

Integrated Monitoring System Annual Report

Cheshire and Merseyside 2019/20

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The Integrated Monitoring System is now in its seventh year, but draws on a much longer period of Public Health Institute's (formerly the Centre for Public Health) data gathering experience and expertise in this field. It brings together the substantial amount of activity which take place across the Cheshire and Merseyside region outside of the structured treatment system in both Needle and Syringe Programmes (NSP) and services offering brief interventions. Scrutiny and analysis of this data consistently offers a great richness of information as to what is happening in the drug and alcohol using population. It offers valuable insight into

how behaviour is changing and what trends might be developing. It provides those who commission services with important intelligence on how individuals are injecting drugs such as heroin or crack cocaine, and feeds into the critical understanding of the significant and increasingly complex health needs of drug and alcohol users.

The system also provides valuable information on people injecting steroids and other image and performance enhancing drugs (IPEDs), a group who otherwise do not routinely come into contact with the treatment system. Alongside this, IMS now monitors drug related deaths across the region, both inside and outside (through coroner's data) of the treatment system, picking up cohorts of the population who may not yet be visible to services, and shining a light on the risk factors that have made them vulnerable. This is helping to identify the specific needs that services should address to enable them to reduce the incidence of deaths in treatment/drug related deaths. Over the past year this has had particular relevance because of the recent impact of Covid-19 on these vulnerable groups. By understanding the profile of the population beyond treatment services, IMS provides an important richer and wider insight into the local picture of problematic drug and alcohol use across the region. IMS meets NICE's PH52 recommendations.

Gary Rickwood,

Senior Public Health Manager, Wirral Council

INTRODUCTION

This is the seventh 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 interventions across Cheshire and Merseyside. It compliments information contained within the [IMS data table document](#) published in December 2020. As with last year, we have focussed this report on some of the main findings from the time period it covers; the data tables which underpin these findings can be found in the data table document.

In total 58 specialist agencies or projects within agencies reported to IMS, alongside 99 pharmacies, totalling 157 different providers of services across Cheshire and Merseyside, the highest number reporting to IMS 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.

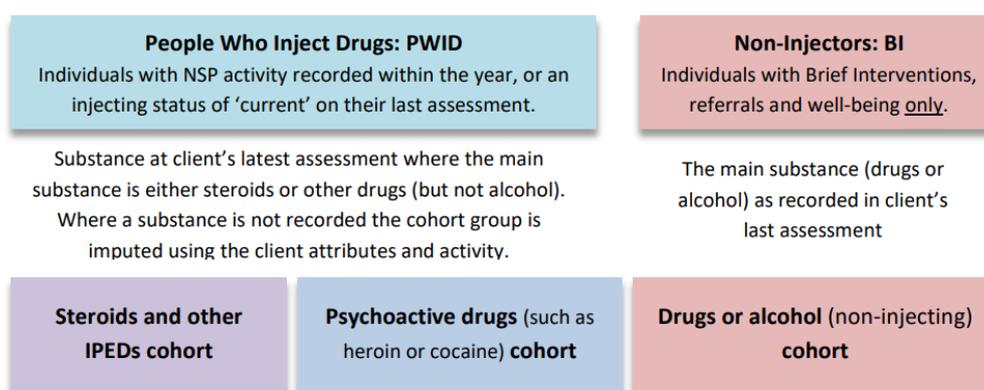


Figure 1 - The three cohorts used to describe IMS data

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 to inform estimation of the level of unmet need for treatment in the community.

The quarterly IMS reports present information on data quality and monitoring, which are used by 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.

Finally, as the time period of this report runs from April 2019-March 2020, this only covers the first few weeks of the Coronavirus pandemic which we know from our regular reporting has had a substantial impact on both the provision and usage of NSP. This impact will be explored in the next annual IMS report, covering April 2020-March 2021.

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 2021.





- There were 7,234 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 6,508 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside. Following a substantial reduction in the previous year, mainly due to a drop in presentations to NSP in Liverpool, these numbers are similar to 2018/19, with a slight rise (8.7%) in the number of individuals in the steroids and IPEDs injecting cohort.
- People injecting psychoactive substances make up a slightly higher proportion of overall NSP usage. In 2019-20, they made up 52.7% of presentations compared to 47.3% of presentations by people injecting IPEDs or steroids.
- While Liverpool has the highest level of presentations to NSP, St Helens has the highest level of presentations for people who inject psychoactive substances, with a rate of 5.8 people per 1,000 population.
- Individual NSP providers have seen substantial variations in activity, with five seeing a rise in presentations of over 100% while two agency based sites have seen reductions of more than 50%.
- Over the last four years, the number of separate visits to NSP services has stayed broadly the same for individuals injecting psychoactive substances, but has declined by 34.7% for individuals injecting steroids or IPEDs.
- The average number of needles per client has continued to increase for some areas, with four areas across Cheshire and Merseyside providing in excess of the World Health Organization's recommendation of a minimum of 200 needles per person per annum. However three areas have seen a year on year decline in coverage since 2016/17.
- People who inject steroids and other IPEDs continue to dominate agency based NSP provision: they are twice as likely to access agency-based NSP services as people who inject psychoactive substances such as heroin, who mainly use pharmacy based services.
- During 2019-20, matched data from PHE suggests that the number of individuals using NSP for psychoactive substances who were also engaging in structured treatment for their drug or alcohol use was 28% - this figure is unchanged from the previous year.
- The proportion of individuals presenting to NSP using psychoactive substances who are aged 40 years or over has more than doubled over the last decade from 31.5% in 2007-18 to 67.6% in 2018-19, although this proportion appears to have stabilised in recent years.
- Five in six individuals (85.5%) 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, nine out of ten individuals injecting heroin (89.9%) identify crack cocaine as their secondary substance, and some areas, such as Cheshire West & Chester and Warrington, have seen substantial rises in the numbers reporting injecting crack cocaine.
- Around two in five (42.2%) of individuals report having some kind of housing issue, which can range to having no fixed abode to insecure rented accommodation.
- Just over half (52.3%) of the individuals receiving brief interventions only (non-injectors within the IMS dataset) identify alcohol as their main substance.
- There were over 67,000 interventions delivered during 2019-20 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.

CHESHIRE & MERSEYSIDE OVERVIEW 2019-20

A variety of different service types across Cheshire and Merseyside report to IMS. Although data reported by pharmacies relates primarily to needle exchange activity, the agency-based sites cover a variety of service types alongside NSP provision, including recovery support, chemsex services, LGBT services, support for sex workers, outreach work, and projects who support those affected by the alcohol and substance use of family or friends. All pharmacy sites now record and submit NSP activity electronically, either via the PharmOutcomes or Webstar systems. Some areas have had specific modules within IMS developed for particular services, in order to ensure that IMS reporting is embedded into a single system that they are able to use for all their reporting requirements.

Separate overviews giving a more detailed picture for each local authority area are available, and these are available from the [IMS annual reports](#) web page.

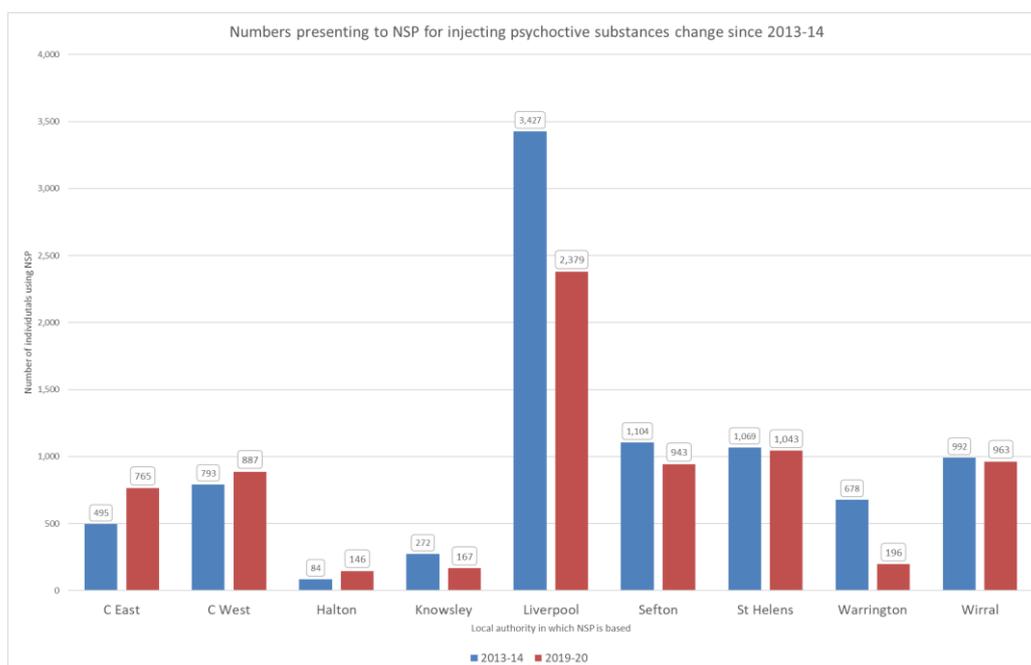
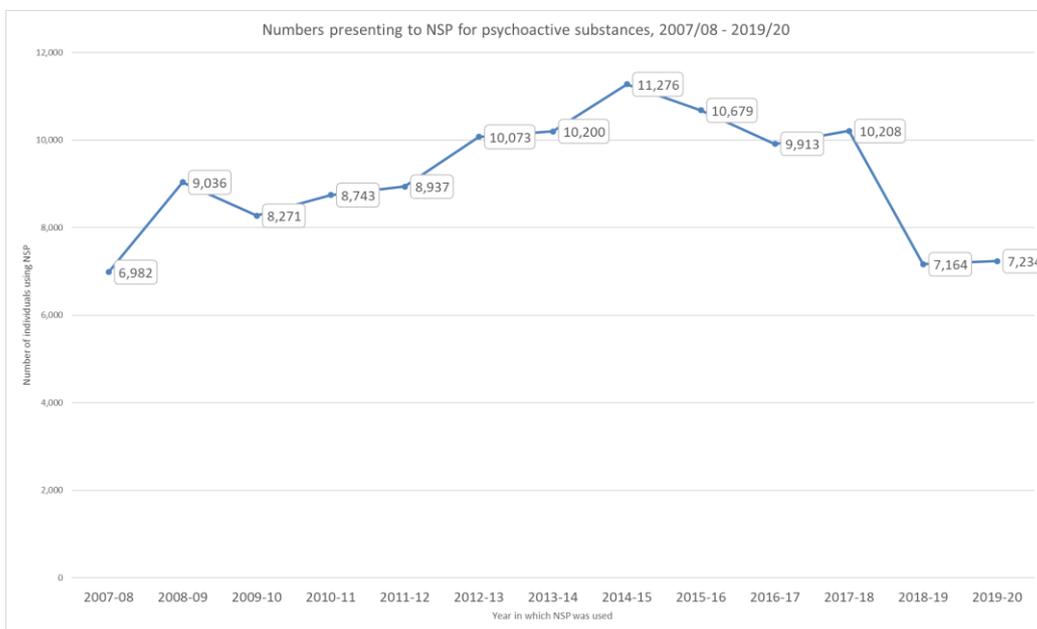
Data tables which include the detailed breakdown of all IMS activity for 2019-20 across the Cheshire and Merseyside area are included in the [IMS Annual Report 2019-20 Data Tables report](#).



