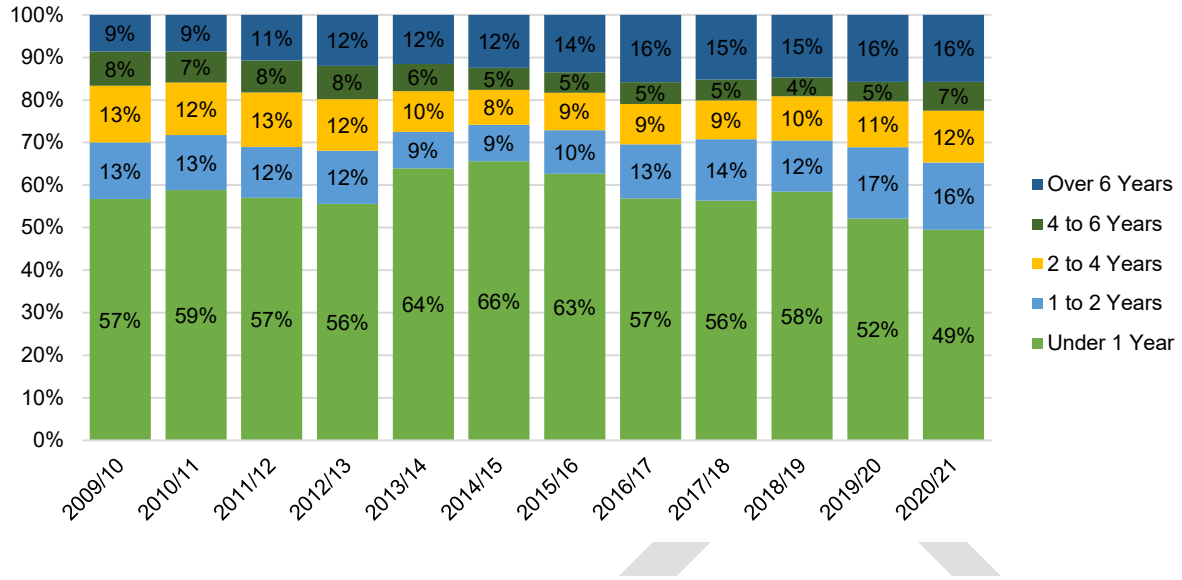
In treatment for under a year

Half (49%) of all adults in drug and/or alcohol treatment in Shropshire in 2020-21 were in treatment for under one year (659 people), which is below the national average of 58% and has been falling over time since 2009/10. This means less people are exiting treatment in a timely manner compared to nationally:

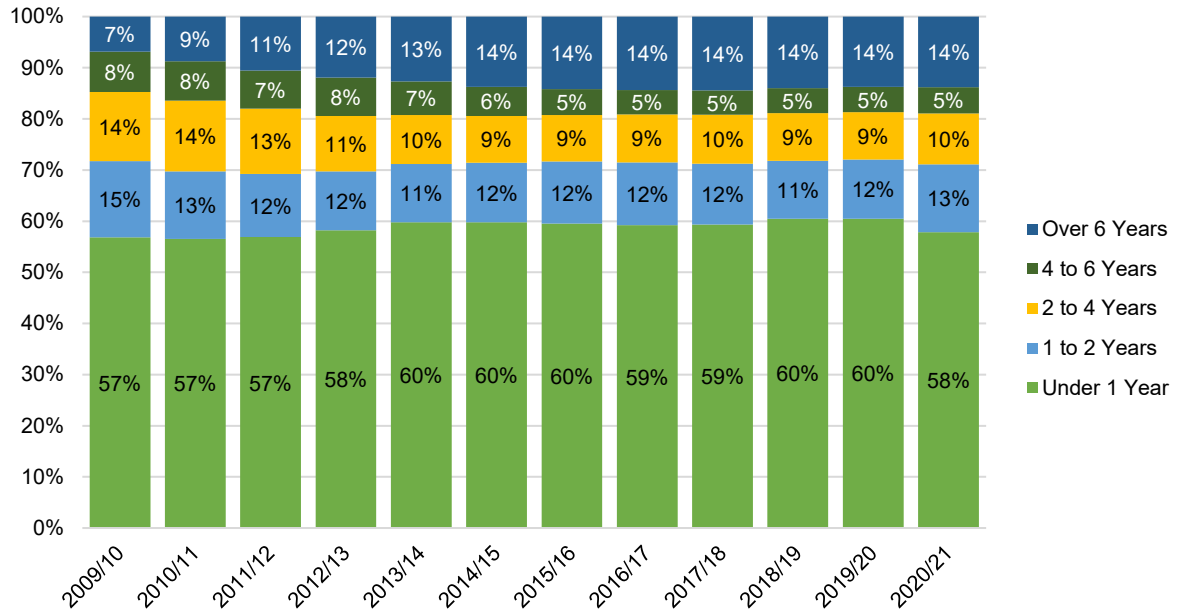
- 16% of adults were in treatment for 1 to 2 years, similar to the previous year but a rise compared to the period of 2009/10 to 2018/19 and above the national average of 13%.
- 12% were in treatment for 2 to 4 years compared to 10% nationally, 7% for 4-6 years compared to 5% nationally and 16% for over 6 years compared to 14% nationally.
- There was a rise in those in treatment for 4 to 6 years but no change for other lengths of treatment in Shropshire.

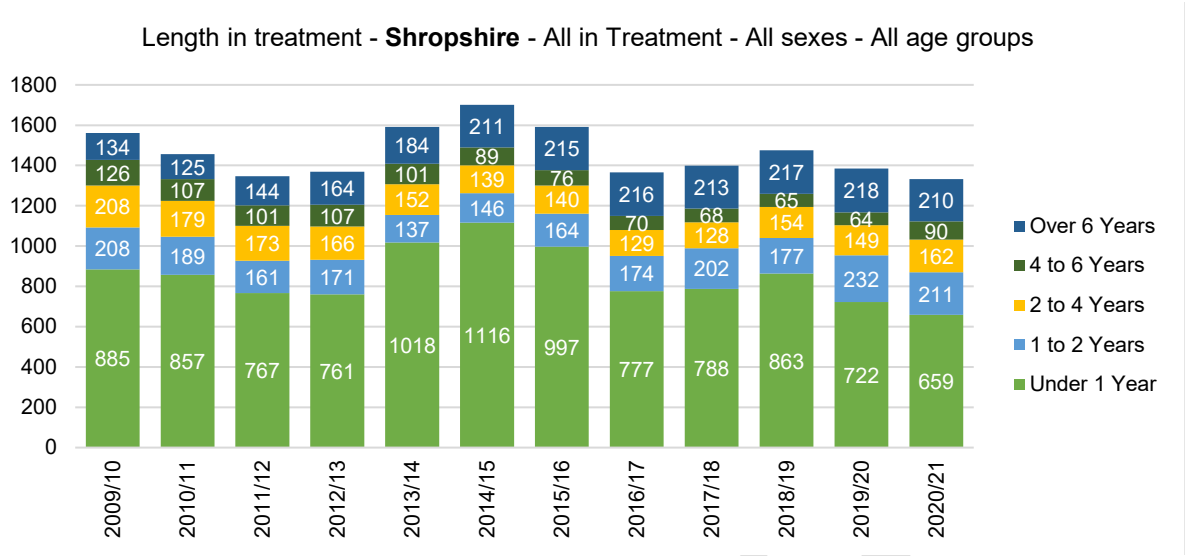
Charts showing the length of treatment for adults in drug and alcohol treatment in Shropshire and England 2009/10 to 2020/21 (FY).

Length in treatment - **Shropshire** - All in Treatment - All sexes - All age groups



Length in treatment - **England** - All in Treatment - All sexes - All age groups



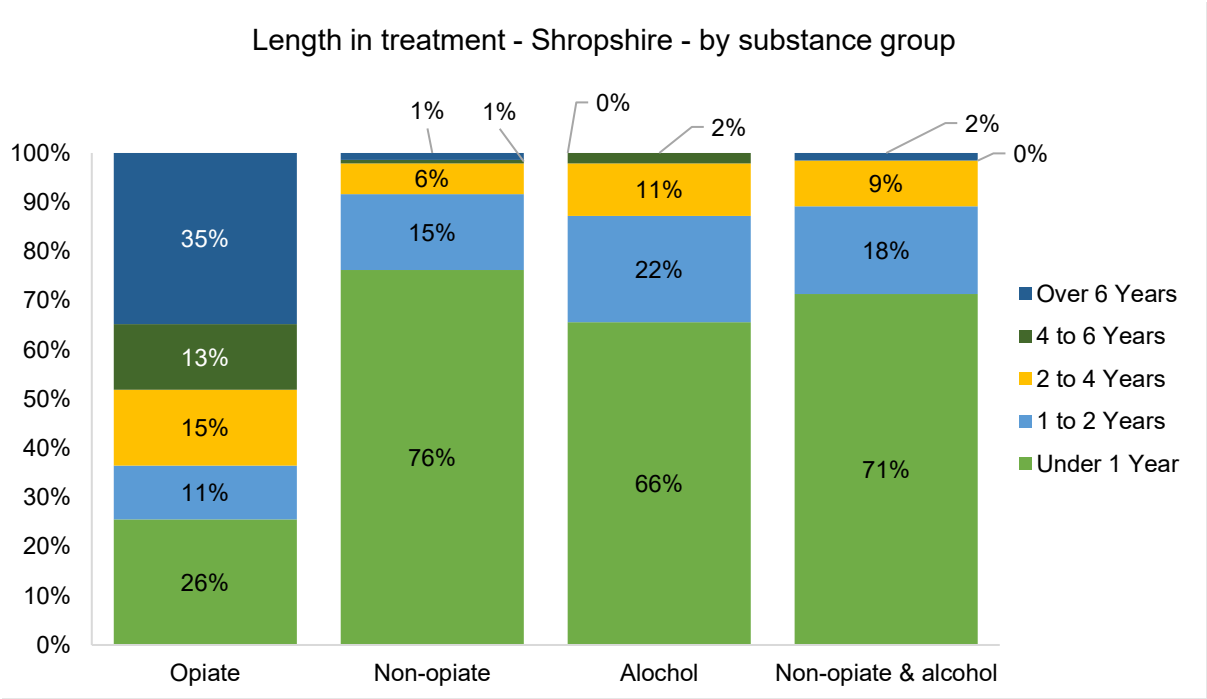


Of all substance groups, opiate users tend to spend the longest length of time in treatment, with 98% of all clients in treatment for over 6 years being opiate users. This has been the case for the last 10 years. This is also seen nationally. Alcohol only clients tend to spend the shortest time in treatment, with almost half of those in treatment for under one year being in treatment for alcohol only.

Length of time in treatment, Shropshire, 2020-21.

Length In Treatment	**Opiate**	**Non-opiate**	**Alochol**	**Non-opiate & alcohol**	**Total**
Under 1 Year	23%	17%	47%	14%	100%
1 to 2 Years	31%	10%	48%	11%	100%
2 to 4 Years	56%	6%	31%	7%	100%
4 to 6 Years	88%	1%	11%	0%	100%
Over 6 Years	98%	1%	0%	1%	100%

In Shropshire during 2020/21, almost half of opiate users in treatment spend over 6 years in treatment (48%). Majority of non-opiate users spend under a year in treatment (76%), a similar picture to non-opiate and alcohol clients. Two thirds of alcohol clients spent under 1 year in treatment during 2020/21 in Shropshire, and a third (33%) between 1 and 4 years.



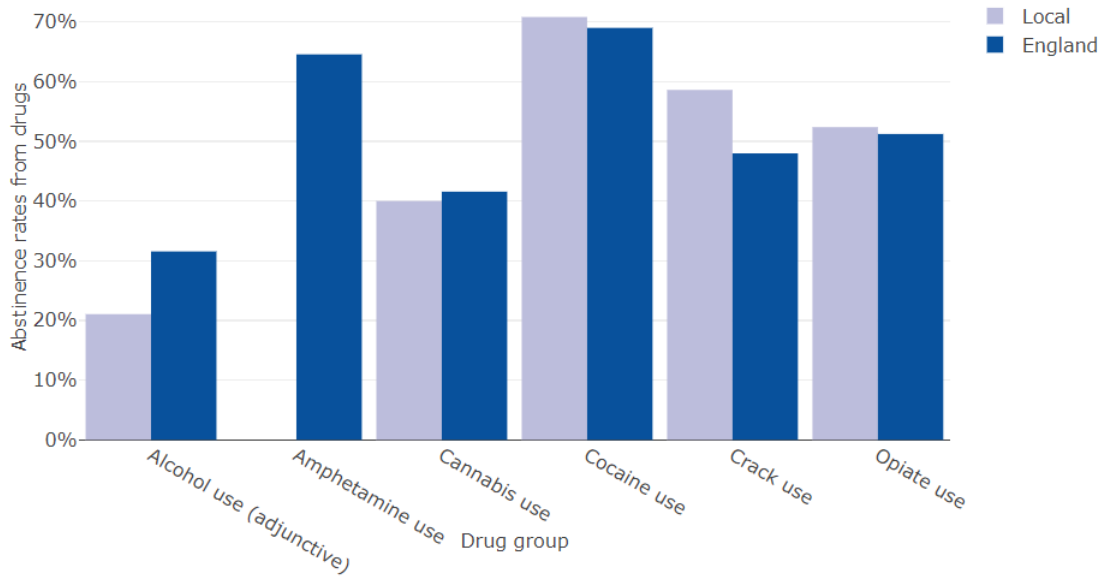
In treatment outcomes

Drugs

The data below is drawn from the Treatment Outcomes Profile (TOP), which tracks the progress drug users make in treatment, specifically rates of abstinence from drugs. Data from NDTMS suggests that adults who stop using illicit opiates in the first six months of treatment are almost five times more likely to complete successfully than those who continue to use.

Rates of abstinence from cocaine, crack and opiate use were similar in Shropshire compared to England in 2020-21, with 52% abstaining from opiates at six months locally compared to 51% nationally. Rates of abstinence were higher than nationally for all drug groups with the exception of alcohol use and cannabis.

Figure 8.24.1 Proportion of adults who became abstinent by drug group at six months review, for **Shropshire** and **England**, 2020-21.

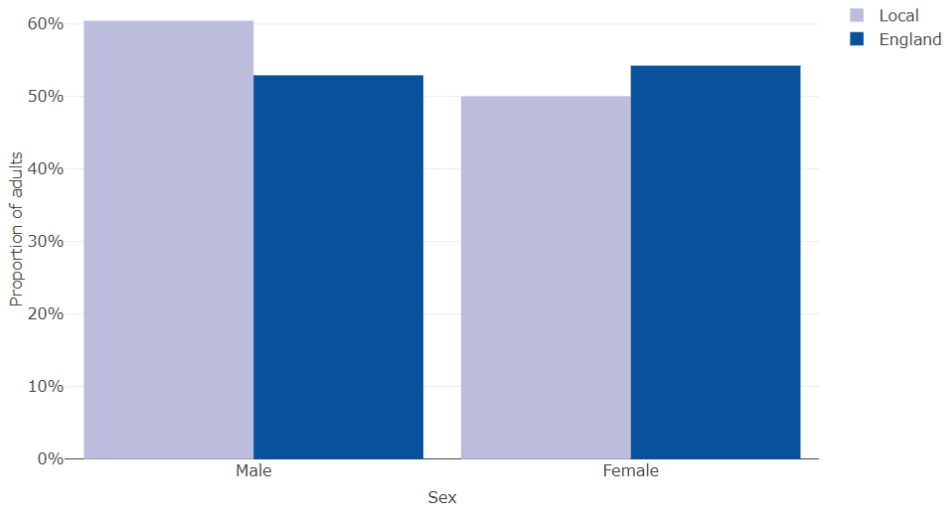


Alcohol

The data below is drawn from the Treatment Outcomes Profile (TOP) and Alcohol Outcomes Record (AOR), which track the progress alcohol users make in treatment, specifically rates of abstinence from alcohol. This is useful as these recovery assets are predictors of continued recovery.

Over half (56%) of adults exiting alcohol treatment were abstinent from alcohol when leaving treatment, higher than the national rate of 53%. Rates were higher among males compared to females in Shropshire (60% vs 50%). Male abstinent rates were higher locally (60%) compared to nationally (53%) in 2020-21. Female abstinent rates were lower than seen nationally, with 50% of females abstaining in Shropshire compared to 54% nationally.

Figure 9.19.1 Proportion of adults who became abstinent by Sex for **Shropshire** and **England**, **2020-21**



Treatment exits

All exits

The table shows the number of adults in treatment who exited treatment in each financial year.

In 2020/21, 455 clients in Shropshire left treatment, equating to 34% of all clients in treatment, a lower figure compared to the previous year.

Of all those who left treatment, 185 successfully completed treatment, 220 dropped out and 20 died. This is a fall in the volume of successful completions and a rise in the dropouts compared to 2019/20.

* Note: all figures under 5 have been supressed (*) to prevent deductive disclosure

Treatment Exit	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Successful completion	302	333	280	382	494	577	528	258	281	289	244	185
Dropped out/left	173	184	127	70	118	131	153	192	209	245	215	220
Transferred - not in custody	21	37	52	79	56	54	65	28	23	18	29	16
Transferred - in custody	15	26	32	32	29	28	26	22	20	18	16	9
Treatment declined	46	54	48	24	29	40	19	5	*	*	10	5
Died	11	12	10	14	8	7	16	21	17	15	19	20
Prison	8	7	*	*	*	*	5	*	*	*	7	*
Treatment withdrawn	6	8	*	5	*	*	*	*	6	9	*	*
Moved away	5	*	*	*	*	*	*	*	*	*	*	*
No appropriate treatment	*	*	*	*	*	*	*	*	*	*	*	*
Not known	*	*	*	*	*	*	*	*	*	*	*	*
Other	*	*	*	*	*	*	*	*	*	*	*	*
Referred on	30	37	*	*	*	*	*	*	*	*	*	*
Inconsistent	*	*	*	*	*	*	*	*	*	*	*	*
Total	**617**	**698**	**549**	**606**	**734**	**837**	**812**	**526**	**556**	**594**	**540**	**455**

Table showing the number of treatment exits in Shropshire over time (Source: NDTMS View it). Note: this data shows financial years.

The table (right) shows the proportion of adults in treatment who exited treatment in each financial year.

Of all those who left treatment, 40% successfully completed treatment, 48% dropped out and 4% died. This is a fall in successful completions and a rise in the dropout rate compared to 2019/20. Deaths remain unchanged.

