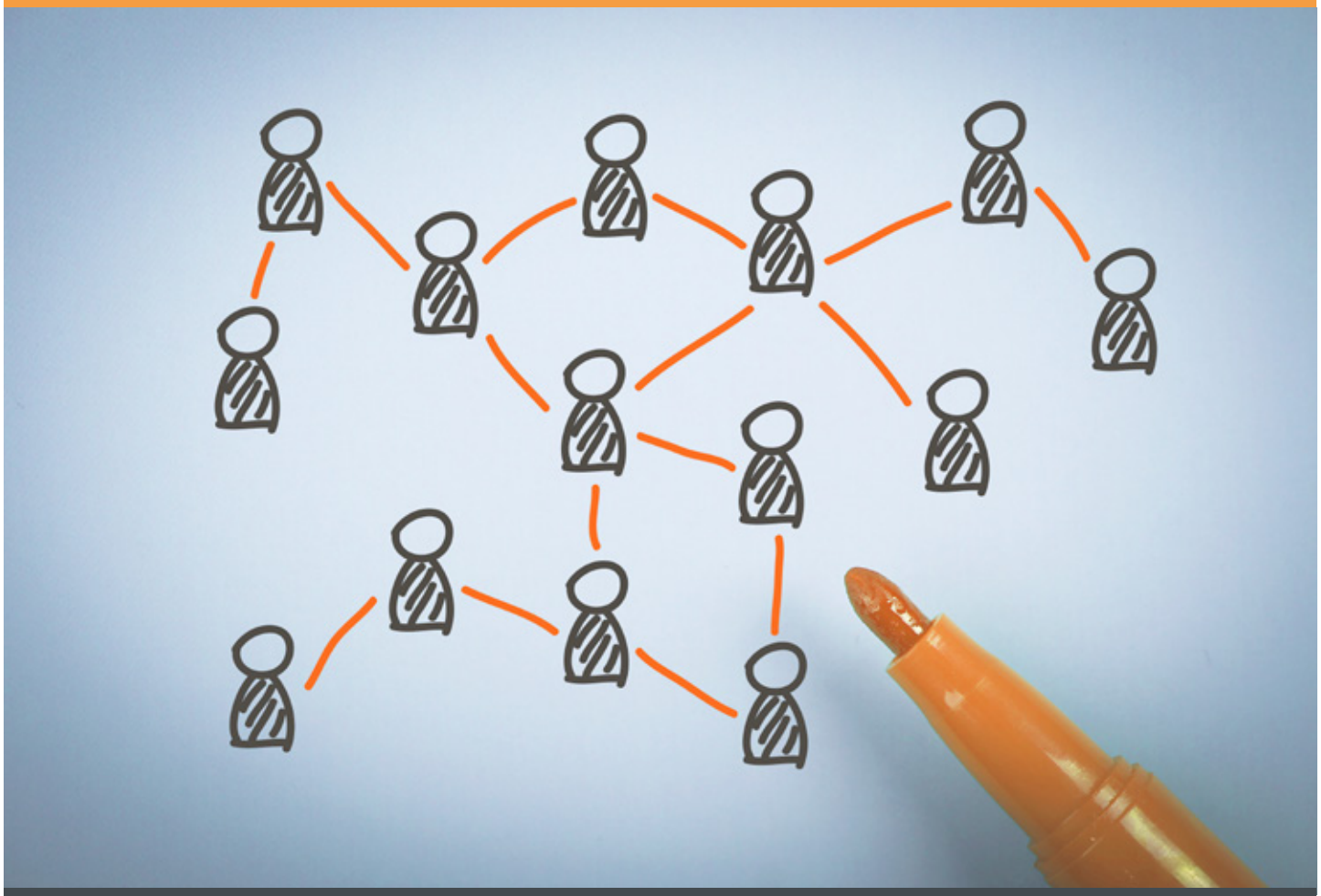
IMS
integrated monitoring system

Integrated Monitoring System
Annual Report

Cheshire and Merseyside 2014/15

December 2015

Mark Whitfield, Howard Reed, Rebecca Harrison and Jim McVeigh



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PREVIOUS REPORTS

The Alcohol Treatment in Cheshire and Merseyside report series

This *Integrated Monitoring System Annual Report Cheshire and Merseyside 2014/15* report is adapted from a series of reports that highlight intelligence on drug and alcohol treatment in Cheshire and Merseyside. The previous reports were:

- Alcohol Treatment in Cheshire and Merseyside, 2004/05 (Brown et al., 2006)
- Alcohol Treatment in Cheshire and Merseyside, 2005/06 (McVeigh et al., 2006)
- Alcohol Treatment in Cheshire and Merseyside, 2006/07 (McCoy et al., 2007)
- Alcohol Treatment in Cheshire and Merseyside, 2007/08 (McCoy et al., 2009)
- Alcohol Treatment in Cheshire and Merseyside, 2008/09 (McCoy et al., 2010)
- Alcohol Treatment in Cheshire and Merseyside, 2010/11 (Hurst et al., 2012)
- Alcohol Treatment in Cheshire and Merseyside, 2011/12 (Hurst et al., 2013)
- Drug and Alcohol Treatment in Cheshire and Merseyside, 2012/13 (Whitfield et al., 2013)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2013/14 (Whitfield et al., 2014)

All the reports above are available at: www.cph.org.uk/publications

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EXECUTIVE SUMMARY

This publication is the second report for the IMS (Integrated Monitoring System), which includes information previously reported in the "Alcohol Treatment in Cheshire and Merseyside" and IAD (Inter-Agency Database) NSP (Needle and Syringe Programme) reports, alongside information on drug and alcohol use in the region. Despite financial pressures which local authorities continue to face, the monitoring system continues to expand and several new providers have commenced reporting in the past year.

During the 2014/15 reporting period, 52 drug and alcohol services (including those offering Needle and Syringe Programmes) and 94 pharmacies from throughout the region reported attributable information (i.e., containing a client's initials, date of birth and gender), with data being received from 146 different contributing sites in total (an increase from 139 in 2013/14). Overall, 195,630 interventions, transactions or referrals to other agencies were delivered to 31, 246 individuals, alongside a further 13,991 screenings delivered to both service users and the general public by pharmacies and agencies throughout the Wirral. This is a substantial increase on figures for the same period last year, with the number of individuals reporting to the system increasing by 26.3%.

The treatment population for IMS reporting services combined (including NSP services) was mainly male (84%), identified themselves as White British (93.5%) and were aged between 30 and 44 years (50%). For non-NSP services, there were again significantly more males attending (72.5%) than females, with over two in five (41.2%) individuals aged between 30 and 44 years, and likewise identifying largely as White British (93.1%). Alcohol was the most commonly reported problem substance for those receiving brief interventions (52.9%), while Steroids and Performance and Image Enhancing Drugs (PIEDs) was the primary substance named by those presenting to NSP services (57.3%), accounting for some but not all of the skew towards males in the demographic breakdown.

NSP services in particular have seen a significant increase in both individuals attending and overall activity, with increases of 37.8% and 88% respectively. Steroid and PIED users have contrasting profiles to opiate and alcohol users, with much higher levels of employment and substantially lower numbers identifying urgent housing issues. There is little crossover in substance use between the two groups.

The incidence of risky drinking has decreased on the Wirral with 13.4% of individuals identified through AUDIT as dependent drinkers, a decrease from 16.8% in 2013-14.

Most individuals reporting to IMS do not appear in the NDTMS dataset, ranging from an estimated 6% cross-matched in Knowsley to 21.5% in Sefton, with an average of 14.9%. The number of people in the complete dataset for all levels of intervention, IMS, NDTMS and DIP, has risen accordingly by 17.2%.

INTRODUCTION

This publication details the results of the IMS across Merseyside and Cheshire over the period of the 2014-15 financial year along with an overview of significant developments in terms of policy and publications in the field of drugs and alcohol research. Although there have been ongoing issues with accessing data for matching purposes from Public Health England (PHE), we have still been able to provide estimates of total numbers of presenting individuals by local authority which are displayed towards the end of this report, and which are a valuable tool for local authorities in estimating prevalence of substance use across their areas.

IMS continues to grow with an increasing number of services and pharmacies reporting to the system year on year for the third consecutive year. The levels of data quality have continued to improve and the number of data items reported by services has again expanded so that the dataset is more representative of the client base on which it reports. With the move to electronic reporting by many pharmacies, it is anticipated that data quality and completion will further improve for next year's report.

The non-structured monitoring systems provided by CPH include the data from systems formerly known as ATMS (Alcohol Treatment Monitoring System), NSTMS (Non Structured Treatment Monitoring System, recorded using the GOLIATH system) and IAD (Inter Agency Database), which cover interventions delivered from low threshold drug, alcohol and syringe exchange services.

While the varying systems have been merged into one unified dataset, this report is split into sections so data for each respective part of the dataset can still be identified and analysed individually. There is an appendix section at the back of the document which provides a more detailed breakdown for some sections.

The estimated cross matched figures show the significant contribution IMS data makes to the overall picture of drug and alcohol use across the region, in some areas exceeding the total numbers presenting to structured treatment and illustrating the importance of delivering and monitoring interventions to individuals presenting at all levels of need, which assists both commissioners and providers themselves with the tailoring of services towards population need. Wirral AUDIT screening data are again included in a separate section.

This is the first year we have included a small section on wellbeing which as yet does not show clear results – this is partly due to the small number of services using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) tool which forms part of the IMS but also because of the transient nature of much of the client group when compared to those in structured treatment which makes ascertaining change over time difficult. We will monitor this over the coming year.

METHODOLOGY

Data for this report is taken from services (agencies and pharmacies) reporting to the IMS using either IMS Online or their own data collection system. All individuals receiving brief intervention, referral or syringe exchange services between 1st April 2014 and 31st March 2015 have been included. Additional data has been used from NDTMS in aggregated form using publicly available figures, and Wirral AUDIT monitoring.

All client records included in the IMS data set require a full attributor (initials, data of birth and gender) and client consent for their information to be shared with us. The client birth date may not be under 10 years of age. An individual may present to the same service for the same intervention type a maximum of once per day.

Throughout the report the 'client total' figure within tables represents the total 'unique individuals' within the dataset. An individual may appear within multiple local authority areas, so therefore the client total may be less than a sum of all local authorities.

SETTING THE SCENE

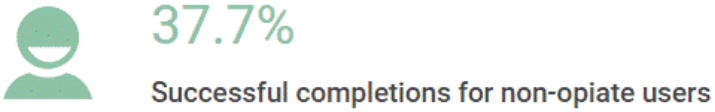
The health and socioeconomic impacts of substance misuse are widespread. Misuse of alcohol and drugs and its related issues place great burden upon health services and health providers as well as impacting upon health and wellbeing (both physical and mental), relationships, wider society and the economy. Evidence suggests that the social and economic costs of alcohol and drug misuse in England may equate to £36 billion: £21 billion for alcohol related harm including approximately £7billion in lost productivity in the UK (absenteeism, unemployment and premature deaths) (Home Office, 2012; The Centre for Social Justice 2013); and £15 billion for drug use including £42.5 million spent by social care services to look after children of drug users who have been taken into care (The Centre for Social Justice, 2013).[1]

A high proportion of those presenting to health and social care settings have co-existing mental health and substance misuse issues; self-harm and suicide and early mortality is more common in those with co-existing mental health and substance misuse issues (Crome et al, 2009). The Department for Health began looking more closely at psychiatric disorders and substance misuse in 1999. (Crome et al, 2009).

There are four key public health outcomes in the *2013-2016 Public Health Outcomes Framework* (Department of Health, 2013a) under Health Improvement for which data are currently collected that relate to substance misuse:[2]

- 2.15i – successful completion of drug treatment – opiate users
- 2.15ii – successful completion of drug treatment – non-opiate users
- 2.16 – people entering prison with substance dependence issues who are previously not known to community treatment
- 2.18 – alcohol related admissions to hospital – persons, male, female

Overall, in England, when looking at these indicators, the percentage of successful completions for both opiate and non-opiate users has increased from 2010-2013 (6.7% to 7.8% and 34.4% to 37.7% respectively). Data for those entering prison with substance dependence issues who are previously not known to community treatment are currently only available for the year 2012/13, where the figure was 46.9%. Whilst alcohol related admissions to hospital for persons, males and females have both shown increases over the period 2008/09 to 2012/13 (persons – 615 per 100,000 population to 637; males – 806 per 100,000 population to 829; females – 446 per 100,000 population to 465 [although this had decreased from 479 in 2011/12]).



Drug and alcohol service provision are on the whole provided by NHS Trusts and voluntary sector organisations with a small presence from private sector provision. Effective drug and alcohol treatment can reduce harm and increase economic savings but only when delivered by trained and experienced staff who provide care within national guidance frameworks (JCMPH, 2013).

Modern drug and alcohol services aim to address the wider determinants of alcohol and drug misuse and acknowledge that this misuse impacts upon more than just the individual user (JCMPH, 2013). Approaches to tackling drugs and alcohol misuse also emphasise focus upon harm reduction, treatment and recovery (HM Government 2010; HM Government, 2012); and include an integrated and collaborative approach to treatment and recovery, epecially where dependence is apparent (HM Government, 2010; Department of Health, 2013b).

[1] Evidence also suggests that within these figures alcohol misuse is responsible for £11 billion of crime (e.g., drink related crimes and accidents) (Public Health England, 2013a). Alcohol misuse has been identified as being responsible for up to half (approximately 1.2 million) of all violent assaults and 13% of road fatalities that occur in England (Public Health England, 2013a). The National Treatment Agency for Substance Misuse (NTA) (2012) has also estimated that billions of pounds are lost in drug-related crimes as many drug addicts commit crime to fund their substance use.

[2] Further information and data relating to these outcomes and other outcomes can be found at: www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/par/E12000002/are/E06000008/iid/90244/age/234/sex/4

SOME FACTS AND FIGURES SURROUNDING ALCOHOL USE, ALCOHOL-RELATED CONSEQUENCES AND TREATMENT

- In 2013, the directly standardised rate (DSR) of alcohol related mortality in males was 65.4 per 100,000 population; more than double the rate observed in females (28.4/100,000 population http://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/0)
- In 2012/13 in England, there were over one million admissions to hospital where the primary reason for admission was alcohol-related disease, injury or conditions, as well as secondary diagnosis (HSCIC, 2014a). Within these figures, males were more likely to be admitted for alcohol related illness, injury or conditions, making up 65% of overall admissions. However, among under-16s, females were more likely to be admitted for alcohol related illness, injury or conditions (55%) when compared to males.
- The annual amount of alcohol sold per person (aged 16 years and over) rose from 9.5 litres of pure alcohol in 1986/87 to a peak of 11.7 litres in 2004/05, before dropping to 9.7 litres in 2012/13 (www.uktradeinfo.com/Statistics/Pages/TaxAndDutyBulletins.aspx). For 2012/13, this equates to approximately 18 units per week for each person (NICE, 2015a).
- In 2013, more than one in five children in England (approximately 2.6 million) lived with a parent who drank hazardously (The Centre for Social Justice, 2013).
- In England in 2013/14, there were 114,920 adults aged 18-75 years receiving structured treatment where alcohol was cited as the primary reason for treatment (PHE, 2014). Over the same period, 43,530 people successfully completed alcohol treatment (i.e., they were no longer dependent on alcohol) (PHE, 2014).
- Since 1982 the number of licensed pubs has decreased by nearly 20,000 (from 67,800 in 1982 to 48,006 in 2013 - www.beerandpub.com/statistics)

SOME FACTS AND FIGURES SURROUNDING DRUG USE, DRUG-RELATED CONSEQUENCES AND TREATMENT

- In the ten years from 2003/04 to 2013/14 the number of hospital admissions with a primary diagnosis of poisoning by illicit drugs has almost doubled (7,876 to 13,917) (HSCIC, 2014).
- There were 2,367 drug-related deaths in England in 2012, the lowest number since 1994; with 30% of these also citing alcohol in the cause of death (ONS, 2013).
- Most of the deaths relating to drug use appear to be related to injecting drug users. More recently this also includes an increasing number of deaths from legal highs, drug poisoning and drug misuse in addition to deaths related to drug use such as blood borne infections, violence and suicide (Department of Health, 2011).
- When looking at emerging drugs, in the last year, the 2013/14 Crime Survey for England reported that 2.3% of adults aged 16-59 years had taken nitrous oxide (7.6% of those aged 16-24 years); and 0.5% of adults aged 16-59 years had taken salvia in the last years (statistically significant increase from 0.3% in 2012/13) (1.8% of those aged 16-24 years) (Home Office, 2014).
- In England, 2012-13 15,289 under 18's were receiving treatment for primary drug misuse (PHE, 2013b). Over the same period of time, 193,575 adults aged 18-75 years were in contact with drug treatment services (PHE, 2013c)
- Data provided by the NTA suggests that 2010/11 drug treatment prevented 4.9 million offences and that for every £100 invested in drug treatment one crime is stopped (NTA, 2012).

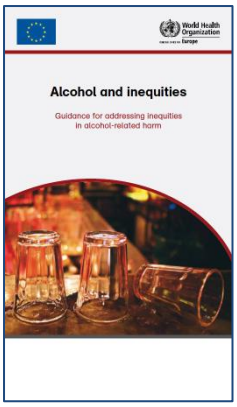
76%

Increase in number of individuals with primary diagnosis of drugs poisoning

1. NATIONAL, REGIONAL AND LOCAL LITERATURE

The following literature to is intended to compliment and add to findings in previous reports by Whitfield et al. (2015) and Whitfield et al. (2014), and provide examples of recent policy and guidance.

1.1. ALCOHOL



Alcohol and inequities Guidance for addressing inequities in alcohol-related harm (World Health Organization, 2014)

The policy brief is aimed at public health professionals and policy-makers and looks at tools and guidance to support the design and implementation of policies (at local, regional and national levels) to address health inequalities in relation to alcohol-related harm; and also to work towards the implementation of the Health 2020 vision. It forms part of a series looking a priority public health challenges that face Europe – the others being tobacco, obesity and injury

It draws on key evidence, including from the WHO Regional Office for Europe's Review of social determinants and the health divide in the WHO European Region. It also sets out practical options to reduce the level and unequal distribution of alcohol-related harm in Europe, through approaches that address the social determinants of alcohol misuse and the related health, social and economic consequences.

www.euro.who.int/en/publications/abstracts/alcohol-and-inequities.-guidance-for-addressing-inequities-in-alcohol-related-harm-2014

Responsibility Deal Alcohol Network. Pledge to remove 1 billion units of alcohol from the market by end 2015 – First interim monitoring report. (DH, 2014)

This first interim report of the Responsibility Deal Alcohol Network explores how the number of unit of alcohol sold between 2011 and 2012 in the UK has changed. Specifically it looks at how much of this change can be improving customer choice with the provision of products with lower alcohol.

The report highlights that between 2011 and 2012 there was a reduction of 1.3 billion units of alcohol sold that could be attributed to a combination of three factors: overall size of the alcohol market; the relative market share of different product categories (i.e. beer, cider, wine, spirits and Ready to Drink (RTD)); and the strength of the alcoholic drinks within those categories. It also sets out a number of specific commitments made by individual alcohol retailers and producers as part of their contribution to removing 1bn units of alcohol sold annually.

www.gov.uk/government/statistics/units-of-alcohol-sold

Review of Drug and Alcohol Commissioning – A joint review conducted by Public Health England and the Association of Directors of Public Health. (Public Health England, 2014)

A recent report produced by Public Health England with the Association of Directors of Public Health reviewed the processes involved in local authority commissioning of drug and alcohol services from 2014-2015 and beyond (Public Health England, 2014a). The review aimed to identify where there have been changes to commissioning and its impact on outcomes, together with a look at plans for the coming two years. There were a number of key themes that were identified in the review and they included:

- Reassessing current service provision with the view to recommissioning services from 2014-15 and 2015-16
- A focus upon improving outcomes, with an emphasis upon continuing to move to a recovery model
- Realignments of resources between alcohol and drug services were planned, with alcohol assessed as the greater need
- The integration of drug and alcohol services with wider services such as housing, younger people services, criminal justice, and local health delivery

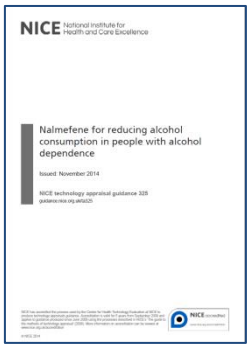
www.adph.org.uk/2014/10/joint-review-public-health-england-and-the-association-of-directors-of-public-health/

Alcohol: preventing harmful alcohol use in the community. (NICE, 2015)

The National Institute for Health and Care Excellence (NICE) quality standards focus upon aspects of health and social care that are commissioned at local levels. This standard aims to provide details on a range of population level approaches to prevent harmful alcohol use in the community by children, young people and adults and is particularly relevant to trading standards, other local authority teams, the police, and schools and colleges. It is expected to contribute to improvements in a number of health and wellbeing-related outcomes:

- Quality of life
- Admissions to hospital – alcohol-related, and admissions for violence or accidents resulting from alcohol
- Alcohol-related deaths
- Antisocial behaviour and violent crime related to alcohol
- Prevalence of harmful and hazardous drinking
- Rates of under-age drinking.

www.nice.org.uk/guidance/qs83



Nalmefene for reducing alcohol consumption in people with alcohol dependence (NICE 2014)

This technology appraisal guidance looks at the potential use of nalmefene as an option for reducing alcohol consumption in those who are alcohol dependent and have a high drinking risk level (defined as alcohol consumption of more than 60 g per day for men and more than 40 g per day for women). The appraisal explored the evidence of the clinical and cost effectiveness of nalmefene as provided by the company manufacturer from which the appraisal committee produced a number of key conclusions:

- nalmefene should be used in those with a high drinking risk level, without physical withdrawal symptoms and also who do not require immediate detoxification.
- nalmefene plus psychosocial support was considered a cost-effective use of NHS resources compared with psychosocial support alone and therefore nalmefene should only be prescribed in conjunction with continuous psychosocial support that focuses upon treatment adherence and reducing alcohol consumption.
- the initiation of nalmefene should only be in those patients who continue to have a high drinking risk level two weeks after undertaking an initial assessment.

www.nice.org.uk/guidance/ta325

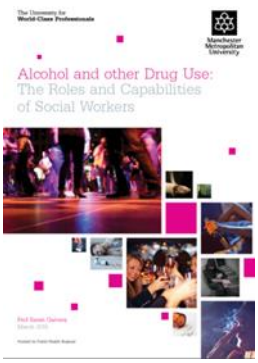
Understanding the alcohol harm paradox in order to focus the development of interventions (Jones et al, 2015)

Researchers at the Centre for Public Health sought to collect more accurate estimates of alcohol consumption levels and patterns in England than previous collection. This was done by conducting a national telephone survey (n=70,397) between May 2013 and May 2014 targeting individuals aged 16 years or older and living in England. In addition to asking participants about their drinking frequencies and quantities on typical days, the questionnaire was designed to elicit recall of non-typical drinking patterns and special occasion drinking.

The aim of this research was to examine whether more accurate estimates of population levels of alcohol consumption may reveal differences in consumption patterns amongst people living in deprived areas compared to those in more affluent areas, and therefore whether they provide an explanation for the apparent alcohol-harm paradox, whereby drinking the same quantity of alcohol has a different effect in deprived compared to less deprived populations. There were a number of findings from the work, which included:

- There is good evidence that people in low socioeconomic status (SES) show a greater susceptibility to the harmful effects of alcohol, but it is not possible to conclude what mechanisms and pathways might underlie this difference in risk.
- SES groups do not differ in the amount and frequency of alcohol drunk across the week, but this analysis of existing household survey data suggested that there are differences in frequency of 'binge drinking', beverage choice, and patterns of heavy drinking.
- The telephone survey suggested that use of adjusted estimates of general population alcohol use is likely to lead to more people being classified at increasing and higher risk from their alcohol use; which has important implications for policy and health service planning and provision.

www.cph.org.uk/publication/understanding-the-alcohol-harm-paradox-in-order-to-focus-the-development-of-interventions/



Alcohol and other Drug Use: The roles and capabilities of Social Workers. (Galvani, 2015)

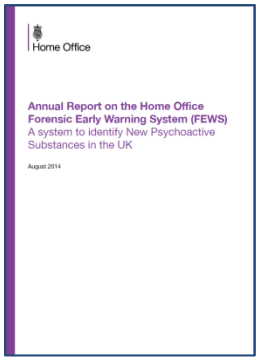
This document sets out the roles (including expectations) and capabilities of social workers whose area of specialty lies outside of substance misuse(i.e., they specialise in another area of adult or child social work practice) in relation to working with individuals with problematic substance use and cross-references these roles and capabilities to the Professional Capabilities Framework (PCF).

The aim of the document is to:

- Be used as a foundation upon which different areas of specialist practice can build, adding further detail about particular knowledge requirements, tailored interventions or assessment tools.
- Fill a gap in the current guidance to social workers and those who manage, educate and train them.
- Help social workers and their managers to locate their interventions within a wider framework of roles and capabilities that is supported and recommended by the key social work organisations and health and social care colleagues.

http://www2.mmu.ac.uk/media/mmuacuk/content/documents/hpsc/research/Alcohol-and-other-drug-use-report.pdf

Alcohol consumption has been looked at in NICE guidance around maintaining a healthy weight (NICE 2015b) as well as the NICE hepatitis B quality standards, which also look at drug misuse (NICE, 2014a). NICE guidance around antenatal and post-natal health (NICE 2014b) has also highlighted that prematurity, intrauterine growth restriction and fetal compromise is more common in women who use illicit drugs and alcohol during pregnancy - this guidance also covers mental health conditions relating to drug and alcohol use.



Annual report on the Home Office Forensic Early Warning System (FEWS) (Home Office, 2014).

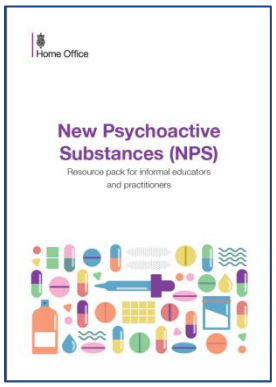
This is the third annual report on the Home Office Forensic Early Warning System (FEWS), which was set up to identify New Psychoactive Substance (NPS) more promptly and to help enable the UK Government to take action on harmful substances.

The report describes activities undertaken, and provides results of the analysis of samples tested under FEWS between April 2013 and March 2014. It identifies four new NPS (two synthetic cannabinoids and two identified as 'other') not previously seen in the UK and, where appropriate, action taken by Government in response. It also highlights key learning points from the results and key messages on the harms and risks associated with the use of NPS.

A number of key findings included:

- Of NPS samples collected by FEWS in 2013-14, 19.2% contained controlled drugs
- A low proportion of controlled drugs were detected in NPS samples collected from head shops (4.3%) and the internet (3.0%). In comparison, a high proportion of controlled drugs were detected in NPS samples from festivals (88.1%)
- Approximately 91% of the samples analysed that contained NPS were identified as mixtures of either two (61%) or three (30%) different active components. One percent of samples were identified to contain up to six different active component
- Products with the same brand name, including those from the same suppliers, were observed to contain mixtures of different components

www.gov.uk/government/publications/forensic-early-warning-system-fews-annual-report#



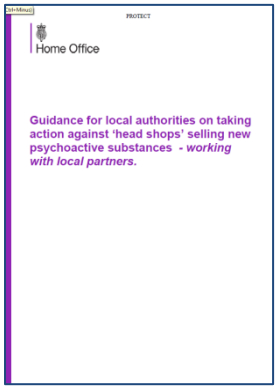
New Psychoactive Substances (NPS). Resource pack for informal educators and practitioners. (Home Office, 2015)

This resource pack has been developed by the Government in conjunction with experienced practitioners from Mentor UK, DrugScope, local youth practitioners in specialist and targeted services such as youth services, drug treatment. Its aim is to provide detailed information and advice to informal educators and frontline practitioners in preventing drug use amongst young people.

The pack includes:

- facts and information about NPS
- case studies on working with young people who use NPS
- resources to help start conversations about NPS with young people
- references for further help and information

www.gov.uk/government/publications/new-psychoactive-substances-nps-resource-pack



Guidance for local authorities on taking action against 'head shops' – selling new psychoactive substances – working with local partners. (Home Office, 2015)

This guidance has been produced after local authorities concern about an increase in anti-social behaviour and health problems caused by the sale of legal highs. The guidance focuses upon the criminal and civil offences that might be committed by head shops and covers:

- The types of offences which head shops may be committing: selling controlled drugs; selling drugs paraphernalia; breaching the Intoxicating Substances (Supply) Act 1985; and breaching consumer protection regulations.
- The Consumer Protection from Unfair Trading Regulations 2008.
- General Product Safety Regulations 2005.
- Other regulations.

It emphasises the importance of engaging with wider service providers in order to minimise the harms caused by head shops; and that the approach to this should be issue specific. It also provides case study examples where councils and police have worked to successfully stop the consumption and sale of NPS in their area.

www.gov.uk/government/publications/action-against-head-shops

Drugs: International comparators. (Home Office, 2014)

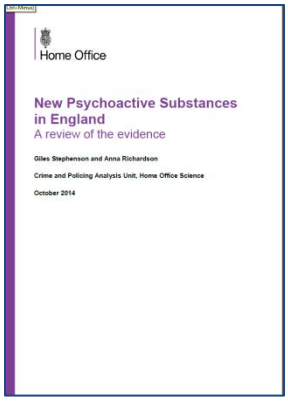
This report is a supporting document to the 2010 Drugs Strategy (HM Government, 2010) and covers approaches to aspects of drug misuse and drug addiction in policy making and on the ground in other countries and consider them against approaches taken in the UK. Aspects looked at include:

- detailing drug consumption rooms
- heroin-assisted treatment
- dissuasion commissions
- drug courts
- prison-based treatment
- prison-based harm-reduction
- new psychoactive substances
- supply-side regulation of cannabis
- decriminalising the possession of drugs for personal use

Key findings included that:

- other countries are dealing with similar issues to the UK and there are common elements to the way they are responding.
- many countries may been seem to be following a similar pathway to the three core strands promoted in the UK 2010 Drug Strategy, i.e., reducing the demand for drugs, restricting supply, and supporting drug users towards recovery. The report highlights, however, that there are sometimes very apparent differences in policy and operational responses.
- differences in practice between one country and another were seen often to be informed by different social and legal contexts.
- what worked in one country may not be necessarily be appropriate/applied in another and illustrate the complexity of the challenge faced.

www.gov.uk/government/publications/drugs-international-comparators



New psychoactive substances in England. A review of the evidence. (Stephenson and Richardson, 2014).

This report looks at the most recent and up-to-date literature on Novel Psychoactive Substances (NPS). There were a number of findings covering a number of key areas relating to NPS:

- identification of NPS
- prevalence of NPS use
- characteristics of NPS users
- market for NPS
- motivations for NPS use
- health harms
- social harms

The review identified that there were a number of gaps in the evidence currently available around:

- the prevalence of use of NPS, and a total measure of NPS use;
- the use of NPS among subgroups other than NTE participants;
- the long-term health harms of NPS use;
- acute health harms of NPS use;
- the extent to which NPS use drives social harms;
- the impact and effectiveness of legislation;
- the motivations for the use of NPS other than mephedrone;
- the exact factors and mechanisms that affect displacement and supplementation;
- the extent to which individuals within social groups purchase online and then distribute within their social group.

www.gov.uk/government/publications/new-psychoactive-substances-in-england-a-review-of-the-evidence

New psychoactive substances review. Report of the expert panel. (The New Psychoactive Substances Review Expert Panel, 2014)

In December 2013, the Home Office appointed an expert panel to look at this issue of NPS and the challenge that it poses and provide recommendations to the Government specifically around the current legislative framework for responding to these new drugs. The members of this panel were drawn from a range of areas, including enforcement agencies and prosecuting authorities; local authorities; medical and social science experts; forensic science experts; and academia.

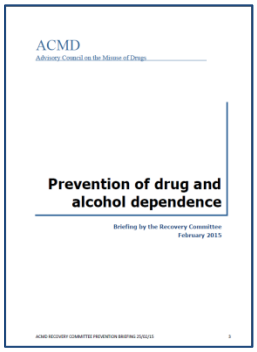
The review covers a number of key areas around what is already known about NPS:

- Identification and availability
- Prevalence of use of NPS
- Harms – health and social
- Motivations for use
- Motivations of suppliers and distributors
- Interaction with the supply of illicit drugs

There were a number of recommendations that were given to contribute to and enhance the Government's ongoing response to NPS:

- *Undertake research in key areas* - Develop and improve what is currently known about NPS use; as well as commissioning research into effective prevention and treatment interventions for NPS
- *Improve the collection of data and the detection of NPS* - establish the prevalence, evidence and harms associated with NPS.
- *Enhance the sharing of information on NPS* - look at the sharing information at both local and national levels
- *Skills and workforce: developing competence and support* – support a competent and confident workforce with appropriate, evidence-based tools for assessment and intervention
- *Expanding the tool-kit* - expand the current toolkit to provide practitioners and the public health workforce with appropriate, evidence-based information and tools for prevention, education, assessment and intervention.

www.gov.uk/government/publications/new-psychoactive-substances-review-report-of-the-expert-panel



Prevention of drug and alcohol dependence (Advisory Council on the Misuse of Drugs, 2015)

This briefing paper provides a summary of some of the key recent developments in the substance use prevention field in order to support future Advisory Council on the Misuse of Drugs (ACMD) recommendations and discussions. It builds upon previous work in this area and describes the overall aims of substance use prevention whilst classifying activities through the use of a standardised taxonomy. The paper also considers the potential impact of these prevention activities on substance use outcomes.

It provides recommendations across a number of areas:

- **The use of a common prevention language and taxonomy** is to be encouraged across the field in order to improve the coherence of prevention strategies – this would include exploration of the US Institute of Medicine prevention taxonomy.
- **An evidence-based view of prevention** should be reflected in national policy and the recommendations of prominent groups such as the ACMD; whilst acknowledging the challenges and complexities of prevention that stakeholders face, particularly at local levels.
- **Prevention projects should incorporate evaluation, and be developed from the findings of evaluation (ideally with economic evaluation).** This should acknowledge gaps in the current evidence-base about 'what works' in prevention.
- **Prevention actions should be justified on the basis of reducing long-term and meaningful adverse (individual and population) health and social outcomes**. Within this it should as such be acknowledged that prevention of adverse long-term health and social outcomes may be achieved even without abstinence.

www.gov.uk/government/publications/prevention-of-drug-and-alcohol-dependence

2. EXAMPLES OF CURRENT RESEARCH THAT IS TAKING PLACE WITHIN THE CENTRE FOR PUBLIC HEALTH

There are a number of drug and alcohol-related research projects that are currently on-going at the Centre for Public Health. Some of these projects are detailed below.

TAMESIDE NOVEL PSYCHOACTIVE SUBSTANCES

In recent years, there has been an emergence of Novel Psychoactive Substances (NPS, also popularly referred to as 'Legal Highs') at both national and international levels. These are drugs which are marketed to evade the Misuse of Drugs Act 1971 and other laws, and mimic the psychoactive effects of controlled substances. Concern has generally focused on the rapid emergence of such substances, their open sale, a lack of evidence on their effects and harms, and how to respond in order to reduce availability and harms from use (EMCDDA, 2015). Such gaps in knowledge not only present challenges to drug policy, but also to local services and organisations who may not necessarily be orientated to best meet the needs of individuals and client groups using NPS, or to respond to the open and covert sale of NPS within their community. Tameside Metropolitan Borough Council commissioned the Centre for Public Health at Liverpool John Moores University to conduct a brief study to gain insights on NPS use in the area and to understand current and future NPS service provision from the perspectives of service providers.

A mixed methods approach was used, consisting of stakeholder interviews, a survey of NPS use among those in contact with services, and a secondary analysis of existing data on NPS use among service users in Tameside. The research team also observed an 'Off License Enforcement Day' which partly investigated sales of NPS and drug paraphernalia in off license premises within Tameside. The overall aim of the research was to increase understanding of NPS use among sub groups of the population in Tameside, particularly those individuals already in contact with services, or who may have future service needs. This included gaining insights into prevalence and patterns of NPS use, harms resulting from use, the needs of sub-populations, as well as an assessment of current service provision for NPS users.

The research aimed to:

- gain insight into the prevalence and nature of NPS use, harms and needs of those already in contact with services in Tameside;
- demonstrate how the needs of such populations are currently being met, or not being met, by local service provision;
- identify gaps in service provision and any staff training/knowledge needs;
- provide recommendations regarding the development and delivery of services, and future data collection and monitoring.

The research was published in September 2015.

ERANID

The European Area Network on Illicit Drugs (ERANID) aims to improve cooperation in Drug research and to inform policy decisions within participating countries. The project focuses on strengthening cross-border research in various aspects of the illicit drugs problem and to promote multidisciplinary research within the field of socio-economic sciences and humanities. The project is commissioned by the European Union under the 7th Framework Programme and collaborates with six European Countries (UK, France, Netherlands, Italy, Portugal and Belgium). The project objectives are to:

- Develop a database of existing and ongoing research within the illicit drugs field;
- Identify gaps in research and develop a set of research priorities which represent urgent issues for drug policy making.

The key element of ERANID is to develop a Strategic Research Agenda (SRA) that aims to overcome the fragmentation of drug research and address current research gaps in the illicit drugs field. ERANID will build a network between funding bodies, policy

makers and other stakeholders who will help create a consensus on identified research priorities, from which a two joint research calls will be developed.

The project began in January 2013 and is due to be completed in January 2017.

UNDERSTANDING AND RESPONDING TO THOSE BEREAVED THROUGH THEIR FAMILY MEMBERS' SUBSTANCE MISUSE

Staff at the Centre for Public Health are acting as consultants for this project which is funded by the Economic and Social Research Council (ESRC.) This project aims to understand the experiences of people bereaved by substance use and work with services to develop better responses – whether by the police, coroner's courts, funeral services or bereavement and substance use agencies.

The research has involved:

- Interviews with adults (including 6 couples) bereaved after the drug or alcohol-related death of a family member or other close person – these have taken place in England and Scotland
- Focus group discussions with 40 practitioners (some also bereaved) from a wide range of services.

On the basis of the finding a working group of practitioners (some also bereaved) was set up and they have been tasked to develop guidelines for service delivery. It is also anticipated that further funding will enable the project group to work with organisations to validate and test these guidelines.

The project was completed in August 2015.

ADDICTIONS TO MEDICATIONS

This research has been commissioned by CHAMPS and to look at addiction to medications, specifically prescription only and over the counter medications, in individuals in Cheshire and Merseyside.

The project includes an online survey sent to GPs and pharmacists in the Cheshire and Merseyside areas looking at the extent to which they encounter individuals who are addicted to these medications and how they respond to the problem.

The project was completed in September 2015.

THE NATURE AND PREVALENCE OF PERFORMANCE AND IMAGE ENHANCING DRUG USE IN TAMESIDE

This research has been commissioned by Tameside Council and will focus upon the prevalence of and the nature of PIED use in Tameside.

