

Integrated Monitoring System Annual Report

Cheshire and Merseyside 2021/22

version 2 - includes NDTMS data match


Mark Whitfield and Howard Reed



Public Health Institute, Faculty of Health, Liverpool John Moores University,
3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP.

 www.ljmu.ac.uk/phi

 PHImonitoring@ljmu.ac.uk

 0151 231 4314

 twitter.com/PHI_IMS

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INTRODUCTION

This is the ninth annual report for the Integrated Monitoring System (IMS), which collects data on the use of low threshold services such as Needle and Syringe Programmes (NSP) and brief interventions across Cheshire and Merseyside. It complements the information contained within the IMS data table document¹ that was published in September 2022. This year's report covers the second year in which COVID-19 related restrictions were in place for much of the time, so the possible impacts of these should therefore be kept in mind when making comparisons to earlier years. This will be discussed further at the end of this report.

During 2021/22, there were 54 specialist agencies or projects within specialist agencies reporting to IMS, alongside 95 pharmacies, totalling 149 different providers of low threshold services across Cheshire and Merseyside.

As in previous reports we have used the three cohort groups described in Figure 1 below when analysing the data, using imputation techniques when a primary substance is not otherwise stated (this is described in more detail in the methodology section at the end of this document).

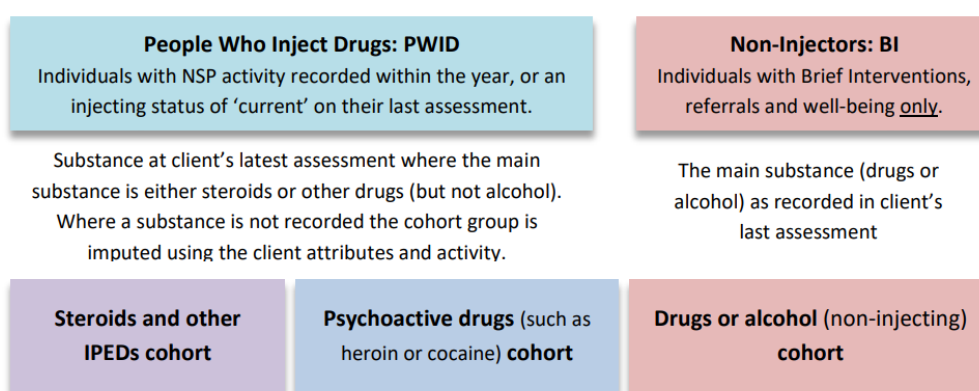


Figure 1 - The three cohorts used to describe IMS data

We will be releasing an updated version of this report in early 2023, which will include matching of the IMS data with data from the National Drug Treatment Monitoring System (NDTMS). This will allow ascertainment of the number of people presenting to IMS who are not in treatment for their drug or alcohol use. This comparison provides a useful information for both commissioners and treatment services to inform estimation of the level of unmet need for treatment in the community.

Information on IMS data quality, and its monitoring, are presented in the quarterly reports to services and commissioners. Our dedicated data quality lead has worked closely with IMS reporting services in order to maintain and improve both data accuracy and completion rates. As we moved to weekly reporting on NSP data during the COVID-19 period, we have begun to work more closely with pharmacies, particularly around their recording of equipment data.

We welcome your feedback on the format of this report. If the charts in this report and accompanying data tables do not provide you with the information that you need for your locality, then please get in touch with us to discuss any bespoke data requests.

Mark Whitfield & Howard Reed, January 2023.

¹ IMS data table document is available from <https://ims.ljmu.ac.uk/annual>



Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool
<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 15 pharmacies 	<ul style="list-style-type: none"> • WDP (3 sites) • 9 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 2 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 9 pharmacies 	<ul style="list-style-type: none"> • Action on Addiction • We Are With You (6 sites/ projects) • Armistead • Brownlow Practice • Community Voice • Red Umbrella • Aigburth Drive Harm Reduction Service • RISE (2 projects) • YMCA • WHISC Women's Health Info & Support Centre • 16 pharmacies
Sefton	St Helens	Warrington	Wirral	
<ul style="list-style-type: none"> • Mersey Care (2 sites) • NSP Direct • 13 pharmacies 	<ul style="list-style-type: none"> • CGL • Salvation Army • Hope House • Footsteps • NSP Direct • 8 pharmacies 	<ul style="list-style-type: none"> • CGL - Pathways • Footsteps • 4 pharmacies 	<ul style="list-style-type: none"> • CGL (3 sites) • Response • NSP Direct • Healthwatch Wirral • 13 pharmacies 	

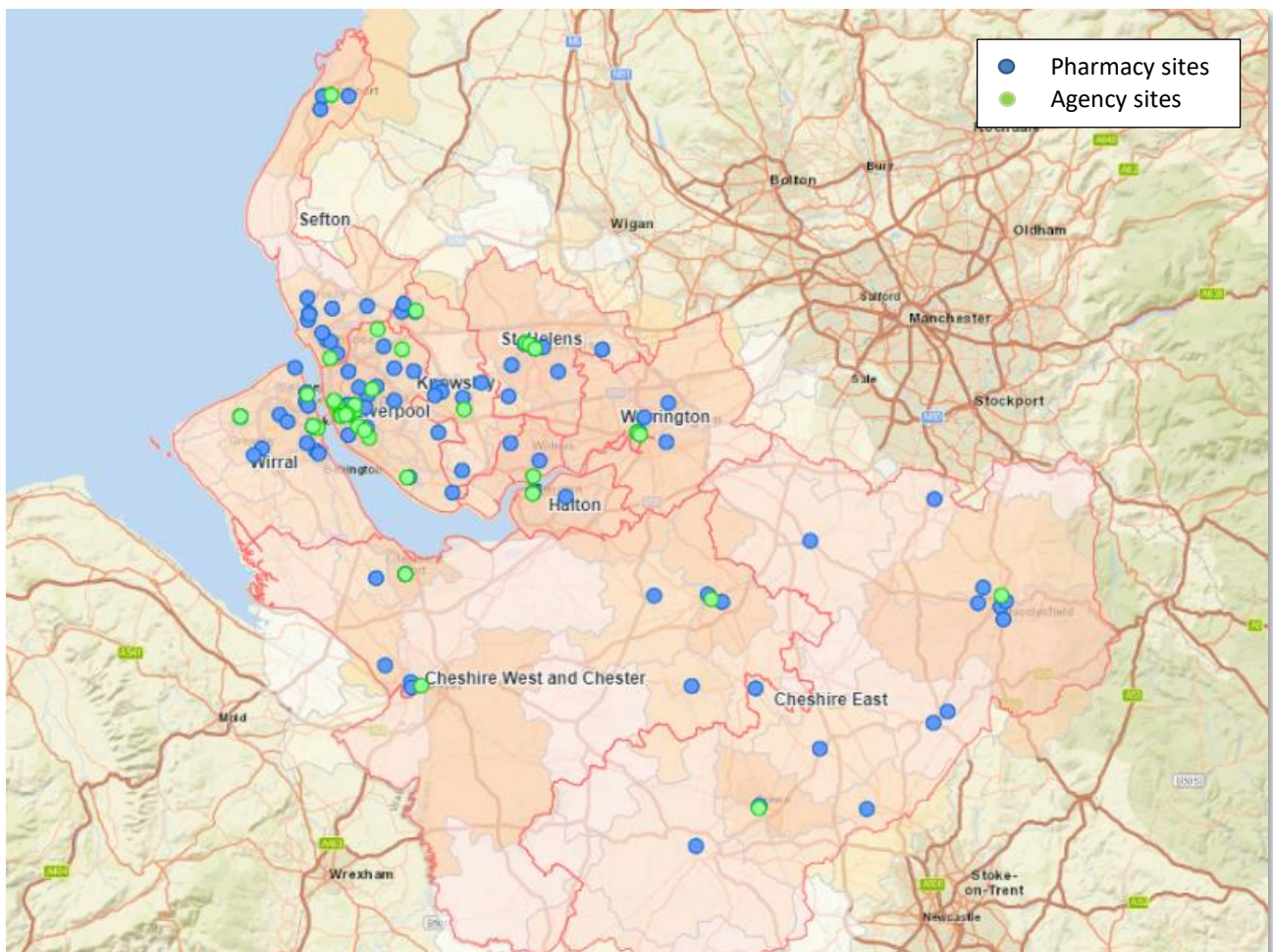


- There were 6,962 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 4,787 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside in 2021/22. These numbers represent an increase on the previous year, with 9% more individuals from the psychoactive cohort and 27% more individuals in the IPEDs cohort. However, activity has not yet recovered to pre-pandemic levels.
- Through the matching of NDTMS data from OHID, it appears that a substantial proportion of individuals using NSP who inject psychoactive substances may not be in treatment. This ranges from 18% of the psychoactive injecting cohort in Sefton being in treatment, to 47% of this cohort in Halton being in treatment. Across Cheshire and Merseyside, 23% of individuals in this cohort appeared in both datasets, a decline from the previous year for which this data was available where 28% of individuals appeared in both datasets.
- People injecting psychoactive substances made 59% of presentations in 2021/22, a slight decline from 2020/21 when they accounted for 63% of presentations.
- Liverpool has the highest number of presentations to NSP overall, and the highest rate of presentations for people who inject psychoactive substances, with a rate of 56 people per 10,000 population.
- Following substantial reductions in activity for both cohorts in 2020/21, the number of visits has declined further in 2021/22 for the psychoactive cohort, although at a slower rate of decline (-4%).
- Three out of the nine local authority areas within Cheshire and Merseyside (Cheshire East, Liverpool and Warrington) distributed over 200 needles for individuals injecting psychoactive substances, with an average of 167 needles distributed per individual across the region in 2021/22, which is a decline of 8% from the previous year.
- People who inject steroids and other IPEDs are more than twice as likely to access agency-based NSP services (47%) as people who inject psychoactive substances, such as heroin (22%). For pharmacy-based services, people who inject psychoactive substances are more likely to access a pharmacy NSP service (86%), compared to 55% of people who inject steroids or other IPEDs.
- Use of online ordering of equipment via NSP Direct is still limited and has declined in some areas for individuals injecting psychoactive substances, but 75,369 were distributed in 2021/22 using this service.
- 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 32% in 2007/08 to 67% in 2021/22.
- Around five in six individuals (87%) in the psychoactive injecting cohort (i.e., excluding those who are injecting steroids and other IPEDs) are injecting heroin as their primary substance.
- Around one in seven (13%) people using NSP state that they use crack cocaine, a decrease from the previous year's figure of 16%, although this proportion is as high as 23% in some areas.
- Around two in five (42%) of the individuals receiving brief interventions only (non-injectors within the IMS dataset) identify alcohol as their main substance.
- There were over 94,000 interventions delivered during 2021/22, an 8% increase on the previous year, 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.

A variety of different service types across Cheshire and Merseyside report to IMS. Although data reported by pharmacies relates primarily to Needle and Syringe Programme (NSP) activity, the agency-based sites provide a variety of services alongside NSP provision that report to IMS, 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. Most 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 from the IMS annual reports web page: <https://ims.ljmu.ac.uk/annual>

Data tables which include the detailed breakdown of all IMS activity for 2021-22 across the Cheshire and Merseyside area are included in the IMS Annual Report 2021-22 Data Tables document.