IMS reporting services across Cheshire and Merseyside, 2019-20

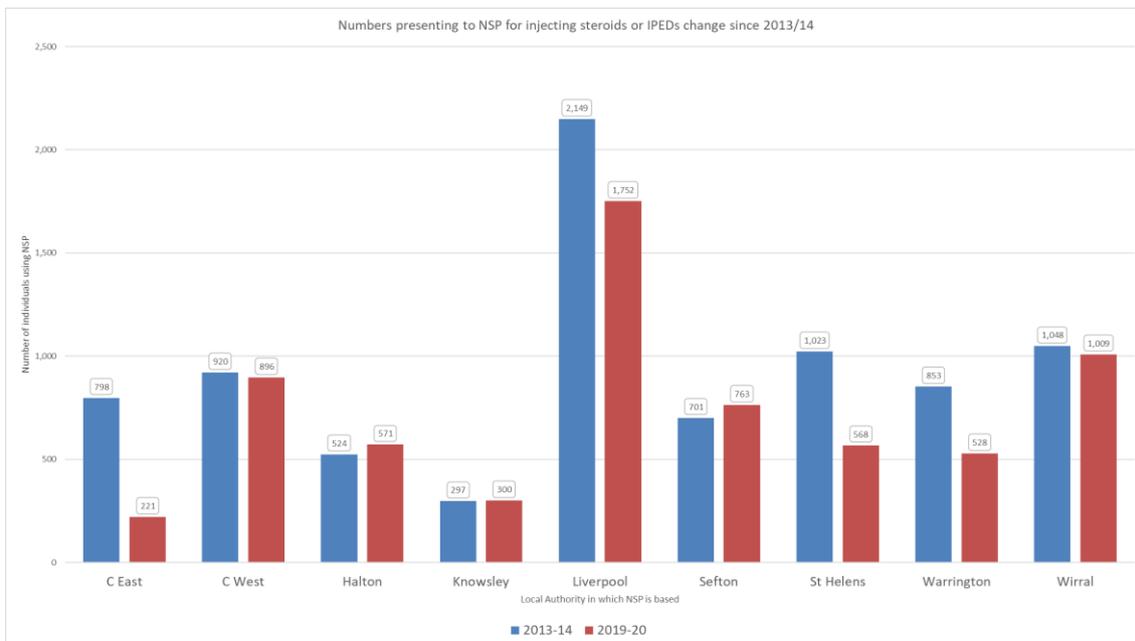
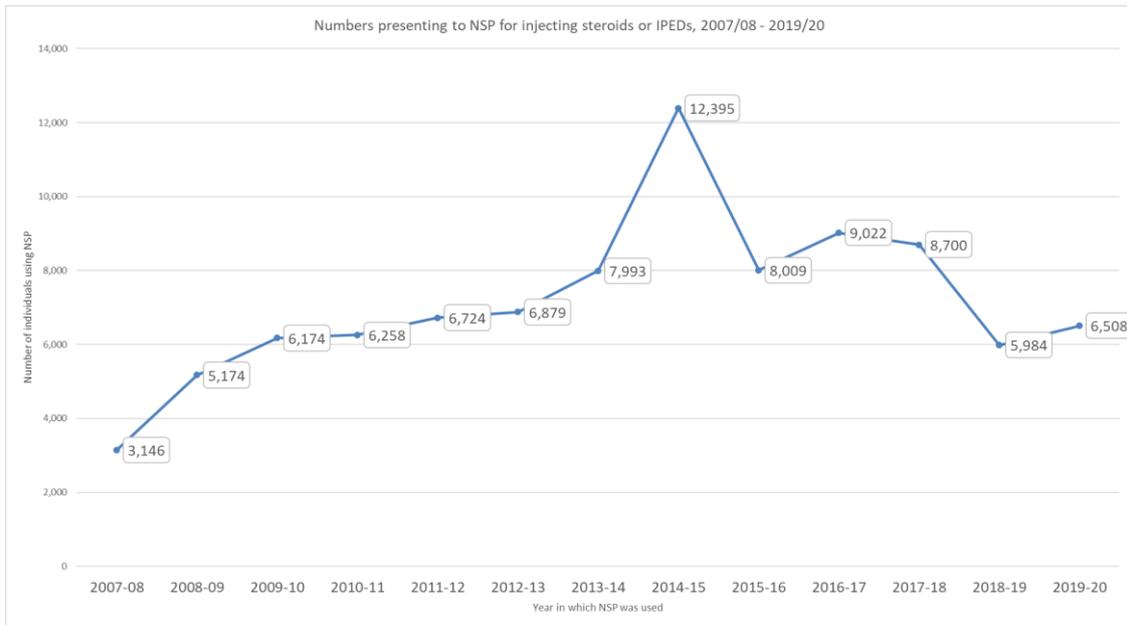
1. The number of people presenting to NSP who inject psychoactive substances was similar to 2018-19

During 2019-20, the number of individuals using Needle and Syringe Programmes (NSP) who inject psychoactive substances across Cheshire and Merseyside remained at almost exactly the same level as in 2018-19 which was the lowest level for a decade. At a local authority level, some areas continue to see a substantial decrease in numbers compared to 2013-14, with Liverpool in particular seeing a 31% drop in its activity over the last six years, and Warrington a greater drop still (71%) albeit from smaller numbers. However, Cheshire East and Halton saw substantial increases in activity over the last 6 years of 55% and 70% respectively.



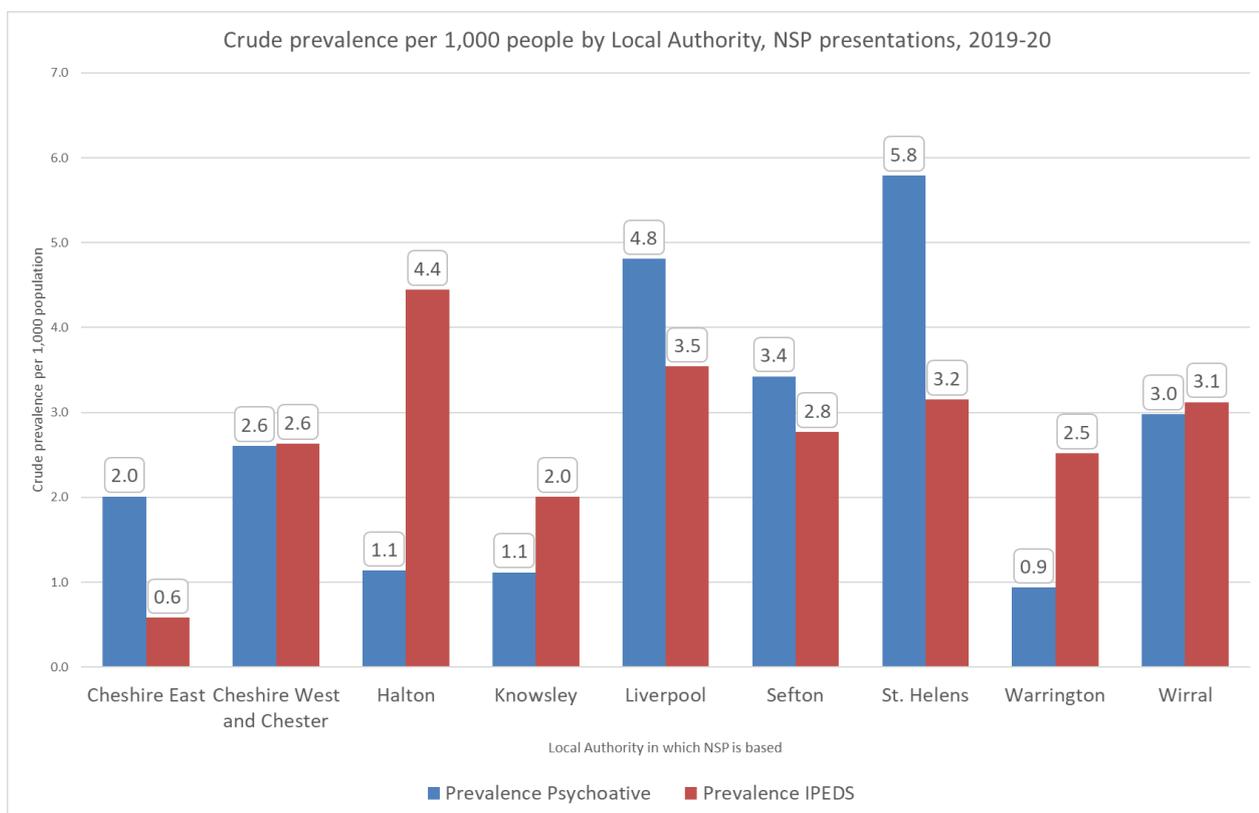
2. After a sharp dip in 2018-19, the number of people presenting to NSP who inject steroids and other IPEDs rose by almost 9%

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% between 2017-18 and 2018-19. However, in 2019-20 this number began to rise again, with an 8.7% increase in people attending NSP for steroids and other IPEDs. Again the overall figure masks differences at a Local Authority level, with all areas seeing decreases over the last 6 years since 2013-14 with the exception of Halton and Sefton. The number of people injecting IPEDs in Knowsley presenting to NSP has remained broadly the same.