Overall the research aims to increase understanding of PIED use, in particular anabolic steroids and melanotan, in Tameside and to inform and guide service provision for populations who use these substances. Specific aims and objectives include to:

- estimate the prevalence of PIED use in Tameside
- understand the nature of PIED use in Tameside including: drug use behaviour, user characteristics and experiences, and demand for services.

- provide data relating to safer injecting, safer sexual behaviour and knowledge and blood borne viruses amongst these populations.
- identify gaps in service provision and staff training needs.
- provide recommendations regarding the development and delivery of services and data monitoring systems.

Statistical techniques will be used to estimate the prevalence of PIED use (those known to services and the hidden population); and this will be based upon the analysis of local NSP monitoring data, findings from user questionnaires and interviews and established knowledge based on 20 years of re**se**arch with this population.

In addition a number of other methodologies will be employed:

- Service user survey of PIED users accessing local services to explore their drug use. Interviews/ focus groups will also be held to explore participants' drug use, risk behaviour and needs in more detail.
- Identifying additional venues for recruitment of PIED users such as including gyms and beauty salons within Tameside.
- Interviews with staff providing services to people who inject drugs will be undertaken to identify uptake of service amongst PIED groups, staff experience and training needs.

The project is due for completion in early 2016.

EVIDENCE REVIEWS TO SUPPORT THE UPDATE OF THE NICE GUIDELINE ON DRUG MISUSE PREVENTION: TARGETED INTERVENTIONS – ECONOMIC REVIEW

This review has been commissioned by NICE to inform an update of current NICE guidance. Its focus is upon drug misuse prevention, particularly in those who are at risk of drug use. This includes:

- people who have mental health problems
- people involved in commercial sex work or are being sexually exploited
- people who are lesbian, gay, bisexual or transgender
- people not in employment, education or training (including children and young people who are excluded from school or are regular truants)
- children and young people whose parents use drugs
- looked after children and young people
- children and young people who are in contact with young offender team but not in secure environments (prisons and young offender institutions)
- people who are considered homeless
- people who attend nightclubs and festivals
- people who are known to use drugs occasionally / recreationally[3].

The main review question asks: *Which targeted interventions are most cost effective in preventing drug misuse among groups of people most at risk?* ; and within this there are a number of sub questions looking at how the cost-effectiveness of interventions varies according to a number of different factors such as the content and framing of any message, the mode of delivery, who/how/where it is delivered etc.

The review will support the Public Health Advisory Committee in developing recommendations for local authorities, service providers and commissioners about how best to commission and provide cost-effective targeted interventions that prevent or delay drug use, or that prevent escalation of drug use in terms of frequency, volume and diversification of drugs used.

[3] Treatments or interventions for people described in the literature as having a drug problem / dependency / drug abusers will be excluded in line with the scope.

The economic review for this project has been completed, with the NICE guideline development and economic modelling continuing during 2016.

ESTIMATES OF THE PREVALENCE OF OPIATE USE AND/OR CRACK COCAINE USE, 2012/13: SWEEP 9 REPORT

This report will provide estimates of the prevalence of opiate and/or crack cocaine use at the regional and national level in England for 2012/13. It is a follow up to series of comparable prevalence estimates for 2004/5, 2005/6, 2006/7, 2007/8, 2008/9, 2009/10, 2010/11 and 2011/12. Estimates of the prevalence of opiate use, crack cocaince use and drug injecting (by users of opiates and/or crack cocaine) will also be presented.

Two prevalence estimation methods will be used:

- the capture-recapture method– this examines the overlap between different sources of data on individual drug users that are available at the local level to estimate the size of the hidden drug using population at the drug action team (DAT) area level; and
- the multiple indicator method – this method models the relationship between the capture-recapture estimates and readily available drug indicator data, such as numbers of drug offences in an area. It then applies that relationship to the areas where capture-recapture estimates are not available and provides estimates of drug use for those areas. The DAT area estimates are then summed to provide regional and national estimates.

Using this methodology, a similar project is also being conducted in Ireland which aims to estimate the prevalence of problem opiate use. This project has been commissioned by the National Advisory Committee on Drugs and Alcohol. Both projects are due for completion early in 2016.

EVIDENCE REVIEW ON THE DRUGS SITUATION IN IRELAND AND OVERVIEW OF INTERNATIONAL EVIDENCE AROUND RESPONSES TO PROBLEM DRUG USE

This review is being undertaken on behalf of the Health Research Board in Ireland to inform the new Irish Drug Strategy.

The review will be conducted in two parts:

Review 1 - Overview of the drugs situation in Ireland
This first part of the review will look at the extent and in what ways trends in the prevention, treatment and rehabilitation and supply reduction relating to drug use in Ireland have changed in the past ten years. This will include the identification and synthesis of data relating to prevention, treatment, rehabilitation and supply reduction since 2005.

Review 2 - Systematic review of evidence on the effectiveness of responses to problem drug use
This will include a review of high quality systematic reviews, with evidence presented across four strands:

- Treatment - which interventions are effective at treating substance misuse amongst people who misuse drugs?
- Social reintegration -what interventions are effective at supporting people who use drugs to become better reintegrated into the community following/alongside treatment?
- Prevention - which interventions are effective in preventing substance use amongst children and young people aged 25 years and under?
- Harm reduction -which interventions are effective to reduce the harms related to substance use?

This project is due for completion in May 2016

3. INTEGRATED MONITORING SYSTEM

3.1. IMS: DEMOGRAPHIC PROFILE

The Integrated Monitoring Systems (IMS) brings together activity from both low threshold drug and alcohol services delivering brief interventions and Needle and Syringe Programme (NSP) services delivered in both agency and pharmacy settings across Merseyside and Cheshire. The gender breakdown is largely skewed towards males with the percentage ranging from 81.2% in Liverpool (a rise from 79.4% in 2013/14 but still the lowest proportion by area) to 97% in Halton (rising from 93.3% in 2013/14). As can be seen later in this report, this is largely because of the high prevalence of Steroid and PIED[4] users presenting to NSP services and this is amplified in areas which do not currently record activity from low threshold services such as Cheshire East, and Cheshire West and Chester.

GENDER

	Female	%	Male	%	Total Clients
Cheshire East	147	10.3%	1,278	89.7%	**1,425**
Cheshire West & Chester	197	10.1%	1,757	89.9%	**1,954**
Halton	25	3.0%	820	97.0%	**845**
Knowsley	96	12.3%	687	87.7%	**783**
Liverpool	2,382	18.8%	10,276	81.2%	**12,658**
Sefton	768	20.4%	2,994	79.6%	**3,762**
St. Helens	462	12.3%	3,282	87.7%	**3,744**
Warrington	168	8.4%	1,828	91.6%	**1,996**
Wirral	878	18.6%	3,842	81.4%	**4,720**
Total:	**5,014**[5]	**16.0%**	**26,232**	**84.0%**	**31,246**

Table 1 - IMS clients by gender

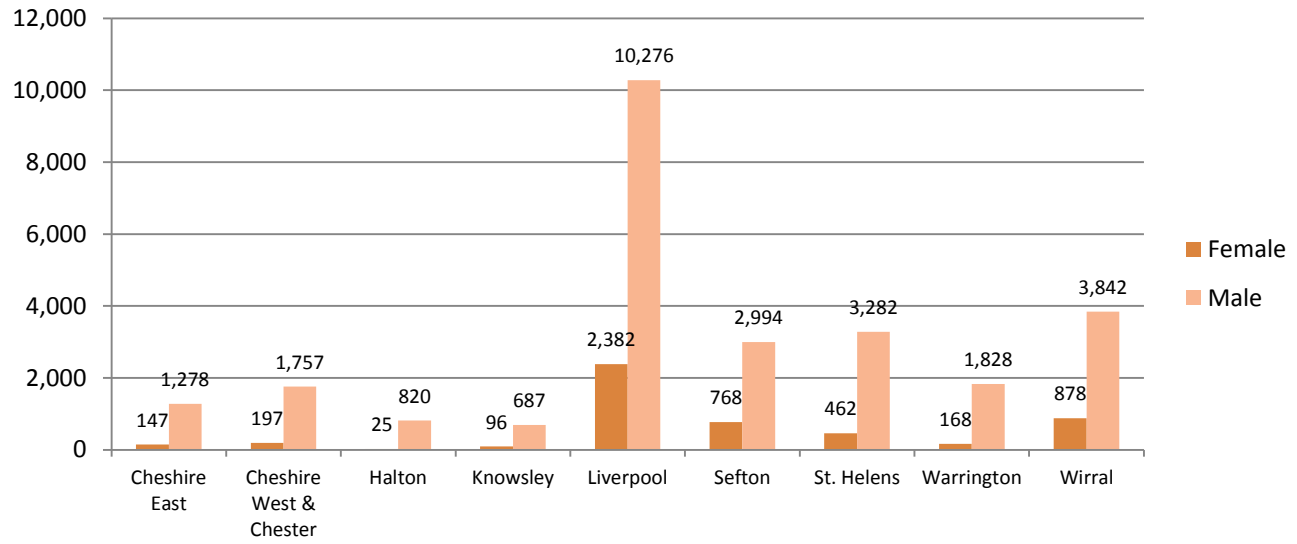


Figure 1 - IMS Clients by gender

[4] Performance and Image Enhancing Drugs (PIEDS) is a collective term used to describe a range of drugs which are used to improve performance in sport or athletics, mask the use of performance-enhancing drugs to avoid drug testing or to improve the body's appearance.

[5] Throughout this report the 'client total' figure represents the total 'unique individuals' within the dataset. An individual may appear within multiple local authority areas, so therefore the client total may be less than a sum of all local authorities.

AGE GROUP

The age profile of females attending IMS services was older than males attending the same services, with just over eight in 10 females being aged under 50 (80.5%) compared to almost nine in 10 males being aged under 50 (87.7%) The 0-17 year and 65 and over age ranges saw the biggest differentials between male and females, with 0-17 year olds making up 1.3% of the female breakdown, compared with only 0.4% of the male breakdown, and those aged 65 and over making up 3.3% of the female breakdown, compared with only 1.4% of the male breakdown.

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
Cheshire East	Female	0	0	**	21	32	33	29	14	11	**	0	0	147
	Male	**	39	<177	234	264	227	186	80	50	<12	6	**	1,278
	Total	**	39	180	255	296	260	215	94	61	14	6	**	**1,425**
Cheshire West & Chester	Female	0	***	12	37	34	36	36	17	15	7	0	**	197
	Male	5	<26	234	313	324	305	301	147	73	17	10	**	1,757
	Total	5	28	246	350	358	341	337	164	88	24	10	**	**1,954**
Halton	Female	0	0	6	**	**	**	**	**	**	**	0	0	25
	Male	0	7	129	<204	<184	<123	<100	<42	<25	<7	**	**	820
	Total	0	7	135	205	187	125	103	45	27	9	**	**	**845**
Knowsley	Female	0	**	7	10	17	12	22	7	**	5	**	8	96
	Male	5	<7	83	157	137	75	88	60	<34	14	<9	20	687
	Total	5	9	90	167	154	87	110	67	36	19	11	28	**783**
Liverpool	Female	38	25	115	232	297	363	480	312	230	127	82	81	2,382
	Male	46	101	668	1,278	1,560	1,550	1,914	1,519	780	442	202	216	10,276
	Total	84	126	783	1,510	1,857	1,913	2,394	1,831	1010	569	284	297	**12,658**
Sefton	Female	**	**	26	62	94	126	164	142	75	26	29	21	768
	Male	<21	<16	167	373	411	448	610	477	281	102	64	26	2,994
	Total	21	17	193	435	505	574	774	619	356	128	93	47	**3,762**
St. Helens	Female	**	**	20	65	94	92	97	57	22	6	**	**	462
	Male	<16	<32	279	416	457	658	780	399	134	78	23	11	3,282
	Total	17	33	299	481	551	750	877	456	156	84	26	14	**3,744**
Warrington	Female	0	0	7	9	42	62	23	15	**	**	**	**	168
	Male	**	13	167	354	350	307	364	173	<51	<28	<15	<6	1,828
	Total	**	13	174	363	392	369	387	188	54	30	16	6	**1,996**
Wirral	Female	26	7	52	66	94	109	141	159	92	52	26	54	878
	Male	9	55	415	601	535	566	586	514	294	118	66	83	3,842
	Total	35	62	467	667	629	675	727	673	386	170	92	137	**4,720**
All IMS Clients		**174**	**333**	**2,527**	**4,351**	**4,824**	**4,972**	**5,788**	**4,058**	**2,135**	**1,019**	**532**	**533**	**31,246**

Table 2 - IMS clients by age group and gender[6]

[6] Please note throughout this report all numbers less than five have been suppressed in line with patient confidentiality and if there is only one number less than five in a category then a second number will be suppressed at the next level in order to prevent back calculations from the total.

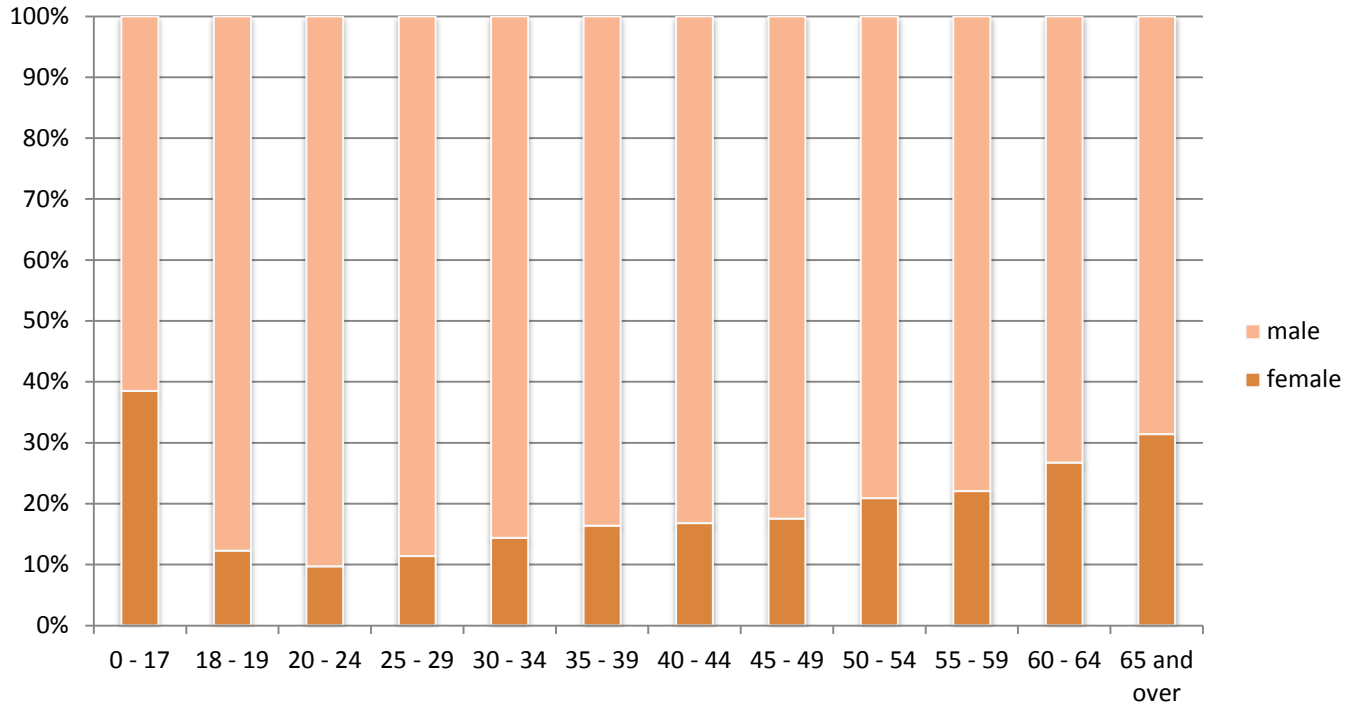


Figure 2 - IMS clients, proportional split by age group and gender

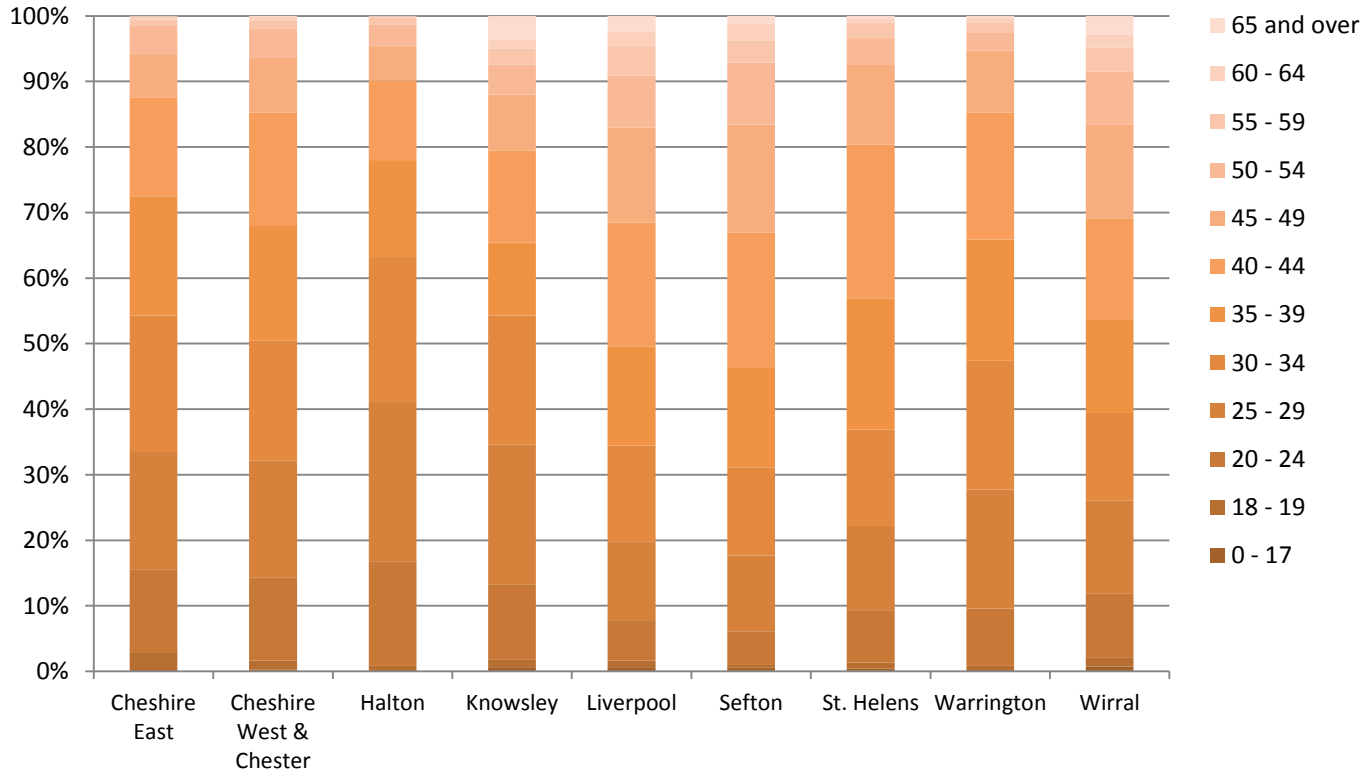


Figure 3 - IMS clients, proportional split by Local Authority

The ethnicity of individuals using IMS services who have an ethnicity recorded was in the main White British, ranging from 88.6% [7] in Liverpool to 100% in Cheshire West and Chester – all areas record White British ethnicity at a level of above 95% other than Liverpool and Cheshire East (88.9%) Of those whose ethnicity was not recorded as White British, the main ethnic groups identified are Other White (1.7%), African (0.8%) and Other Black (0.6%).[8]

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Clients
A: White British	88.9%	100.0%	98.3%	99.0%	88.6%	96.6%	98.2%	95.1%	97.7%	**93.5%**
B: White Irish	1.2%	0.0%	0.3%	0.6%	1.1%	0.4%	0.5%	0.0%	0.2%	**0.7%**
C: Other White	5.7%	0.0%	0.2%	0.0%	2.4%	2.1%	0.5%	1.6%	0.8%	**1.7%**
D: White and Black Caribbean	1.7%	0.0%	0.2%	0.3%	0.7%	0.0%	0.0%	0.3%	0.2%	**0.4%**
E: White and Black African	0.0%	0.0%	0.3%	0.0%	0.4%	0.2%	0.2%	0.8%	0.1%	**0.2%**
F: White and Asian	0.2%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	**0.1%**
G: Other Mixed	0.2%	0.0%	0.5%	0.0%	0.6%	0.2%	0.3%	1.1%	0.3%	**0.4%**
H: Indian	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	**0.1%**
J: Pakistani	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.3%	0.0%	**0.1%**
K: Bangladeshi	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
L: Other Asian	0.0%	0.0%	0.0%	0.0%	0.5%	0.1%	0.0%	0.0%	0.2%	**0.3%**
M: Caribbean	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	**0.1%**
N: African	0.0%	0.0%	0.3%	0.0%	2.0%	0.0%	0.0%	0.3%	0.0%	**0.8%**
P: Other Black	0.2%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.2%	**0.6%**
R: Chinese	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	**0.1%**
S: Other	1.2%	0.0%	0.0%	0.0%	1.5%	0.5%	0.3%	0.5%	0.1%	**0.8%**

Table 3 - IMS clients by ethnicity

93.5%

Proportion of IMS clients identifying as "White British"

[7] Please note that a change of methodology this year which excludes both clients with no ethnicity recorded or recorded as "Z: Not stated" is responsible for some of the increase in the percentage identifying as White British for Liverpool.

[8] Percentages used throughout this report have been rounded to one decimal place, and therefore in some instances columns might not total exactly 100%

3.2. IMS: PRIMARY SUBSTANCE

The main substance[9] used by IMS services where this was recorded was Steroids and PIEDS at 33.6%, a slight fall from 35.7% in 2013/14) but overtaking alcohol which has fallen from 40.5% in 2013/14 to 29.3% this year. This was followed by heroin at 25.4% which has increased substantially from 14.7% in 2013/14. Of the overall total, 50.4% did not have a main substance recorded, mainly due to the poor capture of this field by pharmacies, although this was a slight improvement on the figure for 2013/14 (52.3%) and is expected to improve further for 2015/16 as most areas introduce electronic reporting for pharmacies.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	War'ton	Wirral	All IMS Clients
Heroin	77	232	40	49	621	1,472	291	350	1,011	**3,934**
	13.5%	23.4%	5.8%	16.0%	13.9%	45.9%	31.0%	33.7%	26.5%	**25.4%**
Methadone	**	**	5	**	71	34	**	0	41	**151**
	0.4%	0.3%	0.7%	0.3%	1.6%	1.1%	0.2%	0.0%	1.1%	**1.0%**
Other Opiates	0	0	5	0	66	20	**	**	40	**129**
	0.0%	0.0%	0.7%	0.0%	1.5%	0.6%	0.1%	0.2%	1.0%	**0.8%**
Benzodiazepines	0	0	0	0	7	**	**	**	7	**17**
	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.1%	0.1%	0.2%	**0.1%**
Amphetamines (excl Ecstasy)	12	**	**	**	39	15	17	5	69	**150**
	2.1%	0.1%	0.3%	0.7%	0.9%	0.5%	1.8%	0.5%	1.8%	**1.0%**
Cocaine (excl Crack)	0	**	11	10	280	75	**	**	82	**450**
	0.0%	0.2%	1.6%	3.3%	6.3%	2.3%	0.1%	0.1%	2.1%	**2.9%**
Crack Cocaine	**	0	0	**	68	94	9	**	27	**198**
	0.4%	0.0%	0.0%	0.7%	1.5%	2.9%	1.0%	0.2%	0.7%	**1.3%**
Hallucinogens	0	0	0	0	<15	**	0	0	0	**15**
	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%	**0.1%**
Ecstasy	0	0	0	0	**	0	0	0	**	**6**
	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Cannabis	0	0	**	<16	298	33	0	0	67	**410**
	0.0%	0.0%	0.4%	4.9%	6.7%	1.0%	0.0%	0.0%	1.8%	**2.6%**
Solvents	0	0	0	0	**	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Anti-depressants	0	0	0	0	**	0	0	0	**	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Alcohol	**	**	9	51	2,663	515	7	0	1,433	**4,535**
	0.4%	0.4%	1.3%	16.6%	59.6%	16.0%	0.7%	0.0%	37.6%	**29.3%**
Other Drugs	5	**	**	**	25	158	**	**	49	**244**
	0.9%	0.2%	0.1%	0.3%	0.6%	4.9%	0.3%	0.2%	1.3%	**1.6%**
Prescription Drugs	**	**	**	0	29	0	**	0	5	**38**
	0.2%	0.1%	0.1%	0.0%	0.6%	0.0%	0.1%	0.0%	0.1%	**0.2%**
Novel Psychoactive Substances	0	0	0	**	**	0	0	0	**	**5**
	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.1%	**0.0%**
Steroids & PIEDS	468	746	616	175	278	791	605	677	980	**5,215**
	82.2%	75.3%	88.9%	57.0%	6.2%	24.6%	64.5%	65.1%	25.7%	33.6%
Total clients with substance stated	**569**	**991**	**693**	**307**	**4,469**	**3,210**	**938**	**1,040**	**3,815**	**15,501**
Not Stated	856	963	152	476	8,189	552	2,806	956	905	**15,745**
	60.1%	49.3%	18.0%	60.8%	64.7%	14.7%	74.9%	47.9%	19.2%	**50.4%**

Table 4 - IMS clients main substance, where recorded

9 Main substance refers to the primary substance as recorded at the client's latest assessment review, unless the client reports "no primary substance" or "abstinent", in which case the client's initial substance is used.

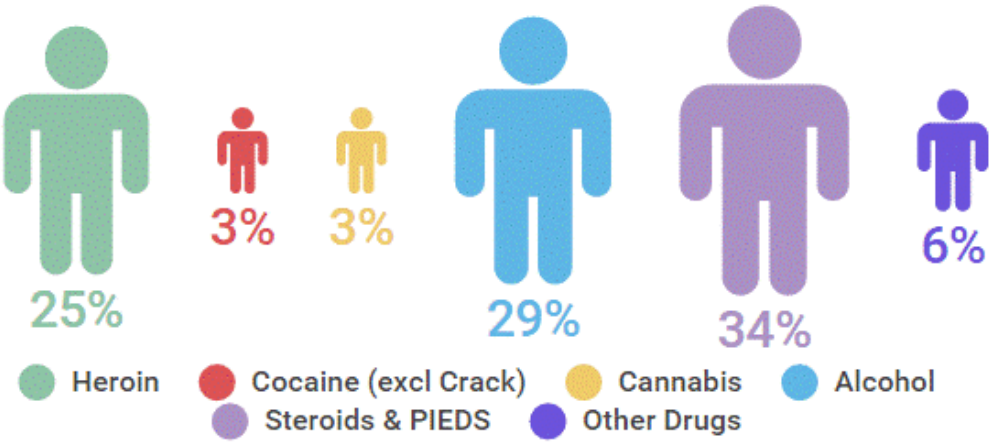


Figure 4 - IMS Main substance used where recorded, 2014-15

3.3. IMS: SECONDARY SUBSTANCE

Figures below are for all IMS clients where a response was recorded for secondary substance, shown against the main substance group recorded. [10] Percentages shown are the split of secondary substances recorded against each main substance group. Overall where a response was recorded the highest number of clients (976) stated they were not using a secondary substance (32%). Where a secondary substance was identified, cocaine and crack cocaine accounted for a third of substances (33.6%) despite only accounting for 4.2% of primary substances identified.

Drug Group of Main Substance	Drug Group of Secondary Substance																	
	Heroin	Methadone	Other Opiates	Benzodiazepines	Amphetamines (excl Ecstasy)	Cocaine (excl Crack)	Crack Cocaine	Hallucinogens	Ecstasy	Cannabis	Solvents	Anti-depressants	Alcohol	Other Drugs	Prescription Drugs	Novel Psychoactive Substances	Steroids & PIEDS	No Substance
Heroin	13	67	**	14	5	39	336	**	0	17	0	0	68	5	12	0	11	84
	1.9%	10.0	0.1%	2.1%	0.7%	5.8%	49.9	0.1%	0.0%	2.5%	0.0%	0.0%	10.1	0.7%	1.8%	0.0%	1.6%	12.5
Methadone	10	0	**	5	0	0	7	0	0	5	0	0	12	**	**	0	**	19
	15.6%	0.0%	1.6%	7.8%	0.0%	0.0%	10.9%	0.0%	0.0%	7.8%	0.0%	0.0%	18.8%	1.6%	4.7%	0.0%	1.6%	29.7%
Other Opiates	0	**	**	0	**	**	**	0	**	6	0	0	**	0	**	0	0	15
	0.0%	2.7%	5.4%	0.0%	2.7%	8.1%	8.1%	0.0%	5.4%	16.2%	0.0%	0.0%	8.1%	0.0%	2.7%	0.0%	0.0%	40.5%
Benzodiazepines	**	0	**	**	0	**	0	0	0	**	0	0	**	0	0	0	0	**
	12.5%	0.0%	25.0%	12.5%	0.0%	12.5%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	12.5%
Amphetamines (excl Ecstasy)	6	**	0	0	**	**	0	0	**	5	0	0	6	**	0	0	0	9
	15.8%	5.3%	0.0%	0.0%	5.3%	7.9%	0.0%	0.0%	5.3%	13.2%	0.0%	0.0%	15.8%	7.9%	0.0%	0.0%	0.0%	23.7%
Cocaine (excl Crack)	**	**	**	0	9	6	**	**	**	32	0	0	88	**	0	0	**	67
	0.9%	0.9%	0.5%	0.0%	4.1%	2.7%	1.8%	1.8%	1.8%	14.5%	0.0%	0.0%	39.8%	0.5%	0.0%	0.0%	0.5%	30.3%
Crack Cocaine	26	**	**	0	**	**	6	0	0	7	0	0	10	0	6	0	0	9
	36.1%	1.4%	2.8%	0.0%	2.8%	4.2%	8.3%	0.0%	0.0%	9.7%	0.0%	0.0%	13.9%	0.0%	8.3%	0.0%	0.0%	12.5%
Hallucinogens	0	0	0	0	**	**	0	**	**	**	0	0	0	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	33.3%	33.3%	0.0%	8.3%	8.3%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%
Ecstasy	0	0	0	0	0	0	0	0	0	**	0	0	**	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%	0.0%	0.0%	80.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cannabis	6	**	**	0	**	21	0	0	**	6	0	0	63	**	0	**	0	140
	2.4%	1.2%	0.4%	0.0%	1.6%	8.5%	0.0%	0.0%	0.8%	2.4%	0.0%	0.0%	25.4%	0.4%	0.0%	0.4%	0.0%	56.5%
Solvents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
Anti-depressants	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
Alcohol	53	26	**	5	20	201	35	**	**	153	**	**	182	12	19	0	**	603
	4.0%	2.0%	0.2%	0.4%	1.5%	15.2%	2.6%	0.1%	0.2%	11.6%	0.1%	0.5%	13.7%	0.9%	1.4%	0.0%	0.1%	45.5%
Other Drugs	**	0	0	0	**	**	0	**	0	**	0	**	**	0	0	**	0	**
	6.7%	0.0%	0.0%	0.0%	13.3%	6.7%	0.0%	20.0%	0.0%	6.7%	0.0%	6.7%	6.7%	0.0%	0.0%	6.7%	0.0%	26.7%
Prescription Drugs	0	**	0	**	0	**	0	0	0	0	0	0	**	0	**	0	0	16
	0.0%	7.7%	0.0%	7.7%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	15.4%	0.0%	3.8%	0.0%	0.0%	61.5%
Novel Psychoactive Substances	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
Steroids & PIEDS	5	0	**	**	**	16	**	0	0	18	0	0	0	10	0	0	234	**
	1.7%	0.0%	0.3%	0.3%	0.3%	5.5%	1.4%	0.0%	0.0%	6.1%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	79.9%	1.0%
Total	**123**	**104**	**14**	**28**	**50**	**299**	**395**	**10**	**14**	**253**	**	**7**	**442**	**33**	**42**	**	**248**	**976**
	4.0%	**3.4%**	**0.5%**	**0.9%**	**1.6%**	**9.8%**	**13.0%**	**0.3%**	**0.5%**	**8.3%**	**0.0%**	**0.2%**	**14.5%**	**1.1%**	**1.4%**	**0.1%**	**8.2%**	**32.1%**

Table 5 - IMS clients by main and secondary substance

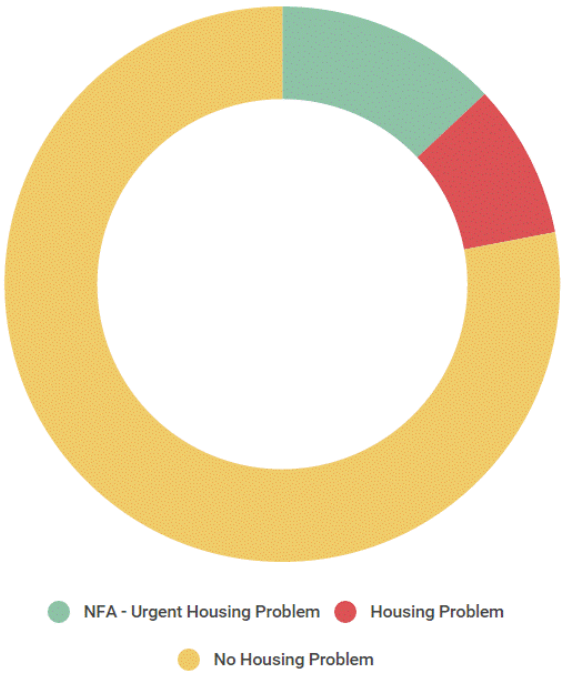
10 Note that these are categorised by substance groups and not individual substances. For example, 234 clients identifying their primary substance as Steroid/IPED also reported another IPED as a secondary substance.

3.4. IMS: ACCOMMODATION STATUS

Completion of accommodation status differs from area to area depending mainly on the prevalence of low threshold interventions within the locality. Liverpool has the highest number of individuals reporting either an urgent or non-urgent housing problem (38.1%) followed by St Helens (18.5%) while Cheshire East has the lowest (2.5%).

	NFA - Urgent Housing Problem	Housing Problem	No Housing Problem	Total with Accom Status Recorded	Not Known
Cheshire East	**	<8	317	325	1,100
	0.3%	2.2%	97.5%	22.8%	77.2%
Cheshire West & Chester	**	0	**	**	1,952
	50.0%	0.0%	50.0%	0.1%	99.9%
Halton	**	<8	100	108	737
	0.9%	6.5%	92.6%	12.8%	87.2%
Knowsley	0	14	228	242	541
	0.0%	5.8%	94.2%	30.9%	69.1%
Liverpool	881	535	2,299	3,715	8,943
	23.7%	14.4%	61.9%	29.3%	70.7%
Sefton	63	104	1,134	1,301	2,461
	4.8%	8.0%	87.2%	34.6%	65.4%
St. Helens	104	18	537	659	3,085
	15.8%	2.7%	81.5%	17.6%	82.4%
Warrington	8	20	331	359	1,637
	2.2%	5.6%	92.2%	18.0%	82.0%
Wirral	68	103	1,800	1,971	2,749
	3.5%	5.2%	91.3%	41.8%	58.2%
All IMS clients	**1,097**	**780**	**6,663**	**8,540**	**22,706**
	12.8%	**9.1%**	**78.0%**	**27.3%**	**72.7%**

Table 6 - IMS clients, by accommodation status



ACCOMMODATION STATUS AND PRIMARY SUBSTANCE

Accommodation status differs significantly depending on the main substance identified – while only 3.7% of individuals naming Steroids/PIEDs as their primary substance identified either an urgent or non-urgent housing problem, this figure rises to 39.5% for those identifying methadone, 39.8% for crack cocaine and 53.5% for cannabis. [11]

Drug Group of Main Substance	NFA - Urgent Housing Problem	Housing Problem	No Housing Problem	Total with Accom Status Recorded	Not Known
Heroin	156	162	987	1,305	2,629
	12.0%	12.4%	75.6%	33.2%	66.8%
Methadone	17	28	69	114	37
	14.9%	24.6%	60.5%	75.5%	24.5%
Other Opiates	5	23	44	72	57
	6.9%	31.9%	61.1%	55.8%	44.2%
Benzodiazepines	**	0	<11	11	6
	9.1%	0.0%	90.9%	64.7%	35.3%
Amphetamines (excl Ecstasy)	6	12	58	76	74
	7.9%	15.8%	76.3%	50.7%	49.3%
Cocaine (excl Crack)	23	30	213	266	184
	8.6%	11.3%	80.1%	59.1%	40.9%
Crack Cocaine	20	13	50	83	115
	24.1%	15.7%	60.2%	41.9%	58.1%
Hallucinogens	0	**	<14	14	**
	0.0%	7.1%	92.9%	93.3%	6.7%
Ecstasy	0	0	6	6	0
	0.0%	0.0%	100.0%	100.0%	0.0%
Cannabis	120	61	157	338	72
	35.5%	18.0%	46.4%	82.4%	17.6%
Solvents	**	0	**	**	0
	50.0%	0.0%	50.0%	100.0%	0.0%
Anti-depressants	0	0	**	**	0
	0.0%	0.0%	100.0%	100.0%	0.0%
Alcohol	264	341	2,665	3,270	1,265
	8.1%	10.4%	81.5%	72.1%	27.9%
Other Drugs	5	**	25	32	212
	15.6%	6.3%	78.1%	13.1%	86.9%
Prescription Drugs	**	7	19	30	8
	13.3%	23.3%	63.3%	78.9%	21.1%
Novel Psychoactive Substances	**	0	**	**	**
	50.0%	0.0%	50.0%	40.0%	60.0%
Steroids & PIEDS	9	75	2,221	2,305	2,910
	0.4%	3.3%	96.4%	44.2%	55.8%
Not Stated	465	25	122	612	15,133[12]
	76.0%	4.1%	19.9%	3.9%	96.1%
All IMS clients	**1,097**	**780**	**6,663**	**8,540**	**22,706**
	12.8%	9.1%	78.0%	27.3%	72.7%

Table 7 - IMS clients by main substance and accommodation status

[11] Substances with low numbers have been omitted from the narrative analysis

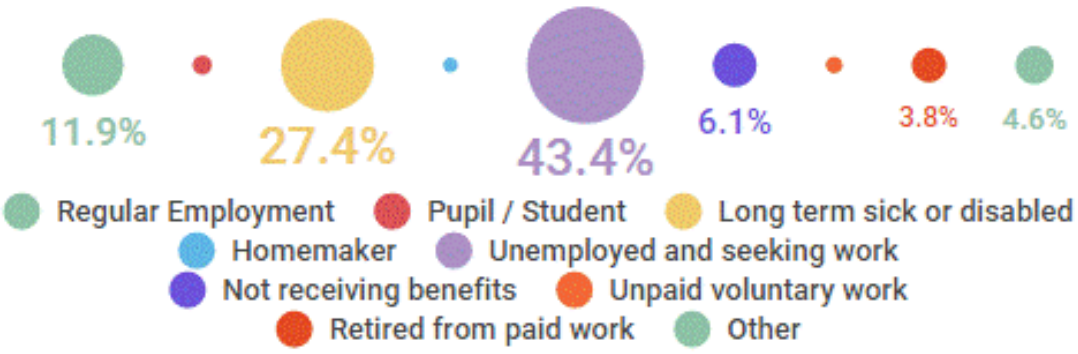
[12] Main substance 'Not Stated' - the majority of these clients were recorded by pharmacy based needle exchanges. There were also a number of clients recorded by *The Basement* homeless project in Liverpool where the primary substance was not captured.

