Shropshire Council

Drugs and Alcohol Needs Assessment

2026

April 2024 to March 2025 data

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Contents

Executive summary

This needs assessment highlights the main patterns of drug and alcohol need in Shropshire and the implications for future commissioning, service development and partnership action. Overall, local demand is shaped by a stronger alcohol treatment profile than seen regionally or nationally, alongside persistent unmet need for some drug groups and clear inequalities in access and wider support.

Between April 2024 and March 2025, 1,615 adults accessed treatment in Shropshire, a slight increase on the previous year. Alcohol-only treatment accounts for a much larger share of activity than in the West Midlands or England, while opiate treatment remains lower. Recent growth appears to be driven mainly by alcohol-only and non-opiates with alcohol presentations, underlining the importance of maintaining a strong local response to alcohol-related harm alongside effective support for people with complex drug needs.

Among children and young people, 115 individuals accessed treatment between April 2024 and March 2025, up on the previous year. Cannabis remains the main primary substance, but alcohol represents a larger share than nationally, and local data suggest a more varied pattern of use, including rising ketamine. This supports the case for continued early intervention, targeted prevention and flexible responses to changing need.

Unmet need remains high for some substance groups, particularly crack-only and opiates-only use, and access may be more challenging in rural areas. Co-occurring mental health need is also a prominent feature of local demand, especially among new presentations. Taken together, the findings point to commissioning priorities relating to alcohol harm, early intervention for young people, equitable access across rural communities, and stronger integration between substance misuse, mental health, housing and safeguarding support.

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.

Population and treatment figures in this report are drawn from different sources and time periods, including resident population estimates, GP-registered population, rural/urban classification estimates, projections and NDTMS treatment data. These figures should therefore be interpreted according to their stated source and denominator.

Recommendations

Based on the evidence presented in this needs assessment, the following recommendations are proposed to inform future commissioning, service development and partnership action in Shropshire.

Recommendation	Rationale	Evidence from report section
Maintain a strong response to alcohol-related harm	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	Detailed breakdown by substance
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	Unmet treatment need Prevalence
Strengthen early intervention, prevention and treatment pathways for children and young people	Between April 2024 and 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	Young people in treatment

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	Demographic and population overview Distribution of clients
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 and 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%)	Co-occurring mental health need
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	Unmet treatment need
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	Parents and carers 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	Treatment exits
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	New presentations Housing and homelessness Employment Crime Vulnerable and at-risk groups Mental health co-occurrences Geography and access

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, notably 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-opiate with alcohol treatment accounts for 13% of adults in treatment, broadly in line with England (14%)

Recent growth is mainly driven by alcohol-only presentations, which increased from 645 to 655, and non-opiate with alcohol presentations, which increased by 18% from the previous year.

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 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 most of the 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 most of the 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/White British. Among drug treatment clients, 98% reported as White compared with 88% nationally; among alcohol-only clients, 98% reported as White compared with 90% nationally

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 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

Co-occurring mental health need

- 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%)
- Of those with an identified mental health need, 83% of new alcohol presentations and 76% of new drug presentations were already receiving mental health treatment, mainly from GPs and community mental health teams

Parents and 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%)

Doing well

- 1,615 adults accessed structured treatment during April 2024 to March 2025, a 1.2% increase from the previous year
- 115 children and young people accessed structured treatment between April 2024 and March 2025, a 28% increase from the previous year
- A high proportion of adults in treatment were alcohol-only clients, much higher than the national rate. This may suggest good local visibility and accessibility of alcohol services
- 1.6% increase in alcohol-only clients year-on-year. Shropshire performs better than England in meeting alcohol treatment need across all age groups. This may reflect stronger local identification of alcohol-related need and comparatively good access to treatment
- Higher employment rates among adults entering treatment - 37% are in regular employment which is above national levels (29%)
- Only 2% of adults waited more than 3 weeks to start treatment - better than previous years and similar to the national average. Waiting times have improved considerably since COVID-impacted periods
- Shropshire has invested in RESET, supported accommodation options and strengthened links with housing providers
- Unmet mental health need fell from 29% to 21% between 2024 and 2025. Among new cases, 76% (drug) and 83% (alcohol) were already in mental health treatment. This may reflect stronger links between substance misuse and mental health pathways

- Shropshire has a higher proportion of under 14s in treatment 13% vs 11% nationally. Engagement with 14 to 15 year olds is also higher than nationally (56% vs 45%)
- Needle Syringe Programme access is geographically reasonable, with SRP offering in-service needle provision in central, northern, and southern areas, alongside an offer through pharmacies

Areas of need

- High unmet need for drug treatment. Shropshire shows substantial unmet need, especially for crack-only users (77%) and opiates-only (57%)
- Ages 15 to 24 in Shropshire have much higher unmet opiate need than the England average (90% vs 77%)
- Unmet need for crack-only is higher than England for ages 35 to 64
- Rural areas have lower recorded engagement than urban areas, which may reflect transport barriers, travel distances, online access issues and fewer local treatment locations
- Even though unmet mental health need is improving, the JSNA shows that males continue to have higher unmet mental health needs
- Males have higher unmet treatment need across all substance types. This suggests a need for more targeted engagement with males
- Shropshire meets alcohol treatment needs for all ages better than England overall, but males still experience higher alcohol-related harm
- Among young people in treatment, females aged 15 and under have higher recorded engagement than males, suggesting a need to understand age- and sex-specific patterns of support
- Retention and successful completions. Successful completions accounted for 41% of exits, while dropouts/leavers accounted for 48%, indicating poorer retention and recovery outcomes than the previous year
- Young people's changing substance use – rise in young people in treatment, relatively high alcohol related presentations, increasing ketamine
- Family focus and safeguarding support – 22% of alcohol clients live with children

Aims and 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 support the work of local partnerships, including the Shropshire Council Drug and Alcohol Team, and provide an evidence base for planning services that meet the needs of the Shropshire population.

The JSNA is focused on the needs of Shropshire residents whose alcohol, drug or other substance use may be harmful, dependent or otherwise causing concern, regardless of whether they are already in contact with treatment services.

A range of data sources have informed this JSNA, including the local treatment services database, National Drug Treatment Monitoring System (NDTMS) reports, scientific literature and government publications. The assessment has also benefited from the input of stakeholders and professionals who contributed their time, experience and expertise 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

Introduction

Substance use, including drug and alcohol use, is a major public health issue associated with poorer health outcomes, social exclusion, crime and premature mortality.

Use of alcohol or drugs at some stage in life is common. In 2022, the Health Survey for England reported that only 19% of adults had not drunk alcohol in the last 12 months and 57% of adults drank at levels which put them at lower risk of alcohol-related harm, that is 14 units or less in the last week. However, nearly a quarter of adults drank at levels which put them at increasing or higher risk of alcohol-related harm (more than 14 units per week).[1]

Recent data from the Crime Survey for England and Wales shows that 8.7% of adults aged 16 to 59 and 15.1% of young adults aged 16 to 24 reported using an illicit drug in the past year. (*Note: CSEW provides* ***combined England and Wales*** *estimates; England only-only figures are* ***not published****.)*[2]

For some people, alcohol or drug use can develop into dependency or harmful use, leading to poorer health and social outcomes. Alcohol is considered one of several modifiable lifestyle factors that may contribute to non-communicable diseases, alongside smoking and obesity, and is thought to be the behavioural risk factor with the second greatest estimated impact on the NHS budget after dietary habits.

Alcohol and drugs are major contributors to crime and disorder. In 2023/24, around 39% of all violent incidents in England and Wales occurred when the victim believed the offender was under the influence of alcohol.[3]

According to the Home Office Modern Crime Prevention Strategy, the six key drivers of crime are: opportunity, character, the effectiveness of the criminal justice system, profit, drugs and alcohol. Use of alcohol and drugs has been highlighted due to associations with behavioural disorders and violence. The impact of alcohol and drug use on wider communities can be far-reaching, and includes:

- Direct economic costs on health and social care services, the criminal justice system and the social welfare system
- Indirect costs from low productivity, unemployment, absenteeism and premature mortality or morbidity
- 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 play a vital, evidence-based role in reducing the personal, social and financial impacts of substance use. These services can generate savings across health and social care, housing, welfare and the criminal justice system. This needs assessment describes and compares the needs of people who use alcohol and drugs in Shropshire, and identifies areas where service improvement or stronger partnership working

[1] Adult drinking - NHS England Digital
[2] Drug misuse in England and Wales - Office for National Statistics
[3] Violence and crime - Institute of Alcohol Studies

could better address those needs. Untreated drug and alcohol problems can have far-reaching effects on individuals, families and communities.

Policy and context

Dame Carol Black Review

In 2019, Professor Dame Carol Black led a two-part independent review of drugs commissioned by the UK Government. Part one was a broad assessment of the evidence on illegal drug supply into the UK and how criminals meet the demand of users, and part two made specific recommendations for improving prevention, treatment and recovery[4].

National Drug Policy

In December 2021, the Government published a formal response to the Dame Carol Black review. The 10-year drugs plan 'From Harm to Hope' has three national strategic priorities:

1. **Break drug supply chains**, including:
    - restricting upstream flow – preventing drugs from reaching the country
    - rolling up county lines – bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
    - tackling the retail market – so that the police are better able to target local drug gangs and street dealing
2. **Deliver a world-class treatment and recovery system,** including:
    - delivering world-class treatment and recovery services – rebuild local authority commissioned substance misuse services, improving quality, capacity and outcomes
    - improving access to accommodation alongside treatment – access to quality treatment for everyone sleeping rough and better support for accessing and maintaining secure and safe housing
    - increasing referrals into treatment in the criminal justice system – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
3. **Achieve a generational shift in demand for drugs**, including:
    - building a world-leading evidence base – ambitious new research backed by a cross-government innovation fund to test and learn and drive real-world change
    - delivering school-based prevention and early intervention – delivering and evaluating mandatory relationships, sex and health education to improve quality and consistency, including a clear expectation that all pupils will learn about the dangers of drugs and alcohol during their time at school
    - supporting young people and families most at risk of substance misuse – investing in a range of programmes that provide early, targeted support, including the Supporting Families Programme

[4] Independent review of drugs by Professor Dame Carol Black - GOV.UK

West Mercia Combating Drugs Partnership

As per Government guidance for local partners, Shropshire forms part of the West Mercia Combating Drugs Partnership (CDP) to drive the priorities highlighted in the Dame Carol Black Review and national 10-year drugs plan.

In June 2022, the Government published guidance for local partners to sit alongside the national 'From Harm to Hope' drugs policy outlining the structures and processes through which local partners in England should work together to reduce drug-related harm. Successful delivery of the government's drugs strategy relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. The guidance sets out in more detail the drugs strategy vision for Combating Drugs Partnerships in each locality.

In May 2023, the guidance for local partners was accompanied by an updated National Combating Drugs Outcomes Framework. This document sets out metrics which form a single mechanism to measure progress across central government and in local areas in tackling misuse of drugs and associated negative outcomes.

The three strategic outcomes are:

- Reducing drug use
- Reducing drug-related crime
- Reducing drug-related deaths and harm

The government aims to deliver these strategic outcomes via intermediate outcomes (also mentioned above in "National Drug Policy" section):

- Reducing drug supply
- Increasing engagement in treatment
- Improving recovery outcomes

Shropshire 2022-2027 Joint Health and Wellbeing Strategy (JHWBS)

A Statutory duty of Health and Wellbeing Boards (HWBB) is to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population: Joint Health and Wellbeing Strategy | Shropshire Council

This plan sets out the long-term vision for Shropshire, identifies the immediate priority areas for action and describes how the board intends to address these.

Careful analysis of available data has highlighted two key health and wellbeing priorities in Shropshire: supporting drug and alcohol use through the Joint Strategic Needs Assessment (JSNA) and promoting healthy weight and physical activity alongside monitoring drug and alcohol treatment within the region.

Demographic and population overview

Shropshire is a large, predominantly rural inland county with a diverse mix of land use, economic activity, employment patterns and social circumstances.

The total population in Shropshire stood at 332,500 in 2024 having risen by an average of 0.7% per annum over the last decade.

Given Shropshire's rural geography, access to services such as employment, healthcare, education and shopping remains an important consideration and, for some communities, a continuing challenge.
The Rural/Urban classification (RUC) 2021 classifies local authorities according to eight classifications:

- Urban: Majority nearer to a major town or city
- Urban: Majority further from a major town or city
- Intermediate urban: Majority nearer to a major town or city
- Intermediate urban: Majority further from a major town or city
- Intermediate rural: Majority nearer to a major town or city
- Intermediate rural: Majority further from a major town or city
- Majority rural: Majority nearer to a major town or city
- Majority rural: Majority further from a major town or city

Over half (57.4%) of Shropshire's population live in rural locations. Therefore, Shropshire is classified as "Rural: Majority nearer to a major town or city".

42.6% of the population live in urban areas, mostly living in "Urban: Nearer to a major town or city".

More Shropshire residents live in the most rural areas ("Smaller Rural") than in the more densely populated rural areas ("Larger Rural"), and 60% of all those living rurally are classed as living "nearer to a major town or city".

In this context, with a population of more than 75,000, Shrewsbury is classified as a major town. Other than Shrewsbury, the other main urban centres in the county are Oswestry, Market Drayton, Broseley, Bridgnorth and Ludlow[i].

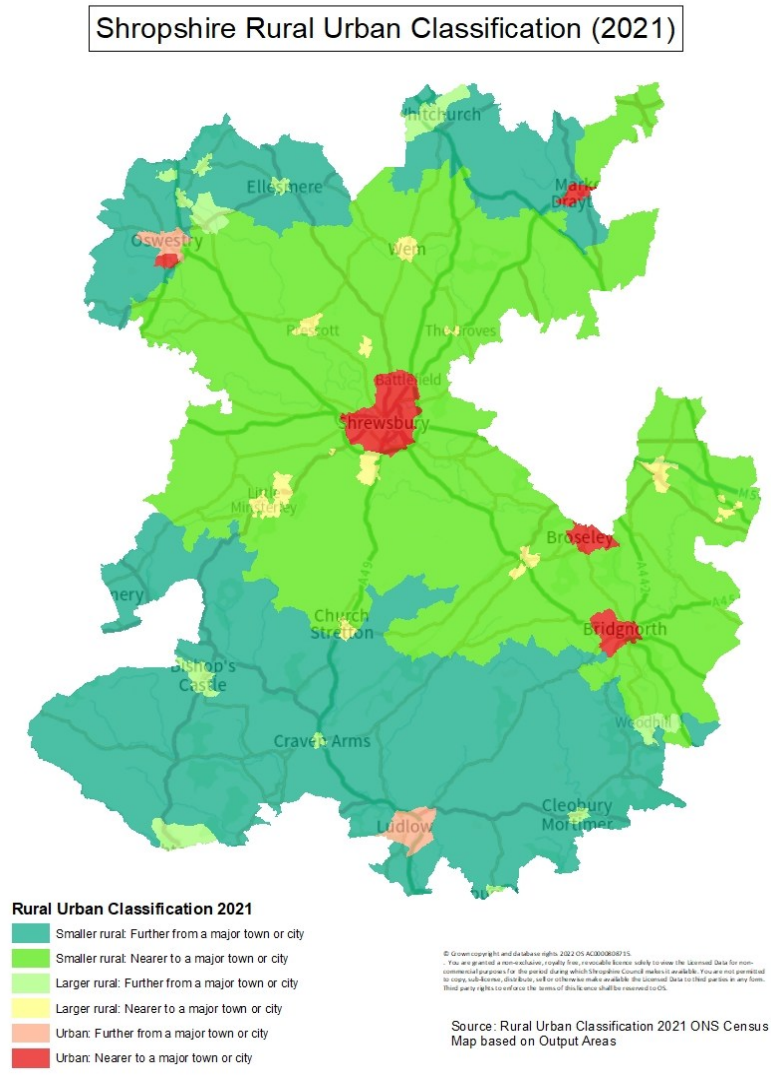
Ludlow and parts of Oswestry are classed as "further from a major town or city" as they are not within a 30-minute journey by road of either Shrewsbury or an alternative non-Shropshire major town or city.

Table providing a breakdown of the Shropshire Population based on Rural Urban Classification. Source: Rural Urban Classification 2021, ONS Mid-year population estimates 2022

Descriptions	% of Population
Urban: Nearer to a major town or city	33.90%
Urban: Further from a major town or city	8.71%
Total Urban	**42.61%**
Larger Rural: Nearer to a major town or city	11.55%
Larger Rural: Further from a major town or city	10.69%
Smaller Rural: Nearer to a major town or city	22.94%
Smaller Rural: Further from a major town or city	12.21%
Total Rural	**57.4%**

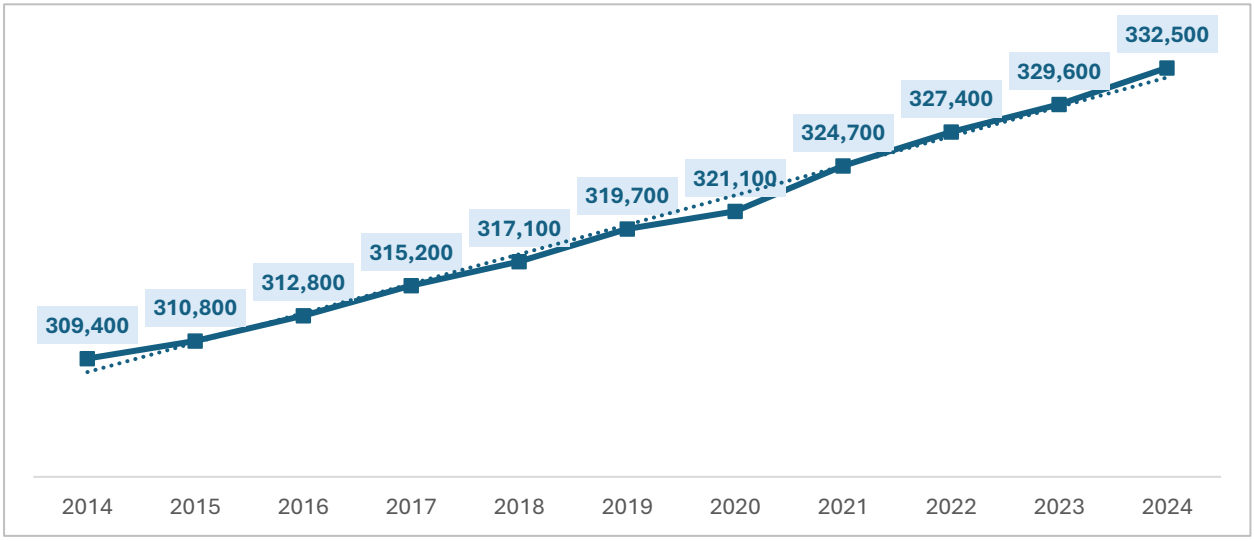
Note: Major town or city defined as a built-up area with at least 75,000 usual residents. "Nearer to a major town or city" – residents of an Output Area can access within 30 minutes of travel by road. "Further from a major town or city" – residents of an Output Area cannot access within 30 minutes of travel by road

Map showing Rural Urban Classification, Shropshire, 2021 ONS Census Map based on Output Areas



328,393 people are registered at GP practices in Shropshire as of 1st February 2025 – not all of these people will live in Shropshire, whilst there will be some Shropshire residents that are registered at GP practices in other local authorities.

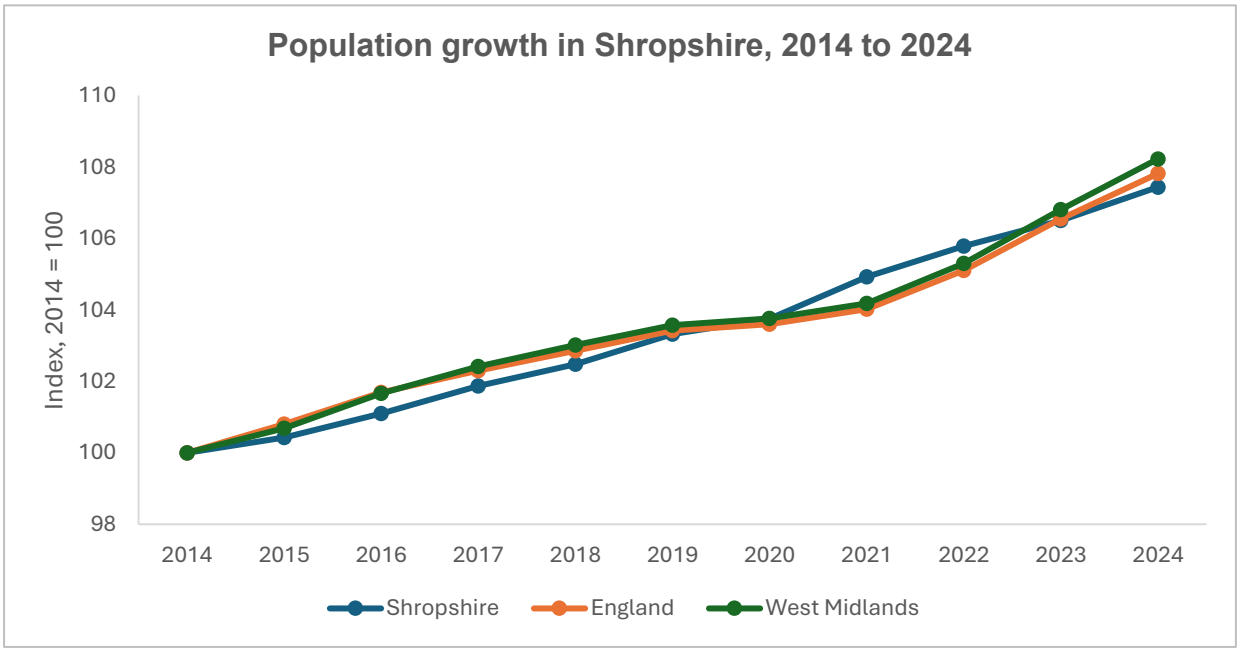
Chart showing the Shropshire population, 2014 to 2024. Source: ONS Mid-Year estimates 2024



Population

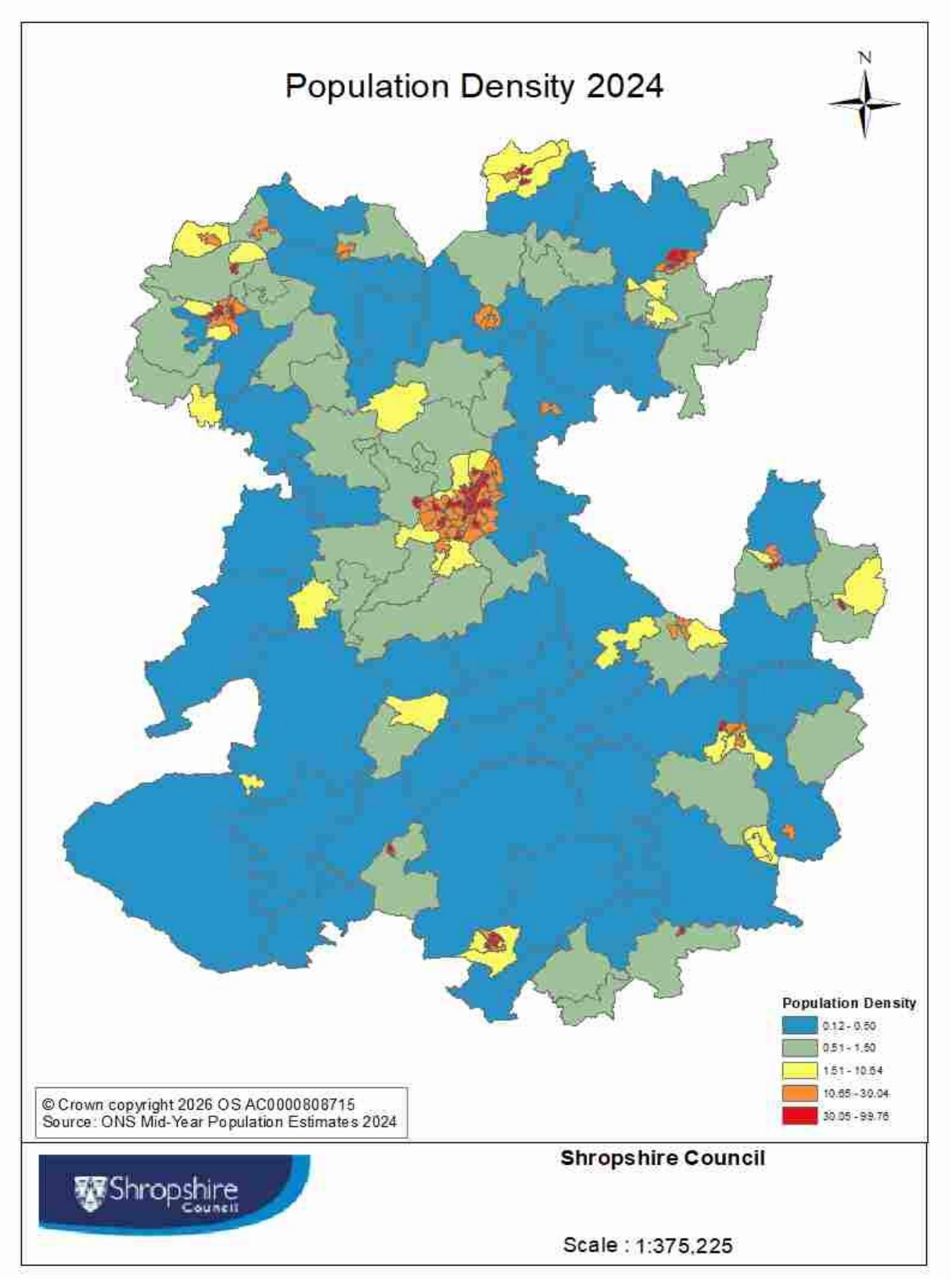
Shropshire's population has been increasing at a slightly slower rate (7.4%) than England (7.8%) between 2014 and 2024 (ONS mid-year population estimates). Growth in the Shropshire population is fuelled by migration, with the natural change (births minus deaths) population in decline.

Chart showing the Shropshire population growth, 2014 to 2024. Source: ONS Mid-Year estimates 2024



Shropshire is the second largest inland local authority behind Wiltshire, covering 319,730 hectares and is sparsely populated, with just over one person per hectare (4.3 persons per hectare in England).

97.3% of Shropshire's land mass is rural – the 2.7% of land mass that is classified as urban accommodates approximately 43% of the population (Rural Urban Classification 2021).



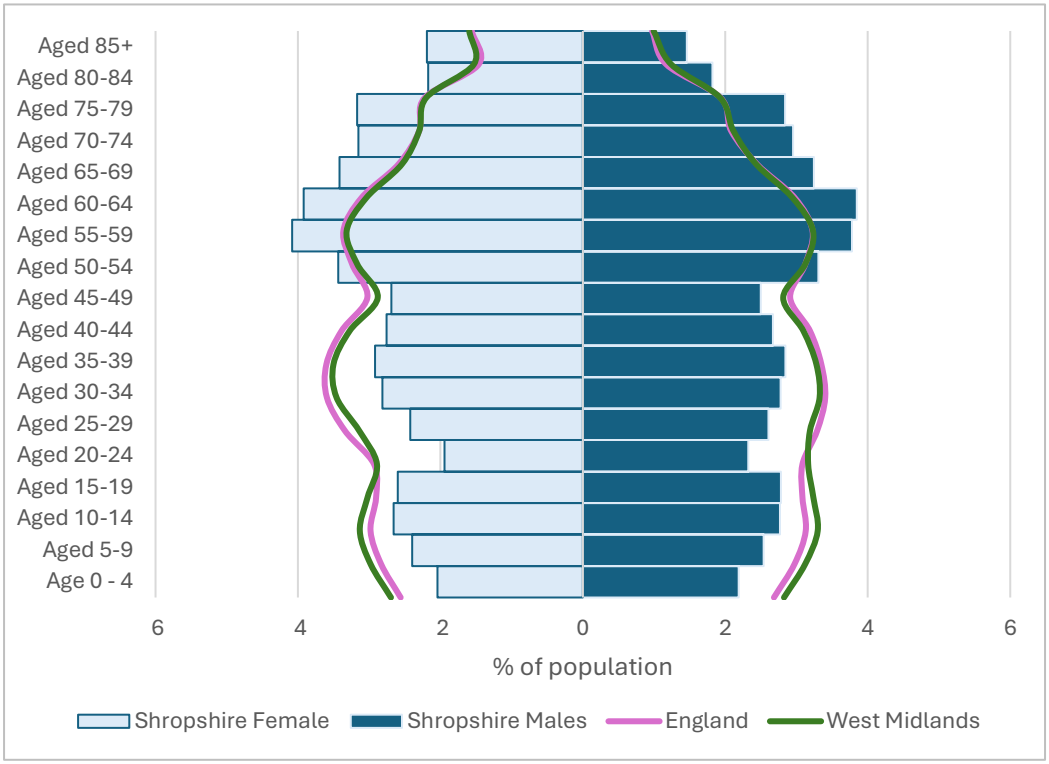
Age

Shropshire has a relatively high concentration of people in the older age groups. In 2024, 54.0% of the county's residents were aged 45 or over, compared to only 43.7% nationally (ONS 2024 Mid-year Estimates).

26.4% were aged 65 and above (18.7% in England), while 3.6% were 85+ (2.5% in England)

The median age of the population in Shropshire is 48 compared with 40 in England.

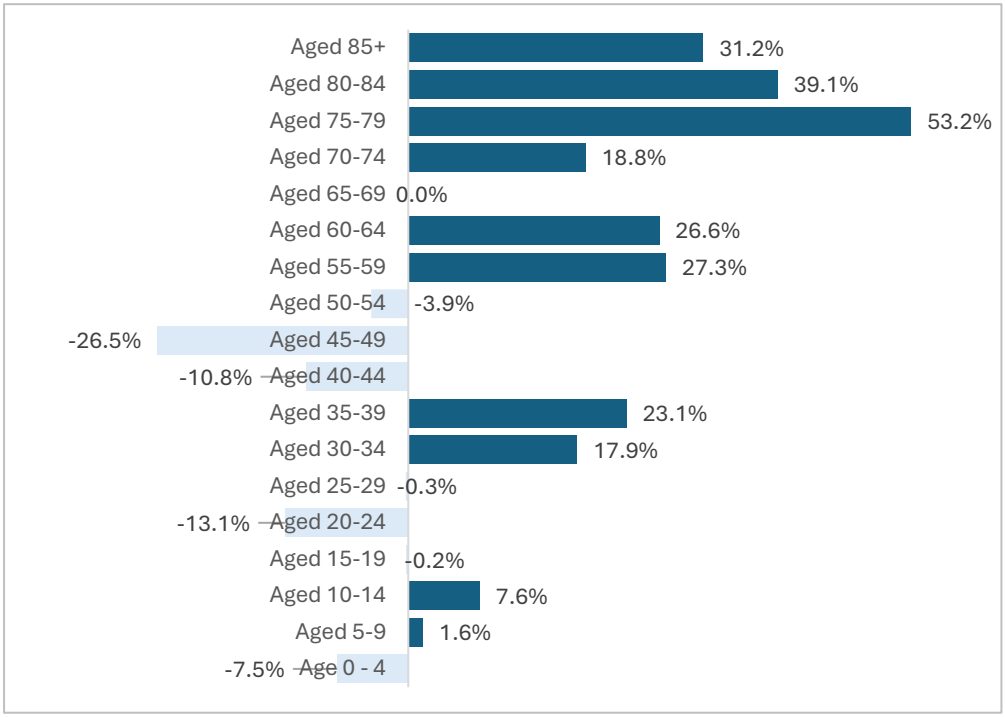
Shropshire population pyramid showing age and gender as a % of the population. Comparison with England and West Midlands. Source: ONS Mid-Year estimates 2024



Shropshire, like many parts of the country, has an ageing population. The 65+ population has risen by 23.6% since 2014, while the 85+ population has grown by 31.2%.

In contrast, the 40-54 age band has declined, and there has also been a reduction in the number of people aged 0-4 and 15-29.

Chart showing the population change (%) by age group in Shropshire, 2014 to 2024. Source: ONS Mid-Year estimates 2024



There are lower proportions of older people living in poverty in Shropshire. In 2025, 3.4% of Shropshire's population aged over 60 lived in areas within the most deprived 20% of areas within England.

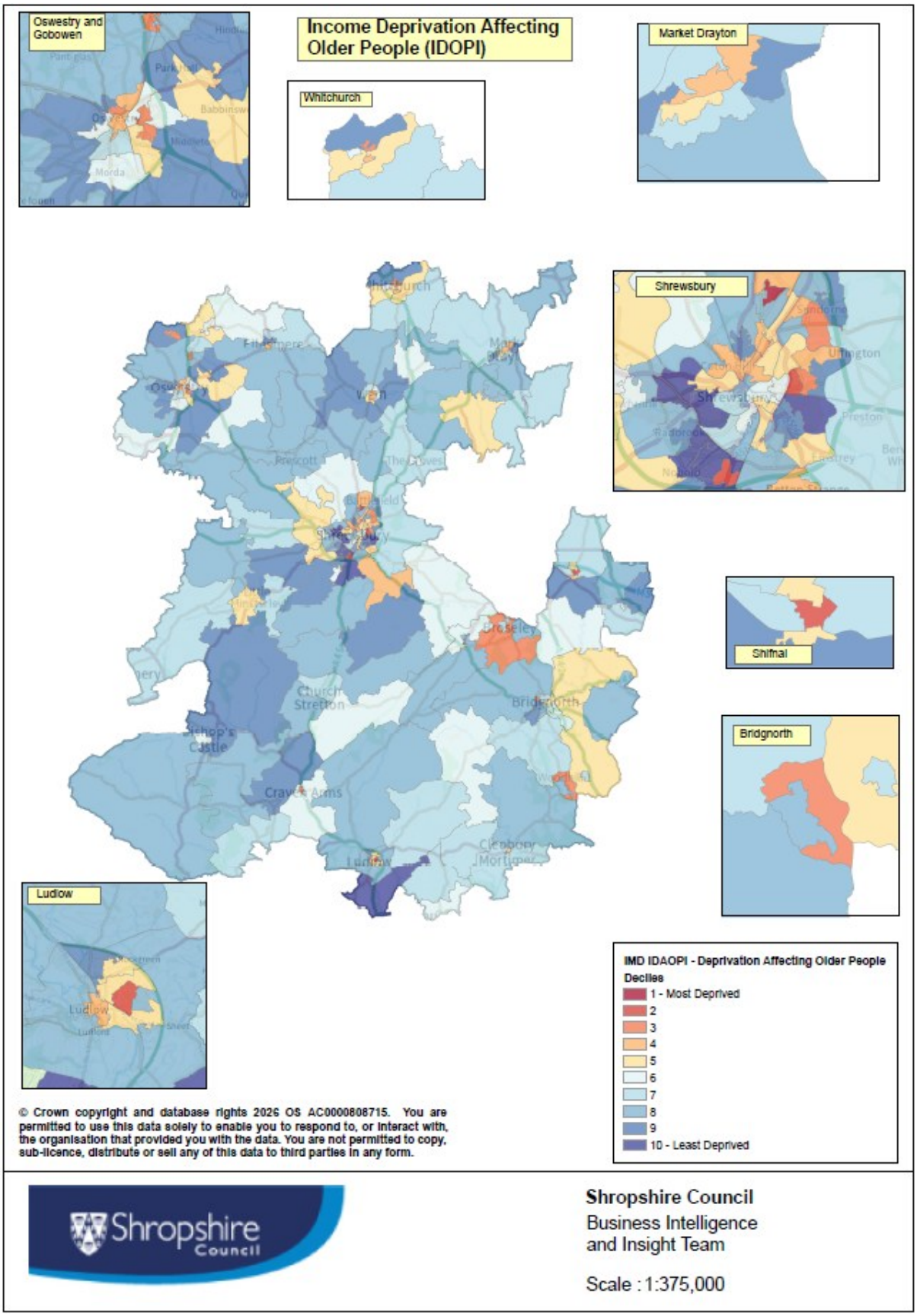
Deprivation (IDOPI and IMD)

IDOPI – Income Deprivation Affecting Older People 60+

The IDOPI is a supplementary index of the Indices of Deprivation 2025. It is based on the income domain but adjusted to include people over 60. It uses indicators based on the number of people claiming a range of different benefits.

The most deprived LLSOAs in Shropshire, ranking in the bottom 20% nationally, are in Harlescott, Monkmoor, and Meole electoral divisions in Shrewsbury. There is also an area in Shifnal. Shifnal has a slightly older population and this LLSOA is also within the 30% most deprived nationally for the IMD Overall.

The more deprived LLSOA's (within the 30% most deprived nationally) are located in the urban areas of Shropshire and less in rural areas. In Shropshire 12% of older people are income deprived compared to 18% for England.


Income Deprivation Affecting Older People (IDOPI)
Oswestry and Gobowen
Whitchurch
Market Drayton
Shrewsbury
Shifnal
Bridgnorth
Ludlow
IMD IDAOPI - Deprivation Affecting Older People Deciles
1 - Most Deprived
2
3
4
5
6
7
8
9
10 - Least Deprived
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Shropshire Council
Business Intelligence and Insight Team
Scale : 1:375,000

The Indices of Multiple Deprivation (IMD, 2025) combine a range of economic, social and housing indicators to provide a measure of relative deprivation, i.e., they measure the position of areas against each other within different domains. A rank of 1 indicates highest deprivation.

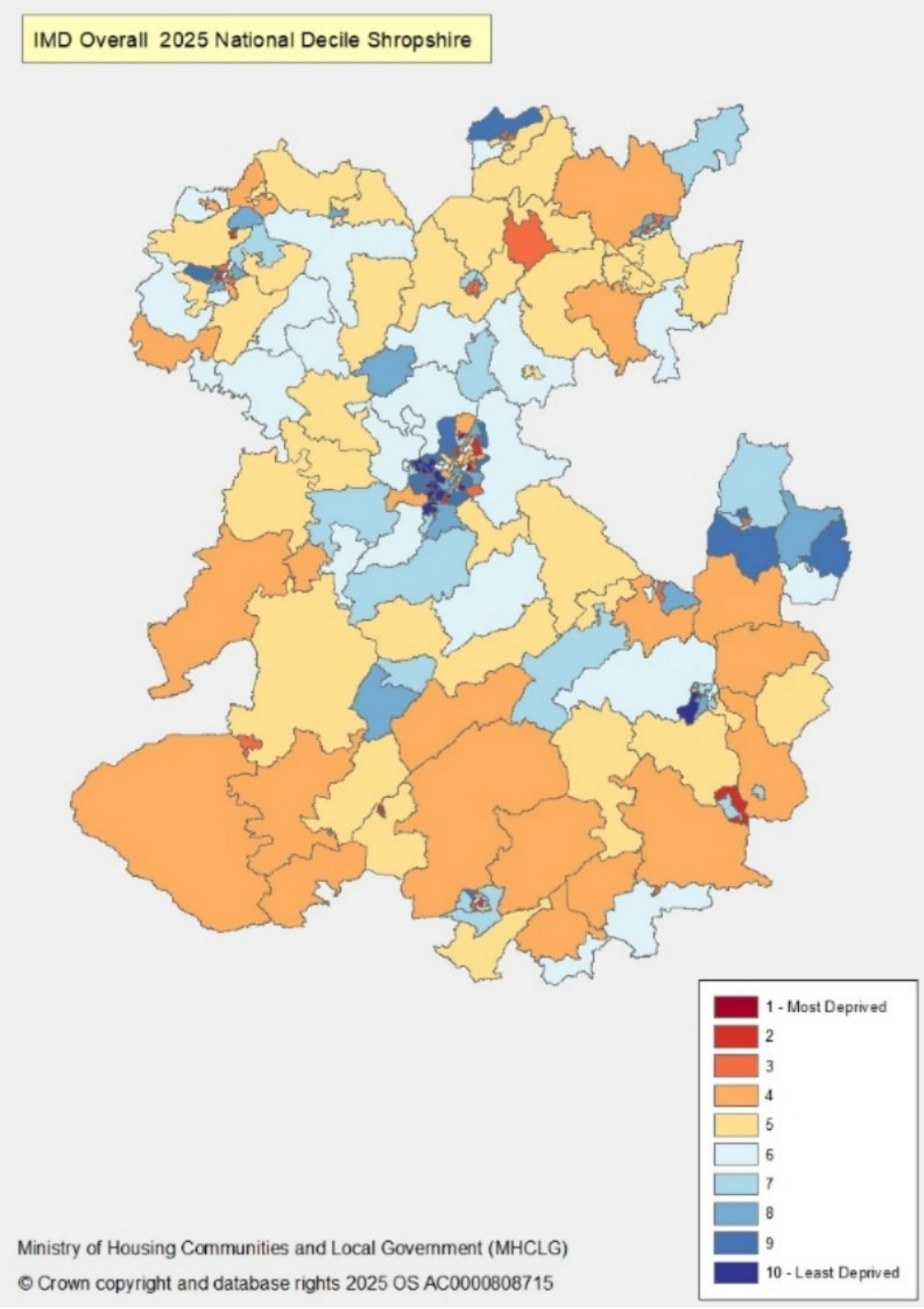
Shropshire has become slightly more deprived since 2015 with an increase in the average score from 16.7 in 2015 to 17.2 in 2019 and to 17.6 in 2025. However, directly comparing IMD results from different years should be treated with caution due to changes in populations, geographies and metrics used to make up the indices.

