


Integrated Monitoring System Annual Report

Cheshire and Merseyside 2018/19
including summary data for St. Helens


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FOREWORD

As the Integrated Monitoring System (IMS) now enters its sixth year of existence, the data it produces is more important than ever in highlighting the wealth of activity that takes place outside of the treatment system, including standardised reporting of the activity of needle and syringe programmes. Many individuals using substances such as steroids or other image and performance enhancing drugs do not come onto the radar of treatment providers, yet research tells us that this group are, like people who are injecting psychoactive substances, vulnerable to blood borne viruses and other health issues.

Of particular interest in the current climate are those individuals who are continuing to use heroin and crack cocaine while not engaging with treatment services. IMS allows us to observe this population and identify the scale of this issue, in conjunction with neighbouring local authorities. Increasingly the drug related death panels that now take place across the whole of the sub-region tell us that this population outside of the treatment system are dying at an earlier age than those engaged in treatment. IMS complements NDTMS in providing a full picture of this population, and highlights where resources might be needed to ensure that although not always ready for recovery, they are still able to access the best services we can offer when they need to.



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INTRODUCTION

This is the sixth annual report for the Integrated Monitoring System (IMS), which covers low threshold activity such as Needle and Syringe Programme (NSP) use and the delivery of brief intervention across Cheshire and Merseyside. It compliments information contained within the [IMS data table document](#) published in December 2019. For the first time this year, we have redesigned the report to focus on key issues and highlight important findings. However, all of the data that we have previously incorporated into our annual reports can be found in the data table document.

In total 55 agencies or projects within agencies reported to IMS, alongside 95 pharmacies, totalling 150 different providers of services across Cheshire and Merseyside reporting to the system, the highest since its inception.

We continue to use the three cohort groups as described in Figure 1 below when analysing the data, using imputation techniques when a primary substance is not otherwise stated, as described in the methodology section at the back of this document.

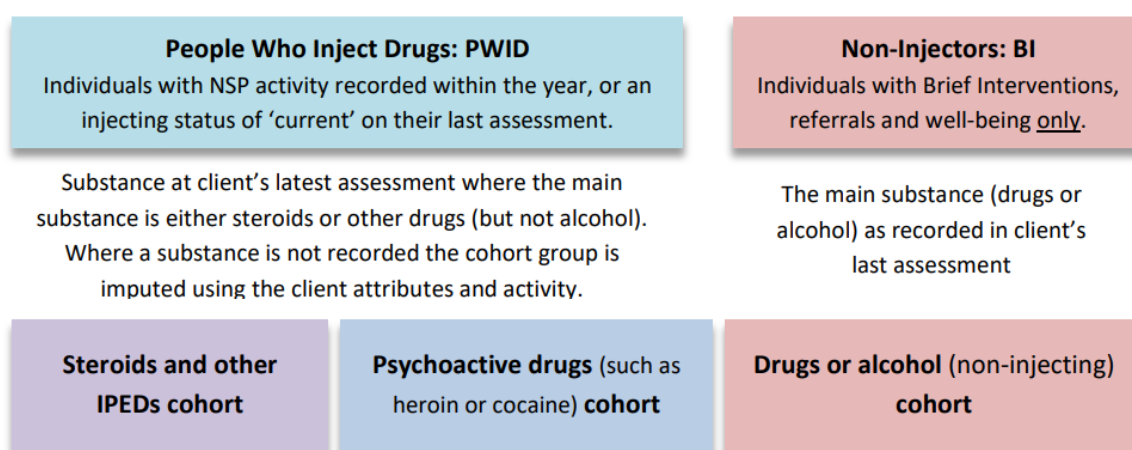


Figure 1 - The three cohorts used to describe IMS data

Public Health England (PHE) have again matched IMS data with data from the National Drug Treatment Monitoring System (NDTMS) in order to ascertain the number of people presenting to IMS who are not in treatment for their drug or alcohol use. This provides a useful tool for both commissioners and treatment services in identifying an estimation of the level of unmet need for treatment in the community.

The quarterly IMS reports present information on data quality and monitoring, and provide a useful tool for services and commissioners respectively, while our dedicated data quality lead has worked closely with IMS reporting services in order to improve both data accuracy and completion rates. All pharmacies now report to IMS via electronic data submissions rather than paper-based forms, which has improved accuracy, made the transfer of information more secure and allowed us to produce reports in a timelier manner.

We welcome your feedback on the format of this report and should the charts in this report and accompanying data tables not provide you with the exact information you need for your locality, please get in touch with any bespoke data requests.

Mark Whitfield, Howard Reed, February 2020.



Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool
<ul style="list-style-type: none"> • CGL (2 sites) • 15 pharmacies 	<ul style="list-style-type: none"> • WDP (3 sites) • 11 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • 3 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • 10 pharmacies 	<ul style="list-style-type: none"> • Action on Addiction • Addaction (5 sites/ projects) • Armistead (2 projects) • Aintree Hospital • Brownlow Practice • Community Voice • Red Umbrella • Transforming Choice • Aigburth Drive Harm Reduction Service • 17 pharmacies
Sefton	St Helens	Warrington	Wirral	
<ul style="list-style-type: none"> • Mersey Care (2 sites) • Addaction YP/Families • Independence Initiative • 15 pharmacies 	<ul style="list-style-type: none"> • CGL • Hope House • Footsteps • 8 pharmacies 	<ul style="list-style-type: none"> • CGL • Footsteps • 4 pharmacies 	<ul style="list-style-type: none"> • CGL (3 sites) • Response • Wirral Military Community Service • 12 pharmacies 	



- There were 7,164 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 5,984 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside. This represents a reduction of around 30% on the previous year's figures, although most of this is due to a substantial drop in presentations to NSP in Liverpool.
- Individual NSP service providers have seen variations in terms of their numbers, with some seeing a rise in presentations of over 70% while others have seen reductions of around 40%.
- The number of separate visits to NSP services has declined less substantially for both people who inject psychoactive drugs and people who inject steroid/IPEDs, suggesting that overall activity has remained relatively stable.
- The average number of needles per client has increased substantially for some areas: both Knowsley and Liverpool distributed around 300 needles per person distributed to over the course of the year.
- People injecting psychoactive substances make up a slightly higher proportion of overall NSP usage. In 2018-19, they made up 54.5% of presentations compared to 45.5% of presentations by people injecting IPEDs or steroids.
- People who inject steroids and other IPEDs continue to dominate agency based NSP provision: agency based services are used more by people who inject steroids and other IPEDs than people who inject psychoactive substances such as heroin, while for pharmacy-based services, more people use them who inject psychoactive substances than people who inject steroids and other IPEDs.
- During 2018-19, the number of individuals using NSP for injecting psychoactive substances who were also engaging in structured treatment for their drug or alcohol use was 28%, an increase on 2017-18 where this figure was 20%.
- The proportion of individuals presenting to NSP for the purposes of injecting psychoactive substances aged 40 years or over has more than doubled over the last decade from 31.5% in 2007-18 to 66.1% in 2018-19.
- Four in five individuals (79.7%) in the psychoactive injecting cohort (excluding those who are injecting steroids and other IPEDs) are injecting heroin as their primary substance.
- Where an additional substance was recorded, five out of six individuals injecting heroin (86.1%) identify crack cocaine as their secondary substance, and some areas have seen substantial rises in the numbers injecting crack cocaine.
- For those who were asked about disabilities, almost half (47.1%) of individuals injecting psychoactive substances state that they have a disability or chronic condition.
- Just over half (52.3%) of individuals receiving brief interventions only (non-injectors within the IMS dataset) identify alcohol as their main substance.
- There were over 66,000 interventions delivered during 2018-19 including basic needs and personal care, advice around harm reduction, recovery support and relapse prevention, safer drug use or injecting advice and education, training or employment support.
- People who inject steroids and other IPED had the highest levels of wellbeing. However those identifying crack cocaine as their main substance are the most likely to have a positive change compared to a previous wellbeing review, with almost three quarters reporting better wellbeing than their original review.

ST HELENS OVERVIEW 2018-19

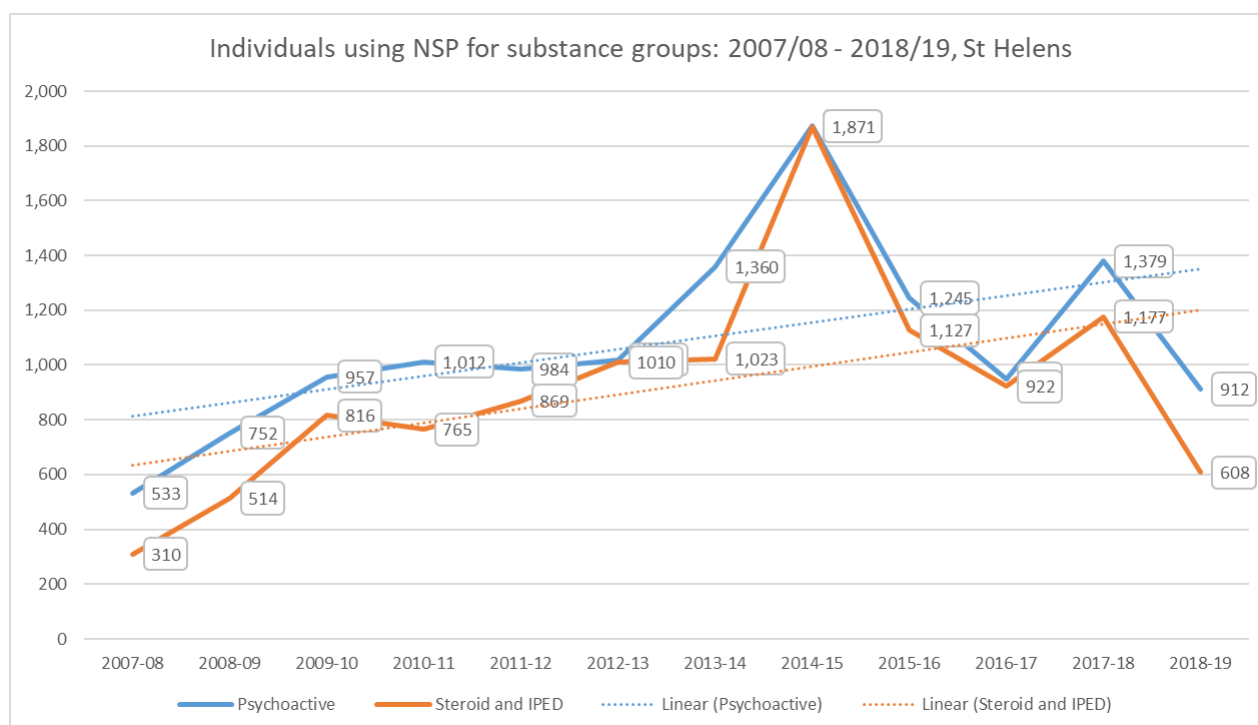
IMS service name	Total Clients 2018-19
St Helens IRS - CGL: Non-Structured	89
St Helens IRS - CGL: Recovery Support	580
St Helens SES - CGL	622
GP Alcohol Clinic Referrals (CGL)	6
Hope House	344
Hope Centre (Breathe)	5
St Helens - Agencies	1,611
Footsteps, St Helens	144
Derbyshire Pharm, Higher Parr St	5
Lloyds - Duke Street, St Helens	10
Lloyds - Junction Lane, Sutton Oak	180
Lloyds Patterdale Lodge, NewtonLeWillows	4
Low House Health Centre, St Helens	109
Peak Pharmacy, Parr, St Helens	2
Rowlands - Leslie Rd, St Helens	24
St Helens Millennium Centre	826
St Helens - Pharmacies	1,072

St Helens' data for people utilising NSP over the last four years has seen substantial reductions in both the number of people who inject psychoactive drugs (a decrease of 26.7%) and in the number of people who inject steroids or other IPEDS (a decrease of 46.1%). Over the longer term, its profile has remained broadly the same over the last decade – in 2008-9 around three in five individuals presenting to NSP were from the psychoactive PWID cohort, which was the same in the most recent year. However numbers have risen substantially for both cohorts since 2007-08.

