IMS
integrated monitoring system

Integrated Monitoring System
Annual Report

Cheshire and Merseyside 2016/17

December 2017

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PREVIOUS REPORTS

The drug and alcohol treatment in Cheshire and Merseyside report series

This *Integrated Monitoring System Annual Report Cheshire and Merseyside 2016/17* 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)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2015/16 (Whitfield et all, 2016)

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

FOREWORD

On behalf of the Public Health team in Warrington, I am pleased to be asked to reflect on the Integrated Monitoring System (IMS) database and its impact for Warrington.

Warrington has been using the IMS database for many years now, and it has certainly helped in how we commission our services – both in the community and in our pharmacies. In the main, the clients using NSP (Needle Syringe Programme) are not actively receiving treatment – so a challenge for all of us is how can we support this cohort and ensure they receive the right messages.

The need for the information provided by the IMS is important, given the growing issues affecting drug and alcohol users. If our activities are evidence based, then this information has a place in how effectively our services are delivered. Key national issues around drug related deaths, changes in drug using patterns and the ever increasing numbers affected by alcohol are at the forefront of our minds. It is known that drug related deaths continue to rise across the region and the IMS data gives a much clearer picture of those people actively injecting prior to death. For those attending the NSP who use steroids, this population group has increased by 11% over the last 12 months while psychoactive NSP has had a slight dip. Of course, all of this is under an umbrella of revised and changing resources.

In Warrington we work with our community services and pharmacies to show them the IMS data – so that they understand what they are completing and why. This has been a big learning curve and now providers understand what the information tells us as commissioners. This sharing of information enables a better service provision for our service users.

The information provided within this report has many uses to support the local commissioning of a range of services and we hope you will find it useful and valuable.

Cathy Fitzgerald
Head of Substance Misuse and Commissioning Development
Public Health - Warrington

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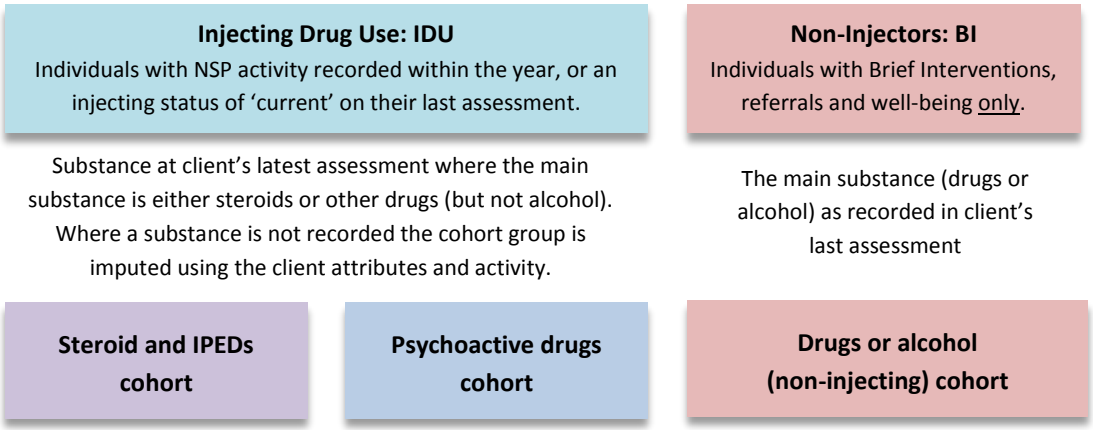
EXECUTIVE SUMMARY

This publication is the fourth IMS (Integrated Monitoring System) annual report. This system collates information on both Needle and Syringe Programme (NSP) activity and the delivery of brief interventions related to drug and alcohol use across Cheshire and Merseyside. This is presented alongside a summary of local and national publications relating to drug and alcohol use for the year, and an overview of PHI's work related to drug and alcohol use.

During 2016-17, a total of 43 drug and alcohol services, including 20 services offering Needle and Syringe Programmes (NSPs), and 91 pharmacies reported attributable information (i.e. individuals' initials, date of birth and gender) to IMS. Data was received from a total 134 different sites (a small increase from 131 sites in 2015-16). While the number of individuals reported to the system has dropped slightly from 2015-16, the number of NSP transactions was similar to the previous year. However following three consecutive years of increases, the number of brief interventions and Identification & Brief Advice (IBA) interventions recorded via IMS decreased to 36,888. This decrease is partly accounted for by methodological changes and services changing the way they record data about the delivery of these interventions. Using the new definition of one interaction per person per day, overall during the year, 143,721 interventions, NSP transactions or referrals to other agencies were delivered to 25,024 individuals, which represents a 4.5% decrease in the individuals compared to 2015-16.

For the first time in this year's annual report, IMS is reporting figures using three separate cohorts as show below; individuals with NSP activity for either 1) psychoactive drugs or 2) steroid/image and performance enhancing drugs (IPED), and 3) individuals receiving brief interventions from IMS reporting services. The cohorts have been used in quarterly IMS reports since April 2017 in response to requests from commissioners of services throughout the region to stratify the data in order to provide them with an overview of key groups of service users. Where the primary substance is not known for an individual, this is imputed[1] using various characteristics including the number of an individual's NSP transactions, their age/gender profile and the types of NSP equipment they have taken out. The imputation provides a clearer picture of those using NPS services, particularly for those areas with high numbers of individuals who do not state a primary substance.



CROSS MATCHING IMS WITH OTHER DATA SOURCES

When data was cross matched with data from the National Drug Treatment Monitoring System (NDTMS) and Criminal Justice Dataset (CJD, including Drug Intervention Programme (DIP) for those areas who provide it) the estimated combined client group in contact with services during 2016-17 totalled 40,645 individuals, representing a 4% decrease on 2015-16. This figure reflects a mixture of some areas having increased IMS numbers while nearly all areas had fewer individuals reporting to NDTMS and all areas reporting to the CJD had fewer individuals than in the previous year. An average of 21% of individuals reported to IMS also appeared in the NDTMS dataset, a decrease from 30% in 2015-16. For those identifying steroids or an IPED as their primary substance, this number varied by local authority between 2% in Halton and 9% in Cheshire East. For those identifying a psychoactive drug such as heroin as their primary substance, the proportions in both datasets was considerably higher, ranging

[1] ***Imputation*** is the process of replacing missing data with substituted values.

from 13% in Liverpool to 40% in Wirral. Across all local authority areas, the proportion of those injecting psychoactive drugs not in structured treatment within the past year was 80%.

INJECTING DRUG USE: PSYCHOACTIVE DRUGS COHORT

The profile of the psychoactive IDU cohort (those injecting opiates, crack cocaine or other psychoactive substances) shows an increasingly older population, with 70% aged 40 years or over across all areas, the highest proportion recorded for this group to date. At a local level, Knowsley and Wirral have the oldest profiles with 27% and 25% of individuals respectively being aged over 50 years. Four in five (81%) individuals in the psychoactive IDU cohort are male. Of those who identify a substance within this cohort, heroin is the most commonly named primary substance, ranging from 83% in Sefton to 98 % in Warrington. Crack cocaine is the second most commonly identified substance with 4% of individuals in Liverpool and 7% of individuals in Sefton stating it as their primary substance. The number of individuals with some form of housing problem is 12%. 46% of individuals are unemployed and seeking work while 35% are long term sick or disabled. Where an individual states that they are a parent of at least one child under 18, 84% do not have any children living with them. Where the field has been completed, 41% state that they have a chronic condition or disability. Over 1.25 million needles and syringes were distributed across Cheshire and Merseyside during 2016/17 to people who inject psychoactive drugs, with the average number of needles given on each visit ranging from 11 in St Helens to 34 in Halton.

INJECTING DRUG USE: STEROID/IPED COHORT

The profile of the steroid/IPED IDU cohort shows a considerably younger population than the psychoactive IDU cohort, with only 13% across all areas being aged 40 years or over, compared to the figure of 70% for the psychoactive IDU cohort. At a local level, the areas with the highest proportion of people who inject steroid and IPEDs aged 50 or over are Halton (19%), Warrington and Wirral (18% each), while Cheshire East has the highest number for steroid and IPED IDU under the age of 25 (21%). 98.1% of individuals in this cohort are male compared to 81% of the psychoactive IDU cohort. Accommodation appears to be a far less significant issue for the IMS steroid and IPED IDU cohort than their psychoactive IDU counterparts, with all areas reporting housing issues at under 5%, compared to 12% for psychoactive IDU. Very high levels of regular employment are recorded across each local authority area, and only 2% of individuals identified as being long term sick or disabled. Where an individual states that they are a parent of at least one child under 18, a majority of people who inject steroid/IPEDs have at least one child living with them in every area, and in all areas other than Halton and Wirral the majority have all of their children living with them. Over 660,000 needles and syringes were distributed across Cheshire and Merseyside during 2016/17 to people who inject steroid and IPEDs, with the number of needles given on each visit ranging from 19 in St Helens to 52 in Halton.

BRIEF INTERVENTIONS ONLY

Individuals who appear in the IMS dataset but have no NSP transactions attached to them are included in the Brief Intervention (BI) cohort. BIs delivered by drug and alcohol services are recorded variably across different local authority areas and so cohorts are not directly comparable in the same way that NSP based cohorts are. However most individuals receiving BIs (66%) are aged 40 or over. Brief interventions have historically been used most extensively for individuals presenting with issues around their alcohol use and over 7 in 10 (72%) receiving BIs in 2016-17 identified alcohol as their main problem substance, followed by heroin (9%), cocaine (7%) and cannabis (6%). For individuals receiving BIs, 18% cited a housing a problem, just over a third (38%) of individuals receiving a BI are unemployed and seeking work, with a further quarter (24%) long term sick or disabled. Just under one in five (18%) are in regular employment.

INTERVENTIONS, REFERRALS AND WELLBEING REVIEWS

Interventions were delivered on 36,888 separate occasions to a total of 9,179 individuals, an average of 4 interventions per person; the main interventions noted were “Health and wellbeing” (15,179 interventions), recovery support and relapse prevention (9,139 interventions) and “creative session or other activities” (9,138 interventions). A total of 877 outward referrals were recorded by service providers across five local authority areas, seven in ten of which were to another service provider (71%). Where a specific organisation was named, the main services individuals were referred on to were The Brink (n=248), Liverpool Community Alcohol Service (LCAS) (n=86) and Action on Addiction - SHARP (n=64). During 2016-17, wellbeing reviews were completed for 1,489 individuals. A cohort of 320 individuals had completed WEMWBS on two separate occasions. For all individuals with multiple wellbeing reviews just over half (51%) showed a positive change in score between their first and latest review, while 8% had no change and 41% recorded a negative change.

NOVEL PSYCHOACTIVE SUBSTANCES (NPS)

Recording of information on NPS via IMS has been sporadic and while 11 agencies across Liverpool, Warrington and Wirral have reported NPS use, the data has so far been mainly collected from one young persons (YP) service based in St Helens. The data shows that males were more likely to use both NPS and club drugs than females although with the exception of cocaine, the ratio male to female was around 2:1, when this ratio is at least 3:1 for structured and standard low threshold services. Unsurprisingly given the age group the main reporting service catered for, most individuals (55%) were aged under 30 with very little use (3%) by individuals aged over 49 years. Cocaine and 'NPS – predominantly cannabis' were the most commonly reported substances.

DRUG RELATED DEATHS

IMS monitors drug related deaths for five local authorities using a dedicated module which reflects best practice in a number of areas as recommended by Public Health England (PHE), collating information from an array of sources including treatment services, the local coroner, NSP and low threshold and social services. A report is then compiled collating information on individual cases which goes out to DRD panels for discussion on a quarterly basis. Chaired by PHI, membership of the panel includes representation from drug services, local authority leads and social services, as well as the lead prescriber from treatment services. To date up until November 2017, 187 deaths have been reported via the system and a number of actions have resulted from panel discussions and reflection on cases including improving the process for notification when an individual fails to pick up a script, examining the process of handover following recommissioning, improvement of links and pathways with primary care, regular COPD screening and a focus on the management of physical health.

DISCUSSION

IMS data from 2016-17 demonstrate the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers using such services remain high. The data suggests that the number of individuals using a psychoactive substance and presenting to NSP services who are not in structured drug treatment is rising – for 2016/17 this figure is 81%. There have been substantial increases over the last 10 years in the number of individuals presenting to NSP services, although numbers appear to have levelled off in the most recent years. Most of this change has been driven by large increases in the number of people using steroid and IPED presenting to NSPs since 2007-08, although the number of people injecting psychoactive IDU drugs has also increased in a majority of local authority areas.

Local drug related death monitoring systems have frequently found that individuals whose NDTMS record states that they have not injected drugs have a number of NSP transactions recorded in IMS, indicating that they have injected. This would suggest that when using NDTMS the injecting status should be used with caution.

Although the authenticity of attributors given by clients using NPS services is sometimes queried, work undertaken by PHI during the summer of 2017 found that over two thirds of agencies or pharmacies reporting to IMS believed that individuals using their service used the same consistent attributors on each visit. Moreover, as part of the drug related death monitoring process, a substantial majority of individuals whose personal details are confirmed to be correct by both the treatment service and the coroner have matching IMS records. Together these indicate that the use of genuine details is the norm and not the exception, and suggest that the numbers in IMS are broadly accurate.

RECOMMENDATIONS

It is recommended that local authorities should continue to monitor lower threshold activity, the use of screening and assessment tools should be expanded, agency based NSP services should make better links with pharmacies, smoking cessation interventions should be routinely recorded, housing should be a key area for drug services at all tiers of provision and recording of data on steroid and PIED use should continue. It is also recommended that IMS data should be used for the purposes of local drug related death reviews, use of the Novel Psychoactive Substance module should be expanded, IMS should be used across local authority areas by any relevant organisation and new harm reduction initiatives should be explored where the evidence is substantive.

INTRODUCTION

This publication presents the most recent data from the Integrated Monitoring System (IMS) which records data on the delivery of needles and syringe programmes (NSPs) and brief interventions across Cheshire and Merseyside. Data from the IMS for the 2016-17 financial year is presented alongside an overview of recent research findings and significant developments related to policy in the drugs and alcohol fields. For the first time we have split the report into sections reflecting the three cohort groups which IMS now uses when reporting data. These are described in Figure 1 below: psychoactive injecting drug use (IDU), steroid and image & performance enhancing IDU and non-injecting individuals receiving brief interventions. Where an individual has not stated a main substance, this was imputed by a number of characteristics relating to their presenting to the NSP service: their gender, age profile, type of equipment taken and the number of visits they have made to the service over the course of a year. This was based upon a number of elements:

- Although individuals using NSP services are usually male by a factor of around four to one, they are almost unanimously male in the case of people using IPED (Bates, McVeigh, 2015; Dunn et al 2014)
- People injecting psychoactive substance are older on average than people who inject IPED by around 12 years (Whitfield et al, 2016).
- While data shows that all types of equipment are taken by both people who inject psychoactive substances and people who inject IPED, the latter group are more likely to take longer needles and larger barrels for the purposes of muscular injection (Exchange Supplies, 2017).
- People injecting IPED make less frequent visits to NSP services than those injecting psychoactive substances, although they sometimes take out larger volumes of equipment (McVeigh et al, 2003)

Using the principles above and running the imputation for individuals for whom a primary substance *was* known showed that the model was accurate in 85% of cases. Accordingly it has been possible to allocate individuals who previously did not state a primary substance to one of these two groups and this allows us to look at data in more depth historically, the results of which are discussed towards the end of this report.

PHE have again been able to match IMS figures with National Drug Treatment Monitoring System (NDTMS) data in order to ascertain the total numbers of presenting individuals by local authority. This is a valuable tool for local authorities in estimating prevalence of substance use across their areas, and for the first time we have included prevalence estimated for each local authority area in this report. The estimated cross-matched figures show the significant contribution IMS data makes to the overall picture of drug and alcohol use across the region, the numbers uniquely reporting to IMS 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.

There have been small variations in the number of agencies (low threshold services for people using drugs or alcohol) and pharmacies reporting to IMS although the total figure remains comparable to previous years. However IMS as a system has seen provisional expansion into other areas, offering a solution particularly to voluntary and third sector organisations to evidence the work that they do while also providing a robust, quality data source for PHI that can be utilised for further analysis.

The quarterly IMS report has now been split into two separate reports focussing on data quality and monitoring and aimed at services and commissioners respectively. A dedicated data quality officer within the team has worked closely with IMS reporting services in order to improve both data accuracy and completion rates, and has begun to work with pharmacies in some areas. The ongoing move to electronic reporting by pharmacies in many areas continues apace with only one local authority area reporting Needle and Syringe Programme (NSP) data via paper forms remaining.

For the third year we have included a small section on wellbeing which while not showing clear results for the overall population, shows improvements for individuals citing alcohol as their primary substance. In addition, a positive change in wellbeing is shown for those individuals receiving support related to someone else's drug or alcohol use. We have also included for the first time a section on drug related deaths, since PHI is commissioned to monitor this for five local authority areas, and at a time when deaths are both locally and nationally at record levels, IMS continues to provide key local intelligence on multiple factors where deaths occur.

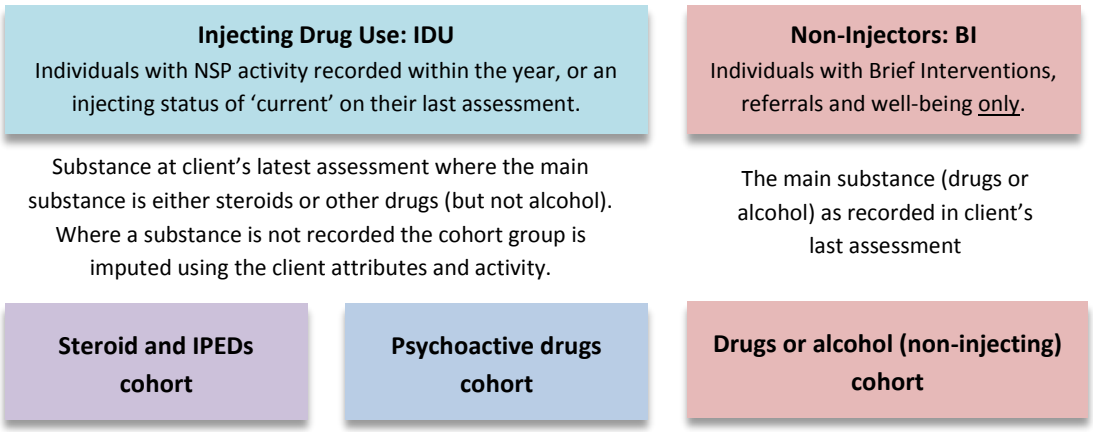


Figure 1 - Definitions for the three new IMS client cohort groups

1. LITERATURE AND CURRENT RESEARCH

SETTING THE SCENE - ALCOHOL

Alcohol misuse is a key public health concern. The Department of Health (2016a) has recommended that there should be greater clarity about guidelines around alcohol consumption, not simply limits and units. Public Health England (2016b) have also outlined the importance of creating alcohol treatment plans for adults, which include national, regional and local setups that help those who need it to enter treatment. It is also important to consider how and why this misuse may occur with research highlighting the impact of alcohol use in adolescence (Gatta et al., 2016) and aspects of psychosocial influence (Lammers et al.,2015) upon drinking behaviours.

Since 1980, sales of alcohol in England and Wales have increased by 42%, from around 400 million litres with a peak high of 567 million litres in 2008 (Public Health England, 2016a). There has been a shift in the way in which alcohol has been sold and consumed. There are numerous reasons why alcohol consumption has increased, while the amount of litres consumed has declined. These include increased consumption by women, a shift to higher strength drinks, increased affordability of alcohol and more alcohol being bought from shops and consumed at home (Public Health England, 2016a). Figures from the Home Office (2016) illustrate that in 2016, the number of alcohol licensees for club premises decreased by 700, which represents a five percent decrease compared to 2014 figure (15,500). In comparison, the number of personal licences increased by 63,000, which represents an 11% increase compared to 2014 (583,500).

In England, alcohol is widely available and consumed by a large proportion of the adult population. Figures from the Health and Social Care Information Centre (HSCIC 2016) suggest that 58% of adults (28.9 million people in Great Britain) reported drinking alcohol in the previous week. In most cases drinking takes place with no adverse effects. In some cases, however, alcohol can lead to significant health issues (Public Health England, 2016b). Alcohol is considered a Grade 1 carcinogen (the most carcinogenic) and can have acute and chronic effects that make up over two-hundred disease conditions. These include cirrhosis of the liver, links to obesity, poorer mental health and acute cases of accidents, injuries or poisoning (APMS, 2016a).

Alcohol related hospital admissions have increased by 32% compared to 2004/05 figures, with an estimated 333,000 admissions relating to alcohol misuse in 2016 (HSCIC, 2016). In 2015, there were 8,758 alcohol-related deaths in the UK (14.2 deaths per 100,000 people in the population). On the whole, alcohol-related death rates in the UK have not changed in recent years, but the rate in 2015 was a record high (Office For National Statistics, 2017a).

There has been a reduction in the number of secondary school children who reported drinking within the previous week (HSCIC, 2016). In 2014, 38% of secondary school students reported having drunk in the previous week, compared to 62% when the survey began in 2003 (HSCIC, 2016).

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

- In England, more than 10 million people (24% of the population) drink at levels that increase their risk of health conditions (Public Health England, 2016b).
- From 2011-2014, 25.7% of adults in England were cited to regularly drink over 14 units per week (current health guidelines) compared to 15.5% of adults in England who abstained from drinking alcohol over the same period (Public Health England, 2016b).
- There were 1.3 licenced premises per km^2 in England in 2015-16 (Public Health England, 2016a).
- The economic burden of alcohol is substantial, with estimates placing the annual cost to be between 1.3% and 2.7% of annual Gross Domestic Product (GDP) (Public Health England, 2017). GDP for 2016 was just below £2 billion (Statista, 2017), meaning the additional financial burden of alcohol could be between £26 million and £54 million.

SETTING THE SCENE - DRUGS

Drug misuse, including intravenous (IV) drug use and the use of image and performance enhancing drugs (IPEDs) and psychoactive substances are considered a continuously developing issue (APMS, 2016b). Drug misuse is defined by the World Health Organisation (WHO) as the use of a substance not congruent with the medical or legal guidelines, for example the non-medical use of prescription medications or the recreational use of illegal drugs (APMS, 2016b).

As with excessive/long-term alcohol consumption, the use of drugs also has health and wellbeing implications for individuals. This harm can be physical, relating to organ damage, increased risk of cancers and damage to skin and veins (Public Health England, 2015b). It can also impact upon mental health and wellbeing; with drugs affecting psychological abilities and drug use being associated with poorer mental health, increased anxiety, drug dependence and depression (Public Health England, 2015b).

Drug misuse and dependence can be harmful to individuals, their families, friends and wider communities, but it is important to note that there are ways to help alleviate these issues. Public Health England (2016c) outline that vital to helping reduce the significance of this issue is prevention, treatment and recovery. It is believed that this will also have a positive effect upon reducing other negative aspects of drug use such as crime, anti-social behaviour and other associated issues. This is why planning to inform and prevent, aid treatment of and allow for a fully supported recovery is vital. This is only possible with the right planning and support from governmental, regional and local community partners and groups (Public Health England, 2016c).

Research suggests cannabis is the most popular drug of choice, and that its use can lead to problematic drug effects such as dependence on cannabis or the use of other drugs (APMS, 2016b). Dependence is commonly but not solely associated with opioid use (such as heroin, codeine and morphine). Approximately 300,000 people are dependent on heroin and/or crack in England (Public Health England, 2016c). Figures are also increasing for other drugs such as cannabis, psychoactive substances and image/performance enhancing substances (Public Health England, 2016c). There is also concern that levels of dependence are increasing for over-the-counter and prescribed medicines (Public Health England, 2016c).

The creation and distribution of new substances is also an issue. A report from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2016) highlighted that Novel Psychoactive Substances (NPS) are developing at an alarming rate. Figures suggest that over recent years there has been a yearly increase of new NPS identified, which allows for further unidentified substances (Shapiro, 2016). It is also suggested that this trend of new NPS is not set to decline and medical/pharmaceutical examination of the drugs cannot be carried out quickly enough (EMCDDA, 2016; Shapiro, 2016).

Image and Performance Enhancing Drugs (IPEDs) are a classification of drugs that are used specifically to alter or modify one's appearance or performance. These include steroids and gym drugs; nootropics (smart drugs – used to enhance brain function, commonly used by people wishing to do continuous work without rest); weight loss tablets, botox, tanning and filler drugs (Lifeline Project, 2017). These drugs have previously been separated from what has been considered conventional drug use as they are largely prevalent in sporting contexts. However, IPEDs are becoming more and more common across the general populations, particularly in England and Wales (Bates and McVeigh, 2016).

Hazards associated with the use of IPEDs include syringe cross contamination (leading to infections and diseases like HIV and hepatitis) (Public Health England, 2016d); personal physical harm (to skin or organs due to self-dosage) (Public Health England, 2015b); and in circumstances where other drugs and alcohol are mixed with IPEDs, accidental death (Lifeline Project, 2017). Public Health England (2015a) highlight that many users of IPEDs have complex needs; this relates to any physical damage that may have occurred but also psychological harm. Often there are side effects of using IPEDs (particularly anabolic steroids) such as anxiety, paranoia and dependency (Bates and McVeigh, 2016). Although accurate prevalence figures for the UK are difficult to obtain, Public Health England knowledges that in many parts of the country IPED users make up a significant proportion of people using needle and syringe programmes, and many have complex health needs highlighting the importance of providing appropriate services for IPED users (Public Health England, 2015a).

When considering a wider public health context, it is important to look at the information relating to treatment and secure setting facilities for these drug misuse issues. The Department of Health (2016b) provides some statistics on adults (people 18 years or older) accessing treatment services in the UK. A total of 288,843 people were in contact with an alcohol or drug related service in the 2015-16 period. The number of people who commenced their treatment during this year was 138,081, with 97% of these people waiting three weeks or less to start treatment.

The reasons for treatment were split into four classifications: opiate (149,807, 52%), non-opiate only (25,814, 9%), non-opiate and alcohol (28,187, 10%), and alcohol only (85,035, 29%). As these figures show, opiate use was the largest reason for treatment followed by alcohol only (The Department of Health, 2016b). There was a 2% decrease in people accessing treatment during this period and these individuals were largely opiate clients (The Department of Health, 2016b).

The Department of Health (2017) also published a similar report that looked at young people (18 years or younger) who were in treatment/secure settings. These include Youth Offending Institute (1,067, 69%), Secure Children's Homes (247, 16%), Secure Training Centres (187, 12%) and Welfare Only Homes (40, 3%). When asked what substance there were being treated for, cannabis was the most cited substance with 91% (1396) of young people reporting it. A further 51% (793) reported that they have problems with their alcohol use. Several other substances were also cited; NPS (121, 8%), cocaine (296, 19%) and nicotine (297, 19%).

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

- There were 15,074 hospital admissions with a primary diagnosis of poisoning by illicit drugs in 2015-16. This is 6% more than 2014-15 and 51% more than 2005/06 (NHS Digital, 2017).
- People in receipt of Employment and Support Allowance (ESA) were more likely to report signs of drug dependence than people who do not receive this benefit. Some of these people will have been eligible for ESA due to their drug dependence and associated physical and mental poor health (APMS, 2016b).
- Approximately one in 200 people who have injected psychoactive drugs is currently living with the hepatitis B infection (Public Health England, 2016d). Levels are similar to that of recent years, which is showing a stability of the infection, suggesting that the number of infections is not becoming more serious.
- According to the 2015-16 Crime Survey for England and Wales, use of any class A drug was around 10 times higher among people who had visited a nightclub at least four times in the past month (18%) compared with those who had not visited a nightclub in the past month (2%). A similar pattern was found for those visiting pubs and bars more frequently (National Institute for Health and Care Excellence, 2017c).

6%

Increase in hospital admissions in 15/16 for poisoning by illicit drugs compared to 14/15

51%

Increase in hospital admissions in 15/16 for poisoning by illicit drugs compared to 05/06

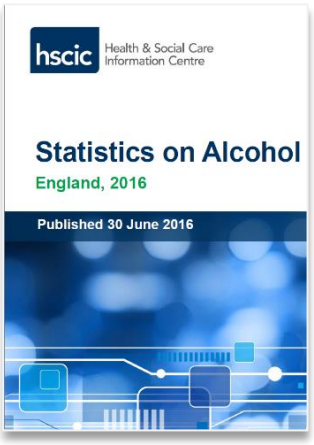
NATIONAL, REGIONAL, AND LOCAL LITERATURE

The literature included in this section covers the period from 1st April 2016 to 31st March 2017 and should be used in conjunction with literature reported upon in previous Integrated Monitoring System reports.

ALCOHOL

STATISTICS ON ALCOHOL, ENGLAND, HEALTH AND SOCIAL CARE INFORMATION CENTRE (HSCIC, JUNE 2016)

This 2016 report seeks to bring together some of the alcohol related statistics that directly link to hospital and health functions. It reports on issues such as:

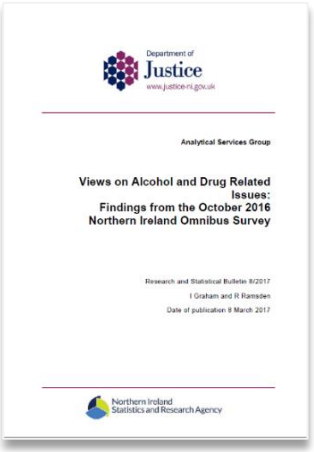


- General information about alcohol and why alcohol is consumed.
- The prevalence of hospital admissions related to alcohol, including nationwide and local area figures that are compared to the previous year, with demographics about individuals and local areas.
- Information about the drinking habits of adults and children. These include frequency of drinking, drunkenness, and preference about drink type. These statistics also look at differences by gender and local area.
- Statistics about the affordability of alcohol in relation to household income.
- The health risks associated with alcohol and how well understood these risks are among adults and children.

Available from: http://content.digital.nhs.uk/catalogue/PUB20999/alc-eng-2016-rep.pdf

RESEARCH AND STATISTICAL BULLETIN 8/2017 - VIEWS ON ALCOHOL AND DRUG RELATED ISSUES: FINDINGS FROM THE OCTOBER 2016 NORTHERN IRELAND OMNIBUS SURVEY (DEPARTMENT OF JUSTICE (NORTHERN IRELAND) AND NORTHERN IRELAND STATISTICS AND RESEARCH AGENCY, 2017)

Several times a year the Northern Ireland Statistics and Research Agency conduct the Northern Ireland Omnibus Survey. The aim of the report is to collect and use the information on alcohol and drug use to help reinforce and adapt to policies within Northern Ireland. These focus on developing community safety and understanding of alcohol and drug use for future policy. The report is designed to build upon the previous September 2015 report. Findings include:

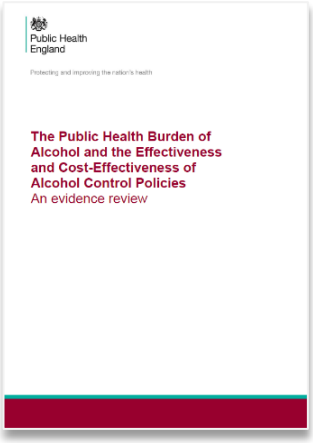


- Results from the October 2016 Northern Ireland Omnibus Survey (NIOS) found that 43.3% of respondents agreed or strongly agreed with the statement 'I am concerned about alcohol related issues in my local area'. This compares to 40.3% of respondents who disagreed or strongly disagreed with the statement.
- When participants were asked to select five issues that concerned them from least to most important, the most cited reasons given for those reporting concern about alcohol related issues in the local area was 'underage drinking' (59.1%) and 'drinking in public places' (33.1%). For drug related issues, 55.0% of respondents stated 'drug use/abuse' was the primary drug related issue in the local area. The secondary issue for respondents in relation to drugs was 'drug dealing' (43.6%).
- Eight out of ten respondents (82.4%) 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 (80.0%) stated there was no change in the level of drug related issues in their local area in the last 12 months.
- Nearly one in 10 respondents (8.8%) had heard of the Northern Ireland Assembly's New Strategic Direction for Alcohol and Drugs Phase 2, 2011-16. This suggests that the findings of the report are not commonly well known.

Available from: https://www.justice-ni.gov.uk/publications/research-and-statistical-bulletin-82017-views-alcohol-and-drug-related-issues-findings-october-2016

THE PUBLIC HEALTH BURDEN OF ALCOHOL AND THE EFFECTIVENESS AND COST-EFFECTIVENESS OF ALCOHOL CONTROL POLICIES AN EVIDENCE REVIEW (PUBLIC HEALTH ENGLAND, 2016A)

This evidence review aims to look at the risks and influences of alcohol and the effectiveness and costing of control policy surrounding policy. The main points from the review include:



- There are over 10 million people drinking at levels that increase their risk of health harm. Among those aged 15 to 49 in England, alcohol is now the leading risk factor for ill-health, early mortality and disability.
- In England, the average age at death of those dying from an alcohol-specific cause is 54.3 years. This compared to the average age of death from all causes of 77.6 years.
- An individual may die by suicide following a single bout of heavy drinking or as a result of suicidal ideation attributable to chronic heavy drinking. In England in 2014-15, there were 5,800 hospital admissions for intentional self-harm and a further 170 admissions for events of undetermined intent, accounting for less than 1% of all alcohol-related hospital admissions. Among men aged 25 to 34 years, intentional self-harm was the leading cause of alcohol-related death and for women in this age group it was the second.

Available from: https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review

ALCOHOL-RELATED DEATHS IN THE UK: REGISTERED IN 2015 (OFFICE FOR NATIONAL STATISTICS, 2017)

The statistical bulletin from the Office for National Statistics includes statistics on alcohol related deaths. These seek to understand the mortality rate and demographic information of these deaths.

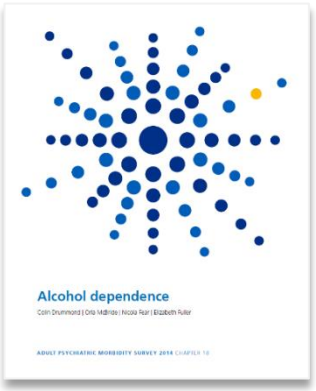
- In 2015, there were 8,758 alcohol-related deaths in the UK, an age-standardised rate of 14.2 deaths per 100,000 population.
- For the UK as a whole, alcohol-related death rates have not changed in recent years, but the rate in 2015 is still higher than that observed in 1994.
- The majority of alcohol-related deaths (65%) in the UK in 2015 were among males. In the same year, rates of alcohol-related death in males and females were highest in those aged 55 to 64 years in 2015.
- Scotland remains the UK country with the highest rate of alcohol-related deaths in 2015 (31 deaths per 100,000 population.) Scotland has also seen the largest decrease in its rates since they peaked in the early 2000's (46 deaths per 100,000 population).

Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015

STATISTICS FROM THE ADULT PSYCHIATRIC MORBIDITY SURVEY (APMS) 2014 CHAPTER 10 ON ALCOHOL DEPENDENCE (DRUMMOND ET AL., 2016)

This chapter from a much broader survey aims to provide some statistical and demographical insight into rates of alcohol dependence in England. Some of the leading statistics are:

- In 2014, 16.6% of adults drank at hazardous levels, 1.9% were harmful or mildly dependent drinkers and 1.2% were highlighted as probably being dependent drinkers. As in previous years, men were more likely than women to drink at hazardous levels and above. Most adults drank at lower risk levels (57.5%) or did not drink at all (22.8%).
- Levels of hazardous drinking have declined in men aged 16-74 years over the past fifteen years (36.8% in 2000; 32.4% in 2007; 27.9% in 2014). These levels have remained stable in women with 13.4% of women drinking at a hazardous level in 2014.
- White British men and women were more likely to drink at hazardous, harmful or dependent levels than their counterparts in other ethnic groups.



Available from: http://content.digital.nhs.uk/catalogue/PUB21748

HOW TO KEEP HEALTH RISKS FROM DRINKING ALCOHOL TO A LOW LEVEL: GOVERNMENT RESPONSE TO THE PUBLIC CONSULTATION (DEPARTMENT OF HEALTH, 2016A).

This update from the Department of Health is a response to a public consolation with the Government. The UK Chief Medical Officer (CMO) worked with local government to help develop plans to keep alcohol related health risks low. The original plans date back to 2012 and have been progressed through to publication. Some of the updates include:

- Aiming to provide a clear guide and understanding to people so they can make informed decisions about drinking alcohol.
- Considerations around the inclusion of a single occasion unit limit for drinking alcohol, i.e., how many units maximum should be drunk in one session.
- Discussion around providing greater clarity about alcohol consumption guidelines, not simply limits and units. The use of language and terminology in coverage of alcohol misuse is important.
- Agreement that information regarding pregnancy and drinking is clear and understandable.

Available from: https://www.gov.uk/government/consultations/health-risks-from-alcohol-new-guidelines

STATISTICS ON DRUG MISUSE. ENGLAND 2017 (NHS DIGITAL [FORMALLY HSCIC], 2017)

This 2017 report seeks to bring together some of the drug misuse related statistics that directly link to hospital and health functions. These include statistics such as:

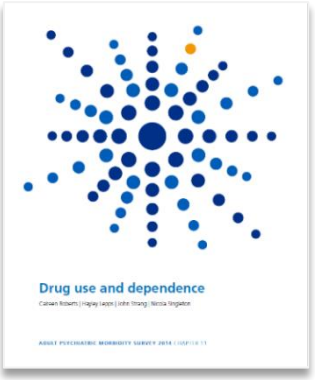
- In 2015-16 drug use for adults aged 16-59 (8.4% of people surveyed) was similar to the 2014-15 figures (8.6%).
- The prevalence of drug use for children (11-16 years old) increased with age. 6% of 11 year olds said they had tried drugs at least once, compared with 24% of 15 year olds
- The prevalence of hospital admissions related to drug use in England. These also include demographic information about individuals and local areas.
- Information about the drug misuse habits of adults and children. These include frequency of drug use, selection of drugs and likelihood to use illicit drugs. These statistics also look at gender and local area differences.
- There is special consideration asking children about their knowledge of drugs, particularly legal highs.

Available from: http://www.content.digital.nhs.uk/catalogue/PUB23442

STATISTICS FROM THE ADULT PSYCHIATRIC MORBIDITY SURVEY (APMS) 2014. CHAPTER 11 ON DRUG USE AND DEPENDENCE (ROBERTS ET AL., 2016

This chapter from a much broader survey aims to provide some statistical and demographical insight into rates of drug use and dependence in England. Some of the leading statistics are:

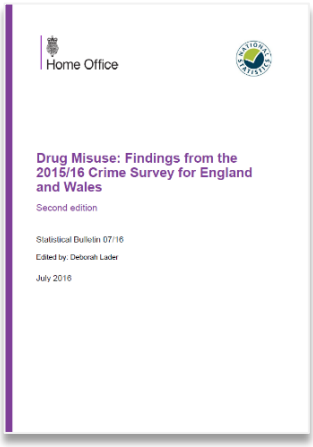
- Cannabis was the most commonly used drug in the past year. Among those 16–24 year olds who had completed the survey, 23.7% of men and 16.2% of women had used it in the past year, followed by ecstasy, cocaine, ketamine and mephedrone. Ketamine and mephedrone use was rarely reported by people in older age-groups.
- Overall, 3.1% of adults who completed the survey recognised they showed signs of dependence on drugs (based upon daily use, inability to abstain and withdrawal symptoms) – 2.3% showed signs of dependence on cannabis only and 0.8% with signs of dependence on other drugs (with or without cannabis dependence as well). After increases in the 1990's, the overall rate of perceived dependence has remained stable since 2000.
- Half (50.1%) of people with signs of dependence on drugs other than cannabis were in receipt of mental health treatment at the time of taking part in the survey. In contrast, those with signs of dependence on cannabis only (12.6%) had similar mental health treatment rates to the rest of the population in the survey (11.2%).



Available from: http://content.digital.nhs.uk/catalogue/PUB21748

DRUG MISUSE: FINDINGS FROM THE 2015/16 CRIME SURVEY FOR ENGLAND AND WALES. SECOND EDITION, STATISTICAL BULLETIN 07/16 (HOME OFFICE, 2016B).

This release covers the extent and trends of drug use for adults and children while looking at frequency of drug use in households, area characteristics and lifestyle factors. It also considers the use of new psychoactive substances and perceived accessibility to and ease of obtaining illicit drugs. Key findings include:

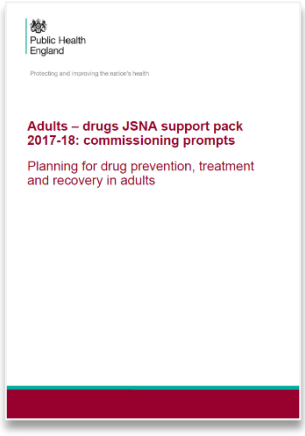


- Around 1 in 12 (8.4%) adults surveyed who were aged 16 to 59 had taken a drug in the last year. This equated to around 2.7 million people in England and Wales.
- Less than five percent (4.3%) of adults surveyed who were aged 16 to 59 had taken a drug in the last month, compared to nearly 1 in 10 (9.1%) young adults aged 16 to 24 who had.
- The majority of last year NPS users had also used another drug in the last year. Among adults aged 16 to 59 who had used an NPS, 84.9% had used another drug in the last year. This proportion was similar for young adults aged 16 to 24 (85.2%).
- Herbal smoking mixtures were the most commonly used NPS in the last year. More than half (52%) of those surveyed who were aged 16 to 59 years old had taken such a substance on the last occasion that they used NPS.
- Younger people were shown to be more likely to take drugs than older people, while men are more likely to take drugs than women. Urban areas were more associated with drug use (including NSP) than rural areas as were visits to the pub, bars and nightclubs compared to staying at home.

Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564760/drug-misuse-1516.pdf

ADULTS – DRUGS JSNA SUPPORT PACK 2017-18: COMMISSIONING PROMPTS; PLANNING FOR DRUG PREVENTION, TREATMENT AND RECOVERY IN ADULTS (PUBLIC HEALTH ENGLAND, 2016C).

This report aimed to outline ways in which drug prevention and treatment could be implemented in 2017/18. There is a large focus on understanding the current status of drugs, how they are used and how national and regional support links may be used effectively. Key points include:



- Early intervention and identification to prevent drug misuse and dependence. This is underpinned by numerous policies and using evidence-based programmes to add further support.
- Establishing strong community-connected links that promote information sharing and encourage individuals to make the best use of the available prevention and intervention services.
- Putting more interventions in place to increase knowledge about the harm to health drug use can have is necessary from local/national authorities. This information needs to be aimed at those who use drugs and those who do not. For example, many drug users are not aware of the health risks with injecting drugs.
- The need for treatment provision that is goal orientated, effective, high-quality and productive. There needs to be a shared information base from all health partners to help facilitate recovery from drug misuse. Recovery should also focus on providing support from peers and others in the local community. Patriotically it is argued that facilitators of recovery should ensure they work with partners to produce the best recovery solutions.