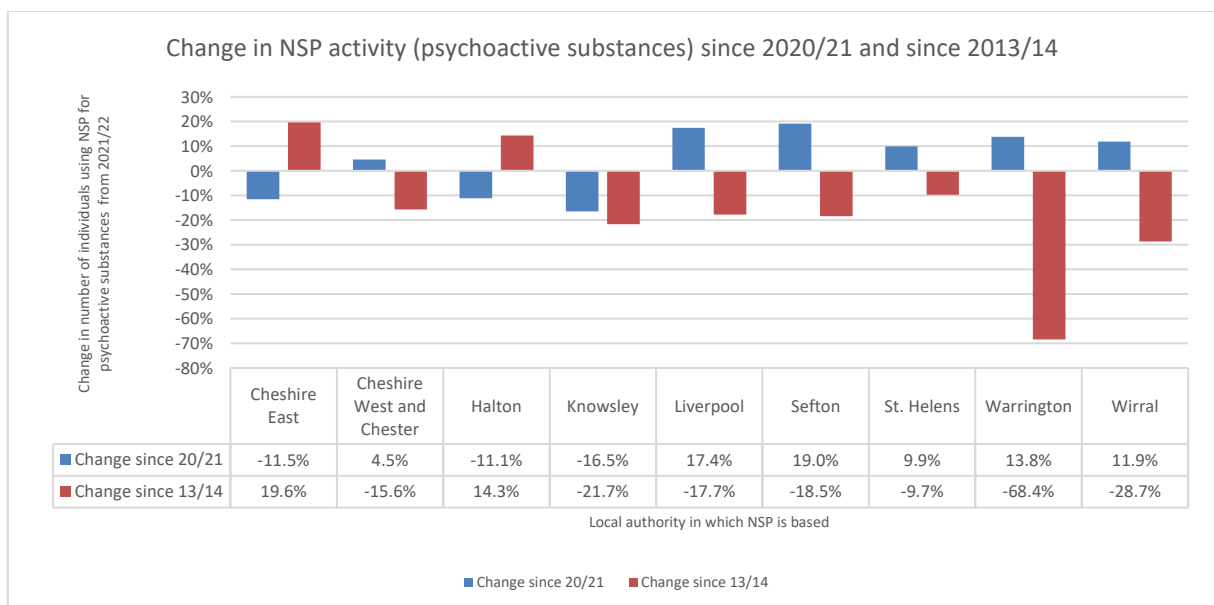
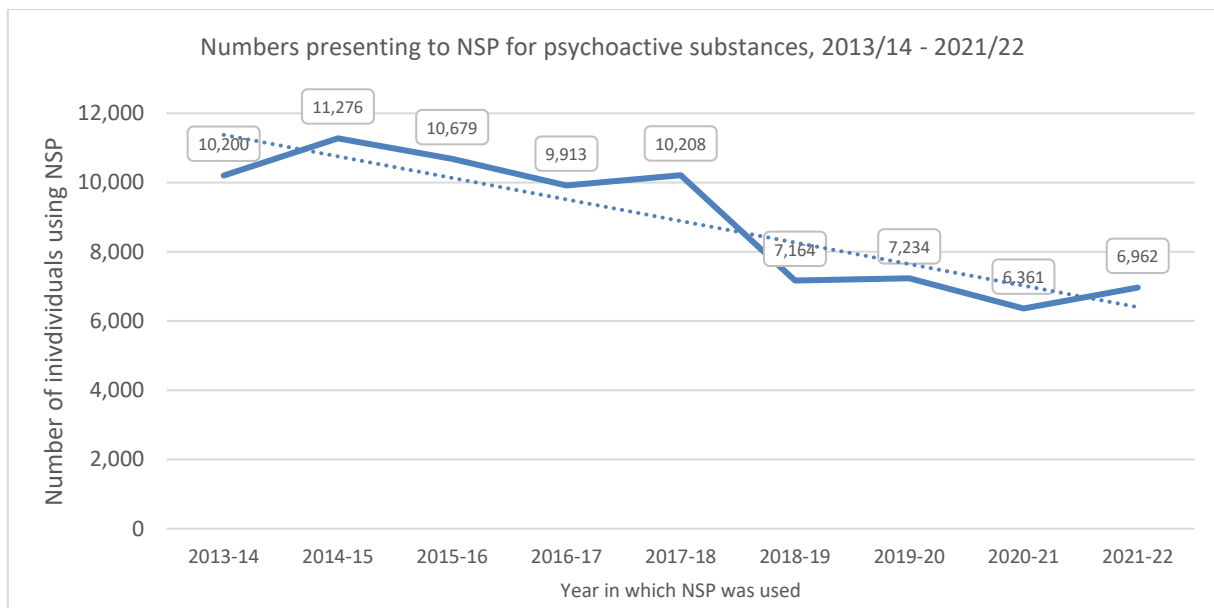


IMS reporting services across Cheshire and Merseyside, 2021/22

MAIN FINDINGS

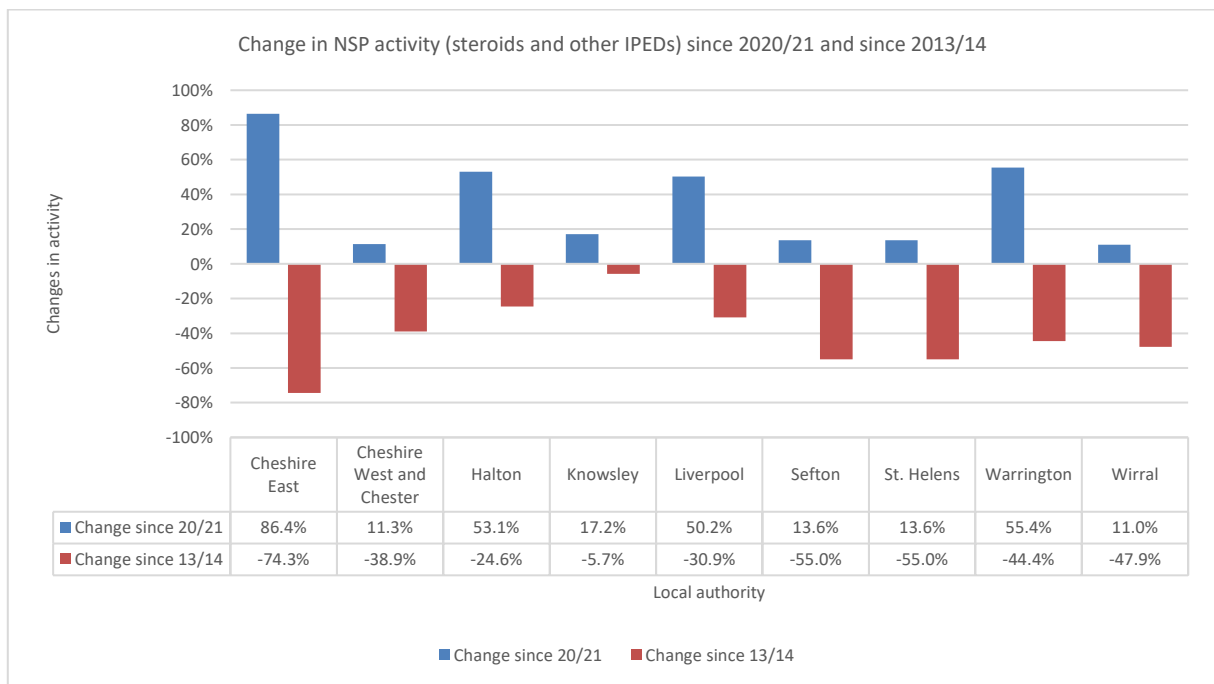
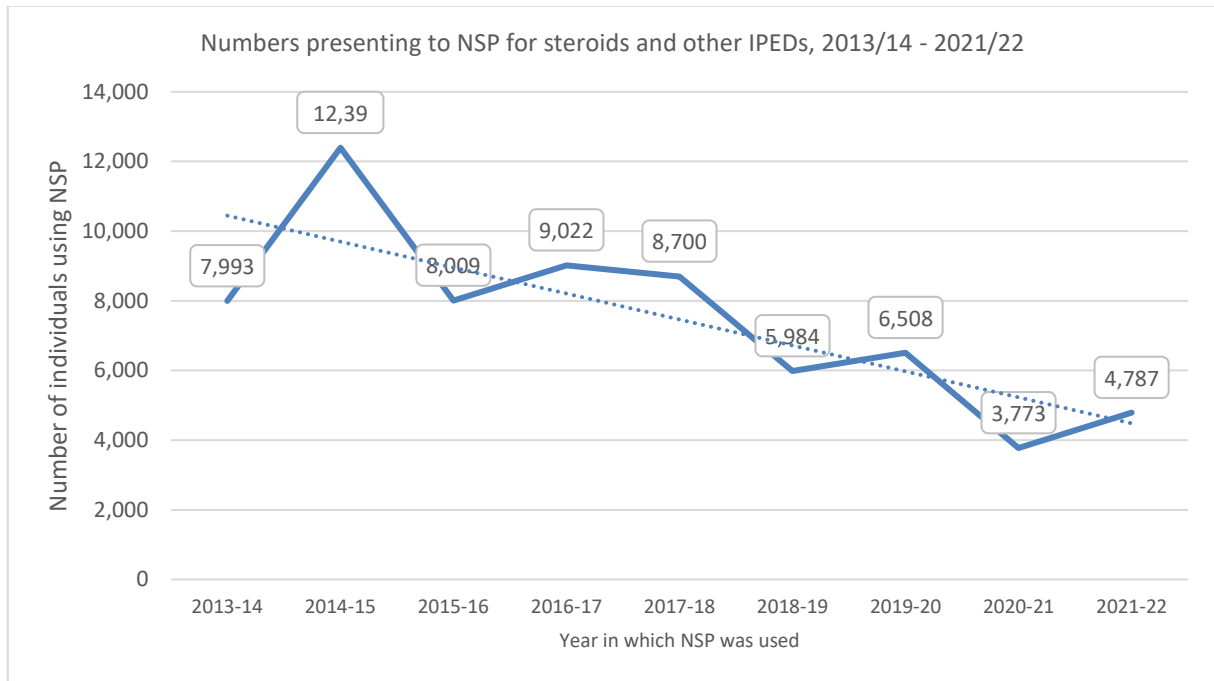
1: THE NUMBER OF PEOPLE WHO INJECT PSYCHOACTIVE SUBSTANCES PRESENTING TO NSP CONTINUED TO DECLINE

Following a decrease in NSP activity during 2020-21 (the first full year of the COVID-19 pandemic) to the lowest levels in a decade, activity increased in 2021-22. The number of individuals using NSP for psychoactive substances across Cheshire and Merseyside in 2021-22 rose by 9.4% to a level similar to that seen in 2019/20. At a local authority level, most areas experienced an increase in the number of people using NSP for psychoactive substances between +4.5% (Cheshire West and Chester) and +19.0% (Sefton), although three areas (Cheshire East, Halton and Knowsley) experienced a decline of between -11.1% and -16.5%. Compared to 2013/14, seven out of the nine local authority areas experienced a decline in activity.



2: THE NUMBER OF PEOPLE WHO INJECT STEROIDS PRESENTING TO NSP DECLINED SHARPLY FROM THE PREVIOUS YEAR

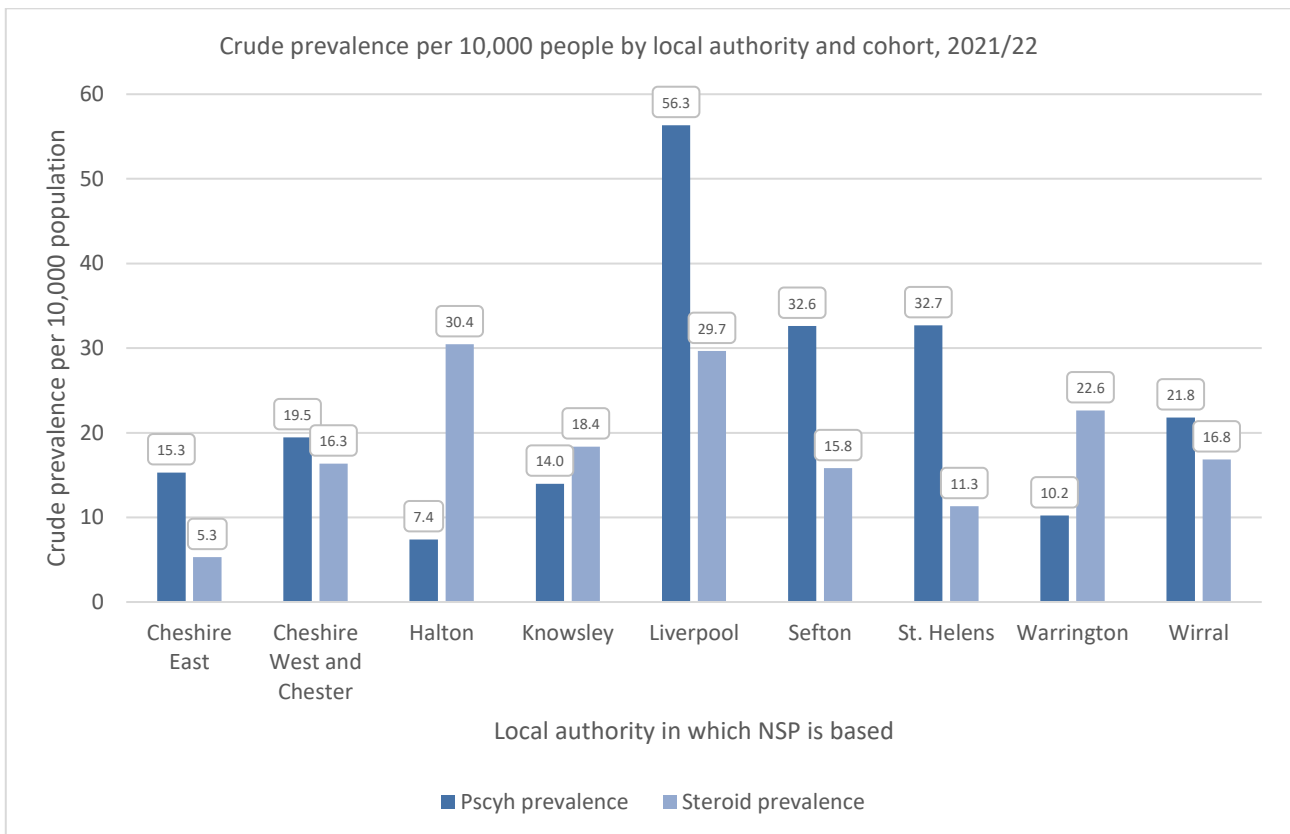
Following a 42.1% reduction in the number of individuals attending NSP for steroids and other IPEDs between 2019/20 and 2020/21, numbers increased by just over a quarter (26.9%) in 2021/22. However, they are still substantially lower than numbers seen in 2019-20, which was largely pre-pandemic. Numbers increased across all local authorities ranging from a 11.0% increase in the Wirral to an 86.4% increase in Cheshire East. However, all areas had fewer individuals attending NSP for steroids and other IPEDs compared to 2013/14, ranging from a decline of -5.7% in Knowsley to -74.3% in Cheshire East.



