

Drug and Alcohol Joint Strategic Needs Assessment (JSNA) Summary

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What is a JSNA (Joint Strategic Needs Assessment)?

“A shared assessment of local health and wellbeing needs”

What is it?



- Combines data and community insight
- Shows the “big picture” of need

What does it look at?



- Health outcomes (physical and mental)
- Wider determinants (housing, employment, deprivation)
- Service use and access
- Inequalities across groups and access

What is it used for?



- Identifies key issues and unmet need
- Highlights who is most affected
- Provides evidence for priorities and decisions

Who it involves?



- Local authority
- NHS partners
- Community and voluntary sector

Why does it matter?



- Ensures decisions are evidence based
- Targets resources where need is greatest
- Helps reduce health inequalities

Key message



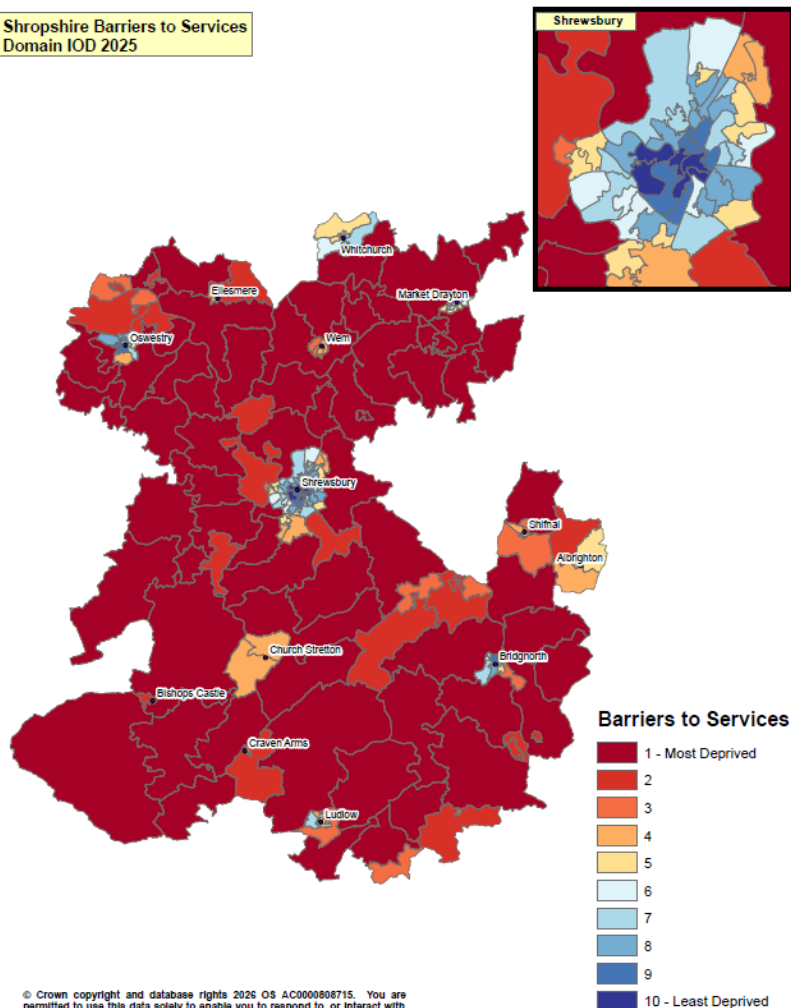
The JSNA tells us:

- What are the problems?
- Who needs support?
- What should we do next?

Risk factors, deprivation and rural inequality

Index of multiple deprivation – Barriers to Housing and Services

Shropshire Barriers to Services
Domain IOD 2025



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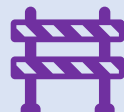
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52% less deprived than
England
(overall IMD position)



57.4% rural population



Most deprived LA for
service access
(Barriers to Housing and Services)



31.8% of LSOAs in 10%
most deprived for access

Low overall deprivation – but high rural access inequality

Shropshire is generally less deprived than England overall, but many communities face barriers to housing, services and transport that shape access to drug and alcohol support

Why this matters for treatment access



Only 55.9% of households can access a GP within 15 minutes by walking or by public transport

Distance, transport and service access are key drivers of unequal engagement with drug and alcohol support in rural communities

Drugs



Alcohol



Prevalence

1,366
OCU users
aged 15-64
rate of **7 per 1,000**,
lower than nationally
2022/2023

58%
unmet
Need

England 53%

3,009
Alcohol
Dependent adults
(18+)
rate of **11.4 per 1,000**,
lower than nationally
2019/2020

