



SHROPSHIRE HEALTH AND WELLBEING BOARD Report

Meeting Date	9 th July 2026				
Title of report	Drug & Alcohol JSNA				
This report is for (You will have been advised which applies)	Discussion and agreement of recommendations		Approval of recommendations (With discussion by exception)	x	Information only (No recommendations)
Reporting Officer & email	Jennifer Roach - Jenny.roach@shropshire.gov.uk				
Which Joint Health & Wellbeing Strategy priorities does this report address?	Children & Young People	x	Joined up working		
	Mental Health	x	Improving Population Health		x
	Healthy Weight & Physical Activity		Working with and building strong and vibrant communities		
	Workforce		Reduce inequalities (see below)		
What inequalities does this report address?	Inequalities and disparities in health outcomes, service provision and access to services				

Report content:

1. Executive Summary

This paper presents to HWBB the Drug and Alcohol Joint Strategic Needs Assessment (JSNA). We are seeking approval of the JSNA and endorsement of the recommendations. Upon approval, the JSNA will be published on Shropshire Council's public facing website.

Please note that some figures in this report have been rounded, and in some cases small numbers have been adjusted, to protect confidentiality and reduce the risk of deductive disclosure. As a result, percentages may not always sum exactly to 100% and totals may not always match precisely.

Objectives

This Joint Strategic Needs Assessment (JSNA) has been developed to inform commissioning of community-based alcohol and drug treatment and recovery 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, 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 professionals who offered their time, experience and wisdom to the project.

This assessment 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:

- 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

Key findings:

Treatment activity and substance trends - Adults

- **1,615 adults** accessed treatment between April 2024 and March 2025, a **1.2% increase** on the previous year (1,595).
- **Alcohol-only clients** account for **41%** of all adults in treatment, significantly higher than the West Midlands and England (both 30%).
- **Opiate treatment** accounts for **32%** of adults in treatment, lower than the West Midlands (48%) and England (42%), and has declined steadily since 2018.
- **Non-opiate only treatment** makes up **14%** of adults in treatment, higher than the West Midlands (10%) and slightly above England (13%).
- **Non-opiates with alcohol** account for **13%** of adults in treatment, broadly in line with England (14%).

Recent growth is mainly driven by **alcohol-only** and **non-opiates with alcohol** presentations.

Treatment activity and substance trends – Young people

- **115 children and young people** accessed treatment between April 2024 and March 2025, a **28% increase** on the previous year.
- **Cannabis** remains the main primary substance among young people in treatment, accounting for **56%**. This is significantly lower than the England average of 71%.
- **Alcohol** accounts for **30%** of young people in treatment, double the England average of 15%.
- There are signs of increasing **ketamine** presentations in recent years

The recent increase in young people accessing treatment appears to be driven mainly by **alcohol-related presentations**.

Patterns by age and sex

Drug Treatment

- Males make up the majority of adults in drug treatment (**69%**)
- The proportion of males in treatment increases with age, indicating greater ongoing need in older age groups
- The proportion of females in drug treatment falls with age

Alcohol Treatment

- Males make up the majority of alcohol-only clients (**58%**)
- Female representation in alcohol treatment is highest in ages 18 to 29 and 50+ (both 45%)

Protected characteristics

- Treatment cohorts are overwhelmingly **White British/White (98%)**, higher than the national figure (88%).

Substances driving treatment in Shropshire

- **Alcohol** accounts for **59%** of substances driving adult treatment in Shropshire, whether alone or alongside another substance.
- Alcohol-related treatment demand is higher in Shropshire than England overall (**59% vs 52%**).
- Opiate (not crack cocaine) accounts for **19%** of substances cited in Shropshire, similar to England (20%).
- Cocaine accounts for **17%** of substances cited in Shropshire, similar to England (16%).

Referral pathways

- **Self-referrals** are significantly higher in Shropshire than England (**62% vs 55%**).
- Referrals from health services and social care fell from **25%** to **21%** compared with the previous year.

Geography and access

- The highest numbers of people in treatment are in **Shrewsbury** and some northern and south-eastern parts of the county.
- Lower recorded engagement in many rural areas may reflect transport barriers, fewer treatment locations, and difficulties accessing online services.

Unmet treatment need

- **Crack-only** unmet need is highest at **77%** in Shropshire, slightly above England (76%)

- **Opiates-only** unmet need remains high at **57%**, similar to England (56%)
- **Alcohol** unmet need is lower in Shropshire than England (**69% vs 73%**), suggesting comparatively better access to treatment
- Young people aged 15 to 24 have much higher unmet need for opiate treatment (**90%**) than England (77%)
- **Males** consistently have higher unmet need across substance groups

Mental health co-occurrences

- Unmet mental health need among people in treatment has **fallen** from 29% in early 2023 to **21%** in March 2025
- Shropshire has historically had a higher level of unmet mental health need for those in drug and/or alcohol treatment than England, but the gap is narrowing
- **Males show higher unmet mental health treatment need** – 23% vs 18% of females

New presentations

- **895 new presentations** were recorded between April 2024 and March 2025, split almost evenly between drug (49%) and alcohol (51%)
- **83%** of new alcohol presentations and **76%** of new drug presentations were already receiving treatment for their mental health need
- Most already receive mental health support, mainly from **GPs** and **community mental health teams**.