Shropshire is the 154th most deprived local authority in England out of a total of 296 lower tier authorities (rank of average rank). This means that it is less deprived than 52% of local authorities in England.

The IMD measures deprivation at a local neighbourhood area level: in Shropshire there are 198 of these areas called lower level super output areas (LSOA).

In 2025, two LSOAs in Shropshire were in the 10% of most deprived LSOAs in the country, including one area in Harlescott (Shrewsbury) and another in Monkmoor (also Shrewsbury). Nine additional LSOAs were in the most 20% of most deprived in the country – three in Shrewsbury (areas in Meole Brace, Castlefields, Ditherington and Sundorne), two in Oswestry (areas in Oswestry South and Oswestry North) as well as areas in Ludlow East, Highley and Craven Arms.

Map showing index of multiple deprivation by LSOA, Shropshire, 2025



Population projections

The population projections for local authorities were released in 2025 and are based on the 2022 mid-year population estimates.

- The population of Shropshire is projected to grow to 354,847 people in 2032.
- This represents an increase of 8.4% (27,368 people) from 2022, greater than the growth rate for England (6.4%) and the West Midlands region (5.9%).
- Of all upper tier LAs in the West Midlands region only Coventry (13.8%), Warwickshire (11.0%) and Telford and Wrekin (10.0%) are projected to have a higher growth rate than Shropshire over the next decade.
- The median age of the population in Shropshire is projected to rise from 48 years in 2022 to 50 years in 2032. This compares with a national average of 41 years.
- By 2032, 31% of Shropshire's population (108,674 people) are projected to be aged 65+. This compares with 26% of the population in 2022 and represents an increase of 28.8% (24,316 people) from 2022.
- By 2032, 17% of Shropshire's population are projected to be aged 18 years and under. This is a decrease from 19% in 2022 and is below the average for England (20%).

Table showing population growth in Shropshire, 2022 to 2032. Source: *2022 ONS Sub-National Population Projections 2022 based*

	Population Projection		Change 2022 - 2032	% Change 2022-2032
Age group	**2022**	**2032**		
0-4	14,213	13,233	-980	-6.90%
5-9	16,341	14,431	-1,910	-11.70%
10-14	17,747	16,884	-863	-4.90%
15-19	16,935	17,712	777	4.60%
20-24	14,740	14,580	-160	-1.10%
25-29	17,012	16,926	-86	-0.50%
30-34	18,140	18,708	568	3.10%
35-39	18,019	20,789	2,770	15.40%
40-44	17,264	21,912	4,648	26.90%
45-49	18,335	21,155	2,820	15.40%
50-54	23,915	20,456	-3,459	-14.50%
55-59	26,115	21,622	-4,493	-17.20%
60-64	24,345	27,764	3,419	14.00%
65-69	21,265	29,175	7,910	37.20%
70-74	21,067	25,012	3,945	18.70%
75-79	18,824	19,587	763	4.10%
80-84	11,791	16,903	5,112	43.40%
85-89	7,214	11,968	4,754	65.90%
90+	4,197	6,030	1,833	43.70%
All ages	327,479	354,847	27,368	8.40%

Ethnicity

In 2021 96.7% of the population classed themselves as white compared to 81% in England and 77% in the West Midlands. The number of people from ethnic minority groups in Shropshire has increased from 6,255 (2.0%) in 2011 to 10,731 (3.2%) in 2021 but remains lower than the national average of 19.0%.

Ethnic Group	Shropshire (%)	England (%)	West Midlands (%)
Asian, Asian British or Asian Welsh	1.3	9.6	13.3
Black, Black British, Black Welsh, Caribbean or African	0.3	4.2	4.5
Mixed or Multiple ethnic groups	1.2	3	3
Other ethnic group	0.4	2.2	2.1
White	96.7	81	77

Generally, the age profile of people belonging to the minority ethnic groups is younger than the white population and, unlike national trends; the local ethnic population is not concentrated within deprived areas but appears to be more dispersed across the county than in some other areas.

Employment and non-employment

Unemployment is strongly associated with increased mental and physical health challenges. In Shropshire, the unemployment rate is 1.9% (year ending June 2025), with 2.4% of individuals (age 16 – 64) claiming out-of-work benefits and 17.5% considered economically inactive. Nationally, unemployed individuals are more likely to report poorer health, and research suggests links between unemployment and higher rates of depression, anxiety, substance use concerns, chronic illness, and heightened suicide risk.

For the year ending June 2025:

Employment in Shropshire is lower than it was in the previous year

Shropshire recorded a higher employment rate compared to the overall West Midlands region. The rate of employment for people living in Shropshire aged 16 to 64 was 81.0%, a decrease from 82.5% the previous year.

The West Midlands saw its rate fall to 74.2%, down from 74.6% in 2024.

Unemployment in Shropshire remains stable compared to the previous year

In Shropshire, 1.9% of people aged 16-64 (2,900 individuals) were unemployed. This rate remains unchanged compared with the previous year.

In the West Midlands, the unemployment rate increased from 4.0% to 4.9% between the year ending June 2024 and the year ending June 2025.

Unemployment in Great Britain rose from 1,220,900 (3.8%) to 1,339,700 (4.2%) between the years ending June 2024 and June 2025.

Economic uncertainty continues across the country, and in Shropshire. Although employment rates in the county are higher than regional and national averages, the cost-of-living crisis continues to affect residents and local employers.

Source: Annual Population Survey (ONS) and Claimant Count. Please note that the APS is a survey with a relatively low response rate at local authority level. Small numbers such as people who are unemployment are therefore associated with a low level of confidence. Caution should therefore be used when using these statistics.

Prevalence

Drugs

In the UK's National Drug Treatment Monitoring System (NDTMS), the term **Opiates** largely means heroin, but also covers prescription opioids like morphine, codeine, methadone, buprenorphine and fentanyl. **Non-opiates** refers to other substances that people use and seek treatment for, such as cannabis, crack cocaine (without opiates), ecstasy, cocaine, ketamine and benzodiazepines.

Drugs profile for Shropshire [5]

Better 95% Similar Worse 95% Lower 95% Similar Higher 95% Not applicable Data quality concerns

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

Benchmark Value: Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Shropshire Recent Trend	Shropshire Count	Shropshire Value	England Value	England Worst/Lowest	Range	Best/Highest
Successful completion of drug treatment: opiate users (New data)	2024/25	➡	39	7.2%	5.3%	2.1%		12.0%
Successful completion of drug treatment: non opiate users (New data)	2024/25	➡	112	26.2%	29.1%	15.0%		49.3%
Persons entering drug misuse treatment - Percentage of eligible persons completing a course of hepatitis B vaccination	2016/17	–	-	*	8.1%	0.0%		82.7%
Persons in drug misuse treatment who inject drugs - Percentage of eligible persons who have received a hepatitis C test	2017/18	↑	301	86.0%	84.2%	52.5%		97.1%
Proportion of culture confirmed TB notifications with drug susceptibility testing reported for the four first line agents <90% 90% to 100% ≥100%	2024	–	-	*	99.1%	88.9%		100%
Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months <60% 60% to 90% ≥90%	2023	–	-	*	84.4%	40.0%		100%
Proportion of drug sensitive TB cases who were lost to follow up at last reported outcome	2019	–	0	0.0%	3.5%	28.6%		0.0%
Proportion of drug sensitive TB notifications who had died at last reported outcome	2023	–	-	*	3.9%	-	*Insufficient number of values for a spine chart*	-
Deaths from drug misuse (Persons) (New data)	2022 - 24	–	33	3.7	5.8	21.3		1.7
Deaths from drug misuse (Male) (New data)	2021 - 23	–	21	4.7	8.0	31.4		2.3
Deaths from drug misuse (Female) (New data)	2021 - 23	–	8	*	3.1	-	*Insufficient number of values for a spine chart*	-
Adults in treatment at specialist drug misuse services: rate per 1000 population	2020/21	–	864	3.3	4.5	1.4		15.4
The proportion of clients entering drug treatment identified as having a mental health treatment need, who were receiving treatment for their mental health.	2023/24	–	-	68.5%	74.5%	46.6%		95.3%
Hospital admissions for drug-related mental and behavioural disorders	2023/24	➡	-	5.7	7.7	35.1		2.6
Hospital admissions for poisoning by drug misuse	2023/24	➡	-	14.7	17.5	50.6		3.9
Hospital admissions where drug-related mental and behavioural disorders were a factor	2023/24	➡	-	76.4	180.9	622.1		60.0

[5] Office for Health Improvement and Disparities.
Public health profiles. 2026 https://fingertips.phe.org.uk/ © Crown copyright 2026 *accessed 06/02/2026*

Prevalence of drug use 2022-2023

The prevalence of opiate and/or crack cocaine use in Shropshire is 7 per 1,000 population, compared with 8.5 per 1,000 in England overall. This indicates that the local rate is lower than the national average.

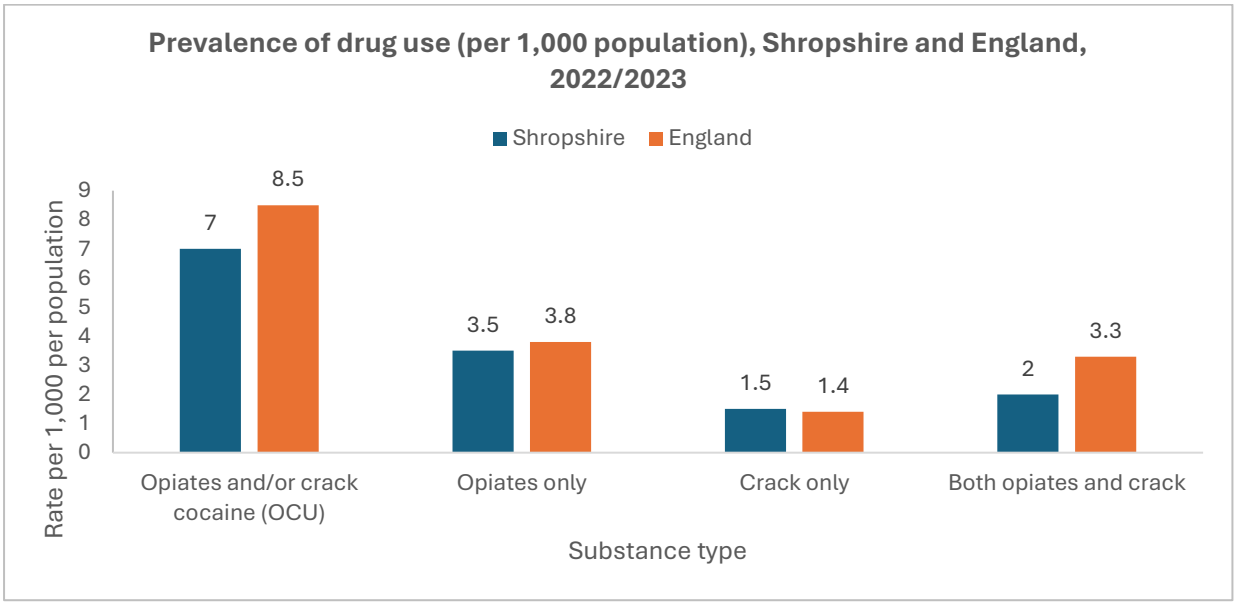
The rate of opiates-only use in Shropshire is 3.5 per 1,000, compared with 3.8 per 1,000 in England. This indicates a broadly similar pattern, with Shropshire slightly below the national average.

Crack-only use in Shropshire is 1.5 per 1,000, compared with 1.4 per 1,000 in England, indicating a very similar rate and only a marginally higher local estimate.

Shropshire has a notably lower rate of individuals using both opiates and crack at 2 per 1,000 population, compared to England at 3.3 per 1,000.

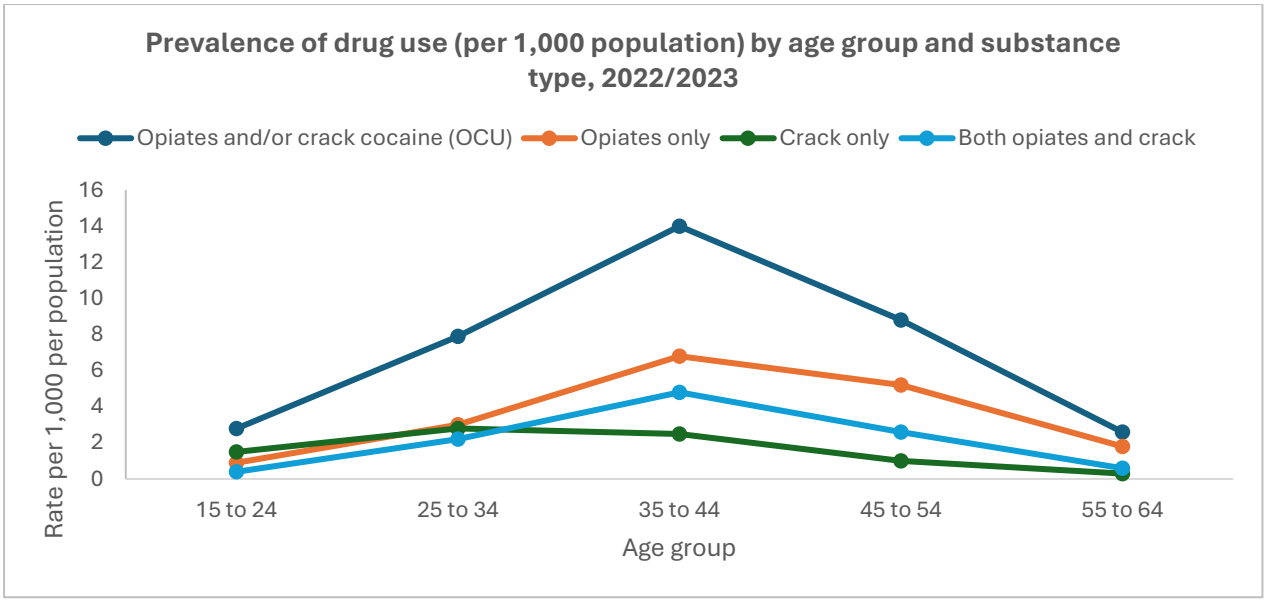
Overall, Shropshire's prevalence rates are consistently lower than those for England as a whole, except for crack only use, which is slightly higher. The greatest difference is found in **Both opiates and crack**, where Shropshire's rate falls well below the national average.

Chart showing the prevalence of drug use per 1,000 population for Shropshire and England, 2022/2023. Source: NDTMS



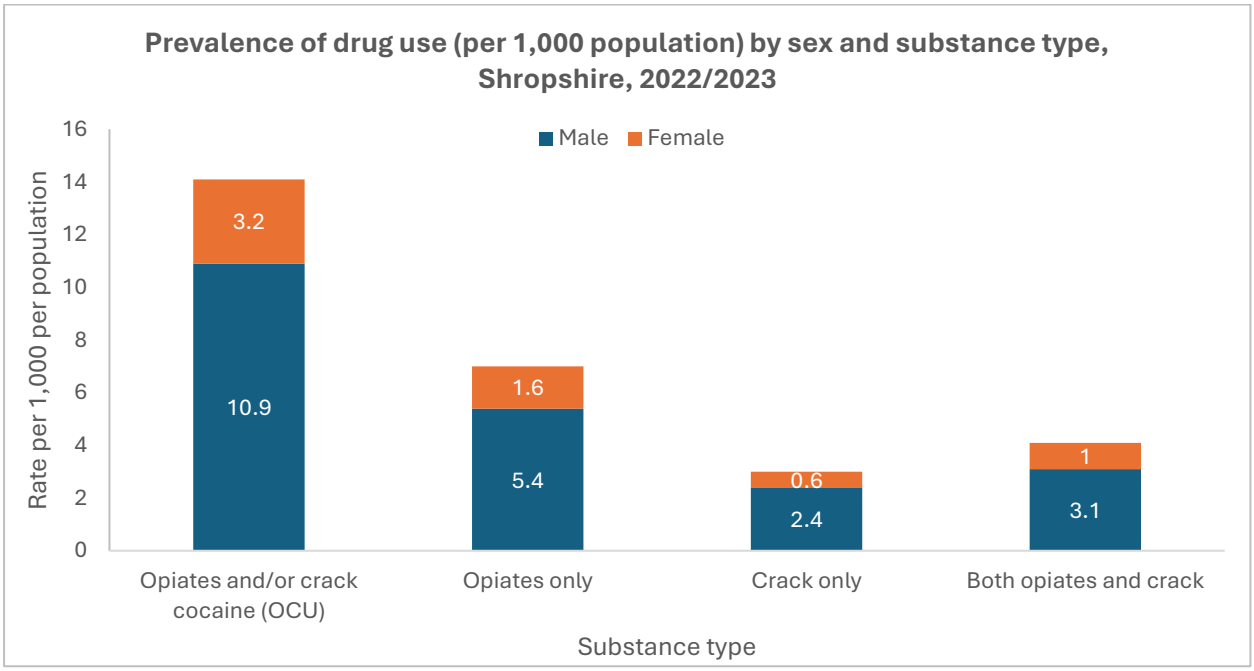
The age group with the highest prevalence for opiate and/or crack cocaine use (OCU) in Shropshire is 35 to 44, with opiates being the highest substance at a rate of 6.8 per 1,000.

Chart showing the prevalence of drug use by age group and substance type, Shropshire, 2022/2023. Source: NDTMS



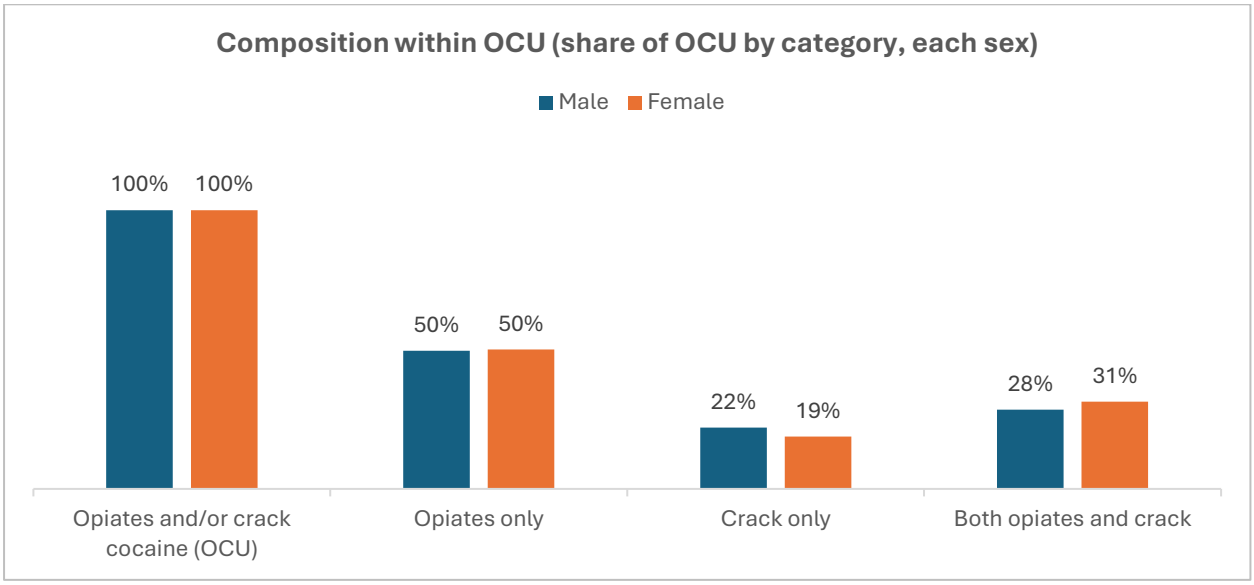
Opiates remain the most commonly cited substance for both males and females.

Chart showing the prevalence of drug use by sex and substance type, 2022/2023, Shropshire. Source: NDTMS



The data indicates that opiate use was evenly used between the cohorts of both males and females, each accounting for 50% of total users by sex. Males show a marginally higher prevalence of crack only use, while combined use of both substances was slightly more common among females.

Chart showing the prevalence of drug use by total sex and substance type, 2022/2023, Shropshire. Source: NDTMS



Alcohol

Alcohol profile for Shropshire[6]

Indicator	Period	Shropshire			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Mortality								
Alcohol-related mortality	2024	→	136	34.6	38.9	70.6		20.6
Alcohol-specific mortality	2024	→	40	11.2	13.8	29.0		5.4
Under 75 mortality rate from alcoholic liver disease (1 year range)	2024	-	-	-	10.7	-	*Insufficient number of values for a spine chart*	-
Under 75 mortality rate from alcoholic liver disease (3 year range)	2022 - 24	-	106	11.1	11.4	21.1		4.9
Mortality from chronic liver disease, all ages (1 year range)	2024	→	37	9.9	13.7	27.3		5.7
Mortality from chronic liver disease, all ages (3 year range)	2017 - 19	-	113	10.7	12.2	31.9		5.4
Potential years of life lost (PYLL) due to alcohol-related conditions (Male)	2023	→	2,023	1,186	1,246	2,520		639
Potential years of life lost (PYLL) due to alcohol-related conditions (Female)	2023	→	1,032	614	533	1,080		161
Admissions								
Admission episodes for alcohol-specific conditions	2023/24	↓	1,357	392	612	1,713		207
Admission episodes for alcohol-related conditions (Narrow)	2023/24	→	1,986	535	504	890		240
Admission episodes for alcohol-related conditions (Broad)	2023/24	→	6,164	1,568	1,824	3,241		1,054
Admission episodes for alcohol-specific conditions (under 18 years)	2021/22 - 23/24	-	42	23.7	22.6	61.7		3.8

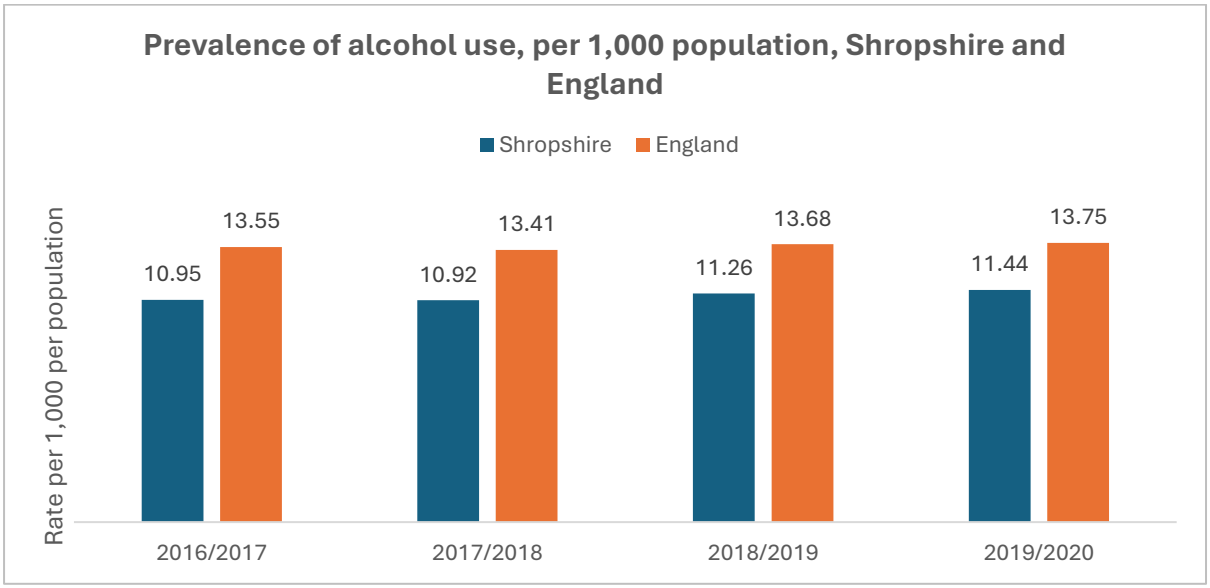
[6] Office for Health Improvement and Disparities.
Public health profiles. 2026 https://fingertips.phe.org.uk/ © Crown copyright 2026 *accessed 06/02/2026*

Prevalence of alcohol use 2019-2020

These estimates of alcohol dependence in England were produced by the University of Sheffield. They contain updated estimates of the number of adults that were dependent on alcohol in 2019 to 2020 in each local authority and region in England, and they are the most up-to-date available.[7]

Between 2016/17 and 2019/20, Shropshire's rate increased from 10.95 to 11.44, a change of approximately 4.5%. During the same period, England's rate increased from 13.55 to 13.75, which equates to about 1.5%. Throughout these years, Shropshire's rate remained consistently below the England average by 2 to 3 percent. However, the pace of growth in Shropshire's rate was higher compared to the national increase over this timeframe.

Chart showing the prevalence of alcohol use per 1,000 population for Shropshire and England, 2016/2017 to 2019/2020. Source: NDTMS



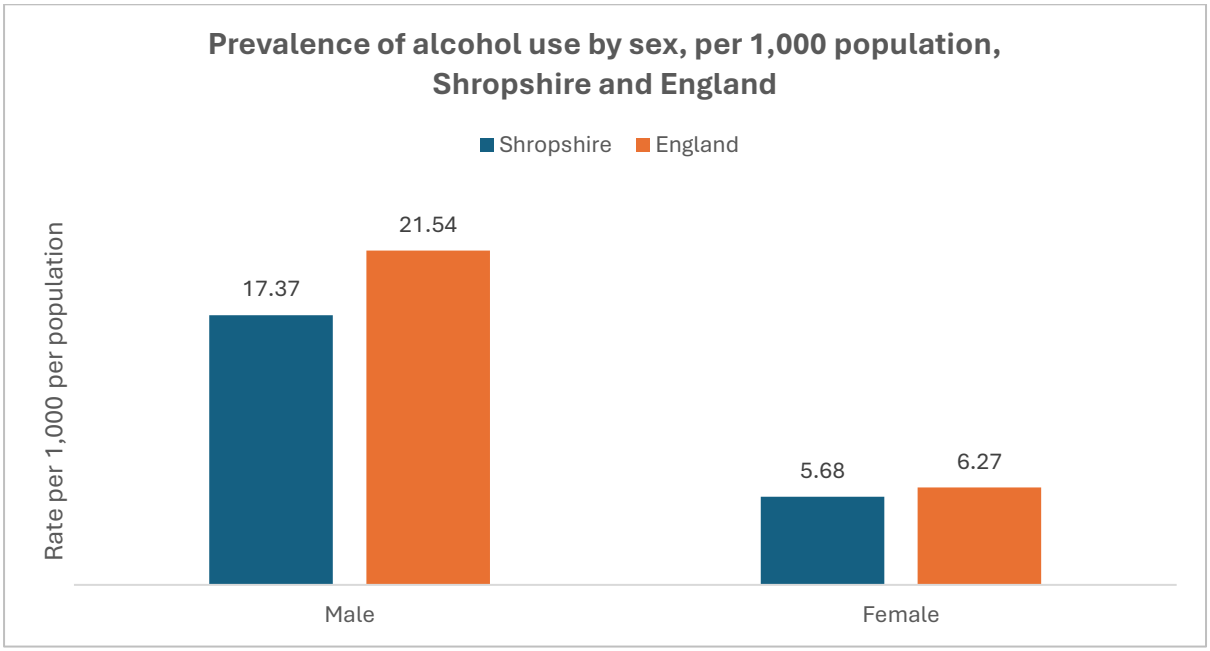
In 2019/20, estimated alcohol prevalence was higher for males than females in both Shropshire and England.

- **Males:** Shropshire is 17.37, compared to 21.54 nationally
- **Females:** Shropshire is 5.68, compared to 6.27 nationally

This indicates that Shropshire consistently remains below the England average for both sexes. The difference between male and female rates is notable, with male rates being more than three times higher than female rates both locally and nationally.

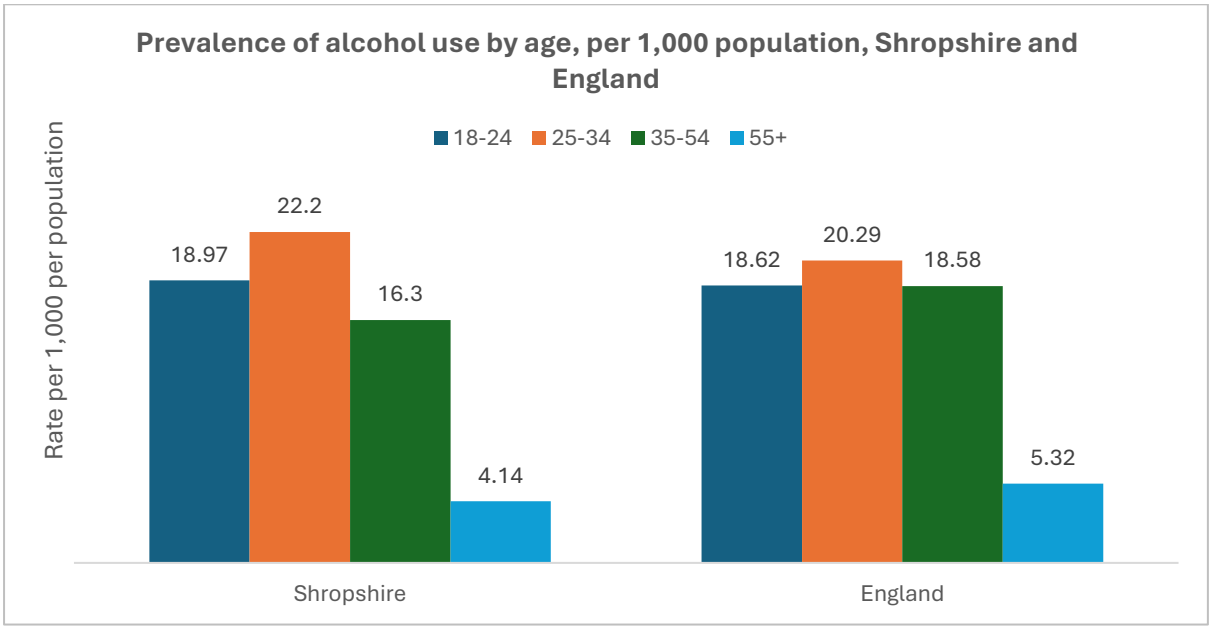
[7] Estimates of alcohol dependent adults in England: summary - GOV.UK

Chart showing the prevalence of alcohol use per 1,000 population for Shropshire and England, by sex, 2019/2020. Source: NDTMS

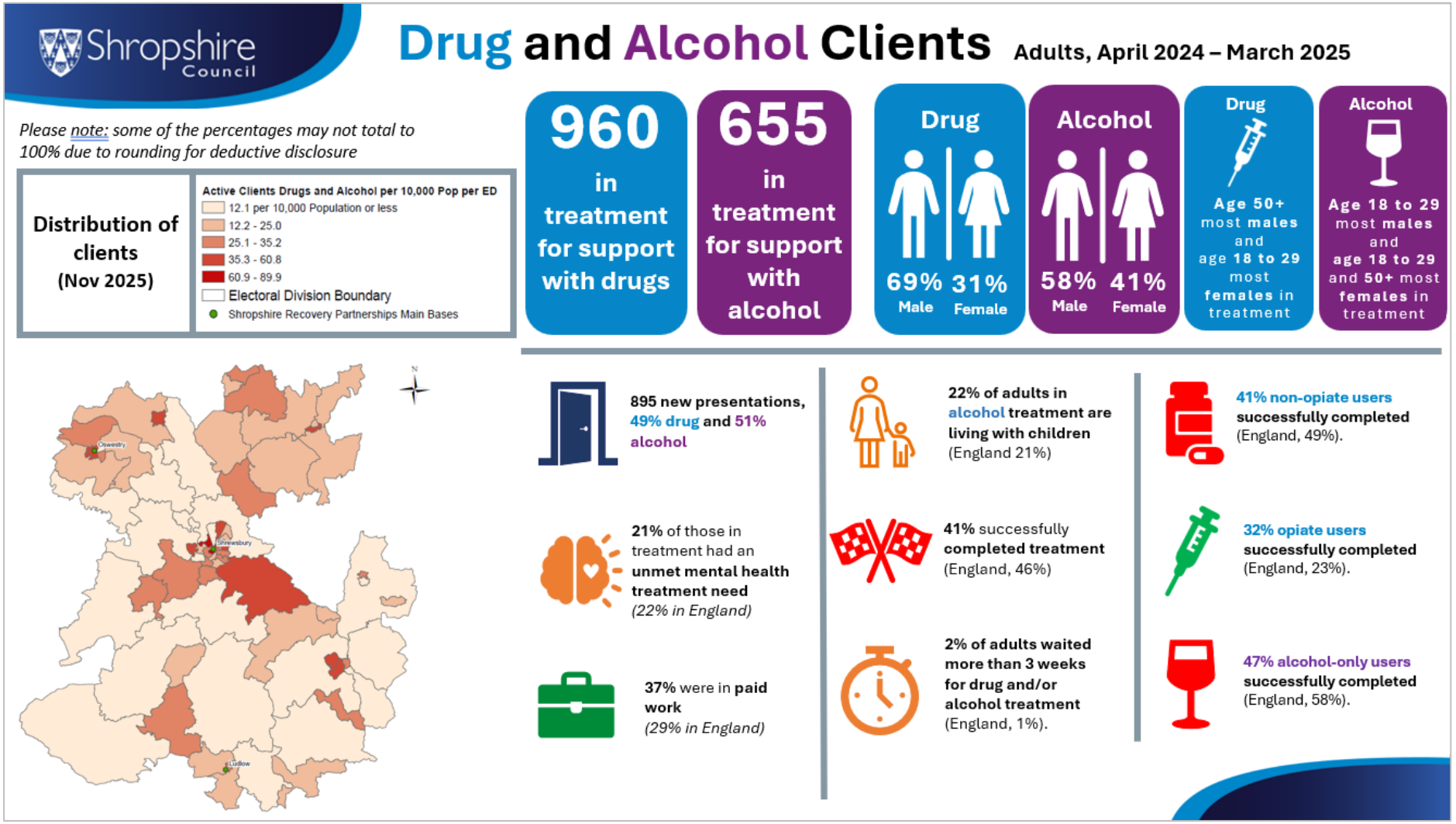


Looking at age groups, Shropshire's rates are highest among 25 to 34-year-olds, exceeding the national average, while older age groups (35 to 54 and 55+) show lower rates compared with England. This suggests the importance of maintaining a strong local response for younger adults alongside continued support across older age groups.

Chart showing the prevalence of alcohol use per 1,000 population for Shropshire and England, by age, 2019/2020. Source: NDTMS



Local drug and alcohol treatment system; Shropshire snapshot



Young people in treatment April 2024 to March 2025

115
Young people in Treatment

Male
73%

Female
30%

70% of males are aged 15 and under

80% of females are aged 15 and under

Please note: some of the percentages may not total to 100% due to rounding for deductive disclosure

95 new presentations, 73% male and 26% female

73% of young people who are newly presenting are in mainstream education *(61% in England)*

Majority (32%) of new presentations referred in by health services *(Majority nationally is education system, 33%)*

89% are living with parents or other relatives *(England 87%)*

96% successfully **completed treatment** *(England, 85%)*

56% have been in treatment for under 12 weeks *(England, 45%)*

10% of young people are living in care *(6% nationally)*

Cannabis is the most cited primary substance (**56%** vs 71% nationally)

Alcohol is the second most reported (primary) substance problem (**30%** vs 15% nationally)

Adults in treatment 18+

Substance type

In Shropshire (April 2024 to March 2025), 1,615 adults received structured treatment for substance use. This is an increase of 1.2% compared to 2023/2024, when 1,595 adults were accessing treatment.

The largest group in treatment in Shropshire was for alcohol-only use, accounting for 41% (655 people), which is notably higher than both the West Midlands (30%) and England overall (30%).

Opiates made up 32% (520 people) in Shropshire, lower than the West Midlands (48%) and England (42%).

Non-opiate with alcohol treatment accounted for 13% (210 people) in Shropshire, similar to both the West Midlands (12%) and the national figure (14%).

Non-opiate treatment made up 14% (230 people) in Shropshire, higher than the West Midlands (10%) and England (13%).

Shropshire has a higher proportion of adults in treatment for alcohol-only use and non-opiate use than regional and national averages. Year-on-year growth appears to be driven mainly by increases in alcohol-only and non-opiate with alcohol presentations, while opiate treatment continues to account for a smaller share of the local treatment profile.