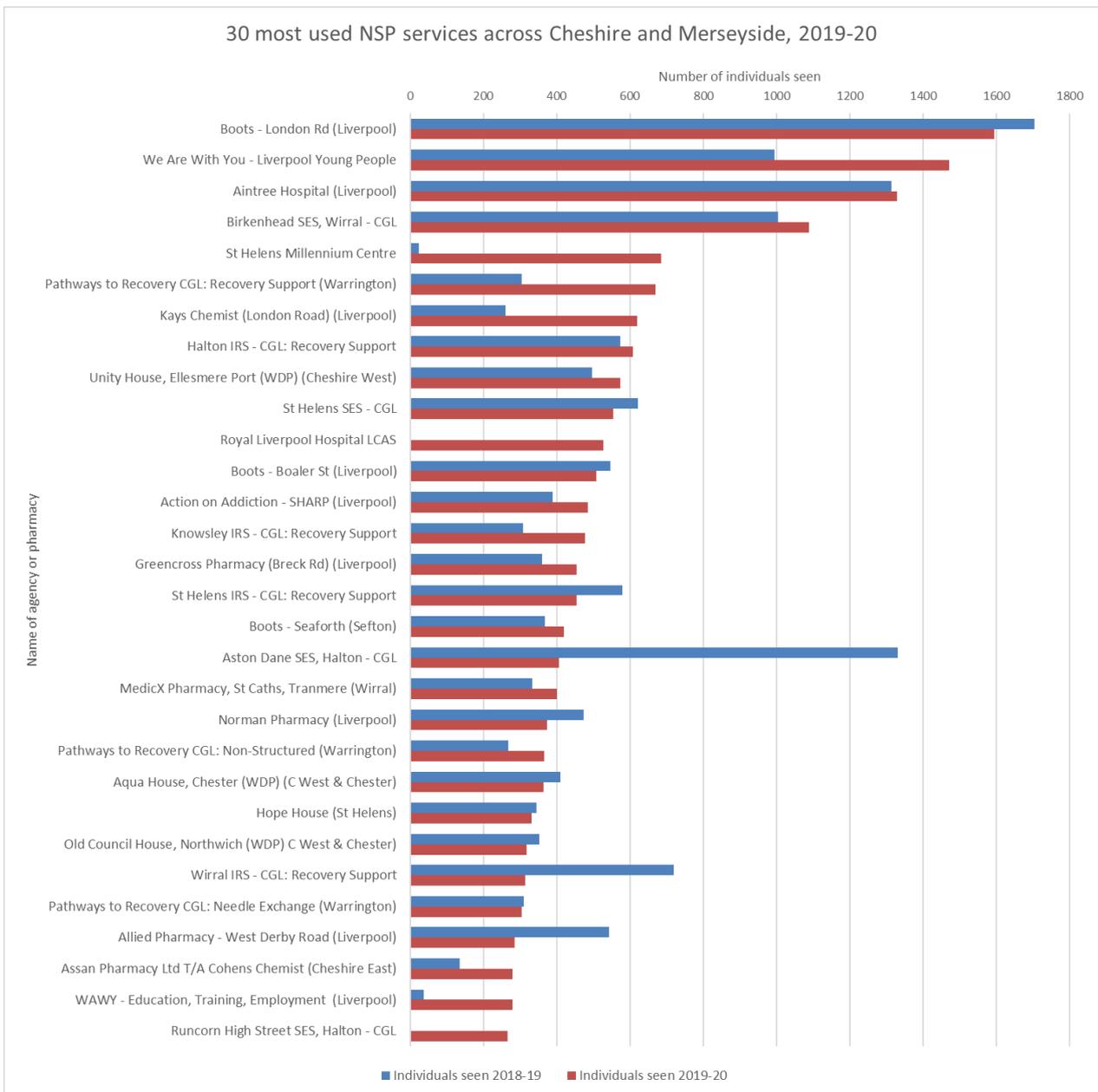
3. When taking account of population size, St Helens has the highest level of presentations for people injecting psychoactive substances

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 highest level of presentations for people who inject psychoactive substances, with a rate of 5.8 people per 1,000 population, while Liverpool's rate has declined from 6 to 4.8 people per thousand population. Halton continues to have the highest level of presentations for people who inject steroids or other IPEDs, but one of the lowest level of presentations for people who inject psychoactive substances. Warrington has the lowest overall prevalence of presentations for people who inject psychoactive substances, at 0.9 per 1,000 people.



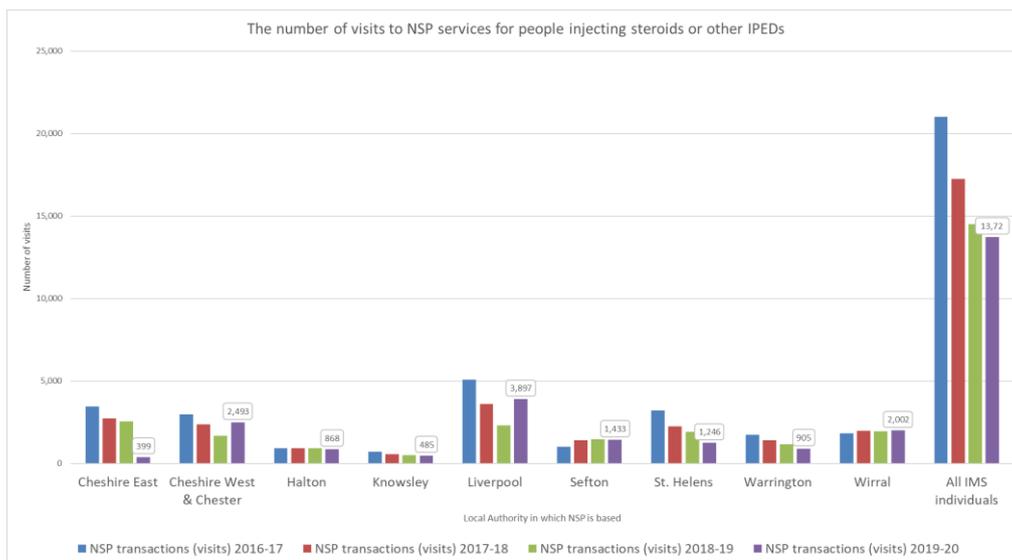
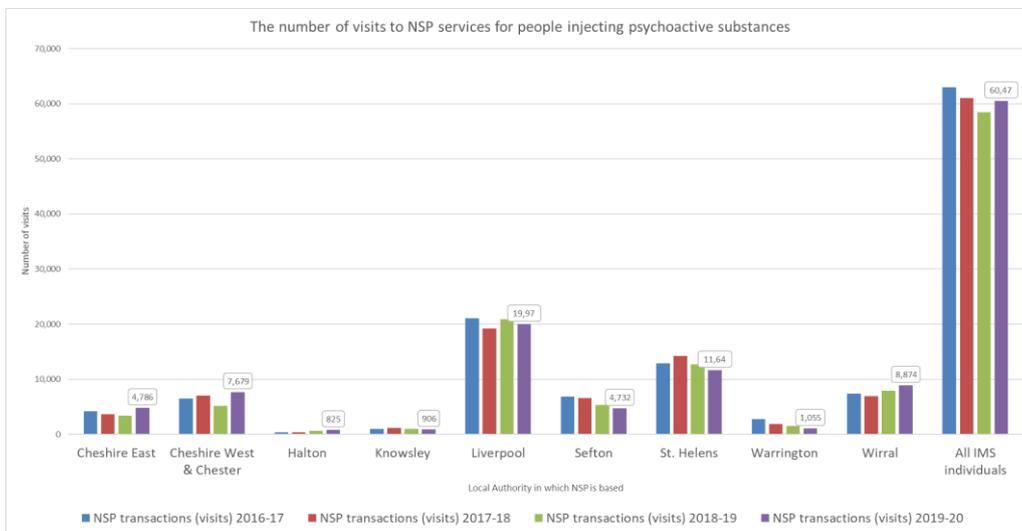
4. Some sites saw substantial changes in their activity over the last year

Some NSP sites saw a substantial change in terms of their activity in 2019-20 compared to 2018-19. Of the 30 busiest sites in 2019-20, five saw increases in activity of more than 100% including St. Helens Millennium Centre (+1,858%), WAVY ETE in Liverpool (+637%), Kays Pharmacy in Liverpool (+138.5%), CGL Recovery Support in Warrington (+120%) and Assan Pharmacy in Cheshire East (+106%). However, some sites saw significant declines in activity, including CGL Aston Dane in Halton (-69%), GCL Recovery Support in Wirral (-56%) and Allied Pharmacy in West Derby, Liverpool (-48%). Boots, London Road remained the busiest site across Cheshire and Merseyside, although their activity decreased by 6.4%, while WAVY's Liverpool Young People service saw their activity increase by 48% to become the second busiest site across the sub-region.