Needle exchange activity delivered by CGL (Change Grow Live) is recorded in the IMS system. Project codes have also been added for CGL to separately record activity related to GP alcohol referrals, and for activity delivered

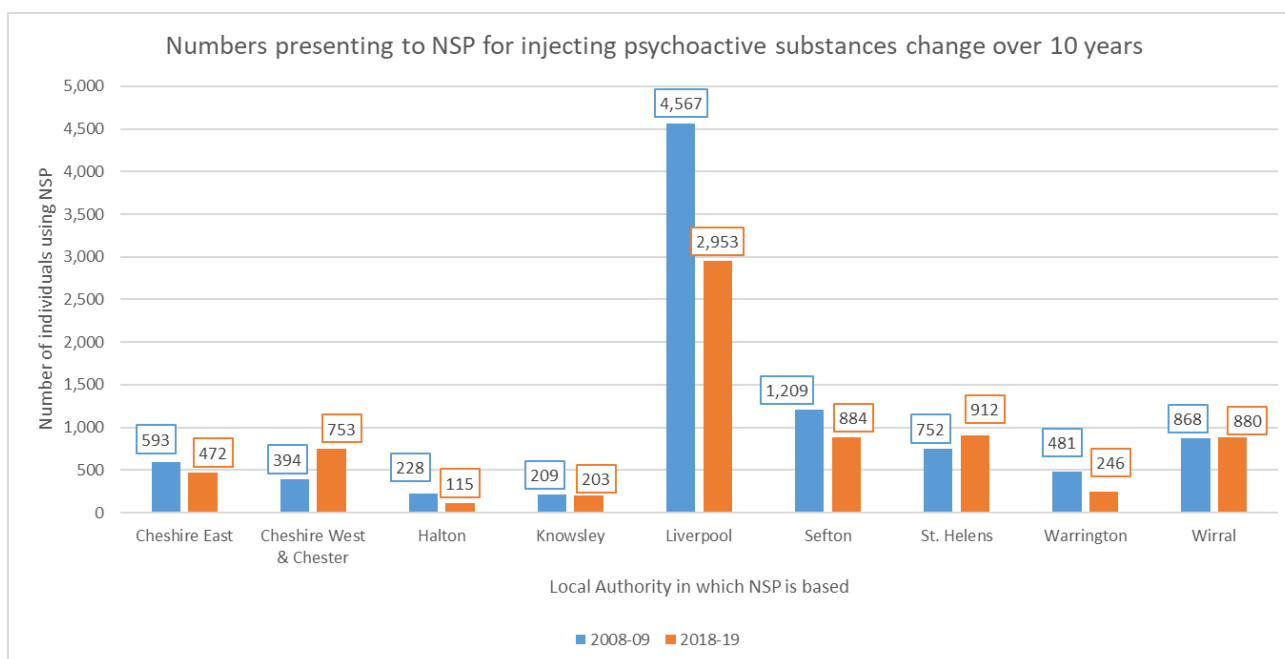
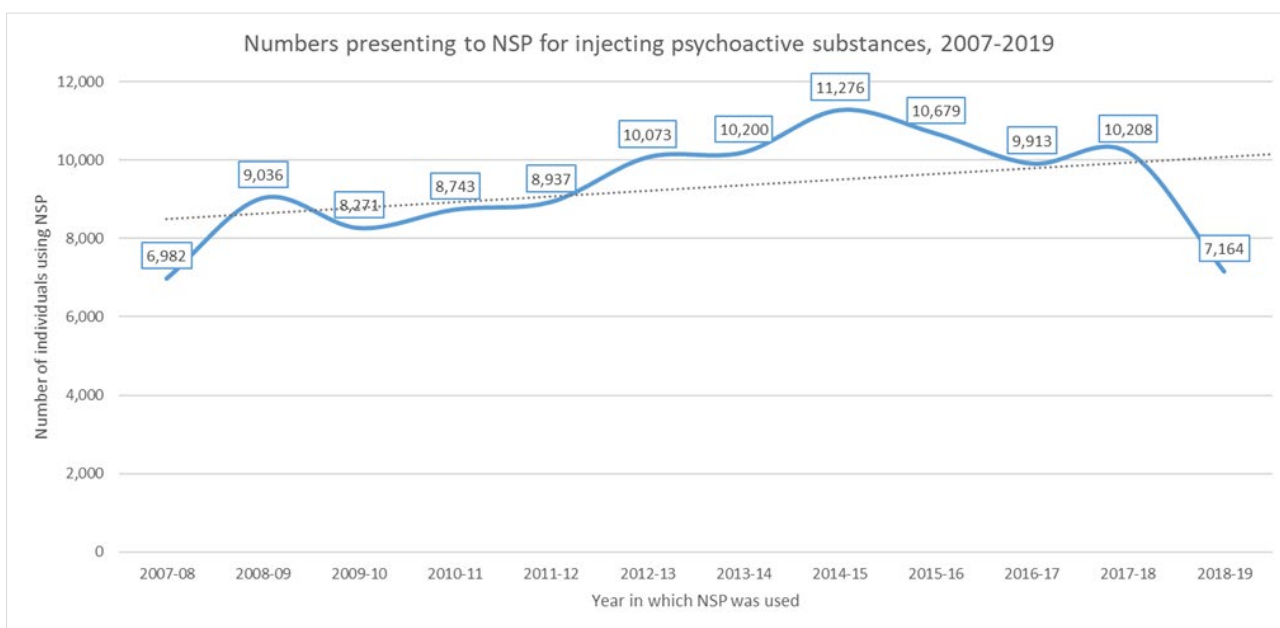
as part of the Building Bridges project. In addition interventions delivered by CGL are extracted from CGL's 'CRiS' system for inclusion with IMS reporting; these include interventions for clients in 'non-structured treatment', as well as 'recovery support' interventions, typically for clients who've previously exchanged in a structured treatment programme. The IMS system is also used for reporting by the Hope House project providing homeless support, and by the Footsteps project who support those affected by the alcohol and substance use of family or friends. Pharmacy needle exchange activity is recorded via PharmaOutcomes and then uploaded to IMS. The pharmacy recording the highest number of syringe exchange visits by a substantial amount continues to be the St. Helens Millennium Centre Pharmacy; however the has been a decrease in total number of clients and visits to this site which is reflected in the overall number of IMS clients recorded for St. Helens during 2018-19.

Full data tables for the St Helens area are included in the [IMS Annual Report 2018-19 Data Tables report](#).



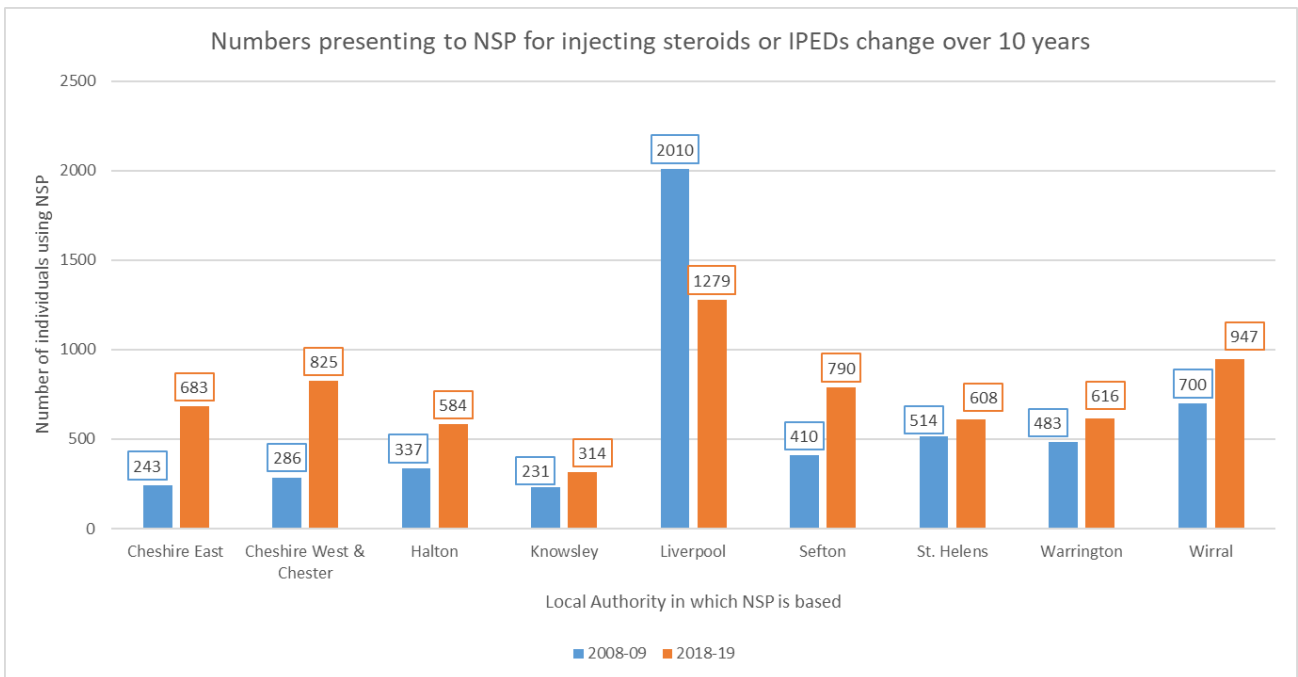
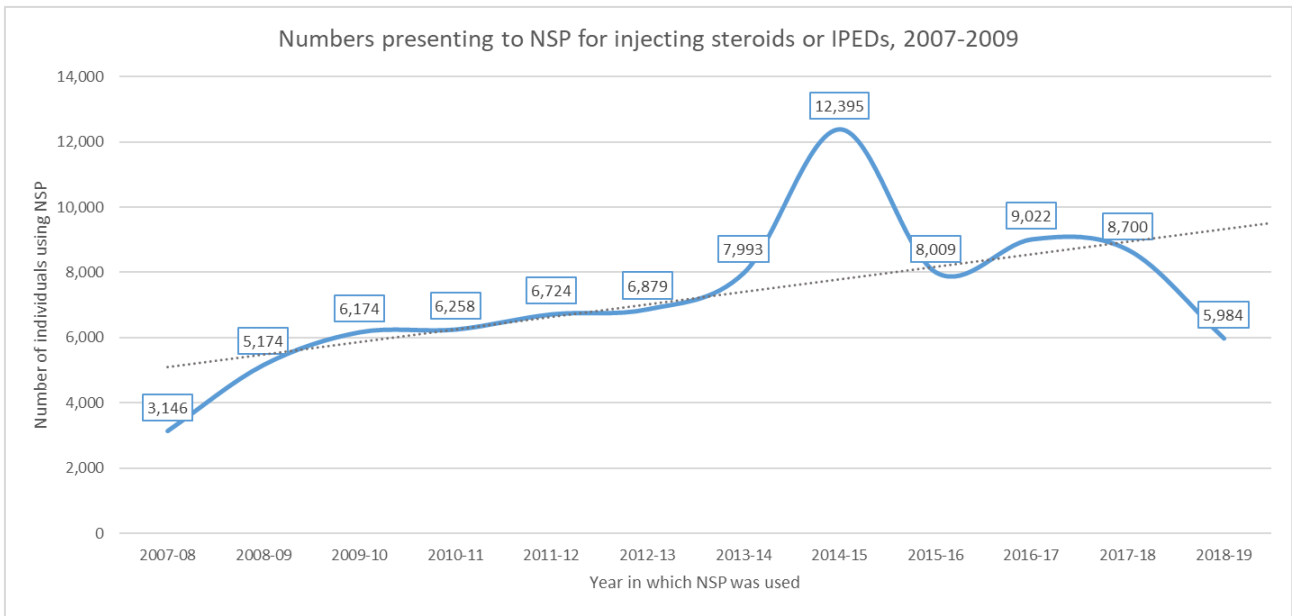
1. The number of people presenting to NSP who inject psychoactive substances fell by almost 30% over the last year.