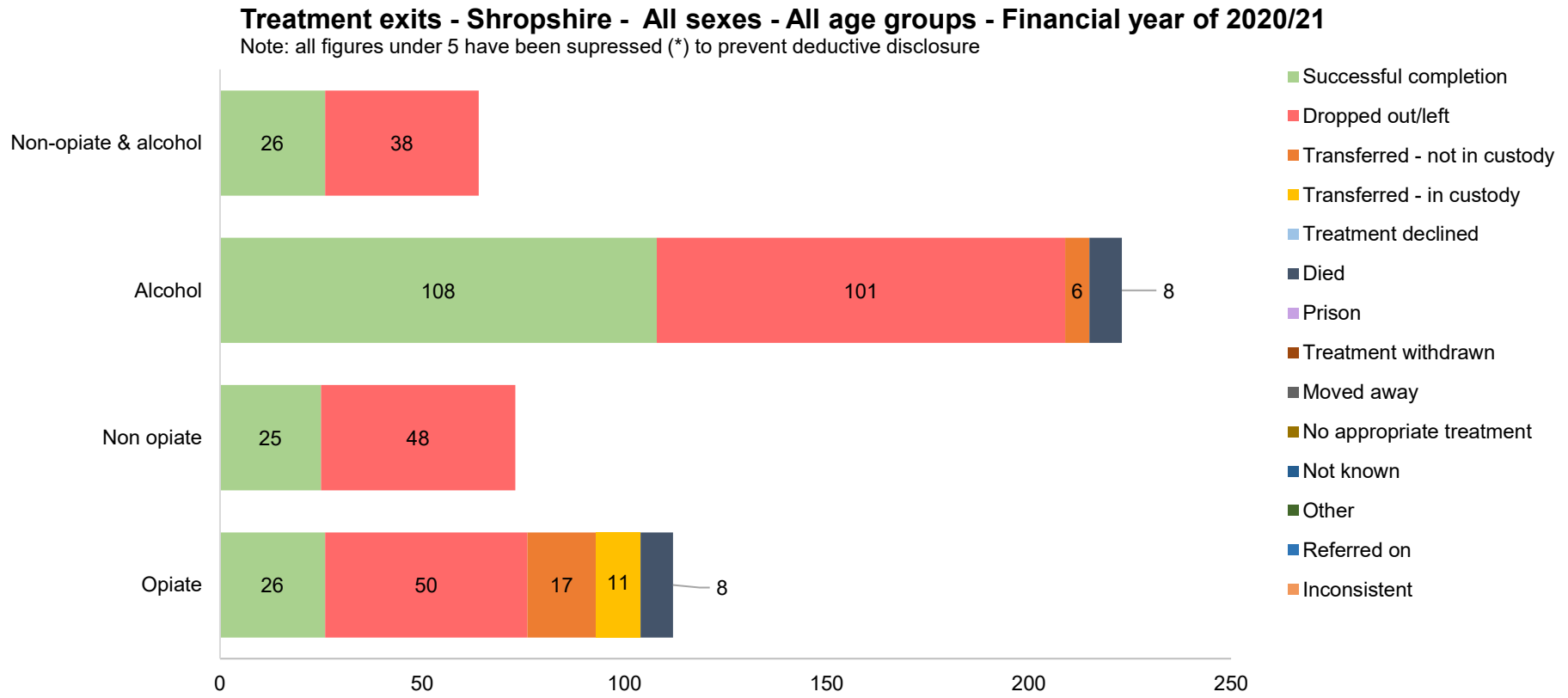
Treatment Exit	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Successful completion	48%	47%	51%	63%	67%	68%	65%	49%	50%	48%	45%	40%
Dropped out/left	28%	26%	23%	12%	16%	16%	19%	36%	37%	41%	40%	48%
Transferred - not in custody	3%	5%	9%	13%	8%	6%	8%	5%	4%	3%	5%	4%
Transferred - in custody	2%	4%	6%	5%	4%	3%	3%	4%	4%	3%	3%	2%
Treatment declined	7%	8%	9%	4%	4%	5%	2%	1%	0%	1%	2%	1%
Died	2%	2%	2%	2%	1%	1%	2%	4%	3%	2%	4%	4%
Prison	1%	1%	0%	0%	0%	0%	1%	0%	1%	0%	1%	0%
Treatment withdrawn	1%	1%	0%	1%	1%	0%	0%	1%	1%	1%	0%	0%
Moved away	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No appropriate treatment	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Not known	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Other	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Referred on	5%	5%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Inconsistent	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Table showing the proportion of treatment exits in Shropshire over time (Source: NDTMS View it)
Note: this data shows financial years.

Which substance group is driving exits?

Alcohol only clients had the highest number of exits in 2020/21, with 223 adults exiting treatment in Shropshire. Almost half of those (47%,108 people) successfully completed treatment, 40% dropped out or left (101 people), 3% were transferred (6 people) and 1% died (8 people).

Opiates had the second highest number of exits, with 116 opiate users leaving treatment in 2020/21. Over a fifth (22%, 26 people) who exited successfully completed, 43% dropped out or left (50 people), 24% were transferred (28 people) and 7% died (8 people).



Early dropouts (unplanned exits before 12 weeks)

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better - which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes. As people progress through treatment, the benefits to them, their families and their community start to accrue. The information below shows the proportion of adults entering treatment in Shropshire in 2020-21 who left treatment in an unplanned way before 12 weeks, commonly referred to as early dropouts. The data below refers to adults in treatment who newly presented in the financial year of 2020/21 and dropped out early before 12 weeks.

During 2020-21 in Shropshire, 103 adults left treatment early (of 539 new presentations), equating to an early dropout rate of 19%. The dropout rate for drug treatment was 20%, compared to an 18% dropout rate for alcohol treatment, both higher than seen nationally.

Drugs

During 2020-21 in Shropshire, 20% of new presentations to drug treatment left treatment early, higher than the England rate of 16% and equating to 60 people [59].

This was driven by non-opiate users and alcohol and non-opiate users, with early dropout rates of 29% (27 people) and 27% respectively (19 people), higher than the 16% and 17% early dropout rates nationally. In Shropshire, 10% of opiate users (14 people) left treatment early, a better rate than the England average of 15%. Early drop out rates were higher among males compared to females in Shropshire, a trend also seen nationally.

Table 8.8.1 Early unplanned exits by drug groups for **Shropshire** and **England**, **2020-21**.

	Local				England			
Drug groups	Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
Opiate	14	10%	14%	4%	5,598	15%	16%	13%
Alcohol and non-opiate	19	27%	33%	11%	3,299	16%	17%	14%
Non-opiate	27	29%	32%	21%	3,374	17%	18%	14%
Total	**60**	**20%**	**25%**	**9%**	**12,271**	**16%**	**17%**	**14%**

Alcohol

During 2020-21 in Shropshire, 18% of new presentations to alcohol only treatment left treatment early, higher than the England rate of 13% and equating to 43 people [60]. Early dropout rates for alcohol treatment were higher among females compared to males in Shropshire, a trend not seen nationally.

Table 9.3.1 Early unplanned exits for **Shropshire** and **England**, **2020-21**

Local				England			
Total adults	Proportion of new presentations	Male (%)	Female (%)	Total adults	Proportion of new presentations	Male (%)	Female (%)
43	18%	16%	19%	6,552	13%	14%	11%

[59] OHID Adult Drug Commissioning Support Pack: 2022-23: Key Data (NDTMS)
[60] OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data

Successful completions (who do not re-present within 6 months, PHOF C19a/C19b)

The data below shows the proportion of drug users who complete their treatment free of dependence, the progress Shropshire has made on people successfully completing treatment, and those successfully completing who do not relapse and re-enter treatment.

Helping people to overcome drug dependence is a core function of any local drug and alcohol treatment system. Although many individuals will require a number of separate treatment episodes spread over many years, most individuals who complete successfully do so within two years of treatment entry.

Summary

In Shropshire during 2020-21 (01/01/2020 - 31/12/20, representation until 30/06/21), there were 191 successful treatment completions for all substance types combined who did not re-present to services within six months, out of the 1,322 adults in treatment. This equates to a completion rate of 14.3%, lower than the national average of 20.0% [61].

Completion rates were highest among alcohol treatment clients (23.5%) followed by non-opiate users (21.2%), however both were below the national benchmark.

Chart showing proportion of all in treatment, who successfully completed treatment and did not re-present within 6 months (PHOF C19a/C19b), for Shropshire, West Midlands and England, 2020. The below data covers the period of 01/01/2020 - 31/12/20, representation until 30/06/21.

Indicator	Period	Shropshire			Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Successful completion of drug treatment - non-opiate users (Persons, 18+ yrs)	2020	→	58	21.2%	30.2%	33.0%	10.7%		61.9%
Successful completion of drug treatment - opiate users (Persons, 18+ yrs)	2020	→	23	3.9%	4.0%	4.7%	0.9%		11.2%
Successful completion of alcohol treatment (Persons, 18+ yrs)	2020	↓	110	23.5%	34.9%	35.3%	19.0%		56.4%

Drugs

Over the last three years, drug completion rates (all drug groups) have been falling in Shropshire since 2018-19, down from 13% in 2018-19 to 9% in 2020-21. More recently there has been a levelling off in completion rates, with a 1% fall compared to the previous period. Since 2017-18, Shropshire's completion rate has been below the national benchmark [62].

In 2020, the completion rate for opiate users in Shropshire was 3.9%, similar to the national figure of 4.7% and remaining unchanged compared to the previous year. However, completion rates for opiate users have been falling overall, remaining similar to the regional and national average at 3.9%.

Completion rates for non-opiate users have been falling since 2013, down from 40.2% to 20.6% in 2019. However, there has been a recent levelling off between 2019 and 2020, with 21.2% of non-opiate users completing treatment and not-representing within 6 months. This ranks Shropshire worst among its CIPFA nearest neighbours, second worst in the region, 7th lowest nationally and significantly lower than the regional and national average [63].

[61] OHID Adult Drug Commissioning Support Pack: 2022-23: Key Data and OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (NDTMS)
[62] OHID Adults Alcohol Commissioning Support Pack: 2022-23: Key Data (NDTMS)
[63] PHOF Fingertips

Charts showing trends in successful completion rates for all drug groups, opiates and non-opiates, Shropshire and England [64].

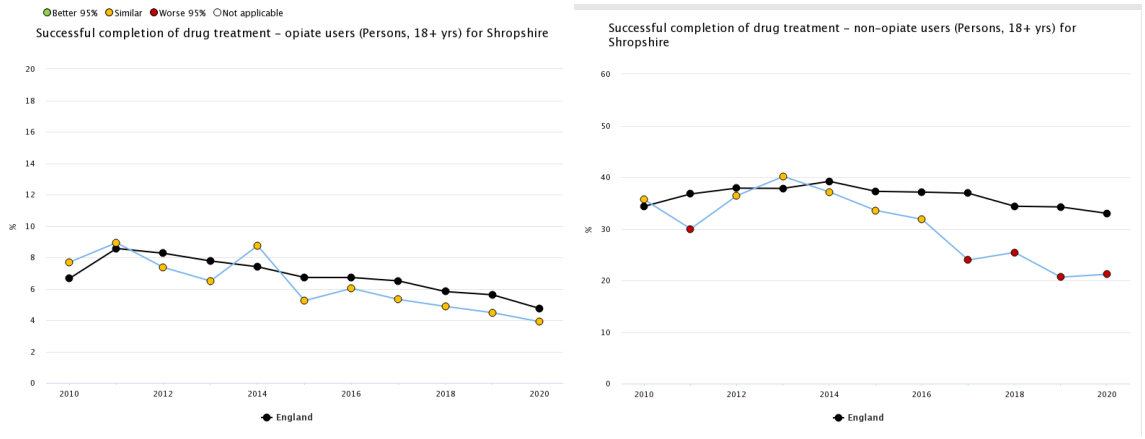
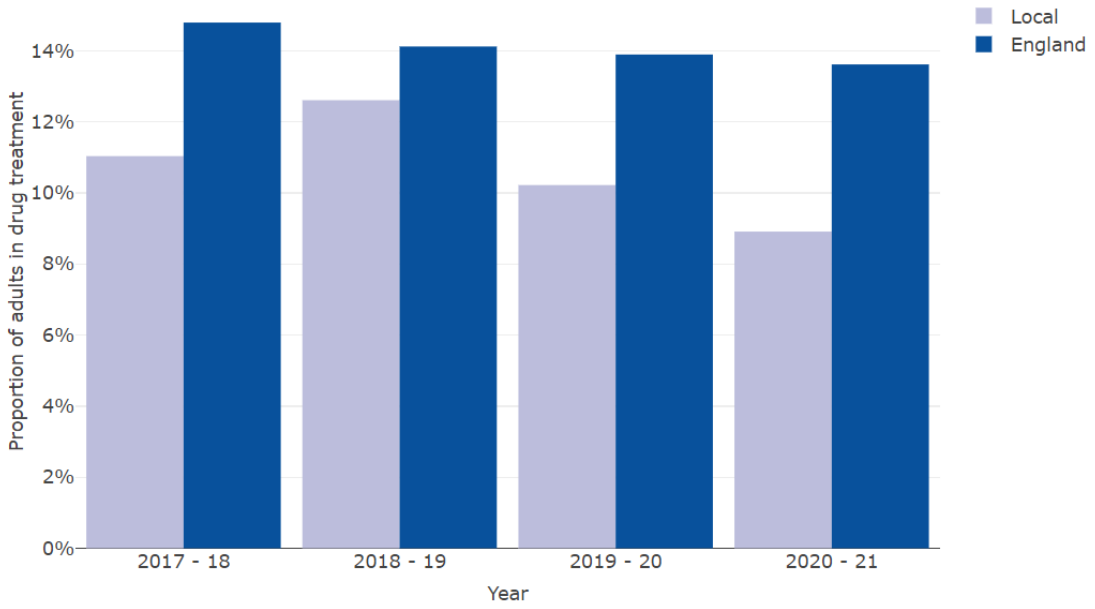


Figure 8.25.3 Successful completions as a proportion of total number in treatment (for all drug groups), for **Shropshire** and **England**, 2017-18 to 2020-21.



Alcohol

The highest completion rate was among alcohol users at 23.5%, equating to 110 adults. However, this decreased compared to the previous year when 32.6% completed treatment and did not re-present. Shropshire's alcohol completion rate is second lowest in the region, sixth worst nationally and lower than the regional (34.9%) and national average (35.3%).

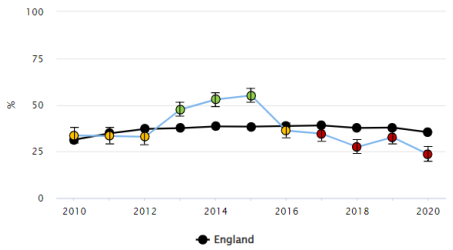
64 PHOF Fingertips Profile

Successful completion of alcohol treatment (Persons, 18+ yrs)

Proportion - %

Hide confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ⬇ Decreasing & getting worse

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2010		179	33.6%	29.7%	37.7%	31.6%	31.4%
2011		149	33.3%	29.1%	37.7%	35.4%	34.8%
2012		155	32.8%	28.8%	37.2%	36.7%	37.1%
2013		333	47.5%	43.8%	51.2%	40.6%	37.5%
2014		400	52.9%	49.3%	56.4%	39.8%	38.4%
2015		394	55.1%	51.4%	58.7%	35.2%	38.4%
2016		202	36.1%	32.3%	40.2%	38.2%	38.7%
2017		178	34.5%	30.5%	38.7%	40.4%	38.9%
2018		158	27.4%	23.9%	31.2%	37.8%	37.6%
2019		186	32.6%	28.9%	36.6%	38.0%	37.8%
2020		110	23.5%	19.9%	27.6%	34.9%	35.3%

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	⬇	26,703	35.3	35.0	35.7
West Midlands region	⬇	2,913	34.9	33.9	35.9
Herefordshire	➡	55	19.9	15.6	25.0
Shropshire	⬇	110	23.5	19.9	27.6
Staffordshire	⬇	255	25.2	22.6	28.0
Sandwell	⬇	128	28.1	24.2	32.4
Birmingham	➡	436	30.5	28.2	33.0
Solihull	➡	123	31.2	26.8	36.0
Warwickshire	➡	257	32.6	29.4	35.9
Walsall	➡	167	35.7	31.5	40.1
Coventry	➡	182	40.6	36.2	45.2
Worcestershire	➡	337	42.4	39.0	45.9
Wolverhampton	➡	228	43.2	39.0	47.4
Stoke-on-Trent	⬆	291	47.9	43.9	51.8
Dudley	➡	252	49.9	45.6	54.2
Telford and Wrekin	➡	92	50.5	43.3	57.7

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

How does Shropshire compare to other localities?

Alcohol

Compared to other local authorities in deprivation group

In comparison to our 15 most similar local authorities based on IMD deprivation group, Shropshire ranks 9th for alcohol treatment overall, worse than the average rank. Of all the measures making up Shropshire's summary rank, the proportion of people waiting 3 weeks or more for alcohol treatment and the successful completion of alcohol treatment rank lowest [65].

[65] OHID Public Health Dashboard

Deprivation group

Similar view: Shropshire's rank within its IMD(2019) decile group

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst

Shropshire is in **Socioeconomic decile 8**

Socioeconomic deprivation
Less deprived

Local authorities in this Deprivation group

Barnet
Bexley
Devon
Dorset
Essex
Havering
Milton Keynes
North Somerset
Redbridge
Shropshire
Solihull
Staffordshire
Trafford
Wandsworth
Warwickshire

Rank	Indicator data

9th OUT OF 12 SIMILAR LOCAL AUTHORITIES

WORSE THAN AVERAGE RANK

Alcohol treatment summary rank (2018/19)

6th OUT OF 15 SIMILAR LOCAL AUTHORITIES

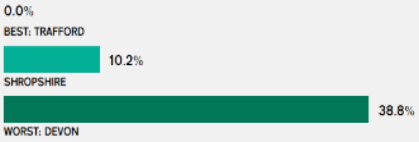
View trend

Proportion of dependent drinkers not in treatment (%) (Current method) (2020/21)

13th OUT OF 15 SIMILAR LOCAL AUTHORITIES

View trend

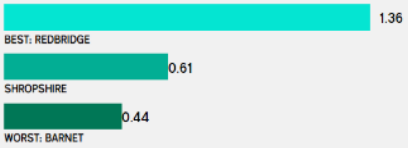
Proportion waiting more than 3 weeks for alcohol treatment (2020/21)



14th OUT OF 15 SIMILAR LOCAL AUTHORITIES

View trend

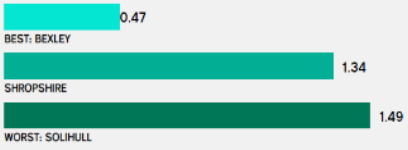
Successful completion of alcohol treatment, treatment ratio (Current method) (2020)



10th OUT OF 14 SIMILAR LOCAL AUTHORITIES

View trend

Deaths in alcohol treatment, mortality ratio (2018/19 - 20/21)



Compared to similar local authorities

In comparison to our 15 most similar local authorities (listed below, based on CIPFA), Shropshire ranks 13th worst overall for alcohol treatment (2018/19). Driving this is the proportion of people waiting 3 weeks or more for alcohol treatment (2020/21, ranks worst) and successful completion of alcohol treatment (2020, 15th worst). Despite ranking worst among our CIPFA nearest neighbours for the proportion or people waiting 3 weeks or more for alcohol treatment, there was an improvement compared to the previous year, falling from 14.3% (2019/20) to 10.2% in 2020/21.