Chart showing individuals in treatment in Shropshire, April 2018 to March 2025, by %. Source: NDTMS ViewIt

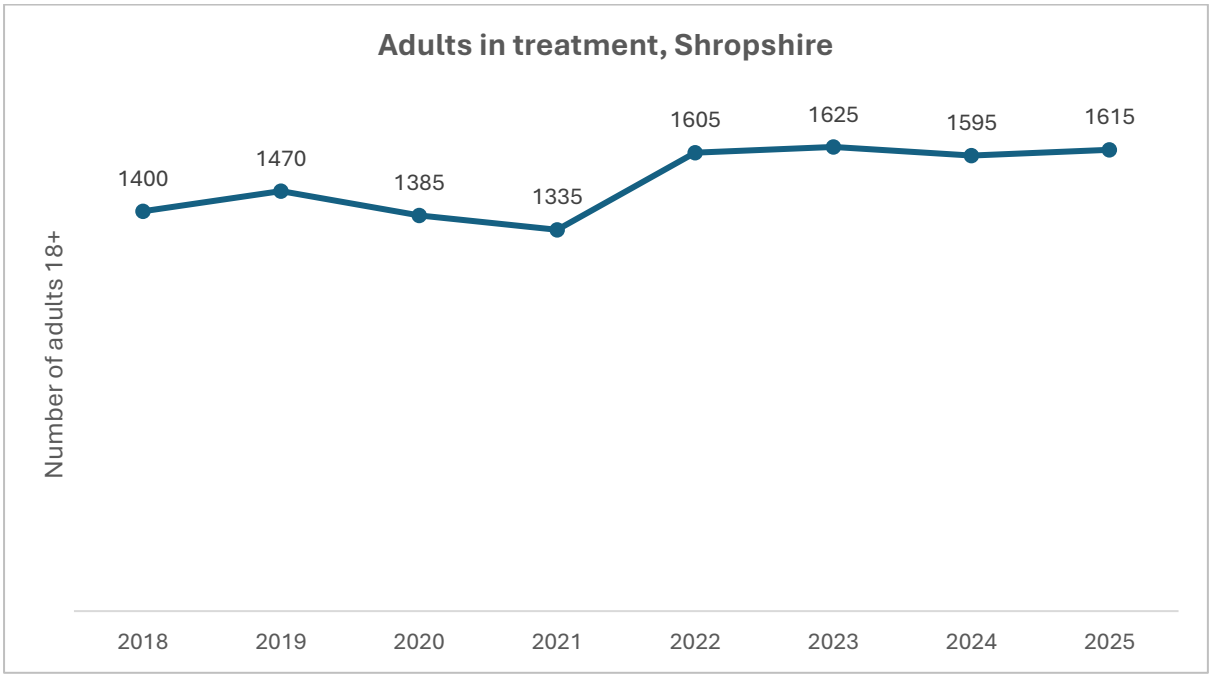


Chart showing individuals in treatment in Shropshire, West Midlands and England, April 2024 to March 2025, by %. Source: NDTMS ViewIt

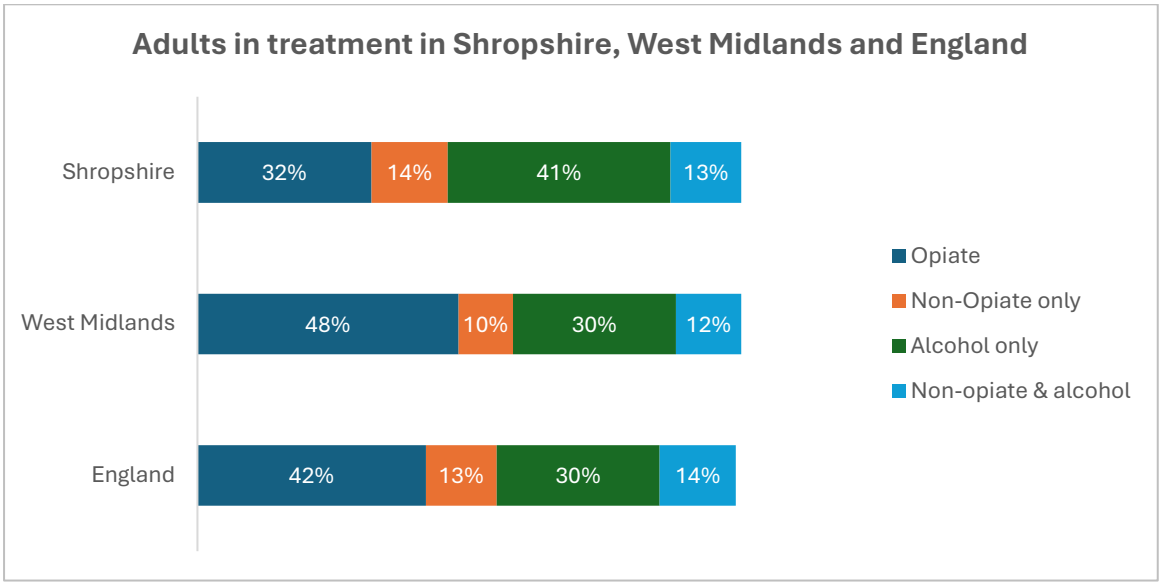
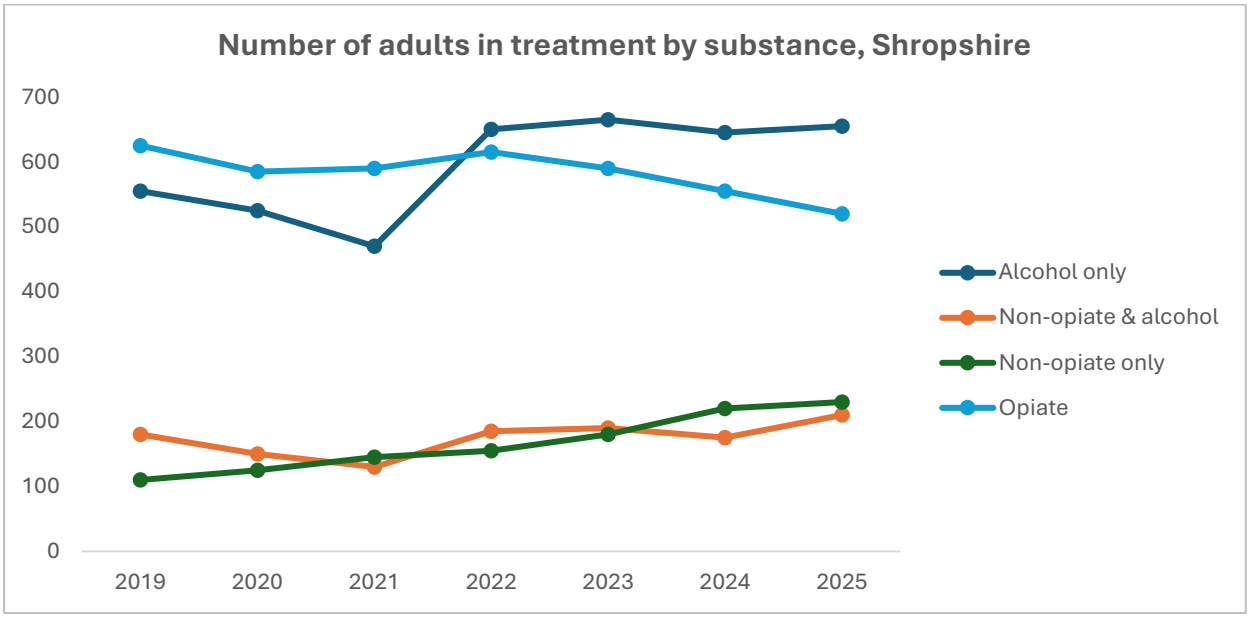


Table showing adults in drug and alcohol treatment in 2023/2024 compared to April 2024 to March 2025 by substance, Shropshire. Source: NDTMS ViewIt

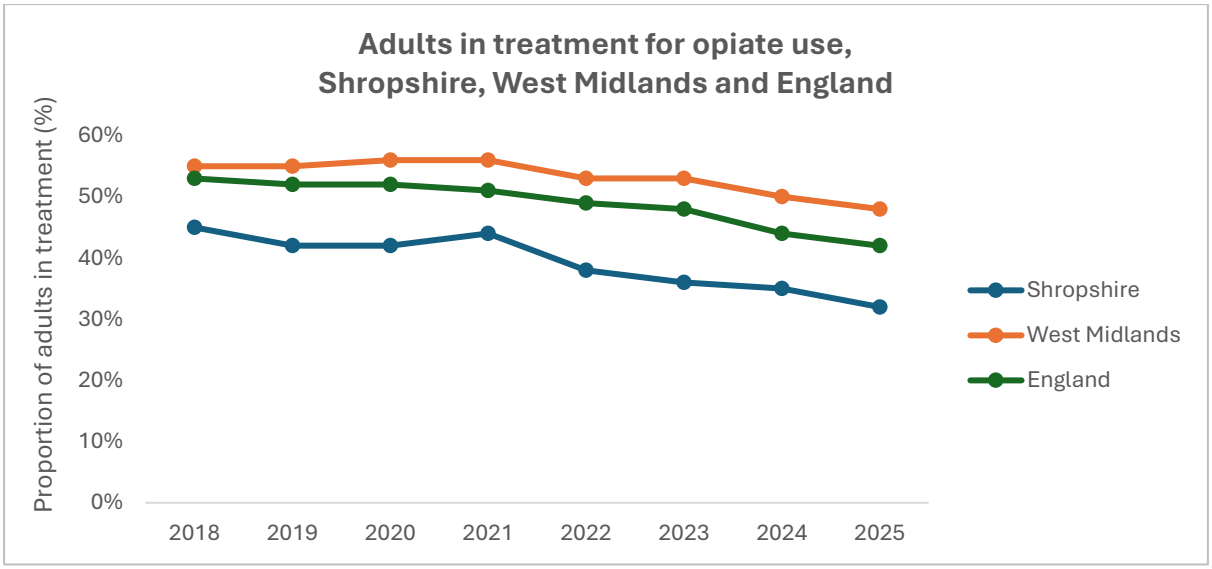
Year	Opiate	Non-opiate only	Alcohol only	Non-opiate & alcohol
April 2024 to March 2025	32%	14%	41%	13%
2023/2024	35%	14%	40%	11%
Difference (24/25 to 23/24)	*-3%*	*0%*	*+1%*	*+2%*

Charts showing individuals in treatment in Shropshire, by substance, April 2019 to March 2025 by number. Source: NDTMS ViewIt



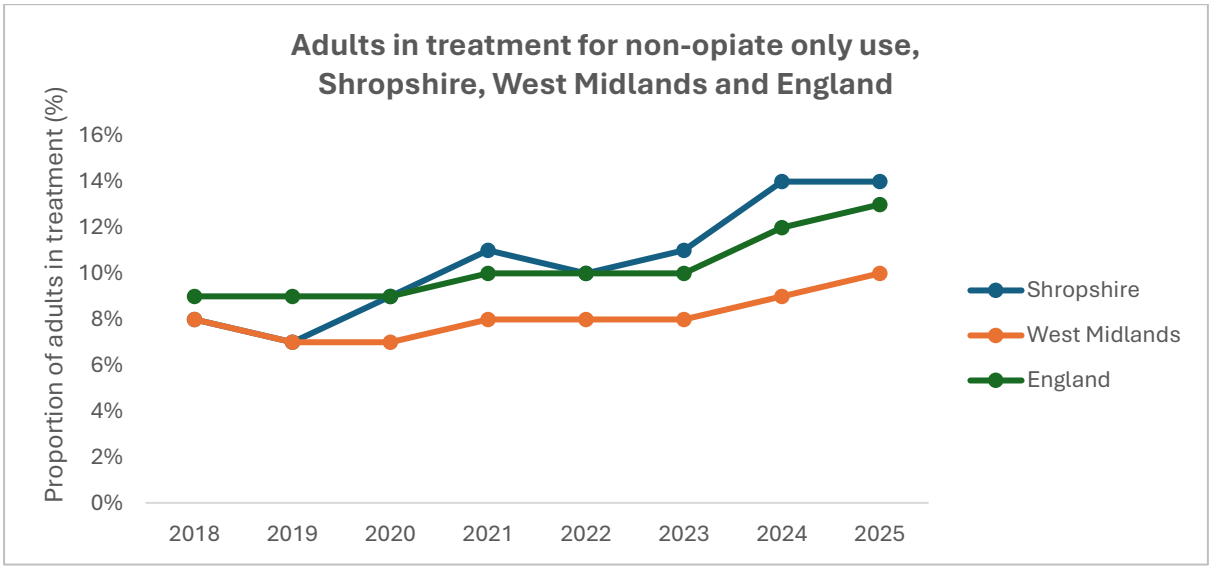
The proportion of adults in treatment for opiate use has fallen steadily in Shropshire, from 45% in 2018 to 32% in 2025. This mirrors the wider downward trend seen in the West Midlands and England, but Shropshire has remained consistently lower than both throughout the period. By 2025, the gap had widened, with opiates accounting for 32% of treatment in Shropshire compared with 48% in the West Midlands and 42% nationally.

Chart showing the adults in treatment April 2018 to March 2025 for opiate use. Shropshire, West Midlands and England. Source: NDTMS ViewIt



From 2018 to 2025, the proportion of non-opiate only clients in Shropshire rose steadily from 8% to 14%, overtaking both the West Midlands and England from 2021 onwards. While the West Midlands increased more gradually and England showed a rise Shropshire experienced a sharper increase from 2023, representing a faster growth in non-opiate only treatment demand locally compared with regional and national trends.

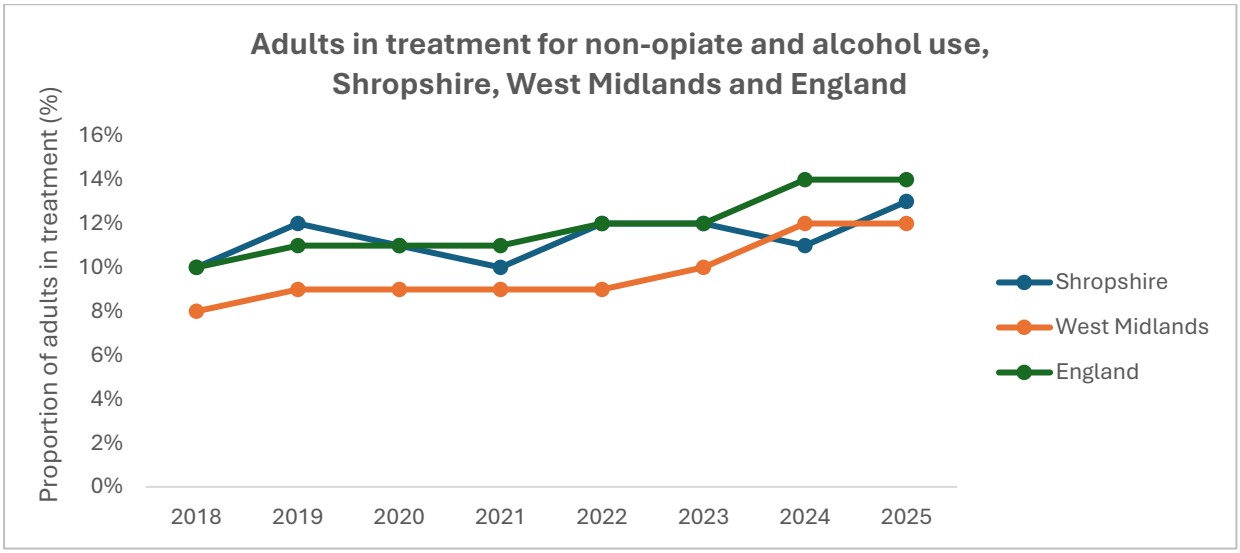
Chart showing the adults in treatment April 2018 to March 2025 for non-opiate only use. Shropshire, West Midlands and England. Source: NDTMS ViewIt



Non-opiates and alcohol

Between April 2024 and March 2025, in Shropshire, there were 210 adults in treatment for non-opiate and alcohol use, making up 13% of all clients in treatment, a little lower than 14% nationally – In Shropshire this was an 18% increase from the previous year in adults in treatment for non-opiate & alcohol use, while the West Midlands and England stayed the same.

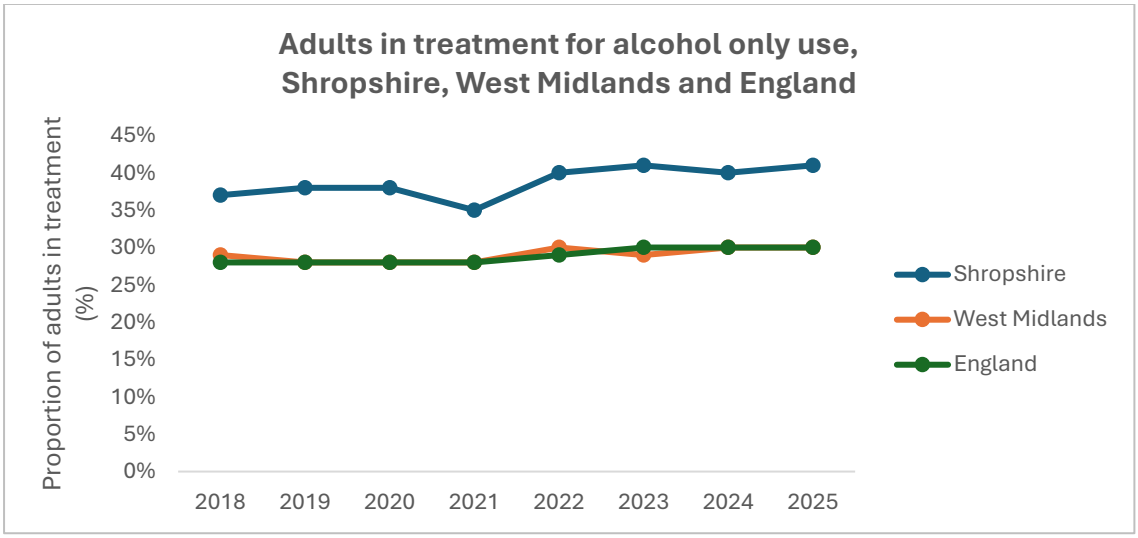
Chart showing the adults in treatment April 2018 to March 2025 for non-opiates and alcohol use. Shropshire, West Midlands and England. Source: NDTMS ViewIt



Alcohol

During the period April 2024 to March 2025, in Shropshire, there were 655 adults in treatment for alcohol-only use, making up (41%) of all clients in treatment, compared to 30% in England. There was a 1.6% increase compared to the previous year in Shropshire (645 to 655). At regional and national level, there was little change, both remain at 30% for 2023/2024.

Chart showing the adults in treatment April 2018 to March 2025 for alcohol-only use. Shropshire, West Midlands and England. Source: NDTMS ViewIt



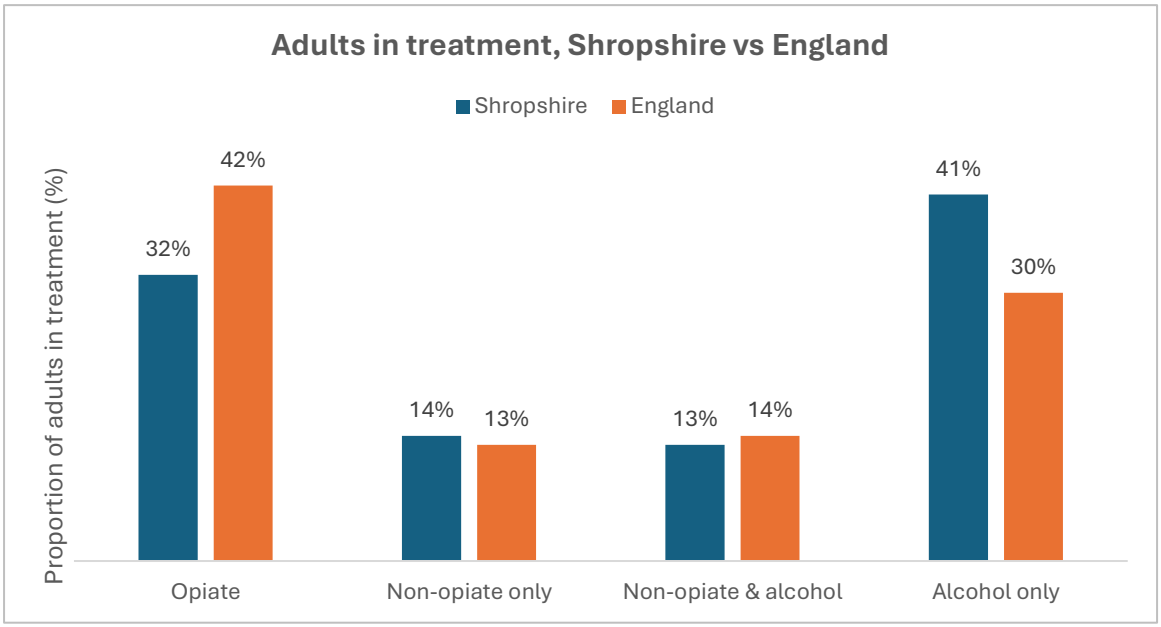
Shropshire vs. National Averages:

Adults in Treatment by Substance Group (2018–2025)

Substance Group	Shropshire Trend (2018–2025)	National Trend (2018–2025)	Shropshire vs. National
Opiate	Declining	Declining	Lower in Shropshire
Alcohol only	Rose sharply then stable (currently at peak)	Steady increase	**Notably higher in Shropshire**
Non-opiates & alcohol	Increasing	Increasing	Similar
Non-opiates only	Increasing	Increasing	Similar

The trends in Shropshire closely mirror those seen nationally, with declining opiate related treatment, and increasing alcohol only and non-opiate groups. Alcohol only treatment demand is notably higher in Shropshire (41%) than the national average (30%).

Chart showing the adults in treatment April 2024 to March 2025 by substance use. Shropshire, and England. Source: NDTMS ViewIt



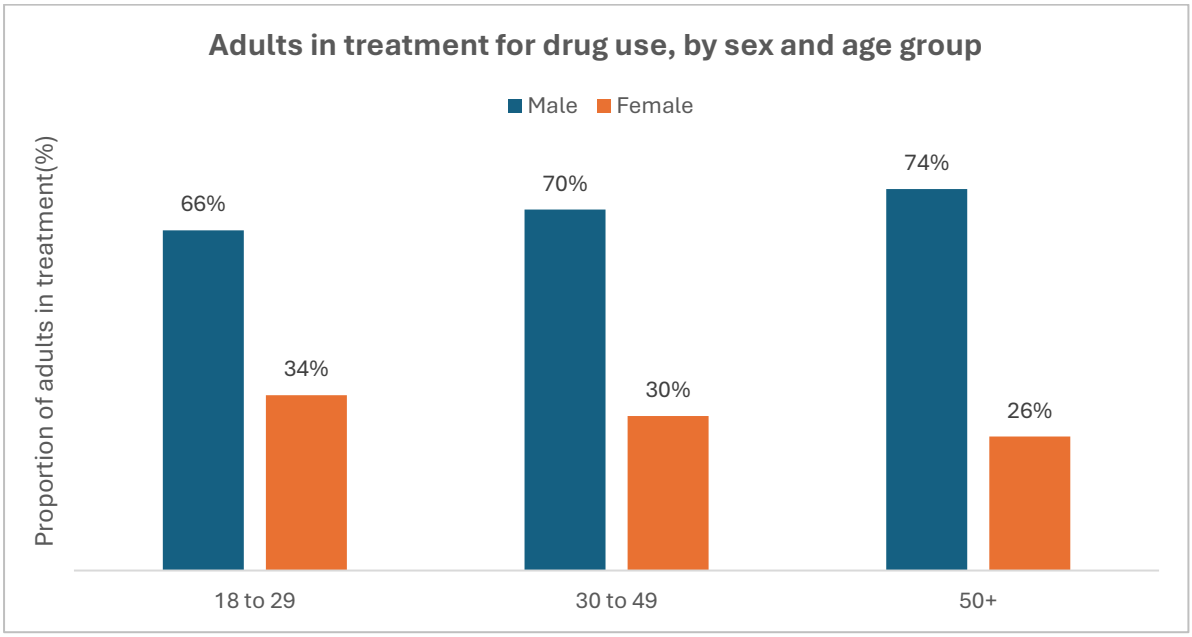
Age and sex

Drug treatment clients

Between April 2024 and March 2025, there were 960 adults accessing drug treatment made up of 69% male and 31% female.

The chart below shows that males account for the majority of adults in drug treatment across all age groups, with the gap widening with age. Males make up 66% of those in treatment aged 18 to 29, rising to 70% among those aged 30 to 49 and 74% among those aged 50 and over. Female representation falls from 34% in younger adults to 26% in the oldest group.

Chart showing the adults in treatment April 2024 to March 2025 for drug use, including non-opiates & alcohol. Shropshire, and England. Source: NDTMS ViewIt



Interpretation

Drug treatment need varies by age and sex, with female representation higher in younger age groups and male representation increasing in older age groups.

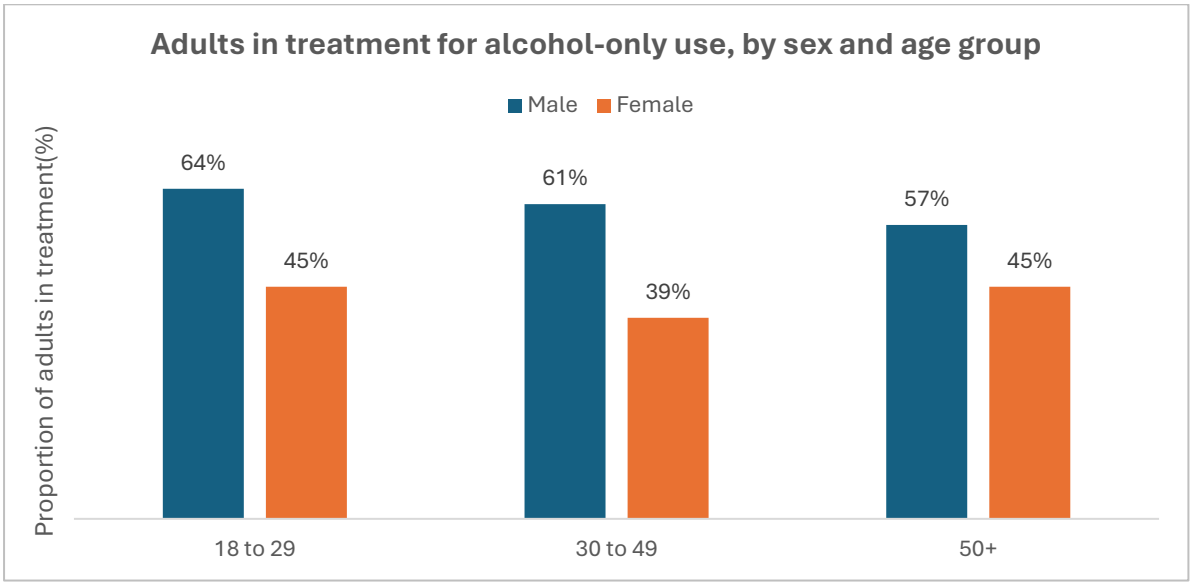
This pattern highlights the importance of tailoring prevention, engagement and treatment approaches by age and sex.

Alcohol only treatment clients

There were 655 adults accessing alcohol only treatment in Shropshire between April 2024 and March 2025, made up of 58% males and 41% females.

Males make up the majority of alcohol-only clients across age groups. Female representation is highest in the 18 to 29 and 50+ age groups, where females account for 45%.

Chart showing the adults in treatment April 2024 to March 2025 for alcohol-only use. Shropshire, and England. Source: NDTMS ViewIt



Interpretation

Adults are increasingly likely to require alcohol-only treatment with age. Males account for the majority of alcohol-only clients across age groups, while female representation is highest in the youngest and oldest age groups shown.

Protected characteristics

In treatment for drug use

Of those in treatment for drug use (April 2024 to March 2025) in Shropshire, the majority reported their Ethnicity as White (98%), higher than the national rate (88%).

Data is not available for Religion, Disability or Employment status for those in treatment during the period.

In treatment for alcohol-only use

Among those receiving treatment solely for alcohol use in Shropshire (rolling 12 months to September 2025), 98% reported as White - higher than the national figure of 90%.

Data is not available for Religion, Disability or Employment status for those in treatment during the period.

Detailed breakdown by substance

At assessment, the top three substances that brought a client into treatment are recorded. These are not necessarily being currently used. The data below shows the number of times that

each substance has been cited by individuals,[8] and therefore the total substances will be more than the total of individuals in treatment. Below is the top ten for Shropshire and England. It shows that **Shropshire has a much greater proportion of people needing treatment for alcohol compared to the national average**, showing the most pronounced difference between the regions. In contrast, cases involving opiate and crack cocaine are fewer in Shropshire than across England.

% of top ten problem substances cited in those in treatment, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt

Substance	Shropshire	England
Alcohol	59%	52%
Opiate (not crack cocaine)	19%	20%
Cocaine	17%	16%
Cannabis	14%	21%
Opiate and crack cocaine	13%	22%
Crack cocaine (not opiate)	4%	4%
Hallucinogen	2%	2%
Benzodiazepine	2%	4%
Amphetamine (not ecstasy)	1%	2%
Other drug	1%	2%

Club drugs and New Psychoactive Substances

Club drugs and NPS is a collective term for a number of different substances typically used in bars and nightclubs, concerts and parties, before or after a night out.[9]

The following substance rates are identical in Shropshire and England.

Club drugs and NPS cited in those in treatment, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt

Substance	Shropshire	England
Ecstasy	0%	0%
Ketamine	2%	2%
GHB/GBL	0%	0%
Methamphetamine	0%	0%
Mephedrone	0%	0%
New Psychoactive Substances (NSP)	1%	1%

Alcohol consumption

The following table displays how many units of alcohol adults consumed in the 28 days leading up to their treatment for drug and/or alcohol use.

[8] NDTMS
[9] NDTMS methodology

More adults in England reported drinking no alcohol in the 28 days before entering treatment (42%) compared with adults in Shropshire (37%). This means a higher proportion in Shropshire reported some alcohol consumption during this period (63% vs 58% in England).

Alcohol units consumed in the 28 days before an individual entered treatment, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt

Alcohol units consumed in the last 28 days	Shropshire	England	Difference (Shropshire - England)
0	37%	42%	-5%
1-199	21%	23%	-2%
200-399	15%	12%	3%
400-599	13%	9%	4%
600-799	5%	5%	0%
800-999	5%	3%	2%
1000 and over	5%	5%	0%

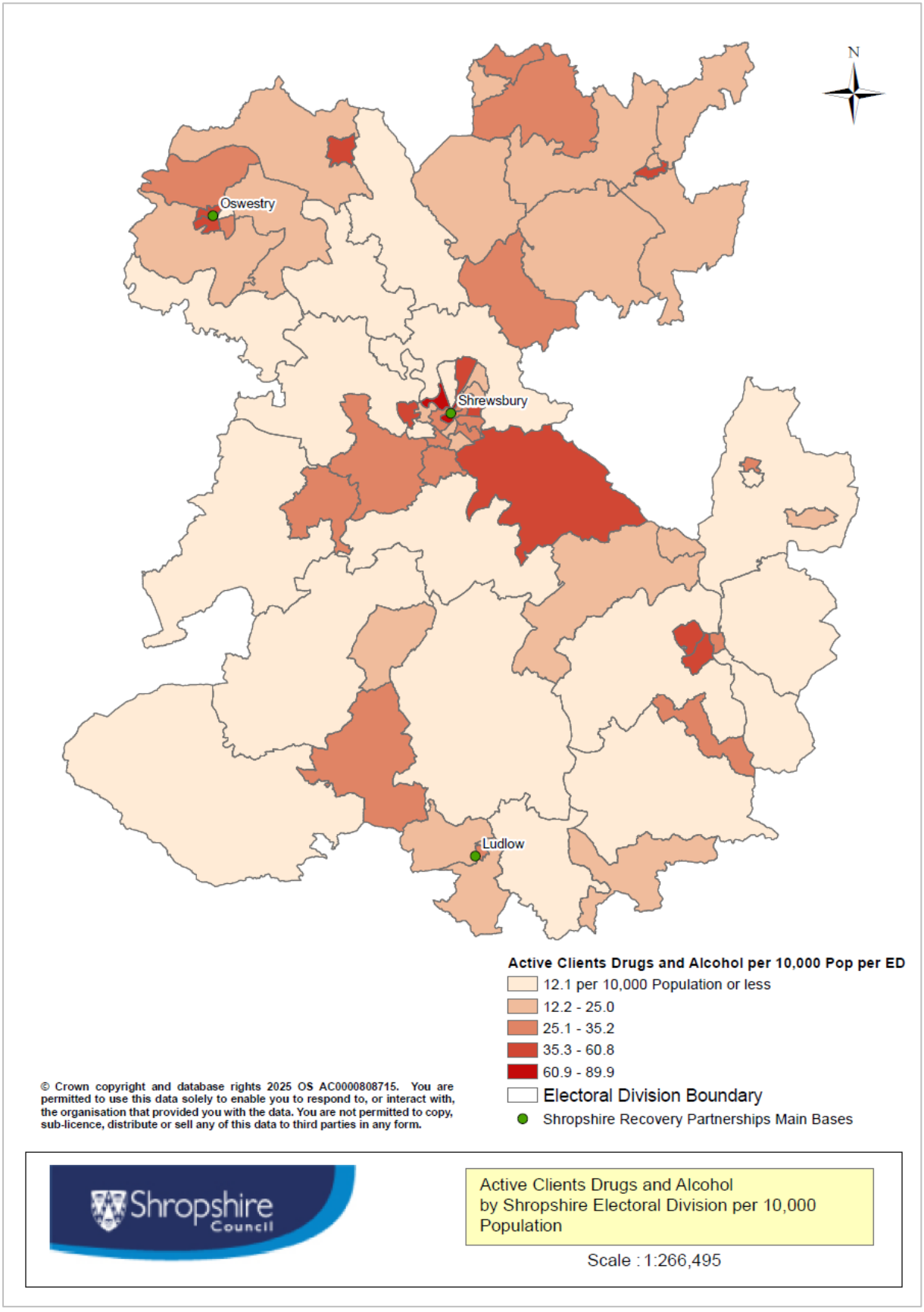
Distribution of clients

The map below shows the distribution of active clients in drug and alcohol treatment services across Shropshire by electoral division, per 10,000 people. Darker shading indicates higher rates of people currently in treatment.

The highest rates (60.9–89.9 active clients per 10,000) are concentrated in and around Shrewsbury, the county's main urban centre. This pattern may be influenced by higher recorded engagement in more urban areas, where services and transport links may be easier to access. Several electoral divisions in the north and southeast, and parts of the south, also show higher rates, although these are lower than those seen in Shrewsbury. Many rural areas fall in the lowest bands (4.6–14.8 per 10,000), which could reflect lower recorded engagement and/or practical challenges in accessing support in more remote locations.

Areas with higher recorded rates: The clearest concentration is centred on Shrewsbury, where the darkest shading (60.9 to 89.9 active clients per 10,000) is shown. A second tier of higher rates (35.3 per 10,000 and above) is also visible in parts of the north and south east, including Oswestry and Market Drayton, and around Bridgnorth. Recorded engagement was highest in Shrewsbury, Oswestry and some semi-rural areas, although this should not be interpreted as indicating that local need is fully met.

Map of active clients in treatment by ward, November 2025. Also showing the 3 main SRP locations in Oswestry, Shrewsbury and Ludlow. Source: SRP



The below areas are those included in the 35.3 and above category, by electoral division:

Name	Rate
Severn Valley (Bridgnorth)	37.9
Bridgnorth West & Tasley	38.1
Oswestry South	38.7
Bicton Heath (Shrewsbury)	39.3
Bridgnorth Castle	41.3
Monkmoor (Shrewsbury)	44.0
Ellesmere Urban	44.3
Harlescott (Shrewsbury)	47.4
Market Drayton South	49.1
Oswestry North	60.7
Quarry & Coton Hill (Shrewsbury)	89.9

Length of time in treatment

Adults are considered continuously in treatment if they have no more than 21 days between service contacts. Retaining clients improves recovery rates and lowers early dropouts.

From April 2024 to March 2025 in Shropshire, drug and alcohol clients remain in treatment longer than the national average.

Drugs

Length of time in opiate treatment

In Shropshire, during April 2024 to March 2025, there were 520 adults in opiate treatment.

A substantial proportion were in long-term treatment, with 39% (205 adults) having been in treatment for over six years, compared with 36% (185 adults) who had been in treatment for under two years.

Treatment duration was similar by sex. Males were slightly more likely to be in treatment for under two years (35% vs 32%), while both sexes were likely to be in treatment for over six years (39% vs 39%).

	England	Shropshire			
Shropshire	Proportion of all in treatment for opiate use	Proportion of all in treatment for opiate use	Number	Male	Female
Opiates under 2 years	44%	36%	185	35%	32%
Opiates over 6 years	31%	39%	205	39%	39%

In England, out of 138,255 people in opiate treatment, a higher proportion were in shorter-term treatment, with 44% (61,465) in treatment for under two years. By contrast, 31% (43,549) had been in treatment for over six years.

Compared with England, Shropshire has a lower proportion of opiate clients in treatment under 2 years, but a higher proportion in very long-term treatment (over 6 years), indicating a more established long-term treatment population locally.

Non-opiate treatment duration

In Shropshire, a slightly higher proportion of people remain in non-opiate treatment for over two years compared with England. For non-opiates alone, 4% of clients (10 people) in Shropshire have been in treatment for over two years, compared with 1% nationally. For non-opiates combined with alcohol, 2% (5 people) in Shropshire were in long-term treatment, compared with 3% in England.

Within Shropshire, long-term treatment for non-opiates with alcohol is more common among females than males (7% vs 4%), while for non-opiates alone, the proportion in long-term treatment is all male (3% vs 0%).

	England	**Shropshire**				
Time in treatment over 2 years	Proportion of all in treatment for non-opiate use	Proportion of all in treatment for non-opiate use	Number	Non-opiate treatment	Male	Female
Non-opiates	1%	4%	10	230	3%	0%
Non-opiates and alcohol	3%	2%	5	210	4%	7%

Shropshire has a slightly more established long-term non-opiate treatment population than England, particularly for non-opiates, with higher proportions remaining in treatment for over two years.

Alcohol-only treatment duration

In Shropshire, 11% of people in alcohol-only treatment (70 out of 655) have been in treatment for over one year, compared with 14% nationally. Within Shropshire, long-term alcohol-only treatment is more common among females than males (13% vs 10%).

	England	**Shropshire**				
Time in treatment over 1 years	Proportion of all in treatment for alcohol only use	Proportion of all in treatment for alcohol only	Number	Alcohol only treatment	Male	Female
Alcohol only	14%	11%	70	655	10%	13%

Shropshire has a slightly lower proportion of adults in long-term alcohol-only treatment than England, with longer durations more common among females than males.

In treatment for under 1 year

During April 2024 to March 2025 in Shropshire, over two thirds (68%) of all adults in drug and/or alcohol treatment were in treatment for under one year (1,090 adults), which is above the national average of 64%.

• 10% of adults were in treatment for 1 to 2 years, same as the previous year and below the national average of 11%.

• 6% were in treatment for 2 to 4 years compared to 7% nationally, 4% for 4 to 6 years compared to 5% nationally and 13% for over 6 years which is the same nationally.

Chart showing the length of time a person has spent in treatment for all people in drug and alcohol treatment in the year. April 2010 to March 2025 financial year. Shropshire. Source: NDTMS ViewIt

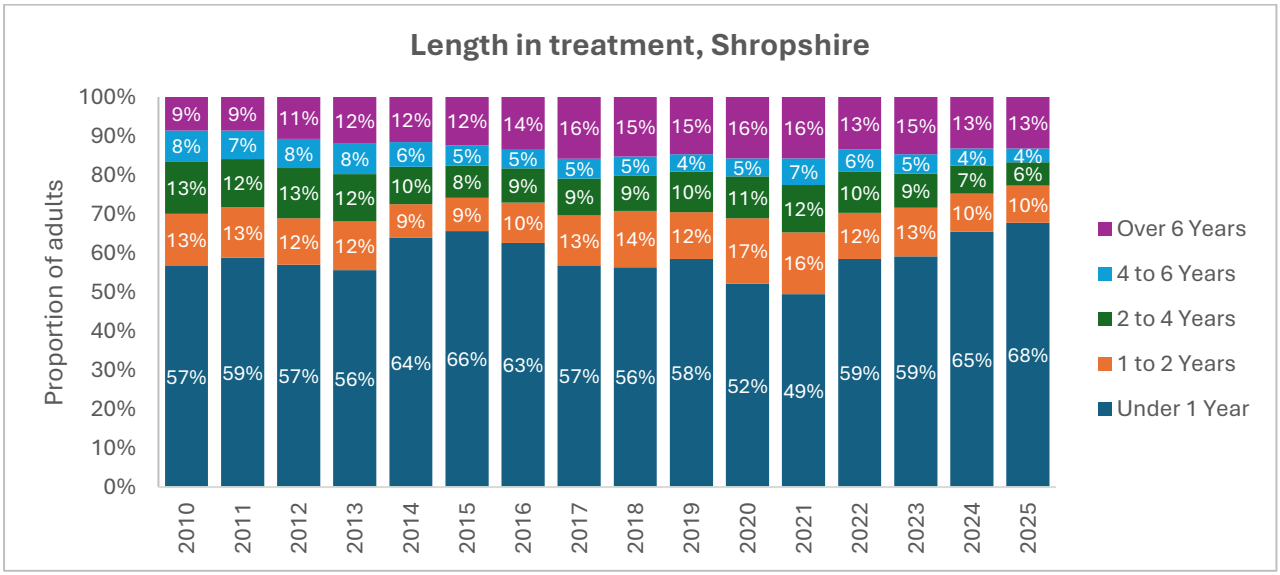
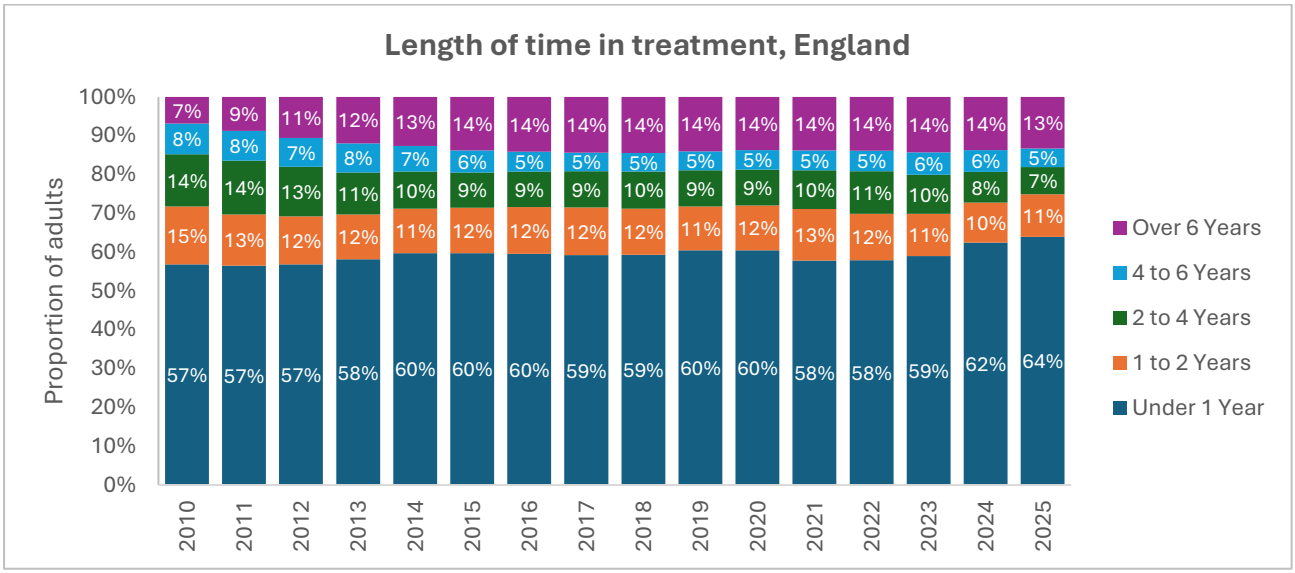


Chart showing the length of time a person has spent in treatment for all people in drug and alcohol treatment in the year. April 2010 to March 2025 financial year. England. Source: NDTMS ViewIt



Treatment exits

The table shows the number of adults in treatment who exited treatment in each financial year. Between April 2024 and March 2025, 785 clients in Shropshire left treatment, equating to 49% of all clients in treatment, a lower figure compared to the previous year (52%). Of all those who left treatment, 320 successfully completed treatment, 380 dropped out and 15 died. This is a fall in the volume of successful completions and a rise in dropouts compared to 2023/2024.