During 2018-19, the number of individuals using Needle and Syringe Programmes (NSP) who inject psychoactive substances across Cheshire and Merseyside fell to its lowest level for a decade, with a decrease of 29.8% between 2017-18 and 2018-19. However the overall figure masks differences at a Local Authority level, whereby some areas such as Cheshire West and Chester have seen increases in the numbers presenting, while some other areas have seen substantial decreases. The 29.2% drop in Liverpool accounts for much of the overall reduction, although there was also a 7 months period during 2018 when data was not available for Cheshire East.



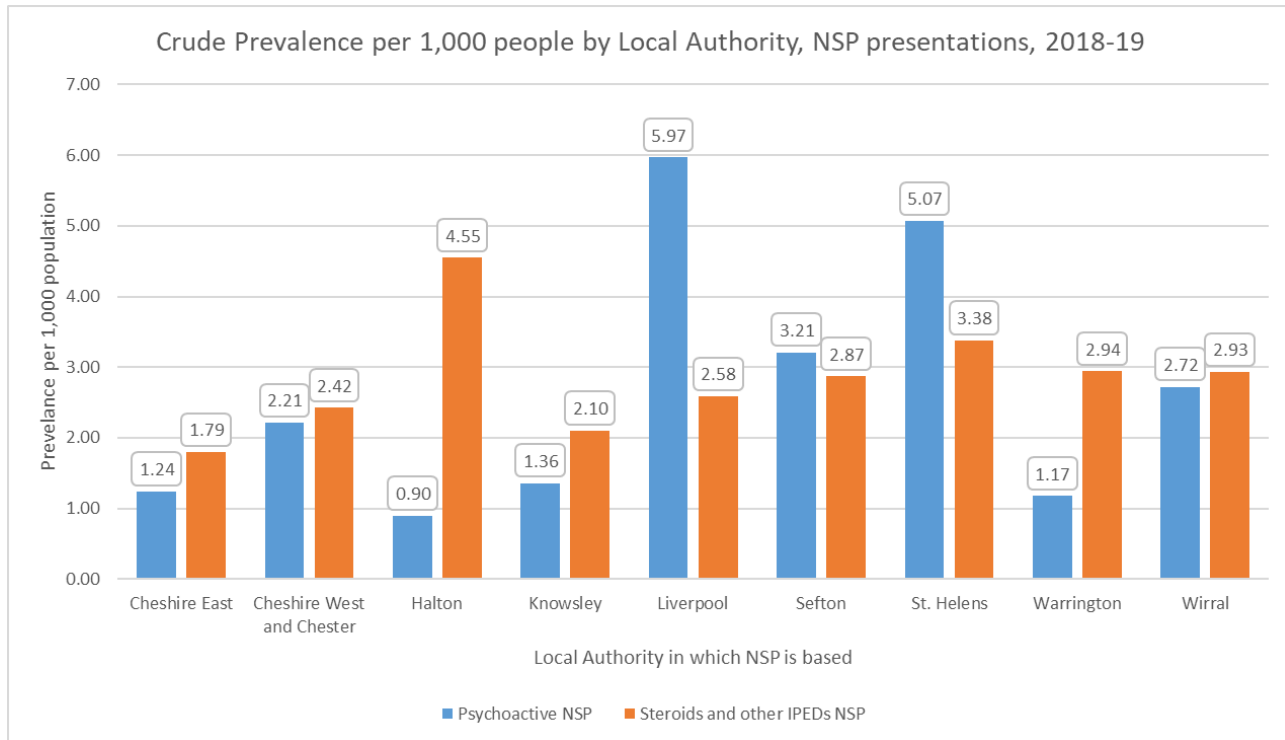
2. The number of people presenting to NSP who inject steroids and other IPEDs fell by just over 30% in one year.

During 2018-19, the number of individuals across Cheshire and Merseyside accessing NSP for injecting steroids and other IPEDs also fell to its lowest level for almost a decade, with a decrease of 31.3% between 2017-18 and 2018-19. Again the overall figure disguises differences at a Local Authority level, with most areas seeing increases in the numbers presenting, sometimes substantially such as Cheshire West & Chester and Sefton. The same factors account for much of the overall reduction: the 35.3% drop in Liverpool, and the 7 months period during 2018 with no data available for Cheshire East.



3. When taking account of population size, Halton has the highest level of presentations for people injecting steroids or other IPEDs.

Although Liverpool remains the area with the largest number of individuals presenting to NSP overall, once population size is taken into account, St Helens has the second highest level of presentations for people who inject psychoactive substances - while Halton has the highest level of presentations for people who inject steroids or other IPEDs, but the lowest level of presentations for people who inject psychoactive substances.

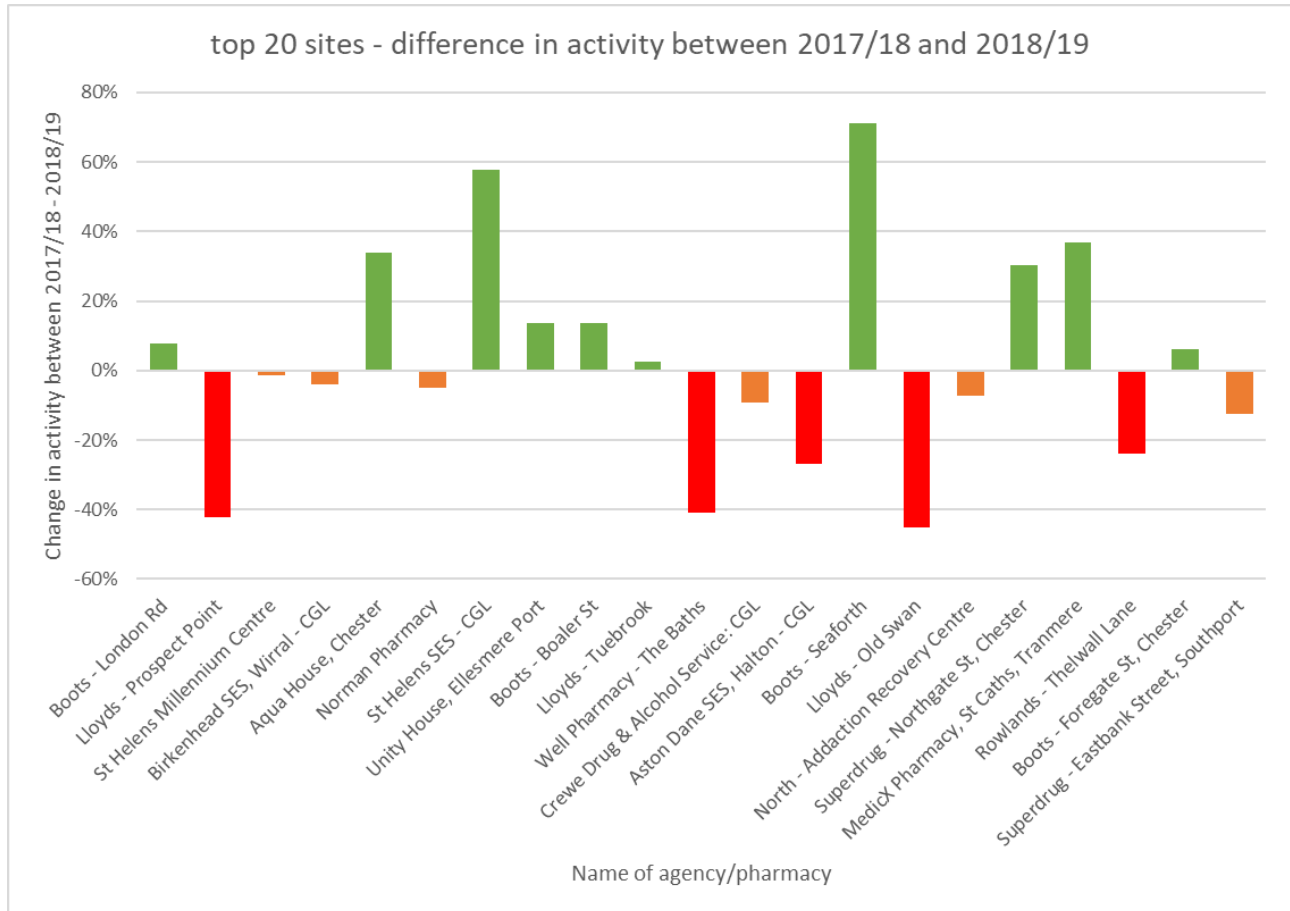


Psychoactive PWID cohort	Prevalence per 1,000 pop	Steroids/IPEDs PWID cohort	Prevalence per 1,000 pop
Liverpool	5.97	Halton	4.55
St. Helens	5.07	St. Helens	3.38
Sefton	3.21	Warrington	2.94
Wirral	2.72	Wirral	2.93
Cheshire West and Chester	2.21	Sefton	2.87
Knowsley	1.36	Liverpool	2.58
Cheshire East	1.24	Cheshire West and Chester	2.42
Warrington	1.17	Knowsley	2.10
Halton	0.90	Cheshire East	1.79

Local Authorities ranked by crude prevalence per 1,000 population

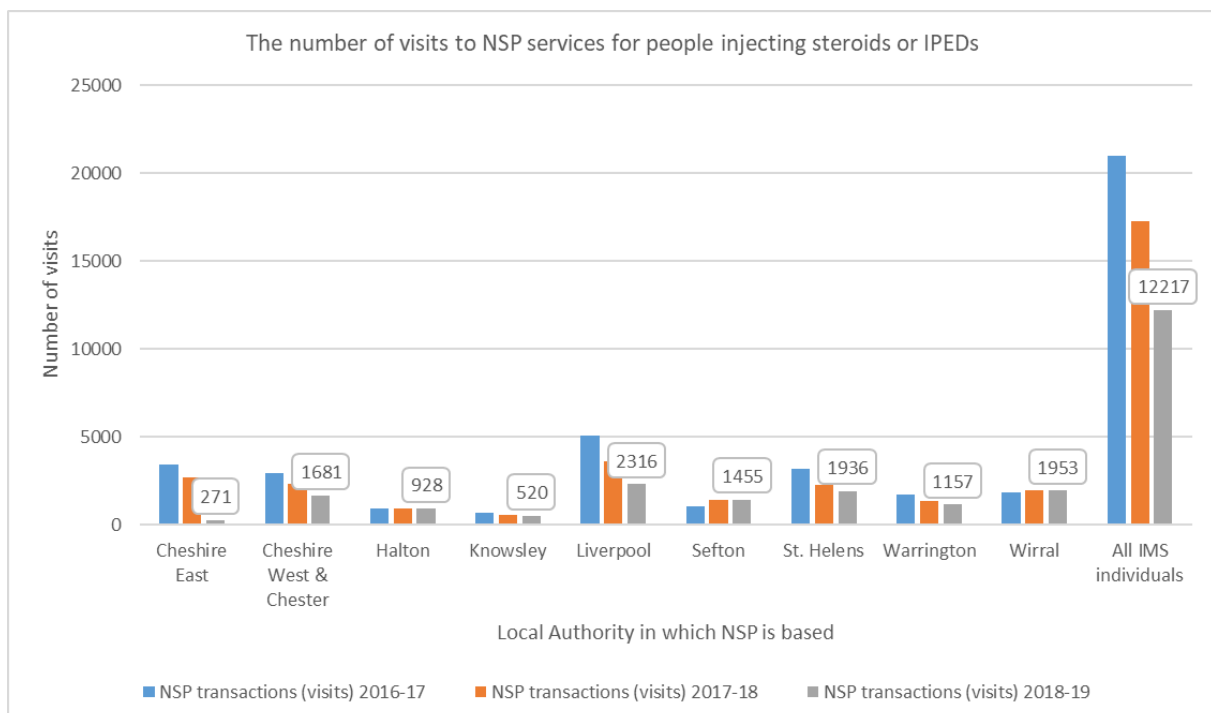
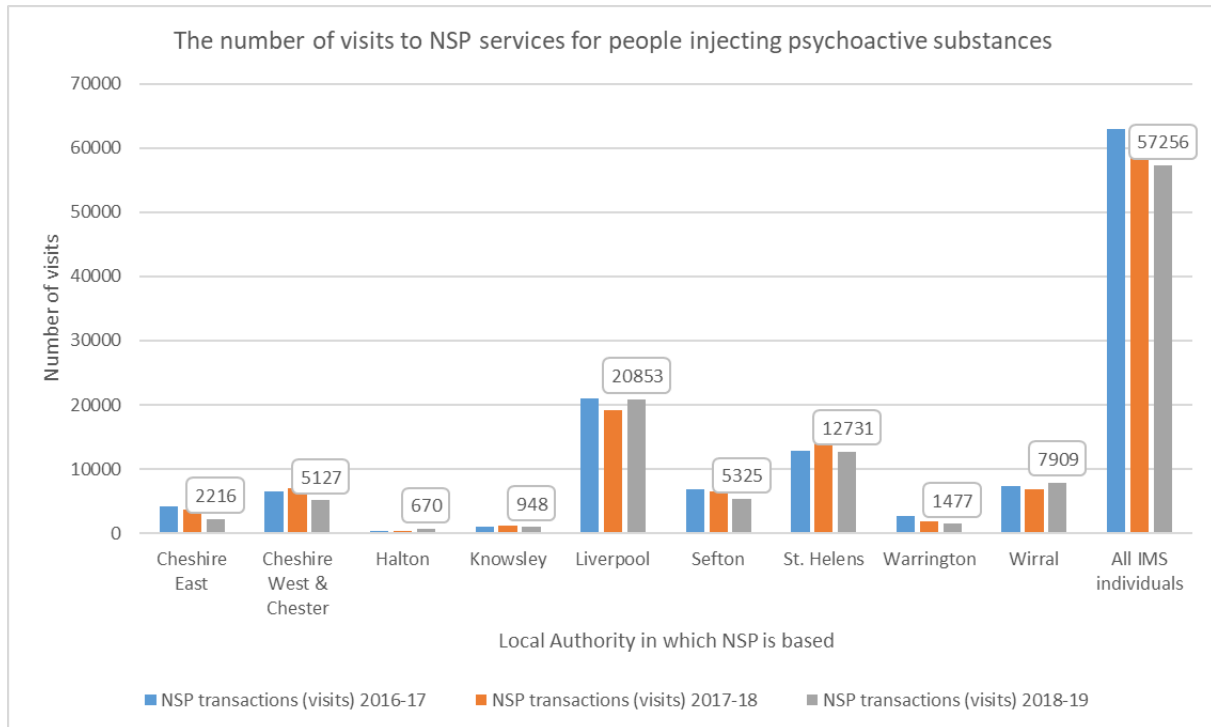
4. Some services saw substantial changes in their activity over the last year