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

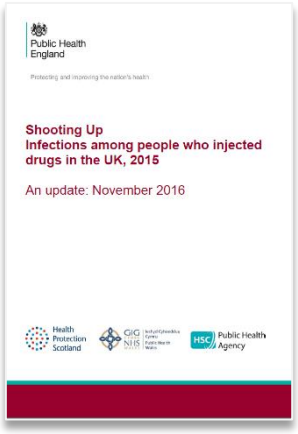
DRUG MISUSE PREVENTION: TARGETED INTERVENTIONS. NICE (NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE) GUIDELINES (NICE, 2017)

NICE have compiled a large amount of information that is targeted at professionals and people who work with drug users and people who take drugs. The document aims to help increase awareness and aid prevention of drug taking. Some of the key points of the guideline include:

- Use of any 'Class A' drug was around 10 times higher among people who had visited a nightclub at least four times in the past month (18%) compared with those who had not visited a nightclub in the past month (2%). A similar pattern was found for those visiting pubs and bars more frequently.
- The report noted that the literature review for cost-effectiveness evidence did not find any studies that were directly relevant to drug misuse prevention in the UK. Health economic modelling was undertaken to provide cost-effectiveness evidence for this guideline. This was done to help shape the future design of drug misuse services.
- Recommendations that drug misuse prevention interventions should be delivered through a range of existing services for people in groups at risk, rather than setting up dedicated services. These services include primary and secondary health services, specialist services, community-based criminal justice groups and emergency services.

Available from: https://www.nice.org.uk/guidance/ng64

SHOOTING UP. INFECTIONS AMONG PEOPLE WHO INJECTED DRUGS IN THE UK, 2015. AN UPDATE: NOVEMBER 2016 (PUBLIC HEALTH ENGLAND, 2016D).



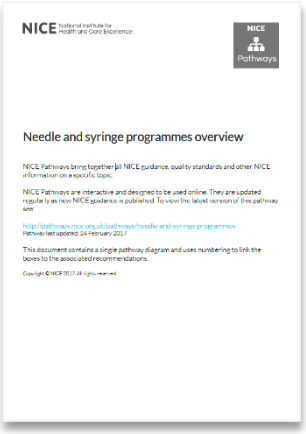
- In 2015 in England, Wales and Northern Ireland, 1.0% of the people who inject psychoactive drugs surveyed were HIV positive. Among those attending needle and syringe programmes in Scotland during 2015-16, 1.9% were HIV positive.
- Approximately nine out of ten hepatitis C infections diagnosed in the UK are thought to have been acquired through injecting drug use. Across the UK, nearly 13,000 positive test results for hepatitis C were reported during 2015.
- The proportion of people who inject psychoactive drugs ever infected with hepatitis B in England, Wales and Northern Ireland has halved over the past 10 years, falling from 28% in 2006 to 13% in 2015. In 2015, only 0.41% had a current hepatitis B infection, similar to the level seen in recent years. It is suggested that this is due to the increased update of the hepatitis B vaccine. The proportion of individuals receiving at least one dose of the vaccine have increased from 59% in 2005 to 75% in 2015. Figures have remained stable in recent years across England, Wales and Northern Ireland.
- There has been a slight decrease over the last ten years in those injecting psychoactive drugs in England, Wales and Northern who reported that they had experienced an abscess, sore or open wound during the past year (33%, 2015; 35%, 2006). These symptoms appear to be slightly more prevalent in women (38%) compared to men (31%). The reason for this difference is unclear.

Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567231/Shooting_Up_2016_Update.pdf

NEEDLE AND SYRINGE PROGRAMMES OVERVIEW (NICE, 2017B)

NICE needle and syringe programmes overview considers the functioning of current programmes and the development of new programmes. Some of the key points include:

- The importance of ensuring needle and syringe programmes are taking place and that they effectively reach out to the community. The overview highlighted that more needs to be done to work with people from different demographic areas who may need help.
- Improvements need to be made in the collection and analysis of data on injecting drug use. The purpose of this is to help increase awareness of the prevalence of infections and diseases. This includes ensuring the up-to-date recording of drug type in line with the ever-changing drug landscape.
- The identified need for the development of policy specific to young people. This is due to a high drug use prevalence in this age group and increased access/ease of access. Such policy should include understanding the difficulties young people face and attempting to understand their drug use/injecting habits.


NICE National Institute for Health and Care Excellence

NICE Pathways

Needle and syringe programmes overview

NICE Pathways bring together all NICE guidance, quality standards and other NICE information on a specific topic.

NICE Pathways are interactive and designed to be used online. They are updated regularly as new NICE guidance is published. To view the latest version of this pathway see

http://pathways.nice.org.uk/pathways/needle-and-syringe-programmes

Pathway last updated: 24 February 2017

This document contains a single pathway diagram and uses numbering to link the boxes to the associated recommendations.

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NICE guidance available from: https://www.nice.org.uk/guidance/ph52

Updated overview and pathway charts: https://pathways.nice.org.uk/pathways/needle-and-syringe-programmes

https://pathways.nice.org.uk/pathways/needle-and-syringe-programmes/needle-and-syringe-programmes-overview.pdf

EXAMPLES OF RESEARCH WITHIN THE PUBLIC HEALTH INSTITUTE

Below are examples of research conducted and completed at the LJMU Public Health Institute, during the period from 1st April 2016 to 31st March 2017, alongside research that is currently taking place.

NATIONAL IPED INFO SURVEY

The use of image and performance enhancing drugs (IPEDs) 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 Public Health Institute in collaboration with Public Health Wales undertook the largest survey of people who use IPEDs in 2015. The survey examined use amongst a sample of 663 individuals recruited from needle and syringe programmes and gym and sporting settings across England, Wales and Scotland, exploring participants' experiences relating to their IPED use. Another large survey of this group was undertaken in 2016, with an increased emphasis on recruiting participants outside of health service settings. This survey closed in December 2016, and its findings will be available on PHI's website.

HEALTH RESPONSES TO NEW PSYCHOACTIVE SUBSTANCES (NPS)

The emergence of Novel Psychoactive Substances (NPS) over the last decade poses an important challenge to drug policy. While prevalence levels of NPS use remain low in the general European population, there are important concerns with more problematic forms of use and harms in particular risk groups across different health and social settings. Important public health issues have arisen as a consequence of their use, although the real extent of these harms across Europe remains unknown. Initial responses to NPS in Europe have largely been regulatory, focusing on their supply using legislative tools but, as the phenomenon evolves, it has increasingly become a priority to formulate and implement effective public health responses. While information and our understanding on the availability and use of NPS has increased, there are still considerable knowledge gaps on current practices and even on the challenges and needs of European health professionals who are responding to use and harms caused by these novel substances.

To address this lack of evidence and information, a rapid review of the literature was conducted for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) following a two-day consultation with a range of European experts working in a number of settings across Europe. A settings-based approach was taken to draw attention to specific issues faced by a number of high risk groups and health professionals, and the health and intervention responses that are available in these settings. High risk user groups identified include 'partygoers'/ nightlife attendees; individuals presenting to emergency departments; people in prison; existing problematic users and people who inject drugs (PWIDs); and men who have sex with men (MSM).

The report provides an overview of:

- the current situation in terms of NPS use and harms across Europe;
- the challenges posed to European health professionals by an increasingly diverse and dynamic drug market; and
- available health and drug-related interventions to reduce and prevent use and potential harms of New Psychoactive Substances (NPS) including acute care in emergency settings, drug treatment, harm reduction and prevention activities delivered over the internet and in various interventions settings (schools, specialist treatment centres, low-threshold, nightlife, sexual health and custodial settings).

The report was published by the EMCDDA in June 2016. Drawing on the research, an online NPS module aimed at professionals was also developed and is available via the EMCDDA website. The report can be found here: http://www.emcdda.europa.eu/topics/pods/health-responses-to-nps

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

The Public Health Institute 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 was to be completed by the end of August 2016 and is currently being written up.

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

This research was funded by Alcohol Research UK. The main objective of this research was to explore the impact that alcohol consumption can have on the homeless population. Merseyside was used as a case study for this research and local services that provide care and advice for those who are homeless assisted with the recruitment of participants.

A novel multi-method approach combining life history calendars was used alongside a participatory photography exercise. The life history calendar approach was used with 15 participants and provided a structured approach to 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 were invited to take part in the participatory photography, which involved producing images that reflect their experiences of being homeless and how their alcohol consumption had changed.

This research was published in March 2017.

Full report available here: http://alcoholresearchuk.org/alcohol-insights/an-exploration-of-the-role-of-alcohol-in-the-life-experiences-of-the-homeless-population-in-merseyside-uk

ALCOHOL'S HARM TO OTHERS: THE HARMS FROM OTHER PEOPLE'S ALCOHOL CONSUMPTION IN WALES

Internationally, there is growing recognition of the harms that an individual's alcohol consumption can cause to those around them (referred to as alcohol's harms to others). Consequently, research into this issue has started to emerge highlighting the nature, extent and costs of alcohol's harms to others across various populations. This report looks at the harms from other people's alcohol consumption in Wales.

This study provides an initial overview of the experience of alcohol's harms to others amongst adults in Wales. Whilst further research is needed, the prevalence of alcohol's harms to others identified should act as a catalyst for policymakers, practitioners and the public, to both consider and work towards addressing the wide ranging effects of alcohol use.

The full report is available from: http://www.cph.org.uk/wp-content/uploads/2016/09/PHW-Harms-to-Others-Report-E7.pdf

2. INTEGRATED MONITORING SYSTEM - SUMMARY

2.1. IMS COHORT SUMMARY:

During the 2016-17 year 25,024 individuals in total reported to the IMS, a slight decrease of 4.4% on the previous year but this is mainly accounted for by a dip in the number of individuals who have received a brief intervention. The largest group of individuals in the IMS dataset reside in Liverpool (43.8%) with other areas reporting between 5.3% (Cheshire East) and 10.5% (Sefton) of the total.

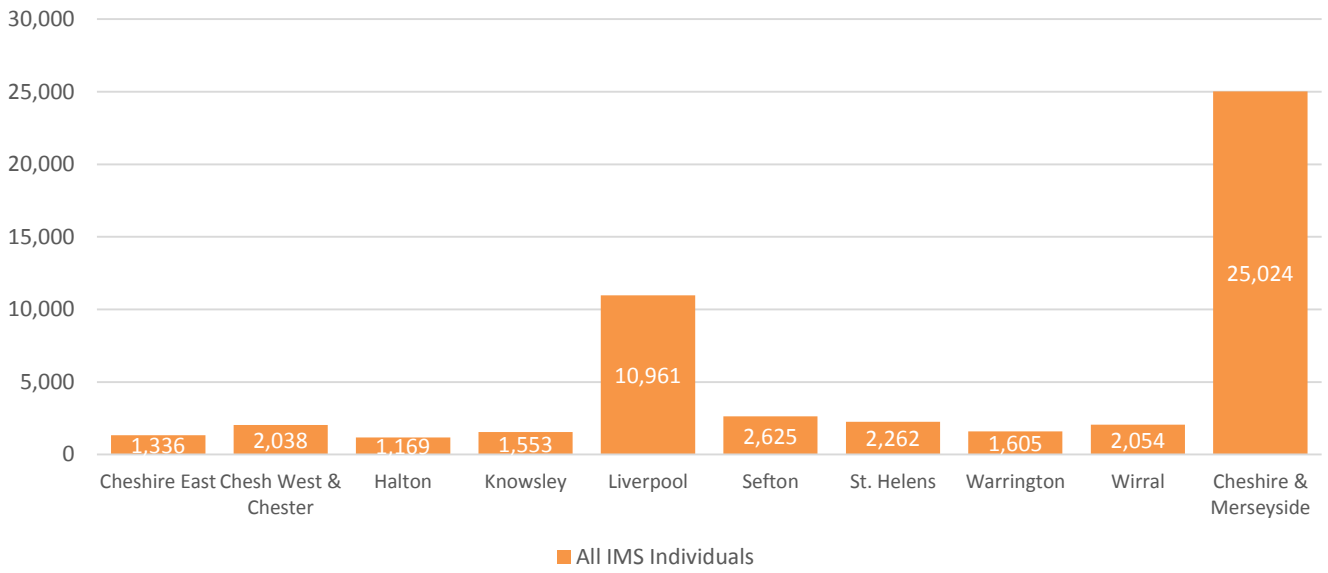


Figure 2- All IMS individuals by local authority, 2016-17

For the first year, the IMS client group has been broken down into 3 cohorts representing Injecting Drug Use (IDU) of Psychoactive Drugs, IDU of steroids and IPEDs, and non-injecting individuals in receipt of a brief intervention. Proportionally, Liverpool has the highest percentage of psychoactive IDU (46.3%) and Cheshire East the highest percentage of steroid/IPED IDU (61.8%). Knowsley has the highest percentage of those receiving brief interventions only (53.2%).

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS Individuals
Cheshire East	511	825	0	1,336
Cheshire West & Chester	862	1,174	2	2,038
Halton	127	539	503	1,169
Knowsley	300	427	826	1,553
Liverpool	5,080	2,940	2,941	10,961
Sefton	957	595	1,073	2,625
St. Helens	950	922	390	2,262
Warrington	578	775	252	1,605
Wirral	835	943	276	2,054
Cheshire & Merseyside[2]	**9,913**	**9,022**	**6,089**	**25,024**

Table 1 - All IMS individuals by cohort and local authority, 2016-17

[2] Some individuals may have presented in more than one area, therefore this figure will be less than a sum of the separate local authority totals.

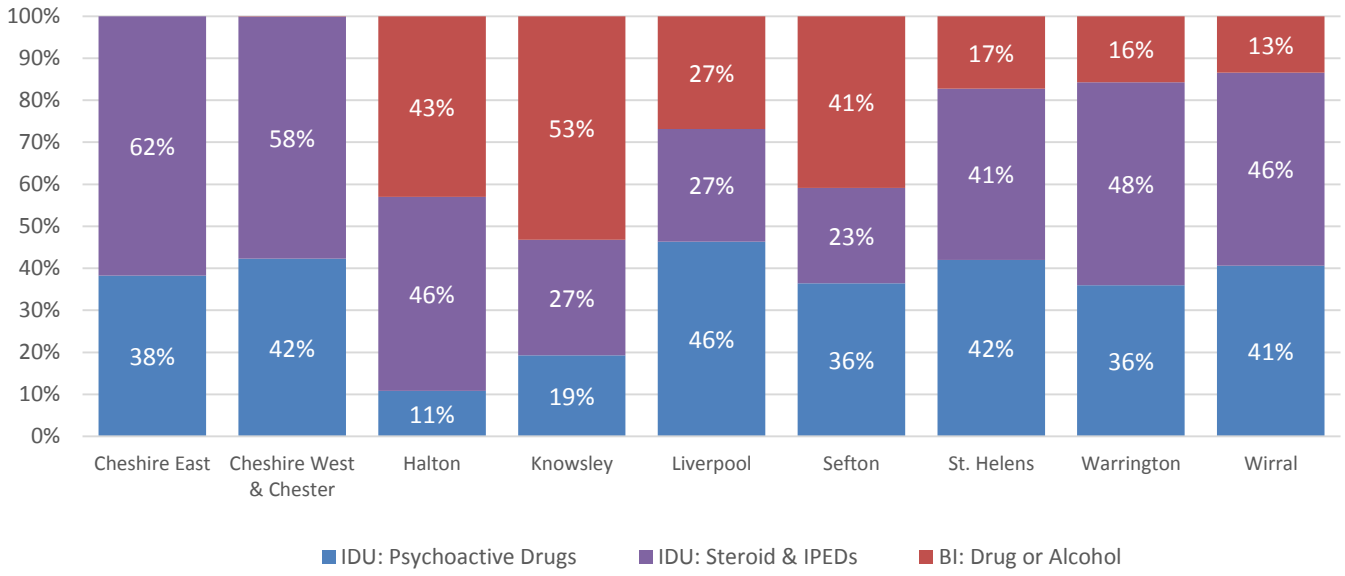


Figure 3 - All IMS individuals, percentage split by cohort group, 2016-17

Looking at IDU only, Liverpool again has the highest level proportionally of psychoactive drug injectors (63.1%) while Halton has the largest proportion of steroid/IPED injectors (81.4%). The average proportion of psychoactive IDU across the nine local authority areas is 52.2%.

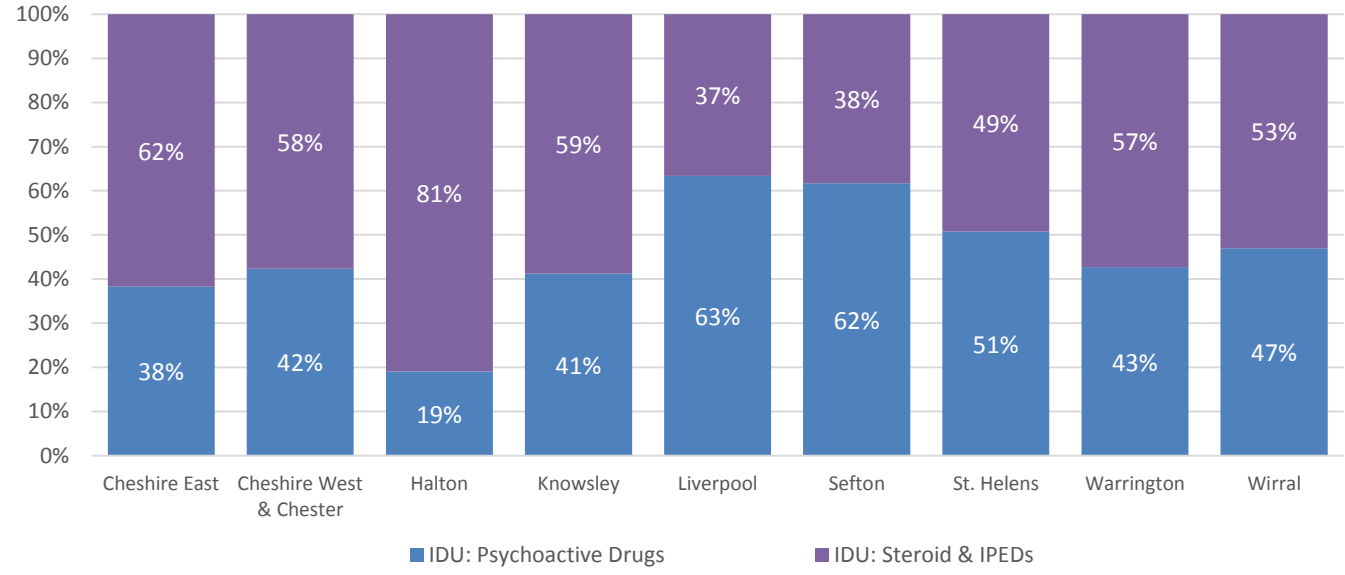


Figure 4 - IDU individuals, percentage split by cohort group, 2016-17

2.2. ANNUAL IMS FIGURES 2013-14 TO 2016-17

ANNUAL NUMBERS RECORDED, FOR ALL IMS INDIVIDUALS

The number of individuals reporting to IMS has stayed fairly static over the last four years, with the exception of 2014-15 which saw a 21.2% rise on the previous year due to an increase in the number of individuals using NSP services. The overall slight decrease in 2016-17 from the previous year is mainly accounted for by decreases in some of the larger areas as opposed to smaller areas such as Cheshire West and Chester and Knowsley which saw an increase in their numbers.

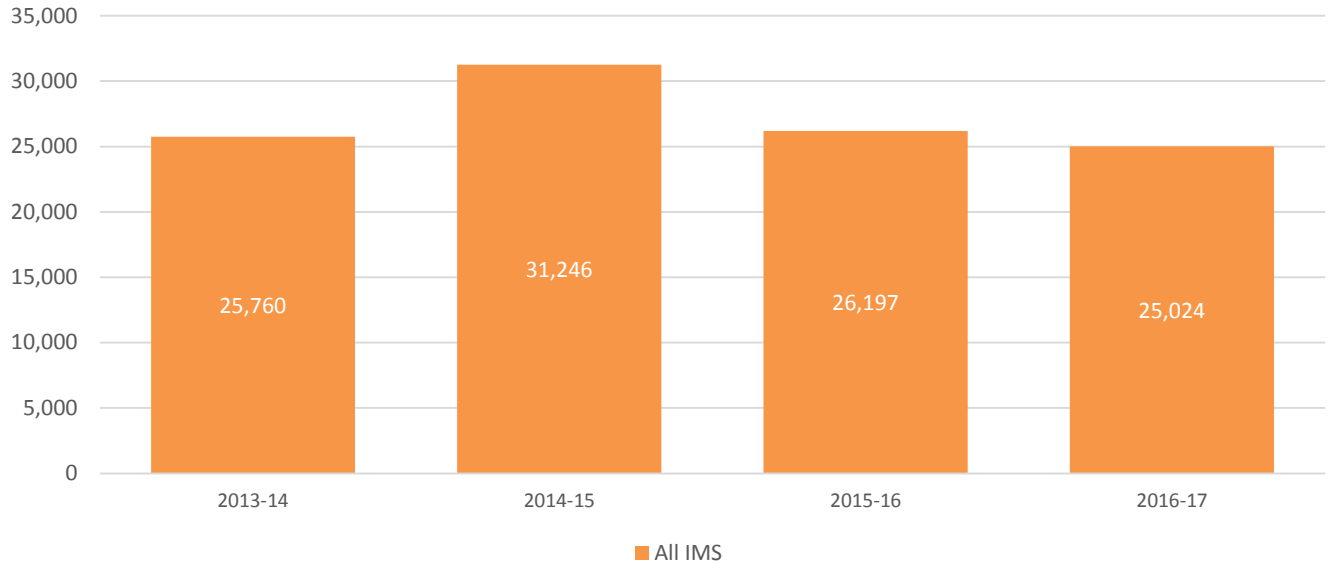


Figure 5 - Annual client numbers 2013-14 to 2016-17, all IMS individuals

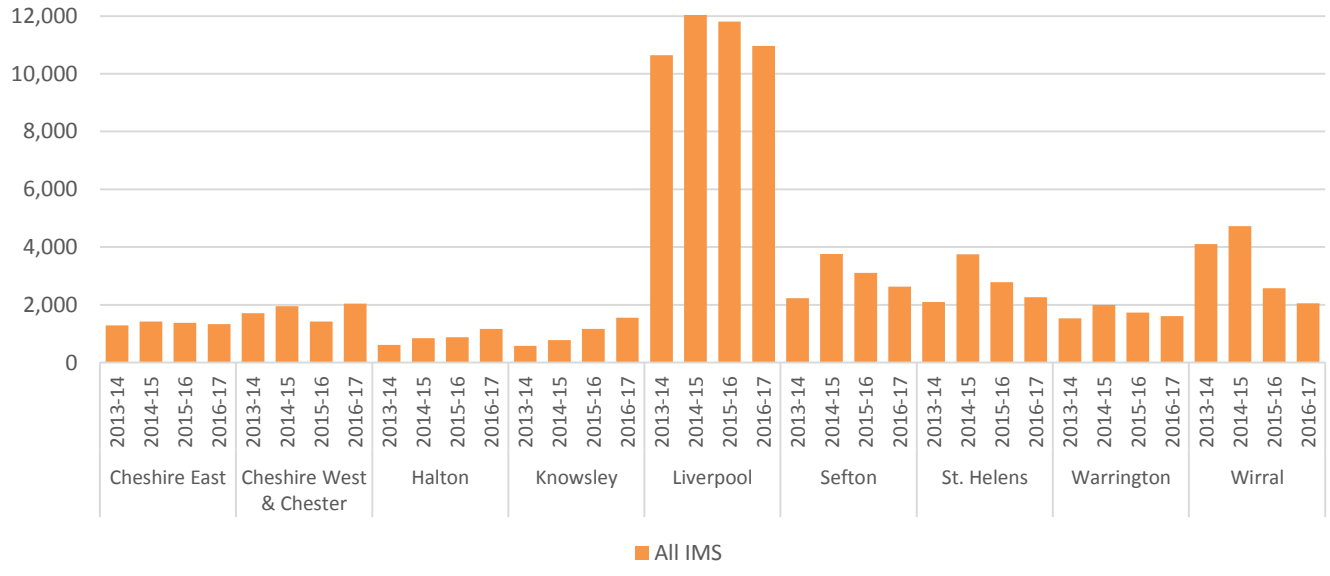
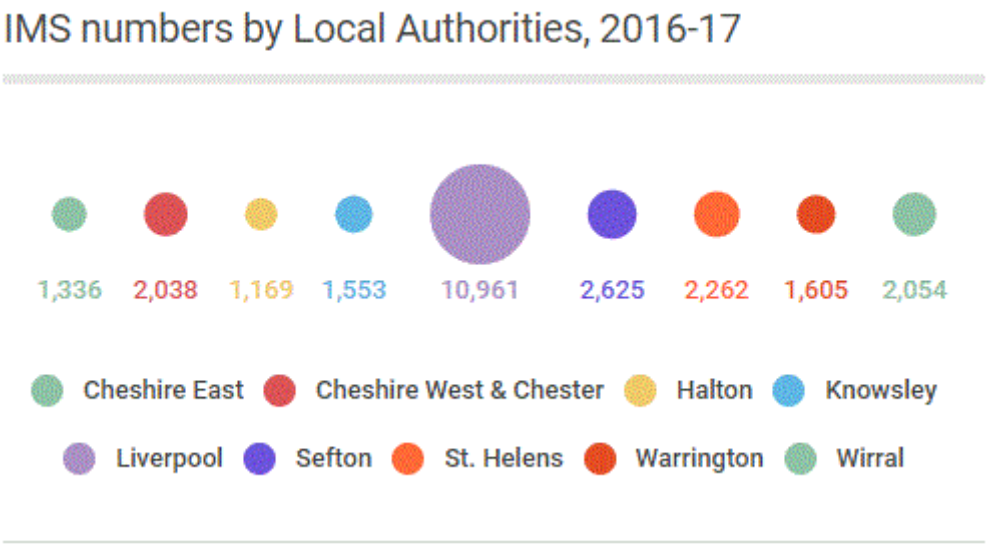


Figure 6 - Annual client numbers 2013-14 to 2016-17, all IMS individuals, by local authority

All IMS Individuals	2013-14	2014-15	2015-16	2016-17
Cheshire East	1,293	1,425	1,374	1,336
Cheshire West & Chester	1,713	1,954	1,417	2,038
Halton	608	845	874	1,169
Knowsley	583	783	1,170	1,553
Liverpool	10,579	12,658	11,804	10,961
Sefton	2,234	3,762	3,103	2,625
St. Helens	2,092	3,744	2,783	2,262
Warrington	1,531	1,996	1,730	1,605
Wirral	4,102	4,720	2,570	2,054
Cheshire & Merseyside	**25,760**	**31,246**	**26,197**	**25,024**

Table 2 - All IMS individuals, annual client numbers 2013-14 to 2016-17,



While the number of individuals receiving brief interventions has declined over the last three years and the number for the psychoactive IDU cohort has decreased slightly, the number for the steroid and IPED IDU cohort has increased by 12.6% since 2015-16. Cheshire West and Chester, Liverpool, Sefton and Wirral have all seen an increase in the number of individuals using NSP services since 2015-16.

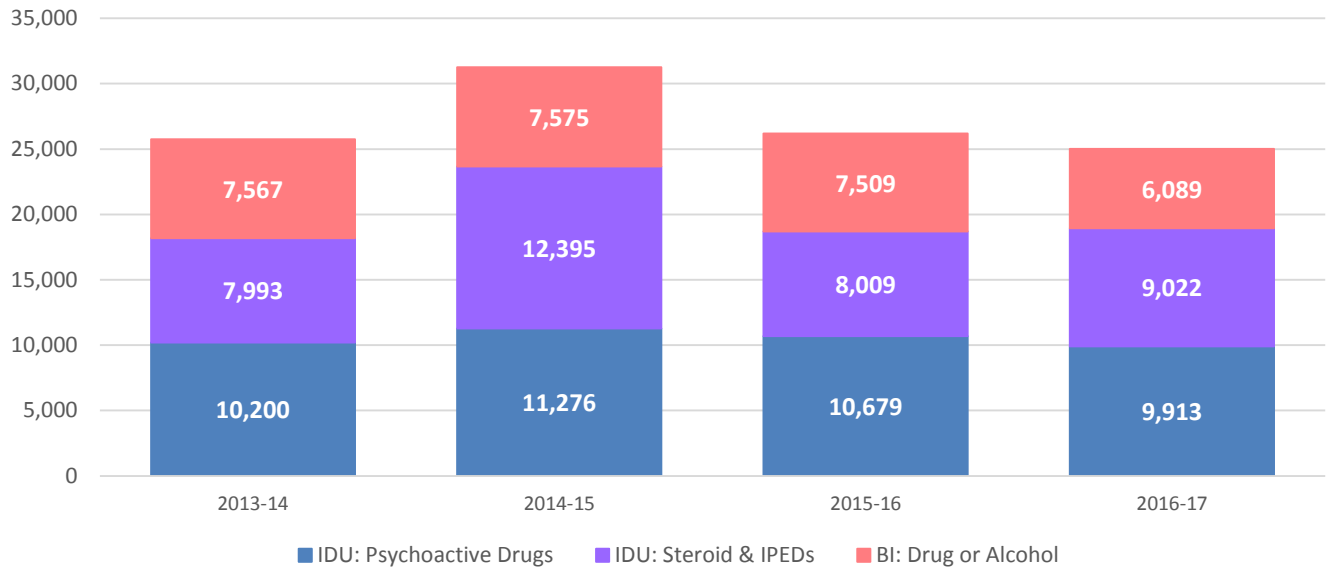


Figure 7 - Annual client numbers 2013-14 to 2016-17, client cohort group split

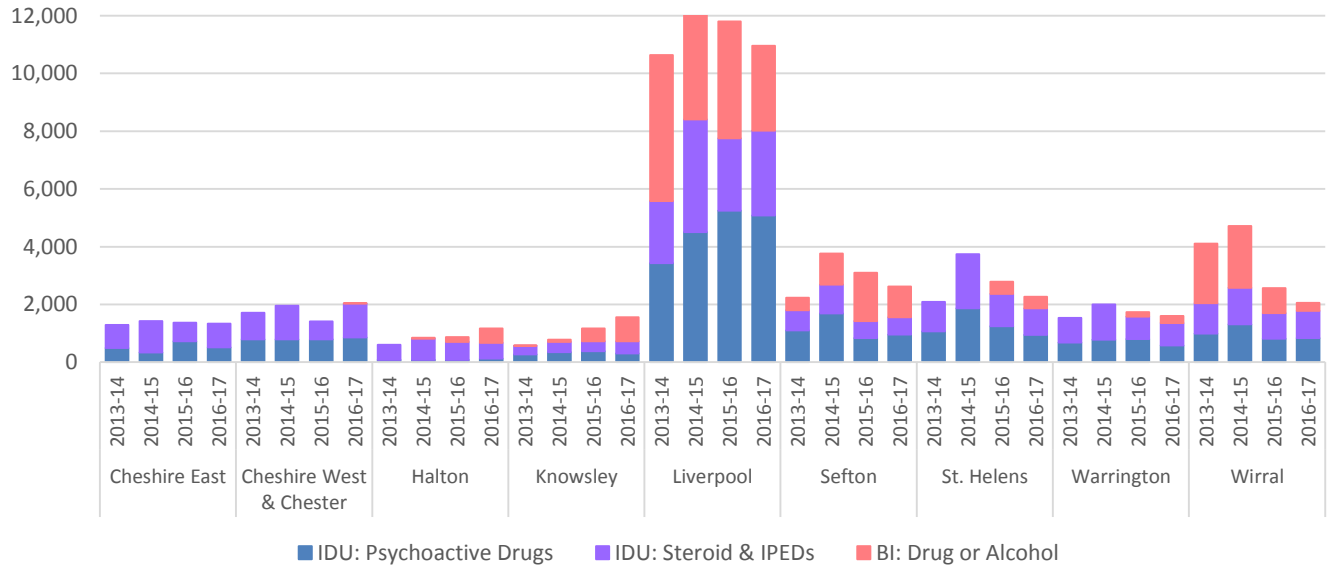


Figure 8 - Annual client numbers 2013-14 to 2016-17, client cohort group split, by local authority

2.3. CROSS MATCHING - IMS, NDTMS, AND CRIMINAL JUSTICE DATASETS

COMBINED CLIENT GROUP - CHESHIRE AND MERSEYSIDE

This section looks at the combined data from the Integrated Monitoring System (IMS), the Criminal Justice Dataset (CJD which includes DIP for four local authority areas) and the 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 1st April 2016 and 31st March 2017 within any of the nine local authority areas in Cheshire and Merseyside, and the result of this data cross match exercise combined with publicly available NDTMS 2016-17 data have been used to produce estimations of the combined client group.

The estimated combined client group in contact with services during 2016-17 totalled 40,645 individuals, representing a 4.0% decrease on 2015-16.

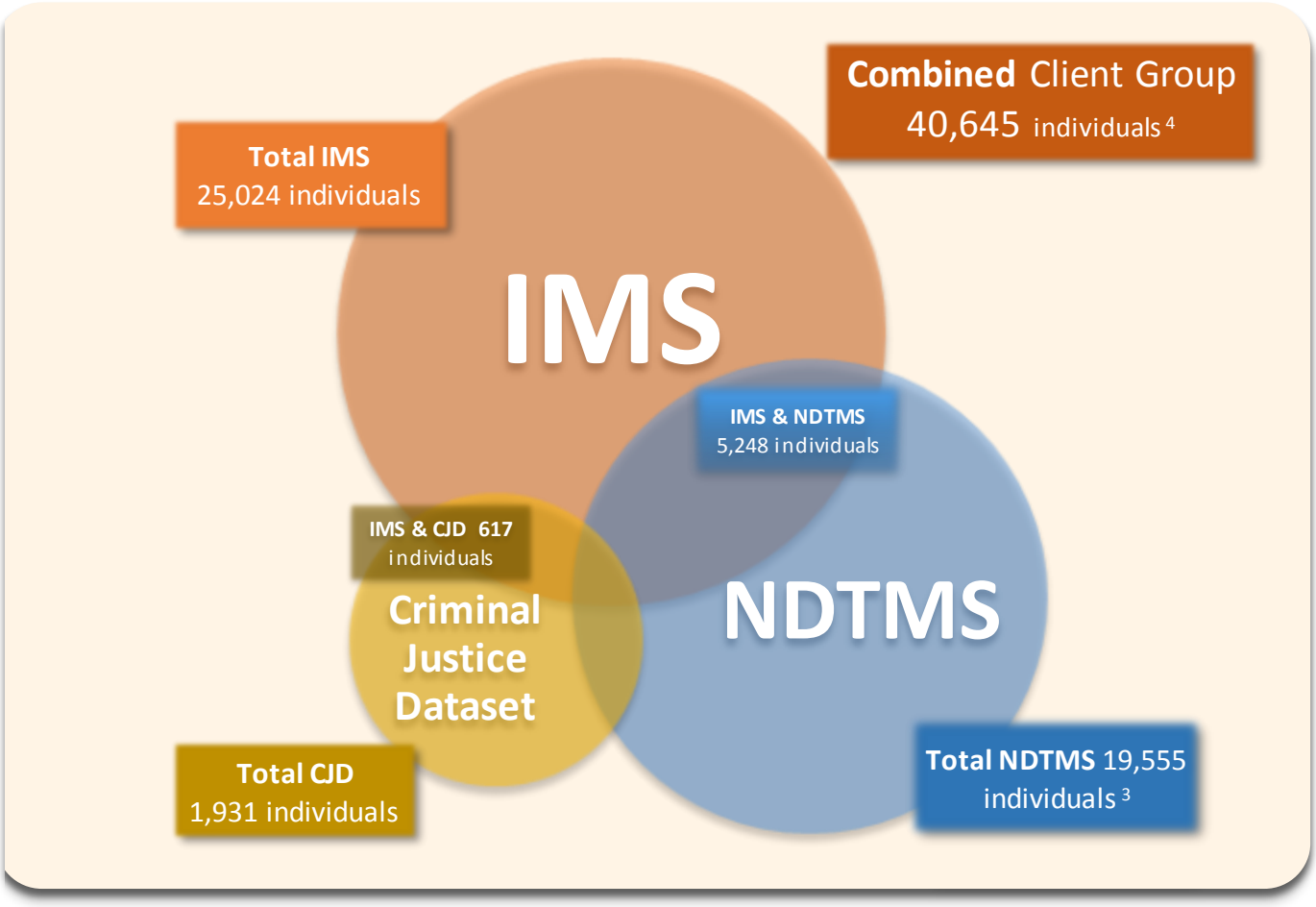


Figure 9 - Estimated combined client group Cheshire and Merseyside, 2016-17

Tables 3 and 4 shows the number of individuals appearing in the three datasets, broken down by cohort and then by combined client group. While Table 5 shows an overall 4.0% decline in overall numbers for the combined client group, this figure reflects a mixture of some areas having increased IMS numbers while nearly all areas had fewer individuals reported to NDTMS, and all areas reporting to the CJD had fewer individuals than the previous year.

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS individuals total	All CJD individuals total	All NDTMS individuals total[3]
Cheshire East	511	825	0	1,336	-	1,209
Cheshire West & Chester	862	1,174	2	2,038	-	1,540
Halton	127	539	503	1,169	-	900
Knowsley	300	427	826	1,553	113	1,250
Liverpool	5,080	2,940	2,941	10,961	902	5,611
Sefton	957	595	1,073	2,625	321	2,716
St. Helens	950	922	390	2,262	197	1,474
Warrington	578	775	252	1,605	-	1,381
Wirral	835	943	276	2,054	598	3,474
Cheshire & Merseyside	**9,913**	**9,022**	**6,089**	**25,024**	**1,931**	**19,555**

Table 3 - Number of IMS, CJD, and NDTMS individuals by Local Authority, 2016-17

Local Authority	All IMS Individuals	CJD clients matching to IMS	NDTMS clients matching to IMS	Combined Client group[4]
Cheshire East	1,336	-	244	2,301
Cheshire West & Chester	2,038	-	301	3,277
Halton	1,169	-	469	1,600
Knowsley	1,553	69	659	2,188
Liverpool	10,961	263	1,637	15,574
Sefton	2,625	132	1,296	4,234
St. Helens	2,262	90	409	3,434
Warrington	1,605	-	154	2,832
Wirral	2,054	158	439	5,529
Cheshire & Merseyside	**25,024**	**617**	**5,248**	**40,645**

Table 4 - Estimated combined client group by Local Authority, 2016-17

Local Authority	IMS	Criminal Justice Data	NDTMS	Combined Client group
Cheshire East	-2.8%	-	-15.6%	-7.1%
Cheshire West & Chester	43.8%	-	-15.1%	11.9%
Halton	33.8%	-	-16.5%	-8.5%
Knowsley	32.7%	-34.3%	-19.0%	-10.5%
Liverpool	-7.1%	-51.0%	-10.1%	-10.5%
Sefton	-15.4%	-37.1%	-8.9%	-3.0%
St. Helens	-18.7%	-40.1%	10.2%	-8.4%
Warrington	-7.2%	-	1.8%	-0.9%
Wirral	-20.1%	-7.0%	-4.5%	-5.2%
Cheshire & Merseyside	**-4.5%**	**-44.7%**	**-8.7%**	**-4.0%**

Table 5 - Percentage change by client group, compared with 2015-16

[3] NDTMS Monthly 'Number in Treatment' YTD figures. Data source: https://www.ndtms.net/Reports.aspx Accessed: 9th Nov 2017

[4] The combined client group is an estimate of the total number of clients based on data cross matching between IMS and CJIP, and IMS and NDTMS data. We are unable to cross match data between Criminal Justice Data and NDTMS.

Table 9 shows that an average of 21.0% of individuals reporting to IMS also appeared in the NDTMS dataset, a decrease from 30.3% in 2015-16. For those identifying steroids or an IPED as their primary substance, this number varied by local authority between 2.0% in Halton and 8.7% in Cheshire East. For those identifying a psychoactive drug such as heroin as their primary substance, the proportions in both datasets was considerably higher, ranging from 13.0% in Liverpool to 37.8% in Halton. Across all local authority areas, the proportion of psychoactive substance injectors not in structured treatment within the past year was 80.1%.

	0 - 18	19 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Female	18	155	446	553	257	89	**1,518**
Male	23	318	969	1,544	722	154	**3,730**
All IMS	**41**	**473**	**1,415**	**2,097**	**979**	**243**	**5,248**

Table 6 - Number of IMS individuals matching to NDTMS, by age and gender

	0 - 18	19 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Female	15.9%	27.6%	35.8%	39.8%	38.6%	22.3%	34.7%
Male	13.1%	7.5%	14.8%	24.2%	29.3%	18.1%	18.1%
All IMS	**14.2%**	**9.9%**	**18.2%**	**27.0%**	**31.3%**	**19.4%**	**21.0%**

Table 7 - Proportion of IMS individuals by age and gender who match to NDTMS

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS Individuals
Cheshire East	172	72	0	244
Cheshire West & Chester	220	81	0	301
Halton	48	11	410	469
Knowsley	81	15	563	659
Liverpool	660	73	904	1,637
Sefton	258	17	1,021	1,296
St. Helens	268	54	87	409
Warrington	122	27	5	154
Wirral	337	47	55	439
Cheshire & Merseyside	**1,969**	**384**	**2,895**	**5,248**

Table 8 - Number of IMS individuals matching to NDTMS, by Local Authority and cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS Individuals
Cheshire East	33.7%	8.7%	-	18.3%
Cheshire West & Chester	25.5%	6.9%	-	14.8%
Halton	37.8%	2.0%	81.5%	40.1%
Knowsley	27.0%	3.5%	68.2%	42.4%
Liverpool	13.0%	2.5%	30.7%	14.9%
Sefton	27.0%	2.9%	95.2%	49.4%
St. Helens	28.2%	5.9%	22.3%	18.1%
Warrington	21.1%	3.5%	2.0%	9.6%
Wirral	40.4%	5.0%	19.9%	21.4%
Cheshire & Merseyside	**19.9%**	**4.3%**	**47.5%**	**21.0%**

Table 9 - Proportion of IMS individuals by Local Authority and cohort group who match to NDTMS

The number of individuals recorded in IMS who also appeared in the criminal justice dataset ranged from 2.4% in Liverpool to 7.7% in Wirral, although it should be noted that only five of the nine local authorities reporting to the CJD dataset.

	0 - 18	19 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Female	0	17	51	43	10	0	**121**
Male	0	91	162	191	46	6	**496**
All IMS	**0**	**108**	**213**	**234**	**56**	**6**	**617**

Table 10 - Number of IMS individuals matching to CJD, by age and gender

	0 - 18	19 - 29	30 - 39	40 - 49	50 - 59	60+	Total
Female	0.0%	3.0%	4.1%	3.1%	1.5%	0.0%	2.8%
Male	0.0%	2.1%	2.5%	3.0%	1.9%	0.7%	2.4%
All IMS	**0.0%**	**2.3%**	**2.7%**	**3.0%**	**1.8%**	**0.5%**	**2.5%**

Table 11 - Proportion of IMS individuals by age and gender who match to CJD

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS Individuals
Cheshire East	-	-	-	-
Cheshire West & Chester	-	-	-	-
Halton	-	-	-	-
Knowsley	14	1	54	69
Liverpool	175	15	73	263
Sefton	52	4	76	132
St. Helens	51	17	22	90
Warrington	-	-	-	-
Wirral	116	22	20	158
Cheshire & Merseyside	**356**	**56**	**205**	**617**

Table 12 - Number of IMS individuals matching to CJD, by Local Authority and cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	BI: Drug or Alcohol	All IMS Individuals
Cheshire East	-	-	-	-
Cheshire West & Chester	-	-	-	-
Halton	-	-	-	-
Knowsley	4.7%	0.2%	6.5%	4.4%
Liverpool	3.4%	0.5%	2.5%	2.4%
Sefton	5.4%	0.7%	7.1%	5.0%
St. Helens	5.4%	1.8%	5.6%	4.0%
Warrington	-	-	-	-
Wirral	13.9%	2.3%	7.2%	7.7%
Cheshire & Merseyside	**3.6%**	**0.6%**	**3.4%**	**2.5%**

Table 13 - Proportion of IMS individuals by Local Authority and cohort group who match to CJD

3. NSP CLIENTS - IDU: PSYCHOACTIVE DRUGS

3.1. DEMOGRAPHIC PROFILE

The profile of psychoactive IDU (injecting drug use for opiates, crack cocaine or other psychoactive substances) shows an increasingly ageing population, with 70.4% across all areas aged 40 years or over. At a local level, Knowsley and Wirral have the oldest profiles with 27% and 25% of individuals respectively being aged 50 years or over. This contrasts with Halton (12% of individuals aged 50 years or over) and Warrington (10% of individuals aged 50 years or over). Warrington has the highest proportion of young people (aged under 30) in the psychoactive IDU cohort (11%) while Knowsley has the highest proportion aged 60 years or over (7%). 80.7% of individuals in the psychoactive IDU cohort are male compared to 98.1% of the steroid and IPED IDU cohort.