Similar local authorities

Similar view: Shropshire's rank within its CIPFA nearest neighbours (most similar local authorities)

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst

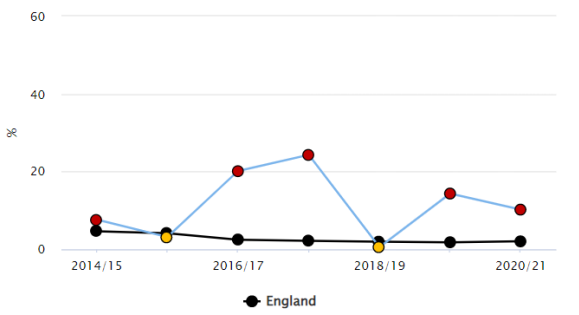
Rank	Indicator data
13th OUT OF 15 SIMILAR LOCAL AUTHORITIES WORST	**Alcohol treatment summary rank (2018/19)** 1 BEST: CENTRAL BEDFORDSHIRE 13 SHROPSHIRE 15 WORST: ISLE OF WIGHT
9th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Proportion of dependent drinkers not in treatment (%) (Current method) (2020/21)** 69.4% BEST: STOCKPORT 79.0% SHROPSHIRE 94.3% WORST: SOUTH GLOUCESTERSHIRE
16th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Proportion waiting more than 3 weeks for alcohol treatment (2020/21)** 0.0% BEST: WARRINGTON 10.2% WORST: SHROPSHIRE WORST
15th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Successful completion of alcohol treatment, treatment ratio (Current method) (2020)** 1.43 BEST: BATH AND NORTH EAST SOMERSET 0.61 SHROPSHIRE 0.58 WORST: HEREFORDSHIRE
10th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Deaths in alcohol treatment, mortality ratio (2018/19 - 20/21)** 0.59 BEST: WILTSHIRE 1.34 SHROPSHIRE 1.95 WORST: ISLE OF WIGHT

Local authorities that are CIPFA nearest neighbours of Shropshire

1. Herefordshire
2. Cheshire East
3. Cornwall
4. North Somerset
5. Cheshire West and Chester
6. Wiltshire
7. East Riding of Yorkshire
8. Northumberland
9. Stockport
10. Bath and North East Somerset
11. South Gloucestershire
12. Central Bedfordshire
13. Isle of Wight
14. Solihull
15. Warrington

Proportion waiting more than 3 weeks for alcohol treatment

Show confidence intervals Show 99.8% CI values



Drug

Compared to other local authorities in deprivation group

In comparison to our 15 most similar local authorities based on IMD deprivation group, Shropshire ranks 11th worst for drug treatment overall. Of all the measures making up Shropshire's summary rank, the proportion of people waiting 3 weeks or more for drug treatment ranks lowest, at 14th position.

Deprivation group

Similar view: Shropshire's rank within its IMD(2019) decile group

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst

Shropshire is in **Socioeconomic decile 8**

Socioeconomic deprivation
Less deprived

Local authorities in this Deprivation group

Barnet
Bexley
Devon
Dorset
Essex
Havering
Milton Keynes
North Somerset
Redbridge
Shropshire
Solihull
Staffordshire
Trafford
Wandsworth
Warwickshire

Rank	Indicator data
11th OUT OF 13 SIMILAR LOCAL AUTHORITIES WORST	**Drug treatment summary rank (2018/19)** 1 BEST: HAVERING 11 SHROPSHIRE 13 WORST: DEVON
2nd OUT OF 14 SIMILAR LOCAL AUTHORITIES View trend	**Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment (%) (2020/21)** 45.3% BEST: DEVON 47.2% SHROPSHIRE 70.5% WORST: REDBRIDGE
14th OUT OF 15 SIMILAR LOCAL AUTHORITIES View trend	**Proportion waiting more than 3 weeks for drug treatment (2020/21)** 0.0% BEST: HAVERING 12.8% SHROPSHIRE 28.3% WORST: DEVON
11th OUT OF 15 SIMILAR LOCAL AUTHORITIES View trend	**Successful completion of drug treatment, treatment ratio (Current method) (2020)** 1.49 BEST: TRAFFORD 0.74 SHROPSHIRE 0.59 WORST: BARNET
11th OUT OF 14 SIMILAR LOCAL AUTHORITIES View trend	**Deaths in drug treatment, mortality ratio (2018/19 - 20/21)** 0.49 BEST: BARNET 1.06 SHROPSHIRE 1.15 WORST: DEVON

Compared to similar local authorities

In comparison to our most similar local authorities (listed below, based on CIPFA), Shropshire ranks 15th out of 16 for drug treatment overall. This is driven by the proportion waiting 3 weeks or more for drug treatment, where Shropshire ranks worst out of all similar local authorities and 15th out of 16 for successful completion of drug treatment.

Similar local authorities

Similar view: Shropshire's rank within its CIPFA nearest neighbours (most similar local authorities)

Key for summary rank indicators

Group	Definition	Label
1st quartile	Lowest 25% of LAs (low rank is good)	Best
2nd quartile	LAs with values that lie between 25% and 50% in the rankings	Better than average rank
3rd quartile	LAs with values that lie between 50% and 75% in the rankings	Worse than average rank
4th quartile	Highest 25% of LAs	Worst

Rank	Indicator data
15th OUT OF 16 SIMILAR LOCAL AUTHORITIES WORST	**Drug treatment summary rank (2018/19)** 1 BEST: CENTRAL BEDFORDSHIRE 15 SHROPSHIRE 16 WORST: EAST RIDING OF YORKSHIRE
4th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Proportion of opiates and/or crack cocaine users (i.e. OCU) not in treatment (%) (2020/21)** 27.8% BEST: NORTHUMBERLAND 47.2% SHROPSHIRE 59.3% WORST: WILTSHIRE
16th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Proportion waiting more than 3 weeks for drug treatment (2020/21)** 0.0% BEST: EAST RIDING OF YORKSHIRE 12.8% WORST: SHROPSHIRE WORST
15th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Successful completion of drug treatment, treatment ratio (Current method) (2020)** 1.34 BEST: CENTRAL BEDFORDSHIRE 0.74 SHROPSHIRE 0.46 WORST: HEREFORDSHIRE
9th OUT OF 16 SIMILAR LOCAL AUTHORITIES View trend	**Deaths in drug treatment, mortality ratio (2018/19 - 20/21)** 0.50 BEST: CENTRAL BEDFORDSHIRE 1.06 SHROPSHIRE 1.41 WORST: WARRINGTON

Local authorities that are CIPFA nearest neighbours of Shropshire

1. Herefordshire
2. Cheshire East
3. Cornwall
4. North Somerset
5. Cheshire West and Chester
6. Wiltshire
7. East Riding of Yorkshire
8. Northumberland
9. Stockport
10. Bath and North East Somerset
11. South Gloucestershire
12. Central Bedfordshire
13. Isle of Wight
14. Solihull
15. Warrington

Latest activity (Q2 2022/23)

The below table shows the latest performance data for Shropshire's drug and alcohol performance for Q2 of 2022/23 compared the national average (red = worse than national).

The rate for the financial year of 2020/21 is also shown alongside the latest data available (Q1 of 2022/23) and shows improvements in rates for waiting times and successful completions [66].

More specifically, there has been improvements in rates of the following as of quarter 2 of 2022/23 compared to the FY 2020/21:

- Reduction in waiting times > 3 weeks: alcohol, alcohol & non-opiates, opiates, non-opiates
- Reduction in early drop out rates for alcohol and non-opiate users
- Rise in successful completions for alcohol, opiate and non-opiate users

Overall, compared to the previous quarter, the number of new presentations to treatment, the number of adults in treatment and successful completion rates are rising for almost all substance types. Moreover, waiting times are falling along with early drop out rates among opiate users.

[66] NDTMS.

Measure	FY 2020/21	Quarter 2 2022-2023	Trend compared to previous quarter		Trend over time chart	National average
Unmet Need						
Unmet need Alcohol	-	70.0%	▼	0%		80.5%
Unmet need Crack	-	57.5%	▲	0%		57.9%
Unmet need OCU	-	51.9%	▲	0%		54.3%
Unmet need Opiates	-	47.8%	▲	0%		47.9%
Number of adults in treatment						
All substances		1,636	▲	1.1%		-
Alcohol		678	▲	0.9%		-
Alcohol and non-opiate		201	▲	0.5%		-
Non-opiate		160	▲	8.8%		-
Opiate		597	▼	-0.5%		-
New presentations						
Alcohol		55.3%	▲	0.9%		-
Alcohol and non-opiate		16.7%	▲	0.0%		-
Non-opiate		10.6%	▼	-1.8%		-
Opiate		17.4%	▲	0.9%		-
Waiting time of >3 weeks						
All substances	-	8.5%	▲	5%		-
Alcohol	38.0%	4.4%	▲	3%		2.0%
Alcohol and non-opiate	12.0%	8.3%	▼	-3%		0.0%
Non-opiate	20.0%	7.7%	▼	-1%		0.0%
Opiate	29.0%	5.0%	▼	-3%		1.3%
Average years in treatment						
Non opiate clients		0.9	▼	-5.8		0.7
Opiate clients		6.6	▼	-0.1		5.8
Length in treatment						
Non opiate only clients, 2 or more yrs	8.0%	14.1%	▼	-2.8%		6.8%
Opiate clients, 6 or more yrs	35.0%	41.7%	▼	-0.7%		34.5%
Opiate clients, under 2 yrs	36.0%	30.0%	▲	0.6%		32.3%
Early unplanned exits (drop out rates)						
All substances		21.6%	▲	2.3%		-
Alcohol	18.0%	19.7%	▲	2.4%		12.9%
Alcohol and non-opiate	27.0%	24.4%	▲	0.8%		17.1%
Non-opiate	29.0%	34.9%	▲	10.4%		19.3%
Opiate	10.0%	17.0%	▼	-0.7%		16.4%
Successful completions (including re-presentations)						
All substances		17.4%	▼	-1%		-
Alcohol		27.7%	▼	-1%		-
Alcohol and non-opiate		21.4%	▲	1%		-
Non-opiate		18.8%	▼	-6%		-
Opiate		4.0%	▼	-1%		-
Successful completions who do not re-present within 6 months						
All substances	-	18.8%	▲	1%		-
Alcohol	23.5%	29.4%	▲	1%		36.5%
Non-opiate	21.2%	24.8%	▲	3%		24.8%
Opiate	3.9%	4.4%	▼	-1%		5.1%
Deaths in treatment						
All substances	-	3.7%	▲	0.4%		-
Alcohol	-	1.2%	▲	0.5%		0.9%
Alcohol and non-opiate	-	0.7%	▼	-0.2%		0.4%
Non-opiate	-	0.9%	▼	-0.4%		0.2%
Opiate	-	0.9%	▲	0.5%		1.0%
Deaths in treatment						
All substances	-	13	▲	6		-
Alcohol	-	6	▲	3		-
Alcohol and non-opiate	-	1	↔	0		-
Non-opiate	-	1	↔	0		-
Opiate	-	5	▲	3		-

Spotlight on parents/carers and families in substance misuse services

The next section presents profile and outcomes data for parents with problem alcohol and drug use in Shropshire. The data comes from the Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020. Supporting children and families affected by parental alcohol and drug use pack, NTDMS[67]. Except for numbers in treatment, the numbers presented here are for new presentations to treatment only. This includes clients who started treatment between 1 April 2019 and 31 March 2020.

To prevent potential patient identification, all local figures for Shropshire in this report have been rounded to 1 or the nearest 5. Proportions have been calculated from the rounded figures. This is true of all local data except for the overall numbers in treatment.

This report includes benchmark comparisons to local data. These are the areas identified as the nearest neighbours for Shropshire using the Chartered Institute of Public Finance & Accountancy (CIPFA) 2018 Model: Cheshire East, Cheshire West and Chester, Central Bedfordshire, Northumberland, Warrington, Stockport, East Riding of Yorkshire, Herefordshire, Solihull, Isle of Wight, Bath and North East Somerset, South Gloucestershire, North Somerset, Wiltshire, Cornwall & Isles of Scilly. Please see the appendix for a table of these benchmark areas including upper tier local authority codes.

Summary

Green coloured text = better than the national average
Orange text = similar to the national average
Red test = worse than the national average

- Prevalence and unmet need gap: 54% opiate dependent parents and 68% for alcohol dependent parents (both lower than national rates)
- In 2019 to 2020, 34% (706) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 35% (723) of assessments.
- 546 new presentations to treatment (FY 2019/20) aged between 18 and 99. Of those:
    - 133 (24%) were parents or adults living with children
    - 151 (28%) were parents not living with children
    - 261 (48%) were not a parent and had no contact with children
- Majority of new presentations by parents to service were for alcohol misuse (62%).
    - 19% presented with non-opiate & alcohol problems
    - 12% for non-opiate
    - 8% for opiate misuse
- For parents presenting with alcohol misuse, the rate was higher than the benchmark areas.
- 63% of parents or adults living with children presented with a mental health treatment need, higher than the benchmark of 54%.
- The rate of need for mental health treatment and unmet need was similar to the benchmark for parents not living with children.

[67] Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020 Supporting children and families affected by parental alcohol and drug use

    - Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure.
- In Shropshire during 2019-20, there were 1,384 adults in treatment. Of these:
    - 380 (27%) were parents or adults living with children
    - 358 (26%) were parents not living with children
    - 646 (47%) were not parents
- 43% of all adults in treatment during 2019-20 were parents or carers (either living with or not living with children), equating 738 people
- Rates of referral into drug and alcohol treatment were low from children and family social services across all parental groups
- Among parents living with children in treatment, it was non opiate users who spent the longest average number of days in treatment (167 days), compared with 110 days on average in benchmark areas.
- Majority (71%) of parents living with children and not living with children who presented to treatment in 2019-20 were not receiving children or families' support, lower than the benchmark figure of 78%.
- 14% of parents living with children and 10% of parents not living with children had a child protection plan in place, both higher than the benchmark values.
- Support received during treatment:
    - 4% of newly presenting parents living with children received family or parenting recovery support, lower than the benchmark of 7%
    - 7% of parents not living with children received family or parenting recovery support, higher than the benchmark figure of 5%
    - 3% of newly presenting parents living with children received housing or employment recovery support, similar to the benchmark.
    - 3% of newly presenting parents not living with children received housing or employment recovery support compared to the benchmark figure of 8%
- Completion rates were lower across all parental groups in Shropshire compared to benchmark areas:
    - 22% of parents living with children successfully completing compared to the benchmark of 29%
    - 17% of parents not living with children completed compared to 21% in benchmark areas on average.

Prevalence and unmet need

Drugs (opiate only)

In Shropshire, during 2014-15, 348 opiate dependent adults were estimated to be living with children, 256 of which were male and 90 were female and equating to an overall rate of 2 per 1,000 people, similar to the benchmark and national rate.

During 2019-20, there were 159 adults living with children in treatment for opiate dependency meaning that there is an unmet need of 54%, higher than the benchmark of 52% but lower than the national unmet need rate of 58%.

Table 2.2.2 Estimated number of adults with opiate dependence living with children in **Shropshire**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	348	2	2	159	54%	52%
Male	256	3	3	91	64%	60%
Female	92	1	1	68	26%	36%

Table 2.2.1 Estimated number of adults with opiate dependence living with children in **England**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of opiate dependent adults living with children (2014 to 2015)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	74,713	2	31,469	58%
Male	50,828	3	18,901	63%
Female	23,884	1	12,568	47%

Alcohol

In Shropshire, during 2018-19, 607 alcohol dependent adults were estimated to be living with children, 397 of which were male and 210 were female and equating to an overall rate of 2 per 1,000 people, similar to the benchmark and below the national rate.

During 2019-20, there were 195 adults living with children in treatment meaning that there is an unmet need of 68%, lower than the benchmark of 75% and national rate of 79%.

Table 2.1.2 Estimated number of adults with alcohol dependence living with children in **Shropshire**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population		Number in treatment (2019 to 2020)	Unmet treatment need	
		Local	Benchmark		Local	Benchmark
Total	607	2	2	195	68%	75%
Male	397	3	3	103	74%	82%
Female	210	2	2	92	56%	63%

Table 2.1.1 Estimated number of adults with alcohol dependence living with children in **England**, rates per 1,000 of the population and unmet treatment need.

Sex	Estimated number of alcohol dependent adults living with children (2018 to 2019)	Rate per 1,000 of the population	Number in treatment (2019 to 2020)	Unmet treatment need
Total	120,552	3	25,435	79%
Male	80,458	4	13,058	84%
Female	40,094	2	12,377	69%

Below shows the estimated number of children living with adults with alcohol dependence in 2018 to 2019 in England and Shropshire. Please note that these figures are adjusted for double counting (that is, where a child lives with both a male and female with an alcohol dependence).

In Shropshire, there were between 925 and 1,026 children living with at least one adult with alcohol dependence in 2018-19. This equated to a rate of 15-17 per 1,000 children, similar to the benchmark and below the national average.

Table 2.1.3 This table shows estimated number of children living with at least one adult with alcohol dependence in 2018 to 2019 in England and Shropshire, and rates per 1,000 of the population.

Estimated number of children		Rate per 1,000		
England	Shropshire	England	Shropshire	Benchmark
188,858 - 207,560	925 - 1,026	16 - 17	15 - 17	15 - 17

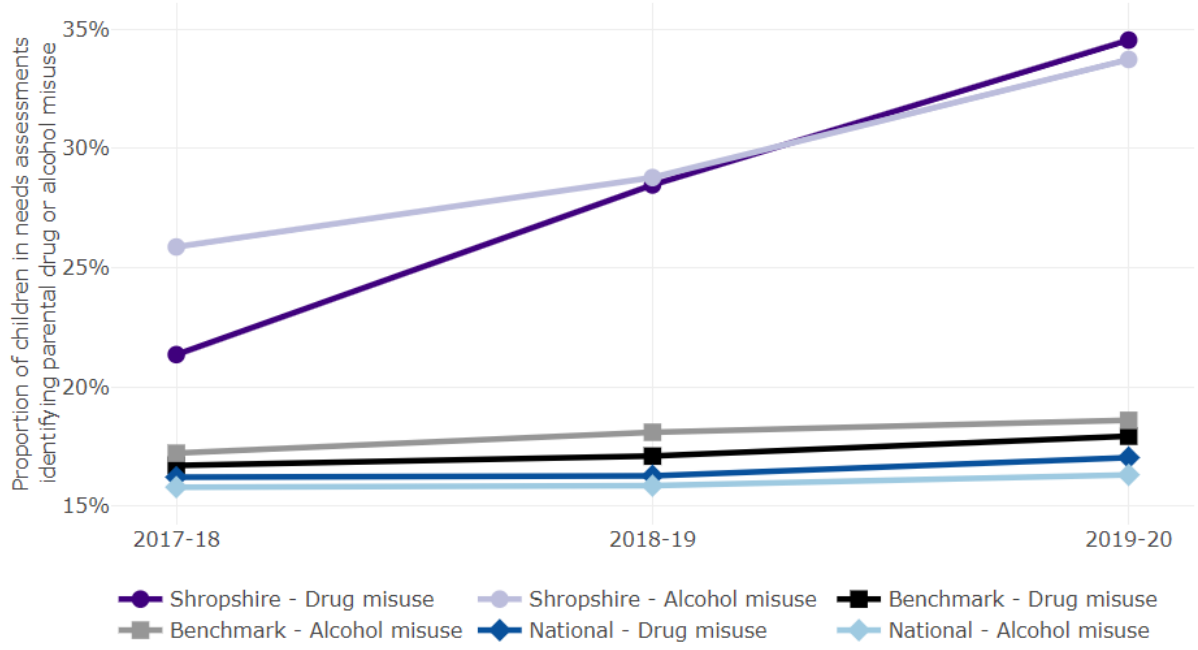
Characteristics of children in need

The Department for Education releases annual statistics on children in need, which we have used below. The figures represent assessment information following a referral to children's social care. An assessment may have more than one factor recorded. For more information, please see: Characteristics of children in need, Reporting Year 2020 – Explore education statistics

Nationally in 2019 to 2020, 16.3% (85,310) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 17.0% (89,100) of assessments.

In Shropshire in 2019 to 2020, 33.7% (706) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 34.5% (723) of assessments.

Figure 5.2.1 Proportion of children in needs assessments identifying drug or alcohol misuse by a parent or other adult living with the child as an issue.