There are substantial differences between individual NSP sites in terms of their activity in 2018-19 compared to 2017-18. Of the top 20 NSP sites (by number of visits during 2018-19) across Cheshire and Merseyside, five saw a substantial (over 20%) increase in their activity, 5 saw a substantial decrease in activity, and 10 saw relatively small increases or decreases. Focusing on only the top 20 sites, there was an overall decrease of 7.1% in NSP activity between 2017-18 and 2018-19.



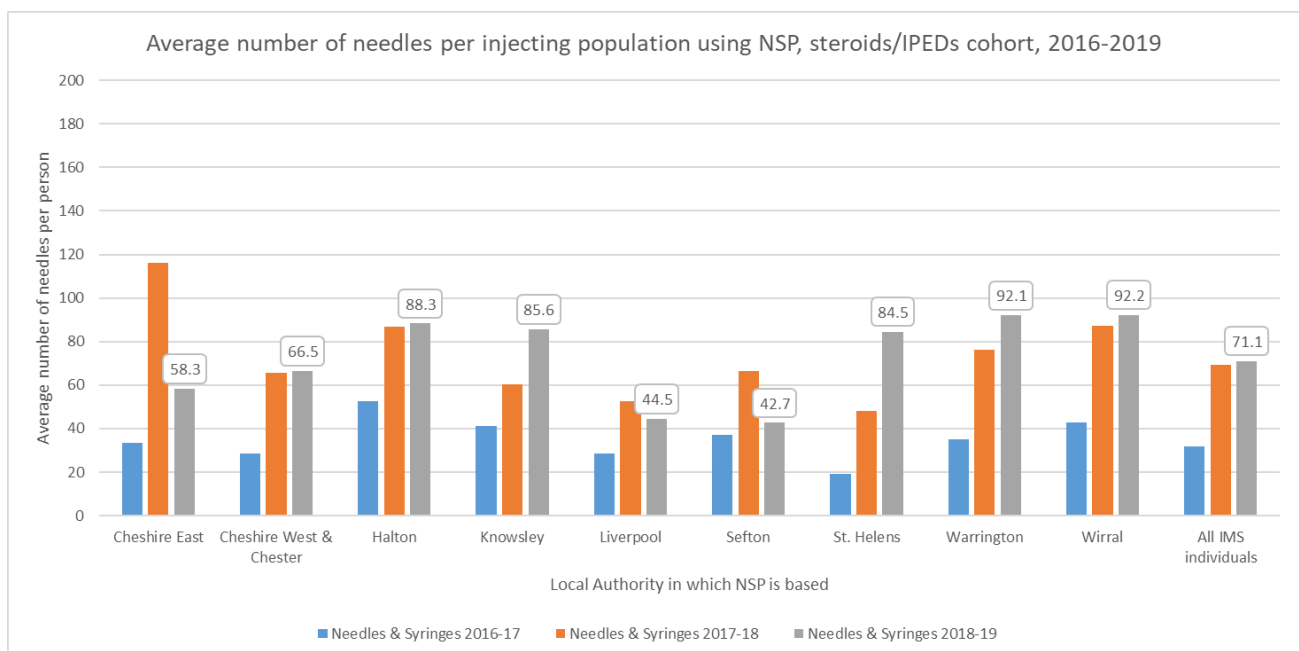
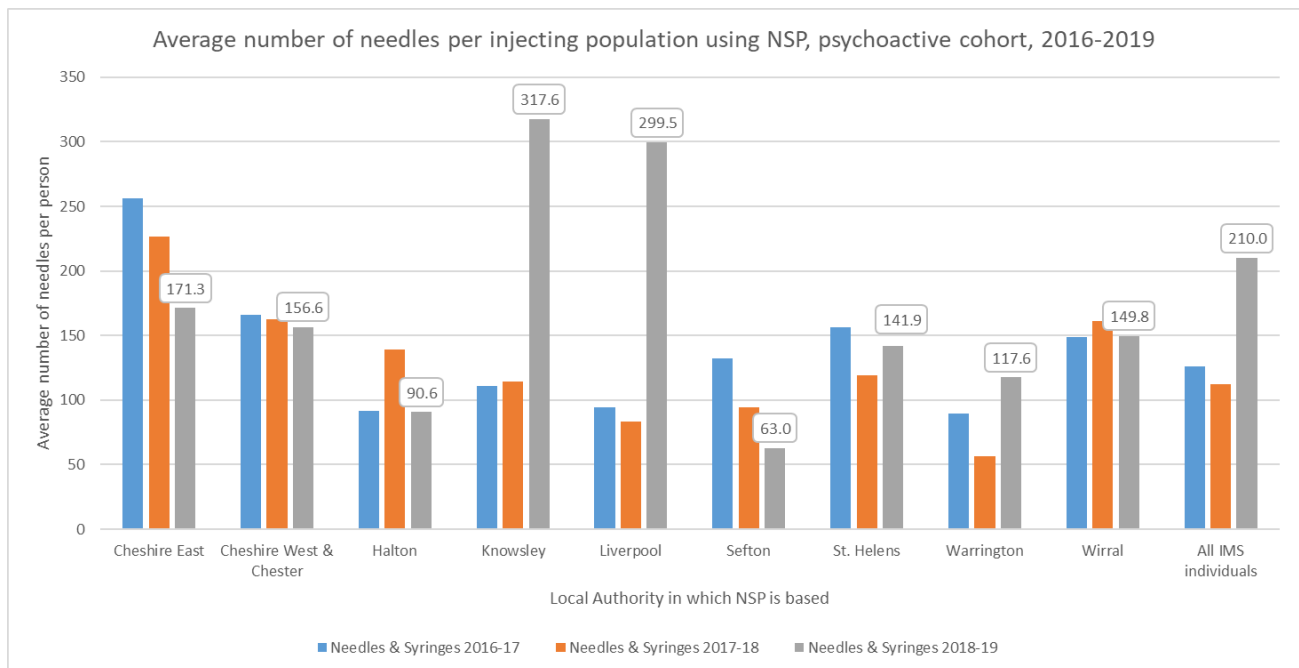
5. The number of visits to NSP services has declined slightly for both cohort groups

The number of visits to NSP services has declined slightly for both people who inject psychoactive drugs and people who inject steroids and other IPEDs, although part of the overall decline in numbers for the former is due to the 7 months without data from Cheshire East. There is variation between areas with some areas seeing small increases in activity for people who inject psychoactive drugs. However nearly all areas saw a decline in the number of visits from people accessing NSP for the purpose of injecting steroids or other IPEDs.



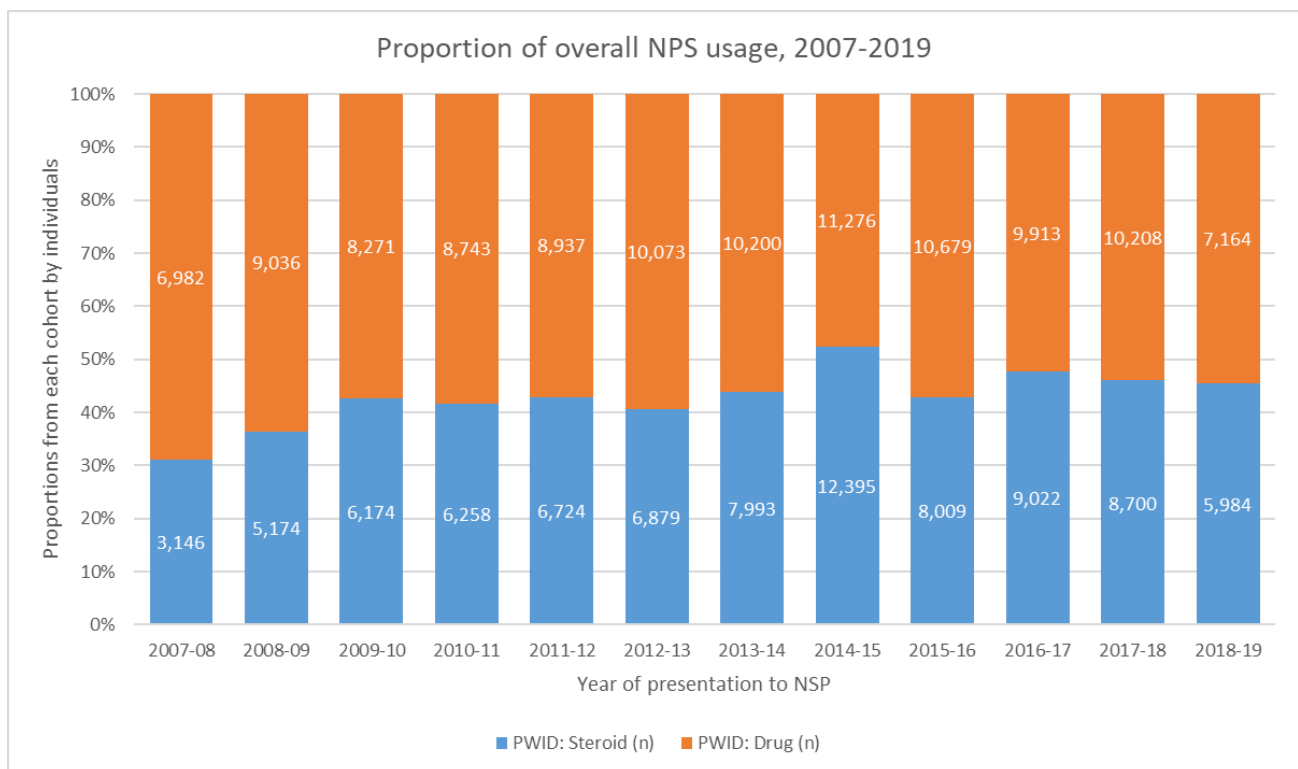
6. The average number of needles per client has increased substantially for some areas

The World Health Organization (WHO) recommend a minimum of 200 clean needles per person per year, and in previous years no area within Cheshire and Merseyside other than Cheshire East appeared to have come close to achieving this. However in 2018-19, both Knowsley and Liverpool achieved substantially higher levels of coverage than the WHO recommended minimum, each with around 300 needles per person distributed over the course of the year. Some areas such as Cheshire East and Sefton saw substantial decreases in their coverage per head of injecting population.