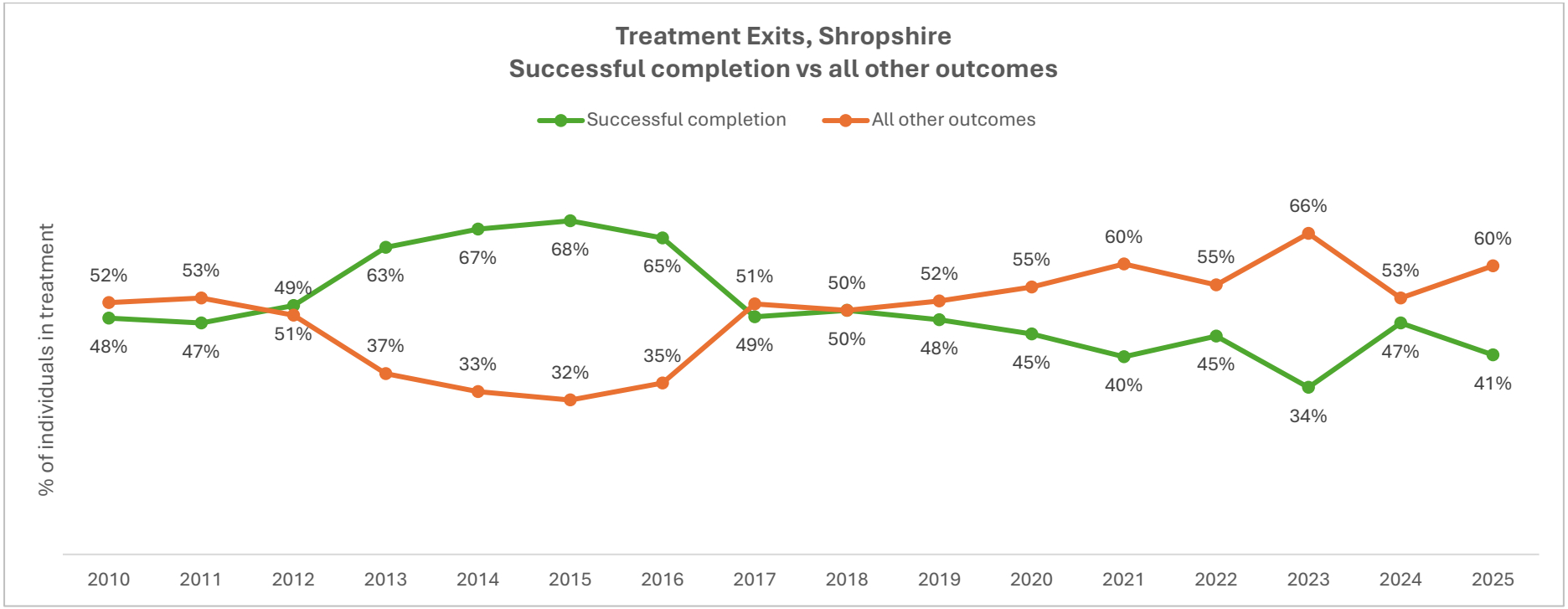
** Note: all figures have been rounded to the nearest 5 to prevent deductive disclosure*

Outcomes of treatment received	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Successful completion	300	335	280	380	495	580	530	260	280	280	245	185	315	280	390	320
Dropped out/left	175	185	125	70	120	130	155	190	210	245	215	220	280	450	350	380
Transferred - not in custody	20	35	520	80	55	55	65	25	20	20	30	15	50	35	30	30
Transferred - in custody	15	25	30	30	30	30	25	20	20	20	15	10	20	15	20	20
Treatment declined	45	55	50	25	30	40	20	*	*	*	10	*	5	*	*	*
Died	10	10	10	15	10	5	15	20	15	15	20	20	20	25	20	15
Prison	10	10	*	*	*	*	*	*	*	*	5	*	*	*	5	15
Treatment withdrawn	5	10	*	*	*	*	*	*	5	10	*	*	*	*	*	5
Moved away	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Other exit reason	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Referred on	30	35	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Inconsistent	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Not known	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

The table below shows the proportion of adults in treatment who exited treatment in each financial year. Of all those who left treatment, 41% successfully completed treatment, 48% dropped out and 2% died. This is a fall in successful completions and a rise in the dropout rate compared to 2023/2024. Deaths have slightly decreased.

Outcomes of treatment received	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Successful completion	48%	47%	51%	63%	67%	68%	65%	49%	50%	48%	45%	40%	45%	34%	47%	41%
Dropped out/left	28%	26%	23%	12%	16%	16%	19%	36%	37%	41%	40%	48%	40%	55%	43%	48%
Transferred - not in custody	3%	5%	9%	13%	8%	6%	8%	5%	4%	3%	5%	4%	8%	5%	3%	4%
Transferred - in custody	2%	4%	6%	5%	4%	3%	3%	4%	4%	3%	3%	2%	3%	2%	2%	3%
Treatment declined	7%	8%	9%	4%	4%	5%	2%	*	*	*	2%	*	1%	*	*	*
Died	2%	2%	2%	2%	1%	1%	2%	4%	3%	2%	4%	4%	3%	3%	3%	2%
Prison	1%	1%	*	*	*	*	*	*	*	*	1%	*	*	*	1%	2%
Treatment withdrawn	1%	1%	*	*	*	*	*	*	1%	1%	*	*	*	*	*	1%
Moved away	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Other exit reason	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Referred on	5%	5%	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Inconsistent	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Not known	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

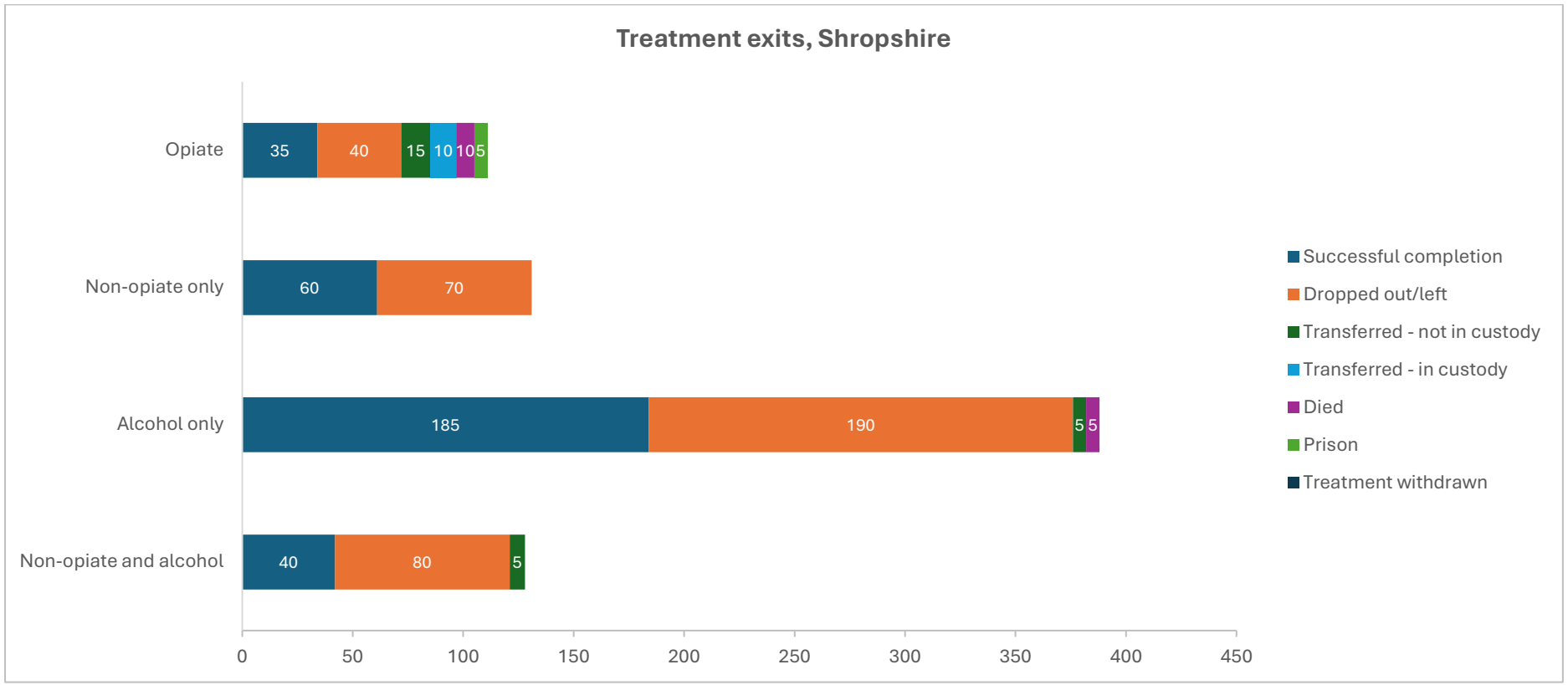
Chart showing all adults in treatment who successfully completed their treatment, or who had another outcome, Shropshire, by financial year ending March 2025. Source: NDTMS



Which substance group is driving exits?

Alcohol-only clients had the highest number of exits between April 2024 and March 2025, with 395 adults exiting treatment in Shropshire. Almost half of those (47%,185 people) successfully completed treatment, 48% dropped out or left (190 people). Non-opiates-only had the second most exits during April 2024 to March 2025, with 145 users leaving treatment. Of these, 41% (6) completed successfully, 48% (70) dropped out or left, and 6% (10) were transferred.

Chart showing all treatment exits for Shropshire, by substance. April 2024 to March 2025. Source: NDTMS ViewIt



** Note: all figures have been rounded to the nearest 5 to prevent deductive disclosure*

Unmet treatment need – from age 15

Unmet need is the proportion of people who could benefit from treatment for opiate or crack use, or alcohol dependency, but are not currently receiving that treatment.[10] The below data uses the prevalence estimate from 2019/2020 for alcohol, and 2022/2023 for drugs.

- Crack only users have the highest unmet need at 75%, indicating significant gaps in service provision or access for this group
- Both opiates and crack users have the lowest unmet need at 45%
- The unmet opiates only need is significant, at 58%
- Alcohol users also show a high unmet need at 70%, indicating ongoing challenges in meeting the needs of those with alcohol-related issues

When comparing Shropshire and England, Shropshire's unmet treatment need is higher in all drug categories, with crack only users being broadly similar. The unmet need for Alcohol is particularly lower in Shropshire, which suggests that Shropshire has relatively better provision or access for alcohol-related support compared to nationally.

This pattern suggests that Shropshire may need to focus additional resources and targeted interventions on opiate and dual opiate/crack users, while continuing strong efforts in alcohol treatment pathways. The higher unmet need for drugs could reflect local service gaps, barriers to engagement, or population-specific challenges. The lower unmet need for alcohol likely points to effective local programmes or outreach.

Table showing % of unmet treatment need by substance, April 2024 to March 2025, Shropshire and England. Source: NDTMS

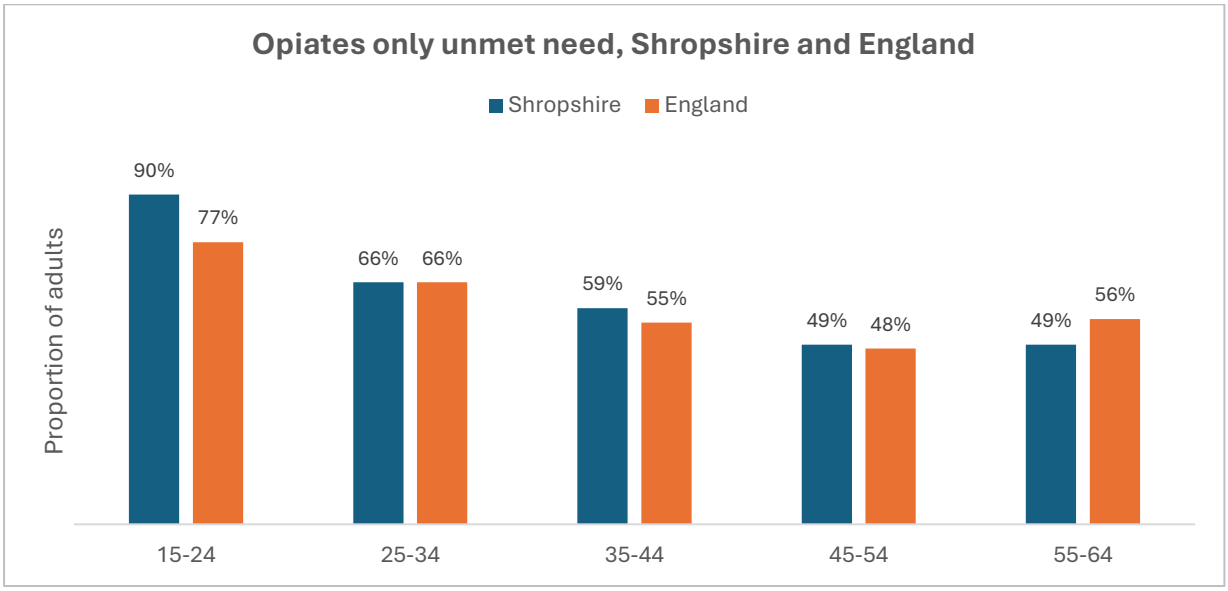
Substance	Shropshire	England	Shropshire vs England
OCU	58%	53%	Higher
Opiates only	57%	56%	Similar
Crack only	77%	76%	Similar
Both opiates and crack	47%	40%	Higher
Alcohol	69%	73%	Lower

The charts below break down unmet treatment need by age group and substance.

The unmet need for opiate-only use among 15 to 24-year-olds in Shropshire is much higher than the national average in England, suggesting that young people in Shropshire are much less likely to have their opiate treatment needs met than the national average. Other age groups show mixed patterns, with Shropshire performing better for older adults and slightly worse for some mid-age groups.

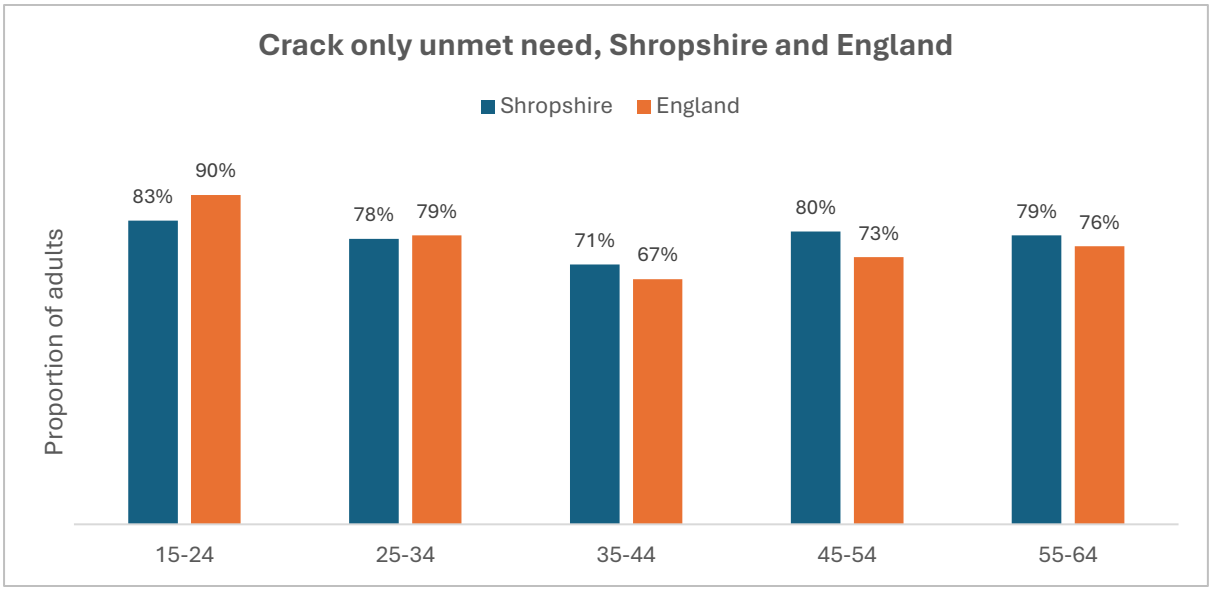
[10] NDTMS

Chart showing % of unmet treatment need by opiates only, by age group, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



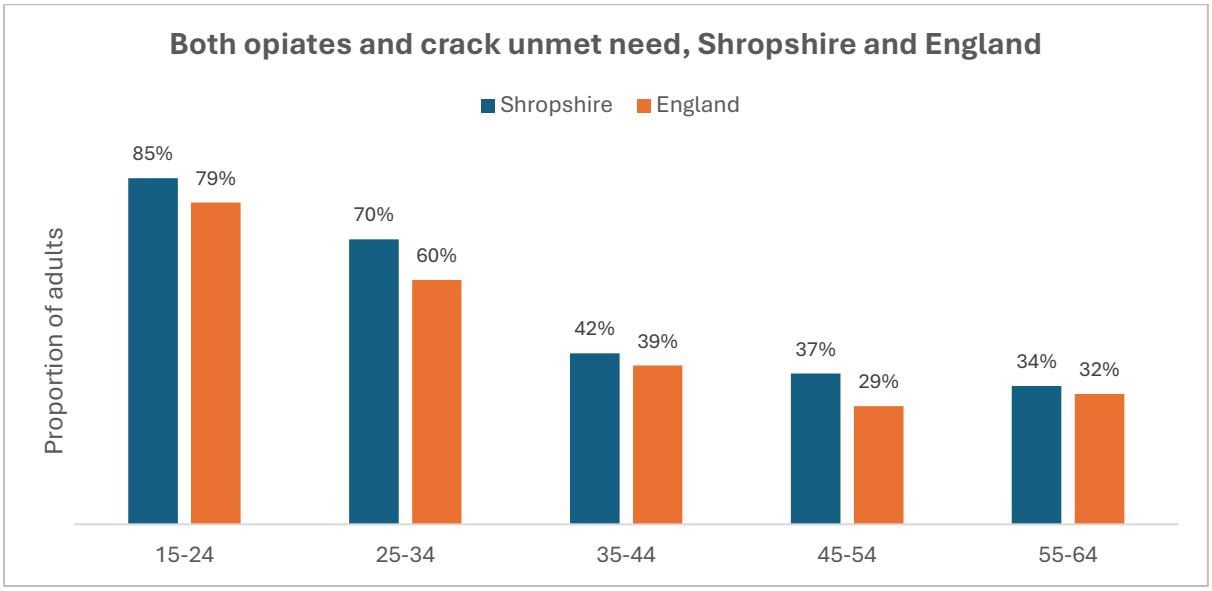
Shropshire performs better than England for the youngest (15 to 24) and (25 to 34) age groups in terms of meeting crack treatment needs. However, the older age groups show higher unmet need in Shropshire compared to England, highlighting a potential area for targeted intervention.

Chart showing % of unmet treatment need by crack only, by age group, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



Unmet treatment need for people using both opiates and crack is consistently higher in Shropshire than England for all ages, with the largest gap among the youngest group (25 to 34).

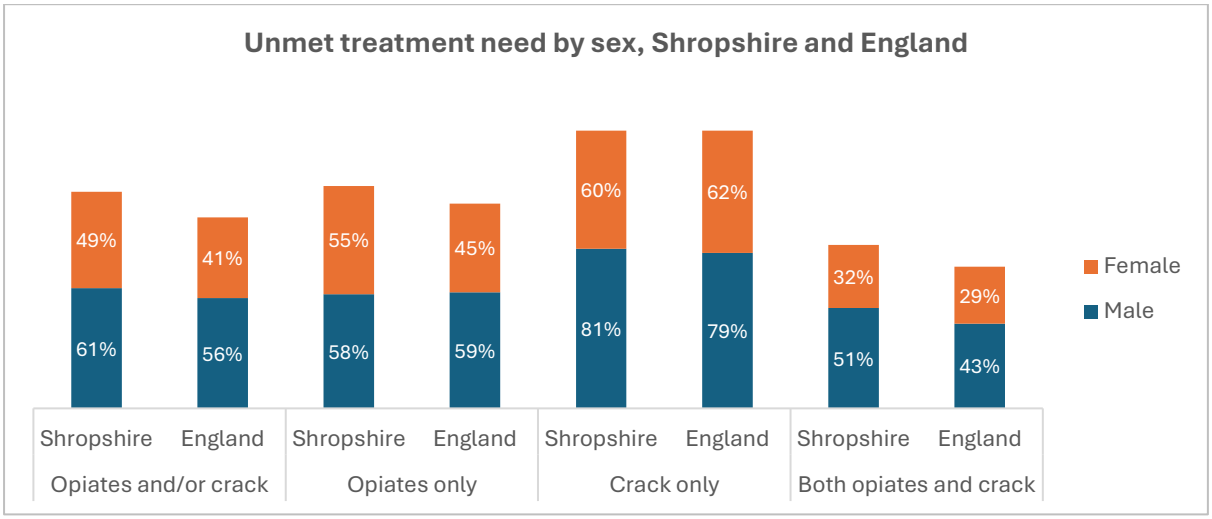
Chart showing % of unmet treatment need by both opiates and crack only, by age group, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



No available data for alcohol unmet need by age breakdown.

The chart below demonstrates significant unmet treatment needs, particularly among males and in relation to crack use. Shropshire encounters more substantial challenges than England in most drug categories. These findings can guide the development of targeted interventions and inform strategic resource allocation for substance misuse treatment services.

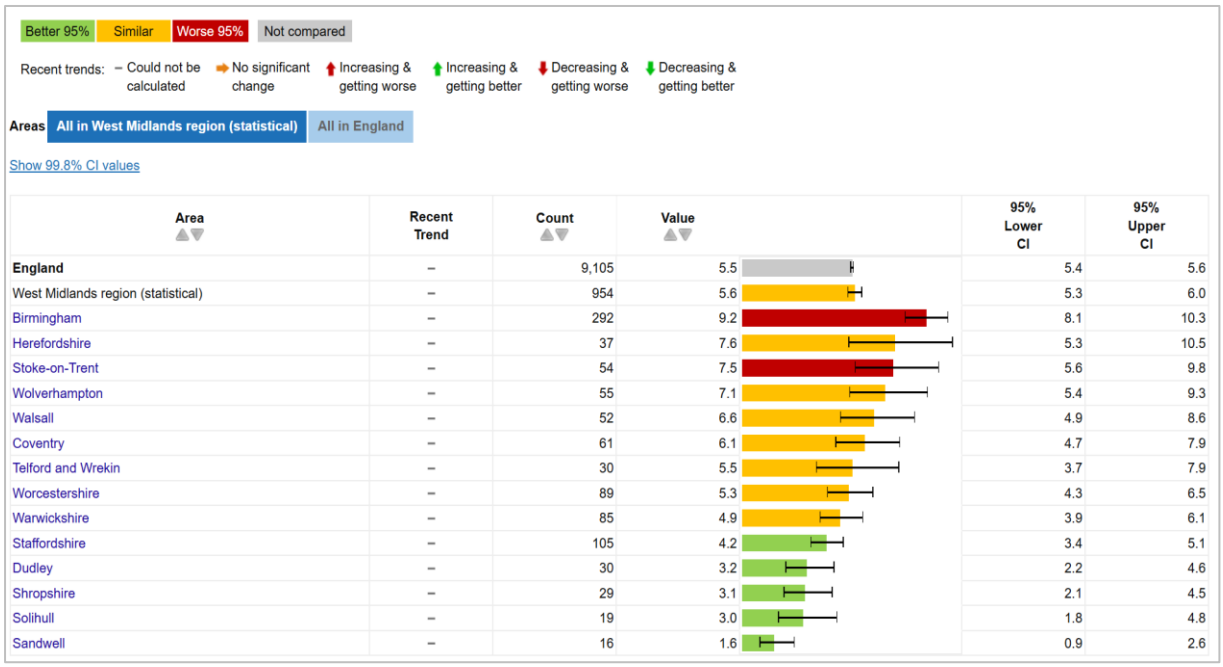
Chart showing % of unmet treatment need by substance (not including alcohol) and sex, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



Deaths

Drug deaths

Between 2021 and 2023, there were 29 drug misuse deaths in Shropshire, equating to a mortality rate of 3.1 per 100,000 population. This ranks Shropshire third lowest in the West Midlands region and is statistically similar to the regional (5.6) and national rate (5.5). Compared to 2020-2022, Shropshire's mortality rate for drug use increased from 2.9 to 3.1 deaths per 100,000 population. A rise is also seen nationally from 5.2 to 5.5.[11]



Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	9,105	5.5	5.4	5.6
West Midlands region (statistical)	–	954	5.6	5.3	6.0
Birmingham	–	292	9.2	8.1	10.3
Herefordshire	–	37	7.6	5.3	10.5
Stoke-on-Trent	–	54	7.5	5.6	9.8
Wolverhampton	–	55	7.1	5.4	9.3
Walsall	–	52	6.6	4.9	8.6
Coventry	–	61	6.1	4.7	7.9
Telford and Wrekin	–	30	5.5	3.7	7.9
Worcestershire	–	89	5.3	4.3	6.5
Warwickshire	–	85	4.9	3.9	6.1
Staffordshire	–	105	4.2	3.4	5.1
Dudley	–	30	3.2	2.2	4.6
Shropshire	–	29	3.1	2.1	4.5
Solihull	–	19	3.0	1.8	4.8
Sandwell	–	16	1.6	0.9	2.6

The chart over the page shows that 2020-2022 and 2021-2023 has a significantly better rate than England for drug misuse deaths.

[11] Office for Health Improvement and Disparities.
Public health profiles. 2026 https://fingertips.phe.org.uk/ © Crown copyright 2026 *Date of access 28/01/2026*

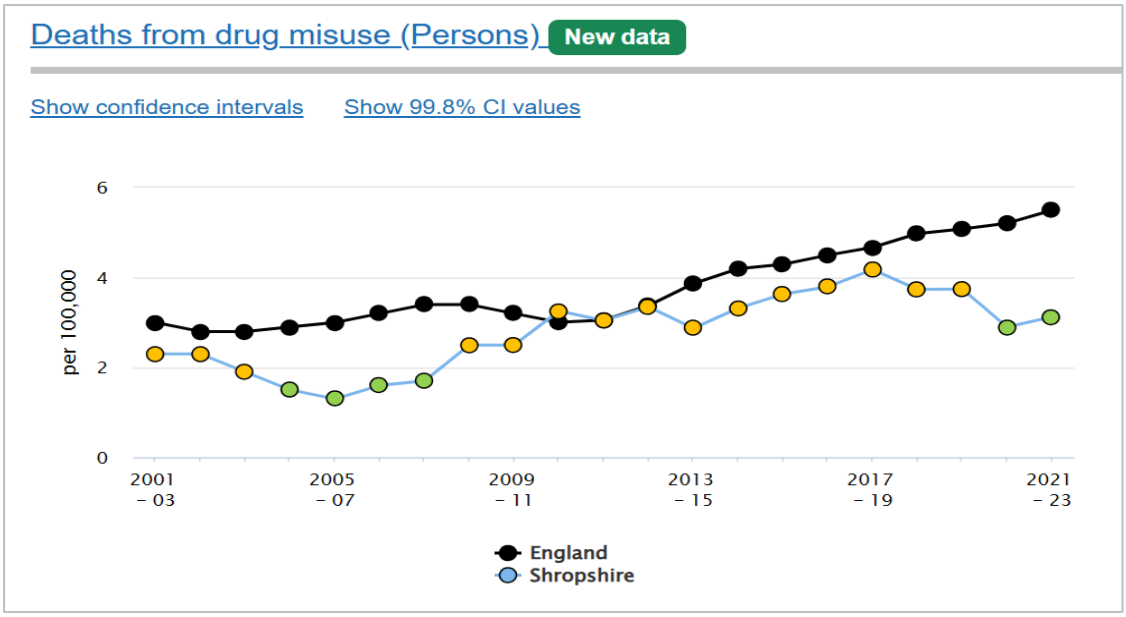


Table showing drug specific mortality rates, Shropshire, West Midlands and England. Source: Fingertips

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	England
2001 - 03		18	2.3	1.4	3.7	3.0
2002 - 04		18	2.3	1.4	3.7	2.8
2003 - 05		15	1.9	1.1	3.1	2.8
2004 - 06		12	1.5	0.8	2.6	2.9
2005 - 07		11	1.3	0.7	2.4	3.0
2006 - 08		13	1.6	0.8	2.7	3.2
2007 - 09		14	1.7	0.9	2.8	3.4
2008 - 10		20	2.5	1.5	3.9	3.4
2009 - 11		21	2.5	1.5	3.8	3.2
2010 - 12		28	3.3	2.2	4.7	3.0
2011 - 13		27	3.0	2.0	4.4	3.1
2012 - 14		29	3.3	2.2	4.8	3.4
2013 - 15		25	2.9	1.8	4.3	3.9
2014 - 16		28	3.3	2.2	4.8	4.2
2015 - 17		31	3.6	2.5	5.2	4.3
2016 - 18		33	3.8	2.6	5.3	4.5
2017 - 19		36	4.2	2.9	5.8	4.7
2018 - 20		31	3.7	2.5	5.3	5.0
2019 - 21		32	3.7	2.5	5.3	5.1
2020 - 22		26	2.9	1.9	4.3	5.2
2021 - 23		29	3.1	2.1	4.5	5.5

Alcohol

In Shropshire 2024 there were 40 deaths wholly caused by alcohol, equating to a rate of 11.2 per 100,000 population. This ranks Shropshire second lowest in the region, below West Midlands rate of 16.5 deaths per 100,000 population and the national rate of 13.8. This is a decrease from 2023, which was 18.5 per 100,000 population. There was also a decrease seen nationally, from 15 to 13.8 per 100,000 population.[12]

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

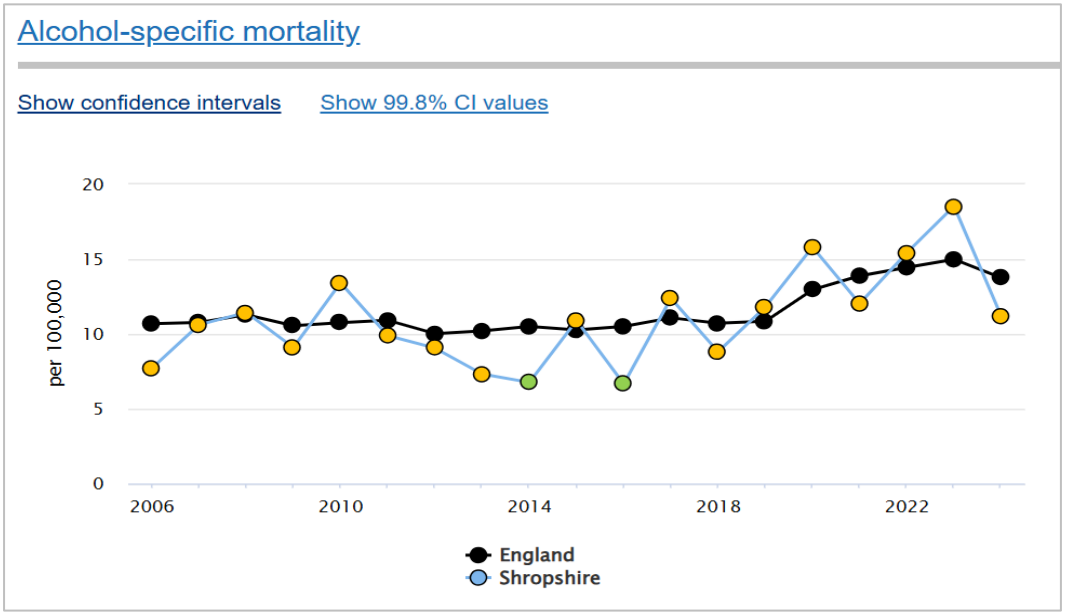
Recent trends: – Could not be calculated | No significant change | Increasing & getting worse | Increasing & getting better | Decreasing & getting worse | Decreasing & getting better

Areas: **All in West Midlands region (statistical)** | All in England

Show 99.8% CI values

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	7,673	13.8	13.5	14.1
West Midlands region (statistical)	→	955	16.5	15.4	17.6
Stoke-on-Trent	→	70	29.0	22.6	36.7
Wolverhampton	→	55	21.7	16.3	28.2
Birmingham	→	185	19.8	17.1	22.9
Coventry	→	59	19.7	14.9	25.4
Dudley	→	62	19.6	15.0	25.2
Sandwell	→	57	18.4	13.9	23.8
Walsall	→	48	17.9	13.1	23.7
Worcestershire	→	99	15.4	12.5	18.8
Solihull	→	32	14.5	9.9	20.5
Staffordshire	→	130	13.9	11.6	16.6
Telford and Wrekin	→	26	13.6	8.9	19.9
Warwickshire	→	80	12.9	10.2	16.1
Shropshire	→	40	11.2	7.9	15.3
Herefordshire	→	12	5.5	2.8	9.6

The chart below shows that 2023 and 2024, Shropshire is statistically similar to England for alcohol misuse deaths.



[12] Office for Health Improvement and Disparities.
Public health profiles. 2026 https://fingertips.phe.org.uk/ © Crown copyright 2026 *Date of access 28/01/2026*

Table showing alcohol specific mortality rates, Shropshire, West Midlands and England. Source: Fingertips

Recent trend: No significant change

Period		Shropshire Count	Value	95% Lower CI	95% Upper CI	West Midlands	England
2006		22	7.7	4.8	11.6	13.0	10.7
2007		31	10.6	7.2	15.0	13.2	10.8
2008		36	11.4	8.0	15.9	15.2	11.3
2009		28	9.1	6.1	13.1	12.8	10.6
2010		42	13.4	9.6	18.2	13.3	10.8
2011		31	9.9	6.7	14.1	14.0	10.9
2012		29	9.1	6.0	13.0	12.0	10.0
2013		24	7.3	4.7	10.9	12.4	10.2
2014		22	6.8	4.2	10.3	12.7	10.5
2015		35	10.9	7.5	15.2	12.9	10.3
2016		22	6.7	4.1	10.1	12.8	10.5
2017		40	12.4	8.8	16.9	13.4	11.1
2018		29	8.8	5.8	12.7	13.1	10.7
2019		42	11.8	8.5	16.0	12.0	10.8
2020		53	15.8	11.8	20.8	15.9	13.0
2021		43	12.0	8.7	16.3	15.8	13.9
2022		54	15.4	11.5	20.2	17.3	14.5
2023		65	18.5	14.2	23.8	17.7	15.0
2024		40	11.2	7.9	15.3	16.5	13.8

Parents and carers in treatment

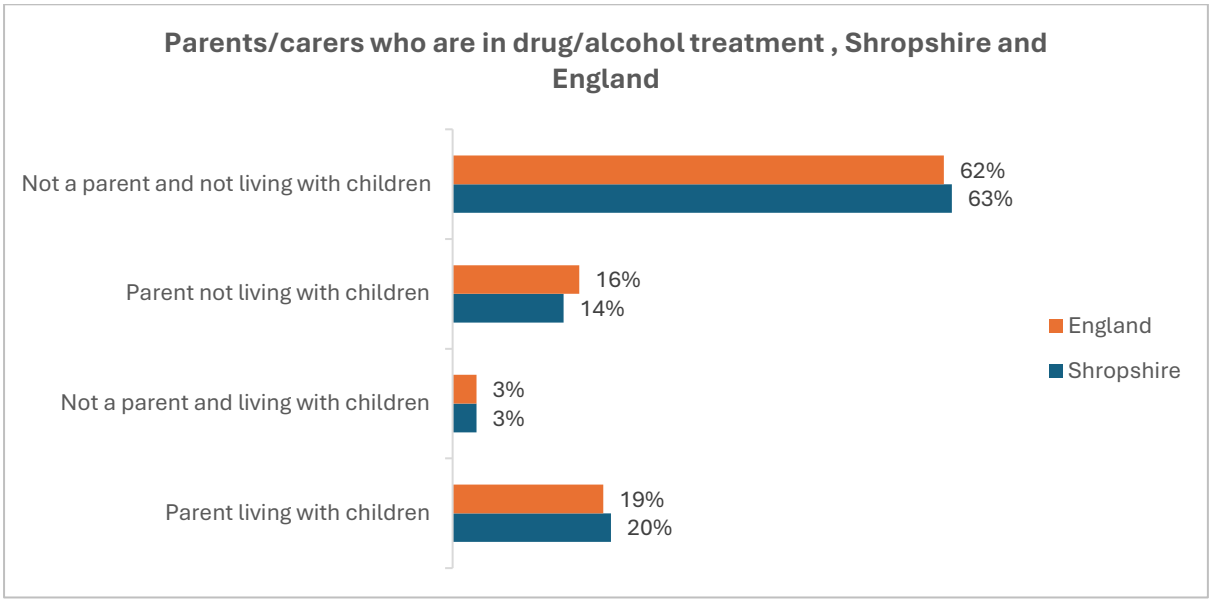
The data below shows the number of adults who entered treatment between April 2024 and March 2025 who live with children and stated number of children who live with them.

20% of adults in alcohol treatment were living with children, similar to the national average of 19%.

There were more females living with children compared with males in Shropshire, a trend also seen nationally.

Almost two thirds of adults in drug and/or alcohol treatment were not a parent and not living with children (63%), which is similar to the national figure of 62%.

Adults who are in drug and/or alcohol treatment who are parents/carers, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



New presentations - April 2024 to March 2025

During April 2024 to March 2025 in Shropshire, there were 895 new presentations to drug and alcohol treatment services. Of those, 49% were for drug treatment and 51% were for alcohol-only treatment. New presentations accounted for 56% of the entire treatment population in services during April 2024 to March 2025.[13]

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

Between April 2024 and March 2025, there were 435 new presentations to drug treatment in Shropshire, a 10.1% rise compared to the previous year and making up 46% of all adults in treatment. This is slightly higher than the national figure of 45%.

Of these 435 new presentations, 67% were male and 33% female, a trend similar to nationally (72% male, 28% female). Just over one quarter of new presentations were for opiate use (25%, 110 adults), 38% were for non-opiates (165 adults) and the remaining 37% were for alcohol & non-opiate use (160 adults).

There has been a rise in new presentations for non-opiate only and non-opiate and alcohol users in Shropshire, and a decrease in new presentations for opiate use compared to the previous year.

Compared to national figures, Shropshire has a higher proportion of new presentations in the non-opiate only drug group (38% vs 31%) and non-opiate & alcohol (37% vs 32%). Shropshire

[13] NDTMS ViewIt tool

has a lower proportion of new presentations in the opiate group compared to nationally (25% vs 38%). [14]

Table showing numbers and proportions of adults presenting to drug treatment for Shropshire and England, April 2024 to March 2025. Source: NDTMS ViewIt

Area	Total new presentations into drug treatment	Proportion of all in drug treatment	Proportion of new presentations to total in treatment	
			Male	Female
Shropshire	435	45%	67%	33%
England	102,667	45%	72%	28%

Alcohol

Between April 2024 and March 2025, there were 455 new presentations to alcohol treatment in Shropshire, a 2% rise from the previous year. A rise was also seen nationally. 69% of all adults in alcohol only treatment were new presentations, higher than the figure nationally of 66%.

Table showing numbers and proportions of adults presenting to alcohol treatment for Shropshire and England, April 2024 to March 2025. Source: NDTMS

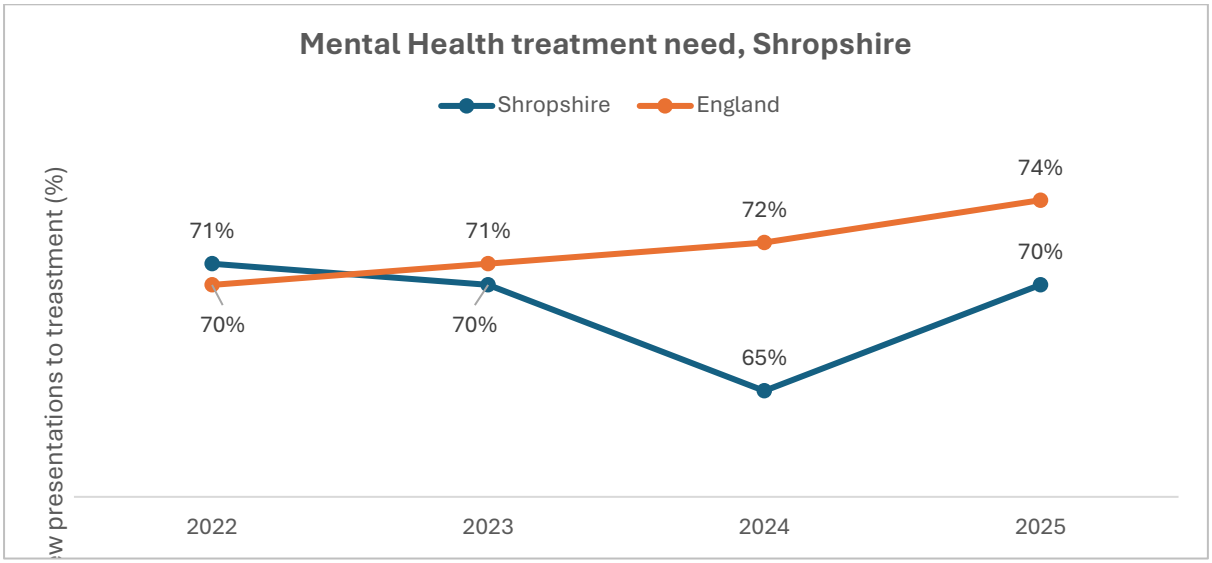
Area	Total new presentations into alcohol only treatment	Proportion of all in alcohol only treatment	Proportion of new presentations to total in treatment	
			Male	Female
Shropshire	455	69%	60%	41%
England	66,875	66%	61%	39%

Co-occurring mental health need

This data shows the proportion of adults who newly presented to treatment during April 2022 to March 2025, 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.

