IMS
integrated monitoring system

Integrated Monitoring System
Annual Report

Cheshire and Merseyside 2015/16

December 2016

Mark Whitfield, Howard Reed, Collette Venturas and Jim McVeigh

Public Health Institute, Faculty of Education, Health and Community, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2ET

www.ljmu.ac.uk/phi M.Whitfield@ljmu.ac.uk 0151 231 4314 twitter.com/PHI_IMS

ISBN: 978-1-910725-88-7 (web)

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

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ACKNOWLEDGEMENTS

With thanks to the management, staff and individuals from all contributing services, without whose co-operation this report could not have been produced. We would also like to thank Beccy Harrison and Simon Russell for their work on the wellbeing review section, Simon Russell and Stuart Smith for their help with proofing the report and to Stuart Smith for his attention to detail in inputting data into the monitoring system.

Public Health Institute
Faculty of Education, Health and Community
Liverpool John Moores University
Henry Cotton Building
15-21 Webster Street
Liverpool
L3 2ET

Monitoring Lead: Mark Whitfield, Intelligence and Surveillance Manager, m.whitfield@ljmu.ac.uk 0151 231 4314

Systems Lead: Howard Reed, Intelligence and Surveillance Systems Manager, h.d.reed@ljmu.ac.uk 0151 231 4036

PREVIOUS REPORTS

The drug and alcohol treatment in Cheshire and Merseyside report series

This *Integrated Monitoring System Annual Report Cheshire and Merseyside 2015/16* 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)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2014/15 (Whitfield et al, 2015)

All the reports above are available at: www.ljmu.ac.uk/phi

FOREWORD

In April 2013 responsibility for commissioning Substance Use Services passed to Local Authority Public Health Teams. Since then the provision and commissioning of services has become increasingly complex.

Changing patterns of substance use, revised guidelines on alcohol consumption and interventions and an unprecedented increase in the number of drug related deaths have added to that complexity and the need to deliver an effective and safe treatment system within shrinking resources and an agenda of austerity.

The IMS database provides commissioners and service providers alike with service user activity on a range of interventions including health checks, needle and syringe programmes and non-structured interventions – activity data that can help commissioners and Service Providers plan, forecast and develop services in line with changing needs and priorities.

This Annual Report from Liverpool John Moores University Public Health Institute is a welcome source of information, increasing our understanding on a range of complex service activity ensuring that local service responses are based on evidence and continue to meet the needs of the local populations.

Alan McGee,
Public Health Lead Sefton Council

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EXECUTIVE SUMMARY

This publication is the third 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 a summary of local and national publications relating to drug and alcohol use for the year. This year marks the first publication of the annual IMS report since the Centre for Public Health (CPH) was granted institute status. It is now known as the Public Health Institute (PHI), and an overview of relevant work the Institute is currently engaged in is also included in this report.

During the 2015-16 reporting period, 47 drug and alcohol services including those offering Needle and Syringe Programmes (NSPs) and 84 pharmacies throughout the region reported attributable information (i.e., individuals' initials, dates of birth and genders), with data received from 131 different contributing sites in total (a decrease from 146 in 2015-16). While the number of individuals reported to the system has dropped slightly from 2014-15, the number of needle and syringe programme transactions stayed about level, while the number of brief-interventions delivered again substantially increased for the third consecutive year. Overall, 209,606 interventions, transactions or referrals to other agencies were delivered to 26,197 individuals, representing a 16.2% decrease in the number of individuals for the same period last year, but an increase of 7.1% for the total number of interventions, transactions or referrals. The number of brief interventions and Identification and Brief Advice (IBA) interventions delivered increased again from 59,775 in 2014-15 to 94,378 in 2015-16, an increase of 57.9%.

The treatment population for IMS reporting services (including NSP services) was mainly male (81.7%) and identified themselves as White British (95.1%). The largest proportion was aged between 35-44 years (33.2%). For non-NSP services, there were significantly more males attending (69.8%), with over two in five (43.0%) individuals aged between 35-49 years, and likewise identifying largely as White British (94.9%). Alcohol was the most commonly reported problem substance for those receiving brief interventions (50.0%), while Steroids and PIED (Performance and Image Enhancing Drugs) was the primary substance named by those presenting to NSP services (53.5%), accounting for some but not all of the skew towards males in the demographic breakdown. However this was a decrease on the figure of 57.3% from 2014-15, while heroin as a primary substance increased by a similar amount, from 35.4% to 38.8%.

While in 2014-15 there was a substantial rise in both individuals attending and overall activity at NSP services, the number of individuals fell to levels similar to 2013-14, still indicating an overall rise of 8.0% in 2 years. Overall activity has continued to rise however, a 3.3% increase from 2014-15 and a 93.9% increase from 2013-14. The move towards pharmacy provision of NSP services continues although there is wide variation between local authorities with some areas such as Liverpool being almost wholly reliant on pharmacies and others such as Knowsley having a more balanced delivery between agency and pharmacy. Halton continues as an outlier to provide NSPs in an agency setting only.

There was increased completion of data items relating to employment, parental and accommodation statuses which presents a clearer picture of these respective areas, with an increase in those identifying themselves as long term sick or disabled (31.6%) but no real change in the proportion identifying some kind of housing issue (23.3%). However the percentage of parents who have at least one child under 18 living with them increased substantially from 17.2% in 2014-15 to 29% in 2015-16.

Cross-matching with NDTMS data from PHE confirms that only 30.3% of all individuals recorded within IMS are also in contact with structured treatment. The estimated combined individual group in treatment during 2015-16 totalled 42,335 individuals, representing a 17.6% decrease on 2014-15.

INTRODUCTION

This publication details the results of the IMS across Merseyside and Cheshire over the period of the 2015-16 financial year along with an overview of publications and significant developments in terms of policy 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), these have now been provisionally resolved and consequently there will be an updated version of this report published when we have received confirmed numbers for matched data. In the meantime, we have still been able to provide estimates of total numbers of presenting individuals by local authority which are presented towards the end of this report, and which are a valuable tool for local authorities in estimating prevalence of substance use across their areas.

Box 1. The non-structured monitoring systems provided by PHI 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. The appendix section at the back of this report provides a more detailed breakdown for some sections.

Because of recommissioning and consolidation of services, the number of agencies reporting to the system has fallen slightly since 2014-15. However 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 individual base on which it reports. The ongoing move to electronic reporting by pharmacies in many areas continues apace and should allow the system to report more accurately on primary substance of use in particular.

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.

For the second year we have included a small section on wellbeing which while not showing clear results for the overall population, shows significant improvements for individuals citing alcohol as their primary substance. There has been an increase in the number of follow-up wellbeing reviews recorded onto IMS for 2016-17 so far and this will be interrogated for the next annual report.

SETTING THE SCENE

Substance misuse is a global problem for population health, affecting people from all demographic and socioeconomic groups. Alcohol alone has a causal role in around 60 diseases (WHO), while drug use also has adverse consequences such as a user's susceptibility to bacterial, fungal and viral infections (such as HIV and Hepatitis C) and overdoses (Wiessing et al., 2014).

Due to the effect of alcohol and drugs on behaviour, substance misuse can have detrimental effects on people around the user and also to wider society. For example, alcohol is related to around 50% of all violent attacks in England and Wales (ONS, 2015) and it is estimated that the crime costs of an injecting drug user's average lifetime can be as high as £445,000 (Heap & Millar, Home Office, 2016).

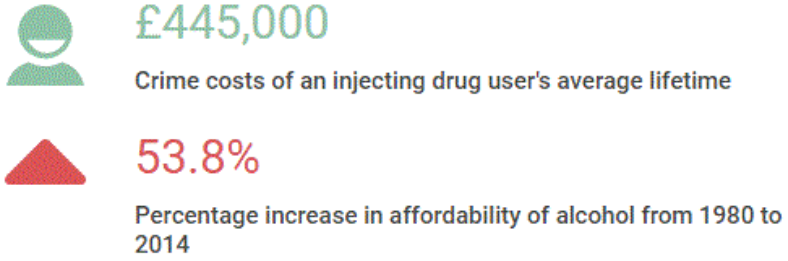
In addition, substance misuse places a burden on an individual's physical, economic and mental health. The comorbidity of substance misuse and psychological illnesses (particularly that of depression and anxiety) have been well documented (Edlund et al., 2015), although the causative issue is difficult to distinguish and may vary between individuals. What is known is that the one can exacerbate the other, and the toll this takes on an individual's health can be extensive as well as fatal.

In light of its physical, psychosocial and economic effects, attempts to prevent and treat substance use will continue to be a key focus in the UK. A number of treatment services and interventions are offered by the NHS, the voluntary sector, general practices, pharmacies, hospitals, specialist services and prisons (PHE, 2016). Activities range from giving information and advice, diagnosis and treatment, needle exchange programmes and outreach work which attempts to address some of the underlying problems such as unemployment and housing issues (PHE, 2015). Referrals to access these services can come from the NHS, GP's and the criminal justice system; however, these services are also accessed through self-referrals (PHE, 2013).

The complexity of dealing with substance misuse is further increased when societal and legal influences and structures surrounding drug use are taken into account. Despite being a drug that has adverse biopsychosocial affects, alcohol is a regulated legal and taxed commodity in the UK, while other drugs like cannabis or cocaine are not. Where these kinds of drugs have to be bought and consumed covertly, it is generally accepted for alcohol to be purchased and consumed in UK society (providing the individual is of legal age). Compared to 1980, alcohol was 53.8% less expensive in 2014, highlighting its increasing affordability over this period (HSCIC, 2015).

It is important to note that substance misuse also includes steroids and other performance and image enhancing drugs (Sundstom et al., 2016) with dramatic increases in use over the last 20 years (McVeigh and Begley, 2015). There is also a growing concern over dependence of prescribed and over-the-counter medicines (PHE, 2016).

In addition, over the past decade Novel Psychoactive Substances (NPS), which are mostly laboratory made synthetic drugs and are marketed as 'legal highs', have also come on to the market (EMCDDA, 2016). Coupled with the emergence of the 'dark web' the supply and demand for NSP's is continually changing and developing (EMCDDA, 2016).

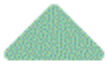


SOME FACTS AND FIGURES SURROUNDING ALCOHOL USE, ALCOHOL-RELATED CONSEQUENCES AND TREATMENT

- In England in an assessment of average weekly drinking of alcohol over a year, 61% of women reported usually drinking up to 14 units per week (defined as lower risk drinking) compared to 62% of men who consumed on average seven units more than that per week (HSCIC,2015).
- The rate of alcohol-specific mortality for men (16.1 per 100,000) is more than double the rate for women (7.4 per 100,000) (PHE, 2016).
- Alcohol-related absenteeism costs the UK the loss of up to 17 million working days a year (Institute of Alcohol Studies, 2014).
- It is estimated that 114,920 adults received alcohol treatment in England from 2011 to 2012; the number of people that successfully completed alcohol treatment for the same period was estimated to be 43,530. (PHE, 2015).
- Overall numbers accessing treatment for alcohol have increased by 3% since 2009-10 (86,385 to 88,904) (PHE, 2015).
- The number of people aged 40 and over accessing services has risen by 21% and the number of people aged 50 and over by 44% from 2009 o 2010 (PHE, 2015).

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

- Drug misuse deaths registered in England and Wales between 2012 and 2014 increased by 42%. (ONS, 2014). The number of deaths involving heroin in 2014 increased by 64% from 2012 (PHE, 2015).
- The age profile of people in treatment is rising. Those aged 40 and over now account for 44% of the 152,964 people in treatment for opiate use (PHE, 2015).
- Most presentations for novel psychoactive substances (NPS) are in the younger age groups; however, total number accessing treatment for NPS remains relatively low at 1,370 (0.5% of all individuals in structured treatment, PHE, 2015).
- A total of 130,609 people exited the drug and alcohol treatment system in 2014-15, with 52% (67,788) having successfully completed their treatment free of dependence. Non-opiate-only individuals had the highest rates of successful exits with almost two thirds (64%) completing treatment, followed by 61% of alcohol individuals. Opiate individuals had a completion rate of 30% (PHE, 2015).
- In 2012 the UK had the second highest number of ecstasy tablets seizures in Europe (EMCDDA, 2014b).
- Regular opiate and crack cocaine users committed an estimated 45% of acquisitive crime, costing almost £6bn per year. (Mills, Skodbo & Blyth, 2013).



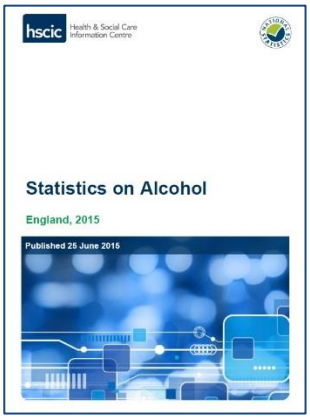
42%

Percentage increase in deaths for drug misuse between 2012 and 2014

1. NATIONAL, REGIONAL AND LOCAL LITERATURE

The following literature to is intended to supplement findings from previous reports written by Whitfield et al. (2015) and Whitfield et al. (2014); and provide examples of recent policy and guidance.

1.1. ALCOHOL

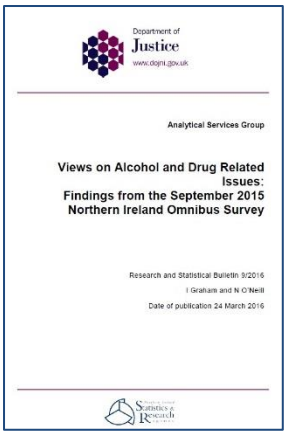


Statistics on Alcohol, England, (HSCIC, June 2015)

This 2015 HSCIC report includes statistics such as:

- Alcohol consumption among adults and children, looking at how much and how often people drink, drinking patterns among different groups, the type of alcohol consumed and the affordability of alcohol.
- Adults' knowledge of alcohol and children's attitudes towards drinking, including their knowledge of measuring alcohol in units and awareness of the health risks of drinking.
- The health risks associated with alcohol misuse including the number of admissions to hospital related to alcohol and the number of deaths that are linked to alcohol.
- Information on prescription drugs used for the treatment of alcohol dependency and the cost of alcohol misuse to the NHS is considered.

Available from: http://content.digital.nhs.uk/catalogue/PUB17712/alc-eng-2015-rep.pdf



Research and Statistical Bulletin 9-2016 Views on alcohol and drug related issues: Findings from the September 2015 Northern Ireland Omnibus Survey (Department of Justice (Northern Ireland) and Northern Ireland Statistics and Research Agency, 2016)

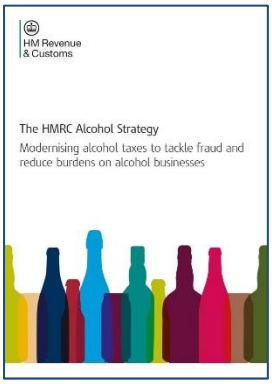
Several times a year the Central Survey Unit of the Northern Ireland Statistics and Research Agency (NISRA) conducts the Northern Ireland Omnibus Survey. Updating the findings from the previous report (September 2014), topics covered in this report included: concern about alcohol and drug related issues in the local area; levels of change in alcohol and drug related issues in the local area in the last 12 months; and the effect of alcohol and drug related issues in the local area.

Examples of findings include:

- Just over a third (36.6%) of respondents agreed or strongly agreed with the statement 'I am concerned about alcohol related issues in my local area'. This compares to 43.9% of respondents who disagreed or strongly disagreed with the statement.
- The most cited primary reason given for those reporting concern about alcohol related issues in the local area was 'underage drinking' (64.0%). The most cited secondary issue for respondents in relation to alcohol was 'drinking in public places' (32.0%). For drug related issues, 51.2% of respondents stated 'drug use/abuse' was the primary drug related issue in the local area. The most cited secondary issue for respondents in relation to drugs was 'drug dealing' (46.8%).
- A fifth (82.0%) stated there was no change in the level of alcohol related issues in their local area in the last 12 months. A similar proportion of respondents (81.7%) stated there was no change in the level of drug related issues in their local area in the last 12 months.

- Just over one in 17 respondents (5.8%) had heard of the Northern Ireland Assembly's New Strategic Direction for Alcohol and Drugs Phase 2, 2011-16.

Available from: https://www.justice-ni.gov.uk/publications/research-and-statistical-bulletin-9-2016-views-alcohol-and-drug-related-issues-findings



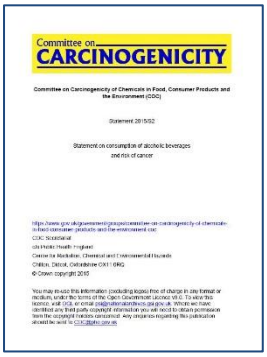
Modernising alcohol taxes to tackle fraud and reduce burdens on alcohol businesses (HMRC, 2016)

In order to realise the government's ambition to modernise the alcohol taxes to tackle fraud and reduce burdens on alcohol businesses, HMRC have developed an alcohol strategy. By working with other enforcement agencies and the alcohol industry, HMRC aims to:

- **Promote good compliance** — making it easier for businesses to pay the right duties by: Simplifying tax across disparate alcohol regimes; digitising transactions in line with HMRC's digital ambition for 2020 and streamlining processes to support business growth - for instance, a quicker approval service for new and expanding businesses.
- **Prevent tax losses** — making it harder to make mistakes or to deliberately cheat including addressing regime vulnerabilities, and exploring technology solutions to prevent fraud. This will be achieved by: Sharing more of what the HMRC knows with legitimate business to help drive out fraud; targeting communications and education to sectors impacted by particular risks; supporting businesses to comply with their obligations through better guidance; seeking changes at EU level to prevent systematic abuse of EMCS; considering options to restrict who can hold and move duty suspended goods; and exploring new technology to better track the distribution of alcohol and simplify the payment of duty.
- **Respond to those who cheat** — increasing the impact of enforcement. The large profits made through alcohol fraud make it very appealing to organised criminals. Therefore HMRC aims to: Continue to work with legitimate businesses to identify how criminals gain access to alcohol; build a richer intelligence picture of the criminals targeting the UK alcohol regime; and invest in the skills and capability of their people. This will enable them to: Better target criminal gangs; focus on the highest risk individuals and businesses facilitating fraud; track and manage displacement of fraud; reduce the demand for illicit goods; and tighten control over the supply of goods for fraud.

This document reports on the progress update and performance concerning these aims since 2010.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/510235/HMRC_Alcohol_Strategy.pdf

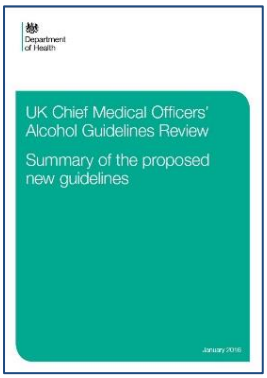


A statement from the Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC, 2015)

The Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC), a UK committee, investigated alcohol and alcoholic beverages' causal role in cancer. Evidence reviewed from 2013 indicated that:

- Drinking alcohol increases the risk of getting cancers of the mouth and throat, voice box, gullet, large bowel, liver, of breast cancer in women, and probably also of cancer of the pancreas.
- All types of alcoholic beverage can cause cancer, with little difference in risk from different drinks
- There is very little specific information on binge drinking (drinking large amounts of alcohol on a single occasion) and cancer.
- The effect of stopping drinking on cancer risk has been studied for some cancer types and risk decreases gradually after stopping alcohol consumption.
- Between 4-6% of all new cancers in the UK in 2013 were caused by alcohol consumption.

Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490584/COC_2015_S2__Alcohol_and_Cancer_statement_Final_version.pdf



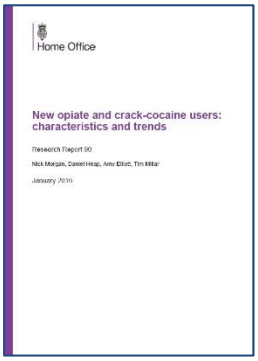
UK Chief Medical Officers' Alcohol Guidelines Review Summary of the proposed new guidelines (DH, 2016)

Summarising the advice from the UK Chief Medical Officers' (CMOs), this document has been produced to aid those providing consultations or feedback by explaining the three main recommendations that cover guidance on regular drinking, single episodes of drinking and drinking during pregnancy.

Examples of such guidelines include:

- Regular drinking - if you drink as much as 14 units per week, it is best to spread this evenly over three days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
- Single drinking episodes - Some groups of people are likely to be affected more by alcohol and should be more careful of their level of drinking on any one occasion: young adults; older people; those with low body weight; those with other health problems; those on medicines or other drugs.
- Pregnancy and drinking - If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/summary.pdf

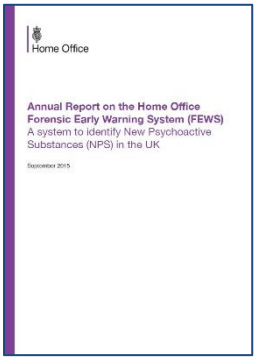


New opiate and crack-cocaine users: characteristics and trends (Home Office, 2016)

The number of new users of opiates and, or crack-cocaine (OCU's) from 2005 to 2013 are estimated in this report along with their trends and characteristics. According to this report data indicates that:

- Around 5,000 to 8,000 individuals may have started using opiates and, or crack-cocaine in 2013, which is a reduction of a fifth compared with 2005 and down significantly since the 1980s and 1990s when there was a large surge in new users of opiates and, or crack-cocaine (OCUs).
- The number of new OCUs may have levelled off since around 2011, though there are no signs that it is set to turn upwards.
- There is a possible shift in certain characteristics of new OCUs, with more older initiates, and more individuals coming to treatment sooner in their drug-using careers

Available from: https://www.gov.uk/government/publications/new-opiate-and-crack-cocaine-users-characteristics-and-trends

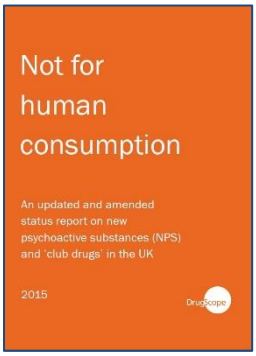


Annual Report on the Home Office Forensic Early Warning System (FEWS). A system to identify New Psychoactive Substances (NPS) in the UK (Home Office, September 2015)

In response to the appearance of 'legal highs' or new psychoactive substances on the market the FEWS was developed in 2011 by the Home Office. This report covers the period of 2014 to 2015. The key findings were:

- Out of 2,074 samples seen under FEWS, 1,345 were non-controlled NPS.
- Four new NPS (the same as in 2013/14) have been identified under FEWS which have not been previously encountered in the UK or Europe, meaning that the total number of new samples identified through FEWS is now 35.
- Products advertised as 'legal' alternatives to already controlled drugs are not always 'legal'.
- A total of 8% of NPS found in the NPS samples collected by FEWS in 2014/15 were controlled drugs.
- FEWS findings continue to affirm Government messaging that: just because a substance is termed 'legal' does not make it safe or 'legal'.
- Products marketed as 'legal highs' can also contain a number of different substances which increases the risk of harm to users.
- Concerns around the emergence and continued availability of NPS are not limited to the UK drugs market. The EMCDDA reported that 101 previously unseen NPS were identified across the EU in 2014, compared to 81 in 2013, 74 in 2012, 49 in 2011 and 41 in 2010 (EMCDDA, 2014a).

Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461333/1280_EL_FEWS_Annual_Report_2015_WEB.pdf

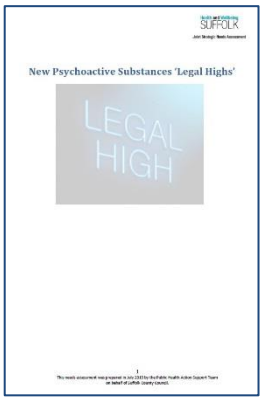


Not for human consumption. An updated and amended status report on new psychoactive substances (NPS) and 'club drugs' in the UK (Shapiro, 2015, DrugScope)

Covering both 'club drugs' and NPS this report is an update of a document 'Business as Usual' (DrugScope, 2014) and it discusses health matters, treatment responses and trends of these drugs:

- Few people come to treatment services citing an NPS as their primary drug problem.
- Mephedrone and synthetic cannabinoids are causing numerous issues across a range of user cohorts. Users of mephedrone are typically young people, those on the 'chem sex' party scene and traditional service individuals. Users of synthetic cannabinoids typically are vulnerable young people, young offender and prison populations and traditional drug service individuals.
- There has been a significant increase in the number of MDMA and MDMA/PMA related deaths in recent years.
- A range of other drugs (loosely called 'club drugs') are causing some serious health concerns and these should also be taken into account when devising health and prevention strategies around NPS to include 'older drugs causing newer problems'.
- While NPS have been mentioned in a number of fatalities, very few deaths appear to have been as a direct result of taking an NPS in isolation.
- The key message for drug workers is 'deal with the problem in front of you' rather than being overly concerned about the substance that is alleged to have been taken.

Available from: http://www.drugwise.org.uk/wp-content/uploads/not-for-human-consumption.pdf



New Psychoactive Substances 'Legal Highs' (Public Health Action Support Team, 2015)

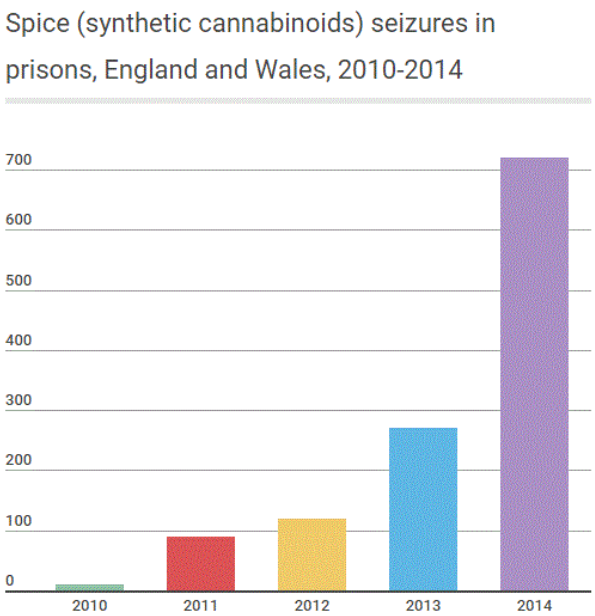
This needs assessment reports on key factors regarding NPS use in general and looks at trends and public health needs regarding NPS use in Suffolk. Key issues identified include:

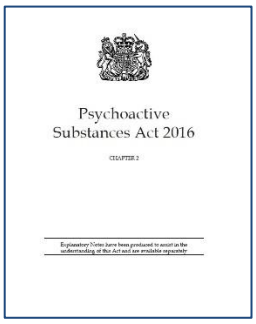
- There is little information on NPS use in Suffolk. The proportion of substance misuse service users citing NPS use appears relatively low compared with other areas and the services in Suffolk do not perceive NPS as a big problem.
- A survey of young people at New College, Ipswich found that almost a quarter had tried NPS, and 11% reported using them frequently. Most of the respondents appeared to be aware that these drugs are no safer than illegal drugs and many said they would not use them even if recommended by a friend. However few appeared to be aware of local sources of information and advice about them.
- Anecdotal information suggests there may be particular concerns about substance misuse, including NPS, in the Lowestoft area.
- There is evidence of a dramatic increase in use of synthetic cannabinoids ('Spice') in prisons over the last five years, including those in Suffolk.
- The Suffolk Recovery Forum has not encountered particular concerns about NPS to date.

Findings concerning the main health needs and recommendations made related to:

- The provision of accurate, up-to-date information and advice about the harm of NPS.
- Generic approaches to support young people in building resilience and decision-making skills and reducing risky behaviours.
- Ensuring services are accessible and seen as appropriate for users of NPS.
- Providing effective interventions to reduce dependence.
- Ensuring services are targeted at particular risk groups including young people, prisoners, MSM, and those from socially deprived areas.

Available from: http://www.healthysuffolk.org.uk/assets/JSNA/PH-reports/NPS.pdf





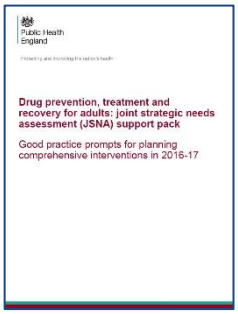
Psychoactive Substances Act 2016 (The Stationery Office, TSO, 2016)

Although the Misuse of Drugs Act 1971 will remain the principle drug legislation in the United Kingdom, the Psychoactive Substances Act came into force on 26 May 2016. It differs from the Misuse of Drugs Act 1971 in that it covers psychoactive substances not included in this act (such as nitrous oxide) and that are being used as replacements for previously controlled drugs (such as cocaine and heroin). In order to be covered by the new legislation a substance must have a psychoactive effect on an individual's cognitive functioning or emotional state through depressing or stimulating their nervous system (e.g. cause hallucinations, changes in alertness, alter one's perception of time and space, affect mood or empathy with others or cause drowsiness). Although this may appear to be a wide definition, this is designed to pre-empt the inevitable emergence of new substances, defining psychoactive substances by their effects rather than their chemical composition (Home Office, 2016).

Therefore this act:

- Makes it an offence to produce, supply, offer to supply, possess with intent to supply, possess on custodial premises, import or export psychoactive substances; that is, any substance intended for human consumption that is capable of producing a psychoactive effect. The maximum sentence will be seven years' imprisonment.
- Excludes legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products from the scope of the offence, as well as controlled drugs, which continue to be regulated by the Misuse of Drugs Act 1971.
- Exempts healthcare activities and approved scientific research from the offences under the act on the basis that persons engaged in such activities have a legitimate need to use psychoactive substances in their work.
- Includes provision for civil sanctions – prohibition notices, premises notices, prohibition orders and premises orders (breach of the two orders will be a criminal offence) – to enable the police and local authorities to adopt a graded response to the supply of psychoactive substances in appropriate cases.
- Provides powers to stop and search persons, vehicles and vessels, enter and search premises in accordance with a warrant, and to seize and destroy psychoactive substances.

Available from: http://www.legislation.gov.uk/ukpga/2016/2/pdfs/ukpga_20160002_en.pdf



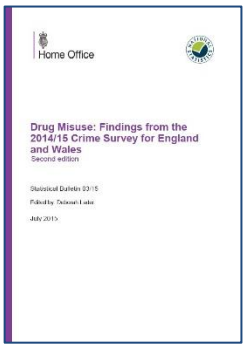
Drug prevention, treatment and recovery for adults: joint strategic needs assessment (JSNA) support pack. Good practice prompts for planning comprehensive interventions in 2016-17 (PHE, 2016)

With its devastating effects on people's (and the people around them) wellbeing, it is imperative to try and prevent, treat and promote recovery in adults that are vulnerable to drug misuse. This includes image and performance enhancing drugs and prescribed over-the-counter medicines as there is a growing issue of individuals being dependent on these substances. This is why there are investments in interventions to address these issues and for these interventions to be successful it is imperative that they are well informed and planned. This can be done by developing effective local systems that provide easily accessible and flexible services that cater to the needs of those in their community regarding their drug problems.

Key principles local areas could use to inform their plans for drugs and alcohol interventions for adults (prevention, treatment and recovery systems) are outlined in this report. These include:

- Drug misuse is identified early, and people who use drugs are offered prompt access to a range of early interventions, treatment and recovery support appropriate to their needs, at all stages of their recovery journey.
- All people who use drugs have prompt access to a system that also provides for continuity of care between prison, residential and community environments
- All people who use drugs have prompt access to interventions to address the health harms of drug use, including interventions to prevent drug-related deaths and blood-borne viruses.
- Treatment services are high-quality, evidence-based and deliver a broad range of effective interventions.
- The number of people successfully completing treatment is increasing, and recovery from dependence is sustained.
- Alcohol and drug users in treatment are supported into work by an effective partnership between treatment and employability sectors.
- There is an integrated support offer involving greater support around training, education, voluntary work and general improvement of skills and work experience.
- Alcohol and drug misusers have the best possible access to warm, safe and affordable homes, that local conditions will allow.

Available from: http://www.nta.nhs.uk/healthcare-JSNA.aspx



Drug misuse: Findings from the 2014/15 Crime Survey for England and Wales (PHE, 2015)

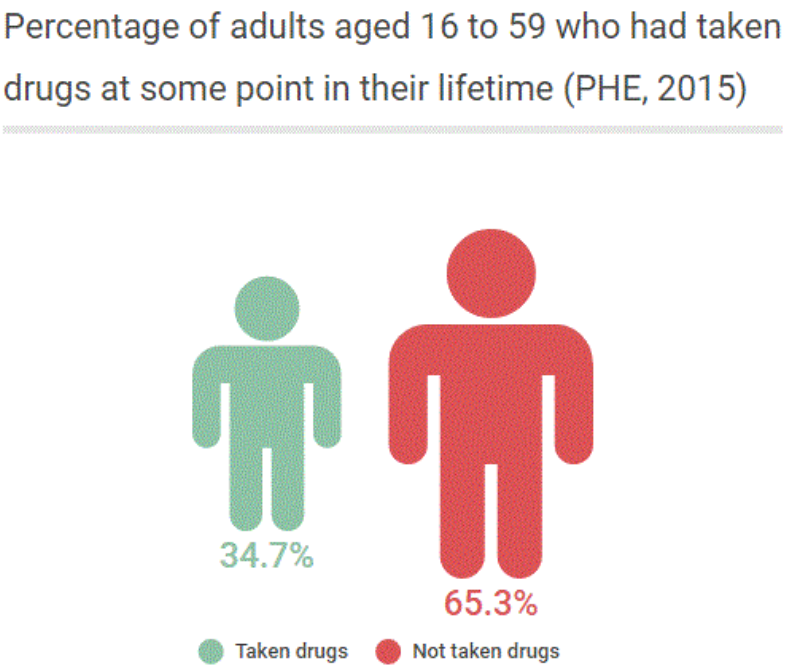
Using a sample of residents aged 16 to 59 year in households in England and Wales this release covers topics such as:

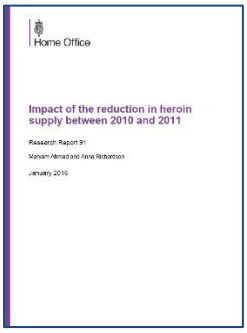
- Extent and trends in illicit drug use among adults, including separate analysis of young adults (16 to 24 year olds)
- Frequency of illicit drug use between 2014 to 2015
- Illicit drug use by personal, household and area characteristics and lifestyle factors
- Use of new psychoactive substances (NPS), so-called 'legal highs'
- Simultaneous polydrug and polysubstance use among adults aged 16 to 59
- Older drug users (featuring analysis of data from several survey years)
- Drug use within generations over time (a pseudo-cohort analysis)

Examples of key findings are:

- Just over one-third (34.7%) of adults aged 16 to 59 had taken drugs at some point during their lifetime.
- Cannabis was the drug most likely to be frequently used, with 39 per cent of cannabis users being classed as frequent users in the 2014/15 survey.
- Men are more likely to take drugs than women.
- Young adults aged 16 to 24 who had used another illicit drug in the last year were significantly more likely to have used an NPS in the last year (12.3%) than those who had not (0.6%).
- Mephedrone (68%), ecstasy (57%), amphetamines (50%), and tranquilisers (35%) were the drugs most likely to be used simultaneously with other drugs.

Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/462885/drug-misuse-1415.pdf



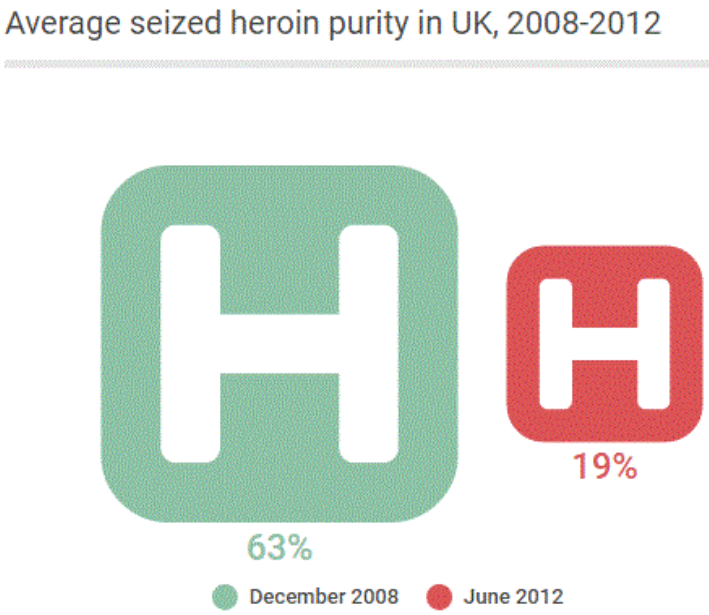


Impact of the reduction in heroin supply between 2010 and 2011 (Home Office, 2016)

This report by the Home Office (2016) examines the effects the reduced supply of street level heroin (in late 2010) had on drug use. The report concludes the following:

- Street level heroin prices remained relatively stable, but purity levels fell.
- There were reports that during this time heroin use decreased with some users switching to or increasing their use of other substances, particularly benzodiazepines and alcohol.
- During the period of reduced supply, new presentations to drug treatment for opiate use fell and there were no significant changes in drug related acquisitive crime, though there was a decline in heroin possession offences.

Available from:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/494423/horr91-reduction-heroin-supply.pdf



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

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

THE USE OF NOVEL PSYCHOACTIVE SUBSTANCES (NPS) AMONG INDIVIDUALS IN CONTACT WITH SERVICES IN TAMESIDE

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. 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 individual 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 Licence Enforcement Day' which partly investigated sales of NPS and drug paraphernalia in off licence 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.

RISK COMMUNICATION RESPONSES TO NOVEL PSYCHOACTIVE SUBSTANCES (NPS) AND ILLICIT DRUGS

A rapid review of the current body of knowledge and practice on risk communication relevant to serious hazards and risks of an urgent nature associated with NPS and illicit drugs was conducted for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

The report aimed to identity research gaps and priorities to provide the EMCDDA and the Early Warning System Network insight into considerations for planning and delivering effective drug risk communication to support the development of a theoretical driven and evidence-based approach to risk communication.

A review of the general risk communication literature, and literature related to communicating risk regarding both licit and illicit drugs, was undertaken. In addition, a number of case studies were constructed using information provided by key EU experts.

NATIONAL IPED INFO SURVEY

The use of performance and image enhancing drugs including anabolic steroids and other drugs used to increase muscularity and enhance appearance has increased over the past decade and become an area of increasing public health significance amongst the general population. Individuals who use IPEDs differ from those who use other substances such as illicit psychoactive drugs and present a range of specific challenges for those commissioning and providing health services.