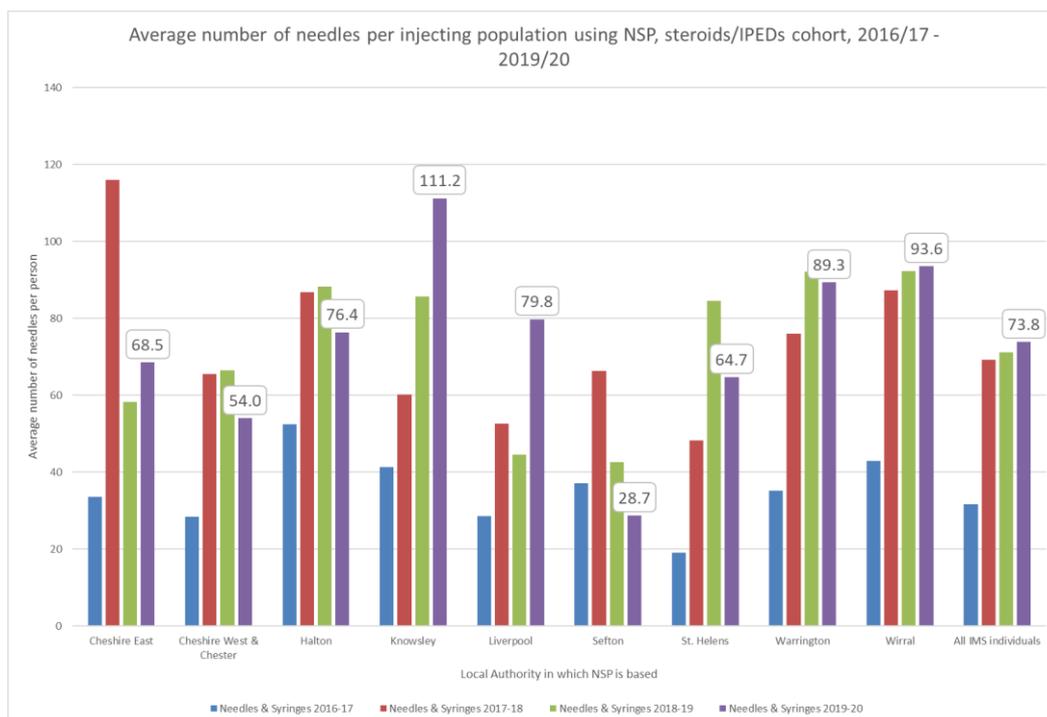
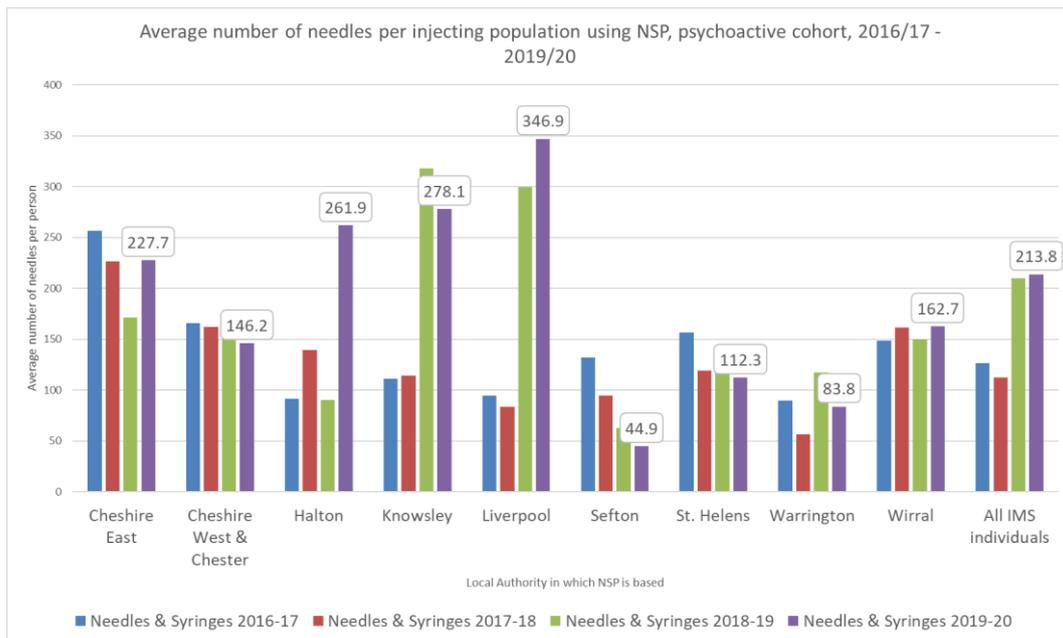
5. The number of visits to NSP services remained broadly the same as 2018/19 for both cohorts, but for people who inject steroids/IPEDs, this has decreased by a third over the last four years

The number of visits to NSP services has stayed broadly the same for both people who inject psychoactive drugs and people who inject steroids and other IPEDs, with a 4% rise in the number of visits for the former and a 5.3% decrease in the number of visits for the latter cohort. However, some areas saw substantial rises in NSP activity by people injecting psychoactive substances, including Cheshire East (+41%), Cheshire West & Chester (+50%) and Halton (+23%). The area with the biggest decrease in NSP activity was Warrington (-29%). Cheshire West & Chester also saw a substantial rise in NSP activity by people injecting steroids/IPEDs (+48%), as did Liverpool (+68%), while St Helens saw the most substantial reduction for this cohort (-36%). Since 2016/17, the number of visits by people injecting psychoactive substances has declined by 4%, while for people injecting steroids and other IPEDs, the decrease has been more marked, with 35% fewer visits in 2019/20.



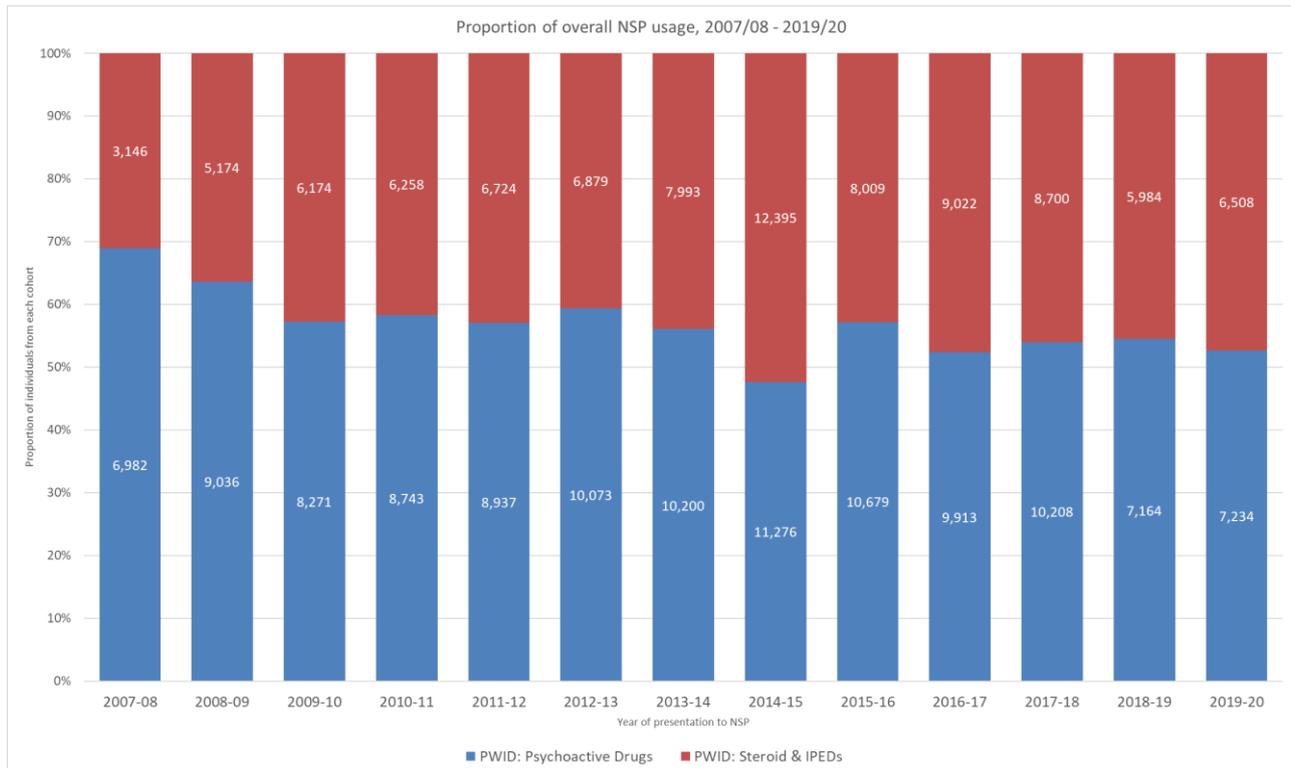
6. The average number of needles distributed per client has again increased for some areas

The World Health Organization (WHO) recommend a minimum of 200 clean needles per person per year, and four out of the nine local authority areas within Cheshire and Merseyside (Cheshire East, Halton, Knowsley and Liverpool) now achieve this for individuals injecting psychoactive substances, with an average across the region of 214 needles being distributed per individual. This is a slight increase on the 210 needles per individual recorded in 2018-19. However, some areas are seeing declining coverage. For individuals injecting steroids or IPEDs, Knowsley has the highest number of needles being distributed, 111 per individual, while Sefton has the lowest (29 per individual) and substantially below the average for the region of 74 needles per individual.