3: LIVERPOOL HAS THE HIGHEST LEVEL OF PRESENTATIONS FOR PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES

Liverpool remains the area with the largest number of individuals presenting to NSP for psychoactive substances both overall (2,820 individuals) and once population size is taken into account (56 individuals per 10,000 population), followed by St. Helens and Sefton (both 33 individuals per 10,000 population). St. Helens in particular saw a substantial decrease from 48 individuals per 10,000 population in 2020/21. Halton has the lowest overall prevalence of presentations for people who inject psychoactive substances, with 92 individuals in total using NSP or 7 per 10,000 people.

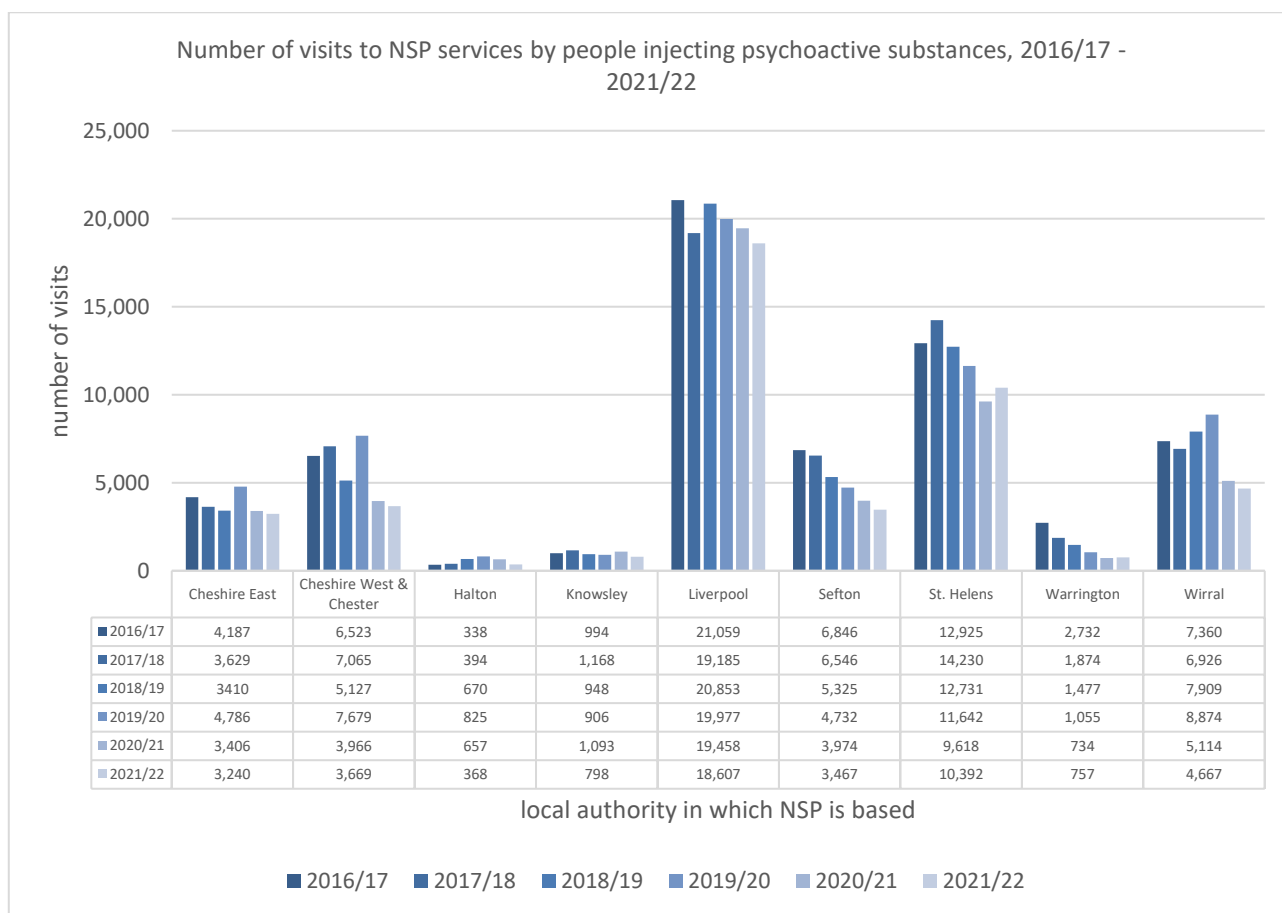
Halton and Liverpool have the highest level of presentations for people who inject steroids or other IPEDs (30 individuals per 10,000 population), followed by Warrington (23 per 10,000 population) and Knowsley (18 per 10,000 people). Cheshire East has the lowest prevalence for this cohort of 5 individuals per 10,000 population.



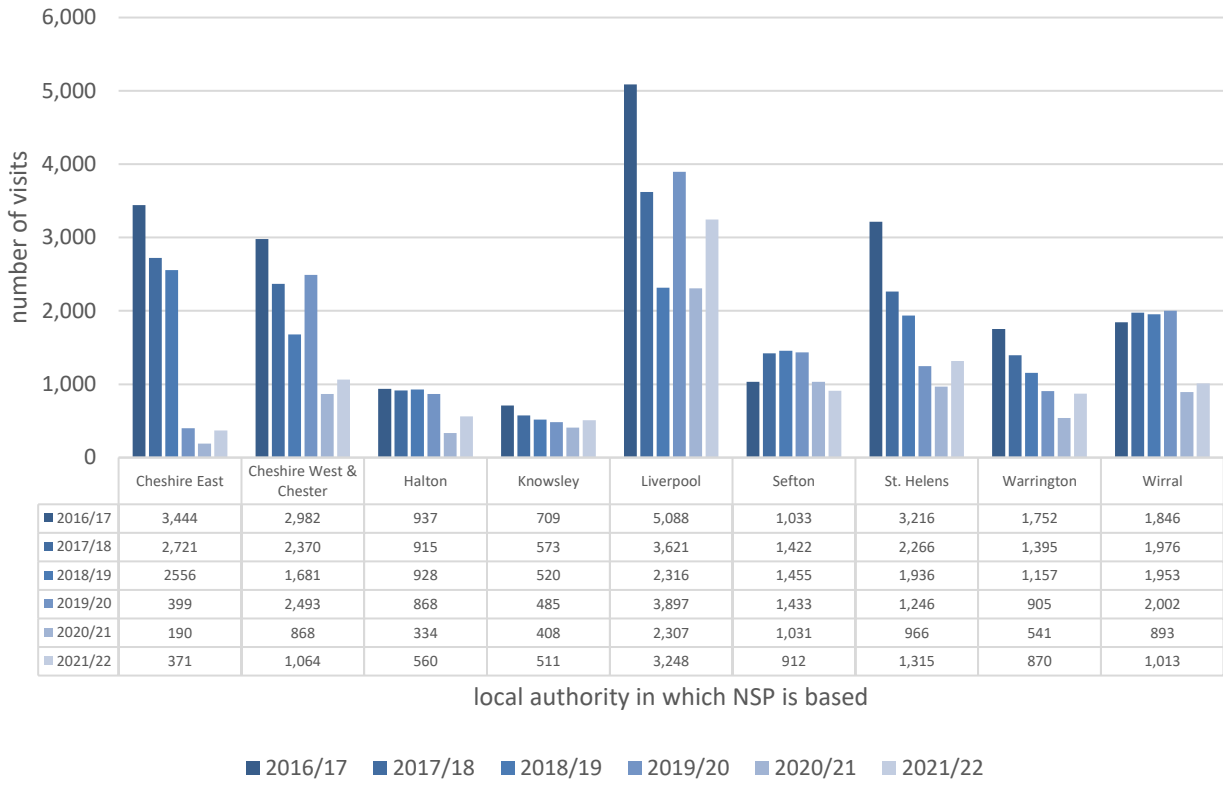
4: THE NUMBER OF VISITS TO NSP SERVICES REDUCED FOR BOTH PSYCHOACTIVE AND IPED NSP COHORTS, SUBSTANTIALLY SO FOR THE LATTER

Following substantial reductions in activity for both cohorts in 2020/21, with a 20.6% reduction in NSP visits from the psychoactive cohort and a 45.1% reduction in NSP visits from the IPEDs cohort, the number of visits has declined further for the psychoactive cohort although at a slower rate of decline (-4.3%). The areas with the largest decline in the number of visits were Halton (-44.0%) and Knowsley (-23.0%). Some areas, however, experienced small rises in the number of visits including St. Helens and Warrington (+8.0% and +3.1% respectively).

The number of visits for the steroids and other IPEDs cohort increased by 30.9% between 2020/21 and 2021/22, and all areas bar one experienced a rise in activity, including Cheshire East (+95.3%), Halton (+67.7%) and Warrington (+60.8%). Sefton was the only area which experienced a decline (-11.5%).

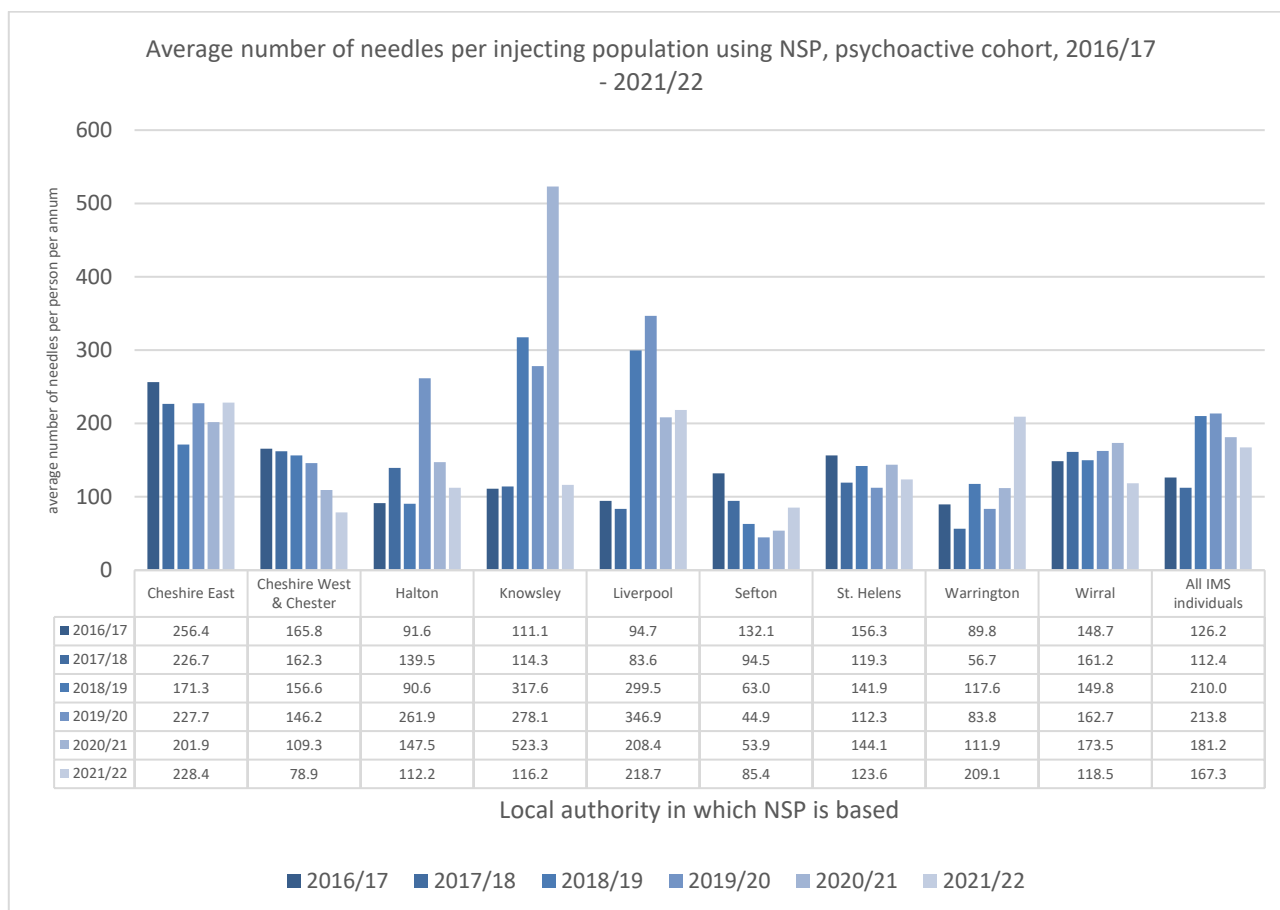


Number of visits to NSP services by people injecting IPEDs and other steroids, 2016/17 - 2021/22