3.5. IMS: EMPLOYMENT STATUS

Currently employment status is only widely recorded by Liverpool, Sefton and Wirral although Halton and Knowsley do record this information for some individuals. Where a status is identified, Halton has the highest number recorded with regular employment (41.9%) and Sefton the highest number of those unemployed seeking work (64.8%) while Liverpool recorded the highest number identifying as long term sick or disabled (37.3%).

	Regular Employment	Pupil / Student	Long term sick or disabled	Homemaker	Unemployed and seeking work	Not receiving benefits	Unpaid voluntary work	Retired from paid work	Other	Total with Employment Status Recorded	Not Known
Cheshire East	-	-	-	-	-	-	-	-	-	0	1,425
										0.0%	100.0%
Cheshire West & Chester	-	-	-	-	-	-	-	-	-	0	1,954
										0.0%	100.0%
Halton	<14	-	**	-	14	-	-	-	-	31	814
	41.9%	0.0%	12.9%	0.0%	45.2%	0.0%	0.0%	0.0%	0.0%	3.7%	96.3%
Knowsley	26	**	23	5	43	**	**	6	**	106	677
	24.5%	0.9%	21.7%	4.7%	40.6%	0.9%	0.9%	5.7%	0.0%	13.5%	86.5%
Liverpool	226	21	1,070	8	1,033	233	21	114	146	2,872	9,786
	7.9%	0.7%	37.3%	0.3%	36.0%	8.1%	0.7%	4.0%	5.1%	22.7%	77.3%
Sefton	173			12	518	27	7	31	31	799	2,963
	21.7%	0.0%	0.0%	1.5%	64.8%	3.4%	0.9%	3.9%	3.9%	21.2%	78.8%
St. Helens	-	-	-	-	-	-	-	-	-	0	3,744
										0.0%	100.0%
Warrington	**	-	-	-	-	-	-	-	-	**	1,995
	0.1%									0.1%	99.9%
Wirral	86	28	95	7	274	**	<10	14	20	535	4,185
	16.1%	5.2%	17.8%	1.3%	51.2%	0.4%	1.7%	2.6%	3.7%	11.3%	88.7%
All IMS clients	**513**	**50**	**1,179**	**32**	**1,870**	**262**	**38**	**165**	**196**	**4,305**	**26,941**
	11.9%	1.2%	27.4%	0.7%	43.4%	6.1%	0.9%	3.8%	4.6%	13.8%	86.2%

Table 8 - IMS clients by employment status



EMPLOYMENT STATUS AND MAIN SUBSTANCE

Of those clients who gave an employment status 72.2% of steroid clients stated they were in regular employment; for alcohol clients this figure was 14.3%, and for all other substances (excluding steroids & alcohol) 7.0% of clients reported being in regular employment. Overall 43.4% of clients were unemployed and seeking work. When considering alcohol clients only this figure is 39.5% and for steroid clients 20.6%

Drug Group of Main Substance	Regular Employment	Pupil / Student	Long term sick or disabled	Homemaker	Unemployed and seeking work	Not receiving benefits	Unpaid voluntary work	Retired from paid work	Other	Total with Employment Status Recorded	Not Known
Heroin	43	**	250	**	470	25	8	23	9	832	3,102
	5.2%	0.1%	30.0%	0.4%	56.5%	3.0%	1.0%	2.8%	1.1%	21.1%	78.9%
Methadone	**	0	46	0	39	**	0	**	**	92	59
	1.1%	0.0%	50.0%	0.0%	42.4%	4.3%	0.0%	1.1%	1.1%	60.9%	39.1%
Other Opiates	**	**	23	**	24	**	0	**	**	57	72
	1.8%	1.8%	40.4%	3.5%	42.1%	7.0%	0.0%	1.8%	1.8%	44.2%	55.8%
Benzodiazepines	0	0	**	0	6	0	0	0	0	8	9
	0.0%	0.0%	25.0%	0.0%	75.0%	0.0%	0.0%	0.0%	0.0%	47.1%	52.9%
Amphetamines (excl Ecstasy)	**	**	14	**	23	**	0	**	**	45	105
	2.2%	2.2%	31.1%	2.2%	51.1%	2.2%	0.0%	2.2%	6.7%	30.0%	70.0%
Cocaine (excl Crack)	50	0	54	**	110	9	**	8	12	248	202
	20.2%	0.0%	21.8%	1.2%	44.4%	3.6%	0.8%	3.2%	4.8%	55.1%	44.9%
Crack Cocaine	**	0	29	0	23	**	**	**	**	62	136
	1.6%	0.0%	46.8%	0.0%	37.1%	3.2%	1.6%	6.5%	3.2%	31.3%	68.7%
Hallucinogens	**	**	**	0	**	0	0	**	0	11	4
	27.3%	9.1%	18.2%	0.0%	36.4%	0.0%	0.0%	9.1%	0.0%	73.3%	26.7%
Ecstasy	**	0	**	0	**	0	0	0	0	5	1
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	83.3%	16.7%
Cannabis	22	5	101	**	161	20	**	**	18	331	79
	6.6%	1.5%	30.5%	0.6%	48.6%	6.0%	0.3%	0.3%	5.4%	80.7%	19.3%
Solvents	0	0	**	0	0	**	0	0	0	2	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Anti-depressants	0	0	0	**	0	0	0	**	0	2	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Alcohol	293	35	561	20	812	105	20	116	92	2,054	2,481
	14.3%	1.7%	27.3%	1.0%	39.5%	5.1%	1.0%	5.6%	4.5%	45.3%	54.7%
Other Drugs	**	0	**	0	9	**	**	0	0	14	230
	7.1%	0.0%	14.3%	0.0%	64.3%	7.1%	7.1%	0.0%	0.0%	5.7%	94.3%
Prescription Drugs	**	0	12	0	10	**	**	**	0	29	9
	3.4%	0.0%	41.4%	0.0%	34.5%	10.3%	6.9%	3.4%	0.0%	76.3%	23.7%
Novel Psych' Substances	**	0	0	0	**	0	0	0	0	2	3
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	60.0%
Steroids & PIEDS	70	**	**	0	20	0	**	0	**	97	5,118
	72.2%	2.1%	2.1%	0.0%	20.6%	0.0%	1.0%	0.0%	2.1%	1.9%	98.1%
Not Stated	23	**	79	0	156	87	**	7	56	414	15,331
	5.6%	1.0%	19.1%	0.0%	37.7%	21.0%	0.5%	1.7%	13.5%	2.6%	97.4%
All IMS clients	**513**	**50**	**1,179**	**32**	**1,870**	**262**	**38**	**165**	**196**	**4,305**	**26,941**
	11.9%	1.2%	27.4%	0.7%	43.4%	6.1%	0.9%	3.8%	4.6%	13.8%	86.2%

Table 9 - IMS clients by main substance and employment status

3.6. IMS: PARENTAL STATUS

Currently parental status is only widely recorded by Liverpool, Sefton and Wirral although Halton and Knowsley record this information for some individuals. Where a status is identified, Knowsley has the highest number recorded with all children under 18 living with the client (14.9%) while Sefton has the highest number recorded with no children under 18 living with the client (43.4%) For all areas other than Halton, the majority of individuals with a parental status recorded identified themselves as not being a parent of children under 18.

	All of the children under 18 live with client	Some of the children under 18 live with client	None of the children under 18 live with client	Not a parent of children under 18	Client declined to answer	Total with Parental Status Recorded	Not Known
Cheshire East	-	-	-	-	-	0	1,425
	-	-	-	-	-	0.0%	100.0%
Cheshire West & Chester	-	-	-	-	-	0	1,954
	-	-	-	-	-	0.0%	100.0%
Halton	**	**	15	12	<9	36	809
	5.6%	0.0%	41.7%	33.3%	19.4%	4.3%	95.7%
Knowsley	<12	**	19	40	0	74	709
	14.9%	5.4%	25.7%	54.1%	0.0%	9.5%	90.5%
Liverpool	112	80	1,166	2,200	93	3,651	9,007
	3.1%	2.2%	31.9%	60.3%	2.5%	28.8%	71.2%
Sefton	0	54	388	448	**	894	2,868
	0.0%	6.0%	43.4%	50.1%	0.4%	23.8%	76.2%
St. Helens	-	-	-	-	-	0	3,744
	-	-	-	-	-	0.0%	100.0%
Warrington	-	-	-	-	-	0	1,996
	-	-	-	-	-	0.0%	100.0%
Wirral	75	17	138	315	5	550	4,170
	13.6%	3.1%	25.1%	57.3%	0.9%	11.7%	88.3%
All IMS clients	**198**	**149**	**1,672**	**2,981**	**109**	**5,109**	**26,137**
	3.9%	2.9%	32.7%	58.3%	2.1%	16.4%	83.6%

Table 10 - IMS clients by parental status

32.7%

Percentage of clients who have none of their children (under 18) living with them

While 66.7% of those with children under 18 identifying steroid and PIEDs as their primary substance had all of those children living with them, this figure fell to 14.3% for those identifying methadone as their primary substance, and 11.4% for crack cocaine.

Drug Group of Main Substance	All of the children under 18 live with client	Some of the children under 18 live with client	None of the children under 18 live with client	Not a parent of children under 18	Client declined to answer	Total with Parental Status Recorded	Not Known
Heroin	30	39	321	393	13	796	3,138
	3.8%	4.9%	40.3%	49.4%	1.6%	20.2%	79.8%
Methadone	**	**	36	39	**	85	66
	3.5%	3.5%	42.4%	45.9%	4.7%	56.3%	43.7%
Other Opiates	**	**	23	28	0	57	72
	5.3%	5.3%	40.4%	49.1%	0.0%	44.2%	55.8%
Benzodiazepines	0	0	<8	**	0	9	8
	0.0%	0.0%	66.7%	33.3%	0.0%	52.9%	47.1%
Amphetamines (excl Ecstasy)	**	**	14	26	**	44	106
	4.5%	2.3%	31.8%	59.1%	2.3%	29.3%	70.7%
Cocaine (excl Crack)	22	8	93	138	5	266	184
	8.3%	3.0%	35.0%	51.9%	1.9%	59.1%	40.9%
Crack Cocaine	**	**	31	30	**	69	129
	2.9%	2.9%	44.9%	43.5%	5.8%	34.8%	65.2%
Hallucinogens	0	0	0	13	0	13	**
	0.0%	0.0%	0.0%	100.0%	0.0%	86.7%	13.3%
Ecstasy	0	0	0	6	0	6	0
	-	-	-	-	-	100.0%	0.0%
Cannabis	18	11	100	198	11	338	72
	5.3%	3.3%	29.6%	58.6%	3.3%	82.4%	17.6%
Solvents	0	0	0	**	0	**	0
	-	-	-	-	-	100.0%	0.0%
Anti-depressants	0	0	**	**	0	**	0
	-	-	-	-	-	100.0%	0.0%
Alcohol	102	74	857	1,747	53	2,833	1,702
	3.6%	2.6%	30.3%	61.7%	1.9%	62.5%	37.5%
Other Drugs	**	0	**	14	**	18	226
	5.6%	0.0%	5.6%	77.8%	11.1%	7.4%	92.6%
Prescription Drugs	**	**	14	11	**	29	9
	6.9%	3.4%	48.3%	37.9%	3.4%	76.3%	23.7%
Novel Psychoact Substances	0	0	0	**	0	**	**
	-	-	-	-	-	40.0%	60.0%
Steroids & PIEDS	7	5	6	29	7	54	5,161
	13.0%	9.3%	11.1%	53.7%	13.0%	1.0%	99.0%
Not Stated	<7	**	169	301	8	486	15,259
	1.2%	0.4%	34.8%	61.9%	1.6%	3.1%	96.9%
All IMS clients	**198**	**149**	**1,672**	**2,981**	**109**	**5,109**	**26,137**
	3.9%	2.9%	32.7%	58.3%	2.1%	16.4%	83.6%

Table 11 - IMS clients by main substance and parental status

3.7. IMS: GEOGRAPHIC PROFILE

LOCAL AUTHORITY AREA OF IMS SERVICE

Liverpool accounted for the highest percentage of activity delivered by IMS services (37.2%, a slight decrease from 42.8% in 2013-14) followed by Wirral (15%, 16.6% in 2013-14) and Sefton (12.7%, up from 9.0% in 2013-14), reflecting both relative populations between areas reporting to IMS and the greater prevalence of services in areas such as Liverpool and Wirral. St Helens delivered 11.5% of the overall activity.

The blue dots shown on each map indicate the location of agency based services that report activity to IMS.

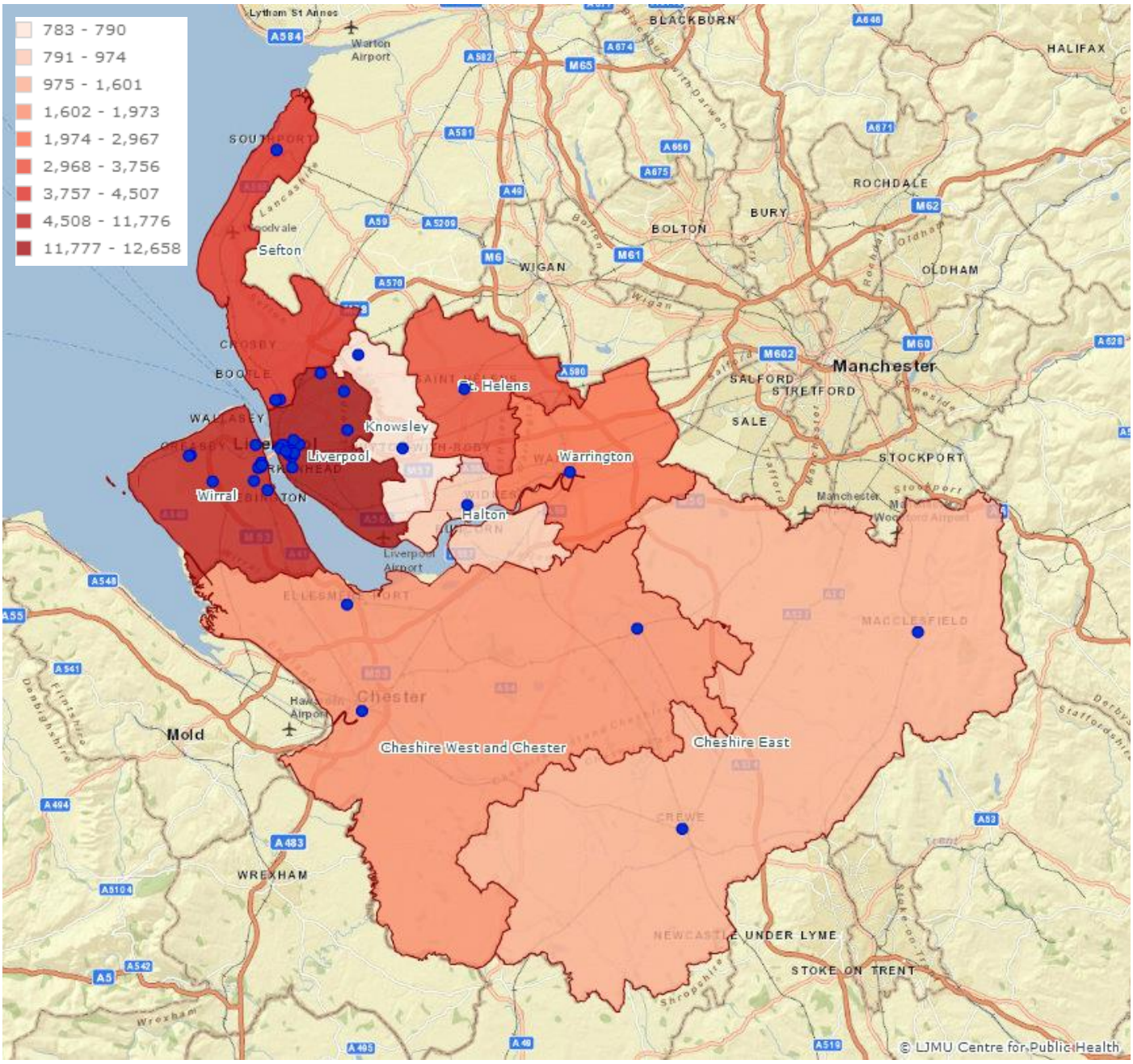


Figure 5 - IMS clients by local authority of IMS treatment service

POSTCODE AREA OF RESIDENCE

The postcode areas with the highest number of individuals reporting to IMS were L6 (2366 individuals), WA9 (1664 individuals), L4 (1641 individuals) and WA10 (1211 individuals). CH41 had the highest number of individuals on the Wirral (970) and L20 had the highest number in Sefton (1099)[13]. Numbers were significantly higher than 2013-14 due to better recording of the postcode field. Although most individuals resided in areas covered by IMS services, there were significant pockets of clients resident in areas outside of the region, including North Wales, Stoke on Trent, Stockport and Wigan. A valid postcode of residence was recorded for 75% of all IMS clients, an increase on the 39.5% recorded for 2013-14

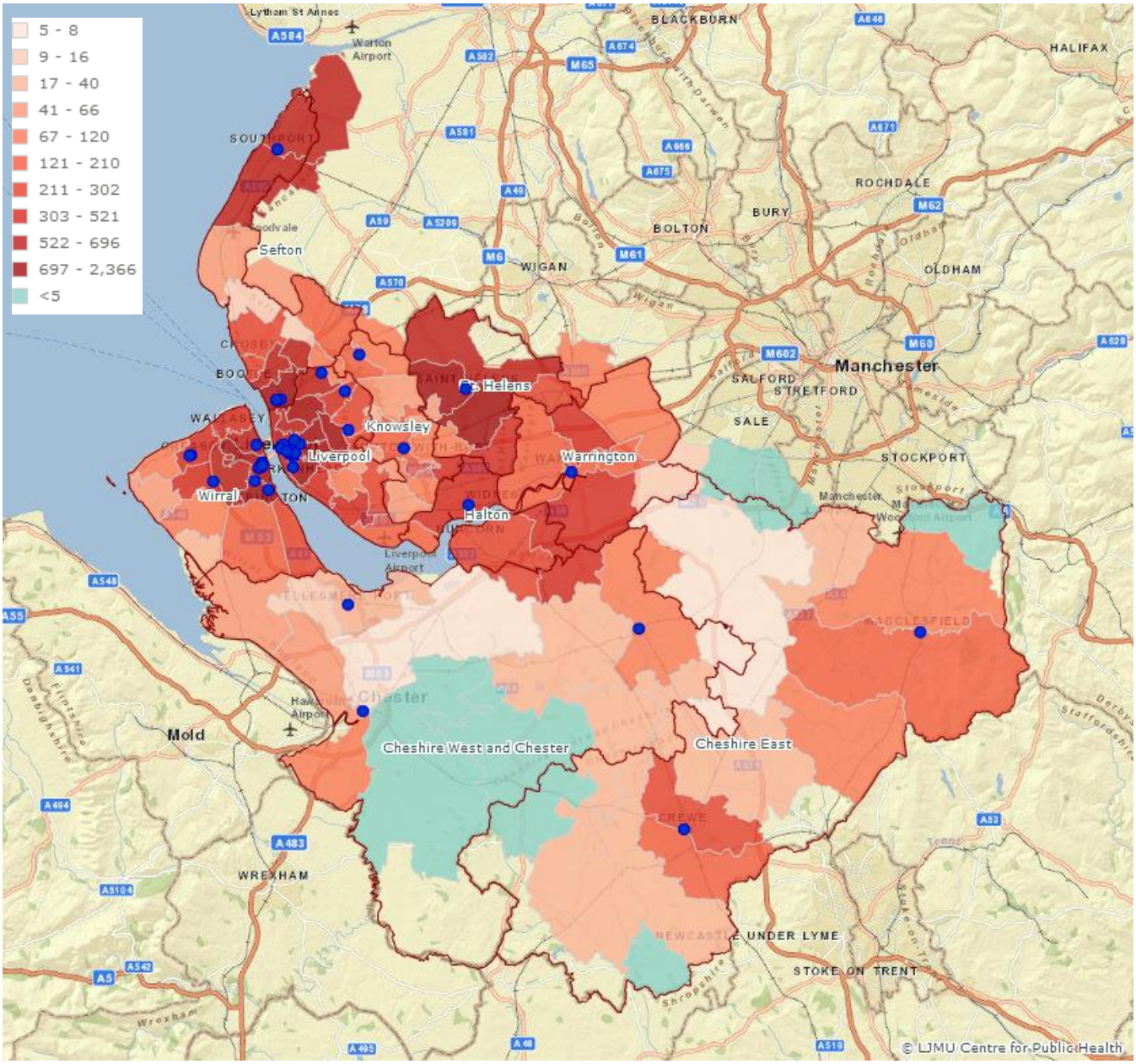
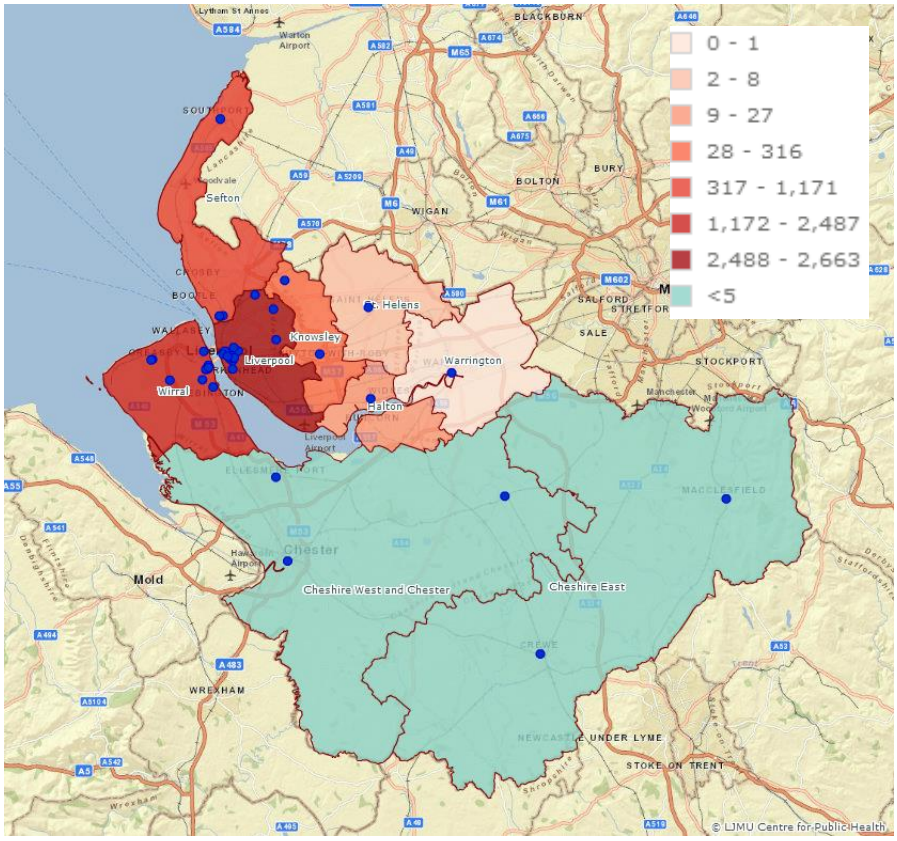
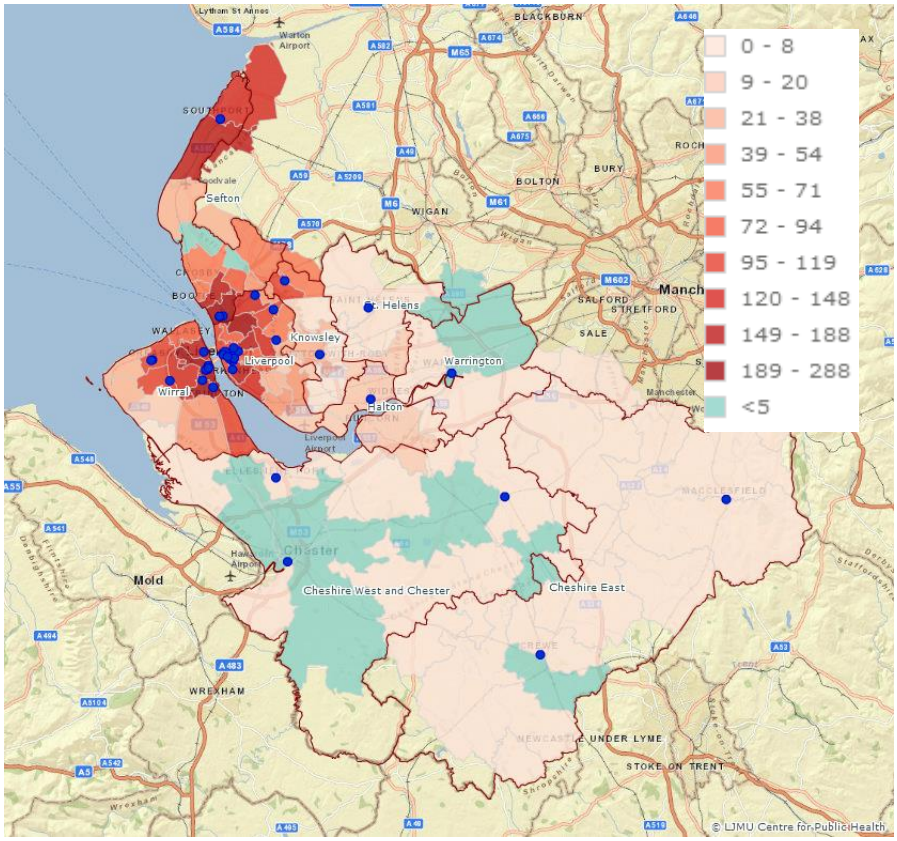


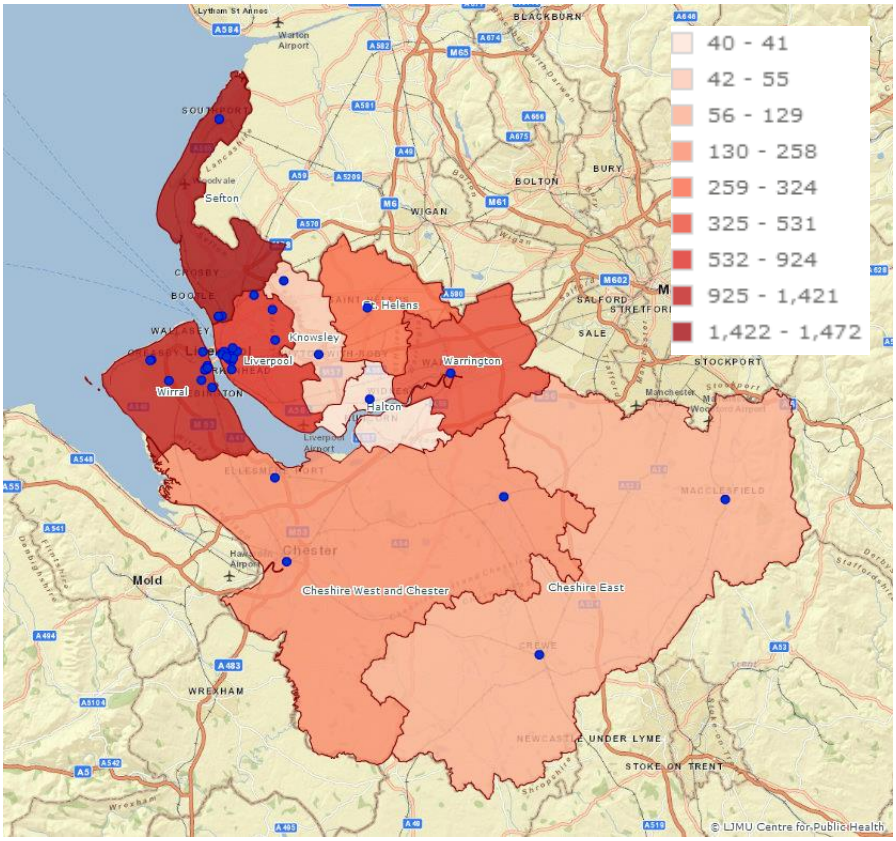
Figure 6 - IMS clients by postcode of residence

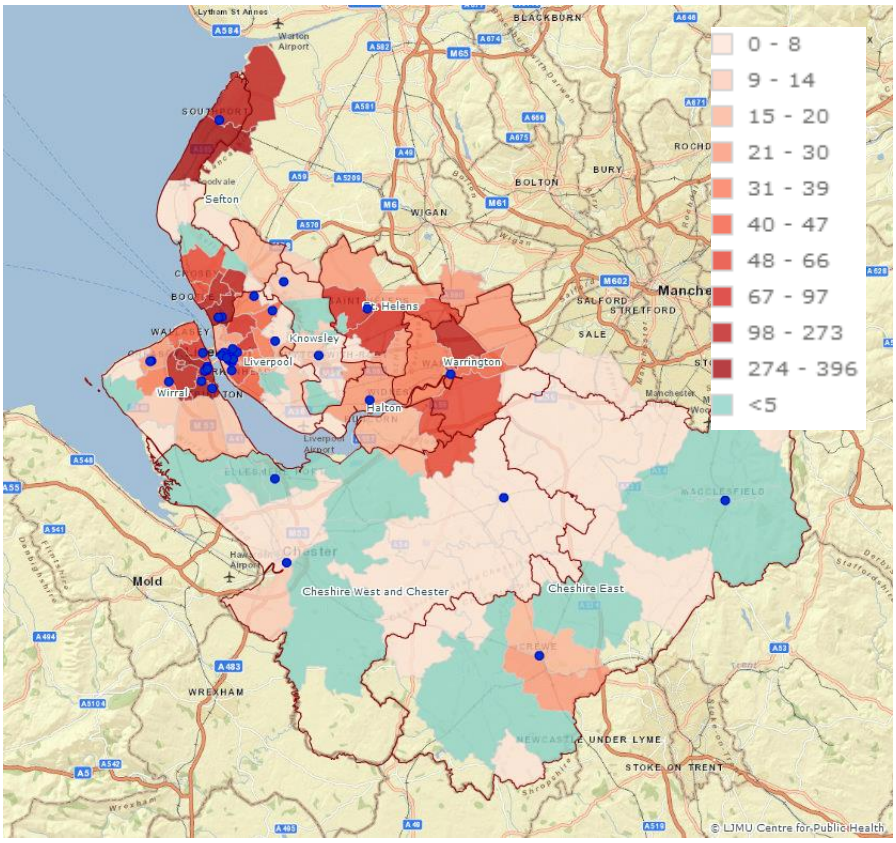
[13] The L20 postcode is split between Sefton and Liverpool, but 89.2% of postcodes are based within Sefton. This applies to all incidences of the L20 postcode sector in this report.

Liverpool had more individuals than any other local authority who identified alcohol as their primary substance, although the CH41 area had the highest number of individuals in any one postcode sector (288), followed by L4 (249). The postcode sector in Sefton with the highest number was L20 (238).



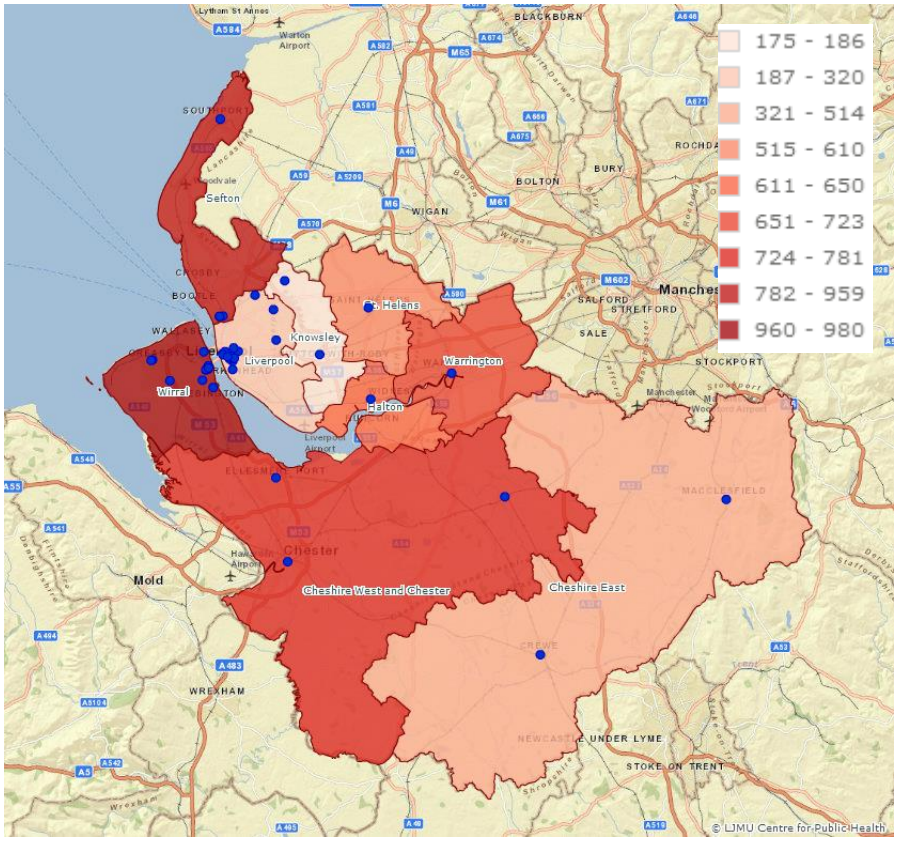


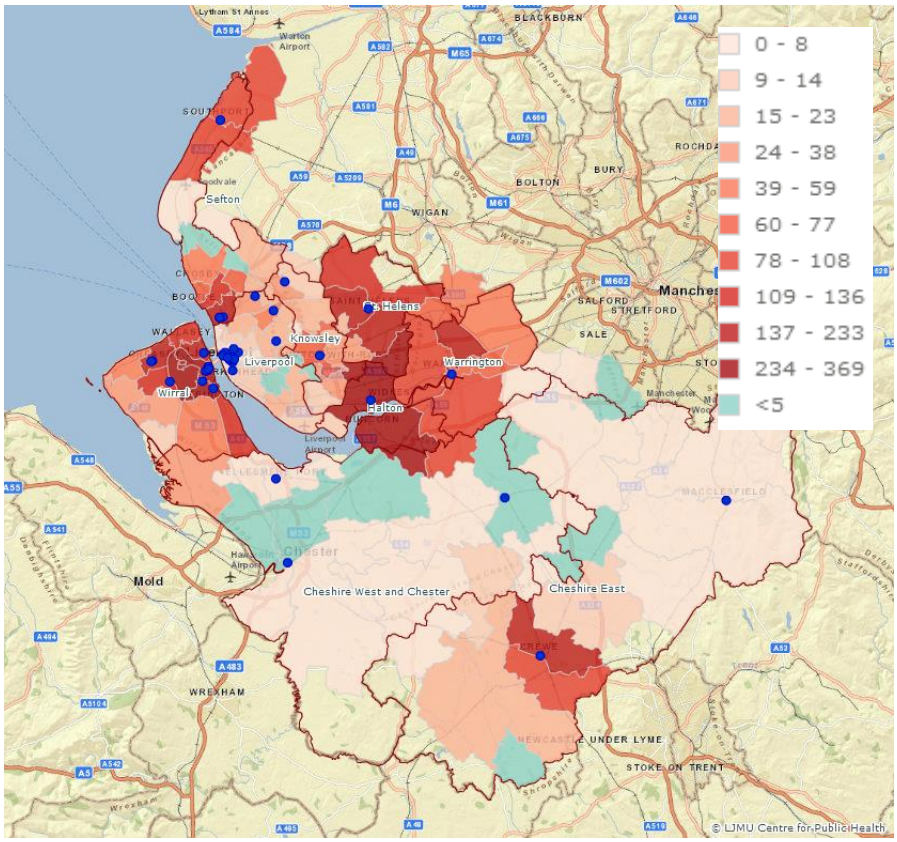




Sefton had more individuals than any other local authority who identified heroin as their primary substance, with the L20 area having the highest number of individuals in any one postcode sector (396), followed by CH42 (369) and PR8 (340). The postcode sector in Warrington with the highest number was WA2 (216).

Wirral had more individuals than any other local authority who identified steroids or PIEDs as their primary substance, with the CH42 area having the highest number of individuals in any one postcode sector (369), followed by WA8 (296) and CH41 (249). The postcode sector in Sefton with the highest number was L20 (138).





4. NON STRUCTURED TREATMENT

4.1. NON STRUCTURED TREATMENT: DEMOGRAPHIC PROFILE

The number of areas reporting to the non-structured treatment part of the IMS dataset, previously known as NSTMS and ATMS, grew from four to eight over the last 12 months, with all areas now reporting activity other than Cheshire West and Chester. (It should be noted Cheshire East also reported very low numbers). Significantly more males than females (over 7 in 10) were reported as part of the dataset. 9,941 unique individuals were reported to the system, an increase on the number of 8,033 for 2013/14.

