IMS
integrated monitoring system

Integrated Monitoring System
Annual Report

Cheshire and Merseyside 2017/18

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PREVIOUS REPORTS

The drug and alcohol treatment in Cheshire and Merseyside report series

This *Integrated Monitoring System Annual Report Cheshire and Merseyside 2017/18* report is from the latest in a series of reports that highlight intelligence on drug and alcohol treatment in Cheshire and Merseyside. The previous reports were:

- Alcohol Treatment in Cheshire and Merseyside, 2004/05 (Brown et al, 2006)
- Alcohol Treatment in Cheshire and Merseyside, 2005/06 (McVeigh et al, 2006)
- Alcohol Treatment in Cheshire and Merseyside, 2006/07 (McCoy et al, 2007)
- Alcohol Treatment in Cheshire and Merseyside, 2007/08 (McCoy et al, 2009)
- Alcohol Treatment in Cheshire and Merseyside, 2008/09 (McCoy et al, 2010)
- Alcohol Treatment in Cheshire and Merseyside, 2010/11 (Hurst et al, 2012)
- Alcohol Treatment in Cheshire and Merseyside, 2011/12 (Hurst et al, 2013)
- Drug and Alcohol Treatment in Cheshire and Merseyside, 2012/13 (Whitfield et al, 2013)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2013/14 (Whitfield et al, 2014)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2014/15 (Whitfield et al, 2015)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2015/16 (Whitfield et al, 2016)
- Integrated Monitoring System Annual Report Cheshire and Merseyside, 2016/17 (Whitfield et al, 2017)

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

FOREWORD

As I retire from Public Health in Knowsley, I am delighted to provide the foreword for the Integrated Monitoring System Annual Report.

We have used this monitoring system, provided by the Institute of Public Health at Liverpool John Moores University, in Knowsley over many years and I feel that each year the benefit we get from the system grows. As drug related deaths are increasing, commissioners and service providers really need to focus on the learning from each death. This monitoring system provides a unique insight into the drug use journey of individuals over time, including their contact with NSP and other low threshold services. This, combined with the information that service providers hold on individuals, allows in depth analysis of the drug history of the individuals providing rich learning to be gained, which will hopefully can be used to make changes to help reduce the number of people dying unnecessarily.

The annual report provides an overview of activity in each area allowing trends to be identified early, thus providing the opportunity to make changes to address new and emerging issues.

I hope that in the coming years, commissioners and service providers across Cheshire and Merseyside use the information provided by this database to develop evidence-based services which address emerging themes and meet the needs of the population, thus improving the lives of this vulnerable group.

Christine Owens

Public Health Programme Manager

Public Health and Wellbeing - Knowsley

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EXECUTIVE SUMMARY

This publication is the fifth IMS (Integrated Monitoring System) annual report. This system collates information on both Needle and Syringe Programme (NSP) activity and the delivery of brief interventions related to drug and alcohol use across Cheshire and Merseyside. During 2017-18, a total of 50 drug and alcohol services (21 of which provided NSPs), and 95 pharmacies reported attributable information (i.e. individuals' initials, date of birth and gender) to IMS. Data was thus received from a total 145 different sites (an increase from 134 sites in 2016-17). While the number of individuals reported to the system has risen slightly from 2016-17, the number of NSP transactions has declined from the previous year.

Cross matching IMS with other data sources

When data was cross matched with data from the National Drug Treatment Monitoring System (NDTMS) and locally collected Criminal Justice Dataset, the number of individuals in contact with services during 2017-18 totalled 41,130, representing a 1.2% increase on 2016-17. An average of 19% of individuals reported to IMS also appeared in the NDTMS dataset, a decrease from 21% in 2016-17 and 30% in 2015-16. Across all local authority areas, the proportion of those recorded in IMS who were injecting psychoactive drugs, but not in structured treatment for drug use within the past year was 79.1%.