The Centre for Public Health in collaboration with Public Health Wales undertook the largest survey of people who use image and performance enhancing drugs (IPEDs) in 2015. The survey examined use amongst a sample of 663 individuals recruited from needle and syringe programmes and gym and sporting settings in England, Wales and Scotland and explored participants' experiences relating to their IPED use. The 2015 survey ran from August-December 2015 and the survey is being repeated in 2016 with an increased emphasis on recruiting participants from non-service settings. The current survey closes in December 2016, and findings will be reported in early 2017.

AN EXPLORATION OF THE ROLE OF ALCOHOL IN THE LIFE EXPERIENCES OF THE HOMELESS POPULATION IN MERSEYSIDE

The main objective of this research is to explore the impact that alcohol consumption can have on the homeless population. Merseyside will be used as a case study for this research and local services that provide care and advice for those who are homeless will assist with the recruitment of participants.

A novel multi-method approach combining life history calendars will be used alongside a participatory photography exercise. We intend to use the life history calendar approach with 15 participants. Life history calendars provide a structured approach in creating a framework and cues to trigger recall through the use of significant events to use as reference points to link changes in their alcohol consumption. Five participants will be invited to take part in the participatory photography, this will involve producing images that reflect their experiences of being homeless and how their alcohol consumption has changed.

This research was funded by Alcohol Research and is due to be completed in December 2016.

EVALUATION OF THE NORTH YORKSHIRE HORIZONS DRUG AND ALCOHOL TREATMENT AND RECOVERY SERVICE

The Centre for Public Health was commissioned by North Yorkshire County Council to undertake a two-year evaluation of the newly commissioned integrated treatment and recovery services in North Yorkshire.

The aim of the evaluation was to explore issues relating to service use, completions, re-representations, relapses, outcomes and cost-effectiveness. Qualitative interviews were carried out with commissioners, staff who worked at the services and other key stakeholders as well as service users. Analysis of treatment and recovery data for the service users has also been carried and compared to national averages in addition to a cost-effectiveness exercise.

This evaluation is due to be completed by the end of August 2016.

ERANID

On the 15th September 2015 the first Joint Call was launched with successful projects announced mid-April 2016. The research priorities for the second Joint Call was launched in June 2016, the deadline for applications was mid-October 2016.

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.

3. INTEGRATED MONITORING SYSTEM

3.1. IMS: DEMOGRAPHIC PROFILE

The Integrated Monitoring System brings together activity from both low threshold drug and alcohol services delivering brief interventions and Needle and Syringe Programme 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 76.3% in Sefton (a decrease from 79.6% in 2014-15 but still the lowest proportion by area) to 91.6% in Halton (a decrease from 97.0% in 2014-15). As highlighted elsewhere in this report, this is largely due to the high prevalence of steroid and PIED[1] 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 & Chester.

GENDER

	Female	% (14-15 %)	Male	% (14-15 %)	Total
Cheshire East	147	10.7% (10.3%)	1,227	89.3% (89.7%)	1,374
Cheshire West & Chester	136	9.6% (10.1%)	1,281	90.4% (89.9%)	1,417
Halton	73	8.4% (3.0%)	801	91.6% (97.0%)	874
Knowsley	207	17.7% (12.3%)	963	82.3% (87.7%)	1,170
Liverpool	2,520	21.3% (18.8%)	9,284	78.7% (81.2%)	11,804
Sefton	735	23.7% (20.4%)	2,368	76.3% (79.6%)	3,103
St. Helens	476	17.1% (12.3%)	2,307	82.9% (87.7%)	2,783
Warrington	233	13.5% (8.4%)	1,497	86.5% (91.6%)	1,730
Wirral	394	15.3% (18.6%)	2,176	84.7% (81.4%)	2,570
Total	**4,790[2]**	**18.3% (16.0%)**	**21,407**	**81.7% (84.0%)**	**26,197**

Table 1 - IMS individuals by gender, 2015-16

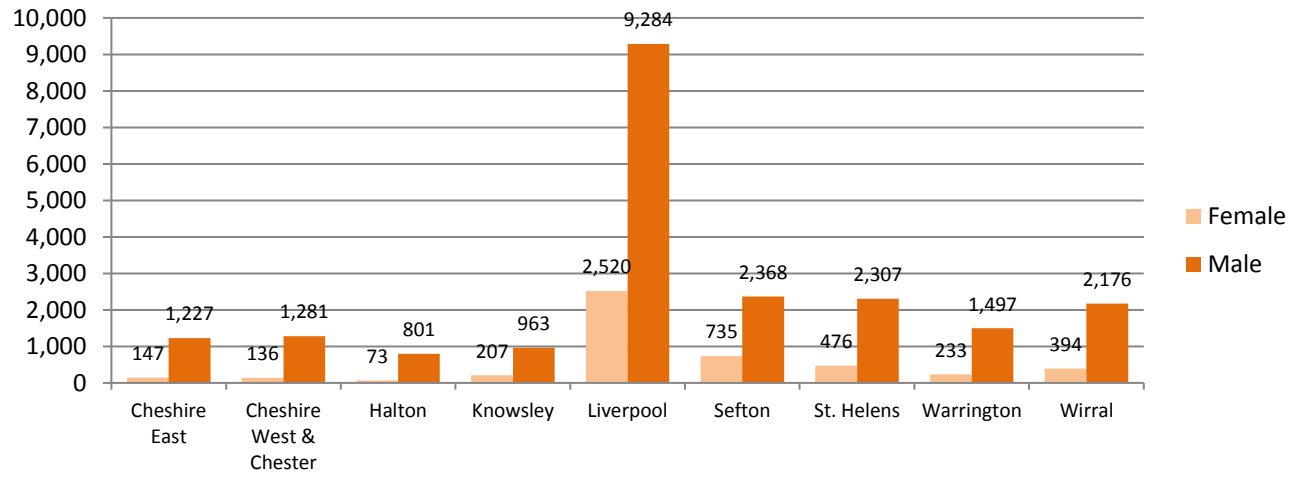


Figure 1 - IMS Individuals by gender, 2015-16

[1] Image and performance enhancing drugs (IPEDS) 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.

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

AGE GROUP

The age profile of females attending IMS services was older than males attending the same service, with just under four in five females being aged under 50 (77.5%) while 85.3% of males were aged under 50. Age differentials between genders were most pronounced in the 20-24 age group, where males outnumbered females 9-1. The differential was least pronounced for those individuals aged between 0-17 and aged 65 and over, but for all age ranges more males than females presented.

		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	10	21	29	33	25	20	8	**	0	0	147
	Male	**	24	179	220	233	201	196	88	58	16	6	**	1,227
	Total	**	24	189	241	262	234	221	108	66	17	6	**	1,374
Cheshire West & Chester	Female	0	**	10	16	28	20	31	14	8	6	**	0	136
	Male	**	<10	138	207	216	200	232	172	78	12	<8	**	1,281
	Total	**	13	148	223	244	220	263	186	86	18	11	**	1,417
Halton	Female	0	0	**	11	9	10	8	16	9	7	0	**	73
	Male	**	11	<104	188	158	128	87	62	43	11	5	**	801
	Total	**	11	107	199	167	138	95	78	52	18	5	**	874
Knowsley	Female	0	**	11	27	39	31	26	22	12	17	9	9	207
	Male	**	<9	83	182	177	136	128	112	75	31	14	14	963
	Total	**	14	94	209	216	167	154	134	87	48	23	23	1,170
Liverpool	Female	**	17	68	247	309	390	493	386	238	150	96	122	2,520
	Male	<12	55	521	1,078	1,340	1,413	1,750	1,440	793	395	229	257	9,284
	Total	17	72	589	1,325	1,649	1,803	2,243	1,826	1,031	545	325	379	11,804
Sefton	Female	0	**	38	76	71	93	144	121	90	36	35	30	735
	Male	6	<15	113	263	330	358	395	393	270	126	61	37	2,368
	Total	6	17	151	339	401	451	539	514	360	162	96	67	3,103
St. Helens	Female	0	5	35	50	81	94	62	61	30	25	15	18	476
	Male	5	35	193	384	332	379	448	280	138	69	32	12	2,307
	Total	5	40	228	434	413	473	510	341	168	94	47	30	2,783
Warrington	Female	<7	**	7	17	18	55	40	26	16	14	9	22	233
	Male	**	<5	121	272	264	281	276	159	75	14	15	11	1,497
	Total	10	8	128	289	282	336	316	185	91	28	24	33	1,730
Wirral	Female	36	12	17	42	29	66	61	60	32	18	10	11	394
	Male	39	29	205	355	309	297	330	300	168	89	37	18	2,176
	Total	75	41	222	397	338	363	391	360	200	107	47	29	2,570
All IMS Individuals	Female	48	42	195	497	599	769	862	702	436	265	167	208	4,790
	Male	75	198	1,643	3,082	3,279	3,316	3,742	2,929	1,651	742	398	352	21,407
	Total	**123**	**240**	**1,838**	**3,579**	**3,878**	**4,085**	**4,604**	**3,631**	**2,087**	**1,007**	**565**	**560**	**26,197**

Table 2 - IMS individuals by age group and gender[3]

[3] 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.

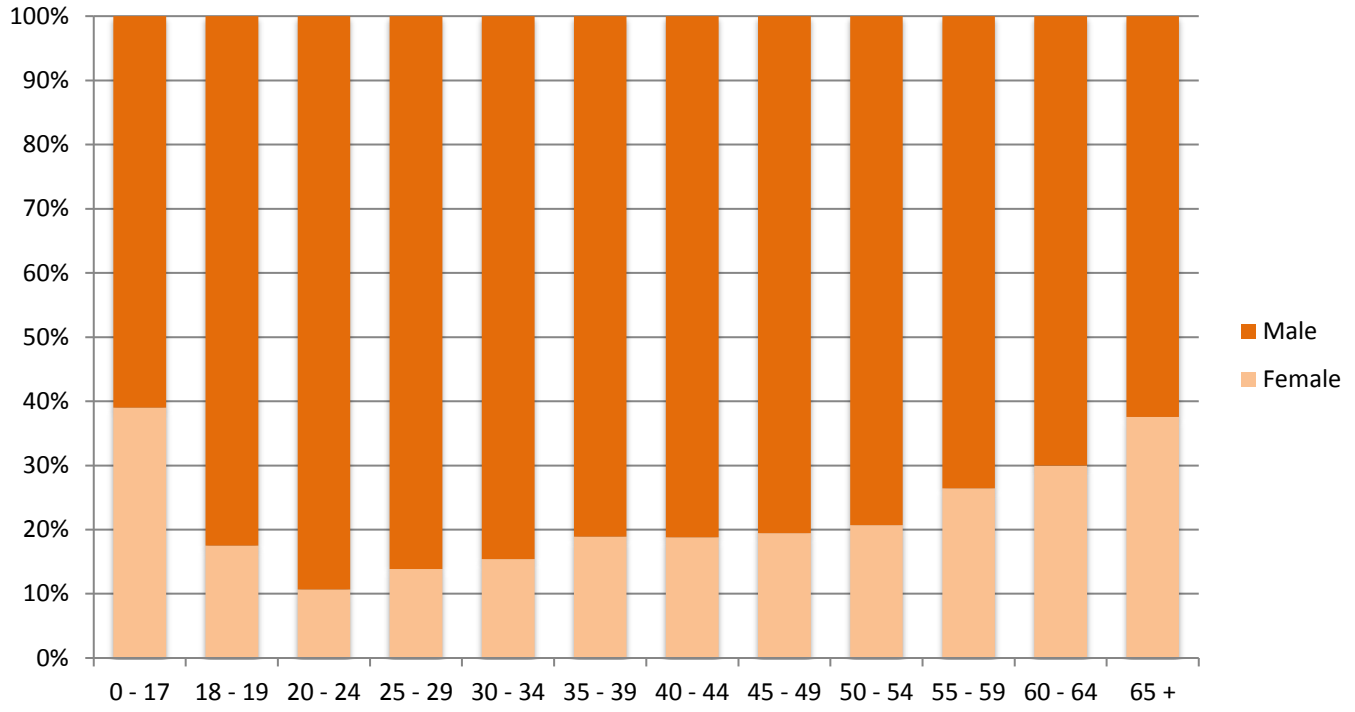


Figure 2 - IMS individuals, proportional split by age group and gender

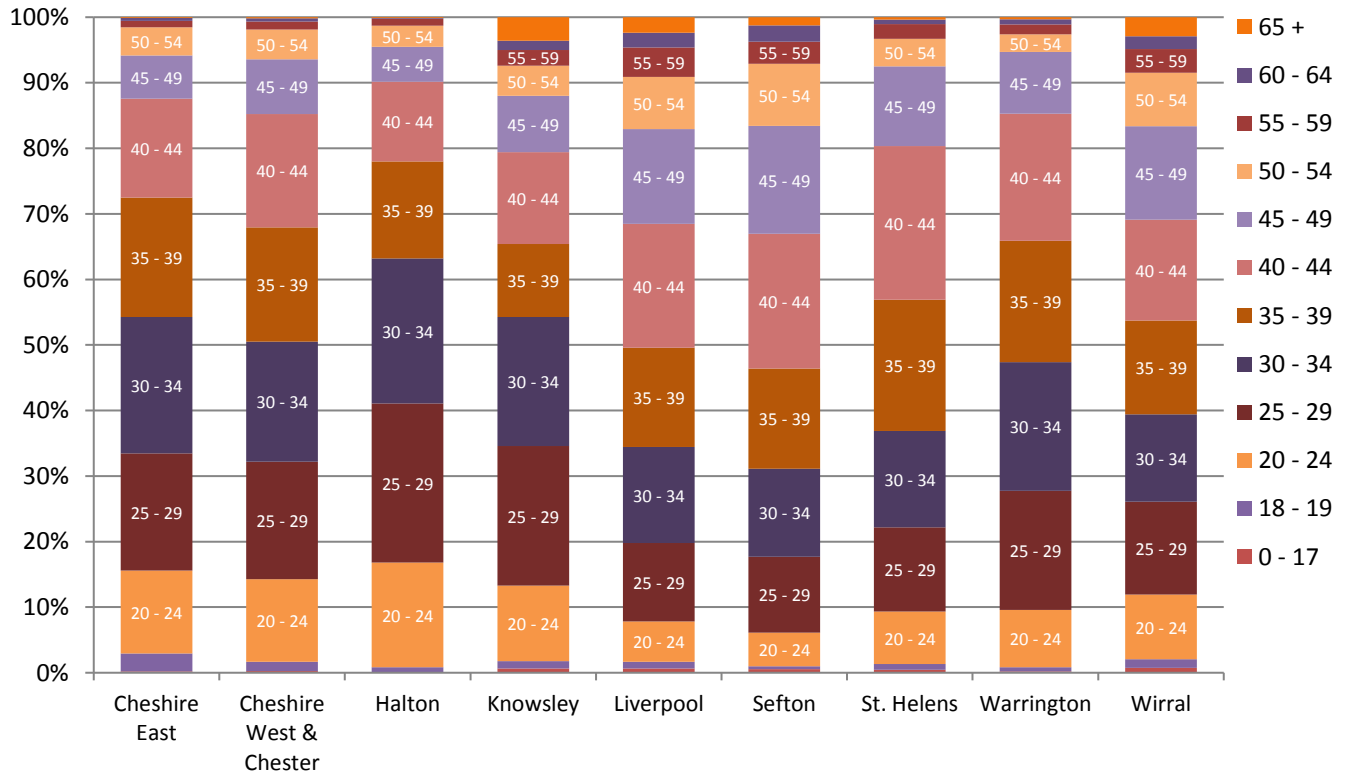


Figure 3 - IMS individuals, proportional split by Local Authority

The ethnicity of individuals using IMS services who had an ethnicity recorded was in the mainly White British, ranging from 88.5%[4] in Cheshire East to 100% in Cheshire West and Chester – all areas record "White British" ethnicity at a level of above 95% other than Cheshire East (88.9%) and Liverpool (92.3%) Of those whose ethnicity was not recorded as White British, the main ethnic groups identified were Other White (1.8%), White Irish (0.6%), African (0.4%) and Other Black (0.4%).[5] The overall proportion of individuals identifying as White British increased from 93.5% in 2014-15 to 95.1% this year.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Individuals
A: White British	88.5%	100.0%	97.5%	96.4%	92.3%	97.1%	97.0%	95.7%	97.5%	95.1%
B: White Irish	0.3%	0.0%	0.4%	0.4%	0.7%	0.5%	1.3%	0.3%	0.4%	0.6%
C: Other White	5.6%	0.0%	0.8%	2.3%	2.3%	1.4%	0.8%	1.8%	1.1%	1.8%
D: White and Black Caribbean	1.4%	0.0%	0.3%	0.0%	0.6%	0.1%	0.1%	0.3%	0.1%	0.3%
E: White and Black African	0.3%	0.0%	0.0%	0.0%	0.4%	0.2%	0.1%	0.5%	0.2%	0.3%
F: White and Asian	0.7%	0.0%	0.3%	0.0%	0.2%	0.1%	0.1%	0.0%	0.0%	0.1%
G: Other Mixed	0.7%	0.0%	0.3%	0.1%	0.5%	0.3%	0.0%	0.5%	0.0%	0.3%
H: Indian	0.0%	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.5%	0.0%	0.1%
J: Pakistani	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
K: Bangladeshi	0.7%	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%	0.3%	0.1%	0.1%	0.0%	0.1%	0.2%
M: Caribbean	0.0%	0.0%	0.1%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%
N: African	0.0%	0.0%	0.0%	0.3%	1.0%	0.0%	0.1%	0.0%	0.0%	0.4%
P: Other Black	0.7%	0.0%	0.1%	0.0%	0.9%	0.1%	0.0%	0.0%	0.1%	0.4%
R: Chinese	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
S: Other	1.0%	0.0%	0.1%	0.3%	0.4%	0.2%	0.3%	0.5%	0.1%	0.3%

Table 3 - IMS individuals by ethnicity, 2015-16

[4] Please note Table 3 excludes both individuals with no ethnicity recorded and individuals with ethnicity recorded as "Z: Not stated".
[5] 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[6] used by IMS services where this was recorded was steroids & IPEDS at 31.3%, the second fall from its high point of 35.7% in 2013-14. Alcohol continued to fall from its peak of 40.5% in 2013-14, registering at 26%, while heroin proportionally rose again from 25.4% last year to 28.2% in 2015-16. Of the overall total, 42.1% of individuals did not have a primary substance recorded, an improvement on 50.4% in 2014-15 and the first year this dropped below 50%. Some of this improvement was due to increased use of electronic recording by pharmacies.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warringt	Wirral	All IMS Individuals
Heroin	44	77	31	55	2,139	894	127	431	552	4,276
	10.7%	32.1%	6.8%	11.9%	28.9%	33.9%	18.5%	41.7%	26.3%	28.2%
Methadone	**	**	**	**	59	32	**	0	32	132
	0.5%	0.4%	0.4%	0.4%	0.8%	1.2%	0.3%	0.0%	1.5%	0.9%
Other Opiates	0	0	**	**	86	34	**	0	99	224
	0.0%	0.0%	0.2%	0.7%	1.2%	1.3%	0.1%	0.0%	4.7%	1.5%
Benzodiazepines	0	0	0	0	8	11	0	0	**	21
	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.0%	0.1%	0.1%
Amphetamines (excl Ecstasy)	**	0	**	**	27	21	14	**	29	101
	1.0%	0.0%	0.7%	0.4%	0.4%	0.8%	2.0%	0.2%	1.4%	0.7%
Cocaine (excl Crack)	**	0	19	38	239	144	**	**	51	493
	0.2%	0.0%	4.1%	8.2%	3.2%	5.5%	0.3%	0.1%	2.4%	3.2%
Crack Cocaine	**	0	0	0	191	74	8	0	22	296
	0.5%	0.0%	0.0%	0.0%	2.6%	2.8%	1.2%	0.0%	1.0%	2.0%
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%
Ecstasy	0	0	0	0	**	**	0	0	**	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Cannabis	0	0	23	30	132	97	13	0	101	395
	0.0%	0.0%	5.0%	6.5%	1.8%	3.7%	1.9%	0.0%	4.8%	2.6%
Solvents	0	0	**	0	0	0	0	0	0	**
	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Barbiturates	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%
Alcohol	0	0	90	134	2,404	871	105	0	467	3,941
	0.0%	0.0%	19.6%	29.1%	32.5%	33.0%	15.3%	0.0%	22.3%	26.0%
Other Drugs	0	0	0	**	386	5	37	0	47	476
	0.0%	0.0%	0.0%	0.2%	5.2%	0.2%	5.4%	0.0%	2.2%	3.1%
Prescription Drugs	**	0	0	**	31	**	**	**	**	42
	0.2%	0.0%	0.0%	0.4%	0.4%	0.0%	0.4%	0.1%	0.1%	0.3%
Novel Psychoacti Substances	0	0	**	**	15	**	0	0	**	23
	0.0%	0.0%	0.4%	0.2%	0.2%	0.0%	0.0%	0.0%	0.2%	0.2%
Steroids & IPEDS	359	162	287	193	1,675	450	375	599	684	4,744
	86.9%	67.5%	62.5%	41.9%	22.6%	17.1%	54.6%	57.9%	32.6%	31.3%
Total individuals with substance stated	**413**	**240**	**459**	**461**	**7,401**	**2,636**	**687**	**1,034**	**2,096**	**15,178**
Not Stated	961	1,177	415	709	4,403	467	2,096	696	474	11,019
	69.9%	83.1%	47.5%	60.6%	37.3%	15.0%	75.3%	40.2%	18.4%	42.1%

Table 4 - IMS individuals main substance, where recorded, 2015-16

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

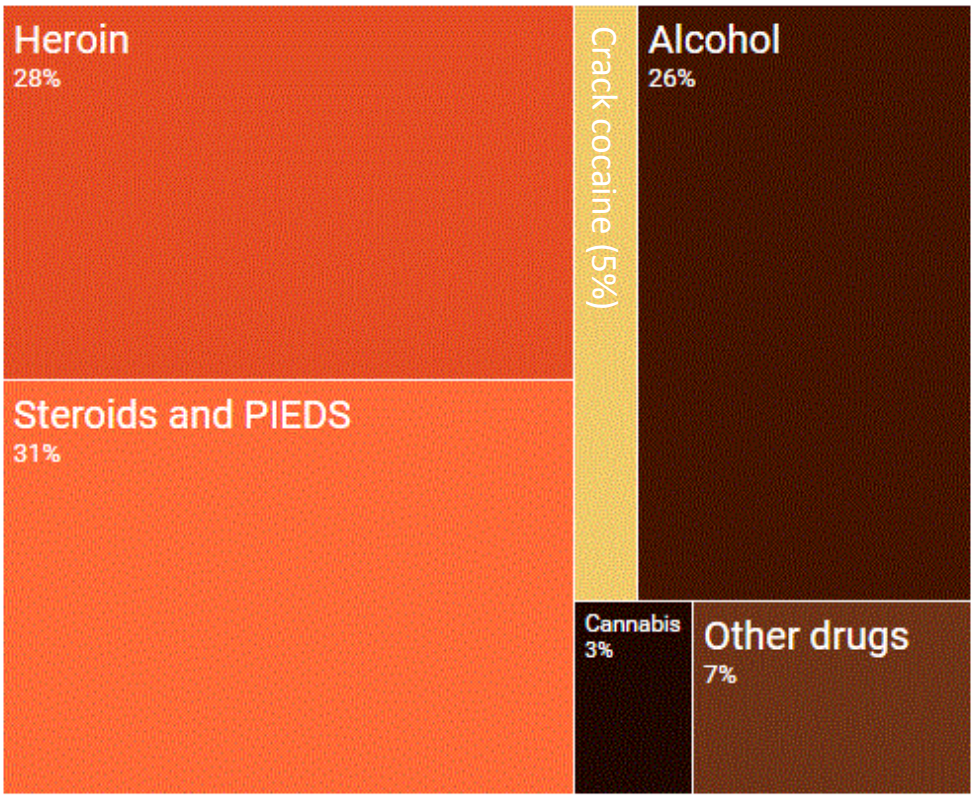


Figure 4 - IMS Main substance used where recorded, 2015-16

3.3. IMS: SECONDARY SUBSTANCE

The figures below are for all IMS individuals where a response was recorded for secondary substance, shown against the main substance group recorded.[7] Percentages shown are the split of secondary substances recorded against each main substance group. Overall where a substance was recorded the highest number of individuals (1,239) stated they were using crack cocaine as a secondary substance (40.6%), an increase on the figure for 2014-15 (33.6%). The proportion of individuals stating no secondary substance fell from 32.1% to 12.0%. Alcohol as a second substance fell from 21.4% in 2014-15 to 8.8% in 2015-16.

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	Barbiturates	Anti-depressants	Alcohol	Other Drugs	Prescription Drugs	Novel Psychoactive Substances	Steroids & IPEDS	No Substance
Heroin	**	47	**	26	**	66	1,148	0	0	16	0	0	0	25	48	7	**	39	7
	0.1%	3.3%	0.2%	1.8%	0.3%	4.6%	79.8%	0.0%	0.0%	1.1%	0.0%	0.0%	0.0%	1.7%	3.3%	0.5%	0.1%	2.7%	0.5%
Methadone	16	0	0	7	**	**	**	0	0	**	0	0	0	6	0	0	**	**	6
	34.8%	0.0%	0.0%	15.2%	2.2%	2.2%	8.7%	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	13.0%	0.0%	0.0%	4.3%	2.2%	13.0%
Other Opiates	**	0	**	**	0	0	**	0	0	**	0	0	0	**	0	0	0	0	**
	18.2%	0.0%	9.1%	9.1%	0.0%	0.0%	27.3%	0.0%	0.0%	18.2%	0.0%	0.0%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	9.1%
Benzodiazepines	**	0	**	**	0	0	**	0	0	0	0	0	0	**	0	0	0	0	**
	25.0%	0.0%	12.5%	25.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	0.0%	12.5%
Amphetamines (excl Ecstasy)	5	0	**	0	0	**	0	0	0	**	0	0	0	7	**	0	0	0	**
	20.0%	0.0%	8.0%	0.0%	0.0%	12.0%	0.0%	0.0%	0.0%	16.0%	0.0%	0.0%	0.0%	28.0%	12.0%	0.0%	0.0%	0.0%	4.0%
Cocaine (excl Crack)	9	0	**	**	**	0	14	0	**	47	0	0	0	82	0	0	**	0	15
	5.1%	0.0%	2.3%	0.6%	0.6%	0.0%	8.0%	0.0%	0.6%	26.9%	0.0%	0.0%	0.0%	46.9%	0.0%	0.0%	0.6%	0.0%	8.6%
Crack Cocaine	56	**	**	**	**	11	**	0	**	9	0	0	0	18	**	0	**	7	**
	47.1%	1.7%	1.7%	0.8%	1.7%	9.2%	1.7%	0.0%	0.8%	7.6%	0.0%	0.0%	0.0%	15.1%	3.4%	0.0%	0.8%	5.9%	2.5%
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%	66.7%	0.0%	0.0%	0.0%	33.3%	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%	0.0%	0.0%	0.0%	66.7%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Cannabis	**	0	0	**	**	12	**	0	5	0	0	0	0	31	**	0	**	0	45
	2.9%	0.0%	0.0%	1.0%	1.9%	11.7%	1.0%	0.0%	4.9%	0.0%	0.0%	0.0%	0.0%	30.1%	1.9%	0.0%	1.0%	0.0%	43.7%
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%	100.0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Barbiturates	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%	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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0
Alcohol	108	14	6	6	13	203	55	**	**	127	0	**	**	91	69	16	5	**	317
	10.4%	1.3%	0.6%	0.6%	1.3%	19.5%	5.3%	0.2%	0.4%	12.2%	0.0%	0.1%	0.1%	8.8%	6.6%	1.5%	0.5%	0.1%	30.5%
Other Drugs	**	**	0	0	0	0	**	0	0	0	0	0	0	0	0	**	0	**	**
	11.1%	11.1%	0.0%	0.0%	0.0%	0.0%	22.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	22.2%	22.2%
Prescription Drugs	5	**	0	**	0	0	**	0	0	**	0	0	**	**	**	**	0	0	13
	16.7%	3.3%	0.0%	6.7%	0.0%	0.0%	3.3%	0.0%	0.0%	3.3%	0.0%	0.0%	3.3%	13.3%	3.3%	3.3%	0.0%	0.0%	43.3%
Novel Psychoactive Substances	**	0	0	0	0	**	0	0	0	**	0	0	0	**	0	0	0	0	**
	14.3%	0.0%	0.0%	0.0%	0.0%	28.6%	0.0%	0.0%	0.0%	14.3%	0.0%	0.0%	0.0%	28.6%	0.0%	0.0%	0.0%	0.0%	14.3%
Steroids & IPEDS	6	**	**	**	**	8	8	0	0	**	0	0	0	**	24	0	0	386	**
	1.3%	0.2%	0.9%	0.2%	0.7%	1.8%	1.8%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.2%	5.3%	0.0%	0.0%	86.0%	0.7%
Total	**215**	**66**	**23**	**48**	**26**	**308**	**1,239**	**	**11**	**216**	**	**	**	**270**	**151**	**25**	**11**	**436**	**417**
	6.2%	**1.9%**	**0.7%**	**1.4%**	**0.7%**	**8.9%**	**35.7%**	**0.1%**	**0.3%**	**6.2%**	**0.0%**	**0.0%**	**0.1%**	**7.8%**	**4.4%**	**0.7%**	**0.3%**	**12.6%**	**12.0%**

Table 5 - IMS individuals by main and secondary substance, 2015-16

7 Note that these are categorised by substance groups and not individual substances. For example, 386 individuals 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 had the highest number of individuals reporting either an urgent or non-urgent housing problem (33.4%, down from 38.1% in 2014-15) followed by St Helens (28.9%, up from 18.5% in 2014-15). Sefton saw a sharp increase from 12.8% in 2014-15 to 21.6%, while the Cheshire regions recorded the fewest number with a recorded housing issue. Completion of this field is poor across the board, with completion rates ranging from 37.9% in the Wirral to 0.1% in Cheshire West & Chester.

	NFA - Urgent Housing Problem	Housing Problem	No Housing Problem	Total with Accom Status Recorded	Not Known
Cheshire East	3	7	180	190	1,184
	1.6%	3.7%	94.7%	13.8%	86.2%
Cheshire West & Chester	0	0	1	1	1,416
	0.0%	0.0%	100.0%	0.1%	99.9%
Halton	5	18	174	197	677
	2.5%	9.1%	88.3%	22.5%	77.5%
Knowsley	4	18	301	323	847
	1.2%	5.6%	93.2%	27.6%	72.4%
Liverpool	303	508	1,620	2,431	9,373
	12.5%	20.9%	66.6%	20.6%	79.4%
Sefton	472	128	2,170	2,770	333
	17.0%	4.6%	78.3%	89.3%	10.7%
St. Helens	126	55	445	626	2,157
	20.1%	8.8%	71.1%	22.5%	77.5%
Warrington	2	16	197	215	1,515
	0.9%	7.4%	91.6%	12.4%	87.6%
Wirral	28	122	823	973	1,597
	2.9%	12.5%	84.6%	37.9%	62.1%
All IMS individuals	**913**	**841**	**5,774**	**7,528**	**18,669**
	12.1%	**11.2%**	**76.7%**	**28.7%**	**71.3%**

Table 6 - IMS individuals, by accommodation status, 2015-16

ACCOMMODATION STATUS AND MAIN SUBSTANCE

Accommodation status differs significantly depending on the main substance identified – while only 11.5% of individuals naming Steroids & PIEDs as their primary substance identified either an urgent or non-urgent housing problem, this figure rose to 27.2% for those identifying heroin, 43.7% for crack cocaine and 53% for NPS, although this was only based on less than 20 individuals.

Drug Group of Main Substance	NFA - Urgent Housing Problem	Housing Problem	No Housing Problem	Total with Accom Status Recorded	Not Known
Heroin	206	135	912	1,253	2,639
	16.4%	10.8%	72.8%	32.2%	67.8%
Methadone	**	28	64	95	30
	3.2%	29.5%	67.4%	76.0%	24.0%
Other Opiates	7	13	47	67	150
	10.4%	19.4%	70.1%	30.9%	69.1%
Benzodiazepines	**	**	11	16	**
	18.8%	12.5%	68.8%	88.9%	11.1%
Amphetamines (excl Ecstasy)	**	9	46	59	37
	6.8%	15.3%	78.0%	61.5%	38.5%
Cocaine (excl Crack)	14	15	223	252	194
	5.6%	6.0%	88.5%	56.5%	43.5%
Crack Cocaine	36	26	80	142	142
	25.4%	18.3%	56.3%	50.0%	50.0%
Hallucinogens	**	0	**	**	0
	25.0%	0.0%	75.0%	100.0%	0.0%
Ecstasy	0	0	**	**	**
	0.0%	0.0%	100.0%	80.0%	20.0%
Cannabis	21	84	212	317	39
	6.6%	26.5%	66.9%	89.0%	11.0%
Solvents	0	0	**	**	0
	0.0%	0.0%	100.0%	100.0%	0.0%
Barbiturates	0	0	**	**	0
	0.0%	0.0%	100.0%	100.0%	0.0%
Anti-depressants	0	0	**	**	0
	0.0%	0.0%	100.0%	100.0%	0.0%
Alcohol	170	354	2,048	2,572	1,126
	6.6%	13.8%	79.6%	69.6%	30.4%
Other Drugs	17	8	31	56	389
	30.4%	14.3%	55.4%	12.6%	87.4%
Prescription Drugs	**	5	24	31	**
	6.5%	16.1%	77.4%	93.9%	6.1%
Novel Psychoactive Substances	8	**	8	17	**
	47.1%	5.9%	47.1%	81.0%	19.0%
Steroids & IPEDS	180	41	1,691	1,912	2,819
	9.4%	2.1%	88.4%	40.4%	59.6%
Not Stated	241	120	367	728	11,095
	33.1%	16.5%	50.4%	6.2%	93.8%
All IMS individuals	**913**	**841**	**5,774**	**7,528**	**18,669**
	12.1%	**11.2%**	**76.7%**	**28.7%**	**71.3%**

Table 7 - IMS individuals by main substance and accommodation status, 2015-16[8]

[8] Percentages shown are the breakdown by accommodation status for each substance, i.e. each substance adds up to 100%

3.5. IMS: EMPLOYMENT STATUS

Recording of the "employment status" field has improved since 2014-15, with six areas now collecting this information for more than 10% of their individual group compared to 4 areas last year. Where a status is identified, Warrington had the highest number recorded with regular employment (82.4% - although this is based on very low numbers) and Liverpool had the highest number of those unemployed seeking work (35.5%) and also recorded the highest number identifying as long term sick or disabled (46.9%). The overall number of those unemployed and seeking work decreased from 43.4% in 2014-15 to 34.0% in 2015-16, while the overall number in regular employment almost doubled from 11.9% in 2014-15 to 22.6% in 2015-16.

	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	1,374
										0.0%	100.0%
Cheshire West & Chester	-	-	-	-	-	-	-	-	-	0	1,417
										0.0%	100.0%
Halton	51	**	37	**	50	6	0	**	17	170	704
	30.0%	0.6%	21.8%	2.4%	29.4%	3.5%	0.0%	2.4%	10.0%	19.5%	80.5%
Knowsley	124	**	49	**	75	**	0	**	5	262	908
	47.3%	1.1%	18.7%	0.4%	28.6%	1.1%	0.0%	0.8%	1.9%	22.4%	77.6%
Liverpool	126	6	873	9	662	65	16	73	33	1,863	9,941
	6.8%	0.3%	46.9%	0.5%	35.5%	3.5%	0.9%	3.9%	1.8%	15.8%	84.2%
Sefton	304	7	476	33	501	36	**	39	61	1,459	1,644
	20.8%	0.5%	32.6%	2.3%	34.3%	2.5%	0.1%	2.7%	4.2%	47.0%	53.0%
St. Helens	147	**	72	0	134	32	0	**	**	389	2,394
	37.8%	0.3%	18.5%	0.0%	34.4%	8.2%	0.0%	0.5%	0.3%	14.0%	86.0%
Warrington	14	**	0	0	0	**	0	**	0	17	1,713
	82.4%	5.9%	0.0%	0.0%	0.0%	5.9%	0.0%	5.9%	0.0%	1.0%	99.0%
Wirral	364	85	116	**	257	5	**	16	0	849	1,721
	42.9%	10.0%	13.7%	0.5%	30.3%	0.6%	0.2%	1.9%	0.0%	33.0%	67.0%
All IMS individuals	**1,105**	**104**	**1,542**	**49**	**1,661**	**148**	**20**	**136**	**115**	**4,880**	**21,317**
	22.6%	**2.1%**	**31.6%**	**1.0%**	**34.0%**	**3.0%**	**0.4%**	**2.8%**	**2.4%**	**18.6%**	**81.4%**

Table 8 - IMS individuals by employment status, 2015-16[9]

[9] Percentages shown are the breakdown by employment status for each substance, i.e. each substance adds up to 100%

Of those individuals who gave an employment status, 76.5% of steroid and PIED individuals stated they were in regular employment (72.2% in 2014-15); for alcohol individuals this figure was 16.5%, while only 8.8% and 4.2% respectively of individuals reporting heroin or methadone as their primary substance stated that they were in regular employment. 54.9% of individuals primarily using methadone and 39.3% of individuals primarily using heroin reported being long term sick or disabled, an increase on 50% and 30% in 2014-15 respectively although both then had higher numbers unemployed and seeking work.