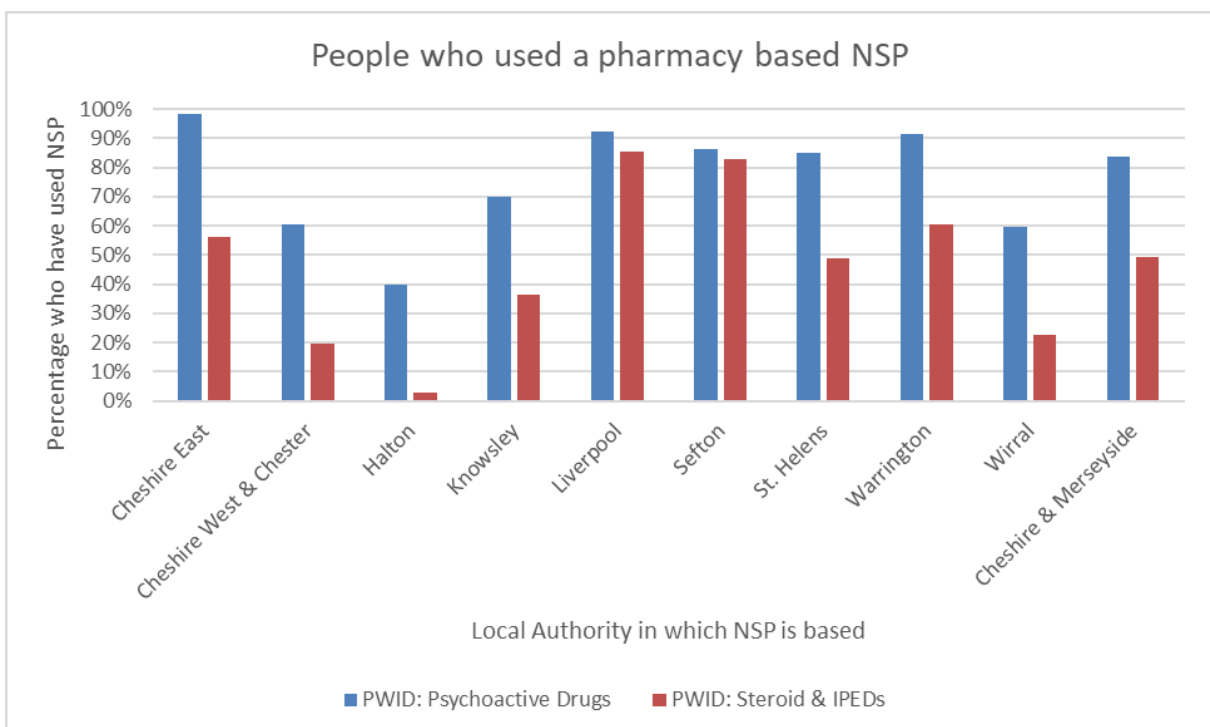
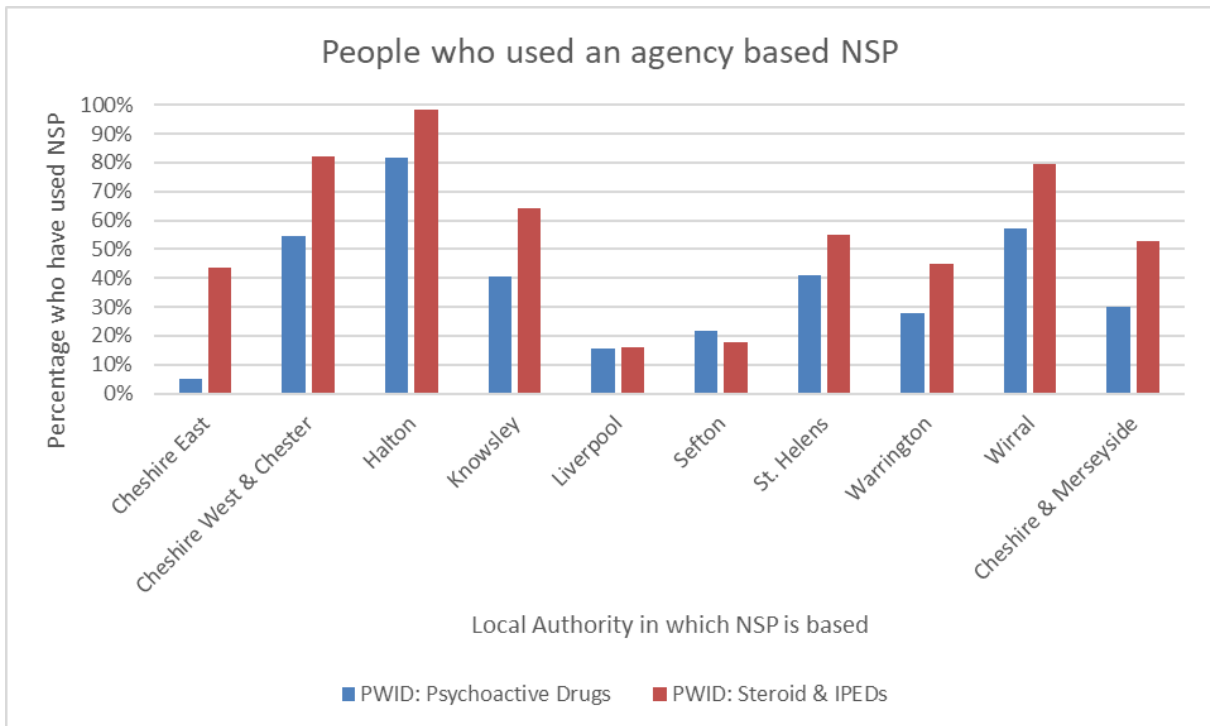
7. People injecting psychoactive substances make up a slightly higher proportion of overall NSP usage

Since 2007-08, people injecting psychoactive substances have made up a majority of NSP presentations with the exception of one year (2014-15). In 2018-19, they made up 54.5% of presentations compared to 45.5% of presentations by people injecting steroids or other IPEDs. However the proportion of individuals in the steroid and other IPEDs cohort has increased by 68.3% over the last decade.



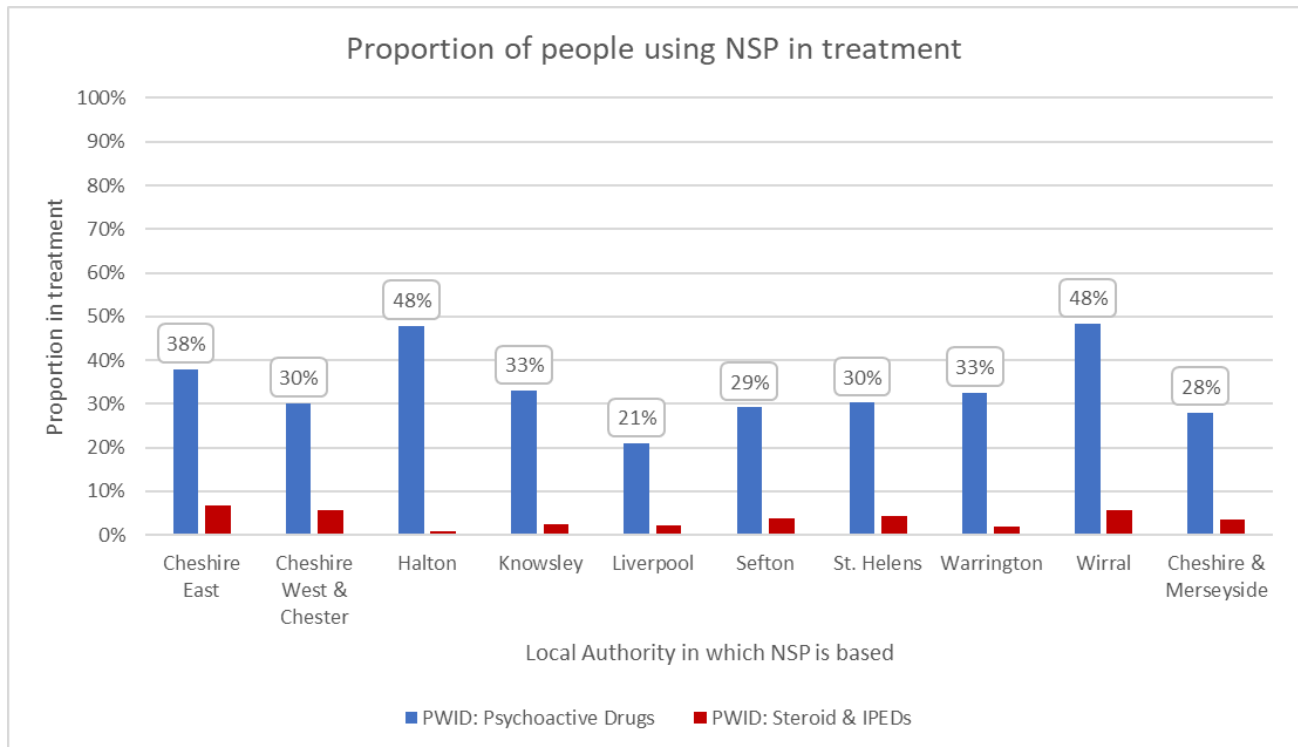
8. People who inject steroid and other IPEDs continue to dominate agency based NSP provision

More people used pharmacy based NSP than agency based ones across Cheshire and Merseyside; in 2018-19, 5,312 individuals used agency-based services compared to 8,935 using pharmacy-based services. However, people who inject steroids and other IPEDs are more likely to access agency-based NSP services (53%) this compares to 29.9% of people who inject psychoactive substances such as heroin. While for pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (83.4%), compared to 49.4% of people who inject steroids or other IPEDs. This is the case for almost every area across Cheshire and Merseyside.