People Who Inject Drugs (PWID): psychoactive drugs cohort

The psychoactive PWID cohort (those injecting opiates, crack cocaine or other psychoactive substances) is ageing, with 69% aged 40 years or over across all areas. On average female PWID accessing NSP services are younger (40.5 years) than male PWID (43 years). Four in five (79%) individuals in the psychoactive PWID cohort are male. Of those who identify a substance within the psychoactive cohort, heroin is the most commonly named primary substance, followed by crack cocaine. The number of individuals with some form of housing problem has risen from 12% to 33%, while those identifying an urgent housing need have increased from 11% to 19%. Two fifths (39%) of individuals are unemployed and seeking work, while 42% are long term sick or disabled. Where an individual states that they are a parent of at least one child under 18, 86% do not have any children living with them. Where the field has been completed, 46% state that they have a chronic condition or disability. Over 1.1 million needles and syringes were distributed across Cheshire and Merseyside during 2017/18 to people who inject psychoactive drugs, with the average number of needles per individual over the course of the year ranging from 57 to 227.

People Who Inject Drugs (PWID): steroid/IPED cohort

The steroid/IPED PWID cohort is younger than the psychoactive PWID cohort, with only 19% aged 40 years or over across all areas, compared to the figure of 69% for the psychoactive PWID cohort. Almost all (98.1%) of the individuals in this cohort are male, compared to 81% of the psychoactive PWID cohort. Accommodation is a far less significant issue for those using steroids and other IPEDs than for those using psychoactive drugs, with less than 1% reporting an urgent housing need and 3% identifying some kind of housing problem. Very high levels of regular employment are recorded among those using steroids and other IPEDs, with less than 2% of individuals identified as being long term sick or disabled. Over 600,000 needles and syringes were distributed across Cheshire and Merseyside during 2017/18 to people who inject steroids and other IPEDs, with the number of needles per individual over the course of the year ranging from 48 to 116.

Brief interventions only cohort

Individuals who appear in the IMS dataset, but have who no NSP transactions reported, are included in the Brief Intervention (BI) cohort. BIs delivered by drug and alcohol services are recorded variably across different local authority areas and so groups in each area are not directly comparable, unlike for NSP based cohorts. However, most individuals receiving BIs (55%) are aged 40 or over. Brief interventions have historically been used most extensively for individuals presenting with issues around their alcohol use, and 6 in 10 (61%) of those receiving BIs in 2017-18 alcohol was their main problem substance, followed by heroin (10%), cannabis (7%) and cocaine (5%). For individuals receiving BIs, 17% cited a housing problem, almost three in ten (28%) individuals receiving a BI are unemployed and seeking work, with a further quarter (26%) long term sick or disabled. Around one in seven (15%) are in regular employment.

Other Interventions, referrals and wellbeing reviews

Looking at all interventions recorded (regardless of the client cohort group), interventions were delivered on 35,027 separate occasions to a total of 11,393 individuals, an average of 3 interventions per person, a decrease from an average of 4 per person in 2016/17; the main interventions recorded were “Creative session or other activities” (7,470 interventions), “Basic needs & personal care” (7,142 interventions) and “Harm reduction advice: general” (4,111 interventions). A total of 608 outward referrals were recorded by service providers across six local authority areas, almost half of which were to another service provider (44%). During 2017-18, wellbeing reviews were completed for 1,448 individuals. A cohort of 458 individuals had completed Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) on two separate occasions. For all individuals with multiple wellbeing reviews, over half (55%) showed a positive change in score between their first and latest review, while 9% had no change and 37% recorded a negative change.

Novel Psychoactive Substances (NPS)

The IMS module for reporting information on Novel Psychoactive Substances (NPS) is used by seven agencies. The data shows that more males report using NPS than females; however among those aged under 20 years, and the proportion of females reporting MDMA/Ecstasy is high. Methamphetamine and MDMA/Ecstasy were the most commonly identified substances. Most individuals (67%) were aged under 40 years with 14% aged under 20 years.

Drug Related Deaths (DRD)

IMS monitors drug related deaths (DRD) for seven of the local authorities using a dedicated module which, in line with best practice guidance, collates information from an array of sources including treatment services for drug use, the local coroners, NSP and other low threshold services, and social services. These data are presented to panels chaired by PHI, with membership including representation from drug services, local authorities and social services, as well as the lead prescriber from treatment services. Up to February 2019, 523 deaths have been reported via the system. Key themes arising from the panels include the high level of injecting among those in treatment, and the need for strengthened links between drug services and mental health, given that over 50% of deceased individuals are thought to have a condition of this nature. A tool is being developed collaboratively with PHE in 2019 in order to evidence change which has come about as a result of the panels.