GENDER

	Female	%	Male	%	Total Clients
Cheshire East	0	0.0%	7	100.0%	**7**
Cheshire West & Chester	0	-	0	-	**0**
Halton	21	2.7%	767	97.3%	**788**
Knowsley	35	38.5%	56	61.5%	**91**
Liverpool	1,534	31.4%	3,348	68.65	**4,882**
Sefton	448	36.5%	780	63.5%	**1,228**
St. Helens	31	6.5%	443	93.5%	**474**
Warrington	0	0.0%	40	100%	**40**
Wirral	714	27.2%	1,908	72.8%	**2,622**
Total	**2,716**	**27.3%**	**7,225**	**72.7%**	**9,941**

Table 12 - Non structured treatment clients by gender

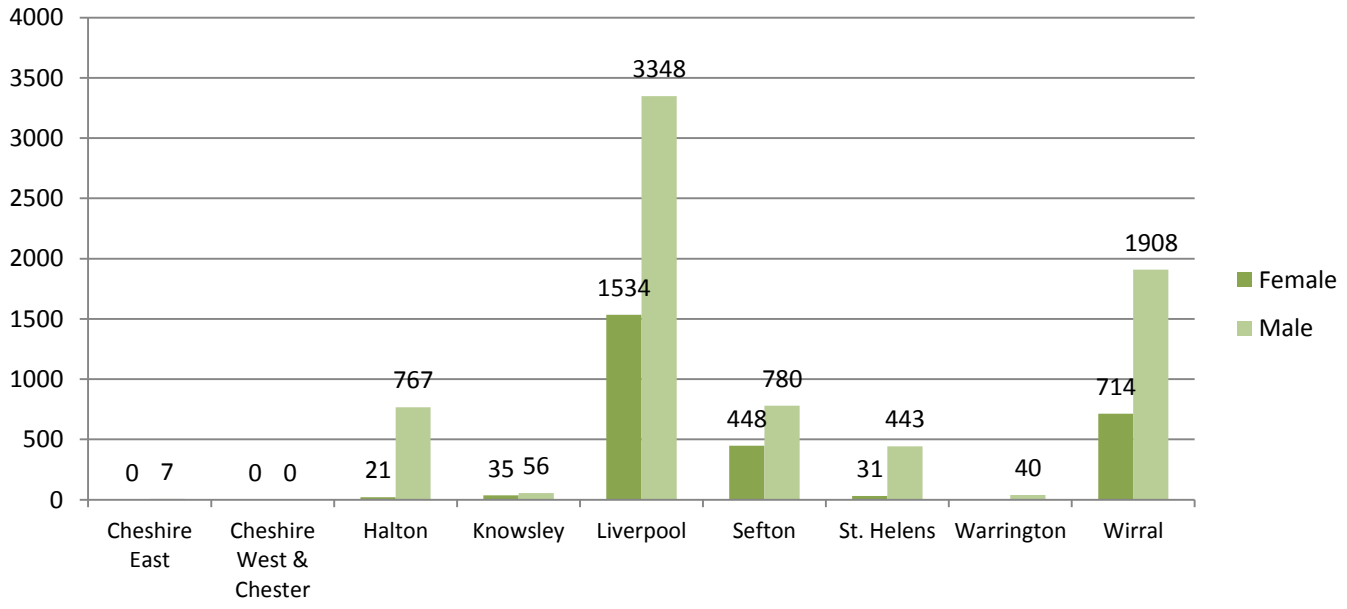


Figure 7 - Non structured treatment clients by gender

AGE GROUP

In most areas the peak age range of clients presenting to non-structured treatment services was concentrated in the 40-49 age bracket, with the exception of Halton where the peak age range was between 20-29 years. Liverpool again had the highest proportion of all areas reporting service users aged 60 and over (9.5%) although this dropped slightly from the 2013/14 figure of 12%, while Halton reported the highest proportion of service users aged under 25 (17%). The proportion of people under 25 in the Wirral dropped from 19% to 13% .

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
Cheshire East	Female	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Male	0	**	**	**	0	**	**	**	0	0	0	0	**7**
	Total	0	**	**	**	0	**	**	**	0	0	0	0	**7**
Cheshire West & Chester	Female	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Male	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Total	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Halton	Female	0	0	5	**	**	**	**	**	**	**	0	0	**21**
	Male	0	6	119	<192	<174	<114	<99	<41	<22	<7	**	**	**767**
	Total	0	6	124	193	175	115	100	43	23	7	**	**	**788**
Knowsley	Female	0	**	<7	**	<14	5	7	0	**	0	**	**	**35**
	Male	0	**	**	<14	**	9	7	5	<7	**	**	**	**56**
	Total	0	**	9	15	15	14	14	5	7	**	**	**	**91**
Liverpool	Female	37	23	67	123	177	224	248	203	175	112	69	76	**1,534**
	Male	13	53	202	350	361	432	502	476	369	269	142	179	**3,348**
	Total	50	76	269	473	538	656	750	679	544	381	211	255	**4,882**
Sefton	Female	0	**	15	29	42	64	106	77	52	21	23	<18	**448**
	Male	0	**	23	41	77	103	165	163	108	58	27	<14	**780**
	Total	0	**	38	70	119	167	271	240	160	79	50	<31	**1,228**
St. Helens	Female	0	0	**	**	8	6	6	**	**	0	0	0	**31**
	Male	0	**	60	105	83	68	66	<37	<14	6	**	**	**443**
	Total	0	**	63	109	91	74	72	40	15	6	**	**	**474**
Warrington	Female	0	0	0	0	0	0	0	0	0	0	0	0	**0**
	Male	0	0	6	13	6	**	8	**	**	0	0	0	**40**
	Total	0	0	6	13	6	**	8	**	**	0	0	0	**40**
Wirral	Female	26	7	48	56	73	79	111	108	79	49	25	53	**714**
	Male	7	38	216	296	241	257	251	219	167	87	50	79	**1,908**
	Total	33	45	264	352	314	336	362	327	246	136	75	132	**2,622**
All IMS Clients		**83**	**136**	**768**	**1,217**	**1,237**	**1,331**	**1,531**	**1,310**	**972**	**600**	**335**	**421**	**9,941**

Table 13 - Non structured treatment clients by age group and gender, 2014-15

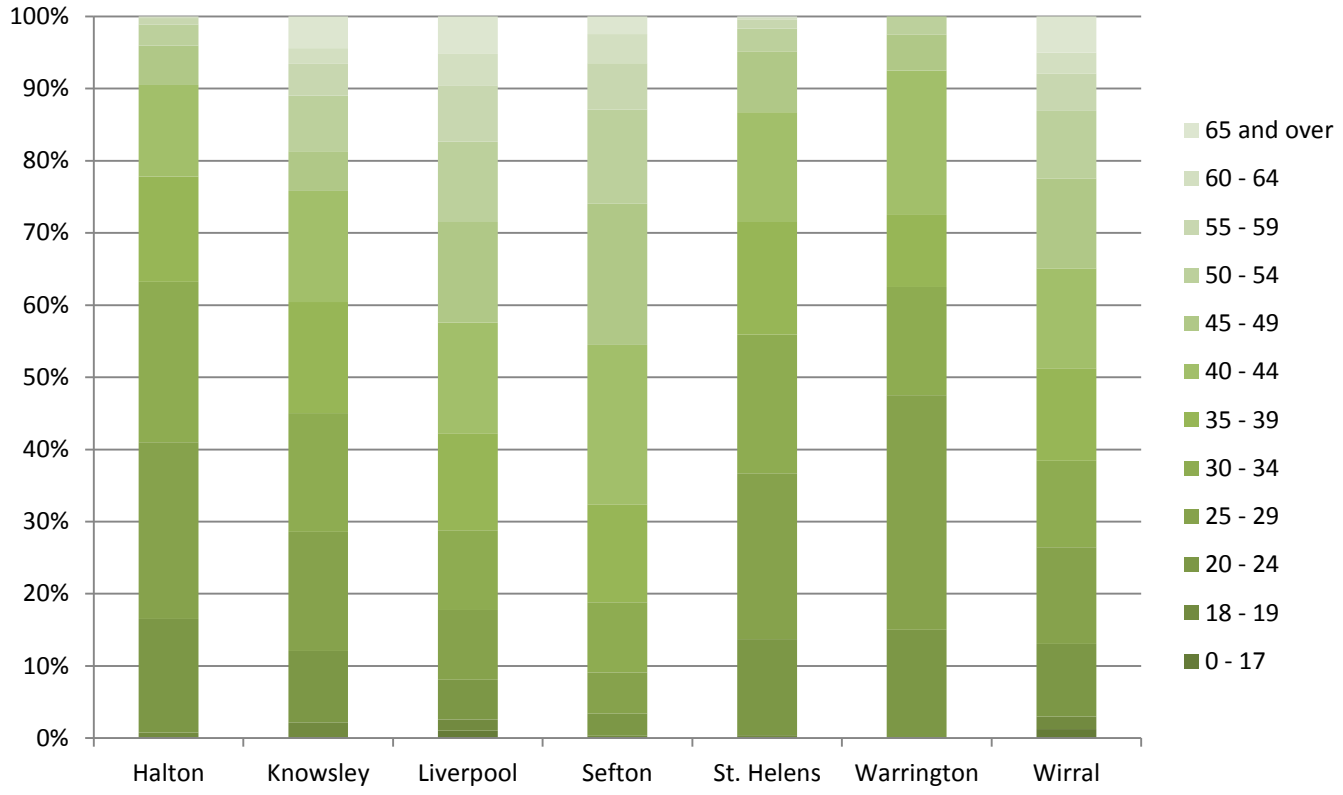


Figure 8 - Non structured treatment clients proportional split by Local Authority, 2014-15

The ethnicity of individuals using non-structured services who have an ethnicity recorded was again mainly White British, ranging from 88.5% in Liverpool (an increase from 82.1% in 2013/14) to 98.4% in Halton. Of those whose ethnicity was not recorded as White British, the main ethnic groups identified were Other White (1.8%) African (1%), and Other (0.9%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Clients
A: White British	-	-	98.4%	100.0%	88.5%	96.4%	98.3%	97.4%	97.8%	**93.1%**
B: White Irish	-	-	0.2%	0.0%	1.1%	0.4%	0.2%	0.0%	0.3%	**0.7%**
C: Other White	-	-	0.2%	0.0%	2.5%	2.1%	0.5%	2.6%	0.8%	**1.8%**
D: White and Black Caribbean	-	-	0.2%	0.0%	0.7%	0.0%	0.0%	0.0%	0.2%	**0.4%**
E: White and Black African	-	-	0.3%	0.0%	0.4%	0.2%	0.0%	0.0%	0.0%	**0.2%**
F: White and Asian	-	-	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	**0.2%**
G: Other Mixed	-	-	0.5%	0.0%	0.5%	0.2%	0.5%	0.0%	0.2%	**0.4%**
H: Indian	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	**0.1%**
J: Pakistani	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	**0.1%**
K: Bangladeshi	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
L: Other Asian	-	-	0.0%	0.0%	0.5%	0.1%	0.0%	0.0%	0.2%	**0.3%**
M: Caribbean	-	-	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.1%**
N: African	-	-	0.3%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	**1.0%**
P: Other Black	-	-	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	0.2%	**0.7%**
R: Chinese	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	**0.0%**
S: Other	-	-	0.0%	0.0%	1.6%	0.6%	0.5%	0.0%	0.1%	**0.9%**

Table 14 - Non structured treatment clients by ethnicity, 2014-15

4.2. NON STRUCTURED TREATMENT: MAIN SUBSTANCE

The main substance of use identified by individuals attending non-structured treatment services where this was recorded was alcohol (53.1%) although this was a significant drop from the 2013/14 figure of 74.4%. Steroids and PIEDs accounted for 15.6% of primary substances while heroin increased from 10.9% to 15%. 13.5% of the overall total did not have a main substance recorded, an improvement of 2013/14's figure of 21.2%.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Clients
Heroin	**	-	38	8	520	478	82	**	183	**1,271**
	33.3%		5.8%	9.0%	12.5%	40.2%	18.2%	8.6%	8.3%	**14.8%**
Methadone	0	-	**	0	67	34	**	0	19	**120**
	0.0%		0.6%	0.0%	1.6%	2.9%	0.4%	0.0%	0.9%	**1.4%**
Other Opiates	0	-	5	0	62	19	0	0	39	**124**
	0.0%		0.8%	0.0%	1.5%	1.6%	0.0%	0.0%	1.8%	**1.4%**
Benzodiazepines	0	-	0	0	<8	**	0	0	7	**15**
	0.0%		0.0%	0.0%	0.2%	0.1%	0.0%	0.0%	0.3%	**0.2%**
Amphetamines (excl Ecstasy)	0	-	**	**	36	14	9	0	14	**73**
	0.0%		0.2%	2.2%	0.9%	1.2%	2.0%	0.0%	0.6%	**0.9%**
Cocaine (excl Crack)	0	-	11	<10	279	74	**	0	66	**431**
	0.0%		1.7%	10.1%	6.7%	6.2%	0.2%	0.0%	3.0%	**5.0%**
Crack Cocaine	0	-	0	**	66	20	<7	0	11	**102**
	0.0%		0.0%	1.1%	1.6%	1.7%	1.3%	0.0%	0.5%	**1.2%**
Hallucinogens	0	-	0	0	<15	**	0	0	0	**15**
	0.0%		0.0%	0.0%	0.3%	0.2%	0.0%	0.0%	0.0%	**0.2%**
Ecstasy	0	-	0	0	<6	0	0	0	**	**6**
	0.0%		0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	**0.1%**
Cannabis	0	-	**	<15	297	33	0	0	66	**409**
	0.0%		0.5%	15.7%	7.2%	2.8%	0.0%	0.0%	3.0%	**4.8%**
Solvents	0	-	0	0	**	0	0	0	0	**
	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Anti-depressants	0	-	0	0	**	0	0	0	**	**
	0.0%		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Alcohol	0	-	9	49	2,650	509	0	0	1,433	**4,535**
	0.0%		1.4%	55.1%	63.9%	42.8%	0.0%	0.0%	65.1%	**52.9%**
Other Drugs	0	-	**	0	23	**	**	0	46	**76**
	0.0%		0.2%	0.0%	0.6%	0.3%	0.7%	0.0%	2.1%	**0.9%**
Prescription Drugs	0	-	**	0	28	0	0	0	**	**32**
	0.0%		0.2%	0.0%	0.7%	0.0%	0.0%	0.0%	0.1%	**0.4%**
Novel Psychoactive Substances	0	-	0	**	**	0	0	0	**	**5**
	0.0%		0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.1%	**0.1%**
Steroids & PIEDS	**	-	579	5	87	**	348	32	309	**1,359**
	66.7%		88.8%	5.6%	2.1%	0.2%	77.2%	91.4%	14.0%	**15.8%**
Total clients with substance stated	**	-	**652**	**89**	**4,146**	**1,189**	**451**	**35**	**2,200**	**8,577**
Not Stated	**	-	136	**	736	39	23	5	422	**1,364**
	57.1%		17.3%	2.2%	15.1%	3.2%	4.9%	12.5%	16.1%	**13.7%**

Table 15 - Non structured treatment clients by main substance, where recorded, 2014-15

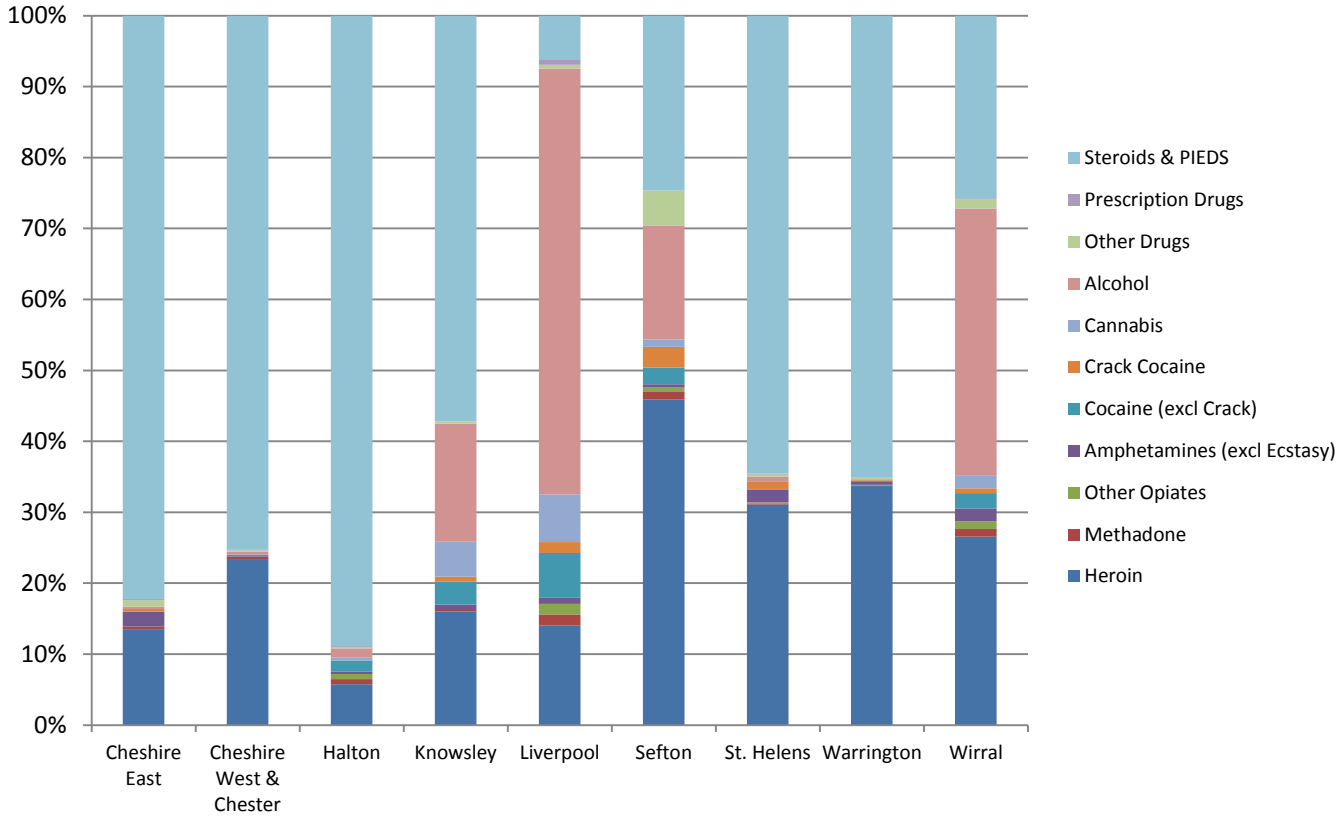


Figure 9 - IMS Non Structured main substance used where recorded, 2014-15

4.3. NON STRUCTURED TREATMENT: ACTIVITY DELIVERED

INTERVENTIONS

Non-structured treatment services delivered Brief Interventions in almost 3 presentations out of every 4.[14] A total of 59, 775 interventions were delivered during the year, a substantial increase from the 35,133 interventions recorded in 2013/14. Delivered in total to 9,941 individuals, each individual received an average of just over six interventions from a service over the course of the year, an increase from the average of four interventions delivered in 2013/14, suggesting that services' time spent with each individual has increased.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS Total
Advice and Info	0	-	10	30	9,631	0	0	6	1,787	**11,464**
Brief Intervention	7	-	1,727	68	37,519	2,398	910	40	5,642	**48,311**
All Interventions	**7**	**-**	**1,737**	**98**	**47,150**	**2,398**	**910**	**46**	**7,429**	**59,775**
Intervention Type										
Alcohol Brief Intervention	0	-	0	0	224	0	0	0	448	**672**
Alternative Therapies	0	-	0	0	451	0	0	0	6	**457**
Anabolic Steroid Contact	**	-	660	0	100	0	222	**	315	**1,302**
Assessment, Review or 1to1	0	-	0	0	5,009	0	0	0	292	**5,301**
Attendance	0	-	0	0	88	0	0	0	0	**88**
Benefits & Debt Advice	0	-	0	0	10	0	0	0	0	**10**
Detox & Rehab	0	-	**	0	365	0	**	0	0	**369**
Drug & Alcohol information	0	-	0	0	-	0	0	0	12	**12**
Education, Train, Employment	0	-	0	0	998	0	0	**	680	**1,681**
Engagement Activities	0	-	0	0	11,884	0	0	0	380	**12,264**
Family Support	0	-	0	0	30	0	0	0		**30**
Harm Reduction	**	-	105	10	8,599	**	338	33	866	**9,956**
Health Assess & Mental Health	0	-	0	0	202	0	0	0	194	**396**
Housing Support	0	-	0	**	500	0	**	0	7	**510**
Other intervention	**	-	35	84	1,225	2,386	16	**	2,589	**6,337**
Outreach	0	-	0	0	3,438	0	0	0	570	**4,008**
Recovery Support	0	-	35	0	11,998	0	**	0	547	**12,582**
Safer Drug Use	0	-	857	**	89	9	249	**	309	**1,516**
Screening, Vacc & Sexual Health	0	-	13	**	38	0	38	<7	196	**291**
Volunteering	0	-	0	0	762	0	0	0	12	**774**
Wellbeing Intervention	0	-	0	0	1,118	0	0	0	0	**1,118**
Wound Care	0	-	31	0	22	**	40	0	6	**101**

Table 16 - Non structured treatment clients, interventions summary, 2014-15

[14] The information system used to record data in Sefton only allows the option "Brief Intervention" to be recorded.

Only Liverpool and Wirral currently record onward referrals to other organisations, although Halton do record inward referrals. The main organisation type referred to was “Other” (47.3%), followed by Homeless Service (18.0%), Housing Provider (5.1%), Job Centre/Plus and Employment Services (4.4%) and Local Non Structured Treatment and Other Support Providers (4.0%).

Referrals	Liverpool	Wirral		Liverpool	Wirral
ATR - Alcohol Treatment Required	1	3	Job Centre/Employment	77	24
Community Alcohol Team	214	5	Local Non-Structured TP	128	10
Community care assessment	5	-	Other	1021	88
Concerned Others	7	2	Other Support Providers	101	217
Dental Practitioner	7	-	Outreach	13	22
Detox Service	30	4	Peer/Other service user	1	9
DIP - Drug Interventions Programme	2	-	Police Service (including SR)	8	1
DRR - Drug Rehabilitation Requirement	-	-	Prison/CARAT	-	-
Drug Service Non-Statutory	76	21	Probation	7	2
Drug Service Statutory	12	2	Psychiatry services	43	-
Education Service	51	34	Psychological Services	15	-
Employer	5	11	Rehab Service	11	1
Fire Service (Vulnerable Persons Team)	5	24	Relative	1	-
GP	74	21	Self	-	11
Homeless Service	1019	10	Sex Worker Project	4	-
Hospital - A&E	3	-	Social Services	42	4
Hospital General	43	5	Syringe Exchange	1	-
Housing Provider	172	16	Welfare Advice Agency	64	14
Total				3263	561

Table 17 - Non structured treatment clients, referrals, 2014-15

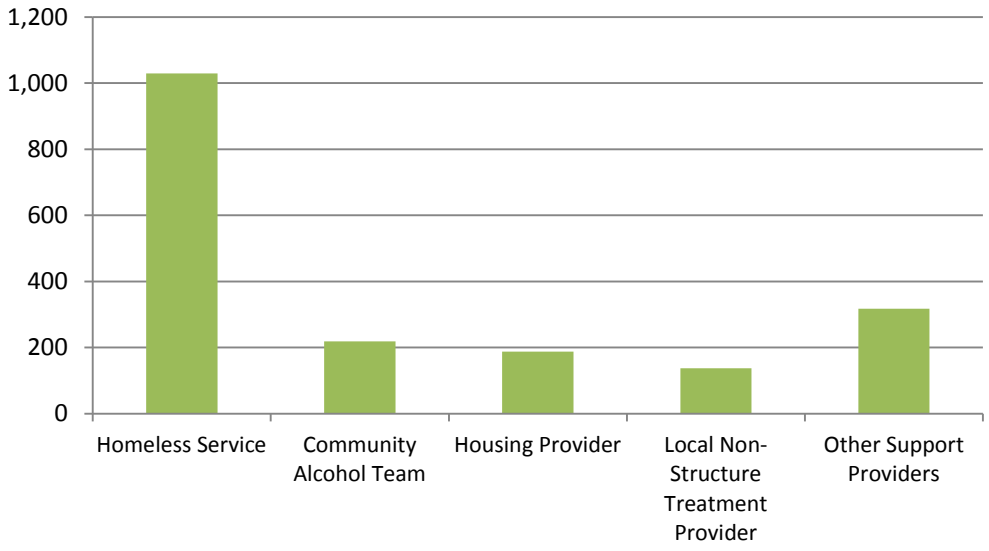


Figure 10 - Top 5 referral destinations excluding "Other"

4.4. NON STRUCTURED TREATMENT: OVERVIEW OF WELLBEING REVIEWS

Measuring wellbeing enables us to see how people feel (emotions) and how they function (competence and connectedness) on both a personal and social level, providing a subjective overview of their lives at a given point in time.

The Warwick-Edinburgh Mental Well-being scale (WEMWBS) was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. This tool has been validated for use in face-to-face interviews and showed good content validity.

WEMWBS was originally devise as a 14 item scale with five response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. There is also now a short-form WEMWBS, which asks seven questions again using a five item response scale (none of the time, rarely, some of the time, often, all of the time):

- I've been feeling optimistic about the future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make up my own mind about things

More details about WEMWBS can be found at: http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

METHODS

A cohort of 374 individuals from the Merseyside area[1] had completed WEMWBS on two separate occasions with at least two weeks between measures. The change in the wellbeing score between the first and second administration amongst the cohort was explored using the statistical computer package SPSS. In the statistical model [1] we investigated the effect of various categorical and continuous data on changes in wellbeing, these being: gender; ethnicity; initial substance reported; accommodation needs; employment status; parental status; number of days between wellbeing measures; age; and number of interventions/contacts.

RESULTS

When looking at the effects of the categorical and continuous data detailed above, the number of days between wellbeing measures was the only variable to have a significant effect on changes in wellbeing ($n=374$, $\mu = 306.4$ days, $F = 3.9$, $p = 0.049$). All other factors were not significant.

Regression analysis was used to further analyse the effect that the number of days had on change in wellbeing; however, despite there being a significant effect, there was a weak positive association ($n=374$, $R^2 = 0.029$, $p < 0.01$).

There was a small increase in wellbeing over time amongst this cohort. The number of days between administering WEMWBS varied from 14 to 708 days which could account for the significant result here, where an improvement in wellbeing could have occurred due to factors external to the services.

At this stage it is not possible to draw any conclusions as to the effect of drug and alcohol services on client wellbeing. We would need further data to explore changes in wellbeing, such as type of intervention received, changes in needs and changes in substance use.

Service users were predominantly from the Liverpool area, with a small number from Wirral. A general linear model (GLM) analysis was undertaken.

References: Michaelson, J., Mahony, S. and Schifferes, J. (2012). Measuring wellbeing: A guide for practitioners. London: new economics foundation.
Stewart-Brown S (2007). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and UK validation. Health and Quality of Life Outcomes, 5, 63.

4.5. NON STRUCTURED TREATMENT: GEOGRAPHIC PROFILE

LOCAL AUTHORITY AREA OF TREATMENT

Over 2 in 5 individuals (40.5%) receiving non-structured interventions reside in Liverpool, with a further quarter (26.8%) residing in Wirral and 16% residing in Sefton. Halton residents accounted for 7.5% of activity with all other areas reporting under 4%.

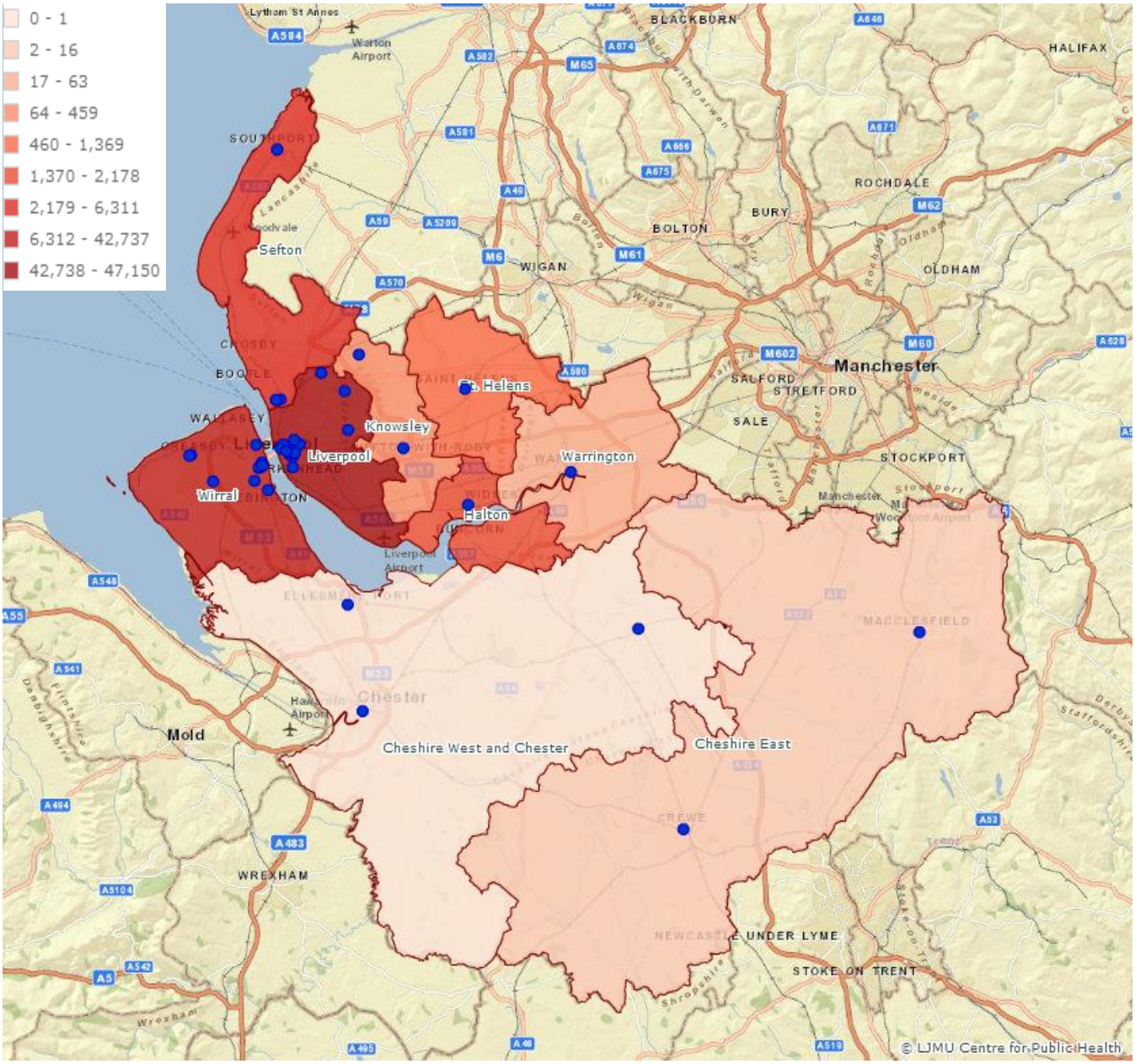


Figure 11 - Non structured treatment – Brief Interventions by local authority, 2014-15

The postcode areas reporting the highest numbers of non-structured interventions were L4 (5933 interventions), L8 (5468 interventions), L6 (4097 interventions) and L17 (3851 interventions). CH41 had the highest number of interventions on the Wirral (1489) and L20 had the highest number in Sefton (852), while WA8 had the highest number of interventions in Halton (856). Again, numbers were significantly higher than 2013-14 due to better recording of the postcode field.

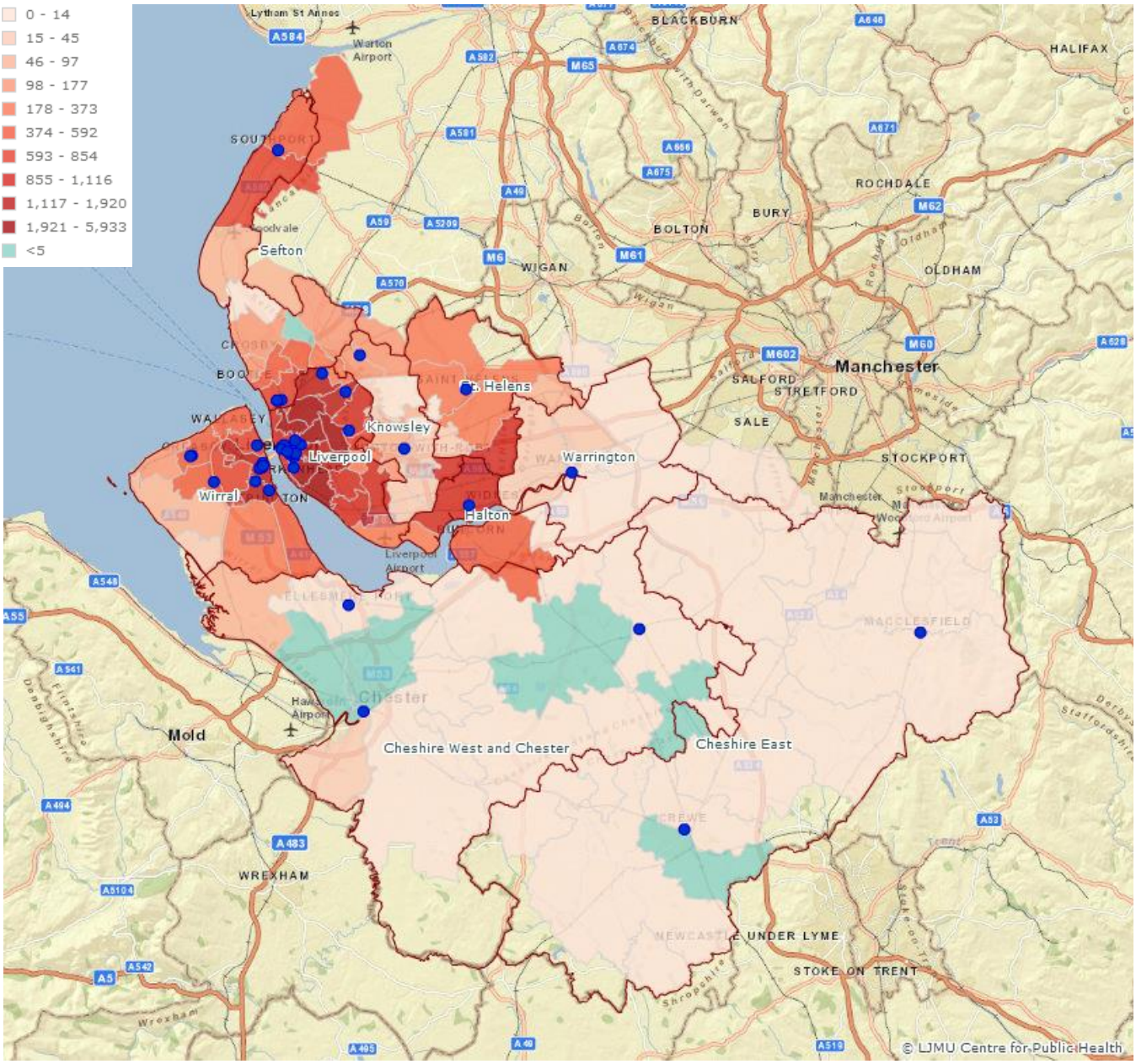


Figure 12 - Non structured treatment brief interventions by postcode of residence, 2014-15

5. NEEDLE & SYRINGE PROGRAMME – ALL CLIENTS

The needle and syringe programme data included in this section includes all clients who completed an exchange transaction during 2014/15. A further breakdown of these tables is available in appendix A, B and C where the tables have been repeated for all new clients only, for all non-steroid clients only, and for all new non-steroid clients only.

5.1. NEEDLE & SYRINGE PROGRAMME: DEMOGRAPHIC PROFILE [ALL CLIENTS]

GENDER

The substantial majority of client attending NSPs (Needle and Syringe Programmes) operated in both an agency and pharmacy setting are male, ranging from 86.9% in Sefton to 97.3% in Halton, and an average overall of 89.5%, a slight decrease from 90.4% in 2013/14 – this can again be accounted for in the main by the high number of Steroid and PIED users attending NSPs across the region.

	Female	%	Male	%	Total Clients	Increase from 13-14
Cheshire East	147	10.3%	1,278	89.7%	1,425	**10.2%**
Cheshire West & Chester	197	10.1%	1,757	89.9%	1,954	**14.0%**
Halton	22	2.7%	792	97.3%	814	**33.9%**
Knowsley	63	8.9%	641	91.1%	704	**23.7%**
Liverpool	913	11.2%	7,235	88.8%	8,148	**47.7%**
Sefton	351	13.1%	2,336	86.9%	2,687	**48.9%**
St. Helens	462	12.3%	3,282	87.7%	3,744	**80.0%**
Warrington	168	8.4%	1,828	91.6%	1,996	**30.4%**
Wirral	186	7.2%	2,395	92.8%	2,581	**26.5%**
Total	**2,480**	**10.5%**	**21,191**	**89.5%**	**23,671**	**37.9%**

Table 18 - NSP client numbers by gender (agency and pharmacy combined)

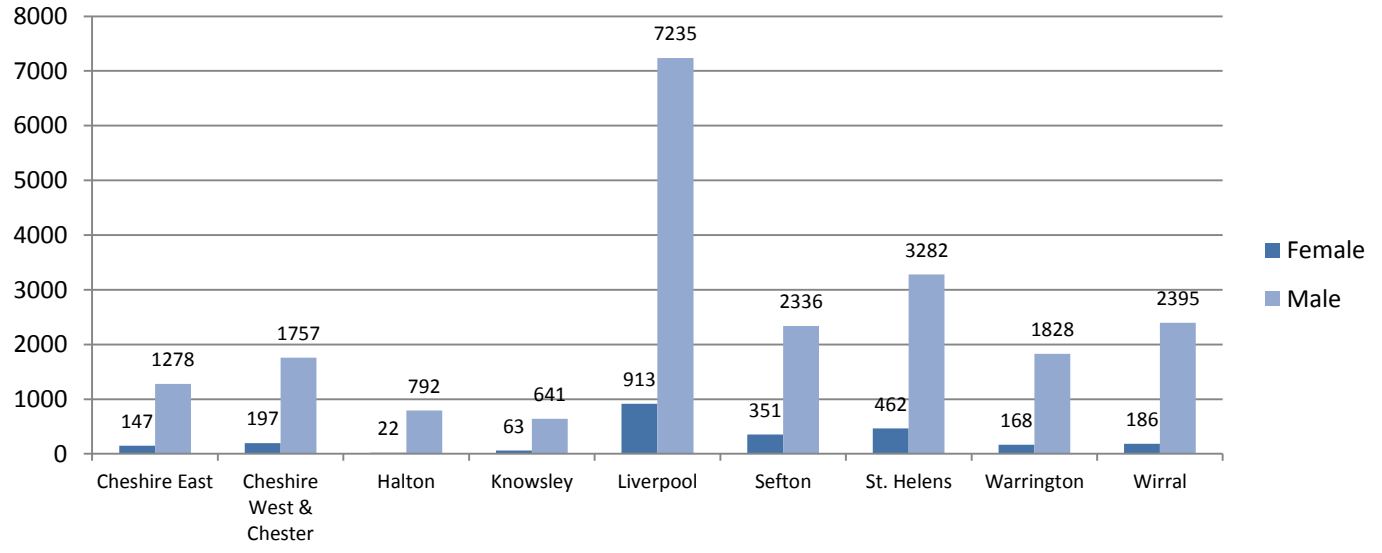


Figure 13 - NSP client numbers by gender (agency and pharmacy combined), 2014-15

AGE GROUP

The age of individuals attending NSPs peaks for most areas around the 40-44 age band (against a slightly lower modal age band for 2013/14) with Warrington in particular having high levels of 35-39 year old females (37%) and Wirral having high levels of 45-49 year old females (29%) All areas have less than 1% of attendees presenting aged 65 and over, other than Knowsley which registers 3%. Halton has the high number of attendees under the age of 25 (17%) while Liverpool and Sefton have the lowest proportion of those attending aged under 25 (7%).