5: THE AVERAGE NUMBER OF NEEDLES DISTRIBUTED PER CLIENT HAS FALLEN AGAIN FOR CHESHIRE AND MERSEYSIDE

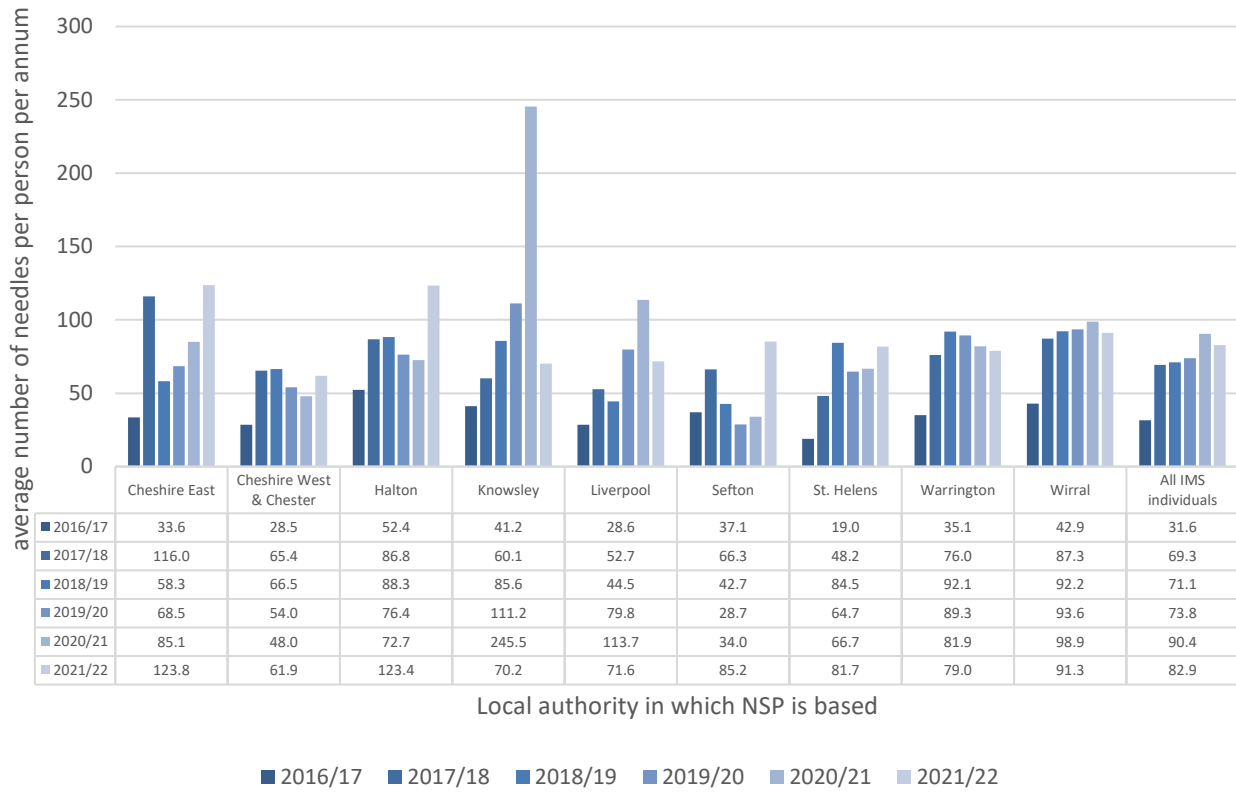
The World Health Organization (WHO) recommends a minimum of 200 clean needles per person per year. In 2021/22², three out of the nine local authority areas within Cheshire and Merseyside (Cheshire East, Liverpool and Warrington) achieved this for individuals injecting psychoactive substances, with an average of 167 needles distributed per individual across the region in 2021/22. This is a decrease on the 181 needles per individual per annum recorded in 2020-21 and is 22.0% lower than the level in 2019-20. However, three areas (Cheshire East, Liverpool and Warrington) had an increase in coverage from the previous year.³



² Indicator Registry <https://indicatorregistry.unaids.org/indicator/people-who-inject-drugs-prevention-programmes> - accessed on 15th December 2022

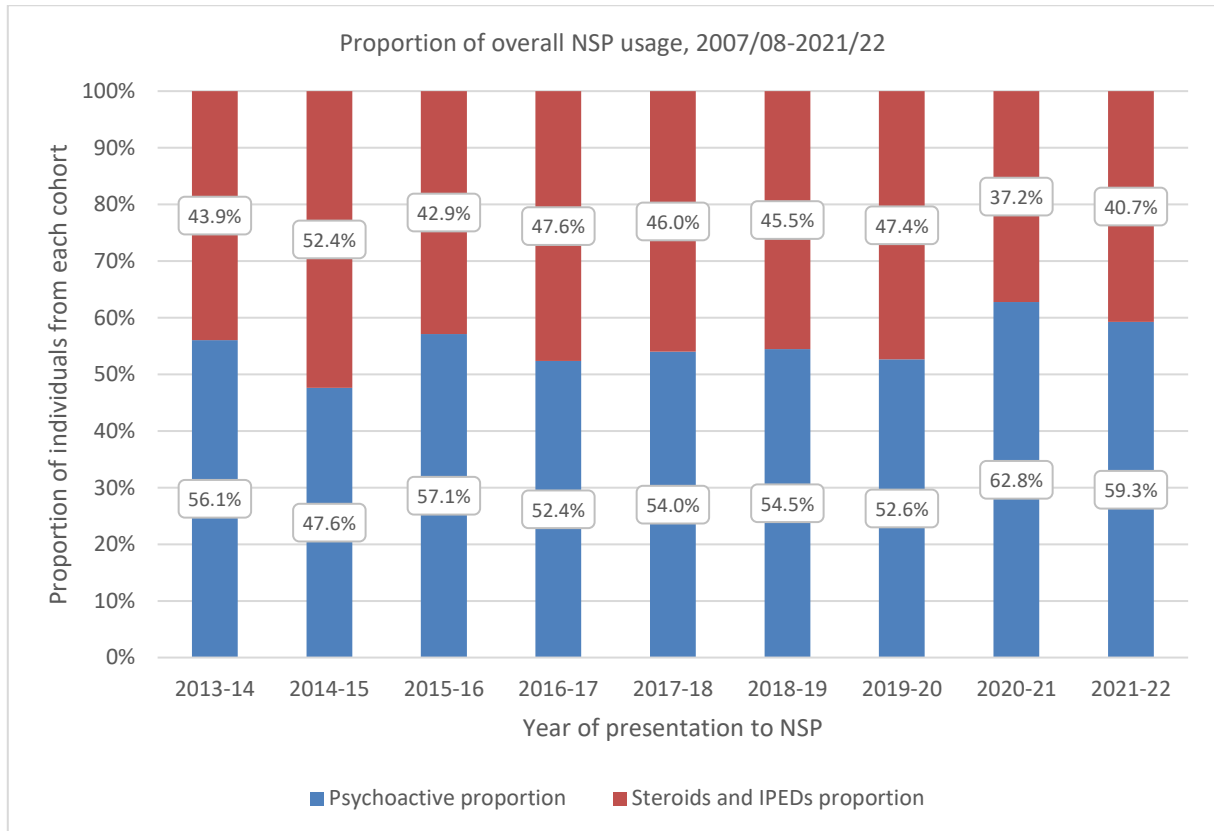
³ Data on equipment distributed should be compared with some caution, as its recording is sometimes erratic from month to month. We are exploring with pharmacies in particular the reasons for this.

Average number of needles per injecting population using NSP, steroids and other IPEDs cohort, 2016/17 - 2021/22



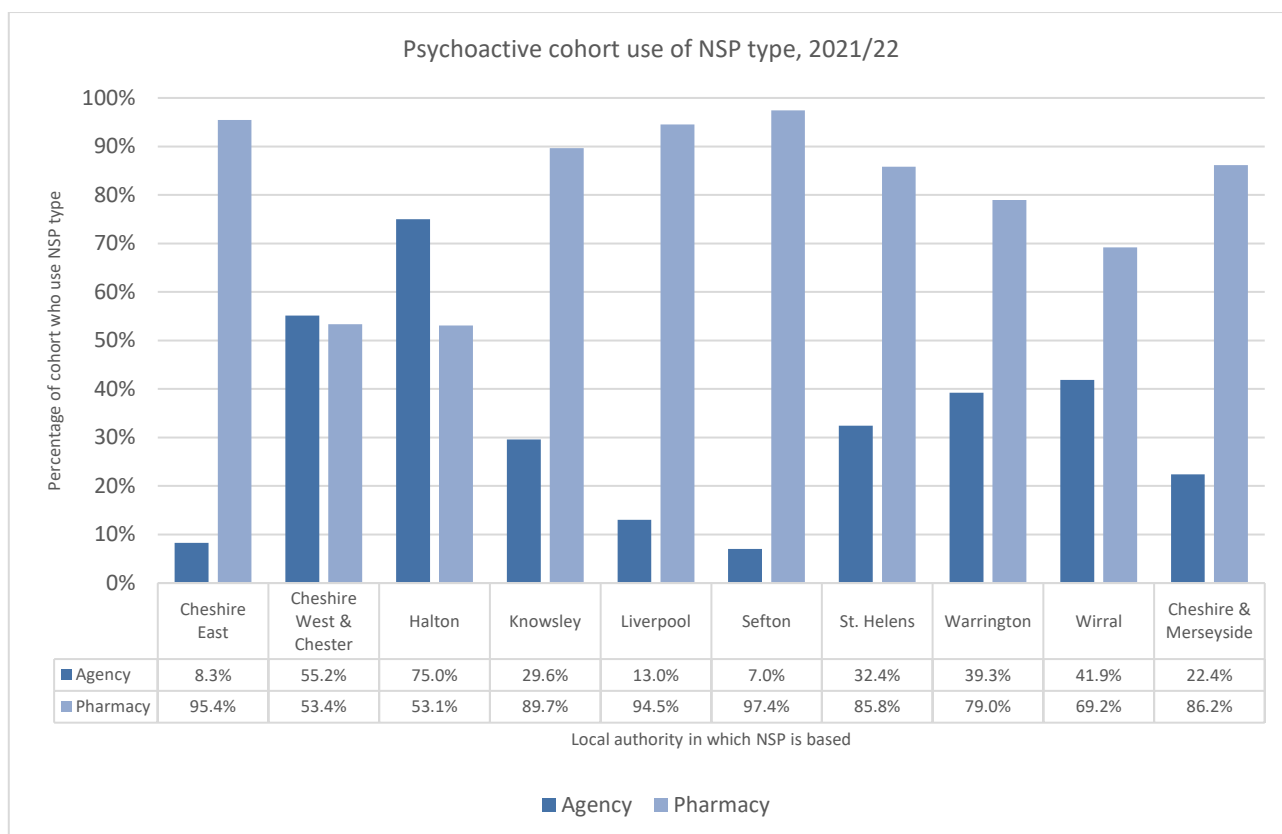
6: PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES MAKE UP A HIGHER PROPORTION OF OVERALL NSP USAGE

Since 2007-08, people injecting psychoactive substances have made up a majority of NSP presentations with the exception of one year (2014-15). Following a sharp rise in the proportion from the psychoactive cohort in 2020/21 to just under 63% of the total, reflecting the more substantial reduction in use by people injecting steroids and other IPEDs during that year, the proportion using NSP for the purposes of steroids and other IPEDs increased in 2021-22. However, this cohort is still proportionately smaller than prior to the start of COVID-19 pandemic.