[14] NDTMS ViewIt tool

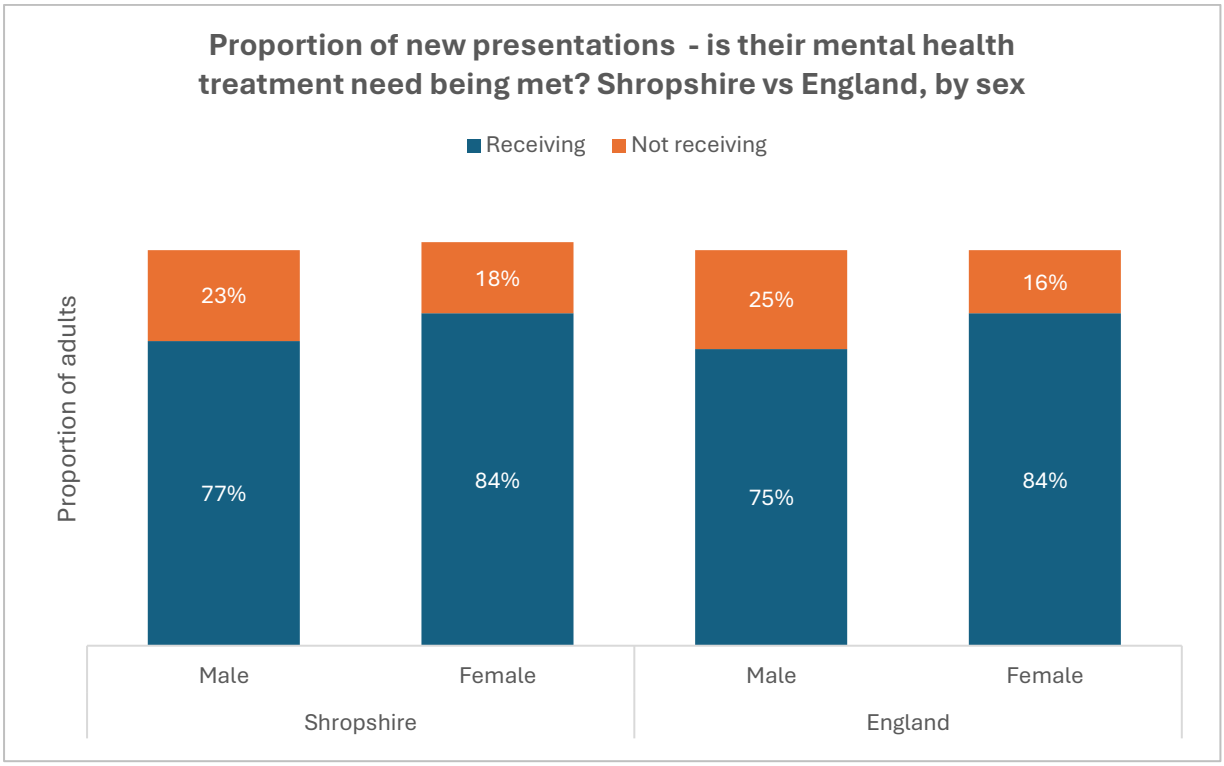
Chart showing % adults who are new presentations to treatment, who have a mental health treatment need, April 2022 to March 2025, Shropshire. Source NDTMS ViewIt



Of all 895 new presentations to drug and/or alcohol treatment in Shropshire during April 2024 and March 2025, 630 adults were identified as having a mental health need, equating to 70%.

Of those, 500 adults were already receiving treatment, meaning 79% were already in services for mental health.

Chart showing % adults who are new presentations to treatment, who have a mental health treatment need and whether it is being met, April 2024 to March 2025, Shropshire. Source NDTMS ViewIt



Mental health treatment needs are similarly met in Shropshire and England. Females have identical support rates (84%), while slightly more males receive support in Shropshire (77%) than in England (75%).

This is also showing that 23% of males and 18% of females in Shropshire are not getting any treatment for their mental health need.

Drugs

In Shropshire, nearly three quarters (71%) of new presentations to drug treatment were identified as having a mental health treatment need (310 people), however this is below the national average of 74%. Need was higher among females compared to males; a trend also seen nationally. In terms of drug group, the mental health need was higher among non-opiate and alcohol new presentations (75%) followed by non-opiate new presentations (70%) and then opiate new presentations (68%).

Table showing adults who entered drug treatment between April 2024 and March 2025 and were identified as having a mental health treatment need for Shropshire. Source: NDTMS ViewIt

Drug group	**Shropshire**	Proportion of new presentations	Male	Female
Opiates	75	68%	69%	71%
Non-opiates	115	70%	59%	75%
Non-opiates and alcohol	120	75%	67%	91%
Total	**310**	**71%**		

Table showing adults who entered drug treatment between April 2024 and March 2025 and were identified as having a mental health treatment need for England. Source: NDTMS ViewIt

Drug group	**England**	Proportion of new presentations	Male	Female
Opiates	27,294	71%	67%	80%
Non-opiates	23,088	73%	68%	84%
Non-opiates and alcohol	25,704	79%	76%	89%
Total	**76,086**	**74%**		

Of the 310 adults identified as having a mental health treatment need on entry to treatment, 76% were already receiving treatment (260 adults), largely from GPs (45%) and community health teams (30%). This picture is also seen nationally.

Table showing adults who entered drug treatment between April 2024 and March 2025 and were identified as having a mental health treatment need and receiving treatment for their mental health, for Shropshire. Source: NDTMS

Type of mental health treatment being received	**Shropshire**	Proportion of adults identified	Male	Female
Already engaged	95	37%	35%	35%
Engaged with IAPT	20	8%	6%	10%
GP	140	54%	55%	50%
NICE	*	*	*	*
Health-based place	*	*	*	*
Total individuals receiving mental health treatment	**260**	**76%**		

Table showing adults who entered drug treatment between April 2024 and March 2025 and were identified as having a mental health treatment need and receiving treatment for their mental health, for England. Source: NDTMS

Type of mental health treatment being received	**England**	Proportion of adults identified	Male	Female
Already engaged	16,847	25%	24%	27%
Engaged with IAPT	2,253	3%	3%	4%
GP	45,818	68%	69%	65%
NICE	1,167	2%	2%	3%
Health-based place	1,156	2%	1%	2%
Total individuals receiving mental health treatment	**67,741**	**75%**		

Note treatment types as stated above:
Already engaged - Already engaged with community mental health team/other mental health services
Engaged with IAPT - Engaged with improved access to psychological therapy (IAPT)
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 in drug or alcohol services
Health-based place - Has identified a space in a health-based place of safety for mental health crisis

Alcohol

In Shropshire, 70% of new presentations to alcohol treatment were identified as having a mental health treatment need (320 people), similar to the national average of 73%. Need was higher among females compared to males; a trend also seen nationally.

Table showing adults who entered alcohol only treatment between April 2024 and March 2025 and were identified as having a mental health treatment need, Shropshire and England. Source: NDTMS

Area	Total of new presentations into alcohol only treatment	Proportion of new presentations	Male	Female
Shropshire	320	70%	65%	76%
England	48,677	73%	68%	80%

Of the 320 people identified as having a mental health need entering alcohol treatment, 83% were already receiving treatment, (17% were not receiving treatment) predominantly through their GP (55%) and community health teams (24%). Nationally, less adults were already engaged with community health teams (20%) on entry into treatment and more with their GP (72%).

Table showing adults who entered alcohol only treatment between April 2024 and March 2025 and were identified as having a mental health treatment need and receiving treatment for their mental health, for Shropshire. Source: NDTMS

Type of mental health treatment being received	**Shropshire**	Proportion of adults identified	Male	Female
Already engaged	80	29%	31%	22%
Engaged with IAPT	20	7%	7%	11%
GP	175	63%	62%	63%
NICE	0	0%	0%	0%
Health-based place	*	*	*	*
Total individuals receiving mental health treatment	**265**	**83%**		

Table showing adults who entered alcohol only treatment between April 2024 and March 2025 and were identified as having a mental health treatment need and receiving treatment for their mental health, for England. Source: NDTMS

Type of mental health treatment being received	**England**	Proportion of adults identified	Male	Female
Already engaged	9,741	20%	20%	20%
Engaged with IAPT	2,104	4%	4%	5%
GP	34,961	72%	72%	72%
NICE	1,095	2%	2%	2%
Health-based place	827	2%	2%	2%
Total individuals receiving mental health treatment	**40,902**	**84%**		

Note treatment types as stated above:
Already engaged - Already engaged with community mental health team/other mental health services
Engaged with IAPT - Engaged with improved access to psychological therapy (IAPT)
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 in drug or alcohol services
Health-based place - Has identified a space in a health-based place of safety for mental health crisis

Employment

Of the new presentations to drug and alcohol treatment, more than a third (37%) were in regular employment, equating to 325 adults. This is higher than nationally, at 29%. A higher proportion were unemployed (42%), equating to 370 adults. 19% were long term sick or disabled, equating to 165 people.

Note: the denominator is provided by the number giving a non-missing answer at the start of treatment.

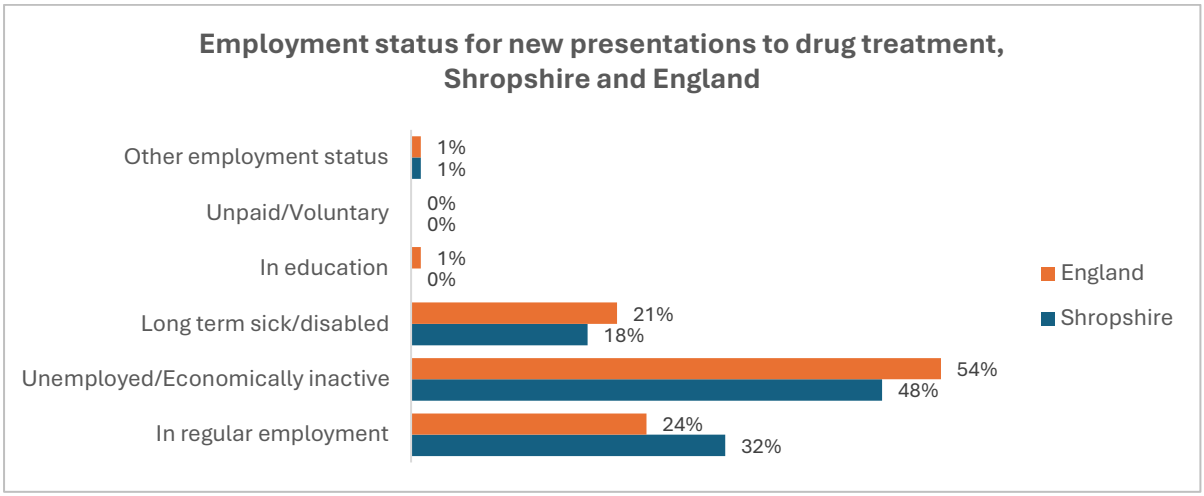
Table showing employment status of all adults entering drug or alcohol treatment in Shropshire, April 2024 to March 2025. Figures under five have been supressed.

Employment status	Shropshire total	Shropshire %	England %
Unemployed/Economically inactive	370	42%	49%
In regular employment	325	37%	29%
Long term sick/Disabled	165	19%	20%
In education	*	*	1%
Unpaid/Voluntary	*	*	0%
Other employment status	10	1%	1%
Total	**875**	**100%**	**100%**

Drugs

In Shropshire, majority (48%) of adults starting drug treatment were unemployed, lower than the national rate of 54%. Nearly one third (32%) were in regular employment, higher than nationally (24%) and 18% were long term sick or disabled, which is lower than nationally (21%).

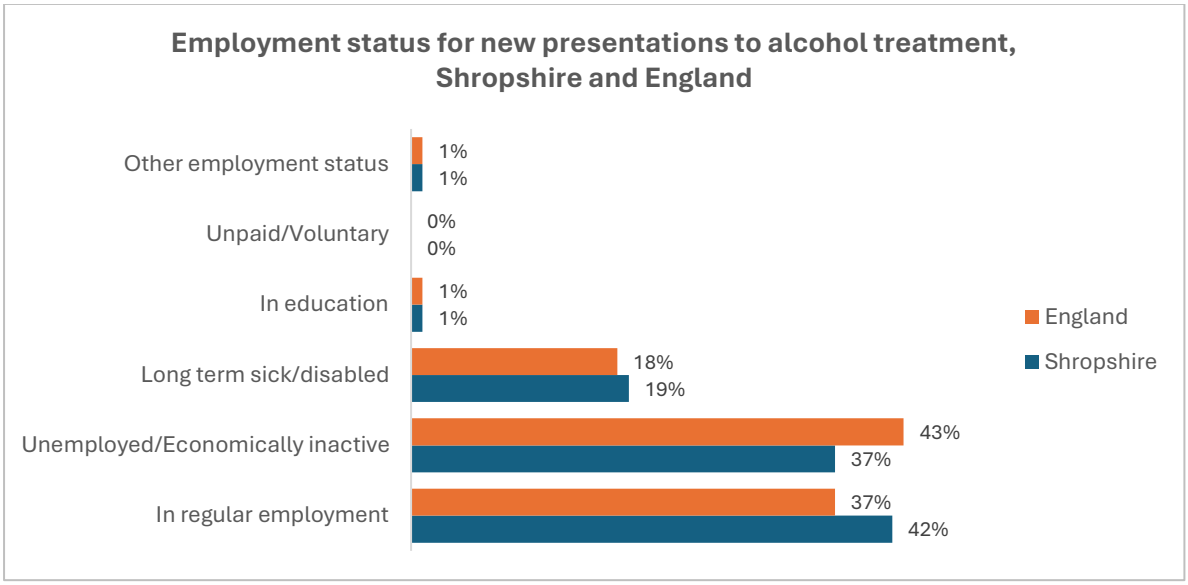
Chart showing the proportion of adults in drug treatment at the start of treatment by employment status, April 2024 to March 2025, Shropshire and England. Source: NDTMSViewIt



Alcohol

The picture is different among adults starting alcohol treatment in Shropshire compared to those starting drug treatment. Nearly half of alcohol clients were in regular employment (42%), higher than nationally (37%). However, more than a quarter were unemployed (37%), a lot lower than what is seen nationally (43%) and a further 19% were long term sick, similar to what is seen nationally (18%).

Chart showing the proportion of adults in alcohol only treatment at the start of treatment by employment status, April 2024 to March 2025, Shropshire and England. Source: NDTMS ViewIt



Housing and homelessness – latest data 2022/2023

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, 3% reported that they were rough sleeping, and 11% with no fixed abode.

Table showing housing status of all adults entering drug or alcohol treatment in Shropshire, 2022/2023. Source: NDTMS

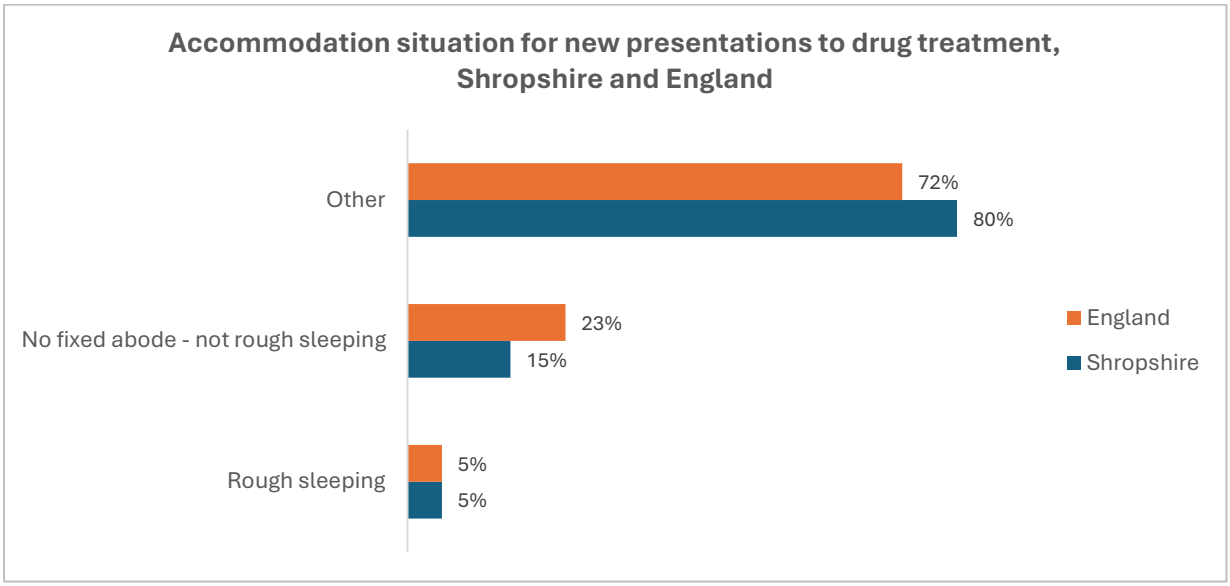
Housing status	Number	Proportion of new presentations
Rough sleeping	25	3%
No fixed abode – not rough sleeping	100	11%
Other	760	86%

Drugs

For new drug treatment presentations, 5% of adults reported that they were rough sleeping – this is the same as nationally. 23% in Shropshire reported that they had no fixed abode (not

rough sleeping), which is significantly higher that nationally at 15%. 72% in Shropshire and 80% nationally reported 'Other'.

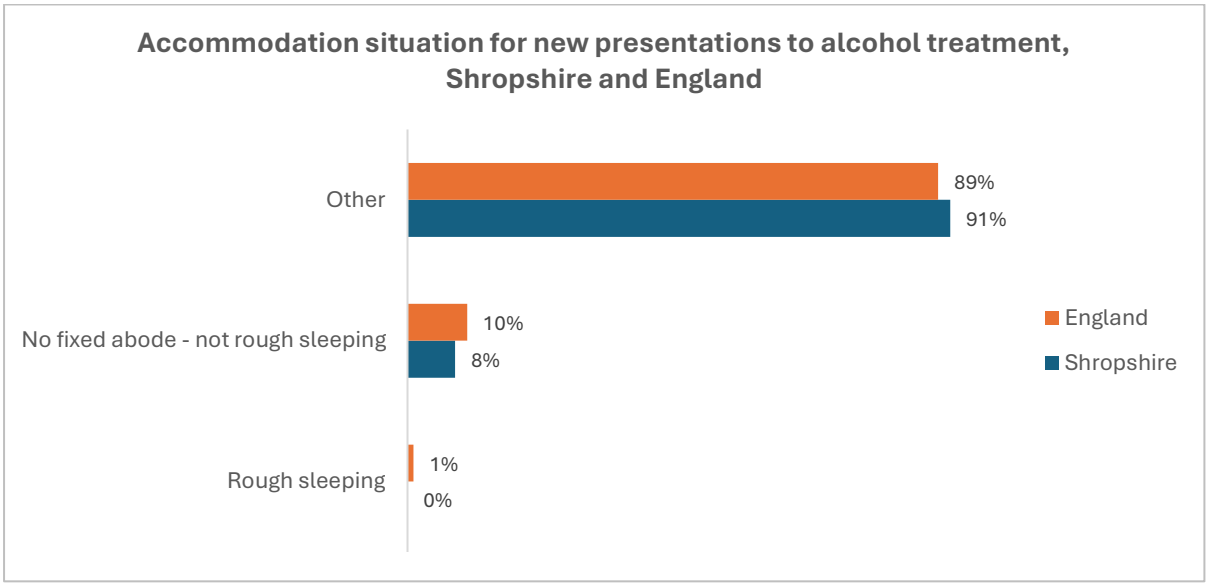
Chart showing proportion of adults in drug treatment at the start of treatment by accommodation status for Shropshire and England, April 2024 to March 2025. Source: NDTMS



Alcohol

Among alcohol new presentations, no adults in Shropshire reported that they were rough sleeping, compared to 1% nationally. 8% of adults in alcohol treatment in Shropshire reported that they had no fixed abode (not rough sleeping), which is lower that nationally at 10%. Nationally, 89% reported 'Other' whilst Shropshire was slightly higher at 91%.

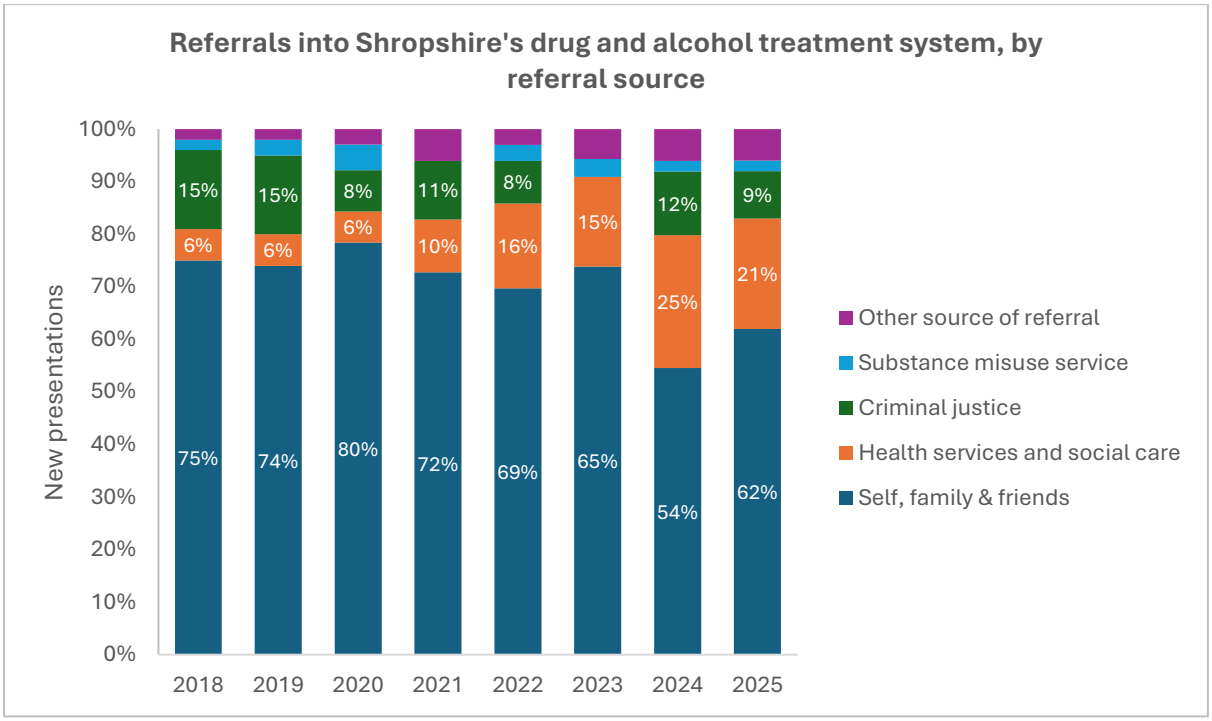
Chart showing proportion of adults in alcohol treatment at the start of treatment by accommodation status for Shropshire and England, April 2024 to March 2025. Source: NDTMS



Sources of referral

During April 2024 to March 2025, almost two thirds (62%) of all clients who newly presented substance misuse treatment in Shropshire did so by self-referral, family or friends, higher than the national figure of 55%. Referrals from the criminal justice system accounted for 9% of all referrals in Shropshire, lower than the 15% experienced nationally.

Chart showing the referral source into Shropshire's drug and alcohol treatment system over time, April 2024 to March 2025 financial year, Shropshire. Source: NDTMS ViewIt

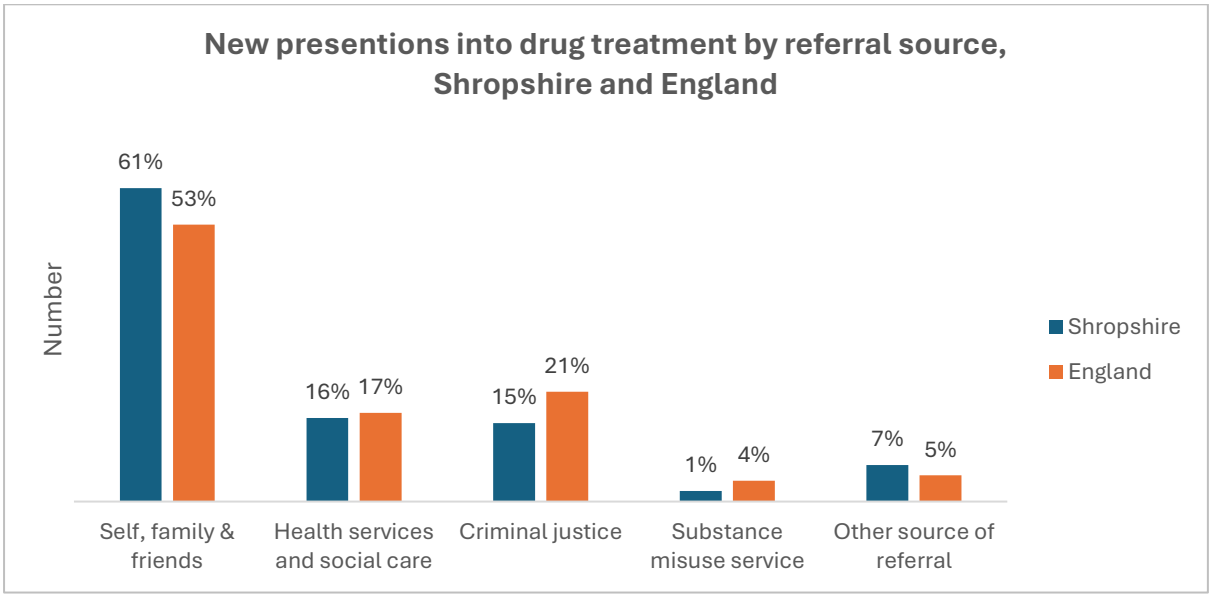


2024 stands out as the year with the least reliance on self/family/friends (54%) and the highest contribution from health and social care (25%). By 2025, the pattern begins shifting back toward a greater proportion of self or family and friends referrals.

Drugs

The chart below shows the routes into drug treatment during April 2024 and March 2025. These give an indication of the levels of referrals from criminal justice and other sources into specialist treatment. In 2024/20025, 61% of referrals were self-made, or by family & friends, higher than the national figure of 53% and 15% were made through the criminal justice system (CJS), lower than the national average of 21%. The lowest number of referrals were made through substance misuse services.

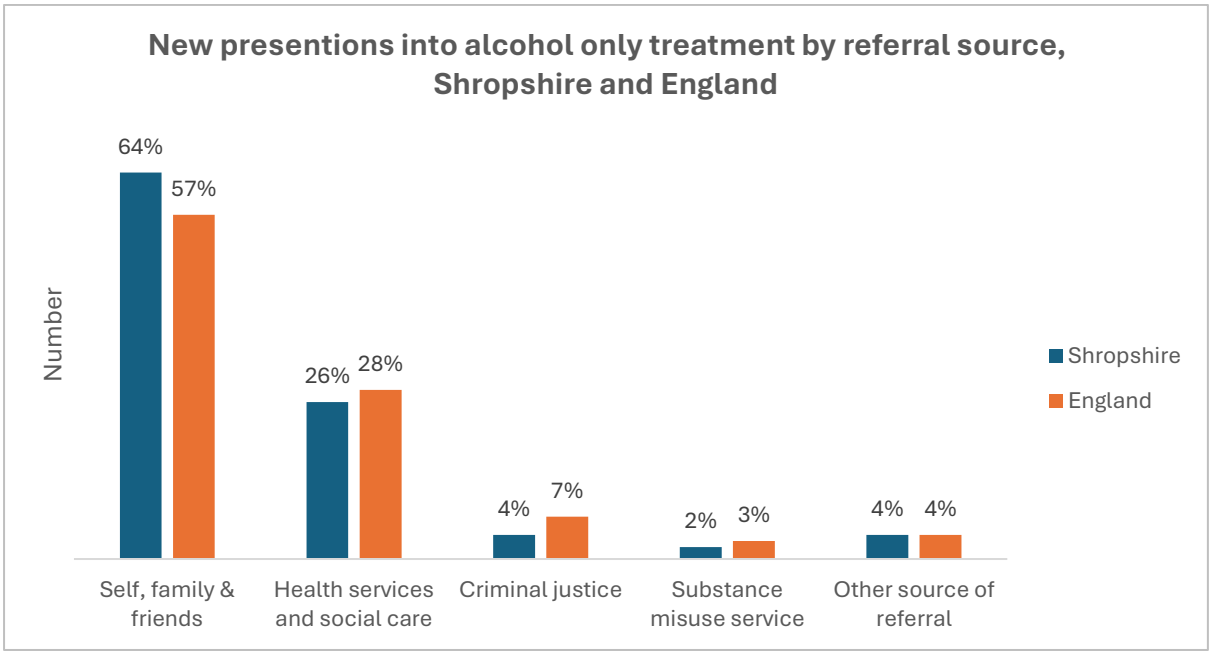
Chart showing new presentations into drug treatment by referral sources, financial year April 2024 to March 2025, Shropshire and England. Source: NDTMS View It



Alcohol

Between April 2024 and March 2025, 60% of referrals to alcohol treatment were self-made, or by family & friends, higher than the national figure of 57% and 4% were made through the criminal justice system (CJS), lower than the national average of 7%. The lowest number of referrals were made through substance misuse services.

Chart showing new presentations into alcohol treatment by referral sources, April 2024 to March 2025, Shropshire and England. Source: NDTMS View It



Waiting times

From April 2024 to March 2025 in Shropshire, only 15 adults (2%) waited more than three weeks for drug or alcohol treatment, which is one third of the previous year's number of 25. This percentage is similar to the national average of 1%.

Of the 15 people waiting more than 3 weeks for treatment, the majority were for alcohol only.

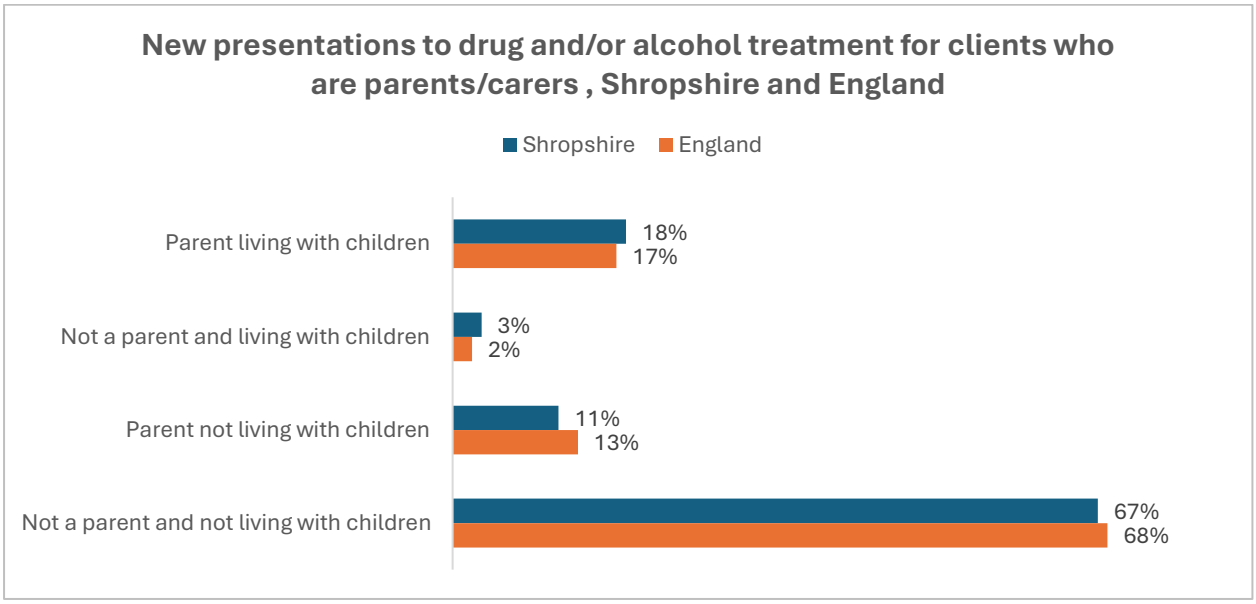
Parents/carers new to treatment

The data below shows the number of adults who entered treatment between April 2024 and March 2025 who live with children and the stated number of children who live with them. 22% of adults in alcohol treatment in Shropshire were living with children, similar to the national average of 21%.

There were more females living with children compared with males in Shropshire, a trend also seen nationally.

Almost two thirds of adults in drug and/or alcohol treatment were not a parent and not living with children (67%), this is similar to the national figure of 68%.

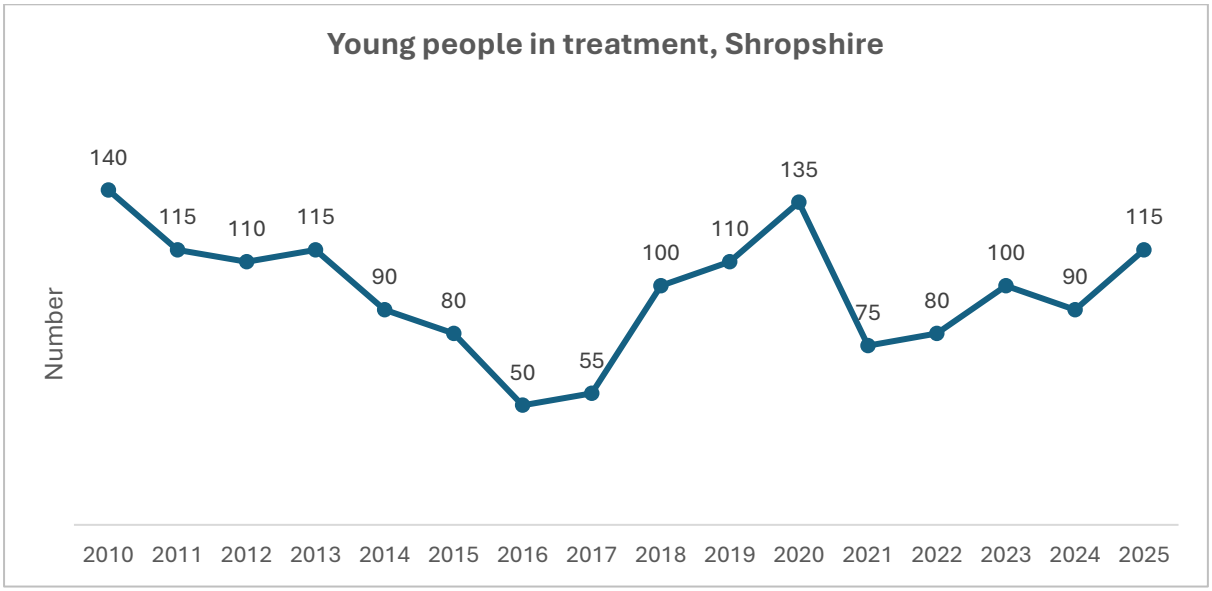
Chart showing new presentations into drug and/or alcohol treatment by clients who are parents/carers, April 2024 to March 2025, Shropshire and England. Source: NDTMS View It



Young people in treatment

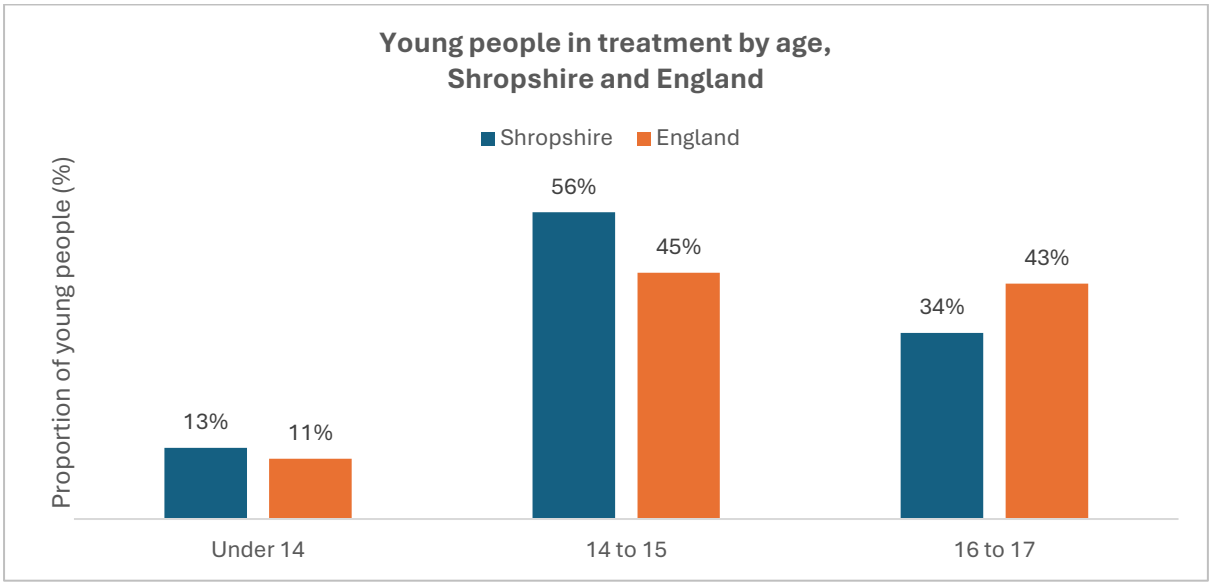
Between April 2024 and May 2025, there were 115 young people (under the age of 18) in specialist drug and alcohol treatment services in Shropshire, an increase of 28% from the same period 2023/2024. Of all those in treatment, 83% were new presentations.

Chart showing young people (under 18) in treatment, April 2024 to March 2025. Shropshire. Source: NDTMS ViewIt



Shropshire sees a higher proportion of younger individuals between the ages of 14 and 15 (56%), compared to England (45%). England has a greater percentage of 16 to 17-year-olds in treatment (43% versus 34% in Shropshire). As a result, Shropshire's treatment population largely consists of mid-teens, whereas England's comprises mainly older teenagers.

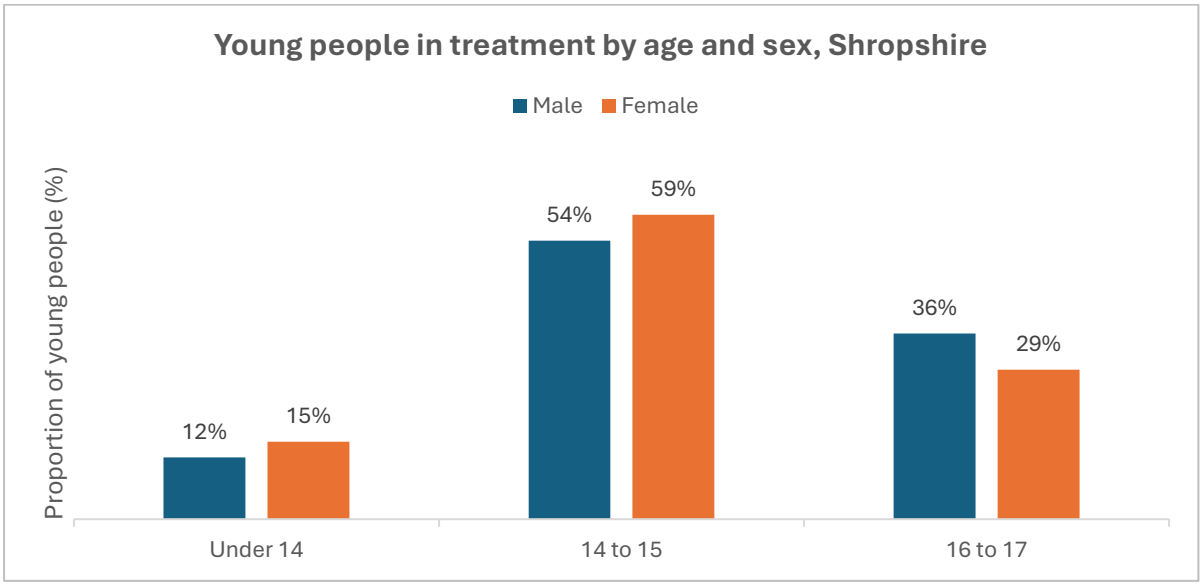
Chart showing young people (under 18) in treatment by age, April 2024 to March 2025. Shropshire and England. Source: NDTMS ViewIt



Most young people in treatment were aged 14 to 15 for both males and females, accounting for 54% of males and 56% of females. A higher proportion of females were aged under 14 compared with males (15% and 12%), while males were more likely to be aged 16 to 17 (36% compared with 29% of females). This suggests that, within the treatment cohort, females are

more represented at younger ages, whereas males are more represented in the older teenage age group.

Chart showing young people (under 18) in treatment by age and sex, April 2024 to March 2025. Shropshire and England. Source: NDTMS ViewIt



Among young people receiving treatment in Shropshire, the most notable recent trends are a decline in cannabis use since 2020 and a steady increase in alcohol use. Ketamine use has also risen in recent years and should be monitored. Together, these patterns suggest that substance use among young people is becoming more varied.

Cannabis has remained the main substance causing the greatest problem at the start of treatment, peaking at 100 young people in 2020. Over the five-year period, this fell by 33% to 65 young people in 2025. During the same period, alcohol use increased by 68%, rising from 20 young people in 2020 to 30 in 2025.

Table showing substance use – primary citation for young people (under 18), Shropshire, 2018 to 2025 financial year. Source: NDTMS. *Note: no data reported for 2021*

	2018	2019	2020	2022	2023	2024	2025
Cannabis	79%	79%	67%	67%	59%	66%	56%
Alcohol	5%		11%	24%	29%	22%	30%
Ecstasy			4%	6%			
Cocaine	5%	5%					
Ketamine					5%	5%	

Nationally, there has been a slight reduction in cannabis presentations, but the rise in alcohol use has not been mirrored.

Table showing substance use – primary citation for young people (under 18), England, 2015 to 2025 financial year. Source: NDTMS.