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
Cheshire East	Female	0	0	**	21	32	33	29	14	11	**	0	0	147
	Male	**	39	<177	234	264	227	186	80	50	<13	6	**	1,278
	Total	****	**39**	**180**	**255**	**296**	**260**	**215**	**94**	**61**	**14**	**6**	****	**1,425**
Cheshire West & Chester	Female	0	**	12	37	34	36	36	17	15	7	0	**	197
	Male	5	<27	234	313	324	305	301	147	73	17	10	**	1,757
	Total	**5**	**28**	**246**	**350**	**358**	**341**	**337**	**164**	**88**	**24**	**10**	****	**1,954**
Halton	Female	0	0	6	**	**	**	**	**	**	**	0	0	22
	Male	0	7	125	<197	<179	<119	<96	<42	<26	<8	**	0	792
	Total	0	7	131	198	181	120	98	43	26	9	**	0	**814**
Knowsley	Female	0	**	**	8	5	7	17	7	**	5	**	7	63
	Male	5	<7	<80	147	135	68	85	55	<28	10	<9	17	641
	Total	**5**	**7**	**81**	**155**	**140**	**75**	**102**	**62**	**29**	**15**	**9**	**24**	**704**
Liverpool	Female	**	**	49	118	129	158	248	118	57	15	13	5	913
	Male	<34	<50	477	976	1,248	1,181	1,471	1,087	433	181	61	38	7,235
	Total	**34**	**51**	**526**	**1,094**	**1,377**	**1,339**	**1,719**	**1,205**	**490**	**196**	**74**	**43**	**8,148**
Sefton	Female	**	0	11	36	56	67	69	70	26	5	6	**	351
	Male	<21	13	145	334	344	366	484	341	188	48	40	<15	2,336
	Total	**21**	**13**	**156**	**370**	**400**	**433**	**553**	**411**	**214**	**53**	**46**	**17**	**2,687**
St. Helens	Female	**	**	20	65	94	92	97	57	22	6	**	**	462
	Male	<17	32	279	416	457	658	780	399	134	78	<25	<13	3,282
	Total	**17**	**33**	**299**	**481**	**551**	**750**	**877**	**456**	**156**	**84**	**26**	**14**	**3,744**
Warrington	Female	0	0	7	9	42	62	23	15	**	**	**	**	168
	Male	**	13	167	354	350	307	364	173	<52	<28	<16	<6	1,828
	Total	****	**13**	**174**	**363**	**392**	**369**	**387**	**188**	**54**	**30**	**16**	**6**	**1,996**
Wirral	Female	0	**	**	12	23	33	38	54	16	**	**	**	186
	Male	**	<23	<260	418	377	383	386	341	148	<39	<18	<6	2,395
	Total	****	**23**	**263**	**430**	**400**	**416**	**424**	**395**	**164**	**40**	**18**	**6**	**2,581**
		91	**213**	**2,026**	**3,627**	**4,020**	**4,030**	**4,640**	**2,980**	**1,275**	**450**	**204**	**115**	**23,671**

Table 19 - NSP client numbers by age group and gender (agency and pharmacy combined) , 2014-15

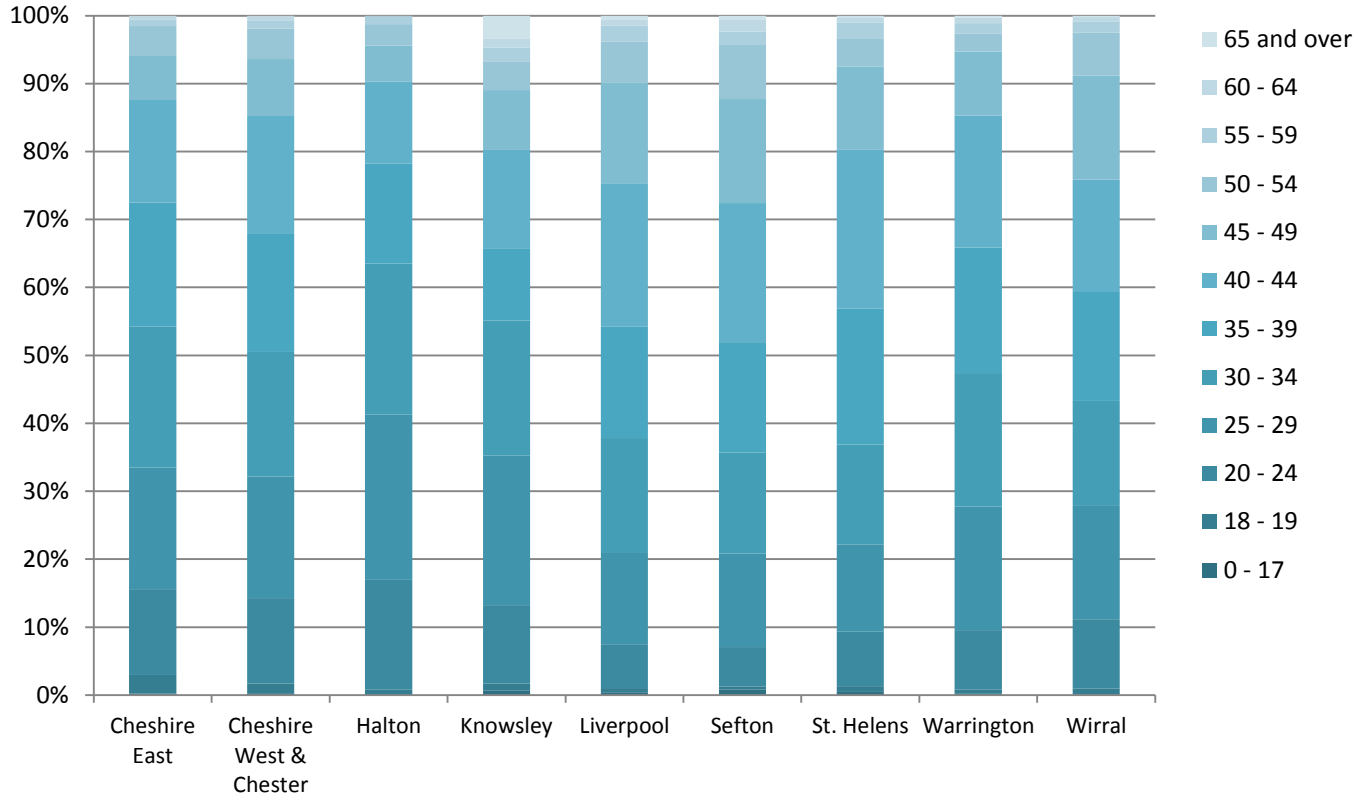


Figure 14 - NSP client numbers by age group (agency and pharmacy combined) , 2014-15

The ethnicity of individuals using NSP services who have an ethnicity recorded[15] is in the main White British, ranging from 88.9% in Cheshire East to 100% in Cheshire West and Chester – all areas record "White British" ethnicity at a level of above 90% other than Cheshire East. Of those whose ethnicity is not recorded as White British, the main ethnic groups identified are Other White (1.4%), White Irish and Other Mixed (both 0.5%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
A: White British	88.9%	100.0%	98.2%	98.7%	92.8%	95.4%	98.2%	95.1%	97.4%	**96.0%**
B: White Irish	1.2%	0.0%	0.3%	0.9%	1.8%	0.0%	0.5%	0.0%	0.1%	**0.5%**
C: Other White	5.7%	0.0%	0.2%	0.0%	1.6%	3.7%	0.5%	1.6%	0.7%	**1.4%**
D: White and Black Caribbean	1.7%	0.0%	0.2%	0.4%	0.2%	0.0%	0.0%	0.3%	0.2%	**0.3%**
E: White and Black African	0.0%	0.0%	0.3%	0.0%	0.2%	0.0%	0.2%	0.8%	0.1%	**0.2%**
F: White and Asian	0.2%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.1%	**0.1%**
G: Other Mixed	0.2%	0.0%	0.5%	0.0%	0.8%	0.0%	0.3%	1.1%	0.4%	**0.5%**
H: Indian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	**0.0%**
J: Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	**0.0%**
K: Bangladeshi	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.0%**
L: Other Asian	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.3%	**0.1%**
M: Caribbean	0.2%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	**0.1%**
N: African	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	**0.1%**
P: Other Black	0.2%	0.0%	0.0%	0.0%	0.8%	0.0%	0.0%	0.0%	0.1%	**0.2%**
R: Chinese	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%	0.1%	**0.1%**
S: Other	1.2%	0.0%	0.0%	0.0%	0.4%	0.8%	0.3%	0.5%	0.2%	**0.4%**

Table 20 - NSP client numbers by ethnicity (agency and pharmacy combined), 2014-15

[15] "Ethnicity not recorded" refers to when this field has either been left blank or completed with "Not Stated"

5.2. NEEDLE & SYRINGE PROGRAMME: MAIN SUBSTANCE [ALL CLIENTS]

The main substances of use identified by individuals attending needle and syringe exchange services where this was recorded were steroids and PIEDS (57.3%, a drop from 77% in 13/14)), followed by heroin (35.4%, an increase from 19.6%). All other substances had less than 2% recorded. 61.2% of the overall total did not have a main substance recorded, a decrease from 67.4% in 13/14.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	77	232	35	46	237	1,127	291	350	946	**3,200**
	13.5%	23.4%	5.3%	20.2%	36.0%	51.9%	31.0%	33.7%	45.7%	**35.4%**
Methadone	**	**	5	**	17	**	**	0	27	**57**
	0.4%	0.3%	0.8%	0.4%	2.6%	0.1%	0.2%	0.0%	1.3%	**0.6%**
Other Opiates	0	0	**	0	8	**	**	**	7	**21**
	0.0%	0.0%	0.6%	0.0%	1.2%	0.0%	0.1%	0.2%	0.3%	**0.2%**
Benzodiazepines	0	0	0	0	0	0	**	**	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.0%	**0.0%**
Amphetamines (excl Ecstasy)	12	**	**	0	5	**	17	5	61	**95**
	2.1%	0.1%	0.2%	0.0%	0.8%	0.0%	1.8%	0.5%	2.9%	**1.0%**
Cocaine (excl Crack)	0	**	0	**	6	**	**	**	21	**34**
	0.0%	0.2%	0.0%	0.9%	0.9%	0.1%	0.1%	0.1%	1.0%	**0.4%**
Crack Cocaine	**	0	0	**	10	76	9	**	16	**112**
	0.4%	0.0%	0.0%	0.4%	1.5%	3.5%	1.0%	0.2%	0.8%	**1.2%**
Hallucinogens	0	0	0	0	**	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Ecstasy	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Cannabis	0	0	0	**	5	0	0	0	**	**10**
	0.0%	0.0%	0.0%	0.4%	0.8%	0.0%	0.0%	0.0%	0.2%	**0.1%**
Solvents	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Anti-depressants	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Alcohol	**	**	0	**	85	16	7	0	37	**148**
	0.4%	0.4%	0.0%	0.9%	12.9%	0.7%	0.7%	0.0%	1.8%	**1.6%**
Other Drugs	5	**	**	**	**	156	**	**	**	**176**
	0.9%	0.2%	0.2%	0.4%	0.6%	7.2%	0.3%	0.2%	0.1%	**1.9%**
Prescription Drugs	**	**	0	0	5	0	**	0	**	**12**
	0.2%	0.1%	0.0%	0.0%	0.8%	0.0%	0.1%	0.0%	0.2%	**0.1%**
Novel Psychoactive Substances	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Steroids & PIEDS	468	746	616	174	276	791	605	677	945	**5,180**
	82.2%	75.3%	93.1%	76.3%	41.9%	36.4%	64.5%	65.1%	45.6%	**57.3%**
Total	**569**	**991**	**662**	**228**	**659**	**2,172**	**938**	**1,040**	**2,071**	**9,048**

Table 21 - NSP client numbers by main substance, where recorded (agency and pharmacy combined), 2014-15

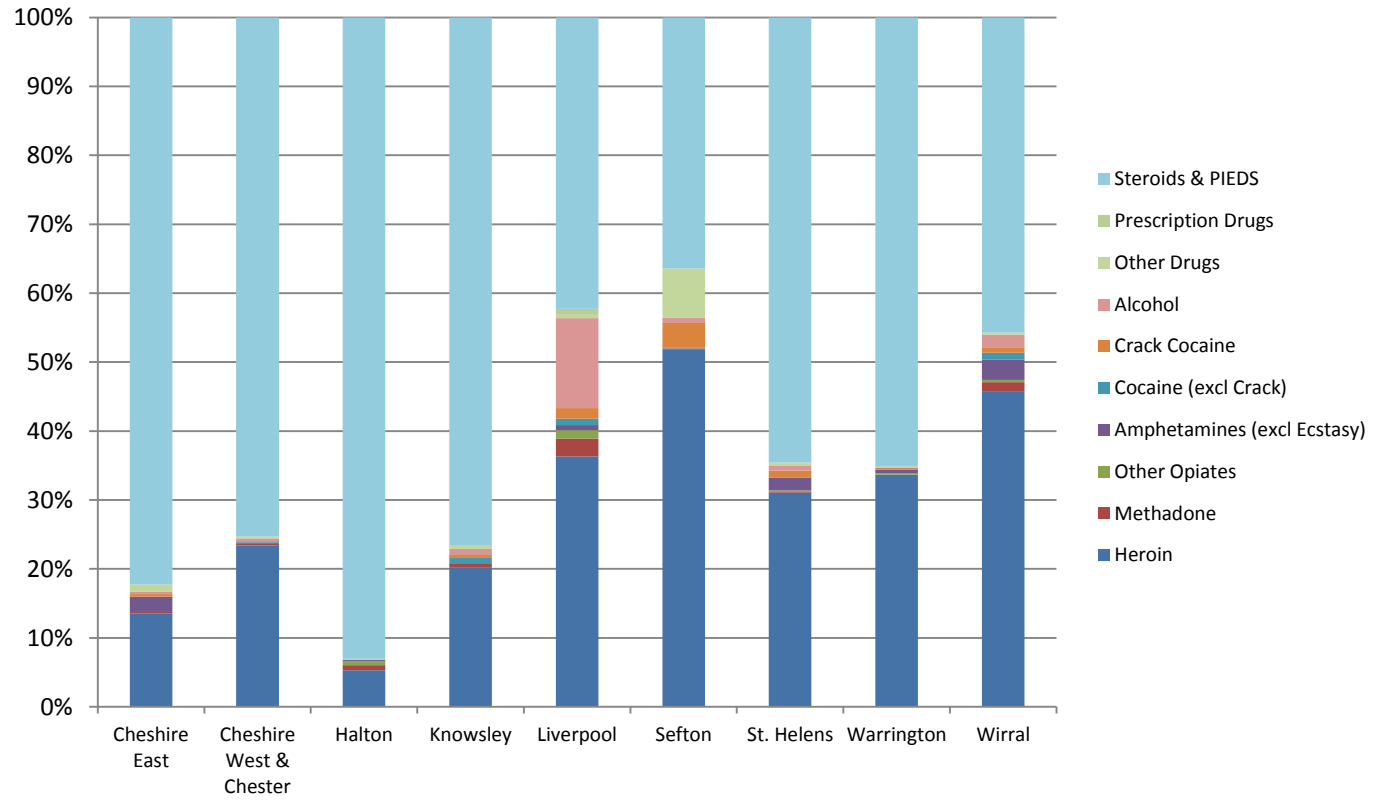


Figure 15 - NSP client numbers by main substance, where recorded (agency and pharmacy combined), 2014-15

5.3. NEEDLE & SYRINGE PROGRAMME: ACTIVITY DELIVERED

TRANSACTIONS

The split between agency and pharmacy for transactions delivered ranges from 6% of transactions being delivered in an agency setting in Sefton, and 6.2% in Liverpool to 54.% in Wirral and 92.5% in Halton. The average is 23.5%, a 10.8% drop from the figure of 34.3% in 2013/14, meaning delivery of NSP overall is moving to a pharmacy setting, with a split of over 3 pharmacy transactions for every 1 agency transaction.

	Agency Needle Syringe Programme	Pharmacy Needle Syringe Programme	Total
Chester East	1,467	4,545	**6,012**
Chester West and Chester	3,195	5,452	**8,647**
Halton	1,385	112	**1,497**
Knowsley	588	849	**1,437**
Liverpool	876	13,334	**14,210**
Sefton	520	8,100	**8,620**
St. Helens	1,530	12,777	**14,307**
Warrington	585	3,498	**4,083**
Wirral	6,423	5,355	**11,778**
Total	**16,569**	**54,022**	**70,591**

Table 22 - NSP activity number of transactions (agency and pharmacy combined), 2014-15

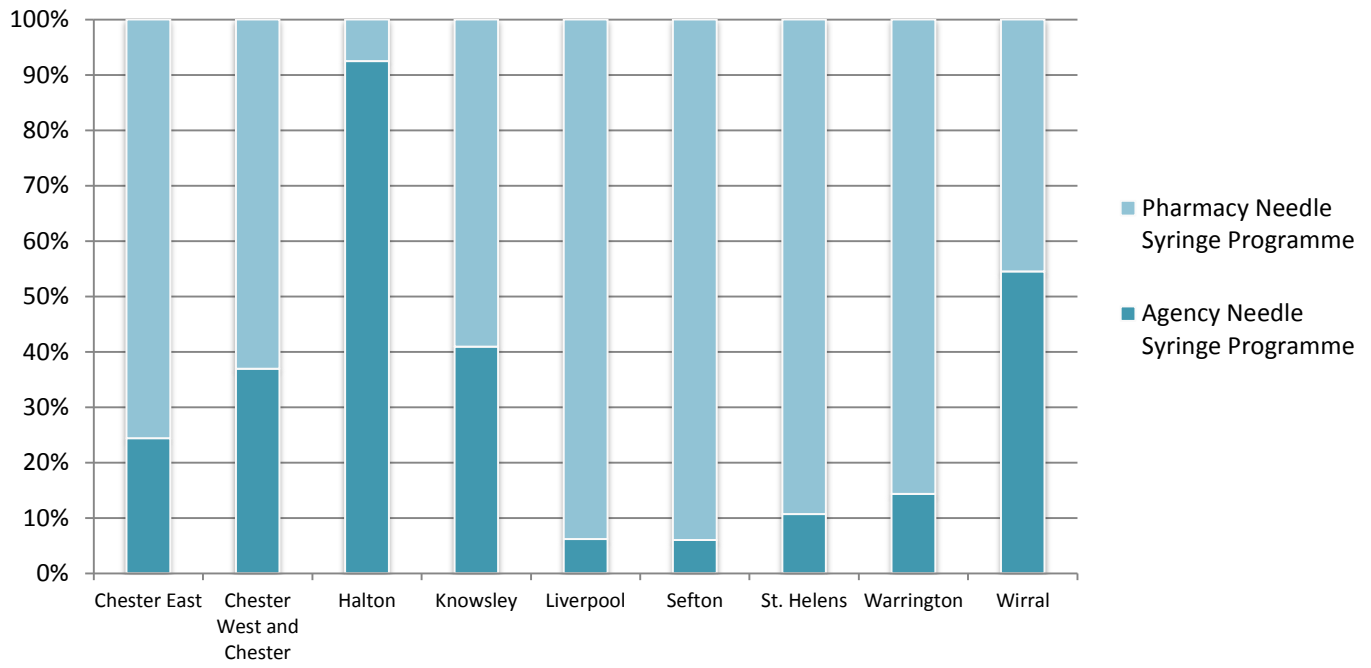


Figure 16 - NSP transaction split, agencies v pharmacies (agency and pharmacy combined), 2014-15

5.4. NEEDLE & SYRINGE PROGRAMME GEOGRAPHIC PROFILE [ALL CLIENTS]

LOCAL AUTHORITY AREA OF TREATMENT

The local authority with the highest number of NSP transactions delivered was St Helens (20.3%), replacing Liverpool (which had 32.1% in 2013-14) with 20.1% of all activity, followed by Wirral (16.7%) and Sefton/Cheshire West and Chester (both 12.2%). There were significant increases in syringe exchange activity in nearly all areas, in particular Sefton, Warrington and Wirral which all saw increases of over 100% from the previous year, and St Helen's which had an increase of 369%.

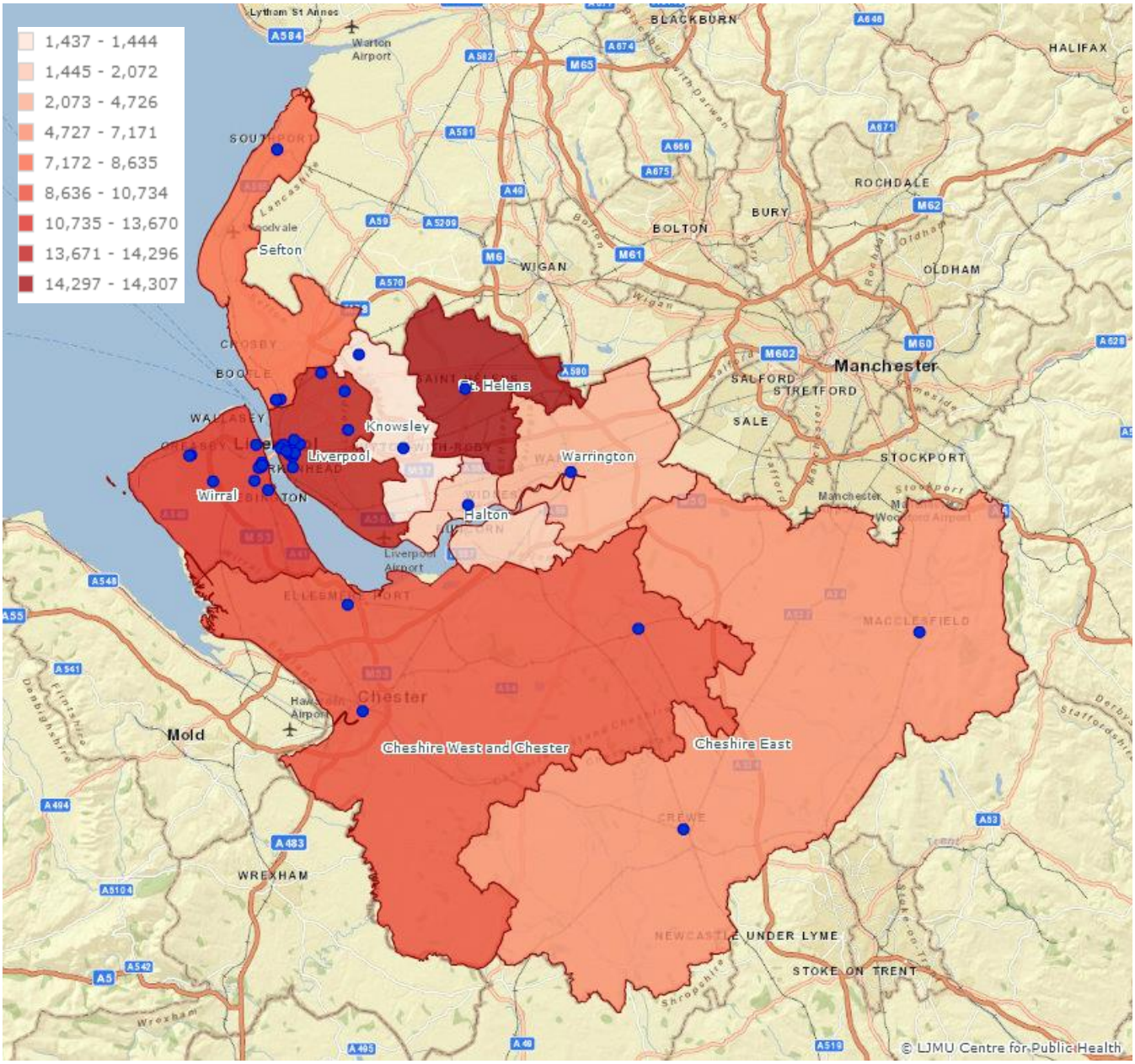


Figure 17 - NSP transaction numbers by local authority (agency and pharmacy combined), 2014-15

	2013-14	2014-15	Increase from 2013-14
Chester East	6,841	6,012	**-12%**
Chester West and Chester	7,922	8,647	**9%**
Halton	957	1,497	**56%**
Knowsley	1,316	1,437	**9%**
Liverpool	7,319	14,210	**94%**
Sefton	4,045	8,620	**113%**
St. Helens	3,052	14,307	**369%**
Warrington	1,971	4,083	**107%**
Wirral	4,203	11,778	**180%**
Total	**37,626**	**70,591**	**88%**

Table 23 - Change in NSP activity from 2013-14 to 2014-15

88%

Average increase in NSP activity from 2013-14

The postcode areas reporting the highest numbers of NSP transactions were WA9 (7133 transactions), L6 (3848 transactions), WA10 (3473 transactions) and CH42 (3028 interventions). PR9 had the highest number of transactions in Sefton (2033), while SK11 had the highest number of transactions in East Cheshire (1427) with SK10 also reporting substantial numbers (911). Again, numbers were significantly higher than 2013-14 due to better recording of the postcode field.

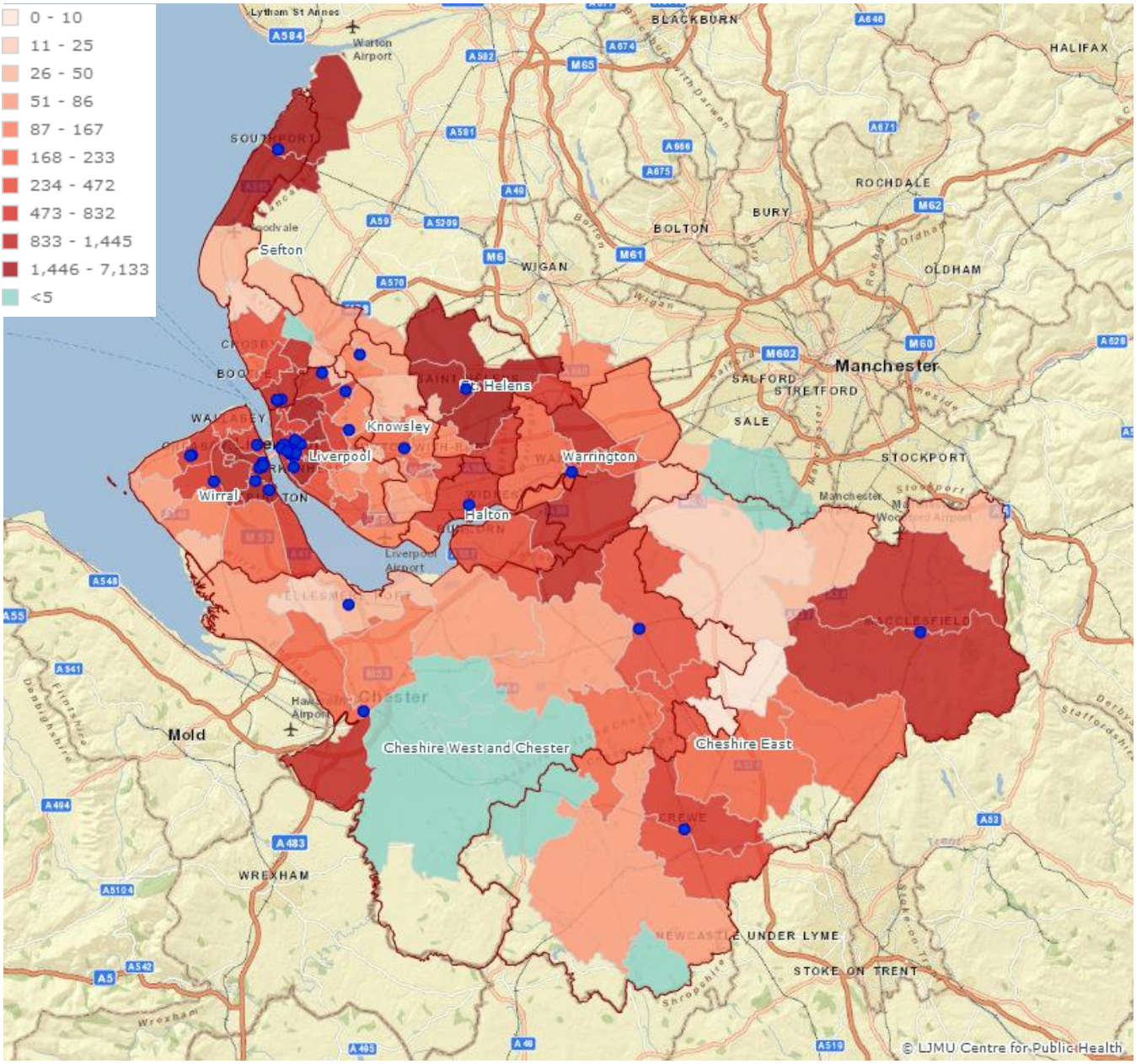


Figure 18 - NSP transaction numbers by postcode of residence (agency and pharmacy combined), 2014-15

6. AGENCY NEEDLE & SYRINGE PROGRAMME - ALL CLIENTS

6.1. AGENCY NEEDLE & SYRINGE PROGRAMME: DEMOGRAPHIC PROFILE [ALL CLIENTS]

GENDER

The substantial majority of client attending NSPs operating in an agency setting are male, ranging from 92.0% in Cheshire West and Chester to 98.8% in Warrington, and an average overall of 95.6%, a very slight decrease in last year's figure of 95.9% – this can be again accounted for in the main by the high number of Steroid and PIED users attending NSPs across the region.

	Female	%	Male	%	Total
Cheshire East	33	4.5%	705	95.5%	**738**
Cheshire West & Chester	101	8.0%	1,163	92.0%	**1,264**
Halton	21	2.6%	790	97.4%	**811**
Knowsley	14	5.5%	239	94.5%	**253**
Liverpool	11	3.3%	324	96.7%	**335**
Sefton	14	5.4%	244	94.6%	**258**
St. Helens	42	6.0%	663	94.0%	**705**
Warrington	5	1.2%	404	98.8%	**409**
Wirral	32	2.3%	1,375	97.7%	**1,407**
Total	**272**	**4.4%**	**5,866**	**95.6%**	**6,138**

Table 24 - NSP client numbers by gender (agency only), 2014-15

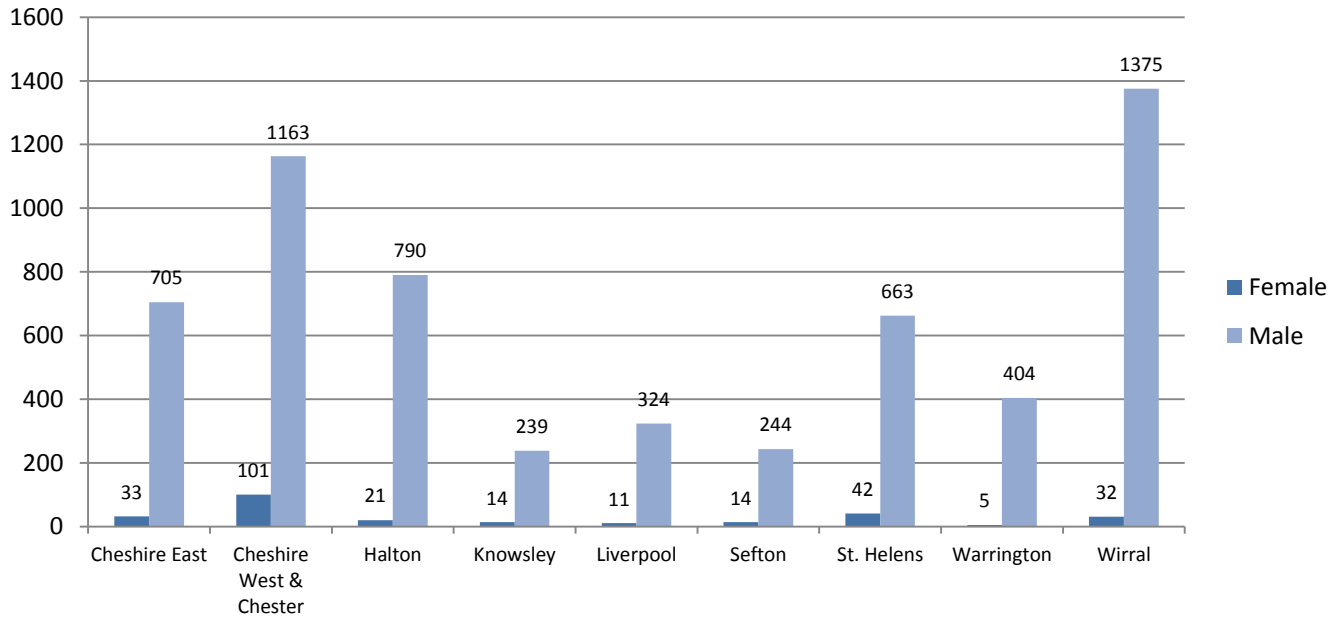


Figure 19 - NSP client numbers by gender (agency only), 2014-15

AGE GROUP

The age of individuals attending agency based NSPs peaks for most areas around the 25-34 age band, with Warrington in particular having over half of its attendees (52%) aged between 25-34 years against 35% for Sefton which is again the area with the highest average age of attendee. All areas have less than 1% of attendees presenting aged 65 and over, and both Liverpool and Sefton have the lowest proportion of those attending aged under 25 (7%).

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
Cheshire East	Female	0	0	**	**	7	5	**	6	**	**	0	0	33
	Male	**	30	<149	<174	119	93	<76	38	<22	<6	**	**	705
	Total	****	**30**	**150**	**176**	**126**	**98**	**77**	**44**	**24**	**7**	****	****	**738**
Cheshire West & Chester	Female	0	**	10	23	15	21	11	7	6	<6	0	0	101
	Male	**	<25	212	262	228	185	136	60	41	<8	7	**	1,163
	Total	****	**26**	**222**	**285**	**243**	**206**	**147**	**67**	**47**	**11**	**7**	****	**1,264**
Halton	Female	0	0	6	**	**	**	**	**	**	**	0	0	21
	Male	0	7	125	<198	<180	<119	<96	<41	<26	<7	**	0	790
	Total	**0**	**7**	**131**	**198**	**181**	**120**	**97**	**42**	**26**	**8**	****	**0**	**811**
Knowsley	Female	0	**	0	**	0	**	6	0	0	0	0	0	14
	Male	0	**	31	<60	50	<35	31	19	15	0	0	0	239
	Total	**0**	****	**31**	**61**	**50**	**37**	**37**	**19**	**15**	**0**	**0**	**0**	**253**
Liverpool	Female	0	0	0	**	**	**	**	**	0	**	0	0	11
	Male	**	**	20	<52	<70	<60	<45	<41	18	<14	**	**	324
	Total	****	****	**20**	**54**	**70**	**61**	**47**	**41**	**18**	**14**	****	****	**335**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	**	14
	Male	0	0	<19	<46	<43	<45	<46	<26	17	6	**	**	244
	Total	**0**	**0**	**19**	**46**	**44**	**45**	**48**	**28**	**17**	**6**	****	****	**258**
St. Helens	Female	0	0	**	6	11	7	8	**	**	0	0	0	42
	Male	**	**	<112	155	127	98	88	<50	<23	7	**	**	663
	Total	****	****	**113**	**161**	**138**	**105**	**96**	**52**	**24**	**7**	****	****	**705**
Warrington	Female	0	0	0	**	**	**	0	0	**	0	0	0	5
	Male	0	**	57	<115	<96	<54	44	22	<12	5	0	**	404
	Total	**0**	****	**57**	**115**	**97**	**54**	**44**	**22**	**12**	**5**	**0**	****	**409**
Wirral	Female	0	**	**	**	**	8	5	6	**	0	0	**	32
	Male	0	<20	<223	<344	<264	202	146	98	<60	18	5	<6	1,375
	Total	**0**	**20**	**223**	**346**	**264**	**210**	**151**	**104**	**60**	**18**	**5**	**6**	**1,407**
Total		**7**	**92**	**966**	**1,442**	**1,213**	**936**	**744**	**419**	**243**	**76**	**26**	**16**	**6,180**

Table 25 - NSP client numbers by age group and gender (agency only) , 2014-15

6.2. AGENCY NEEDLE & SYRINGE PROGRAMME: MAIN SUBSTANCE [ALL CLIENTS]

The main substances of use identified by individuals attending needle and syringe exchange agency based services where this was recorded were Steroids and PIEDS (80.8%), followed by heroin (15.6%). This represents a slight decrease for the former from 83.3% and a slight increase for the latter from 13.7%. All other substances each contributed less than 1%. 18.4% of the overall total did not have a main substance recorded.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	73	225	33	41	63	72	111	20	151	**783**
	13.0%	23.0%	5.0%	19.2%	21.2%	35.8%	16.5%	5.1%	14.1%	**15.6%**
Methadone	**	**	5	0	5	0	**	0	11	**27**
	0.4%	0.3%	0.8%	0.0%	1.7%	0.0%	0.3%	0.0%	1.0%	**0.5%**
Other Opiates	0	0	**	0	**	0	0	**	**	**11**
	0.0%	0.0%	0.6%	0.0%	1.0%	0.0%	0.0%	0.3%	0.3%	**0.2%**
Benzodiazepines	0	0	0	0	0	0	**	**	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.0%	**0.0%**
Amphetamines (excl Ecstasy)	12	0	0	0	**	0	12	**	13	**40**
	2.1%	0.0%	0.0%	0.0%	1.0%	0.0%	1.8%	0.8%	1.2%	**0.8%**
Cocaine (excl Crack)	0	**	0	**	**	**	**	0	5	**12**
	0.0%	0.1%	0.0%	0.9%	0.3%	1.0%	0.1%	0.0%	0.5%	**0.2%**
Crack Cocaine	**	0	0	**	**	**	8	**	**	**17**
	0.4%	0.0%	0.0%	0.5%	0.3%	1.0%	1.2%	0.3%	0.2%	**0.3%**
Hallucinogens	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Ecstasy	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Cannabis	0	0	0	**	0	0	0	0	**	**
	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.3%	**0.1%**
Solvents	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Anti-depressants	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Alcohol	**	**	0	0	**	**	0	0	32	**38**
	0.4%	0.2%	0.0%	0.0%	0.3%	0.5%	0.0%	0.0%	3.0%	**0.8%**
Other Drugs	5	**	**	**	**	**	**	**	**	**21**
	0.9%	0.2%	0.2%	0.5%	0.3%	1.5%	0.4%	0.5%	0.3%	**0.4%**
Prescription Drugs	**	**	0	0	**	0	**	0	**	**6**
	0.2%	0.1%	0.0%	0.0%	0.3%	0.0%	0.1%	0.0%	0.2%	**0.1%**
Novel Psychoactive Substances	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Steroids & PIEDS	466	745	616	168	218	121	534	362	844	**4,043**
	82.8%	76.1%	93.5%	78.5%	73.4%	60.2%	79.3%	92.8%	79.0%	**80.8%**
Total with subs	**563**	**979**	**659**	**214**	**297**	**201**	**673**	**390**	**1,069**	**5,004**

Table 26 - NSP client numbers by main substance, where recorded (agency only), 2014-15

7. PHARMACY NEEDLE & SYRINGE PROGRAMME - ALL CLIENTS

7.1. PHARMACY NEEDLE & SYRINGE PROGRAMME: DEMOGRAPHIC PROFILE [ALL CLIENTS]

GENDER

The substantial majority of clients attending NSPs operating in a pharmacy setting are male, ranging from 66.7% in Halton to 89.9% in Warrington, and an average overall of 87.6% (almost identical to the figure of 87.7% in 2013/14) – this can be accounted for in the main by the high number of Steroid and PIED users attending NSPs across the region, although it should be noted that the proportion of male clients attending pharmacy NSPs is noticeably lower than those attending agency NSPs – 87.7% against 95.6%, a difference of 7.9% overall.