AGE AND GENDER

		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%	2.8%	4.8%	21.4%	29.0%	22.1%	13.1%	4.1%	1.4%	1.4%	0.0%	145
	Male	0.0%	0.0%	0.8%	0.8%	3.0%	4.4%	43.2%	25.7%	17.2%	2.7%	1.6%	0.5%	366
	Total	**0.0%**	**0.0%**	**1.4%**	**2.0%**	**8.2%**	**11.4%**	**37.2%**	**22.1%**	**13.5%**	**2.3%**	**1.6%**	**0.4%**	**511**
Cheshire West & Chester	Female	0.0%	0.0%	1.8%	13.2%	19.8%	15.0%	21.6%	11.4%	10.2%	6.0%	0.0%	1.2%	167
	Male	0.0%	0.0%	1.0%	1.6%	3.6%	4.3%	40.4%	25.3%	15.4%	6.0%	1.6%	0.7%	695
	Total	**0.0%**	**0.0%**	**1.2%**	**3.8%**	**6.7%**	**6.4%**	**36.8%**	**22.6%**	**14.4%**	**6.0%**	**1.3%**	**0.8%**	**862**
Halton	Female	0.0%	0.0%	6.9%	0.0%	24.1%	24.1%	24.1%	13.8%	3.4%	3.4%	0.0%	0.0%	29
	Male	0.0%	0.0%	0.0%	3.1%	5.1%	14.3%	35.7%	28.6%	9.2%	3.1%	1.0%	0.0%	98
	Total	**0.0%**	**0.0%**	**1.6%**	**2.4%**	**9.4%**	**16.5%**	**33.1%**	**25.2%**	**7.9%**	**3.1%**	**0.8%**	**0.0%**	**127**
Knowsley	Female	0.0%	0.0%	0.0%	25.0%	11.5%	13.5%	13.5%	11.5%	11.5%	1.9%	3.8%	7.7%	52
	Male	0.0%	0.0%	0.8%	2.4%	4.0%	5.6%	34.3%	25.4%	15.3%	5.6%	1.6%	4.8%	248
	Total	**0.0%**	**0.0%**	**0.7%**	**6.3%**	**5.3%**	**7.0%**	**30.7%**	**23.0%**	**14.7%**	**5.0%**	**2.0%**	**5.3%**	**300**
Liverpool	Female	0.1%	0.0%	2.8%	8.6%	12.2%	23.7%	22.9%	19.3%	6.8%	1.7%	0.9%	0.9%	988
	Male	0.0%	0.4%	1.4%	5.3%	8.7%	12.4%	26.5%	25.5%	12.9%	4.3%	1.3%	1.4%	4,092
	Total	**0.1%**	**0.3%**	**1.7%**	**5.9%**	**9.4%**	**14.6%**	**25.8%**	**24.3%**	**11.7%**	**3.8%**	**1.3%**	**1.3%**	**5,080**
Sefton	Female	0.0%	0.0%	5.6%	11.1%	19.8%	17.9%	16.7%	19.8%	6.2%	1.2%	1.2%	0.6%	162
	Male	0.1%	0.4%	2.5%	5.5%	11.2%	15.5%	21.4%	25.4%	11.9%	3.5%	1.1%	1.4%	795
	Total	**0.1%**	**0.3%**	**3.0%**	**6.5%**	**12.6%**	**15.9%**	**20.6%**	**24.5%**	**11.0%**	**3.1%**	**1.1%**	**1.3%**	**957**
St. Helens	Female	0.0%	0.0%	3.8%	14.6%	22.2%	22.2%	12.3%	15.6%	7.1%	1.4%	0.0%	0.9%	212
	Male	0.0%	0.1%	1.5%	2.3%	4.3%	5.8%	34.3%	33.1%	11.7%	5.6%	0.8%	0.5%	738
	Total	**0.0%**	**0.1%**	**2.0%**	**5.1%**	**8.3%**	**9.5%**	**29.4%**	**29.2%**	**10.6%**	**4.6%**	**0.6%**	**0.6%**	**950**
Warrington	Female	1.4%	0.0%	5.4%	4.1%	12.2%	35.1%	27.0%	5.4%	8.1%	0.0%	1.4%	0.0%	74
	Male	0.0%	0.0%	2.8%	8.3%	12.3%	14.7%	31.3%	20.4%	8.5%	0.8%	0.6%	0.2%	504
	Total	**0.2%**	**0.0%**	**3.1%**	**7.8%**	**12.3%**	**17.3%**	**30.8%**	**18.5%**	**8.5%**	**0.7%**	**0.7%**	**0.2%**	**578**
Wirral	Female	0.0%	0.8%	2.4%	8.9%	13.7%	25.0%	17.7%	16.9%	12.1%	2.4%	0.0%	0.0%	124
	Male	0.0%	0.1%	1.1%	4.5%	7.3%	11.5%	23.6%	25.2%	17.9%	4.1%	3.1%	1.5%	711
	Total	**0.0%**	**0.2%**	**1.3%**	**5.1%**	**8.3%**	**13.5%**	**22.8%**	**24.0%**	**17.0%**	**3.8%**	**2.6%**	**1.3%**	**835**
NSP Pysch cohort - All individuals	Female	0.1%	0.1%	3.0%	9.8%	15.5%	22.9%	20.8%	16.7%	7.3%	2.0%	0.8%	0.9%	19.3%
	Male	0.0%	0.3%	1.4%	4.3%	7.6%	10.6%	29.3%	25.9%	13.5%	4.2%	1.5%	1.3%	80.7%
	Total	**0.1%**	**0.2%**	**1.8%**	**5.4%**	**9.2%**	**13.0%**	**27.6%**	**24.2%**	**12.3%**	**3.8%**	**1.3%**	**1.2%**	**9,913**

Table 14 - Psychoactive drugs cohort by age and gender, 2016-17

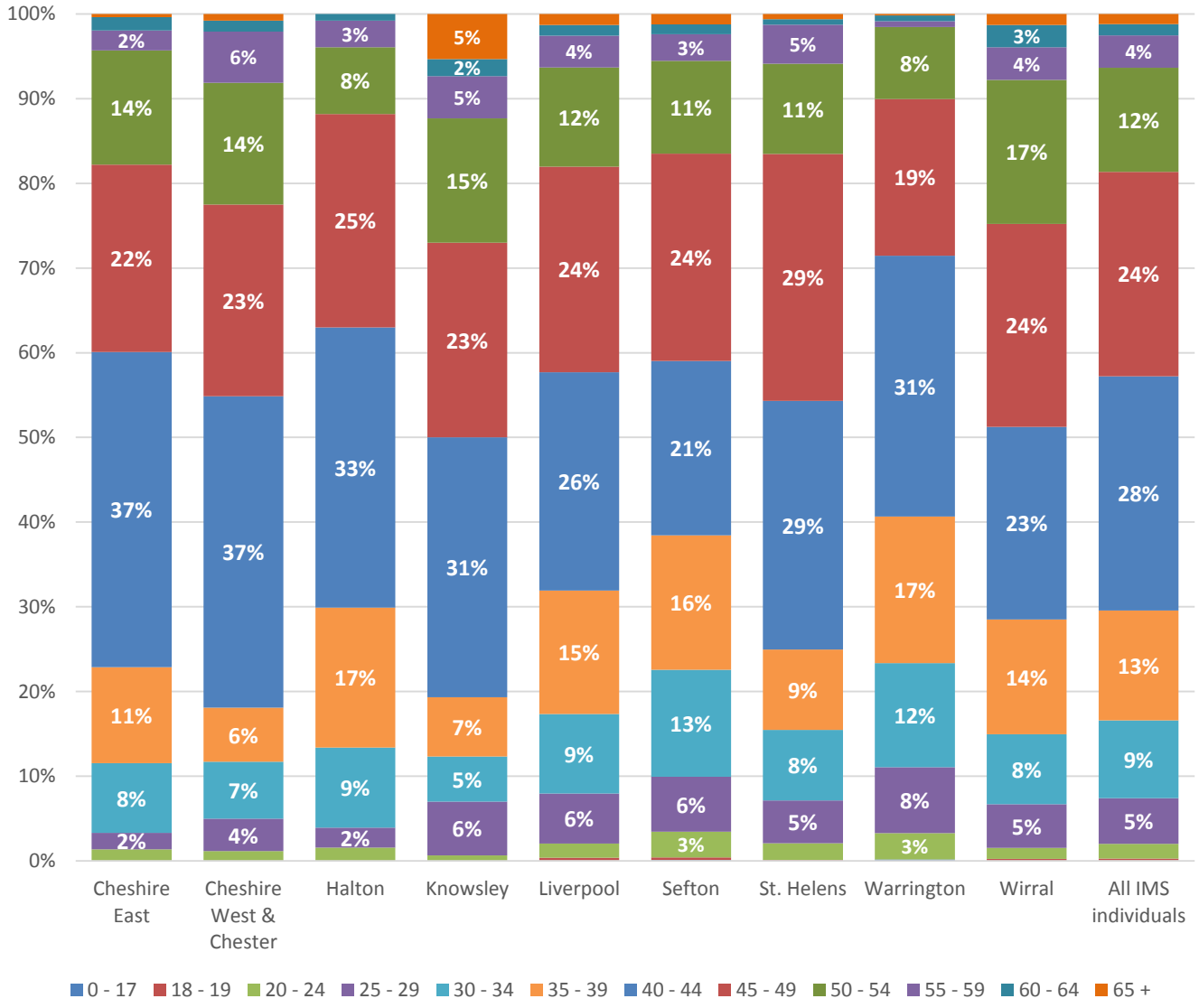


Figure 10 - Psychoactive drugs cohort, percentage split by age group, 2016-17

ETHNICITY

The ethnicity of psychoactive IDUs who have an ethnicity recorded is overwhelmingly in the main White British, ranging from 96.0% in Sefton to 98.8% in Cheshire West and Chester. Of those whose ethnicity is not recorded as White British, only Other White and White Irish are recorded at 0.7% or above.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
White British	98.6%	98.8%	98.3%	98.5%	94.8%	96.0%	97.1%	97.6%	97.7%	96.7%
Other White	0.0%	0.0%	0.0%	0.0%	1.2%	1.7%	0.0%	1.2%	1.3%	1.0%
White Irish	0.0%	0.0%	0.0%	0.0%	1.2%	1.2%	0.6%	0.0%	0.6%	0.7%
White and Black Caribbean	0.0%	0.0%	1.7%	0.8%	0.5%	0.0%	0.0%	0.0%	0.1%	0.3%
Other Mixed	0.0%	0.0%	0.0%	0.8%	0.4%	0.3%	0.3%	0.0%	0.0%	0.2%
Other Black	0.0%	0.0%	0.0%	0.0%	0.5%	0.3%	0.3%	1.2%	0.0%	0.2%
Other White - Polish	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.2%
Other	0.0%	0.0%	0.0%	0.0%	0.5%	0.6%	0.0%	0.0%	0.0%	0.2%
White and Black African	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.1%	0.1%
Other White - Czech	1.4%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
African	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.3%	0.0%	0.0%	0.1%
Other Asian	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Caribbean	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Chinese	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Arab	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
White and Asian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Indian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bangladeshi	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Black - Nigerian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Gypsy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 15 - Psychoactive drugs cohort, percentage split by ethnicity, 2016-17 [5]

[5] Percentage split is calculated as the proportion of only those clients who stated an ethnicity.

3.2. MAIN SUBSTANCES

PRIMARY SUBSTANCE

For the first year, we have imputed primary substance for those individuals who do not have this information recorded, as described in the introduction of this report. Collection of this figure varies considerably across local authorities, ranging from completion rates of 13.3% in Cheshire East to over 80% in Sefton, Warrington and Wirral. The overall completion rate across Cheshire and Merseyside is 58.5%. Of those who identify a substance within this cohort, heroin is the most commonly named primary substance, ranging from 82.7% in Sefton to 98.2% in Warrington. Crack cocaine is the second most commonly identified substance with 3.5% of individuals in Liverpool and 7.4% of individuals in Sefton stating it as their primary substance.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
Amphetamines (excl Ecstasy)	**	**	0	0	0	10	7	**	17	39
	4.4%	1.0%	0.0%	0.0%	0.0%	1.3%	2.4%	0.2%	2.5%	0.7%
Benzodiazepines	**	**	0	0	0	8	0	0	0	10
	2.9%	0.5%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.2%
Cocaine (excl Crack)	**	**	**	**	6	38	8	**	14	75
	1.5%	1.5%	3.3%	3.7%	0.2%	4.9%	2.8%	0.6%	2.1%	1.3%
Crack Cocaine	**	**	0	**	118	57	**	0	11	189
	2.9%	0.5%	0.0%	1.9%	3.5%	7.4%	0.7%	0.0%	1.6%	3.3%
Ecstasy	0	0	0	**	0	0	0	0	0	**
	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Heroin	57	191	53	97	2,828	635	249	484	594	4,938
	83.8%	93.2%	88.3%	90.7%	82.9%	82.7%	86.5%	98.2%	88.1%	85.1%
Methadone	**	**	**	0	6	10	0	**	24	47
	2.9%	1.0%	5.0%	0.0%	0.2%	1.3%	0.0%	0.2%	3.6%	0.8%
Novel Psychoactive Substances	0	0	0	0	0	0	**	0	**	5
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.4%	0.1%
Other Drugs	0	5	0	**	449	7	12	**	**	467
	0.0%	2.4%	0.0%	2.8%	13.2%	0.9%	4.2%	0.4%	0.1%	8.1%
Other Opiates	**	0	**	0	**	**	**	0	**	14
	1.5%	0.0%	3.3%	0.0%	0.1%	0.4%	1.4%	0.0%	0.3%	0.2%
Prescription Drugs	0	0	0	0	**	0	**	**	8	16
	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	1.4%	0.4%	1.2%	0.3%
Not Stated [6, 7]	443	657	67	193	1,668	189	662	85	161	4,112
	86.7%	76.2%	52.8%	64.3%	32.8%	19.7%	69.7%	14.7%	19.3%	41.5%
Total Individuals	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Table 16 - Psychoactive drugs cohort by primary substance and local authority, 2016-17

[6] Percentages shown by substance excludes those individuals where the substance was not stated. Percentages shown for 'Not stated' is the percentage of all individuals.

[7] 'Not Stated' these are individuals who do not have a primary substance recorded, but have been imputed as using a psychoactive substance based on their activity recorded within IMS, such as the client characteristics and type of injecting equipment obtained.

SECONDARY SUBSTANCE

Very small numbers of individuals stating they inject a psychoactive substance named a secondary substance, other than for people who inject heroin, 87.3% of which identified crack cocaine as their secondary substance. Conversely, 76.9% of crack cocaine injectors named heroin as their secondary substance. While other substance groups did have reasonably large proportions naming secondary substance types, these percentages are based on low numbers.

	Secondary Substance [8]													
Primary Substance	**Alcohol**	**Amphetamines (excl Ecstasy)**	**Benzodiazepines**	**Cannabis**	**Cocaine (excl Crack)**	**Crack Cocaine**	**Heroin**	**Methadone**	**Other Drugs**	**Other Opiates**	**Prescription Drugs**	**Steroids & IPEDs**	**No Secondary Substance**	**Not Stated**
Amphetamines (excl Ecstasy)	0	**	0	0	**	**	**	0	0	**	0	0	**	31
	0.0%	14.3%	0.0%	0.0%	14.3%	14.3%	14.3%	0.0%	0.0%	42.9%	0.0%	0.0%	-	79.5%
Benzodiazepines	0	0	0	0	**	**	**	0	0	**	0	0	0	5
	0.0%	0.0%	0.0%	0.0%	20.0%	20.0%	40.0%	0.0%	0.0%	20.0%	0.0%	0.0%	-	50.0%
Cocaine (excl Crack)	**	**	**	**	0	**	22	0	0	0	0	**	0	45
	6.7%	3.3%	3.3%	3.3%	0.0%	6.7%	73.3%	0.0%	0.0%	0.0%	0.0%	3.3%	-	60.0%
Crack Cocaine	**	**	**	0	**	**	50	**	**	0	0	**	0	124
	1.5%	1.5%	3.1%	0.0%	4.6%	6.2%	76.9%	1.5%	1.5%	0.0%	0.0%	3.1%	-	65.6%
Ecstasy	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%
Heroin	**	**	21	**	25	1,269	45	11	47	**	**	20	5	3,480
	0.2%	0.3%	1.4%	0.2%	1.7%	87.3%	3.1%	0.8%	3.2%	0.1%	0.3%	1.4%	-	70.5%
Methadone	0	0	0	**	0	0	6	0	**	0	0	**	0	37
	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	60.0%	0.0%	10.0%	0.0%	0.0%	20.0%	-	78.7%
Novel Psychoactive Substances	0	0	0	0	0	0	0	0	0	0	0	0	0	5
	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%
Other Drugs	0	0	0	0	0	**	**	0	29	**	0	**	0	428
	0.0%	0.0%	0.0%	0.0%	0.0%	10.3%	2.6%	0.0%	74.4%	2.6%	0.0%	10.3%	-	91.6%
Other Opiates	0	0	0	0	**	0	0	0	0	0	0	0	0	13
	0.0%	0.0%	0.0%	0.0%	100%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	92.9%
Prescription Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	16
	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%
Total	6	7	24	5	31	1,282	127	12	76	6	**	29	6	8,296
	0.4%	0.4%	1.5%	0.3%	1.9%	79.6%	7.9%	0.7%	4.8%	0.4%	0.2%	1.8%	-	83.7%

Table 17 - Psychoactive drugs cohort by primary and secondary substance, 2016-17

87.3%

Proportion of heroin injectors who identified crack cocaine as their secondary substance

76.9%

Proportion of crack cocaine injectors who identified heroin as their secondary substance

[8] Percentages shown by substance excludes those individuals with no secondary substance or where the substance was not stated. Percentages shown for 'Not Stated' is the percentage of all individuals.

3.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

Accommodation status is somewhat complicated within the IMS dataset due to its collection via two separate methods, the IMS field around accommodation status and the postcode field used by different contributing systems, particularly pharmacies, which sometimes includes the status "NFA" (no fixed abode). Using just the IMS data item around accommodation, the number of individuals with some form of housing problem ranges from around 2% or less in Cheshire East, Liverpool and Warrington to around 16% in Cheshire West & Chester and Knowsley and 26% in Halton. However once the NFA status from the postcode field is included, areas such as Liverpool and Sefton show much higher numbers (10.8% and 46.8% respectively).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
NFA - Urgent Housing Problem	**	16	6	9	59	23	65	**	24	175
	1.4%	9.8%	13.0%	8.7%	1.6%	37.1%	7.7%	0.4%	3.6%	2.6%
Housing Problem	**	8	6	10	15	6	6	**	6	55
	0.7%	4.9%	13.0%	9.6%	0.4%	9.7%	0.7%	0.4%	0.9%	0.8%
No Housing Problem	8	9	29	50	37	33	13	5	76	236
	2.9%	5.5%	63.0%	48.1%	1.0%	53.2%	1.5%	1.9%	11.4%	3.6%
***Not Stated [9] (NFA)**	**	**	**	0	321	(259)[8]	9	**	5	572
	0.7%	1.8%	2.2%	0.0%	8.8%	See footnote	1.1%	1.5%	0.8%	8.6%
***Not Stated (Has Address)**	261	127	**	35	3,220	(575)[8]	746	249	553	5,585
	94.2%	77.9%	8.7%	33.7%	88.2%	See footnote	88.9%	95.8%	83.3%	84.3%
Not Known [10]	234	699	81	196	1,428	61	111	318	171	3,290
	45.8%	81.1%	63.8%	65.3%	28.1%	6.4%	11.7%	55.0%	20.5%	33.2%
Total	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Table 18 - Psychoactive drugs cohort by accommodation status, 2016-17

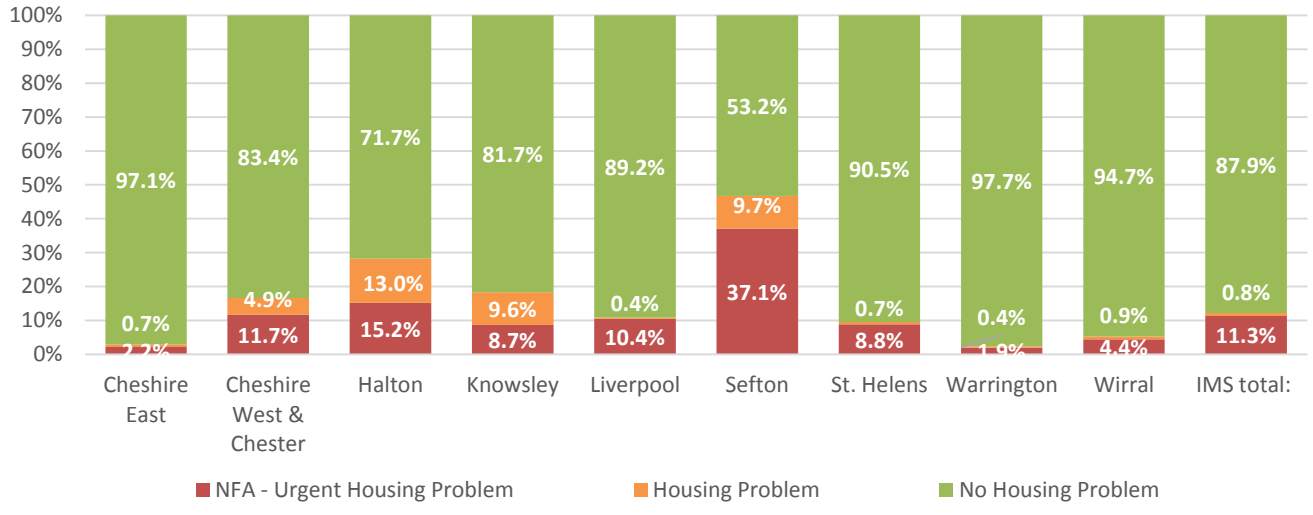


Figure 11 - Psychoactive drugs cohort by accommodation status (excludes status 'not known'), 2016-17

[9] The majority of pharmacy NSP do not state client accommodation status. These figures are derived from where either 'NFA' or a postcode of residence is recorded. They should be treated with caution where used to interfere the client's accommodation status, and for this reason they are excluded from total percentages shown for Sefton LA.

[10] Percentages shown by accommodation status excludes those individuals where the accommodation status is not known. Percentages shown for 'not known' are the percentage of all individuals.

EMPLOYMENT STATUS

The levels of collection of the employment status field are still relatively poor from most areas, although Halton and Knowsley have the highest completion rates at 33.1% and 25.3% respectively. Looking at data from areas where completion rates are above 5%, Sefton and St. Helens have the highest proportion of long term sick or disabled psychoactive IDUs (37.1% and 39.1% respectively), while Knowsley and Halton both have over 60% of individuals unemployed and seeking work. St. Helens has the largest proportion in regular employment (20.9%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
Regular Employment	**	5	**	15	10	11	24	**	18	73
	20.0%	13.2%	4.8%	19.7%	5.0%	8.9%	20.9%	33.3%	12.8%	11.8%
Pupil / Student	0	0	0	0	0	0	0	0	**	**
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.2%
Long term sick or disabled	**	21	8	10	81	46	45	**	40	217
	40.0%	55.3%	19.0%	13.2%	40.7%	37.1%	39.1%	50.0%	28.4%	35.2%
Unemployed and seeking work	**	11	28	46	85	60	36	**	79	282
	40.0%	28.9%	66.7%	60.5%	42.7%	48.4%	31.3%	16.7%	56.0%	45.7%
Not receiving benefits	0	**	**	**	10	**	10	0	0	25
	0.0%	2.6%	4.8%	3.9%	5.0%	2.4%	8.7%	0.0%	0.0%	4.1%
Other	0	0	**	**	13	**	0	0	**	19
	0.0%	0.0%	4.8%	2.6%	6.5%	3.2%	0.0%	0.0%	2.1%	3.1%
Not Known [11]	506	824	85	224	4,881	833	835	572	694	9,296
	99.0%	95.6%	66.9%	74.7%	96.1%	87.0%	87.9%	99.0%	83.1%	93.8%
Total	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Table 19 - Psychoactive drugs cohort by employment status, 2016-17

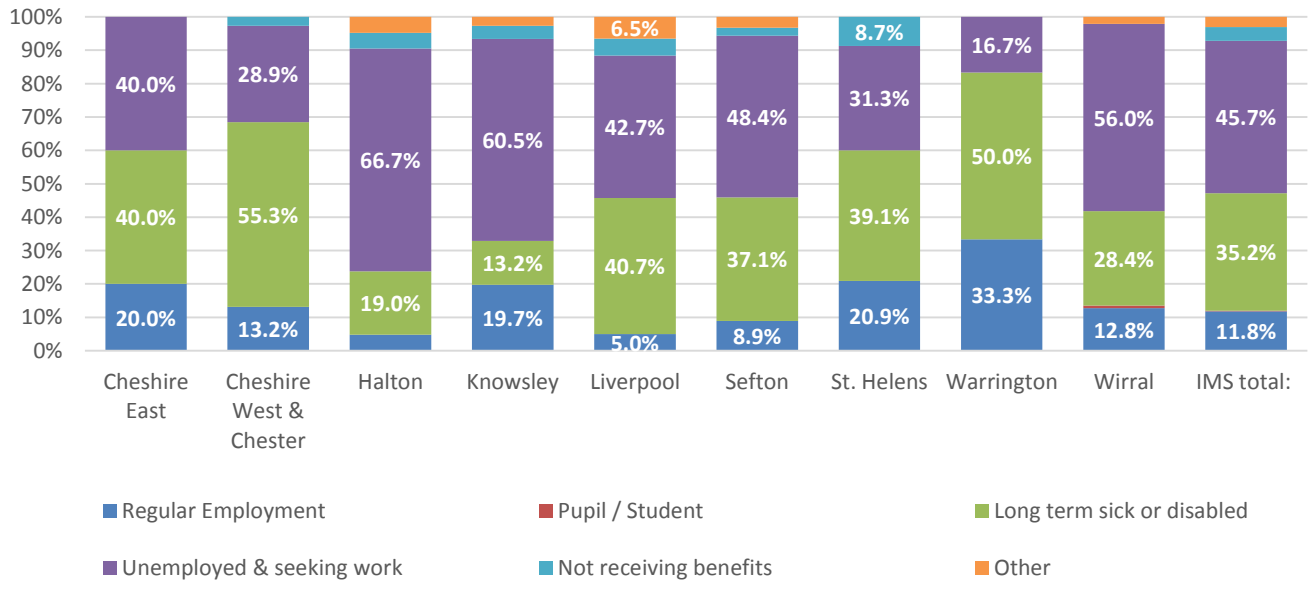


Figure 12 - Psychoactive drugs cohort by employment status (excludes status 'not known'), 2016-17

[11] Percentages shown by employment status excludes those individuals where the employment status is not known. Percentages shown for 'not known' are the percentage of all individuals.

Similarly, the levels of collection of the parental status field are also relatively poor from most areas, although Halton and Knowsley have the highest completion rates at 25.2% and 27.0% respectively. Where an individual states that they are a parent of at least one child under 18, Sefton has the highest proportion (94.6%) where none live with the parent, while Wirral has the lowest proportion where none live with the parent (71.9%).

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
All of the children live with client	**	**	**	**	6	**	**	**	11	23
	20.0%	3.0%	6.3%	4.9%	4.1%	0.7%	1.4%	16.7%	9.0%	4.4%
Some of the children live with client	0	0	**	**	**	**	**	0	7	13
	0.0%	0.0%	3.1%	1.2%	2.0%	1.4%	1.4%	0.0%	5.7%	2.5%
None of the children live with client	**	13	19	22	56	53	14	**	46	191
	40.0%	39.4%	59.4%	27.2%	38.1%	38.1%	19.7%	33.3%	37.7%	36.7%
Not a parent of children under 18	**	17	9	54	74	73	50	**	57	269
	40.0%	51.5%	28.1%	66.7%	50.3%	52.5%	70.4%	50.0%	46.7%	51.7%
Client declined to answer	0	**	**	0	8	10	5	0	**	24
	0.0%	6.1%	3.1%	0.0%	5.4%	7.2%	7.0%	0.0%	0.8%	4.6%
Not Known [12]	506	829	95	219	4,933	818	879	572	713	9,393
	99.0%	96.2%	74.8%	73.0%	97.1%	85.5%	92.5%	99.0%	85.4%	94.8%
Total	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Table 20 - Psychoactive drugs cohort by parental status, 2016-17

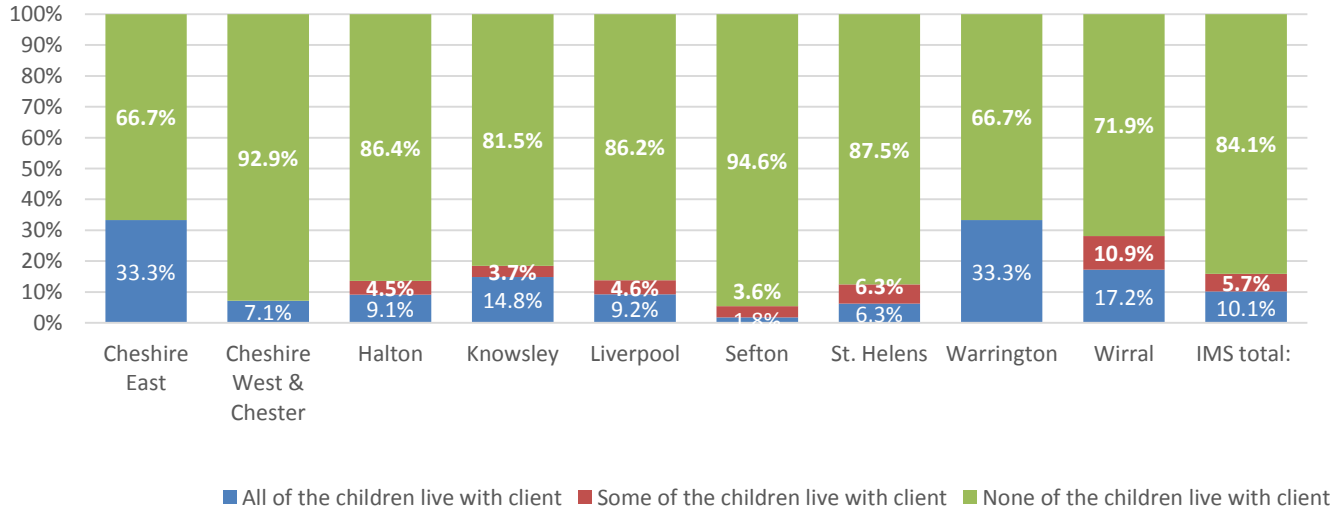


Figure 13 - Psychoactive drugs cohort by parental status, only clients who stated they have children under 18, 2016-17

[12] Percentages shown by parental status excludes those individuals where the parental status is recorded. Percentages shown for 'not known' are the percentage of all individuals.

DISABILITIES OR CHRONIC CONDITIONS

The disabilities or chronic conditions field is sporadically completed but does give some indication as to recurring issues where this data is collected. Where the field has been completed, St. Helens has the highest proportion for psychoactive IDU who indicated they have a chronic condition or disability (51.9%). Variations of mental health including depression are the most frequently cited condition, but COPD and mobility issues are also noted.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Pysch cohort - All individuals
Individuals with chronic condition or disability	**	7	**	5	31	15	41	**	63	147
	60.0%	20.0%	36.4%	15.2%	39.2%	32.6%	51.9%	33.3%	48.5%	40.8%
No chronic conditions or disabilities	**	28	7	28	48	31	38	**	67	213
	40.0%	80.0%	63.6%	84.8%	60.8%	67.4%	48.1%	66.7%	51.5%	59.2%
Not Stated [13]	506	827	116	267	5,001	911	871	575	705	9,553
	99.0%	95.9%	91.3%	89.0%	98.4%	95.2%	91.7%	99.5%	84.4%	96.4%
Total	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Recorded conditions:

Arthritis	0	0	0	**	0	**	0	0	**	**
Asthma	0	**	0	0	**	0	0	0	**	**
Chronic Pain	0	0	0	0	0	**	0	0	0	**
COPD Chronic Obstructive Pulmonary disease	0	0	**	**	**	**	**	0	8	15
Depression	0	**	0	0	**	0	**	0	9	12
Diabetes	0	0	0	0	0	0	0	0	**	**
Epilepsy	0	0	0	0	**	0	0	**	**	**
Hearing impairment	0	0	0	0	0	**	0	0	**	**
Liver disease / Cirrhosis	0	**	0	0	0	**	0	0	**	**
Mental health	0	0	**	**	5	**	8	0	5	21
Mental ill health	**	0	**	**	8	**	27	0	6	36
Mobility issues	**	**	0	0	**	0	**	0	11	14
Specific learning difficulties (e.g. Dyslexia)	0	0	0	0	**	0	**	0	0	**
Visual impairment	0	0	0	0	**	0	0	0	**	**
Other	0	**	**	**	6	**	**	0	14	27

Table 21 - Psychoactive drugs cohort, individuals stating any disability or chronic condition, 2016-17

[13] Percentages shown is for those clients where a disability or chronic condition record was completed. Percentages shown for 'not known' are the percentage of all individuals.

LOCAL AUTHORITY OF RESIDENCE

Most individuals who provide a postcode reside in the Local Authority area in which the IMS reporting service is based. However both Cheshire East and Knowsley see over 25% of their psychoactive IDU client base from surrounding areas, while this figure is less than 5% for Warrington and Wirral services.

	Local Authority of IMS reporting service									
Local Authority of residence	**Cheshire East**	**Cheshire West & Chester**	**Halton**	**Knowsley**	**Liverpool**	**Sefton**	**St. Helens**	**Warrington**	**Wirral**	**NSP Pysch cohort - All individuals**
Cheshire East	214	**	0	0	**	0	**	**	0	215
Cheshire West and Chester	5	244	**	0	12	0	**	**	**	252
Halton	**	0	54	0	9	0	**	**	0	63
Knowsley	0	0	**	82	77	6	9	**	0	142
Liverpool	**	8	**	20	3,370	36	18	7	13	3,382
Sefton	**	**	0	**	108	797	**	**	8	873
St. Helens	0	**	0	**	23	**	808	**	**	821
Warrington	**	**	0	0	6	**	13	541	0	556
Wirral	0	6	0	**	46	15	**	**	728	758
West Lancashire	0	0	0	0	0	52	**	0	0	53
Newcastle-under-Lyme	24	0	0	0	0	0	0	0	0	24
Staffordshire Moorlands	22	0	0	0	0	0	0	0	0	22
Flintshire	0	19	0	0	0	**	0	0	5	24
Manchester	17	**	0	0	0	0	**	0	0	18
Salford	0	0	0	0	**	0	**	0	0	**
Wigan	0	0	0	0	0	0	**	**	0	**
Stockport	5	0	0	0	**	0	0	0	0	7
Others	**	0	**	**	12	**	**	0	**	20
Not Stated	216	578	67	190	1,412	42	83	17	74	2,676
Total	**511**	**862**	**127**	**300**	**5,080**	**957**	**950**	**578**	**835**	**9,913**

Table 22 - Psychoactive drugs cohort, individuals by local authority of residence and local authority of service provider, 2016-17

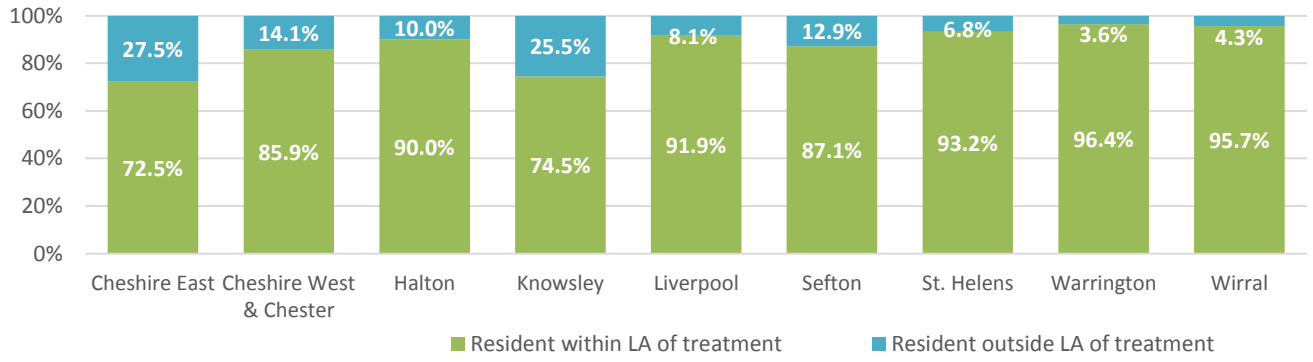


Figure 14 - Psychoactive drugs cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2016-17

Postcode district	Number of Individuals	Percentage [14]
L6	668	10.6%
L4	470	7.5%
WA9	341	5.4%
WA10	276	4.4%
CH41	272	4.3%
L13	256	4.1%
L3	245	3.9%
L8	238	3.8%
L5	224	3.6%
L7	214	3.4%
L20	196	3.1%
CH42	187	3.0%
PR8	168	2.7%
PR9	120	1.9%
CH44	111	1.8%
L1	103	1.6%
WA2	100	1.6%
WA11	97	1.5%
L11	92	1.5%
WA4	91	1.5%
SK11	87	1.4%
L21	82	1.3%
L17	73	1.2%
L9	72	1.1%
L15	70	1.1%
L12	68	1.1%
L30	64	1.0%
WA1	64	1.0%
SK10	53	0.8%
L14	51	0.8%
L24	50	0.8%
CH4	48	0.8%
CW1	44	0.7%
L25	43	0.7%
L22	43	0.7%
CH65	41	0.7%
CW9	41	0.7%
CH1	40	0.6%
CH43	35	0.6%
WA8	33	0.5%
L19	33	0.5%
L36	31	0.5%
L23	31	0.5%

Postcode district	Number of Individuals	Percentage
L2	31	0.5%
CW12	30	0.5%
WA12	29	0.5%
L32	28	0.4%
CH46	25	0.4%
WA7	24	0.4%
CW2	22	0.4%
L35	21	0.3%
CH45	18	0.3%
CH49	18	0.3%
CH66	18	0.3%
CH3	17	0.3%
L33	16	0.3%
L18	16	0.3%
WA5	14	0.2%
CW8	14	0.2%
ST7	14	0.2%
CW10	14	0.2%
L28	13	0.2%
L27	13	0.2%
L10	12	0.2%
CW7	12	0.2%
L31	10	0.2%
L16	8	0.1%
CW11	8	0.1%
L26	7	0.1%
CH61	7	0.1%
CH62	6	0.1%
L34	6	0.1%
WA3	6	0.1%
CH48	6	0.1%
CH2	5	0.1%
CH60	5	0.1%
SK1	5	0.1%
Other Postcodes	110	1.8%
Not Stated	3,639	-
Total	**9,913**	

Table 23 - Psychoactive drugs cohort, individuals by postcode district of residence, 2016-17

Key: CHE CHW HAL KNW LIV SEF SHL WAR WIR

[14] Percentage of those individuals who stated a valid postcode

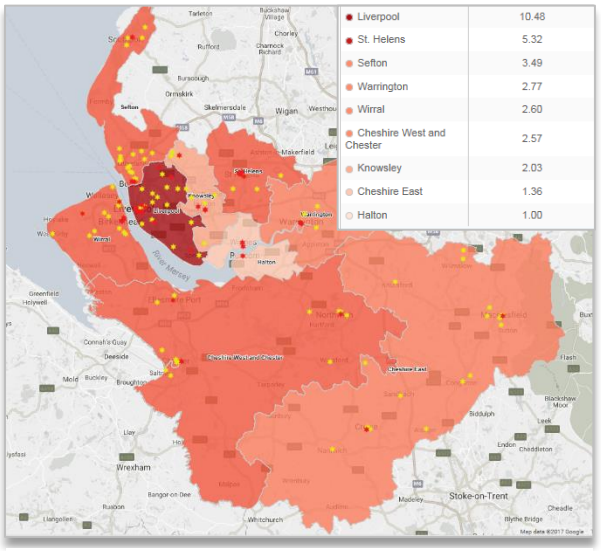


Figure 15 - Psychoactive drugs cohort, individuals by Local Authority area, 2016-17

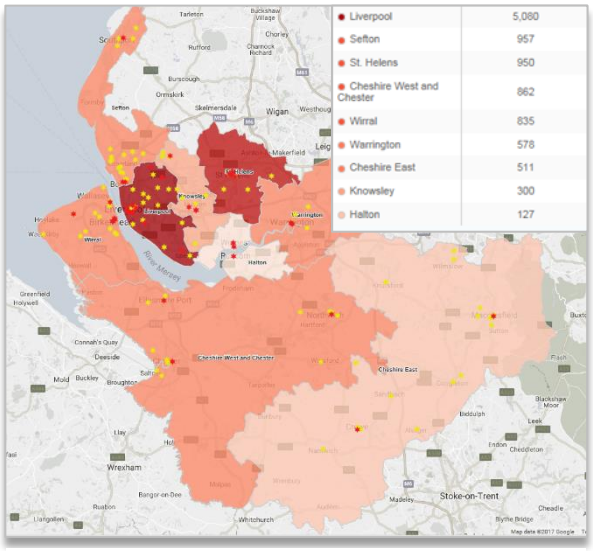


Figure 16 - Psychoactive drugs cohort, prevalence (per 1,000 population) by Local Authority area, 2016-17

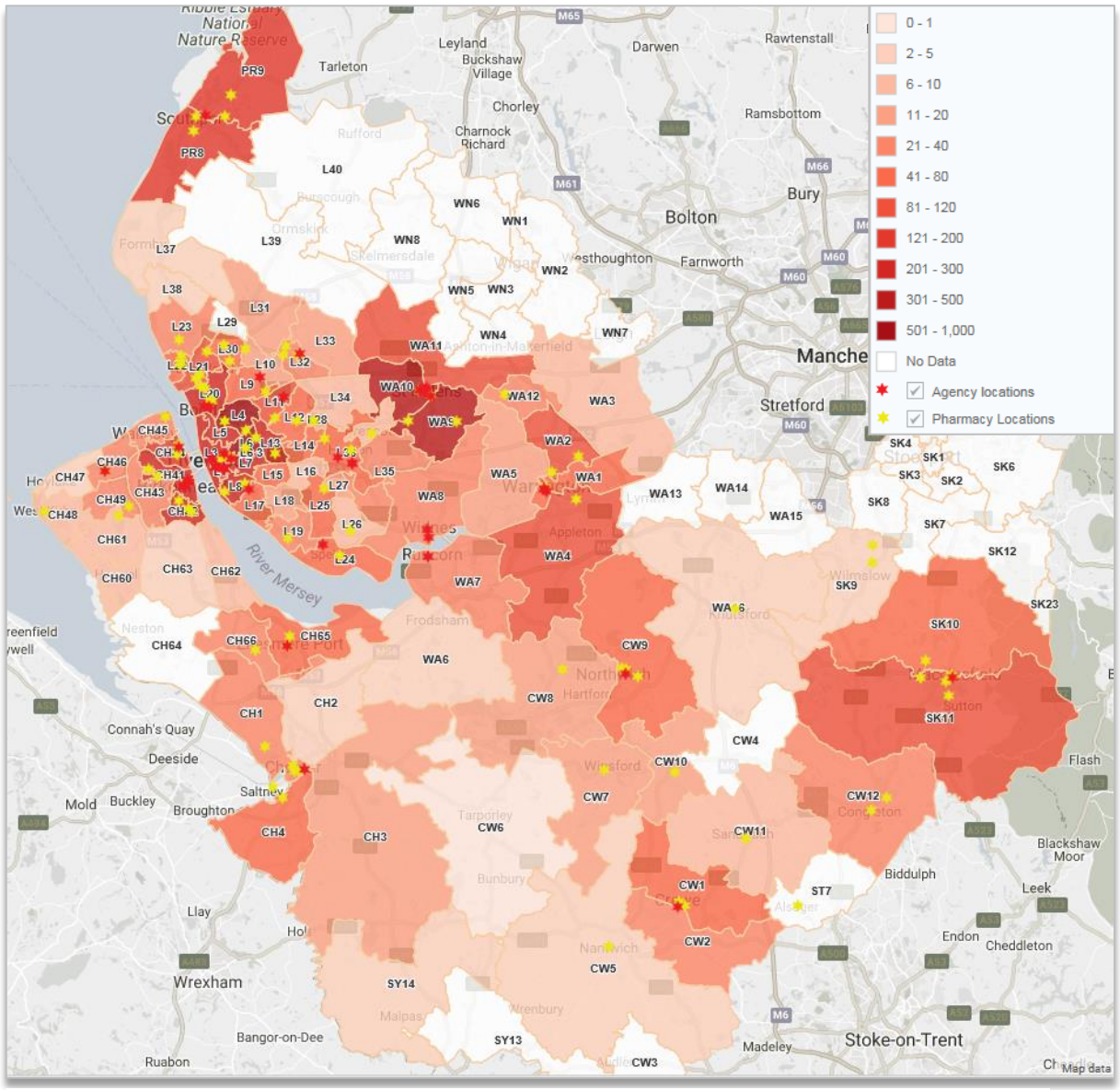


Figure 17 - Psychoactive drugs cohort, individuals by postcode district of residence, 2016-17

3.5. NEEDLE AND SYRINGE EXCHANGE TRANSACTIONS

Over 1.25 million needles and syringes were distributed to people who inject psychoactive drugs across Cheshire and Merseyside during 2016-17, with the average number of needles and syringes given on each visit ranging from 12 in St. Helens to 34 in both Halton and Knowsley. This figure is almost double the amount of equipment distributed for IPED/Steroid IDU (664,538 needles and syringes in 2016-17). The average number of needles given per person over the course of the year ranged from 95 in Liverpool to 256 in Cheshire East, with an average of 126 per person across the all the local authority areas combined.