	2018	2019	2020	2021	2022	2023	2024	2025
Cannabis	77%	76%	78%	78%	74%	74%	73%	71%
Alcohol	14%	14%	13%	13%	18%	17%	15%	15%
Ecstasy	3%	3%	3%	2%	1%	1%	2%	2%
Cocaine	2%	2%	2%	2%	2%	2%	2%	1%
Benzodiazapines		1%		1%	1%	1%		
New Psychoactive Substances								1%
Solvent	1%	1%	1%	1%	1%	1%	1%	2%
Other					1%	1%	1%	
Ketamine			1%	1%	1%	1%	3%	3%
Nicotine	1%	1%	1%	1%	1%	1%	2%	

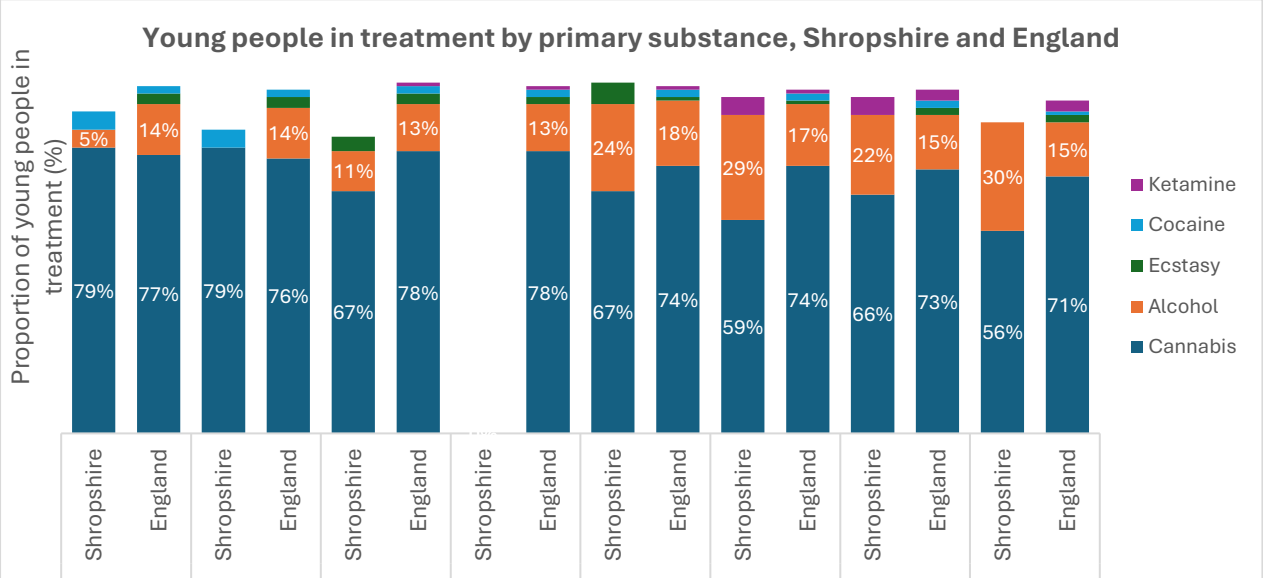
Cannabis continues to be the main substance for which young people seek treatment throughout England, but its share is consistently decreasing - from 77% in 2018 to 71% in 2025. While this national drop is gradual, the reduction in Shropshire is more pronounced, falling from 79% in 2020 to 56% by 2025.

In England, young people in treatment for alcohol as a primary substance increases slightly from 14% in 2018 to 15% in 2025. Shropshire's increase is six-fold over the 8 years (5% to 30%). By 2025, alcohol accounts for over a quarter of all young people's primary substances in Shropshire, double the England average.

Ketamine treatment shows a clear upward trend in England (0% to 3%) and emerging in Shropshire for 2023 and 2024 (5% and 5%). Shropshire is showing higher percentages compared to England.

Overall, these trends point to a shifting substance use profile among young people. Treatment presentations are still dominated by cannabis but with alcohol and ketamine playing a growing role, particularly in Shropshire.

Chart showing the top 5 primary substances for young people (under 18), Shropshire and England, 2019 to 2025 financial years. Source: NDTMS ViewIt



Service provision

Shropshire Recovery Partnership (SRP)

Shropshire Recovery Partnership (SRP) is delivered by WithYou, who are a drug, alcohol and mental health support charity. With over 80 services across England and Scotland, they provide free and confidential support and advice to more than 100,000 adults and young people a year, who are facing challenges with drugs or alcohol. Drug and Alcohol Support in Shropshire | WithYou

The service creates a welcoming, caring space where experienced professionals provide gentle guidance, always without judgment. Whether you're reaching out for yourself or someone close to you, compassionate help is available at every step, with a focus on understanding and working together at your own pace.

SRP has main bases in Shrewsbury, Oswestry and Ludlow. There are also satellite clinics in Wem, Whitchurch, Market Drayton, Bridgnorth, Shifnal and Ellesmere, and provide services from other community locations and from where people are based (home visits and rough sleeper outreach).

Client-led, goal-focused support that adapts to individual needs can include:

- 1-2-1 support
- Support Groups and meetings
- Clinical support and medication
- Support for family and friends
- Free needle exchange

- Naloxone provision and training
- Testing for blood borne viruses
- Tailored employment support
- Specialist support for the Armed Forces Community
- RESET – support for Rough Sleepers [15]

Individual Placement and Support (IPS)

Individual Placement and Support (IPS) is an evidence-based, highly individualised model of employment support originally developed for people receiving treatment for severe mental illness. IPS was first implemented in community drug and alcohol treatment in England as part of a trial (the IPS-AD trial) which ran from 2018 to 2020. Based partly on the strength of evidence from the IPS-AD trial, the 2021 UK Drug Strategy included a commitment to achieving full coverage of IPS in drug and alcohol treatment services across England by March 2025.[16]

Enable provides an Individual Placement and Support (IPS) service for people receiving structured community treatment for drug and alcohol dependence who are either unemployed or are employed but at risk of unemployment. This service is delivered in partnership with Shropshire Recovery Partnership.[17]

IPS is intensive employment support delivered by trained employment specialists and provided as part of multi-disciplinary clinical services, rather than separately through mainstream employment support services. [18]

Within Shropshire, Enable employs two Employment Specialists (ES) who cover the North and South of the county, one Lived Experience Support Worker (LESW) and a Team Leader (the Team Leader also oversees delivery in Telford and Herefordshire).

Table showing a summary of the outcomes IPS has achieved since its start in September 2023. Source: Enable, Shropshire Council

		Referrals	Clients engaged with IPS	Job Outcomes	Sustainment
23/24	Sep-Mar	67	53	12	*
24/25	Apr-Mar	156	92	41	29
25/26	Apr-Sep	65	36	23	8

**data not reported due to low numbers*

[15] https://www.wearewithyou.org.uk/local-hubs/shropshire-recovery-partnership
[16] RAND_RRA3950-1 Evaluation of IPS in D&A Sept 2025.pdf
[17] https://enableservices.co.uk/
[18] https://next.shropshire.gov.uk/economic-growth/connect-to-work/

Tackling Drug and Alcohol Partnership

The Tackling Drug and Alcohol Partnership is part of the Shropshire Safeguarding Community Partnership. The aim is to reduce drug and alcohol related harms through action with local partners working across enforcement, treatment, recovery and prevention.

The group aims to support the ambitions of the Appendix 2 – National Combating Drugs Outcomes Framework (accessible version) - GOV.UK, including:

- Reducing alcohol and drug related deaths.
- Improve continuity of care for people engaged in the Criminal Justice System
- Reducing drug use
- Prevalence of Opiate and Crack use
- Reducing drug related crime
- Increase engagement in treatment
- Reducing neighbourhood crime
- Improving recovery outcomes

The table below shows Shropshire Success Statements:

Shropshire's Success Statements

	1. A reduction in drug use and supply of drugs in Shropshire	2. A reduction in drug related crime including reoffending, drug offences and drug related violence	3. A reduction in drug related deaths and harm	4. Reduce drug supply	5. Increasing engagement in drug and alcohol treatment	6. Improving drug recovery outcomes and long-term recovery	7. Preventing demand for drugs by children, young people and young adults to achieve a generational shift	8. Embedding lived experience within the design, delivery and evaluation of this work programme	9. Preventing harms to children and young people due to parental substance misuse
	National Combatting Drugs Outcome Framework metric	National Combatting Drugs Outcome Framework metric	National Combatting Drugs Outcome Framework metric	National Combatting Drugs Outcome Framework metric	National Combatting Drugs Outcome Framework metric	National Combatting Drugs Outcome Framework metric	Local metric	Local metric	Local metric
Headline Metrics	Proportion of individuals reporting use of drugs in the last year	The number of neighbourhood crimes: domestic burglary, personal robbery, vehicle offences and theft from the person	Deaths related to drug misuse	Number of county lines closed	The numbers in treatment (both adults and young people, reported by opiate and crack users, other drugs, and alcohol)	Showing substantial progress completing the treatment programme (free of dependent drug use and without an acute housing need) or still in treatment and either not using or having substantially reduces use of their problem substance measured over the preceding 12 months	Number of permanent exclusions or suspensions (Education team)- and the % that are drug or alcohol related	Establishment of a country wide lived experience group which has a voice within the partnership and shapes the service- evidenced by qualitative data	Numbers of parents in treatment and% of all in treatment
	Estimated prevalence of opiate and/or crack use (OCU)	The number of homicides that involve drug users or dealers or have been related to drugs in any way	Hospital admissions for drug poisoning or drug related mental health and behavioural disorders	Number of major or moderate disruptions against organised crime groups	Continuity of care - engagement with treatment within three weeks of leaving prison		% 11-15s think it's OK to take drugs and frequency		% receiving parental support

Pharmacies offering Needle and Syringe Programme (NSP) in Shropshire

Shropshire Council Public Health (PH) currently commissions the Needle and Syringe Programme (NSP) delivered through community pharmacies. However, there has been a consistent decline in the number of pharmacies participating in NSP delivery over the past five years, a trend also seen nationally. In response to this trend and following concerns raised nationally by the Hep C Trust, PH has initiated work to review and strengthen NSP provision across the county.

Future progress is dependent on confirmation of continued OHID funding to support capacity, which will enable the next steps in what is anticipated to be a year-long programme aimed at restoring NSP provision to an optimal standard. Given the rural nature of Shropshire, ensuring a broad and equitable access to NSP service is critical to maintaining a harm reduction approach.

2023 - 2024: 26 pharmacies were signed up to deliver NSP provision, 13 were accessed/delivered NSP.

2024 - 2025: 16 pharmacies were signed up to deliver NSP, 12 were accessed/delivered NSP

2025 - 2026: 16 pharmacies were signed up to deliver NSP, 9 have been accessed/delivered NSP as of October 2025 [19]

Shropshire Recovery Partnership (SRP) has strengthened its NSP offer with clients able to access this provision directly from the service in central, north and south Shropshire. This is an aside to the pharmacy offer. [20]

Some contributing factors to the drop in pharmacy participation could be:

- Resource and capacity limitations: Insufficient staff, time, or resources may impact the effective delivery of the NSP to clients
- Funding constraints
- Logistical challenges: The rural nature of Shropshire may discourage some pharmacies from participating
- Stigma and public perception issues
- Training requirements and the complexity of the NSP may pose difficulties for certain pharmacies, particularly smaller ones

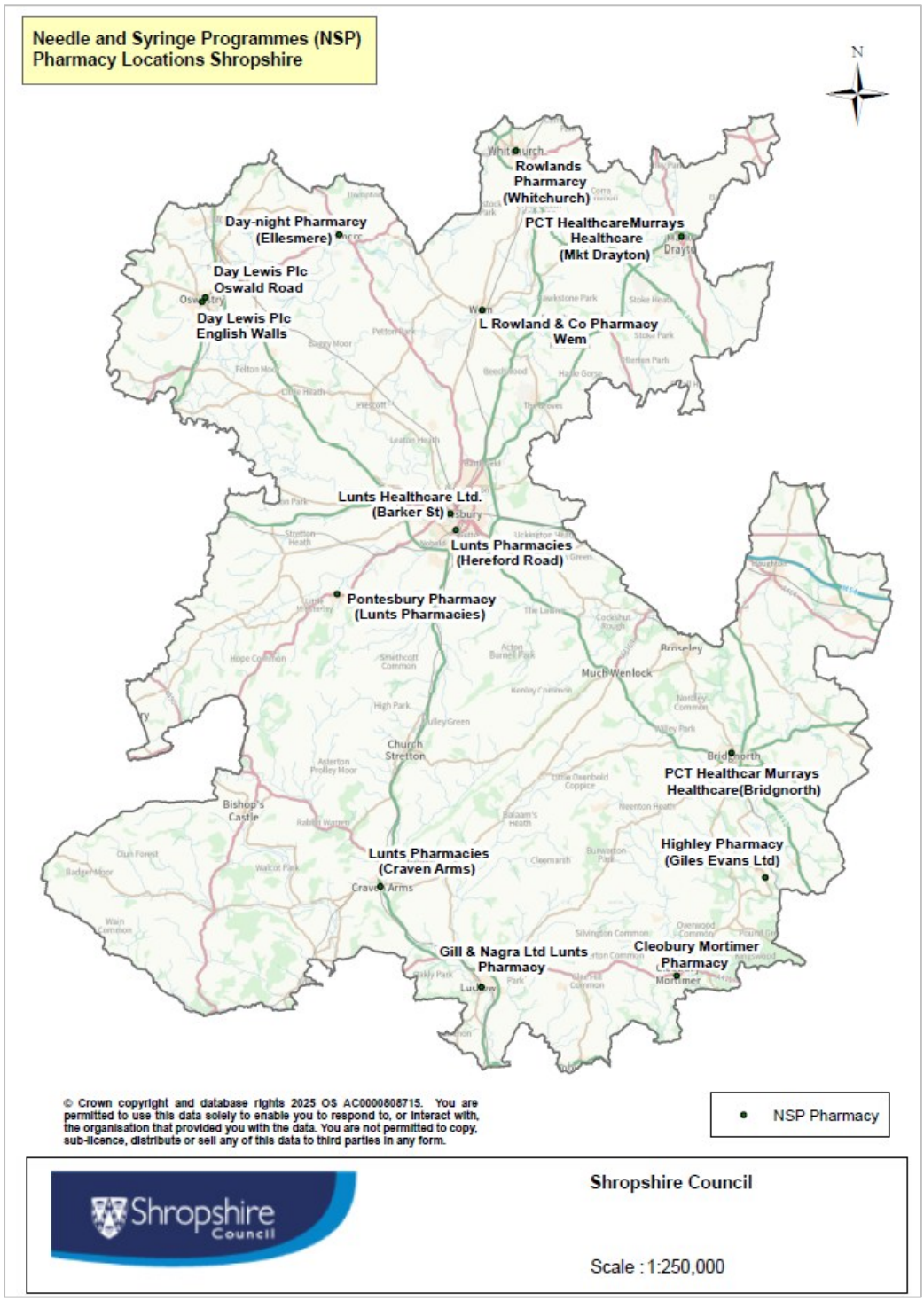
Where are the Needle and Syringe Programmes located?

The map below shows the locations of the pharmacies that participate in the needle exchange programme across Shropshire. The pharmacies are well-distributed in Shropshire, providing good coverage in urban areas and reasonable access in rural regions. Some rural areas, particularly in the far south and west, have fewer pharmacy locations, which may present challenges for individuals living in more remote communities. The programme's design, allowing clients to register at one pharmacy and collect packs from any participating location, helps mitigate access barriers, but ongoing evaluation is needed to maintain equitable access.

[19] Public Health Development Officer, Drug & Alcohol, Shropshire Council

[20] Shropshire Needle and Syringe Service | WithYou

Map showing the location of the current pharmacies that participate in the NSP. 2025-2026.
Source: Public Health Development Officer, Drug & Alcohol, Shropshire Council



Impact and harms

Health impacts

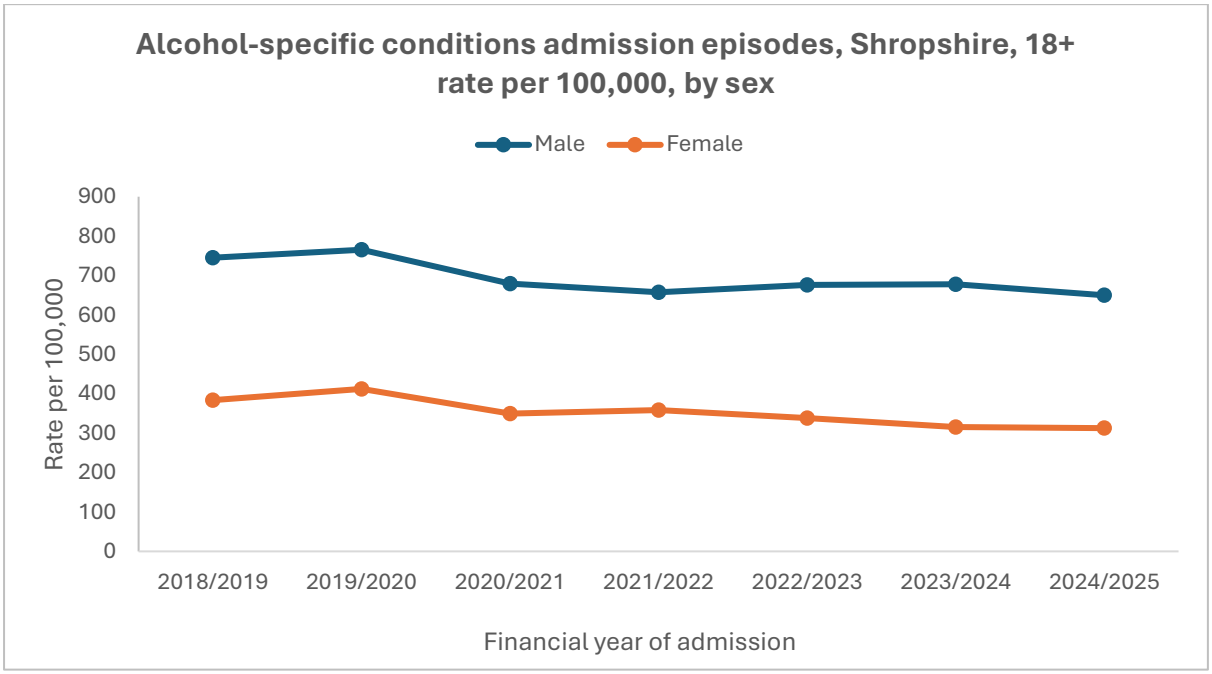
Hospital admissions - Alcohol

Reducing alcohol-related harm is a key public health priority, with alcohol being a key contributing factor to hospital admissions and deaths from a diverse range of conditions. It is estimated to cost the NHS around £3.5 billion per year and society, as a whole, £27 billion annually. [21]

Over the past seven financial years, approximately two-thirds of alcohol-specific hospital admissions have been male, and they have consistently shown higher admission rates than females, reflecting broader research that men are more prone to alcohol consumption and dependency.[22]

In Shropshire, trend analysis indicates that since 2018/19, **admission episode rates are decreasing overall**. Females recorded 74 fewer episodes Between April 2024 and March 2025 than 2018/19 and males have seen a reduction of 81 admission episodes during this same period.

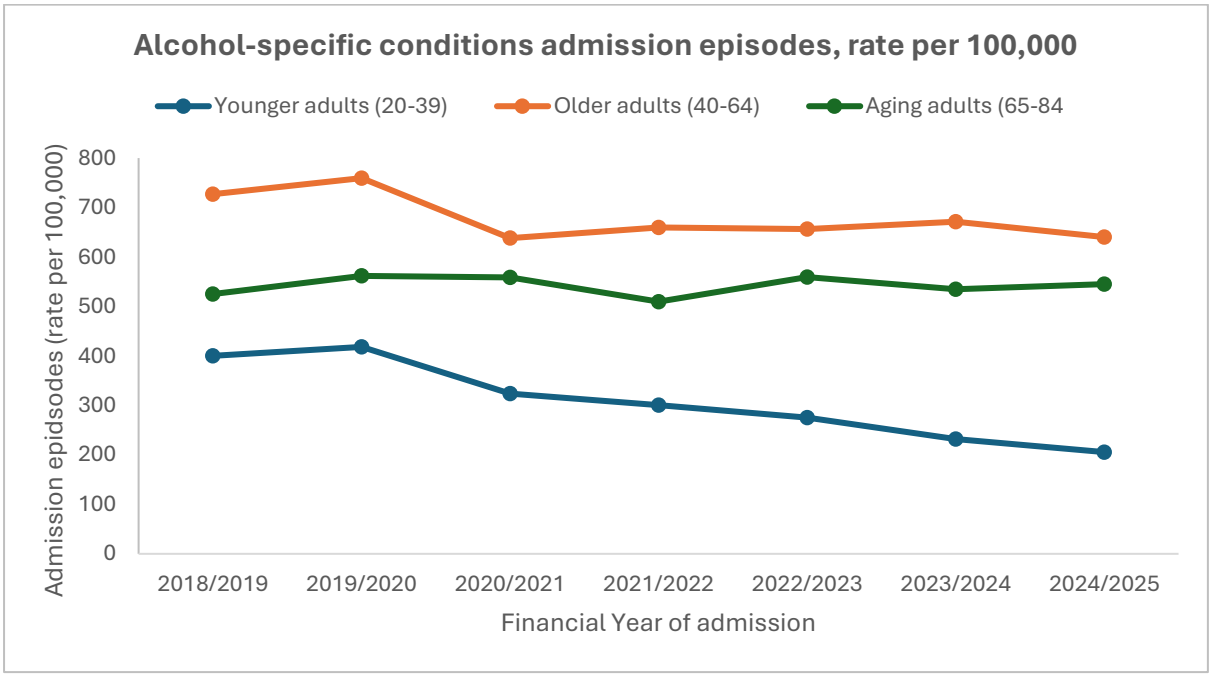
Chart showing the alcohol-specific conditions of hospital admission episodes, age 18+ per 100,000, by sex, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



[21] Alcohol Profile - Data | Fingertips | Department of Health and Social Care [Accessed 16 September 2025].
[22] Men and alcohol - Institute of Alcohol Studies [Accessed 15 September 2025].

The majority of alcohol-specific hospital admissions involve individuals aged 20 to 64, with those aged 40 to 64 consistently experiencing the highest admission rates. While admissions among the 20 to 39 age group have decreased, figures for those aged 40 to 64 and 65 to 85 have remained stable over recent years.

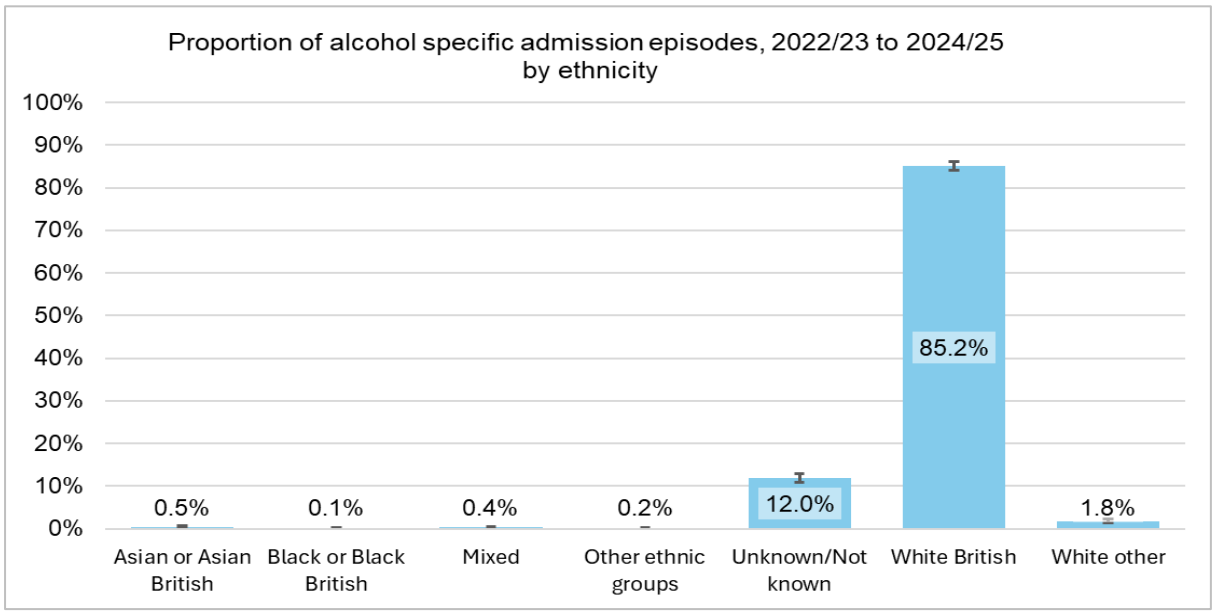
Chart showing the alcohol-specific conditions of hospital admission episodes, by age group per 100,000, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



2022/23-2024/25 Age Group	Alcohol specific episodes	Crude rate per 100,000	Lower C.I	Upper C.I
Under 20	47	24.0	17.6	31.9
Younger adults (20 to 39)	487	237.5	216.9	259.6
Older adults (40 to 64)	2,172	656.1	628.8	684.3
Aging adults (65 to 84)	1,221	546.3	516.1	577.8
Elderly adults (85+)	47	151.8	111.5	201.9

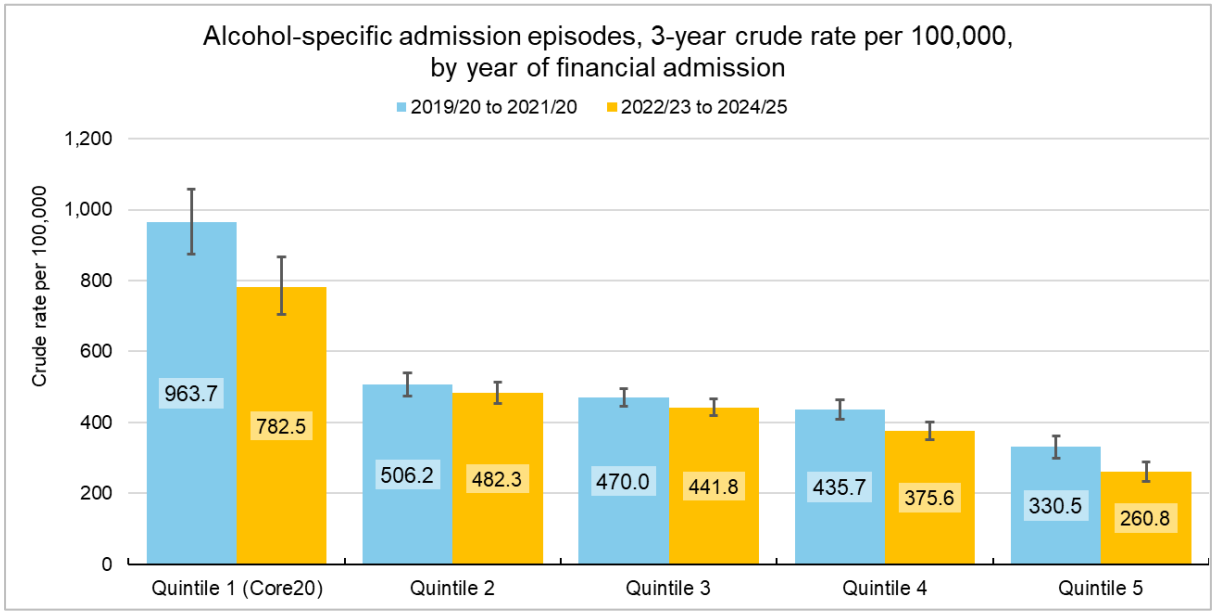
The vast majority of alcohol-specific hospital admissions in the last three years involved individuals of White British ethnicity, though 12% of cases did not have recorded ethnicity information.

Chart showing the alcohol-specific conditions of hospital admission episodes, by Ethnicity per 100,000, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



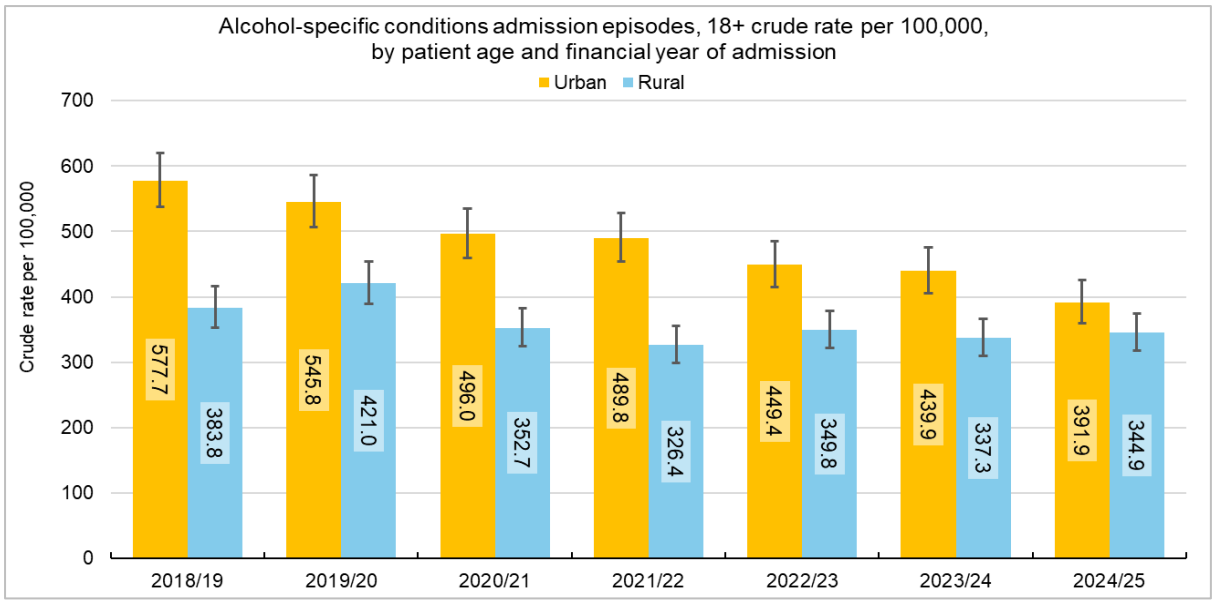
Patients in Shropshire from the most deprived areas (Quintile 1, or Core20) have consistently experienced a significantly higher rate of alcohol-related hospital admissions compared to those from less deprived areas over recent years. This mirrors national findings, which show that alcohol-specific death rates in the most deprived regions are twice as high as those in the least deprived areas.

Chart showing the alcohol-specific conditions of hospital admission episodes, by area per 100,000, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



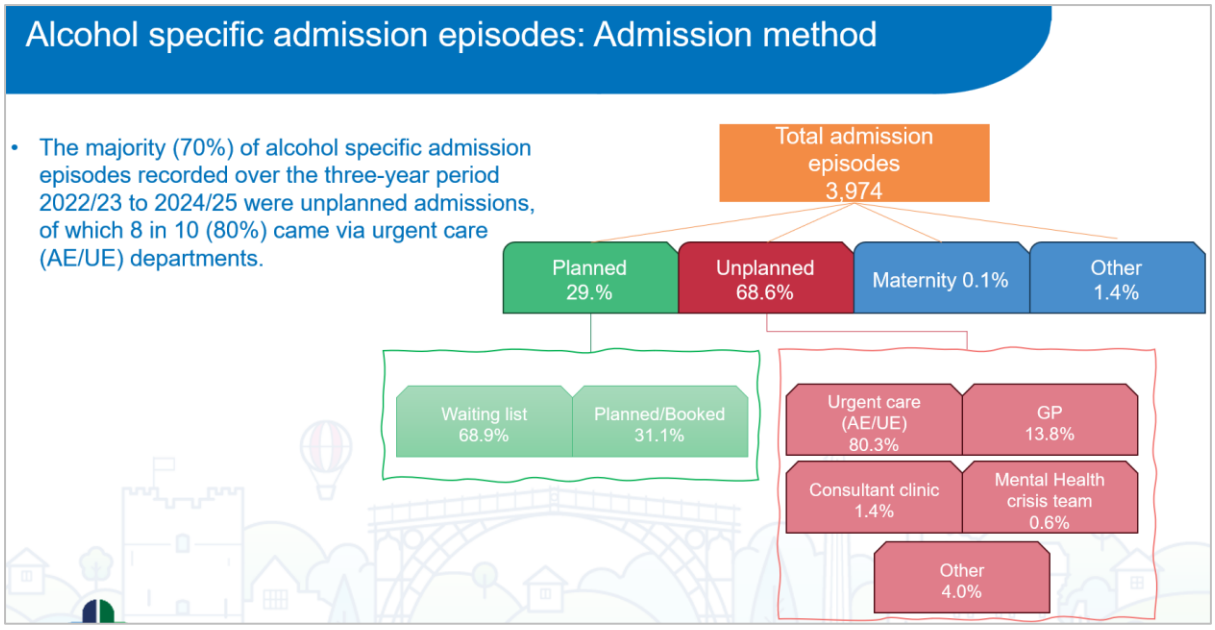
Urban communities in Shropshire have historically experienced higher rates of alcohol-specific hospital admissions compared to rural areas. While recent data on a one-year basis indicates that the gap has closed, bringing urban rates in line with rural rates, analysis over the last three years reveals that urban areas still have a statistically higher rate of admissions than their rural counterparts.

Chart showing the alcohol-specific conditions of hospital admission episodes, by the patient's neighbourhood of residence(rural/urban) per 100,000, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



2022/23-2024/25 Age Group	Alcohol specific episodes	Crude rate per 100,000	Lower C.I	Upper C.I
Rural	1,757	344.0	328.1	360.5
Urban	1,820	426.9	407.5	447.0

Alcohol-specific conditions of hospital admission episodes, by admission method, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



Almost two-thirds (63%) of alcohol specific admission episodes, recorded between 2022/23 and April 2024 to March 2025, could be grouped under disease classification chapters (ICD-10);

- **Disease of the digestive system** (27%),
- **Injury, poisoning and certain other consequences of external causes** (13%)
- **Mental and behavioural disorders** (11%)
- **Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified** (11%).

Alcohol admissions into secondary care are long associated with the weekend and nightlife culture, however this analysis shows that over the past seven years, the majority, around 78% to 80%, of alcohol specific admission episodes tend to occur within the working week with **Tuesday, Wednesday** and **Thursday** often accounting for the largest proportion of admissions.

Weekday/Weekend	Day	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
WeekDay	Monday	13.9%	14.7%	13.8%	13.2%	13.6%	12.8%	11.9%
	Tuesday	15.0%	18.3%	17.8%	14.5%	16.1%	14.7%	15.3%
	Wednesday	14.4%	17.1%	17.3%	16.1%	15.5%	17.4%	18.3%
	Thursday	17.0%	15.7%	15.6%	16.3%	18.0%	17.6%	19.6%
	Friday	15.7%	13.9%	14.0%	15.0%	17.3%	16.2%	13.8%
	WeekDay Total	**76.0%**	**79.6%**	**78.5%**	**75.1%**	**80.6%**	**78.7%**	**79.0%**
Weekend	Saturday	12.8%	11.2%	11.6%	12.7%	11.2%	11.7%	11.5%
	Sunday	11.2%	9.2%	9.9%	12.1%	8.2%	9.6%	9.5%
	Weekend Total	**24.0%**	**20.4%**	**21.5%**	**24.9%**	**19.4%**	**21.3%**	**21.0%**

Geographic analysis, at an MSOA* level focusing on the five-year period 2019 to 2024, found that following areas recorded the highest rates within Shropshire:

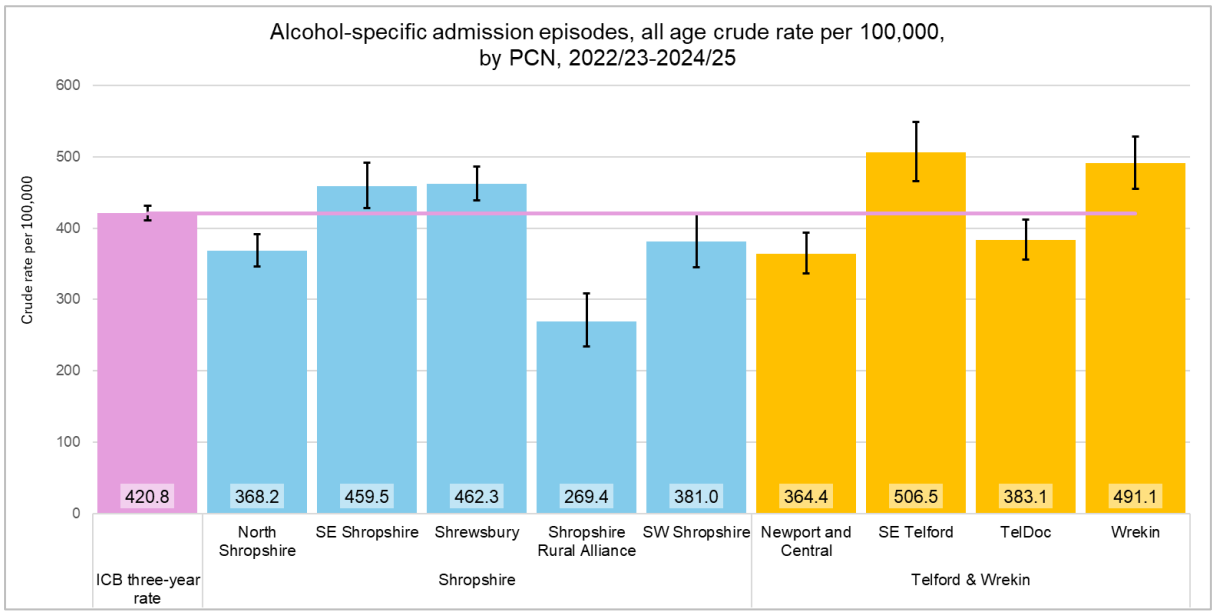
- **Bridgnorth West** (242 episodes, 833.4 per 100,000)
- **Shrewsbury Town** (358 episodes, 808.2 per 100,000)
- **Shrewsbury Sutton & Coleham** (268 episodes, 756.7 per 100,000)
- **Cleobury Mortimer, Burford & Ashford Carbonell** (221 episodes, 741.0 per 100,000)
- **Oswestry West** (363 episodes, 707.9 per 100,000)
- **Shrewsbury Monkmoor** (300 episodes, 660.4 per 100,000)

- **Shrewsbury Greenfields** (263 episodes, 659.8 per 100,000)
- **Wem** (191 episodes, 603.6 per 100,000)
- **Whitchurch** (278 episodes, 552.1 per 100,000)

** Middle Layer Super Output Areas (MSOA) are a geographic hierarchy designed by the Office for National Statistics to improve the reporting of small area statistics in England and Wales.*[23]

Among patients registered with GP practices in the Shropshire, Telford and Wrekin ICB, two Primary Care Network - **South East Shropshire** (459.5 per 100,000) and **Shrewsbury** (462.3 per 100,000) - show higher alcohol-specific admission rates than the ICB average.

Chart showing the alcohol-specific conditions of hospital admission episodes, by the patient's registered GP practice per 100,000, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)

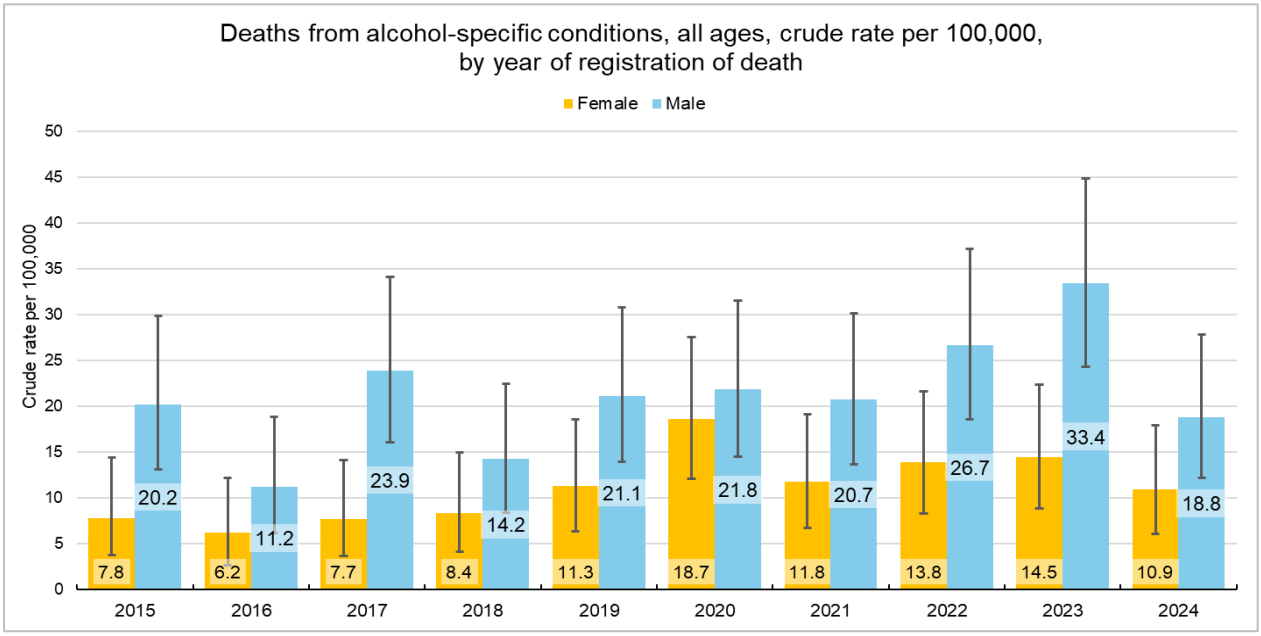


Alcohol and mortality

Whilst males have accounted for statistically larger proportion of alcohol specific deaths among patients living in Shropshire (65% Vs 35%) that were registered between 2015 and 2024, analysis on a crude rate per 100,000 population shows that in most years there is little statistical difference between two sexes. However, this may be due to the small numbers involved with males consistently recording higher rate than females, aligning with published analysis [24] and research suggesting males are more likely to drink than women and are more likely to develop alcohol dependency issues. [25]

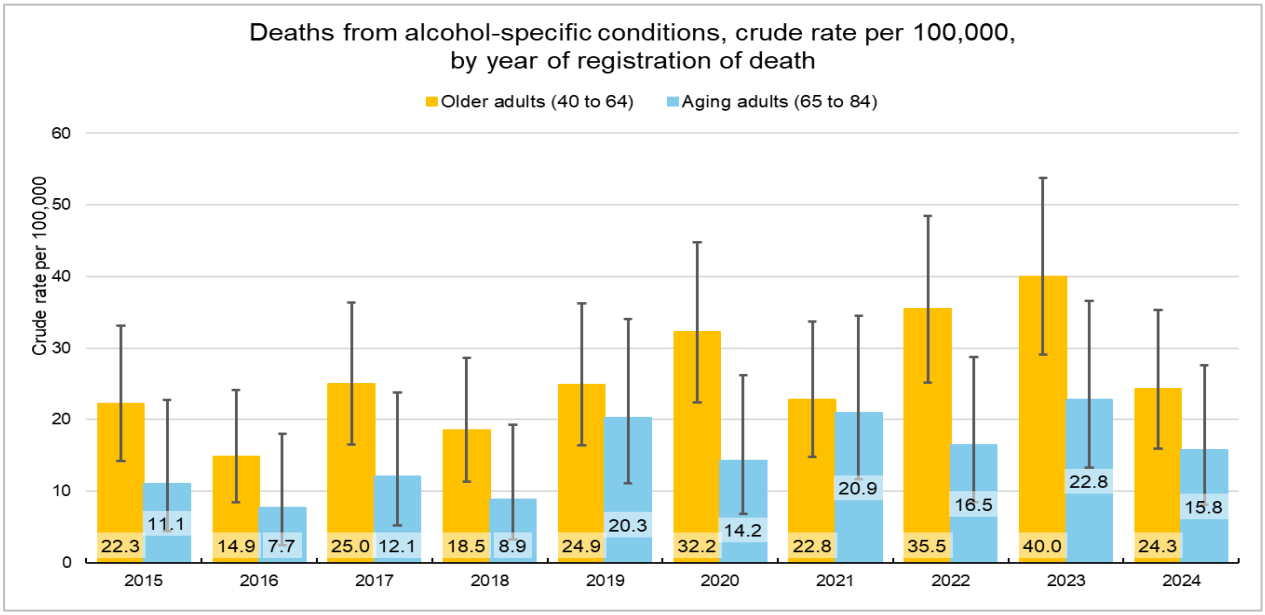
[23] Census 2021 geographies - Office for National Statistics
[24] Alcohol-specific deaths in the UK - Office for National Statistics
[25] Men and alcohol - Institute of Alcohol Studies

Chart showing alcohol specific deaths, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



From 2015 to 2024, 90% of alcohol-specific deaths occurred in people aged 40-84, with 67% in the 40-64 group. Mortality rates are similar between ages 40-64 and 65-84, but three-year rates are higher for the younger group. Shropshire residents aged 40-64 also have the highest rate of alcohol-specific hospital admissions.