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	56	**	250	**	288	17	**	7	14	636	3,256
	8.8%	0.2%	39.3%	0.3%	45.3%	2.7%	0.2%	1.1%	2.2%	16.3%	83.7%
Methadone	**	0	39	0	26	**	0	**	**	71	54
	4.2%	0.0%	54.9%	0.0%	36.6%	1.4%	0.0%	1.4%	1.4%	56.8%	43.2%
Other Opiates	5	0	27	6	15	**	0	0	**	55	162
	9.1%	0.0%	49.1%	10.9%	27.3%	1.8%	0.0%	0.0%	1.8%	25.3%	74.7%
Benzodiazepines	**	0	**	0	**	0	0	0	**	10	8
	30.0%	0.0%	40.0%	0.0%	20.0%	0.0%	0.0%	0.0%	10.0%	55.6%	44.4%
Amphetamines (excl Ecstasy)	6	0	21	0	12	**	0	0	**	42	54
	14.3%	0.0%	50.0%	0.0%	28.6%	2.4%	0.0%	0.0%	4.8%	43.8%	56.3%
Cocaine (excl Crack)	83	**	81	5	62	7	**	0	13	254	192
	32.7%	0.8%	31.9%	2.0%	24.4%	2.8%	0.4%	0.0%	5.1%	57.0%	43.0%
Crack Cocaine	9	**	44	0	26	**	0	**	**	86	198
	10.5%	1.2%	51.2%	0.0%	30.2%	2.3%	0.0%	3.5%	1.2%	30.3%	69.7%
Hallucinogens	0	0	**	0	**	**	0	0	0	**	0
	0.0%	0.0%	50.0%	0.0%	25.0%	25.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Ecstasy	0	**	**	0	**	0	0	0	0	**	**
	0.0%	25.0%	25.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	80.0%	20.0%
Cannabis	33	42	95	6	128	**	0	0	9	316	40
	10.4%	13.3%	30.1%	1.9%	40.5%	0.9%	0.0%	0.0%	2.8%	88.8%	11.2%
Solvents	**	0	0	0	0	0	0	0	0	**	0
	100%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Barbiturates	0	0	**	0	0	0	0	0	0	**	0
	0.0%	0.0%	100%	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	**	0	**	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%	0.0%	100.0%	0.0%
Alcohol	360	44	764	25	726	76	6	111	69	2,181	1,517
	16.5%	2.0%	35.0%	1.1%	33.3%	3.5%	0.3%	5.1%	3.2%	59.0%	41.0%
Other Drugs	10	0	7	0	16	6	0	0	**	40	405
	25.0%	0.0%	17.5%	0.0%	40.0%	15.0%	0.0%	0.0%	2.5%	9.0%	91.0%
Prescription Drugs	**	0	17	0	8	**	**	0	0	28	5
	3.6%	0.0%	60.7%	0.0%	28.6%	3.6%	3.6%	0.0%	0.0%	84.8%	15.2%
Novel Psychoact Substances	0	**	7	0	**	**	0	0	0	14	7
	0.0%	7.1%	50.0%	0.0%	14.3%	28.6%	0.0%	0.0%	0.0%	66.7%	33.3%
Steroids & IPEDS	445	12	14	**	104	**	**	**	0	582	4,149
	76.5%	2.1%	2.4%	0.2%	17.9%	0.5%	0.2%	0.3%	0.0%	12.3%	87.7%
Not Stated	90	0	168	**	243	25	10	11	**	554	11,269
	16.2%	0.0%	30.3%	0.7%	43.9%	4.5%	1.8%	2.0%	0.5%	4.7%	95.3%
All IMS individuals	**1,105**	**104**	**1,542**	**49**	**1,661**	**148**	**20**	**136**	**115**	**4,880**	**21,317**
	22.6%	**2.1%**	**31.6%**	**1.0%**	**34.0%**	**3.0%**	**0.4%**	**2.8%**	**2.4%**	**18.6%**	**81.4%**

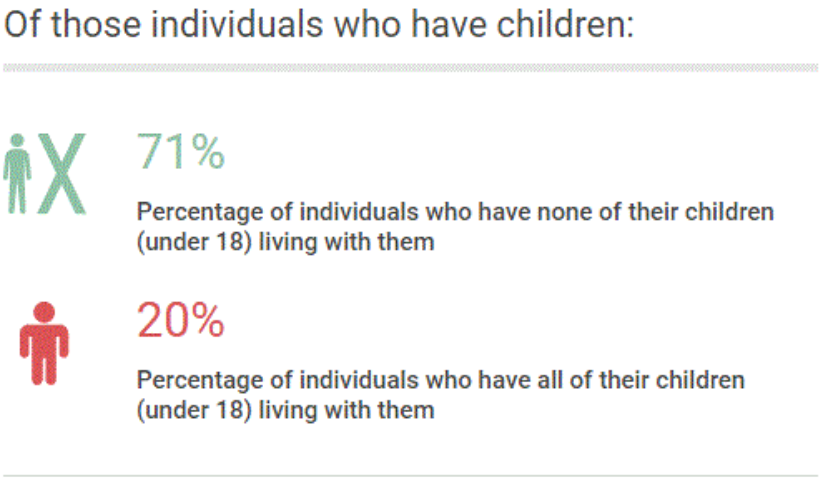
Table 9 - IMS individuals by main substance and employment status, 2015-16

3.6. IMS: PARENTAL STATUS

Liverpool and Sefton are the only areas where the "parental status" field is recorded extensively, although Halton and Knowsley have made improvements on collection of the status since 2014-15. Where a status is identified, Halton has the highest number recorded with all children under 18 living with the individual (19.2%) while Sefton has the highest number recorded where none of the children under 18 are living with the individual (35.1%). Overall the percentage of parents who have at least one child under 18 living with them has increased from 17.2% in 2014-15 to 29.0% in 2015-16. For all areas, 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 individual	Some of the children under 18 live with individual	None of the children under 18 live with individual	Not a parent of children under 18	Individual declined to answer	Total with Parental Status Recorded	Not Known
Cheshire East						0	1,374
	-	-	-	-	-	0.0%	100.0%
Cheshire West & Chester						0	1,417
	-	-	-	-	-	0.0%	100.0%
Halton	30	6	49	69	2	156	718
	19.2%	3.8%	31.4%	44.2%	1.3%	17.8%	82.2%
Knowsley	27	12	47	75	0	161	1,009
	16.8%	7.5%	29.2%	46.6%	0.0%	13.8%	86.2%
Liverpool	96	42	651	1,099	71	1959	9,845
	4.9%	2.1%	33.2%	56.1%	3.6%	16.6%	83.4%
Sefton	148	57	510	722	18	1455	1,648
	10.2%	3.9%	35.1%	49.6%	1.2%	46.9%	53.1%
St. Helens	3	1	22	105	14	145	2,638
	2.1%	0.7%	15.2%	72.4%	9.7%	5.2%	94.8%
Warrington	1	0	0	4	2	7	1,723
	14.3%	0.0%	0.0%	57.1%	28.6%	0.4%	99.6%
Wirral	109	54	193	437	11	804	1,766
	13.6%	6.7%	24.0%	54.4%	1.4%	31.3%	68.7%
All IMS individuals	**404**	**171**	**1,405**	**2,444**	**118**	**4542**	**21,655**
	8.9%	**3.8%**	**30.9%**	**53.8%**	**2.6%**	**17.3%**	**82.7%**

Table 10 - IMS individuals by parental status, 2015-16



Where the individual stated that they were a parent of children (aged under 18), 71% stated that their children did not live with them. This figure showed variation by main substance of use, with Heroin (80.1%) and Crack Cocaine (87.8%) being higher than the overall average, and steroid and IPEDS (50.2%) and cocaine (excluding crack, 54.7%) being lower. People identifying other opiates as their primary substance were most likely to be parents of a child under 18 (64.8%)[10].

Drug Group of Main Substance	All of the children under 18 live with individual	Some of the children under 18 live with individual	None of the children under 18 live with individual	Not a parent of children under 18	Individual declined to answer	Total with Parental Status Recorded	Not Known
Heroin	31	25	226	267	12	561	3,331
	5.5%	4.5%	40.3%	47.6%	2.1%	14.4%	85.6%
Methadone	5	**	26	32	**	68	57
	7.4%	2.9%	38.2%	47.1%	4.4%	54.4%	45.6%
Other Opiates	7	**	26	18	**	54	163
	13.0%	3.7%	48.1%	33.3%	1.9%	24.9%	75.1%
Benzodiazepines	**	0	**	6	0	10	8
	20.0%	0.0%	20.0%	60.0%	0.0%	55.6%	44.4%
Amphetamines (excl Ecstasy)	**	0	16	19	0	37	59
	5.4%	0.0%	43.2%	51.4%	0.0%	38.5%	61.5%
Cocaine (excl Crack)	51	12	76	115	**	255	191
	20.0%	4.7%	29.8%	45.1%	0.4%	57.2%	42.8%
Crack Cocaine	**	**	43	33	6	88	196
	4.5%	2.3%	48.9%	37.5%	6.8%	31.0%	69.0%
Hallucinogens	0	0	0	**	**	**	**
	0.0%	0.0%	0.0%	66.7%	33.3%	75.0%	25.0%
Ecstasy	0	0	0	**	0	**	**
	0.0%	0.0%	0.0%	100.0%	0.0%	60.0%	40.0%
Cannabis	25	9	72	197	6	309	47
	8.1%	2.9%	23.3%	63.8%	1.9%	86.8%	13.2%
Solvents	0	0	0	**	0	**	0
	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Barbiturates	0	0	0	**	0	**	0
	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%	0.0%
Anti-depressants	0	0	**	0	0	**	0
	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%
Alcohol	184	62	637	1,284	52	2,219	1,479
	8.3%	2.8%	28.7%	57.9%	2.3%	60.0%	40.0%
Other Drugs	0	0	7	7	0	14	431
	0.0%	0.0%	50.0%	50.0%	0.0%	3.1%	96.9%
Prescription Drugs	**	0	12	12	**	26	7
	3.8%	0.0%	46.2%	46.2%	3.8%	78.8%	21.2%
Novel Psychoact Substances	0	0	**	11	**	15	6
	0.0%	0.0%	13.3%	73.3%	13.3%	71.4%	28.6%
Steroids & IPEDS	66	42	109	210	17	444	4,287
	14.9%	9.5%	24.5%	47.3%	3.8%	9.4%	90.6%
Not Stated	26	15	150	226	16	433	11,390
	6.0%	3.5%	34.6%	52.2%	3.7%	3.7%	96.3%
All IMS individuals	**404**	**171**	**1,405**	**2,444**	**118**	**4,542**	**21,655**
	8.9%	**3.8%**	**30.9%**	**53.8%**	**2.6%**	**17.3%**	**82.7%**

Table 11 - IMS individuals by main substance and parental status, 2015-16

[10] For the purposes of this narrative, substances with very low numbers (such as anti-depressants) have been excluded.

3.7. IMS: GEOGRAPHIC PROFILE

LOCAL AUTHORITY AREA OF IMS SERVICE

Liverpool accounted for the highest percentage of activity delivered by IMS services (44.0%, an increase from 37.2% in 2014-15) followed by Sefton (11.6%, a slight decrease from 12.7% in 2014-15) and St Helens (10.4%, a slight decrease from 11.5% in 2014-15), reflecting both relative populations between areas reporting to IMS and the greater prevalence of services in metropolitan areas. Wirral saw the most significant drop in individuals reported to IMS from 4,720 in 2014-15 to 2,570 in 2015-16.

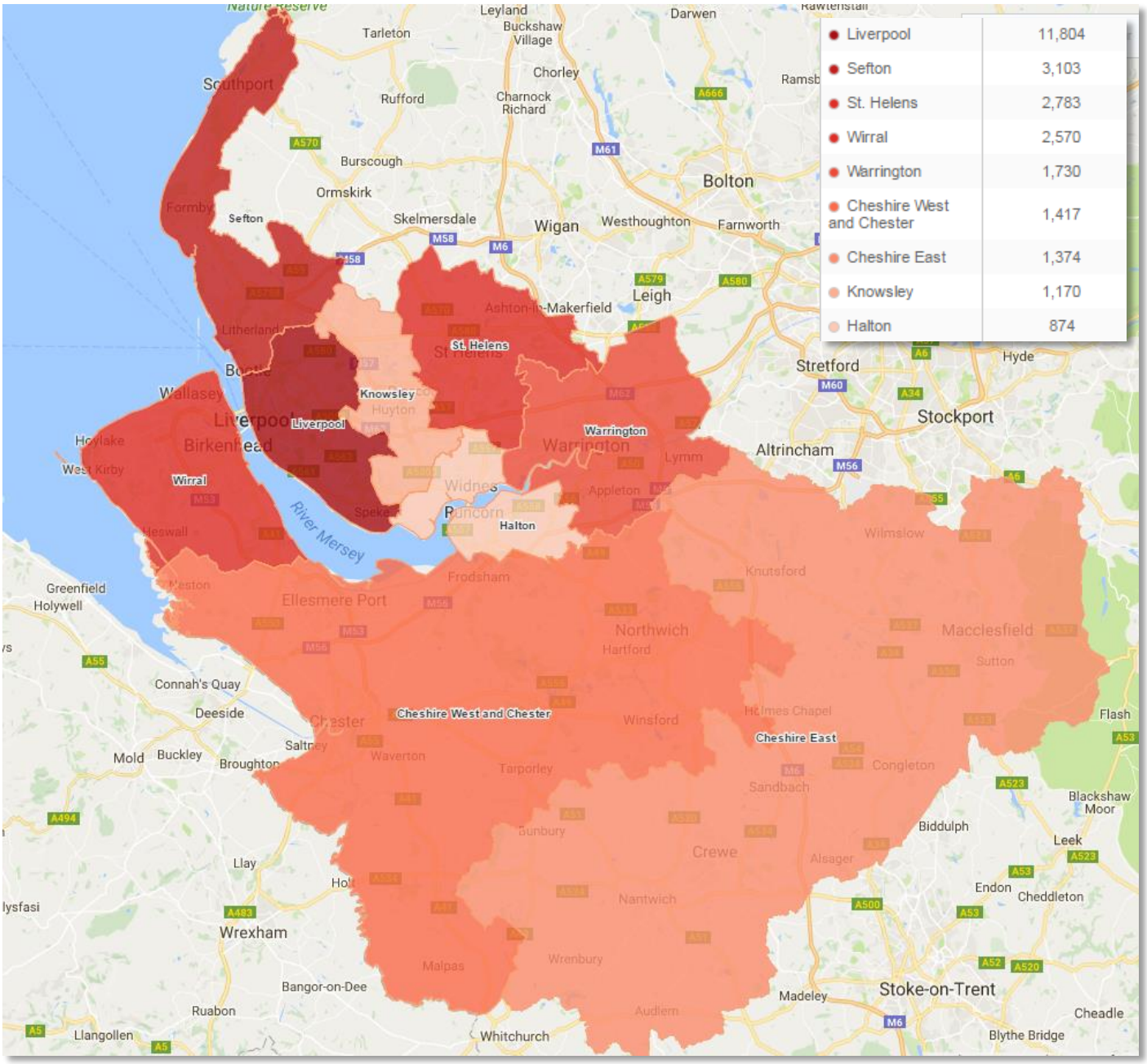


Figure 5 - IMS individuals by local authority of IMS treatment service, 2015-16

The postcode areas with the highest number of individuals reporting to IMS were WA9 (996 individuals compared to 1664 in 2014-15), L4 (922 individuals compared to 1641 in 2014-15) and L6 (866 individuals compared to 2366 in 2014-15). CH41 again had the highest number of individuals on the Wirral (562 compared to 970 in 2014-15) and PR8 had the highest number in Sefton (472 compared to 647 in 2014-15). Numbers across the board were significantly lower than 2014-15 but this may be partly due to the move to electronic recording in some areas. A valid postcode of residence was recorded for 64.3% of all IMS individuals, a decrease on the 75.0% recorded for 2014-15.

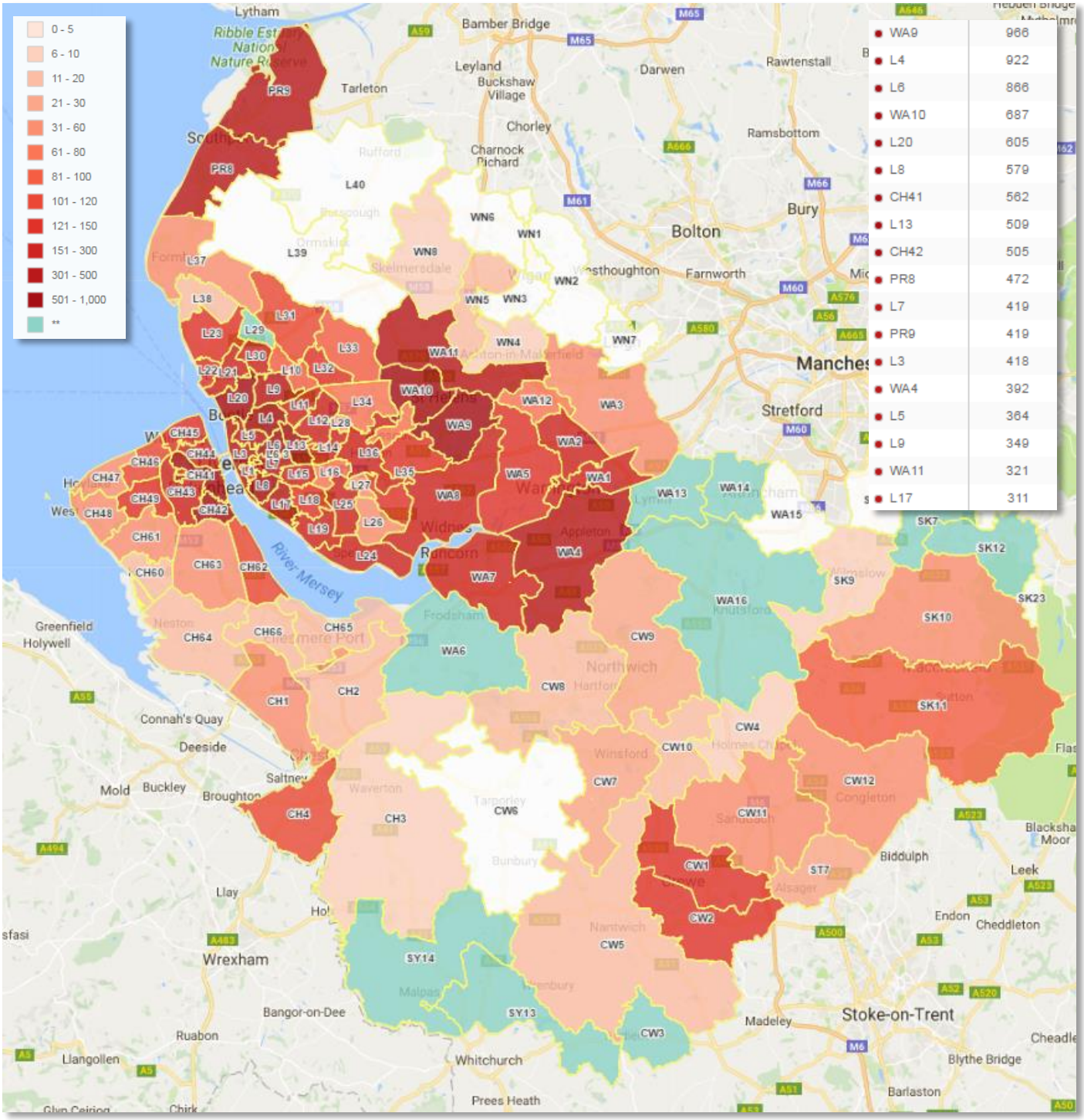


Figure 6 - IMS individuals by postcode of residence, 2015-16

Sefton had proportionally more individuals than any other local authority who identified alcohol as their primary substance (33.0%), although the L4 area had the highest number of individuals in any one postcode sector (198), followed by PR9 (169). Other areas with high rates (over 100 individuals) include L6, L8, L9, PR8 and L20.

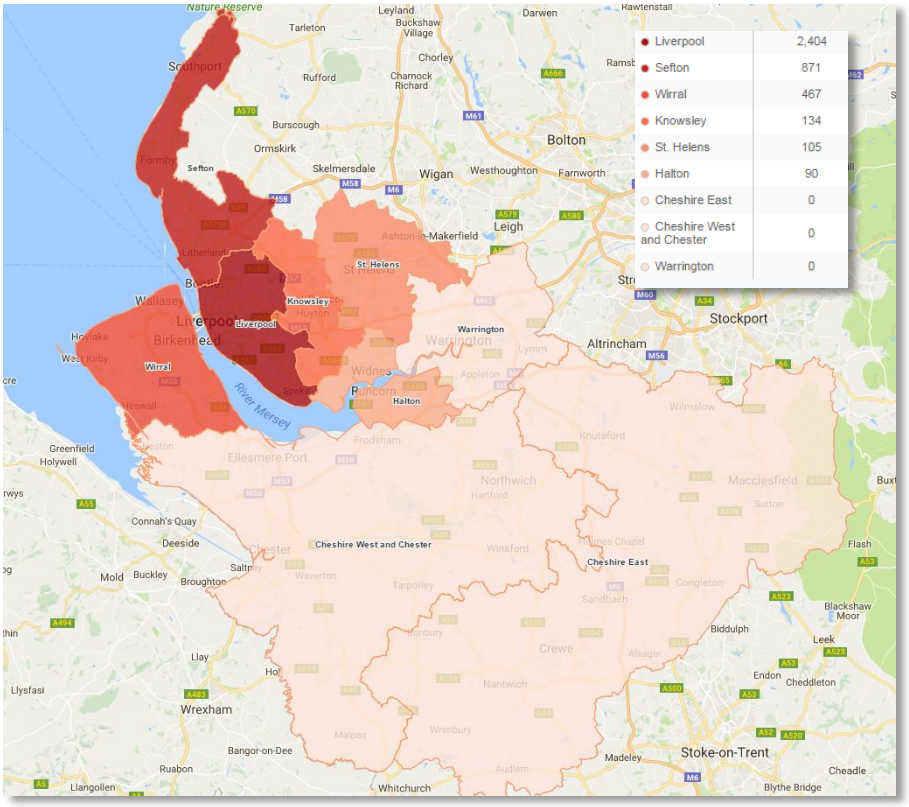


Figure 7 IMS individuals with main substance 'Alcohol' by local authority of treatment service

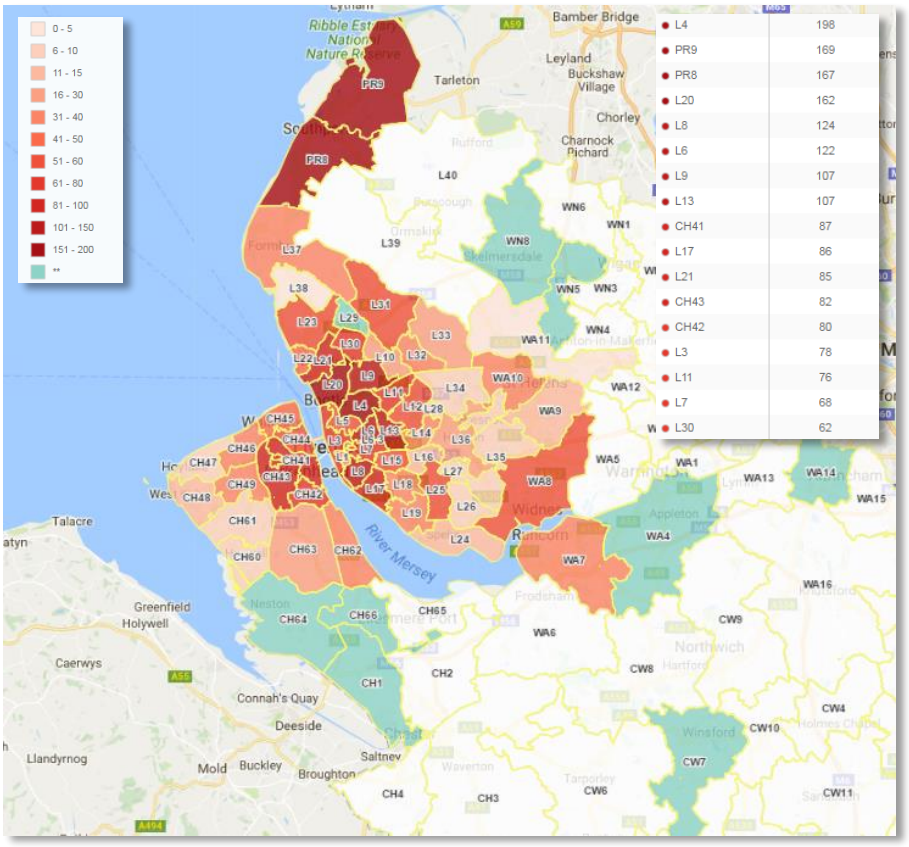


Figure 8 - IMS individuals with main substance 'Alcohol' by postcode of residence

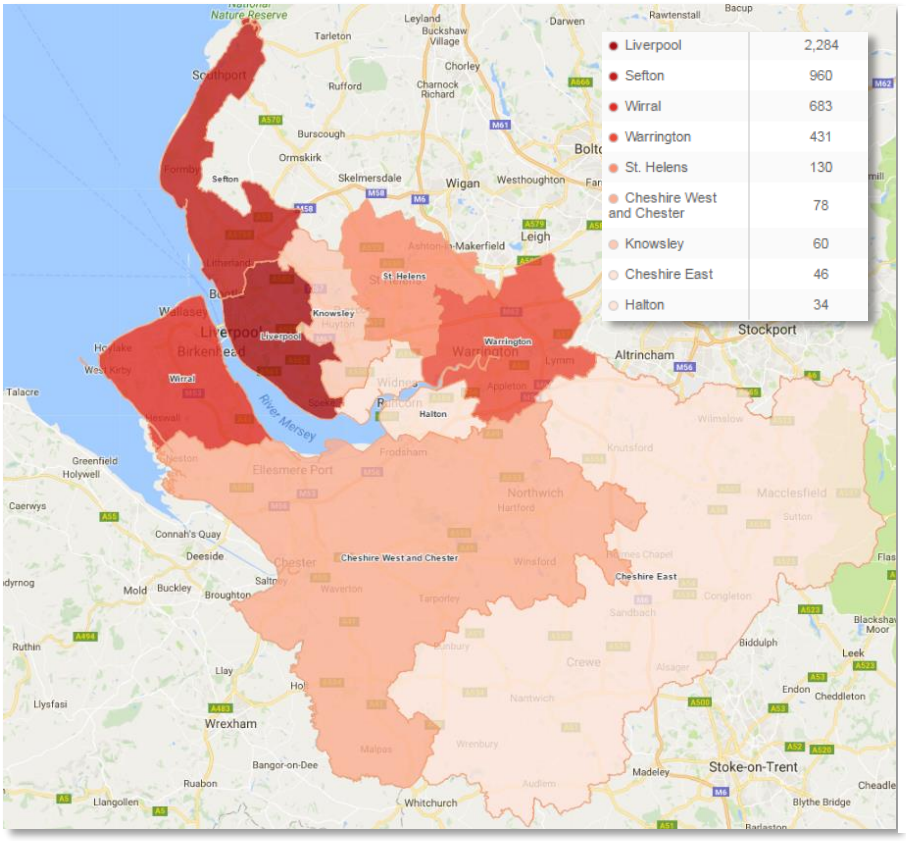


Figure 9 - IMS individuals with main substance 'Opiates' by local authority of treatment service

Sefton had more individuals proportionally than any other local authority who identified an opiate drug as their primary substance (36.4%), although the L4 had the highest number of individuals in any one postcode sector (290), with L6, L20, CH41 and PR8 all reporting over 200 individuals.

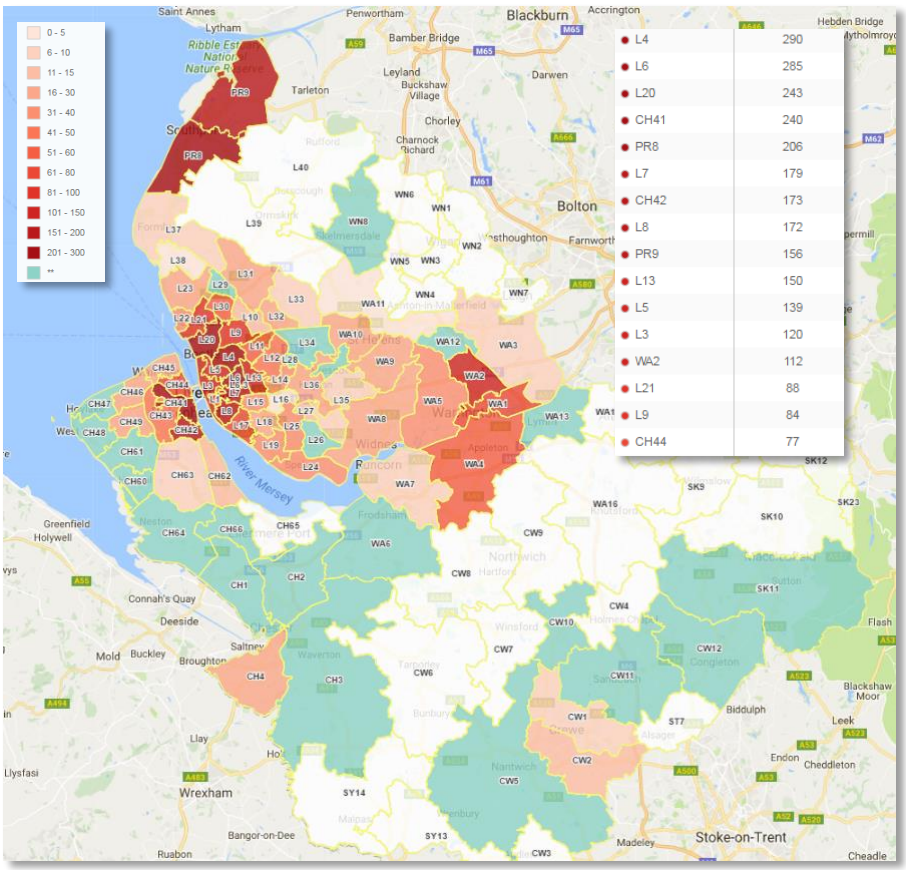


Figure 10 - IMS individuals with main substance 'Opiates' by postcode of residence

Cheshire East had more individuals proportionally than any other local authority who identified steroids or PIEDs as their primary substance (86.9%) although this figure was derived from relatively low numbers. Cheshire West & Chester and Halton also both reported relatively high proportional numbers of steroid users (both above 60.0%). The postcode sector with the highest number was WA8 (160), with the areas WA2, WA7, WA5, WA1, L36, L19, L13 CH41, CH42 and CW1 all reporting over 100 individuals.

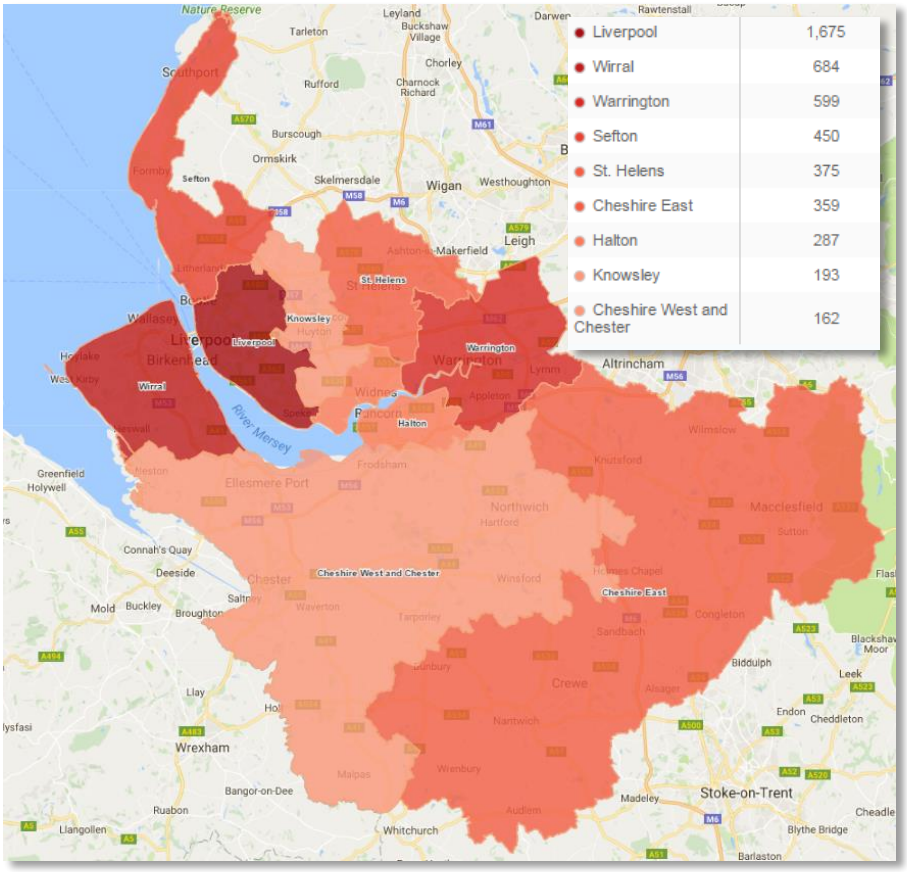


Figure 11 - IMS individuals with main substance 'Steroids' by local authority of treatment service

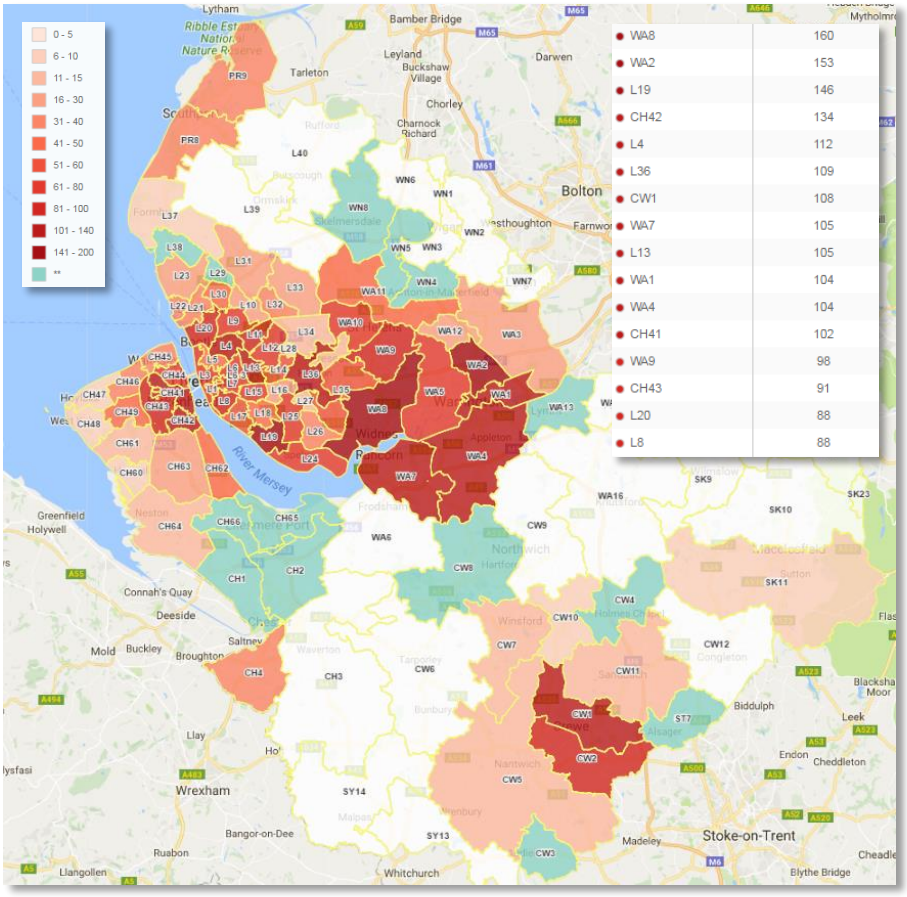


Figure 12 - IMS individuals with main substance 'Steroids' by postcode of residence

4. NON STRUCTURED TREATMENT

4.1. NON STRUCTURED TREATMENT: DEMOGRAPHIC PROFILE

The non structured part of the IMS dataset refers to individuals who have been in receipt of brief intervention or IBA (identification and brief advice) which all areas deliver to varying degrees other than Cheshire West & Chester. (It should be noted Cheshire East also reported very low numbers). Significantly more males than females (just below 7 in 10) were reported as part of the dataset. 10,036 unique individuals were reported to the system, up from 9,941 in 2014-15 and a 24.9% increase on the figure for 2013-14.

GENDER

	Female	%	Male	%	Total Individuals
Cheshire East	6	7.7%	72	92.3%	78
Cheshire West & Chester	0	-	0	-	0
Halton	73	8.9%	744	91.1%	817
Knowsley	136	27.4%	360	72.6%	496
Liverpool	1,650	36.5%	2,865	63.5%	4,515
Sefton	610	32.9%	1,245	67.1%	1,855
St. Helens	226	27.2%	606	72.8%	832
Warrington	119	60.1%	79	39.9%	198
Wirral	311	20.1%	1,236	79.9%	1,547
Total	**3,029**	**30.2%**	**7,007**	**69.8%**	**10,036** [11]

Table 12 - Non structured treatment individuals by gender, 2015-16

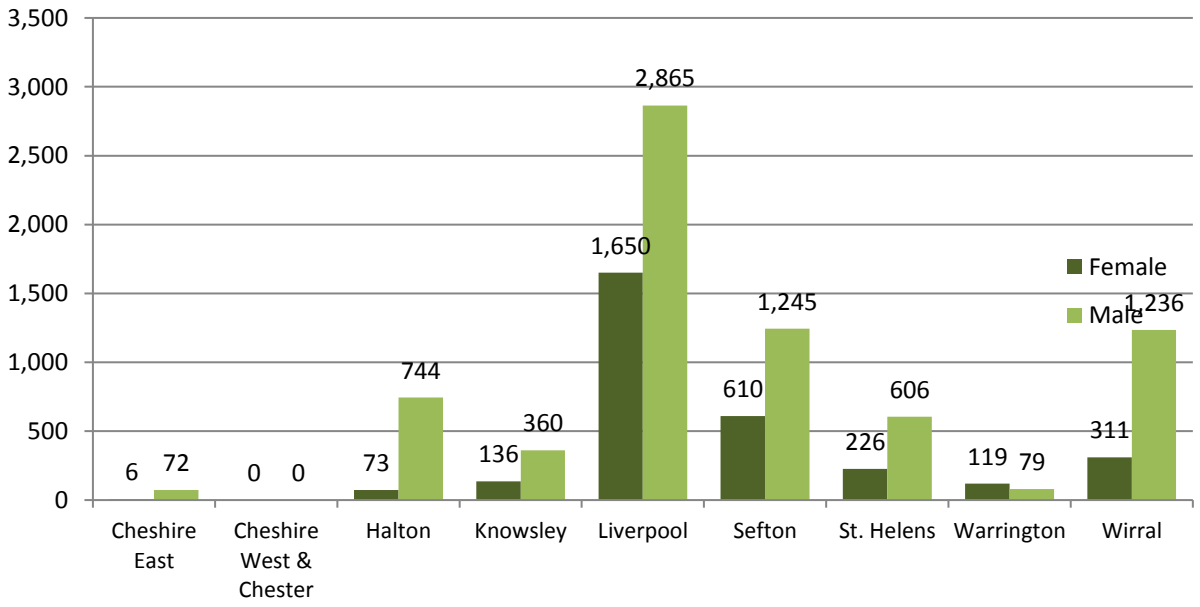


Figure 13 - Non structured treatment individuals by gender, 2015-16

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

In most areas the peak age range of individuals presenting to non-structured treatment services was concentrated in the 40-49 age bracket, with the exception of Halton and Wirral where the peak age range was between 25-29 years. Warrington had the highest proportion of all areas reporting service users aged 60 and over (22.2%) compared to 12.7% in Liverpool, while Wirral reported the highest proportion of service users aged under 25 (17.0%). Liverpool had the lowest proportion of people aged under 25 years (3.5%).