	Individuals	Needle and syringe exchange visits	Total equipment issued out		
			Needles & syringes	Barrels	Other paraphernalia
Cheshire East	511	4,187	131,012	52,569	235,803
Cheshire West & Chester	862	6,523	142,955	65,030	247,651
Halton	127	338	11,635	5,277	17,261
Knowsley	300	994	33,340	12,325	62,676
Liverpool	5,080	21,059	481,081	140,432	1,008,977
Sefton	957	6,846	126,460	48,587	249,342
St. Helens	950	12,925	148,514	105,013	434,892
Warrington	578	2,732	51,909	17,487	71,701
Wirral	835	7,360	124,206	73,852	325,889
NSP Pysch cohort All individuals	**9,913**	**62,964**	**1,251,112**	**520,572**	**2,654,192**

Table 24 - Psychoactive drugs cohort, total needle exchange visits and equipment issued, 2016-17

	Individuals	Average exchange visits	Average per visit			Average per person		
			Needles & syringes	Barrels	Parapher-nalia	Needles & syringes	Barrels	Parapher-nalia
Cheshire East	511	8.2	31.3	12.6	56.3	256.4	102.9	461.5
Cheshire West & Chester	862	7.6	21.9	10.0	38.0	165.8	75.4	287.3
Halton	127	2.7	34.4	15.6	51.1	91.6	41.6	135.9
Knowsley	300	3.3	33.5	12.4	63.1	111.1	41.1	208.9
Liverpool	5,080	4.1	22.8	6.7	47.9	94.7	27.6	198.6
Sefton	957	7.2	18.5	7.1	36.4	132.1	50.8	260.5
St. Helens	950	13.6	11.5	8.1	33.6	156.3	110.5	457.8
Warrington	578	4.7	19.0	6.4	26.2	89.8	30.3	124.1
Wirral	835	8.8	16.9	10.0	44.3	148.7	88.4	390.3
NSP Pysch cohort All individuals	**9,913**	**6.4**	**19.9**	**8.3**	**42.2**	**126.2**	**52.5**	**267.7**

Table 25 - Psychoactive drugs cohort, mean averages for needle exchange visits and equipment issued, 2016-17

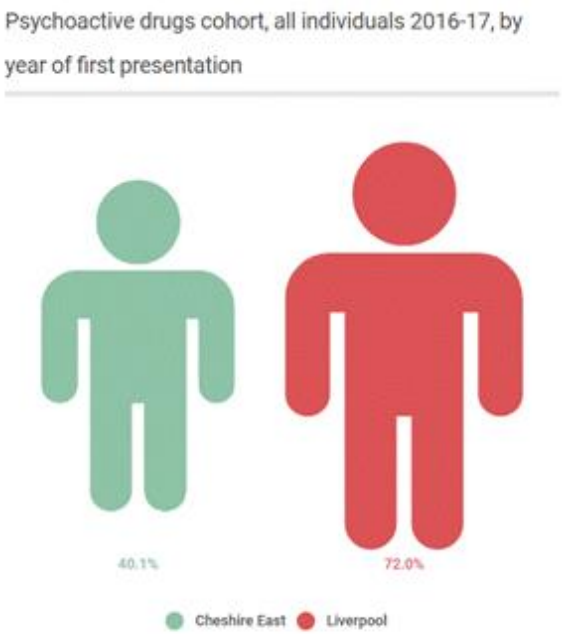
3.6. NSP NEW INDIVIDUALS: 2016-17

NSP INDIVIDUALS BY YEAR OF FIRST PRESENTATION

Almost two thirds (63.4%) of psychoactive IDU individuals presenting to IMS did so for the first time in the most recent financial year, although this figure ranged from two in five (40.1%) individuals in Cheshire East to 72.0% in Liverpool, suggesting that new psychoactive injectors made up the majority of the NSP clientele. However, in some areas, including Cheshire West & Chester, St. Helens and Warrington, over 10% of individuals had presented to an NSP service before 2011. The reliability of these numbers is discussed at the end of this report.

	Year of first presentation							NSP Pysch cohort - All individuals 2016-17
	2010 or earlier	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	
Cheshire East	37 7.2%	96 18.8%	27 5.3%	40 7.8%	41 8.0%	65 12.7%	205 40.1%	**511**
Cheshire West & Chester	94 10.9%	56 6.5%	26 3.0%	66 7.7%	71 8.2%	113 13.1%	436 50.6%	**862**
Halton	0 0.0%	11 8.7%	** 3.1%	** 3.1%	10 7.9%	20 15.7%	78 61.4%	**127**
Knowsley	27 9.0%	** 1.3%	10 3.3%	22 7.3%	29 9.7%	47 15.7%	161 53.7%	**300**
Liverpool	39 0.8%	7 0.1%	9 0.2%	13 0.3%	31 0.6%	1,322 26.0%	3,659 72.0%	**5,080**
Sefton	51 5.3%	** 0.1%	** 0.4%	5 0.5%	22 2.3%	325 34.0%	549 57.4%	**957**
St. Helens	111 11.7%	32 3.4%	69 7.3%	56 5.9%	73 7.7%	105 11.1%	504 53.1%	**950**
Warrington	90 15.6%	7 1.2%	18 3.1%	21 3.6%	36 6.2%	48 8.3%	358 61.9%	**578**
Wirral	** 0.2%	** 0.1%	** 0.4%	62 7.4%	128 15.3%	224 26.8%	415 49.7%	**835**
NSP Pysch cohort - All individuals	**413 4.2%**	**204 2.1%**	**156 1.6%**	**269 2.7%**	**408 4.1%**	**2,176 22.0%**	**6,287 63.4%**	**9,913**

Table 26 - Psychoactive drugs cohort, all individuals 2016-17, by year of first presentation



NEW INDIVIDUALS ONLY - BY AGE AND GENDER

The main group of newly presenting psychoactive injectors are aged between 40 and 49 years, with the 40-44 year age band being the main age band for all areas other than Sefton. The number of new female injectors is substantially lower than the number of new male injectors: 54% of females are under the age of 40 while this figure for males is only 25%. This is the case across all local authority areas to differing degrees.

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
	Female	0%	0%	3%	7%	20%	30%	26%	8%	3%	2%	2%	0%	61
Cheshire East	Male	0%	0%	1%	1%	0%	2%	44%	24%	22%	3%	2%	1%	144
	Total	**0%**	**0%**	**1%**	**2%**	**6%**	**10%**	**39%**	**20%**	**17%**	**2%**	**2%**	**0%**	**205**
	Female	0%	0%	4%	17%	17%	16%	18%	11%	12%	5%	0%	1%	83
Cheshire West & Chester	Male	0%	0%	1%	1%	1%	2%	46%	26%	14%	7%	2%	1%	353
	Total	**0%**	**0%**	**1%**	**4%**	**4%**	**5%**	**41%**	**23%**	**13%**	**6%**	**1%**	**1%**	**436**
	Female	0%	0%	12%	0%	24%	24%	24%	12%	6%	0%	0%	0%	17
Halton	Male	0%	0%	0%	0%	0%	11%	39%	33%	11%	3%	2%	0%	61
	Total	**0%**	**0%**	**3%**	**0%**	**5%**	**14%**	**36%**	**28%**	**10%**	**3%**	**1%**	**0%**	**78**
	Female	0%	0%	0%	35%	8%	12%	15%	8%	8%	0%	8%	8%	26
Knowsley	Male	0%	0%	1%	1%	4%	3%	35%	27%	16%	7%	1%	4%	135
	Total	**0%**	**0%**	**1%**	**7%**	**5%**	**4%**	**32%**	**24%**	**14%**	**6%**	**2%**	**5%**	**161**
	Female	0%	0%	3%	10%	12%	25%	21%	19%	6%	2%	1%	1%	752
Liverpool	Male	0%	1%	1%	5%	9%	12%	27%	25%	13%	4%	1%	2%	2,907
	Total	**0%**	**0%**	**2%**	**6%**	**9%**	**15%**	**26%**	**24%**	**11%**	**4%**	**1%**	**2%**	**3,659**
	Female	0%	0%	8%	13%	18%	21%	14%	18%	5%	2%	2%	0%	101
Sefton	Male	0%	1%	4%	6%	13%	15%	19%	24%	12%	3%	2%	1%	448
	Total	**0%**	**1%**	**5%**	**7%**	**14%**	**16%**	**18%**	**23%**	**11%**	**3%**	**2%**	**1%**	**549**
	Female	0%	0%	2%	16%	24%	18%	14%	15%	8%	3%	0%	2%	114
St. Helens	Male	0%	0%	2%	1%	2%	2%	36%	35%	12%	8%	1%	1%	390
	Total	**0%**	**0%**	**2%**	**5%**	**7%**	**5%**	**31%**	**30%**	**11%**	**7%**	**1%**	**1%**	**504**
	Female	2%	0%	8%	4%	17%	33%	21%	2%	10%	0%	2%	0%	48
Warrington	Male	0%	0%	3%	9%	15%	12%	31%	19%	9%	1%	0%	0%	310
	Total	**0%**	**0%**	**4%**	**9%**	**15%**	**15%**	**30%**	**17%**	**9%**	**1%**	**1%**	**0%**	**358**
	Female	0%	2%	5%	11%	14%	29%	14%	15%	11%	2%	0%	0%	66
Wirral	Male	0%	0%	1%	5%	8%	8%	26%	23%	19%	4%	4%	2%	349
	Total	**0%**	**0%**	**2%**	**6%**	**9%**	**12%**	**24%**	**21%**	**18%**	**4%**	**3%**	**1%**	**415**
New Psych Cohort IMS individuals	Female	0%	0%	4%	11%	15%	24%	19%	16%	7%	2%	1%	1%	1,255
	Male	0%	0%	2%	5%	8%	10%	29%	25%	13%	4%	1%	1%	5,032
	Total	**0%**	**0%**	**2%**	**6%**	**9%**	**13%**	**27%**	**24%**	**12%**	**4%**	**1%**	**1%**	**6,287**

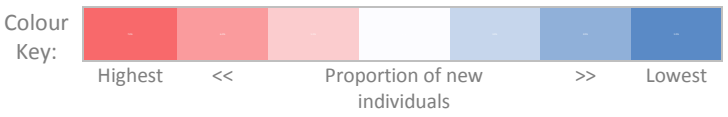
Table 27 - Psychoactive drugs cohort, new individuals 2016-17, by age and gender

PROPORTION OF NEW INDIVIDUALS BY AGE GROUP

The chart below shows the proportion of new psychoactive substance injectors for each local authority area by age group. Unsurprisingly this overall proportion reduces the older the cohorts become, as people attending become more likely to have presented previously, although there is some variation within different areas. Cheshire East has the lowest number of new psychoactive substance injectors overall (40.1%), while Liverpool has the highest at 72.0%.

	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	-	-	42.9%	50.0%	28.6%	36.2%	42.1%	35.4%	49.3%	41.7%	50.0%	50.0%	40.1%
Cheshire West & Chester	-	-	60.0%	51.5%	31.0%	36.4%	56.2%	51.3%	46.8%	51.9%	54.5%	85.7%	50.6%
Halton	-	-	100%	-	33.3%	52.4%	66.7%	68.8%	80.0%	50.0%	100%	-	61.4%
Knowsley	-	-	50.0%	57.9%	50.0%	33.3%	55.4%	56.5%	52.3%	66.7%	50.0%	50.0%	53.7%
Liverpool	66.7%	100%	74.4%	77.7%	72.5%	71.9%	71.6%	70.6%	70.6%	72.8%	68.8%	84.8%	72.0%
Sefton	100%	100%	86.2%	62.9%	63.6%	57.9%	51.3%	53.4%	56.2%	50.0%	90.9%	50.0%	57.4%
St. Helens	-	100%	52.6%	47.9%	45.6%	28.9%	56.6%	54.9%	55.4%	79.5%	50.0%	66.7%	53.1%
Warrington	100%	-	72.2%	68.9%	77.5%	54.0%	59.6%	56.1%	67.3%	75.0%	50.0%	-	61.9%
Wirral	-	100%	63.6%	55.8%	53.6%	42.5%	51.6%	44.5%	52.8%	46.9%	63.6%	54.5%	49.7%
NSP Pysch cohort All individuals	80.0%	100%	72.4%	69.9%	63.7%	61.7%	63.0%	61.8%	62.4%	66.2%	65.4%	71.7%	63.4%

Table 28 - Psychoactive drugs cohort, new individuals 2016-17, as a proportion of total individuals, by age group



3.7. ANNUAL CLIENT NUMBERS

There was a 7.2% drop in the number of people who inject psychoactive drugs from 2015-16, although areas varied widely with some local authorities including Cheshire East (-29.1%) and Warrington (-28.1%) seeing large drops while others such as Cheshire West & Chester (+8.8%) and Halton (+58.8%) seeing rises in their numbers. It should be noted that the total number for people who inject psychoactive drugs is still 9% higher than the number who inject steroid and IPEDs.

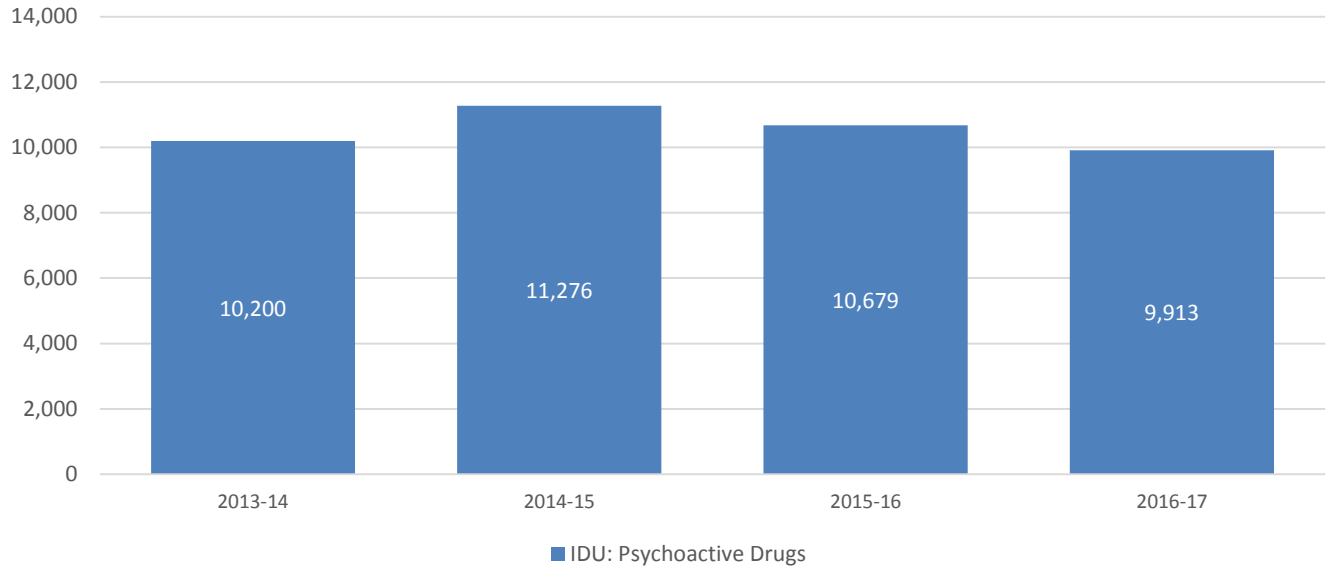


Figure 18 - Annual client numbers 2013-14 to 2016-17, psychoactive drugs cohort

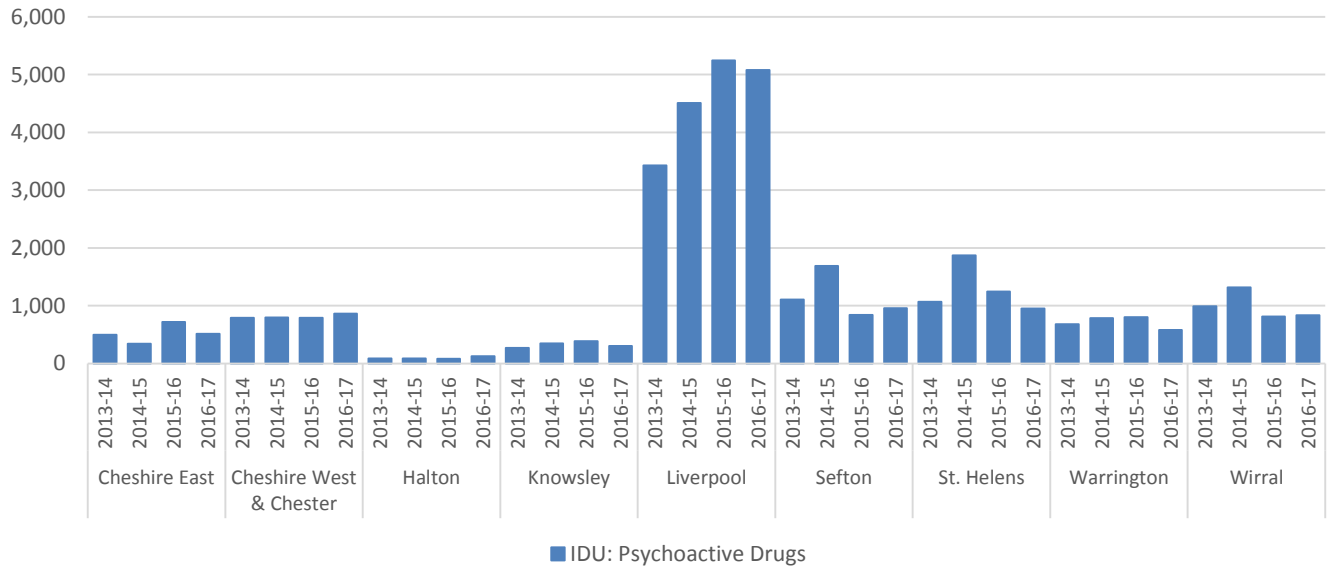


Figure 19 - Annual client numbers 2013-14 to 2016-17, psychoactive drugs cohort, by local authority

IDU: Psychoactive Drugs	2013-14	2014-15	2015-16	2016-17
Cheshire East	495	343	721	511
Cheshire West & Chester	793	794	792	862
Halton	84	88	80	127
Knowsley	272	345	384	300
Liverpool	3,427	4,510	5,246	5,080
Sefton	1,104	1,690	838	957
St. Helens	1,069	1,873	1,245	950
Warrington	678	783	804	578
Wirral	992	1,318	815	835
Cheshire & Merseyside	**10,200**	**11,276**	**10,679**	**9,913**

Table 29 - Psychoactive drugs cohort, annual client numbers 2013-14 to 2016-17

PREVALENCE ESTIMATES [15]

Liverpool has the highest prevalence of people who inject psychoactive drugs with a rate of just over 1%, or 10.48 per 1,000 population in 2016-17, although since 2013-14 prevalence has increased in both Cheshire areas, Halton and Knowsley, while decreasing in Sefton, St. Helens, Warrington and Wirral. Overall prevalence is down slightly from 4.21 in 2013-14 to 4.04 in 2016-17.

IDU: Psychoactive Drugs	2013-14	2014-15	2015-16	2016-17
Cheshire East	1.33	0.92	1.92	1.36
Cheshire West & Chester	2.40	2.39	2.37	2.57
Halton	0.67	0.70	0.63	1.00
Knowsley	1.86	2.36	2.61	2.03
Liverpool	7.28	9.53	10.96	10.48
Sefton	4.04	6.18	3.06	3.49
St. Helens	6.07	10.57	7.01	5.32
Warrington	3.31	3.79	3.87	2.77
Wirral	3.10	4.11	2.54	2.60
Cheshire & Merseyside	**4.21**	**4.64**	**4.37**	**4.04**

Table 30 - Psychoactive drugs cohort, annual prevalence estimates by local authority, 2013-14 to 2016-17

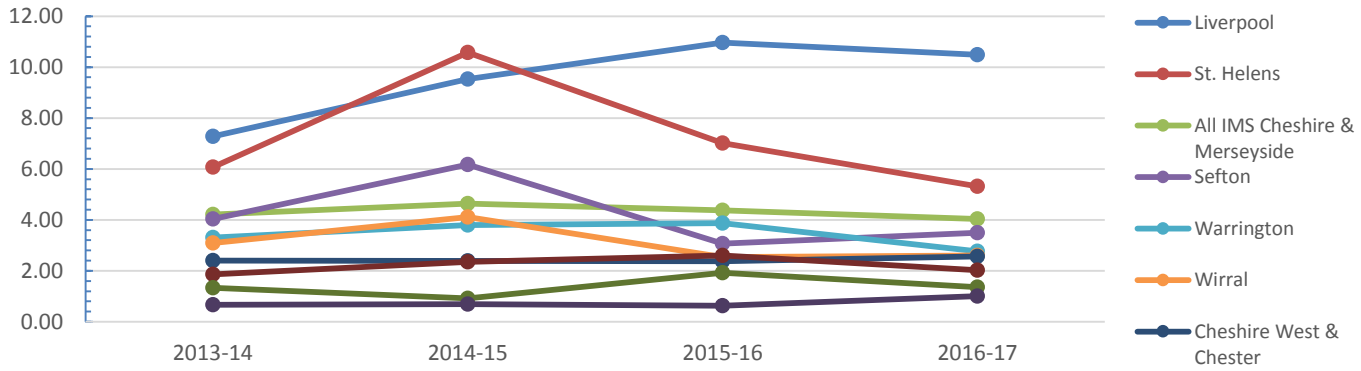


Figure 20 - Annual prevalence estimates 2013-14 to 2016-17, psychoactive drugs cohort, by local authority

[15] Prevalence (per 1,000 population) is based on the ONS mid-year population estimates for each local authority area. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

4. NSP CLIENTS - IDU: STEROID AND IPEDS

4.1. DEMOGRAPHIC PROFILE

The profile of the steroid and IPED IDU cohort shows a much younger population than the psychoactive IDU cohort, with only 13.2% across all areas being aged 40 years or over, compared to the figure of 70.4% for the psychoactive IDU cohort. Almost two in five (38.2%) people who inject steroid and IPEDs are aged under 30 years. At a local level, the areas with the highest proportion of steroid and IPED IDU aged 40 or over are Warrington (18.9%) and Halton (18.8%), while Cheshire East has the highest number of steroid and IPED IDU under the age of 25 (21.4%). 98.1% of individuals in this cohort are male compared to 80.7% of the psychoactive IDU cohort.

AGE AND GENDER

		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	14.3%	28.6%	0.0%	42.9%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7
	Male	0.2%	2.4%	18.5%	25.9%	22.1%	24.3%	3.3%	2.0%	0.4%	0.7%	0.1%	0.0%	818
	Total	**0.4%**	**2.7%**	**18.3%**	**26.1%**	**21.9%**	**24.2%**	**3.3%**	**1.9%**	**0.4%**	**0.7%**	**0.1%**	**0.0%**	**825**
Cheshire West & Chester	Female	0.0%	33.3%	0.0%	11.1%	22.2%	22.2%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	9
	Male	0.2%	1.2%	13.6%	25.9%	28.8%	24.2%	3.3%	2.0%	0.5%	0.3%	0.1%	0.0%	1,165
	Total	**0.2%**	**1.4%**	**13.5%**	**25.8%**	**28.7%**	**24.2%**	**3.4%**	**2.0%**	**0.5%**	**0.3%**	**0.1%**	**0.0%**	**1,174**
Halton	Female	0.0%	0.0%	11.1%	44.4%	22.2%	0.0%	0.0%	0.0%	11.1%	11.1%	0.0%	0.0%	9
	Male	0.0%	1.7%	11.9%	23.0%	25.7%	19.1%	8.3%	6.2%	2.3%	1.5%	0.4%	0.0%	530
	Total	**0.0%**	**1.7%**	**11.9%**	**23.4%**	**25.6%**	**18.7%**	**8.2%**	**6.1%**	**2.4%**	**1.7%**	**0.4%**	**0.0%**	**539**
Knowsley	Female	0.0%	10.0%	0.0%	40.0%	10.0%	0.0%	30.0%	0.0%	0.0%	10.0%	0.0%	0.0%	10
	Male	0.2%	0.5%	10.3%	26.6%	27.6%	24.5%	5.3%	3.1%	1.0%	1.0%	0.0%	0.0%	417
	Total	**0.2%**	**0.7%**	**10.1%**	**26.9%**	**27.2%**	**23.9%**	**5.9%**	**3.0%**	**0.9%**	**1.2%**	**0.0%**	**0.0%**	**427**
Liverpool	Female	1.4%	2.9%	17.4%	18.8%	23.2%	14.5%	8.7%	2.9%	2.9%	4.3%	2.9%	0.0%	69
	Male	0.1%	0.8%	10.1%	22.3%	25.0%	27.4%	6.1%	4.4%	2.2%	1.1%	0.3%	0.3%	2,871
	Total	**0.1%**	**0.8%**	**10.3%**	**22.2%**	**25.0%**	**27.1%**	**6.2%**	**4.3%**	**2.2%**	**1.2%**	**0.4%**	**0.3%**	**2,940**
Sefton	Female	5.3%	5.3%	5.3%	10.5%	10.5%	15.8%	21.1%	10.5%	15.8%	0.0%	0.0%	0.0%	19
	Male	0.3%	1.2%	8.2%	22.6%	28.3%	22.2%	7.8%	5.6%	2.1%	1.0%	0.3%	0.3%	576
	Total	**0.5%**	**1.3%**	**8.1%**	**22.2%**	**27.7%**	**22.0%**	**8.2%**	**5.7%**	**2.5%**	**1.0%**	**0.3%**	**0.3%**	**595**
St. Helens	Female	0.0%	16.7%	0.0%	33.3%	33.3%	8.3%	0.0%	0.0%	0.0%	0.0%	0.0%	8.3%	12
	Male	0.0%	2.1%	14.6%	27.0%	20.8%	27.8%	3.6%	2.4%	1.1%	0.3%	0.2%	0.0%	910
	Total	**0.0%**	**2.3%**	**14.4%**	**27.1%**	**20.9%**	**27.5%**	**3.6%**	**2.4%**	**1.1%**	**0.3%**	**0.2%**	**0.1%**	**922**
Warrington	Female	0.0%	0.0%	6.3%	12.5%	37.5%	12.5%	12.5%	12.5%	0.0%	6.3%	0.0%	0.0%	16
	Male	0.1%	0.4%	11.7%	26.5%	25.7%	16.9%	9.7%	5.8%	1.8%	0.9%	0.1%	0.3%	759
	Total	**0.1%**	**0.4%**	**11.6%**	**26.2%**	**25.9%**	**16.8%**	**9.8%**	**5.9%**	**1.8%**	**1.0%**	**0.1%**	**0.3%**	**775**
Wirral	Female	0.0%	0.0%	13.3%	26.7%	26.7%	20.0%	6.7%	0.0%	0.0%	6.7%	0.0%	0.0%	15
	Male	0.0%	1.3%	13.7%	25.4%	23.7%	17.6%	9.3%	5.1%	2.6%	0.9%	0.3%	0.2%	928
	Total	**0.0%**	**1.3%**	**13.7%**	**25.5%**	**23.8%**	**17.6%**	**9.2%**	**5.0%**	**2.5%**	**1.0%**	**0.3%**	**0.2%**	**943**
NSP Steroid cohort - All individuals	Female	1.8%	6.7%	10.4%	22.6%	21.3%	13.4%	10.4%	3.7%	3.7%	4.3%	1.2%	0.6%	1.9%
	Male	0.1%	1.2%	12.4%	24.4%	25.0%	24.0%	6.0%	4.0%	1.6%	0.8%	0.2%	0.2%	98.1%
	Total	**0.2%**	**1.3%**	**12.3%**	**24.4%**	**25.0%**	**23.8%**	**6.1%**	**4.0%**	**1.7%**	**0.9%**	**0.3%**	**0.2%**	**9,022**

Table 31 - Steroid and IPEDs cohort by age and gender, 2016-17

The ethnicity of people who inject steroids and IPEDs who have this recorded is overwhelmingly White British, ranging from 88.7% in Cheshire East to 99.3% in both Knowsley and Sefton. Of those whose ethnicity is not recorded as White British, only Other White is recorded at 0.8% or above.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
White British	88.7%	97.4%	98.0%	99.3%	94.4%	99.3%	97.9%	95.3%	98.8%	97.0%
Other White	5.4%	1.3%	0.7%	0.0%	1.0%	0.7%	0.0%	0.7%	0.3%	0.8%
Other Black	0.5%	0.0%	0.2%	0.3%	1.7%	0.0%	0.0%	0.3%	0.3%	0.4%
Other Mixed	0.9%	0.6%	0.4%	0.3%	0.5%	0.0%	0.3%	0.0%	0.1%	0.3%
Other White - Polish	1.4%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%	1.0%	0.0%	0.3%
White Irish	0.9%	0.0%	0.2%	0.0%	0.0%	0.0%	0.5%	0.0%	0.2%	0.2%
Other	0.9%	0.6%	0.0%	0.0%	0.2%	0.0%	0.3%	0.3%	0.0%	0.2%
White and Black Caribbean	0.9%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.3%	0.0%	0.1%
White and Black African	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.3%	0.3%	0.0%	0.1%
Indian	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	1.0%	0.0%	0.1%
White and Asian	0.5%	0.0%	0.4%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%	0.1%
Chinese	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.1%
Other - Gypsy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.1%
Pakistani	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%
Bangladeshi	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Other Asian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
African	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%
Other White - Czech	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Caribbean	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Black - Nigerian	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Arab	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 32 - Steroid and IPEDs cohort, percentage split by ethnicity, 2016-17 [16]

[16] Percentage split is calculated as the proportion of only those clients who stated an ethnicity.

4.2. MAIN SUBSTANCES

PRIMARY SUBSTANCE

For the first year, we have imputed primary substance for those individuals who do not have this information recorded, as described in the introduction of this report. Collection of this figure varies considerably across local authorities, ranging from completion rates of less than 40% in both Cheshire areas and St. Helens to over 70% in Halton, Warrington and Wirral. The overall completion rate is 56.4%. Of those who identify a secondary substance, the vast majority identified another steroid or IPED.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
Steroids & IPEDs	293	402	379	228	1,834	392	296	605	752	5,085
	35.5%	34.2%	70.3%	53.4%	62.4%	65.9%	32.1%	78.1%	79.7%	56.4%
Not Stated [17]	532	772	160	199	1,106	203	626	170	191	3,937
	64.5%	65.8%	29.7%	46.6%	37.6%	34.1%	67.9%	21.9%	20.3%	43.6%
Total Individuals	**825**	**1,174**	**539**	**427**	**2,940**	**595**	**922**	**775**	**943**	**9,022**

Table 33 - Steroid and IPEDs cohort by primary substance and local authority, 2016-17

SECONDARY SUBSTANCE

	Secondary Substance [18]										
Primary Substance	Alcohol	Amphetamines (excl Ecstasy)	Benzodiazepines	Cannabis	Cocaine (excl Crack)	Crack Cocaine	Heroin	Other Drugs	Steroids & IPEDs	No Secondary Substance	Not Stated
Steroids & IPEDs	8	**	**	6	**	12	**	17	353	26	4,655
	2.0%	0.2%	0.2%	1.5%	0.7%	3.0%	0.7%	4.2%	87.4%	-	91.5%
Not Stated											3,937
	-	-	-	-	-	-	-	-	-	-	100.0%
Total	8	**	**	6	**	12	**	17	353	26	8,592
	2.0%	0.2%	0.2%	1.5%	0.7%	3.0%	0.7%	4.2%	87.4%	-	95.2%

Table 34 - Steroid and IPEDs cohort by primary and secondary substance, 2016-17

[17] 'Not Stated' these are individuals who do not have a primary substance recorded, but have been imputed as using a Steroid or IPED based on their activity recorded within IMS, such as the client characteristics and type of injecting equipment obtained.

[18] Percentages shown by substance excludes those individuals with no secondary substance or where the substance was not stated. Percentages shown for 'Not Stated' is the percentage of all individuals.

4.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

Accommodation status is somewhat complicated within the IMS dataset due to its collection via two separate methods, the IMS field around accommodation status and the postcode field used by different contributing systems, particularly pharmacies, which sometimes includes the status "NFA" (no fixed abode). Accommodation appears to be a far less significant issue for the IMS steroid and IPED IDU cohort than their psychoactive IDU counterparts, with all areas reporting housing issues at under 5%, compared to 12.1% for the psychoactive IDU cohort.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
NFA - Urgent Housing Problem	0	**	0	**	5	0	5	0	**	14
	0.0%	0.8%	0.0%	1.0%	0.3%	0.0%	0.7%	0.0%	0.3%	0.3%
Housing Problem	5	**	**	**	**	**	**	5	**	28
	1.8%	1.6%	2.3%	0.5%	0.2%	1.3%	0.5%	0.9%	0.6%	0.6%
No Housing Problem	82	64	127	176	136	79	145	146	471	1,405
	29.4%	50.8%	95.5%	88.0%	6.9%	98.8%	19.8%	27.3%	72.6%	27.8%
***Not Stated [19] (NFA)**	0	0	0	**	87	*(176)*[18]	**	0	**	261
	0.0%	0.0%	0.0%	1.0%	4.4%	See footnote	0.5%	0.0%	0.2%	5.2%
***Not Stated (Has Address)**	192	59	**	19	1,747	*(267)*[18]	573	383	171	3,348
	68.8%	46.8%	2.3%	9.5%	88.3%	See footnote	78.4%	71.7%	26.3%	66.2%
Not Known [20]	546	1,048	406	227	961	72	191	241	294	3,966
	66.2%	89.3%	75.3%	53.2%	32.7%	12.1%	20.7%	31.1%	31.2%	44.0%
Total	**825**	**1,174**	**539**	**427**	**2,940**	**595**	**922**	**775**	**943**	**9,022**

Table 35 - Steroid and IPEDs cohort by accommodation status, 2016-17

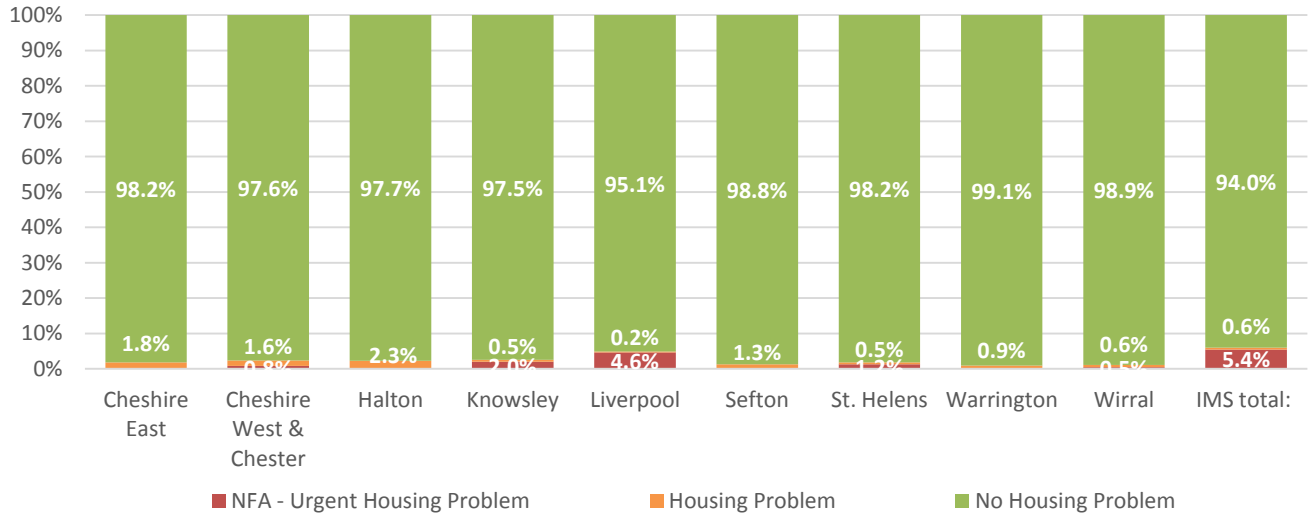


Figure 21 - Steroid and IPEDs cohort by accommodation status (excludes status 'not known'), 2016-17

[19] The majority of pharmacy NSP do not state client accommodation status. These figures are derived from where either 'NFA' or a postcode of residence is recorded. They should be treated with caution where used to interfere the client's accommodation status, and for this reason they are excluded from total percentages shown for Sefton LA.

[20] Percentages shown by accommodation status excludes those individuals where the accommodation status is not known. Percentages shown for 'not known' are the percentage of all individuals.

EMPLOYMENT STATUS

Collection of the employment status field is still relatively poor from most areas, although Knowsley and Wirral have completion rates for the field of 37.7% and 44.5% respectively. Despite the variable rates of completion, very high levels of regular employment are recorded across each local authority area, ranging from 75.8% in Knowsley to 95.0% in Sefton. Only 2.0% of individuals identified as being long term sick or disabled, which compares to 35.2% for the psychoactive IDU cohort.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
Regular Employment	**	58	97	122	90	38	24	30	334	776
	100.0%	89.2%	88.2%	75.8%	84.9%	95.0%	70.6%	76.9%	79.5%	81.9%
Pupil / Student	0	0	0	**	0	**	0	**	**	9
	0.0%	0.0%	0.0%	1.2%	0.0%	2.5%	0.0%	5.1%	1.0%	0.9%
Long term sick or disabled	0	0	0	**	0	0	5	**	12	19
	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	14.7%	2.6%	2.9%	2.0%
Unemployed and seeking work	0	5	12	34	14	0	5	**	61	124
	0.0%	7.7%	10.9%	21.1%	13.2%	0.0%	14.7%	5.1%	14.5%	13.1%
Not receiving benefits	0	**	0	0	0	0	0	**	**	7
	0.0%	3.1%	0.0%	0.0%	0.0%	0.0%	0.0%	7.7%	0.5%	0.7%
Other	0	0	**	**	**	**	0	**	7	13
	0.0%	0.0%	0.9%	1.2%	1.9%	2.5%	0.0%	2.6%	1.7%	1.4%
Not Known [21]	823	1,109	429	266	2,834	555	888	736	523	8,074
	99.8%	94.5%	79.6%	62.3%	96.4%	93.3%	96.3%	95.0%	55.5%	89.5%
Total	**825**	**1,174**	**539**	**427**	**2,940**	**595**	**922**	**775**	**943**	**9,022**

Table 36 - Steroid and IPEDs cohort by employment status, 2016-17

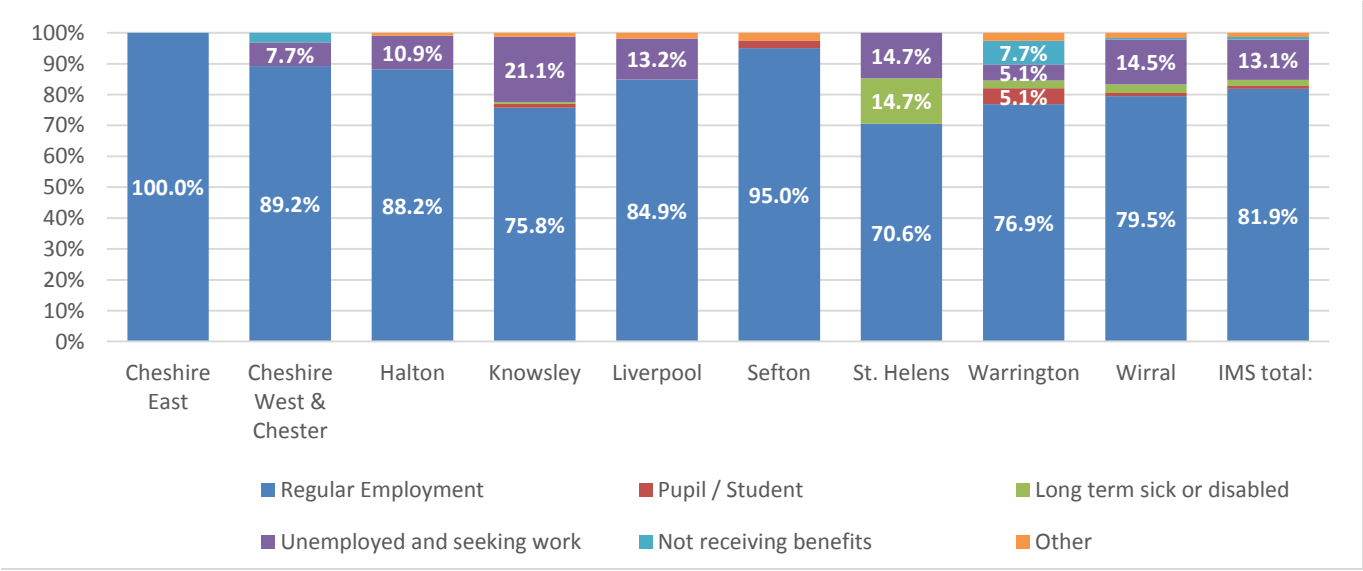


Figure 22 - Steroid and IPEDs cohort by employment status (excludes status 'not known'), 2016-17

[21] Percentages shown by employment status excludes those individuals where the employment status is not known. Percentages shown for 'not known' are the percentage of all individuals.