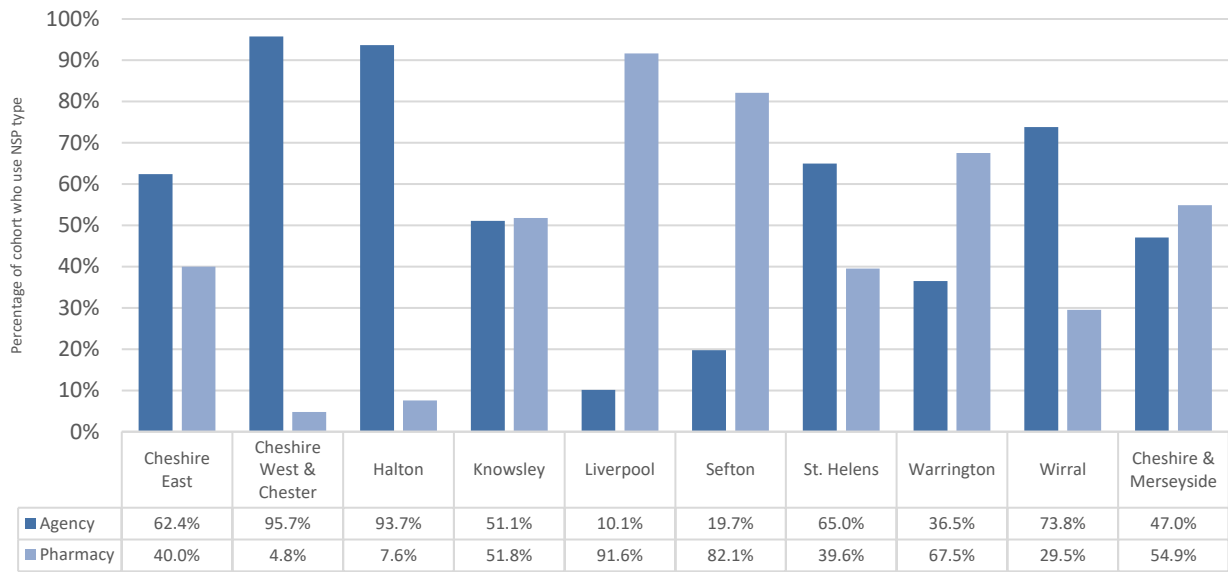
7: PEOPLE WHO INJECT STEROIDS AND OTHER IPEDS ARE MORE LIKELY TO USE AGENCY BASED NSP PROVISION THAN THOSE INJECTING PSYCHOACTIVE SUBSTANCES.

More people used pharmacy based NSP than agency based NSP across Cheshire and Merseyside; in 2021/22, 3,809 individuals used agency-based services compared to 8,628 using pharmacy-based services, a rise of 82.1% and 10.2% respectively. It remains the case that proportionally people who inject steroids and other IPEDs are more than twice as likely to access agency-based NSP services (47.0%) as people who inject psychoactive substances such as heroin (22.4%). For pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (86.2%), compared to 54.9% of people who inject steroids or other IPEDs, although it is of note that higher proportions of both cohorts used agency services in 2021/22 compared to the previous year. Exceptions to this include Cheshire West & Chester where the psychoactive cohort are equally as likely to use agency-based sites and Halton where this cohort are more likely to use agency-based sites.⁴



⁴ Please note that individuals can use both agency and pharmacy based sites over the course of a year.

Steroids and other IPEDs cohort use of NSP type, 2021/22



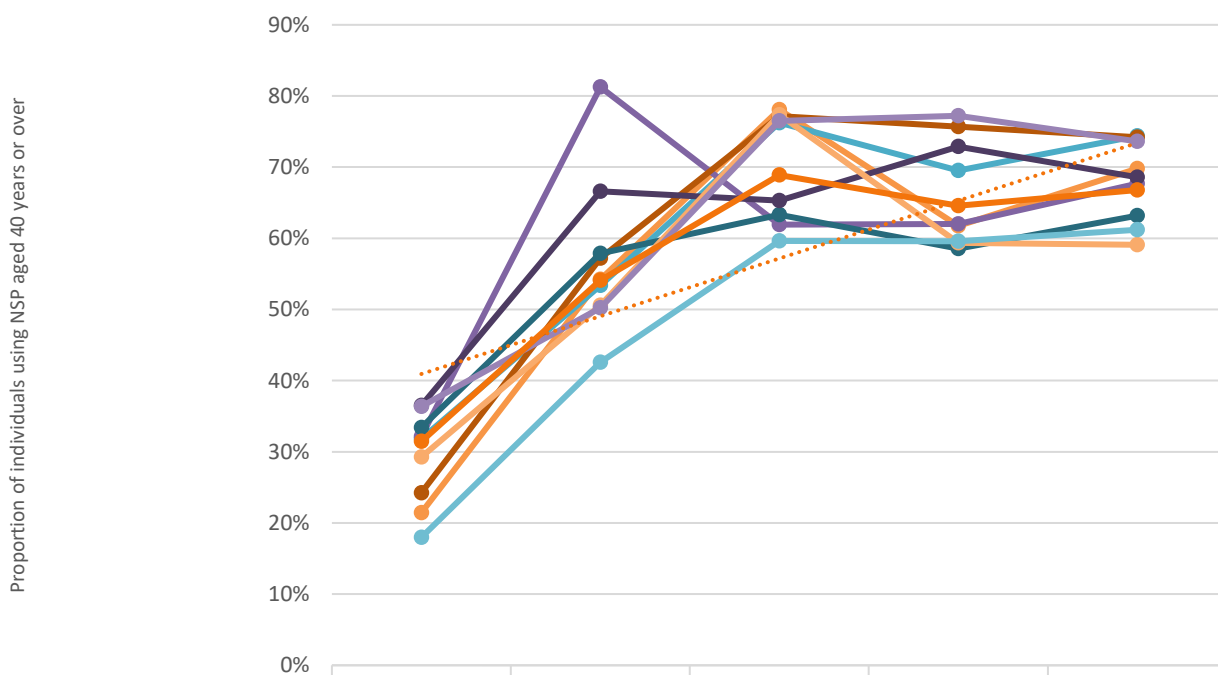
Local authority in which NSP is based

■ Agency ■ Pharmacy

8: AROUND TWO THIRDS OF PEOPLE ACCESSING NSP FOR PSYCHOACTIVE SUBSTANCES ARE AGED 40 YEARS OR ABOVE.

The proportion of individuals presenting to NSP injecting psychoactive substances that were aged 40 years or over has more than doubled over the last 13 years, from 31.5% in 2007/08 to 66.8% in 2021/22. St Helens has the youngest cohort in 2021/22, with 40.9% of individuals being aged under 40 years, while Cheshire West & Chester and Knowsley have the oldest cohorts, with both areas having around three quarters (74%) of individuals being aged 40 years or over. Males accessing NSP services continue to be on average older than females, with 68.5% of the male psychoactive NSP cohort being aged 40 years or over compared to 57.9% of the female psychoactive NSP cohort.

Percentage of NSP psychoactive cohort aged 40 years or above, 2007/08 - 2020/21

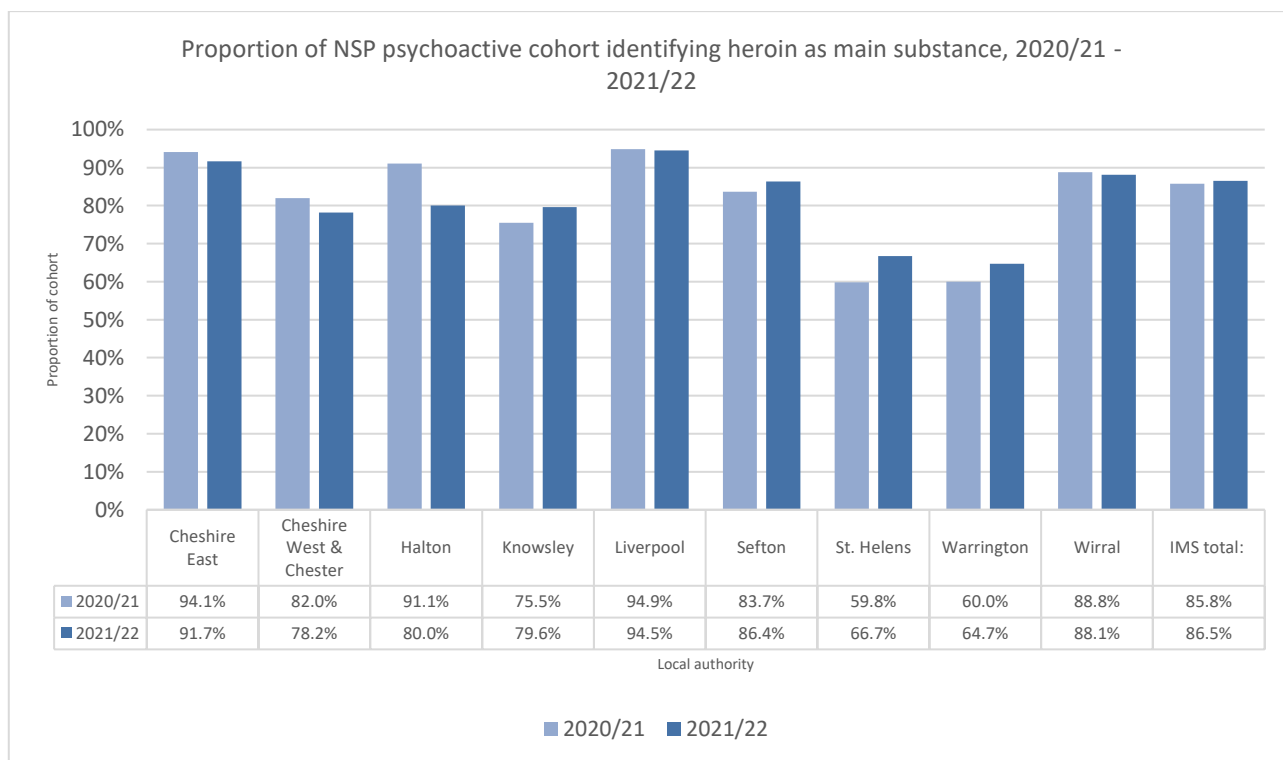


	2007-08	2013-14	2017-18	2020-21	2021-22
Cheshire East	21.4%	54.2%	78.1%	61.7%	69.8%
Cheshire West & Chester	31.8%	53.4%	76.2%	69.5%	74.4%
Halton	32.2%	81.3%	61.9%	62.0%	67.7%
Knowsley	24.2%	57.2%	77.2%	75.7%	74.2%
Liverpool	33.4%	57.9%	63.3%	58.6%	63.2%
Sefton	36.5%	66.6%	65.3%	72.9%	68.6%
St. Helens	29.3%	50.6%	77.4%	59.3%	59.1%
Warrington	18.0%	42.6%	59.6%	59.6%	61.2%
Wirral	36.4%	50.2%	76.5%	77.2%	73.6%
IMS - All areas	31.5%	54.1%	68.9%	64.6%	66.8%

Year in which NSP was used based on age at first date of usage

9: A CLEAR MAJORITY OF PEOPLE WHO INJECT PSYCHOACTIVE SUBSTANCES ACROSS CHESHIRE AND MERSEYSIDE ARE INJECTING HEROIN

Around five in six individuals (86.5%) who inject psychoactive substances identify heroin as their primary substance, ranging from 64.7% in Warrington to 94.5% in Liverpool. Sefton again has the highest proportion of people injecting crack cocaine as their primary substance (7.8%) although this is a notable drop from 2020/21 where the proportion was 11.9%, while Cheshire East has just 1.0% of individuals in this cohort injecting crack cocaine as the primary substance. Warrington again had the highest proportion for any area of individuals injecting amphetamines as their primary substance (12.9%), while Knowsley recorded 8.0% of individuals injecting powder cocaine as their primary substance.⁵