		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	6
	Male	0	**	<8	22	<6	<10	<5	<9	**	**	0	0	72
	Total	0	**	10	22	8	13	7	11	**	**	0	0	78
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	**	11	9	10	8	16	9	7	0	**	73
	Male	**	11	<92	177	145	119	82	55	41	11	5	**	744
	Total	**	11	97	188	154	129	90	71	50	18	5	**	817
Knowsley	Female	0	**	6	15	25	21	16	17	10	14	7	**	136
	Male	0	<5	24	51	65	53	34	49	40	22	12	**	360
	Total	0	7	30	66	90	74	50	66	50	36	19	8	496
Liverpool	Female	**	12	47	131	193	228	282	238	189	126	89	112	1,650
	Male	**	10	88	214	276	369	478	477	340	239	154	219	2,865
	Total	**	22	135	345	469	597	760	715	529	365	243	331	4,515
Sefton	Female	0	**	28	59	50	74	119	103	82	36	31	27	610
	Male	0	**	51	95	126	171	209	246	176	100	42	25	1,245
	Total	0	5	79	154	176	245	328	349	258	136	73	52	1,855
St. Helens	Female	0	**	16	22	26	26	29	29	23	23	13	16	226
	Male	**	<9	66	120	81	75	99	56	46	31	15	6	606
	Total	**	13	82	142	107	101	128	85	69	54	28	22	832
Warrington	Female	<7	**	**	7	**	12	10	17	14	<13	9	22	119
	Male	**	**	<5	8	11	8	8	7	13	**	5	8	79
	Total	9	**	8	15	14	20	18	24	27	17	14	30	198
Wirral	Female	36	12	15	32	22	44	45	47	22	16	10	10	311
	Male	39	21	141	219	184	166	155	133	92	58	19	9	1,236
	Total	75	33	156	251	206	210	200	180	114	74	29	19	1,547
All IMS Individuals	Female	47	30	116	269	317	402	489	451	343	227	151	187	3,029
	Male	43	64	476	886	875	940	1,042	997	720	448	245	271	7,007
	Total	**90**	**94**	**592**	**1,155**	**1,192**	**1,342**	**1,531**	**1,448**	**1,063**	**675**	**396**	**458**	**10,036**

Table 13 - Non structured treatment individuals by age group and gender, 2015-16 [12]

[12] 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.

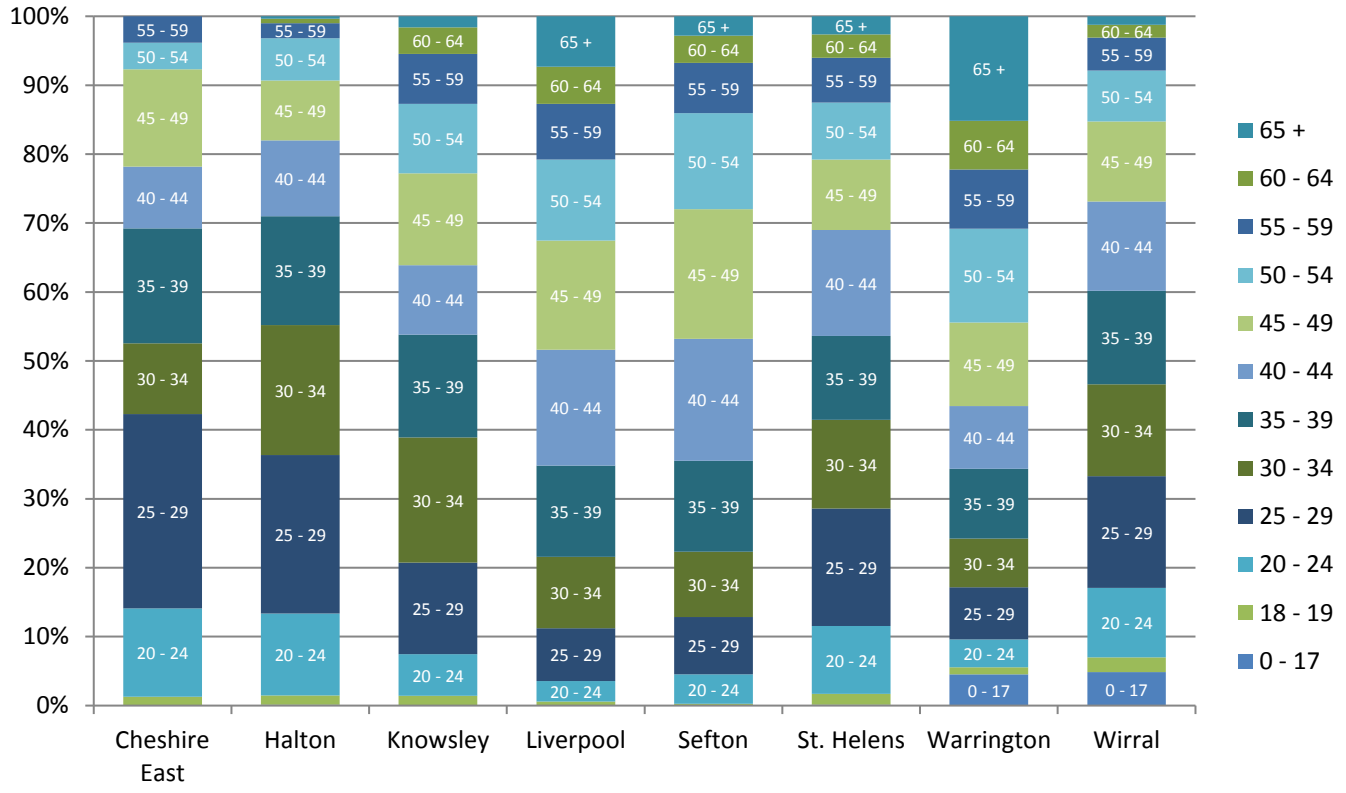
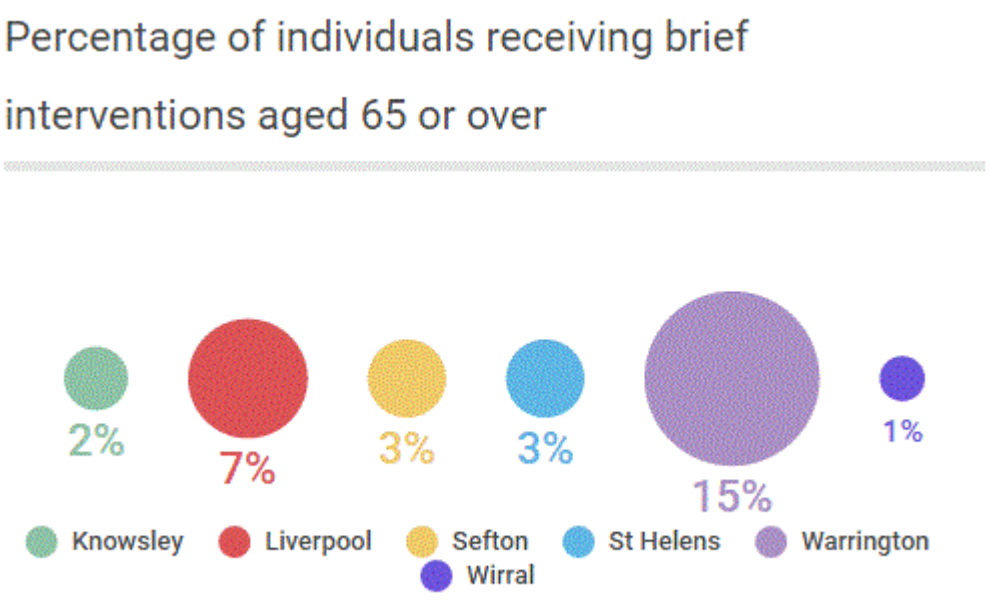


Figure 14 - Non structured treatment individuals proportional split by Local Authority, 2015-16



The ethnicity of individuals using non-structured services who have an ethnicity recorded was mainly White British, ranging from 88.9% in Cheshire East to 97.9% in Warrington. The overall number reporting as White British is 94.9%, an increase on 93.1% from 2014-15. Of those whose ethnicity was not recorded as White British, the main ethnic groups identified were Other White (1.8%), White Irish and African (0.5% each), and Other Black (0.4%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Individuals
A: White British	88.9%	-	97.5%	95.1%	92.3%	96.9%	97.0%	97.9%	97.4%	94.9%
B: White Irish	0.0%	-	0.4%	0.0%	0.7%	0.5%	1.5%	0.0%	0.1%	0.5%
C: Other White	0.0%	-	0.9%	3.4%	2.4%	1.6%	0.7%	0.5%	1.1%	1.8%
D: White and Black Caribbean	0.0%	-	0.3%	0.0%	0.5%	0.1%	0.2%	0.0%	0.1%	0.3%
E: White and Black African	0.0%	-	0.0%	0.0%	0.5%	0.2%	0.0%	0.0%	0.1%	0.3%
F: White and Asian	5.6%	-	0.1%	0.0%	0.2%	0.1%	0.2%	0.0%	0.1%	0.1%
G: Other Mixed	0.0%	-	0.3%	0.2%	0.5%	0.3%	0.0%	0.5%	0.1%	0.3%
H: Indian	0.0%	-	0.0%	0.2%	0.2%	0.1%	0.0%	0.5%	0.1%	0.1%
J: Pakistani	0.0%	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
K: Bangladeshi	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%	0.3%	0.1%	0.2%	0.0%	0.2%	0.2%
M: Caribbean	0.0%	-	0.1%	0.2%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%
N: African	0.0%	-	0.0%	0.4%	1.0%	0.0%	0.2%	0.0%	0.1%	0.5%
P: Other Black	0.0%	-	0.1%	0.0%	0.9%	0.1%	0.0%	0.0%	0.2%	0.4%
R: Chinese	0.0%	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%
S: Other	5.6%	-	0.1%	0.4%	0.4%	0.2%	0.2%	0.5%	0.1%	0.3%

Table 14 - Non structured treatment individuals by ethnicity, 2015-16

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 (50%, compared to 53.1% in 2014-15 and 74.4% in 2013-14). Heroin accounted for the primary substance of 15% of interventions (14.8% in 2014-15) and Steroids & PIEDs accounted for 14.9% (15.8% in 2014-15). 24.5% of the overall total did not have a main substance recorded, an increase from the figure of 13.5% for 2014-15.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS Individuals
Heroin	**	-	31	16	440	487	86	**	93	1,136
	13.0%		7.1%	6.5%	12.4%	28.7%	18.7%	12.1%	6.9%	15.0%
Methadone	**	-	**	**	48	25	**	0	18	97
	4.3%		0.5%	0.8%	1.4%	1.5%	0.2%	0.0%	1.3%	1.3%
Other Opiates	0	-	**	**	83	28	**	0	99	214
	0.0%		0.2%	1.2%	2.3%	1.7%	0.2%	0.0%	7.4%	2.8%
Benzodiazepines	0	-	0	0	6	6	0	0	**	13
	0.0%		0.0%	0.0%	0.2%	0.4%	0.0%	0.0%	0.1%	0.2%
Amphetamines (excl Ecstasy)	0	-	**	**	26	15	13	0	12	69
	0.0%		0.7%	0.4%	0.7%	0.9%	2.8%	0.0%	0.9%	0.9%
Cocaine (excl Crack)	0	-	19	38	238	133	**	0	28	455
	0.0%		4.4%	15.5%	6.7%	7.9%	0.4%	0.0%	2.1%	6.0%
Crack Cocaine	**	-	0	0	63	27	**	0	11	103
	4.3%		0.0%	0.0%	1.8%	1.6%	0.9%	0.0%	0.8%	1.4%
Hallucinogens	0	-	0	0	**	0	0	0	**	**
	0.0%		0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.1%
Ecstasy	0	-	0	0	**	**	0	0	**	6
	0.0%		0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.1%
Cannabis	0	-	23	30	129	96	13	0	100	387
	0.0%		5.3%	12.2%	3.6%	5.7%	2.8%	0.0%	7.5%	5.1%
Solvents	0	-	**	0	0	0	0	0	0	**
	0.0%		0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Barbiturates	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%
Alcohol	0	-	89	134	2,321	857	91	0	458	3,790
	0.0%		20.5%	54.7%	65.5%	50.6%	19.8%	0.0%	34.1%	50.0%
Other Drugs	0	-	0	0	43	**	36	0	38	121
	0.0%		0.0%	0.0%	1.2%	0.2%	7.8%	0.0%	2.8%	1.6%
Prescription Drugs	0	-	0	**	20	**	**	0	**	27
	0.0%		0.0%	0.4%	0.6%	0.1%	0.4%	0.0%	0.2%	0.4%
Novel Psychoactive Substances	0	-	**	**	13	**	0	0	**	20
	0.0%		0.5%	0.4%	0.4%	0.1%	0.0%	0.0%	0.2%	0.3%
Steroids & IPEDS	18	-	263	19	107	13	210	29	475	1,132
	78.3%		60.6%	7.8%	3.0%	0.8%	45.8%	87.9%	35.4%	14.9%
Total individuals with substance stated	**23**	**-**	**434**	**245**	**3,545**	**1,694**	**459**	**33**	**1,342**	**7,577**
Not Stated	55	-	383	251	970	161	373	165	205	2,459
	70.5%		46.9%	50.6%	21.5%	8.7%	44.8%	83.3%	13.3%	24.5%

Table 15 - Non structured treatment individuals by main substance, where recorded, 2015-16

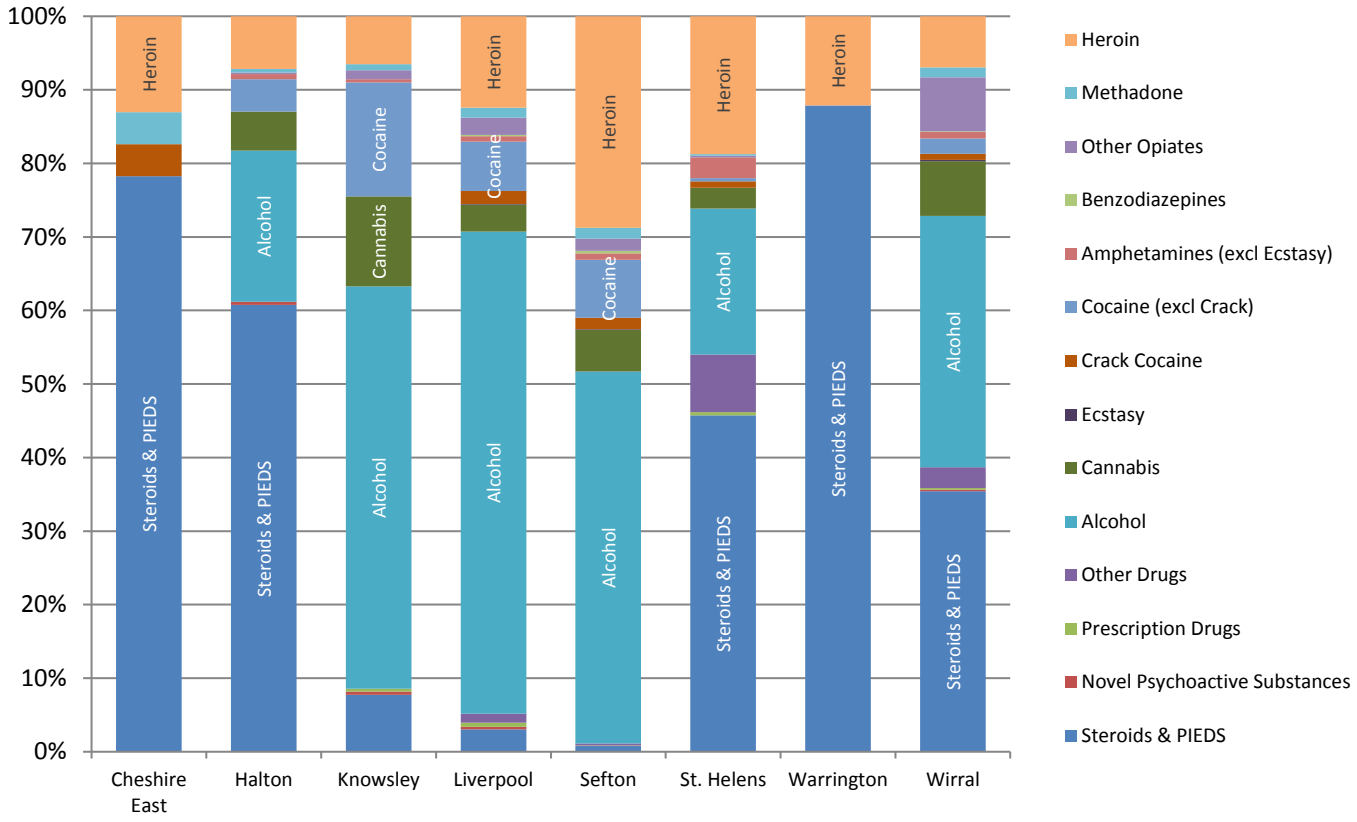


Figure 15 - IMS Non Structured main substance used where recorded, 2015-16

4.3. NON STRUCTURED TREATMENT: ACTIVITY DELIVERED

INTERVENTIONS

Non-structured treatment services delivered their largest number of brief interventions and IBA to date[13]. A total of 94,378 [14] interventions were delivered during the year, an increase on the 59,775 interventions delivered during 2014-15, and an almost three-fold increase from the 35,133 interventions recorded in 2013-14. Delivered in total to 10,036 individuals, each individual received an average of just over nine interventions from a service over the course of the year, an increase from the average of six interventions delivered in 2014-15, suggesting that services' time spent with each individual has again increased.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS Total
Advice and Info	4	-	115	17	12,391	16	151	276	1,118	14,088
Brief Intervention	86	-	1,428	541	36,706	32,096	5,567	389	3,477	80,290
All Interventions	**90**	**-**	**1,543**	**558**	**49,097**	**32,112**	**5,718**	**665**	**4,595**	**94,378**
Intervention Type										
Alcohol Brief Intervention	0	-	0	14	2,218	0	5	**	121	2,359
Alternative Therapies	0	-	16	0	1,419	0	0	0	**	1,439
Anabolic Steroid Contact	0	-	210	0	121	0	47	**	625	1,006
Assessment, Review, 1to1	0	-	0	**	1,114	48	**	12	118	1,298
Attendance	0	-	**	0	5,499	0	62	0	**	5,564
Basic Care & Practical Support	0	-	0	0	404	0	3,926	0	0	4,330
Benefits & Debt Advice	0	-	0	0	87	569	49	0	0	705
Detox & Rehabilitation	0	-	0	0	2,194	0	0	0	**	2,198
Drug & Alcohol info	0	-	**	**	102	4,234	0	**	204	4,545
Education, Training, Employm	0	-	0	0	919	478	244	5	527	2,173
Engagement Activities	0	-	12	9	5,876	12,097	0	**	9	18,007
Family Support		-	6	0	496	1,691	299	494	**	2,988
Harm Reduction	88	-	76	38	10,849	0	101	36	615	11,803
Health Assess & Mental Health	0	-	0	0	62	3,729	159	0	6	3,956
Housing Support	0	-	0	0	55	167	109	0	33	364
Other Intervention	2	-	159	450	1,651	1,201	12	**	343	3,820
Outreach	0	-	**	**	2,247	0	0	0	8	2,258
Recovery Support	0	-	46	22	12,512	3,301	**	0	532	16,415
Safer Drug Use	0	-	1,011	**	26	1,051	397	9	777	3,272
Screening, Vacc & Sexual Healt	0	-	**	16	62	345	**	0	642	1,067
Smoking Cessation	0	-	0	0	0	134	0	0	0	134
Telephone Support	0	-	0	0	0	0	65	88	0	153
Volunteering	0	-	0	0	383	22	**	0	19	426
Wellbeing Intervention	0	-	**	**	791	3,045	235	10	0	4,084
Wound Care	0	-	0	0	10	0	0	0	**	14

Table 16 - Non structured treatment individuals, interventions summary, 2015-16

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

[14] Each intervention type is counted a maximum of once per client per day, although clients may have multiple different intervention types recorded on the same date.

Only Liverpool and Wirral currently record onward referrals to other organisations in any substantial numbers. The main organisation type referred to was Community Alcohol Team (28.2%), GP (7.8%), Other Support Provider (6.9%) and Housing Provider (6.5%). The decline in the recording of "Other" (18.9%, a drop from 47.3% in 2014-15) suggests that services are better utilising the available options within the dataset to accurately record the nature of the referral.

Referrals	Liverpool	Sefton	St Helens	Warrington	Wirral		Liverpool	Sefton	St Helens	Warrington	Wirral
ATR - Alc Treatment Req	**	-	-	-	-	Hospital General	32	-	-	-	-
Community Alcohol Team	427	-	-	-	-	Housing Provider	95	-	**	-	**
Community care assess	**	-	-	-	-	Job Centre/Employment Service	20	**	**	-	-
Concerned Others	**	-	-	-	-	Local Non-Structured Treatment Provider	33	-	-	-	-
Criminal Justice Other	**	-	-	-	-	Other	221	6	**	-	60
Dental Practitioner	79	-	-	-	-	Other Support Providers	84	**	**	**	18
Detox Service	14	-	-	-	**	Outreach	6	-	-	-	-
DRR - Drug Rehab Req	**	-	-	-	-	Peer/Other service user	**	-	-	-	-
Drug Service Non Statutory	43	-	-	-	-	Police Service (incl SR)	**	-	-	-	-
Drug Service Statutory	11	-	-	**	-	Psychiatry services	12	-	-	-	-
Education Service	54	6	-	-	**	Psychological Services	12	-	**	-	-
Employer	11	-	-	-	**	Rehab Service	5	-	-	-	-
Fire Service (Vulnerable Persons Team)	**	-	-	-	-	Sex Worker Project	**	-	-	-	-
GP	117	-	-	-	**	Smoking Cessation Service	**	-	-	-	-
Homeless Service	28	-	-	-	**	Social Services	14	-	-	-	**
Hospital - A&E	7	-	-	-	-	Welfare Advice Agency	47	**	-	-	8
						Total:	**1,392**	**16**	**7**	**	**96**

Table 17 - Non structured treatment individuals, referrals, 2015-16

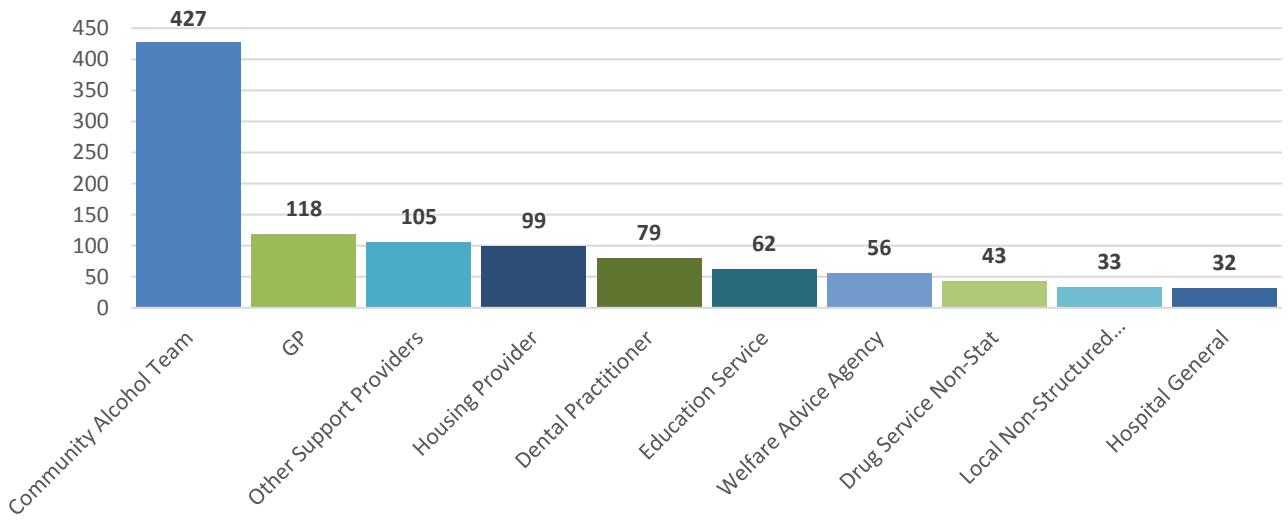


Figure 16 - Top 10 referral destinations excluding "Other", 2015-16

4.4. NON STRUCTURED TREATMENT: OVERVIEW OF WELLBEING REVIEWS

Overview of wellbeing: 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 are at a given point in time.[1] 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[2].

WEMWBS was originally devised 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: During 2015-16 wellbeing reviews were completed for 1,948 individuals. A cohort of 455 individuals from the Merseyside area[3] 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[4] we investigated the effect of various categorical and continuous data on changes in wellbeing, these were: age; gender; reported drug group; number of days between wellbeing measures; and number of interventions.

Results - number of days between wellbeing measures: When looking at the effects of the categorical and continuous data detailed above, the number of days between wellbeing measures had a significant effect on changes in wellbeing (p=0.001). However, the model as a whole was weak and only explained for 7% of the variance in wellbeing scores.

Results - number of interventions received: For all drug groups, there was no association between number of interventions and change overall (p=0.569); But for alcohol only individuals, there was a highly significant positive association between number of interventions and change overall (n=242, ρ =0.210, p=0.001). In terms of positive change in well-being, there were significant differences in distribution between individuals who reported low, medium and high numbers of interventions (X2 = 16.597, p=0.002; Table 18).

Table 18 - Alcohol individuals, well-being change group by intervention group

Intervention Group	WB change group						Total
	Negative		No change		Positive		
	n	%	n	%	n	%	
Low 0-39	60	38.5	25	16	71	45.5	156
Medium 40-199	15	28.3	5	9.4	33	62.3	53
High 200+	5	15.2	1	3	27	81.8	33
Total	80	33.1	31	12.8	131	54.1	242

For alcohol individuals only, after controlling for age and gender, those that received a high number of interventions (200 or more) were 4.5 times more likely to report a positive change in well-being than those that received a low or medium number of interventions (p<0.001)[5].

[1] Michaelson, J., Mahony, S. and Schifferes, J. (2012). *Measuring wellbeing: A guide for practitioners*. London: new economics foundation.
[2] Stewart-Brown S (2007). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*
[3] Service users included in this calculation were predominantly from the Liverpool area (385), with a small number from Wirral (46), Warrington (13), St Helens (7) and less than 5 from each of the areas of Halton, Knowsley and Sefton.
[4] A general linear model (GLM) analysis was undertaken.
[5] Using a binary logistic regression.

4.5. NON STRUCTURED TREATMENT: GEOGRAPHIC PROFILE

LOCAL AUTHORITY AREA OF TREATMENT

Over half of non-structured interventions were delivered to individuals in the Liverpool local authority area (52%), with a further third (34%) to individuals in Sefton. Wirral saw a substantial decrease in the number of brief interventions delivered (4.9% of the total compared to 26.8% in 2014-15).

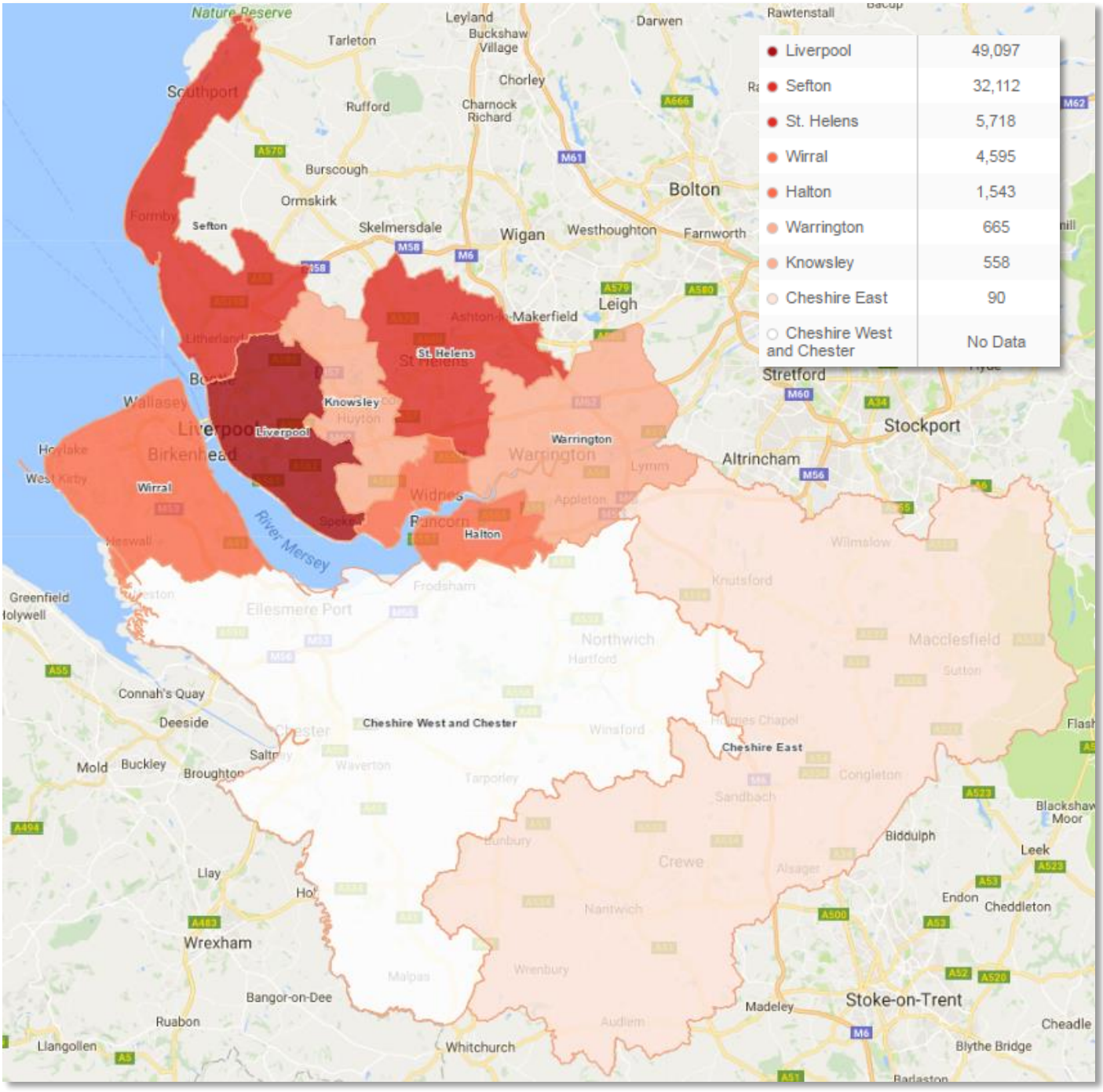


Figure 17 - Non structured treatment – brief interventions by local authority, 2015-16

The postcode areas reporting the highest numbers of non-structured interventions were PR9 (21,060 interventions), PR8 (20,465 interventions) and L17 (8,645 interventions). WA10 had the highest number of interventions delivered in the St Helens area (2,413) and CH41 the highest on the Wirral (860), while L20 had the highest number in Sefton (7,287). Numbers were again significantly improved from 2014-15 due to more comprehensive completion of the postcode field.

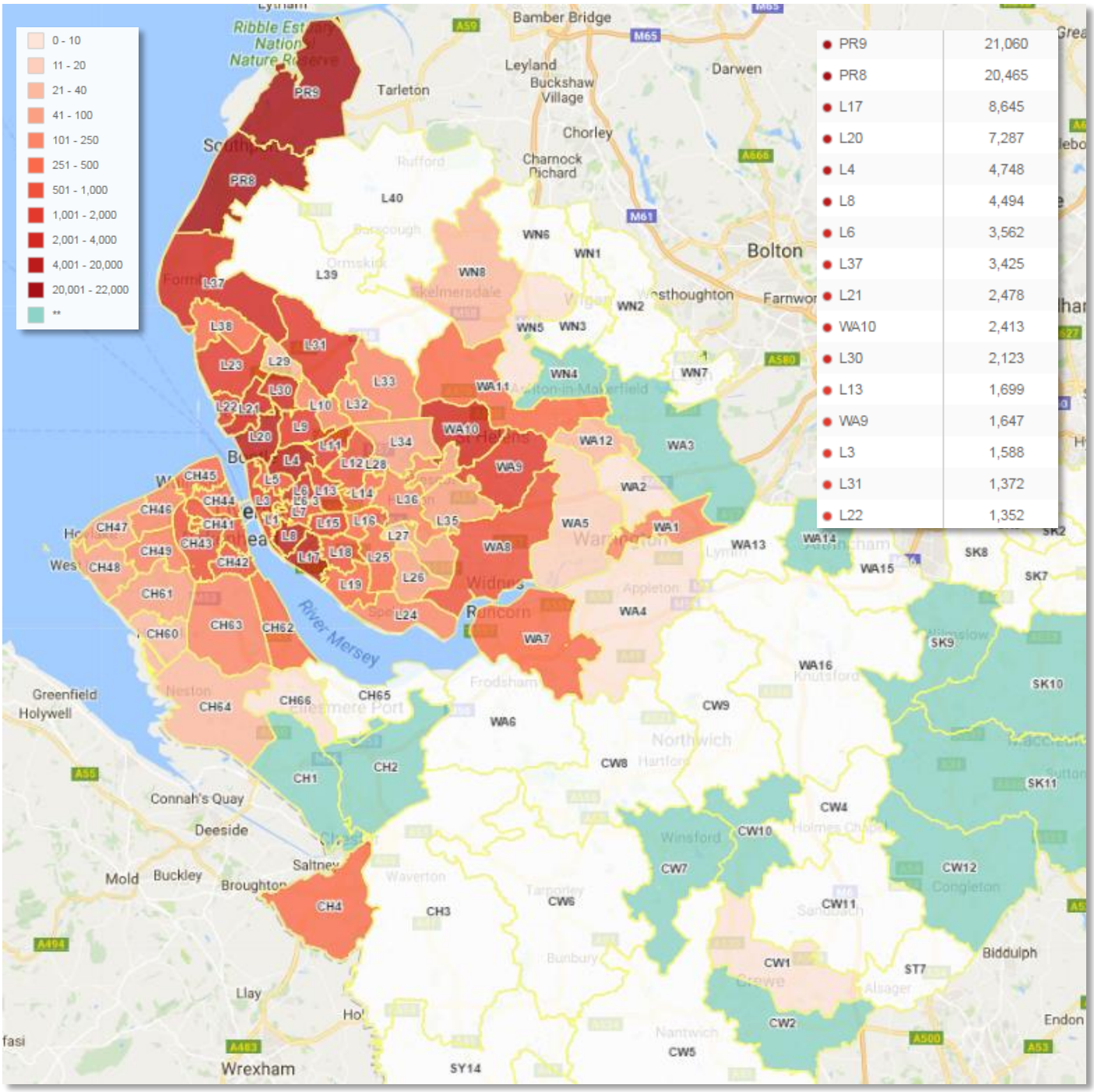


Figure 18 - Non structured treatment - brief interventions by postcode of residence, 2015-16

5. NEEDLE & SYRINGE PROGRAMME – ALL INDIVIDUALS

The needle and syringe programme (NSP) data included in this section includes all individuals who completed an exchange transaction during 2015-16. A further breakdown of these tables is available in appendix A, B and C where the tables have been repeated for all new individuals only, for all non-steroid individuals only, and for all new non-steroid individuals only.

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

GENDER

The substantial majority of individuals attending Needle and Syringe Programmes (NSPs) operated in both an agency and pharmacy setting are male, ranging from 87.4% in St Helens to 97.4% in Halton, with an overall average of 89.4% (89.5% in 2014-15). This can as with previous years be accounted for in the main by the high number of Steroid & PIED users attending NSPs across the region. However there are substantial decreases in the numbers attending compared to 2014-15, from a decrease of 3.6% in Cheshire East to 48% in Sefton. Only Knowsley saw a small increase. The reasons for the decrease are not established but increased accuracy of attributors through electronic recording of pharmacy data may be a contributing factor.