PARENTAL STATUS

Similarly, collection of the parental status field is relatively poor for most areas, although Wirral has a completion rate of over 40%. Where an individual states that they are a parent of at least one child under 18, a majority of people who inject steroid/IPEDs have at least one child living with them in every area, and a majority in all areas other than Halton and Wirral have all of their children living with them. This compares with psychoactive IDU wherein every area a substantial majority of individuals have none of their children under 18 living with them.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
All of the children live with client	**	19	**	23	9	11	**	5	67	136
	50.0%	29.2%	5.3%	26.1%	18.0%	25.0%	11.1%	14.7%	17.1%	19.5%
Some of the children live with client	0	**	**	8	8	**	0	**	39	60
	0.0%	1.5%	15.8%	9.1%	16.0%	4.5%	0.0%	2.9%	10.0%	8.6%
None of the children live with client	0	7	**	**	**	**	**	0	86	101
	0.0%	10.8%	5.3%	2.3%	2.0%	6.8%	11.1%	0.0%	22.0%	14.5%
Not a parent of children under 18	**	31	11	53	25	17	18	20	195	355
	50.0%	47.7%	57.9%	60.2%	50.0%	38.6%	66.7%	58.8%	49.9%	50.9%
Client declined to answer	0	7	**	**	7	11	**	8	**	45
	0.0%	10.8%	15.8%	2.3%	14.0%	25.0%	11.1%	23.5%	1.0%	6.5%
Not Known [22]	823	1,109	520	339	2,890	551	895	741	552	8,325
	99.8%	94.5%	96.5%	79.4%	98.3%	92.6%	97.1%	95.6%	58.5%	92.3%
Total	**825**	**1,174**	**539**	**427**	**2,940**	**595**	**922**	**775**	**943**	**9,022**

Table 37 - Steroid and IPEDs cohort by parental status, 2016-17

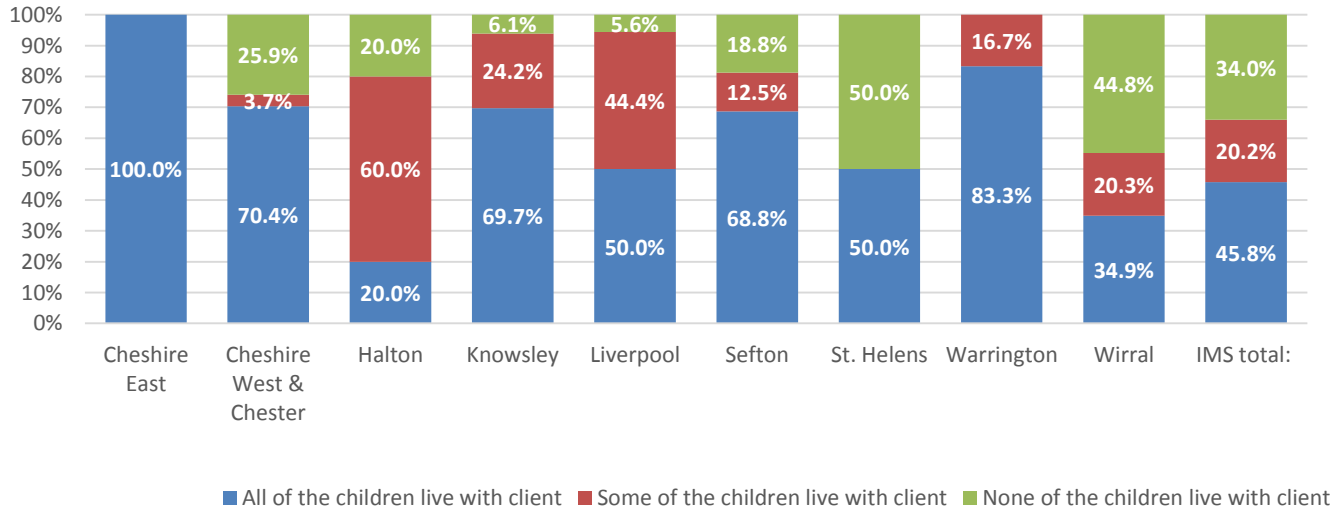


Figure 23 - Steroid and IPEDs cohort by parental status, only clients who stated they have children under 18, 2016-17

[22] Percentages shown by parental status excludes those individuals where the parental status is recorded. Percentages shown for 'not known' are the percentage of all individuals.

DISABILITIES OR CHRONIC CONDITIONS

The disabilities or chronic conditions field is poorly completed but where it has been, 92.3% of the steroid/IPED IDU cohort state that they have no chronic conditions or disabilities compared to 59.2% in the psychoactive IDU cohort. Mental health is again one of the main reported conditions, along with hearing impairment, arthritis and asthma.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	NSP Steroid cohort - All individuals
Individuals with chronic condition or disability	6	**	0	**	**	**	9	**	38	62
	37.5%	3.3%	0.0%	1.1%	2.1%	7.0%	26.5%	2.3%	9.3%	7.7%
No chronic conditions or disabilities	10	58	32	93	95	40	25	43	369	744
	62.5%	96.7%	100.0%	98.9%	97.9%	93.0%	73.5%	97.7%	90.7%	92.3%
Not Stated [23]	809	1,114	507	333	2,843	552	888	731	536	8,216
	98.1%	94.9%	94.1%	78.0%	96.7%	92.8%	96.3%	94.3%	56.8%	91.1%
Total	825	1,174	539	427	2,940	595	922	775	943	9,022

Recorded conditions:

Arthritis	**	0	0	0	**	**	0	0	**	5
Asthma	**	0	0	0	0	**	0	0	**	5
Chronic Pain	0	0	0	0	0	0	0	0	0	0
COPD Chronic Obstructive Pulmonary disease	0	0	0	0	0	**	0	0	**	**
Depression	0	0	0	0	0	0	0	0	**	**
Diabetes	0	0	0	0	0	0	0	0	**	**
Epilepsy	0	0	0	0	0	0	0	0	**	**
Hearing impairment	0	0	0	0	0	0	0	**	5	6
Liver disease / Cirrhosis	0	0	0	0	0	0	0	0	0	0
Mental health	0	0	0	0	0	0	**	0	**	**
Mental ill health	0	0	0	0	0	0	**	0	**	7
Mobility issues	0	0	0	**	0	0	0	0	**	**
Specific learning difficulties (e.g. Dyslexia)	0	0	0	0	0	0	**	0	0	**
Visual impairment	0	0	0	0	0	0	**	0	0	**
Other	**	**	0	0	**	0	**	0	18	24

Table 38 - Steroid and IPEDs cohort, individuals stating any disability or chronic condition, 2016-17

[23] Percentages shown is for those clients where a disability or chronic condition record was completed. Percentages shown for 'not known' are the percentage of all individuals

4.4. GEOGRAPHIC PROFILE

LOCAL AUTHORITY OF RESIDENCE

Most individuals who provide a postcode reside in the Local Authority area in which the IMS reporting service is based. Similar to the psychoactive IDU cohort, both Cheshire East and Knowsley see the largest number (around 20%) of their steroid and IPED IDU client base from surrounding areas, although Warrington has substantially more people who inject steroid and IPEDs from out of the area than psychoactive IDU (14.4% compared to 3.6%).

	Local Authority of service provider									
Local Authority of residence	**Cheshire East**	**Cheshire West & Chester**	**Halton**	**Knowsley**	**Liverpool**	**Sefton**	**St. Helens**	**Warrington**	**Wirral**	**Total:**
Cheshire East	381	**	**	0	0	0	**	**	**	384
Cheshire West and Chester	11	441	**	**	**	0	**	21	24	494
Halton	**	**	362	**	7	0	6	**	0	379
Knowsley	0	0	**	186	99	14	18	**	0	304
Liverpool	**	**	8	35	1,789	22	7	**	6	1,841
Sefton	0	0	0	**	98	452	**	**	0	544
St. Helens	**	0	**	**	6	**	644	55	**	707
Warrington	**	**	**	**	**	0	58	630	**	692
Wirral	0	**	**	**	13	7	0	**	790	806
West Lancashire	0	0	0	0	**	45	35	**	0	84
Newcastle-under-Lyme	44	0	0	0	0	0	0	0	0	44
Staffordshire Moorlands	31	0	0	0	0	0	0	0	0	31
Flintshire	0	5	0	0	**	**	**	0	10	21
Manchester	5	0	0	0	0	0	0	0	0	5
Salford	0	0	0	0	**	0	0	12	0	15
Wigan	0	0	0	0	**	**	7	**	0	11
Stockport	**	0	0	0	0	0	0	0	0	**
Others	0	**	0	0	9	5	**	**	**	22
Not Stated	344	715	158	194	903	47	138	39	106	2,637
Total	**825**	**1,174**	**539**	**427**	**2,940**	**595**	**922**	**775**	**943**	**9,022**

Table 39 - Steroid and IPEDs cohort, individuals by local authority of residence and local authority of service provider, 2016-17

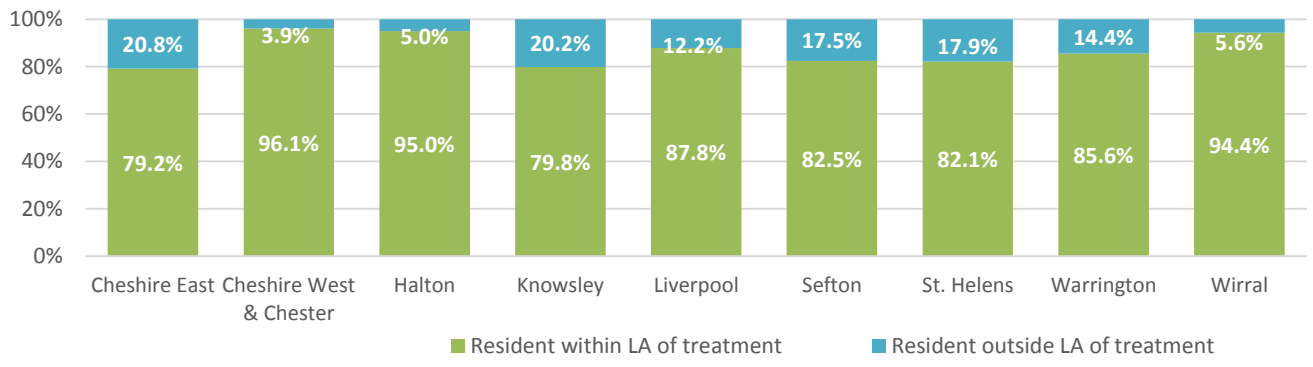


Figure 24 - Steroid and IPEDs cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2016-17

Postcode district	Number of Individuals	Percentage [24]
WA9	316	5.8%
WA4	200	3.7%
WA8	173	3.2%
WA10	170	3.1%
WA7	158	2.9%
L13	144	2.6%
WA2	139	2.5%
L6	137	2.5%
L8	135	2.5%
CH42	135	2.5%
L4	132	2.4%
L19	126	2.3%
L36	124	2.3%
WA11	114	2.1%
CW1	114	2.1%
CH41	104	1.9%
L11	97	1.8%
CH43	97	1.8%
L12	95	1.7%
L3	94	1.7%
WA5	91	1.7%
L24	90	1.6%
L15	89	1.6%
L7	85	1.6%
WA1	84	1.5%
CH4	81	1.5%
L20	77	1.4%
SK11	76	1.4%
L1	74	1.4%
CH44	73	1.3%
L25	70	1.3%
CH65	68	1.2%
CW2	68	1.2%
L17	66	1.2%
PR9	63	1.2%
L9	62	1.1%
PR8	58	1.1%
L21	58	1.1%
L14	58	1.1%
CW9	55	1.0%
L35	55	1.0%
L5	54	1.0%

Postcode district	Number of Individuals	Percentage
CH62	53	1.0%
L30	46	0.8%
CH49	46	0.8%
L22	45	0.8%
CW12	44	0.8%
L18	44	0.8%
WA12	41	0.8%
CH46	40	0.7%
CH45	40	0.7%
L23	32	0.6%
CW7	32	0.6%
WA3	32	0.6%
L10	29	0.5%
L32	26	0.5%
CW8	26	0.5%
L31	26	0.5%
L34	26	0.5%
L33	25	0.5%
L16	25	0.5%
CH63	25	0.5%
CH1	23	0.4%
L2	23	0.4%
L26	21	0.4%
ST7	20	0.4%
CW11	19	0.3%
CW5	19	0.3%
CH66	17	0.3%
L27	17	0.3%
SK10	15	0.3%
CH6	15	0.3%
CW10	13	0.2%
CH64	13	0.2%
CH61	11	0.2%
CH3	10	0.2%
CH47	10	0.2%
CH48	9	0.2%
CH2	9	0.2%
L39	9	0.2%
L28	6	0.1%
CH60	6	0.1%
SK1	6	0.1%
L37	6	0.1%
Other Postcodes	97	1.8%
Not Stated	3,566	-
Total	**9,022**	

Table 40 - Steroid and IPEDs cohort, individuals by postcode district of residence, 2016-17

Key: CHE CHW HAL KNW LIV SEF SHL WAR WIR

[24] Percentage of those individuals who stated a valid postcode

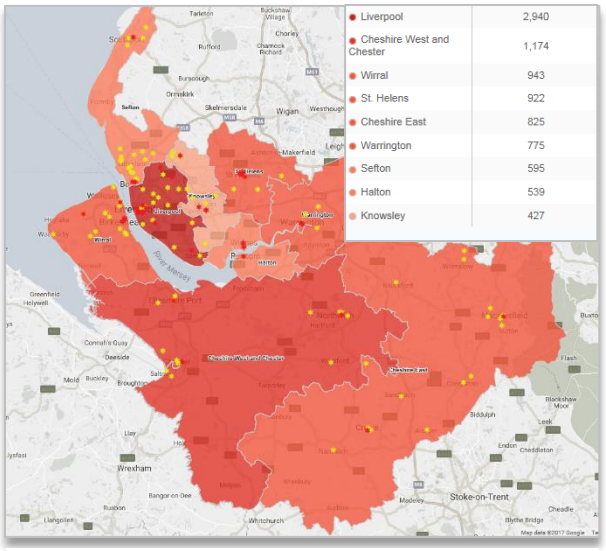


Figure 25 - Steroid and IPEDs cohort, individuals by Local Authority area, 2016-17

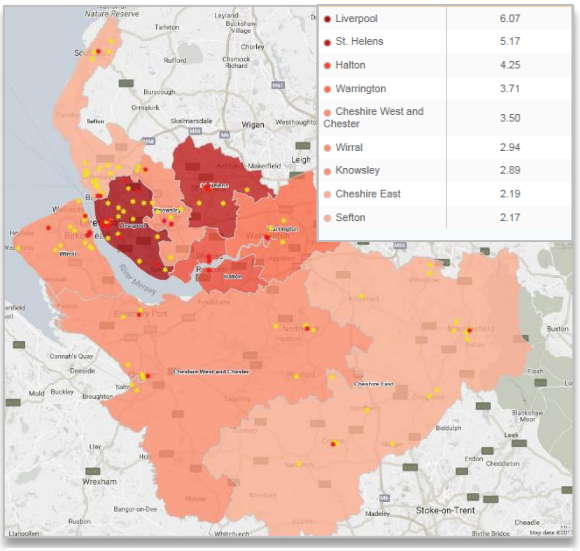


Figure 26 - Steroid and IPEDs cohort, prevalence (per 1,000 population) by Local Authority area, 2016-17

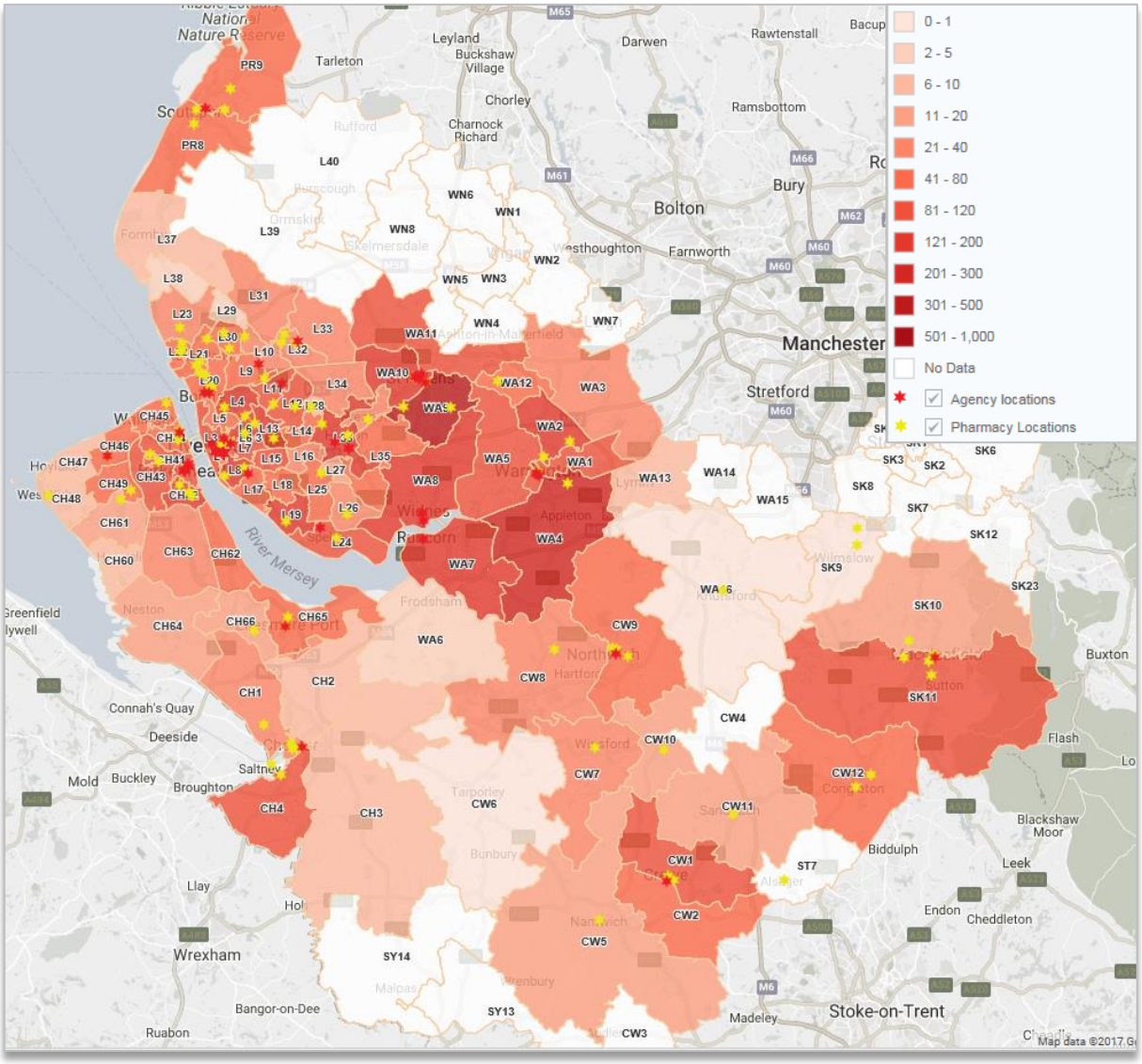


Figure 27 - Steroid and IPEDs cohort, individuals by postcode district of residence, 2016-17

4.5. NEEDLE AND SYRINGE EXCHANGE TRANSACTIONS

Over 660,000 needles and syringes were distributed to people who inject steroid and IPEDs across Cheshire and Merseyside during 2016-17, with the average number of needles and syringes given on each visit ranging from 19 in St. Helens to 52 in Halton, and on average 62% more than equipment given to people who inject psychoactive drugs. The average number of needles given per person over the course of the year ranged from 49 in Liverpool to 140 in Cheshire East, with an average of 74 per person across all the different local authority areas combined.

	Individuals	Needle and syringe exchange visits	Total equipment issued out		
			Needles & syringes	Barrels	Other paraphernalia
Cheshire East	825	3,444	115,817	48,435	145,808
Cheshire West & Chester	1,174	2,982	84,932	39,346	72,558
Halton	539	937	49,099	21,901	14,555
Knowsley	427	709	29,241	12,460	29,786
Liverpool	2,940	5,088	145,265	49,278	161,748
Sefton	595	1,033	38,311	16,240	24,359
St. Helens	922	3,216	61,137	35,717	91,940
Warrington	775	1,752	61,516	25,314	50,588
Wirral	943	1,846	79,220	38,065	42,613
NSP Steroid cohort - All individuals	**9,022**	**21,007**	**664,538**	**286,756**	**633,955**

Table 41 - Steroid and IPEDs cohort, total needle exchange visits and equipment issued, 2016-17

	Individuals	Average exchange visits	Average per visit			Average per person		
			Needles & syringes	Barrels	Parapher-nalia	Needles & syringes	Barrels	Parapher-nalia
Cheshire East	511	4.2	33.6	14.1	42.3	140.4	58.7	176.7
Cheshire West & Chester	862	2.5	28.5	13.2	24.3	72.3	33.5	61.8
Halton	127	1.7	52.4	23.4	15.5	91.1	40.6	27.0
Knowsley	300	1.7	41.2	17.6	42.0	68.5	29.2	69.8
Liverpool	5,080	1.7	28.6	9.7	31.8	49.4	16.8	55.0
Sefton	957	1.7	37.1	15.7	23.6	64.4	27.3	40.9
St. Helens	950	3.5	19.0	11.1	28.6	66.3	38.7	99.7
Warrington	578	2.3	35.1	14.4	28.9	79.4	32.7	65.3
Wirral	835	2.0	42.9	20.6	23.1	84.0	40.4	45.2
NSP Steroid cohort - All individuals	**9,913**	**2.3**	**31.6**	**13.7**	**30.2**	**73.7**	**31.8**	**70.3**

Table 42 - Steroid and IPEDs cohort, mean averages for needle exchange visits and equipment issued, 2016-17

4.6. NSP NEW INDIVIDUALS

NSP INDIVIDUALS BY YEAR OF FIRST PRESENTATION

Just under three in five (57.2%) steroid and IPED IDU individuals presenting to IMS did so for the first time in the most recent financial year, although this figure ranged from two in five (40.8%) individuals in Halton to 72.5% in Liverpool, suggesting that new steroid and IPED injectors made up the majority of the NSP clientele. Warrington and Cheshire East had the highest proportions (21.6% and 19.4% respectively) of individuals who presented to an NSP service before 2011-12. The reliability of these numbers is discussed at the end of this report.

	Year of first presentation							NSP Steroid cohort - All individuals 2016-17
	2010 or earlier	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	
Cheshire East	80 9.7%	80 9.7%	70 8.5%	60 7.3%	73 8.8%	98 11.9%	364 44.1%	**825**
Cheshire West & Chester	102 8.7%	60 5.1%	55 4.7%	83 7.1%	143 12.2%	104 8.9%	627 53.4%	**1,174**
Halton	** 0.4%	27 5.0%	102 18.9%	42 7.8%	78 14.5%	68 12.6%	220 40.8%	**539**
Knowsley	31 7.3%	16 3.7%	5 1.2%	34 8.0%	48 11.2%	80 18.7%	213 49.9%	**427**
Liverpool	36 1.2%	10 0.3%	6 0.2%	14 0.5%	21 0.7%	721 24.5%	2,132 72.5%	**2,940**
Sefton	45 7.6%	0 0.0%	6 1.0%	17 2.9%	20 3.4%	125 21.0%	382 64.2%	**595**
St. Helens	27 2.9%	25 2.7%	102 11.1%	82 8.9%	101 11.0%	113 12.3%	472 51.2%	**922**
Warrington	129 16.6%	39 5.0%	47 6.1%	49 6.3%	66 8.5%	86 11.1%	359 46.3%	**775**
Wirral	** 0.1%	0 0.0%	0 0.0%	255 27.0%	92 9.8%	162 17.2%	433 45.9%	**943**
NSP Steroid cohort - All individuals	**447** **5.0%**	**253** **2.8%**	**387** **4.3%**	**630** **7.0%**	**624** **6.9%**	**1,524** **16.9%**	**5,157** **57.2%**	**9,022**

Table 43 - Steroid and IPEDs cohort, all individuals 2016-17, by year of first presentation

NEW INDIVIDUALS ONLY - BY AGE AND GENDER

Around three-quarters (74%) of newly presenting steroid and IPED injectors are aged between 25 and 39 years, with some areas including Cheshire East and St. Helens reporting half or more of this cohort being aged under 30 years. Unlike the psychoactive IDU cohort, very small numbers of individuals present for the first time aged 50 years and over. Reflecting the profile of longer-term injectors, the cohort as a whole is several years younger than their psychoactive IDU counterparts.

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
	Female	20%	20%	0%	40%	0%	20%	0%	0%	0%	0%	0%	0%	5
Cheshire East	Male	0%	5%	23%	27%	23%	21%	0%	0%	0%	0%	0%	0%	359
	Total	**1%**	**5%**	**23%**	**27%**	**23%**	**21%**	**0%**	**0%**	**0%**	**0%**	**0%**	**0%**	**364**
	Female	0%	60%	0%	0%	20%	20%	0%	0%	0%	0%	0%	0%	5
Cheshire West & Chester	Male	0%	2%	16%	24%	30%	25%	1%	1%	0%	0%	0%	0%	622
	Total	**0%**	**2%**	**16%**	**24%**	**30%**	**25%**	**1%**	**1%**	**0%**	**0%**	**0%**	**0%**	**627**
	Female	0%	0%	17%	67%	17%	0%	0%	0%	0%	0%	0%	0%	6
Halton	Male	0%	3%	18%	25%	26%	20%	2%	3%	1%	1%	0%	0%	214
	Total	**0%**	**3%**	**18%**	**26%**	**25%**	**20%**	**2%**	**3%**	**1%**	**1%**	**0%**	**0%**	**220**
	Female	0%	14%	0%	43%	0%	0%	29%	0%	0%	14%	0%	0%	7
Knowsley	Male	0%	1%	14%	28%	26%	22%	4%	2%	1%	1%	0%	0%	205
	Total	**0%**	**1%**	**13%**	**29%**	**25%**	**22%**	**5%**	**2%**	**1%**	**1%**	**0%**	**0%**	**212**
	Female	2%	3%	19%	21%	24%	10%	5%	3%	3%	5%	3%	0%	58
Liverpool	Male	0%	1%	11%	23%	25%	28%	5%	3%	2%	1%	0%	0%	2,074
	Total	**0%**	**1%**	**11%**	**23%**	**25%**	**28%**	**5%**	**3%**	**2%**	**1%**	**0%**	**0%**	**2,132**
	Female	7%	7%	7%	7%	14%	21%	7%	7%	21%	0%	0%	0%	14
Sefton	Male	1%	1%	10%	23%	31%	22%	6%	4%	1%	1%	0%	0%	368
	Total	**1%**	**2%**	**10%**	**23%**	**31%**	**22%**	**6%**	**4%**	**2%**	**1%**	**0%**	**0%**	**382**
	Female	0%	29%	0%	14%	43%	0%	0%	0%	0%	0%	0%	14%	7
St. Helens	Male	0%	3%	18%	28%	19%	30%	1%	0%	0%	0%	0%	0%	465
	Total	**0%**	**4%**	**18%**	**28%**	**19%**	**29%**	**1%**	**0%**	**0%**	**0%**	**0%**	**0%**	**472**
	Female	0%	0%	0%	10%	50%	20%	10%	10%	0%	0%	0%	0%	10
Warrington	Male	0%	1%	17%	28%	23%	16%	6%	4%	2%	1%	0%	0%	349
	Total	**0%**	**1%**	**17%**	**28%**	**24%**	**16%**	**6%**	**4%**	**2%**	**1%**	**0%**	**0%**	**359**
	Female	0%	0%	33%	17%	17%	17%	17%	0%	0%	0%	0%	0%	6
Wirral	Male	0%	3%	16%	23%	24%	20%	6%	4%	2%	1%	0%	0%	427
	Total	**0%**	**3%**	**16%**	**23%**	**24%**	**20%**	**6%**	**4%**	**2%**	**1%**	**0%**	**0%**	**433**
NSP Steroid cohort - All individuals	Female	3%	9%	13%	21%	22%	12%	7%	3%	4%	3%	2%	1%	117
	Male	0%	2%	14%	24%	25%	25%	4%	3%	1%	1%	0%	0%	5,039
	Total	**0%**	**2%**	**14%**	**24%**	**25%**	**25%**	**4%**	**3%**	**1%**	**1%**	**0%**	**0%**	**5,156**

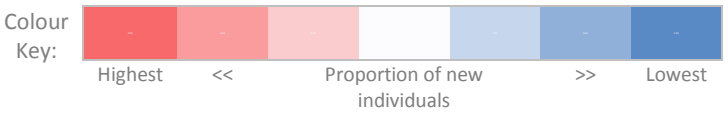
Table 44 - Steroid and IPEDs cohort, new individuals 2016-17, by age and gender

PROPORTION OF NEW INDIVIDUALS BY AGE GROUP

The chart below shows the proportion of new steroid and IPED injectors for each local authority area by age group. While this overall proportion reduces the older the cohorts become as people attending become more likely to have presented previously, there is some variation within different areas. Halton has the lowest number of new steroid and IPED injectors overall (40.8%), while Liverpool again has the highest number of this group at 72.5%.

	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	66.7%	90.9%	54.3%	46.0%	45.9%	38.0%	3.7%	6.3%	-	-	-	-	44.1%
Cheshire West & Chester	100%	82.4%	63.9%	49.5%	55.2%	55.6%	22.5%	26.1%	16.7%	-	-	-	53.4%
Halton	-	77.8%	62.5%	45.2%	40.6%	42.6%	11.4%	21.2%	15.4%	22.2%	50.0%	-	40.8%
Knowsley	100%	100%	65.1%	53.0%	46.6%	45.1%	40.0%	30.8%	50.0%	60.0%	-	-	49.6%
Liverpool	100%	87.5%	77.6%	75.2%	73.1%	74.0%	57.5%	54.3%	67.2%	70.6%	72.7%	87.5%	72.5%
Sefton	100%	75.0%	77.1%	65.9%	70.9%	64.9%	44.9%	41.2%	53.3%	33.3%	50.0%	-	64.2%
St. Helens	-	81.0%	63.9%	52.8%	47.2%	54.7%	15.2%	4.5%	10.0%	-	-	100%	51.2%
Warrington	100%	100%	66.7%	48.8%	43.3%	45.4%	30.3%	34.8%	42.9%	50.0%	-	50.0%	46.3%
Wirral	-	91.7%	54.3%	41.7%	46.4%	52.4%	32.2%	36.2%	33.3%	55.6%	66.7%	50.0%	45.9%
NSP Steroid cohort - All individuals	92.9%	85.7%	66.0%	57.2%	57.7%	59.5%	37.2%	37.6%	46.4%	50.0%	52.2%	66.7%	57.1%

Table 45- Steroid and IPEDs cohort, new individuals 2016-17, as a proportion of total individuals, by age group



4.7. ANNUAL CLIENT NUMBERS

Although still a minority of people who inject drugs overall, there was a 12.7% increase in the number of people who inject steroid and IPEDs from 2015-16. The figures stayed the same or increased slightly in most areas, and although there was a substantial increase in Cheshire West & Chester of 87.8% from the previous year, the figure represented just a 1.2% increase on the figure from 2014-15.

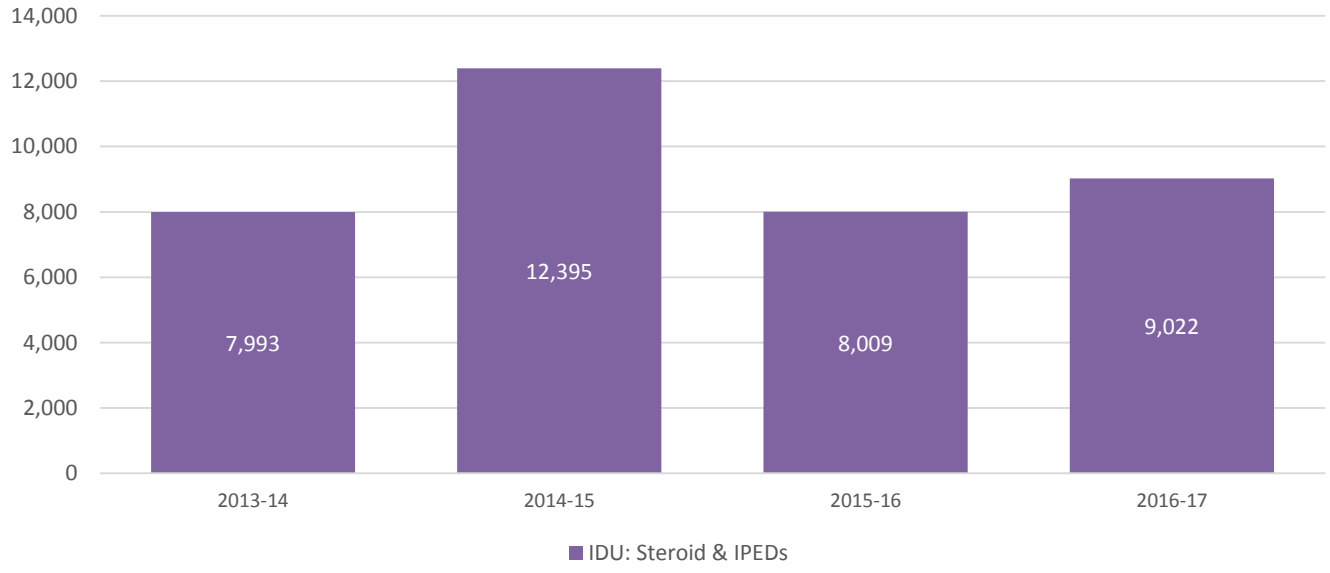


Figure 28 - Steroid and IPEDs cohort, annual client numbers 2013-14 to 2016-17

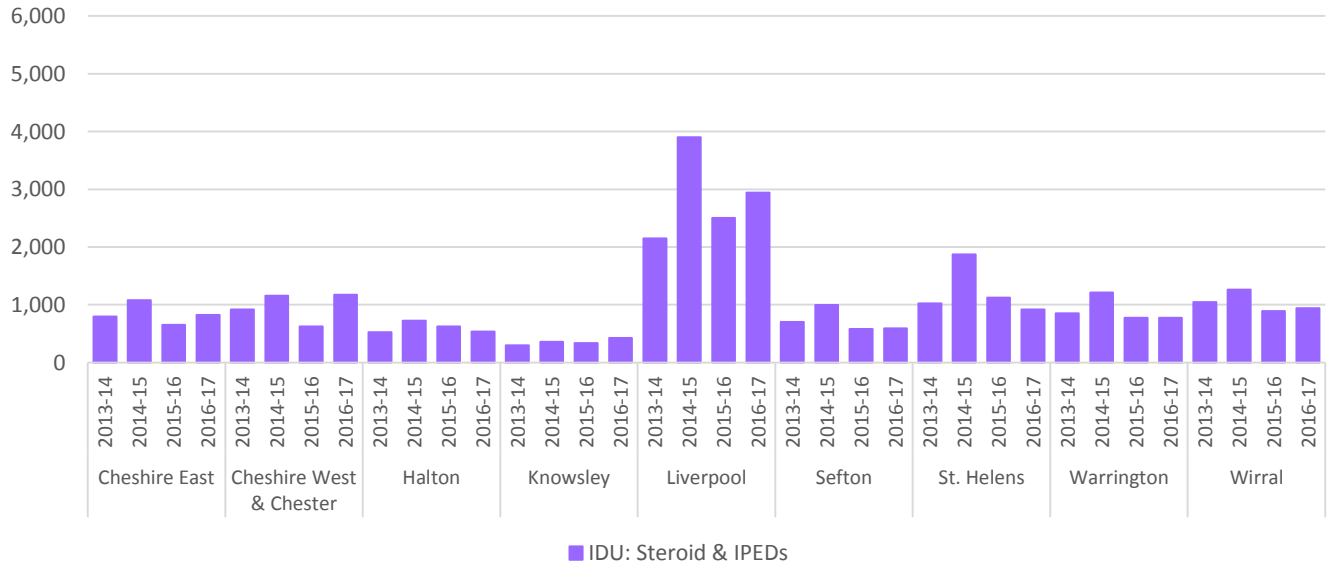


Figure 29 - Steroid and IPEDs cohort, annual client numbers by local authority, 2013-14 to 2016-17

IDU: Steroid & IPEDs	2013-14	2014-15	2015-16	2016-17
Cheshire East	798	1,082	653	825
Cheshire West & Chester	920	1,160	625	1,174
Halton	524	726	626	539
Knowsley	297	359	337	427
Liverpool	2,149	3,901	2,506	2,940
Sefton	701	997	583	595
St. Helens	1,023	1,871	1,127	922
Warrington	853	1,213	774	775
Wirral	1,048	1,263	890	943
Cheshire & Merseyside	**7,993**	**12,395**	**8,009**	**9,022**

Table 46 - Steroid and IPEDs cohort, annual client numbers by local authority, 2013-14 to 2016-17

PREVALENCE ESTIMATES[25]

Liverpool again has the highest prevalence of people who inject steroid and IPEDs with a rate of just over 0.6%, or 6.07 per 1,000 population, although since 2013-14 prevalence has increased in both Cheshire areas, Halton and Knowsley, while decreasing in Sefton, St. Helens, Warrington and Wirral, mirroring the picture for psychoactive substance injectors. Overall prevalence is up slightly from 3.30 in 2013-14 to 3.68 in 2016-17, slightly below the prevalence for psychoactive substance injectors of 4.04.

IDU: Steroid & IPEDs	2013-14	2014-15	2015-16	2016-17
Cheshire East	2.14	2.89	1.74	2.19
Cheshire West & Chester	2.78	3.49	1.87	3.50
Halton	4.16	5.75	4.95	4.25
Knowsley	2.03	2.45	2.29	2.89
Liverpool	4.56	8.25	5.24	6.07
Sefton	2.57	3.64	2.13	2.17
St. Helens	5.81	10.56	6.35	5.17
Warrington	4.16	5.88	3.73	3.71
Wirral	3.27	3.94	2.77	2.94
Cheshire & Merseyside	**3.30**	**5.10**	**3.28**	**3.68**

Table 47 - Steroid and IPEDs cohort, annual prevalence estimates by local authority, 2013-14 to 2016-17

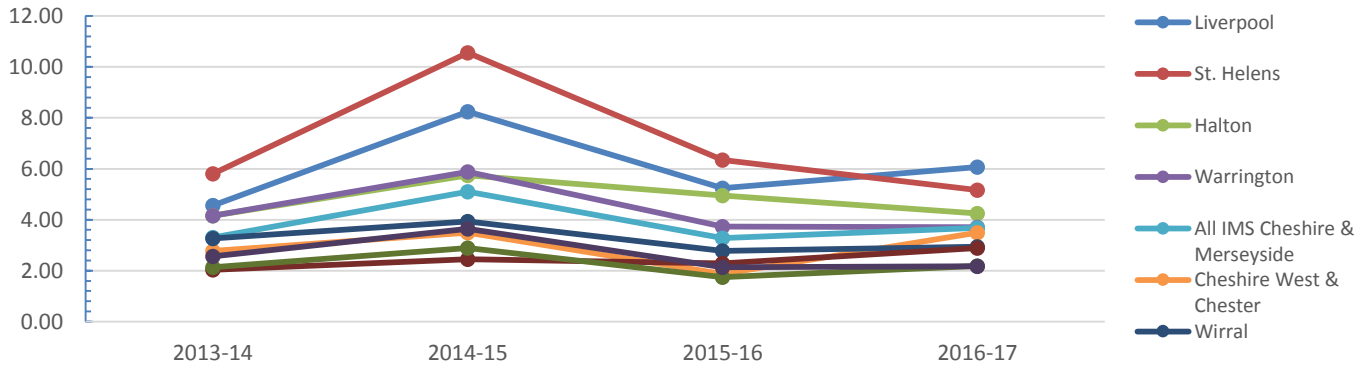


Figure 30 - Annual prevalence estimates 2013-14 to 2016-17, steroid and IPEDs cohort, by local authority

[25] Prevalence (per 1,000 population) is based on the ONS mid-year population estimates for each local authority area. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

5. BRIEF INTERVENTION: DRUGS OR ALCOHOL (NON-INJECTING CLIENTS)

5.1. DEMOGRAPHIC PROFILE

Individuals who appear in the IMS dataset but have no NSP transactions attached to them are included in the Brief Intervention (BI) cohort. BIs delivered by drug and alcohol services are recorded variably across different local authority areas and so cohorts are not directly comparable in the same way that NSP user cohorts are. However for all areas combined most individuals receiving BIs (65.6%) are aged 40 or over. Warrington and Liverpool both have higher proportions of individuals receiving BIs aged 60 or over, with figures of 27.3% and 22.9% respectively, while Wirral and Warrington have the youngest populations receiving BIs aged 24 or under, with figures of 41.6% and 25.0% respectively[26].