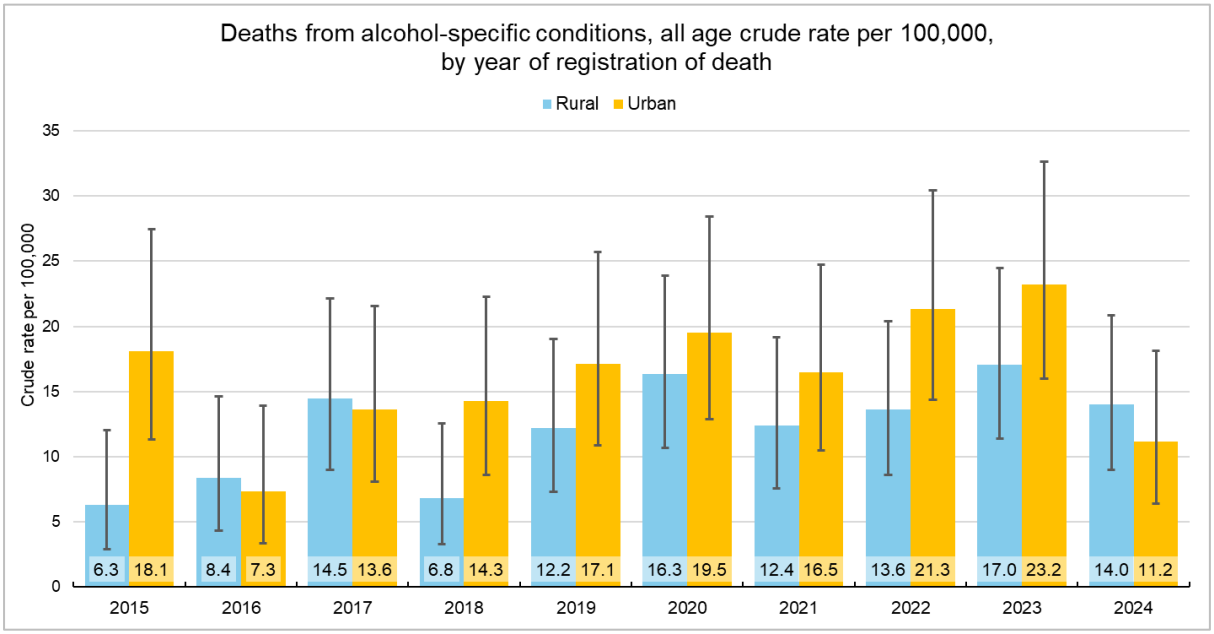
Chart showing alcohol specific deaths, older adults, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



There was no significant statistical difference in alcohol-specific deaths between rural and urban communities, with urban residents making up 52% and rural residents 46% of such deaths recorded from 2025 to 2024. Additionally, a 3-year crude rate analysis per 100,000

population (2022–2024) indicates that both communities experienced similar levels of alcohol-specific mortality.

Chart showing alcohol specific deaths, rural and urban community, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



Analysis of the 10-year period 2015 to 2024 identified 914 deaths related to cancers associated with alcohol* with the following observations being made:

- **60%** of deaths involved males
- **46%** of deaths were premature deaths, under the age of 75
- **59%** lived in a rural area, with 41% living in urban areas at the time of their death
- Just under a quarter (24%) died in a hospital with the remaining **76%** recorded as occurring out of side of a hospital setting in a home (39%), hospice (24%) or care home (13%) setting
- Only **5%** of deaths were recorded to persons living in the least deprived 20% of neighbourhoods (IMD2019).

*Breast cancer (C50), colorectal cancer (C18-C20), head and neck cancer (C003, C004, C005, C01-C14, C30-C32), Liver and biliary tract (C22, C23, C24), Oesophagus (C15, C160)

Hospital admissions – Drugs

The latest national figures looking at hospital admissions for poisoning due to drug use (2023/24), indicate that Shropshire's recorded rate (14.7 per 100,000) is in line with the national average (17.5).

Local data analysis suggests that there have been 372 such admissions over the past 10 years, recorded to persons living within the Shropshire local authority.

The 372 admission episodes could be traced to 321 individual patients, most of whom only recorded 1 admission over the past seven years, although 24 did record 2 or more admissions, 2 of whom recorded 2 or more admissions.

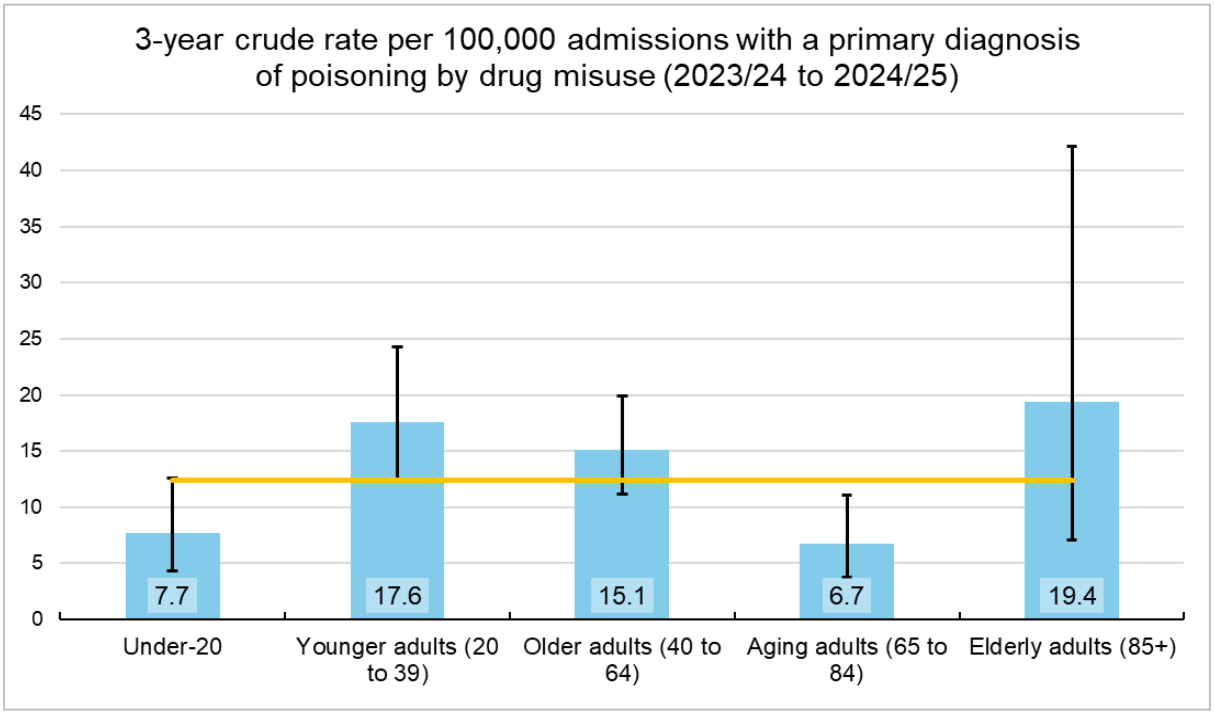
The most common diagnosis code used was **T40.2 Poisoning: Other opioids**, a code which known to be used for drugs such as codeine, hydromorphone, morphine and oxycodone all of which are known painkillers, with over half (55%, 203 of 372) admission episodes coded with this as its primary diagnosis.

Over the past three finial periods (2022/23 to April 2024 to March 2025) males accounted for just over half (53%) of all drug misuse related admissions but recorded a statistically similar crude admission rate per 100,000 as females.

Sex	2022/23 to 2024/25	% of total	Crude rate per 100,000	Lower C.I (95%)	Upper C.I (95%)
Female	58	47.5%	**14.0**	10.7	18.1
Male	64	52.5%	**16.2**	12.5	20.7

Whilst persons aged 85+ recorded the highest crude admission episode rate over the most recent 3-year period (2022/23 to April 2024 to March 2025), a quarter of admissions were recorded to persons aged 20 to 64.

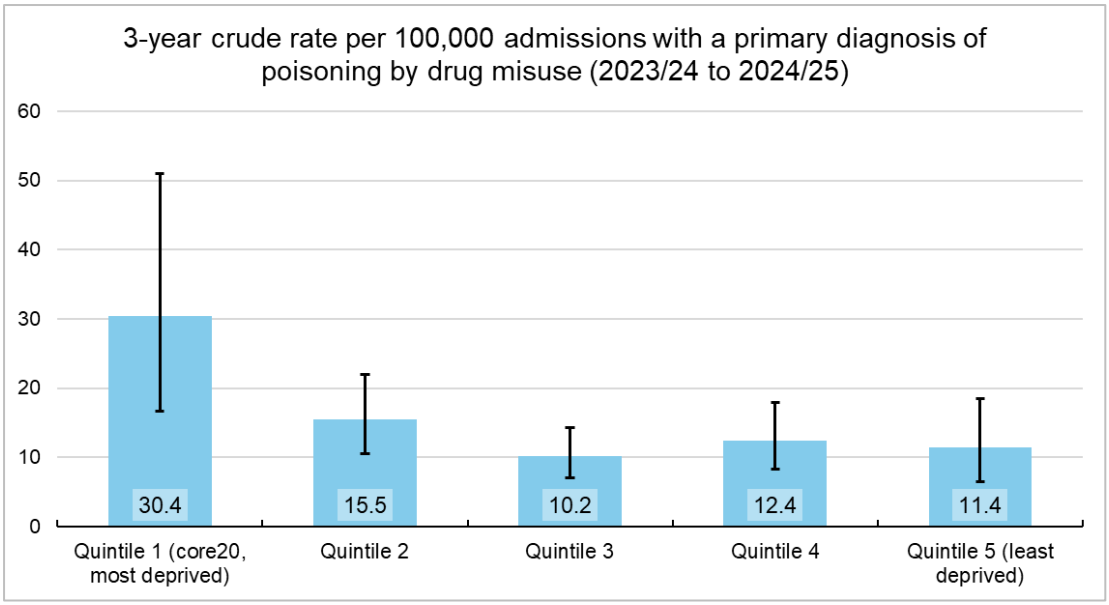
Chart showing hospital admissions with a primary diagnosis of poisoning by drug misuse, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



Age Group	2022/23 to 2024/25	% of total	Crude rate per 100,000	Lower C.I (95%)	Upper C.I (95%)
Under-20	15	4.0%	**7.7**	4.3	12.6
Younger adults (20 to 39)	36	9.7%	**17.6**	12.3	24.3
Older adults (40 to 64)	50	13.4%	**15.1**	11.2	19.9
Aging adults (65 to 84)	15	4.0%	**6.7**	3.8	11.1
Elderly adults (85+)	6	1.6%	**19.4**	7.1	42.2
Total	**122**	**-**	**12.4**	**10.3**	**14.8**

Whilst persons from neighbourhoods that fall within deprivation quintile 1 (core20, most deprived) recorded the highest admission episode crude, its rate was found to be statistically in line with all other areas. Potentially due to the small numbers included within the analysis.

Chart showing hospital admissions with a primary diagnosis of poisoning by drug misuse, by deprivation, Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



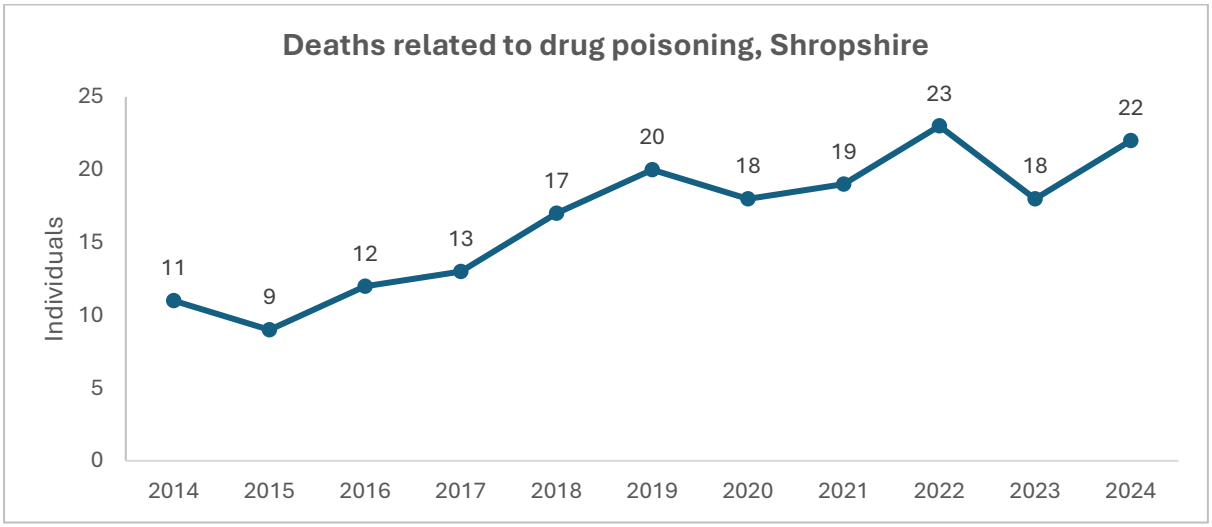
Deprivation quintile (IMD2019)	2022/23 to 2024/25	% of total	Crude rate per 100,000	Lower C.I (95%)	Upper C.I (95%)
Quintile 1 (core20, most deprived)	14	11.5%	**30.4**	16.6	51.1
Quintile 2	31	25.4%	**15.5**	10.5	22.0
Quintile 3	33	27.0%	**10.2**	7.0	14.3
Quintile 4	28	23.0%	**12.4**	8.2	17.9
Quintile 5 (least deprived)	16	13.1%	**11.4**	6.5	18.5
Total	**122**	**-**	**12.4**	**10.3**	**14.8**

Even when compared over a 5-year period (2020/21 to 2024/24) it was not possible to identify a statistical outlier at a geographic level, most likely due to the small numbers involved. On a crude rate per 100,000 population basis the following areas were identified as having the highest 5-year admission (2020/21 to 2024/24) episode rate:

- **Hinstock & Hodnet** – 32.9 per 100,000 (11 admission episodes)
- **Oswestry East** – 29.6 per 100,000 (15 admission episodes)
- **Whitchurch** – 27.8 per 100,000 (14 admission episodes)
- **Bridgnorth East** – 25.2 per 100,000 (8 admission episodes)
- **Ludlow Town** – 23.6 per 100,000 (13 admission episodes)
- **Church Stretton** – 20.3 per 100,000 (6 admission episodes)

Drugs and mortality

Over the past ten years, drug poisoning deaths in Shropshire have more than doubled, increasing from 11 cases in 2014 to 22 in 2024. While numbers have differed slightly, the general trend is upward, with frequently high figures in recent years and a peak of 23 deaths recorded in 2022.[26]



Local analysis looking at the 10-year period 2014 to 2024, indicate that 181 deaths occurred during this period with three underlying causes of death accounting for almost two-thirds (62%) of all deaths:

- X44 : Accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances
- X42 : Accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified
- X64 : Intentional self-poisoning by and exposure to other and unspecified drugs, medicaments and biological substances

Further analysis found that 75% of deaths occurred outside of a hospital setting.

Demographic profiling found that deaths related to drug poisonings were highest in males and persons living within the most deprived neighbourhoods (IMD20219).

[26] Deaths related to drug poisoning by local authority, England and Wales - Office for National Statistics

Chart showing deaths related to drug poisoning, 2020 to 2024, crude rate per 100,000, split by sex. Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)

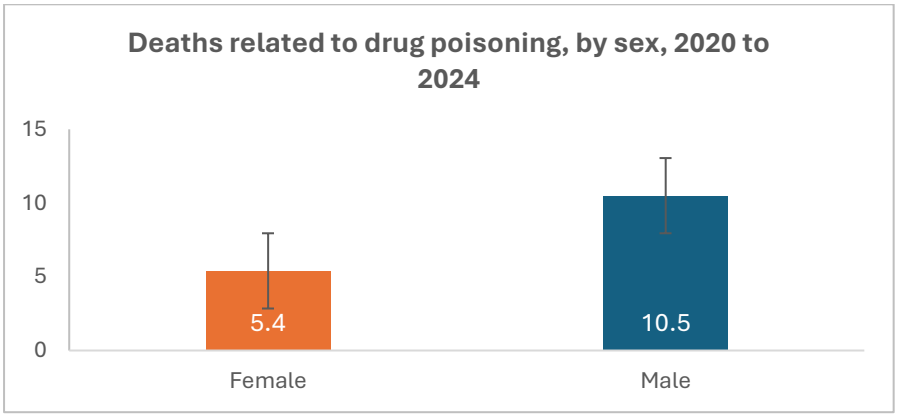
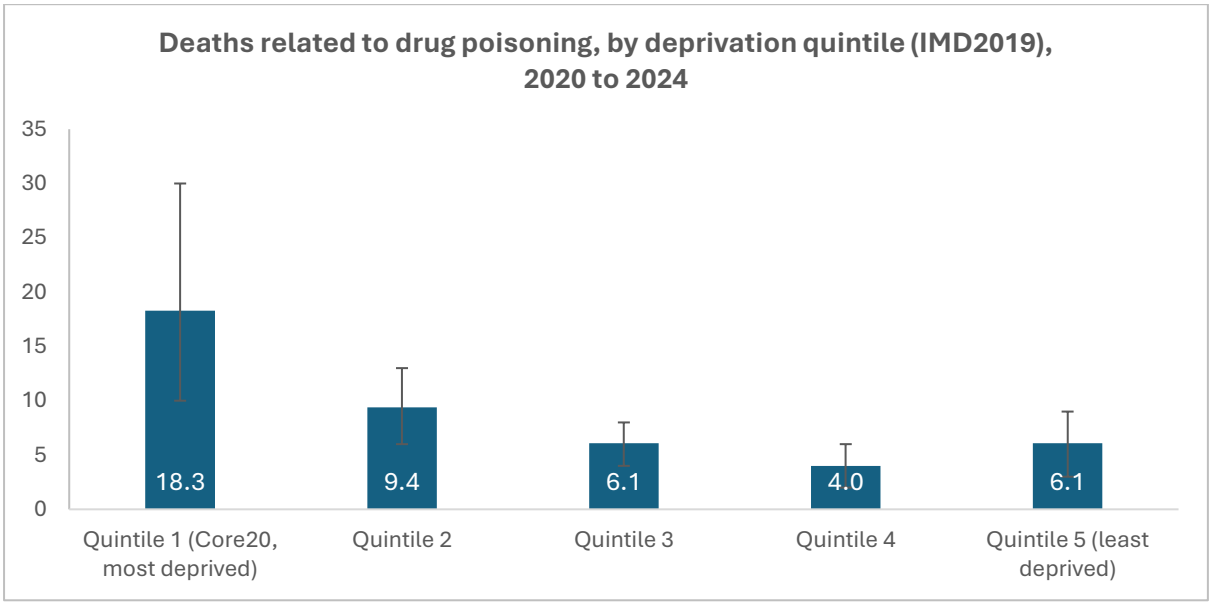


Chart showing deaths related to drug poisoning, 2020 to 2024, crude rate per 100,000, split by deprivation quintile. Shropshire. Source: Shropshire, Telford and Wrekin ICB, Secondary Uses Service (SUS)



Blood-borne viruses

Sharing drug-taking equipment can transmit blood-borne viruses. Offering opioid substitution treatments, sterile supplies, naloxone, hepatitis B vaccines, and antiviral drugs helps protect people who use drugs and communities, improves health outcomes, and lowers future healthcare costs. WithYou test for Hepatitis B, Hepatitis C and Human Immunodeficiency Virus (HIV).[27]

Hepatitis C testing uptake is lower in Shropshire than nationally, with just over half (52%) receiving a test compared to 62% in England. Shropshire also has higher proportions awaiting

[27] Blood Borne Virus (BBV) Tests | WithYou

testing (11% vs 4%) and refusing testing (29% vs 21%), while a very small number of individuals were recorded as not being offered a test. A small proportion were deemed ineligible compared to England (6% vs 11%).

Hepatitis C	Shropshire	England
Test received	52%	62%
Awaiting test	11%	4%
Refused test	29%	21%
Test not offered	1%	2%
Ineligible for test	6%	11%

50% of new presentations to treatment were offered and refused a Hepatitis B vaccination in Shropshire, while 16% were already immunised. 16% have been offered and accepted, and yet to start the vaccination programme.

Social impacts

Crime

Alcohol

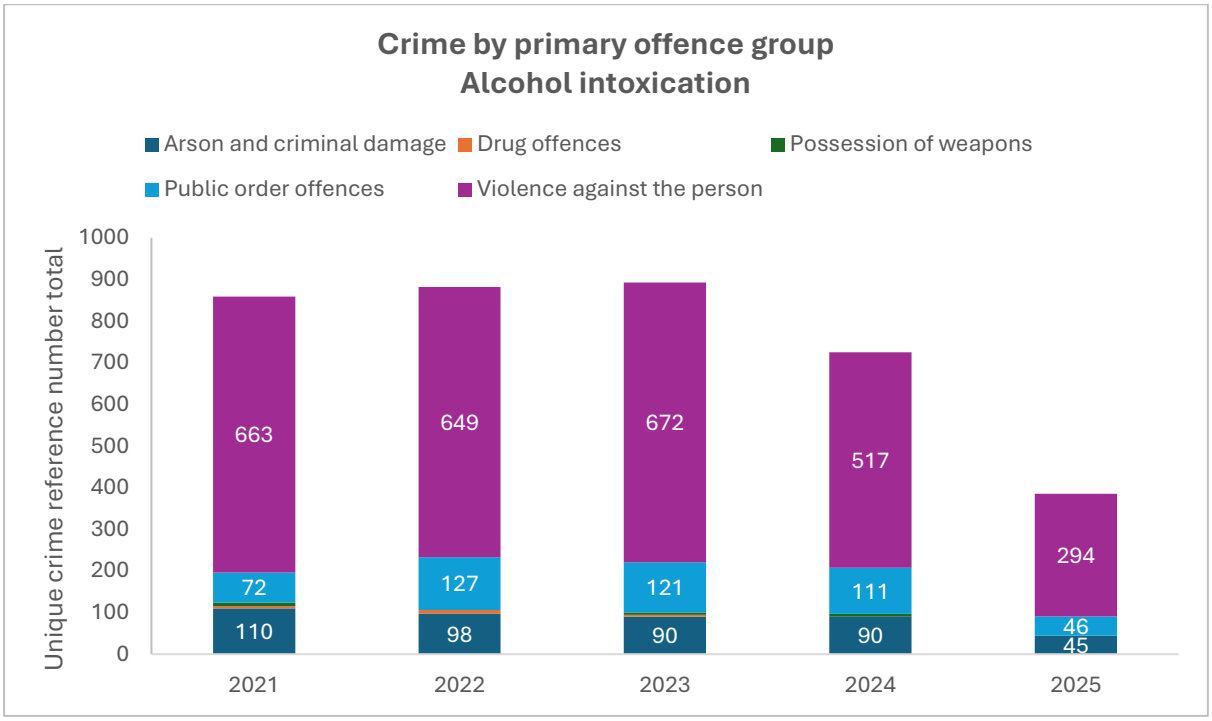
Between January 2021 and July 2025 in Shropshire, there were over 3,500 reported crimes involving suspected alcohol intoxication by either the suspect or both suspect and victim.

The chart below shows the crime committed by primary offence group. **Violence Against the Person** is the most prevalent category, with the sub-group types including *Violence With Injury*, *Violence Without Injury*, and *Stalking and Harassment*. There has been a 22% decrease from 663 in 2021 to 517 in 2024. **Public order offences** peaked in 2022 with 127 offences and then dropped to 111 in 2024. **Arson and criminal damage** decreased consistently from 110 in 2021 to 90 in 2024. **Drug offences** and **possession of weapons** remain very low compared to other categories.

Violence against the person is the main driver for these crime figures, and the numbers are extremely high compared to the other groups, which is a significant concern.

Please note that 2025 is up until 31/07/2025.

Chart below showing crime committed by primary offence group where the suspect or both suspect and victim were intoxicated with alcohol. Shropshire, 01/01/2021 to 31/07/2025. Source: West Mercia Police



** data has been removed due to low numbers*

Drugs

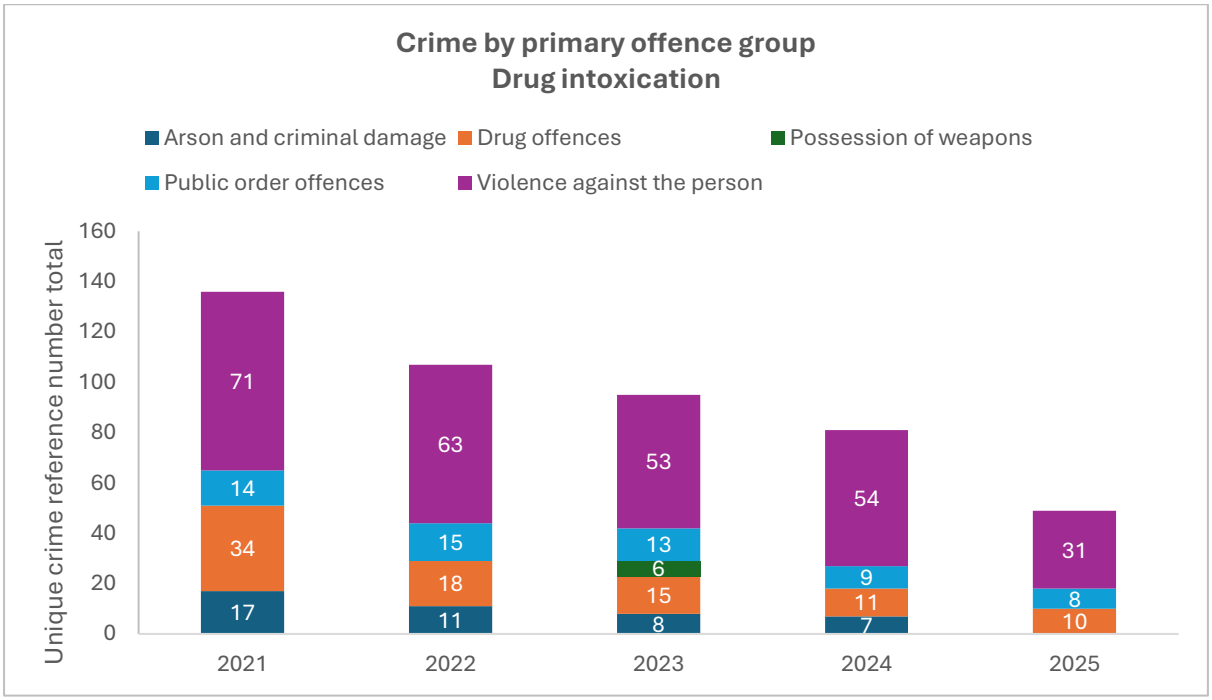
Between January 2021 and July 2025 in Shropshire, there were over 450 reported crimes involving suspected drug intoxication by either the suspect or both suspect and victim.

Violence against the person is consistently the highest category, though it declined from 71 in 2021 to 53 in 2023 before a slight rise to 54 in 2024. **Drug offences** show a sharp drop from 34 in 2021 to 11 in 2024, indicating a significant decrease in this group. **Arson and criminal damage** decreased steadily from 17 in 2021 to 7 in 2024. **Public order offences** remained relatively stable but declined from 15 in 2022 to 9 in 2024. **Possession of weapons** has very low numbers of crimes committed, but this is also decreasing.

Drug offences saw the largest reduction (68% decrease between 2021 and 2024), possibly due to shifts in enforcement, prevention, or community efforts. **Violence against the person** is still a concern, even with the declining numbers.

Please note that 2025 is up until 31/07/2025.

Chart below showing crime committed by primary offence group where the suspect or both suspect and victim were intoxicated with alcohol. Shropshire, 01/01/2021 to 31/07/2025. Source: West Mercia Police



** data has been removed due to low numbers*

Domestic abuse

The consumption of drugs or alcohol alters brain function by disrupting critical communication among neurotransmitters. Substance use can play a significant role in domestic abuse in several ways:

- Diminishes the capacity for reasoning, information processing, and sound decision-making
- Reduces the ability to accurately assess situations and exercise proper judgment
- Limits impulse control
- Lowers inhibitions, which may facilitate the occurrence of adverse behaviours

Source: Addiction and Domestic Violence

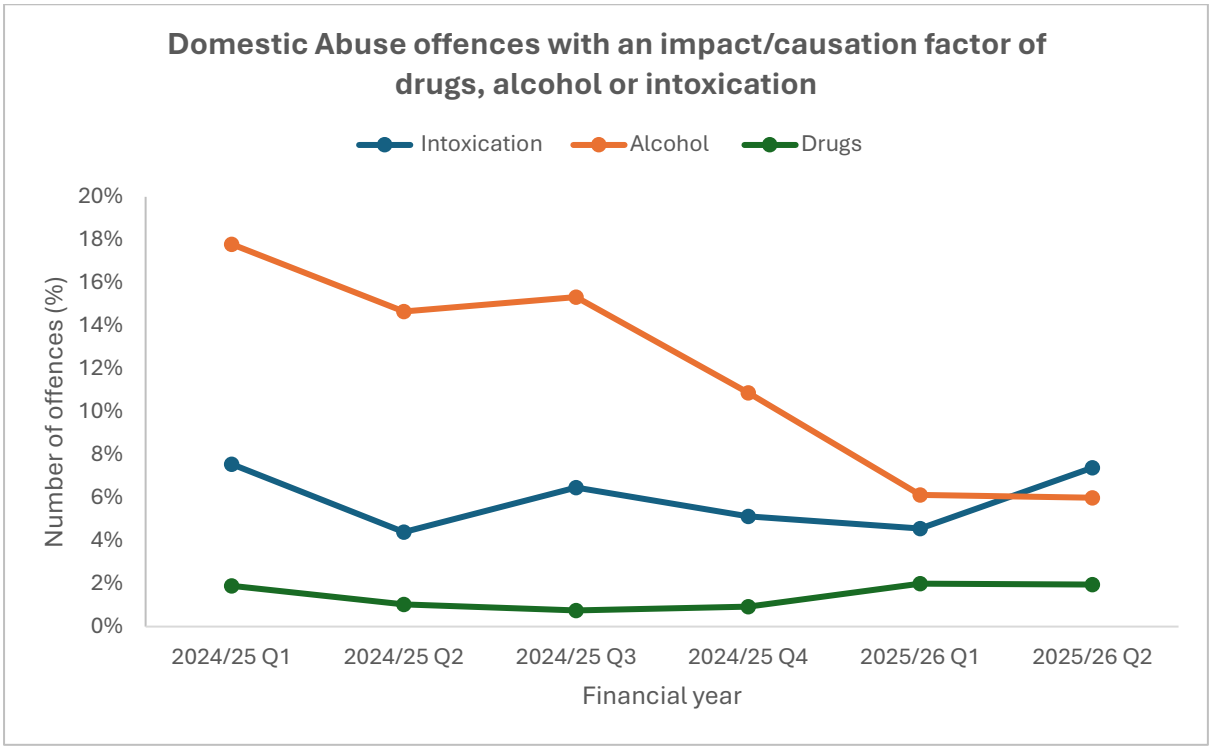
The below charts show the **Offences (punishable under criminal law)** and **Incidents (Potential crime; unclear if an offense has occurred)** recorded where intoxication, alcohol or drugs are a factor.

The chart below concentrates on offences. Alcohol consistently shows the highest percentage among the three factors, starting at around 18% between April 2024 and March 2025 Q1. There is a clear downward trend, dropping to 6% by 2025/26 Q2. This suggests that while alcohol remains the most significant causation factor, its relative impact on domestic abuse offences has decreased.

Intoxication begins at 7.6% in 2024/2025 Q1, drops in Q2, then ranges from 4% to 7%. In 2025/26 Q2, it exceeds alcohol as the main cause, peaking at 7.4%, suggesting a rise in general substance involvement.

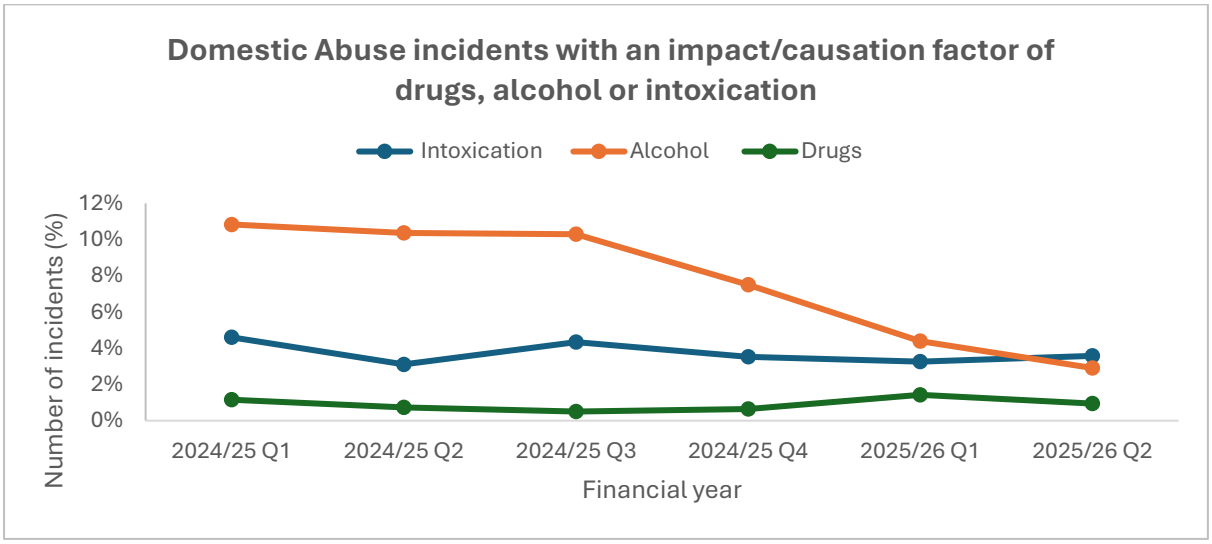
Drug-related cases remain consistently low, starting below 2% and staying nearly flat, with a slight rise to just under 2% in 2025/26 Q2. Although drugs are a low factor, the minor increase may require closer observation.

Chart showing domestic abuse offences where intoxication, alcohol or drugs was an impact/causation factor. 2024 Q1 to 2025 Q2. Source: West Mercia Police



The trends for incidents shown in the chart below are similar to those for offences. Alcohol and intoxication percentages tend to be higher in offences than in incidents, indicating that substance use might be more likely to lead to an offence than simply an incident. Both sets of data show a decrease in alcohol-related cases, while intoxication and drug involvement remain steady or rise slightly. By the final quarter, intoxication surpasses alcohol as the main contributing factor in both offences and incidents, which could mean a shift in substance-related domestic abuse.

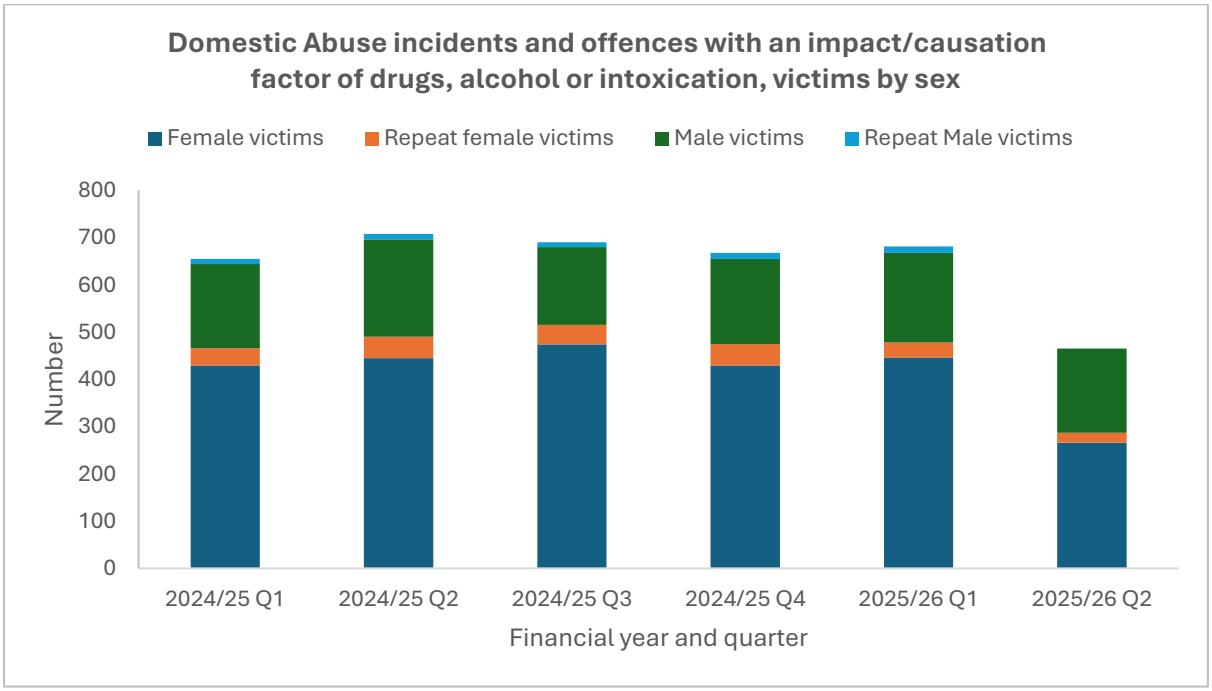
Chart showing domestic abuse incidents where intoxication, alcohol or drugs was an impact/causation factor. 2024 Q1 to 2025 Q2. Source: West Mercia Police



The data below shows that there are about twice as many female victims as male victims in every quarter. While repeat victimisation tends to occur more frequently among females, both males and females experienced a decline in repeat cases during the latest quarter.

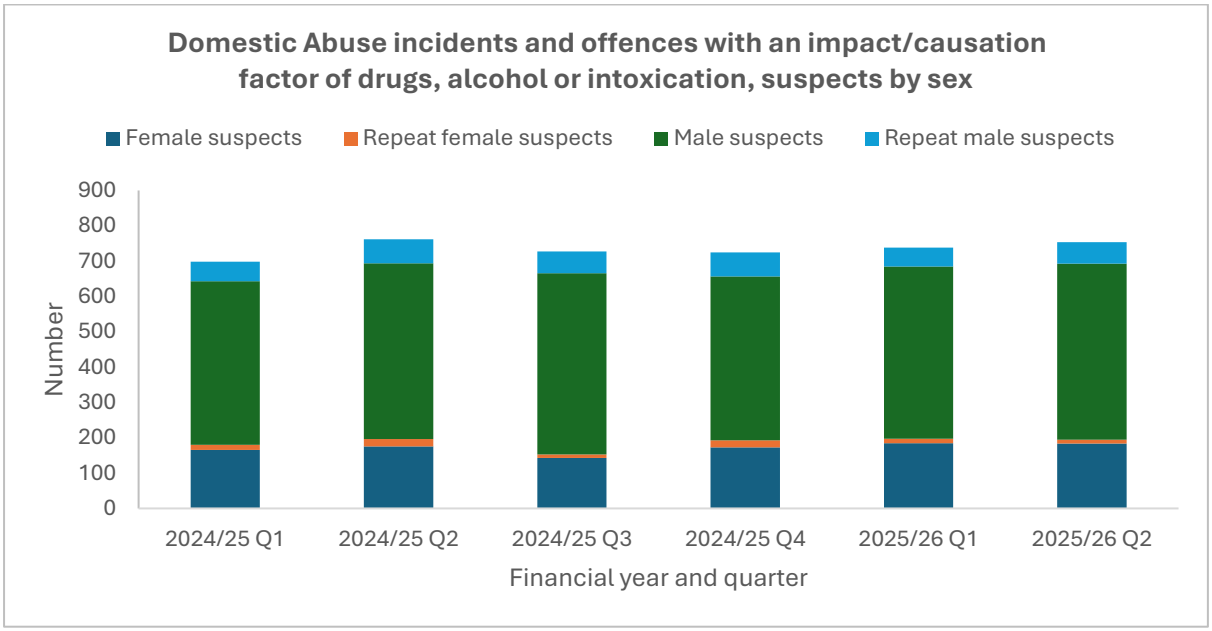
This indicates that females are at greater risk of experiencing domestic abuse, and of suffering repeated abuse, especially in situations involving intoxication from drugs or alcohol.