	Female	%	Male	%	Total
Cheshire East	123	16.0%	644	84.0%	767
Cheshire West & Chester	113	13.8%	708	86.2%	821
Halton	**	33.3%	**	66.7%	**
Knowsley	51	10.9%	415	89.1%	466
Liverpool	904	11.5%	6,965	88.5%	7,869
Sefton	340	13.8%	2,131	86.2%	2,471
St. Helens	439	13.8%	2,745	86.2%	3,184
Warrington	163	10.1%	1,456	89.9%	1,619
Wirral	160	12.2%	1,149	87.8%	1,309
Total	**2,270**	**12.4%**	**15,990**	**87.6%**	**18,260**

Table 27 - NSP client numbers by gender (pharmacy only) , 2014-15

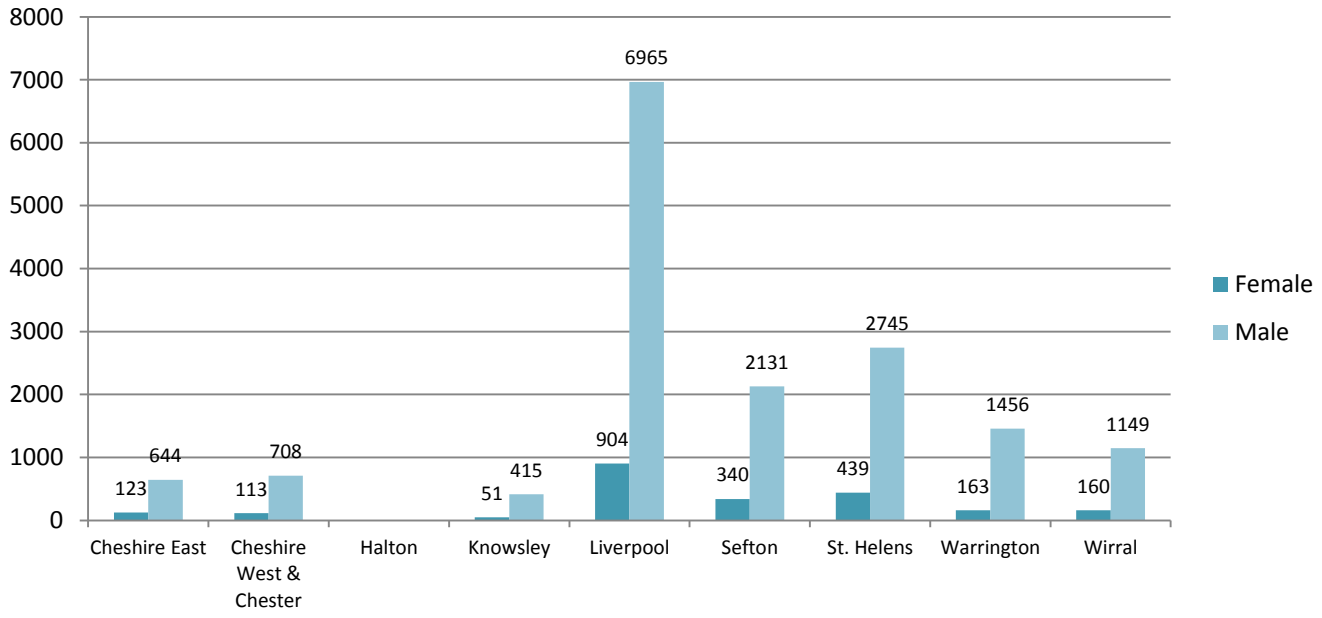


Figure 20 - Figure 24 - NSP client numbers by gender (pharmacy only) , 2014-15

AGE GROUP

The age of individuals attending pharmacy based NSPs peaks for most areas around the 35-44 age band, slightly higher than that of agency based attendances, with Cheshire West and Chester in particular having a high proportion of attendees (48%) aged between 35-44 years against 23% for Knowsley. Cheshire East in particular has a high rate of those attending aged between 30-34 years (24%). All areas have 1% or less of attendees presenting aged 65 and over, other than Knowsley which registers 5% but also has the highest proportion of those attending aged under 25 (12% against an average for the region of 7%).

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+	Total
Cheshire East	Female	0	0	**	19	28	30	27	8	8	**	0	0	123
	Male	**	10	<34	66	158	151	132	48	35	<8	**	**	644
	Total	****	**10**	**34**	**85**	**186**	**181**	**159**	**56**	**43**	**8**	****	****	**767**
Cheshire West & Chester	Female	0	0	**	19	22	20	28	11	9	**	0	0	113
	Male	**	**	<28	56	119	153	195	94	42	<14	**	**	708
	Total	****	****	**28**	**75**	**141**	**173**	**223**	**105**	**51**	**14**	****	****	**821**
Halton	Female	0	0	0	0	0	0	**	0	0	0	0	0	**
	Male	0	0	0	0	0	0	0	**	0	**	0	0	**
	Total	**0**	**0**	**0**	**0**	**0**	**0**	****	****	**0**	****	**0**	**0**	****
Knowsley	Female	0	0	**	6	5	**	13	7	**	5	**	7	51
	Male	5	**	<50	91	87	<38	57	37	<17	10	<9	17	415
	Total	**5**	****	**50**	**97**	**92**	**39**	**70**	**44**	**17**	**15**	**9**	**24**	**466**
Liverpool	Female	**	**	49	115	128	157	246	117	57	14	13	5	904
	Male	<31	<51	458	932	1,191	1,130	1,434	1,059	417	171	58	36	6,965
	Total	**31**	**51**	**507**	**1,047**	**1,319**	**1,287**	**1,680**	**1,176**	**474**	**185**	**71**	**41**	**7,869**
Sefton	Female	**	0	10	35	55	66	66	67	26	5	6	**	340
	Male	<21	13	128	290	305	334	451	322	175	43	38	<14	2,131
	Total	**21**	**13**	**138**	**325**	**360**	**400**	**517**	**389**	**201**	**48**	**44**	**15**	**2,471**
St. Helens	Female	**	**	17	61	88	88	94	56	20	6	**	**	439
	Male	<16	<29	183	287	351	581	712	371	115	72	<23	<12	2,745
	Total	**16**	**29**	**200**	**348**	**439**	**669**	**806**	**427**	**135**	**78**	**24**	**13**	**3,184**
Warrington	Female	0	0	7	8	40	61	23	15	**	**	**	**	163
	Male	**	12	111	247	263	257	325	156	<42	<25	<16	**	1,456
	Total	****	**12**	**118**	**255**	**303**	**318**	**348**	**171**	**43**	**27**	**16**	****	**1,619**
Wirral	Female	0	0	**	8	20	29	33	49	14	**	**	0	160
	Male	**	5	<45	90	131	203	266	271	102	<24	<15	0	1,149
	Total	****	**5**	**46**	**98**	**151**	**232**	**299**	**320**	**116**	**25**	**15**	**0**	**1,309**
Total		**84**	**126**	**1,109**	**2,293**	**2,941**	**3,247**	**4,053**	**2,662**	**1,074**	**388**	**183**	**100**	**18,260**

Table 28 - NSP client numbers by age group and gender (pharmacy only), 2014-15

7.2. PHARMACY NEEDLE & SYRINGE PROGRAMME: MAIN SUBSTANCE [ALL CLIENTS]

The main substance of use identified by individuals attending pharmacy based needle and syringe exchange services where this was recorded were heroin (60.7%, an increase on the 52.5% recorded for 2013/14), followed by steroids and PIEDS (28%, a decrease on 41.9% from the previous year). Of the overall total, 73.7% did not have a main substance recorded, a significant improvement on the figure of 92.5% for the preceding year although still representing overall low data quality from most areas, with the exception of Sefton and Wirral for which the figures were 18.6% and 13.4% respectively.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	45	107	**	<18	212	1,090	254	340	895	**2,847**
	81.8%	91.5%	66.7%	55.2%	50.8%	54.1%	62.9%	49.9%	79.0%	**60.7%**
Methadone	**	0	0	**	12	**	**	0	16	**34**
	3.6%	0.0%	0.0%	3.4%	2.9%	0.1%	0.5%	0.0%	1.4%	**0.7%**
Other Opiates	0	0	0	0	5	**	**	**	**	**10**
	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.2%	0.1%	0.4%	**0.2%**
Benzodiazepines	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Amphetamines (excl Ecstasy)	**	**	**	0	**	**	12	**	58	**74**
	1.8%	0.9%	33.3%	0.0%	1.0%	0.0%	3.0%	0.4%	5.1%	**1.6%**
Cocaine (excl Crack)	0	**	0	0	6	0	0	**	17	**25**
	0.0%	0.9%	0.0%	0.0%	1.4%	0.0%	0.0%	0.1%	1.5%	**0.5%**
Crack Cocaine	**	0	0	0	9	75	7	**	15	**105**
	1.8%	0.0%	0.0%	0.0%	2.2%	3.7%	1.7%	0.3%	1.3%	**2.2%**
Hallucinogens	0	0	0	0	**	0	0	0	0	**
	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Ecstasy	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Cannabis	0	0	0	0	5	0	0	0	**	**<8**
	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.1%	**0.1%**
Solvents	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Anti-depressants	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Alcohol	0	**	0	**	85	15	7	0	7	**114**
	0.0%	1.7%	0.0%	6.9%	20.4%	0.7%	1.7%	0.0%	0.6%	**2.4%**
Other Drugs	**	0	0	0	**	153	0	0	0	**156**
	1.8%	0.0%	0.0%	0.0%	0.7%	7.6%	0.0%	0.0%	0.0%	**3.3%**
Prescription Drugs	0	0	0	0	5	0	**	0	**	**8**
	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.2%	0.0%	0.2%	**0.2%**
Novel Psychoactive Substances	0	0	0	0	0	0	0	0	0	**0**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**0.0%**
Steroids & PIEDS	5	6	0	10	70	676	120	335	118	**1,314**
	9.1%	5.1%	0.0%	34.5%	16.8%	33.6%	29.7%	49.1%	10.4%	**28.0%**
Total	**55**	**117**	**3**	**29**	**417**	**2,013**	**404**	**682**	**1,133**	**4,694**
Not Recorded	712	704	0	437	7,452	458	2,780	937	176	**13,656**
	92.8%	85.7%	0.0%	93.8%	94.7%	18.5%	87.3%	57.9%	13.4%	**73.8%**

Table 29 - NSP client numbers by main substance, where recorded (pharmacy only), 2014-15

8. CROSS MATCHING – IMS, DIP AND NDTMS

CHESHIRE AND MERSEYSIDE SUMMARY

This section looks at the combined data from the Integrated Monitoring System (IMS), Criminal Justice - Drugs Intervention Programme (DIP) and National Drugs Treatment Monitoring System (NDTMS), consequently inclusive of every individual in contact with any drug or alcohol treatment/low threshold service or syringe-exchange in each Local Authority. Client attributor data is cross matched for all clients in treatment between 1st April 2014 and 31st March 2015 within any of the nine Local Authority areas in Cheshire and Merseyside.

The combined client group in treatment during 2014/15 totalled 51,384 individuals, representing a 17.2% increase on 2013/14. There were increases in the number of individuals reported to IMS across all of the nine local authorities with an average increase for IMS alone of 28.9%. Additionally each of the areas where DIP was commissioned saw an increase in clients, with an average 38.1% increase, and more than doubled in Wirral from 342 to 757 individuals (121.3%).

Nationally the number of NDTMS clients in treatment saw a fall in 2014/15 2.3% from the 2013/14 year. This was made up of a fall from 301,944 to 295,224 adults (a fall of -2.2%) and 19,126 to 18349 young people (a fall of 4.1%).

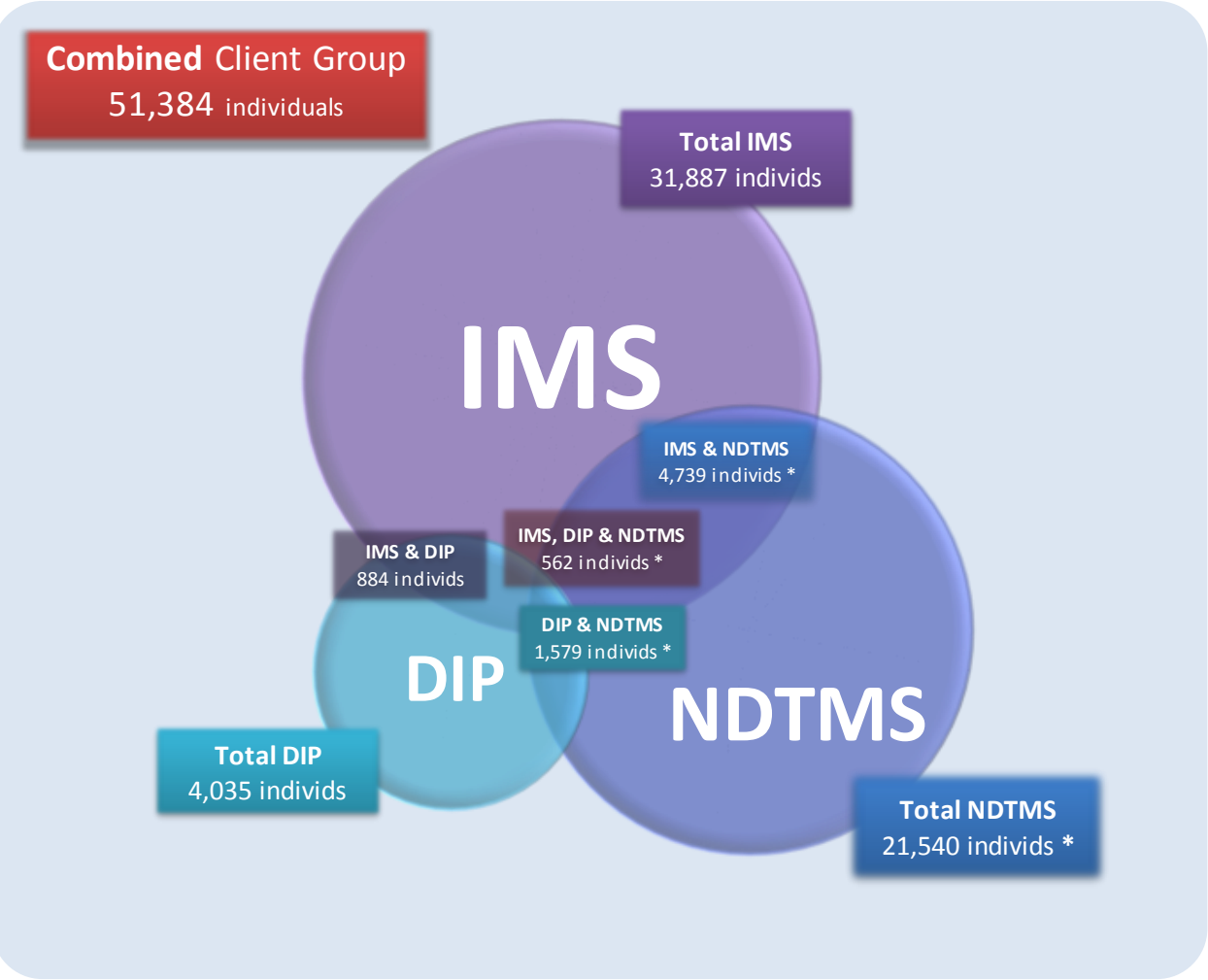


Figure 21 - Venn diagram of different data sources and their reporting activity across Merseyside and Cheshire, 2014-15

	IMS	NDTMS	DIP	Combined *
Cheshire East	1,425	1,579	-	**2,746**
Cheshire West & Chester	1,954	1,944	-	**3,568**
Halton	845	1,213	-	**1,993**
Knowsley	783	1,651	269	**2,550**
Liverpool	12,658	6,351	2,084	**18,618**
Sefton	3,762	2,554	573	**5,803**
St. Helens	3,744	1,320	352	**5,031**
Warrington	1,996	1,312	-	**3,216**
Wirral	4,720	3,616	757	**7,860**
Total	**31,887**	**21,540**	**4,035**	**51,384**

Table 30 - Breakdown of monitoring systems across local authorities, 2014-15

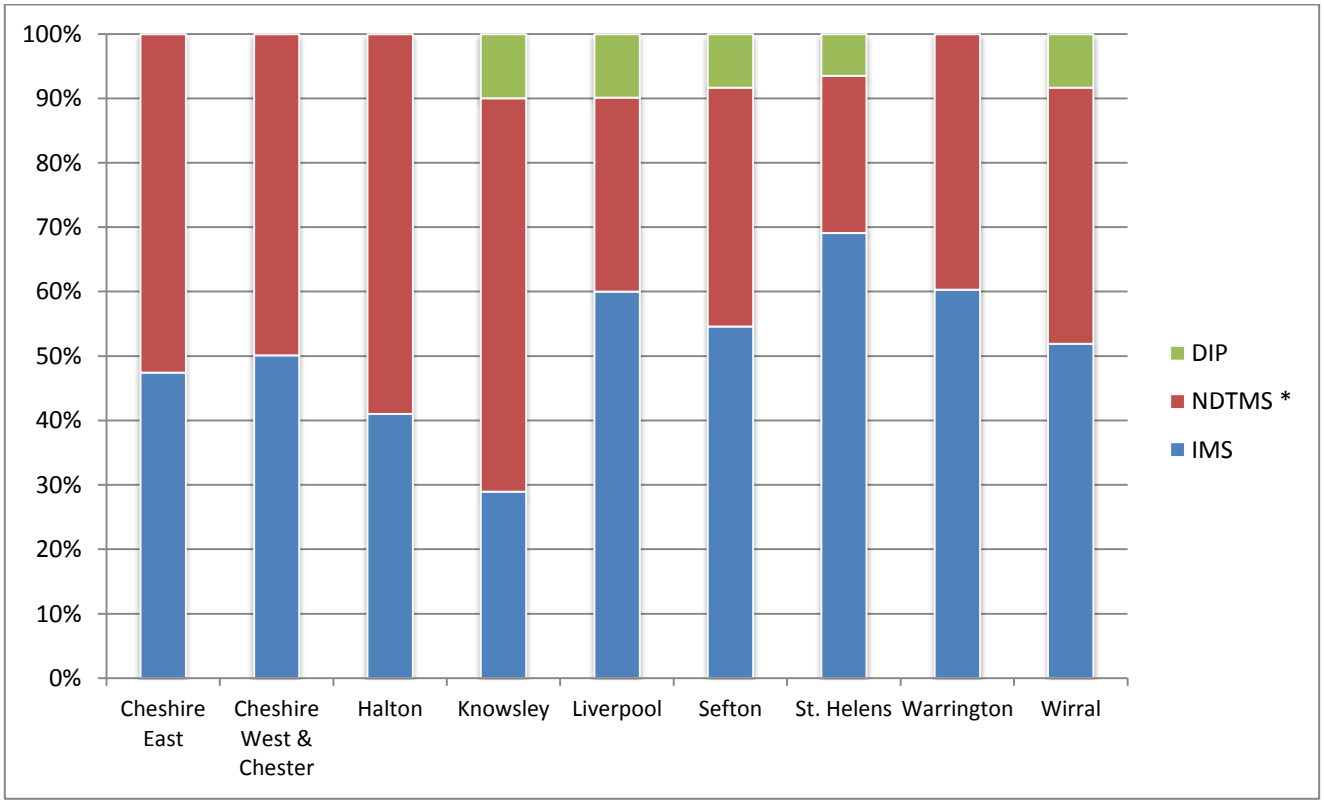


Figure 22 - Proportional breakdown of monitoring systems across local authorities, 2014-15

8.1. IMS CLIENTS CROSS MATCHING TO NDTMS

The majority of clients reporting to IMS services did not appear in the NDTMS dataset for the same time period. Some of this can be attributed to the high number of Steroid and PIED using individuals attending NSP services but even with these clients removed from the dataset, the majority of IMS clients do still not appear in the NDTMS dataset, ranging from 4.6% crossover in Warrington to 21.5% crossover in Sefton.

	IMS Clients Cross Matched to NDTMS *	% of all NDTMS Clients	% of all IMS Clients
Cheshire East	258	16.3%	18.1%
Cheshire West & Chester	330	17.0%	16.9%
Halton	65	5.4%	7.7%
Knowsley	47	2.8%	6.0%
Liverpool	1,816	28.6%	14.3%
Sefton	808	31.6%	21.5%
St. Helens	275	20.8%	7.3%
Warrington	92	7.0%	4.6%
Wirral	1,048	29.0%	22.2%
Total:	**4,739**	**22.0%**	**14.9%**

Table 31 - IMS clients cross matched to NDTMS data, 2014-15

8.2. IMS CLIENTS CROSS MATCHING TO DIP

Likewise, the vast majority of clients reporting to IMS services did not appear in the DIP dataset for the same time period. With Steroid and PIED using individuals removed from the dataset, the majority of remaining IMS clients do not appear in the DIP dataset, ranging from 1.4% crossover in Knowsley to 5.3% crossover in Wirral.

	IMS Clients Cross Matched to DIP *	% of all DIP Clients	% of all IMS Clients
Cheshire East	-	-	-
Cheshire West & Chester	-	-	-
Halton	-	-	-
Knowsley	11	4.1%	1.4%
Liverpool	388	18.6%	3.1%
Sefton	129	22.5%	3.4%
St. Helens	108	30.7%	2.9%
Warrington	-	-	-
Wirral	248	32.8%	5.3%
Total:	**884**	**21.9%**	**2.8%**

Table 32 - IMS clients cross matched to DIP data, 2014-15

9. WIRRAL ALCOHOL SCREENINGS

Wirral Council have commissioned CPH to report on their alcohol screening monitoring programme which has been running since 2008 and contributes towards key performance indicators around general population screening and the delivery of brief interventions where appropriate. A key component of the screening is delivered through use of the Alcohol Use Disorders Identification Test (AUDIT) tool by a range of pharmacies and agencies across the area – in 2014/15, 13,991 screenings were delivered to 12,094 individuals, a slight decrease of just over 1% of the 12,228 individuals who had received screenings in 2013/14.

The majority of individuals presenting to agencies were male (55%) while the majority presenting to pharmacies were female (56%). Unlike 2013/14, the age breakdown between pharmacies and agencies were similar, with both types of service recording those aged 65 and over being the largest group presenting (24% of total for agencies and 25% for pharmacies), with pharmacies having more screened aged between 56-64 (16% against 9% for agencies) but agencies having more screened aged between 41-55 (33% against 28% for pharmacies)

Overall, the level of risk has decreased. 13.4% of individuals were identified as dependent drinkers (16.8% in 2013-14), with a further 2.3% higher risk (3.5% in 2013-14) and 13.4% increasing risk (14.9% in 2013-14).

While the majority of lower risk drinkers for 14/15 were female, in every other category a majority were male, with the proportions increasing with severity of drinking, and dependent male drinkers in particular outnumbering female drinkers by over two to one (207%).

Wirral Local Authority (previously PCT) began an extensive programme of alcohol screening in 2008 for both service users within existing drug/alcohol service as well as the general population, with AUDIT being the main tool used. AUDIT was developed by WHO as a series of ten questions around an individual's alcohol use to pick up the early signs of hazardous and harmful drinking and identify mild dependence. CPH has produced regular reports on the screenings since 2008 for the LA which include detailed information on the demographics of the population along with information on service providers and pharmacies that deliver the screenings.

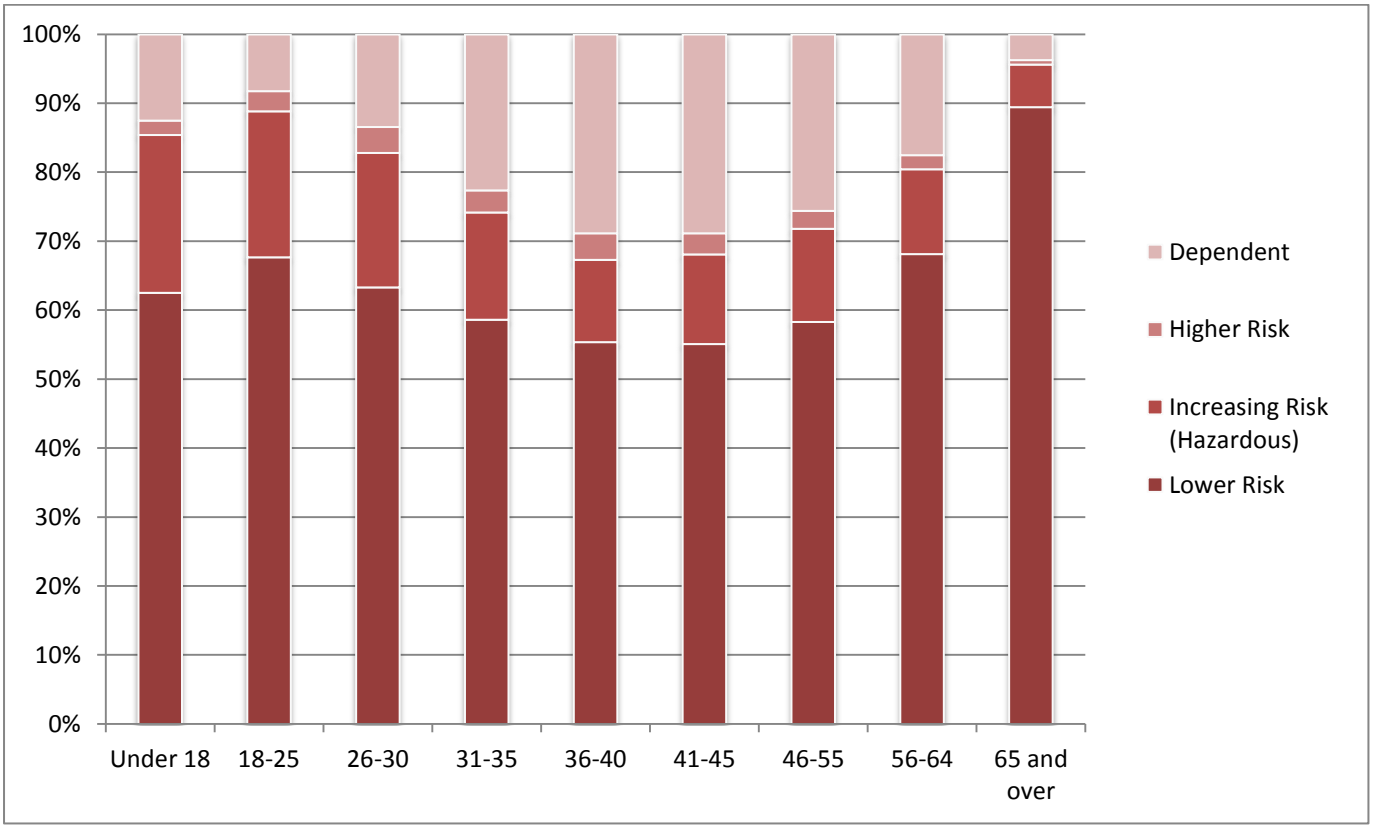


Figure 23 - Age differentials for individuals receiving AUDIT screening in Wirral, 2014-15

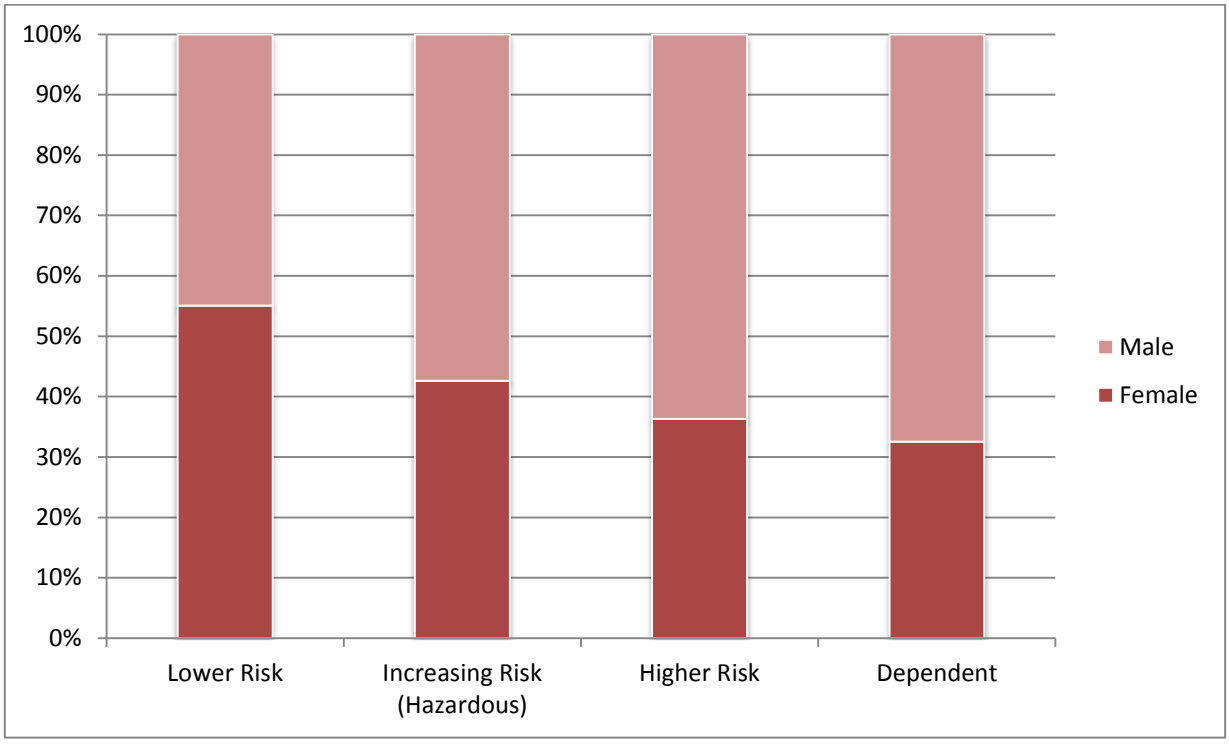


Figure 24 - Gender differentials for individuals receiving AUDIT screening in Wirral, 2014-15

CONCLUSION

When the Wirral AUDIT screening data is combined with the non-structured data, the total number of individuals included in the IMS dataset for 2014-15 is 43,415, an increase from the figure for 2013-14 (36,963) The IMS element alone accounts for 31,246 compared to 24,735 for 2013-14, an increase of 26.3%.

Coverage of IMS continues to increase with all areas reporting NSP activity and most areas now reporting brief interventions with the exception of Cheshire West and Chester, although there are still only three areas, Liverpool, Sefton and Wirral, that report significant numbers for this client group and only two areas which record referrals to other services. We expect to see this rise in the 2015-16 report as more areas begin to record additional elements of the dataset. Issues remain with NSP services collecting wider data including assessment information and wellbeing reviews but the move to electronic recording by pharmacies in Wirral, Liverpool and Sefton has already demonstrated improvements to the process of data collection.

Because the interventions delivered by services reporting to IMS are perhaps less clearly defined than those delivered in "structured" services by their very nature, IMS uses an intervention based model (recording each intervention rather than a start and end date) which demonstrates the volume of activity occurring within these services. This appears to have increased considerably in 14-15, with a greater number of interventions being delivered over the course of the year to individuals presenting to services.

Overall, NDTMS numbers for individuals in treatment in 2014-15 are slightly down on the previous year, while IMS numbers are up significantly, demonstrating the importance of monitoring which includes all tiers of service delivery. Without the information which IMS collects on a largely invisible population (most individuals do not appear in both datasets) local authorities would potentially severely underestimate numbers in contact with services in their respective areas.

The wellbeing element of the dataset continues to be poorly collected with notable exceptions but the nature of some of the services recording IMS works against returning wellbeing reviews on a recurring basis over a period of more than 6 months. The increase however in the average number of interventions delivered to individuals over the course of a year should provide some scope for increasing the uptake of WEMWBS across the region.

The dataset continues to reflect guidance published by the National Institute for Health and Care Excellence in March 2014 (PH52), referenced earlier in this document, which recommends that various bodies including commissioners, DPHs (Directors of Public Health) and Health and Wellbeing Boards should regularly collate and analyse data from a range of sources to look at the types of drugs used, numbers, demographics and characteristics of people who inject. Nearly all of the items subsequently identified in their suggested minimum dataset are present in the IMS dataset and omissions will be incorporated into future versions of the dataset.

IMS Online was recently shortlisted for the North West Coast Research and Innovation Awards Best Example of Advancing Local NHS Systems for Innovation award and continues to be responsive to both local and national policy direction, with new modules being released in 2015 for recording information on Steroids/PIEDs and Novel Psychoactive Substances (NSPs). Services using the system will be able to complete these new areas of the dataset for those individuals they apply to, and reporting will begin for this area once it begins to be populated.

We will continue to meet with both services and commissioners to ensure that the system reflects both need and trends, enabling partners to gain a clear picture of their client groups and enabling public health leads to plan services based on up to date and relevant data.

10. NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	144	15.0%	813	85.0%	957
Cheshire West & Chester	164	13.6%	1,044	86.4%	1,208
Halton	14	7.1%	184	92.9%	198
Knowsley	63	11.9%	467	88.1%	530
Liverpool	910	11.6%	6,962	88.4%	7,872
Sefton	308	16.2%	1,588	83.8%	1,896
St. Helens	439	14.0%	2,700	86.0%	3,139
Warrington	151	11.4%	1,168	88.6%	1,319
Wirral	169	10.3%	1,467	89.7%	1,636
Total	**2,333**	**12.6%**	**16,158**	**87.4%**	**18,491**

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	21	30	33	29	13	11	**	0	0
	Male	**	15	<50	106	188	184	151	64	40	<11	**	**
	Total	**	15	52	127	218	217	180	77	51	12	**	**
Cheshire West & Chester	Female	0	**	5	28	28	28	35	17	15	6	0	0
	Male	**	<8	68	122	180	212	238	125	62	15	8	**
	Total	**	9	73	150	208	240	273	142	77	21	8	**
Halton	Female	0	0	6	**	0	**	**	**	0	**	0	0
	Male	0	**	28	<42	29	<31	<32	<15	8	**	0	0
	Total	0	**	34	42	29	32	33	15	8	**	0	0
Knowsley	Female	0	**	**	8	5	7	17	7	**	5	**	7
	Male	5	<7	<55	97	92	46	69	44	<23	9	<9	17
	Total	5	7	55	105	97	53	86	51	24	14	9	24
Liverpool	Female	**	**	49	116	129	158	247	118	57	15	13	5
	Male	<32	<50	451	917	1,178	1,127	1,440	1,070	427	173	61	38
	Total	32	51	500	1,033	1,307	1,285	1,687	1,188	484	188	74	43
Sefton	Female	**	0	10	30	47	58	62	63	23	5	6	**
	Male	<20	7	47	129	182	259	410	285	159	42	38	<14
	Total	20	7	57	159	229	317	472	348	182	47	44	14
St. Helens	Female	**	**	16	61	89	88	95	56	21	6	**	**
	Male	<16	<27	172	263	331	576	725	370	117	74	<23	<13
	Total	16	27	188	324	420	664	820	426	138	80	23	13
Warrington	Female	0	0	**	6	39	58	20	15	**	**	**	**
	Male	**	5	<56	163	202	230	301	142	<36	<20	<14	**
	Total	**	5	58	169	241	288	321	157	37	21	14	**
Wirral	Female	0	0	**	**	21	32	38	54	15	**	**	0
	Male	**	**	<75	<158	184	258	311	301	124	<34	<18	5
	Total	**	**	76	160	205	290	349	355	139	35	18	5
Total:	Female	**	7	96	270	385	456	541	340	146	46	24	18
	Male	<83	118	987	1,971	2,519	2,874	3,615	2,387	987	361	168	90
	Total	**85**	**125**	**1,083**	**2,241**	**2,904**	**3,330**	**4,156**	**2,727**	**1,133**	**407**	**192**	**108**

11. AGENCY NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	30	11.0%	242	89.0%	272
Cheshire West & Chester	68	13.1%	451	86.9%	519
Halton	13	6.7%	182	93.3%	195
Knowsley	14	16.5%	71	83.5%	85
Liverpool	<9	6.8%	<110	93.2%	117
Sefton	13	9.5%	124	90.5%	137
St. Helens	27	15.8%	144	84.2%	171
Warrington	**	4.3%	<46	95.7%	47
Wirral	23	4.1%	540	95.9%	563
Total	197	9.4%	1,898	90.6%	2,095

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	**	5	5	**	5	**	**	0	0
	Male	0	7	<22	<46	43	50	<41	22	<12	**	**	**
	Total	0	7	23	48	48	55	42	27	14	5	**	**
Cheshire West & Chester	Female	0	**	**	14	9	13	10	7	6	**	0	0
	Male	**	<6	<48	72	84	92	73	38	30	**	5	**
	Total	**	7	49	86	93	105	83	45	36	8	5	**
Halton	Female	0	0	6	**	0	**	**	**	0	**	0	0
	Male	0	**	28	<42	29	<31	<31	<14	8	**	0	0
	Total	0	**	34	42	29	32	32	14	8	**	0	0
Knowsley	Female	0	**	0	**	0	**	6	0	0	0	0	0
	Male	0	**	5	<11	11	<14	15	8	10	0	0	0
	Total	0	**	5	12	11	15	21	8	10	0	0	0
Liverpool	Female	0	0	0	**	**	**	**	**	0	**	0	0
	Male	**	**	**	<14	<14	<12	<19	<27	12	<6	**	**
	Total	**	**	**	14	14	13	20	27	12	6	**	**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	**
	Male	0	0	<10	<16	<18	<21	<30	<18	11	5	**	0
	Total	0	0	10	16	19	21	31	20	11	5	**	**
St. Helens	Female	0	0	0	**	9	5	7	**	**	0	0	0
	Male	0	0	13	<20	15	29	35	<24	<7	**	**	**
	Total	0	0	13	20	24	34	42	25	8	**	**	**
Warrington	Female	0	0	0	0	**	0	0	0	**	0	0	0
	Male	0	**	6	9	<7	5	10	7	0	**	0	0
	Total	0	**	6	9	7	5	10	7	**	**	0	0
Wirral	Female	0	0	0	0	**	7	5	6	**	0	0	0
	Male	0	**	53	99	<89	92	81	63	<41	14	5	5
	Total	0	**	53	99	90	99	86	69	42	14	5	5
Total:	Female	0	**	13	25	30	39	37	25	15	8	0	**
	Male	**	<20	182	321	303	338	328	216	127	33	19	<12
	Total	**	**22**	**195**	**346**	**333**	**377**	**365**	**241**	**142**	**41**	**19**	**<14**

12. PHARMACY NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	123	16.1%	639	83.9%	762
Cheshire West & Chester	113	13.9%	702	86.1%	815
Halton	**	33.3%	**	66.7%	**
Knowsley	51	11.2%	405	88.8%	456
Liverpool	904	11.6%	6,895	88.4%	7,799
Sefton	298	16.6%	1,497	83.4%	1,795
St. Helens	430	14.0%	2,634	86.0%	3,064
Warrington	149	11.6%	1,135	88.4%	1,284
Wirral	152	12.8%	1,039	87.2%	1,191
Total	**2,197**	**13.0%**	**14,749**	**87.0%**	**16,946**

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	19	28	30	27	8	8	**	0	0
	Male	**	8	<32	66	157	151	132	48	35	<8	**	**
	Total	**	8	32	85	185	181	159	56	43	8	**	**
Cheshire West & Chester	Female	0	0	**	19	22	20	28	11	9	**	0	0
	Male	**	**	<28	55	118	153	192	94	41	<14	**	**
	Total	**	**	28	74	140	173	220	105	50	14	**	**
Halton	Female	0	0	0	0	0	0	**	0	0	0	0	0
	Male	0	0	0	0	0	0	0	**	0	**	0	0
	Total	0	0	0	0	0	0	**	**	0	**	0	0
Knowsley	Female	0	0	**	6	5	**	13	7	**	5	**	7
	Male	5	**	<49	88	82	<37	57	37	<17	9	<9	17
	Total	5	**	50	94	87	38	70	44	17	14	<10	24
Liverpool	Female	**	**	49	115	128	157	246	117	57	14	13	5
	Male	<31	<50	448	906	1,172	1,123	1,429	1,056	417	171	58	36
	Total	31	51	497	1,021	1,300	1,280	1,675	1,173	474	185	71	41
Sefton	Female	**	0	9	29	46	57	60	60	23	5	6	**
	Male	<20	7	38	115	168	249	391	273	152	38	36	<12
	Total	20	7	47	144	214	306	451	333	175	43	42	13
St. Helens	Female	**	**	16	61	85	86	93	56	20	6	**	**
	Male	<15	<27	162	254	326	564	707	365	113	72	<22	<12
	Total	16	27	178	315	411	650	800	421	133	78	23	12
Warrington	Female	0	0	**	6	38	58	20	15	**	**	**	**
	Male	**	**	<50	155	198	225	295	139	<36	<20	<14	**
	Total	**	**	52	161	236	283	315	154	36	21	14	**
Wirral	Female	0	0	**	**	19	29	33	49	13	**	**	0
	Male	**	**	<23	<68	109	187	256	265	96	<22	<15	0
	Total	**	**	24	69	128	216	289	314	109	23	15	0
Total:	Female	**	**	84	254	368	433	519	320	133	38	24	17
	Male	<80	<103	815	1,682	2,291	2,644	3,412	2,256	898	336	154	80
	Total	**83**	**105**	**899**	**1,936**	**2,659**	**3,077**	**3,931**	**2,576**	**1,031**	**374**	**178**	**97**

13. NEEDLE & SYRINGE PROGRAMME – NEW CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	84	10.5%	714	89.5%	798
Cheshire West & Chester	127	10.1%	1,131	89.9%	1,258
Halton	15	2.5%	576	97.5%	591
Knowsley	45	8.9%	458	91.1%	503
Liverpool	840	10.8%	6,943	89.2%	7,783
Sefton	346	13.5%	2,225	86.5%	2,571
St. Helens	439	13.1%	2,906	86.9%	3,345
Warrington	164	9.2%	1,615	90.8%	1,779
Wirral	173	8.3%	1,900	91.7%	2,073
Total	2,212	10.8%	18,190	89.2%	20,402

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	11	20	17	19	9	**	0	0	0
	Male	**	33	<108	139	138	126	99	38	<22	6	**	**
	Total	**	33	110	150	158	143	118	47	24	6	**	**
Cheshire West & Chester	Female	0	**	9	23	24	20	20	14	10	**	0	0
	Male	**	<20	171	203	207	200	175	98	33	<16	5	**
	Total	**	22	180	226	231	220	195	112	43	18	5	**
Halton	Female	0	0	**	**	**	**	**	0	0	**	0	0
	Male	0	7	<100	<137	<137	77	73	28	16	<8	0	0
	Total	0	7	102	138	138	78	76	28	16	8	0	0
Knowsley	Female	0	**	**	5	**	6	13	5	**	**	**	7
	Male	**	**	<60	<110	<96	48	63	41	<18	<8	<6	10
	Total	**	6	60	111	96	54	76	46	18	9	6	17
Liverpool	Female	**	**	46	112	122	139	227	109	51	14	12	5
	Male	<33	<49	469	942	1,213	1,132	1,408	1,028	406	171	59	36
	Total	33	49	515	1,054	1,335	1,271	1,635	1,137	457	185	71	41
Sefton	Female	**	0	11	35	55	67	66	70	26	5	6	**
	Male	<21	13	139	320	325	341	466	325	181	44	39	<15
	Total	21	13	150	355	380	408	532	395	207	49	45	16
St. Helens	Female	**	**	19	61	87	90	92	55	20	6	**	**
	Male	<16	<30	227	345	387	587	720	367	122	73	<25	<12
	Total	17	30	246	406	474	677	812	422	142	79	26	14
Warrington	Female	0	0	7	9	41	60	23	14	**	**	**	**
	Male	**	13	134	303	303	279	334	159	<46	<25	<15	**
	Total	**	13	141	312	344	339	357	173	48	27	16	5
Wirral	Female	0	**	**	12	22	29	34	51	16	**	**	**
	Male	**	<20	<186	323	293	311	319	287	117	<29	<15	**
	Total	**	20	187	335	315	340	353	338	133	30	15	5
Total:	Female	**	9	102	267	372	423	495	324	131	40	24	21
	Male	<86	183	1,567	2,761	3,044	3,052	3,603	2,340	951	362	162	81
	Total	**88**	**192**	**1,669**	**3,028**	**3,416**	**3,475**	**4,098**	**2,664**	**1,082**	**402**	**186**	**102**

14. AGENCY NEEDLE & SYRINGE PROGRAMME - NEW CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	20	5.0%	382	95.0%	402
Cheshire West & Chester	60	7.7%	719	92.3%	779
Halton	14	2.4%	574	97.6%	588
Knowsley	11	5.7%	183	94.3%	194
Liverpool	<10	4.3%	<202	95.7%	210
Sefton	11	6.0%	171	94.0%	182
St. Helens	25	6.6%	351	93.4%	376
Warrington	**	1.9%	<213	98.1%	215
Wirral	25	2.6%	927	97.4%	952
Total	179	4.6%	3,716	95.4%	3,895

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	**	**	**	**	5	**	0	0	0
	Male	**	25	<86	<106	<60	<45	<37	20	<9	**	**	**
	Total	**	25	87	106	61	45	38	25	10	**	**	**
Cheshire West & Chester	Female	0	**	7	14	8	11	5	6	**	**	0	0
	Male	**	<18	153	158	139	111	72	36	<23	<7	5	0
	Total	**	20	160	172	147	122	77	42	25	7	5	0
Halton	Female	0	0	**	**	**	**	**	0	0	**	0	0
	Male	0	7	<100	<137	<138	<78	<74	27	16	<7	0	0
	Total	0	7	102	138	138	78	75	27	16	7	0	0
Knowsley	Female	0	**	0	**	0	**	**	0	0	0	0	0
	Male	0	**	28	<44	42	<28	<25	13	10	0	0	0
	Total	0	**	28	44	42	28	26	13	10	0	0	0
Liverpool	Female	0	0	0	**	**	**	**	**	0	0	0	0
	Male	**	0	15	<35	<53	<35	<28	<25	8	6	**	**
	Total	**	0	15	35	53	35	28	25	8	6	**	**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	**
	Male	0	0	<17	<36	<30	<25	<33	<20	14	**	**	0
	Total	0	0	17	36	30	25	33	20	14	**	**	**
St. Helens	Female	0	0	**	**	**	6	5	**	**	0	0	0
	Male	**	**	<65	<90	<74	42	43	<24	<12	**	**	**
	Total	**	**	66	93	75	48	48	24	12	**	**	**
Warrington	Female	0	0	0	**	**	0	0	0	**	0	0	0
	Male	0	**	29	<67	<52	29	19	8	<6	**	0	**
	Total	0	**	29	67	53	29	19	8	6	**	0	**
Wirral	Female	0	**	**	**	**	5	**	**	**	0	0	**
	Male	0	<17	<150	<250	<186	140	<86	<60	<34	9	**	**
	Total	0	17	150	253	186	145	87	63	35	9	**	5
Total:	Female	0	6	19	32	26	32	25	21	12	**	0	**
	Male	6	69	633	911	756	521	412	226	124	<38	15	<10
	Total	6	75	652	943	782	553	437	247	136	39	15	10

15. PHARMACY NEEDLE & SYRINGE PROGRAMME - NEW CLIENTS

GENDER

	Female	%	Male	%	Total
Cheshire East	67	16.3%	345	83.7%	412
Cheshire West & Chester	68	13.4%	438	86.6%	506
Halton	**	33.3%	**	66.7%	**
Knowsley	34	10.9%	278	89.1%	312
Liverpool	833	11.0%	6,765	89.0%	7,598
Sefton	336	13.9%	2,079	86.1%	2,415
St. Helens	421	13.9%	2,608	86.1%	3,029
Warrington	160	10.1%	1,422	89.9%	1,582
Wirral	152	12.8%	1,036	87.2%	1,188
Total	2,055	12.2%	14,786	87.8%	16,841

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	9	18	15	17	**	**	0	0	0
	Male	**	8	<24	37	80	87	68	<23	<15	5	**	**
	Total	**	8	25	46	98	102	85	23	15	5	**	**
Cheshire West & Chester	Female	0	0	**	9	17	9	15	8	6	**	0	0
	Male	**	**	<22	47	75	98	106	64	13	<10	0	**
	Total	**	**	22	56	92	107	121	72	19	11	0	**
Halton	Female	0	0	0	0	0	0	**	0	0	0	0	0
	Male	0	0	0	0	0	0	0	**	0	**	0	0
	Total	0	0	0	0	0	0	**	**	0	**	0	0
Knowsley	Female	0	0	**	**	**	**	10	5	**	**	**	7
	Male	**	**	<32	<67	<55	<26	40	28	<9	<9	<6	10
	Total	**	**	32	68	55	26	50	33	9	9	6	17
Liverpool	Female	**	**	46	110	121	138	225	108	51	14	12	5
	Male	30	47	454	911	1,170	1,101	1,385	1,011	399	165	57	35
	Total	31	49	500	1,021	1,291	1,239	1,610	1,119	450	179	69	40
Sefton	Female	**	0	10	34	54	66	64	67	26	5	6	**
	Male	<21	13	124	286	298	324	444	311	169	40	38	<14
	Total	21	13	134	320	352	390	508	378	195	45	44	15
St. Helens	Female	**	**	16	58	84	86	89	54	19	6	**	**
	Male	<16	<28	172	265	326	554	684	353	112	70	<24	<13
	Total	16	28	188	323	410	640	773	407	131	76	24	13
Warrington	Female	0	0	7	8	39	60	23	14	**	**	**	**
	Male	**	12	105	241	258	252	317	154	<40	<25	<16	**
	Total	**	12	112	249	297	312	340	168	42	26	16	**
Wirral	Female	0	0	**	8	19	26	31	48	14	**	**	0
	Male	**	**	<40	83	116	181	245	245	90	<23	<13	0
	Total	**	**	40	91	135	207	276	293	104	23	13	0
Total:	Female	**	**	84	236	350	397	475	306	121	36	24	19
	Male	<80	<118	962	1,903	2,343	2,587	3,246	2,161	838	331	148	73
	Total	82	119	1,046	2,139	2,693	2,984	3,721	2,467	959	367	172	92

16. NEEDLE & SYRINGE PROGRAMME - NEW CLIENTS EXCLUDING STEROID

GENDER

	Female	%	Male	%	Total
Cheshire East	83	14.8%	479	85.2%	562
Cheshire West & Chester	103	13.9%	638	86.1%	741
Halton	9	5.1%	167	94.9%	176
Knowsley	45	12.3%	321	87.7%	366
Liverpool	837	11.0%	6,755	89.0%	7,592
Sefton	304	16.5%	1,542	83.5%	1,846
St. Helens	420	14.0%	2,570	86.0%	2,990
Warrington	148	11.5%	1,142	88.5%	1,290
Wirral	156	10.7%	1,303	89.3%	1,459
Total	2,084	12.4%	14,732	87.6%	16,816

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	11	19	17	19	9	**	0	0	0
	Male	**	14	<40	76	103	106	83	31	<20	5	**	**
	Total	**	14	41	87	122	123	102	40	21	5	**	**
Cheshire West & Chester	Female	0	**	**	15	20	14	20	14	10	**	0	0
	Male	**	<8	46	76	108	133	137	84	26	<15	**	**
	Total	**	9	50	91	128	147	157	98	36	16	**	**
Halton	Female	0	0	**	**	0	**	**	0	0	**	0	0
	Male	0	**	<30	<40	28	<28	<29	8	6	**	0	0
	Total	0	**	32	40	28	28	29	8	6	**	0	0
Knowsley	Female	0	**	**	5	**	6	13	5	**	**	**	7
	Male	**	**	<36	72	<60	32	48	33	<15	<7	<6	10
	Total	**	6	36	77	60	38	61	38	15	8	6	17
Liverpool	Female	**	**	46	110	122	139	226	109	51	14	12	5
	Male	<32	<49	447	901	1,158	1,098	1,389	1,019	403	167	59	36
	Total	32	49	493	1,011	1,280	1,237	1,615	1,128	454	181	71	41
Sefton	Female	**	0	10	29	46	58	60	63	23	5	6	**
	Male	<20	7	46	127	175	251	402	275	153	39	37	<13
	Total	20	7	56	156	221	309	462	338	176	44	43	14
St. Helens	Female	**	**	16	58	82	86	91	54	20	6	**	**
	Male	<15	<26	162	253	313	546	692	351	111	71	<22	<12
	Total	16	26	178	311	395	632	783	405	131	77	23	13
Warrington	Female	0	0	**	6	38	57	20	14	**	**	**	**
	Male	**	5	<50	159	200	226	294	140	<36	<18	<14	**
	Total	**	5	52	165	238	283	314	154	37	20	14	**
Wirral	Female	0	0	**	**	20	28	34	51	15	**	**	0
	Male	**	**	<67	<146	166	231	279	266	104	<27	<15	**
	Total	**	**	67	148	186	259	313	317	119	27	15	**
Total:	Female	**	7	88	236	345	400	483	316	126	38	23	18
	Male	<80	113	910	1,826	2,277	2,615	3,301	2,180	863	335	154	79
	Total	83	120	998	2,062	2,622	3,015	3,784	2,496	989	373	177	97

17. AGENCY NEEDLE & SYRINGE PROGRAMME - NEW CLIENTS EXCLUDING STEROID

GENDER

	Female	%	Male	%	Total
Cheshire East	19	11.3%	149	88.7%	168
Cheshire West & Chester	36	13.7%	227	86.3%	263
Halton	8	4.6%	165	95.4%	173
Knowsley	11	18.0%	50	82.0%	61
Liverpool	6	7.9%	70	92.1%	76
Sefton	11	9.7%	102	90.3%	113
St. Helens	13	15.1%	73	84.9%	86
Warrington	2	5.7%	33	94.3%	35
Wirral	16	3.7%	421	96.3%	437
Total	123	8.6%	1,299	91.4%	1,422

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	**	**	**	**	5	**	0	0	0
	Male	0	7	<18	<42	<24	<24	<21	13	**	0	**	**
	Total	0	7	19	43	25	25	22	18	7	0	**	**
Cheshire West & Chester	Female	0	**	**	6	**	5	5	6	**	**	0	0
	Male	**	<6	<29	32	<42	44	34	22	<16	**	**	0
	Total	**	7	30	38	44	49	39	28	18	5	**	0
Halton	Female	0	0	**	**	0	**	**	0	0	**	0	0
	Male	0	**	<30	<40	28	<28	<28	7	6	**	0	0
	Total	0	**	32	40	28	28	28	7	6	**	0	0
Knowsley	Female	0	**	0	**	0	**	**	0	0	0	0	0
	Male	0	**	**	<8	9	<8	<8	5	7	0	0	0
	Total	0	**	**	10	9	12	11	5	7	0	0	0
Liverpool	Female	0	0	0	0	**	**	**	**	0	0	0	0
	Male	**	0	**	12	<12	<7	<13	<19	5	**	**	**
	Total	**	0	**	12	12	7	13	19	5	**	**	**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	**
	Male	0	0	<10	<15	<16	<15	<24	<14	9	**	**	**
	Total	0	0	10	15	16	15	25	16	9	**	**	**
St. Helens	Female	0	0	0	**	**	**	**	0	**	0	0	0
	Male	0	0	9	<13	<9	<15	<20	10	**	**	**	**
	Total	0	0	9	13	10	17	21	10	**	**	**	**
Warrington	Female	0	0	0	0	**	0	0	0	**	0	0	0
	Male	0	**	**	7	<7	**	7	5	0	0	0	0
	Total	0	**	**	7	7	**	7	5	**	0	0	0
Wirral	Female	0	0	0	0	**	**	**	**	**	0	0	0
	Male	0	**	46	89	<77	<77	<55	<45	<27	7	**	**
	Total	0	**	46	89	78	78	57	47	28	7	**	**
Total:	Female	0	**	10	14	14	23	22	20	12	**	0	**
	Male	**	<20	145	256	214	215	206	136	72	<20	11	<8
	Total	**	21	155	270	228	238	228	156	84	21	11	8

18. PHARMACY NEEDLE & SYRINGE PROGRAMME – NEW CLIENTS EXCLUDING STEROID

GENDER

	Female	%	Male	%	Total
Cheshire East	67	16.4%	342	83.6%	409
Cheshire West & Chester	68	13.5%	435	86.5%	503
Halton	1	33.3%	2	66.7%	3
Knowsley	34	11.1%	273	88.9%	307
Liverpool	833	11.1%	6,702	88.9%	7,535
Sefton	294	16.8%	1,461	83.2%	1,755
St. Helens	414	14.1%	2,528	85.9%	2,942
Warrington	146	11.6%	1,116	88.4%	1,262
Wirral	144	13.3%	937	86.7%	1,081
Total	1,984	12.7%	13,632	87.3%	15,616

AGE GROUP

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
Cheshire East	Female	0	0	**	9	18	15	17	**	**	0	0	0
	Male	**	7	<22	37	80	87	68	<20	<14	5	**	**
	Total	**	7	23	46	98	102	85	23	15	5	**	**
Cheshire West & Chester	Female	0	0	**	9	17	9	15	8	6	**	0	0
	Male	**	**	<21	46	74	98	105	64	13	<10	0	**
	Total	**	**	22	55	91	107	120	72	19	11	0	**
Halton	Female	0	0	0	0	0	0	**	0	0	0	0	0
	Male	0	0	0	0	0	0	0	**	0	**	0	0
	Total	0	0	0	0	0	0	**	**	0	**	0	0
Knowsley	Female	0	0	**	**	**	**	10	5	**	**	**	7
	Male	**	**	<32	<66	<52	<25	40	28	<9	<8	<6	10
	Total	**	**	32	67	52	26	50	33	9	8	6	17
Liverpool	Female	**	**	46	110	121	138	225	108	51	14	12	5
	Male	<31	<48	445	890	1,152	1,094	1,380	1,008	399	165	57	35
	Total	31	49	491	1,000	1,273	1,232	1,605	1,116	450	179	69	40
Sefton	Female	**	0	9	28	45	57	58	60	23	5	6	**
	Male	<20	7	37	114	162	243	387	264	146	35	36	<12
	Total	20	7	46	142	207	300	445	324	169	40	42	13
St. Helens	Female	**	**	16	58	81	84	89	54	19	6	**	**
	Male	<15	<26	155	244	309	540	681	349	110	70	<22	<11
	Total	16	26	171	302	390	624	770	403	129	76	23	12
Warrington	Female	0	0	**	6	37	57	20	14	**	**	**	**
	Male	**	**	<47	153	196	222	289	137	<35	<18	<14	**
	Total	**	**	49	159	233	279	309	151	36	20	14	**
Wirral	Female	0	0	**	**	18	26	31	48	13	**	**	0
	Male	**	**	<22	<63	96	166	235	239	84	<20	<13	0
	Total	**	**	22	65	114	192	266	287	97	21	13	0
Total:	Female	**	**	79	224	335	383	466	299	116	35	23	17
	Male	<79	<98	771	1,589	2,092	2,441	3,143	2,086	802	318	144	72
	Total	81	100	850	1,813	2,427	2,824	3,609	2,385	918	353	167	89

APPENDIX D - INTEGRATED MONITORING SYSTEM – DETAIL BREAKDOWN BY AGENCY

GENDER

Code	Agency	Female	%	Male	%	Total
CHE30029	Catherine House, Crewe	22	3.7%	565	96.3%	587
CHE30030	Barnabas Centre, Macclesfield	12	7.9%	140	92.1%	152
CHW30027	Aqua House, Chester	34	7.8%	400	92.2%	434
CHW30028	Unity House, Ellesmere Port	47	9.2%	462	90.8%	509
CHW30045	Turning Point, Northwich	21	6.3%	310	93.7%	331
HAL10031	Ashley House, Halton - CRI	**	9.7%	<30	90.3%	31
HAL30031	Ashley House SES, Halton - CRI	21	2.6%	790	97.4%	811
KNW10041	Knowsley Integrated Rec Service	33	41.3%	47	58.8%	80
KNW30051	Kirkby SES, Knowsley - CRI	10	8.9%	102	91.1%	112
KNW30052	Huyton SES, Knowsley - CRI	**	2.6%	<152	97.4%	154
LIV10002	Armistead City	10	6.6%	142	93.4%	152
LIV10003	Community Voice	70	30.3%	161	69.7%	231
LIV10004	Genie in the Gutter	47	23.0%	157	77.0%	204
LIV10005	Armistead Street	110	100.0%	0	0.0%	110
LIV10006	The Basement	172	17.5%	811	82.5%	983
LIV10007	Whitechapel Centre	128	44.6%	159	55.4%	287
LIV10008	Dare to Care	23	29.9%	54	70.1%	77
LIV10009	Action on Addiction - SHARP	364	47.1%	409	52.9%	773
LIV10010	TSP Hope Club Liverpool	29	12.7%	199	87.3%	228
LIV10011	Art and Soul (Spider Project)	182	33.4%	363	66.6%	545
LIV10012	Gateway Liverpool Recovery Service	16	27.6%	42	72.4%	58
LIV10013	Croxteth Liverpool Recovery Service	5	22.7%	17	77.3%	22
LIV10014	Aintree Hospital	401	33.4%	800	66.6%	1201
LIV10015	Alder Hey Hospital	34	85.0%	6	15.0%	40
LIV10018	Brownlow Practice	68	29.6%	162	70.4%	230
LIV10020	Royal Liverpool Hospital LCAS	19	33.9%	37	66.1%	56
LIV10055	Intuitive Recovery	90	37.0%	153	63.0%	243
LIV10060	Transforming Choice	5	38.5%	8	61.5%	13
LIV30034	Gateway SES (Addaction)	5	2.8%	172	97.2%	177
LIV30035	Croxteth SES (Addaction)	**	3.3%	<119	96.7%	121
LIV30044	Armistead Pump	**	4.4%	<44	95.6%	45
SEF10047	Lifeline Sefton North	189	36.0%	336	64.0%	525
SEF10048	Lifeline Sefton South	261	37.2%	441	62.8%	702
SEF30047	Lifeline Sefton North - Southport SES	5	2.4%	202	97.6%	207
SEF30048	Lifeline Sefton South - Bootle SES	10	18.5%	44	81.5%	54
SHL30038	Addaction St Helens	42	6.0%	663	94.0%	705
WAR30039	Pathways, Warrington (CRI)	5	1.2%	404	98.8%	409
WIR10016	ARCH AIP Wirral	101	18.3%	451	81.7%	552

WIR10019	Response 2, Wirral	27	73.0%	10	27.0%	37
WIR10021	TSP Birkenhead	21	24.7%	64	75.3%	85
WIR10022	TSP Moreton	28	35.9%	50	64.1%	78
WIR10023	TSP Rockferry	13	40.6%	19	59.4%	32
WIR10024	TSP Seacombe	32	48.5%	34	51.5%	66
WIR10025	TSP WoodChurch	25	38.5%	40	61.5%	65
WIR10043	St Catherines Health Centre	386	29.5%	922	70.5%	1308
WIR10046	TSP Hope Club Wirral	36	28.6%	90	71.4%	126
WIR10049	TSP Second Chance Project	22	18.2%	99	81.8%	121
WIR10055	Intuitive Recovery	91	27.4%	241	72.6%	332
WIR10059	Wirral Integrated Recovery Service	9	30.0%	21	70.0%	30
WIR30040	The Lodge - Wirral SES	25	1.9%	1274	98.1%	1299
WIR30057	Birkenhead SES, Wirral - CRI	31	2.8%	1066	97.2%	1097
WIR30058	Moreton SES, Wirral - CRI	**	0.3%	<331	99.7%	331

AGE GROUP

Agency Code	0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
CHE30029	0.2%	4.8%	23.3%	24.5%	16.7%	11.6%	10.2%	5.3%	2.4%	0.9%	0.2%	0.0%
CHE30030	0.0%	1.3%	8.6%	21.1%	18.4%	19.7%	11.2%	8.6%	7.2%	1.3%	2.0%	0.7%
CHW30027	0.0%	1.4%	17.7%	21.0%	19.4%	13.4%	14.5%	7.1%	3.7%	0.9%	0.9%	0.0%
CHW30028	0.2%	2.4%	17.1%	23.8%	18.3%	19.3%	9.2%	3.9%	4.3%	1.2%	0.2%	0.2%
CHW30045	0.3%	2.4%	17.8%	22.7%	21.1%	15.4%	11.5%	5.1%	2.7%	0.3%	0.6%	0.0%
HAL10031	0.0%	0.0%	12.9%	22.6%	19.4%	16.1%	16.1%	6.5%	3.2%	0.0%	0.0%	3.2%
HAL30031	0.0%	0.9%	16.2%	24.4%	22.3%	14.8%	12.0%	5.2%	3.2%	1.0%	0.1%	0.0%
KNW10041	0.0%	2.5%	11.3%	16.3%	17.5%	15.0%	10.0%	6.3%	8.8%	5.0%	2.5%	5.0%
KNW30051	0.0%	0.9%	10.7%	18.8%	18.8%	16.1%	18.8%	8.9%	7.1%	0.0%	0.0%	0.0%
KNW30052	0.0%	1.3%	13.0%	27.9%	21.4%	13.0%	10.4%	7.8%	5.2%	0.0%	0.0%	0.0%
LIV10002	2.0%	2.6%	20.4%	25.0%	18.4%	8.6%	8.6%	7.2%	3.9%	0.7%	1.3%	1.3%
LIV10003	0.0%	0.0%	1.3%	3.9%	7.8%	11.3%	16.0%	28.6%	16.5%	5.6%	5.6%	3.5%
LIV10004	0.0%	0.0%	1.5%	2.5%	9.3%	14.2%	19.1%	25.5%	13.2%	7.8%	5.9%	1.0%
LIV10005	0.0%	2.7%	4.5%	18.2%	17.3%	26.4%	15.5%	12.7%	0.9%	0.0%	0.0%	1.8%
LIV10006	0.2%	5.5%	12.6%	17.6%	14.8%	13.4%	13.8%	9.4%	7.1%	3.5%	1.4%	0.7%
LIV10007	0.3%	0.0%	1.0%	3.5%	5.2%	11.5%	21.3%	23.0%	19.2%	9.1%	3.8%	2.1%
LIV10008	0.0%	2.6%	3.9%	18.2%	28.6%	9.1%	18.2%	10.4%	6.5%	1.3%	1.3%	0.0%
LIV10009	0.3%	0.3%	2.5%	9.1%	14.5%	20.6%	15.9%	11.6%	12.5%	9.1%	2.5%	1.3%
LIV10010	0.0%	2.2%	13.2%	10.1%	13.6%	15.8%	18.4%	11.8%	9.2%	3.5%	2.2%	0.0%
LIV10011	0.0%	0.4%	1.7%	9.2%	12.5%	19.3%	18.5%	13.0%	13.4%	7.2%	3.7%	1.3%

LIV10012	0.0%	0.0%	1.7%	17.2%	10.3%	13.8%	27.6%	8.6%	15.5%	3.4%	1.7%	0.0%
LIV10013	0.0%	0.0%	4.5%	4.5%	4.5%	9.1%	22.7%	18.2%	22.7%	4.5%	4.5%	4.5%
LIV10014	0.2%	0.3%	1.5%	3.0%	5.0%	9.7%	13.3%	14.1%	14.0%	13.2%	8.7%	17.0%
LIV10015	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
LIV10018	0.0%	0.4%	2.2%	3.5%	8.3%	14.8%	20.9%	18.3%	14.3%	12.6%	3.5%	1.3%
LIV10020	0.0%	0.0%	3.6%	5.4%	8.9%	10.7%	8.9%	17.9%	10.7%	8.9%	12.5%	12.5%
LIV10055	0.0%	0.0%	5.3%	13.6%	14.8%	16.0%	20.2%	12.8%	7.4%	5.8%	3.3%	0.8%
LIV10060	0.0%	0.0%	0.0%	0.0%	0.0%	23.1%	30.8%	23.1%	15.4%	7.7%	0.0%	0.0%
LIV30034	1.1%	0.6%	5.1%	9.6%	21.5%	19.8%	16.4%	12.4%	5.1%	5.1%	1.7%	1.7%
LIV30035	0.0%	0.0%	3.3%	20.7%	20.7%	22.3%	12.4%	12.4%	4.1%	4.1%	0.0%	0.0%
LIV30044	2.2%	0.0%	15.6%	31.1%	15.6%	4.4%	13.3%	8.9%	8.9%	0.0%	0.0%	0.0%
SEF10047	0.0%	0.4%	4.4%	6.5%	10.9%	14.3%	20.0%	12.6%	15.0%	7.0%	5.5%	3.4%
SEF10048	0.0%	0.3%	2.1%	5.0%	8.8%	13.0%	23.6%	24.9%	11.5%	6.0%	3.0%	1.7%
SEF30047	0.0%	0.0%	9.2%	19.8%	17.9%	18.8%	18.8%	5.3%	6.8%	1.9%	0.5%	1.0%
SEF30048	0.0%	0.0%	0.0%	9.3%	13.0%	11.1%	20.4%	31.5%	7.4%	3.7%	3.7%	0.0%
SHL30038	0.1%	0.6%	16.0%	22.8%	19.6%	14.9%	13.6%	7.4%	3.4%	1.0%	0.4%	0.1%
WAR30039	0.0%	0.2%	13.9%	28.1%	23.7%	13.2%	10.8%	5.4%	2.9%	1.2%	0.0%	0.5%
WIR10016	0.0%	3.6%	20.3%	16.8%	13.8%	15.4%	11.1%	10.0%	6.5%	1.4%	0.9%	0.2%
WIR10019	83.8%	16.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WIR10021	0.0%	0.0%	5.9%	5.9%	11.8%	15.3%	20.0%	16.5%	14.1%	8.2%	1.2%	1.2%
WIR10022	0.0%	1.3%	1.3%	12.8%	7.7%	7.7%	17.9%	12.8%	10.3%	16.7%	5.1%	6.4%
WIR10023	0.0%	0.0%	6.3%	6.3%	18.8%	12.5%	18.8%	18.8%	3.1%	6.3%	0.0%	9.4%
WIR10024	0.0%	0.0%	9.1%	7.6%	12.1%	9.1%	19.7%	15.2%	12.1%	7.6%	1.5%	6.1%
WIR10025	0.0%	1.5%	1.5%	4.6%	9.2%	12.3%	27.7%	13.8%	12.3%	6.2%	3.1%	7.7%
WIR10043	0.2%	0.4%	7.5%	12.7%	11.2%	12.3%	13.7%	12.8%	10.6%	5.8%	4.4%	8.5%
WIR10046	0.0%	0.8%	7.9%	12.7%	16.7%	15.9%	19.0%	11.1%	9.5%	5.6%	0.8%	0.0%
WIR10049	0.0%	6.6%	9.9%	11.6%	12.4%	12.4%	14.9%	13.2%	10.7%	7.4%	0.8%	0.0%
WIR10055	0.0%	0.6%	5.7%	15.1%	13.0%	15.7%	16.3%	16.0%	9.0%	4.8%	2.4%	1.5%
WIR10059	0.0%	0.0%	0.0%	3.3%	10.0%	0.0%	23.3%	6.7%	26.7%	16.7%	3.3%	10.0%
WIR30040	0.0%	1.3%	15.7%	24.9%	19.2%	15.1%	10.9%	7.0%	3.9%	1.3%	0.3%	0.3%
WIR30057	0.0%	1.5%	13.6%	23.4%	18.6%	15.5%	12.2%	8.5%	4.7%	1.4%	0.3%	0.4%
WIR30058	0.0%	1.2%	23.9%	27.8%	18.7%	12.7%	5.7%	3.9%	3.6%	1.2%	0.6%	0.6%

	Agency	Q1	Q2	Q3	Q4	Total
CHE30029	Catherine House, Crewe	0	0	0	**	**
CHE30030	Barnabas Centre, Macclesfield	0	0	0	**	**
HAL10031	Ashley House, Halton - CRI	16	**	9	**	31
HAL30031	Ashley House SES, Halton - CRI	426	591	359	330	1,706
KNW10041	Knowsley Integrated Rec Service	28	21	19	12	80
KNW30051	Kirkby SES, Knowsley - CRI	0	0	**	8	10
KNW30052	Huyton SES, Knowsley - CRI	0	0	0	8	8
LIV10002	Armistead City	145	157	61	59	422
LIV10003	Community Voice	116	24	374	330	844
LIV10004	Genie in the Gutter	1,357	1,322	964	1,117	4,760
LIV10005	Armistead Street	243	203	226	188	860
LIV10006	The Basement	284	277	220	199	980
LIV10007	Whitechapel Centre	1,771	1,810	1,461	1,673	6,715
LIV10008	Dare to Care	69	66	75	76	286
LIV10009	Action on Addiction - SHARP	4,495	3,079	2,108	2,375	12,057
LIV10010	TSP Hope Club Liverpool	233	215	151	315	914
LIV10011	Art and Soul (Spider Project)	2,821	3,941	3,749	3,854	14,365
LIV10012	Gateway Liverpool Recovery Service	136	49	112	7	304
LIV10013	Croxteth Liverpool Recovery Service	78	40	0	0	118
LIV10014	Aintree Hospital	431	281	496	454	1,662
LIV10015	Alder Hey Hospital	17	11	12	0	40
LIV10018	Brownlow Practice	277	262	125	205	869
LIV10020	Royal Liverpool Hospital LCAS	**	**	0	0	**
LIV10055	Intuitive Recovery	90	54	41	59	244
LIV10060	Transforming Choice	0	0	0	1,290	1,290
LIV30034	Gateway SES (Addaction)	**	0	**	27	30
LIV30035	Croxteth SES (Addaction)	93	124	100	65	382
LIV30044	Armistead Pump	**	0	**	**	5
SEF10047	Lifeline Sefton North	770	239	186	113	1,308
SEF10048	Lifeline Sefton South	544	309	193	32	1,078
SEF30047	Lifeline Sefton North - Southport SES	0	**	**	0	5
SEF30048	Lifeline Sefton South - Bootle SES	**	6	0	0	7
SHL30038	Addaction St Helens	277	177	213	243	910
WAR30039	Pathways, Warrington (CRI)	8	21	**	13	46
WIR10016	ARCH AIP Wirral	199	192	198	28	617
WIR10019	Response 2, Wirral	25	7	33	50	115
WIR10021	TSP Birkenhead	156	175	159	0	490
WIR10022	TSP Moreton	131	113	73	**	319
WIR10023	TSP Rockferry	40	16	23	0	79
WIR10024	TSP Seacombe	51	27	21	0	99
WIR10025	TSP WoodChurch	103	97	63	5	268

WIR10043	St Catherines Health Centre	978	1,413	629	68	3,088
WIR10046	TSP Hope Club Wirral	437	435	350	22	1,244
WIR10049	TSP Second Chance Project	181	108	117	110	516
WIR10055	Intuitive Recovery	107	69	89	70	335
WIR10059	Wirral Integrated Recovery Service	**	**	**	20	30
WIR30040	The Lodge - Wirral SES	0	0	0	**	**
WIR30057	Birkenhead SES, Wirral - CRI	0	0	0	224	224
WIR30058	Moreton SES, Wirral - CRI	0	0	0	**	**
	Total:	**17,143**	**15,938**	**13,025**	**13,669**	**59,775**

REFERRALS

	Agency	Q1	Q2	Q3	Q4	Total
HAL30031	Ashley House SES, Halton - CRI	0	0	0	47	47
LIV10002	Armistead City	13	18	9	7	47
LIV10003	Community Voice	0	**	<8	0	10
LIV10004	Genie in the Gutter	53	36	14	5	108
LIV10005	Armistead Street	6	**	**	**	13
LIV10006	The Basement	609	598	527	418	2,152
LIV10007	Whitechapel Centre	257	163	134	186	740
LIV10008	Dare to Care	**	**	0	0	6
LIV10009	Action on Addiction - SHARP	331	259	151	142	883
LIV10010	TSP Hope Club Liverpool	59	60	53	84	256
LIV10011	Art and Soul (Spider Project)	75	93	81	91	340
LIV10012	Gateway Liverpool Recovery Service	10	0	0	0	10
LIV10014	Aintree Hospital	200	149	230	271	850
LIV10015	Alder Hey Hospital	15	8	0	0	23
LIV10018	Brownlow Practice	119	85	57	33	294
LIV10020	Royal Liverpool Hospital LCAS	0	**	**	0	**
LIV10060	Transforming Choice	0	0	0	12	12
WIR10019	Response 2, Wirral	**	**	**	6	11
WIR10021	TSP Birkenhead	32	75	35	0	142
WIR10022	TSP Moreton	34	38	<38	**	111
WIR10023	TSP Rockferry	29	10	9	0	48
WIR10024	TSP Seacombe	49	16	22	0	87
WIR10025	TSP WoodChurch	77	56	19	0	152
WIR10043	St Catherines Health Centre	168	263	<116	**	547
WIR10046	TSP Hope Club Wirral	54	35	27	0	116
WIR10049	TSP Second Chance Project	104	40	46	19	209
WIR30057	Birkenhead SES, Wirral - CRI	0	0	0	**	**
	Total:	**2,300**	**2,012**	**1,579**	**1,327**	**7,218**