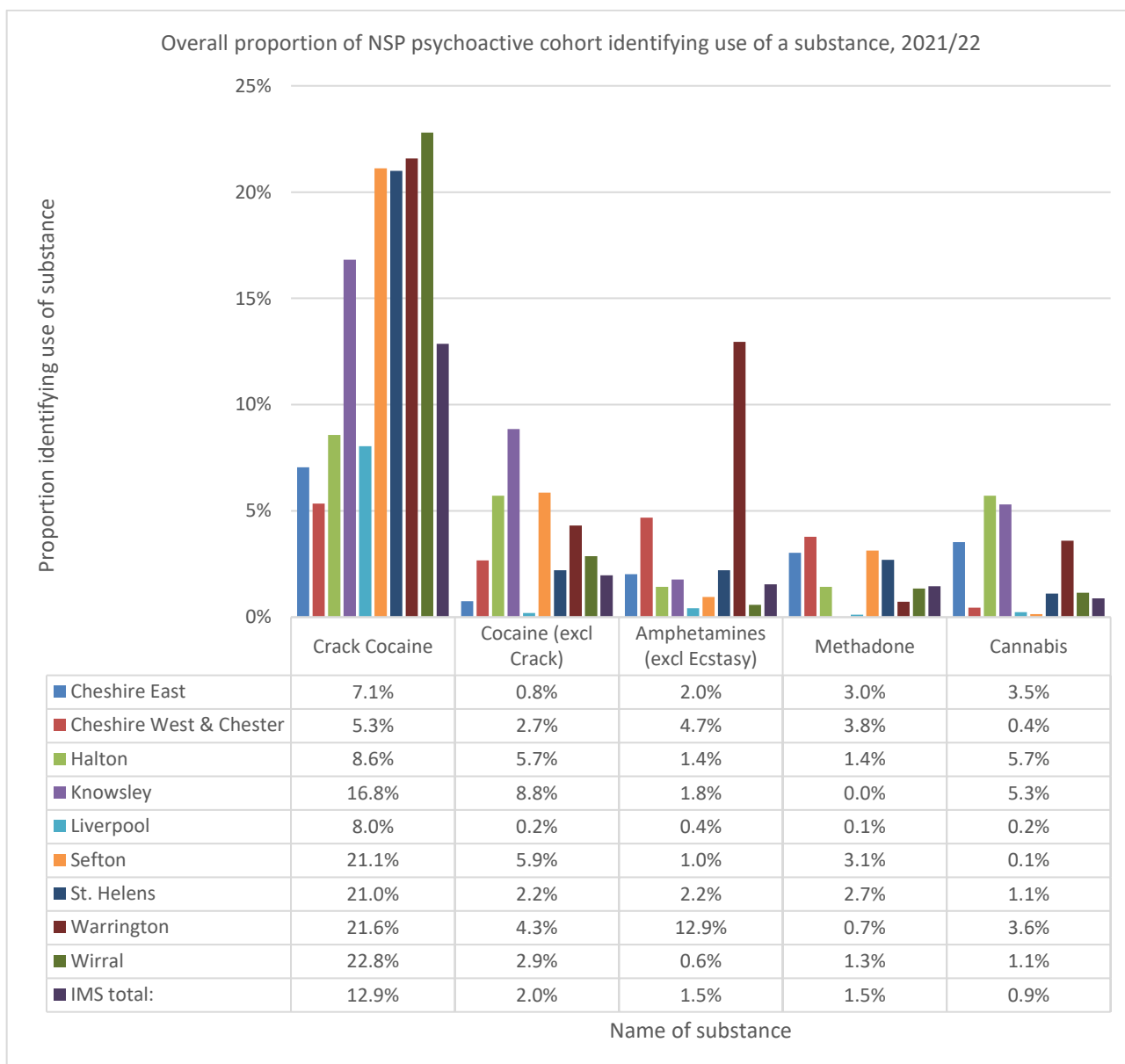


Drug Group of Main Substance (excluding Heroin)	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS total:
Methadone	2.8%	3.3%	1.4%	0.0%	0.1%	1.6%	2.2%	0.7%	1.0%	1.1%
Other Opiates	0.8%	0.4%	7.1%	0.0%	0.3%	0.7%	0.4%	2.2%	0.8%	0.5%
Benzodiazepines	0.3%	0.4%	0.0%	0.0%	0.0%	0.3%	0.0%	5.8%	0.0%	0.2%
Amphetamines (excl Ecst)	0.8%	4.5%	1.4%	1.8%	0.3%	0.7%	2.1%	12.9%	0.6%	1.4%
Cocaine (excl Crack)	0.3%	1.3%	5.7%	8.0%	0.1%	1.5%	2.0%	3.6%	2.7%	1.2%
Crack Cocaine	1.0%	2.4%	1.4%	1.8%	3.7%	7.8%	2.2%	4.3%	4.4%	3.7%
Prescription Drugs	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	1.3%	0.2%
Novel Psychoactive Substa	0.3%	3.1%	0.0%	2.7%	0.0%	0.0%	2.1%	0.0%	0.0%	0.6%
Other Drugs	2.3%	6.2%	2.9%	6.2%	0.8%	1.1%	22.4%	5.8%	1.1%	4.7%

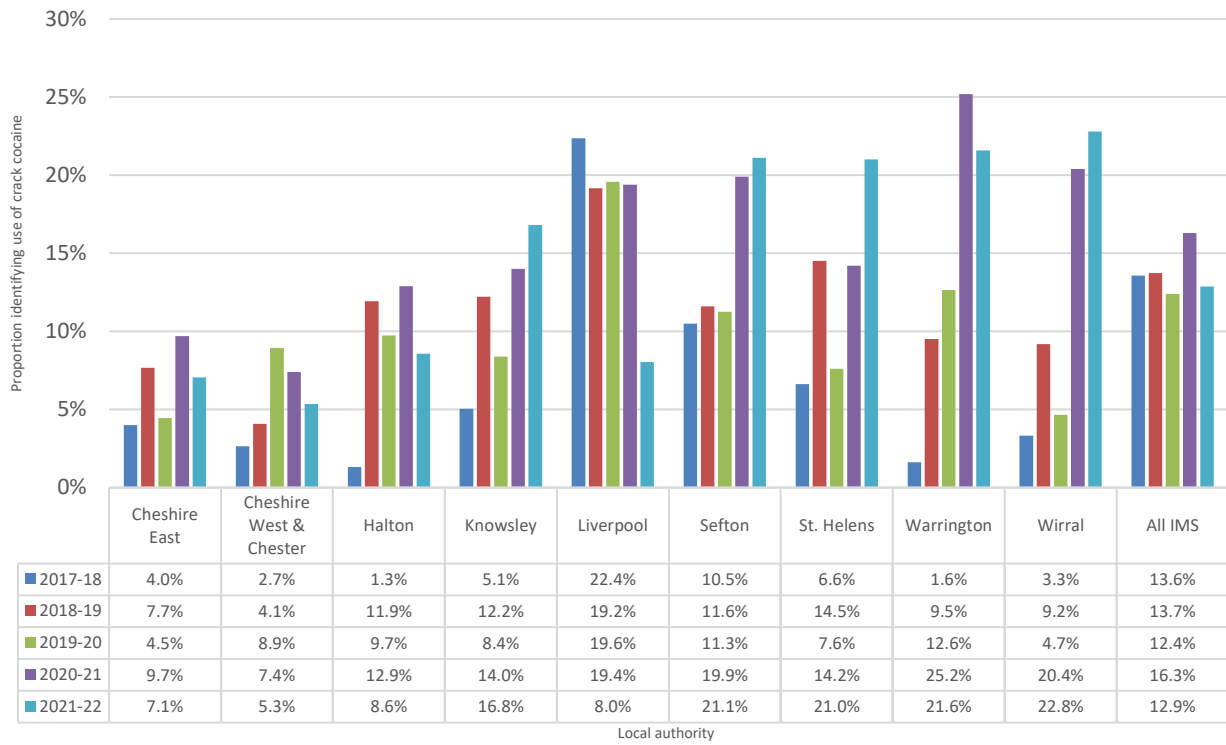
⁵ The high proportion of "other" for St. Helens is due to an ongoing recording issue by reporting pharmacies.

10: IN SOME AREAS, AROUND ONE IN FIVE INDIVIDUALS ATTENDING NSP ARE USING CRACK COCAINE

When looking at all substances named by individuals (not just their main substance), the top six substances after heroin were; crack cocaine, amphetamines, cannabis, cocaine, methadone and novel psychoactive substances. Just under one in seven (12.9%) people using NSP state that they use crack cocaine, a decrease from the previous year’s figure of 16.3%, but a return to a similar level to 2019/20 where the proportion was 12.4%. There is substantial variation in crack cocaine use, from 5.3% of the psychoactive NSP cohort in Cheshire West & Chester to 22.8% in Wirral, which recorded only 4.7% in 2019/20. St Helens also experienced a large increase in the numbers using crack cocaine, from 14.2% in 2020/21 to 21.0% in 2021/22. Warrington again had a substantially higher level of people stating they use amphetamines than any other area (12.9% compared to an average of 1.5%), while Knowsley had the highest level of those using powder cocaine (8.8%).



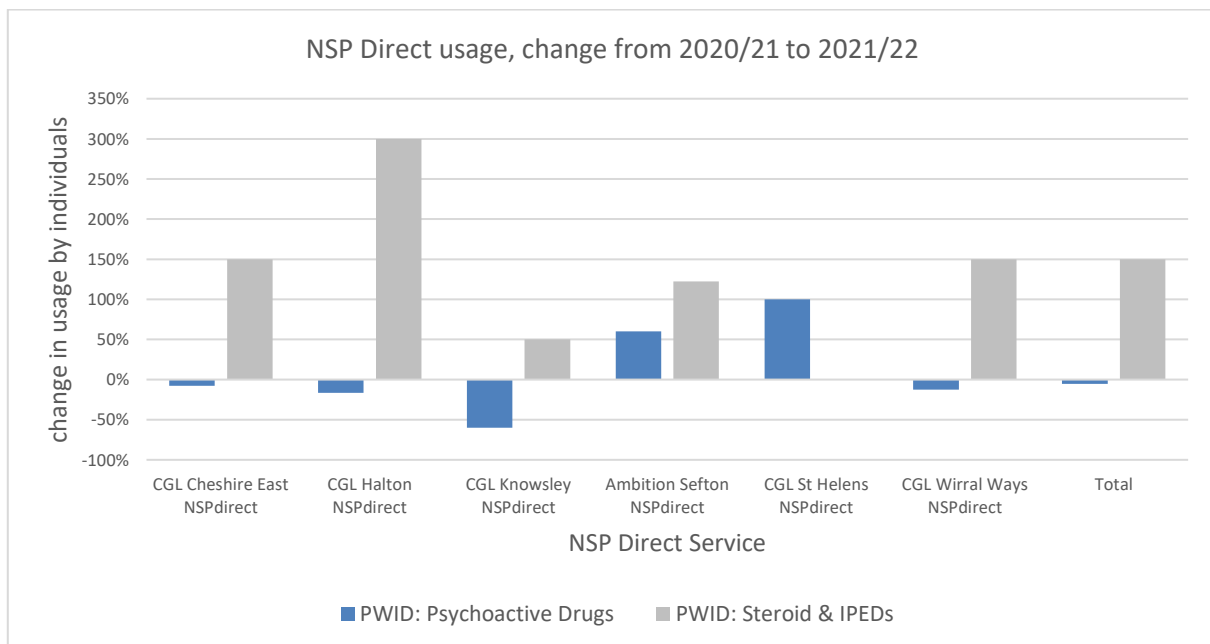
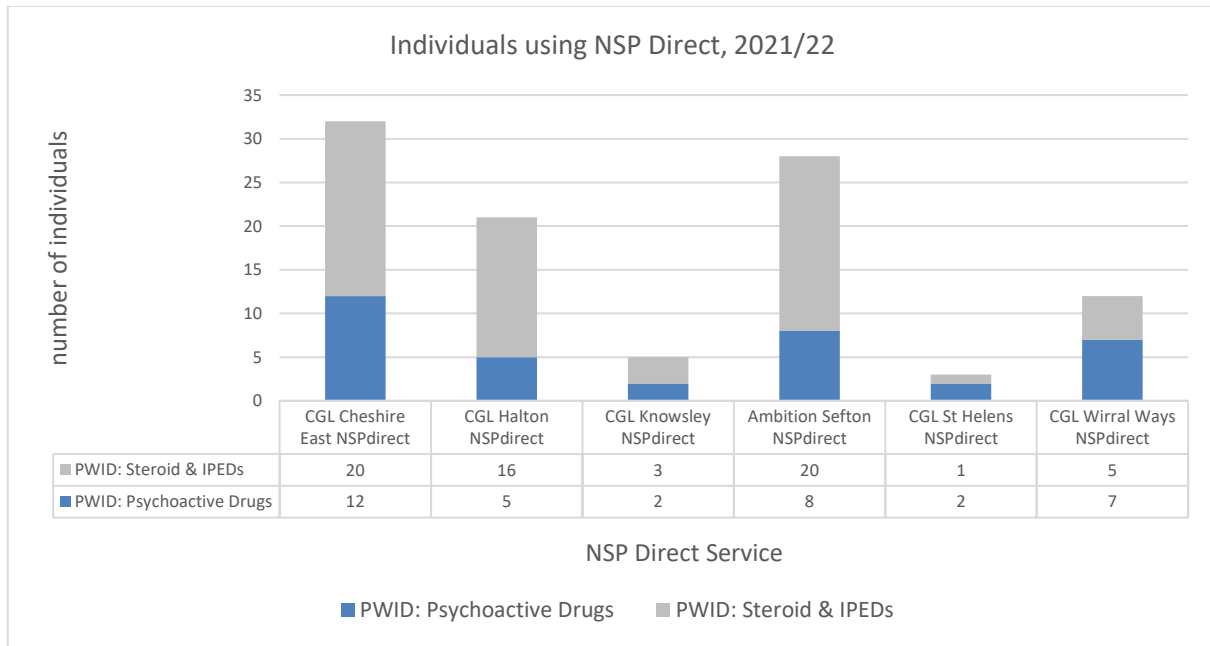
Proportion of NSP psychoactive cohort identifying crack cocaine use, 2017/18-2021/22