Parents in treatment and new presentations

All in treatment

In Shropshire during 2019-20, there were 1,384 adults in treatment. Of these:

- 380 were parents or adults living with children (27%)
- 358 were parents not living with children (26%)
- 646 were not parents (47%)

This means that 53% of all adults in treatment were parents or carers (either living with or not living with children), equating 738 people.

New presentations

During 2019-20 in Shropshire, there were 546 new presentations to treatment (FY 2019/20) aged between 18 and 99. Of those:

- 133 (24%) were parents or adults living with children
- 151 (28%) were parents not living with children
- 261 (48%) were not a parent and had no contact with children

Of those parents newly presenting to treatment and living with children, 54% were male and 46% were female. Two thirds (66%) were aged 25-44 and majority reported being White (93%) with 4% reporting a BAME ethnicity.

Table 4.1.1.1 Number of clients in treatment and number of new presentations to treatment in 2019 to 2020 in Shropshire.

	All in treatment		New presentations		
Parental status	**N**	**%**	**N**	**%**	**% of all in treatment**
Parent or adult living with children	380	27%	133	24%	35%
Parent not living with children	358	26%	151	28%	42%
Not a parent	646	47%	261	48%	40%
All clients	1,384	100%	545	100%	39%

Figure 4.1.1.5 Proportion of new presentations to treatment in Shropshire and benchmark areas, by parental group and sex.

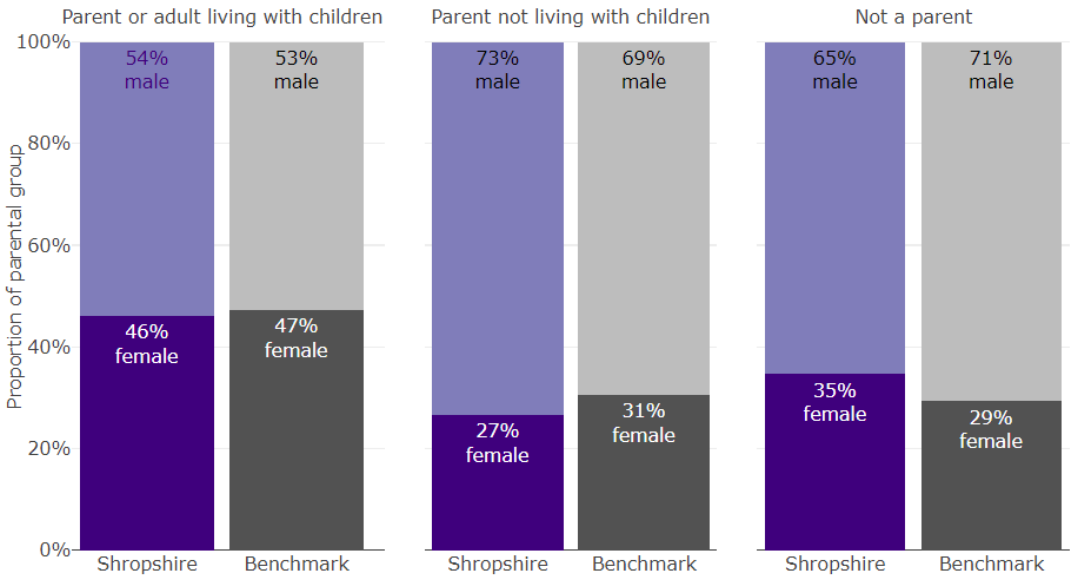
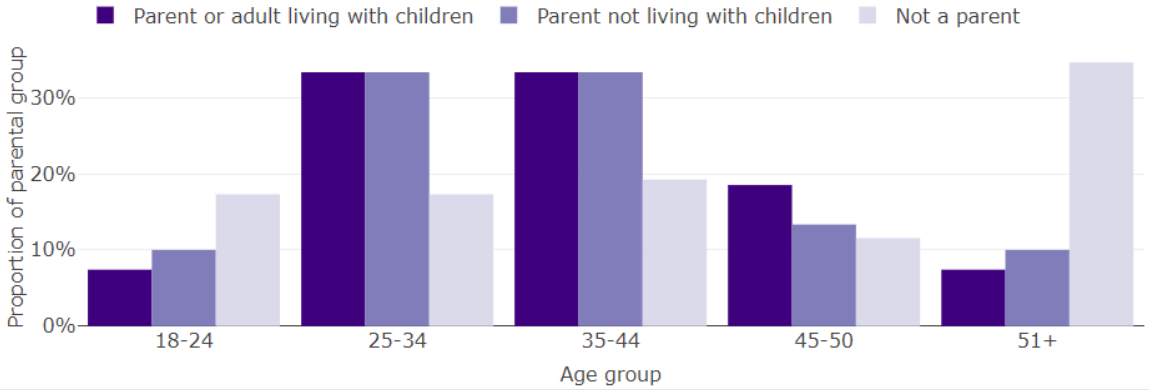


Figure 4.1.1.3 Age breakdown for new presentations to treatment by parental group in **Shropshire**.



Substance use type

Almost a third of parents or adults living with children presenting to drug and alcohol services, presented with alcohol misuse (62%), 19% presented with non-opiate & alcohol problems,12% for non-opiate and 8% for opiate misuse.

For parents presenting with alcohol misuse, the rate was higher than the benchmark areas and for all other groups, the rate was lower than the benchmark.

Figure 4.1.2.1 Breakdown of substance groups for new presentations to treatment in **Shropshire.**

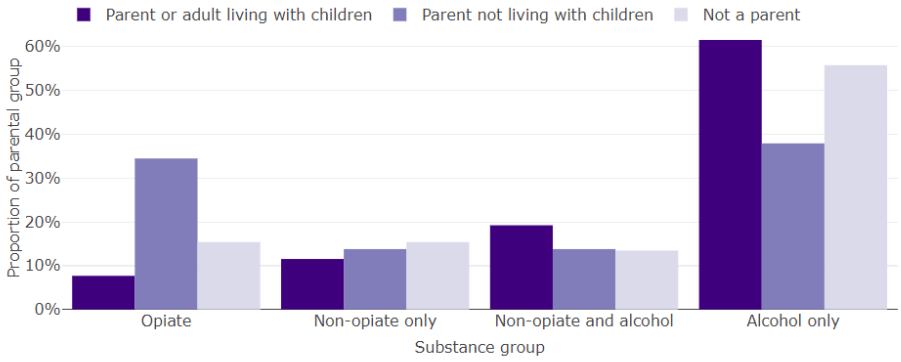
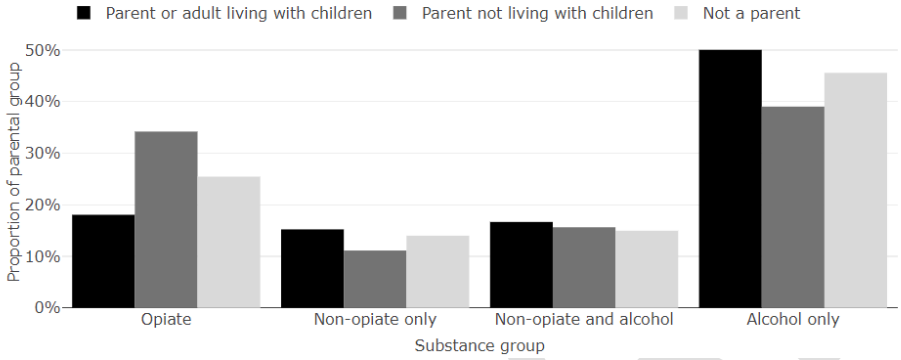


Figure 4.1.2.2 Breakdown of substance groups for new presentations to treatment in **benchmark areas.**



Mental health needs

In Shropshire, 63% of parents or adults living with children presented with a mental health treatment need, higher than the benchmark of 54%. Of those, 1 in 5 (19%) did not receive mental health treatment, similar to the benchmark figure.

The rate of need for mental health treatment and unmet need was similar to the benchmark for parents not living with children.

Figure 4.1.2.3 Proportions of new presentations to treatment with a mental health treatment need.

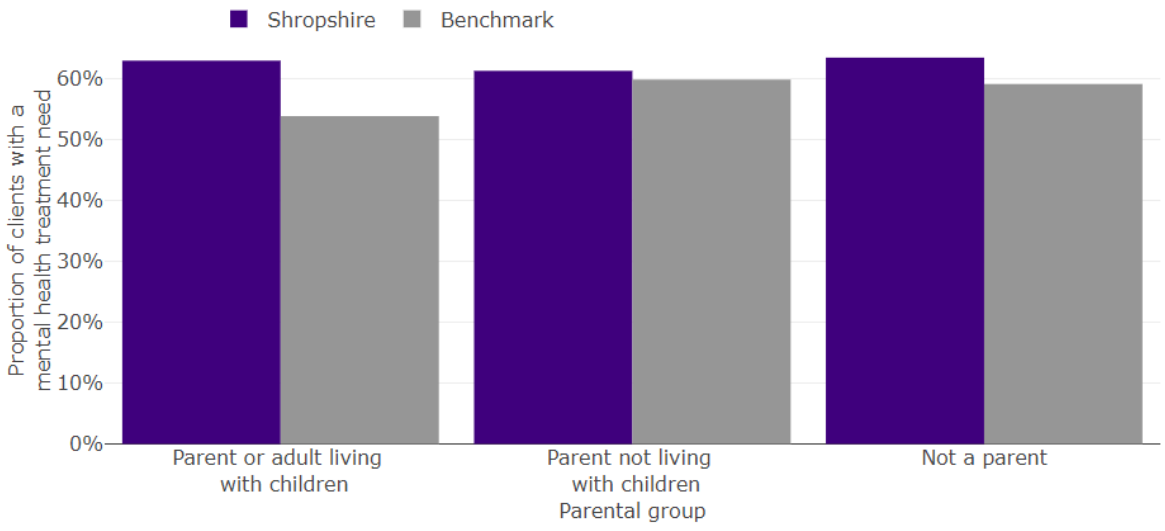
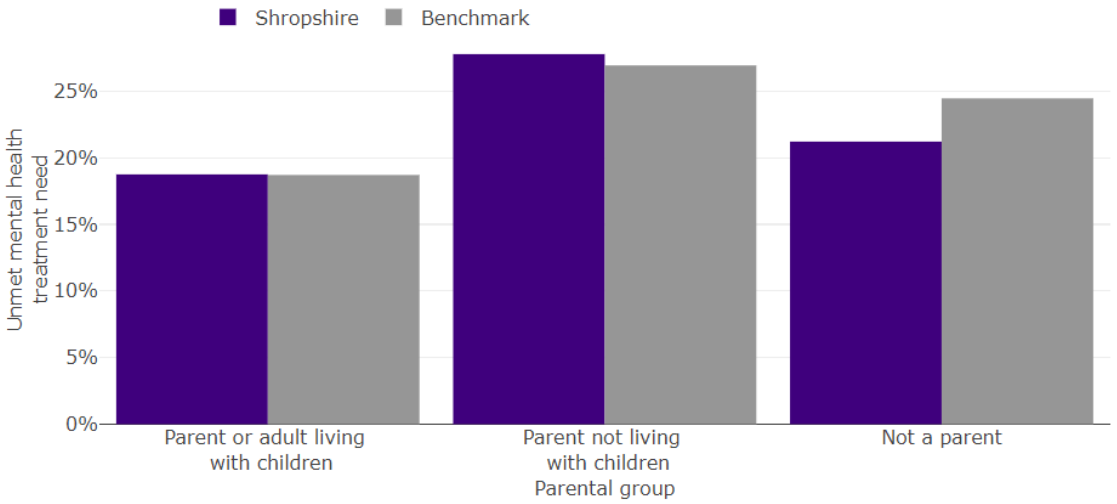


Figure 4.1.2.4 Proportion of clients with a mental health treatment need that did **not** receive mental health treatment.



Treatment and children's services exposure

Referral route

Rates of referral into drug and alcohol treatment were low from children and family social services across all parental groups. Majority in all groups were referred by 'other'. However, 13% of parents not living with children were referred in by the criminal justice system. This is almost an identical picture to the benchmark areas.

Figure 4.1.3.1 Sources of referrals into treatment for new presentations to treatment in **Shropshire**.

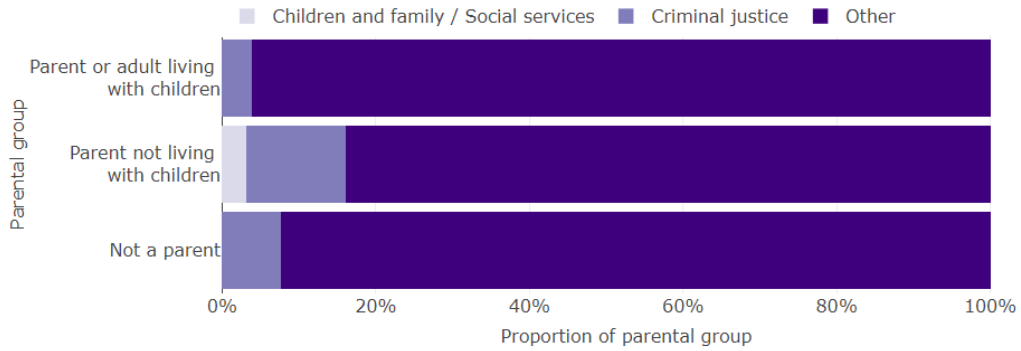
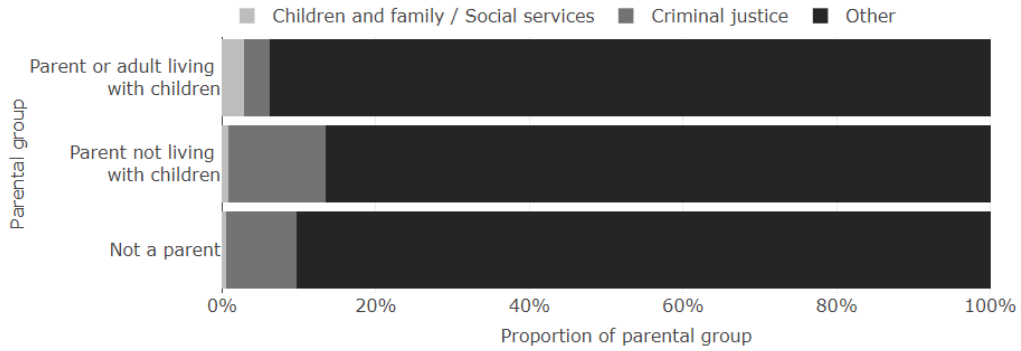


Figure 4.1.3.2 Sources of referrals into treatment for new presentations to treatment in **benchmark areas**.



Time in treatment

The highest average number of days in treatment among parents living with children in treatment in Shropshire was among non-opiate users at 167 days, compared to 110 days on average in benchmark areas.

The longest average time in treatment among benchmark areas was the parents living with children misusing opiates (153 days), with non-opiate users in treatment on average for 110 days in comparison.

The highest average number of days in treatment in Shropshire for parents not living with children and in treatment was for opiate misuse, which was similar to the benchmark (145 vs 146 days).

Figure 4.1.3.3 Average number of days in treatment for new presentations to treatment, by parental status and substance group, in **Shropshire**.

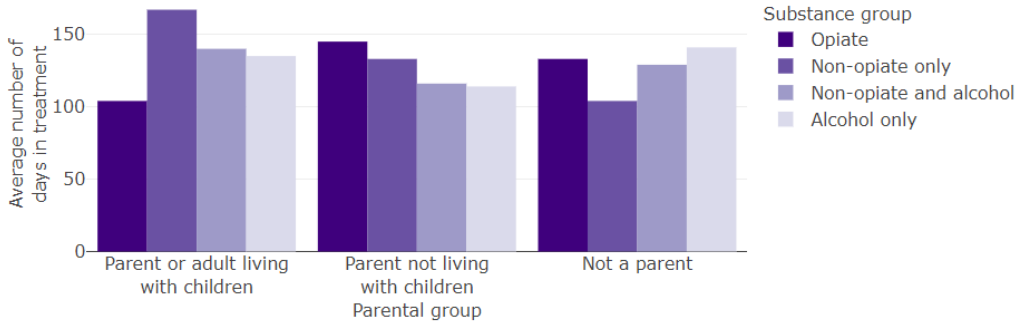
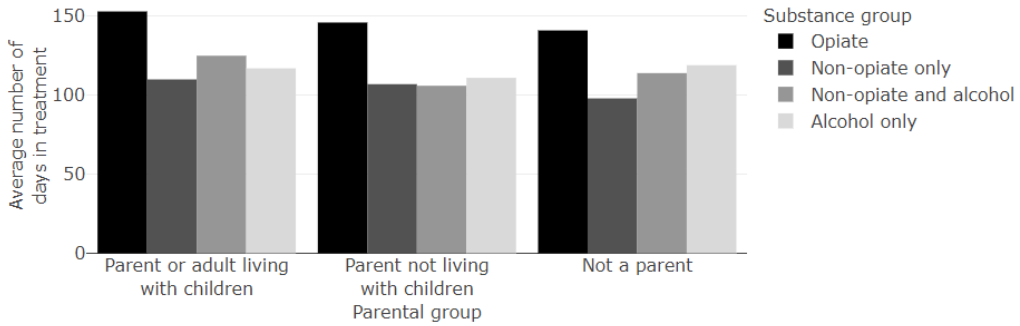


Figure 4.1.3.4 Average number of days in treatment for new presentations to treatment, by parental status and substance group, in **benchmark areas**.



Early help/child social care support

Majority (71%) of parents living with children and not living with children who presented to treatment in 2019-20 were not receiving children or families' support, lower than the benchmark figure of 78%.

However, 14% of parents living with children and 10% of parents not living with children had a child protection plan in place, both higher than the benchmark values.

Figure 4.1.3.5 Proportion of new presentations to treatment who are **parents or adults living with children** receiving early help and child social care support.

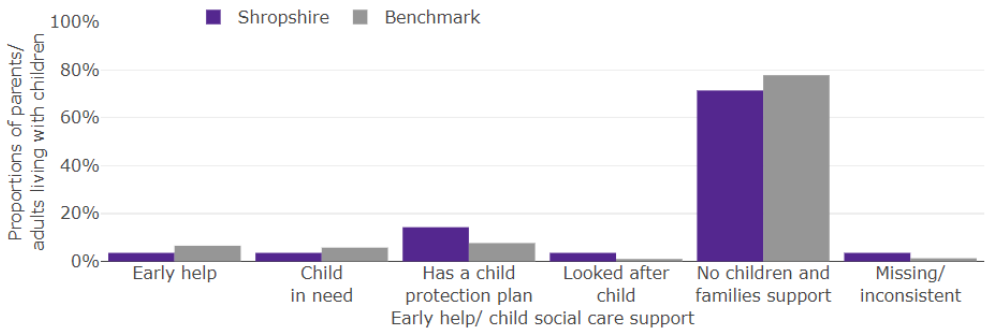
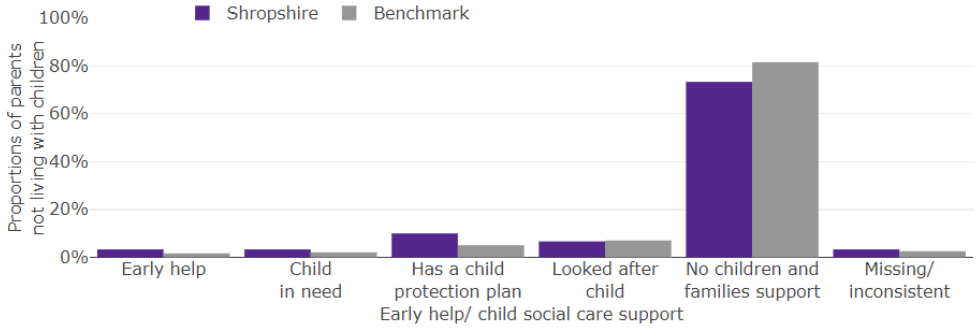


Figure 4.1.3.6 Proportion of new presentations to treatment who are **parents not living with children** receiving early help and child social care support.