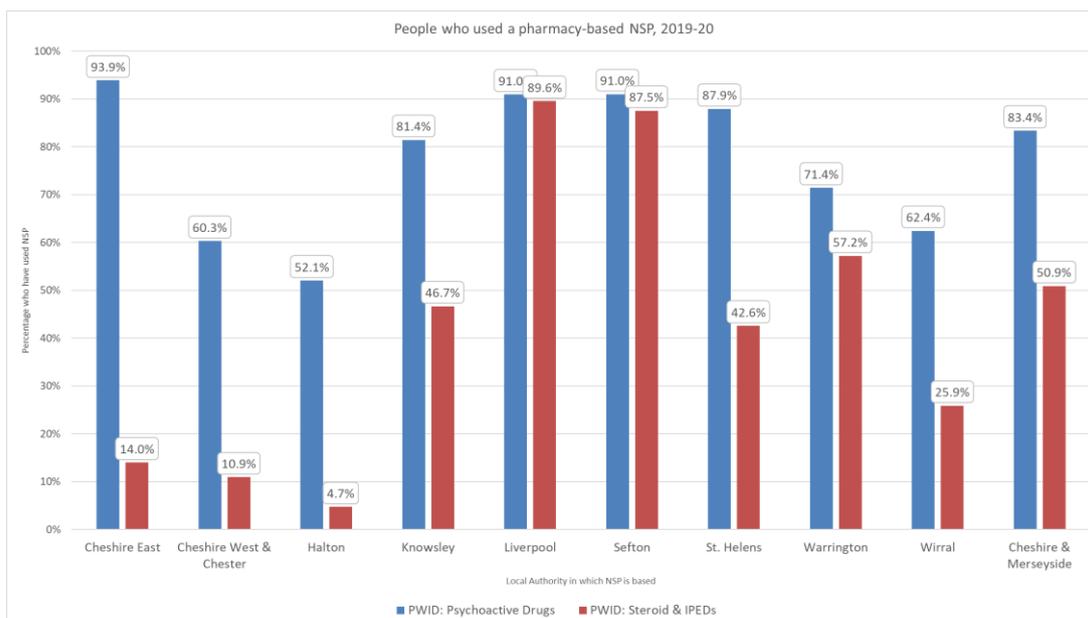
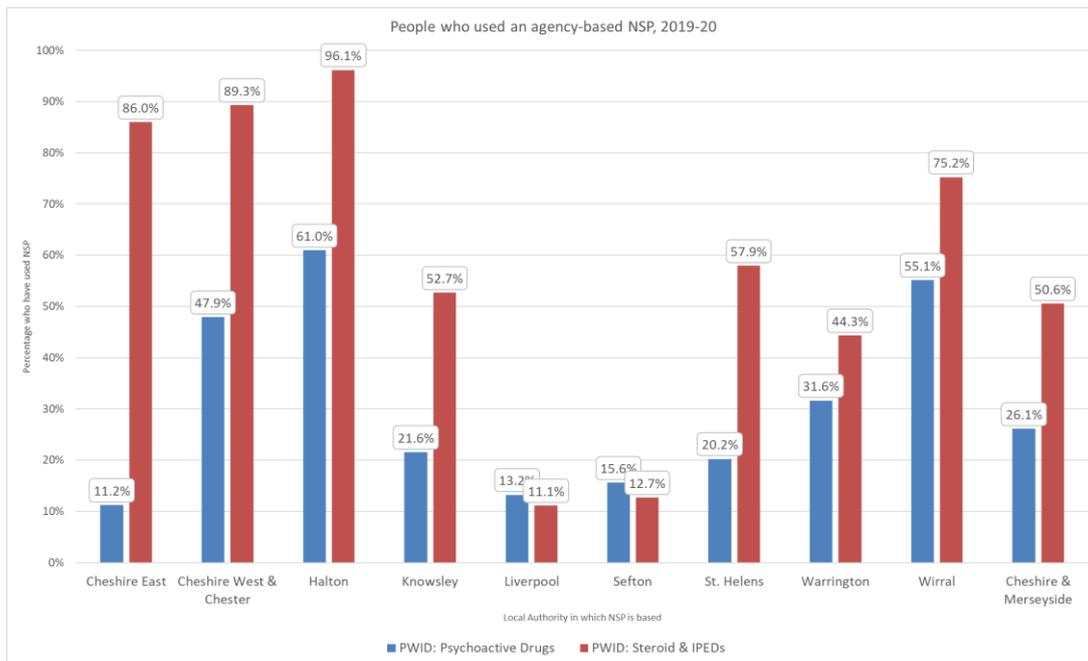
7. People injecting psychoactive substances make up a slightly higher proportion of overall NSP usage

Since 2007-08, people injecting psychoactive substances have made up a majority of NSP presentations with the exception of one year (2014-15). In 2019-20, they made up 53% of presentations, a slight reduction from the 54.5% of people making up this cohort in 2018-19. However the proportion of individuals in the steroid and other IPEDs cohort has increased by more than two thirds since 2007/08 when they then made up only 31% of the injecting population using NSP.



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

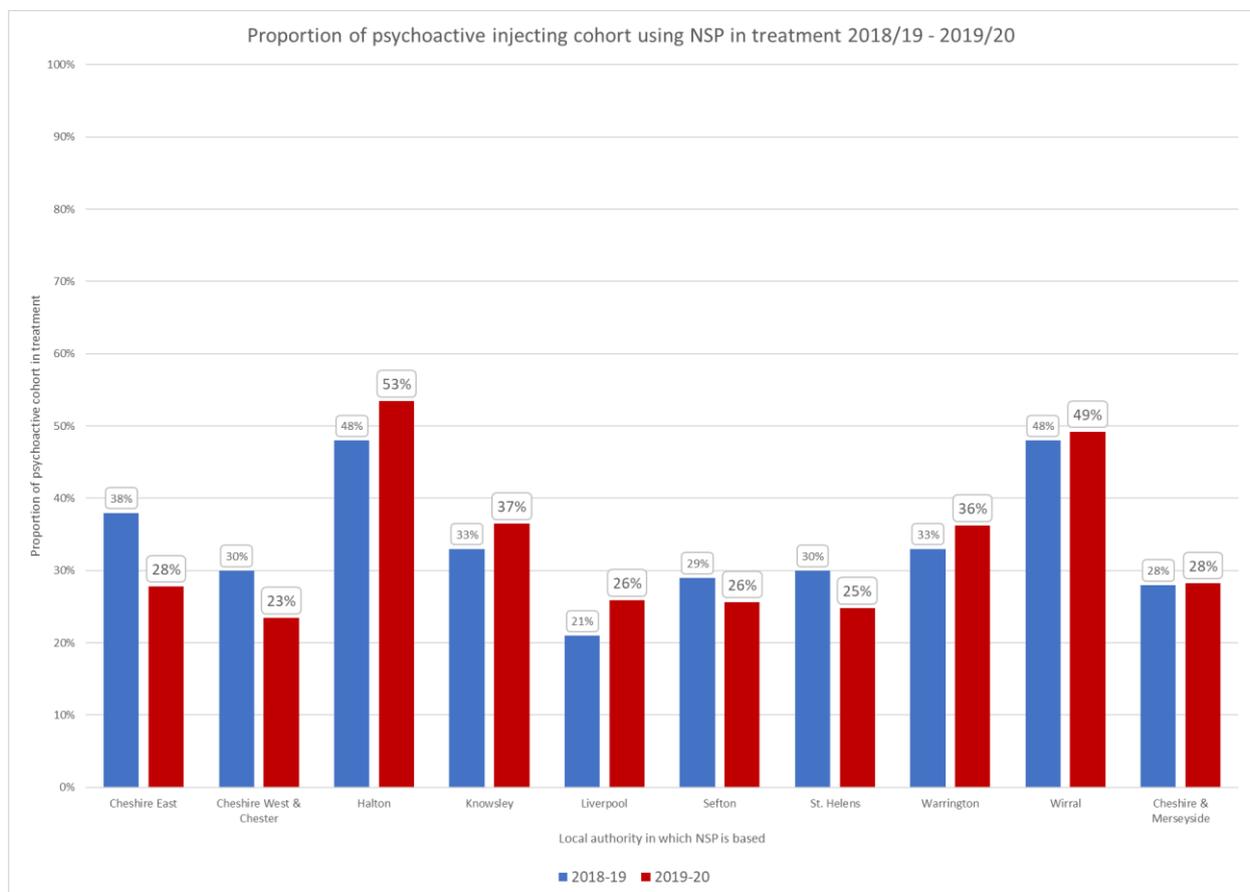
More people used pharmacy based NSP than agency based NSP across Cheshire and Merseyside; in 2019-20, 5,180 individuals used agency-based services compared to 9,343 using pharmacy-based services. However, proportionally people who inject steroids and other IPEDs are twice as likely to access agency-based NSP services (51%) as people who inject psychoactive substances such as heroin (26%). For pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (83%), compared to 51% of people who inject steroids or other IPEDs. This is the case for every area across Cheshire and Merseyside, and substantially so for all apart from Liverpool and Sefton.¹



¹ Please note that individuals can use both agency and pharmacy based sites over the course of a year.