	Female	%	Male	%	Total Individuals	change on 14-15
Cheshire East	147	10.7%	1,226	89.3%	1,373	-3.6%
Cheshire West & Chester	136	9.6%	1,281	90.4%	1,417	-27.5%
Halton	18	2.6%	683	97.4%	701	-13.9%
Knowsley	74	10.4%	639	89.6%	713	1.3%
Liverpool	960	12.5%	6,742	87.5%	7,702	-5.5%
Sefton	141	10.1%	1,256	89.9%	1,397	-48.0%
St. Helens	299	12.6%	2,070	87.4%	2,369	-36.7%
Warrington	115	7.3%	1,463	92.7%	1,578	-20.9%
Wirral	118	7.0%	1,576	93.0%	1,694	-34.4%
Total	**1,986**	**10.6%**	**16,685**	**89.4%**	**18,671**	**-21.1%**

Table 19 - NSP individual numbers by gender (agency and pharmacy combined), 2015-16

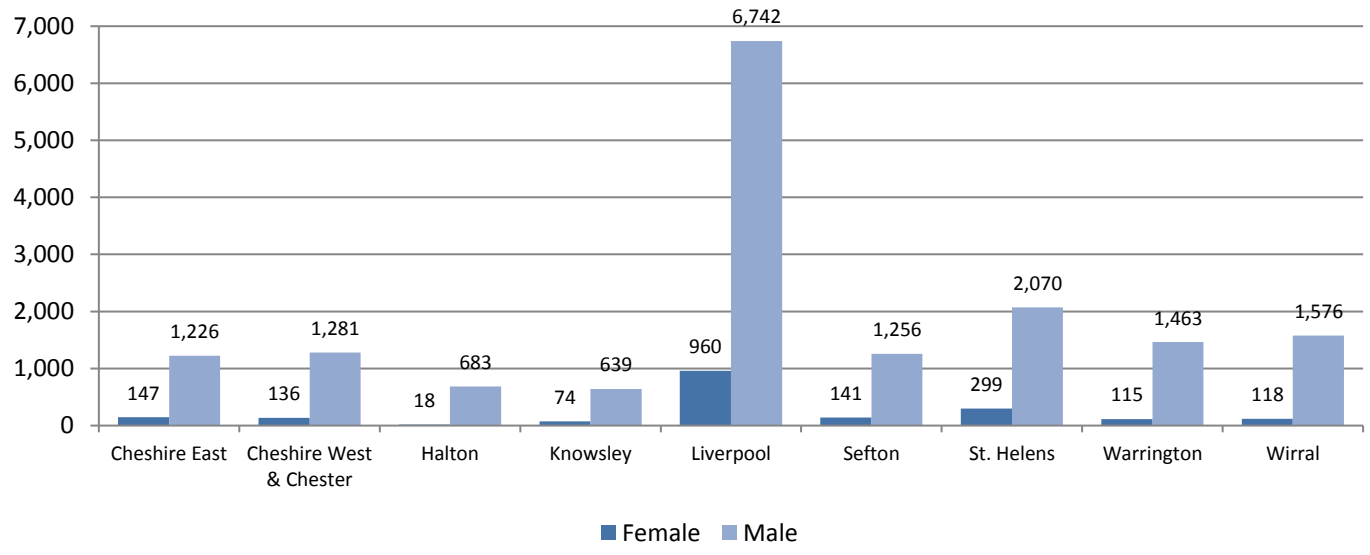


Figure 19 - NSP individual numbers by gender (agency and pharmacy combined), 2015-16

AGE GROUP

The age of individuals attending NSPs peaks for most areas around the 35-44 age band (against a slightly lower modal age band for 2014-15). The age profile of female attendees is slightly older with 24.1% aged over 44 compared to 22.9% of males. All areas have less than 1% of attendees presenting aged 65 and over, other than Knowsley which registers 2%. Cheshire East and Halton have the high number of attendees under the age of 25 (15.8% and 14.7% respectively) while Liverpool and Sefton have the lowest proportion of those attending aged under 25 (under 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	10	21	29	33	25	20	8	**	0	0	147
	Male	**	24	179	219	233	201	196	88	58	>14	6	**	1,226
	Total	**	24	189	240	262	234	221	108	66	17	6	**	1,373
Cheshire West & Chester	Female	0	**	10	16	28	20	31	14	8	6	**	0	136
	Male	**	>10	138	207	216	200	232	172	78	12	>8	**	1,281
	Total	**	13	148	223	244	220	263	186	86	18	11	**	1,417
Halton	Female	0	0	**	0	**	**	**	**	**	**	0	0	18
	Male	**	11	>88	165	>140	>110	>74	>50	>30	**	**	**	683
	Total	**	11	91	165	145	114	76	56	33	6	**	**	701
Knowsley	Female		**	5	12	14	12	11	5	**	**	**	5	74
	Male	**	**	61	144	116	86	98	68	>36	>11	**	10	639
	Total	**	7	66	156	130	98	109	73	39	15	**	15	713
Liverpool	Female	**	5	25	122	129	184	234	164	53	25	8	10	960
	Male	>10	45	446	897	1,115	1,105	1,338	1,018	479	169	78	40	6,742
	Total	13	50	471	1,019	1,244	1,289	1,572	1,182	532	194	86	50	7,702
Sefton	Female	0	0	10	18	22	22	29	22	11	0	**	**	141
	Male	6	12	65	179	218	207	218	174	111	29	>23	>11	1,256
	Total	6	12	75	197	240	229	247	196	122	29	28	16	1,397
St. Helens	Female	0	**	20	38	65	78	42	37	11	**	**	**	299
	Male	5	>28	166	351	314	361	416	255	108	>40	>16	>5	2,070
	Total	5	31	186	389	379	439	458	292	119	44	19	8	2,369
Warrington	Female	0	0	5	10	15	43	30	9	**	**	0	0	115
	Male	**	6	120	272	263	281	276	155	>63	>10	10	**	1,463
	Total	**	6	125	282	278	324	306	164	66	13	10	**	1,578
Wirral	Female	0	0	5	18	11	29	22	20	10	**	0	**	118
	Male	0	13	152	288	243	216	262	222	107	>40	23	>7	1,576
	Total	0	13	157	306	254	245	284	242	117	43	23	10	1,694
All NSP Individuals	Female	**	12	90	253	315	416	421	291	107	42	17	21	1,986
	Male	>32	155	1,406	2,686	2,807	2,726	3,056	2,169	1,058	335	168	85	16,685
	Total	**35**	**167**	**1,496**	**2,939**	**3,122**	**3,142**	**3,477**	**2,460**	**1,165**	**377**	**185**	**106**	**18,671**

Table 20 - NSP individual numbers by age group and gender (agency and pharmacy combined), 2015-16

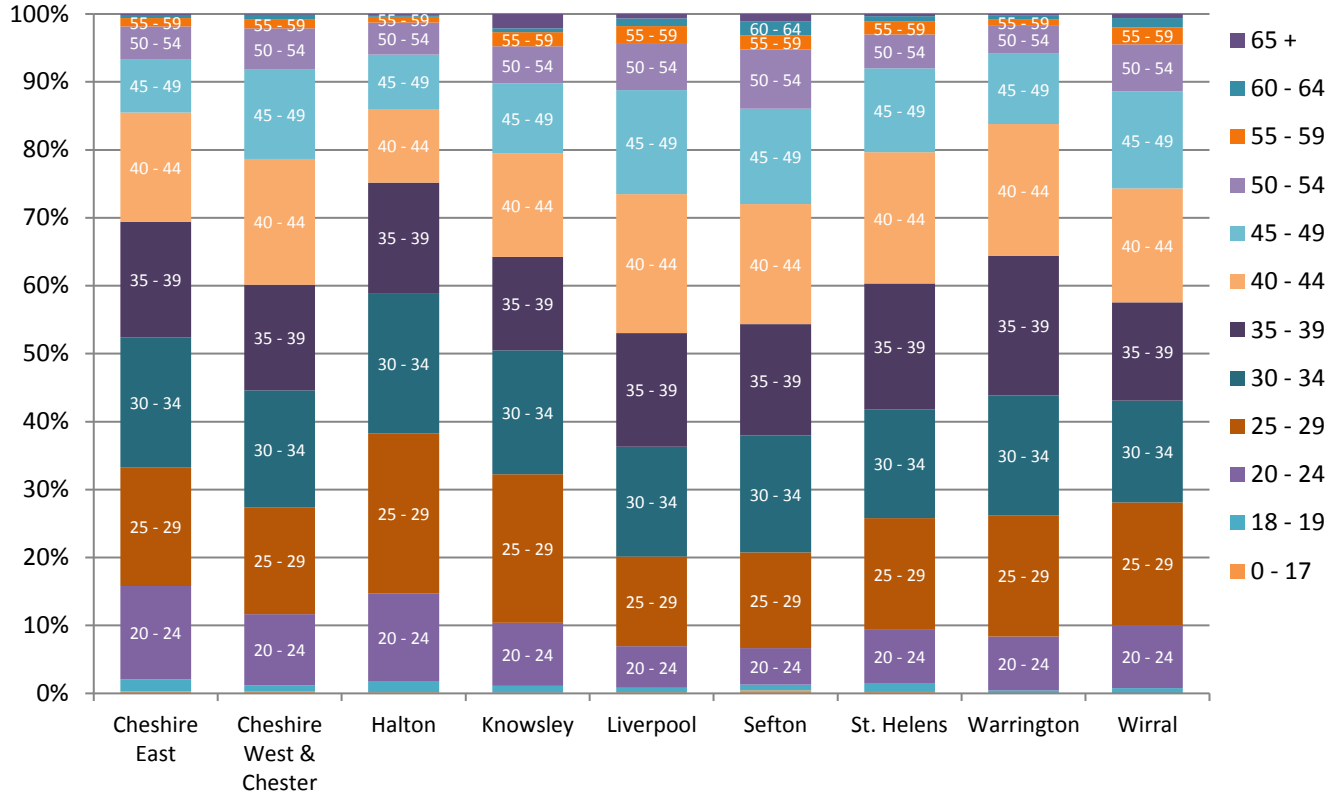


Figure 20 - NSP individual numbers by age group (agency and pharmacy combined), 2015-16

The ethnicity of individuals using NSP services who have an ethnicity recorded[15] is in the main White British, ranging from 88.5% 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%) and White Irish (0.6%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
A: White British	88.5%	100.0%	97.8%	98.9%	91.5%	97.6%	98.0%	94.6%	97.7%	96.3%
B: White Irish	0.3%	0.0%	0.2%	1.1%	1.4%	1.0%	0.7%	0.4%	0.5%	0.6%
C: Other White	5.6%	0.0%	0.9%	0.0%	1.2%	1.0%	0.7%	2.5%	1.1%	1.4%
D: White and Black Caribbean	1.4%	0.0%	0.3%	0.0%	0.9%	0.0%	0.0%	0.4%	0.0%	0.3%
E: White and Black African	0.3%	0.0%	0.0%	0.0%	0.5%	0.0%	0.2%	0.8%	0.2%	0.2%
F: White and Asian	0.7%	0.0%	0.3%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.1%
G: Other Mixed	0.7%	0.0%	0.3%	0.0%	0.9%	0.5%	0.0%	0.4%	0.0%	0.3%
H: Indian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.1%	0.0%
J: Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
K: Bangladeshi	0.7%	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%	0.0%	0.0%	0.0%	0.1%	0.1%
M: Caribbean	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%	0.0%
N: African	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
P: Other Black	0.7%	0.0%	0.2%	0.0%	1.4%	0.0%	0.0%	0.0%	0.1%	0.3%
R: Chinese	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
S: Other	1.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.4%	0.4%	0.1%	0.2%

Table 21 - NSP individual numbers by ethnicity (agency and pharmacy combined), 2015-16

[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 INDIVIDUALS]

The main substances of use identified by individuals attending Needle and Syringe Programmes where this was recorded were Steroids & IPEDS (53.5%, a slight drop from 57.3% recorded last year and a large drop from the 77% recorded in 2013-14), followed by Heroin (38.8%, an increase from 35.4% in 2014-15 and a doubling of the 19.6% recorded in 2013-14). All other substances had less than 3% recorded. 52.6% of the overall total did not have a main substance recorded, a decrease from 61.2% in 2014-15.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	44	77	17	52	1,783	474	103	424	517	3,427
	10.7%	32.1%	5.6%	21.0%	45.5%	47.0%	20.6%	41.3%	40.2%	38.8%
Methadone	**	**	**	0	6	12	**	0	28	53
	0.5%	0.4%	0.7%	0.0%	0.2%	1.2%	0.4%	0.0%	2.2%	0.6%
Other Opiates	0	0	**	0	**	6	**	0	0	10
	0.0%	0.0%	0.3%	0.0%	0.1%	0.6%	0.2%	0.0%	0.0%	0.1%
Benzodiazepines	0	0	0	0	0	**	0	0	**	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.1%	0.1%
Amphetamines (excl Ecstasy)	**	0	0	**	**	**	10	**	23	44
	1.0%	0.0%	0.0%	0.4%	0.0%	0.4%	2.0%	0.2%	1.8%	0.5%
Cocaine (excl Crack)	**	0	0	0	0	8	**	**	21	31
	0.2%	0.0%	0.0%	0.0%	0.0%	0.8%	0.2%	0.1%	1.6%	0.4%
Crack Cocaine	**	0	0	0	119	48	6	0	9	183
	0.5%	0.0%	0.0%	0.0%	3.0%	4.8%	1.2%	0.0%	0.7%	2.1%
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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
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	0	0	0	0	**	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Other Drugs	0	0	0	**	339	**	**	0	**	349
	0.0%	0.0%	0.0%	0.4%	8.6%	0.2%	0.8%	0.0%	0.2%	3.9%
Prescription Drugs	**	0	0	**	0	0	**	**	**	6
	0.2%	0.0%	0.0%	0.4%	0.0%	0.0%	0.2%	0.1%	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 & IPEDS	359	162	286	193	1,670	450	373	598	679	4,730
	86.9%	67.5%	93.5%	77.8%	42.6%	44.6%	74.5%	58.3%	52.8%	53.5%
Total	**413**	**240**	**306**	**248**	**3,920**	**1,009**	**501**	**1,026**	**1,285**	**8,841**
Not Stated	960	1,177	395	465	3,782	388	1,868	552	409	9,830
	69.9%	83.1%	56.3%	65.2%	49.1%	27.8%	78.9%	35.0%	24.1%	52.6%

Table 22 - NSP individual numbers by main substance, where recorded (agency and pharmacy combined), 2015-16

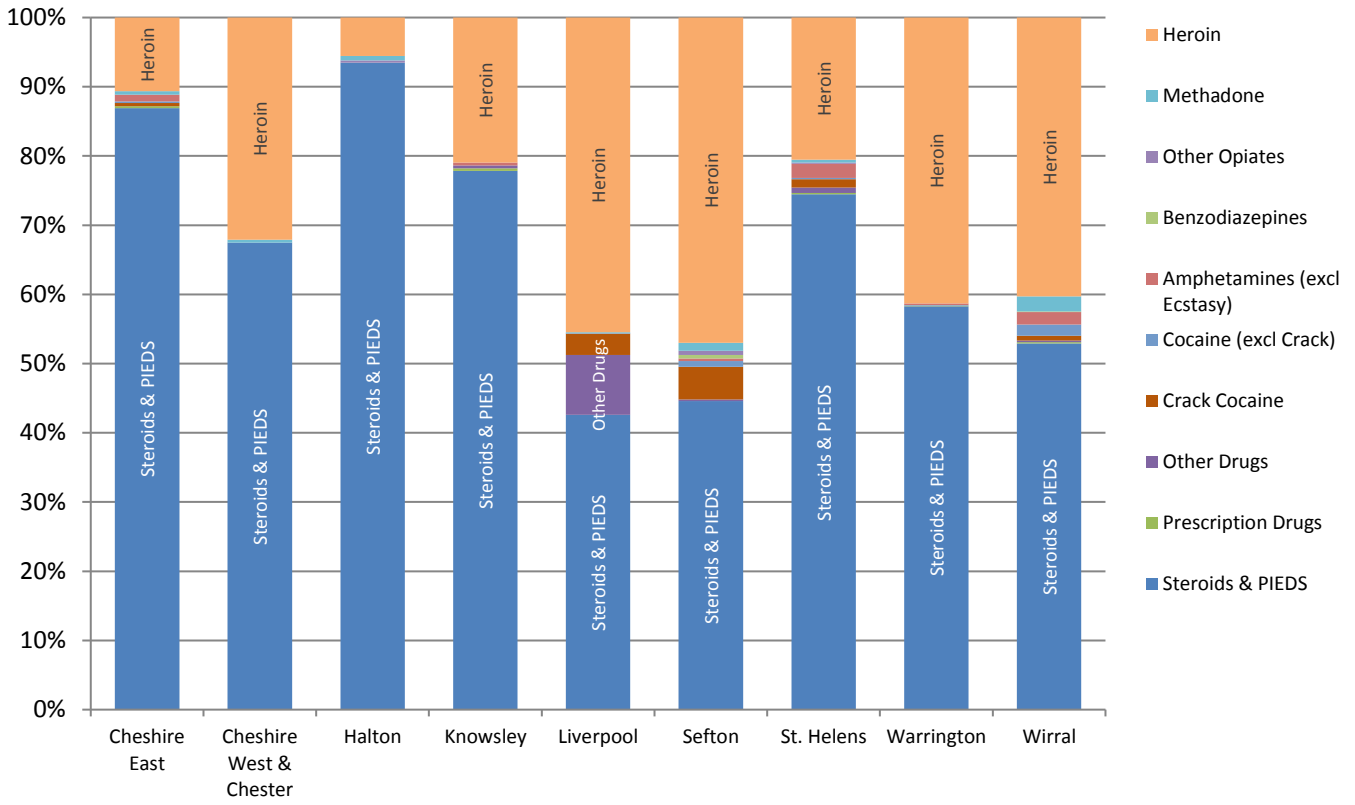
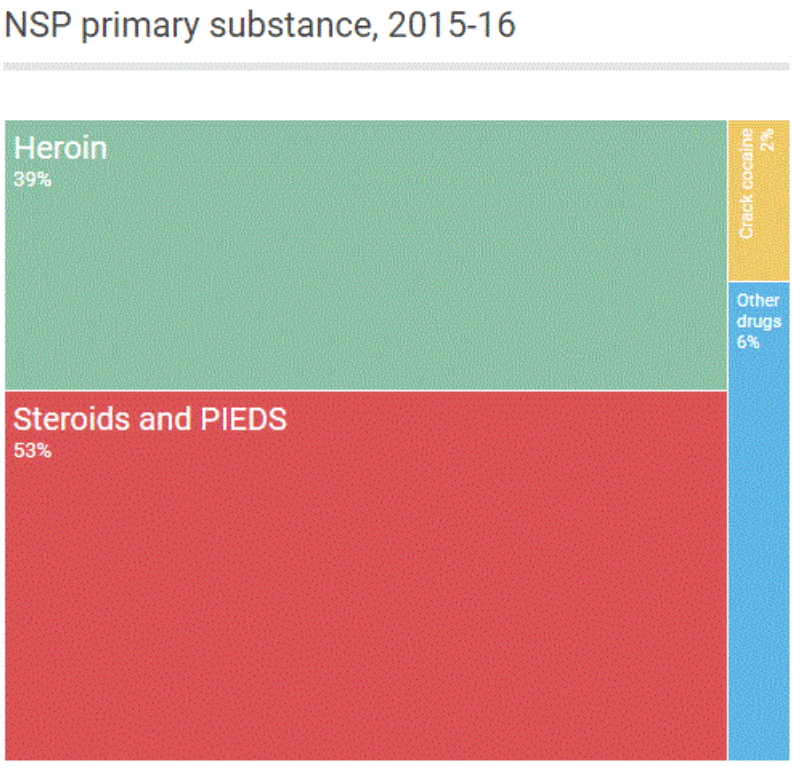
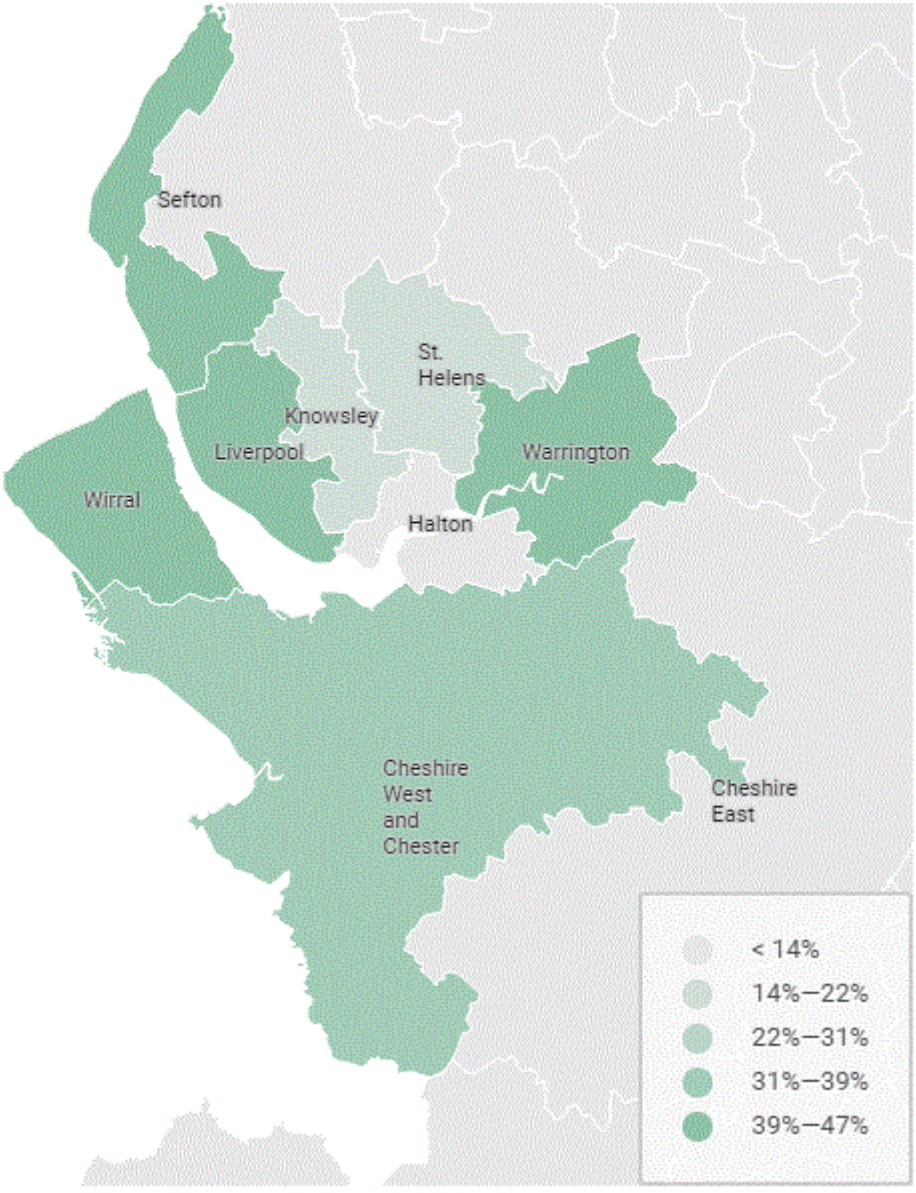


Figure 21 - NSP individual numbers by main substance, where recorded (agency and pharmacy combined), 2015-16



Heroin prevalence by individual primary substance for NSP services, 2015-2016



5.3. NEEDLE & SYRINGE PROGRAMME: ACTIVITY DELIVERED

TRANSACTIONS

The split in needle exchange transactions delivered by setting shows a continued move towards pharmacy delivery. The average percentage of transactions is 84.8%, an increase of 8.3 percentage points from the figures of 76.5% in 2014-15. In three areas pharmacy transactions account for greater than 90% of all syringe exchanges: Liverpool (96.0%), Warrington (91.6%) and St. Helens (90.1%). The only area with the majority of exchange transactions delivered in an agency setting is Halton (100%). Delivery of NSP overall is moving to a pharmacy setting, with a split of over 5 pharmacy transactions for every 1 agency transaction compared to a 3 to 1 split in 2014-15.

	Agency Needle Syringe Programme	Pharmacy Needle Syringe Programme	Total [16]
Chester East	1,446	5,230	6,676
Cheshire West and Chester	1,753	4,687	6,440
Halton	1,344	0	1,344
Knowsley	661	754	1,415
Liverpool	827	19,828	20,655
Sefton	975	6,006	6,981
St. Helens	1,426	13,007	14,433
Warrington	420	4,587	5,007
Wirral	2,264	7,725	9,989
Total	**11,116**	**61,824**	**72,940**

Table 23 - NSP activity number of transactions (agency and pharmacy combined), 2015-16

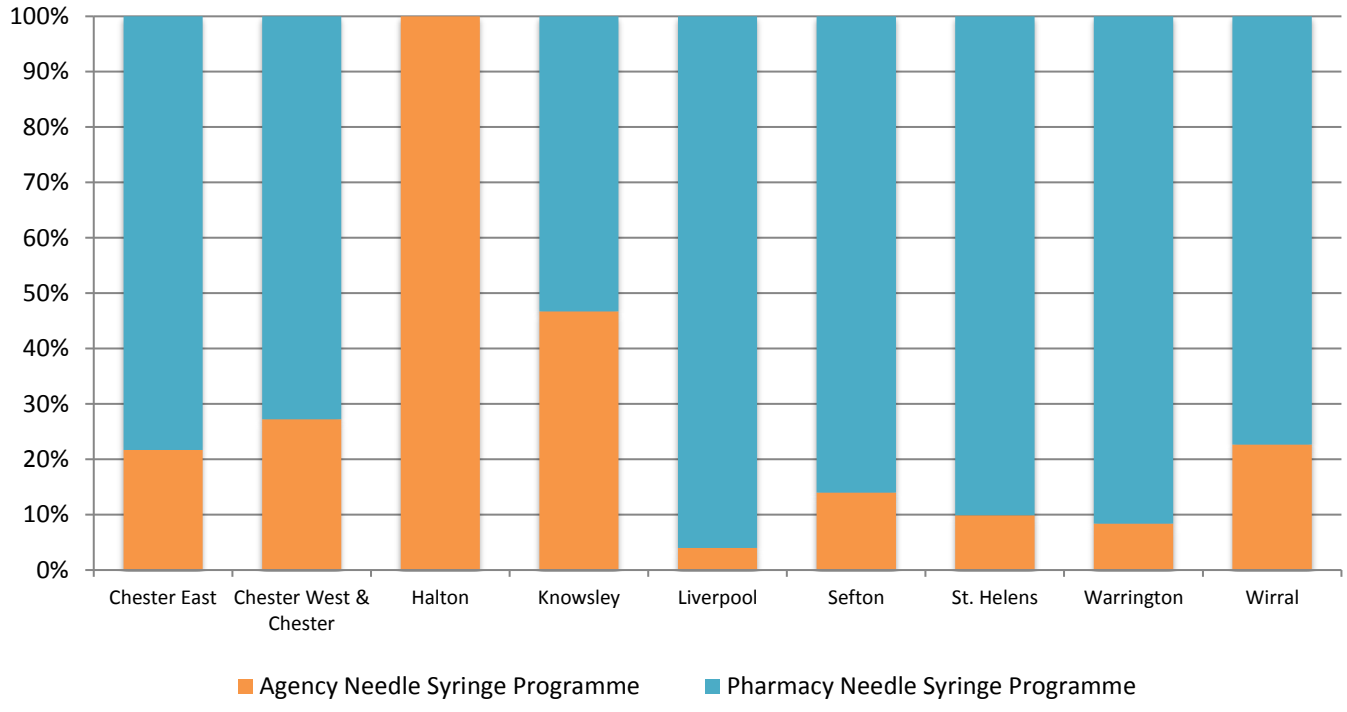


Figure 22 - NSP transaction split, agencies v pharmacies (agency and pharmacy combined), 2015-16

[16] Activity count includes a maximum of one syringe exchange transaction per client per day.

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

LOCAL AUTHORITY AREA OF TREATMENT

The local authority with the highest number of NSP transactions delivered was Liverpool (28.3%, an increase on its 20.1% share in 2014-15), followed by St Helens (19.8%, a slight decrease on its 20.3% share in 2014-15) and Wirral (13.7% compared to 16.7% in 2014-15). The number of NSP transactions decreased in some areas such as Halton and Sefton, while it increased in others, Liverpool in particular reporting a 45.4% rise.

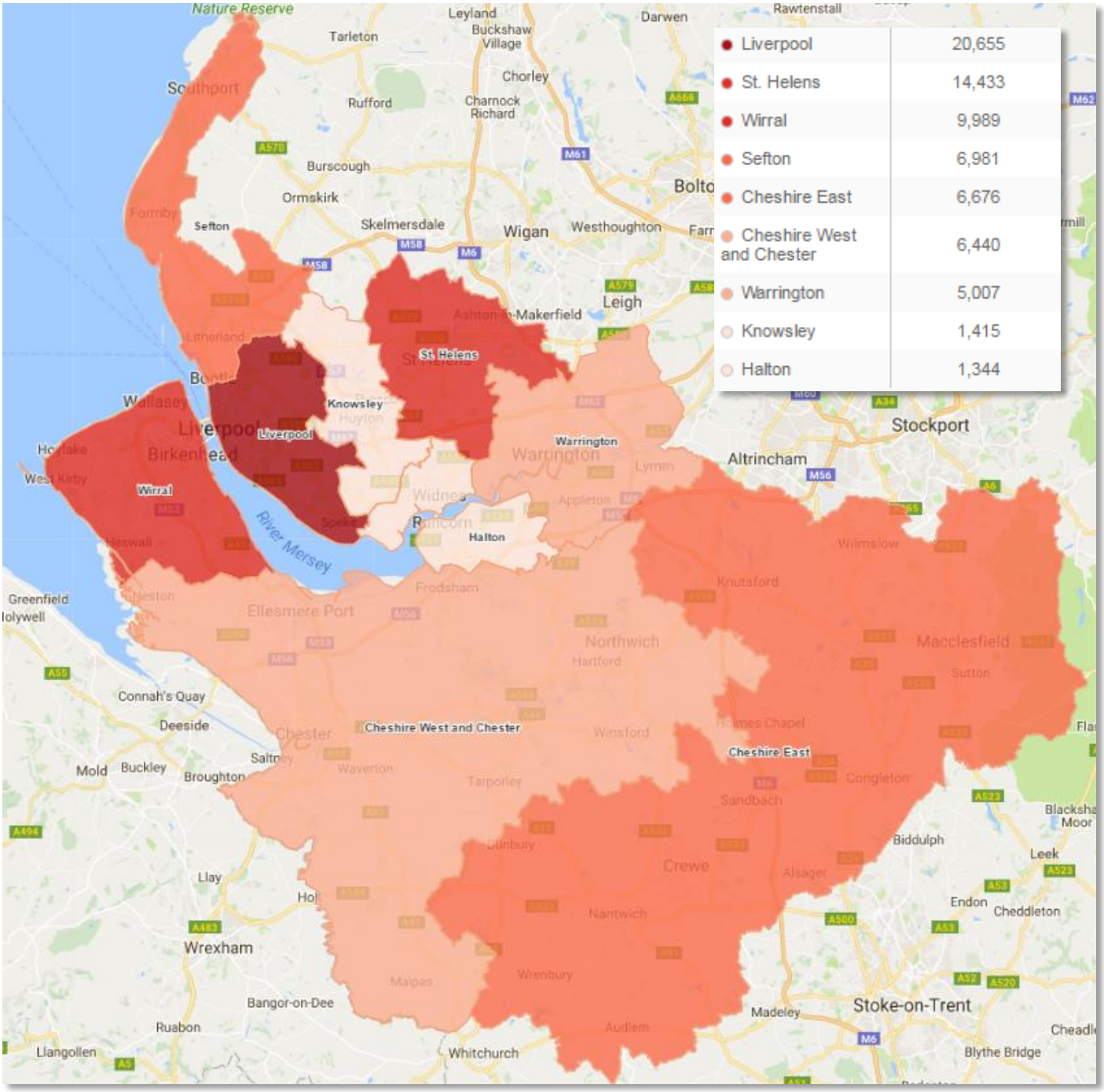


Figure 23 - NSP transaction numbers by local authority (agency and pharmacy combined), 2015-16

	2014-15	2015-16	Change from 14-15
Chester East	6,012	6,676	**11.0%**
Cheshire West and Chester	8,647	6,440	**-25.5%**
Halton	1,497	1,344	**-10.2%**
Knowsley	1,437	1,415	**-1.5%**
Liverpool	14,210	20,655	**45.4%**
Sefton	8,620	6,981	**-19.0%**
St. Helens	14,307	14,433	**0.9%**
Warrington	4,083	5,007	**22.6%**
Wirral	11,778	9,989	**-15.2%**
Total	**70,591**	**72,940**	**3.3%**

Table 24 - Change in NSP transaction activity from 2014-15 to 2015-16

The postcode areas reporting the highest numbers of NSP transactions were WA10 (5,925 transactions), WA9 (5,486 transactions) and WA11 (1,365 transactions) in St Helens. L6 (3,241 transactions) and L4 (2,063 transactions) in Liverpool, and CH41 (2,960 transactions) in Wirral. PR8 had the highest number of transactions in Sefton (2,143). SK11 had the highest number in Cheshire East (1,364).

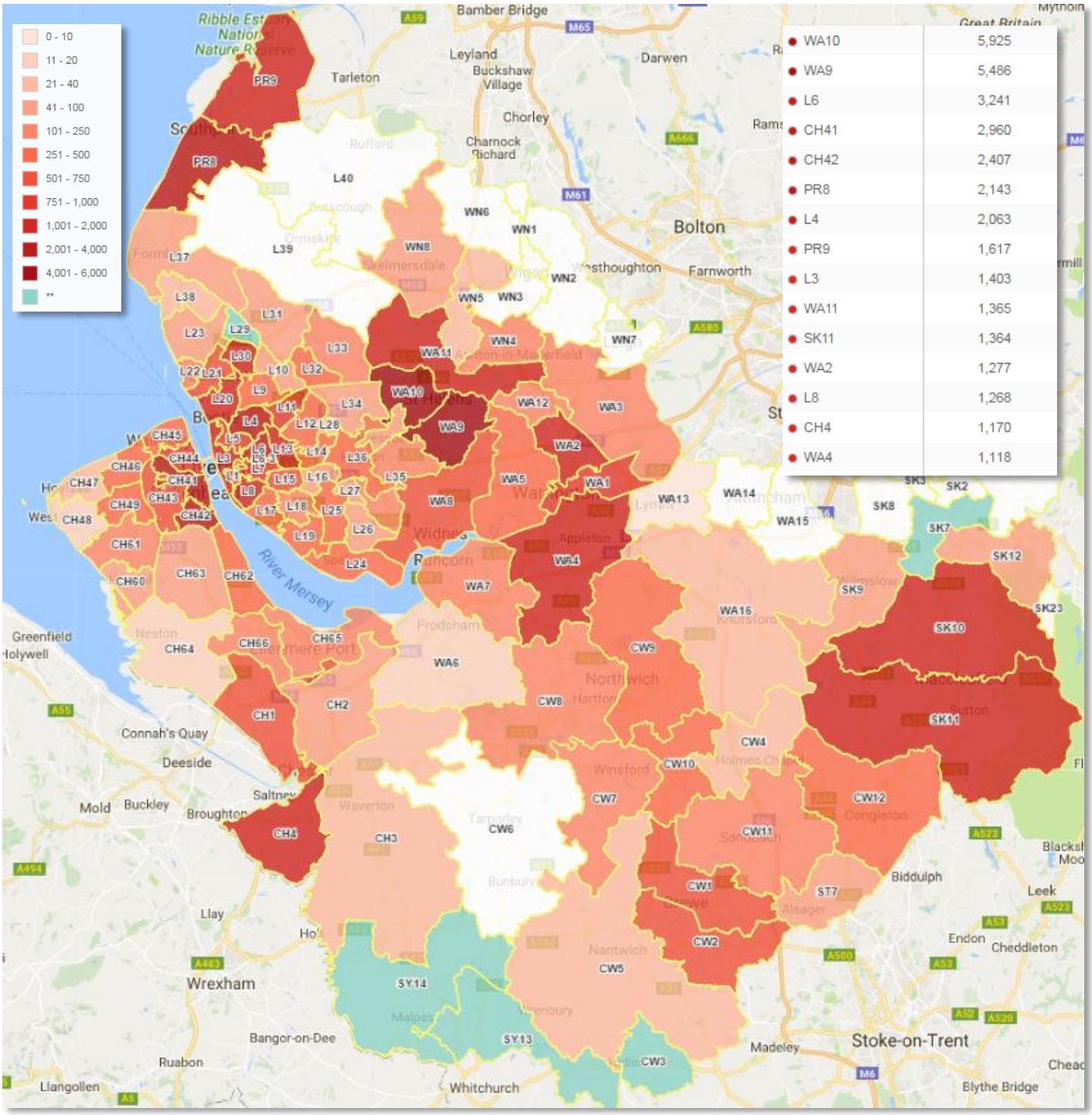


Figure 24 - NSP transaction numbers by postcode of residence (agency and pharmacy combined), 2015-16

6. AGENCY NEEDLE & SYRINGE PROGRAMME - ALL INDIVIDUALS

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

GENDER

The substantial majority of individuals attending NSPs operating in an agency setting are male, ranging from 91.6% in St. Helens to 99.0% in Warrington, and an average overall of 94.5%, a slight decrease in last year's figure of 95.6% – as with previous years, this can be again accounted for in the main by the high number of Steroid & IPED users attending NSPs across the region.

	Female	%	Male	%	Total
Cheshire East	42	5.9%	667	94.1%	709
Cheshire West & Chester	71	8.2%	792	91.8%	863
Halton	18	2.6%	683	97.4%	701
Knowsley	23	7.2%	296	92.8%	319
Liverpool	12	4.2%	275	95.8%	287
Sefton	17	5.6%	288	94.4%	305
St. Helens	56	8.4%	609	91.6%	665
Warrington	3	1.0%	285	99.0%	288
Wirral	36	3.9%	876	96.1%	912
Total	**278**	**5.5%**	**4,740**	**94.5%**	**5,018**

Table 25 - NSP individual numbers by gender (agency only), 2015-16

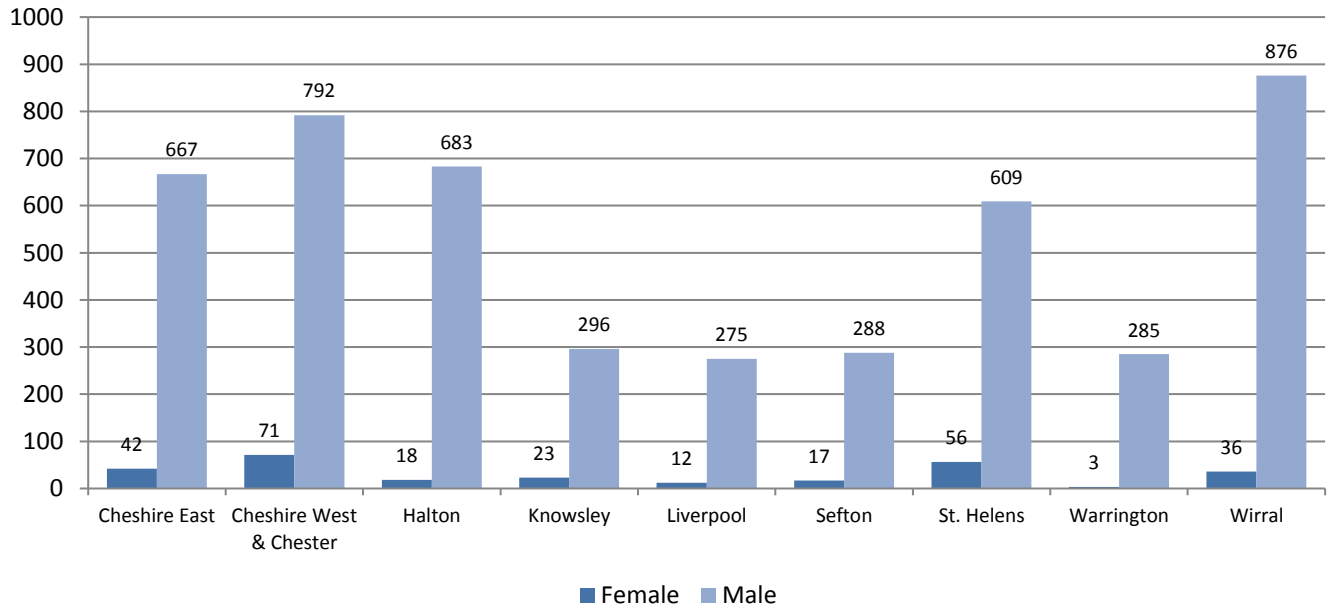


Figure 25 - NSP individual numbers by gender (agency only), 2015-16

AGE GROUP

The age of individuals attending agency based NSPs peaks for most areas around the 25-34 age band, suggesting a lower individual based than pharmacy based exchanges, with Cheshire East in particular having over half of its attendees (59%) aged under 35 years against 39% for Liverpool and 42.3% for Sefton. All areas have less than 2% of attendees presenting aged 60 and over, with Liverpool having the lowest proportion of those attending aged under 25 (6.6%) and Cheshire East the highest (24.3%).