2017-18 2018-19 2019-20 2020-21 2021-22

11: NSP DIRECT USE DECLINED SLIGHTLY FOR PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES BUT AROUND 75,000 NEEDLES WERE ORDERED ONLINE

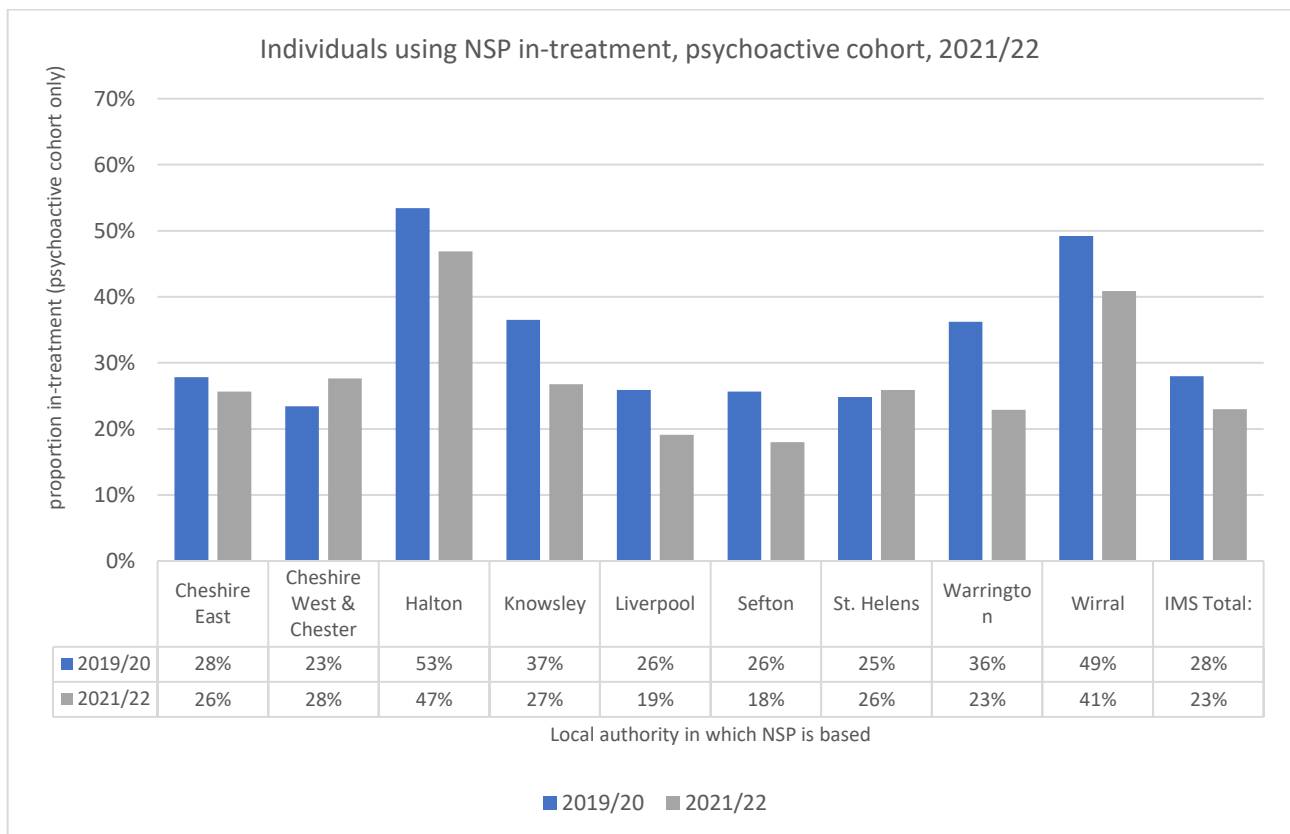
Six of the nine Cheshire and Merseyside areas began to offer NSP through the internet during 2020/21, with the equipment shipped directly to individuals’ homes or another address, via Exchange Supplies’ NSP Direct service. Take up of the new service continues to be limited, with only 101 individuals across the region utilising it, although some made repeated orders and the average number of needles ordered increased, at 746 per person compared to 355 in 2020/21, with 75,369 needles in total being distributed. 35.6% of individuals using the service were people injecting psychoactive drugs, compared to 59.3% of this cohort in 2020.21.⁶



⁶ NSPdirect is an online order service; data is entered by the client with most fields being optional. It is therefore not always possible to identify individual clients and repeat visits. Substance type is often not provided and is imputed from the available characteristics.

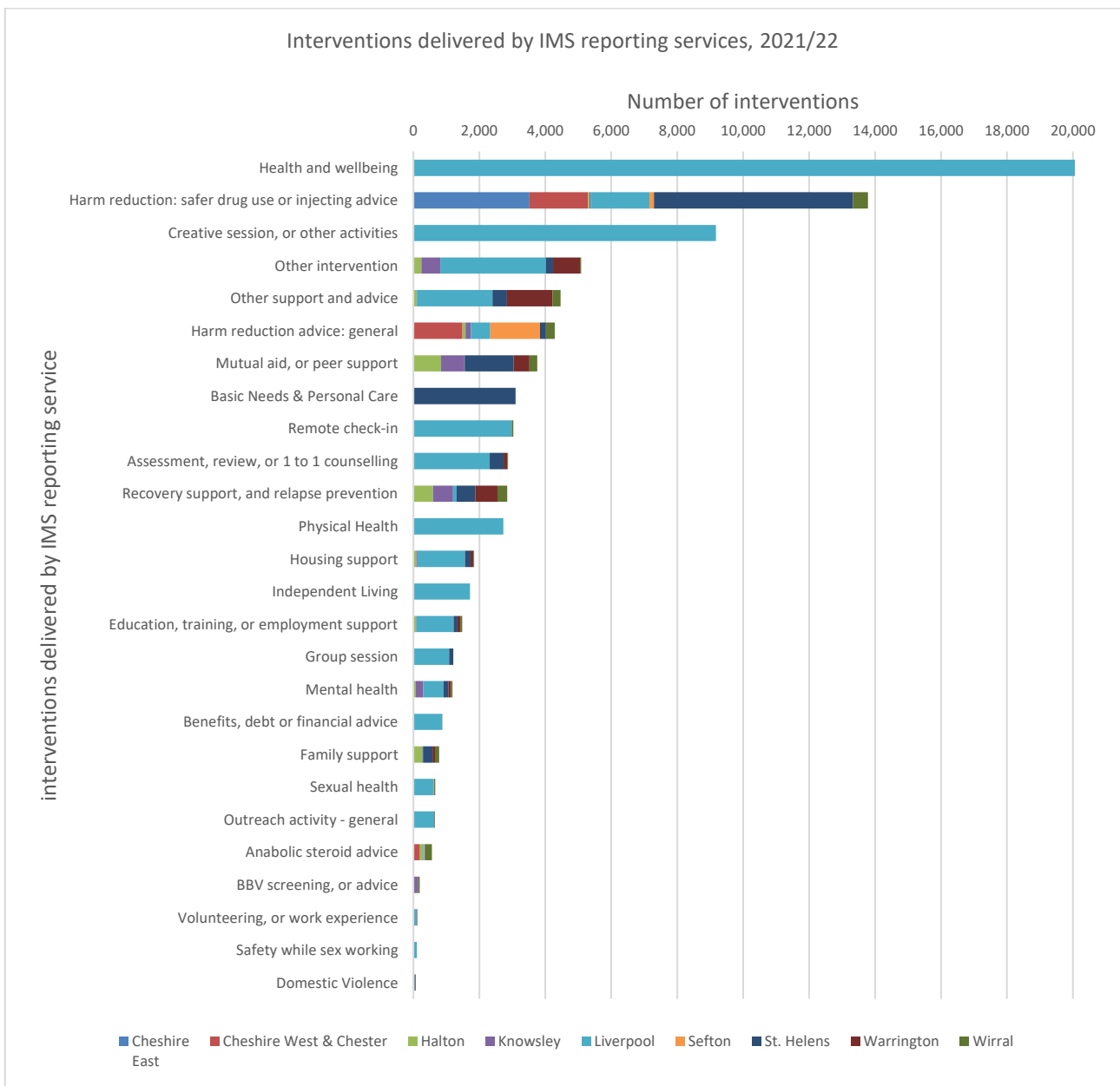
12: A SUBSTANTIAL PROPORTION OF INDIVIDUALS USING NSP WHO INJECT PSYCHOACTIVE SUBSTANCES MAY NOT BE IN TREATMENT

Each year OHID match IMS data for individuals using NSP across Cheshire and Merseyside with NDTMS data for those individuals in structured treatment for their drug or alcohol use. With the migration from PHE to OHID, it was not possible to match this data for 2020/21, but during 2021/22, 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 23%, a decrease of 5 percentage points on the 2019/20 analysis where this figure was 28% but an increase on 2017/18 where it was 20%. The area with the lowest treatment penetration were Sefton and Liverpool which had 18% and 19% of this cohort in treatment respectively, while Wirral and Halton had the highest proportion (41% and 47% respectively) accessing both NSP and in-treatment. Only St Helens and Cheshire West & Chester showed small increases in the proportions using NSP for psychoactive substances in treatment. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 1-7% for all local authority areas.



