

Use of a locally commissioned monitoring system to provide intelligence on individuals using drugs and alcohol not captured by existing national surveillance

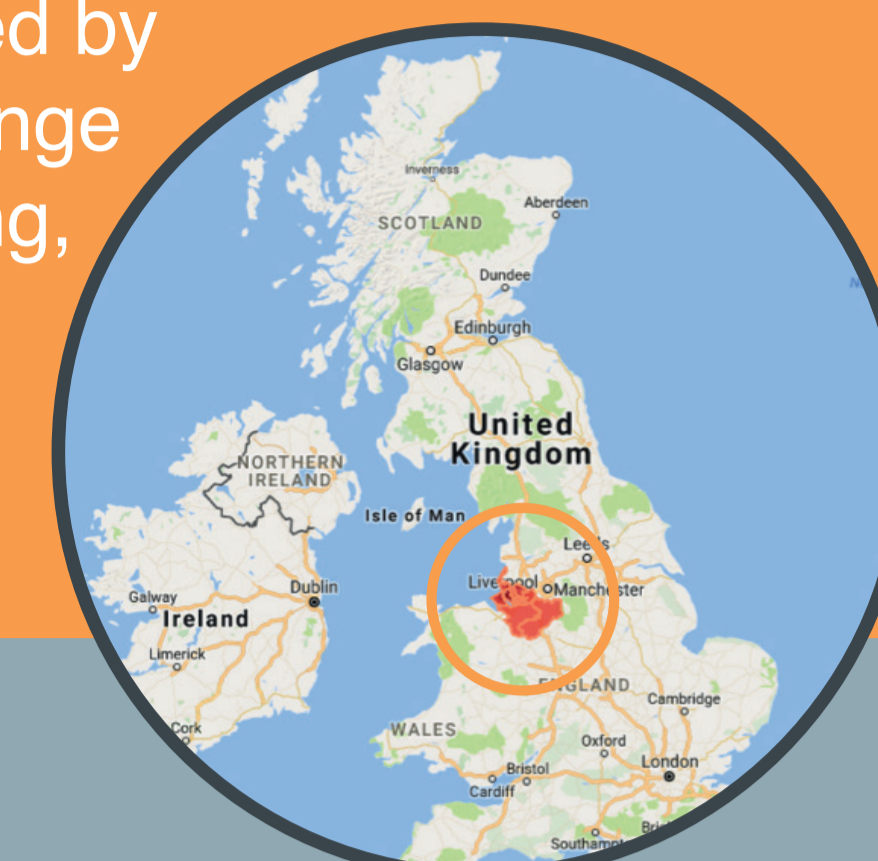


Public Health Institute and surveillance

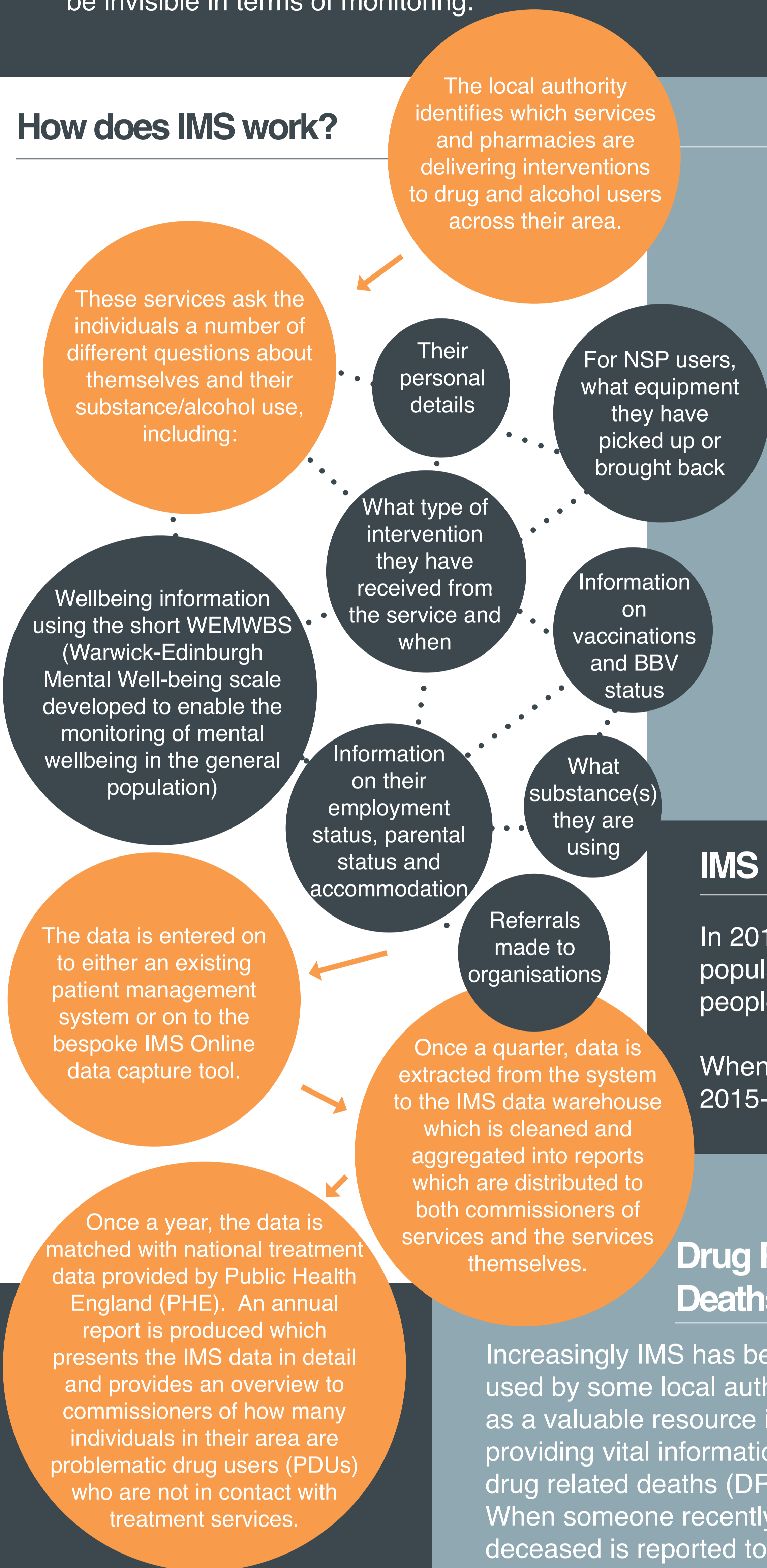
The Public Health Institute (PHI) formerly known as the Centre for Public Health (CPH) is a vibrant research and teaching community working at a local, regional, national and international level. It has provided intelligence on drug and alcohol users to local partners for over 25 years, with a particular focus on individuals who do not present to treatment services. This is of importance given the large number of individuals in drug related death figures who have not been in the “treatment system” for several years, and who would accordingly be invisible in terms of monitoring.

What is IMS?

The Integrated Monitoring System (IMS) is commissioned by nine local authorities to collate data from pharmacies and drug & alcohol agencies across Merseyside and Cheshire, a region in the north west of England with a population of 2.4 million. The information collected pertains to interventions related to drug and/or alcohol use outside of care-planned treatment and which does not get reported by existing national systems. Services might include needle and syringe programmes delivered in both a drug team and a pharmacy setting, and by services offering brief interventions to particular groups of individuals such as recovering drug users, sex workers and homeless people.



How does IMS work?



Who might IMS tell us about?

The majority of individuals who appear in the IMS dataset do not appear in national treatment data. These are some of the groups for which IMS provides detail and context.