AGE AND GENDER

		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%	100.0%	0.0%	0.0%	0.0%	0.0%	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%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	**
	Total	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**50.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	****
Cheshire West & Chester	Female	-	-	-	-	-	-	-	-	-	-	-	-	0
	Male	-	-	-	-	-	-	-	-	-	-	-	-	0
	Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**0**
Halton	Female	0.0%	0.6%	2.9%	10.4%	12.7%	13.9%	19.1%	17.3%	8.1%	9.2%	4.0%	1.7%	173
	Male	0.0%	0.0%	6.1%	12.1%	11.2%	16.1%	17.6%	13.6%	11.5%	6.7%	3.3%	1.8%	330
	Total	**0.0%**	**0.2%**	**5.0%**	**11.5%**	**11.7%**	**15.3%**	**18.1%**	**14.9%**	**10.3%**	**7.6%**	**3.6%**	**1.8%**	**503**
Knowsley	Female	0.0%	0.7%	2.6%	12.6%	13.4%	16.4%	15.6%	11.9%	13.0%	5.9%	4.5%	3.3%	269
	Male	0.0%	1.1%	6.8%	8.8%	12.9%	14.5%	13.5%	17.8%	11.0%	7.2%	3.8%	2.7%	557
	Total	**0.0%**	**1.0%**	**5.4%**	**10.0%**	**13.1%**	**15.1%**	**14.2%**	**15.9%**	**11.6%**	**6.8%**	**4.0%**	**2.9%**	**826**
Liverpool	Female	1.5%	0.2%	2.7%	6.1%	8.1%	11.7%	13.7%	15.2%	12.3%	8.4%	7.0%	13.0%	1,093
	Male	1.4%	0.2%	1.8%	3.5%	6.1%	9.5%	11.4%	16.3%	12.9%	12.3%	8.6%	16.1%	1,848
	Total	**1.4%**	**0.2%**	**2.1%**	**4.5%**	**6.9%**	**10.3%**	**12.3%**	**15.9%**	**12.6%**	**10.9%**	**8.0%**	**14.9%**	**2,941**
Sefton	Female	0.0%	0.5%	2.7%	8.5%	8.2%	10.4%	17.9%	17.2%	14.8%	9.2%	5.3%	5.3%	413
	Male	0.0%	0.2%	3.3%	7.9%	8.5%	12.6%	15.2%	20.0%	16.1%	8.6%	5.2%	2.6%	660
	Total	**0.0%**	**0.3%**	**3.1%**	**8.1%**	**8.4%**	**11.7%**	**16.2%**	**18.9%**	**15.6%**	**8.9%**	**5.2%**	**3.6%**	**1,073**
St. Helens	Female	7.8%	4.8%	5.4%	8.4%	3.6%	7.8%	10.2%	14.5%	15.1%	9.6%	5.4%	7.2%	166
	Male	4.0%	2.7%	10.3%	13.8%	12.9%	6.3%	12.5%	14.3%	8.5%	6.7%	5.4%	2.7%	224
	Total	**5.6%**	**3.6%**	**8.2%**	**11.5%**	**9.0%**	**6.9%**	**11.5%**	**14.4%**	**11.3%**	**7.9%**	**5.4%**	**4.6%**	**390**
Warrington	Female	16.5%	0.6%	1.9%	4.4%	4.4%	5.7%	5.1%	12.0%	8.9%	10.1%	9.5%	20.9%	158
	Male	29.8%	0.0%	5.3%	3.2%	5.3%	5.3%	6.4%	7.4%	8.5%	6.4%	5.3%	17.0%	94
	Total	**21.4%**	**0.4%**	**3.2%**	**4.0%**	**4.8%**	**5.6%**	**5.6%**	**10.3%**	**8.7%**	**8.7%**	**7.9%**	**19.4%**	**252**
Wirral	Female	36.8%	7.4%	6.3%	5.3%	8.4%	7.4%	5.3%	10.5%	5.3%	4.2%	0.0%	3.2%	95
	Male	28.7%	2.8%	5.5%	12.2%	8.3%	12.7%	6.6%	7.2%	7.2%	5.0%	1.7%	2.2%	181
	Total	**31.5%**	**4.3%**	**5.8%**	**9.8%**	**8.3%**	**10.9%**	**6.2%**	**8.3%**	**6.5%**	**4.7%**	**1.1%**	**2.5%**	**276**
Brief Interv cohort - All individuals	Female	3.9%	1.0%	3.0%	7.6%	8.6%	11.3%	13.4%	14.8%	12.1%	8.4%	6.1%	9.7%	37.8%
	Male	3.0%	0.5%	4.0%	6.8%	8.3%	11.1%	12.5%	16.2%	12.1%	9.8%	6.3%	9.4%	62.2%
	Total	**3.4%**	**0.7%**	**3.6%**	**7.1%**	**8.4%**	**11.1%**	**12.8%**	**15.7%**	**12.1%**	**9.3%**	**6.2%**	**9.5%**	**6,089**

Table 48 - Drugs or alcohol (non-injecting) cohort by age and gender, 2016-17

[26] The Response Wirral counselling service which only deals with individuals aged between 13-18 accounts for most of this figure

ETHNICITY

The ethnicity of individuals receiving BIs is on the whole White British (95.6%) with little variation by local authority area, with Other White (1.8%) and White Irish (0.6%) being the only other identified ethnic categories over 0.5%. Liverpool has the most ethnic diversity, and there is also a small but notable White Irish population (2.6%) receiving BIs in St. Helens.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
White British	-	-	97.3%	97.5%	93.7%	97.5%	96.5%	96.7%	93.8%	95.6%
Other White	-	-	1.1%	1.6%	2.5%	1.4%	0.3%	0.4%	2.2%	1.8%
White Irish	-	-	0.5%	0.0%	0.7%	0.2%	2.6%	0.8%	0.4%	0.6%
Other Mixed	-	-	0.2%	0.0%	0.6%	0.3%	0.0%	0.8%	1.5%	0.4%
Other Black	-	-	0.2%	0.2%	0.4%	0.2%	0.0%	0.0%	0.7%	0.3%
Other	-	-	0.2%	0.1%	0.4%	0.1%	0.0%	0.4%	0.0%	0.2%
White and Black Caribbean	-	-	0.2%	0.0%	0.3%	0.1%	0.6%	0.0%	0.0%	0.2%
Other White - Polish	-	-	0.0%	0.1%	0.3%	0.2%	0.0%	0.0%	0.7%	0.2%
White and Black African	-	-	0.0%	0.0%	0.2%	0.0%	0.0%	0.8%	0.0%	0.1%
White and Asian	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.7%	0.1%
Indian	-	-	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%
African	-	-	0.0%	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%
Chinese	-	-	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
Other White - Czech	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Caribbean	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Pakistani	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Asian	-	-	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Other Black - Nigerian	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Gypsy	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Bangladeshi	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other - Arab	-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table 49 - Drugs or alcohol (non-injecting) cohort, percentage split by ethnicity, 2016-17 [27]

[27] Percentage split is calculated as the proportion of only those clients who stated an ethnicity.

5.2. MAIN SUBSTANCES

PRIMARY SUBSTANCE

Brief interventions have historically been used most extensively for individuals presenting with issues around their alcohol use and over 7 in 10 (71.5%) receiving BIs in 2016-17 identified alcohol as their main problem substance, followed by heroin (9.4%), cocaine (7.0%) and cannabis (6.4%). Within individual local authorities, over one in five individuals receiving BIs in Halton (20.4%) and Sefton (22.2%) identified heroin as their primary substance.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
Alcohol	-	0	234	478	2,380	575	79	0	114	3,717
	-	0.0%	53.5%	57.9%	89.7%	58.0%	42.0%	0.0%	43.7%	71.5%
Amphetamines (excl Ecstasy)	-	0	5	5	5	6	**	**	**	29
	-	0.0%	1.1%	0.6%	0.2%	0.6%	1.6%	5.9%	1.5%	0.6%
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%
Benzodiazepines	-	0	**	**	**	**	0	0	0	5
	-	0.0%	0.2%	0.1%	0.0%	0.2%	0.0%	0.0%	0.0%	0.1%
Cannabis	-	0	42	64	50	65	22	0	92	332
	-	0.0%	9.6%	7.7%	1.9%	6.6%	11.7%	0.0%	35.2%	6.4%
Cocaine (excl Crack)	-	0	31	130	80	83	30	**	17	364
	-	0.0%	7.1%	15.7%	3.0%	8.4%	16.0%	11.8%	6.5%	7.0%
Crack Cocaine	-	0	**	5	32	14	**	0	0	56
	-	0.0%	0.9%	0.6%	1.2%	1.4%	1.1%	0.0%	0.0%	1.1%
Ecstasy	-	0	0	0	**	0	5	0	6	13
	-	0.0%	0.0%	0.0%	0.1%	0.0%	2.7%	0.0%	2.3%	0.3%
Hallucinogens	-	0	**	**	**	0	**	0	**	7
	-	0.0%	0.2%	0.2%	0.0%	0.0%	0.5%	0.0%	0.8%	0.1%
Heroin	-	0	89	104	83	220	6	0	7	491
	-	0.0%	20.4%	12.6%	3.1%	22.2%	3.2%	0.0%	2.7%	9.4%
Methadone	-	0	14	13	**	8	**	0	**	40
	-	0.0%	3.2%	1.6%	0.1%	0.8%	0.5%	0.0%	0.4%	0.8%
Novel Psychoactive Substances	-	0	0	**	5	0	24	**	**	34
	-	0.0%	0.0%	0.1%	0.2%	0.0%	12.8%	5.9%	1.1%	0.7%
Other Drugs	-	0	0	**	**	**	14	0	**	22
	-	0.0%	0.0%	0.1%	0.2%	0.1%	7.4%	0.0%	0.8%	0.4%
Other Opiates	-	0	9	17	**	16	0	0	**	45
	-	0.0%	2.1%	2.1%	0.1%	1.6%	0.0%	0.0%	0.4%	0.9%
Prescription Drugs	-	0	**	5	**	**	**	0	**	13
	-	0.0%	0.9%	0.6%	0.0%	0.1%	0.5%	0.0%	0.4%	0.3%
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%
Steroids & IPEDs	-	0	**	0	**	0	0	13	11	30
	-	0.0%	0.5%	0.0%	0.2%	0.0%	0.0%	76.5%	4.2%	0.6%
Effected by some-one else's use [28]	-	0	0	0	0	0	43	63	0	106
	-	0.0%	0.0%	0.0%	0.0%	0.0%	11.0%	25.0%	0.0%	1.7%
Not Stated [29]	-	**	66	0	287	82	159	172	15	783
	-	100.0%	13.1%	0.0%	9.8%	7.6%	40.8%	68.3%	5.4%	12.9%
Total Individuals	**0**	**2**	**503**	**826**	**2,941**	**1,073**	**390**	**252**	**276**	**6,089**

Table 50 - Drugs or alcohol (non-injecting) cohort by primary substance and local authority, 2016-17

[28] Individuals receiving interventions and support related to the substance use of others, such as family members or close friends.

[29] Percentages shown by substance excludes those individuals effected by some-one else's use and those where the substance was not stated. Percentages shown for 'some-one else's use' and 'not stated' is the percentage of all individuals.

SECONDARY SUBSTANCE

Nine in ten (89.3%) individuals receiving a BI did not state a secondary substance, but of those who did, alcohol was the most commonly cited (28.2%) which for individuals also stating alcohol as their primary substance, might indicate a different type of alcohol (wine or beer for example). Cocaine was also cited as a secondary substance by 22.6% of individuals, mainly as a secondary substance to alcohol use, while cannabis was cited as a secondary substance by 16.2% of individuals, again mainly those citing alcohol as their primary problem substance.

	Secondary Substance [30]												
Primary Substance	**Alcohol**	**Amphetamines (excl Ecstasy)**	**Benzodiazepines**	**Cannabis**	**Cocaine (excl Crack)**	**Crack Cocaine**	**Ecstasy**	**Heroin**	**Methadone**	**Other Drugs** [31]	**Prescription Drugs**	**No Secondary Substance**	**Not Stated**
Alcohol	81	7	5	59	92	13	**	26	9	7	**	92	3,321
	26.6%	2.3%	1.6%	19.4%	30.3%	4.3%	0.3%	8.6%	3.0%	2.3%	1.3%	-	89.3%
Amphetamines (excl Ecstasy)	**	0	0	**	**	0	0	0	0	0	0	0	23
	66.7%	0.0%	0.0%	16.7%	16.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	79.3%
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%
Benzodiazepines	0	0	**	0	0	0	0	**	0	0	0	0	**
	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	0.0%	0.0%	-	60.0%
Cannabis	18	0	0	0	12	0	12	**	0	**	0	32	256
	40.9%	0.0%	0.0%	0.0%	27.3%	0.0%	27.3%	2.3%	0.0%	2.3%	0.0%	-	77.1%
Cocaine (excl Crack)	34	**	0	12	**	**	**	**	0	**	0	**	303
	59.6%	5.3%	0.0%	21.1%	7.0%	1.8%	1.8%	1.8%	0.0%	1.8%	0.0%	-	83.2%
Crack Cocaine	5	0	0	6	0	**	0	11	0	0	0	0	33
	21.7%	0.0%	0.0%	26.1%	0.0%	4.3%	0.0%	47.8%	0.0%	0.0%	0.0%	-	58.9%
Ecstasy	**	**	0	**	0	**	0	0	0	**	0	0	5
	12.5%	12.5%	0.0%	50.0%	0.0%	12.5%	0.0%	0.0%	0.0%	12.5%	0.0%	-	38.5%
Hallucinogens	0	0	0	**	0	0	0	0	0	0	0	0	6
	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	85.7%
Heroin	**	0	**	**	**	42	0	**	7	**	**	**	422
	4.6%	0.0%	6.2%	4.6%	3.1%	64.6%	0.0%	1.5%	10.8%	3.1%	1.5%	-	85.9%
Methadone	**	0	**	0	0	0	0	0	0	0	0	0	38
	50.0%	0.0%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	95.0%
Novel Psycho-active Substances	**	**	0	0	7	0	**	0	0	0	0	0	23
	9.1%	18.2%	0.0%	0.0%	63.6%	0.0%	9.1%	0.0%	0.0%	0.0%	0.0%	-	67.6%
Other Drugs	**	0	0	0	**	**	0	0	0	0	0	0	18
	25.0%	0.0%	0.0%	0.0%	50.0%	25.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	81.8%
Other Opiates	**	0	0	0	0	0	0	0	0	**	0	0	43
	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	-	95.6%
Prescription Drugs	0	0	**	0	0	0	0	0	0	0	0	0	12
	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	-	92.3%
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%	100.0%	0.0%	-	0.0%
Steroids & IPEDs	0	0	0	0	0	0	0	0	0	**	0	0	29
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	-	96.7%
Total	**150**	**13**	**12**	**86**	**120**	**59**	**15**	**41**	**16**	**15**	**5**	**133**	**5,424**
	28.2%	2.4%	2.3%	16.2%	22.6%	11.1%	2.8%	7.7%	3.0%	2.8%	0.9%	**-**	**89.1%**

Table 51 - Drugs or alcohol (non-injecting) cohort by primary and secondary substance, 2016-17

[30] Percentages shown by substance excludes those individuals with no secondary substance or where the substance was not stated. Percentages shown for 'Not Stated' is the percentage of all individuals.

[31] The figures shown for the secondary substance '**Other Drugs**' includes substances within the following drug groups; barbiturates, hallucinogens, novel psychoactive substances (NPS), other opiates, solvents, steroids & IPEDs, and other drugs.

5.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

For individuals receiving BIs, 18.4% cited a housing problem, although two thirds (64.7%) of individuals receiving BIs in St. Helens stated that they had a housing problem, and over half (50.8%) an urgent housing problem. Completion of this field at 61.1% is more widespread than for NSP services, reflecting the fact that pharmacies do not currently routinely capture this data item.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
NFA - Urgent Housing Problem	0	0	14	16	81	36	95	0	**	232
	-	-	3.2%	2.0%	6.7%	3.6%	50.8%	0.0%	0.8%	6.2%
Housing Problem	0	0	60	58	191	92	26	0	46	453
	-	-	13.8%	7.1%	15.7%	9.3%	13.9%	0.0%	18.5%	12.2%
No Housing Problem	0	0	362	738	941	861	66	**	201	3,033
	-	-	83.0%	90.9%	77.6%	87.1%	35.3%	100.0%	80.7%	81.6%
Not Known [32]	0	**	67	14	1,728	84	203	250	27	2,371
	-	100.0%	13.3%	1.7%	58.8%	7.8%	52.1%	99.2%	9.8%	38.9%
Total	**0**	**2**	**503**	**826**	**2,941**	**1,073**	**390**	**252**	**276**	**6,089**

Table 52 - Drugs or alcohol (non-injecting) cohort by accommodation status, 2016-17

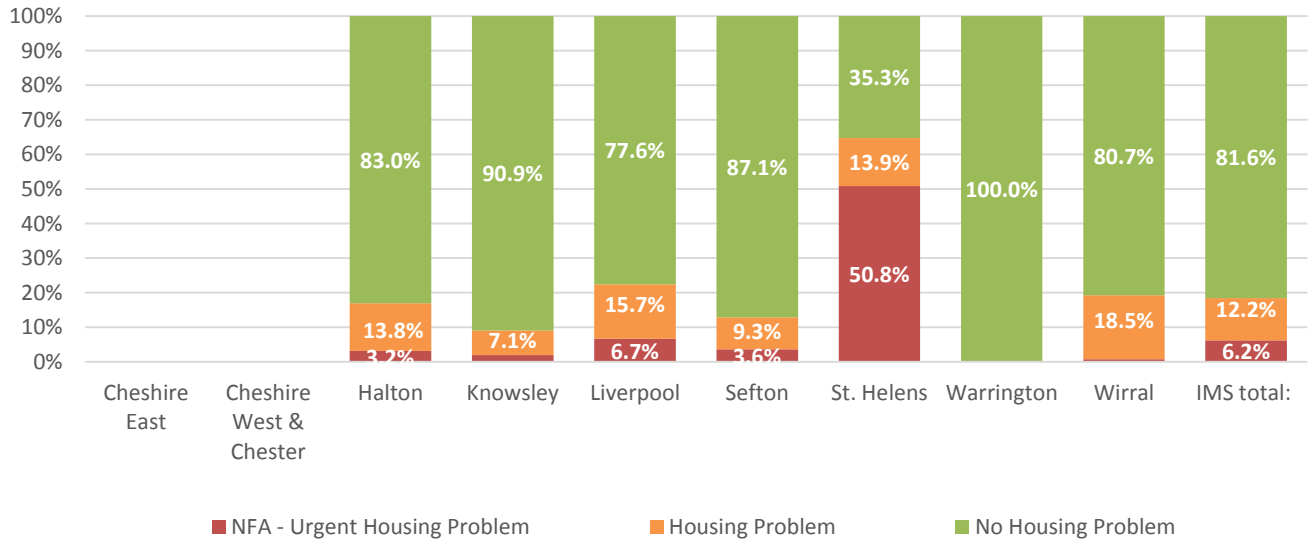


Figure 31 - Drugs or alcohol (non-injecting) cohort by accommodation status (excludes status 'not known'), 2016-17

[32] Percentages shown by accommodation status excludes those individuals where the accommodation status is not known. Percentages shown for 'not known' are the percentage of all individuals.

EMPLOYMENT STATUS

Just over a third (37.9%) of individuals receiving a BI are unemployed and seeking work, with a further quarter (24.2%) long term sick or disabled. Just under one in five (18.3%) are in regular employment. Because a young person's service records the majority of BIs for Wirral, a third (34.4%) of their individuals identify as a pupil/student.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
Regular Employment	0	0	88	153	120	196	36	0	39	608
	-	-	20.6%	21.5%	11.8%	22.1%	18.5%	-	16.2%	18.3%
Pupil / Student	0	0	0	5	11	8	**	0	83	108
	-	-	0.0%	0.7%	1.1%	0.9%	0.5%	-	34.4%	3.2%
Long term sick or disabled	0	0	121	159	200	277	69	0	31	804
	-	-	28.3%	22.3%	19.6%	31.3%	35.4%	-	12.9%	24.2%
Unemployed and seeking work	0	0	137	334	405	299	72	0	76	1259
	-	-	32.0%	46.9%	39.7%	33.7%	36.9%	-	31.5%	37.9%
Not receiving benefits	0	0	14	27	23	26	13	0	5	106
	-	-	3.3%	3.8%	2.3%	2.9%	6.7%	-	2.1%	3.2%
Other [33]	0	0	68	34	262	80	**	0	7	440
	-	-	15.9%	4.8%	25.7%	9.0%	2.1%	-	2.9%	13.2%
Not Known [34]	0	2	75	114	1,920	187	195	252	35	2,764
	-	100.0%	14.9%	13.8%	65.3%	17.4%	50.0%	100.0%	12.7%	45.4%
Total	**0**	**2**	**503**	**826**	**2,941**	**1,073**	**390**	**252**	**276**	**6,089**

Table 53 - Drugs or alcohol (non-injecting) cohort by employment status, 2016-17

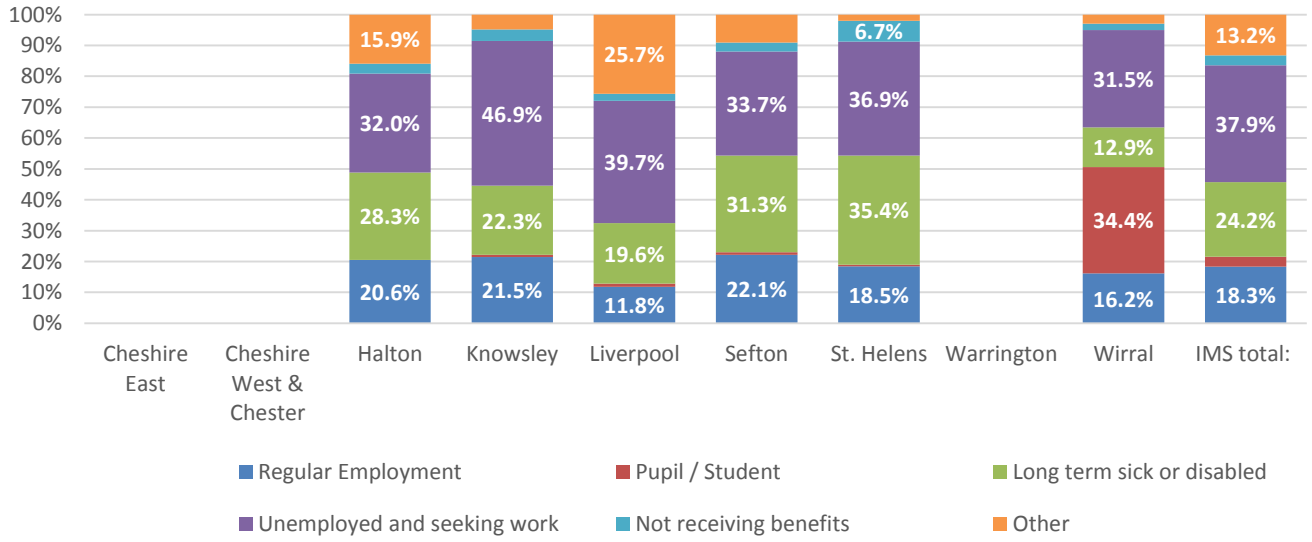
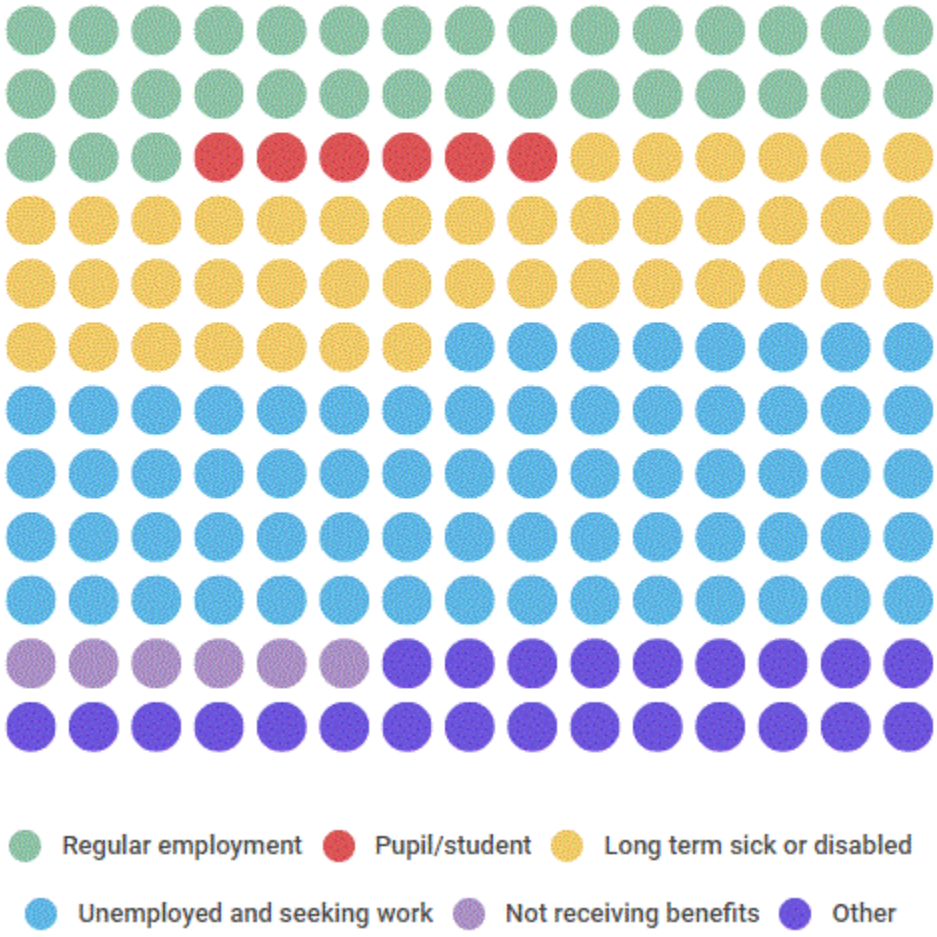


Figure 32 - Drugs or alcohol (non-injecting) cohort by employment status (excludes status 'not known'), 2016-17

[33] The figures shown for employment status '**Other**' include; unpaid voluntary work, retired from paid work, homemaker, and other.

[34] Percentages shown by employment status excludes those individuals where the employment status is not known. Percentages shown for 'not known' are the percentage of all individuals.

Drugs or alcohol (non-injecting) cohort by employment status, 2016-17



The parental status profile for individuals receiving BIs is similar to that for psychoactive substance IDU, with a majority of individuals with children under 18 having none of their children living with them. Liverpool had the highest proportion (84.2%) having none of their children living with them and the lowest proportion (13.5%) where all of their children lived with them.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
All of the children live with client	0	0	74	109	40	121	6	0	21	356
	-	-	17.6%	13.7%	5.6%	13.5%	4.7%	-	8.6%	11.7%
Some of the children live with client	0	0	16	38	7	40	0	0	9	107
	-	-	3.8%	4.8%	1.0%	4.5%	0.0%	-	3.7%	3.5%
None of the children live with client	0	0	125	202	250	288	34	0	28	871
	-	-	29.8%	25.5%	34.9%	32.1%	26.8%	-	11.4%	28.7%
Not a parent of children under 18	0	0	204	444	403	445	84	0	183	1,673
	-	-	48.6%	56.0%	56.2%	49.6%	66.1%	-	74.7%	55.1%
Client declined to answer	0	0	**	0	17	**	**	0	**	28
	-	-	0.2%	0.0%	2.4%	0.3%	2.4%	-	1.6%	0.9%
Not Known [35]	0	2	83	33	2,224	176	263	252	31	3,054
	-	100.0%	16.5%	4.0%	75.6%	16.4%	67.4%	100.0%	11.2%	50.2%
Total	**0**	**2**	**503**	**826**	**2,941**	**1,073**	**390**	**252**	**276**	**6,089**

Table 54 - Drugs or alcohol (non-injecting) cohort by parental status, 2016-17

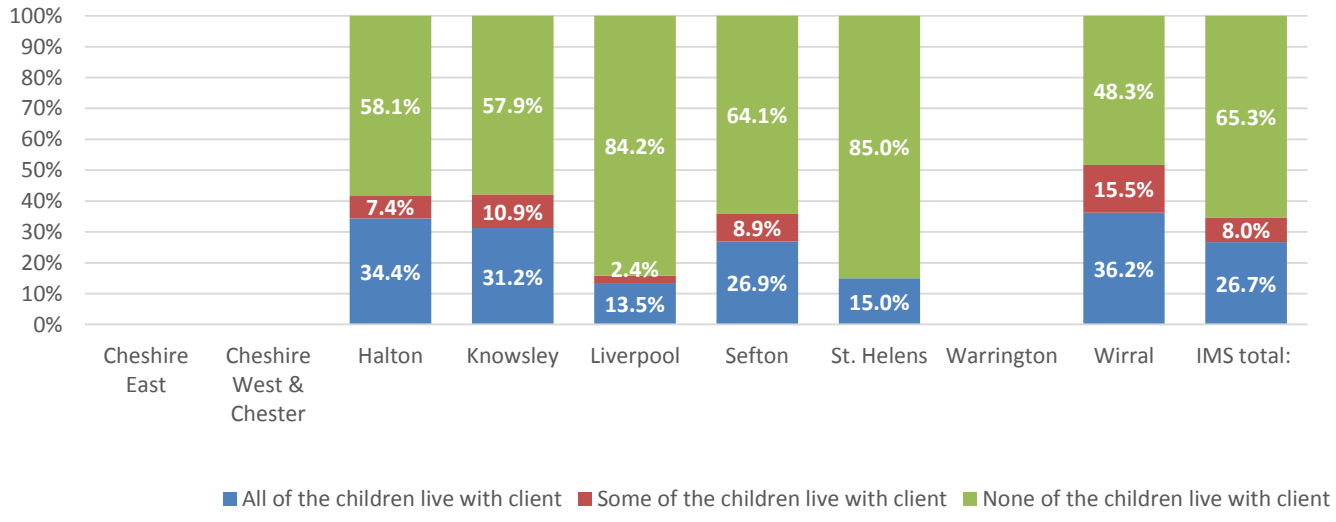


Figure 33 - Drugs or alcohol (non-injecting) cohort by parental status, only clients who stated they have children under 18, 2016-17

[35] Percentages shown by parental status excludes those individuals where the parental status is not known. Percentages shown for 'not known' are the percentage of all individuals.

DISABILITIES OR CHRONIC CONDITIONS

Where a disability or chronic condition record was completed, almost half (45.5%) the number of individuals receiving BIs stated that they have a chronic condition or disability, with mental health/depression accounting for 63.0%. Mobility issues and specific learning difficulties were also noted as conditions by a number of individuals.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Brief Interv cohort - All individuals
Individuals with chronic condition or disability	0	0	0	**	95	58	106	0	35	281
	-	-	-	60.0%	37.7%	65.2%	77.9%	-	21.3%	45.5%
No chronic conditions or disabilities	0	0	0	**	157	31	30	0	129	336
	-	-	-	40.0%	62.3%	34.8%	22.1%	-	78.7%	54.5%
Not Stated [36]	0	**	503	821	2,689	984	254	252	112	5,472
	-	100.0%	100.0%	99.4%	91.4%	91.7%	65.1%	100.0%	40.6%	89.9%
Total	0	**	503	826	2,941	1,073	390	252	276	6,089

Recorded conditions:

Arthritis	0	**	**	**	0	**
Asthma	0	**	**	0	0	**
Chronic Pain	0	**	0	**	0	**
COPD Chronic Obstructive Pulmonary disease	0	0	0	**	**	**
Depression	0	**	9	13	5	28
Diabetes	0	**	**	0	0	**
Epilepsy	0	0	0	0	0	0
Hearing impairment	0	**	0	0	0	**
Liver disease / Cirrhosis	0	**	**	0	0	**
Mental health	0	10	12	22	**	43
Mental ill health	**	34	22	56	5	112
Mobility issues	0	11	**	**	**	18
Specific learning difficulties (e.g. Dyslexia)	0	**	0	**	8	12
Visual impairment	0	**	**	**	**	**
Other	**	23	5	6	10	42

Table 55 - Drugs or alcohol (non-injecting) cohort, individuals stating any disability or chronic condition, 2016-17

[36] Percentages shown is for those clients where a disability or chronic condition record was completed. Percentages shown for 'not known' are the percentage of all individuals.

LOCAL AUTHORITY OF RESIDENCE

Services based within Knowsley, Liverpool and Sefton all saw over 8% of individuals who resided in a different local authority area, with Liverpool having the highest level of out of area attendees at 13.1%. All other areas saw at least 97% of their own residents use their locally provided services.

	Local Authority of service provider									
Local Authority of residence	**Cheshire East**	**Cheshire West & Chester**	**Halton**	**Knowsley**	**Liverpool**	**Sefton**	**St. Helens**	**Warrington**	**Wirral**	**Total**
Cheshire East	0	0	0	0	**	0	0	0	0	**
Cheshire West and Chester	0	0	**	0	**	0	0	0	0	**
Halton	0	0	432	**	5	**	0	0	0	434
Knowsley	0	0	0	756	76	13	0	0	0	811
Liverpool	0	0	**	57	2,418	40	**	0	**	2,462
Sefton	0	0	0	**	233	909	**	0	0	1,073
St. Helens	0	0	0	6	**	0	316	**	0	325
Warrington	0	0	**	**	0	0	0	78	0	80
Wirral	0	0	0	0	38	24	**	0	264	326
West Lancashire	0	0	0	0	**	9	0	0	0	10
Newcastle-under-Lyme	0	0	0	0	0	0	0	0	0	0
Staffordshire Moorlands	0	0	0	0	0	0	0	0	0	0
Flintshire	0	0	0	0	0	0	0	0	0	0
Manchester	0	0	0	0	**	**	0	0	0	**
Salford	0	0	0	0	0	0	0	0	0	0
Wigan	0	0	0	0	0	0	0	0	0	0
Stockport	0	0	0	0	0	0	0	0	0	0
Others	0	0	0	**	5	0	0	**	0	7
Not Stated	0	**	66	0	158	76	71	172	11	556
Total	0	2	503	826	2,941	1,073	390	252	276	6,089

Table 56 - Drugs or alcohol (non-injecting) cohort, individuals by local authority of residence and local authority of service provider, 2016-17

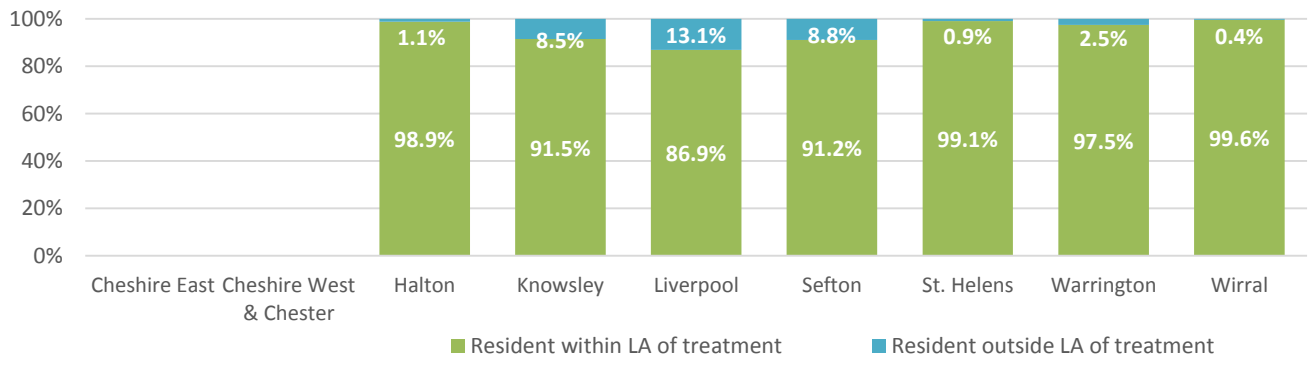


Figure 34 - Drugs or alcohol (non-injecting) cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2016-17

Postcode district	Number of Individuals	Percentage [37]
L20	354	8.6%
WA7	231	5.6%
PR8	205	5.0%
PR9	198	4.8%
L21	190	4.6%
L36	186	4.5%
WA8	162	3.9%
L4	157	3.8%
L32	148	3.6%
L11	110	2.7%
L9	103	2.5%
L6	99	2.4%
L30	98	2.4%
L17	96	2.3%
L23	91	2.2%
L33	91	2.2%
L8	80	1.9%
L13	79	1.9%
L35	76	1.9%
L22	75	1.8%
L14	73	1.8%
L26	73	1.8%
L31	64	1.6%
L28	61	1.5%
WA10	59	1.4%
L10	57	1.4%
L5	56	1.4%
L7	52	1.3%
L25	52	1.3%
L12	51	1.2%
L3	50	1.2%
CH44	49	1.2%
L15	48	1.2%
L19	45	1.1%
L34	41	1.0%
L37	39	0.9%
CH42	38	0.9%
CH43	38	0.9%
CH41	34	0.8%
WA9	27	0.7%
CH45	21	0.5%
L1	19	0.5%
CH46	17	0.4%
L18	17	0.4%
L24	16	0.4%
CH4	16	0.4%
CH62	16	0.4%
WA11	14	0.3%
CH49	12	0.3%
L16	9	0.2%
L38	8	0.2%
CH48	6	0.1%
CH47	6	0.1%
CH63	6	0.1%
L27	5	0.1%
Other Postcodes	84	2.0%
Not Stated	1,981	-
Total	**6,089**	

Table 57 - Drugs or alcohol (non-injecting) cohort, individuals by postcode district of residence, 2016-17

Key: CHE CHW HAL KNW LIV SEF SHL WAR WIR

[37] Percentage of those individuals who stated a valid postcode.

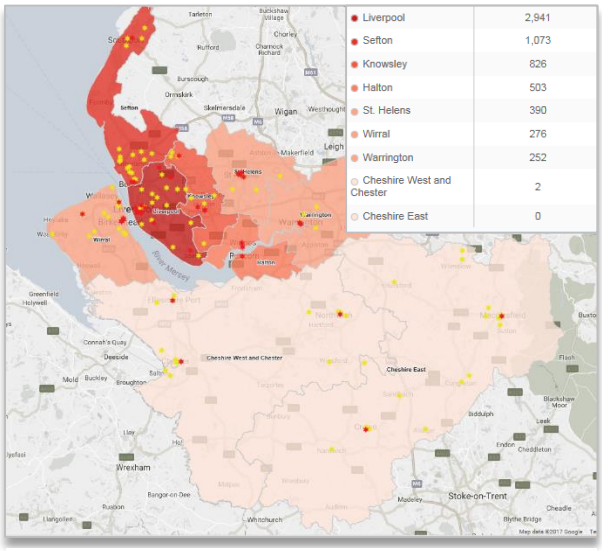


Figure 35 - Drugs or alcohol (non-injecting) cohort, individuals by Local Authority area, 2016-17

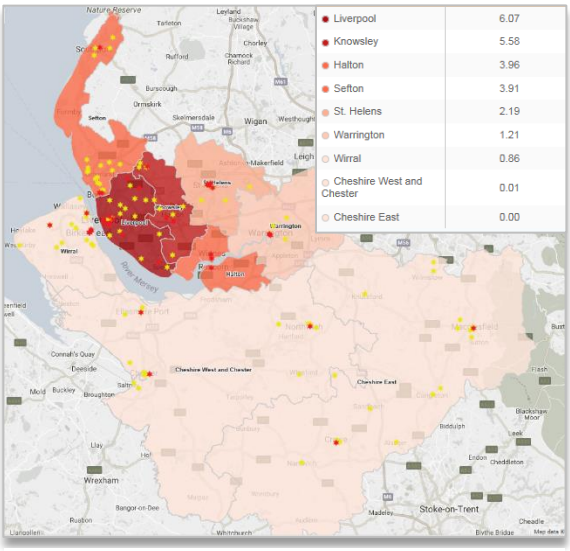


Figure 36 - Drugs or alcohol (non-injecting) cohort, prevalence (per 1,000 population) by Local Authority area, 2016-17

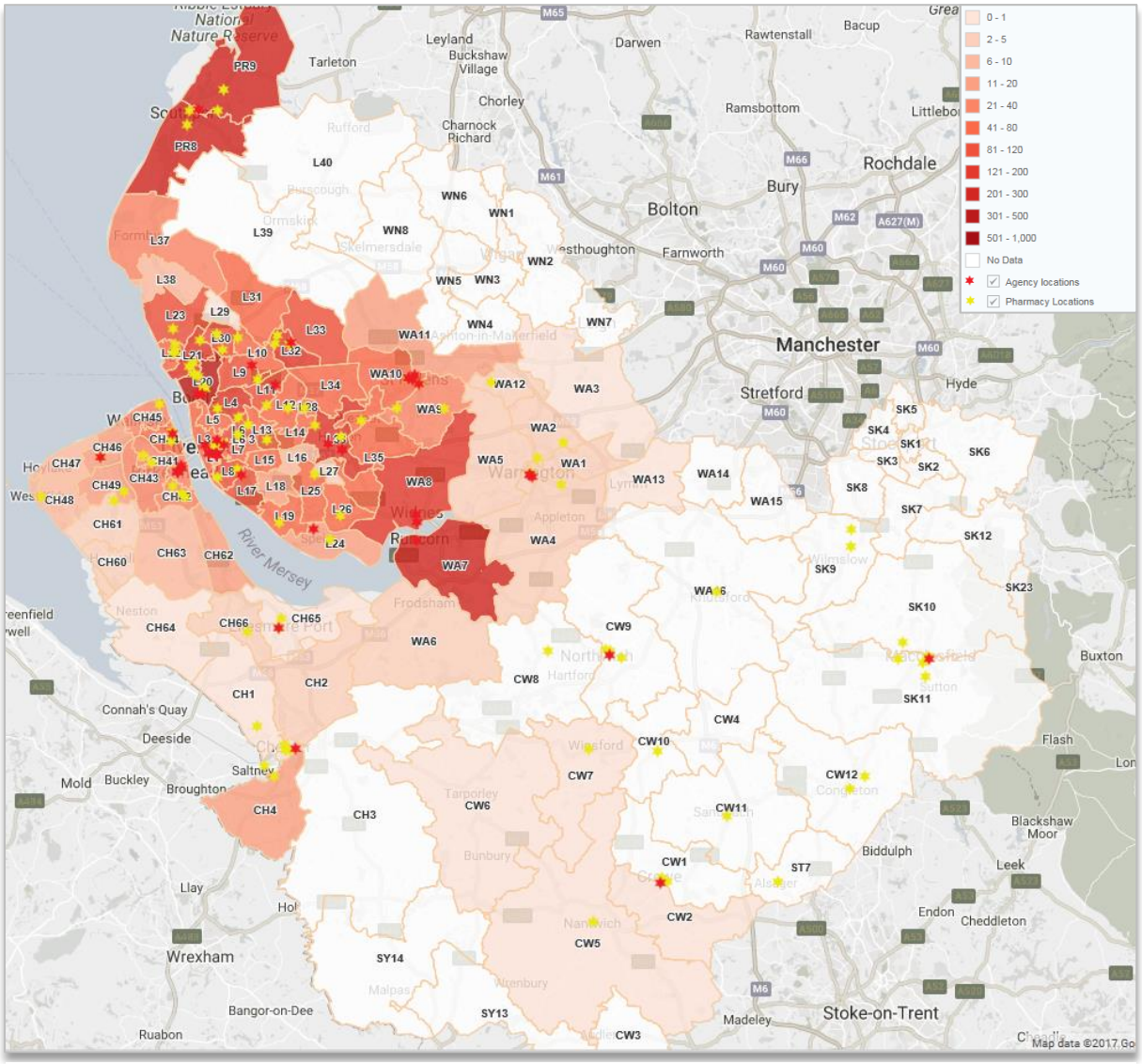


Figure 37 - Drugs or alcohol (non-injecting) cohort, individuals by postcode district of residence, 2016-17

5.5. ANNUAL CLIENT NUMBERS

In recent years, the number of individuals who received a brief intervention has stayed more or less static until 2015-16 but dropped by 18.9% in 2016-17. The number of BIs recorded in Liverpool and Wirral has dropped by a substantial amount in the last two years in particular (27.4% and 68.1% respectively), although the number of BIs delivered in Halton and Knowsley has increased during the same time period (199.4% and 84% respectively).