Discussion

IMS data from 2017-18 again demonstrates the importance of continuing to monitor low threshold interventions, including NSP activity, at a time when numbers using such services remain high. The increase in the number of people who injected psychoactive drugs accessing these services from 2016-17 is a cause for concern particularly as the number of individuals in structured drug treatment are declining. The matching of IMS data to NDTMS data on those in structured drug treatment suggests that in most areas there is a potentially large cohort of people using drugs who are not engaged in treatment services. The proportion of individuals aged 40 years or over remains at a record high and is over twice the level of a decade ago. The sharp rise in the numbers identifying an urgent housing need highlights the importance of low threshold services to this group, and services may need to consider alternative means of distribution for those with acute housing problems. IMS data provides key information for investigation of drug related deaths, and has highlighted that levels of injecting among those in structured drug treatment are most probably higher than indicated in NDTMS. This under reporting of injecting in NTDMS may be a long term issue which has only becoming evident through the DRD monitoring process. Anxiety and depression appears to be the main chronic condition for this group, which means that although physical conditions such as COPD remain prevalent, services and commissioners should not lose sight of potentially unmet needs around mental health. The steep increase in the number of individuals injecting steroids or other IPEDs over the past 10 years suggests that, although this cohort has very different experiences to the psychoactive cohort, there are potentially unmet health needs for this population.

INTRODUCTION

This publication presents the most recent data from the Integrated Monitoring System (IMS) which records data on the delivery of needles and syringe programmes (NSPs) and brief interventions across Cheshire and Merseyside. Data from the IMS for the 2017-18 financial year is presented alongside a brief overview of selected recent work which PHI has undertaken. For the first time we have split this report into two documents – this document which provides a narrative overview, with graphs, infographics and charts, describing the findings, and a second document which includes an extensive set of data tables and which provide a reference resource for local authorities to delve down deeper into their own data. We continue to use the three cohort groups as described in Figure 1 below when analysing the data, using imputation techniques where a primary substance is not stated, as described in the methodology section at the back of this document.

PHE have again been able to match IMS figures with National Drug Treatment Monitoring System (NDTMS) data in order to ascertain the total numbers of individuals using drugs presenting to services by local authority. This is a valuable tool for local authorities in assessing the extent of drug use across their areas, and we provide estimates of numbers in contact with services for each local authority area in this report. In addition we have looked this year at how the number of Needle and Syringe Programme (NSP) transactions relates to the extent of matching to NDTMS.

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

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 forms, which has improved accuracy, made the transfer of information more secure and allowed us to produce reports in a timelier manner.

In this year's report we have again included sections on wellbeing, on drug related deaths (the monitoring of which is now being provided to seven of the nine LAs), and on affected others. The latter group are those individuals reported to IMS who either have no main substance recorded or who are only engaged with services for support due to substance use by others. We hope you enjoy reading the report and welcome your comments or suggestions.