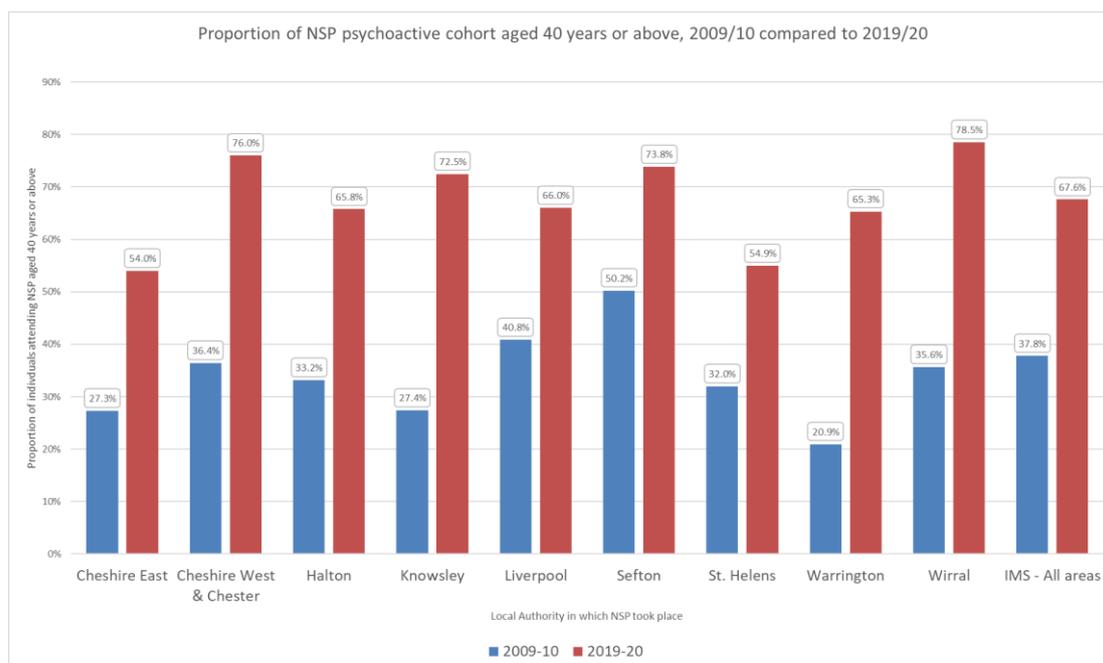
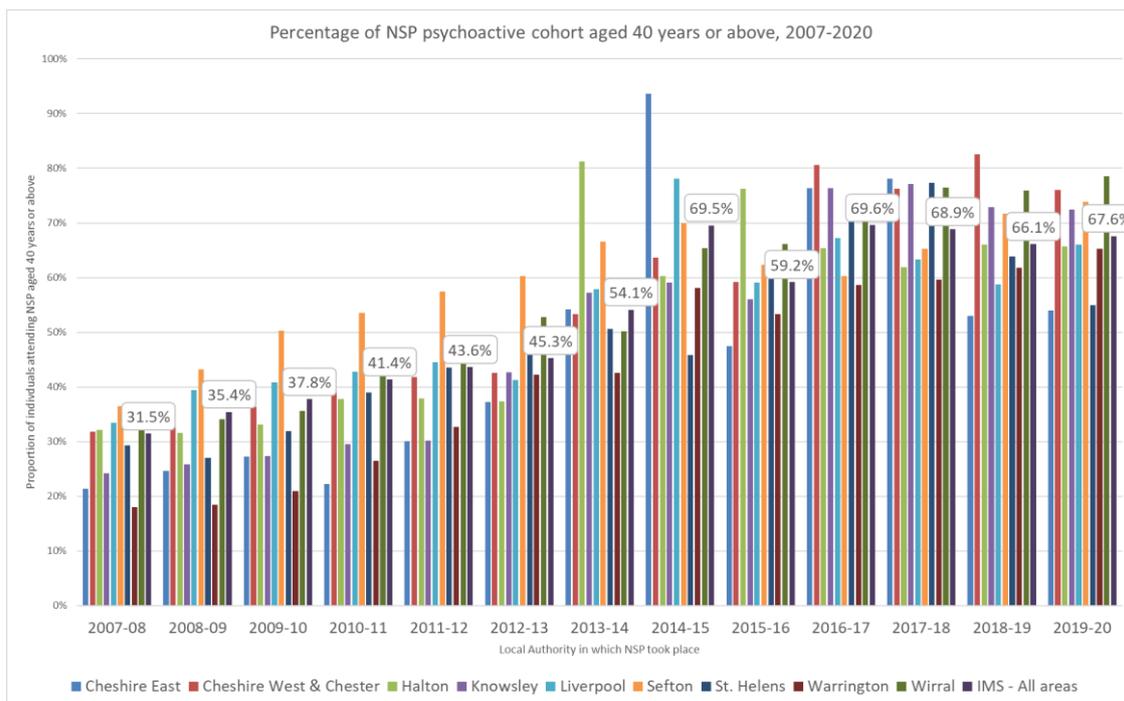
9. A substantial number of individuals accessing NSP for psychoactive substances may not be in treatment

Each year PHE match IMS data for individuals using NSP across Cheshire and Merseyside with NDTMS data for those individuals in treatment for their drug or alcohol use. During 2019-20, the number of individuals injecting psychoactive substances accessing NSP and whose attributors suggested were also engaged in structured treatment for their drug or alcohol use was 28%, the same figure as the previous year but an increase on 2017-18 where this figure was 20%. The area with the lowest treatment penetration were Cheshire West & Chester (23%) and St Helens (25%), while Wirral and Halton had the highest proportion (49% and 53% respectively) accessing both NSP and in treatment. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 2% and 5% for all local authority areas.



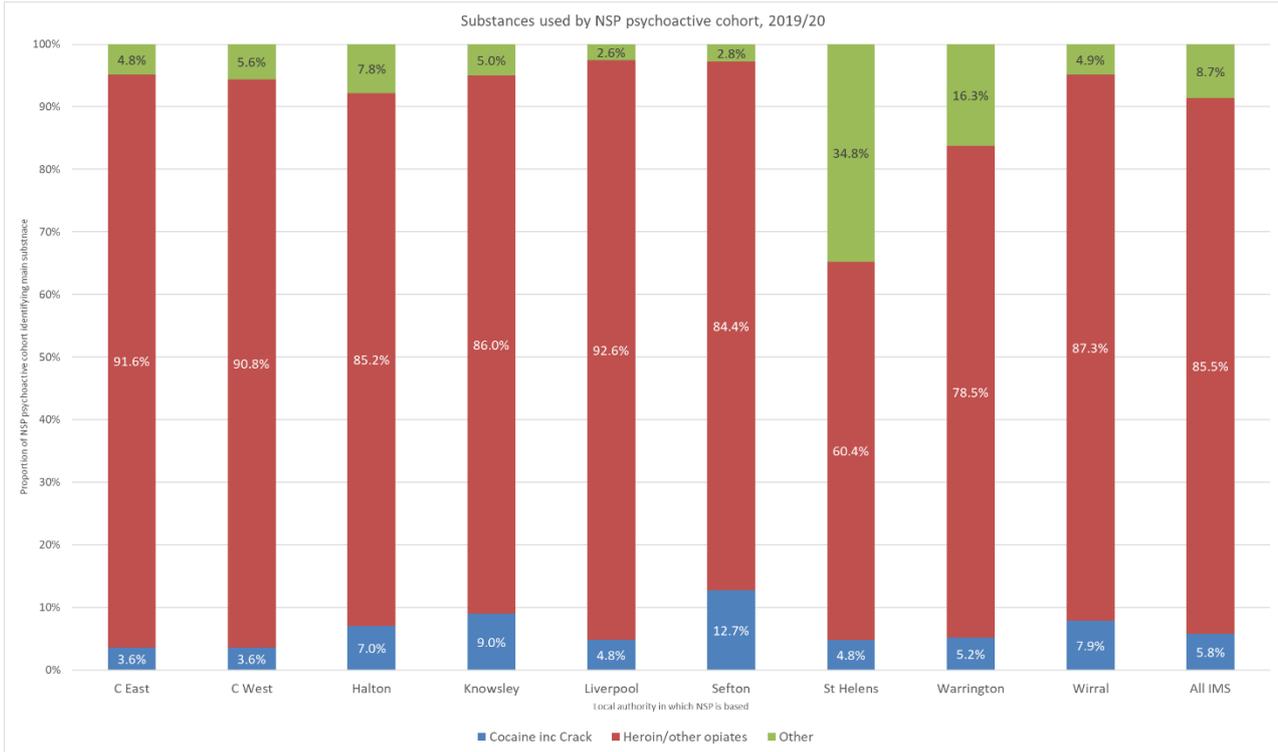
10. Around two thirds of people accessing NSP for psychoactive substances are aged over 40 years

The proportion of individuals presenting to NSP injecting psychoactive substances that were aged 40 years or over has more than doubled over the last 12 years, from 31.5% in 2007-18 to 68% in 2019-20. However, this proportion has been relatively stable for the last four years at between 65% and 70%. Warrington and Knowsley have seen the steepest increase in the proportion of presentations by those aged over 40 years, from 18% to 65.3% and from 24.2% to 72.5% respectively, while Cheshire East and St Helens have the youngest psychoactive injecting populations. Males accessing NSP services continue to be on average older than females.