Recovery support

Family or parenting support

In Shropshire, 4% of newly presenting parents living with children received family or parenting recovery support during the treatment journey or starting within 3 months after the end of treatment, lower than the benchmark figure of 7%.

However, the rate was higher among newly presenting parents not living with children, with 7% receiving support in Shropshire, compared to the benchmark figure of 5%.

Housing or employment support

In Shropshire, 3% of newly presenting parents living with children received housing or employment recovery support during the treatment journey or starting within 3 months after the end of treatment, similar to the benchmark.

The rate was lower among newly presenting parents not living with children compared to the benchmark figure of 8%, with 3% receiving support in Shropshire.

Figure 4.1.3.7 Proportion of new presentations to treatment receiving **family or parenting** recovery support during the treatment journey or starting within 3 months after the end of treatment.

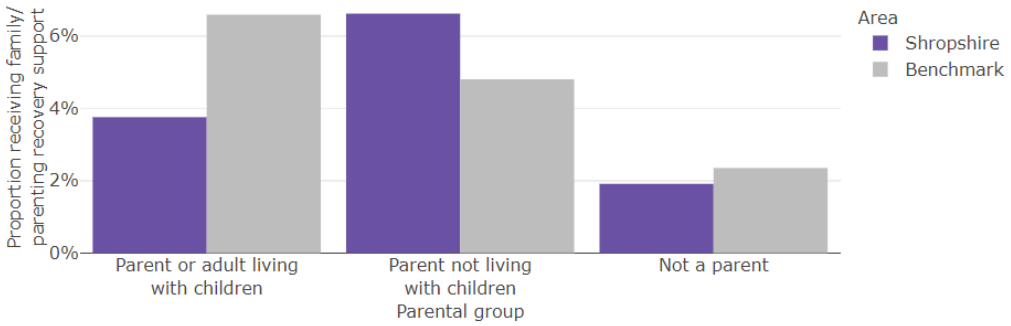
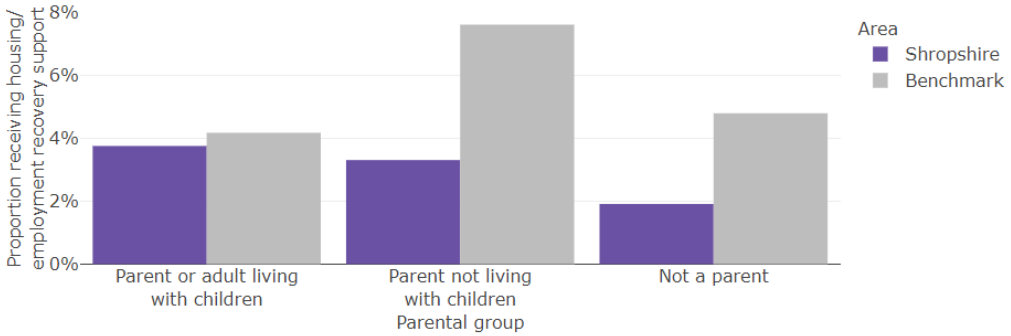


Figure 4.1.3.8 Proportion of new presentations to treatment receiving **housing or employment** recovery support during the treatment journey or starting within 3 months after the end of treatment.



Outcomes

Successful completions show the proportion of the total number of clients in treatment, whose latest treatment journey ended between 1 January 2019 and 31 December 2019 and whose final reason for discharge was ‘treatment completed’.

Completion rates were lower across all parental groups in Shropshire compared to benchmark areas, with 22% of parents living with children successfully completing compared to the benchmark of 29%. 17% of parents not living with children completed compared to 21% in benchmark areas on average.

Completion rates were highest among alcohol users in treatment across all parental groups, with the highest completion rate among parents living with children (38%). However, this is below the benchmark figure of 46%.

For more data on completions and non-representations see the PHE Parents with problem alcohol and drug use: Data for England and Shropshire, 2019 to 2020 data pack.

Figure 4.2.1 Proportion of clients who completed treatment sucessfully.

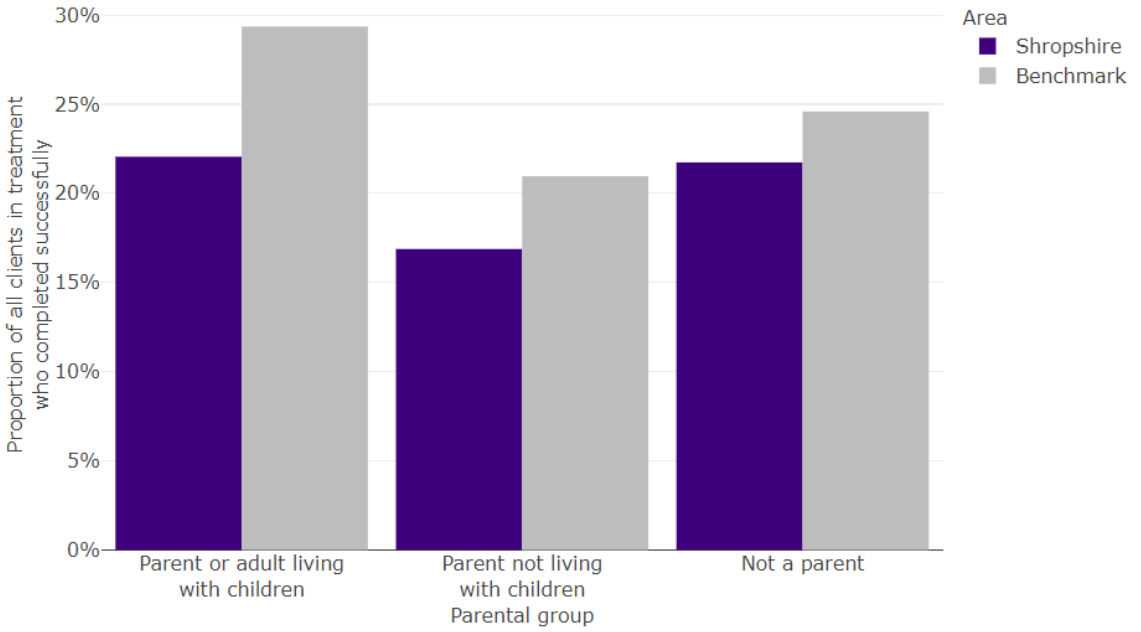


Figure 4.2.2 Successful completions by parental status and substance group in **Shropshire**.

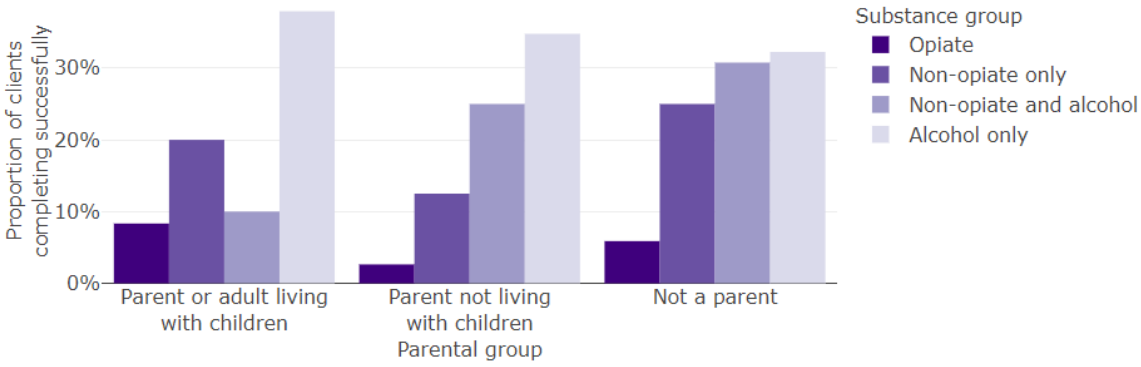
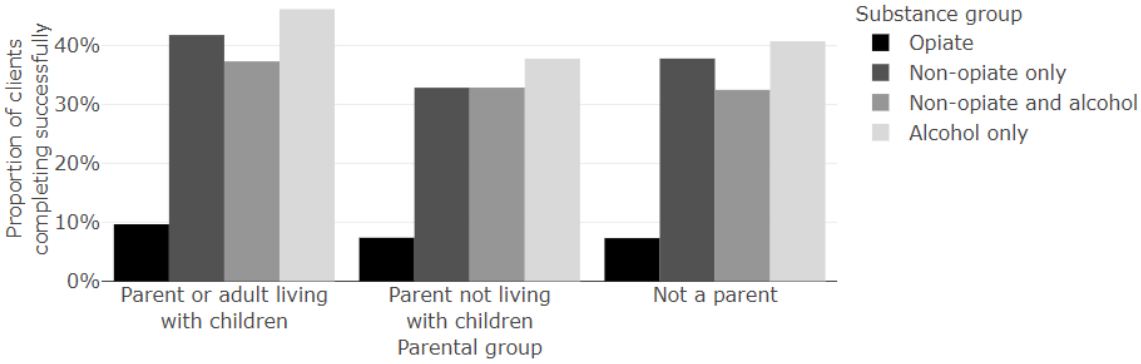


Figure 4.2.3 Successful completions by parental status and substance group in **benchmark areas**.



Spotlight on Young people

While majority of young people do not use drugs, and most of those who do are not dependent, substance misuse can have a major impact on young people's health, their education, their families and their long-term chances in life. It is for these reasons that local authorities are strongly encouraged to continue to invest in substance related service provision across the different levels of need from schools to treating young people's substance misuse.

The data below provides key performance information about young people (under the age of 18 years) accessing specialist substance misuse interventions in your area alongside national data for comparison. Much of the data is taken from the National Drug Treatment Monitoring System (NDTMS) which, for young people, reflects specialist treatment activity reported for those with problems around substance misuse[68].

Although the focuses solely on specialist interventions, the emphasis within the Reducing Demand section of the 2021 Drug Strategy[69] is also on preventing the onset of substance misuse by building resilience in young people and supporting young people and families at risk of substance misuse. The strategy advocates for the provision of good quality education, for targeted support to prevent substance misuse, and for early interventions to avoid any escalation of risk and harm when such problems first arise. The data in this pack should therefore be considered in conjunction with the wider health and wellbeing data that are available nationally and locally to support the substance misuse strategies.

Evidence suggests that effective specialist substance misuse interventions contribute to improved health and wellbeing, better educational attainment, reductions in the numbers of young people not in education, employment or training (NEET) and reduced risk taking behaviour, such as offending (Department for Education, 2010)[70]. The data below provides a comprehensive overview of these specialist interventions.

The Office for Health Improvement and Disparities (OHID) provides information and intelligence about the health of children and young people at local authority and Clinical Commissioning Group (CCG) level to help commissioners and other healthcare professionals improve their services. This includes information about alcohol and other substance misuse. More broadly, information is available about young people's mental and physical health and their health behaviours. These can help inform the effective commissioning and delivery of services for young people and their families. For further information on these resources, see:
https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals

Please note that the percentages given are rounded to the nearest per cent. Totals may not add up to 100 due to rounding. Figures displayed here are based on the methodology used in the national statistics publication and so may differ slightly from previously released figures in periodic reporting. Please be mindful that small numbers in this report may lead to large changes in local proportions over time which do not reflect significant change.

[68] Young people substance misuse commissioning support pack 2022-23: Key data
[69] HM Government (2021) 2021 Drug Strategy. Available at:
https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives
[70] Department for Education (2010) Specialist drug and alcohol services for young people: a Cost Benefit Analysis. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182312/DFE-RR087.pdf

Young people hospital admissions

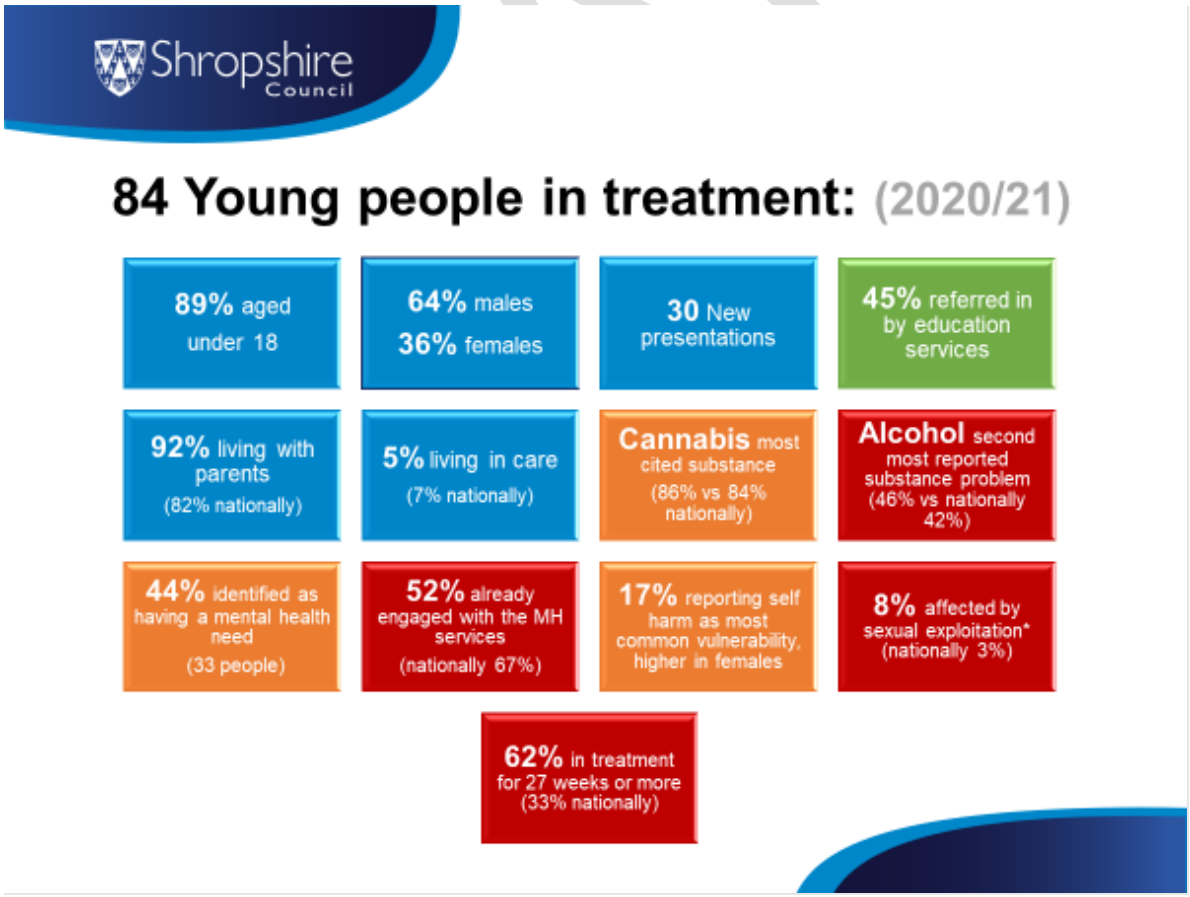
In Shropshire during 2018/19 – 2019-20, there were 63 hospital admissions due to substance misuse per 100,000 15–24-year-olds, a slight fall compared to the previous year and significantly lower than the national rate of 85 admissions per 100,000 15-24 year olds[71].

In Shropshire, there were 22 alcohol-specific admission per 100,000 under 18-year-olds in the three-year period 2017-18 to 2019-20, significantly lower than the national rate of 31 per 100,000 under 18-year-olds. Alcohol specific admissions for under 18s have been trending downwards since 2006-07 to 2008-09, a trend also seen nationally.

The second indicator is an 'alcohol-specific' indicator, where alcohol is causally implicated in all cases, this is as opposed to a broad indicator that includes conditions where alcohol causes some but not all cases adjusted by an alcohol-attributable fraction. This means the second indicator shows a direct health impact of alcohol on the health of under-18s (both males and females).

Summary of Young people in treatment

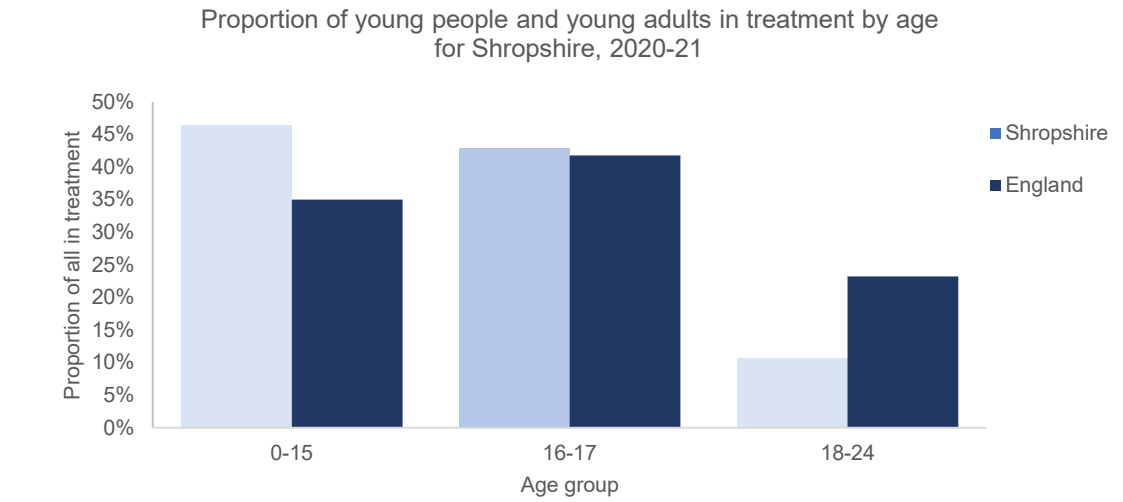
Red boxes indicate where Shropshire is performing worse than England, orange boxes are where Shropshire is similar and green boxes show where Shropshire is performing better or have a higher rate than England. Data comes from NDTMS.



[71] https://fingertips.phe.org.uk/

Numbers in treatment (YP)

In 2020-21, there were 84 young people and young adults in specialist substance misuse services in Shropshire. The age breakdown is shown below with 89% aged under 18 and the remainder aged 18-24. Majority of young people in treatment were White British (81%). Of all those in treatment, 35.7% were new presentations.