Chart showing domestic abuse incidents and offences where intoxication, alcohol or drugs was an impact/causation factor. By victim, by sex. 2024 Q1 to 2025 Q2. Source: West Mercia Police



The number of male suspects and repeat male offenders consistently exceeds that of females in all quarters. While repeat offending is more common among males, persistent patterns are evident for both males and females across all time frames. While the figures for both male and female suspects remain generally stable with only slight variations, the data highlights a strong gender disparity with males much more likely to be suspects and repeat suspects in domestic abuse cases where intoxication, alcohol or drugs are involved.

Chart showing domestic abuse incidents and offences where intoxication, alcohol or drugs was an impact/causation factor. By suspect, by sex. 2024 Q1 to 2025 Q2. Source: West Mercia Police



ARID – Assault Related Injuries Data

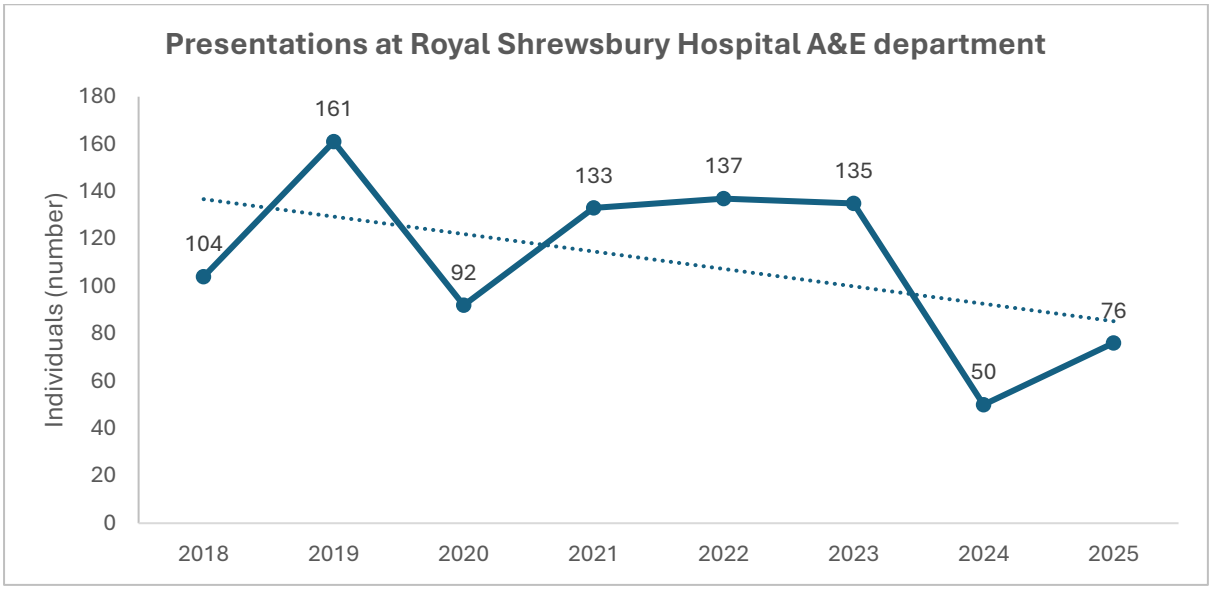
The chart below shows individuals that have presented at the Royal Shrewsbury Hospital A&E department for assault-related injuries, that took place in Shropshire, where alcohol was a contributing factor between 01/01/2018 and 30/09/2025.

Please note that 2025 isn't the full year.

There is a 52% decrease between 2018 and 2024, and the overall trend is that presentations for assault related issues involving alcohol are decreasing.

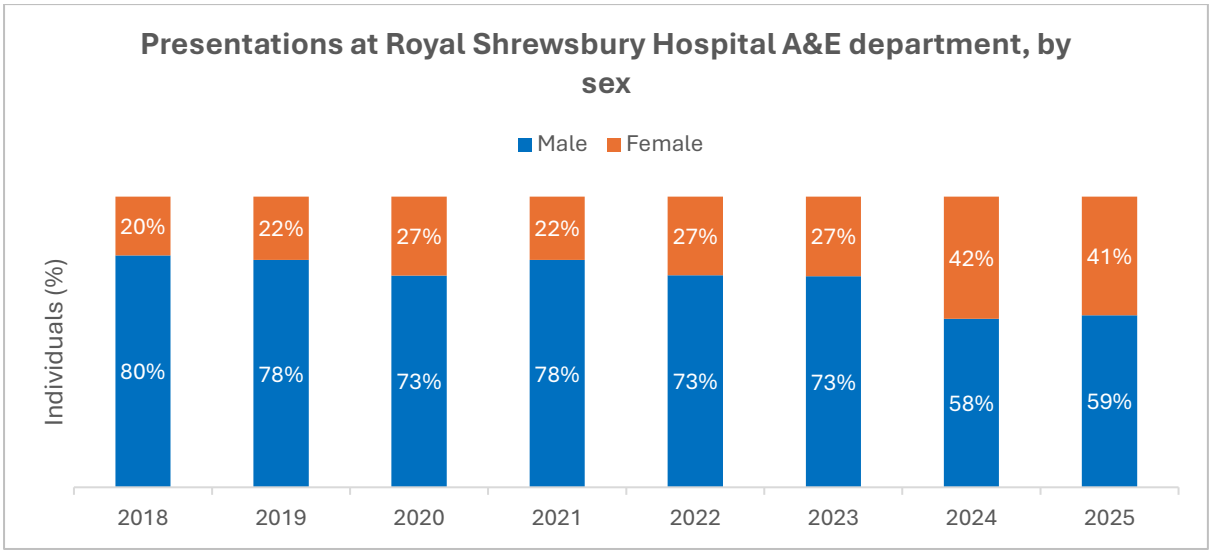
The total alcohol-related presentations varied between 2018 and 2025. They reached their highest point in 2019 with 161 cases, then they decreased sharply in 2020, a change that may be associated with the COVID-19 pandemic. Figures increased in 2021 and remained steady through 2023, averaging about 135 cases per year. In 2024, admissions dropped to 50, followed by an increase to 76 in 2025. These trends may reflect changes in drinking behaviour, lifestyle factors, cost of living, or modifications to healthcare services.

Chart showing individuals who have presented to the Royal Shrewsbury Hospital Accident and Emergency department, for alcohol related incidents. 01/01/2018 to 30/09/2025. Source: (ARID - Assault-Related Injuries Data)



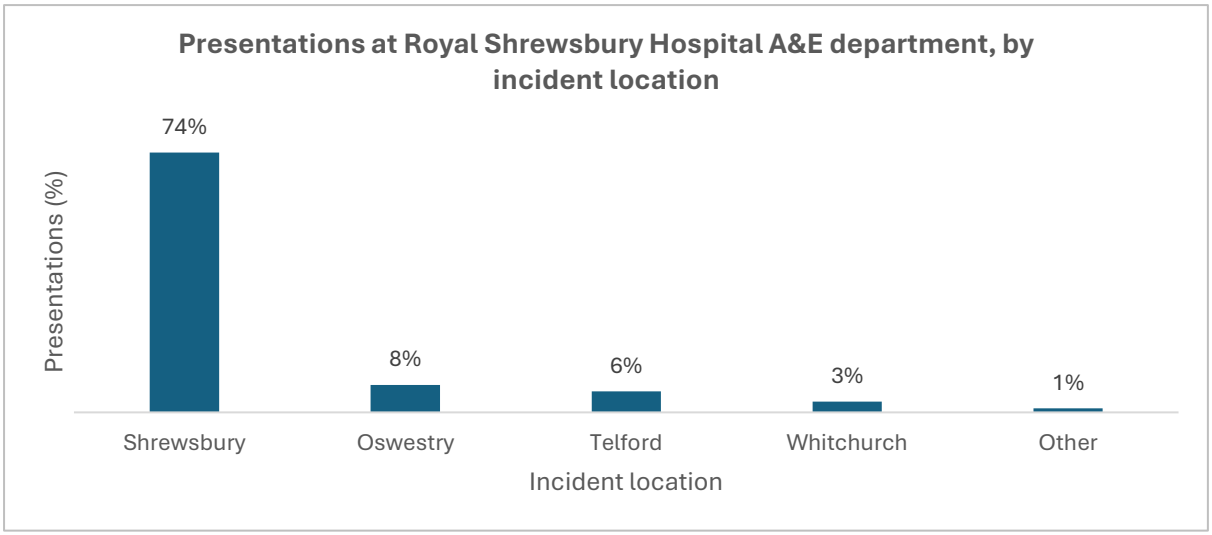
In Shropshire between 2018 to 2023, alcohol-related A&E presentations to the Royal Shrewsbury Hospital for were predominantly among males, consistently accounting for 73% to 80% of cases, while females represented 20% to 27%. However, a significant shift occurred in 2024, with male presentations dropping to 58% and female presentations rising to 42%. This continues into 2025, suggesting a move toward greater gender balance in alcohol-related A&E presentations, which may reflect changing patterns in alcohol use.

Chart showing individuals who have presented to the Royal Shrewsbury Hospital Accident and Emergency department, for alcohol related incidents, by sex. 01/01/2018 to 30/09/2025. Source: (ARID - Assault-Related Injuries Data)



Shrewsbury accounted for 74% (654 cases) of alcohol-related assault A&E visits at Royal Shrewsbury Hospital, while Oswestry (8%), Telford (6%), Whitchurch (3%), and 'Other' (1%) reported significantly fewer cases, making Shrewsbury the primary location for such incidents.

Chart showing individuals who have presented to the Royal Shrewsbury Hospital Accident and Emergency department, for alcohol related incidents, by incident location. 01/01/2018 to 30/09/2025. Source: (ARID - Assault-Related Injuries Data)



Vulnerable and at-risk groups

Homeless individuals

The Shropshire Council RESET (Rough Sleepers Drug and Alcohol Treatment) team was launched in March 2023. It is a multi-agency initiative that delivers comprehensive support services to individuals experiencing or at risk of rough sleeping in Shropshire. This programme provides services to Shropshire's rough sleeping community.

Shropshire Council has a responsibility to assist individuals who are homeless or at risk of homelessness in Shropshire. The use of B&Bs and hotels is being phased out due to significant financial implications for the Council, and because in some cases, these accommodations may not be suitable for individuals owing to their location, limited access to local support services, and a lack of necessary facilities. The current temporary accommodation available to help individuals with their independence in the community and within the home are:

- Tannery East building, Shrewsbury – this will house 61 people
- The Parish Rooms, Bridgnorth – this will house 12 people
- Coton Hill House, Shrewsbury – this will house 25 people
- 70 Castle Foregate – this will house 10 people

There will be continued support to help these individuals grow their confidence to get back into the community, be confident to live independently and gain access to employment and education. [28]

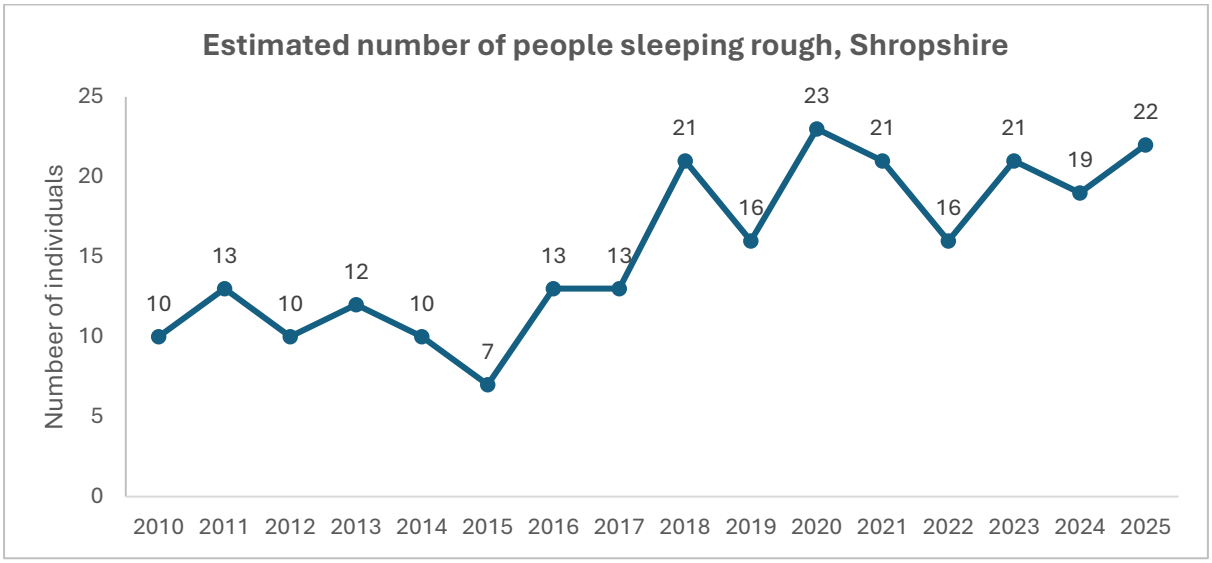
Preventing Homelessness and Rough Sleeping Strategy

The Preventing Homelessness and Rough Sleeping Strategy outlines Shropshire Council's approach to preventing homelessness and ending rough sleeping from 2024 to 2029. The strategy focuses on early intervention, timely support, and effective advice to achieve better outcomes and cost savings. It details how the council and its partners will address these issues.

Source: draft-preventing-homelessness-and-rough-sleeping-strategy-2024-2029_.pdf

In autumn 2025, a total of 22 individuals were sleeping rough throughout Shropshire. Among them, 19 were men and 3 were women; all were aged 26 or older. All those counted held UK nationality.

Charts showing the number of people sleeping rough over time, Autumn 2020 to Autumn 2025.
Source: Rough sleeping snapshot in England: autumn 2025 - GOV.UK



Future and emerging issues

Ketamine

Ketamine is an anaesthetic used in medicine and veterinary care but is sometimes misused recreationally. As a dissociative drug, it can make users feel detached from their body or surroundings and may cause hallucinations and altered perception. People who rely on it may

[28] The Rough Sleeper Team, Shropshire Council
Temporary Accommodation Provision.pdf
Housing Archives - Shropshire Council Newsroom

develop a psychological dependence, using it to boost their mood, cope with stress, and manage daily life.

Illegally sold ketamine is typically a white or off-white powder, but it can also be found as pills or in liquid form. It is also known as Special K, ket, kitkat, ketters, super k, K.

Regular use of ketamine use may ultimately cause:

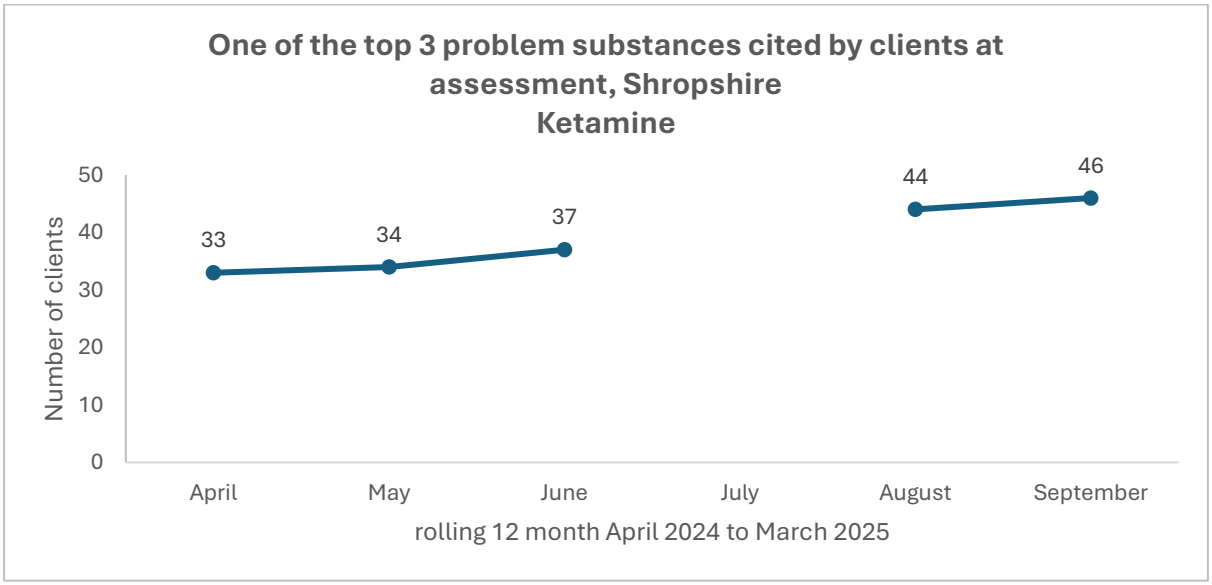
- ketamine bladder syndrome
- cognitive impairments
- memory issues
- depression
- anxiety
- shortened attention span
- stomach pain and ulcers
- liver damage
- nose damage (if snorting ketamine)

Ketamine bladder syndrome

Frequent, high doses of ketamine can lead to 'ketamine bladder syndrome,' a painful condition that often requires continuous medical care. This syndrome can cause symptoms like trouble holding urine and incontinence, which may lead to bladder ulcers, and can also cause damage to the kidneys. Anyone experiencing these issues should consult a healthcare professional right away.

From October 2024 to September 2025, 46 adults in Shropshire cited at assessment that ketamine was one of the top 3 substances that they experience issues with. There has been a gradual increase across the rolling 12-month period shown, rising from 33 in rolling year April to 46 by September (39% increase).

Chart below showing the number of times that ketamine has been cited as a top 3 problem substance, Shropshire, April to September 2025, rolling 12 months. **No data recorded for July 2025.** Source: NDTMS



The growing use of ketamine in Shropshire has already been brought to attention, and efforts are underway to provide essential information to a range of professionals. For instance, a workshop took place in January 2026 for professionals. There were 152 who attended the live webinar and 75 registered to receive the recording following.

Client and Stakeholder Engagement Exercise

To ensure this assessment reflects real-world experiences an engagement exercise took place in late 2025. Responses were invited from stakeholders; professionals who engage with the service, in any capacity, and clients who engage with the service, in any capacity, to share their insights. This took the form of online surveys and workshop discussions in the region.

The survey for professionals was open from mid-October to early December 2025 and a total of 84 stakeholder responded. It was widely promoted by Shropshire Council using a range of methods and professionals working in, and with, drug and alcohol services were asked to participate. Those engaged in the project included those working in social care, housing, police and probation and the wider criminal justice system, those working in the NHS including mental health services, voluntary and community sector professionals and many more.

Professional Engagement

Q1: How did stakeholders rate the ease of the referral process?

All participants responded. Half found referring to the drug and alcohol service easy, while 33% were neutral and 17% found it difficult. These results suggest the referral process is generally viewed positively, indicating users receive appropriate initial support.

Figure 2

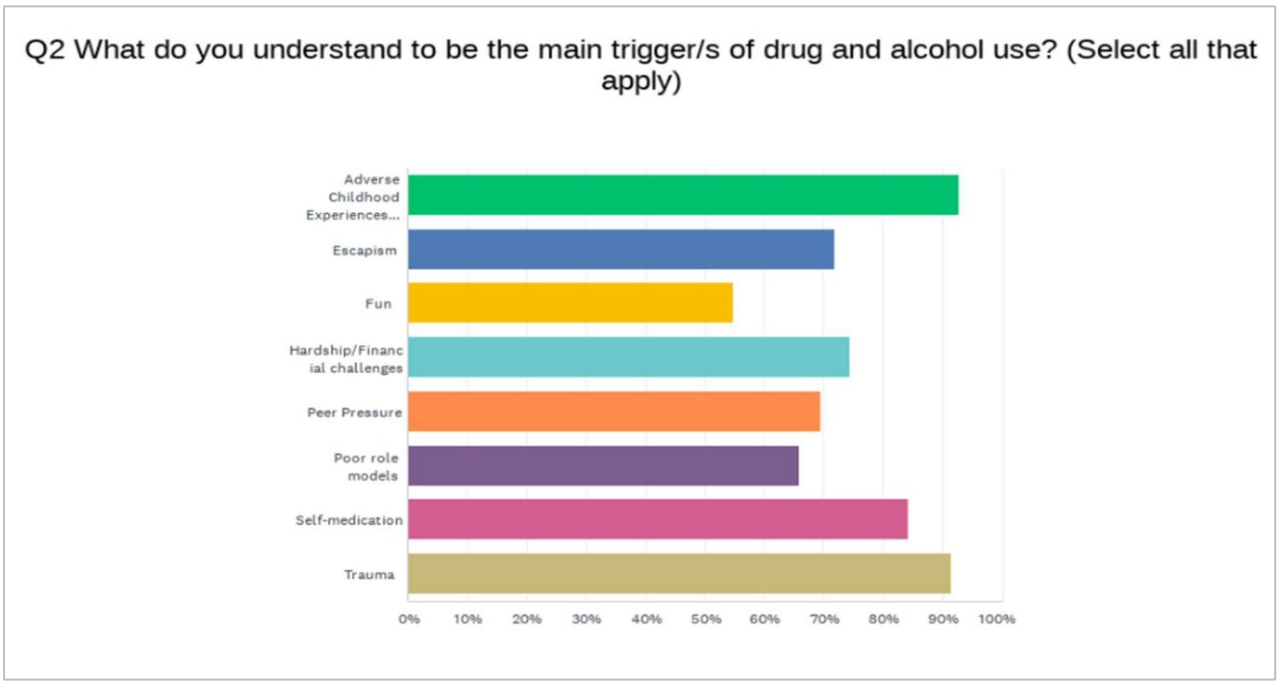


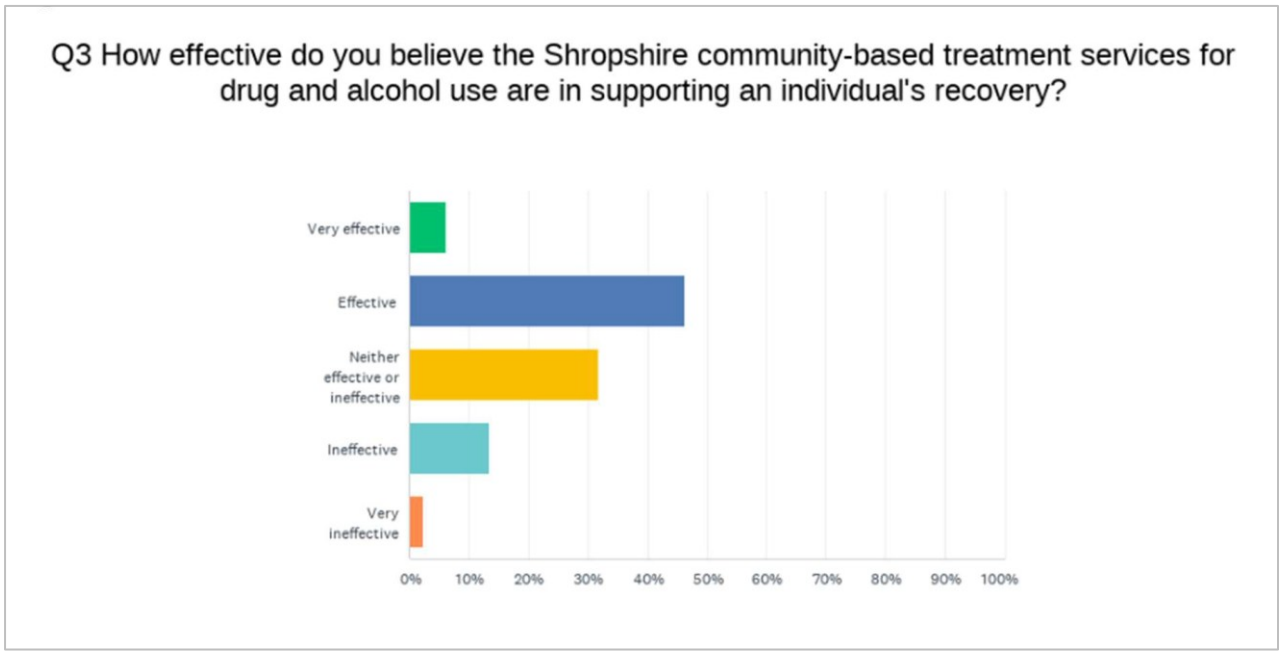
Figure 2 highlights that most stakeholders identified Adverse Childhood Experiences (ACE) and Trauma as the primary triggers for drug or alcohol use, with 76 and 75 responses respectively. Other factors such as escapism, financial issues, self-medication, poor role models and fun were also mentioned.

This question allowed for further insight into the why of drug and alcohol use, and several comments are shown below:

- *'Availability'*
- *'homeless / housing', 'Homelessness'*
- *'Isolation: poverty of expectation'*
- *'All of the above, plus mental health'*
- *'Exploited'*
- *'Loneliness'*
- *'Self-medication for mental health needs'*
- *'Depression'*
- *'Stress - work related or family relationships'*
- *'Exploitation, generational normality, curiosity'*
- *'Boredom and isolation'*

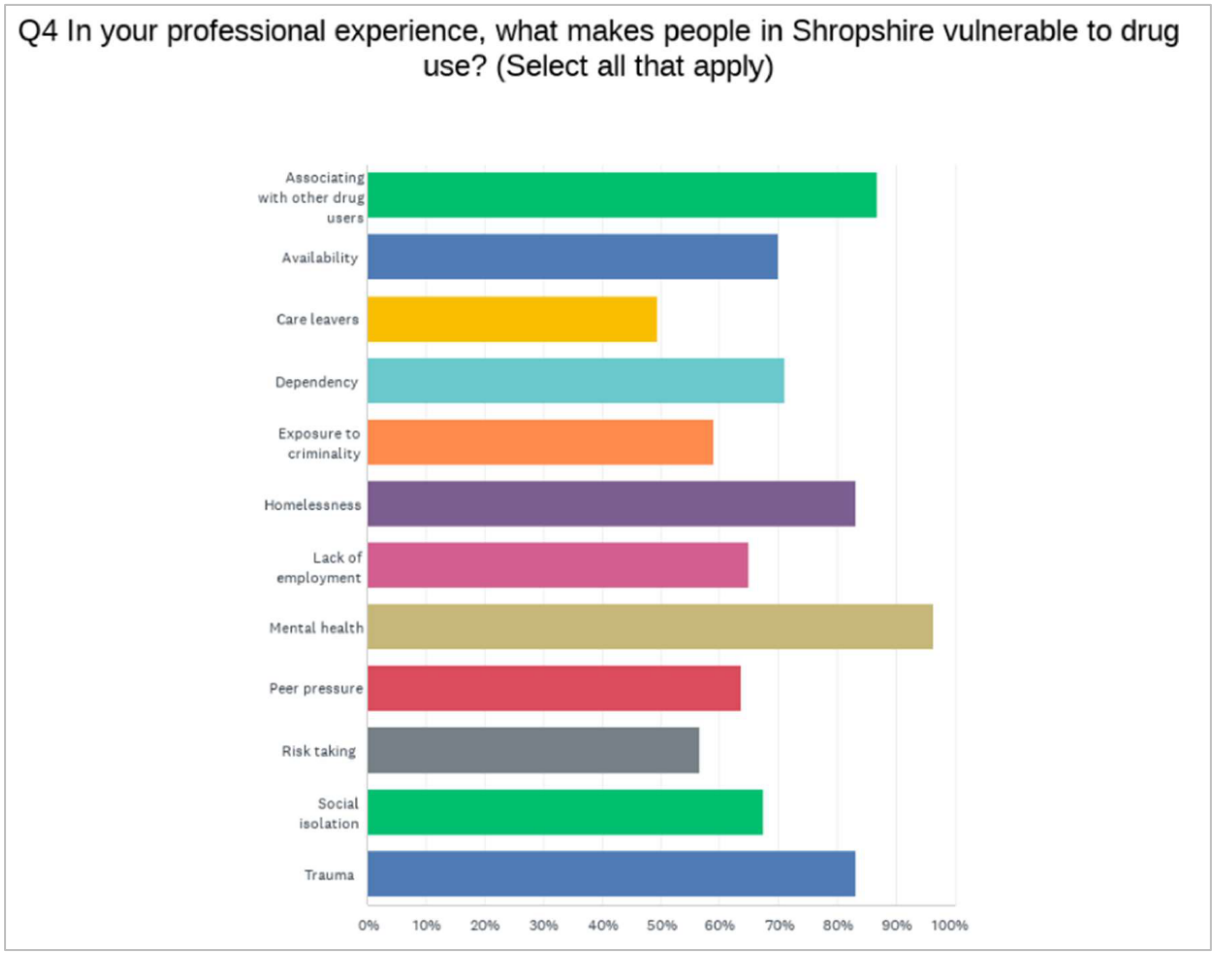
The comments indicate that mental health and wellbeing are central triggers, often linked with other factors such as trauma, homelessness and escapism.

Figure 3



Of 82 responses, 46% found treatment services effective, 31% were neutral, and under 14% considered them ineffective. Overall, community-based treatment is seen as beneficial for recovery.

Figure 4



Mental health was cited by 96% of respondents, with trauma also significant at 83%. Homelessness was more prominent, indicating a direct link between homelessness and drug use in Shropshire.

There was also the option to give further opinions, and these are shown below:

- *'National tolerance'*
- *'small area and people know one another etc'*
- *'Stress - work related relationship breakdown'*
- *'Relational peer drug and alcohol use, exploitation, shared trauma and trauma bonding'*

Figure 5

Mental health is the leading factor in alcohol use, cited by 98% of respondents. Availability, homelessness, dependency, social isolation, and trauma were all identified at similar rates (around 77 to 78%), showing the strong links between these triggers.

Further comments are below:

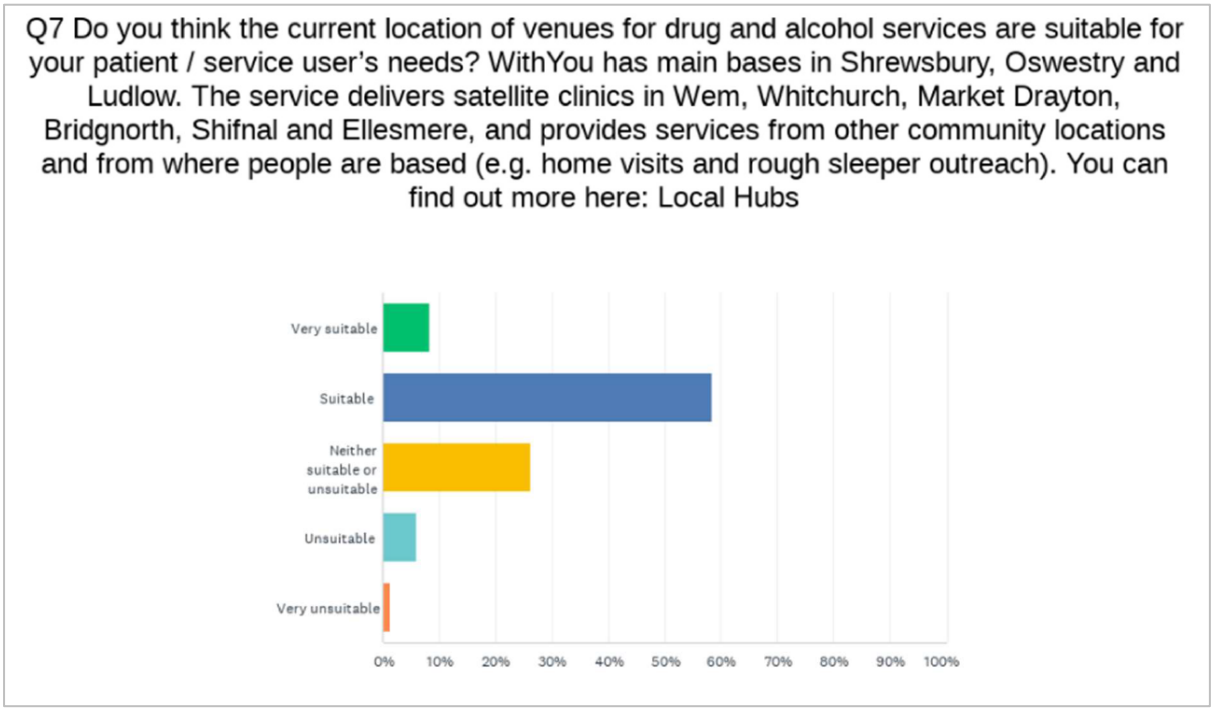
- *'Rural isolation'*
- *'availability - local shops having discounted alcohol by the tills'*
- *'Self-medicating''*
- *'Stress - work related fracturing of family relationships bereavement'*
- *'Being in employment they are not happy with. Disillusioned with life. Stress'*

Question 6 asked professionals whether there are hidden demographics of drug and alcohol users. Of 51 respondents, the main theme was that functioning adults - those employed and seemingly coping - make up this hidden group, representing 31% of responses.

This assertion is backed up by comments below:

- *Individuals who function well in their careers, but manage to conceal their alcohol/drug use from employers and others*
- *Professionals: Acceptable as they continue to function within society and employment.*
- *There will be functioning addicts many of whom work and mask their dependency*

Figure 7



Question 7 asked professionals about the suitability of venues for drug and alcohol service users. Figure 7 shows that 58% found the venues suitable, while 6% and 1% considered them unsuitable or very unsuitable, respectively. 26% were neutral. All respondents answered, providing a clear consensus.

Some further feedback includes:

"home appointments should also be available for those who struggle with social interaction."

"for the majority it is appropriate, but some alternatives need to be available, especially to protect service users who are both influenced and/or bullied into using."

"Having the Satellite service is brilliant as many from these smaller towns will struggle to commute due to financial\ mental health issues. I think you would have a much better understanding of a person's situation to visit them in their own environment although I do acknowledge the risks involved with this. I believe as in many other Health services Lived Experience workers are the way to get a richer engagement and gives more hope for better outcomes."

Although the hubs are generally considered suitable, many comments (31%) indicated a need for more locations, suggesting the current model is effective but could be expanded to improve access. Rural areas were specifically highlighted (22% of comments), with concerns about limited service and transport barriers.

Question 9 asked professionals to rate the effectiveness of the referral process, communication, waiting times, quality of care, opening times, and partnership working. All categories were viewed as effective except for partnership working, which received a neutral rating. Overall, these results support that the service performs its intended functions well.

Question 10 asked professionals about gaps in provisions or opportunities for improvement. Of 88 participants, only half responded, which limited feedback. The main themes identified were collaboration and specialised care, each mentioned in 20% of responses. Some comments on collaboration are included below.

- *Improved communication with other healthcare workers.*
- *Services don't always update other professionals involved in support of the service users, when relevant.*
- *We would benefit from a shared protocol of integrated care with mental health services, this has been difficult to move forwards.*

These comments indicate a strong desire for collaboration across various parts of the service, including among healthcare workers and service providers. Collaborative work can provide a fuller understanding of a service user's needs and improve service delivery.

Comments addressing specific care gaps are as follows:

- *Engagement post period of detox.*
- *There needs to be a quicker response and offer of support to those individuals leaving hospital wanting recovery.*

Other themes that came out of the comments were the need for better communication, a reduction in staff turnover and an increase in staff to meet the need.

Question 11 asked if the wider partnership of services in Shropshire work effectively with the drug and alcohol service. Of the 84 professionals who responded, both 'Yes' and 'Don't know' received 30 responses each, while 'No' received 24.

The following question gave professionals a chance to elaborate. Of the 29 responses, 16 comments (55%) aligned with 'No'.

Feedback noted that where relationships are established - particularly with SRP - referral pathways, collaboration, and multiagency working are effective and continuing to improve, though awareness, feedback mechanisms, and integrated provision could be strengthened. Some highlighted inconsistent staffing and fragmented service coordination, particularly poor joint working between substance misuse, mental health, housing, and wider health and social care services, which can result in exclusion, disengagement, and missed opportunities for holistic support. Agency working is effective and continues to improve, though awareness, feedback mechanisms, and integrated provision could be strengthened.

Only 18 professionals responded to the final question on drug and alcohol service commissioning, while 66 did not. More responses would have provided greater insight, but the replies did reveal several themes.

- *SRP is a great service, never heard any negative feedback from service users I work with*
- *More carers support and dementia expertise required*
- *Need to work closer together*
- *Joint working with mental health services and social care is essential for positive outcomes*
- *I think services would benefit from addiction specialist psychiatric input access to drug/alcohol rehabilitation beds closer to home*
- *I am certainly meeting people who would benefit from this support on a regular basis, the leaflets are a good place to start and I really hope to use this service*
- *There should be drug and alcohol support workers based in all of the homeless centres able to give advice and support*

The consensus in these comments is that specialised support is needed, whether that is addiction, specialist psychiatric input, coaching or meeting more frequently. The rest of the responses suggest that more collaboration is needed and there are some negative comments.

Engagement with service users

Insights from service users were collected through workshops held in the Central, North, and South regions, involving group discussions and one-to-one conversations (10 participants in Central, 8 in North, 7 in South). These workshops, designed for individuals personally using the services, featured questions similar to those in the online stakeholder survey but were adapted to encourage natural and honest responses.

Question 1 - **How was your experience referring into the drug and alcohol service in Shropshire?**

Overall, most service users found GP referrals to be the most common and straightforward method for accessing drug and alcohol support services, although some found self-referral easier. Experiences varied, with most participants reporting that entering the service was simple and direct, whether referred by a professional or through their own initiative. Some users noted that accessing GP resources could be more challenging in certain areas, but the consensus was that referral processes were accessible and uncomplicated.

Question 2 - **How effective do you feel the treatment services are in supporting with recovery?**

Most comments are positive, praising the SRP service, staff dedication, and impact on recovery. However, there are calls to improve specialist support for carers and people with dementia, strengthen collaboration among services, increase access to psychiatric input and

rehabilitation beds, and add support workers in homeless centres. The overall view is optimistic but suggests further integration and development are needed.

Question 3 - **How suitable do you feel the current location of venues for drug and alcohol support services are for people who need them?**

Feedback on drug and alcohol support service venues is largely positive, with locations seen as accessible and free parking often available. Some concerns remain about parking costs, distant group sessions, or feeling self-conscious when attending. There is also a call for more service hubs to improve convenience and flexibility, ensuring access for everyone.

The following questions were prompt questions in case the subjects hadn't been discussed before. The service users were asked further about communication, waiting times, opening times and quality of care.

Communication

Service users generally find communication effective, appreciating reminders by text, email, or letter, and responsive staff who often check in and reply the same day. Flexibility and regular contact are valued, especially during sensitive times like detox, and staff will follow up on missed appointments. Most comments are positive, with some mixed feedback, but overall communication helps keep users engaged and informed.

Waiting lists

Service users generally found waiting times for drug and alcohol support acceptable, with most waiting between one and two weeks, and some able to choose appointment times. However, there were a few reported delays of up to two months for specialist placements.

Opening times

Service users feel group schedules are generally suitable and adaptable, but strongly agree that weekend and late-night openings would provide vital support, especially for those struggling with binge drinking. Expanding hours is seen as beneficial and likely to be well attended.

Quality of care and partnership working

Service users appreciated the collaborative approach between departments, noting that having a key worker advocate for them at meetings was reassuring. Referrals for work advice were valued.

Are there any areas where you feel the service could be improved, or where something might be missing?

Service users would welcome more sessions and longer opening hours to boost motivation. Suggestions include budgeting and life skills advice, stricter admissions, female-only groups, ad-hoc drug testing, and improved aftercare. Managing staff turnover and regular key worker appointments are seen as important, with positive feedback on the welcoming facilities.

Question - **Any other experiences, reflections or ideas to help inform the commissioning of drug and alcohol services**

Clients valued regular key-worker appointments and support in managing addiction, both at home and away. Some suggested a female - only group would be helpful but not essential and highlighted a need for more mental health support. Stability in the workforce was seen as important, as frequent staff changes could disrupt continuity of care.

Appendix

1. The analysis of alcohol-specific hospital admissions presented in the following charts is derived from local data extracts from the Secondary Uses Service (SUS). SUS is a data warehouse that stores patient level data for the NHS in England. This analysis uses the financial year of patient admission and follows the NHS England "Alcohol Specific Admission Episodes" methodology, which considers ordinary admission episodes with valid patient sex and age, and a record of a wholly alcohol-attributable diagnosis code (ICD-10) in any of the diagnosis fields shown below.

ICD-10 code	Description of condition
E24.4	Alcohol-induced pseudo-Cushing's syndrome
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K85.2	Alcohol-induced acute pancreatitis
K86.0	Alcohol-induced chronic pancreatitis
Q86.0	Fetal-induced alcohol syndrome (dysmorphic)
R78.0	Excess alcohol blood levels
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Source: Office for National Statistics