		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	7	7	7	**	7	**	0	0	0	42
	Male	**	19	145	163	123	81	>62	38	>20	8	**	0	667
	Total	**	19	152	170	130	88	67	45	25	8	**	0	709
Cheshire West & Chester	Female	0	**	9	10	16	11	12	**	**	6	**	0	71
	Male	**	>10	114	163	150	117	113	>62	>50	5	**	**	792
	Total	**	13	123	173	166	128	125	65	53	11	**	**	863
Halton	Female	0	0	**	0	**	**	**	**	**	**	0	0	18
	Male	**	11	>88	165	>140	>110	>72	>51	>30	**	**	**	683
	Total	**	11	91	165	145	114	76	56	33	6	**	**	701
Knowsley	Female	0	**	0	**	**	9	5	**	0	0	0	0	23
	Male	0	**	23	>75	>50	48	40	>30	20	**	0	0	296
	Total	0	**	23	80	53	57	45	33	20	**	0	0	319
Liverpool	Female	0	0	0	0	**	**	**	0	**	**	**	0	12
	Male	0	0	19	44	>48	>54	>32	44	>11	>13	**	**	275
	Total	0	0	19	44	51	59	36	44	13	15	**	**	287
Sefton	Female	0	0	**	**	**	**	**	6	0	0	0	0	17
	Male	0	**	>25	.>45	>50	>50	>48	33	16	5	6	**	288
	Total	0	**	28	48	52	54	53	39	16	5	6	**	305
St. Helens	Female	0	0	**	12	11	10	8	6	5	**	0	0	56
	Male	**	7	>74	138	128	89	92	51	22	**	0	**	609
	Total	**	7	78	150	139	99	100	57	27	5	0	**	665
Warrington	Female	0	0	0	0	0	**	0	0	0	**	0	0	3
	Male	0	0	31	66	71	>52	30	18	10	**	0	**	285
	Total	0	0	31	66	71	56	30	18	10	5	0	**	288
Wirral	Female	0	0	**	9	**	7	5	8	0	0	0	0	36
	Male	0	6	>116	214	>159	124	113	77	36	12	13	**	876
	Total	0	6	120	223	164	131	118	85	36	12	13	**	912
All Agency NSP Individuals	Female	0	5	26	44	46	55	41	34	14	11	**	0	278
	Male	6	56	636	1,068	919	725	605	406	218	59	>27	13	4,740
	Total	**6**	**61**	**662**	**1,112**	**965**	**780**	**646**	**440**	**232**	**70**	**31**	**13**	**5,018**

Table 26 - NSP individual numbers by age group and gender (agency only), 2015-16

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

The main substances of use identified by individuals attending needle and syringe exchange agency based services where this was recorded were Steroids & IPEDS (81.7%), followed by Heroin (15.1%). This represents a small increase from 2014-15 for the former from 80.8% and a slight decrease for the latter from 15.6%. The only other substances accounting for greater than 1% was Methadone (1.1%). 42.5% of the overall total did not have a main substance recorded compared to 18.4% in 2014-15.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	44	77	17	52	55	29	80	9	78	436
	10.7%	32.1%	5.6%	21.0%	26.4%	22.5%	17.7%	3.9%	11.6%	15.1%
Methadone	**	**	**	0	6	5	**	0	15	33
	0.5%	0.4%	0.7%	0.0%	2.9%	3.9%	0.4%	0.0%	2.2%	1.1%
Other Opiates	0	0	**	0	**	0	**	0	0	4
	0.0%	0.0%	0.3%	0.0%	1.0%	0.0%	0.2%	0.0%	0.0%	0.1%
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	0	**	**	0	10	0	9	24
	1.0%	0.0%	0.0%	0.4%	0.5%	0.0%	2.2%	0.0%	1.3%	0.8%
Cocaine (excl Crack)	**	0	0	0	0	0	**	0	**	4
	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.3%	0.1%
Crack Cocaine	**	0	0	0	0	0	6	0	**	11
	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.4%	0.4%
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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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	0	0	0	0	**	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Other Drugs	0	0	0	**	**	**	**	0	**	9
	0.0%	0.0%	0.0%	0.4%	0.5%	1.6%	0.9%	0.0%	0.1%	0.3%
Prescription Drugs	**	0	0	**	0	0	**	0	**	5
	0.2%	0.0%	0.0%	0.4%	0.0%	0.0%	0.2%	0.0%	0.3%	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 & IPEDS	359	162	286	193	143	93	348	223	564	2,358
	86.9%	67.5%	93.5%	77.8%	68.8%	72.1%	76.8%	96.1%	83.6%	81.7%
Total with subs	**413**	**240**	**306**	**248**	**208**	**129**	**453**	**232**	**675**	**2,885**
Not Stated	296	623	395	71	79	176	212	56	237	2,133
	41.7%	72.2%	56.3%	22.3%	27.5%	57.7%	31.9%	19.4%	26.0%	42.5%

Table 27 - NSP individual numbers by main substance, where recorded (agency only), 2015-16

7. PHARMACY NEEDLE & SYRINGE PROGRAMME - ALL INDIVIDUALS

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

GENDER

The substantial majority of individuals attending NSPs operating in a pharmacy setting are male, ranging from 84.3% in Cheshire East to 91.4% in Warrington, and an average overall of 87.5% (almost identical to the figure of 87.6% in 2014-15). This can be accounted for in the main by the high number of Steroid & IPED users attending NSPs across the region, although it should be noted that the proportion of male individuals attending pharmacy NSPs is noticeably lower than those attending agency NSPs – 87.5% against 94.5%, a difference of 7 percentage points.

	Female	%	Male	%	Total
Cheshire East	115	15.7%	616	84.3%	731
Cheshire West & Chester	85	12.8%	581	87.2%	666
Halton	0	-	0	-	0
Knowsley	53	13.1%	353	86.9%	406
Liverpool	952	12.7%	6,524	87.3%	7,476
Sefton	127	11.2%	1,009	88.8%	1,136
St. Helens	272	14.7%	1,581	85.3%	1,853
Warrington	113	8.6%	1,203	91.4%	1,316
Wirral	89	10.3%	777	89.7%	866
Total	**1,787**	**12.5%**	**12,491**	**87.5%**	**14,278**

Table 28 - NSP individual numbers by gender (pharmacy only), 2015-16

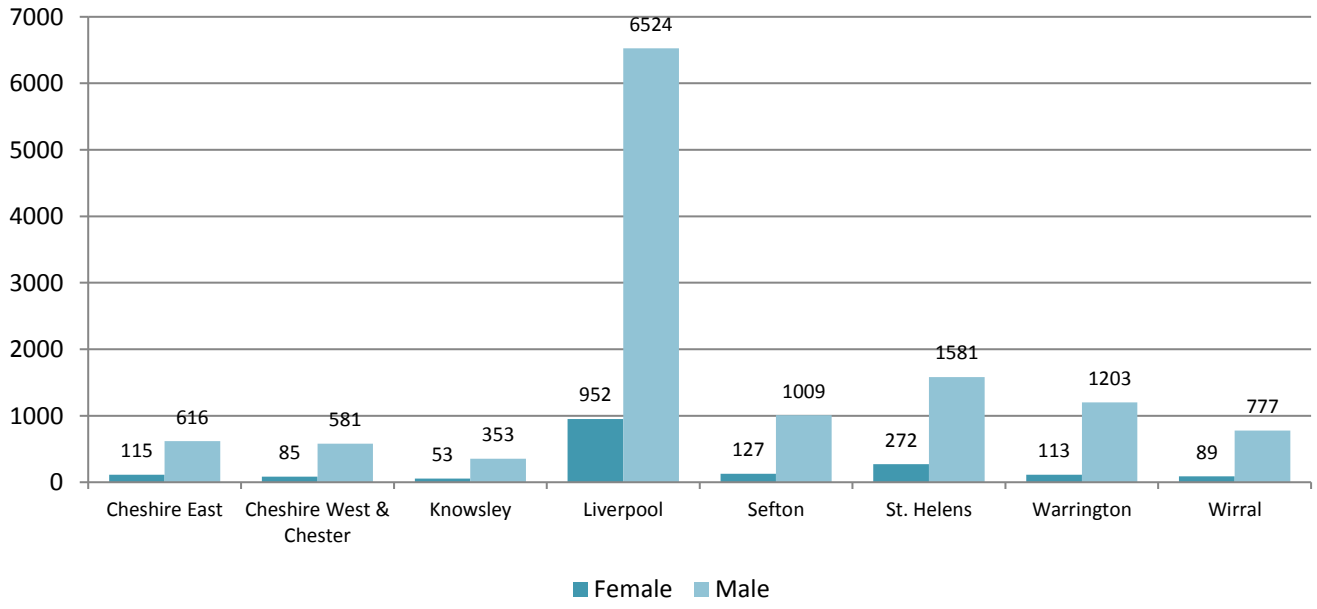


Figure 26 - NSP individual numbers by gender (pharmacy only), 2015-16

AGE GROUP

The age of individuals attending pharmacy based NSPs peaks for most areas around the 40-44 age band, older than that of agency based attendances, with Wirral and Cheshire West & Chester in particular having a high proportion of attendees (58% and 55.9% respectively) aged over 40 years against 38.5% for Warrington and 39.7% for Knowsley. All areas have 2% or less of attendees presenting aged 60 and over, other than Knowsley (4.7% aged 60 and over) and Sefton (3.1% aged 60 and over). Knowsley had the highest percentage (11.6%) of attendees aged under 25.

		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	**	17	24	27	23	14	5	**	0	0	115
	Male	**	7	>34	58	120	136	145	59	40	>8	**	**	616
	Total	**	7	39	75	144	163	168	73	45	10	**	**	731
Cheshire West & Chester	Female	0	0	**	9	17	15	24	13	6	0	0	0	85
	Male	**	0	>24	50	77	97	150	124	39	8	8	0	581
	Total	**	0	27	59	94	112	174	137	45	8	8	0	666
Halton	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
Knowsley	Female	0	0	5	9	13	**	7	**	**	**	**	5	53
	Male	**	**	38	70	65	>36	61	>38	>17	>7	**	10	353
	Total	**	**	43	79	78	41	68	43	20	11	**	15	406
Liverpool	Female	**	5	25	122	129	181	232	164	52	24	7	10	952
	Male	>10	45	428	860	1,076	1,056	1,314	989	470	160	75	39	6,524
	Total	13	50	453	982	1,205	1,237	1,546	1,153	522	184	82	49	7,476
Sefton	Female	0	0	8	16	21	20	25	19	11	0	**	**	127
	Male	6	11	39	140	174	164	177	146	100	24	>16	>9	1,009
	Total	6	11	47	156	195	184	202	165	111	24	22	13	1,136
St. Helens	Female	0	**	17	31	62	73	39	35	8	**	**	**	272
	Male	**	>22	100	228	205	297	354	216	92	>38	>16	**	1,581
	Total	**	25	117	259	267	370	393	251	100	41	19	7	1,853
Warrington	Female	0	0	5	10	15	42	30	9	**	0	0	0	113
	Male	**	6	89	212	200	229	250	139	>56	8	10	**	1,203
	Total	**	6	94	222	215	271	280	148	59	8	10	**	1,316
Wirral	Female	0	0	**	9	8	24	20	13	10	**	0	**	89
	Male	0	7	>35	84	93	100	170	162	79	>27	11	**	777
	Total	0	7	39	93	101	124	190	175	89	31	11	6	866
All Pharmacy NSP Individuals	Female	**	7	66	221	287	378	397	267	96	31	15	21	1,787
	Male	>26	102	789	1,683	1,981	2,092	2,579	1,854	884	285	140	73	12,491
	Total	**30**	**109**	**855**	**1,904**	**2,268**	**2,470**	**2,976**	**2,121**	**980**	**316**	**155**	**94**	**14,278**

Table 29 - NSP individual numbers by age group and gender (pharmacy only), 2015-16

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

The main substance of use identified by individuals attending pharmacy based NSPs where this was recorded were heroin (50.8%, a decrease on the 60.7% recorded for 2014-15 but a similar figure to the 52.5% recorded for 2013-14), followed by steroids and IPEDS (39.3%, an increase on the 28% recorded in 2014-15 but again a similar figure to the 41.9% from the previous year). Of the overall total, 57.2% did not have a main substance recorded, a further improvement on the 92.5% figure for 2013-14 and 73.7% for 2014-15. It should be noted that Cheshire East, Cheshire West and Chester and Knowsley do still not provide a primary substance for any pharmacy NSP records, and St Helens for less than 3% of records, while Sefton and Wirral provide primary substance for almost 4 in 5 of their presentations at pharmacies.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Total
Heroin	0	0	0	0	1,752	458	27	421	486	3,108
	0.0%	0.0%	0.0%	0.0%	46.8%	51.1%	51.9%	52.2%	72.8%	50.8%
Methadone	0	0	0	0	0	9	0	0	15	24
	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	2.2%	0.4%
Other Opiates	0	0	0	0	0	6	0	0	0	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	0.0%	0.1%
Benzodiazepines	0	0	0	0	0	**	0	0	**	6
	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.1%	0.1%
Amphetamines (excl Ecstasy)	0	0	0	0	0	4	0	2	17	23
	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.2%	2.5%	0.4%
Cocaine (excl Crack)	0	0	0	0	0	9	0	**	20	29
	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	0.1%	3.0%	0.5%
Crack Cocaine	0	0	0	0	119	48	0	0	6	173
	0.0%	0.0%	0.0%	0.0%	3.2%	5.4%	0.0%	0.0%	0.9%	2.8%
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%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
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	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%
Other Drugs	0	0	0	0	338	0	0	0	**	340
	0.0%	0.0%	0.0%	0.0%	9.0%	0.0%	0.0%	0.0%	0.3%	5.6%
Prescription Drugs	0	0	0	0	0	0	0	**	0	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%
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 & IPEDS	0	0	0	0	1,532	358	25	382	120	2,403
	0.0%	0.0%	0.0%	0.0%	41.0%	39.9%	48.1%	47.3%	18.0%	39.3%
Total	**0**	**0**	**0**	**0**	**3,741**	**897**	**52**	**807**	**668**	**6,114**
Not Recorded	731	666	0	406	3,735	239	1,801	509	198	8,164
	100%	100%	-	100%	50.0%	21.0%	97.2%	38.7%	22.9%	57.2%

Table 30 - NSP individual numbers by main substance, where recorded (pharmacy only), 2015-16

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), inclusive of every individual in contact with any drug or alcohol treatment/low threshold service or syringe-exchange in each Local Authority. Individual attributor data from IMS was cross matched by PHE for all individuals in treatment between 14th November 2015 and 31st March 2016 within any of the nine Local Authority areas in Cheshire and Merseyside, the result of this data cross match exercise combined with publicly available NDTMS 2015-16 data have been used to produce estimations of the combined client group.

The estimated combined individual group in treatment during 2015-16 totalled 42,335 individuals, representing a 17.6% decrease on 2014-15.

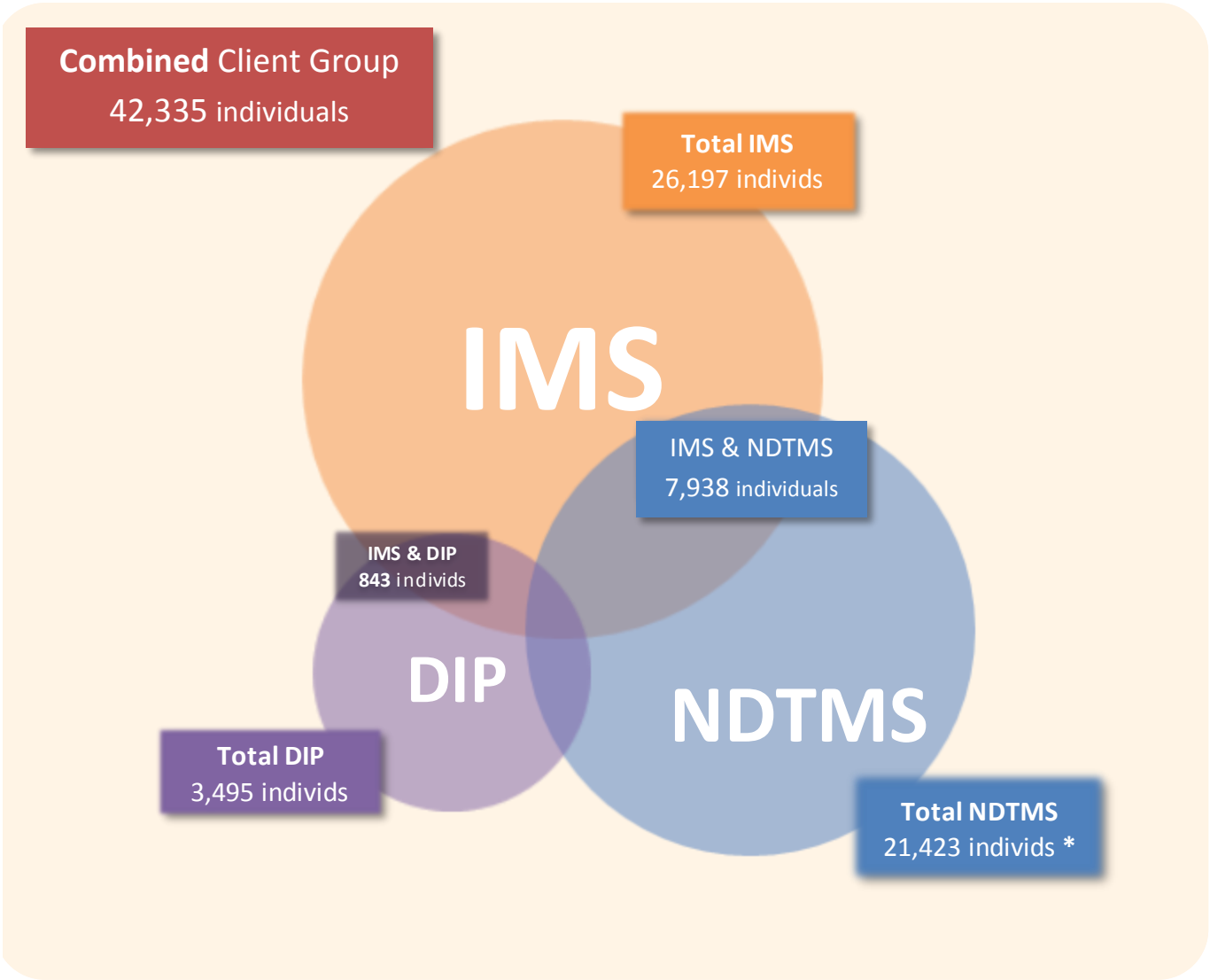


Figure 27 - Venn diagram of different data sources and their reporting activity across Merseyside and Cheshire, 2015-16

	IMS	NDTMS [17]	DIP	Combined [18]
Cheshire East	1,374	1,432	-	**2,478**
Cheshire West & Chester	1,417	1,813	-	**2,928**
Halton	874	1,078	-	**1,748**
Knowsley	1,170	1,543	172	**2,444**
Liverpool	11,804	6,242	1,841	**17,399**
Sefton	3,103	2,981	510	**4,366**
St. Helens	2,783	1,337	329	**3,747**
Warrington	1,730	1,357	-	**2,857**
Wirral	2570	3,639	643	**5,834**
Total	**26,197**	**21,423**	**3,495**	**42,355**

Table 31 - Breakdown of monitoring systems across local authorities, 2015-16

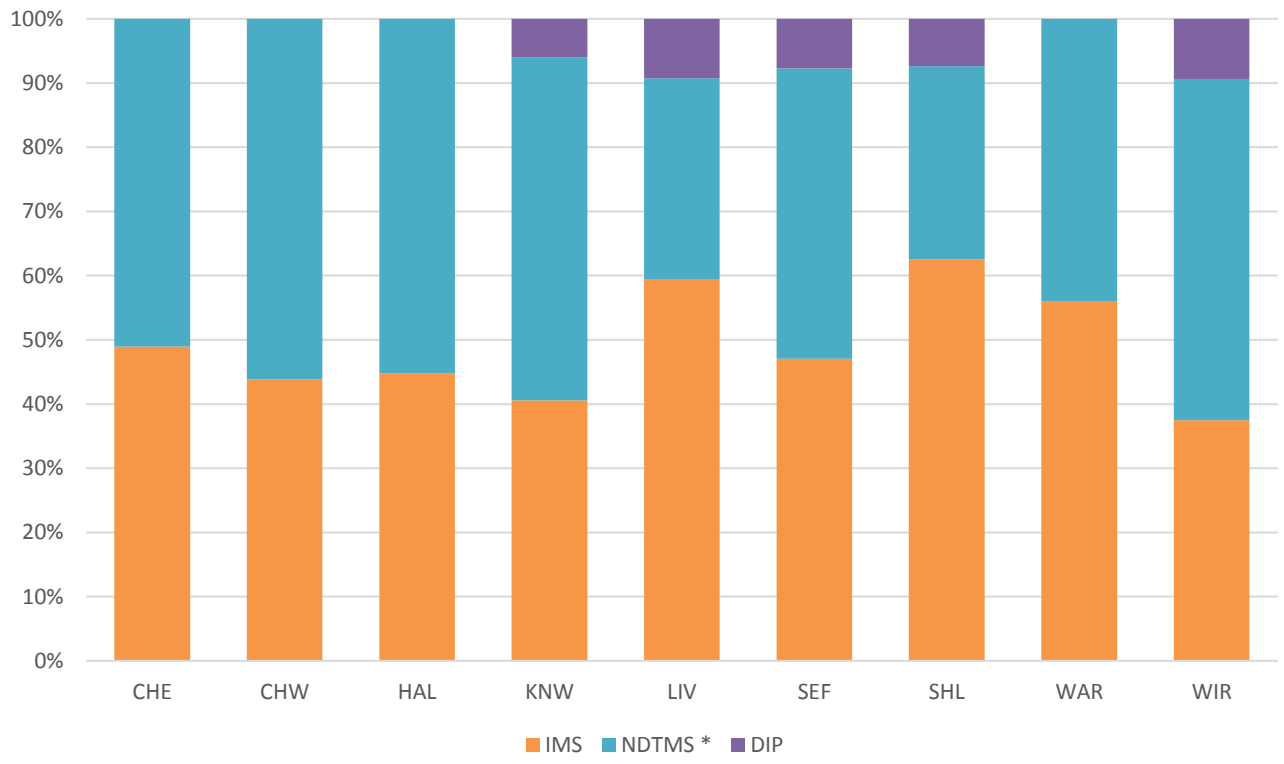


Figure 28 - Proportional breakdown of monitoring systems across local authorities, 2015-16

[17] (*) NDTMS figures are estimated based on previously available figures for each area

[18] Combined figure is estimated based on last available percentage of individuals crossover between reporting systems

8.1. IMS INDIVIDUALS CROSS MATCHING TO NDTMS

Previously, the majority of individuals 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 & PIED using individuals attending NSP services but even when this is accounted for, the majority of IMS individuals did still not appear in the NDTMS dataset. For 2015-16, we have estimated this to range from 20.3% crossover in Warrington to 46.7% crossover in Wirral and 77.4% crossover in Sefton (see footnote[19]).

	IMS Individuals Cross Matched to NDTMS [19]	% of all NDTMS Individuals	% of all IMS Individuals	% of IMS Individuals (excl steroid individuals)
Cheshire East	328	22.9%	23.9%	32.3%
Cheshire West & Chester	302	16.7%	21.3%	24.1%
Halton	204	18.9%	23.3%	34.8%
Knowsley	391	25.3%	33.4%	40.0%
Liverpool	2,113	33.9%	17.9%	20.9%
Sefton	2,054	68.9%	66.2%	77.4%
St. Helens	596	44.5%	21.4%	24.7%
Warrington	230	16.9%	13.3%	20.3%
Wirral	882	24.2%	34.3%	46.7%
Total:	**7,938**	**37.0%**	**30.3%**	**37.0%**

Table 32 - IMS individuals cross matched to NDTMS data, 2015-16

8.2. IMS INDIVIDUALS CROSS MATCHING TO DIP

Likewise, the vast majority of individuals reporting to IMS services did not appear in the DIP dataset for the same time period. With Steroid & PIED using individuals removed from the dataset, the majority of remaining IMS individuals do not appear in the DIP dataset, with estimates ranging from 3.7% crossover in Liverpool to 7.3% crossover in Wirral.

	IMS Individuals Cross Matched to DIP	% of all DIP Individuals	% of all IMS Individuals	% of IMS Individuals (excl steroid individuals)
Cheshire East	-	-	-	-
Cheshire West & Chester	-	-	-	-
Halton	-	-	-	-
Knowsley	50	29.1%	4.3%	5.1%
Liverpool	375	20.4%	3.2%	3.7%
Sefton	174	34.1%	5.6%	6.6%
St. Helens	107	32.5%	3.8%	4.4%
Warrington	-	-	-	-
Wirral	137	21.3%	5.3%	7.3%
Total:	**843**	**24.1%**	**3.2%**	**3.9%**

Table 33 - IMS individuals cross matched to DIP data, 2015-16

[19] Numbers shown for NDTMS individuals are estimates based on currently available figures, and previous rates of cross matching with IMS data.

9. IMS DISCUSSION

9.1. OVERVIEW OF IMS DATA

Examining the breakdown of data for which PHE provided a cross match, the different substance groups give a clearer picture of which client groups are responsible for the overlap between the different datasets. For non-opiate users, one in six (16.6%) individuals appear in both datasets, while this figure reaches almost half (47.4%) for clients stating an opioid as their primary substance, and almost six in ten (57.3%) of clients stating alcohol as their primary substance.

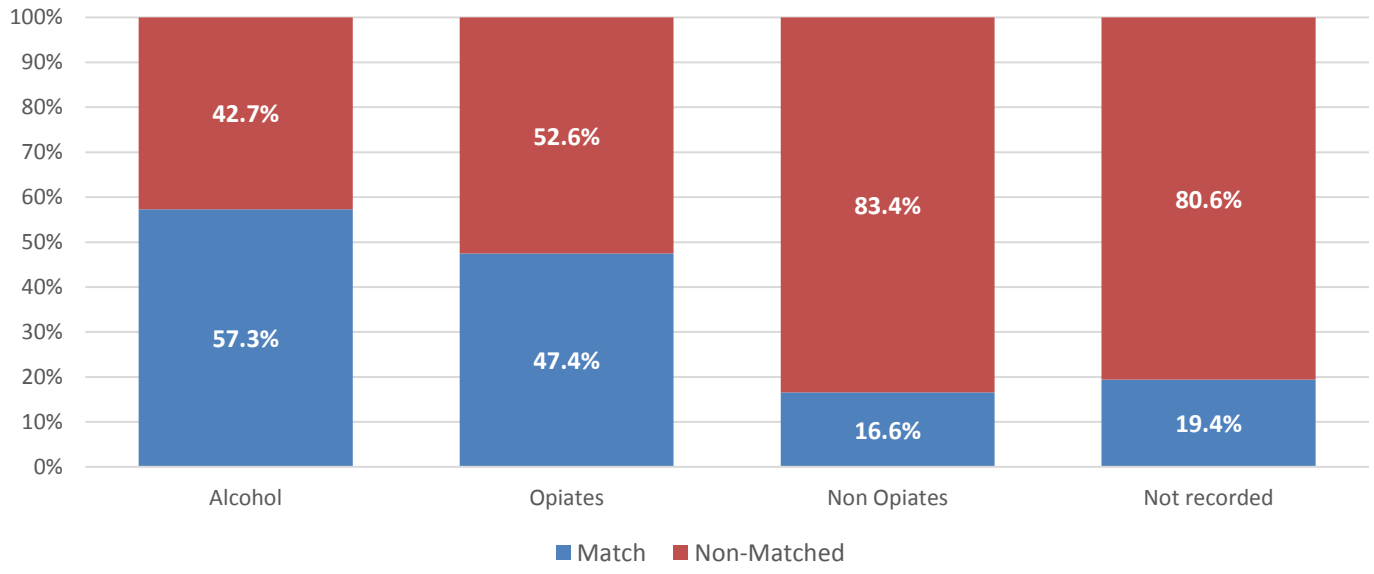


Figure 29 - Percentage of IMS clients matching NDTMS by Substance Group

It should be noted that there are a large number of individuals in Sefton who appear in both datasets (66.2%), a substantially higher percentage than all other areas which range from 34.4% in Wirral to as low as 13.3% in Warrington. This may have been due to the outgoing treatment provider making use of IMS to record brief interventions to individuals already in structured treatment, which the system allows for but which may inflate crossover until the data can be matched to NDTMS data annually.

9.2. DISCUSSION

For the first time in this year's annual report, we are able to look at the trends over the last ten years for NSP services across Cheshire and Merseyside. It should be noted that there are caveats to this as the data collection methods have changed significantly over the last decade, with most Local Authority areas now reporting data electronically whereas 10 years ago collection on paper forms was widespread. There have also been episodes were data collection was incomplete in some areas, and a different landscape in terms of delivery which has moved markedly towards more provision through pharmacies in recent years. However, the overall trend has been one of substantial increases in individuals attending NSP services in 2015-16, with an overall doubling (126%) of attendees since 2005-06. The increases over the ten year time period range from 30% in Sefton to 157% in Knowsley and 169% in Liverpool.[20]

[20] Data is provisional from previous Inter Agency Database (IAD) reports and will be confirmed for the 2016-17 IMS Annual Report.

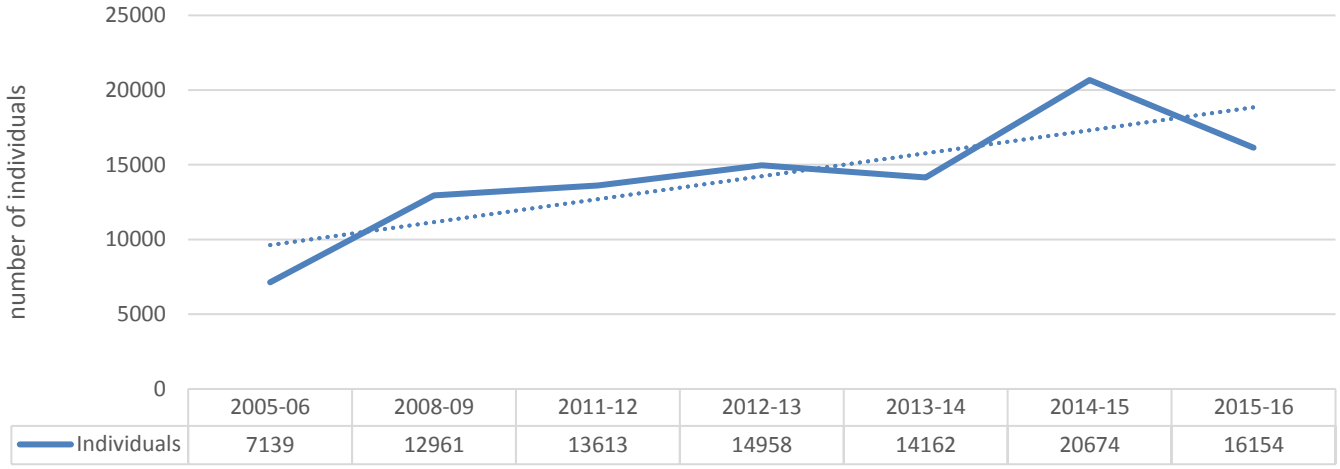


Figure 30 - Individuals in contact with NSP services between 2005/06 and 2015/16

The number of transactions, that is a presentation by an individual collecting or returning equipment at NSP services, has also increased substantially in the three years IMS has been monitoring activity in this way[21], from 37,626 transactions in 2013-14 to 72,940 in 2015-16. It should be noted that the most recent increase in the number of transactions recorded is set against a dip in reported client numbers, but it also masks variations across the region as some areas saw a drop in the number of transactions (25.5% from 2014-15 to 2015-16 in Cheshire West and Chester) and some of which saw large rises (Liverpool with 45.4% for the same time period).

In more recent years, as identification and reporting of primary substance has become more widespread in IMS, steroid and PIED use has become less dominant in NSP data. In 2011-12, where a substance was identified, 78% of individuals stated steroids or other IPEDs as their primary substance. This figure has steadily decreased as reporting of primary substance has become more comprehensive, with only 53% of individuals now naming steroids or PIED as their primary substance. However, it should be noted that there is still a substantial proportion of individuals without a primary substance recorded: in 2015/16 only 47.4% had a primary substance recorded, but this is an improvement from 38.8% in 2014/15 and 32.6% in 2013/14 respectively.

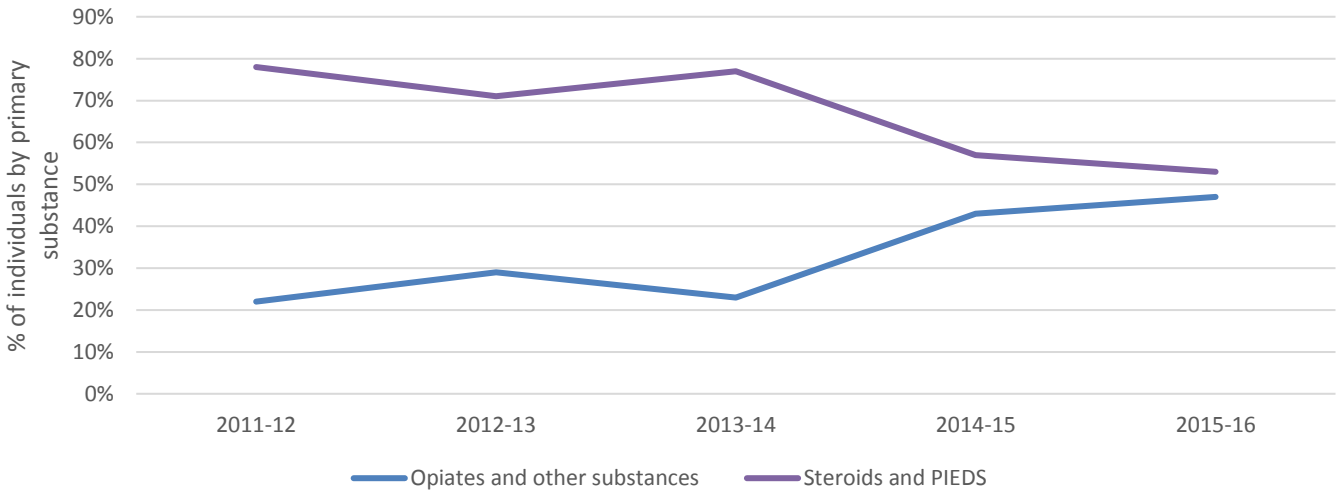


Figure 31- Main substance by individual recorded at NSP services between 2011/12 and 2015/16

[21] The volume of equipment collected, distributed or returned as opposed to the number of transactions was previously reported, although in the case of returns this involved estimations being used.

Public Health England's Adult Substance Misuse report stated in 2015 that the number of individuals in treatment for opiate misuse has been steadily declining in recent years, particularly younger people where a 60% decline has been reported from 2009 to 2015, although there has been a rise of opiate users over 40 years of age starting treatment (21%) [22] This trend has been reflected in local data by the increase in individuals over the age of 40 using NSP services – excluding steroid and PIED users, this figure for 2011-2012 was 36.8% which subsequently rose to 61.4% in 2015-16. This appears to support the ACMD's recent report on opioid related deaths which describes "the existence of a prematurely ageing cohort of people who have been using heroin since the 1980s and 1990s." [23] It should be noted also that there are proportionally greater numbers of injecting females over the age of 40, with women making up only 15.6% of users under the age of 40, but 21.2% of those aged 40 and over in 2015-16.

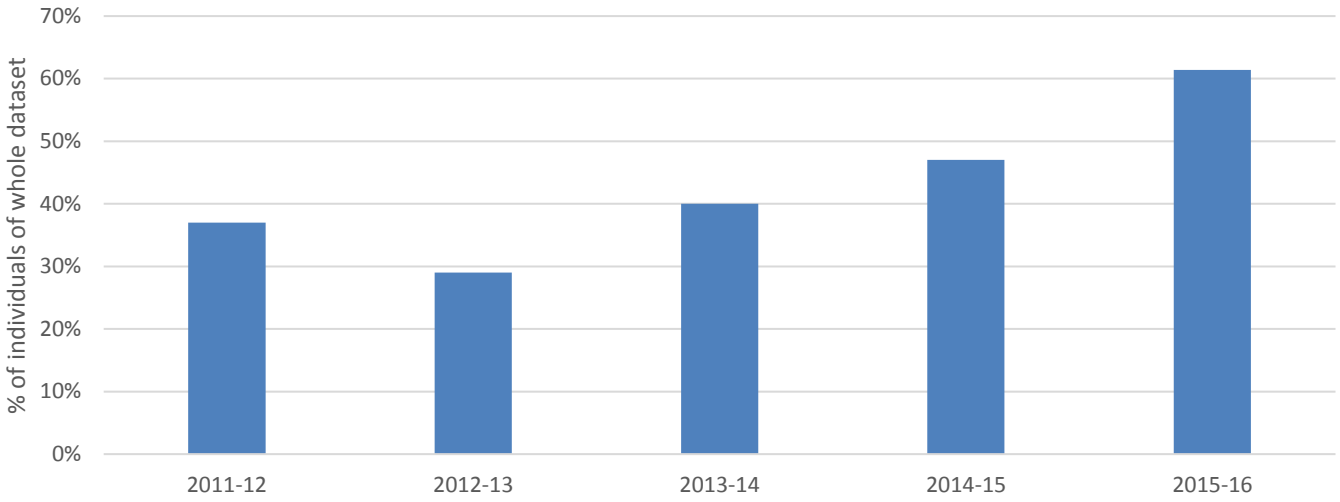


Figure 32 - Proportion of individuals presenting at NSP services aged 40 years and over (excluding steroid and PIED users): 2011-2016

It is worth noting that where PHI has been commissioned to provide drug related death monitoring to local authorities, reports are produced on a quarterly basis which collate data from a variety of sources. In these reports many individuals appear in both NDTMS and IMS datasets which suggests that the possibility of false attributers being regularly used may not be widespread in practice. The value of local authorities collecting IMS data has been highlighted by the frequency of its inclusion in drug related death reports, in particular providing a more rounded picture of individuals who might state they have "never injected" or only "previously injected" in the NDTMS dataset but who have sometimes a large number of recent NSP transactions in their IMS record. Furthermore the rise in the number of transactions as well as client numbers would suggest that this increase is genuine.