	Agency	Q1	Q2	Q3	Q4	Total
CHE30029	Catherine House, Crewe	419	329	71	393	1,212
CHE30030	Barnabas Centre, Macclesfield	8	91	75	81	255
CHW30027	Aqua House, Chester	392	398	317	11	1,118
CHW30028	Unity House, Ellesmere Port	412	443	290	16	1,161
CHW30045	Turning Point, Northwich	270	318	323	5	916
HAL30031	Ashley House SES, Halton - CRI	255	400	368	362	1,385
KNW30051	Kirkby SES, Knowsley - CRI	81	78	88	70	317
KNW30052	Huyton SES, Knowsley - CRI	56	73	45	97	271
LIV30034	Gateway SES (Addaction)	85	69	76	84	314
LIV30035	Croxteth SES (Addaction)	135	137	117	79	468
LIV30044	Armistead Pump	22	19	24	29	94
SEF30047	Lifeline Sefton North - Southport SES	56	86	123	131	396
SEF30048	Lifeline Sefton South - Bootle SES	29	22	50	23	124
SHL30038	Addaction St Helens	441	268	425	396	1,530
WAR30039	Pathways, Warrington (CRI)	199	179	113	94	585
WIR30040	The Lodge - Wirral SES	944	930	904	283	3,061
WIR30057	Birkenhead SES, Wirral - CRI	732	752	736	484	2,704
WIR30058	Moreton SES, Wirral - CRI	212	178	168	100	658
	Total:	4,748	4,770	4,313	2,738	16,569

APPENDIX E – INTEGRATED MONITORING SYSTEM – DETAIL BREAKDOWN BY PHARMACY

GENDER

Code	Pharmacy	Female	%	Male	%	Total
CHE50022	Boots The Chemists Ltd - Nantwich	0	0.0%	6	100.0%	6
CHE50175	Clear Pharmacy - Crewe	21	12.3%	150	87.7%	171
CHE50340	Andrews Pharmacy - Macclesfield	**	12.5%	<15	87.5%	16
CHE50632	Rowlands Pharmacy - Middlewich	**	8.7%	<22	91.3%	23
CHE50803	Boots The Chemists Ltd - Sandbach	**	3.3%	<30	96.7%	30
CHE50805	Mannings Chemist - Knutsford	0	0.0%	10	100.0%	10
CHE50816	Well (224193) - Park Lane, Maccle	**	8.3%	<46	91.7%	48
CHE50819	Well (224537) - Handforth	0	0.0%	6	100.0%	6
CHE50822	Well (223032) - Sunderland St, Macclesf	30	22.1%	106	77.9%	136
CHE50840	Assan Pharmacy Ltd T/A Cohens Chemist	24	15.0%	136	85.0%	160
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	5	13.9%	31	86.1%	36
CHE50874	Lloyds Pharmacy Ltd - Lawton Road, Stoke	**	8.8%	<32	91.2%	34
CHE50876	Lloyds Pharmacy Ltd - Wilmslow	**	8.0%	<24	92.0%	25
CHE50877	Lloyds Pharmacy Ltd - Charlotte St, Macc	**	14.3%	<7	85.7%	7
CHE50878	Lloyds Pharmacy Ltd - Congleton	18	13.8%	112	86.2%	130
CHE50883	AJ Hodgson T/A London Road pharmacy	**	8.0%	<24	92.0%	25
CHE56610	Boots UK Ltd - Grand Junction, Crewe	**	2.9%	<34	97.1%	34
CHE57006	Salus Pharmacy - Congleton	27	50.0%	27	50.0%	54
CHW50016	Boots The Chemists Ltd - Foregate Street	35	9.7%	324	90.3%	359
CHW50258	Pondas Chemists Ltd - Winsford	**	8.3%	<12	91.7%	12
CHW50377	Swettenham Chemist - Blacon	20	20.8%	76	79.2%	96
CHW50462	Well (228547) - Northwich	**	7.7%	<38	92.3%	39
CHW50628	Lloyds Pharmacy - Weaverham	**	11.1%	<9	88.9%	9
CHW50833	The Co-operative Pharmacy	6	21.4%	22	78.6%	28
CHW50875	Lloyds Pharmacy Ltd - Middlewich Road	**	12.5%	<30	87.5%	32
CHW50879	Sainsburys Pharmacy - Northwich	9	25.0%	27	75.0%	36
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	18	21.4%	66	78.6%	84
CHW53043	Superdrug Pharmacy - Northgate Street	29	13.9%	180	86.1%	209
CHW53064	Well (228534) - Ellesmere Port	**	12.1%	<31	87.9%	33
CHW59169	Owen's Pharmacy T/A Salrook Healthcare L	8	21.1%	30	78.9%	38
CHW59170	Westminster Park Pharmacy T/A Salrook He	7	17.9%	32	82.1%	39
HAL40051	Castlefields Health Centre	0	0.0%	**	100.0%	**
HAL40146	Murdishaw Pharmacy	**	50.0%	**	50.0%	**
KNW53303	Boots the Pharmacy, The Halewood centre	21	22.8%	71	77.2%	92
KNW53315	Newtown Pharmacy, Kirkby	30	9.5%	287	90.5%	317
KNW53323	Rowlands Pharmacy (Previously GF O'Brien	**	1.6%	<62	98.4%	62
LIV40022	Lloyds - St Oswalds Street	42	10.5%	357	89.5%	399
LIV40023	Riverside HC - Park Street	15	17.2%	72	82.8%	87
LIV40025	Boots - Boaler Street	124	16.6%	623	83.4%	747
LIV40026	Boots - Long Lane, Fazakerley	**	5.9%	<50	94.1%	51
LIV40027	McCanns - Lark Lane	13	10.3%	113	89.7%	126
LIV40028	Melwood - Deysbrook Lane	5	21.7%	18	78.3%	23

LIV40030	Boots - London Road	244	10.2%	2153	89.8%	2397
LIV40033	Rowlands - Garston	**	1.4%	<219	98.6%	221
LIV40034	Lloyds - Townsend Lane	99	15.2%	551	84.8%	650
LIV40036	Rowlands - Speke Health Centre	23	21.5%	84	78.5%	107
LIV40037	Lloyds - Muirhead Ave East	10	8.0%	115	92.0%	125
LIV40099	Rowlands - Lodge Lane	57	14.6%	333	85.4%	390
LIV40100	Normans - Walton Road	143	17.0%	700	83.0%	843
LIV40124	Lloyds - Prospect Point	172	8.1%	1948	91.9%	2120
LIV40127	Belle Valle Pharmacy (LN Chemist)	10	12.5%	70	87.5%	80
LIV40134	Lloyds - West Derby Road, Tuebrook	72	13.4%	467	86.6%	539
SEF40001	Aintree - Molyneux Way	7	15.2%	39	84.8%	46
SEF40003	Bispham Pharmacy - Bispham Rd, Southport	6	6.7%	83	93.3%	89
SEF40004	Haddens Pharmacy - Litherland Rd, Bootle	19	6.2%	286	93.8%	305
SEF40005	Higgins Pharmacy - Crosby Road North	**	3.8%	<103	96.2%	105
SEF40006	Lloyds Pharmacy - 125 Knowsley Road	22	14.6%	129	85.4%	151
SEF40008	Lloyds Pharmacy - Crosby Road Nth, Water	7	16.3%	36	83.7%	43
SEF40009	Merton Pharmarcy - Stanley Road	43	17.1%	209	82.9%	252
SEF40010	Netherton Pharmacy - Durham Avenue	**	12.5%	<29	87.5%	32
SEF40011	Lloyds Pharmacy - 290 Knowsley Road	7	9.5%	67	90.5%	74
SEF40012	Bridge Pharmacy - Bridge Road, Litherlan	14	12.6%	97	87.4%	111
SEF40013	Boots Pharmacy - Liverpool Road	5	13.5%	32	86.5%	37
SEF40053	Davey's - Randall Drive, Netherton	47	15.7%	252	84.3%	299
SEF40056	Superdrug - Eastbank Street, Southport	100	15.4%	551	84.6%	651
SEF40057	Boots - Seaforth	20	10.1%	179	89.9%	199
SEF40058	Rowlands - Upper Aughton Rd, Birkdale	**	10.0%	<10	90.0%	10
SEF40139	Boots - South Road, Waterloo	**	4.3%	<46	95.7%	47
SEF40140	Cohens - Marion Square, Netherton	57	23.4%	187	76.6%	244
SHL40063	Rowlands - Newton-Le-Willows	21	19.6%	86	80.4%	107
SHL40119	Lloyds - Duke Street, St Helens	29	7.2%	372	92.8%	401
SHL40122	Lloyds - Junction Lane, Sutton Oak	54	14.2%	327	85.8%	381
SHL40141	Rowlands - Thatto Heath	29	20.0%	116	80.0%	145
SHL40143	St Helens Millennium Centre	341	14.5%	2015	85.5%	2356
WAR40070	Well Pharmacy - Fearnhead Cross	18	8.3%	200	91.7%	218
WAR40071	Rowlands Pharmacy - Thelwall Lane	33	7.9%	385	92.1%	418
WAR40072	Well Pharmacy - The Baths	83	10.7%	695	89.3%	778
WAR40073	Lloyds Pharmacy - Earl Street	41	12.1%	298	87.9%	339
WIR40076	Rowlands - Market Street, Birkenhead	47	9.8%	434	90.2%	481
WIR40077	Lee's Pharmacy - Wood Church	**	3.8%	<26	96.2%	26
WIR40079	Rowlands Chadwick Street, Moreton	7	9.5%	67	90.5%	74
WIR40080	Couper & Coulter - Rock Ferry	24	16.4%	122	83.6%	146
WIR40081	Tree Tops Pharmacy - Bromborough	0	0.0%	7	100.0%	7
WIR40087	Wilsons Pharmacy - West Kirby	**	20.0%	<9	80.0%	10
WIR40088	Boots Pharmacy - Bedford Road, Rock Ferr	31	16.8%	154	83.2%	185
WIR40090	Victoria Pharmacy - New Brighton	**	5.0%	<39	95.0%	40
WIR40097	Egremont Pharmacy - Wallasey	6	11.1%	48	88.9%	54
WIR40105	Lloyds Pharmacy - Arrowe Park Hospital	5	14.7%	29	85.3%	34
WIR40106	Boots Pharmacy - Hoylake Road, Birkenhea	**	18.2%	<19	81.8%	22
WIR40108	Wyn Ellis Pharmacy - Poulton Road, Walla	**	5.9%	<50	94.1%	51

WIR40135	Claughton Pharmacy - Park Rd Nth, Birken	27	19.7%	110	80.3%	137
WIR40149	Birkenhead Pharmacy - Laird Street	6	19.4%	25	80.6%	31
WIR40150	Morsy Lewis Pharmacy - Fender Way	0	0.0%	**	100.0%	**
WIR40153	MedicX Pharmacy - St Catherines Hospital	19	10.4%	163	89.6%	182

AGE GROUP

Code	0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
CHE50022	0.0%	0.0%	0.0%	16.7%	33.3%	16.7%	16.7%	16.7%	0.0%	0.0%	0.0%	0.0%
CHE50175	0.0%	0.6%	5.3%	9.4%	18.1%	31.6%	25.7%	8.8%	0.6%	0.0%	0.0%	0.0%
CHE50340	0.0%	0.0%	0.0%	0.0%	25.0%	12.5%	43.8%	12.5%	0.0%	6.3%	0.0%	0.0%
CHE50632	0.0%	0.0%	0.0%	8.7%	26.1%	21.7%	30.4%	4.3%	8.7%	0.0%	0.0%	0.0%
CHE50803	0.0%	6.7%	13.3%	13.3%	26.7%	16.7%	23.3%	0.0%	0.0%	0.0%	0.0%	0.0%
CHE50805	0.0%	10.0%	0.0%	0.0%	30.0%	0.0%	40.0%	10.0%	10.0%	0.0%	0.0%	0.0%
CHE50816	0.0%	0.0%	0.0%	4.2%	33.3%	31.3%	18.8%	6.3%	6.3%	0.0%	0.0%	0.0%
CHE50819	0.0%	0.0%	0.0%	16.7%	16.7%	16.7%	16.7%	16.7%	16.7%	0.0%	0.0%	0.0%
CHE50822	0.0%	0.0%	1.5%	9.6%	22.1%	22.1%	23.5%	8.1%	11.0%	1.5%	0.7%	0.0%
CHE50840	0.0%	0.0%	2.5%	6.3%	30.0%	21.9%	21.9%	6.9%	8.1%	1.3%	0.6%	0.6%
CHE50849	2.8%	0.0%	0.0%	11.1%	27.8%	22.2%	25.0%	11.1%	0.0%	0.0%	0.0%	0.0%
CHE50874	2.9%	0.0%	5.9%	8.8%	29.4%	35.3%	8.8%	5.9%	2.9%	0.0%	0.0%	0.0%
CHE50876	0.0%	0.0%	0.0%	8.0%	8.0%	16.0%	36.0%	16.0%	12.0%	4.0%	0.0%	0.0%
CHE50877	0.0%	0.0%	14.3%	28.6%	28.6%	0.0%	14.3%	0.0%	14.3%	0.0%	0.0%	0.0%
CHE50878	0.0%	3.1%	6.2%	14.6%	33.8%	21.5%	13.8%	4.6%	1.5%	0.8%	0.0%	0.0%
CHE50883	0.0%	0.0%	0.0%	0.0%	28.0%	20.0%	28.0%	8.0%	8.0%	8.0%	0.0%	0.0%
CHE56610	0.0%	5.9%	11.8%	8.8%	29.4%	29.4%	8.8%	2.9%	2.9%	0.0%	0.0%	0.0%
CHE57006	0.0%	0.0%	0.0%	25.9%	29.6%	14.8%	16.7%	9.3%	3.7%	0.0%	0.0%	0.0%
CHW50016	0.3%	0.6%	3.6%	10.0%	17.8%	17.5%	28.7%	11.7%	6.4%	2.5%	0.3%	0.6%
CHW50258	0.0%	0.0%	8.3%	8.3%	33.3%	8.3%	33.3%	8.3%	0.0%	0.0%	0.0%	0.0%
CHW50377	0.0%	0.0%	1.0%	5.2%	6.3%	24.0%	24.0%	19.8%	14.6%	2.1%	3.1%	0.0%
CHW50462	0.0%	0.0%	10.3%	7.7%	30.8%	33.3%	15.4%	2.6%	0.0%	0.0%	0.0%	0.0%
CHW50628	0.0%	0.0%	0.0%	0.0%	77.8%	11.1%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%
CHW50833	0.0%	0.0%	0.0%	3.6%	14.3%	17.9%	46.4%	10.7%	0.0%	3.6%	3.6%	0.0%
CHW50875	0.0%	0.0%	3.1%	15.6%	37.5%	21.9%	12.5%	6.3%	3.1%	0.0%	0.0%	0.0%
CHW50879	0.0%	0.0%	5.6%	33.3%	16.7%	36.1%	2.8%	2.8%	0.0%	2.8%	0.0%	0.0%
CHW53023	1.2%	0.0%	2.4%	8.3%	10.7%	26.2%	27.4%	14.3%	8.3%	1.2%	0.0%	0.0%
CHW53043	0.5%	0.0%	5.3%	7.7%	17.2%	22.0%	32.1%	9.6%	4.3%	1.0%	0.5%	0.0%
CHW53064	0.0%	0.0%	0.0%	9.1%	21.2%	24.2%	15.2%	27.3%	3.0%	0.0%	0.0%	0.0%
CHW59169	0.0%	0.0%	0.0%	15.8%	15.8%	18.4%	34.2%	15.8%	0.0%	0.0%	0.0%	0.0%
CHW59170	0.0%	0.0%	0.0%	7.7%	17.9%	12.8%	41.0%	12.8%	7.7%	0.0%	0.0%	0.0%
HAL40051	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%
HAL40146	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%	0.0%	0.0%
KNW53303	1.1%	0.0%	7.6%	7.6%	9.8%	5.4%	7.6%	9.8%	7.6%	10.9%	7.6%	25.0%
KNW53315	1.3%	1.3%	12.6%	23.3%	21.1%	9.1%	16.4%	9.8%	2.5%	1.6%	0.6%	0.3%
KNW53323	0.0%	0.0%	4.8%	25.8%	25.8%	9.7%	21.0%	8.1%	4.8%	0.0%	0.0%	0.0%
LIV40022	0.8%	0.0%	3.8%	10.5%	21.3%	9.5%	14.5%	21.1%	13.8%	2.0%	2.5%	0.3%
LIV40023	0.0%	1.1%	1.1%	5.7%	17.2%	10.3%	17.2%	32.2%	9.2%	5.7%	0.0%	0.0%

LIV40025	0.3%	0.5%	4.7%	10.6%	13.8%	17.7%	28.2%	13.7%	8.3%	1.5%	0.5%	0.3%
LIV40026	2.0%	0.0%	11.8%	21.6%	9.8%	23.5%	15.7%	13.7%	0.0%	2.0%	0.0%	0.0%
LIV40027	0.0%	1.6%	5.6%	10.3%	17.5%	13.5%	22.2%	14.3%	6.3%	3.2%	2.4%	3.2%
LIV40028	0.0%	0.0%	4.3%	13.0%	17.4%	13.0%	17.4%	13.0%	17.4%	0.0%	4.3%	0.0%
LIV40030	0.3%	1.0%	9.1%	16.8%	19.3%	17.1%	19.6%	11.8%	2.8%	1.7%	0.3%	0.3%
LIV40033	0.0%	0.9%	10.0%	22.6%	27.1%	13.6%	13.1%	8.1%	3.6%	0.9%	0.0%	0.0%
LIV40034	0.5%	0.0%	1.5%	7.1%	12.5%	19.5%	22.5%	26.8%	6.8%	2.2%	0.5%	0.3%
LIV40036	0.0%	0.0%	8.4%	26.2%	22.4%	15.9%	13.1%	7.5%	3.7%	2.8%	0.0%	0.0%
LIV40037	0.0%	0.0%	6.4%	18.4%	23.2%	13.6%	15.2%	9.6%	5.6%	8.0%	0.0%	0.0%
LIV40099	0.0%	0.5%	8.5%	11.5%	13.8%	16.4%	20.5%	16.7%	8.5%	1.8%	0.8%	1.0%
LIV40100	0.4%	0.5%	3.8%	7.5%	14.2%	14.2%	24.4%	16.5%	8.1%	5.3%	3.1%	2.0%
LIV40124	0.5%	0.8%	5.5%	13.5%	15.3%	18.0%	23.7%	14.7%	3.8%	2.8%	1.2%	0.2%
LIV40127	0.0%	2.5%	8.8%	26.3%	13.8%	12.5%	17.5%	6.3%	8.8%	3.8%	0.0%	0.0%
LIV40134	0.4%	0.0%	1.5%	8.0%	12.6%	19.5%	24.9%	21.3%	10.6%	1.1%	0.0%	0.2%
SEF40001	0.0%	0.0%	8.7%	30.4%	17.4%	10.9%	13.0%	6.5%	2.2%	2.2%	8.7%	0.0%
SEF40003	0.0%	1.1%	13.5%	41.6%	14.6%	13.5%	6.7%	4.5%	1.1%	3.4%	0.0%	0.0%
SEF40004	0.0%	0.7%	5.9%	13.8%	18.4%	17.7%	23.0%	11.1%	5.6%	1.3%	2.0%	0.7%
SEF40005	3.8%	0.0%	11.4%	27.6%	12.4%	11.4%	7.6%	12.4%	6.7%	4.8%	1.0%	1.0%
SEF40006	0.0%	0.0%	2.0%	4.6%	11.9%	13.2%	17.2%	27.8%	17.2%	4.6%	1.3%	0.0%
SEF40008	0.0%	2.3%	23.3%	34.9%	14.0%	4.7%	2.3%	4.7%	2.3%	4.7%	4.7%	2.3%
SEF40009	2.0%	0.4%	2.8%	9.9%	15.5%	11.9%	30.2%	16.7%	6.7%	1.6%	2.4%	0.0%
SEF40010	6.3%	3.1%	6.3%	34.4%	15.6%	6.3%	9.4%	15.6%	0.0%	3.1%	0.0%	0.0%
SEF40011	0.0%	0.0%	0.0%	2.7%	6.8%	20.3%	40.5%	23.0%	5.4%	1.4%	0.0%	0.0%
SEF40012	0.9%	1.8%	4.5%	13.5%	13.5%	18.9%	13.5%	20.7%	7.2%	4.5%	0.0%	0.9%
SEF40013	0.0%	0.0%	16.2%	2.7%	5.4%	16.2%	21.6%	21.6%	0.0%	8.1%	2.7%	5.4%
SEF40053	1.3%	0.0%	4.7%	5.7%	10.7%	10.4%	28.4%	27.1%	9.4%	1.3%	0.7%	0.3%
SEF40056	0.5%	0.5%	5.7%	13.7%	18.7%	21.4%	20.1%	9.5%	5.7%	2.9%	0.8%	0.6%
SEF40057	0.5%	0.5%	4.5%	11.1%	17.6%	18.6%	14.1%	15.6%	11.6%	3.5%	2.0%	0.5%
SEF40058	0.0%	0.0%	0.0%	10.0%	10.0%	20.0%	50.0%	0.0%	10.0%	0.0%	0.0%	0.0%
SEF40139	2.1%	2.1%	6.4%	12.8%	17.0%	23.4%	17.0%	6.4%	2.1%	2.1%	6.4%	2.1%
SEF40140	0.0%	0.0%	1.2%	4.1%	3.7%	11.1%	28.7%	27.9%	16.0%	2.9%	4.1%	0.4%
SHL40063	0.0%	0.9%	5.6%	17.8%	29.0%	21.5%	12.1%	4.7%	7.5%	0.9%	0.0%	0.0%
SHL40119	1.0%	0.0%	6.0%	9.5%	18.2%	18.2%	27.4%	14.0%	4.7%	0.7%	0.2%	0.0%
SHL40122	0.5%	0.5%	2.9%	9.7%	11.3%	27.0%	30.2%	13.4%	2.4%	1.0%	0.3%	0.8%
SHL40141	0.0%	0.7%	2.8%	5.5%	17.9%	15.2%	33.8%	15.9%	4.8%	2.1%	1.4%	0.0%
SHL40143	0.5%	1.1%	6.7%	11.5%	12.6%	20.9%	24.6%	13.8%	4.2%	3.0%	0.8%	0.4%
WAR40070	0.0%	1.4%	10.6%	12.8%	18.8%	12.4%	22.9%	15.6%	1.4%	3.7%	0.5%	0.0%
WAR40071	0.0%	1.0%	8.6%	18.2%	22.2%	10.8%	17.5%	13.6%	5.5%	0.7%	1.2%	0.7%
WAR40072	0.4%	0.4%	4.8%	15.0%	18.8%	22.6%	25.6%	8.1%	1.4%	1.7%	1.2%	0.1%
WAR40073	0.3%	0.6%	7.7%	13.0%	14.2%	26.3%	22.7%	11.5%	1.8%	1.8%	0.3%	0.0%
WIR40076	0.2%	0.2%	2.7%	5.2%	15.0%	22.7%	24.7%	22.5%	5.2%	1.5%	0.2%	0.0%
WIR40077	0.0%	0.0%	0.0%	0.0%	23.1%	23.1%	19.2%	15.4%	15.4%	3.8%	0.0%	0.0%
WIR40079	0.0%	0.0%	9.5%	2.7%	9.5%	14.9%	12.2%	9.5%	18.9%	12.2%	10.8%	0.0%
WIR40080	0.0%	0.7%	0.7%	9.6%	4.8%	10.3%	21.9%	43.8%	6.2%	2.1%	0.0%	0.0%
WIR40081	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	28.6%	42.9%	28.6%	0.0%	0.0%	0.0%
WIR40087	0.0%	0.0%	0.0%	20.0%	20.0%	10.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%
WIR40088	0.5%	0.0%	1.1%	7.0%	2.7%	24.3%	18.4%	38.9%	6.5%	0.5%	0.0%	0.0%
WIR40090	0.0%	0.0%	5.0%	20.0%	10.0%	17.5%	10.0%	22.5%	7.5%	5.0%	2.5%	0.0%
WIR40097	0.0%	0.0%	0.0%	7.4%	9.3%	18.5%	27.8%	18.5%	16.7%	0.0%	1.9%	0.0%
WIR40105	0.0%	2.9%	0.0%	2.9%	11.8%	2.9%	17.6%	29.4%	23.5%	8.8%	0.0%	0.0%
WIR40106	0.0%	0.0%	0.0%	27.3%	9.1%	18.2%	27.3%	4.5%	9.1%	4.5%	0.0%	0.0%
WIR40108	0.0%	0.0%	2.0%	9.8%	5.9%	5.9%	21.6%	29.4%	19.6%	5.9%	0.0%	0.0%

WIR40135	0.0%	0.0%	3.6%	5.1%	13.1%	18.2%	25.5%	17.5%	13.1%	2.2%	1.5%	0.0%
WIR40149	0.0%	0.0%	19.4%	9.7%	6.5%	12.9%	12.9%	16.1%	22.6%	0.0%	0.0%	0.0%
WIR40150	0.0%	0.0%	0.0%	66.7%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
WIR40153	0.0%	1.1%	6.0%	11.0%	19.8%	15.9%	23.6%	16.5%	3.3%	1.6%	1.1%	0.0%

TRANSACTIONS

Code	Name	Q1	Q2	Q3	Q4	Total
CHE50022	Boots The Chemists Ltd - Nantwich	0	**	5	0	6
CHE50175	Clear Pharmacy - Crewe	89	88	52	104	333
CHE50340	Andrews Pharmacy - Macclesfield	31	56	64	59	210
CHE50632	Rowlands Pharmacy - Middlewich	21	86	102	115	324
CHE50803	Boots The Chemists Ltd - Sandbach	45	50	41	39	175
CHE50805	Mannings Chemist - Knutsford	16	14	11	9	50
CHE50816	Well (224193) - Park Lane, Maccle	91	121	66	74	352
CHE50819	Well (224537) - Handforth	0	**	15	31	47
CHE50822	Well (223032) - Sunderland St, Macclesf	252	235	256	253	996
CHE50840	Assan Pharmacy Ltd T/A Cohens Chemist	248	225	246	271	990
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	26	20	14	28	88
CHE50874	Lloyds Pharmacy Ltd - Lawton Road, Stoke	32	30	23	32	117
CHE50876	Lloyds Pharmacy Ltd - Wilmslow	14	12	14	0	40
CHE50877	Lloyds Pharmacy Ltd - Charlotte St, Macc	6	5	0	0	11
CHE50878	Lloyds Pharmacy Ltd - Congleton	42	68	51	58	219
CHE50883	AJ Hodgson T/A London Road pharmacy	79	80	46	68	273
CHE56610	Boots UK Ltd - Grand Junction, Crewe	**	18	17	9	47
CHE57006	Salus Pharmacy - Congleton	90	85	55	37	267
CHW50016	Boots The Chemists Ltd - Foregate Street	408	149	219	455	1,231
CHW50258	Pondas Chemists Ltd - Winsford	41	42	54	45	182
CHW50377	Swettenham Chemist - Blacon	287	209	174	167	837
CHW50462	Well (228547) - Northwich	14	8	30	34	86
CHW50628	Lloyds Pharmacy - Weaverham	**	10	0	0	13
CHW50833	The Co-operative Pharmacy	0	0	0	39	39
CHW50875	Lloyds Pharmacy Ltd - Middlewich Road	67	78	73	68	286
CHW50879	Sainsburys Pharmacy - Northwich	20	51	35	**	107
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	23	121	150	214	508
CHW53043	Superdrug Pharmacy - Northgate Street	462	521	215	118	1,316
CHW53064	Well (228534) - Ellesmere Port	**	27	14	83	128
CHW59169	Owen's Pharmacy T/A Salrook Healthcare L	9	90	102	108	309
CHW59170	Westminster Park Pharmacy T/A Salrook He	54	161	95	100	410
HAL40051	Castlefields Health Centre	0	64	42	0	106
HAL40146	Murdishaw Pharmacy	**	**	**	0	6
KNW53303	Boots the Pharmacy, The Halewood centre	23	**	10	14	51
KNW53315	Newtown Pharmacy, Kirkby	212	160	202	115	689
KNW53323	Rowlands Pharmacy (Previously GF O'Brien	80	29	0	0	109

LIV40022	Lloyds - St Oswalds Street	130	95	107	96	428
LIV40023	Riverside HC - Park Street	93	101	71	45	310
LIV40025	Boots - Boaler Street	240	293	309	255	1,097
LIV40026	Boots - Long Lane, Fazakerley	21	12	24	8	65
LIV40027	McCanns - Lark Lane	127	106	0	0	233
LIV40028	Melwood - Deysbrook Lane	**	0	**	**	**
LIV40030	Boots - London Road	854	819	796	742	3,211
LIV40033	Rowlands - Garston	48	47	60	63	218
LIV40034	Lloyds - Townsend Lane	243	235	196	241	915
LIV40036	Rowlands - Speke Health Centre	27	17	20	22	86
LIV40037	Lloyds - Muirhead Ave East	35	12	8	20	75
LIV40099	Rowlands - Lodge Lane	169	229	210	194	802
LIV40100	Normans - Walton Road	239	270	308	416	1,233
LIV40124	Lloyds - Prospect Point	765	872	905	762	3,304
LIV40127	Belle Valle Pharmacy (LN Chemist)	38	34	24	26	122
LIV40134	Lloyds - West Derby Road, Tuebrook	207	280	370	374	1,231
SEF40001	Aintree - Molyneux Way	11	14	17	32	74
SEF40003	Bispham Pharmacy - Bispham Rd, Southport	63	61	77	5	206
SEF40004	Haddens Pharmacy - Litherland Rd, Bootle	121	123	80	131	455
SEF40005	Higgins Pharmacy - Crosby Road North	68	45	37	28	178
SEF40006	Lloyds Pharmacy - 125 Knowsley Road	50	143	167	111	471
SEF40008	Lloyds Pharmacy - Crosby Road Nth, Water	12	10	16	16	54
SEF40009	Merton Pharmarcy - Stanley Road	124	168	170	0	462
SEF40010	Netherton Pharmacy - Durham Avenue	24	17	0	0	41
SEF40011	Lloyds Pharmacy - 290 Knowsley Road	25	31	27	29	112
SEF40012	Bridge Pharmacy - Bridge Road, Litherlan	54	53	36	0	143
SEF40013	Boots Pharmacy - Liverpool Road	17	20	18	23	78
SEF40053	Davey's - Randall Drive, Netherton	281	357	340	330	1,308
SEF40056	Superdrug - Eastbank Street, Southport	884	943	889	491	3,207
SEF40057	Boots - Seaforth	0	**	194	126	321
SEF40058	Rowlands - Upper Aughton Rd, Birkdale	13	0	0	0	13
SEF40139	Boots - South Road, Waterloo	0	21	23	44	88
SEF40140	Cohens - Marion Square, Netherton	180	281	231	197	889
SHL40063	Rowlands - Newton-Le-Willows	37	186	131	0	354
SHL40119	Lloyds - Duke Street, St Helens	234	313	329	387	1,263
SHL40122	Lloyds - Junction Lane, Sutton Oak	242	220	267	277	1,006
SHL40141	Rowlands - Thatto Heath	143	144	101	82	470
SHL40143	St Helens Millennium Centre	2,202	2,490	2,544	2,448	9,684
WAR40070	Well Pharmacy - Fearnhead Cross	150	112	89	0	351
WAR40071	Rowlands Pharmacy - Thelwall Lane	285	318	274	0	877
WAR40072	Well Pharmacy - The Baths	517	547	608	**	1,676
WAR40073	Lloyds Pharmacy - Earl Street	182	216	196	0	594
WIR40076	Rowlands - Market Street, Birkenhead	481	257	463	169	1,370
WIR40077	Lee's Pharmacy - Wood Church	34	22	58	9	123
WIR40079	Rowlands Chadwick Street, Moreton	127	114	116	14	371
WIR40080	Couper & Coulter - Rock Ferry	186	230	269	80	765
WIR40081	Tree Tops Pharmacy - Bromborough	12	16	16	**	46
WIR40087	Wilsons Pharmacy - West Kirby	12	10	10	**	35
WIR40088	Boots Pharmacy - Bedford Road, Rock Ferr	230	255	202	115	802

WIR40090	Victoria Pharmacy - New Brighton	33	42	25	11	111
WIR40097	Egremont Pharmacy - Wallasey	58	54	59	23	194
WIR40105	Lloyds Pharmacy - Arrowe Park Hospital	31	19	40	7	97
WIR40106	Boots Pharmacy - Hoylake Road, Birkenhea	25	18	22	27	92
WIR40108	Wyn Ellis Pharmacy - Poulton Road, Walla	86	87	105	21	299
WIR40135	Claughton Pharmacy - Park Rd Nth, Birken	92	111	160	77	440
WIR40149	Birkenhead Pharmacy - Laird Street	27	56	21	0	104
WIR40150	Morsy Lewis Pharmacy - Fender Way	7	0	**	0	8
WIR40153	MedicX Pharmacy - St Catherines Hospital	93	119	201	85	498
Total		**13,486**	**14,586**	**14,533**	**11,417**	**54,022**

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REFERENCES

Crome, I. et al (2009). The relationship between dual diagnosis: substance misuse and dealing with mental health issues. Social Care Institute for Excellence Research Briefing. Available from: *www.scie.org.uk/publications/briefings/briefing30/* [Accessed 26th November 2014].

Department of Health (2011). *A summary of the health harms of drugs. Major public health burden of substance use and misuse. Health-related harms*. London: Department of Health.

Department of Health (2013a). The 2013-2016 Public Health Outcomes Framework Available from: www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency [Accessed 27th November 2014].

Department of Health (2013b). Reducing drug misuse and dependence. Available from: *www.gov.uk/government/policies/reducing-drugs-misuse-and-dependence* [Accessed 27th November 2014].

Health and Social Care Information Centre (HSIC) (2013). Statistics on Drug Misuse: England 2013. Available from: *www.hscic.gov.uk/catalogue/PUB12994* [Accessed 27th November 2014].

Health and Social Care Information Centre (HSCIC) (2014a). Statistics on Alcohol – England 2014. Available from: *www.hscic.gov.uk/catalogue/PUB14184* [Accessed 27th November 2014].

Health and Social Care Information Centre (HSCIC) (2014b). Statistics on Drug Misuse. England 2014. London: The Health and Social Care Information Centre**.** Available from: *www.hscic.gov.uk/catalogue/PUB15943* [Accessed 5th May 2015].

HM Government (2010). Drug Strategy 2010 – Reducing demand, restricting supply, building recovery. Available from: *www.gov.uk/government/publications/drug-strategy-2010--2* [Accessed 26th November 2014].

HM Government, (2012). Drug strategy 2010 – Annual review. Available from: *www.gov.uk/government/publications/drug-strategy-2010-annual-review-may-2012* [Accessed 27th November 2014].

Home Office (2012). The Government's alcohol strategy. Available from: *www.gov.uk/government/publications/alcohol-strategy* [Accessed 26th November 2014].

Home Office (2014). Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales. Available from: *www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew/drug-misuse-findings-from-the-201314-crime-survey-for-england-and-wales* [Accessed 6th May 2015].

Joint Commissioning Panel for Mental Health (JCPMH) (2013). Guidance for commissioners of drug and alcohol services. Available from *www.jcpmh.info* [Accessed 14th November 2014].

National Treatment Agency for Substance Misuse (2012a). Estimating the crime reduction benefits of drug treatment and recovery. Available from: *www.nta.nhs.uk/news-2012-vfm.aspx* [Accessed 26th November 2014].

NICE (2014a). Hepatitis B. Quality standard. Available from: *www.nice.org.uk/guidance/qs65* [Accessed 9th June 2015].

NICE (2014b). Antenatal and postnatal mental health: clinical management and service guidance. Available from: *www.nice.org.uk/guidance/cg192* [Accessed 9th June 2015].

NICE (2015a). Alcohol: preventing harmful alcohol use in the community. Available from: *www.nice.org.uk/guidance/qs83* [Accessed 10th June 2015].

NICE (2015b). Maintaining a healthy weight and preventing excess weight gain among adults and children. Available from: www.nice.org.uk/guidance/ng7 [Accessed 9th June 2015].

Office for National Statistics (ONS) (2013). Deaths related to drug poisoning in England and Wales, 2012. Available from: *www.ons.gov.uk/ons/rel/subnational-health3/deaths-related-to-drug-poisoning/2012/stb---deaths-related-to-drug-poisoning-2012.html* [Accessed 25th November 2014].

Public Health England (PHE) (2013a). Alcohol and drugs prevention, treatment and recovery: why invest? Available from: *www.nta.nhs.uk/Why-Invest-2014-FINAL.aspx* [Accessed 19th November 2014].

Public Health England (PHE) (2013b). Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2012 to 31 March 2013. Available from: *www.nta.nhs.uk/uploads/annualypstatistics2012-13-final[0].pdf* [Accessed 19th November 2014].

Public Health England (PHE) (2013c). Drug Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2012 to 31 March 2013. Available: *www.nta.nhs.uk/uploads/annualdrugstatistics2012-13-statisticalreport.pdf* [Accessed 19th November 2014]

Public Health England (PHE) (2014a). Adult alcohol statistics from the National Drug Treatment Monitoring System (NDTMS) – 1 April 2013- 31 March 2014. London: Public Health England. Available from: *www.gov.uk/government/statistics/alcohol-statistics-from-the-national-drug-treatment-monitoring-system-ndtms-financial-year-ending-march-2014* [Accessed 17th November 2014].

Public Health England (PHE) (2014b). Review of Drug and Alcohol Commissioning. A joint review conducted by Public Health England and the Association of Directors of Public Health. Available from: *www.adph.org.uk/2014/10/joint-review-public-health-england-and-the-association-of-directors-of-public-health/* [Accessed 26th November 2014].

The Centre for Social Justice (2013). NO QUICK FIX. Exposing the depth of Britain's drug and alcohol problem. Available from: *www.centreforsocialjustice.org.uk/publications/no-quick-fix-exposing-the-depth-of-britain%E2%80%99s-drug-and-alcohol-problem* [Accessed 26th November 2014].

Whitfield, M., Reed, H., Harrison, R., Davies, C. and McVeigh, J. (2015). *Integrated monitoring system annual report. Cheshire and Merseyside 2013/14*. Liverpool: Centre for Public Health, Liverpool John Moores University. Available from: www.cph.org.uk/publication/integrated-monitoring-systems-annual-report-cheshire-and-merseyside-201314/ [Accessed 9th June 2015].

Whitfield, M., Reed, H., Harrison, R., Davies, C. and McVeigh, J. (2014). *Drug and alcohol treatment in Cheshire and Merseyside 2012/2013* report. Available from: *www.cph.org.uk/publication/drug-and-alcohol-treatment-in-cheshire-and-merseyside-201213/* [Accessed 9th June 2015].

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