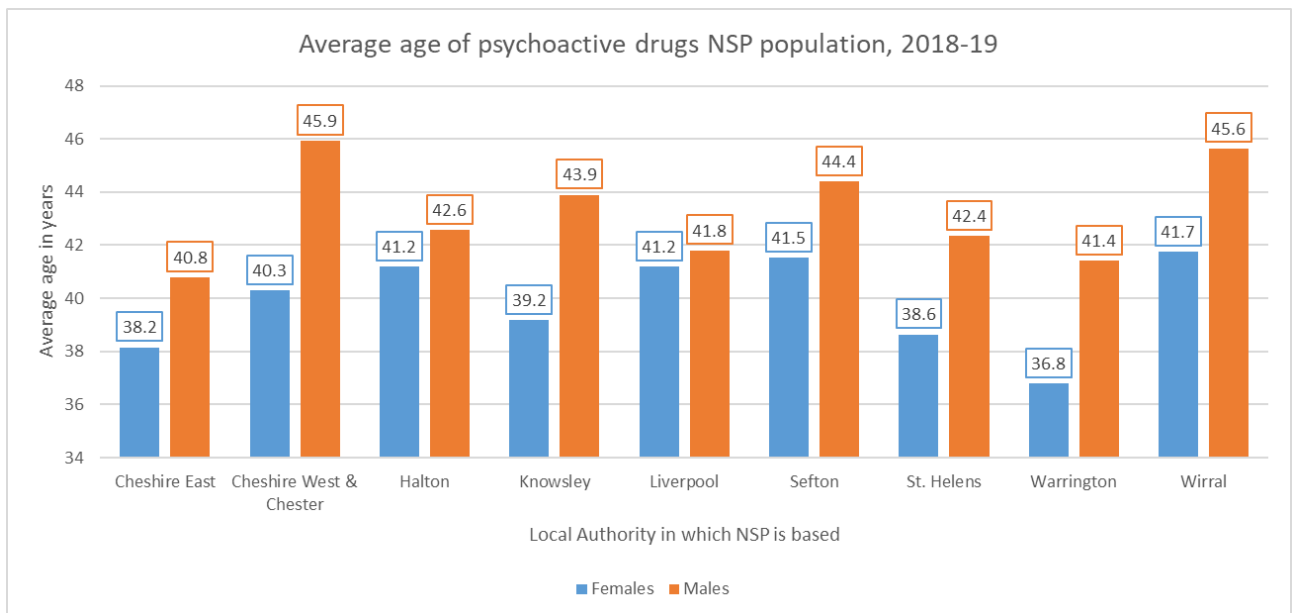
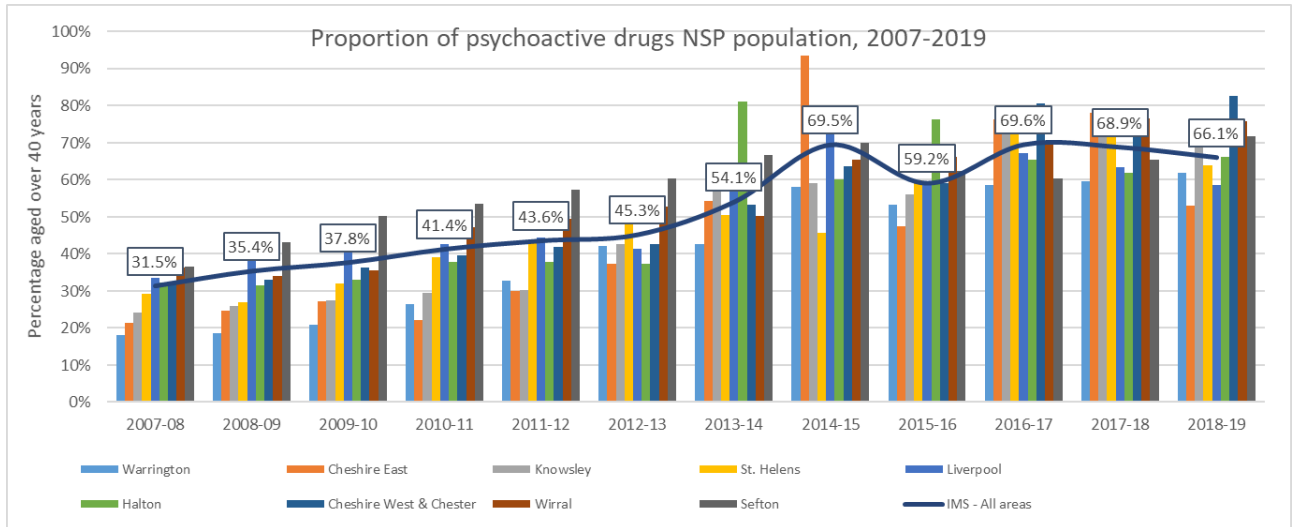
9. Most individuals accessing NSP services are not in treatment

During 2018-19, the number of individuals injecting psychoactive substances accessing NSP and who were also engaged in structured treatment for their drug or alcohol use was 28%, an increase on 2017-18 where this figure was 20%. The area with the lowest treatment penetration was Liverpool (20%) while Wirral and Halton had the highest proportion (48%) accessing both NSP and in treatment. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 1% and 7% for all local authority areas.



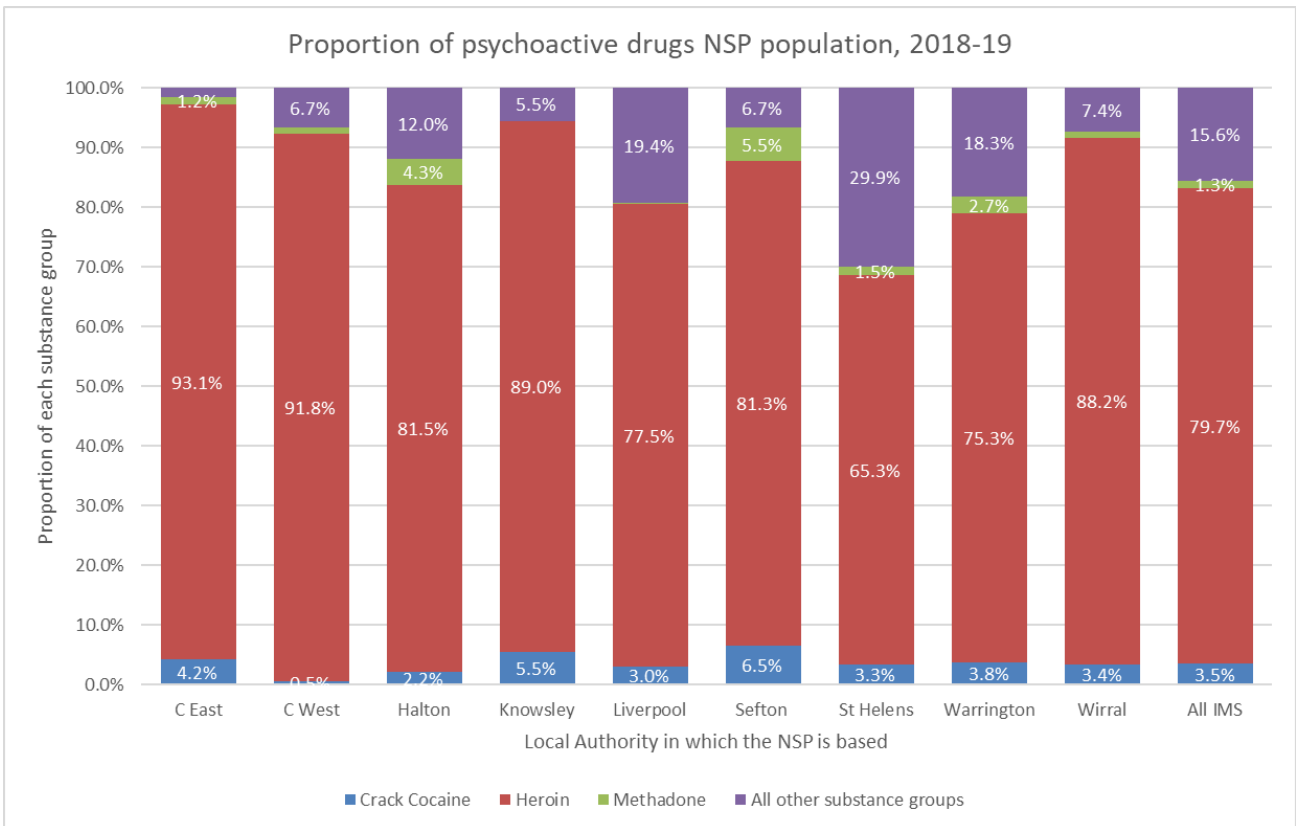
10. Around two thirds of people accessing NSP for injecting psychoactive substances are aged over 40 years

The proportion of individuals presenting to NSP injecting psychoactive substances that were aged 40 years or over has more than doubled over the past decade from 31.5% in 2007-18 to 66.1% in 2018-19. However, this proportion has been relatively stable for the last three years at between 65% and 70%. Males accessing NSP services continue to be older than females, and by as much as 5 years in Cheshire West & Chester, and Warrington.



11. The vast majority of people who inject psychoactive substances across Cheshire and Merseyside are injecting opiates

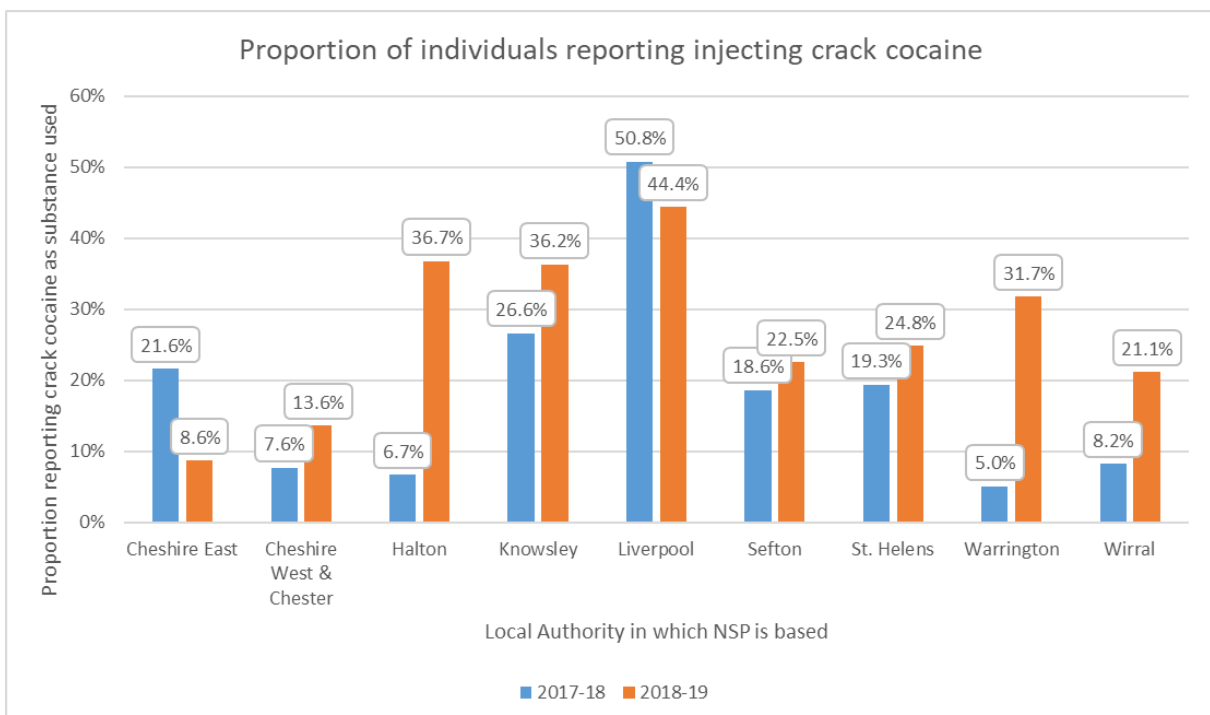
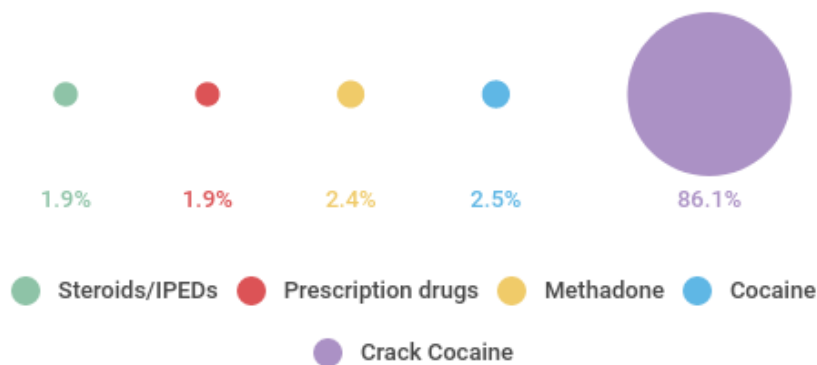
Four in five individuals (79.7%) who inject psychoactive substances identify heroin as their primary substance, ranging from 65.3% in St Helens to 93.1% in Cheshire East. Sefton has the highest proportion of people injecting crack cocaine as their primary substance (6.5%), while some areas such as Cheshire West report just 0.5% of individuals in this cohort are injecting crack cocaine as the primary substance. St Helens and Warrington both have around 5% (5.4% and 4.8% respectively) of individuals injecting amphetamines as their primary substance, while around one in five people in this cohort in St. Helens and Liverpool are injecting a variety of other substances (as named through free text data returns) including vitamin B, Fentanyl, Buscopan, ketamine and spice.