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

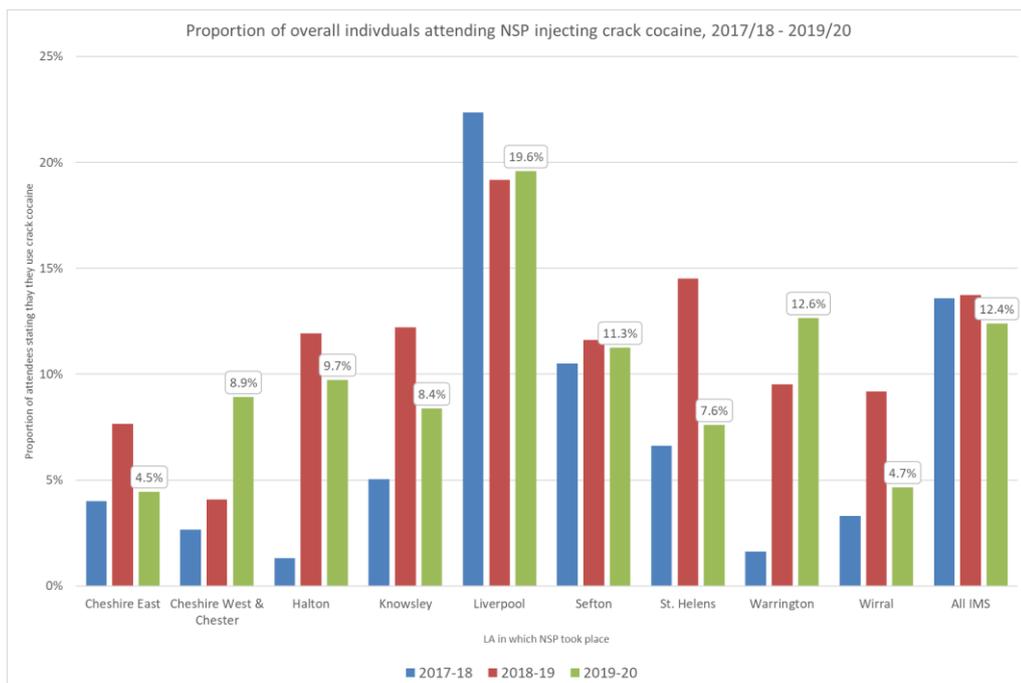
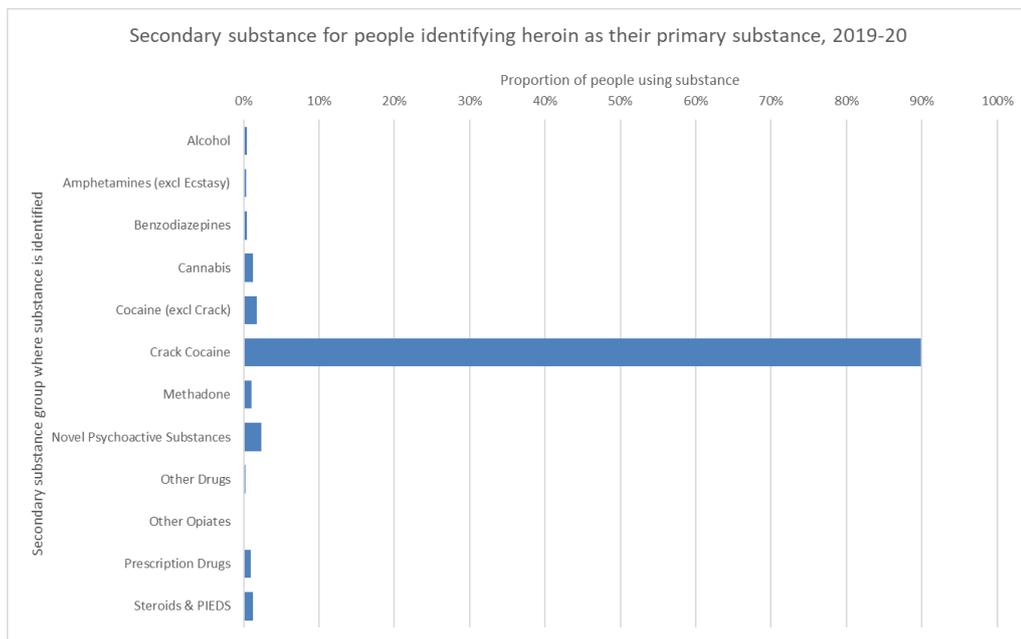
Around five in six individuals (85.5%) who inject psychoactive substances identify heroin or another opiate as their primary substance, ranging from 60% in St Helens to 93% in Liverpool. Sefton again has the highest proportion of people injecting crack/cocaine as their primary substance (13%), while both Cheshire areas report just 3.6% of individuals in this cohort are injecting crack/cocaine as the primary substance. St Helens has the highest proportion for any area of individuals injecting amphetamines as their primary substance (5.1%).²



² The high proportion of “other” for St. Helens is due to a recording issue by reporting pharmacies

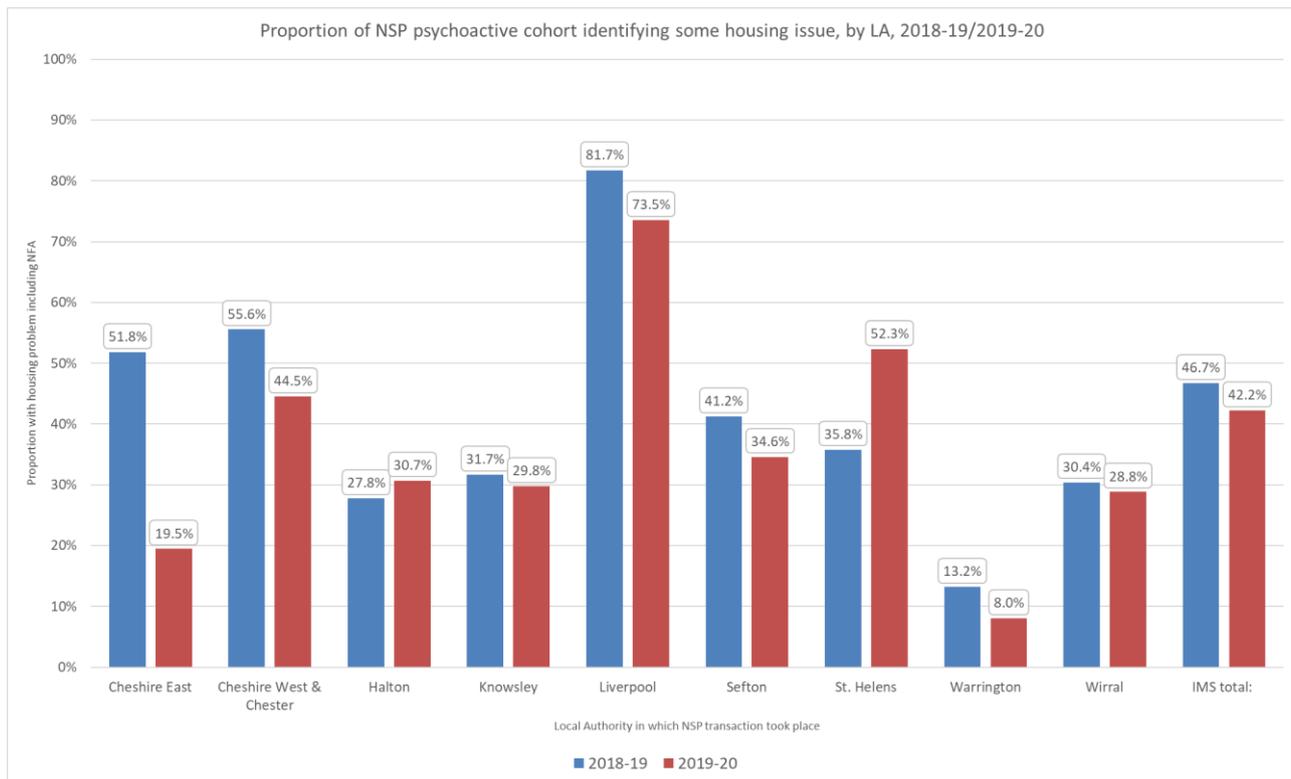
12. Most people injecting heroin and using more than one substance identify crack cocaine as their secondary substance

Around three quarters of people using NSP do not identify more than one substance. For those who record an additional substance, nine out of ten individuals injecting heroin (89.9%) identify crack cocaine as their secondary substance, with a small number identifying other substances including cocaine, methadone, prescription drugs and steroids/IPEDs. Overall there was a slight decrease in the proportion of individuals using crack cocaine in the overall dataset from 14% in 2018-19 to 12% in 2019-20. However some areas have seen significant increases, such as Cheshire West & Chester, from 2.7% in 2017/18 to 8.9% in 2019/20, and Warrington, from 1.6% in 2017/18 to 13% in 2019/20. For individuals who state crack cocaine as their main substance, 84% identify heroin as their secondary substance.



13. A large number of individuals injecting psychoactive substances report having a housing issue

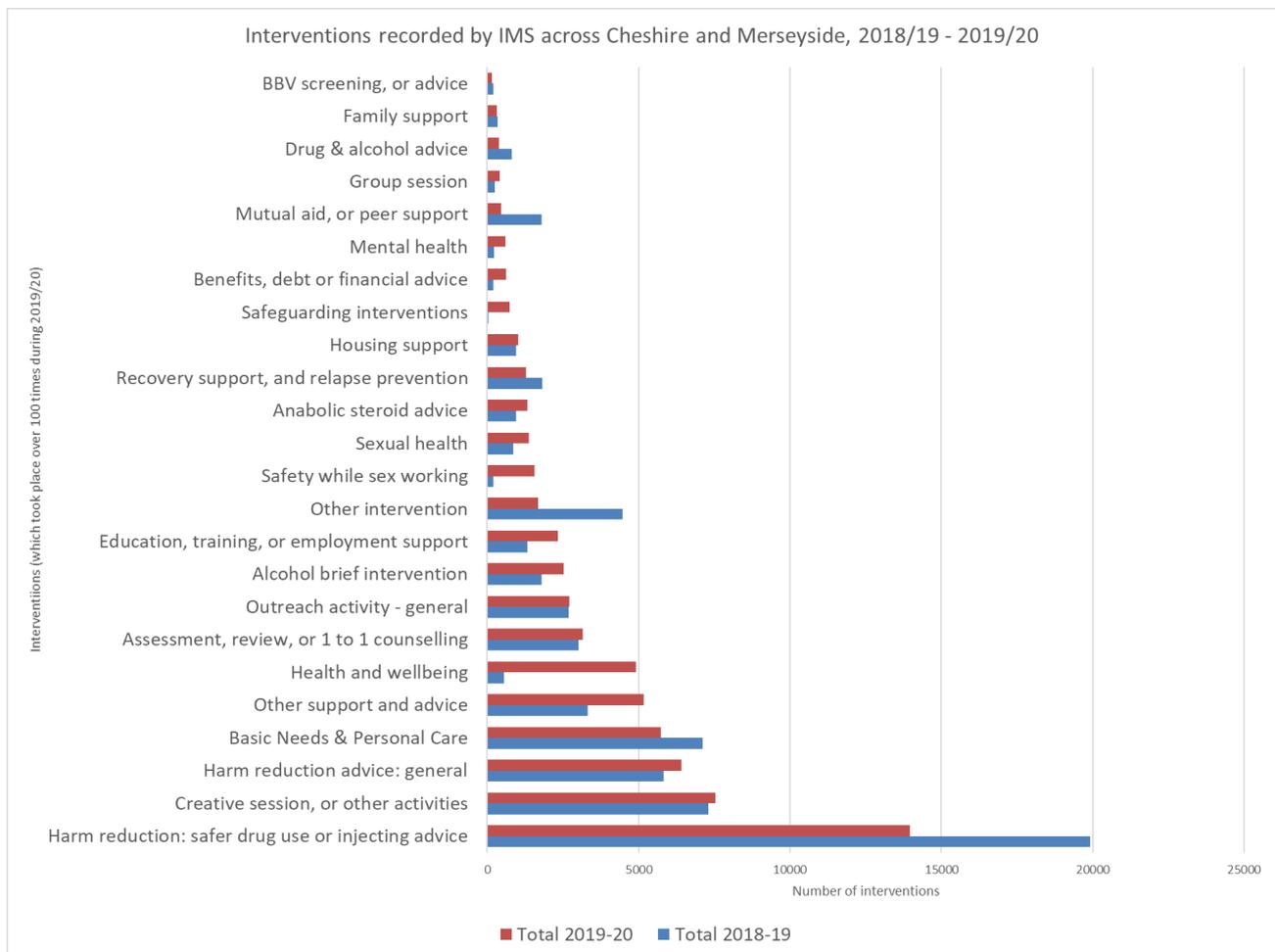
Around two in five (42%) of individuals report having some kind of housing issue, which can range to having no fixed abode to insecure rented accommodation³. In some areas such as Liverpool, around three quarters of individuals (73.5%) report having a housing issue, although this figure has declined slightly from the previous year. St Helens has seen the steepest rise in individuals reporting a housing issue, from 36% in 2018-19 to 52% in 2019-20. Some areas however, including the two Cheshire areas, have seen a decline in the number of individuals reporting a housing issue.