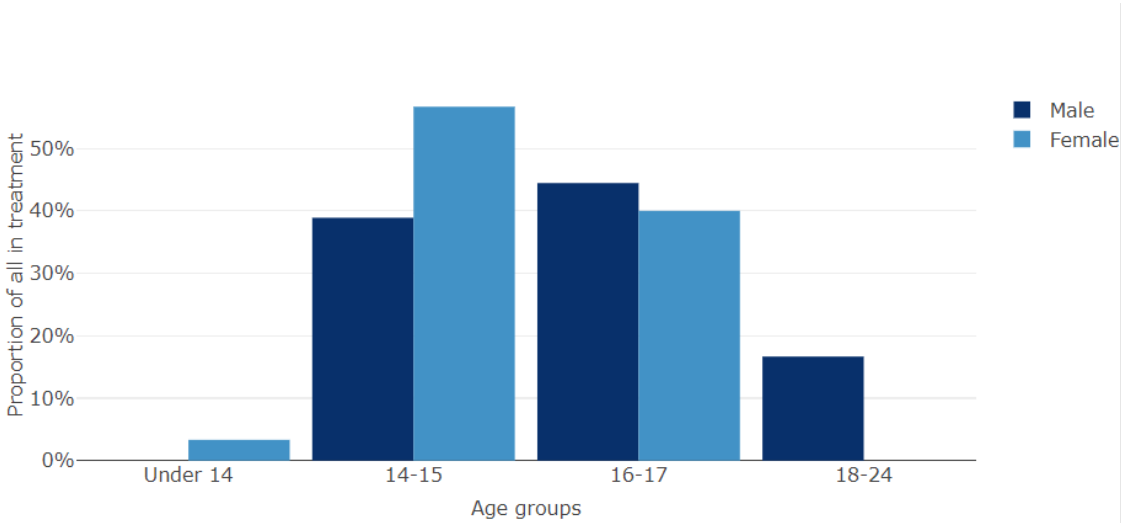


Figure 3.3: Proportion of young people and young adults in treatment by age and sex for **Shropshire, 2020-21**

Substance misuse

The data below also includes those aged 18-24 in specialist substance misuse services for young people.

Cannabis is typically the most common substance for young people's substance misuse, followed by alcohol. Service planning should take account of other substances, including educating young people about their dangers, and planning for some young people requiring prescribing as part of their substance misuse treatment.

The Crime Survey for England and Wales for 2019-20 estimated that around one in five 16-24-year-olds had taken a drug in the last year, data on younger people is not available. The survey found that cannabis was the most common drug, used by 19% of 16-24-year-olds, and nitrous oxide was the second most common, used by 9%. Drug use was more common in low-income households. The survey results are available here: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020

In Shropshire, cannabis was the most cited substance among young people in treatment in 2020-21, with 86% reporting a problem with this substance, similar to the national figure (84%). Alcohol was the second most reported substance problem at 46%, higher than the England figure of 42%, meaning Shropshire had a higher percentage of young people in treatment for alcohol dependence in 2020-21 than nationally. This was also true for cocaine, nicotine, ecstasy, ketamine, where Shropshire's rates are almost all double the national rate.

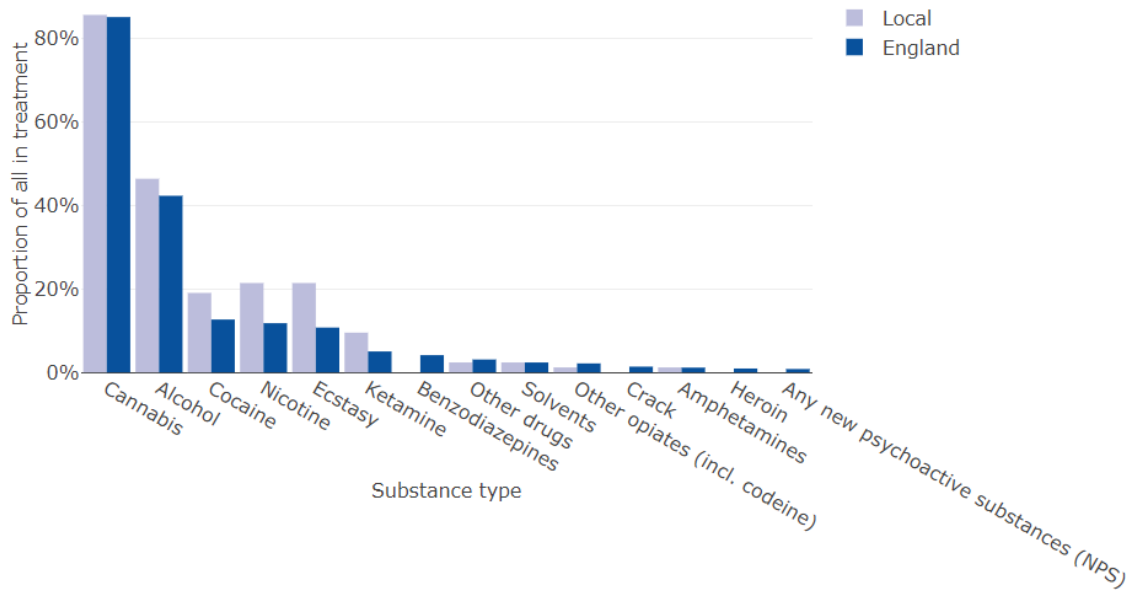


Figure 3.14: Proportion of young people **(including 18-24 in young people's services)** in treatment reporting problem substances for **Shropshire** and **England**, **2020-21**

Source of referral

Almost half of referrals in Shropshire for young people (45%) came from education services, higher than seen nationally (25%). Referrals from all other sources were lower than the national average except for referrals from other substance misuse services. Of note is referrals from the youth service, with Shropshire's rate being 12% whereas nationally it was almost double that at 22%.

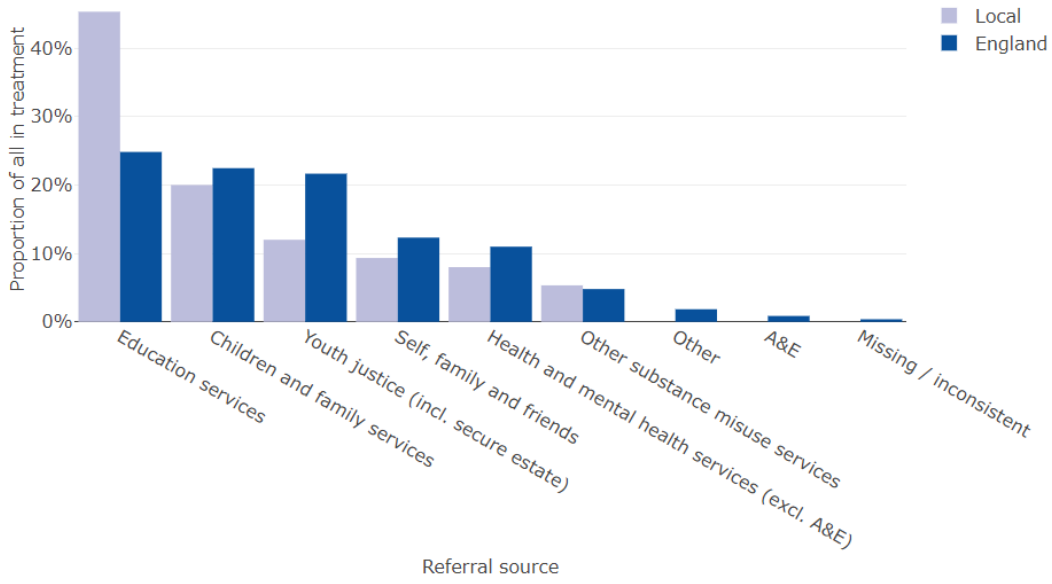


Figure 3.9: Proportion of young people **(under 18)** in treatment by referral source for **Shropshire** and **England**, **2020-21**

Co-occurring mental health and substance misuse issues

In Shropshire, 44% of all young people new presentations to treatment were identified as having a mental head need (33 people), similar to the national average of 42%. Rates of need were higher among females compared to males; a trend also seen nationally.

Table 3.28: Young people **(under 18)** in treatment in **2020-21** and identified as having a mental health treatment need at the start of treatment, for **Shropshire** and **England**

Local				England			
Total young people with mental health need	Proportion of all in treatment	Male (%)	Female (%)	Total young people with mental health need	Proportion of all in treatment	Male (%)	Female (%)
33	44%	38%	53%	4,645	42%	35%	56%

Of those identified as having a mental health need at the start of treatment, almost half (45%) were already engaged with the Community Mental Health Team/Other mental health services, a lower rate than seen nationally (55%). Rates of these clients receiving treatment from their GP was also lower than seen nationally (3% vs 7%).

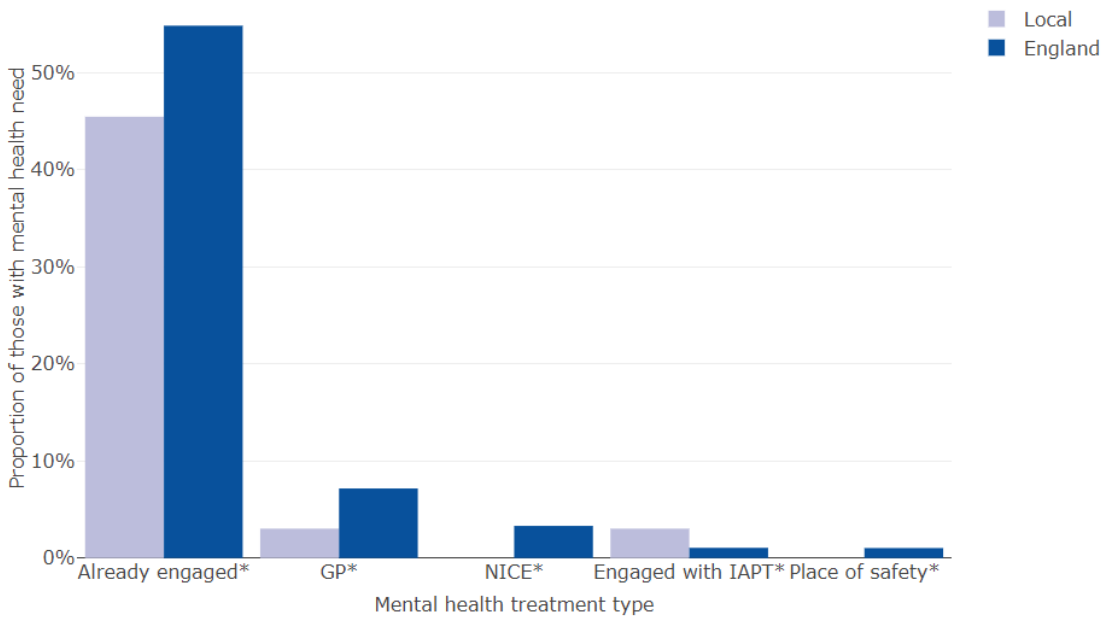


Figure 3.23: Proportion of young people **(under 18)** identified as having a mental health treatment need and receiving treatment for their mental health for **Shropshire** and **England, 2020-21**

Education and employment

In Shropshire, 63% of young people presenting to treatment were in mainstream education, higher than the national average of 56% and 21% were in alternative education, higher than the national average of 18%.

In Shropshire, 9% of young people presenting to treatment were not in education, employment or training (NEET) compared to 16% nationally. Being NEET can have adverse effects on young people's wellbeing and life chances.

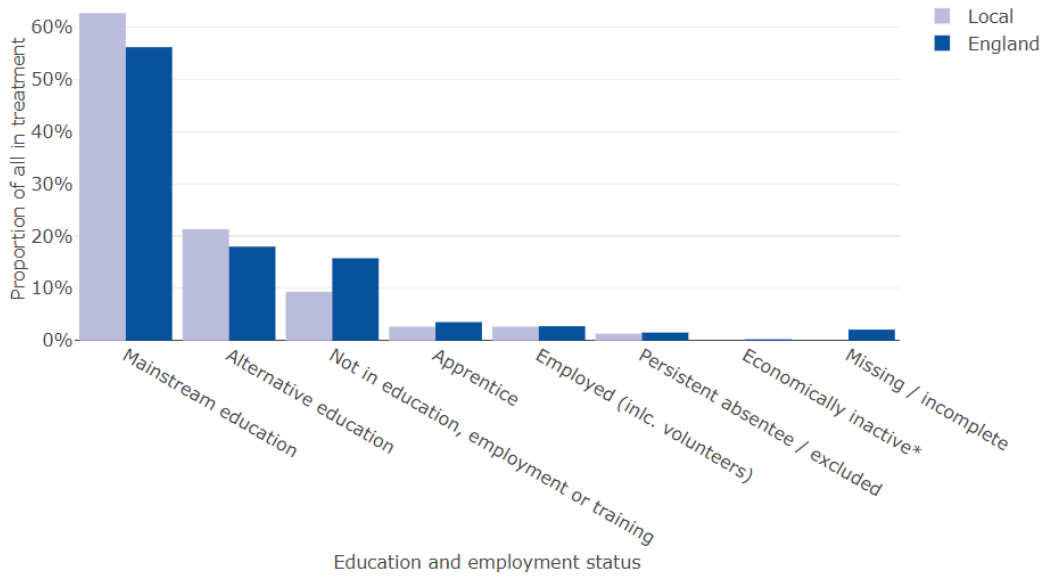


Figure 3.24: Proportion of young people **(under 18)** in treatment employment status at the start of their treatment for **Shropshire** and **England, 2020-21**

Housing and homelessness

In Shropshire, 92% of young people in treatment were living with parents, higher than the national figure of 82%. 5% of young people in treatment were living in care, below the national rate of 7%.

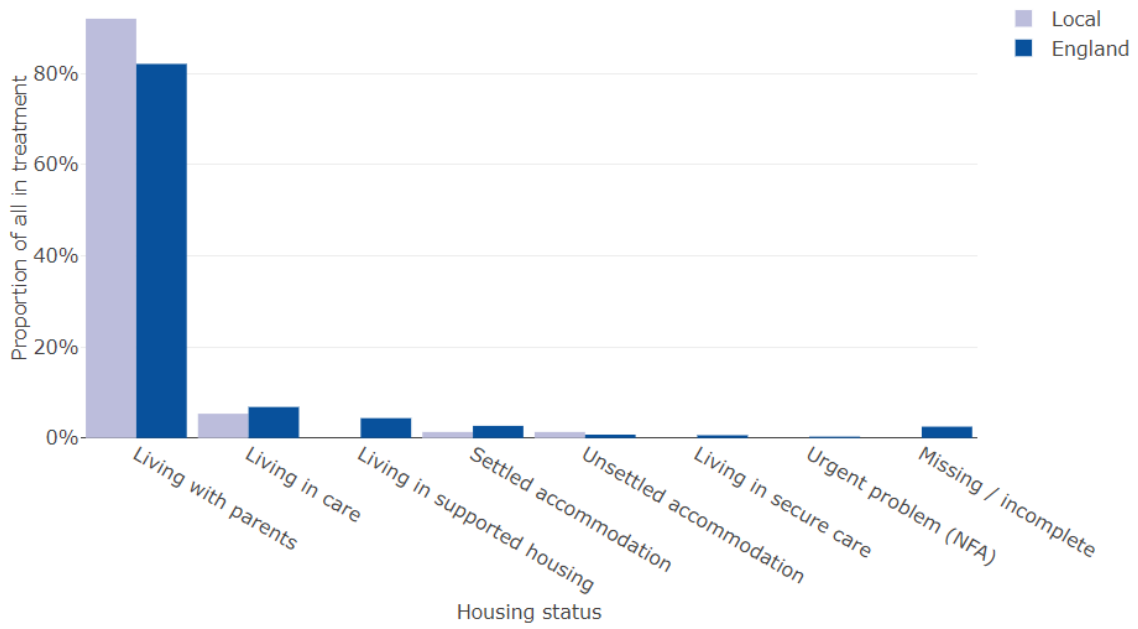


Figure 3.25: Proportion of young people **(under 18)** in treatment accommodation status at the start of their treatment for **Shropshire** and **England, 2020-21**

Length of time in treatment

This shows the time young people in your area spent receiving specialist interventions (latest contact). Young people generally spend less time in specialist interventions than adults because their substance misuse is not as entrenched. However, those with complex care needs often require support for longer.

In Shropshire, the rate of young in treatment for long periods of time is almost double that of the national rate, with 62% in treatment for 27 weeks or more in Shropshire compared to 33% nationally.

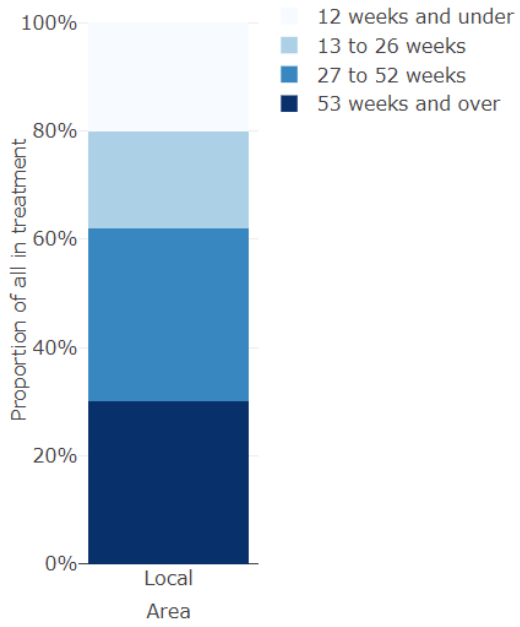


Figure 3.26: Proportion of length of time in treatment for young people **(under 18)** exiting treatment for **Shropshire, 2020-21**

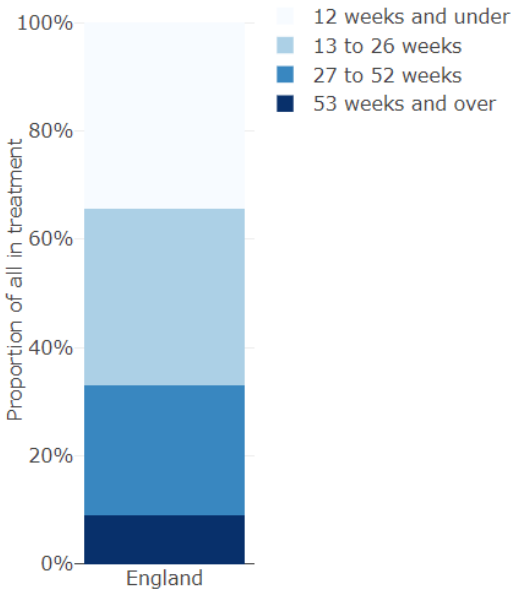


Figure 3.27: Proportion of length of time in treatment for young people **(under 18)** exiting treatment for **England, 2020-21**

Vulnerabilities of young people in specialist substance misuse services

Many young people receiving specialist interventions for substance misuse have a range of vulnerabilities. Examples of the types of vulnerabilities / risks young people report having at the start of treatment include: not in education, employment or training (NEET), in contact with the youth justice system, experience of domestic abuse and sexual exploitation. Substance misuse, for example, is associated with early sexual initiation and other risky sexual behaviours [72].

Universal and targeted services have a role to play in building resilience and providing substance misuse advice and support at the earliest opportunity. Specialist services should be provided to those whose use has escalated and/or is causing them harm. There should be effective pathways between specialist services and children's social care for those young people who are vulnerable and age-appropriate care should be available for all young people in specialist services.

Substance misuse services for young people may need to consider sex differences in the treatment population. There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic abuse, and affected by sexual abuse including exploitation. Boys also experience domestic abuse, sexual exploitation and self-harm, and this should be explored by services. Services available need to be tailored to the specific needs of girls and boys within these services and ensure that young people with multiple vulnerabilities or a high risk of substance misuse-related harm get extra support with clear referral pathways and joint working protocols.

[72] Public Health England (2017) Child Sexual Exploitation: how Public Health can support Prevention and Intervention. Available at: https://www.gov.uk/government/publications/child-sexual-exploitation-prevention-and-intervention

In Shropshire, the most common vulnerability reported was self-harm with 17% of all young people (under 18) in treatment in Shropshire reporting being involved in self-harm, similar to the national figure of 16%. Self-harm rates in Shropshire were higher among females in treatment compared to males (11% vs 27%), a trend also seen nationally.