12. Most people injecting heroin identify crack cocaine as their secondary substance

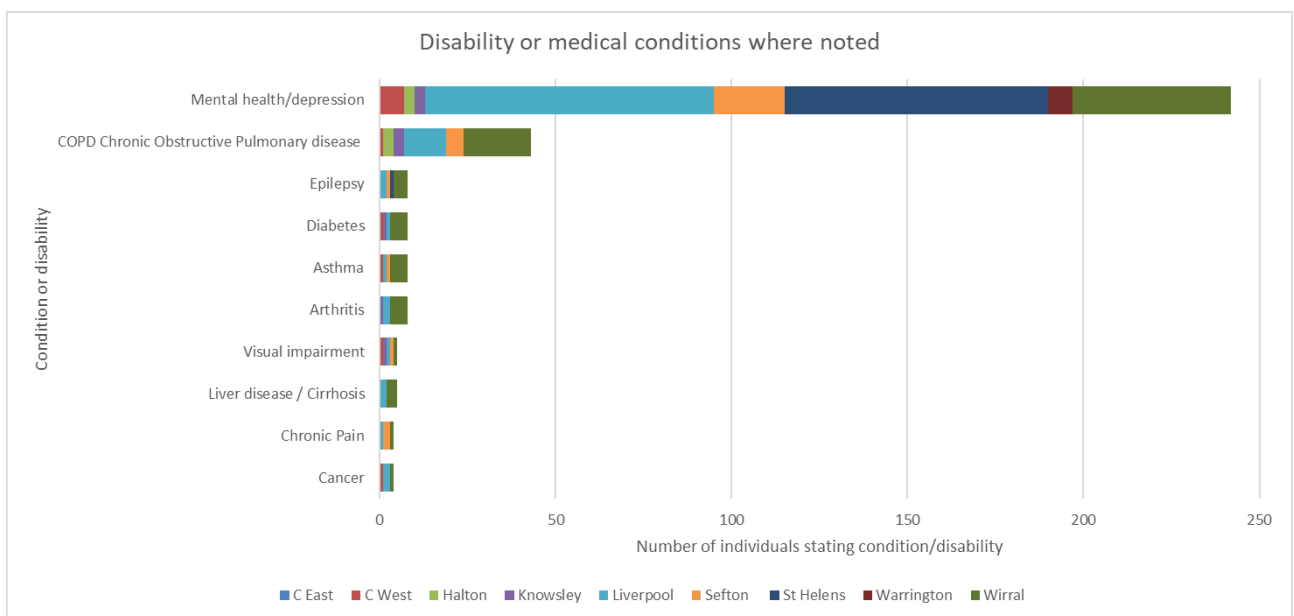
For those who record an additional substance, five out of six individuals injecting heroin (86.1%) identify crack cocaine as their secondary substance, with a small number (<5%) identifying other substances including cocaine, methadone, prescription drugs and steroids/IPEDs. For those identifying crack cocaine as their primary substance, three quarters (75.2%) identify heroin as their secondary substance, with 5.5% identifying a steroid or other IPED as their secondary substance and 4.6% identifying alcohol as their secondary substance. Excluding Liverpool and Cheshire East, there has been a substantial rise in all other areas in the proportion of individuals reporting crack cocaine as any of their main three substances. In some areas such as Warrington and Halton, this increase has been over 400%.

What other substances are people who inject heroin using?



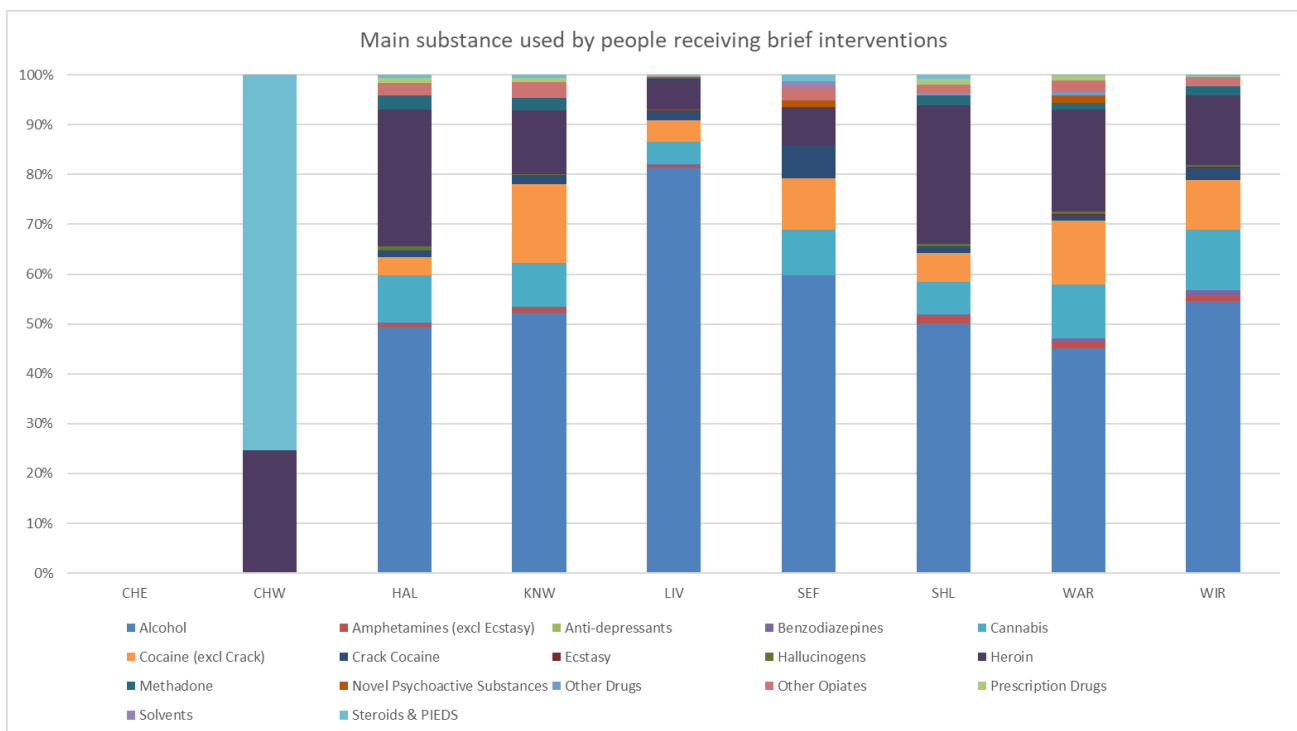
13. Mental health issues and depression are still the most commonly noted medical conditions

Although a limited number of services complete the IMS data item for disability, where this field was completed almost half (47.1%) of individuals injecting psychoactive substances state that they have a disability or chronic condition, although this ranges from 30% in Halton to 62.2% in Liverpool. Where a condition is stated, almost three quarters (72.7%) identify mental health, depression or anxiety, followed by 13.8% who identify COPD or asthma.



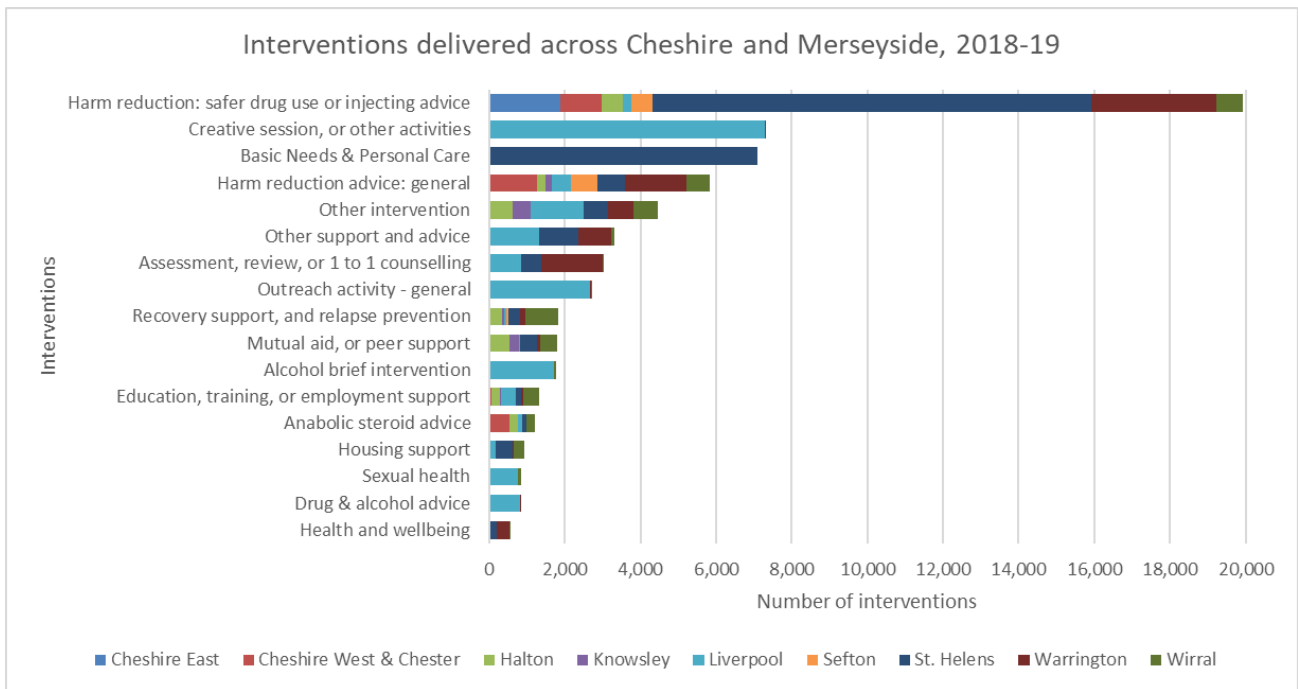
14. Most people receiving brief interventions and who do not report current injecting, identify alcohol as their primary substance

Just over half (52.3%) of individuals receiving brief interventions only (the cohort of non-injectors within the IMS dataset) identify alcohol as their main substance, reflecting brief intervention provision's historic role for this group. All local authorities have between 47% and 58% of non-injecting individuals stating alcohol as their primary substance, other than the areas of Cheshire East, and Cheshire West and Chester who have not recorded any brief interventions for people stating alcohol as their primary substance. Just under one in six (15.3%) receiving brief interventions only are not currently using any substance, while around one in eight (12.7%) are using heroin. Two in five (42.1%) individuals naming alcohol as their primary substance identify cocaine as their secondary substance, followed by just under a third (29%) naming cannabis as their secondary substance.