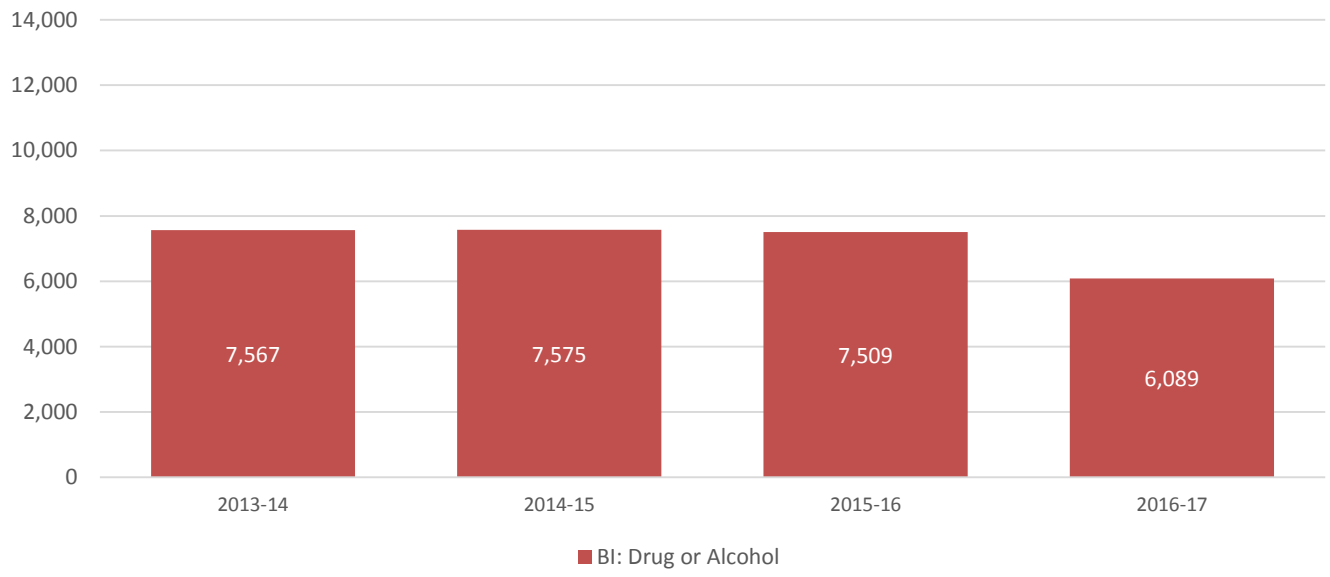


Figure 38 - Drugs or alcohol (non-injecting) cohort, annual client numbers 2013-14 to 2016-17

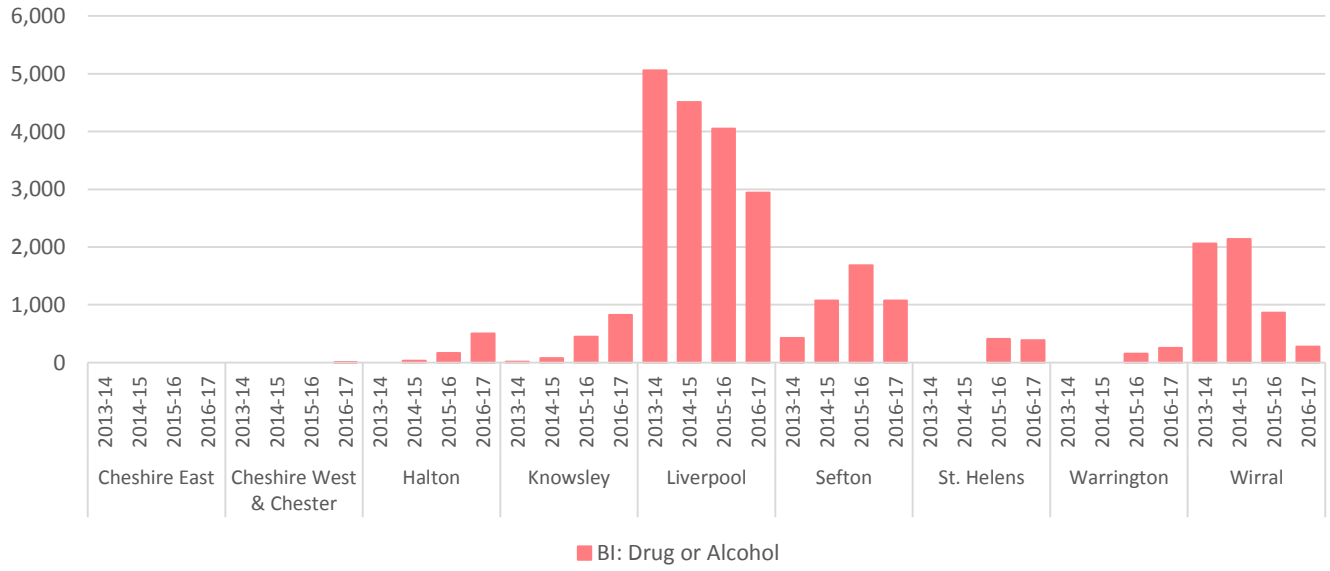


Figure 39 - Drugs or alcohol (non-injecting) cohort, annual client numbers by local authority 2013-14 to 2016-17

BI: Drug or Alcohol	2013-14	2014-15	2015-16	2016-17
Cheshire East	0	0	0	0
Cheshire West & Chester	0	0	0	2
Halton	0	31	168	503
Knowsley	14	79	449	826
Liverpool	5,062	4,510	4,052	2,941
Sefton	429	1,075	1,682	1,073
St. Helens	0	0	411	390
Warrington	0	0	152	252
Wirral	2,062	2,139	865	276
Cheshire & Merseyside	**7,567**	**7,575**	**7,509**	**6,089**

Table 58 - Drugs or alcohol (non-injecting) cohort, annual client numbers by local authority, 2013-14 to 2016-17

PREVALENCE ESTIMATES[38]

While prevalence estimates for the number of individuals who have brief interventions should be treated with caution since some areas do not routinely record delivery of BIs, the estimates do give an illustration of the penetration of BI delivery to the overall population. Liverpool has the highest prevalence at 6.07 per 1,000 closely followed by Knowsley (5.58), Halton (3.96) and Sefton (3.91). Both Cheshire areas do not routinely report BIs to IMS.

BI: Drug or Alcohol	2013-14	2014-15	2015-16	2016-17
Cheshire East	0.00	0.00	0.00	0.00
Cheshire West & Chester	0.00	0.00	0.00	0.01
Halton	0.00	0.25	1.33	3.96
Knowsley	0.10	0.54	3.05	5.58
Liverpool	10.75	9.53	8.47	6.07
Sefton	1.57	3.93	6.15	3.91
St. Helens	0.00	0.00	2.31	2.19
Warrington	0.00	0.00	0.73	1.21
Wirral	6.44	6.67	2.70	0.86
Cheshire & Merseyside	**3.13**	**3.12**	**3.08**	**2.48**

Table 59 - Drugs or alcohol (non-injecting) cohort, annual prevalence estimates by local authority, 2013-14 to 2016-17

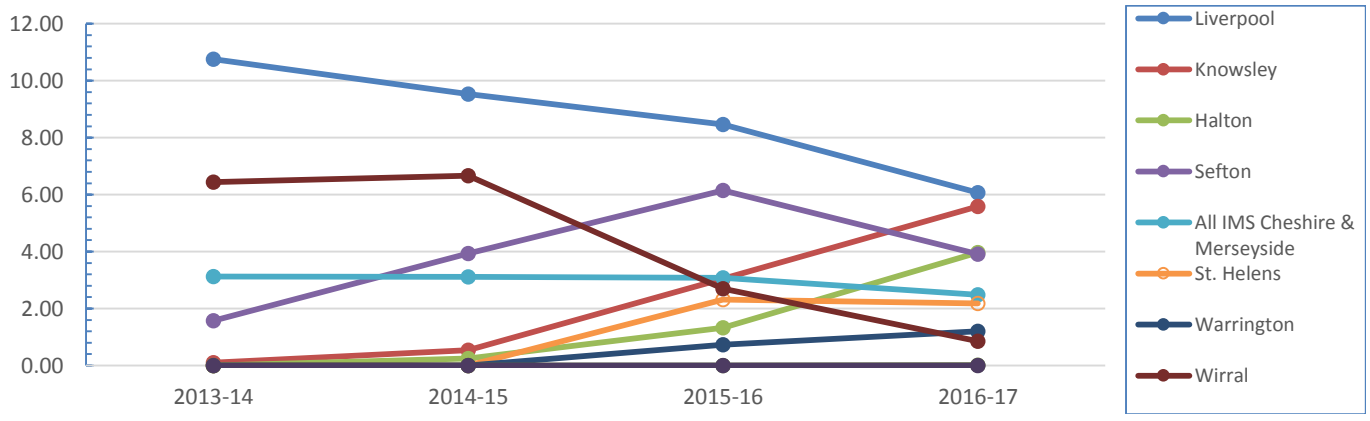


Figure 40 - Annual prevalence estimates 2013-14 to 2016-17, drugs or alcohol (non-injecting) cohort, by local authority

[38] Prevalence (per 1,000 population) is based on the ONS mid-year population estimates for each local authority area. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

5.6. AFFECTED OTHERS - SUPPORT SERVICES FOR FAMILY OR FRIENDS AFFECTED BY SUBSTANCE USE

Within section 5.2 of this report (page 73) Table 50 shows the main substances recorded for 'non-injecting - brief intervention only' clients. This includes 889 individuals who either have no main substance recorded or who are only engaged with services for support due to substance use by others. This total of 889 amounts to 14.6% of all individuals in this cohort group. Unlike the cohorts of both psychoactive drug injectors, and steroid and IPED injectors for whom we are able to impute substance use from client characteristics and recorded syringe exchange transactions, we are unable to determine whether these individuals have used alcohol or other drugs. The majority of these individuals do not have any assessment information completed, so the main substance is 'not stated'. However, a proportion of these individuals do have assessment information which confirms 'no substance' used, or 'someone else's use' (Table 60).

	Not stated	No substance used	Someone else's use	Total Individuals
Cheshire East	0	0	0	0
Cheshire West & Chester	2	0	0	2
Halton	66	0	0	66
Knowsley	0	0	0	0
Liverpool	216	71	0	287
Sefton	77	5	0	82
St. Helens	107	52	43	202
Warrington	172	0	63	235
Wirral	14	1	0	15
All IMS individuals	**654**	**129**	**106**	**889**

Table 60 - Drugs or alcohol (non-injecting) cohort, individuals with no recorded substance, 2016-17

Table 61 shows the breakdown by age group and gender for each of these three groups. For those individuals where a substance was not stated, just over half 55.4% (n=362) were female and 44.6% (n=292) were male; for those where an assessment was completed stating 'no substance used' the split is reversed with just over half 57.4% (n=74) being male and 42.6% (n=55) female.

For those individuals who are only in contact with support services due to someone else's substance use, over three quarters (77.4%, n=82) were female, and when both genders are combined one third of all individuals (33.0%, n=35) were aged 60 or over.

		0 - 17	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +	Total
Not stated	**Female**	38	6	23	30	20	33	33	44	38	31	19	47	**362**
		5.8%	0.9%	3.5%	4.6%	3.1%	5.0%	5.0%	6.7%	5.8%	4.7%	2.9%	7.2%	
	Male	34	0	12	14	22	20	45	36	37	27	19	26	**292**
		5.2%	0.0%	1.8%	2.1%	3.4%	3.1%	6.9%	5.5%	5.7%	4.1%	2.9%	4.0%	
	Total	72	6	35	44	42	53	78	80	75	58	38	73	**654**
		11.0%	0.9%	5.4%	6.7%	6.4%	8.1%	11.9%	12.2%	11.5%	8.9%	5.8%	11.2%	
No substance	**Female**	10	**	5	7	**	6	6	**	6	**	**	**	**55**
		7.8%	1.6%	3.9%	5.4%	2.3%	4.7%	4.7%	3.1%	4.7%	1.6%	0.8%	2.3%	
	Male	6	0	**	10	**	5	14	13	5	9	**	**	**74**
		4.7%	0.0%	3.1%	7.8%	3.1%	3.9%	10.9%	10.1%	3.9%	7.0%	2.3%	0.8%	
	Total	16	**	9	17	7	11	20	17	11	11	**	**	**129**
		12.4%	1.6%	7.0%	13.2%	5.4%	8.5%	15.5%	13.2%	8.5%	8.5%	3.1%	3.1%	
Someone else's use	**Female**	**	0	**	6	0	8	**	15	11	9	6	20	**82**
		1.9%	0.0%	2.8%	5.7%	0.0%	7.5%	1.9%	14.2%	10.4%	8.5%	5.7%	18.9%	
	Male	**	0	**	0	**	0	0	**	5	**	**	8	**24**
		0.9%	0.0%	0.9%	0.0%	0.9%	0.0%	0.0%	3.8%	4.7%	2.8%	0.9%	7.5%	
	Total	**	0	**	6	**	8	**	19	16	12	7	28	**106**
		2.8%	0.0%	3.8%	5.7%	0.9%	7.5%	1.9%	17.9%	15.1%	11.3%	6.6%	26.4%	

Table 61 - Drugs or alcohol (non-injecting) cohort, individuals with no recorded substance, by age and gender, 2016-17

6. INTEGRATED MONITORING SYSTEM - ACTIVITY (ALL CLIENTS)

6.1. INTERVENTIONS

Interventions were delivered to individuals on 36,888 separate occasions (Table 62) to a total of 9,179 individuals, an average of 4.0 interventions per person.

Table 63 shows a breakdown by intervention category; the majority of interventions (91.3%, n=33,675) were categorised as a 'brief intervention', while just over 1 in 10 occasions (11.6%, n=4,291) included 'advice and information'. Where individuals have both categories recorded on the same date, this is counted as one intervention occasion, but they are counted in the two separate categories.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
Number of individuals	73	674	998	1,022	3,278	1,478	736	300	828	**9,179**
Interventions delivered [39]	98	1,308	1,477	1,449	18,896	4,432	6,163	1,377	1,688	**36,888**
Average of interventions per person	1.3	1.9	1.5	1.4	5.8	3.0	8.4	4.6	2.0	**4.0**

Table 62 - All IMS individuals, interventions delivered, 2016-17

Intervention categories	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
Brief Intervention	92	482	1,404	1,369	18,047	4,386	5,987	581	1,327	**33,675**
Advice & Information	6	826	75	97	1,796	55	188	871	377	**4,291**

Table 63 - All IMS individuals, intervention categories recorded, 2016-17 [40]

Service providers are able to define their own descriptions for 'intervention type' in order to meet local reporting requirements. Table 64 includes 'intervention types' summarised into 28 general descriptions, and these descriptions cover a range of activities as delivered by different providers. It is possible to record several different intervention types on the same date. These are counted individually in Table 64 but as one separate intervention occasion in Table 62 above.

[39] In this report the total of interventions delivered has been counted as a maximum of one intervention per individual per day, therefore these figures may not be directly comparable with previous reports.

[40] Where both intervention categories are recorded for a client on the same date these will be counted once in Table 62 but separately in Table 63.

Intervention types	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
Alcohol brief intervention	-	-	-	-	2,404	1	3	2	93	**2,503**
Anabolic steroid advice	-	452	281	-	164	20	89	1	386	**1,393**
Assessment, review, or 1 to 1 counselling	-	-	-	4	1,704	15	241	786	226	**2,976**
Basic needs & personal care	-	-	-	-	-	-	5,961	-	-	**5,961**
BBV screening, or advice	-	6	-	1	31	136	1	-	7	**182**
Benefits, debt or financial advice	-	-	-	-	-	568	69	4	-	**641**
Creative session, or other activities	-	-	5	3	9,082	1	-	-	47	**9,138**
Detox and rehabilitation	-	-	-	4	1,894	-	-	-	-	**1,898**
Drug & alcohol advice	-	-	-	-	36	-	3	-	101	**140**
Education, training, or employment support	-	9	63	66	594	440	104	8	319	**1,603**
Family support	-	-	52	41	600	1,367	-	-	2	**2,062**
GP, dentist, or other health access	-	-	-	2	143	16	22	-	-	**183**
Group session	-	-	-	-	241	-	26	111	-	**378**
Harm reduction advice: general	97	682	44	267	3,865	591	40	47	409	**6,042**
Harm reduction: safer drug use or injecting advice	1	240	495	50	23	712	186	2	505	**2,214**
Health and wellbeing	-	-	6	13	1,059	14,311	157	163	10	**15,719**
Housing support	-	-	69	16	126	65	155	5	22	**458**
Mental health	-	-	4	15	23	94	57	-	2	**195**
Mutual aid, or peer support	-	-	596	765	260	-	-	-	-	**1,621**
Other intervention	1	2	80	384	7,229	974	243	147	179	**9,239**
Other support and advice	-	4	15	11	51	302	303	520	50	**1,256**
Outreach activity - general	-	-	-	1	1,054	-	-	8	28	**1,091**
Recovery support, and relapse prevention	-	-	169	113	6,345	2,506	-	-	6	**9,139**
Safeguarding interventions	-	-	-	-	-	-	22	6	-	**28**
Sexual health	-	9	-	-	106	42	-	-	165	**322**
Smoking cessation	-	-	2	1	-	144	-	-	-	**147**
Transferred or treatment completed	-	-	-	4	-	-	31	62	5	**102**
Volunteering, or work experience	-	-	2	15	40	24	3	-	8	**92**

Table 64 - All IMS individuals, intervention types recorded, 2016-17

6.2. REFERRALS

REFERRAL SOURCE / INWARD REFERRALS

A total of 797 inward referrals were recorded by service providers across four local authority areas, the majority of which were self-referrals (41.8%) or from another service provider (35.6%). Where another provider was identified, The Brink were the main organisation named (n=99) followed by LCAS (n=63) and Action on Addiction – SHARP (n=52).

Referral Category	Liverpool	St. Helens	Warrington	Wirral	All IMS
Self-referral	266	29	35	3	333
Other service provider	246	10	9	19	284
Drug service	23	6	70		99
Jobcentre, or employer	8	10		18	36
Probation service	19				19
GP, Hospital, or other NHS	6	5			11
Housing support	1	1		4	6
Community Alcohol Team		5			5
Relative, or others			2	2	4
Total:	**569**	**66**	**116**	**46**	**797**

Table 65 - All IMS individuals, inward referrals, by referral category, 2016-17

Referral Type or Organisation	Liverpool	St. Helens	Warrington	Wirral	All IMS
Self or Other services	291	49	103	11	454
The Brink, support services	99				99
Liverpool Community Alcohol Service	63				63
Action on Addiction - SHARP	52				52
The Social Partnership (TSP)	3			29	32
Merseyside Probation Trust	19				19
CGL	2		13	1	16
Addaction	2	10		1	13
NHS health services	5	7			12
Park View Project	10				10
Windsor Clinic	8				8
Jobcentre	7				7
Sexual Health service	3			1	4
Bridge House	3				3
Reach Out				3	3
Waves of Hope	2				2
Total:	**569**	**66**	**116**	**46**	**797**

Table 66 - All IMS individuals, inward referrals, by referral type or organisation, 2016-17

ONWARD REFERRALS

A total of 877 outward referrals were recorded by service providers across five local authority areas, seven in ten of which were to another service provider (70.5%). Where a specific organisation was named, the main services individuals were referred on to were The Brink (n=248), LCAS (n=86) and Action on Addiction – SHARP (n=64).

Referral Category	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
Other service provider	551	20	12	4	31	618
Community Alcohol Team	131	1	1			133
GP, Hospital, or other NHS	59	1	2		3	65
Education service	17	1			1	19
Drug service	5	1		1	4	11
Hospital, or other NHS		8			3	11
Housing support	3	4			1	8
Jobcentre, or employer	1	2			2	5
Relative, or others			3	1		4
Smoking cessation service		1			2	3
Total:	**767**	**39**	**18**	**6**	**47**	**877**

Table 67 - All IMS individuals, onward referrals, by referral category, 2016-17

Referral Type or Organisation	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
The Brink, support services	248					248
Other services	128	24	10	6	19	187
Liverpool Community Alcohol Service (LCAS)	86					86
Action on Addiction - SHARP	64					64
NHS health services	50	8	2		2	62
Lifeline	43					43
Addaction	35		5		2	42
Alcohol Liaison Nurse Service	22					22
Windsor Clinic	18					18
Whitechapel	11	5				16
Sexual Health service	9				4	13
CGL	5				7	12
New Start	12					12
Reach Out					12	12
Bridge House	10					10
Phoenix Futures	8					8
Housing services	3	2	1		1	7
Waves of Hope	6					6
Park View Project	5					5
Kevin White Unit	4					4
Total:	**767**	**39**	**18**	**6**	**47**	**877**

Table 68 - All IMS individuals, onward referrals, by referral type or organisation, 2016-17

6.3. WELLBEING

OVERVIEW OF WELLBEING

Measuring wellbeing enables us to see how people feel (their emotions) and how they function (their competence and connectedness) on both a personal and social level, providing a subjective overview of their lives at a given point in time[41]. The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[42] 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[43]. WEMWBS was originally devised as a 14 question scale and subsequently developed as the short-form WEMWBS which asks seven questions. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. Responses are scored using a five item response scale ('none of the time', 'rarely', 'some of the time', 'often', 'all of the time'). Responses to the seven question short-form WEMWBS (used by IMS services) are converted to a numeric score which is then combined to provide a single score ranging from 7-35.

- 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

WELLBEING REVIEWS

During 2016-17 wellbeing reviews were completed for 1,489 individuals. Of these, a cohort of 320 individuals had completed WEMWBS on two separate occasions. For all individuals (n=1,489) who completed a wellbeing review the mean score at the latest review was 20.9. When scores are categorised as 'low wellbeing' (7-15), 'medium wellbeing' (16-25) and 'high wellbeing' (26-35), the majority 55.4% (n=825) were ranked as 'medium wellbeing'. However there is some variation when comparing scores by main substance group, as 90.9% (n=40) of individuals recording the use of steroids & IPEDs reported a high level of wellbeing. Amongst other substances those most often reporting high wellbeing were people who used methadone (44.4%, n=9), while those using crack cocaine recorded the largest proportion with low wellbeing (35.8%, n=23) (Figure 41).

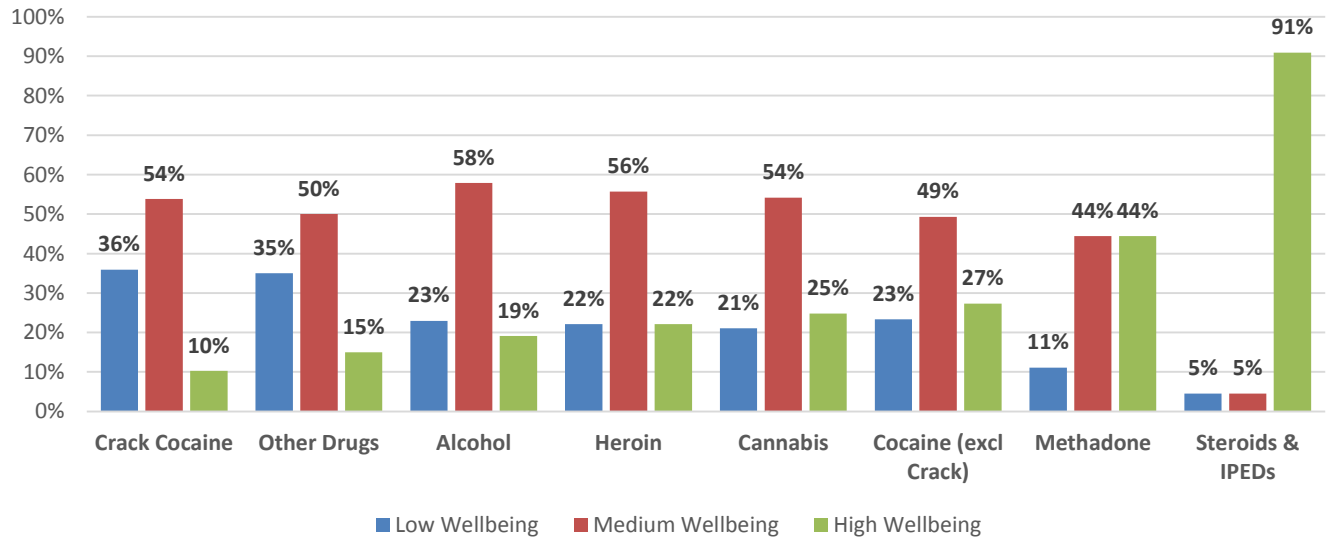


Figure 41 - Split of scores recorded at latest Wellbeing review, shown by main substance group [44]

[41] Michaelson, J., Mahony, S. and Schifferes, J. (2012). Measuring wellbeing: A guide for practitioners. London: new economics foundation.

[42] More details about WEMWBS can be found at: https://warwick.ac.uk/fac/med/research/platform/wemwbs

[43] Stewart-Brown S (2007). The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS): development and UK validation. Health and Quality of Life Outcomes

[44] Note: percentages shown may not total 100% due to rounding

Where individuals (n=320) had completed wellbeing reviews on at least two separate occasions the change in score is calculated as a value difference between the total score at first and latest review. Changes in wellbeing score ranged from -20 to +24 with a mean change of +0.43 (Figure 42).

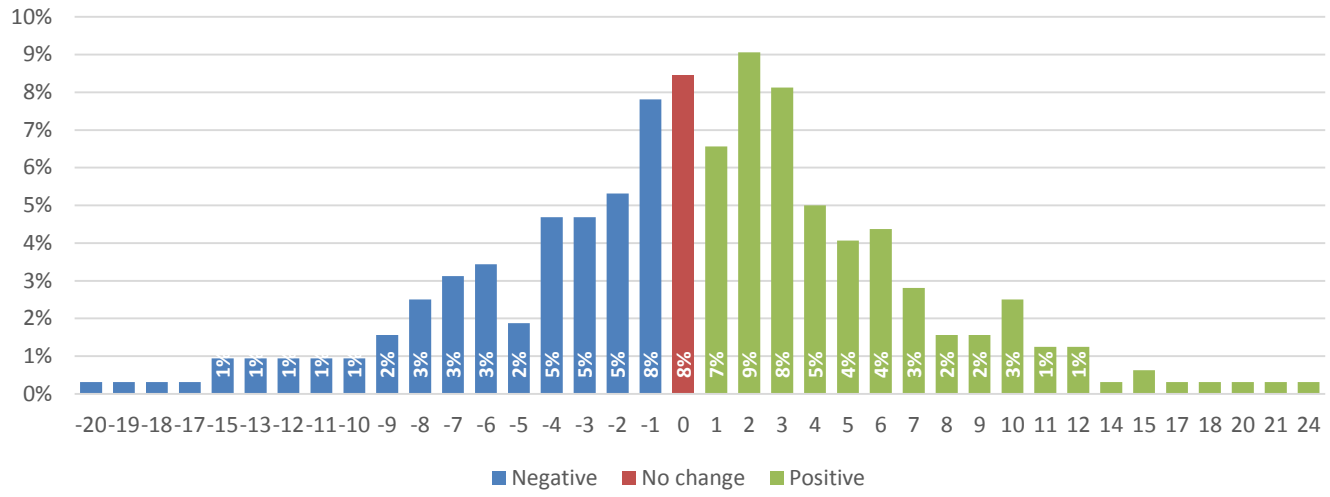


Figure 42 - Change in wellbeing score between first and latest review

For all individuals with multiple wellbeing reviews, just over half (50.6%, n=162) showed a positive change in score between their first and latest review, while 8.4% (n=27) had no change and 40.9% (n=131) recorded a negative change. Figure 43 shows the direction of change by main substance group. Those individuals receiving support related to 'someone else's drug or alcohol use' recorded the largest proportion of wellbeing reviews with a positive change (70.6%, n=24), while those using 'other drugs' (including crack cocaine, and other opiates) recorded the largest proportion of reviews with a negative change in wellbeing (52.2%, n=12).

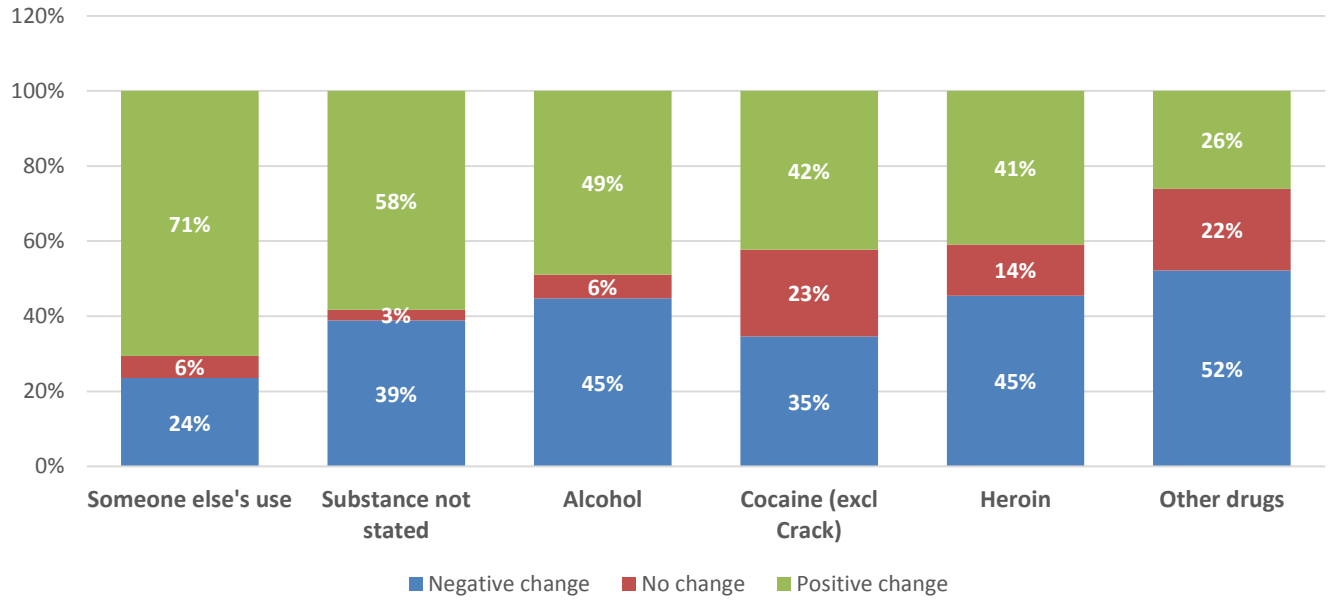


Figure 43 - Direction of change in wellbeing score, by main substance group

7. NOVEL PSYCHOACTIVE SUBSTANCES (NPS) & CLUB DRUGS

IMS has featured a module since April 2016 which allows services to record details on novel psychoactive substances (NPS, formerly known as legal highs) and club drugs where their use is reported by service users. Recording data on recreational substance use through structured drug treatment services is complicated by the fact that individuals do not necessarily view their use of such substances as problematic, and so lower threshold services would appear to provide a perhaps better opportunity to gather this information. However, recording of the information via IMS has been sporadic and while 11 agencies across Liverpool, Warrington and Wirral have reported NPS use, the data has so far been mainly collected from one young persons (YP) service based in St. Helens.

The data shows that males were more likely to use both NPS and club drugs than females although with the exception of cocaine, the ratio of male to female was around 2:1, when this ratio is at least 3:1 for structured and standard low threshold services. Unsurprisingly given the age group the main reporting service catered for, most individuals (54.9%) were aged under 30 with very little use (3.4%) by individuals aged over 49 years. Cocaine and 'NPS – predominantly cannabis' (referring to "Spice" in most cases where detail was noted) were the most commonly reported substances although of note there were also 17 reports of an NPS with a predominantly sedative or opioid like effect. Street names for NPS where noted included Bath Salts, Bombay, Blue Extreme, Ching, Clockwork Orange, DMT, Happy Joker, High Beams, MKAT, Sweet Leaf, 1plsdk, 25i, Amber leaf, Gold Bar, Rolls Royce and Silver Bar.

NPS & 'Club Drugs'	Count by Age Group					Totals:
	0 - 18	19 - 29	30 - 39	40 - 49	50 - 59	
Amphetamines	1	3	3	3	1	**11**
Cocaine	7	27	11	13	1	**59**
Drug – not otherwise specified		2	2	4	2	**10**
GHB/GBL		2	1	2		**5**
Ketamine	8	7				**15**
Lysergide (LSD)	1	2			1	**4**
MDMA	22	4	5	4		**35**
Mephedrone	1	2	3	2		**8**
Methamphetamine	1	1	1	2		**5**
Nitrous oxide	4	1				**5**
NPS - effects different, or not stated				1		**1**
NPS - predominantly cannabis	7	12	11	9	1	**40**
NPS - predominantly hallucinogenic	3	2				**5**
NPS - predominantly sedative or opioid		2	5	9	1	**17**
NPS - predominantly stimulant	5		4	1	1	**11**
Volatile Nitrate / Amyl Nitrate (Poppers)		1	1			**2**
Totals:	**60**	**68**	**47**	**50**	**8**	**233**

Table 69 - Novel Psychoactive Substances (NPS) & 'Club Drugs'

8. DRUG RELATED DEATHS

The number of drug related deaths (DRDs) is increasingly a major public health concern for the UK, with recorded deaths reaching their highest ever level in 2016, with highest number since comparable statistics began in 1993 (ONS, 2017). The UK is not alone in this – the USA for instance also recorded its highest ever number of DRDs last year (New York Times, 2017) – but it is by no means comprehensive across Europe and so reflection on practice is of key importance. In 2016, a module was developed within IMS to monitor drug related deaths using an established template but streamlining the process so that key individuals including public health commissioners and service leads would receive automatic notification when a death occurred in their locality. DRD monitoring in its current form has been provided to Liverpool and Sefton local authority areas since 2015, and more recently Wirral, Knowsley and St. Helens, with interest expressed by a further two regions. The process reflects best practice in a number of areas as recommended by the Public Health England (PHE) (formerly NTA) document "Drug Related Deaths: Setting Up a Local Review Process" (NTA, 2010):

- Most drug related review processes involve elements of quantitative and qualitative approaches, obtaining robust statistics and exploring aspects of service practice and delivery
- Defining a drug related death for the purposes of the review process is essential, so it is clear which cases should be considered
- A lead officer for reviewing deaths with a good range of skills is a common feature and ensures consistency.
- Working jointly with neighbouring areas can provide better opportunities for learning and economies of scale
- Involving a local coroner can greatly enhance a review process.
- Although the aim of a review process isn't to apportion blame as such, it may identify responsibility and there should be a system of feeding this back to appropriate managers within the relevant agency
- Partnerships should keep a record of findings, with internal dissemination of findings to relevant agencies and drug related death review groups
- Recommended actions from a review process can be written into treatment plans

When a service receives information that an individual in treatment with them has died, nominated personnel at that service will log those details on to IMS including details of the individual's substance use, prescribed medication, relationship with the treatment service, any health issues and other relevant information. Every quarter, a data analyst from PHI's Intelligence and Surveillance Team visits the coroner office to collect both further information on individuals reported by the treatment service, including cause of death, and on individuals who have been identified by the coroner as a DRD but who were not active in treatment at the time of the death. Coupled with other information such as the individual's IMS record and the Criminal Justice data set, a report is then compiled on an individual basis which goes out to DRD panels for discussion on a quarterly basis. Chaired by a member of PHI staff, membership of the panel includes representation from drug services, local authority leads and social services, as well as the lead prescriber from treatment services.

The system has been beneficial in a number of ways. As PHE noted in 2016, the majority of individuals dying of a DRD have not been in treatment for the last five years (PHE, 2016), making the coroner element of the information flow crucial. IMS data recurrently identifies that individuals who state that they have previously or never injected have in fact had NSP transactions right up to the point of their death, a considerable number in some cases. To date by November 2017, 187 deaths were reported via the system and a number of actions have resulted from panel discussions and reflection on cases including improving the process for notification when an individual fails to pick up a prescription medication, examining the process of handover for new service commissions, improvement of links and pathways with primary care, regular Chronic Obstructive Pulmonary Disease (COPD) screening and a focus on the management of physical health.

DISCUSSION

IMS data from 2016-17 demonstrate the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers using such services remain high. The data suggests that the number of individuals using a psychoactive substance and presenting to NSP services who are not in structured drug treatment is rising. There have been substantial increases over the last 10 years in the number of individuals presenting to NSP services, although numbers appear to have levelled off in the most recent years. Most of this change has been driven by large increases in the number of people using steroid and IPED presenting to NSPs since 2007-08, although the number of people injecting psychoactive IDU drugs has also increased in a majority of local authority areas. Across all local authority areas, the proportion of psychoactive substance injectors not in structured treatment within the past year was 80.1%, and even taking into account factors around the reliability of attributors as discussed below, this still represents a substantial increase on the figure of 52.6% last year (although this is calculated from those who identified a primary substance only).

Using the principles around imputation outlined in the introduction and running the imputation for individuals for whom a primary substance *was* known showed that the model was accurate in 85% of cases. Accordingly it has been possible to allocate individuals who previously did not state a primary substance to one of these two groups and this allows us to look at data in more depth historically, the results of which are shown for the last 25 years in Figure 44 below.

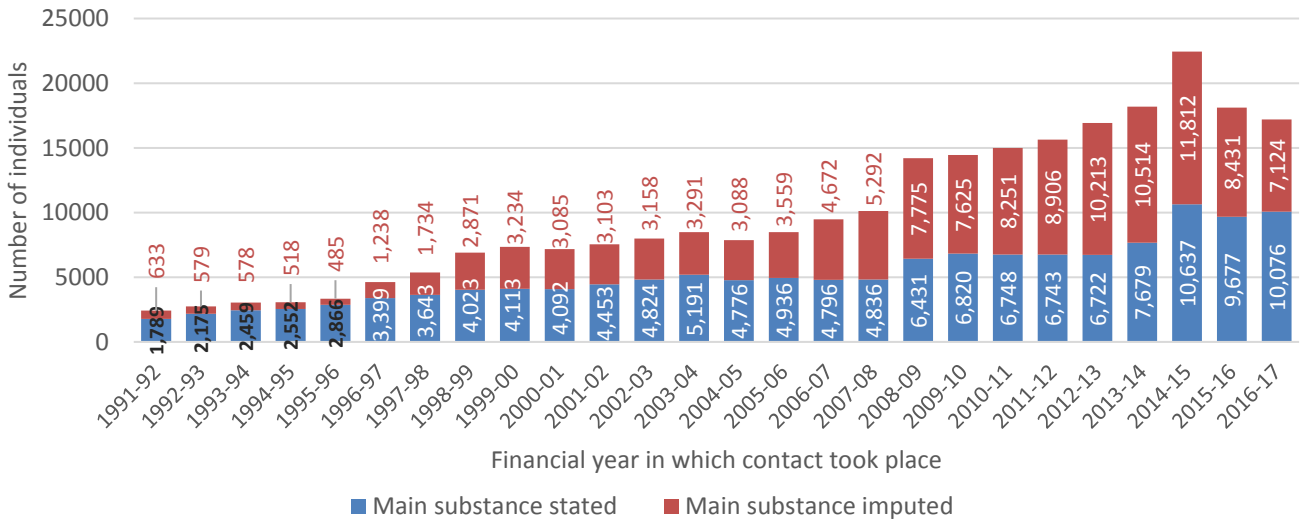


Figure 44 - Imputation of NSP activity, 1991-2017

As Cheshire local authorities only began reporting to IMS in recent years and pharmacy activity was not routinely collected across all areas, we can compare like for like figures by examining NSP data from the last 10 years but this too comes with some caveats: 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 where 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.

Acknowledging these factors, Figure 45 shows that there have been substantial increases over the last 10 years in the number of individuals presenting to NSP services, although numbers appear to have levelled off in recent years with the exception of 2014-15[45]. Table 70 shows that all local authority areas have seen increases since 2007-08 although some have been more considerable than others, ranging from an increase of 11% in Sefton and 29% in Halton to increases of more than 100% in Liverpool, St. Helens and Cheshire West & Chester.

[45] The reasons for the spike in 2014-15 have not been clear despite repeated interrogation.

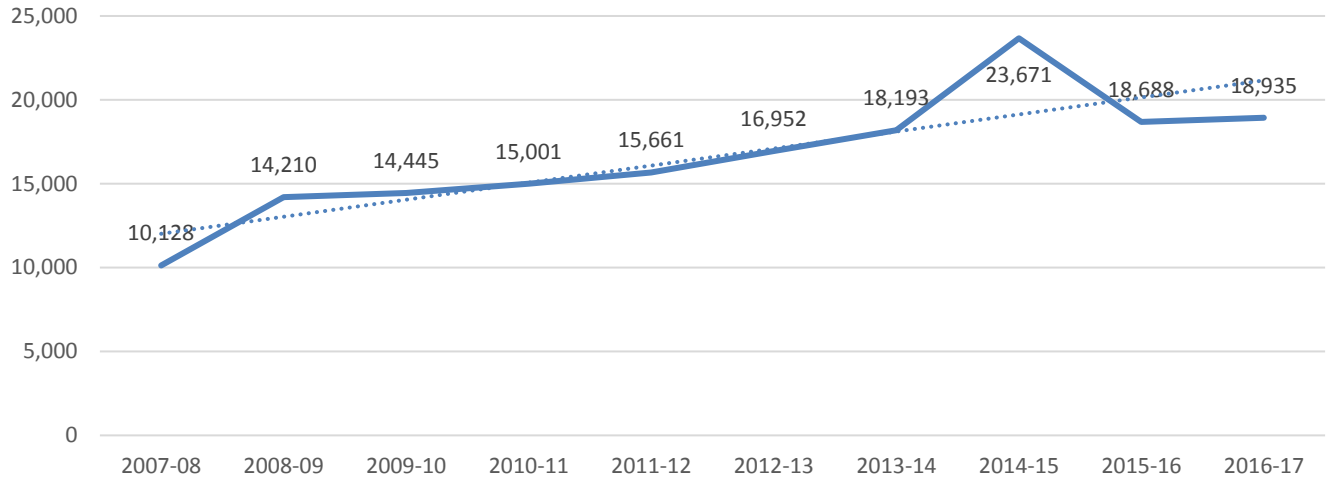


Figure 45 - NSP activity (number of individuals) 2007-2017

Most of this change has been driven by large increases in the number of people using steroid and IPED presenting to NSPs since 2007-08, ranging from an 87% increase in Wirral to a 2452% increase in Cheshire West and Chester (although this figure should be viewed with caution as it may represent a recording issue rather than genuine increase). The number of people who inject psychoactive drugs has also increased in a majority of local authority areas although less dramatically so, ranging from an increase of 4.7% in Wirral to 78% in Liverpool.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	Increase over 10 years
Cheshire East	863	836	653	390	944	1,115	1,283	1,425	1,371	1,336	55%
Cheshire W & Chester	379	680	805	744	1,157	1,337	1,664	2,022	1,416	2,035	437%
Halton	510	565	684	609	687	786	588	801	701	657	29%
Knowsley	356	440	460	491	548	488	582	702	712	703	97%
Liverpool	3,866	6,577	6,063	6,326	5,629	5,735	6,147	8,147	7,468	7,982	106%
Sefton	1,384	1,619	1,510	1,460	1,623	1,806	1,860	2,757	1,382	1,536	11%
St. Helens	843	1,266	1,773	1,777	1,853	2,029	2,383	2,714	2,262	1,856	120%
Warrington	899	964	1,113	1,693	1,830	2,011	1,783	1,739	1,540	1,351	50%
Wirral	1,294	1,568	1,636	1,725	1,637	1,877	2,201	2,674	1,668	1,769	37%

Table 70 - Number of individuals using NSP services by Local Authority, 2007-2017

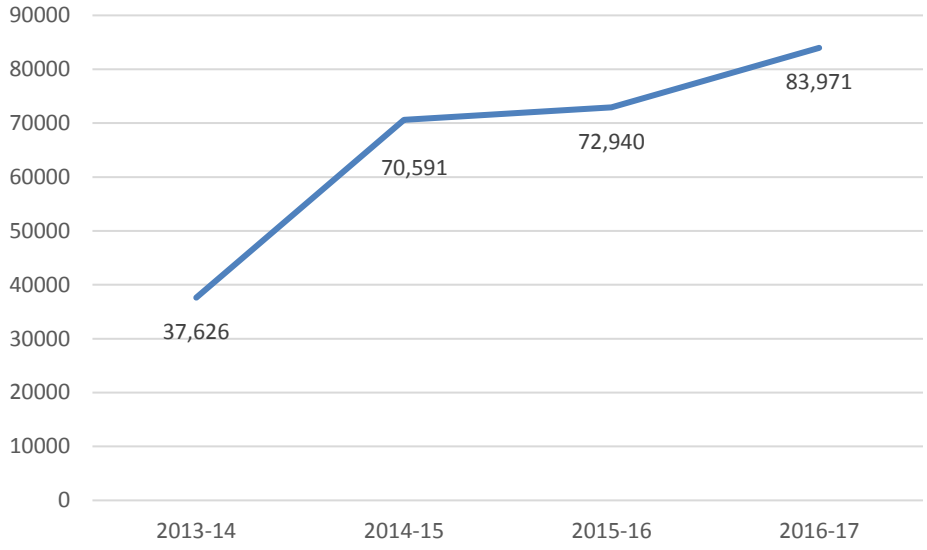


Figure 46 - Number of NSP visits, 2013-2017

Figure 46 shows the number of NSP visits continuing to rise, with an increase of 123% since we started to calculate NSP data in this way in 2013-14, and an increase of 15% in the last twelve months. This again masks variations at local authority level with most areas seeing increases including a 48% increase in Cheshire West and Chester, although Warrington, Wirral and Halton saw slight decreases over the last year. We have not at this point historically attributed cohort groups to the number of visits made, but we will look at this in future years.