- Problematic drug users not currently in drug treatment.** When IMS data is cross-matched to NDTMS data (which monitors individuals in care-planned treatment), more than half of individuals reporting to IMS and using opiates (52.6% in 2015-16) are not in treatment.
- Individuals using steroids / IPEDs.** Over half of individuals presenting to Needle and Syringe Programmes (53.5% in 2015-16) identify steroids or IPEDs as their primary substance. This group of drug users do not appear in existing monitoring systems which focus on drug treatment.
- Individuals in treatment but currently injecting.** The proportion of opiate users accessing NSP services who are also in treatment is 47.4% (2015-16). This indicates higher levels of injecting from individuals in treatment than national data would suggest.
- Individuals using new substances (NPS).** Data on Novel Psychoactive Substances (which used to be called “legal highs”) are a challenging new area for existing monitoring systems to capture. IMS’s bespoke NPS module has captured data on 143 instances of NPS being used over the course of a year in one local authority area alone.

IMS Figures 2015 -16

In 2015-16 activity was recorded in IMS for 26,197 separate individuals a prevalence of 10.7 people per 1,000 for the population of Cheshire and Merseyside. Of these individuals 70% (18,433) were injecting drug users, a rate of 7.5 people per 1,000 population.

When matched to data from both NDTMS and Drug Interventions Programme (DIP), the combined client group in 2015-16 was 42,335 unique individuals, a prevalence rate of 17.3 per 1,000 population.

Drug Related Deaths

Increasingly IMS has been used by some local authorities as a valuable resource in providing vital information on drug related deaths (DRDs). When someone recently deceased is reported to the local DRD monitoring system by either a treatment agency or the coroner, their details are matched against IMS data to provide an overview of the individual’s contact with low threshold providers before their death. This contact might include them receiving brief interventions relating to their substance use or syringe exchange transactions, and provide some narrative to their structured treatment record which might indicate that the individual stated they have never injected. The IMS data helps to provide a more comprehensive picture of the individual’s life in the period prior to their death.

IMS Online

IMS Online is a bespoke web based tool which captures the IMS data items and can be used on PC, tablet or mobile devices. It is primarily used by services who do not currently have a robust monitoring system in place and might be otherwise reliant on storing data on Excel spreadsheets or Microsoft Access databases. The system is modular and is designed to only capture information relevant to the service using them (for instance, the NSP module will be turned off by default for services who do not offer syringe exchange) but will flag missing and incomplete information to staff at the point of data entry. The system also has inbuilt reporting, mapping to allow services to visualise their data geographically and the ability to produce a local data extract in order to interrogate the data in more detail.



Glossary

IMS: Integrated Monitoring System, used to capture “low threshold” interventions delivered to individuals with issues around substance or alcohol use outside of a treatment setting. Locations where these interventions might be delivered include NSPs, support and recovery services.

IPED: Image and Performance Enhancing Drugs, including anabolic steroids, growth hormones, peptide hormones and other drugs to increase muscularity and modify appearance.

NSP: Needle and Syringe Programme. NSPs are a type of harm reduction initiative that provide clean needles and syringes to people who inject drugs (sometimes referred to as PWID). The World Health Organization (WHO) recommends providing 200 sterile needles and syringes per drug injector per year, in order to effectively tackle HIV transmission via this route.

NDTMS: The National Drug Treatment Monitoring System collects, collates and analyses information from and for those involved in the drug treatment sector. The NDTMS is a development of the Regional Drug Misuse Databases (RDMDs), which have been in place since the late 1980s.

NPS: Novel Psychoactive Substances, newly used designer drugs (“internet drugs”, “research chemicals”, “legal highs”) potentially posing similar health risks to classic illicit substances.

Award

The Integrated Monitoring System (IMS) was recognised as a shortlisted finalist in the ‘Best example of advancing local NHS systems for innovation’ category at the 2015 North West Coast Research and Innovation Awards.



RSPH programme

IMS is featured in the Improve and Protect programme produced by the Royal Society of Public Health (RSPH) and ITN Productions. The programme explores some of the nation’s major public health challenges and initiatives taken in the sector with the aim of heightening awareness among policy makers, politicians and the wider public.