³ This data can be affected by the type of organisations reporting to IMS.

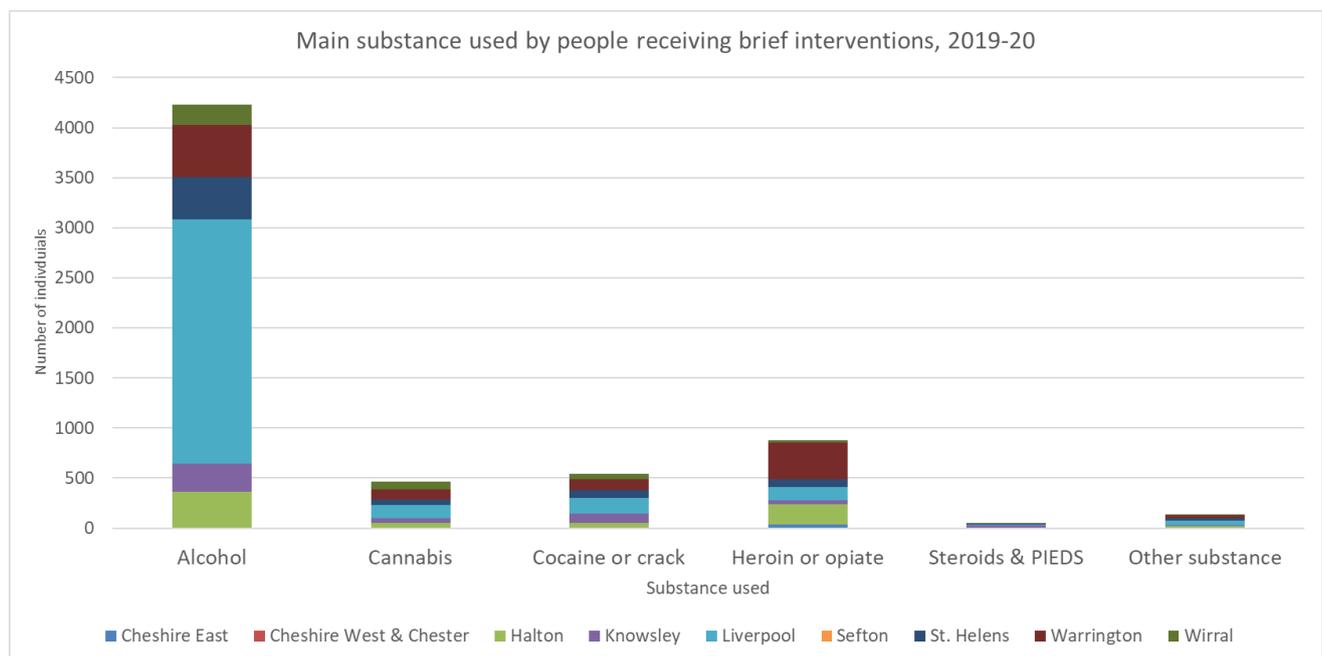
14. Over 67,000 interventions were delivered in 2019-20

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 these interventions, but those who do reported 67,346 interventions being delivered by them during 2019-20, a slight increase on the 66,480 interventions delivered in 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. The number of interventions delivered relating to harm reduction declined by 21% between 2018-19 and 2019-20 but in other areas such as health and wellbeing, the number of interventions increased.



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

Just over half (52%) 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 43% and 56% of non-injecting individuals stating alcohol as their primary substance, other than the areas of Cheshire East, Sefton and Cheshire West & Chester who have not recorded any brief interventions on to the system for their non-injecting populations. Just over one in five (22%) receiving brief interventions only are not currently using any substance, while around one in nine (11%) are using heroin, followed by 6.7% using cocaine or crack cocaine, and 5.8% using cannabis. Cannabis accounts for around one in 11 presentations for brief interventions in Knowsley, St Helens and Warrington.





IMS data demonstrates the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers accessing such services remain high. Although this report covers only the first few weeks of the Coronavirus pandemic, IMS data allowed assessment of the impact when access to such services was restricted due to social distancing and lockdown measures.⁴

While the number of people presenting to NSP fell to its lowest level in a decade during 2018/19, this reduction was largely due to a substantial drop in Liverpool where numbers attending decreased by around 35%, with most other areas seeing much less dramatic changes in their activity. In 2019/20, activity was similar to 2018/19. The fall in Liverpool during 2018/19 was mainly due to a change in pharmacy NSP provision, with one of the busiest pharmacy NSP providers in the city centre closing down. Although another pharmacy NSP opened nearby, people did not migrate to the new provider, which raises concern that even small reconfigurations of services can affect take up of NSP 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 a service. We fortunately did have a more or less complete dataset for all areas for the duration of the year, without the gaps in coverage which we experienced in 2018/19. It is reassuring too that the number of visits recorded for people injecting psychoactive substances has not seen the same kind of decline as client numbers, and this may reflect more accurate recording of identifiers.

In order to examine whether the change in overall numbers is related to recording issues, change of provision or some other reason, we once again looked at the top 30 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 service 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 30 sites increased by 11% following a slight decline the previous year, suggesting that there is some stability to recording now that all areas report using an electronic system rather than paper records.

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 again showed that 28% of individuals using NSP for psychoactive substance use were in treatment for their drug or alcohol use. This varied considerably between areas: in some such as Halton and Wirral, around half of people presenting to NSPs were in active treatment, compared to around a quarter for many of the other areas, although the number of those in treatment in IMS's largest reporting area Liverpool, rose from 21% to 26%. While the overall Cheshire and Merseyside figure is higher than previous years, there does still appear to be a substantial number of people using drugs who are 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 personal details.

When looking at overall proportions of steroid/IPED injectors and psychoactive substance injectors, the split has remained roughly static for the last four years. 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

⁴ Whitfield, Mark et al., 2020. The impact of COVID-19 restrictions on needle and syringe programme provision and coverage in England. *The International journal of drug policy*, 83, p.102851.

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, notwithstanding recent changes due to the pandemic. 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 wider population of people who inject drugs.

The proportion of individuals injecting psychoactive substances presenting to NSPs who are aged over 40 years appears to have levelled off at around two-thirds. This is 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 nine out of every ten individuals injecting opiates as part of polydrug use are also injecting crack cocaine. This pattern of use has always been a characteristic of the cohort accessing NSP services; however, the current level is considerably higher than 7 years ago. Data on drug related deaths from ONS suggest increasing numbers of cocaine related deaths, which may be as a result of a variety of factors including higher purity and falling price. As many individuals do not present to treatment for cocaine or crack cocaine use, it is important that this cohort are supported to enable safer drug use where possible.

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 four areas within Cheshire and Merseyside are providing those who use NSP with amounts of injecting equipment that are in excess of the WHO recommended minimum of 200 needles per person injecting per year. Some of this increase in recent years may be down to more accurate recording of attributors, meaning that needles distributed were recorded more often correctly against a single individual rather than a series of identifiers. However, many areas still sit substantially below this and three have seen year on year decline in NSP coverage since 2016/17. 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.

The housing field with IMS is used by some services which specifically support individuals with housing issues, and so the data should be interpreted with caution. However, there do appear to be a large number of individuals injecting psychoactive substances who report having some kind of housing issue, with at least one in five people recording this for all areas other than Warrington. It will be useful to examine whether the pandemic has impacted this in a positive way as suggested by housing charities such as Crisis.⁵ Regardless, housing is a key issue for individuals injecting who may not be in contact with treatment providers and may not consequently have opportunities to be signposted to relevant support organisations.

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

⁵ "The impact of COVID-19 on people facing homelessness and service provision across Great Britain"(Crisis, 2020) Link: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/the-impact-of-covid-19-on-people-facing-homelessness-and-service-provision-across-great-britain-2020/> viewed on 19th March 2021

and range of this work across the region, with over 67,000 interventions being delivered over 2019-20, often focused 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.

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, although these discussions have been put on hold due to the pandemic. The report would 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.

In conclusion, the picture IMS presents is that following the reduction in overall numbers reported in 2018-19, numbers have stabilised in 2019-20, indicating that a substantial number of individuals continue to inject either a psychoactive substance or steroids and other IPEDs, and it is possible 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 steroids 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.

Because of the way the data has been compiled, some tables compare current year data with different time periods of previous years from 2007-08 onwards. By comparing current year data with different time periods, the report can show both long term trends and trends over a more recent time period.

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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