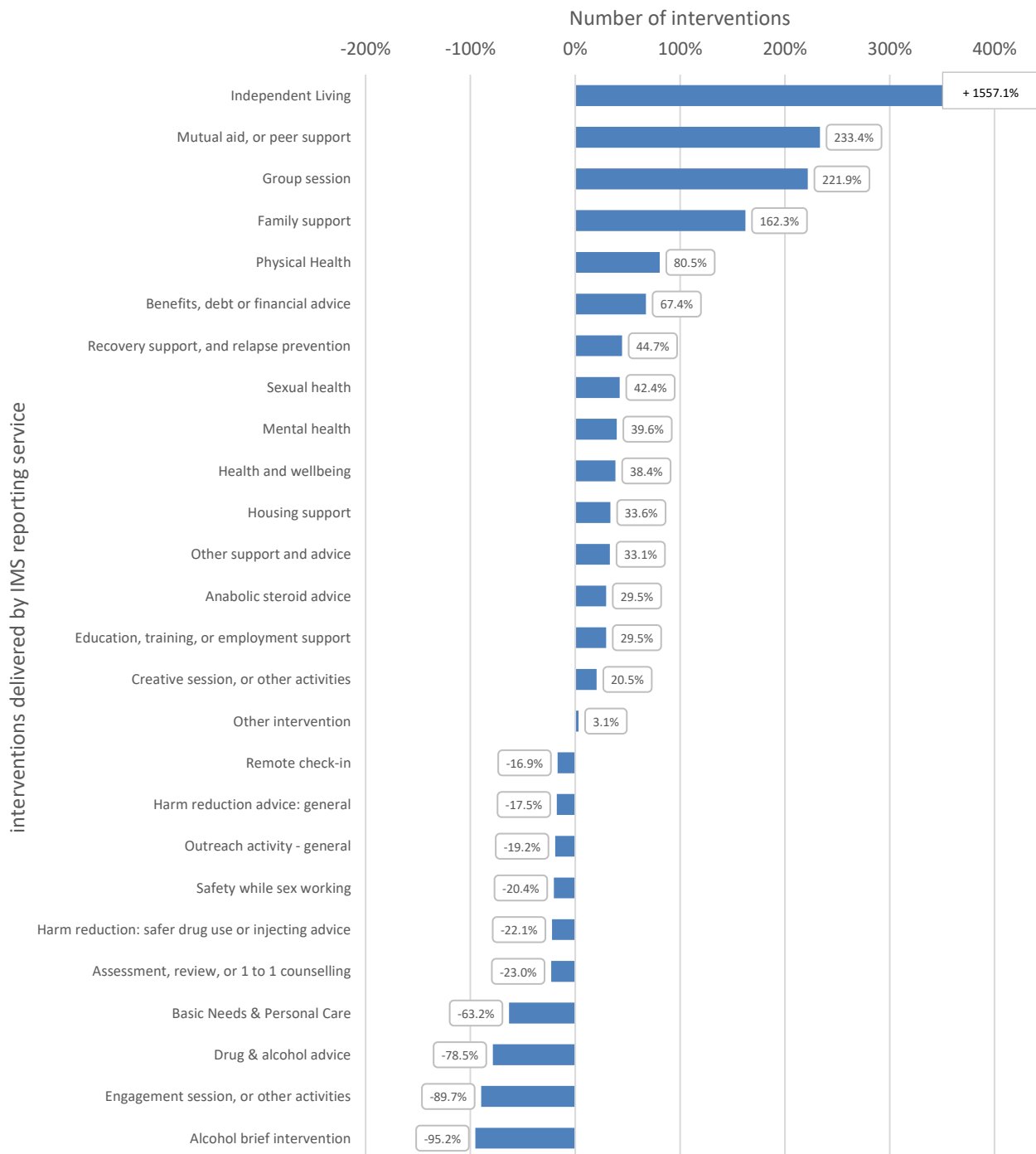
13: OVER 94,000 INTERVENTIONS WERE DELIVERED IN 2021/22

While IMS primarily records NSP activity, it also records delivery of a range of other interventions provided to people accessing NSP and a wide range of brief interventions provided to people at other services. Not all service providers reporting to IMS record these interventions, but those who do reported 94,389 interventions delivered by them during 2021/22, which is an 8.0% increase on the 87,403 interventions delivered in the previous year.⁷ There was however, a steep reduction in alcohol brief interventions, which declined by -95.2% on the previous year, with engagement sessions, drug & alcohol advice and basic needs & personal care all seeing steep declines. However, mutual aid or peer support, group sessions and family support all saw substantial increases on the previous year, and interventions related to independent living experience has a 1,557% increase on the previous year, although these were all delivered from Liverpool.



⁷ Unfortunately we were again unable to access data for 2021-22 from LCAS (Liverpool Community Alcohol Service) for the purposes of this report, which affects overall numbers for the year given that they are a significant provider of brief interventions.

Change in interventions delivered by IMS reporting services between 2020/21 and 2021/22



Nb – where over 100 interventions delivered

14: AROUND HALF OF PEOPLE RECEIVING BRIEF INTERVENTIONS AND WHO DO NOT REPORT CURRENT INJECTING, IDENTIFY ALCOHOL AS THEIR PRIMARY SUBSTANCE

Around two in five (41.7%) individuals receiving brief interventions only (the cohort of non-injectors within the IMS dataset) identify alcohol as their main substance, reflecting the historic role of brief intervention provision for this group. This is a reduction from 2020/21 where this proportion was 51.9%. All local authorities have between 34% and 61% 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 under one in five (19.4%) receiving brief interventions only are using heroin, followed by 9% using cocaine (excluding crack cocaine), and 7.5% using cannabis, a decrease from the 9.3% using cannabis last year. Around one in ten (12.2%) individuals received brief interventions relating to substance use but did not identify any recent substance use.

Drug Group of Main Substance	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS total:
Alcohol	0.0%	0.0%	41.9%	44.7%	33.6%	0.0%	43.6%	41.0%	61.1%	41.7%
Heroin	96.4%	23.1%	33.7%	17.3%	7.0%	66.7%	22.7%	27.4%	4.8%	19.4%
No Substance	0.0%	30.8%	0.0%	0.0%	38.0%	0.0%	3.1%	0.4%	27.0%	12.2%
Cocaine (excl Crack)	0.0%	0.0%	4.3%	19.1%	7.5%	0.0%	11.9%	6.7%	0.8%	9.0%
Cannabis	0.0%	0.0%	8.2%	10.8%	4.9%	0.0%	8.4%	7.5%	5.4%	7.5%
Other Opiates	0.0%	0.0%	4.1%	2.1%	1.1%	0.0%	2.4%	6.8%	0.2%	2.8%
Crack Cocaine	3.6%	0.0%	2.3%	1.3%	5.0%	0.0%	1.5%	1.7%	0.2%	2.4%
Methadone	0.0%	0.0%	3.1%	1.5%	1.4%	0.0%	2.1%	1.7%	0.2%	1.7%
Benzodiazepines	0.0%	0.0%	0.6%	0.4%	0.2%	0.0%	1.0%	1.7%	0.2%	0.7%
Prescription Drugs	0.0%	0.0%	0.9%	0.2%	0.6%	0.0%	0.6%	0.7%	0.0%	0.5%
Amphetamines (excl Ecst)	0.0%	15.4%	0.4%	0.4%	0.2%	0.0%	0.7%	0.9%	0.0%	0.5%
Hallucinogens	0.0%	0.0%	0.3%	1.2%	0.3%	0.0%	0.8%	0.1%	0.0%	0.5%
Steroids & PIEDS	0.0%	23.1%	0.1%	0.6%	0.2%	33.3%	0.4%	1.0%	0.0%	0.5%
Other Drugs	0.0%	0.0%	0.1%	0.5%	0.0%	0.0%	0.4%	0.8%	0.0%	0.3%
Someone else	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.9%	0.0%	0.2%
Novel Psychoactive Substa	0.0%	7.7%	0.1%	0.0%	0.0%	0.0%	0.1%	0.4%	0.0%	0.1%
Anti-depressants	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%	0.0%	0.1%



Following the first year in which NSP activity was substantially affected by the Covid-19 pandemic, IMS data has allowed services and commissioners to observe the impact of the easing of national and local restrictions on activity. We have left in place some of the reporting which was developed as part of the pandemic including the dedicated NSP area of the portal which provides a quarterly NSP activity report, and downloadable spreadsheet which allows areas to interrogate their figures by individual pharmacy or agency.

This report covers the financial year from April 2021 up until 31st March 2022, a period when much of the UK including Cheshire and Merseyside were subjected to ongoing restrictions, although these were not as stringent as those in place during the first year of the pandemic, and it is encouraging to see NSP use beginning to recover, despite it not yet returning to pre-pandemic levels. Over the course of the previous year, despite seeing reductions in activity for both cohorts of people who inject drugs (PWID) utilising NSPs, the reduction was far more substantial for individuals using steroids and other IPEDs than those using psychoactive substances. The decline in NSP utilisation by the former group could potentially reflect changes in drug use practice, as they may have moved to oral drugs or rescheduled their cycles of use. By the end of March 2022, the use of NSP by people using psychoactive substances had recovered to 96% of pre-pandemic levels but only 74% for those using steroids and other IPEDs. This ongoing reduction in NSP utilisation by the steroids and other IPEDs cohort means that with the exception of last year, they form the smallest proportion of overall NSP use since 2008/09. This group continue to dominate agency based NSP provision and the reduction in utilisation may also reflect the fact that agency-based NSP sites were more likely to limit their availability than pharmacy sites during the pandemic, with the NSP offering from some agency-based sites being withdrawn altogether.

Cheshire and Merseyside's provision was already heavily skewed to pharmacies and the pandemic has embedded this further. Pharmacies have some advantages over agency provision in that they tend to be geographically well located, and will often have longer opening hours and weekend access, notwithstanding restrictions in place during 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 PWID.

One of the key benefits of IMS is the annual matching of the NSP activity data to OHID's NDTMS treatment activity data. This data match did not take place in 2020/21 due to NDTMS' move from PHE to OHID but the data match for the 2021/22 year this report covers shows that only 23% of individuals using NSP for psychoactive substance use were in treatment for their drug or alcohol use, a fall of 5 percentage points from 2019/20. This varied considerably between areas: in some such as Halton and Wirral, between 40-50% of individuals injecting psychoactive substances presenting to NSPs were in active treatment, compared to less than one in five for some areas, and most areas experienced declines since the pre-Covid reporting period. While it is not possible to confirm whether these figures are accurate due to uncertainty around use of real attributors in NSP services, 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.

Take-up of the NSP Direct service which allows individuals to order injecting equipment online continues to be limited, with some areas having less than 10 individuals across the whole of the year utilising the service. There has been a shift from the service being one that is used primarily by those injecting psychoactive substances to people injecting steroids and other IPEDs, and this perhaps reflects a return to pre-pandemic settings for delivery of NSP; however the amount of equipment distributed to individuals using the service is high, with all injecting cohorts receiving well in excess of the WHO recommended 200 needles per person.

It should be noted that prior to the pandemic, NSP activity had already fallen to its lowest level in a decade during 2018/19, the reduction being 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, and in 2019/20, activity was similar to the previous year. One of the many findings to come out of the weekly NSP reporting was the large fluctuations in data being recorded for equipment being distributed, with some sites recording as many as 100 times the amount in one week compared to the previous. As we normally only analyse NSP equipment data annually, this was an issue that the pandemic brought to light which would not have been observable previously. Accordingly, we have continued our engagement with pharmacies in order to ascertain if there are valid reasons for the erratic equipment data or if it reflects a recording issue due to, for instance, staff turnover, new systems and service priorities within the settings that offer NSP.

The proportion of individuals injecting psychoactive substances presenting to NSPs who are aged over 40 years rose slightly from 64.6% in 2020/21 to 66.8% in 2021/22, although it appears to have levelled off at around two-thirds of the cohort for the last few years. 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 are still the main group of psychoactive substances injected across all local authority areas, although many areas have seen an increase in numbers also injecting crack cocaine, and in some areas between a fifth and a quarter of individuals from the psychoactive cohort using NSP are using 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 nine years ago, which reflects national data on this increase⁸. Data on drug related deaths from ONS suggest increasing numbers of single substance cocaine related deaths, which may be as a result of a variety of factors including higher purity and falling price.⁹ 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 three 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 correctly against a single individual more often rather than as a series of identifiers. However, the overall level of coverage has continued to decline across Cheshire and Merseyside to below this threshold, meaning that along with a decrease in individuals utilising NSP, those who are accessing NSP are taking less equipment. 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

⁸ "Opiate and crack cocaine use: prevalence estimates by local area: Estimates of the number of opiate and crack cocaine users in local areas" (PHE, 2019) Link: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

⁹ Deaths related to drug poisoning in England and Wales: 2020 registrations (ONS, 2020) Link: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

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.

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 94,000 interventions being delivered over 2021/22, an increase of 8% from the previous year. These interventions are 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 or OST maintenance.

In conclusion, the picture IMS presents is that following the reduction in overall numbers reported in 2018-19, and then a further reduction because of the pandemic, activity has largely recovered for the psychoactive cohort to pre-pandemic levels but is still around 26% reduced for the steroid and other IPED cohort. Although initial data from the 2022/23 reporting year shows a further recovery for this group of people, it remains an issue, and it is still unclear whether a rise in BBVs as a result of more sharing of equipment will materialise, or if alternatively the reduction in usage reflects a change in the overall usage of substances. Along the same lines, the effect of the pandemic on the psychoactive injecting population may only become clear in coming years. 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 treatment 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 30th July 2022. 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 2020 to 31st March 2021. 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.

ACKNOWLEDGEMENTS

Thank you to Professor Vivian Hope for assisting us with the development of this report, and to all the contributing services who have worked with us to ensure that IMS data quality and completeness is of a high standard. Thank you also to those commissioning the IMS system (incorporating DRD monitoring) from us – as always, we very much appreciate you continuing to do so. Thank you to Adam Marr and the NDTMS team at OHID for matching the in-treatment data for this report.