A much lower proportion of young people in treatment reported anti-social behaviour in Shropshire compared to nationally, with 7% in Shropshire and 21% on average across England. This was the most common vulnerability nationally, whereas it was 4th highest in Shropshire.

In Shropshire, the rate of young people in treatment affected by sexual exploitation was more than double than seen nationally, with 8% of young people in Shropshire and 3% nationally. However, the counts behind this rate are low in Shropshire with 6 young people reporting being affected by sexual exploitation.

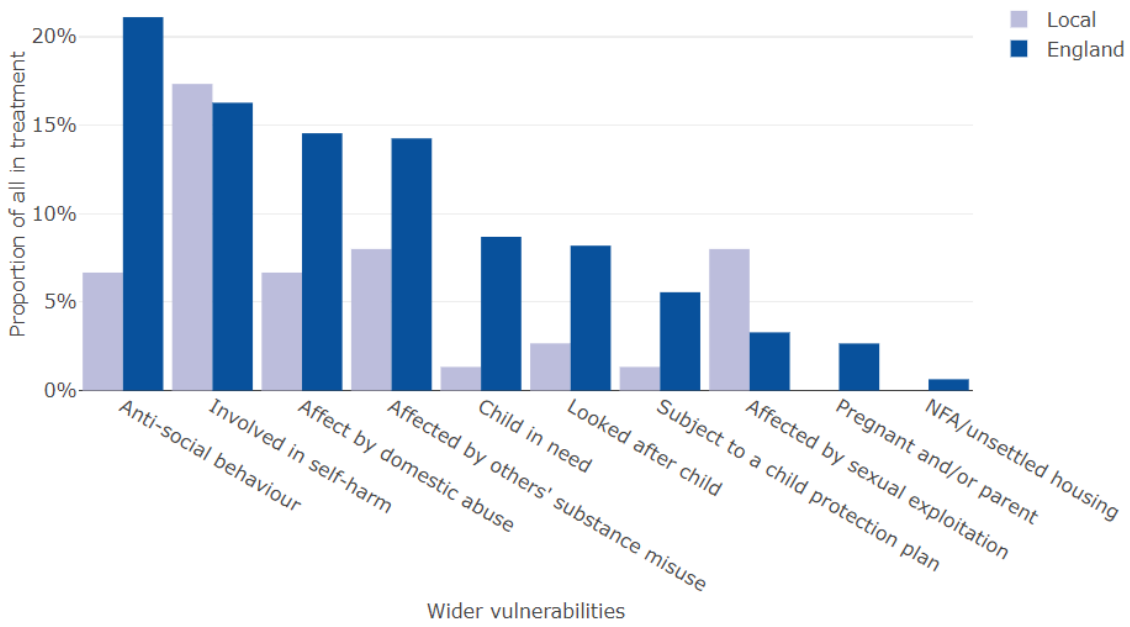


Figure 3.28: Proportion of young people **(under 18)** in treatment with wider vulnerabilities **Shropshire** and **England, 2020-21**

Treatment exits

This section shows the number of young people who have left specialist interventions successfully and the proportion that return to treatment, referred to as re-presentations. Young people's circumstances can change, as does their ability to cope. If they re-present to treatment, this is not necessarily a failure and they should be rapidly re-assessed to inform a new care plan that addresses all their problems.

Successful completions

Half (53%) of young people aged under 18 in treatment during 2020-21 (FY) in Shropshire successfully left treatment, equating to 40 young people. The rate of successful completions is similar to the national average but has fallen compared to the previous year. Rates are higher among males compared to females in Shropshire (60% vs 43%).

Table 3.41: Young people **(under 18)** leaving treatment successfully for **Shropshire** and **England**, **2020-21**

Area	Total leaving treatment successfully	Proportion of treatment population	Male (%)	Female (%)
Local	40	53%	60%	43%
England	5,725	52%	53%	50%

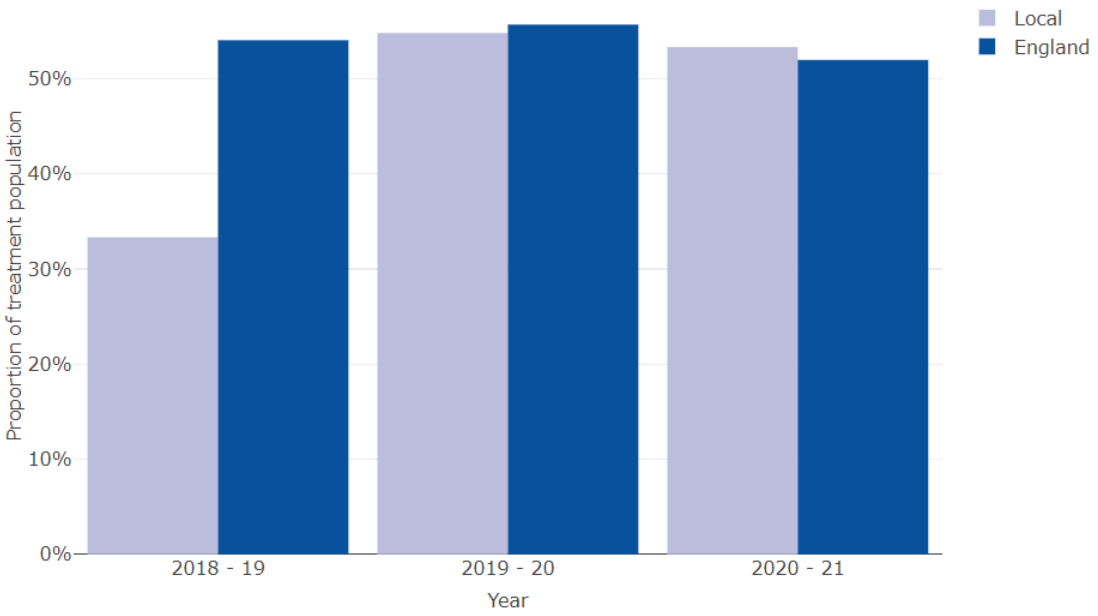


Figure 3.31: Proportion of young people **(under 18)** treatment population leaving treatment successfully for **Shropshire** and **England**, **2018-19** to **2020-21**

Of all those who exited the service, 80% left successfully in Shropshire. This is similar to the national rate of 79%.

Table 3.42: Young people **(under 18)** leaving treatment successfully, as a proportion of all exits for **Shropshire** and **England**, **2020-21**

Area	Total leaving treatment successfully	Total exiting treatment	Proportion of all exits	Male (%)	Female (%)
Local	40	50	80%	79%	81%
England	5,725	7,237	79%	79%	78%

Successful completions and non-presentations

The re-presentation information is based on planned exits between 1 January 2020 and 31 December 2020, with re-presentations up to 6 months after exiting. It is included to help with monitoring the effectiveness of specialist interventions; a high re-presentation rate may suggest a problem with the treatment system, or an outside factor driving young people to need to return to treatment.

In Shropshire in 2020, 62 young people successfully completed treatment and 98% of them did not re-present within six months, slightly higher than the national rate of 96% and stable compared to the previous time periods.

Table 3.43: Young people **(under 18)** successfully completing treatment and not re-presenting to young people's specialist services within six months for **Shropshire** and **England**, exits during **2020**

Area	Total successful completions	Total non-representing	Proportion non-representing	Male (%)	Female (%)
Local	62	61	98%	98%	100%
England	5,936	5,697	96%	96%	97%

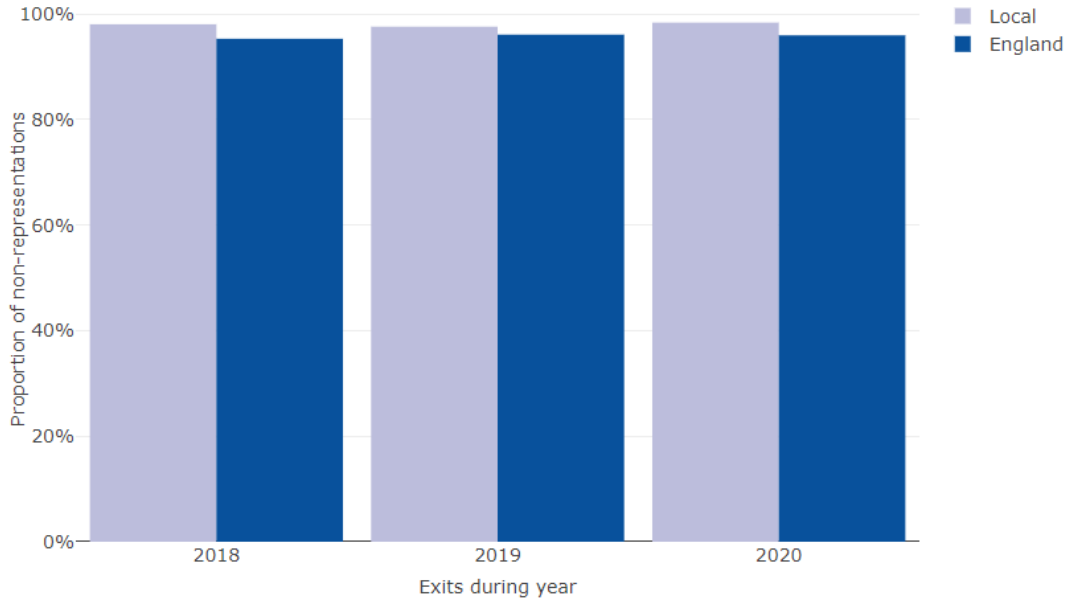


Figure 3.33: Proportion of young people **(under 18)** successfully completing treatment and not re-presenting to young people's specialist services within six months for **Shropshire** and **England**, exits during **2018** to **2020**

Engagement with stakeholders

A wide range of stakeholders and professionals were consulted to inform the needs assessment. A questionnaire was developed for completion using Smart Survey. The full questionnaire can be found here.

Responses were collected between 25th October 2022 and 13th November 2022. In total, 92 responses were received. The findings are presented below.

Respondents

Over one third (36%) of responses were local authority professionals, 17% were health service professionals and 15% were GPs. The smallest representation was from the Police and Probation.

8 responses were from other sectors such as: Shrewsbury Business Improvement District, The Ark (homeless shelter), Councillors, education and the private sector.

1. Which sector do you represent?

	Answer Choices	Response Percent	Response Total
1	Commissioned providers	4.35%	4
2	Housing providers	3.26%	3
3	Local authorities (e.g. Children services, Adult Social Care)	35.87%	33
4	Mental Health Trusts and organisations	5.43%	5
5	Police and Probation	2.17%	2
6	Voluntary and Community sector	7.61%	7
7	Health services	17.39%	16
8	GP	15.22%	14
9	Other (please specify):	8.70%	8
		answered	92
		skipped	0

Volume of referrals

Majority of respondents did not make any referrals to the service in the last 12 months (41%) and a slightly smaller proportion made 1-10 referrals (37%). 22% made more than 11 referrals in the last 12 months.

2. Approximately, how many referrals have you made into drug and alcohol services in the last 12 months?

	Answer Choices	Response Percent	Response Total
1	0	41.30%	38
2	1-10	36.96%	34
3	11-20	7.61%	7
4	21-30	6.52%	6

2. Approximately, how many referrals have you made into drug and alcohol services in the last 12 months?				
5	31-40		1.09%	1
6	40+		6.52%	6
			answered	92
			skipped	0

Main triggers of drug and alcohol misuse

The main theme emerging was that it's usually a combination of multiple triggers which lead to drug or alcohol misuse:

> *"It is complex, all of the above can be triggers, as well as having a genetic disposition to addiction."*

ACE's and mental health were identified as the most common triggers of alcohol and substance misuse, with 75% of participants highlighting both as key risk factors. Self-medication and deprivation were also identified as main triggers by 62% and 58% respectively.

Other triggers highlighted were trauma; trafficking; grooming, bereavement; lack of perceived fairness in our country; feelings of hopelessness; lack of understanding about access to support in early stages of mis-use; ACE and FAS (neo-natal); poverty and social trauma (Toxic trio, hate crime etc) result in poor attachment and coping mechanisms plus high cortisol so resulting in higher risk-taking behaviours.

> *"Individual journeys will involve many factors. Services need to be geared up for assertive approaches to unlock and work with whatever and however that person needs to be supported and not try and push them through set processes or packages of care."*

3. What do you understand as the main trigger of drug and alcohol misuse?				
Answer Choices			**Response Percent**	**Response Total**
1	Adverse childhood experiences		75.00%	69
2	Mental health		75.00%	69
3	Financial pressure		53.26%	49
4	Deprivation		57.61%	53
5	Unemployment		55.43%	51
6	Escapism		47.83%	44
7	Fun		32.61%	30
8	Peer pressure		44.57%	41

3. What do you understand as the main trigger of drug and alcohol misuse?				
9	Self-medication		61.96%	57
10	Other (please specify):		16.30%	15
			answered	92
			skipped	0

Effectiveness of different agencies in dealing with substance misuse in Shropshire

Majority of respondents (between 45-50%) felt that the Police, Shropshire Council Public health and WAWY are somewhat effective in dealing with substance misuse in Shropshire. Between 27-31% of participants felt that the Police, Shropshire Public health and WAWY are not so effective.

23% of respondents felt WAWY are very or extremely effective at dealing with substance misuse, equating to 19 stakeholders.

4. How effectively are these agencies dealing with substance misuse in Shropshire?						
Answer Choices	**Extremely effective**	**Very effective**	**Somewhat effective**	**Not so effective**	**Not at all effective**	**Response Total**
Police	7.32% 6	6.10% 5	50.00% 41	30.49% 25	6.10% 5	82
Shropshire Council Public Health	7.32% 6	7.32% 6	47.56% 39	29.27% 24	8.54% 7	82
We Are With You (WAWY, provider)	7.23% 6	15.66% 13	44.58% 37	26.51% 22	6.02% 5	83
					answered	89
					skipped	3

Partnership working

Half of respondents reported that treatment services are somewhat effective in partnership working with other organisations and services and 32% felt they were not so effective.

5. Do you think local treatment services are working effectively in partnership with other services/organisations?				
Answer Choices			**Response Percent**	**Response Total**
1	Extremely effective		3.37%	3
2	Very effective		8.99%	8
3	Somewhat effective		49.44%	44
4	Not so effective		31.46%	28
5	Not at all effective		6.74%	6
			answered	89

5. Do you think local treatment services are working effectively in partnership with other services/organisations?		
	skipped	3

Access to the service

42% of respondents felt that it was easy or very easy to find information about the drug or alcohol services available in Shropshire for their patient/service user, equating to 28 stakeholders.

6. When contacting the service for the first time, how easy was it to find information about the drug or alcohol services available in Shropshire for your patient/service user?				
Answer Choices			**Response Percent**	**Response Total**
1	Very easy		9.09%	6
2	Easy		33.33%	22
3	Neither easy nor difficult		43.94%	29
4	Difficult		10.61%	7
5	Very difficult		3.03%	2
			answered	66
			skipped	26

Location of services

Half of respondents (51%) reported that the location of the drug and alcohol services are somewhat suitable with 26% reporting that they are not so suitable.

7. Do you think the current locations of the venues for drug and alcohol services are suitable for your patient / service user's needs?				
Answer Choices			**Response Percent**	**Response Total**
1	Extremely suitable		3.08%	2
2	Very suitable		12.31%	8
3	Somewhat suitable		50.77%	33
4	Not so suitable		26.15%	17
5	Not at all suitable		7.69%	5
			answered	65
			skipped	27

Half (51%) of respondents felt that drug and alcohol services are most effectively delivered from a single central location. The reason for this being it enables standardisation of services and it is easy to promote.

However, majority of responses were in favour of multiple locations due to difficulties with public transport around the county, cost of travel, accessibility and the notion that people don't like to always be seen accessing services within the locality in which they live.

Many highlighted a strong need for local community venues/hubs, well connected to public transport, acting as satellite sites alongside a centralised service to ensure the service is more accessible for those living in rural communities and outlying towns.

There was also a strong theme of bringing back GP-based care as this reduce stigma and helps with other health needs. A mixture of venue types was also suggested for delivery in both clinical and non-clinical settings.

"Service users should not have to feel they have to jump through hoops to access vital support, they should feel the support is there in their immediate community, and the support needs to be adaptable to the circumstances of each individual service user as much as is feasible. Having a central location alongside outreach workers and other community pop ups is necessary."

8. Do you think drug and alcohol services are most effectively delivered from a single central location?

	Answer Choices	Response Percent	Response Total
1	Yes - if so, why?	50.77%	33
2	No - if not, why not?	21.54%	14
3	Don't know	27.69%	18
		answered	65
		skipped	27

Functionality of service

Overall, stakeholders reported that all aspects of functionality listed need improvement, with the exception of quality of care which had the same proportion of respondents reporting it as working well.

Stakeholders reported that the referral process works well (48%), however 37% reported that it needs improvement. Communication also was flagged as needing improvement (42%), however 32% feel communication is working well. Waiting times is the area of service functionality which stakeholders reported requires most improvement, with 59% reporting this as needing improvement. 67% of stakeholders reported that the location of services needs improvement (52%) or is poor (15%). However, 28% reported that it works well. An

equal number of stakeholder respondents reported that the quality of care works well (44%) or needs improvement (44%). Almost half (49%) of respondents reported that the partnership working needs improvement, with 35% reporting that this works well.

9. Please rate the following aspects of the services functionality using the scale:					
Answer Choices	**Excellent**	**Works well**	**Needs improvement**	**Poor**	**Response Total**
Referral process	6.45% 4	48.39% 30	37.10% 23	8.06% 5	62
Communication	9.68% 6	32.26% 20	41.94% 26	16.13% 10	62
Waiting times	4.92% 3	19.67% 12	59.02% 36	16.39% 10	61
Location of services	5.00% 3	28.33% 17	51.67% 31	15.00% 9	60
Quality of care	6.56% 4	44.26% 27	44.26% 27	4.92% 3	61
Partnership working	6.35% 4	34.92% 22	49.21% 31	9.52% 6	63
				answered	63
				skipped	29

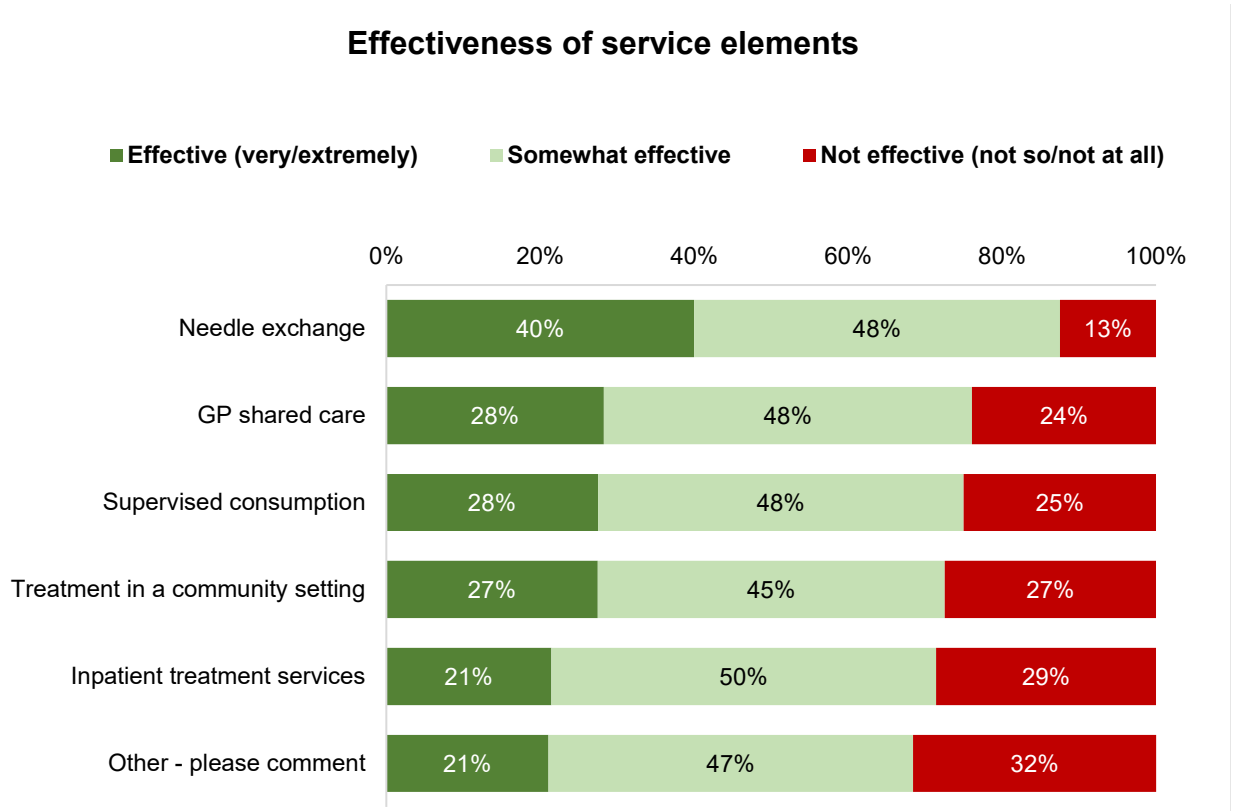
Service provision effectiveness

Majority (45-50%) of respondents rated each service provision element as somewhat effective.