Parents/carers in treatment

- **22%** of alcohol clients live with children, similar to the national figure (21%)
- Females are more likely than males to be **parents living with children (27% vs 16%)**

2. Recommendations

Recommendation	Rationale
	Alcohol accounts for a larger share of local treatment demand than regional and national comparators: 41% of adults in treatment in Shropshire are alcohol-only clients, compared with 30% in both the West Midlands and England. Alcohol is also the most commonly cited substance driving adult treatment overall (59% in Shropshire vs 52% in England), and recent growth has been driven mainly by alcohol-only and non-opiates with alcohol presentations
Sustain specialist provision for people with opiate and crack-related need	Although opiate treatment accounts for a smaller share of adults in treatment locally (32% in Shropshire compared with 42% in England), unmet need remains high for some drug groups. Crack-only unmet need is estimated at 77% in Shropshire, slightly above England (76%), while opiates-only unmet need is 57%, similar to England (56%). These findings indicate a continued need for specialist provision despite lower overall treatment proportions

Strengthen early intervention, prevention and treatment pathways for children and young people	Between April 2024 to March 2025, 115 children and young people accessed treatment in Shropshire, a 28% increase on the previous year. Cannabis remains the main primary substance among young people in treatment (56%), but alcohol accounts for 30%, which is double the England average of 15%. Local data also suggest rising ketamine use and a more varied pattern of substance use among young people
Improve equity of access across rural communities	Shropshire is a predominantly rural county, with 57.4% of the population living in rural areas. The report shows the highest rates of people in treatment are concentrated in Shrewsbury and some northern and south-eastern parts of the county, while many rural areas fall into the lowest engagement bands. This pattern may reflect practical barriers including travel, service location and difficulties accessing online support
Strengthen the local response to co-occurring mental health need	Co-occurring mental health need is a prominent feature of local demand. Between April 2024 to March 2025, 70% of new alcohol presentations and 71% of new drug presentations were recorded as having a mental health need. Although unmet mental health need among people in treatment has fallen from 29% in early 2023 to 21% in March 2025, it remains an important issue and is higher among males than females (23% vs 18%)
Target unmet need and inequalities more systematically	Unmet need varies across substance groups and population groups. Crack-only unmet need is estimated at 77%, opiates-only unmet need at 57%, and young people aged 15 to 24 have particularly high unmet need for opiate treatment at 90%, compared with 77% in England. The report also notes that males consistently have higher unmet need across substance groups, suggesting the need for more targeted outreach and engagement
Embed family-focused and safeguarding approaches within treatment pathways	A notable proportion of adults in treatment are parents living with children. The report shows that 22% of alcohol clients live with children, similar to the national figure of 21%, and females are more likely than males to be parents living with children (27% vs 16%). This supports the need for family-focused pathways, safeguarding links and joined-up support for parents in treatment
Improve retention, successful completion and recovery outcomes	The report identifies a deterioration in some treatment exit outcomes. Between April 2024 and March 2025, 785 adults exited treatment; of these, 320 successfully completed treatment, 380 dropped out or left, and 15 died. Successful completions accounted for 41% of exits, while dropouts accounted for 48%, representing a fall in successful completions and a rise in dropouts compared with 2023/24
Strengthen whole-system partnership working	The report highlights that substance-related need is closely linked to wider determinants and service systems. It identifies co-occurring mental health need among most new presentations, notes rural access barriers, and includes specific sections on housing and homelessness, employment, criminal justice, vulnerable groups and wider harms. This supports a whole-system response rather than a treatment-only model

3. Report

Risk assessment and

opportunities appraisal		
Financial implications		
Climate Change Appraisal as applicable		
Where else has the paper been presented?	System Partnership Boards	<ul style="list-style-type: none"> • SSCP Community Safety Partnership Board • SHIPP
	Voluntary Sector	
	Other	<ul style="list-style-type: none"> • Drug & Alcohol Service Recommissioning Project Board • Tackling Drug & Alcohol Partnership
List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)		
Cabinet Member (Portfolio Holder) or your organisational lead e.g., Exec lead or Non-Exec/Clinical Lead		
Appendices Appendix A. Drug & Alcohol JSNA - presentation Appendix B. Drug and Alcohol JSNA 2026 <i>Members of HWBB: report provided separately as attachment, due to size of document</i> <i>For public (through website): document can be provided on application to</i> <i>louisa.jones@shropshire.gov.uk</i>		