Around half (53%) of individuals who report primary opiate use in IMS do not appear in the NDTMS dataset and are therefore not in treatment. Some corroboration for this high level is provided by the proportion of individuals in the latest ONS data on drug poisonings who have not been in treatment in the last 5 years which is over 50%.[24] This suggests that treatment penetration is an ongoing issue for England as a whole and not just Cheshire and Merseyside.

While the ACMD's opioid related deaths report identifies a number of potential causes of the recent upsurge in deaths including the ageing drug using population, changes in the availability and purity of heroin at street level and socio-economic changes including increasing deprivation and cuts to support services in deprived areas, it also suggested that changes in the commissioning and provision of drug treatment might be a factor and it is accordingly vital that the large numbers of individuals outside of the treatment system do not go unnoticed by those commissioning services. (ACMD, 2016) With research showing

[22] PHE "Adult Substance Misuses Statistics from the National Drug Treatment Monitoring System (NDTMS): 1st April 2015 to 31st March 2016" http://www.nta.nhs.uk/uploads/adult-statistics-from-the-national-drug-treatment-monitoring-system-2015-2016[0].pdf viewed on 8th May 2017

[23] ACMD "Reducing Opioid Related Deaths in the UK" 2016, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf viewed on May 8th 2017, p.4

[24] PHE "Understanding and Preventing Drug Related Deaths" http://www.nta.nhs.uk/uploads/phe-understanding-preventing-drds.pdf - viewed on 8th May 2017

that heroin users become more vulnerable to death from overdose as they grow older[25], the increasing prevalence of this group within overall numbers using NSP services highlights the importance of ongoing engagement in order to encourage attendance in treatment services and monitoring numbers to ensure the problem is not becoming entrenched. It is also important to note that treatment has been identified as a protective factor by PHE and other bodies. "There are risks associated with the move towards abstinence. For example, there is a higher risk of death for heroin users who have left Opiate Substitution Therapy (OST) than for those who stay in it, especially in the first few weeks." (ACMD, 2016, p31) Consequently the high number of individuals outside of the treatment population makes them a particularly vulnerable group.

Although there are only 10% of individuals under the age of 30 citing heroin as their primary substance who attended NSP services across the region during 2015-16, this still represents over 400 individuals, and while this does not contradict the ACMD's view that "relatively few young people are initiating problematic opioid use" it demonstrates that within Cheshire and Merseyside where it has not decreased in recent years but stayed more or less static proportionally, it remains an issue.

Cheshire and Merseyside as a whole appears to include a client group with more significant housing issues than the national picture presented by NDTMS. In 2015/16, those individuals stating they have a housing problem (including NFA) is 18% against a figure for Cheshire and Merseyside through IMS of 23.3% which jumps to 27.2% for those specifying heroin as their primary substance, and some local authority areas reporting higher still (Liverpool with 33.4%). Although some services reporting to IMS specialise in housing support as a primary aim of service delivery, this made up a smaller component of the overall dataset than previous years and so suggests that issues around housing are widespread among individuals using more generalised services. Of particular note is the 16.4% of heroin users who identify an urgent housing problem which is more than double the national figure of 7% for people accessing treatment.

9.3. RECOMMENDATIONS BASED ON IMS DATA:

Services should ensure that the client offer is inviting and accessible to all opiate users regardless of their readiness for recovery. While the recovery agenda has been a successful means of moving clients on in their treatment journeys, acknowledging that most service users wish to be drug free, services should meet the needs of the community and provide packages of care for those for whom recovery is not yet an aim. In particular services should be relevant and appropriate for the injecting population.

Local authorities should continue to monitor lower threshold activity. While the focus of recent years has moved from harm reduction to recovery, Local Authorities should not lose sight of the large and growing number of individuals who may not be in treatment but who are making use of lower threshold services such as syringe exchanges. For those individuals who are in treatment, it is important to know prevalence of injecting particularly when data from drug related death monitoring suggests that NDTMS injecting status at assessment may not be an accurate reflection of an individual's injecting activity.

Housing should be a key area for drug services at all tiers of provision. There is a large body of evidence to suggest that housing has become a bigger issue for society as a whole since 2010,[26] with many accommodation services struggling to cope with the rise in demand. The IMS data suggest that this is a particular issue for non-Steroid/PIED individuals using NSP services. These lower threshold services have an important role to play in ensuring that individuals with substance use problems are appropriately supported and/or signposted to organisations who can support them with issues related to housing, and resources should be directed towards this group of individuals.

Recording of data on Steroid and PIED users should continue. While individuals using steroids and PIEDs may not have the same level of problematic drug use in terms of the impact on their wider lives, this group are largely invisible in national drug and alcohol monitoring statistics and accordingly IMS provides the only local indication of the extent of steroid and PIED

[25] ONS "Deaths related to drug poisoning in England and Wales: 2015 registrations" https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2015registrations#main-points – viewed on 8th May 2017

[26] House of Commons Communities and Local Government Committee "Homelessness: Third Report of Sessions 2016-17" https://www.publications.parliament.uk/pa/cm201617/cmselect/cmcomloc/40/40.pdf viewed on May 8th 2017

injecting. It also provides commissioners with an opportunity to collect more data on this difficult to reach client group because they are unlikely to appear in traditional 'drug treatment' settings.

The relationship between use of NSP services and drug related deaths should be explored further. Drug related deaths in England are at their highest level since records began, with the number of individuals in treatment relatively low compared to previous years. IMS data however shows a rise in the number of individuals presenting to NSP services, and given that treatment is often described as being a protective factor against poorer health and death, the reason for this rise locally should be explored, particularly focussing on the relevance of the recovery agenda to individuals who have not yet reached the point of wanting to "recover".

Collection of a wider dataset should be encouraged. While some of the NDTMS data items and reference data are replicated within the IMS dataset, IMS provides local authorities with the means to not just collect this data for individuals who do not present to treatment services but also to collect information relevant to service provision outside of national NDTMS reporting. In particular for this client group, testing and vaccination data is of key importance in an enriched dataset.

Use of the Novel Psychoactive Substance (NPS) module should be expanded. The capturing of information pertaining to NPS use via national systems has been patchy and given the nature of the client group, use of this module should be expanded, in particular when dealing with client groups known to have relative high levels of use of such substances such as young people and homeless individuals.

New initiatives should be explored which may include extension of naloxone and the introduction of drug consumption rooms. In order to examine the benefits of such approaches in detail, evidence from other geographical areas should be considered.

CONCLUSION

Although the number of individuals reported to IMS has fallen for the first time since the monitoring system was implemented, some of this may be due to an increased move to pharmacy provision of NSP alongside their increased electronic reporting of data which anecdotally provides a higher level of accuracy when recording attributors. We will be exploring this in more detail over coming months and will report on our findings in next year's annual report. The benefits of the move to pharmacy provision of NSP including easily accessible exchanges based within users' local communities should be weighed against the higher levels of completion of the wider IMS dataset from agency based services. While some of the issues surrounding pharmacy collection of data are centred on existing patient management systems, we have a good relationship with the main software suppliers across the region and are working with commissioners to encourage pharmacy staff to record further elements of the IMS dataset where appropriate and possible. Increased reporting by pharmacies of primary substance has already given us a fuller picture of the previously "not recorded" primary substances, with a 50/40 split for heroin/steroids and PIEDs respectively, against a 60/30 split in 2014-15.

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 again in 2015-16, with a greater number of interventions being delivered over the course of the year to individuals presenting to services. In 2014-15 an average of 6 interventions per individual was delivered. This figure has increased to over 9 interventions per individual for 2015-16, suggesting a level of greater engagement, and the local recording of the nature of that intervention provides some context for the work carried out. It is important for services to document this ongoing engagement through IMS to evidence changes in wellbeing and self-perceived health and onward referrals where these have been made.

Overall, NDTMS numbers for individuals in treatment in 2015-16 are again slightly down on the previous year, demonstrating the importance of monitoring which includes all tiers of service delivery. Without the information which IMS collects on a largely invisible population (historically most individuals do not appear in both datasets) local authorities would potentially systematically underestimate numbers in contact with services in their respective areas.

Issues remain around the collection of the wellbeing element of the dataset 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. A Data Completeness Officer is now in post at PHI, working with IMS reporting services to promote the collection of wider elements of the IMS dataset, including those pertaining to wellbeing, and ensuring that existing data items are being completed comprehensively and accurately.

The dataset continues to reflect guidance published by the National Institute for Health and Care Excellence (NICE) in March 2014 (PH52) 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, and IMS continues to collect all items identified in their suggested minimum dataset.

New data items have been added to the dataset around physical health given the year on year increases in drug related deaths, some of which have been apportioned to the ageing population of drug users, particularly the cohort which began to use heroin in the 1980s. There is a focus on COPD and smoking cessation through specific data items relating to these areas and the distribution of carbon monoxide monitors to services reporting to IMS for use as an engagement tool. Nationally a majority of drug related deaths are individuals who have not been in contact with treatment services for at least 7 years, and IMS has been an invaluable tool in local DRD monitoring panels for reporting on presentations to low threshold services, particularly NSPs, which NDTMS data does not reflect.

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 individual groups and enabling public health leads to plan services based on up to date and relevant data.

10. NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID INDIVIDUALS (AGENCY/PHARM COMBINED)

GENDER

	Female	%	Male	%	Total
Cheshire East	144	14.2%	870	85.8%	1,014
Cheshire West & Chester	132	10.5%	1,123	89.5%	1,255
Halton	14	3.4%	401	96.6%	415
Knowsley	69	13.3%	451	86.7%	520
Liverpool	907	15.0%	5,144	85.0%	6,051
Sefton	120	12.6%	834	87.4%	954
St. Helens	290	14.5%	1,708	85.5%	1,998
Warrington	102	10.3%	884	89.7%	986
Wirral	104	10.2%	920	89.8%	1,024
Total	**1,860**	**13.3%**	**12,124**	**86.7%**	**13,984**

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	21	28	33	25	19	8	**	0	0
	Male	**	20	95	118	156	168	163	75	51	>12	**	**
	Total	****	**20**	**104**	**139**	**184**	**201**	**188**	**94**	**59**	**15**	****	****
Cheshire West & Chester	Female	0	**	10	15	26	19	31	14	8	6	**	0
	Male	**	>8	113	163	182	181	215	162	73	11	>8	**
	Total	****	**11**	**123**	**178**	**208**	**200**	**246**	**176**	**81**	**17**	**11**	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	10	>54	101	>70	>62	>43	>33	15	**	**	**
	Total	****	**10**	**58**	**101**	**74**	**67**	**46**	**37**	**15**	****	****	****
Knowsley	Female	0	**	5	10	14	10	11	5	**	**	**	5
	Male	**	**	44	85	74	55	79	56	>30	>8	**	10
	Total	****	**6**	**49**	**95**	**88**	**65**	**90**	**61**	**34**	**12**	****	**15**
Liverpool	Female	**	5	19	112	116	174	230	160	50	25	6	9
	Male	10	25	252	523	699	847	1,188	915	421	154	76	34
	Total	**11**	**30**	**271**	**635**	**815**	**1,021**	**1,418**	**1,075**	**471**	**179**	**82**	**43**
Sefton	Female	0	0	6	16	19	20	24	21	10	0	**	**
	Male	6	6	37	104	123	127	161	136	87	21	18	8
	Total	**6**	**6**	**43**	**120**	**142**	**147**	**185**	**157**	**97**	**21**	**20**	**10**
St. Helens	Female	0	**	19	33	64	77	41	37	11	**	**	**
	Male	5	>24	117	253	228	310	377	231	99	>39	>16	>5
	Total	**5**	**27**	**136**	**286**	**292**	**387**	**418**	**268**	**110**	**42**	**19**	**8**
Warrington	Female	0	0	**	7	13	40	28	8	**	0	0	0
	Male	**	5	>49	120	114	193	206	126	>51	6	10	**
	Total	****	**5**	**54**	**127**	**127**	**233**	**234**	**134**	**54**	**6**	**10**	****
Wirral	Female	0	0	**	11	9	27	22	20	10	**	0	**
	Male	0	6	>42	108	107	136	183	183	92	>33	20	>6
	Total	**0**	**6**	**45**	**119**	**116**	**163**	**205**	**203**	**102**	**36**	**20**	**9**
Total:	Female	**	11	74	223	290	395	409	283	101	41	13	19
	Male	>29	110	799	1,548	1,718	2,047	2,565	1,884	908	289	154	71
	Total	**32**	**121**	**873**	**1,771**	**2,008**	**2,442**	**2,974**	**2,167**	**1,009**	**330**	**167**	**90**

11. AGENCY NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID INDIVIDUALS

GENDER

	Female	%	Male	%	Total
Cheshire East	39	11.1%	311	88.9%	350
Cheshire West & Chester	67	9.6%	634	90.4%	701
Halton	14	3.4%	401	96.6%	415
Knowsley	18	14.3%	108	85.7%	126
Liverpool	11	8.0%	127	92.0%	138
Sefton	17	7.9%	198	92.1%	215
St. Helens	48	15.1%	270	84.9%	318
Warrington	1	1.5%	66	98.5%	67
Wirral	22	6.3%	328	93.7%	350
Total	**237**	**8.9%**	**2,414**	**91.1%**	**2,651**

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	6	7	6	7	**	6	**	0	0	0
	Male	**	15	61	62	46	48	>30	25	>13	6	**	0
	Total	****	**15**	**67**	**69**	**52**	**55**	**34**	**31**	**18**	**6**	****	**0**
Cheshire West & Chester	Female	0	**	9	9	14	10	12	**	**	>5	**	0
	Male	**	>8	89	119	116	98	96	>51	>45	**	**	**
	Total	****	**11**	**98**	**128**	**130**	**108**	**108**	**55**	**48**	**10**	****	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	10	>54	101	>70	>63	>43	>33	15	**	**	**
	Total	****	**10**	**58**	**101**	**74**	**67**	**46**	**37**	**15**	****	****	****
Knowsley	Female	0	**	0	**	**	7	5	**	0	0	0	0
	Male	0	**	6	>15	>8	17	21	>18	15	**	0	0
	Total	**0**	****	**6**	**19**	**11**	**24**	**26**	**21**	**15**	****	**0**	**0**
Liverpool	Female	0	0	0	0	**	**	**	0	**	**	**	0
	Male	0	0	**	15	>16	>20	>19	30	>5	>7	**	**
	Total	**0**	**0**	****	**15**	**19**	**24**	**23**	**30**	**7**	**10**	****	****
Sefton	Female	0	0	**	**	**	**	**	6	0	0	0	0
	Male	0	**	>18	>27	>29	>30	>35	27	13	**	6	**
	Total	**0**	****	**21**	**31**	**31**	**33**	**40**	**33**	**13**	****	**6**	****
St. Helens	Female	0	0	**	7	10	9	7	6	5	**	0	0
	Male	**	**	>30	44	48	44	53	28	13	**	0	**
	Total	****	****	**34**	**51**	**58**	**53**	**60**	**34**	**18**	****	**0**	****
Warrington	Female	0	0	0	0	0	**	0	0	0	0	0	0
	Male	0	0	10	15	15	>7	7	8	**	0	0	0
	Total	**0**	**0**	**10**	**15**	**15**	**10**	**7**	**8**	****	**0**	**0**	**0**
Wirral	Female	0	0	0	**	**	5	5	8	0	0	0	0
	Male	0	**	27	>62	>38	54	52	46	22	7	11	**
	Total	**0**	****	**27**	**65**	**41**	**59**	**57**	**54**	**22**	**7**	**11**	****
Total:	Female	0	**	22	29	39	47	40	32	12	10	**	0
	Male	5	>42	298	458	387	381	358	269	146	34	>23	11
	Total	**5**	**47**	**320**	**487**	**426**	**428**	**398**	**301**	**158**	**44**	**26**	**11**

12. PHARMACY NEEDLE & SYRINGE PROGRAMME - EXCLUDING STEROID INDIVIDUALS (AGENCY/PHARM COMBINED)

GENDER

	Female	%	Male	%	Total
Cheshire East	115	15.8%	612	84.2%	727
Cheshire West & Chester	85	12.8%	578	87.2%	663
Halton	0	-	0	-	0
Knowsley	53	13.2%	350	86.8%	403
Liverpool	900	15.1%	5,062	84.9%	5,962
Sefton	106	13.6%	674	86.4%	780
St. Helens	271	15.1%	1,525	84.9%	1,796
Warrington	102	10.9%	830	89.1%	932
Wirral	89	11.8%	663	88.2%	752
Total	**1,702**	**14.4%**	**10,142**	**85.6%**	**11,844**

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	**	17	24	27	23	14	5	**	0	0
	Male	**	7	>34	58	120	134	143	59	40	>7	**	**
	Total	****	**7**	**39**	**75**	**144**	**161**	**166**	**73**	**45**	**10**	****	****
Cheshire West & Chester	Female	0	0	**	9	17	15	24	13	6	0	0	0
	Male	**	0	>24	50	77	96	149	124	38	8	8	0
	Total	****	**0**	**27**	**59**	**94**	**111**	**173**	**137**	**44**	**8**	**8**	**0**
Halton	Female	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
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Knowsley	Female	0	0	5	9	13	**	7	**	**	**	**	5
	Male	**	**	38	68	64	>37	61	>37	>17	>7	**	10
	Total	****	****	**43**	**77**	**77**	**41**	**68**	**43**	**20**	**11**	****	**15**
Liverpool	Female	**	5	19	112	116	172	228	160	49	24	5	9
	Male	>8	25	249	511	687	831	1,176	899	418	150	73	33
	Total	**11**	**30**	**268**	**623**	**803**	**1,003**	**1,404**	**1,059**	**467**	**174**	**78**	**42**
Sefton	Female	0	0	**	14	18	18	20	18	10	0	**	**
	Male	6	5	>17	80	99	105	133	114	79	17	>10	>5
	Total	**6**	**5**	**22**	**94**	**117**	**123**	**153**	**132**	**89**	**17**	**14**	**8**
St. Helens	Female	0	**	16	31	62	73	39	35	8	**	**	**
	Male	**	>20	90	215	191	285	353	213	92	>37	>16	>4
	Total	****	**23**	**106**	**246**	**253**	**358**	**392**	**248**	**100**	**40**	**19**	**7**
Warrington	Female	0	0	**	7	13	40	28	8	**	0	0	0
	Male	**	5	>39	107	101	185	203	120	>50	6	10	**
	Total	****	**5**	**44**	**114**	**114**	**225**	**231**	**128**	**53**	**6**	**10**	****
Wirral	Female	0	0	**	9	8	24	20	13	10	**	0	**
	Male	0	**	>15	53	78	90	150	154	78	>25	10	**
	Total	**0**	****	**18**	**62**	**86**	**114**	**170**	**167**	**88**	**29**	**10**	**5**
Total:	Female	**	7	54	206	269	365	386	261	92	31	11	19
	Male	>25	69	510	1,123	1,389	1,740	2,326	1,700	803	263	131	61
	Total	**28**	**76**	**564**	**1,329**	**1,658**	**2,105**	**2,712**	**1,961**	**895**	**294**	**142**	**80**

13. NEEDLE & SYRINGE PROGRAMME – NEW INDIVIDUALS (AGENCY/PHARM COMBINED)

GENDER

	Female	%	Male	%	Total
Cheshire East	80	11.9%	592	88.1%	672
Cheshire West & Chester	71	8.9%	729	91.1%	800
Halton	10	2.5%	384	97.5%	394
Knowsley	46	10.4%	396	89.6%	442
Liverpool	743	12.8%	5,069	87.2%	5,812
Sefton	100	11.3%	785	88.7%	885
St. Helens	203	13.8%	1,271	86.2%	1,474
Warrington	87	8.2%	969	91.8%	1,056
Wirral	69	8.1%	782	91.9%	851
Total	**1,393**	**11.4%**	**10,797**	**88.6%**	**12,190**

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	7	14	16	16	11	13	**	0	0	0
	Male	**	21	107	114	109	84	87	37	>19	7	**	**
	Total	****	**21**	**114**	**128**	**125**	**100**	**98**	**50**	**23**	**7**	****	****
Cheshire West & Chester	Female	0	**	9	5	14	10	14	8	**	**	**	0
	Male	**	>8	92	118	126	110	121	101	>36	>4	>4	**
	Total	****	**11**	**101**	**123**	**140**	**120**	**135**	**109**	**41**	**10**	**7**	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	8	>51	106	>70	>58	>36	>32	12	**	**	**
	Total	****	**8**	**55**	**106**	**73**	**62**	**38**	**35**	**12**	****	****	****
Knowsley	Female	0	**	**	8	13	9	6	**	**	0	**	0
	Male	0	**	>43	85	68	58	66	>44	>18	6	0	**
	Total	**0**	****	**48**	**93**	**81**	**67**	**72**	**48**	**21**	**6**	****	****
Liverpool	Female	**	5	22	99	101	143	174	118	42	24	5	9
	Male	>10	40	356	689	836	831	1,013	712	360	125	61	34
	Total	**13**	**45**	**378**	**788**	**937**	**974**	**1,187**	**830**	**402**	**149**	**66**	**43**
Sefton	Female	0	0	9	15	15	15	21	12	6	0	**	**
	Male	6	10	47	114	143	125	129	103	68	16	>11	>11
	Total	**6**	**10**	**56**	**129**	**158**	**140**	**150**	**115**	**74**	**16**	**16**	**15**
St. Helens	Female	0	**	17	24	40	59	26	23	6	**	**	**
	Male	5	>24	107	212	190	222	260	140	66	>25	>11	**
	Total	**5**	**28**	**124**	**236**	**230**	**281**	**286**	**163**	**72**	**29**	**14**	**6**
Warrington	Female	0	0	**	8	10	28	27	7	**	**	0	0
	Male	**	5	>78	181	154	197	182	108	>46	>4	7	**
	Total	****	**5**	**84**	**189**	**164**	**225**	**209**	**115**	**49**	**7**	**7**	****
Wirral	Female	0	0	**	15	7	16	9	12	**	**	0	**
	Male	0	10	>88	129	119	99	132	112	>48	>23	12	>4
	Total	**0**	**10**	**93**	**144**	**126**	**115**	**141**	**124**	**53**	**26**	**12**	**7**
Total:	Female	**	11	76	187	217	293	285	194	67	34	13	15
	Male	>28	131	968	1,727	1,770	1,755	1,989	1,367	670	216	113	61
	Total	**31**	**142**	**1,044**	**1,914**	**1,987**	**2,048**	**2,274**	**1,561**	**737**	**250**	**126**	**76**

14. AGENCY NEEDLE & SYRINGE PROGRAMME - NEW INDIVIDUALS

GENDER

	Female	%	Male	%	Total
Cheshire East	21	6.3%	310	93.7%	331
Cheshire West & Chester	39	8.2%	438	91.8%	477
Halton	10	2.5%	384	97.5%	394
Knowsley	12	5.7%	200	94.3%	212
Liverpool	5	4.4%	109	95.6%	114
Sefton	9	6.8%	123	93.2%	132
St. Helens	24	9.0%	242	91.0%	266
Warrington	2	1.8%	109	98.2%	111
Wirral	23	6.0%	360	94.0%	383
Total	**144**	**6.1%**	**2,236**	**93.9%**	**2,380**

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	0
	Male	**	18	>80	>85	>49	>28	>21	11	7	**	**	0
	Total	****	**18**	**85**	**90**	**53**	**32**	**24**	**16**	**7**	****	****	**0**
Cheshire West & Chester	Female	0	**	8	**	8	5	6	**	**	**	**	0
	Male	**	>8	73	>87	84	64	57	>34	>21	**	**	**
	Total	****	**11**	**81**	**91**	**92**	**69**	**63**	**37**	**24**	**5**	****	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	8	>52	106	>69	>58	>35	>32	12	**	**	**
	Total	****	**8**	**55**	**106**	**73**	**62**	**38**	**35**	**12**	****	****	****
Knowsley	Female	0	**	0	**	**	6	0	0	0	0	0	0
	Male	0	**	16	>48	>34	35	27	21	12	**	0	0
	Total	**0**	****	**16**	**52**	**37**	**41**	**27**	**21**	**12**	****	**0**	**0**
Liverpool	Female	0	0	0	0	**	**	**	0	0	**	0	0
	Male	0	0	11	25	20	19	17	12	**	**	0	0
	Total	**0**	**0**	**11**	**25**	**22**	**20**	**18**	**12**	****	****	**0**	**0**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	0
	Male	0	**	>14	>20	>21	>19	>19	>13	**	0	**	**
	Total	**0**	****	**17**	**23**	**24**	**21**	**23**	**16**	****	**0**	****	****
St. Helens	Female	0	0	**	6	**	**	**	**	**	**	0	0
	Male	**	7	>35	59	>51	>29	>29	>14	>5	**	0	0
	Total	****	**7**	**39**	**65**	**55**	**34**	**33**	**19**	**9**	****	**0**	**0**
Warrington	Female	0	0	0	0	0	**	0	0	0	**	0	0
	Male	0	0	12	31	25	22	11	**	**	0	0	0
	Total	**0**	**0**	**12**	**31**	**25**	**23**	**11**	****	****	****	**0**	**0**
Wirral	Female	0	0	**	9	**	**	0	**	0	0	0	0
	Male	0	**	64	87	62	46	47	30	10	**	5	**
	Total	**0**	****	**67**	**96**	**65**	**50**	**47**	**34**	**10**	****	**5**	****
Total:	Female	0	**	20	26	22	27	15	18	**	8	**	0
	Male	5	>46	359	547	415	318	264	171	>77	15	>7	6
	Total	**5**	**52**	**379**	**573**	**437**	**345**	**279**	**189**	**82**	**23**	**10**	**6**

15. PHARMACY NEEDLE & SYRINGE PROGRAMME - NEW INDIVIDUALS

GENDER

	Female	%	Male	%	Total
Cheshire East	61	17.3%	292	82.7%	353
Cheshire West & Chester	34	10.1%	301	89.9%	335
Halton	0	-	0	-	0
Knowsley	34	14.6%	199	85.4%	233
Liverpool	740	13.0%	4,969	87.0%	5,709
Sefton	91	12.0%	669	88.0%	760
St. Helens	185	15.0%	1,046	85.0%	1,231
Warrington	86	9.0%	866	91.0%	952
Wirral	48	10.0%	432	90.0%	480
Total	**1,264**	**12.7%**	**8,651**	**87.3%**	**9,915**

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	**	10	14	13	9	9	**	0	0	0
	Male	**	**	>24	28	60	59	69	26	>12	**	**	**
	Total	****	****	**29**	**38**	**74**	**72**	**78**	**35**	**16**	****	****	****
Cheshire West & Chester	Female	0	0	**	**	6	6	9	7	**	0	0	0
	Male	**	0	>17	>29	43	47	69	67	>13	5	5	0
	Total	****	**0**	**20**	**33**	**49**	**53**	**78**	**74**	**17**	**5**	**5**	**0**
Halton	Female	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
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Knowsley	Female	0	0	**	5	12	**	6	**	**	0	**	0
	Male	0	**	>26	37	33	>22	40	>23	>6	**	0	**
	Total	**0**	****	**32**	**42**	**45**	**26**	**46**	**27**	**9**	****	****	****
Liverpool	Female	**	5	22	99	101	142	173	118	42	23	5	9
	Male	>10	40	345	666	819	812	997	702	358	123	61	34
	Total	**13**	**45**	**367**	**765**	**920**	**954**	**1,170**	**820**	**400**	**146**	**66**	**43**
Sefton	Female	0	0	8	14	14	14	18	10	6	0	**	**
	Male	6	9	31	95	122	106	109	90	64	16	>9	>8
	Total	**6**	**9**	**39**	**109**	**136**	**120**	**127**	**100**	**70**	**16**	**15**	**13**
St. Helens	Female	0	**	14	20	39	56	24	21	**	**	**	**
	Male	**	>18	72	156	142	195	230	125	>58	>24	>10	**
	Total	****	**22**	**86**	**176**	**181**	**251**	**254**	**146**	**64**	**27**	**14**	**6**
Warrington	Female	0	0	**	8	10	28	27	7	**	0	0	0
	Male	**	5	>66	151	131	176	173	104	>42	6	7	**
	Total	****	**5**	**72**	**159**	**141**	**204**	**200**	**111**	**45**	**6**	**7**	****
Wirral	Female	0	0	**	6	**	14	9	8	**	**	0	**
	Male	0	6	>24	46	58	54	86	83	>40	>19	7	**
	Total	**0**	**6**	**27**	**52**	**62**	**68**	**95**	**91**	**44**	**23**	**7**	**5**
Total:	Female	**	7	56	163	199	271	271	179	64	26	12	15
	Male	>23	85	613	1,199	1,376	1,451	1,742	1,204	594	202	104	55
	Total	**27**	**92**	**669**	**1,362**	**1,575**	**1,722**	**2,013**	**1,383**	**658**	**228**	**116**	**70**

16. NEEDLE & SYRINGE PROGRAMME - NEW INDIVIDUALS EXCLUDING STEROID (AGENCY AND PHARMY COMBINED)

GENDER

	Female	%	Male	%	Total
Cheshire East	79	14.0%	487	86.0%	566
Cheshire West & Chester	71	8.9%	726	91.1%	797
Halton	10	2.7%	354	97.3%	364
Knowsley	42	13.4%	272	86.6%	314
Liverpool	699	15.0%	3,968	85.0%	4,667
Sefton	80	13.4%	519	86.6%	599
St. Helens	199	14.5%	1,178	85.5%	1,377
Warrington	77	10.2%	675	89.8%	752
Wirral	56	10.0%	504	90.0%	560
Total	**1,297**	**13.2%**	**8,541**	**86.8%**	**9,838**

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	7	14	16	16	11	12	**	0	0	0
	Male	**	17	81	78	87	78	78	36	>17	7	**	**
	Total	****	**17**	**88**	**92**	**103**	**94**	**89**	**48**	**22**	**7**	****	****
Cheshire West & Chester	Female	0	**	9	5	14	10	14	8	**	**	**	0
	Male	**	>7	92	118	126	108	121	100	>35	>4	>4	**
	Total	****	**11**	**101**	**123**	**140**	**118**	**135**	**108**	**41**	**10**	**7**	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	8	>50	94	>61	>55	>33	>27	12	**	**	**
	Total	****	**8**	**54**	**94**	**65**	**59**	**36**	**31**	**12**	****	****	****
Knowsley	Female	0	**	**	6	13	7	6	**	**	0	**	0
	Male	0	**	>31	48	40	37	53	>36	>15	**	0	**
	Total	**0**	****	**36**	**54**	**53**	**44**	**59**	**40**	**18**	****	****	****
Liverpool	Female	**	5	17	91	92	134	171	114	39	24	**	8
	Male	>8	24	208	421	547	667	915	654	316	117	>56	30
	Total	**11**	**29**	**225**	**512**	**639**	**801**	**1,086**	**768**	**355**	**141**	**62**	**38**
Sefton	Female	0	0	5	13	12	14	16	11	5	0	**	**
	Male	6	5	28	70	83	83	93	76	50	11	>4	>6
	Total	**6**	**5**	**33**	**83**	**95**	**97**	**109**	**87**	**55**	**11**	**8**	**10**
St. Helens	Female	0	**	16	22	40	59	25	23	6	**	**	**
	Male	5	>20	90	186	169	212	251	137	65	>23	>10	**
	Total	**5**	**24**	**106**	**208**	**209**	**271**	**276**	**160**	**71**	**27**	**14**	**6**
Warrington	Female	0	0	**	5	8	27	25	6	**	0	0	0
	Male	**	**	>41	94	85	153	144	97	>40	5	7	0
	Total	****	****	**46**	**99**	**93**	**180**	**169**	**103**	**45**	**5**	**7**	**0**
Wirral	Female	0	0	**	8	5	15	9	12	**	**	0	**
	Male	0	5	>24	63	67	71	97	93	>43	>20	10	**
	Total	**0**	**5**	**27**	**71**	**72**	**86**	**106**	**105**	**48**	**24**	**10**	**6**
Total:	Female	**	11	63	163	201	279	274	187	63	33	9	13
	Male	>23	96	646	1,157	1,236	1,444	1,753	1,236	595	196	103	51
	Total	**29**	**107**	**709**	**1,320**	**1,437**	**1,723**	**2,027**	**1,423**	**658**	**229**	**112**	**64**

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

GENDER

	Female	%	Male	%	Total
Cheshire East	20	8.9%	205	91.1%	225
Cheshire West & Chester	39	8.2%	435	91.8%	474
Halton	10	2.7%	354	97.3%	364
Knowsley	8	9.5%	76	90.5%	84
Liverpool	4	6.7%	56	93.3%	60
Sefton	9	8.1%	102	91.9%	111
St. Helens	21	11.2%	167	88.8%	188
Warrington	1	1.9%	53	98.1%	54
Wirral	10	6.2%	151	93.8%	161
Total	**121**	**7.2%**	**1,566**	**92.8%**	**1,687**

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	**	**	**	**	**	**	0	0	0	0
	Male	**	14	>53	>49	>27	>22	>11	>9	6	**	**	0
	Total	****	**14**	**59**	**54**	**31**	**26**	**15**	**14**	**6**	****	****	**0**
Cheshire West & Chester	Female	0	**	8	**	8	5	6	**	**	**	**	0
	Male	**	>7	73	>86	84	62	57	>33	>20	**	**	**
	Total	****	**11**	**81**	**91**	**92**	**67**	**63**	**36**	**24**	**5**	****	****
Halton	Female	0	0	**	0	**	**	**	**	0	**	0	0
	Male	**	8	>50	94	>60	>55	>31	>27	12	**	**	**
	Total	****	**8**	**54**	**94**	**65**	**59**	**36**	**31**	**12**	****	****	****
Knowsley	Female	0	**	0	**	**	**	0	0	0	0	0	0
	Male	0	**	**	>9	>5	>12	14	13	9	**	0	0
	Total	**0**	****	****	**13**	**9**	**18**	**14**	**13**	**9**	****	**0**	**0**
Liverpool	Female	0	0	0	0	**	0	**	0	0	**	0	0
	Male	0	0	**	12	>8	9	>8	10	**	**	0	0
	Total	**0**	**0**	****	**12**	**11**	**9**	**11**	**10**	****	****	**0**	**0**
Sefton	Female	0	0	**	**	**	**	**	**	0	0	0	0
	Male	0	**	>10	>13	>14	>14	>14	>10	**	0	**	**
	Total	**0**	****	**15**	**18**	**19**	**18**	**19**	**14**	****	**0**	****	****
St. Helens	Female	0	0	**	**	**	**	**	**	**	**	0	0
	Male	**	**	>22	>36	>35	>22	>19	>11	>4	0	0	0
	Total	****	****	**27**	**41**	**39**	**27**	**23**	**16**	**8**	****	**0**	**0**
Warrington	Female	0	0	0	0	0	**	0	0	0	0	0	0
	Male	0	0	9	14	13	>6	**	**	**	0	0	0
	Total	**0**	**0**	**9**	**14**	**13**	**9**	****	****	****	**0**	**0**	**0**
Wirral	Female	0	0	0	**	**	**	0	**	0	0	0	0
	Male	0	**	16	>34	>18	>22	22	>15	6	**	**	**
	Total	**0**	****	**16**	**38**	**21**	**27**	**22**	**21**	**6**	****	****	****
Total:	Female	0	**	17	15	20	23	14	17	**	7	**	0
	Male	5	>37	246	353	273	233	190	137	>64	10	>4	6
	Total	**5**	**43**	**263**	**368**	**293**	**256**	**204**	**154**	**69**	**17**	**9**	**6**

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

GENDER

	Female	%	Male	%	Total
Cheshire East	61	17.3%	291	82.7%	352
Cheshire West & Chester	34	10.1%	301	89.9%	335
Halton	0	-	0	-	0
Knowsley	34	14.7%	197	85.3%	231
Liverpool	697	15.1%	3,917	84.9%	4,614
Sefton	71	14.4%	423	85.6%	494
St. Helens	184	15.2%	1,023	84.8%	1,207
Warrington	77	10.9%	628	89.1%	705
Wirral	48	11.7%	362	88.3%	410
Total	**1,191**	**14.5%**	**7,037**	**85.5%**	**8,228**

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	**	10	14	13	9	9	**	0	0	0
	Male	**	**	>24	28	60	59	68	26	>12	**	**	**
	Total	****	****	**29**	**38**	**74**	**72**	**77**	**35**	**16**	****	****	****
Cheshire West & Chester	Female	0	0	**	**	6	6	9	7	**	0	0	0
	Male	**	0	>15	>29	43	47	69	67	>13	5	5	0
	Total	****	**0**	**20**	**33**	**49**	**53**	**78**	**74**	**17**	**5**	**5**	**0**
Halton	Female	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
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Knowsley	Female	0	0	**	5	12	**	6	**	**	0	**	0
	Male	0	**	>26	36	32	>21	40	>23	>5	**	0	**
	Total	**0**	****	**32**	**41**	**44**	**26**	**46**	**27**	**9**	****	****	****
Liverpool	Female	**	5	17	91	92	134	170	114	39	23	**	8
	Male	>7	24	205	410	539	658	906	645	316	115	>57	30
	Total	**11**	**29**	**222**	**501**	**631**	**792**	**1,076**	**759**	**355**	**138**	**62**	**38**
Sefton	Female	0	0	**	12	11	13	13	9	5	0	**	**
	Male	6	**	>12	55	67	67	77	65	46	11	>4	>4
	Total	**6**	****	**18**	**67**	**78**	**80**	**90**	**74**	**51**	**11**	**7**	**8**
St. Helens	Female	0	**	13	20	39	56	24	21	**	**	**	**
	Male	**	>16	67	151	135	192	230	125	>59	>22	>10	**
	Total	****	**20**	**80**	**171**	**174**	**248**	**254**	**146**	**64**	**26**	**14**	**6**
Warrington	Female	0	0	**	5	8	27	25	6	**	0	0	0
	Male	**	**	>33	81	74	146	142	93	>40	5	7	0
	Total	****	****	**37**	**86**	**82**	**173**	**167**	**99**	**44**	**5**	**7**	**0**
Wirral	Female	0	0	**	6	**	14	9	8	**	**	0	**
	Male	0	**	>8	31	>47	48	76	77	>38	>18	6	**
	Total	**0**	****	**11**	**37**	**52**	**62**	**85**	**85**	**43**	**22**	**6**	****
Total:	Female	**	7	46	150	185	261	261	173	60	26	8	13
	Male	>21	58	402	815	974	1,223	1,578	1,105	532	186	95	45
	Total	**25**	**65**	**448**	**965**	**1,159**	**1,484**	**1,839**	**1,278**	**592**	**212**	**103**	**58**