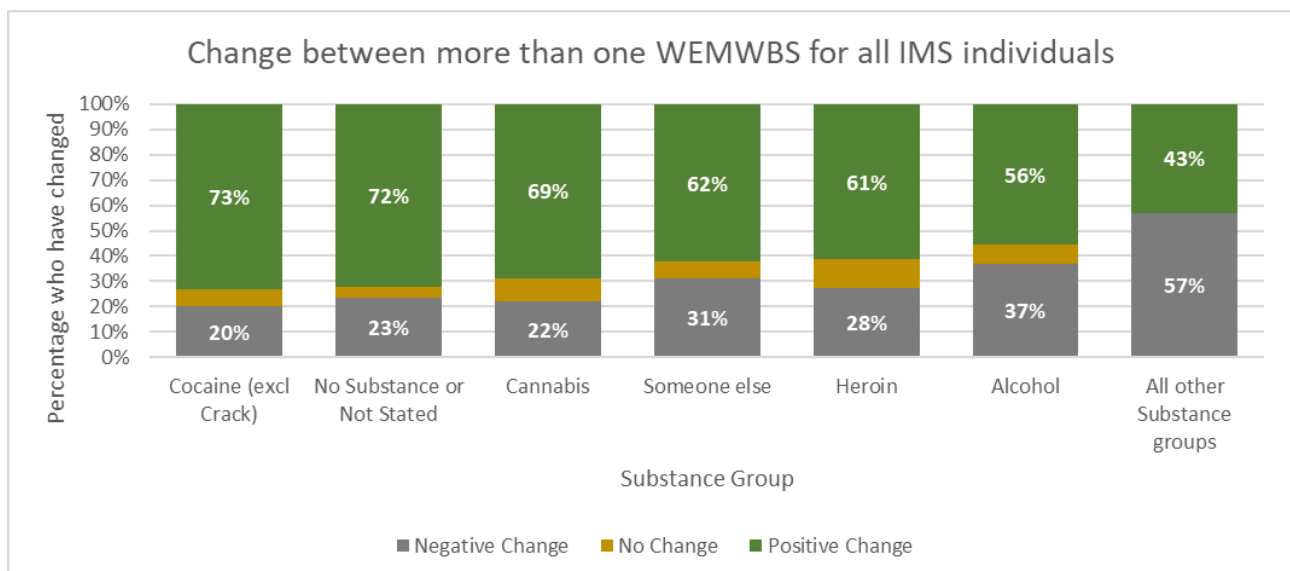
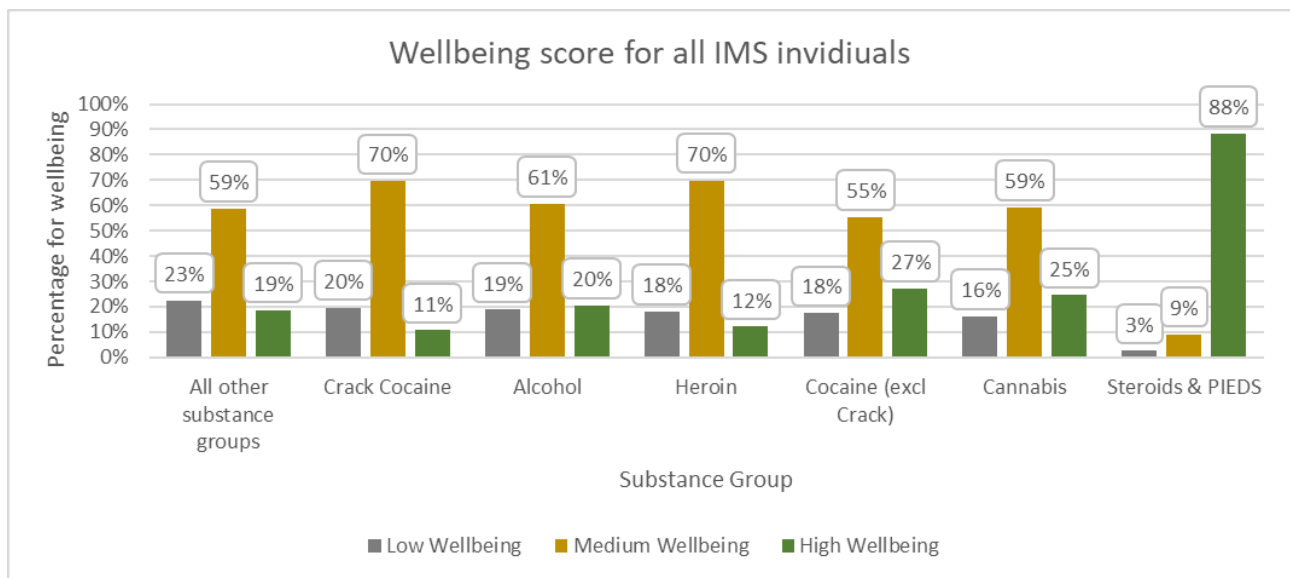
15. Over 66,000 interventions were delivered in 2018-19

While IMS primarily records NSP activity, it also records a range of interventions provided to both people accessing NSP and people receiving a wide range of brief interventions from other services. Not all service providers reporting to IMS record interventions, but of those who do, 66,480 interventions were delivered during 2018-19. These covered a range of areas including basic needs and personal care, advice around harm reduction, recovery support and relapse prevention, safer drug use or injecting advice and education, training or employment support.



16. People who use steroids and other IPED continue to be the happiest but those using cocaine have the most positive change

WEMWBS¹ wellbeing reviews are completed by some IMS reporting services. People who use steroids and other IPEDs have the highest levels of wellbeing reordered in these reviews, with almost nine in ten reporting a high wellbeing score compared to around one in nine amongst people who inject heroin or crack cocaine. However, those identifying crack cocaine as their main substance are the most likely to have a positive change when their most recent review is compared to a previous wellbeing review, with almost three quarters reporting better wellbeing than at their originally review. All main substance groups other than steroids and other IPEDs report improved wellbeing during their time in contact with the NSP service they are attending.



¹ The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about>



IMS data from 2018-19 demonstrates the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers accessing such services remain high. While the number of people presenting to NSP fell to its lowest level in a decade, this reduction was largely due to a substantial drop in Liverpool's numbers which decreased by around 35%, and most other areas saw significantly less dramatic changes in their activity. The main reason for the reduction in Liverpool numbers appears to be a change in provision at pharmacy level, with one of the busiest pharmacies in terms of NSP activity in the city centre closing down. Although another pharmacy opened nearby, they do not appear to have seen the expected migration of people accessing NSP from the old provider, and this raises concern that even small reconfigurations of services can affect take up of provision. NSP location, opening hours, provision of supervised OST (Opioid Substitution Therapy) medication and accessibility can all affect how willing people who injecting drugs might be to use that service. For the duration of the time that the Public Health Institute has been monitoring NSP activity, one constant has been that whenever services change or move, there is an impact, at least in the short term, on numbers using services. It can take some time for activity to return to its previous level and this sometimes never recovers. Recommissioning also affects data flow and unfortunately there is a sizeable amount of data missing for the Cheshire East area for 2018-19, although these issues have now been resolved. Additionally, within the Liverpool area the software used to record transactions in NSP changed, and could potentially have affected numbers, although from conversations with staff working in these pharmacies, they did not believe that this would have made a substantial difference.

In order to examine whether the change in overall numbers is related to recording issues, change of provision or some other reason, we looked at the top 20 sites across Cheshire and Merseyside in terms of NSP usage but no clear pattern emerged from this, with some sites reporting substantially increased levels of activity while others recorded substantial decreases. This highlights the volatility of this data, which may reflect changes in services usage and drug use, but could also reflect service delivery issues including staff turnover, new systems and service priorities within the settings that offer NSP. However, the overall levels of activity from these top 20 sites only reduced by around 7% which is probably a more realistic reflection of the change between 2017-18 and 2018-19.

One of the key benefits of IMS is the annual matching of the NSP activity data to PHE's NDTMS treatment activity data, which this year showed that 28% of individuals using NSP for the injecting of a psychoactive substance were in treatment for their drug or alcohol use. Although this varied considerably between areas: in some such as Halton and Wirral, almost half of people presenting to NSPs were in active treatment, compared to less than a third for many areas and just 21% in Liverpool. While this figure is slightly higher than previous years, there do still appear to be a potentially substantial number of people outside of the treatment system. This is further evidenced by the number of drug related deaths reported via the coroner for individuals who have not had recent contact with the treatment system. Indeed while in treatment deaths are primarily from conditions related to physical health such as COPD, deaths reported for individuals outside of treatment are mainly overdose deaths, and many of these individuals have matching NSP transactions. This also underlines the fact that while some people might use a false name because of concerns around confidentiality when accessing services, this practice is probably less widespread than sometimes imagined. The fact that the psychoactive cohort matches to NDTMS treatment data substantially more than the steroid and IPED cohort also provides some assurance that people are using genuine details.

When looking at overall proportions of steroid/IPED injectors and psychoactive substance injectors, the split has remained roughly static for the last three years albeit the psychoactive proportion has started to slowly increase again, an element of which might be in response to increased online purchasing of injecting equipment by people using steroids and IPEDs. However people injecting steroids continue to dominate agency-based NSP provision, with pharmacy provision accounting for by far the largest part of NSP across the region. Pharmacies have some advantages over agency provision in that they tend to be geographically well located, and they will often have longer opening hours

and weekend access. However many do not have the dedicated space which an agency based NSP service has, with access to a dedicated member of staff who can deliver harm reduction interventions such as checking injecting sites, BBV status or more general health and wellbeing related activity. The reason why agency based services have more of an appeal to people injecting steroid/IPED than those injecting psychoactive substances continues to be of interest, and warrants further investigation in order to ensure good agency based services are still meeting the needs of the population of people who inject drugs.

After increasing over recent years to around two-thirds of this group, the proportion of individuals injecting psychoactive substances presenting to NSPs who are aged over 40 years appears to have levelled off. However this is still more than double the level in 2007-8 when only 31.5% were aged over 40 years. The psychoactive cohort are thus considerably older than a decade ago, and this brings with it a number of issues including increased demands for support with physical health, in particular in relation to COPD, and needs related to mobility and access to services. Females continue to present at NSPs at a younger age than males, sometimes by several years, although it is not known whether this is because they stop injecting at an earlier age or if there are other factors at play. It may be useful to examine what the journey is across the treatment system for women entering treatment for the first time.

Opiates continue to be the main psychoactive substance group injected across all local authority areas, although many areas have seen an increase in numbers also injecting crack cocaine, and around six out of every seven individuals injecting opiates are also injecting crack cocaine. Poly-drug use has always been a characteristic of the cohort accessing NSP services, and this appears to be increasing.

Coverage of NSP remains vitally important at a time when BBVs, particularly hepatitis C, have an increased national focus, and it is a positive development that some areas are providing those who use NSP amounts of injecting equipment that are in excess of the WHO recommended minimum of 200 needles per person injecting per year. However, many areas still sit substantially below this. It is important that pharmacies and agencies distributing equipment make their NSP services as accessible as possible and do not create barriers for people who might wish to use their service. Research carried out by PHI in 2017 identified that certain pharmacies might sometimes restrict equipment on the basis that used equipment was not being returned, or because of the substance that someone was injecting. Engagement with NSPs should take place at regular intervals to ensure access is equitable to all.

Although the data field for disabilities and chronic conditions in IMS is not extensively completed, it is of interest that mental health and depression are the most commonly cited conditions, particularly as discussions within drug related death panels have highlighted the ongoing disconnect in some areas between drug and alcohol treatment services and mental health services. While only self-identified, the WEMWBS wellbeing reviews support this for individuals who are injecting psychoactive substances.

Brief interventions (for those not currently injecting) continue to be delivered primarily to people who identify alcohol as their primary substance, and PHI have been in discussion with local authorities about the production of a separate report focussing on the delivery of IBA (Identification and Brief Advice) for alcohol use taking place across the region. While this report will include IBA screening activity, it may be able not aggregate individuals across service providers (due to issues with receiving full attributors for some services). This would still provide an important perspective into the volume of work that takes place across many different settings, and provide an overview of the levels of harmful or hazardous drinking which takes place in the community. We will update local areas on any developments in this area.

Much of the work that goes on in low threshold services including support and engagement activity delivered outside of structured treatment does not appear within national reporting. IMS is an important source for ascertaining the extent and range of this work across the region, with over 66,000 interventions being delivered over 2018-19, often focussed around harm reduction, safer drug use and injecting advice. At a time when drug related deaths are at record levels both locally and nationally, these interventions are an important body of work to support those individuals potentially not yet ready to engage with recovery.

In conclusion, the picture IMS presents is that despite the reduction in overall numbers reported in 2018-19, a substantial number of individuals continue to inject either psychoactive substance or steroids and other IPEDs, and it is likely that the majority of both these cohorts are not currently engaged with the treatment system, at least in some areas. The move from agency provision to pharmacy provision over the last 15 years along with the greater prevalence of people who inject steroid and other IPEDs at the remaining agency based sites raises questions for those commissioning services around the offer for people who inject psychoactive substances. IMS will continue to monitor what reach those services have into this vulnerable community and how they might be better engaged for reducing harm and ensuring recovery is an option for those who seek it.



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 31st October 2019. NDTMS data was matched by the PHE North West regional team in December 2019. 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>

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 IPEDs 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 IPEDs, 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.

The IMS report data extract includes all consenting clients with a valid attributor, and with IMS activity recorded during the period 1st April 2018 to 31st March 2019. 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 2018-19. 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.

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