69%
unmet
Need

England 73%

Burden

**Drug misuse
poisoning
admissions**

14.7 per 100,000,
England **17.5** per
100,000
2023/2024

33

Drug misuse deaths

3.7 per 100,000,
England
5.8 per 100,000
2022-2024

**Alcohol specific
conditions
admissions**

392 per 100,000,
England **612** per 100,000
2023/2024

40

Alcohol specific
mortality

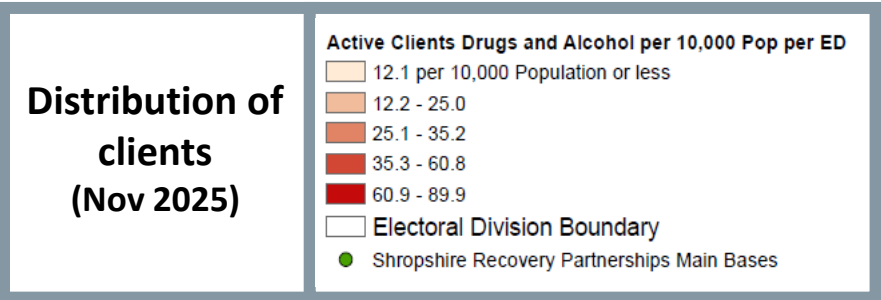
11.2 per 100,000,
England **13.8** per 100,000
2024

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

Drug and Alcohol Clients

Adults, April 2024 – March 2025

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



960
in
treatment
for support
with drugs

655
in
treatment
for support
with alcohol



895 new presentations,
49% drug and **51% alcohol**



21% of those in treatment had an unmet mental health treatment need
(22% in England)



37% were in paid work
(29% in England)



22% of adults in alcohol treatment are living with children
(England 21%)



41% successfully completed treatment
(England, 46%)



2% of adults waited more than 3 weeks for drug and/or alcohol treatment
(England, 1%).



41% non-opiate users successfully completed
(England, 49%).



32% opiate users successfully completed
(England, 23%).



47% alcohol-only users successfully completed
(England, 58%).

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)

What is working well in Shropshire



More adults accessing treatment

1.2% increase year on
year

(April 2024 – March 2025)



More CYP supported

115 CYP accessed
treatment
(28% increase)

(April 2024 – March 2025)



Fast access to care

Only 2% waited over 3
weeks for treatment.
Better than previous
years, and similar to the
national average



Strong alcohol- only treatment engagement

Higher alcohol entry
than England



Strong engagement with under 14's

Higher proportion than
nationally



Employment outcomes

Higher employment
rates among people in
treatment.
Higher than nationally



Improving mental health support

Unmet mental health
need reduced to 21%

(between 2023 and 2025)



Targeted housing investment

RESET and supported
accommodation options,
strengthened links with
housing providers



Accessible harm reduction

Needle syringe
programme coverage
across north, central and
south Shropshire

Shropshire's areas of need



High unmet drug treatment need

Particularly for crack-only, opiate-only and dual opiate & crack users



Ages 15 to 24

Much higher unmet opiate need than England average



Crack-only unmet need 35 to 54

Higher than England for adults aged 35 to 54



Rural access gaps

Lower engagement in rural areas linked to transport and distance



Mental health need (males)

Higher unmet mental health need, especially ages 18 to 29



Treatment drop-out

More adults leaving treatment than successfully completing



Alcohol and gender inequality

Lower engagement among younger women; higher access later in life



Housing instability (people who use drugs)

Higher housing problems and urgent need compared to people who use alcohol



Male alcohol-related harm

Alcohol related harm remains higher among males

Stakeholder & service user engagement

Challenges

Communication with GPs
Continuity **Staffing**
Dementia support
More support for those who lack capacity **Mental health services**
Rurality **Housing**
Public transport

Opportunities

Increased partnership working Workforce stability
Use of local hubs **Mental health support**
Wellbeing support
More regular appointments with key workers
Male only groups Female only groups
Increased sessions

“SMART groups have been a lifeline. I look forward to coming”

“A level of wellbeing support/mental health support based within the service would be beneficial as so many of the clients have mental health concerns. Opportunities to chat and open-up about mental health/emotional wellbeing would be positive”

Good staff
and service

Opening times
work well

Improved
service helpful
for repeat users

Group sessions
are helpful

Communication is good, they will
text me, email me, write things
down, whatever
works for me to remind me

After service
needs
improvement

Text reminders
before group
meetings are
appreciated

They will check
in if you miss an
appointment.

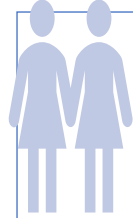
Turnover of
key workers
unhelpful

I have built the
group timing
into my routine

Recommendations



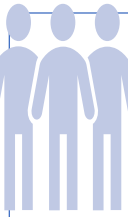
Strengthen the local response to co-occurring mental health need



Strengthen early intervention, prevention and treatment pathways for children and young people



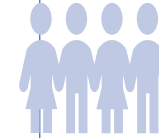
Target unmet need and inequalities more systematically



Sustain specialist provision for people with opiate and crack-related need



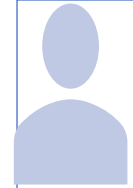
Maintain a strong response to alcohol-related harm



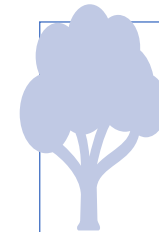
Embed family-focused and safeguarding approaches within treatment pathways



Strengthen whole-system partnership working



Improve retention, successful completion and recovery outcomes



Improve equity of access across rural communities