APPENDIX D - INTEGRATED MONITORING SYSTEM – DETAIL BREAKDOWN BY AGENCY

GENDER

Code	Agency	Female	%	Male	%	Total
CHE30029	Catherine House, Crewe	35	6.2%	533	93.8%	568
CHE30030	Barnabas Centre, Macclesfield	9	6.1%	139	93.9%	148
CHW30027	Aqua House, Chester	20	7.2%	257	92.8%	277
CHW30028	Unity House, Ellesmere Port	36	7.7%	432	92.3%	468
CHW30045	Old Council House, Northwich	16	9.9%	145	90.1%	161
HAL10031	Ashley House, Halton - CGL	55	32.4%	115	67.6%	170
HAL30031	Ashley House SES, Halton - CGL	18	2.5%	689	97.5%	707
KNW10041	Knowsley Integrated Rec Service	134	28.9%	330	71.1%	464
KNW30051	Kirkby SES, Knowsley - CGL	10	13.7%	63	86.3%	73
KNW30052	Huyton SES, Knowsley - CGL	13	5.2%	236	94.8%	249
LIV10002	Armistead City	**	13.0%	>18	87.0%	23
LIV10003	Community Voice	43	32.3%	90	67.7%	133
LIV10004	Genie in the Gutter	29	19.6%	119	80.4%	148
LIV10005	Armistead Street	>131	97.8%	**	2.2%	136
LIV10007	Whitechapel Centre	108	44.3%	136	55.7%	244
LIV10008	Dare to Care	23	47.9%	25	52.1%	48
LIV10009	Action on Addiction - SHARP	457	57.8%	334	42.2%	791
LIV10010	TSP Hope Club Liverpool	25	10.6%	211	89.4%	236
LIV10011	Art and Soul (Spider Project)	136	32.2%	287	67.8%	423
LIV10014	Aintree Hospital	448	34.5%	851	65.5%	1299
LIV10018	Brownlow Practice	62	30.2%	143	69.8%	205
LIV10020	Royal Liverpool Hospital LCAS	94	31.1%	208	68.9%	302
LIV10055	Intuitive Recovery	102	32.9%	208	67.1%	310
LIV10060	Transforming Choice	16	33.3%	32	66.7%	48
LIV10071	North ARC - Addaction Recovery Centre	**	2.3%	>171	97.7%	176
LIV10072	Central ARC - Addaction Recovery Centre	7	4.3%	157	95.7%	164
LIV10074	REST Centre 2016	88	22.9%	296	77.1%	384
LIV30044	Armistead Pump	**	7.7%	>8	92.3%	13
SEF10047	Lifeline Sefton North	234	33.3%	469	66.7%	703
SEF10048	Lifeline Sefton South	336	33.8%	658	66.2%	994
SEF10056	Independence Initiative	52	28.0%	134	72.0%	186
SEF30047	Lifeline Sefton North - Southport SES	12	4.5%	256	95.5%	268
SEF30048	Lifeline Sefton South - Bootle SES	6	13.3%	39	86.7%	45
SHL10061	Hope House	46	18.9%	197	81.1%	243
SHL10062	Hope Centre (Breathe)	89	46.6%	102	53.4%	191
SHL10063	Footsteps, St Helens	59	86.8%	9	13.2%	68
SHL30038	Addaction St Helens	56	8.3%	615	91.7%	671
WAR10066	Footsteps, Warrington	90	78.3%	25	21.7%	115
WAR10069	Footsteps, CGL Partnership	28	77.8%	8	22.2%	36
WAR30039	Pathways, Warrington - CGL	**	1.0%	>285	99.0%	290
WIR10019	Response, Wirral	44	49.4%	45	50.6%	89
WIR10049	TSP Second Chance Project	30	18.9%	129	81.1%	159
WIR10055	Intuitive Recovery	145	29.3%	350	70.7%	495
WIR10059	Wirral Integrated Recovery Service	76	35.7%	137	64.3%	213
WIR30057	Birkenhead SES, Wirral - CGL	37	4.5%	785	95.5%	822
WIR30058	Moreton SES, Wirral - CGL	0	0.0%	108	100.0%	108
WIR30067	Wallasey SES, Wirral - CGL	0	0.0%	**	100.0%	**

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		17	135	140	116	60	48	30	17	**	**	
CHE30030	**	**	18	34	15	28	19	16	8	5	**	
CHW30027	**	**	31	56	47	33	47	33	20	5	**	
CHW30028		8	76	90	93	78	60	24	32	5	**	**
CHW30045	**	**	20	31	29	23	29	14	9	**		
HAL10031			15	32	22	22	20	22	20	12	**	**
HAL30031	**	11	92	167	146	116	76	56	33	6	**	**
KNW10041		7	28	54	86	69	49	62	48	34	19	8
KNW30051		**	5	9	7	11	23	9	6			
KNW30052		**	18	71	46	46	25	24	14	**		
LIV10002			**	5	5	**	**	**	**			**
LIV10003				5	8	12	16	34	30	13	8	7
LIV10004			**	**	17	28	22	33	29	7	5	**
LIV10005	**	**	15	18	26	26	23	12	**	**		7
LIV10007			**	10	14	29	41	54	48	20	19	8
LIV10008		**	**	6	5	**	8	6	5	**	**	**
LIV10009			16	85	108	135	159	102	82	64	22	18
LIV10010		**	19	26	29	33	52	45	19	6	5	
LIV10011		**	8	41	49	73	78	67	45	31	23	7
LIV10014	**	8	15	41	57	114	187	209	180	159	112	215
LIV10018		**	**	13	20	25	38	39	25	28	11	**
LIV10020		**	**	**	14	26	40	45	42	35	37	57
LIV10055		**	17	39	59	49	59	54	22	8	**	**
LIV10060					**	6	13	12	6	6	**	**
LIV10071			13	38	28	35	25	25	5	6	**	
LIV10072			11	18	26	34	20	27	11	11	**	**
LIV10074	**	5	22	28	63	75	81	63	25	9	8	**
LIV30044				**	5	**	**	**				
SEF10047		**	38	66	70	96	112	100	107	50	24	36
SEF10048		**	38	74	84	124	187	229	136	70	36	15
SEF10056			**	17	25	27	29	30	19	21	14	**
SEF30047		**	28	45	50	44	43	31	15	**	**	**
SEF30048				**	**	10	11	14	**	**	**	
SHL10061		**	20	34	25	31	56	32	25	9	6	**
SHL10062		**	19	21	12	13	20	24	28	29	14	7
SHL10063		**	**	**	6	6	**	5	5	13	9	14
SHL30038	**	7	80	151	139	102	100	57	27	5		**
WAR10066	9	**	**	5	**	11	7	18	20	9	11	18
WAR10069			**	**		**	**	**	5	6	**	12
WAR30039			31	66	72	56	31	18	10	5		**
WIR10019	75	14										
WIR10049		6	28	24	12	19	15	24	15	14	**	
WIR10055		7	25	53	53	80	75	82	58	39	16	7
WIR10059		**	12	23	30	30	35	25	16	16	9	14
WIR30057		5	111	200	150	116	110	80	34	10	5	**
WIR30058		**	11	26	17	19	10	8	**	**	8	**
WIR30067						**	**		**			

Agency Code	1 Heroin	2 Methadone	3 Other Opiates	4 Benzodiazepines	5 Amphetamines (excl Ecstasy)	6 Cocaine (excl Crack)	7 Crack Cocaine	10 Cannabis	15 Alcohol	16 Other Drugs	18 Prescription Drugs	19 Novel Psychoactiv	20 Steroids & IPEDS	98 Not Stated
CHE30029	44				**	**	**						332	186
CHE30030		**			**						**		28	116
CHW30027	48	**											60	168
CHW30028	15												66	387
CHW30045	15												36	110
HAL10031	14				**	19		23	90			**		18
HAL30031	17	**	**										287	400
KNW10041	**	**	**		**	38		30	134		**	**		251
KNW30051	16									**			15	41
KNW30052	38				**						**		178	31
LIV10002				**		**		**	11					**
LIV10003	64	**		**	**	**	**	**	48	**	**			**
LIV10004	33	11	**	**	**	6	7	8	55	**	15	**		**
LIV10005	23	**		**			7	**	**		**			96
LIV10007	51	23	**	**	**	**	6	28	124	**				5
LIV10008								**	15					31
LIV10009	51	5			7	109	16	**	574					25
LIV10010	39	**			**	40	**	40	90	**	10			8
LIV10011	59	**	**	**	9	53	18	24	249					**
LIV10014	**				**	**			707					588
LIV10018	**							**	99					103
LIV10020				**					271					30
LIV10055		**	70	**	**	21		5	90	34		**		83
LIV10060									45					**
LIV10071	23	**	**			8	**	9	7	**			66	58
LIV10072	34	5	**		**								75	48
LIV10074	34	**	5		**	**	10	6	191		**	12		116
LIV30044													10	**
SEF10047	176	**	18	**	8	42	**	34	391	**				19
SEF10048	261	17	9	**	7	83	19	53	383		**			160
SEF10056	35		**	**	**	13	**	10	116			**		**
SEF30047	12	**								**			88	162
SEF30048	21	**											5	18
SHL10061	33				**	**	**	12	94	30	**			66
SHL10062					**			**	13	**				173
SHL10063														68
SHL30038	80	**	**		10	**	6			**	**		350	216
WAR10066														115
WAR10069														36
WAR30039	10												224	56
WIR10019								40	33			**		14
WIR10049	10	**			**	9	6	38	84		**			**
WIR10055			98	**	**	6	**	9	238	44		**		91
WIR10059	**		**		**	15	5	14	138					36
WIR30057	78	15			9	**	**		**	**	**		550	161
WIR30058	**												20	85
WIR30067													332	186

	Agency	Q1	Q2	Q3	Q4	Total
CHE30029	Catherine House, Crewe	0	13	**	**	18
CHE30030	Barnabas Centre, Macclesfield	7	25	9	31	72
HAL10031	Ashley House, Halton - CGL	90	65	52	36	243
HAL30031	Ashley House SES, Halton - CGL	435	327	314	224	1,300
KNW10041	Knowsley Integrated Rec Service	45	128	313	23	509
KNW30051	Kirkby SES, Knowsley - CRI	0	0	0	0	0
KNW30052	Huyton SES, Knowsley - CGL	**	15	22	10	49
LIV10002	Armistead City	31	**	**	**	36
LIV10003	Community Voice	23	90	**	108	223
LIV10004	Genie in the Gutter	1,011	1,023	936	1,090	4,060
LIV10005	Armistead Street	269	289	201	191	950
LIV10007	Whitechapel Centre	1,502	1,446	900	0	3,848
LIV10008	Dare to Care	62	56	38	25	181
LIV10009	Action on Addiction - SHARP	1,099	962	613	443	3,117
LIV10010	TSP Hope Club Liverpool	274	257	245	185	961
LIV10011	Art and Soul (Spider Project)	3,615	3,177	2,688	2,404	11,884
LIV10014	Aintree Hospital	534	395	470	472	1,871
LIV10018	Brownlow Practice	210	185	200	169	764
LIV10020	Royal Liverpool Hospital LCAS	124	126	122	52	424
LIV10055	Intuitive Recovery	81	76	108	72	337
LIV10060	Transforming Choice	2,319	3,454	4,251	5,081	15,105
LIV10071	North ARC - Addaction Recovery Centre	141	89	87	85	402
LIV10072	Central ARC - Addaction Recovery Centre	77	59	70	61	267
LIV10073	South ARC - Addaction Recovery Centre	0	0	0	0	0
LIV10074	REST Centre 2016	1,081	3,586	0	0	4,667
SEF10047	Lifeline Sefton North	3,689	5,965	5,609	8,209	23,472
SEF10048	Lifeline Sefton South	406	1,877	3,177	2,914	8,374
SEF10056	Independence Initiative	162	39	28	31	260
SEF30047	Lifeline Sefton North - Southport SES	0	0	0	6	6
SEF30048	Lifeline Sefton South - Bootle SES	0	0	0	0	0
SHL10061	Hope House	160	1,330	1,533	1,571	4,594
SHL10062	Hope Centre (Breathe)	185	94	47	24	350
SHL10063	Footsteps, St Helens	22	61	58	81	222
SHL30038	Addaction St Helens	203	179	110	60	552
WAR10066	Footsteps, Warrington	51	122	165	147	485
WAR10069	Footsteps, CGL Partnership	0	0	15	117	132
WAR30039	Pathways, Warrington - CGL	7	28	8	5	48
WIR10019	Response, Wirral	75	49	84	82	290
WIR10049	TSP Second Chance Project	97	161	206	181	645
WIR10055	Intuitive Recovery	117	119	128	158	522
WIR10059	Wirral Integrated Recovery Service	50	80	46	80	256
WIR30057	Birkenhead SES, Wirral - CGL	1,218	1,019	369	269	2,875
WIR30058	Moreton SES, Wirral - CGL	**	0	0	**	**
WIR30067	Wallasey SES, Wirral - CGL	0	0	0	5	5
	Total:	**19,475**	**26,968**	**23,226**	**24,709**	**94,378**

	Agency	Q1	Q2	Q3	Q4	Total
LIV10003	Community Voice	0	0	0	**	**
LIV10005	Armistead Street	0	0	0	**	**
LIV10007	Whitechapel Centre	154	111	45	0	310
LIV10009	Action on Addiction - SHARP	12	13	9	**	37
LIV10010	TSP Hope Club Liverpool	17	14	18	6	55
LIV10011	Art and Soul (Spider Project)	9	5	**	6	24
LIV10014	Aintree Hospital	285	21	**	33	340
LIV10018	Brownlow Practice	15	39	35	27	116
LIV10020	Royal Liverpool Hospital LCAS	17	24	27	11	79
LIV10060	Transforming Choice	75	69	78	54	276
LIV10074	REST Centre 2016	10	143	0	0	153
SEF10056	Independence Initiative	0	**	**	8	16
SHL10061	Hope House	**	0	0	**	**
SHL10062	Hope Centre (Breathe)	0	**	0	0	**
SHL10063	Footsteps, St Helens	**	0	0	**	**
WAR10066	Footsteps, Warrington	0	**	0	**	**
WAR30039	Pathways, Warrington - CGL	0	**	0	0	**
WIR10019	Response, Wirral	**	**	0	0	**
WIR10049	TSP Second Chance Project	12	44	21	15	92
	Total:	**610**	**493**	**242**	**169**	**1,514**

	Agency	Q1	Q2	Q3	Q4	Total
CHE30029	Catherine House, Crewe	345	264	266	270	1,145
CHE30030	Barnabas Centre, Macclesfield	90	86	56	69	301
CHW30027	Aqua House, Chester	159	22	41	221	443
CHW30028	Unity House, Ellesmere Port	0	281	368	366	1,015
CHW30045	Old Council House, Northwich	0	0	0	295	295
HAL30031	Ashley House SES, Halton - CGL	407	339	345	253	1,344
KNW30051	Kirkby SES, Knowsley - CGL	46	40	54	57	197
KNW30052	Huyton SES, Knowsley - CGL	114	108	121	121	464
LIV10071	North ARC - Addaction Recovery Centre	102	89	77	66	334
LIV10072	Central ARC - Addaction Recovery Centre	101	97	140	128	466
LIV30044	Armistead Pump	17	9	**	0	27
SEF30047	Lifeline Sefton North - Southport SES	167	206	203	272	848
SEF30048	Lifeline Sefton South - Bootle SES	22	40	10	55	127
SHL30038	Addaction St Helens	421	406	281	318	1,426
WAR30039	Pathways, Warrington - CGL	136	150	55	79	420
WIR30057	Birkenhead SES, Wirral - CGL	566	559	378	454	1,957
WIR30058	Moreton SES, Wirral - CGL	87	68	82	65	302
WIR30067	Wallasey SES, Wirral - CGL	0	0	0	5	5
	Total:	**2,780**	**2,764**	**2,478**	**3,094**	**11,116**

APPENDIX E – INTEGRATED MONITORING SYSTEM – DETAIL BREAKDOWN BY PHARMACY

GENDER

Code	Pharmacy	Female	%	Male	%	Total
CHE50175	Clear Pharmacy, Crewe	25	16.4%	127	83.6%	152
CHE50340	Andrews Pharmacy, Macclesfield	6	21.4%	22	78.6%	28
CHE50632	Rowlands Pharmacy, Middlewich	**	13.8%	25	86.2%	29
CHE50803	Boots Pharmacy, Sandbach	**	5.6%	>14	94.4%	18
CHE50805	Mannings Chemist, Knutsford	**	9.1%	>7	90.9%	11
CHE50816	Well (224193) - Park Lane, Maccle	11	17.7%	51	82.3%	62
CHE50819	Well (224537) - Handforth	0	0.0%	**	100.0%	**
CHE50822	Well (223032) - Sunderland St, Macclesf	26	16.5%	132	83.5%	158
CHE50840	Assan Pharmacy T/A Cohens	18	13.4%	116	86.6%	134
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	5	16.1%	26	83.9%	31
CHE50874	Lloyds Pharmacy, Lawton Road, Stoke	**	4.3%	>19	95.7%	23
CHE50878	Lloyds Pharmacy, Congleton	19	13.6%	121	86.4%	140
CHE50883	AJ Hodgson T/A London Road pharmacy	**	6.9%	>25	93.1%	29
CHE56610	Boots, Grand Junction, Crewe	5	10.6%	42	89.4%	47
CHE57006	Salus Pharmacy - Congleton	18	32.7%	37	67.3%	55
CHW50016	Boots Pharmacy, Foregate Street	15	11.8%	112	88.2%	127
CHW50258	Pondas Chemists Ltd - Winsford	**	7.7%	>9	92.3%	13
CHW50377	Swettenham Chemist - Blacon	12	14.1%	73	85.9%	85
CHW50462	Well (228547) - Northwich	7	15.6%	38	84.4%	45
CHW50801	Lloyds Pharmacy, Old Chester Rd, Ellesme	**	10.0%	>5	90.0%	10
CHW50833	Co-operative Pharmacy, Upper Northgate	20	14.1%	122	85.9%	142
CHW50875	Lloyds Pharmacy Ltd - Middlewich Road	8	20.0%	32	80.0%	40
CHW50879	Sainsburys Pharmacy - Northwich	**	5.6%	>15	94.4%	18
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	15	14.4%	89	85.6%	104
CHW53043	Superdrug Pharmacy - Northgate Street	19	9.5%	180	90.5%	199
CHW53064	Well (228534) - Ellesmere Port	**	13.3%	>25	86.7%	30
CHW59169	Owen's Pharmacy T/A Salrook Healthcare	8	22.9%	27	77.1%	35
CHW59170	Westminster Park Pharmacy T/A Salrook	**	14.3%	>4	85.7%	7
KNW53303	Boots Pharmacy, The Halewood centre	20	27.4%	53	72.6%	73
KNW53315	Newtown Pharmacy, Kirkby	17	8.6%	181	91.4%	198
KNW53323	Rowlands Pharmacy (Previous GF O'Brien	18	12.5%	126	87.5%	144
LIV58343	Belle Vale Pharmacy	8	10.4%	69	89.6%	77
LIV58350	Boots Pharmacy, Long Lane	**	5.6%	>49	94.4%	54
LIV58351	Boots Pharmacy, Boaler St	44	12.1%	319	87.9%	363
LIV58353	Boots Pharmacy, London Road	362	13.0%	2421	87.0%	2783
LIV58394	Lloyds Pharmacy, Prospect Point	267	12.2%	1918	87.8%	2185
LIV58398	Lloyds Pharmacy, West Derby Road	83	18.6%	364	81.4%	447
LIV58403	Lloyds Pharmacy, Muirhead Avenue East	14	10.9%	115	89.1%	129
LIV58406	Lloyds Pharmacy, Townsend Lane	73	12.4%	516	87.6%	589
LIV58409	Lloyds Pharmacy, St.Oswald Street	21	8.3%	231	91.7%	252
LIV58415	Melwood Pharmacy	**	18.2%	>17	81.8%	22
LIV58416	Norman Pharmacy	158	19.3%	660	80.7%	818
LIV58421	Rowlands Pharmacy, Speke Health Centre	14	11.3%	110	88.7%	124
LIV58422	Rowlands Pharmacy, Garston	**	1.2%	>242	98.8%	247
LIV58437	Rowlands Pharmacy, Lodge Lane	20	8.8%	206	91.2%	226
LIV58574	Riverside Pharmacy	6	11.1%	48	88.9%	54

SEF55000	Aintree Pharmacy	**	2.9%	>31	97.1%	35
SEF55708	M L Davey Chemists Ltd	7	15.6%	38	84.4%	45
SEF56448	Bispham Road Pharmacy	6	5.1%	112	94.9%	118
SEF56452	Boots The Chemist, South Rd, Waterloo	7	14.6%	41	85.4%	48
SEF56453	Boots The Chemist, Liverpool Rd, Crosby	**	16.7%	**	83.3%	6
SEF56456	Cohens Chemist, Netherton	15	17.6%	70	82.4%	85
SEF56460	Haddens Pharmacy, Litherland Rd	8	6.0%	125	94.0%	133
SEF56462	Lloyds Pharmacy, Knowsley Rd	0	0.0%	**	100.0%	**
SEF56464	Lloyds Pharmacy, North Park	0	0.0%	**	100.0%	**
SEF56465	Merton Chemist, Stanley Rd	10	23.3%	33	76.7%	43
SEF56466	Netherton Park Pharmacy	**	16.0%	>20	84.0%	25
SEF56499	Higgins Pharmacy, Waterloo	6	10.3%	52	89.7%	58
SEF56507	Rowlands Pharmacy, Crosby Road North	5	41.7%	7	58.3%	12
SEF56520	Superdrug Pharmacy, Eastbank St	40	15.1%	225	84.9%	265
SEF56525	Boots Pharmacy, Cambridge Road	0	0.0%	**	100.0%	**
SEF56526	Boots Pharmacy, Seaforth Road	19	6.7%	265	93.3%	284
SEF56845	Bridge Road Pharmacy	**	12.5%	>26	87.5%	32
SHL40119	Lloyds - Duke Street, St Helens	38	16.0%	200	84.0%	238
SHL40122	Lloyds - Junction Lane, Sutton Oak	26	9.4%	252	90.6%	278
SHL40141	Rowlands - Thatto Heath	9	22.5%	31	77.5%	40
SHL40143	St Helens Millennium Centre	228	15.6%	1238	84.4%	1466
WAR40070	Well Pharmacy - Fearnhead Cross	11	6.2%	166	93.8%	177
WAR40071	Rowlands Pharmacy - Thelwall Lane	30	7.8%	354	92.2%	384
WAR40072	Well Pharmacy - The Baths	56	9.3%	549	90.7%	605
WAR40073	Lloyds Pharmacy - Earl Street	23	8.7%	240	91.3%	263
WIR50076	Rowlands Pharmacy, Birkenhead	16	8.2%	180	91.8%	196
WIR50077	Lees Pharmacy Ltd	0	0.0%	17	100.0%	17
WIR50079	Rowlands Pharmacy, Moreton	7	25.9%	20	74.1%	27
WIR50080	Old Chester Pharmacy	12	12.8%	82	87.2%	94
WIR50087	Wilsons Chemist, West Kirby	0	0.0%	**	100.0%	**
WIR50088	Boots (Branch: 5169 - Rockferry)	11	15.7%	59	84.3%	70
WIR50090	Victoria Pharmacy, Wallasey	**	6.3%	>28	93.8%	32
WIR50097	Egremont Pharmacy	**	6.9%	>53	93.1%	58
WIR50105	Lloyds Pharmacy, Arrowe Park	**	5.0%	>15	95.0%	20
WIR50106	Boots (Branch: 5989 - Bidston)	6	15.4%	33	84.6%	39
WIR50108	Wyn Ellis and Son Pharmacy	**	4.7%	>39	95.3%	43
WIR50135	Claughton Pharmacy	11	22.4%	38	77.6%	49
WIR50153	MedicX Pharmacy, Tranmere	30	8.8%	311	91.2%	341

Code	0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
CHE50175	**	**	**	18	19	47	40	13	9			
CHE50340		**		**	6	6	6	5		**		
CHE50632				**	**	6	8	7	**		**	
CHE50803			7	**	**	8		**				
CHE50805			**		**		**	**		**		
CHE50816			**	6	16	16	13	6	**			
CHE50819							**		**			
CHE50822	**		12	8	28	28	45	20	12	**		**
CHE50840	**		**	6	30	32	34	14	12	**		**
CHE50849				6	7	7	8		**	**		
CHE50874		**	**	**	6	8	5		**			
CHE50878		**	9	21	35	34	18	13	6	**		
CHE50883				**	9	6	9	**		**	**	
CHE56610			**	5	12	10	10	5	**			
CHE57006		**	**	10	11	13	10	5	**			
CHW50016			**	16	16	13	38	28	9	**		
CHW50258				**	6		**	**				
CHW50377			**	**	7	16	16	26	10	**	**	
CHW50462			**	**	15	13	8	**	**	**		
CHW50801				**		**	**		**		**	
CHW50833			**	12	24	16	37	38	10	**	**	
CHW50875	**		**	6	12	11	6	**	**			
CHW50879			**	**	**	8	**	**	**			
CHW53023	**		**	5	15	17	36	16	9	**		
CHW53043			10	14	25	28	59	45	10	**	5	
CHW53064				6	**	8	7	5	**			
CHW59169			**	8	**	5	9	**	**			
CHW59170					**	**	**	**				
KNW53303		**	10	6	6	5	**	8	8	7	**	15
KNW53315	**	**	17	45	45	18	40	22	7	**		
KNW53323		**	17	30	28	18	28	15	5	**		
LIV58343			10	8	8	17	10	6	14		**	
LIV58350			5	12	7	5	12	7	5			**
LIV58351	**		8	31	49	41	73	89	54	15	**	**
LIV58353	5	24	216	414	507	482	563	352	165	37	11	7
LIV58394	5	10	93	294	314	382	511	367	119	56	17	17
LIV58398			6	28	61	91	113	105	29	12	**	**
LIV58403		**	7	21	28	21	18	15	7	8	**	
LIV58406		**	9	56	79	99	138	142	44	17	**	
LIV58409		**	16	41	44	32	28	41	30	8	6	5
LIV58415			**	**		6	7	**	**	**		
LIV58416	**	**	31	55	95	122	232	128	70	30	38	13
LIV58421		**	15	21	30	20	21	6	**	5		
LIV58422		**	35	54	64	33	24	23	10			**
LIV58437	**	**	22	24	28	41	39	31	20	7	6	**
LIV58574			**	**	**	8	18	14	6	**		

SEF55000			**	8	7	**	5	5	**		**	
SEF55708			**	5	6	9	6	14	**			
SEF56448	**	**	12	33	39	10	12	9			**	
SEF56452	**		**	9	7	10	6	7		**	**	**
SEF56453					**	**	**	**		**		
SEF56456			**	9	6	11	17	23	12	**	**	**
SEF56460	**		**	12	19	26	28	25	11	**	**	
SEF56462					**		**		**			
SEF56464								**				
SEF56465	**	**	**	**	6	9	11	6	5			
SEF56466		**		6	**	5	**	5			**	
SEF56499	**	**	7	12	8	6	8	**	9	**	**	
SEF56507				**	**	**	**		**		**	
SEF56520	**	**	**	34	36	55	62	38	27	**		**
SEF56525									**			
SEF56526		**	10	27	49	49	49	40	34	13	6	5
SEF56845			**	**	6	**	**	7	9			**
SHL40119	**		5	34	43	58	53	31	10	**		**
SHL40122	**		10	42	29	65	74	37	14	**	**	**
SHL40141			**	5	11	6	8	5	**			**
SHL40143	**	25	102	196	208	277	312	201	84	37	19	**
WAR40070		**	17	25	31	33	25	35	9	**		
WAR40071		5	31	82	77	74	47	39	22	**	5	**
WAR40072	**		36	81	85	130	175	66	22	**	**	**
WAR40073			11	42	44	56	68	28	11	**	**	
WIR50076			8	16	25	35	49	36	16	7	**	
WIR50077				**	**	**	6	**	**		**	
WIR50079			**	**	**	**	7	**	**	**	**	**
WIR50080			**	5	10	20	24	25	**	**	**	**
WIR50087				**			**		**			
WIR50088			**	6	**	14	19	16	8	**		
WIR50090			**	7	8	**	**	5	**	**		**
WIR50097				6	10	6	12	10	13	**		
WIR50105				**	**	**	**	5	5			
WIR50106			**	7	**	**	10	8	8			
WIR50108			**	**	**	**	12	12	6	**		
WIR50135				5	**	10	9	14	7			
WIR50153		7	24	52	44	42	62	67	19	17	**	**

Agency Code	1 Heroin	2 Methadone	3 Other Opiates	4 Benzodiazepines	5 Amphetamines (excl Ecstasy)	6 Cocaine (excl Crack)	7 Crack Cocaine	10 Cannabis	15 Alcohol	16 Other Drugs	18 Prescription Drugs	19 Novel Psychoactiv	20 Steroids & IPEDS	98 Not Stated
CHE50175														152
CHE50340														28
CHE50632														29
CHE50803														18
CHE50805														11
CHE50816														62
CHE50819														**
CHE50822														158
CHE50840														134
CHE50849														31
CHE50874														23
CHE50878														140
CHE50883														29
CHE56610														47
CHE57006														55
CHW50016														127
CHW50258														13
CHW50377														85
CHW50462														45
CHW50801														10
CHW50833														142
CHW50875														40
CHW50879														18
CHW53023														104
CHW53043														199
CHW53064														30
CHW59169														35
CHW59170														7
KNW53303														73
KNW53315														198
KNW53323														144
LIV58343	26						**			**			37	12
LIV58350	5						**						9	37
LIV58351	**												**	360
LIV58353	422						45			68			589	1,659
LIV58394	799						33			76			337	940
LIV58398	114						12			11			38	272
LIV58403	29									**			55	42
LIV58406	68						**			151			39	328
LIV58409	85						5			**			115	43
LIV58415	9									**			9	**
LIV58416	233						15			26			70	474
LIV58421	22						**			6			31	63
LIV58422	22						**						201	23
LIV58437	92						**			7			37	89
LIV58574	6						**						**	45
SEF55000	13												17	5

SEF55708	20	**	**				**					19	**
SEF56448	**			**								**	115
SEF56452	16		**	**		**	**					20	6
SEF56453	**											**	**
SEF56456	29	**				**	10					15	27
SEF56460	82	**	**			**	10					31	**
SEF56462	**											**	**
SEF56464	**												
SEF56465	24					**	**					9	8
SEF56466	**											17	5
SEF56499	**			**								30	25
SEF56507							**					5	6
SEF56520	229			**		**	6					15	13
SEF56525		**											
SEF56526	47		**	**	**		19					183	29
SEF56845	13					**	**					8	9
SHL40119													238
SHL40122													278
SHL40141	25											13	**
SHL40143	**											12	1,452
WAR40070	57				**	**						95	23
WAR40071	48											73	263
WAR40072	219										**	131	254
WAR40073	162				**							87	13
WIR50076	146	**					**					8	39
WIR50077	8											8	**
WIR50079		**										**	21
WIR50080	69	**			**	10	**						8
WIR50087	**					**						**	
WIR50088	45	**			**	**		**	**			10	6
WIR50090	20	**			**	**						**	6
WIR50097	25	**					**						27
WIR50105	16	**							**				**
WIR50106	32											6	**
WIR50108	28				**	**						9	**
WIR50135	33				**							**	13
WIR50153	146	**		**	8	7						68	109

Code	Name	Q1	Q2	Q3	Q4	Total
CHE50175	Clear Pharmacy, Crewe	292	250	156	143	841
CHE50340	Andrews Pharmacy, Macclesfield	75	31	38	36	180
CHE50632	Rowlands Pharmacy, Middlewich	156	122	89	0	367
CHE50803	Boots Pharmacy, Sandbach	13	24	**	28	66
CHE50805	Mannings Chemist, Knutsford	12	9	15	**	40
CHE50816	Well (224193) - Park Lane, Maccle	101	100	59	97	357
CHE50819	Well (224537) - Handforth	17	0	0	0	17
CHE50822	Well (223032) - Sunderland St, Macclesf	125	288	308	375	1,096
CHE50840	Assan Pharmacy T/A Cohens	257	234	340	311	1,142
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	45	72	73	52	242
CHE50874	Lloyds Pharmacy, Lawton Road, Stoke	24	28	0	0	52
CHE50878	Lloyds Pharmacy, Congleton	72	103	112	85	372
CHE50883	AJ Hodgson T/A London Road pharmacy	82	14	10	32	138
CHE56610	Boots, Grand Junction, Crewe	21	18	42	38	119
CHE57006	Salus Pharmacy - Congleton	67	90	17	27	201
CHW50016	Boots Pharmacy, Foregate Street	161	0	64	21	246
CHW50258	Pondas Chemists Ltd - Winsford	46	61	63	42	212
CHW50377	Swettenham Chemist - Blacon	201	217	186	193	797
CHW50462	Well (228547) - Northwich	66	59	54	93	272
CHW50801	Lloyds Pharmacy, Old Chester Rd, Ellesme	0	0	0	10	10
CHW50833	Co-operative Pharmacy, Upper Northgate	126	129	93	222	570
CHW50875	Lloyds Pharmacy Ltd - Middlewich Road	87	37	49	34	207
CHW50879	Sainsburys Pharmacy - Northwich	0	0	33	65	98
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	192	249	192	218	851
CHW53043	Superdrug Pharmacy - Northgate Street	190	167	194	320	871
CHW53064	Well (228534) - Ellesmere Port	27	28	30	19	104
CHW59169	Owen's Pharmacy T/A Salrook Healthcare	107	105	35	84	331
CHW59170	Westminster Park Pharmacy T/A Salrook	27	27	31	33	118
KNW53303	Boots Pharmacy, The Halewood centre	8	22	**	0	32
KNW53315	Newtown Pharmacy, Kirkby	81	99	128	79	387
KNW53323	Rowlands Pharmacy (Previous GF O'Brien	100	79	47	109	335
LIV58343	Belle Vale Pharmacy	45	56	47	77	225
LIV58350	Boots Pharmacy, Long Lane	36	25	53	11	125
LIV58351	Boots Pharmacy, Boaler St	291	257	156	0	704
LIV58353	Boots Pharmacy, London Road	1,305	1,864	1,641	1,446	6,256
LIV58394	Lloyds Pharmacy, Prospect Point	883	962	1,165	1,192	4,202
LIV58398	Lloyds Pharmacy, West Derby Road	326	416	396	283	1,421
LIV58403	Lloyds Pharmacy, Muirhead Avenue East	45	49	71	79	244
LIV58406	Lloyds Pharmacy, Townsend Lane	485	601	472	705	2,263
LIV58409	Lloyds Pharmacy, St.Oswald Street	210	228	274	280	992
LIV58415	Melwood Pharmacy	5	22	15	29	71
LIV58416	Norman Pharmacy	384	376	528	443	1,731
LIV58421	Rowlands Pharmacy, Speke Health Centre	30	85	68	108	291
LIV58422	Rowlands Pharmacy, Garston	110	104	151	155	520
LIV58437	Rowlands Pharmacy, Lodge Lane	73	95	195	294	657
LIV58574	Riverside Pharmacy	36	8	50	32	126
SEF55000	Aintree Pharmacy	16	13	14	17	60

SEF55708	M L Davey Chemists Ltd	154	213	244	236	847
SEF56448	Bispham Road Pharmacy	62	24	40	33	159
SEF56452	Boots The Chemist, South Rd, Waterloo	12	45	17	18	92
SEF56453	Boots The Chemist, Liverpool Rd, Crosby	**	**	**	**	13
SEF56456	Cohens Chemist, Netherton	115	163	180	126	584
SEF56460	Haddens Pharmacy, Litherland Rd	88	15	180	257	540
SEF56462	Lloyds Pharmacy, Knowsley Rd	**	0	0	**	**
SEF56464	Lloyds Pharmacy, North Park	**	0	0	0	**
SEF56465	Merton Chemist, Stanley Rd	**	28	17	0	47
SEF56466	Netherton Park Pharmacy	13	8	7	19	47
SEF56499	Higgins Pharmacy, Waterloo	38	16	7	5	66
SEF56507	Rowlands Pharmacy, Crosby Road North	8	0	**	**	12
SEF56520	Superdrug Pharmacy, Eastbank St	674	771	880	784	3,109
SEF56525	Boots Pharmacy, Cambridge Road	0	0	0	**	**
SEF56526	Boots Pharmacy, Seaforth Road	179	83	28	93	383
SEF56845	Bridge Road Pharmacy	**	0	40	0	41
SHL40119	Lloyds - Duke Street, St Helens	368	389	343	309	1,409
SHL40122	Lloyds - Junction Lane, Sutton Oak	238	216	169	155	778
SHL40141	Rowlands - Thatto Heath	**	33	142	54	230
SHL40143	St Helens Millennium Centre	2,581	2,657	2,580	2,772	10,590
WAR40070	Well Pharmacy - Fearnhead Cross	152	154	137	112	555
WAR40071	Rowlands Pharmacy - Thelwall Lane	307	277	251	234	1,069
WAR40072	Well Pharmacy - The Baths	516	611	568	496	2,191
WAR40073	Lloyds Pharmacy - Earl Street	155	215	239	163	772
WIR50076	Rowlands Pharmacy, Birkenhead	505	611	576	457	2,149
WIR50077	Lees Pharmacy Ltd	30	40	81	63	214
WIR50079	Rowlands Pharmacy, Moreton	27	31	26	32	116
WIR50080	Old Chester Pharmacy	137	285	251	290	963
WIR50087	Wilsons Chemist, West Kirby	**	**	0	0	6
WIR50088	Boots (Branch: 5169 - Rockferry)	194	211	173	85	663
WIR50090	Victoria Pharmacy, Wallasey	29	29	51	44	153
WIR50097	Egremont Pharmacy	29	64	84	62	239
WIR50105	Lloyds Pharmacy, Arrowe Park	42	30	31	25	128
WIR50106	Boots (Branch: 5989 - Bidston)	56	74	65	105	300
WIR50108	Wyn Ellis and Son Pharmacy	80	75	59	55	269
WIR50135	Claughton Pharmacy	272	188	142	141	743
WIR50153	MedicX Pharmacy, Tranmere	399	280	573	530	1,782
	Total	**14,531**	**15,664**	**15,942**	**15,687**	**61,824**

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