One of the most important findings to come out of reallocation using the imputation is that previously it was thought that people who inject steroid and IPEDs formed more of the total NSP cohort in recent years than people who inject psychoactive drugs. Our imputation estimations however show that there have probably been more people who inject psychoactive drugs attending NSPs than those injecting IPEDs in every year since recording began in 1991 (Figure 47 and Figure 48).

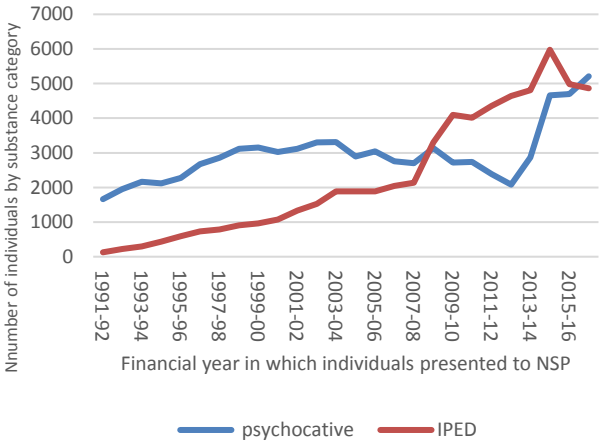


Figure 47 - Number of psychoactive/IPED individuals by cohort, pre imputation

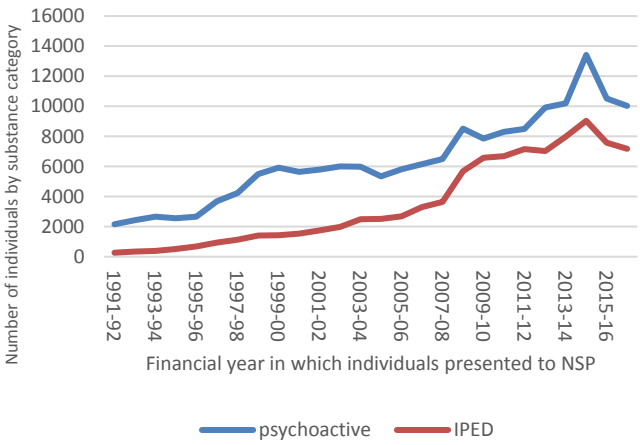


Figure 48 - Number of psychoactive/IPED individuals by cohort, post imputation

While the data shows a change to the overall landscape in terms of the IPED/psychoactive split, this change is very much driven by pharmacy provision as agencies have always reported main substance more comprehensively. In recent years pharmacies have seen a higher number of individuals than agencies by a factor of around 3:1, so have a marked impact on overall numbers. Even with imputed data included, the proportion of people injecting IPED attending agency NSPs remains substantially higher than those attending pharmacy services. This difference would appear to warrant further exploration, since while IPED injectors have many of the same health issues as psychoactive injectors, it is the latter group for whom drug related deaths have reached record levels in the last few years and who might most benefit from broader health-related interventions which agencies may be better placed to deliver. (The area with the lowest level of psychoactive injectors in structured treatment (13%) is Liverpool which has one of the highest proportions of NSP delivered in a pharmacy setting).

Local drug related death monitoring systems have frequently found that individuals whose NDTMS record states that they have not injected, have a number of NSP transactions recorded in IMS, therefore indicating that they have injected. This would suggest that caution should be taken when using NDTMS data to indicate the proportion of the population in treatment who are

injecting, particularly since this information is only collected at the start of an episode of treatment which may have commenced many years in the past. Furthermore, a report by PHE in 2016 stated that "the majority of opiate misuse deaths in the past five years occurred in those who were not identified as being in and had not recently been in community drug treatment" (PHE, 2016). Agencies being staffed by dedicated NSP workers with training and expertise in the field of substance use could potentially provide sustained health and lifestyle related interventions to the large group of opiate injectors currently not accessing treatment services. All but one area in this analysis had a mix of NSP provision between agency and pharmacy, and there is the opportunity too for pharmacies to make better links with their local drug teams and agency-based NSP services. Pharmacists have previously reported the need for further training for themselves and their staff (Sheridan et al, 2000); with the move for many local authorities nationally from agency to pharmacy provision during the last decade, this intensifies the need to ensure NICE's recommendations that staff are competent to provide advice about the full range of drugs people may be using, reducing injecting related harm and preventing/managing overdoses are fully implemented (NICE, 2014). It may also be an opportunity for some individuals to engage with treatment should good links exist between the pharmacy based NSP and the local drug treatment provider.

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 that heroin users become more vulnerable to death from overdose as they grow older, the increasing proportion of people who use NSP services that are older highlights the importance of ongoing engagement in order to encourage attendance in treatment services and monitoring numbers to ensure the problem is not becoming exacerbated. 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.

The data shows that the proportion of individuals aged over 40 has continued increased; from 40% in 2015-16 to 43% to 2016-17, and up from 26% ten years ago. There are variations between local authorities, with these largely reflecting the proportion of people using steroid and IPED. These range from 28% of NPS users being aged 40 or over in Halton to 48% aged 40 or over in Liverpool. All areas however have seen increases over the last 10 years, in particular Knowsley and Warrington who have seen their proportions of NSP users aged 40 years and over more than double.

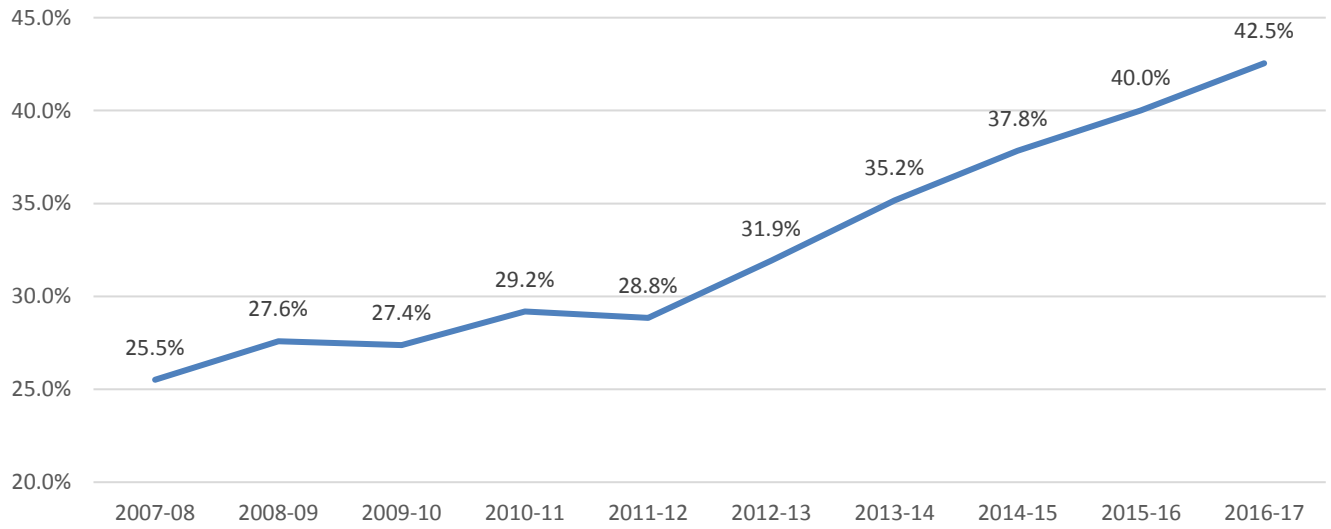


Figure 49 - Proportion of individuals in NSP cohorts aged 40 years or over

One of the regular queries levelled at NSP data wherever it's collected is the authenticity of attributors given by clients using exchanges, the theory being that random fictional initials and date of birth may be commonly being used for fear of anonymity being breached, particularly in the case of services where the NSP is located within the same building as the structured treatment provider. Two factors contradict this suggestion. In the first place, a piece of research undertaken by PHI over the

summer of 2017 surveyed IMS reporting agencies and pharmacies from across the spread of local authorities and asked them about this specific issue. Over two thirds (72%) responded by stating that they believed individuals using their service used the same consistent attributors on each visit. Moreover, as part of the drug related death monitoring process which as discussed earlier in this report is now operational in a majority of IMS reporting local authority areas, a substantial majority of individuals whose personal details are confirmed to be correct by both the treatment service and the coroner have matching IMS records, thus suggesting that use of genuine details is the norm and not the exception, and that the numbers reporting to the system should be taken as broadly accurate. Finally on this point, the average number of transactions per person who injects psychoactive drugs is 6.35 (ranging from 2.66 in Halton to 13.61 in St. Helens), a figure which has increased in recent years, suggesting that moves to electronic recording may have resulted in improvement to data quality and increased consistency in recording of client attributors.

During 2016-17, 7.5% of individuals attending NSP services and citing heroin or another psychoactive drug as their main substance were aged under 30 years. While this does not contradict the ACMD's view that "relatively few young people are initiating problematic opioid use" this figure of over 700 cases indicates that some individuals within Cheshire and Merseyside are starting to inject heroin at a relatively young age.

RECOMMENDATIONS BASED ON IMS DATA

Supporting the newly revised UK guidelines on clinical management which recommend that services should "deliver effective harm reduction interventions" (Department of Health, 2017), services should ensure that the client offer is inviting and accessible to all opiate users regardless of their readiness for recovery. 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. The 2017 guidelines on clinical management place a new focus on harm reduction and access to "sterile injecting equipment or other suitable equipment" and the most recent NICE guidance (PH52) 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. Local authorities should accordingly 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 understand the prevalence of injecting particularly when data from drug related death monitoring suggests that NDTMS may be under recording the extent of injecting. The numbers engaged in structured treatment should be examined in the context of the potentially larger number using substances problematically outside of the treatment system.

Use of screening and assessment tools should be expanded. Brief interventions in the form of screening tools such as the Alcohol Use Disorders Identification Tests (AUDIT or AUDIT-C) have been proven to be a cost effective way of engaging individuals at an early stage of their drug or alcohol use and be an opportunity for reflection on their behaviour. IMS provides a field for recording AUDIT and the potential to record other screenings using the interventions tab.

Agency based NSP services should make better links with pharmacies. IMS data suggests that people who inject IPEDs may prefer agency based services but conversely, people injecting psychoactive drugs appear to prefer pharmacies. Since the pharmacies will be a regular contact for such individuals, it is important that strong links exist between agencies and pharmacies which provide NSP as a route into treatment, an opportunity to signpost and to engage individuals disengaged from the treatment system.

Smoking cessation interventions should be routinely recorded. COPD has been identified as one of the main causes of death over recent years for the ageing cohort of drug users, and IMS demonstrates that NSP users across Cheshire and Merseyside are on average older than they have ever been. Most agency based IMS services have been issued with CO monitors in order to promote a conversation around smoking cessation. Individuals should be routinely engaged with using this and other tools such as text messaging programs and quit plans.

Housing should be a key area for drug services at all tiers of provision. Evidence suggests that housing has become a bigger issue for society as a whole since 2010, with many accommodation services challenged to cope with the rise in demand. The IMS

data suggest that this is a particular issue for those who inject psychoactive drugs. NSP 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 the use of Steroid and IPED should continue. The number of people using Steroid and IPED has increased at more than the number using psychoactive drugs over the past year. People using Steroid and IPED are largely invisible in national drug and alcohol monitoring statistics and accordingly IMS provides the only local indication of the extent their injection. It also provides commissioners with an opportunity to collect more data on this client group, as they are unlikely to appear in traditional 'drug treatment' settings.

IMS data should be used for the purposes of local drug related death reviews. Drug related deaths are at their highest level both locally and across England since records began, with the number of deceased individuals in treatment now lower than in previous years. IMS data consistently features in DRD panel reviews, highlighting that previous and recent injecting is occurring, even when the individual's NDTMS record states that they have never injected. Given that treatment is often described as being a protective factor against poorer health and death, the reason for the rise in numbers of deaths among those injecting psychoactive drugs locally should be explored, including the relevance of the recovery agenda to individuals who have not yet reached the point of wanting to "recover".

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 substances such as "Spice" including young people and homeless individuals.

IMS should be used across local authority areas by any relevant organisation. IMS has already been rolled out to services who do not specialise in drug or alcohol use related interventions, and this should be expanded to allow for the recording of information from services who may provide important support to individuals using drugs or alcohol or individuals affected by others who use drugs or alcohol.

New harm reduction initiatives should be explored where the evidence is substantive. This may include the extension of naloxone and, given the rise in NSP activity reported by IMS, the introduction of drug consumption rooms, notwithstanding the difficulties there may be in gaining support for novel approaches. In order to examine the benefits of such approaches in detail, evidence from other geographical areas should be considered.

APPENDIXES

A. AGENCY BASED NSP SERVICES

A.1. NSP AGENCY ONLY - ALL INDIVIDUALS BY COHORT

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	129	532	661
Cheshire West & Chester	501	921	1,422
Halton	127	539	666
Knowsley	112	246	358
Liverpool	236	239	475
Sefton	250	157	407
St. Helens	272	355	627
Warrington	31	228	259
Wirral	378	786	1,164
Cheshire & Merseyside	**1,995**	**3,977**	**5,972**

Table 71 - Number of individuals using agency based NSP service, by cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	25%	64%	49%
Cheshire West & Chester	58%	78%	70%
Halton	100%	100%	100%
Knowsley	37%	58%	49%
Liverpool	5%	8%	6%
Sefton	26%	26%	26%
St. Helens	29%	39%	33%
Warrington	5%	29%	19%
Wirral	45%	83%	65%
Cheshire & Merseyside	**20%**	**44%**	**32%**

Table 72 - Proportion of individuals by cohort group who used agency based NSP services

A.2. NSP AGENCY ONLY - NEW INDIVIDUALS BY COHORT

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	46	219	265
Cheshire West & Chester	236	447	683
Halton	78	220	298
Knowsley	41	109	150
Liverpool	91	137	228
Sefton	109	54	163
St. Helens	90	111	201
Warrington	16	54	70
Wirral	194	340	534
Cheshire & Merseyside	**887**	**1,690**	**2,577**

Table 73 - Number of new individuals using agency based NSP service, by cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	36%	41%	40%
Cheshire West & Chester	47%	49%	48%
Halton	61%	41%	45%
Knowsley	37%	44%	42%
Liverpool	39%	57%	48%
Sefton	44%	34%	40%
St. Helens	33%	31%	32%
Warrington	52%	24%	27%
Wirral	51%	43%	46%
Cheshire & Merseyside	**44%**	**42%**	**43%**

Table 74 - Proportion of individuals using agency based NSP services who are new during the 2016-17 year

B. PHARMACY BASED NSP SERVICES

B.1. NSP PHARMACY ONLY - ALL INDIVIDUALS BY COHORT

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	432	310	742
Cheshire West & Chester	500	277	777
Halton	0	0	0
Knowsley	211	186	397
Liverpool	5,015	2,715	7,730
Sefton	833	442	1,275
St. Helens	850	617	1,467
Warrington	558	561	1,119
Wirral	566	170	736
Cheshire & Merseyside	**8,795**	**5,236**	**14,031**

Table 75 - Number of individuals using pharmacy based NSP service, by cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	85%	38%	56%
Cheshire West & Chester	58%	24%	38%
Halton	0%	0%	0%
Knowsley	70%	44%	55%
Liverpool	99%	92%	96%
Sefton	87%	74%	82%
St. Helens	89%	67%	78%
Warrington	97%	72%	83%
Wirral	68%	18%	41%
Cheshire & Merseyside	**89%**	**58%**	**74%**

Table 76 - Proportion of individuals by cohort group who used pharmacy based NSP services

B.2. NSP PHARMACY ONLY - NEW INDIVIDUALS BY COHORT

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	161	147	308
Cheshire West & Chester	214	184	398
Halton	0	0	0
Knowsley	124	105	229
Liverpool	3,634	2,004	5,638
Sefton	479	329	808
St. Helens	436	370	806
Warrington	343	306	649
Wirral	243	97	340
Cheshire & Merseyside	**5,601**	**3,520**	**9,121**

Table 77 - Number of new individuals using pharmacy based NSP service, by cohort group

Local Authority	IDU: Psychoactive Drugs	IDU: Steroid & IPEDs	All NSP Individuals
Cheshire East	37%	47%	42%
Cheshire West & Chester	43%	66%	51%
Halton	-	-	-
Knowsley	59%	56%	58%
Liverpool	72%	74%	73%
Sefton	58%	74%	63%
St. Helens	51%	60%	55%
Warrington	61%	55%	58%
Wirral	43%	57%	46%
Cheshire & Merseyside	**64%**	**67%**	**65%**

Table 78 - Proportion of individuals using pharmacy based NSP services who are new during the 2016-17 year

C. DETAILED BREAKDOWN BY SERVICE

C.1. DETAIL BY SERVICE PROVIDER - IMS ALL INDIVIDUALS

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
CHE30029	Catherine House, Crewe	492	472	20	88	404	0
CHE30030	Barnabas Centre, Macclesfield	174	168	6	44	130	0
CHE50022	Boots - Nantwich	5	***	***	3	2	0
CHE50175	Clear Pharmacy - Crewe	137	115	22	85	52	0
CHE50340	Andrews Pharmacy - Macclesfield	15	<14	***	12	3	0
CHE50632	Rowlands - Middlewich	23	18	5	16	7	0
CHE50803	Boots - Sandbach	10	10	0	4	6	0
CHE50805	Mannings Chemist, Knutsford	12	<12	***	11	1	0
CHE50816	Well (224193) - Park Lane, Macclesfield	58	52	6	31	27	0
CHE50819	Well (224537) - Handforth	0	0	0	0	0	0
CHE50822	Well (223032) - Sunderland St, Macclesfld	168	138	30	111	57	0
CHE50840	Assan Pharmacy Ltd T/A Cohens Chemist	150	124	26	95	55	0
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	30	24	6	17	13	0
CHE50874	Lloyds - Lawton Road, Stoke	59	51	8	28	31	0
CHE50876	Lloyds - Wilmslow	***	***	0	0	***	0
CHE50877	Lloyds - Charlotte St, Macclesfield	23	17	6	16	7	0
CHE50878	Lloyds - Congleton	113	98	15	53	60	0
CHE50883	AJ Hodgson T/A London Road pharmacy	34	28	6	27	7	0
CHE56610	Boots - Grand Junction, Crewe	36	<34	***	18	18	0
CHE57006	Salus Pharmacy - Congleton	60	43	17	30	30	0
	Cheshire East Local Authority	**1,336**	**1,184**	**152**	**511**	**825**	**0**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
CHW30027	Aqua House, Chester	501	462	39	210	289	2
CHW30028	Unity House, Ellesmere Port	581	538	43	182	399	0
CHW30045	Old Council House, Northwich	386	361	25	133	253	0
CHW50016	Boots - Foregate St, Chester	253	223	30	169	84	0
CHW50258	Pondas Chemist, Winsford	25	<23	***	15	10	0
CHW50377	Swettenham Chemist - Blacon	95	80	15	79	16	0
CHW50462	Well (228547) - Northwich	30	24	6	18	12	0
CHW50628	Lloyds - Weaverham, Northwich	10	10	0	4	6	0
CHW50801	Lloyds - Old Chester Rd, Ellesmere	36	29	7	31	5	0
CHW50833	Well (228520) - Fountains Health	125	109	16	90	35	0
CHW50875	Lloyds - Middlewich Road, Northwich	34	<32	***	14	20	0
CHW50879	Lloyds - Sainsbury's Northwich	52	44	8	23	29	0
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	95	83	12	68	27	0
CHW53043	Superdrug - Northgate St, Chester	193	169	24	131	62	0
CHW53064	Well (228534) - Ellesmere Port	43	<40	***	27	16	0
CHW59169	Owen's Pharmacy Saltney	28	19	9	20	8	0
CHW59170	Westminster Park, T/A Salrook Health	0	0	0	0	0	0
	Cheshire West and Chester Local Authority	**2,038**	**1,861**	**177**	**862**	**1,174**	**2**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
HAL10031	Halton Integrated Recovery Service - CGL	530	347	183	29	3	498
HAL30031	Aston Dane SES, Halton - CGL	595	561	34	113	477	5
HAL30053	Runcorn High Street SES, Halton - CGL	88	88	0	8	80	0
	Halton Local Authority	**1,169**	**958**	**211**	**127**	**539**	**503**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
KNW10041	Knowsley Integrated Rec Service	875	605	270	42	7	826
KNW30051	Kirkby SES, Knowsley - CGL	107	97	10	54	53	0
KNW30052	Huyton SES, Knowsley - CGL	227	213	14	37	190	0
KNW53302	Boots Cables Retail Park	6	6	0	3	3	0
KNW53303	Boots - The Halewood centre	97	82	15	69	28	0
KNW53315	Newtown Pharmacy, Kirkby	159	146	13	79	80	0
KNW53323	Rowlands (Prev GF O'Brien) Kirkby	115	102	13	54	61	0
KNW53327	A.E. Sedem (Woolfall Pharmacy)	5	5	0	1	4	0
KNW53328	Sedem Pharmacy, Huyton	***	***	0	***	0	0
KNW53329	Stockbridge Pharmacy	***	***	0	***	***	0
KNW53334	Tops Pharmacy, Kirkby	25	24	***	8	17	0
	Knowsley Local Authority	**1,553**	**1,222**	**331**	**300**	**427**	**826**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
LIV10002	Armistead City	***	***	0	0	0	***
LIV10003	Community Voice	78	60	18	***	0	75
LIV10005	Armistead Street	167	***	164	31	0	136
LIV10007	Whitechapel Centre	0	0	0	0	0	0
LIV10009	Action on Addiction - SHARP	472	255	217	18	1	453
LIV10014	Aintree Hospital	1,595	1,064	531	31	1	1,563
LIV10018	Brownlow Practice	203	143	60	40	2	161
LIV10020	Royal Liverpool Hospital LCAS	511	333	178	28	1	482
LIV10050	Young Addaction Liverpool	42	28	14	0	0	42
LIV10071	North ARC - Addaction Recovery Centre	293	266	27	45	162	86
LIV10072	Central ARC - Addaction Recovery Centre	156	140	16	32	70	54
LIV10073	South ARC - Addaction Recovery Centre	***	***	***	0	***	***
LIV10076	Addaction COAST	***	***	0	0	0	***
LIV10081	Addaction Pre Treatment	7	<7	***	2	0	5
LIV10085	Addaction Whitechapel Outreach	0	0	0	0	0	0
LIV10084	Addaction REST Centre	0	0	0	0	0	0
LIV10060	Transforming Choice	70	48	22	8	0	62
LIV58343	Belle Vale Pharmacy	75	<74	***	35	40	0
LIV58350	Boots - Long Lane	24	<23	***	13	11	0
LIV58351	Boots - Boaler St	439	358	81	297	142	0
LIV58353	Boots - London Rd	2,794	2,432	362	1,620	1,174	0
LIV58394	Lloyds - Prospect Point	2,404	2,095	309	1,822	582	0
LIV58398	Lloyds - West Derby Road	383	311	72	316	67	0
LIV58403	Lloyds - Muirhead Ave East	118	108	10	65	53	0
LIV58406	Lloyds - Townsend Lane	739	650	89	635	104	0
LIV58409	Lloyds - St Oswald St	413	363	50	254	159	0
LIV58415	Melwood Pharmacy, Deysbrook Lane	19	<19	***	13	6	0

LIV58416	Norman Pharmacy, Walton Rd	785		625	160		635	150	0
LIV58421	Rowlands - Speke Health Centre	109		94	15		43	66	0
LIV58422	Rowlands - Somerfield, Garston	235		225	10		18	217	0
LIV58437	Rowlands - Lodge Lane	191		175	16		141	50	0
LIV58574	Riverside Pharmacy	36		5	31		32	4	0
	Liverpool Local Authority	**10,961**		**8,811**	**2,150**		**5,080**	**2,940**	**2,941**

				Total by gender		Total by client cohort group		
IMS Code	**IMS service name**	**Total Clients 2016-17**		**Male**	**Female**	**IDU: Drugs**	**IDU: Steroids**	**BI: Drug or Alcohol**
SEF10056	Independence Initiative	105		71	34	2	0	103
SEF10077	Ambition Sefton, Southport - MerseyCare	743		552	191	165	144	434
SEF10078	Ambition Sefton, Bootle - MerseyCare	691		450	241	94	13	584
SEF55000	Aintree Pharmacy	41		<40	***	14	27	0
SEF55708	M L Davey Chemist, Litherland	49		41	8	32	17	0
SEF56448	Bispham Road Pharmacy	101		<99	***	24	77	0
SEF56452	Boots - South Rd, Waterloo	56		46	10	37	19	0
SEF56453	Boots - Liverpool Rd, Crosby	14		<12	***	7	7	0
SEF56456	Cohens - Marian Square, Netherton	96		73	23	72	24	0
SEF56460	Haddens Pharmacy - Litherland Rd, Bootle	183		168	15	135	48	0
SEF56462	Lloyds - Knowsley Rd	69		59	10	63	6	0
SEF56464	Lloyds - North Park	0		0	0	0	0	0
SEF56465	Merton Pharmacy - Stanley Road	***		***	0	0	***	0
SEF56466	Netherton Park Pharmacy	29		<29	***	11	18	0
SEF56499	Higgins Pharmacy - Crosby Road North	71		59	12	28	43	0
SEF56504	Lloyds - Crosby Rd North	37		31	6	14	23	0
SEF56507	Rowlands - Upper Aughton Rd	***		***	***	***	***	0
SEF56520	Superdrug - Eastbank Street, Southport	345		297	48	302	43	0
SEF56525	Boots - Cambridge Rd, Southport	***		***	0	***	***	0
SEF56526	Boots - Seaforth	170		148	22	89	81	0
SEF56845	Bridge Road Pharmacy, Litherland	84		75	9	68	16	0
	Sefton Local Authority	**2,625**		**2,031**	**594**	**957**	**595**	**1,073**

				Total by gender		Total by client cohort group		
IMS Code	**IMS service name**	**Total Clients 2016-17**		**Male**	**Female**	**IDU: Drugs**	**IDU: Steroids**	**BI: Drug or Alcohol**
SHL10061	Hope House	292		235	57	110	10	172
SHL10062	Hope Centre (Breathe)	50		21	29	0	0	50
SHL10063	Footsteps, St. Helens	92		17	75	0	1	91
SHL10075	YP Drug & Alcohol Team - St. Helens	110		71	39	30	0	80
SHL30083	St. Helens SES - CGL	356		323	33	146	210	0
SHL40063	Rowlands - Newton-Le-Willows	0		0	0	0	0	0
SHL40119	Lloyds - Duke Street, St. Helens	180		160	20	131	49	0
SHL40122	Lloyds - Junction Lane, Sutton Oak	187		169	18	109	78	0
SHL40141	Rowlands - Thatto Heath	57		44	13	40	17	0
SHL40143	St. Helens Millennium Centre	1,226		1,052	174	725	501	0
	St. Helens Local Authority	**2,262**		**1,872**	**390**	**950**	**922**	**390**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
WAR10066	Footsteps, Warrington	127	47	80	0	0	127
WAR10069	Footsteps, CGL Partnership	106	31	75	0	0	106
WAR30039	Pathways, Warrington - CGL	278	269	9	31	228	19
WAR40070	Well Pharmacy - Fearnhead Cross	132	125	7	59	73	0
WAR40071	Rowlands - Thelwall Lane	332	315	17	104	228	0
WAR40072	Well Pharmacy - The Baths	515	469	46	343	172	0
WAR40073	Lloyds - Earl Street, Warrington	227	207	20	125	102	0
	Warrington Local Authority	**1,605**	**1,357**	**248**	**578**	**775**	**252**

IMS Code	IMS service name	Total Clients 2016-17	Total by gender		Total by client cohort group		
			Male	Female	IDU: Drugs	IDU: Steroids	BI: Drug or Alcohol
WIR10019	Response, Wirral	97	55	42	0	0	97
WIR10049	TSP Second Chance Project	86	68	18	11	0	75
WIR20059	Wirral CGL - NPS	7	<7	***	3	0	4
WIR10059	Wirral Integrated Recovery Service	80	50	30	1	0	79
WIR30057	Birkenhead SES, Wirral - CGL	1,060	997	63	331	712	17
WIR30058	Moreton SES, Wirral - CGL	84	83	***	27	57	0
WIR30067	Wallasey SES, Wirral - CGL	68	64	***	26	41	1
WIR50076	Rowlands (Branch: 1368) - Market St	119	110	9	108	11	0
WIR50077	Lee's Pharmacy - Wood Church	17	16	***	8	9	0
WIR50079	Rowlands (Branch: 1284) - Moreton	26	21	5	16	10	0
WIR50080	Old Chester Pharmacy, Rockferry	77	59	18	75	2	0
WIR50087	Wilsons Chemist, West Kirby	6	<5	<5	6	0	0
WIR50088	Boots (Branch: 5169 - Rockferry)	59	51	8	48	11	0
WIR50090	Victoria Pharmacy, New Brighton	28	<27	***	22	6	0
WIR50097	Egremont Pharmacy, Wallasey	59	53	6	52	7	0
WIR50105	Lloyds - (Branch: 6705) Arrowe Park	23	<23	***	19	4	0
WIR50106	Boots (Branch: 5989 - Bidston)	62	56	6	55	7	0
WIR50108	Wyn Ellis and Son, Poulton Rd, Wallasey	67	60	7	54	13	0
WIR50135	Claughton Pharmacy, Park Rd Nth, Birken	51	44	7	43	8	0
WIR50153	MedicX Pharmacy, St Cath's, Tranmere	251	229	22	165	86	0
	Wirral Local Authority	**2,054**	**1,820**	**234**	**835**	**943**	**276**

C.2. DETAIL BY SERVICE PROVIDER - IMS ALL ACTIVITY

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
CHE30029	Catherine House, Crewe	2	0	0	1,026	312
CHE30030	Barnabas Centre, Macclesfield	97	0	0	338	54
CHE50022	Boots - Nantwich	0	0	0	5	3
CHE50175	Clear Pharmacy - Crewe	0	0	0	576	245
CHE50340	Andrews Pharmacy - Macclesfield	0	0	0	123	23
CHE50632	Rowlands - Middlewich	0	0	0	313	233
CHE50803	Boots - Sandbach	0	0	0	60	43
CHE50805	Mannings Chemist, Knutsford	0	0	0	41	5
CHE50816	Well (224193) - Park Lane, Macclesfield	0	0	0	328	78
CHE50819	Well (224537) - Handforth	0	0	0	0	0
CHE50822	Well (223032) - Sunderland St, Macclesfld	0	0	0	1,614	159
CHE50840	Assan Pharmacy Ltd T/A Cohens Chemist	0	0	0	1,641	796
CHE50849	The Weston Pharmacy (R H Swinn Ltd)	0	0	0	175	33
CHE50874	Lloyds - Lawton Road, Stoke	0	0	0	340	37
CHE50876	Lloyds - Wilmslow	0	0	0	1	1
CHE50877	Lloyds - Charlotte St, Macclesfield	0	0	0	26	12
CHE50878	Lloyds - Congleton	0	0	0	342	162
CHE50883	AJ Hodgson T/A London Road pharmacy	0	0	0	408	115
CHE56610	Boots - Grand Junction, Crewe	0	0	0	141	15
CHE57006	Salus Pharmacy - Congleton	0	0	0	171	137
	Cheshire East Local Authority	**99**	**0**	**0**	**7,669**	**2,463**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
CHW30027	Aqua House, Chester	484	0	0	1,376	801
CHW30028	Unity House, Ellesmere Port	481	0	0	1,214	542
CHW30045	Old Council House, Northwich	439	0	0	1,189	243
CHW50016	Boots - Foregate St, Chester	0	0	0	1,201	606
CHW50258	Pondas Chemist, Winsford	0	0	0	186	40
CHW50377	Swettenham Chemist - Blacon	0	0	0	1,116	666
CHW50462	Well (228547) - Northwich	0	0	0	172	112
CHW50628	Lloyds - Weaverham, Northwich	0	0	0	41	41
CHW50801	Lloyds - Old Chester Rd, Ellesmere	0	0	0	179	159
CHW50833	Well (228520) - Fountains Health	0	0	0	300	158
CHW50875	Lloyds - Middlewich Road, Northwich	0	0	0	85	39
CHW50879	Lloyds - Sainsbury's Northwich	0	0	0	349	218
CHW53023	L Rowland & Co (Retail) Ltd - Ellesmere	0	0	0	634	431
CHW53043	Superdrug - Northgate St, Chester	0	0	0	1,033	566
CHW53064	Well (228534) - Ellesmere Port	0	0	0	256	115
CHW59169	Owen's Pharmacy Saltney	0	0	0	233	110
CHW59170	Westminster Park, T/A Salrook Health	0	0	0	0	0
	Cheshire West and Chester Local Authority	**1,404**	**0**	**0**	**9,564**	**4,847**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
HAL10031	Halton Integrated Recovery Service - CGL	1,054	0	74	0	0
HAL30031	Aston Dane SES, Halton - CGL	762	1	0	1,116	198
HAL30053	Runcorn High Street SES, Halton - CGL	67	0	0	156	22
	Halton Local Authority	**1,883**	**1**	**74**	**1,272**	**220**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
KNW10041	Knowsley Integrated Rec Service	1,409	0	159	0	0
KNW30051	Kirkby SES, Knowsley - CGL	250	0	0	373	62
KNW30052	Huyton SES, Knowsley - CGL	117	0	0	399	79
KNW53302	Boots Cables Retail Park	0	0	0	7	7
KNW53303	Boots - The Halewood centre	0	0	0	238	239
KNW53315	Newtown Pharmacy, Kirkby	0	0	0	319	319
KNW53323	Rowlands (Prev GF O'Brien) Kirkby	0	0	0	320	320
KNW53327	A.E. Sedem (Woolfall Pharmacy)	0	0	0	8	8
KNW53328	Sedem Pharmacy, Huyton	0	0	0	19	19
KNW53329	Stockbridge Pharmacy	0	0	0	2	2
KNW53334	Tops Pharmacy, Kirkby	0	0	0	33	33
	Knowsley Local Authority	**1,776**	**0**	**159**	**1,718**	**1,088**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
LIV10002	Armistead City	2	0	0	0	0
LIV10003	Community Voice	185	1	53	0	0
LIV10005	Armistead Street	812	10	0	0	0
LIV10007	Whitechapel Centre	0	0	0	0	0
LIV10009	Action on Addiction - SHARP	10,480	1,012	421	0	0
LIV10014	Aintree Hospital	2,164	103	0	0	0
LIV10018	Brownlow Practice	771	88	0	0	0
LIV10020	Royal Liverpool Hospital LCAS	772	20	0	0	0
LIV10050	Young Addaction Liverpool	84	1	3	0	0
LIV10071	North ARC - Addaction Recovery Centre	653	42	54	470	196
LIV10072	Central ARC - Addaction Recovery Centre	432	36	44	209	94
LIV10073	South ARC - Addaction Recovery Centre	8	1	1	1	0
LIV10076	Addaction COAST	1	0	1	0	0
LIV10081	Addaction Pre Treatment	7	0	0	0	0
LIV10085	Addaction Whitechapel Outreach	0	0	0	0	0
LIV10084	Addaction REST Centre	0	0	0	0	0
LIV10060	Transforming Choice	18,314	22	37	0	0
LIV58343	Belle Vale Pharmacy	0	0	0	237	6
LIV58350	Boots - Long Lane	0	0	0	84	11
LIV58351	Boots - Boaler St	0	0	0	877	103
LIV58353	Boots - London Rd	0	0	0	8,683	1,470
LIV58394	Lloyds - Prospect Point	0	0	0	5,783	515
LIV58398	Lloyds - West Derby Road	0	0	0	1,382	217
LIV58403	Lloyds - Muirhead Ave East	0	0	0	251	103
LIV58406	Lloyds - Townsend Lane	0	0	0	2,626	211
LIV58409	Lloyds - St Oswald St	0	0	0	1,081	230

LIV58415	Melwood Pharmacy, Deysbrook Lane	0	0	0	164	18
LIV58416	Norman Pharmacy, Walton Rd	0	0	0	2,253	592
LIV58421	Rowlands - Speke Health Centre	0	0	0	332	252
LIV58422	Rowlands - Somerfield, Garston	0	0	0	615	64
LIV58437	Rowlands - Lodge Lane	0	0	0	1,025	138
LIV58574	Riverside Pharmacy	0	0	0	246	27
	Liverpool Local Authority	**37,074**	**1,336**	**860**	**26,319**	**4,247**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
SEF10056	Independence Initiative	101	40	103	0	0
SEF10077	Ambition Sefton, Southport - MerseyCare	17,134	0	65	986	34
SEF10078	Ambition Sefton, Bootle - MerseyCare	4,551	0	0	114	17
SEF55000	Aintree Pharmacy	33	0	0	129	66
SEF55708	M L Davey Chemist, Litherland	22	0	0	1,039	223
SEF56448	Bispham Road Pharmacy	0	0	0	148	0
SEF56452	Boots - South Rd, Waterloo	17	0	0	296	2
SEF56453	Boots - Liverpool Rd, Crosby	1	0	0	23	3
SEF56456	Cohens - Marian Square, Netherton	15	0	0	781	159
SEF56460	Haddens Pharmacy - Litherland Rd, Bootle	215	0	0	930	3
SEF56462	Lloyds - Knowsley Rd	0	0	0	152	4
SEF56464	Lloyds - North Park	0	0	0	0	0
SEF56465	Merton Pharmacy - Stanley Road	1	0	0	2	1
SEF56466	Netherton Park Pharmacy	6	0	0	60	8
SEF56499	Higgins Pharmacy - Crosby Road North	0	0	0	116	0
SEF56504	Lloyds - Crosby Rd North	27	0	0	48	4
SEF56507	Rowlands - Upper Aughton Rd	3	0	0	3	1
SEF56520	Superdrug - Eastbank Street, Southport	178	0	0	2,737	65
SEF56525	Boots - Cambridge Rd, Southport	2	0	0	6	0
SEF56526	Boots - Seaforth	20	0	0	291	9
SEF56845	Bridge Road Pharmacy, Litherland	3	0	0	99	21
	Sefton Local Authority	**22,329**	**40**	**168**	**7,960**	**620**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
SHL10061	Hope House	6,783	2	106	0	0
SHL10062	Hope Centre (Breathe)	59	27	32	0	0
SHL10063	Footsteps, St. Helens	402	55	94	0	0
SHL10075	YP Drug & Alcohol Team - St. Helens	110	0	1	0	0
SHL30083	St. Helens SES - CGL	300	0	0	1,020	100
SHL40063	Rowlands - Newton-Le-Willows	0	0	0	0	0
SHL40119	Lloyds - Duke Street, St. Helens	0	0	0	1,311	611
SHL40122	Lloyds - Junction Lane, Sutton Oak	0	0	0	906	40
SHL40141	Rowlands - Thatto Heath	0	0	0	636	107
SHL40143	St. Helens Millennium Centre	0	0	0	12,235	393
	St. Helens Local Authority	**7,716**	**84**	**233**	**16,325**	**1,288**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
WAR10066	Footsteps, Warrington	852	38	142	0	0
WAR10069	Footsteps, CGL Partnership	950	84	131	0	0
WAR30039	Pathways, Warrington - CGL	70	0	0	355	98
WAR40070	Well Pharmacy - Fearnhead Cross	0	0	0	456	101
WAR40071	Rowlands - Thelwall Lane	0	0	0	862	154
WAR40072	Well Pharmacy - The Baths	0	0	0	2,151	298
WAR40073	Lloyds - Earl Street, Warrington	0	0	0	662	385
	Warrington Local Authority	**1,872**	**122**	**273**	**4,486**	**1,036**

IMS Code	IMS service name	Brief Interventions	Onward Referrals	Wellbeing Reviews	Syringe Exchange Transactions	Syringe Exchange Returns
WIR10019	Response, Wirral	345	0	0	0	0
WIR10049	TSP Second Chance Project	436	68	51	0	0
WIR20059	Wirral CGL - NPS	7	0	0	0	0
WIR10059	Wirral Integrated Recovery Service	111	0	29	0	0
WIR30057	Birkenhead SES, Wirral - CGL	1,592	24	0	2,893	881
WIR30058	Moreton SES, Wirral - CGL	4	0	0	128	41
WIR30067	Wallasey SES, Wirral - CGL	72	1	0	97	33
WIR50076	Rowlands (Branch: 1368) - Market St	0	0	0	952	165
WIR50077	Lee's Pharmacy - Wood Church	0	0	0	201	12
WIR50079	Rowlands (Branch: 1284) - Moreton	0	0	0	67	43
WIR50080	Old Chester Pharmacy, Rockferry	0	0	0	998	333
WIR50087	Wilsons Chemist, West Kirby	0	0	0	32	7
WIR50088	Boots (Branch: 5169 - Rockferry)	0	0	0	551	365
WIR50090	Victoria Pharmacy, New Brighton	0	0	0	175	79
WIR50097	Egremont Pharmacy, Wallasey	0	0	0	310	71
WIR50105	Lloyds - (Branch: 6705) Arrowe Park	0	0	0	138	90
WIR50106	Boots (Branch: 5989 - Bidston)	0	0	0	251	128
WIR50108	Wyn Ellis and Son, Poulton Rd, Wallasey	0	0	0	467	409
WIR50135	Claughton Pharmacy, Park Rd Nth, Birken	0	0	0	598	396
WIR50153	MedicX Pharmacy, St Cath's, Tranmere	0	0	0	1,288	788
	Wirral Local Authority	**2,570**	**93**	**80**	**9,146**	**3,841**

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DATA METHODOLOGY

The Integrated Monitoring System (IMS) is a live database, which allows service providers to add or amend client activity retrospectively. For the purpose of this report, a frozen data set was extracted from the IMS database on 1st October 2017. The data extract included all IMS clients who had indicated their consent to share data with Liverpool John Moores University. Guidance is available for both clients and service providers regarding informed consent in the IMS data sharing toolkit https://ims.ljmu.ac.uk/reference

The IMS report data extract includes all consenting clients with a valid attributor, and with IMS activity recorded during the period 1st April 2016 to 31st March 2017. IMS activity includes at least one of an intervention, referral, wellbeing, syringe exchange transaction, or syringe exchange return. A valid attributor requires first and surname initials, gender, and a date of birth indicating that the client is aged between 6 and 100.

Throughout this report where percentages are used these may not add up to 100% due to rounding. In some tables low numbers have been suppressed in order to protect client attributable data.

NDTMS data matching included all clients engaged in a structured treatment programme at specialist drug services within Cheshire and Merseyside during 2016-17. Data was matched by client attributor only, it is therefore possible that a client's structured and non-structured service provision may not necessarily have occurred within the same Local Authority area.

GLOSSARY

BI	Brief Intervention
CJD	Criminal Justice Dataset (*also known as DIP*)
COPD	Chronic Obstructive Pulmonary Disease
DIP	Drug Interventions Programme
IBA	Identification and Brief Advice
IDU	Injecting Drug Use
IMS	Integrated Monitoring System
IPED	Image and Performance Enhancing Drugs
LJMU	Liverpool John Moores University
NTA	National Treatment Authority (*now part of PHE*)
NDTMS	National Drug Treatment Monitoring System
NPS	New Psychoactive Substances
NSP	Needle and Syringe Programmes
PHE	Public Health England
PHI	Public Health Institute (*formerly the Centre for Public Health*)
PWID	People Who Inject Drugs
WEMWBS	Warwick Edinburgh Mental Well-being Scale
WHO	World Health Organization

PHI | Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

LIVERPOOL JOHN MOORES UNIVERSITY