Needle exchange had the highest proportion of respondents reporting it as very or extremely effective (40%), with 13% rating it as not so effective or not at all effective. Whilst half of respondents rated inpatient treatment as somewhat effective, a higher proportion rated inpatient treatment as not so or not at all effective (29%) compared to those who rated it very or extremely effective (21%).

'Other' service elements highlighted were telephone appointments with clients rather than face to face which were viewed as ineffective. Conversely, home visits and dual diagnosis workers were suggested to be effective. Another barrier highlighted:

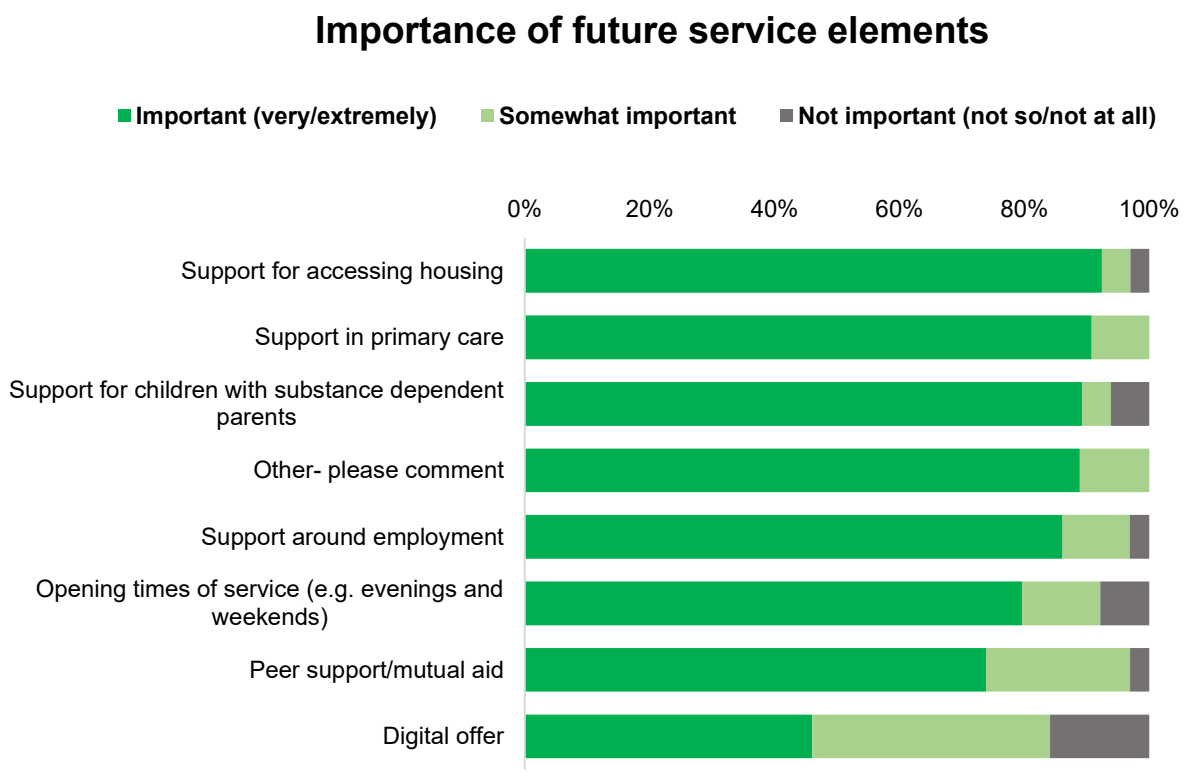
> *"Getting access to inpatient detox is hindered by waiting lists and expectations that service users reduce their consumption to a level that the detox will accept the referral"*



10. Please rate how well the following elements of service provision have worked for your patients / service users:

Answer Choices	Extremely effective	Very effective	Somewhat effective	Not so effective	Not at all effective	Response Total
GP shared care	10.87%	17.39%	47.83%	17.39%	6.52%	46
	5	8	22	8	3	
Needle exchange	7.50%	32.50%	47.50%	7.50%	5.00%	40
	3	13	19	3	2	
Treatment in a community setting	7.84%	19.61%	45.10%	21.57%	5.88%	51
	4	10	23	11	3	
Supervised consumption	10.00%	17.50%	47.50%	22.50%	2.50%	40
	4	7	19	9	1	
Inpatient treatment services	4.76%	16.67%	50.00%	16.67%	11.90%	42
	2	7	21	7	5	
Other - please comment	10.53%	10.53%	47.37%	26.32%	5.26%	19
	2	2	9	5	1	
					answered	51
					skipped	41

Future service provision



Other suggestions around future service elements were suggested, such as:

- counselling and therapeutic services
- Support sessions online or in person for family members who are struggling with their family member
- Flexibility
- Continuity of care, one key worker throughout journey
- early help drugs workers given incidents in the Shrewsbury Town Centre & Quarry Park
- Linked workers with core services ie in house (seconded) staff with statutory agencies
- Support for people with neurodevelopmental conditions such as ASD who use drugs and those with mental health needs
- Early review by service
- multi agency working to support family members - particularly children where the risk of abuse & neglect
- wrap around of care, so there needs to be a level of data sharing to provide a joined up service

"Perhaps we need AA in our town. navigating the line between victim and perpetrator and consequent behaviours of those being supported including the wider family"

Challenges

What do you think are the main challenges relating to treatment services in Shropshire? (52 respondents answered this question)

Gaps in current service provision

Do you think there are any significant gaps in the current service provision for adults in Shropshire?

Opportunities

What opportunities are there for treatment services?

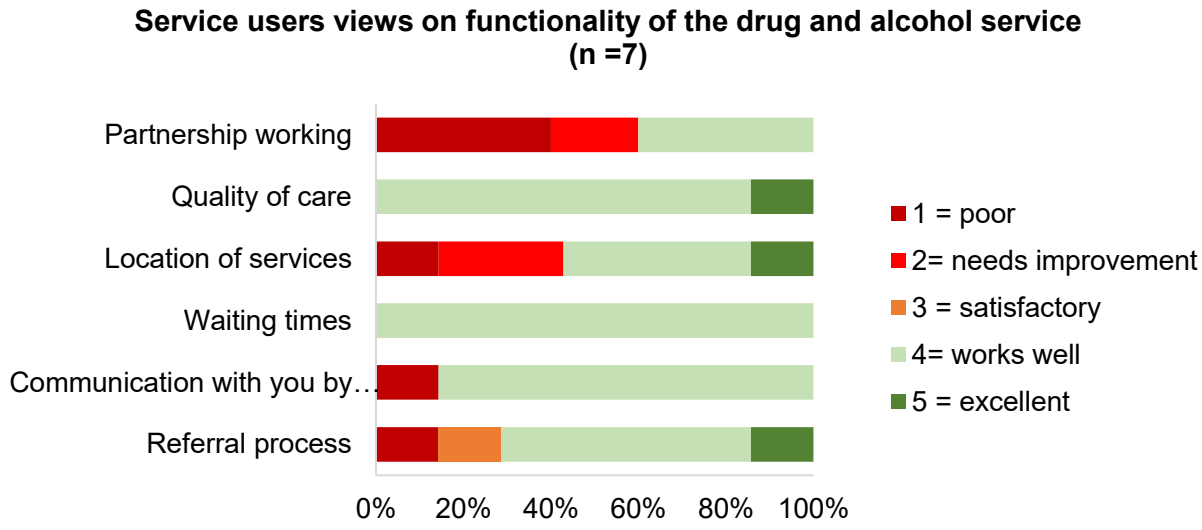
Engagement with service users

Shropshire Public Health and We Are With You (provider) held semi-structured focus groups with 8 substances-misuse service users and 5 WAWY staff on 10th November 2022. The session lasted approximately two hours and covered three areas of interest:

- Awareness of services
- Perceptions of current service (strengths and barriers)
- Opportunities and gaps in the service

Service users' overall views of the service

Partnership working was viewed as the functionality of the service which required most improvement, followed by the location of services. Quality of care and waiting times were viewed as working well.



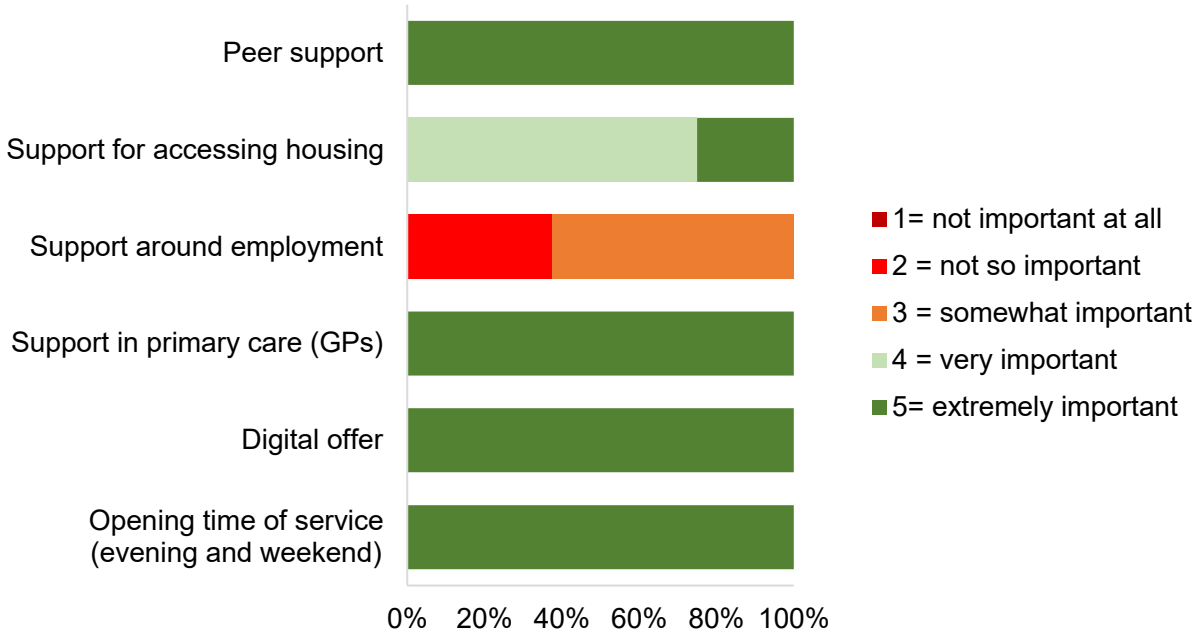
Peer support, GP support, a digital offer and extended opening hours of the service were all viewed as extremely important by all service users. Support around employment was viewed as the least important among service users with them reporting:

"It's a full-time job to stay sober."

"Think it's more important to get drug use under control, long road to recovery, easy getting off it, staying off it is the hard job"

However, education and skills training were highlighted as very important in addition to the above future provision views.

Service users views on future provision (n =8)



Awareness of services

What services are you or were you aware of and how were you referred to WAWY?

There was a consistent theme emerging of lack of awareness among clients, GPs and secondary care. Clients reported not being told or referred into SRP-WAWY by medical professionals (such as GPs and the hospital). Most reported self-referral following a crisis point and after using online search engines to find information. The group also reported that they did not see any advertising about recovery or posters in surgeries, dentist's or chemist or AA in the area.

"The service isn't really out there."

This was true in the Shrewsbury area however awareness in Ludlow is much better due to strong link with GP practices and the use of posters a promotional material.

How would you promote access to drug and alcohol services among people who are drug and alcohol dependant?

In rural parts of Shropshire, there is still a huge stigma around alcohol and drug users. Positive sobriety talks could challenge that, particularly talks for the younger generation. One client talked about wanting to go into schools to talk about recovery and break the stigma. Clients want to see that recovery is something to celebrate and talk about. The notion of addiction being able to affect anyone at any time without discrimination emerged.

Having volunteers visible to the public who've been through recovery works well in Ludlow and gives the "I've been there, I've done it, I understand" reassurance. Having a lived experience provides hope and learning which is why this was viewed as one of the most powerful tools.

A recovery event showcasing lived experience and to raise awareness of WAWY was discussed. The use of posters and flyers in waiting rooms, opticians, GP's, schools, back of buses, at bus stops, radio and in taxis to reach more people.

Invite GPs, practice nurses and service users into a focus group to discuss what's working well and how the system could improve and link in with the service.

Are you aware of any voluntary sector organisations?

Clients knew of The Ark, VACS known by WAWY and AA in Ludlow. The Men walking and talking group which brings together not just men with addiction issues but also those with mental health issues. The Men shed is also in Shrewsbury, a new initiative centred around gardening and woodwork as therapeutic intervention for mental health issues.

Perceptions of current service (strengths and barriers)

Strengths

SMART recovery groups are well known and are the basis of WAWY.

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

"Peer support like SMART groups is hugely important, good to meet other people and see you're not all the same and different things trigger different people"

"If we didn't have this service, the town would go downhill".

It was highlighted that in between those times, there was little to no support, especially during the pandemic and being isolated in rural areas.

Perception from a Criminal Justice System client who was referred in by the GP and has been in and out of the service for 5 years reported that having key worker at the end of the phone is great:

"A lot of the times, I slipped out of service is because I hadn't been getting on with his worker".

In other places get looked down the nose a bit, I've never felt that here (WAWY), the key worker I have now is the best worker I have ever had".

"They are really good here".

"Transfer from care from prison to WAWY was brilliant".

Barriers

Lack of partnership working with primary care, secondary care and mental health provision (GPs, hospitals)

The main barrier which was discussed was the lack of partnership working and joined up care between the hospitals, GPs, and mental health services. The common route which drug and alcohol users take to enter treatment was reported to be by self-referral despite their efforts to seek help through their GP.

Another key barrier is the lack of connectivity between the hospitals and WAWY. An example of this being a client who was already registered at WAWY and then spent over a week in hospital for an alcohol detox. He received no communication from WAWY during his inpatient stay and nurses/doctors did not ask whether he was known to services or if he had a key worker. Whilst there is a WAWY worker in Shrewsbury hospital, she actively seeks out WAWY patients in wards.

Lack of Post detox support

The theme of post detox support was also strong throughout the focus group, with clients explaining they were sent home to very triggering environments with no support. After leaving hospital, the lack of continuity of care or follow up from either the hospital, GP, housing service or WAWY lead to adverse outcomes for clients.

For example, a homeless drug client reported that he had no support or contact from drug and alcohol services, housing or mental health after coming out of a detox. He then relapsed and the next contact he had with serviced was for a script 6 -7 months later:

"if WAWY contacted me, it would remind me why I was doing it and be accountable to someone and have the support, After a detox is a vital time."

Other clients reported:

"Entering my home which still had half bottles of vodka and washing up after a hospital detox was very triggering. It would have been helpful if someone had contacted me from WAWY to support me"

"Staying sober is a full-time job, it's alright doing the detox, that's the easy part, it's afterwards that the hard part starts"

Suicide was also highlighted as a strong risk post detox due to not eating properly, lack of sleep, being frightened and anxious and often isolated.

Mental health provision

The lack of eligibility in receiving mental health support during addiction recovery is an issue which was raised several times and clients strongly felt that mental health provision should be provided alongside drug and alcohol treatment.

Currently there is no linked mental health and substance misuse service and no mental health nurse in house at WAWY. Clients are currently referred into two different services, often following a detox. All clients who attended the focus group reported mental health issues and trauma, some waiting over a year for treatment.

"It's a decreasing circle, some people self-medicate using drugs and alcohol for mental health issues but can't get help as they're intoxicated"

Suicide attempts involving drugs and/or alcohol are re-directed from mental health services to WAWY however they are not trained in mental health provision.

Stigma

There is associated stigma with substance use, and this extends to how society and most health professionals treat those who misuse substances. These perceptions and past personal or anecdotal experiences acts as a barrier to seeking or accessing support. In particular, stigma around substance misuse is strong in rural parts of the county.

Service users reported preferring to receive their treatment from WAWY rather than GPs to avoid seeing people they know and avoiding stigma.

Appointment availability

More appointments for fall out of service and come back in. One client reported having to wait 7 weeks to get an appointment which can lead to shop lifting and begging.

Face to face versus online appointments

There was much discussion around whether face to face appointments are better than online or telephone appointments. It was concluded that it works differently for everyone, for e.g., online may work best for those with families who can't travel or can't afford to.
On the other hand, it is difficult to build a rapport using telephone or online contact with a service user. Post pandemic, some appointments and groups are still online however there are now face to face group meetings in Shrewsbury.

Access and cost of public transport

Many rural areas are physically isolated from services due to a lack of public transport links. Clients highlighted this issue extensively, with one client explaining there is only one bus from Bishops Castle area to Shrewsbury per day and another highlighting the lack of direct public transport from Whitchurch to Oswestry. This, along with cost of travel makes access to the services are barriers for those living in rural areas of the county seeking help.

Opportunities and gaps in the service

Needle exchange

To encourage service users to return needles, boxes should be available after opening hours and at weekends. Suggestions included boxes fixed to a wall in an alleyway or a token machine to return and dispense new needles.

Client passport

To aid partnership working and continuity of care, a service passport was suggested which clients carry with them detailing their key worker and service.

"Should have a card you carry with you and a contact number for WAWY for in an emergency."

Communication is key, we (WAWY) have the people just need to link together.

Post detox care plan

Services should come together before discharge from a detox to formulate a care package. This should include a support worker accompanying the client when they return home. This would need the link between hospital and support worker to be strong.

Dual diagnosis workers

Dual diagnosis workers who are trained mental health nurses and are also WAWY trained exist in other areas of the country. Dual workers work very well by acting as a link person to mental health care meetings.