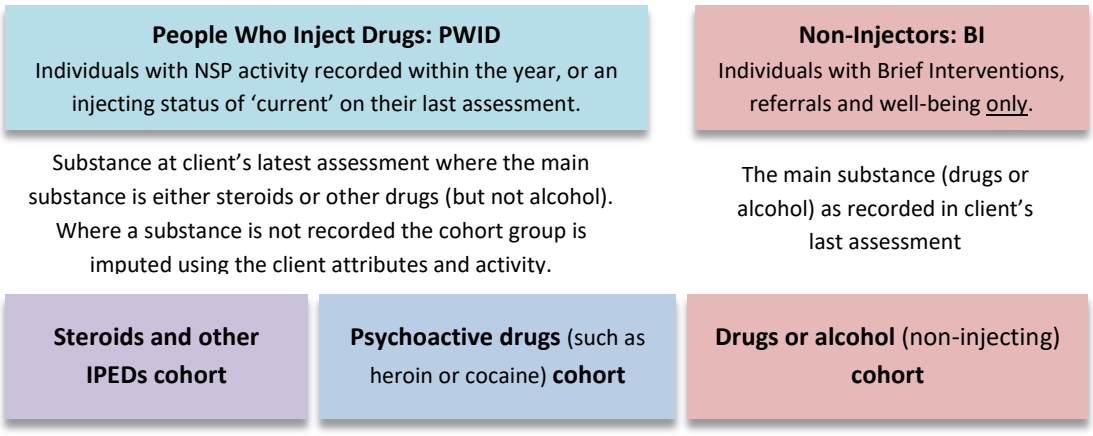


Figure 1 - The three cohorts used to describe IMS data

1. INTEGRATED MONITORING SYSTEM - OVERVIEW

1.1. IMS COHORT SUMMARY:

During the 2017-18 year a total of 26,509 individuals were reported to the IMS, an increase of 5.6% on the previous year, which is due to an increase in the number of individuals who have received a brief intervention. The largest group of individuals in the IMS dataset reside in Liverpool (44.4%), with the other areas reporting between 4.3% (Cheshire East) and 12.9% (St. Helens) of the total.

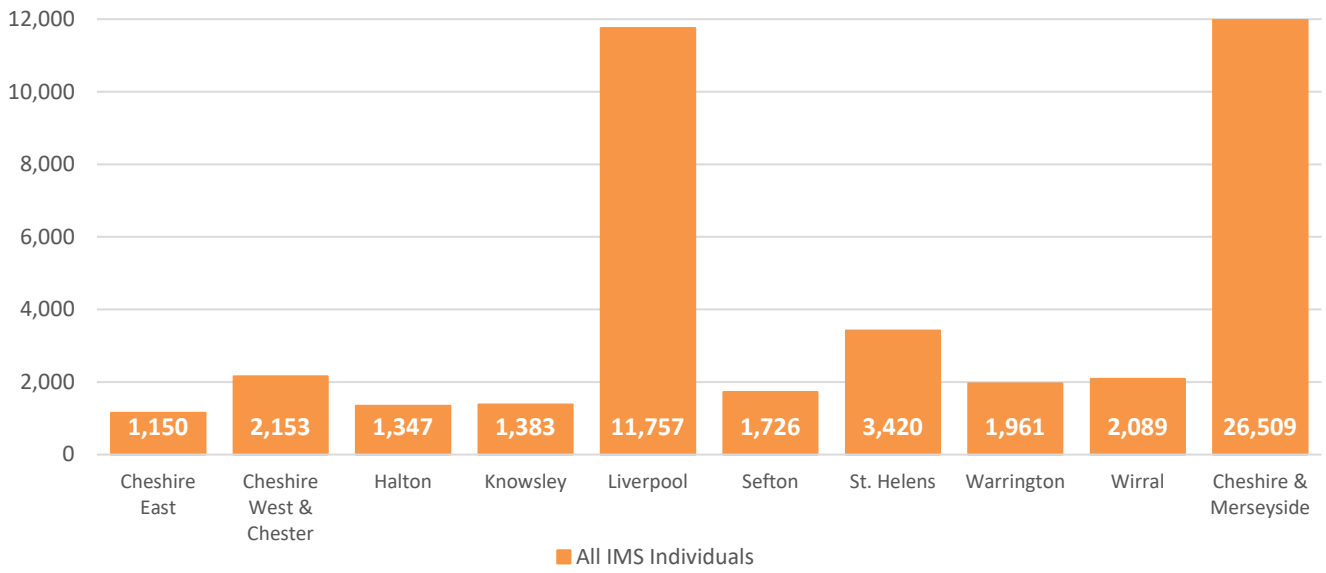


Figure 2 - All IMS individuals by Local Authority, 2017-18

The IMS client group is split into three cohorts representing: People Who Inject Drugs (PWID) who are injecting psychoactive drugs; PWID who are injecting steroids and other IPEDs; and non-injecting individuals in receipt of a brief intervention. The numbers receiving brief interventions are not comparable from area to area principally because of the differences in the types of services being offered in different settings, but most areas make use of IMS for recording brief interventions, with Halton and Knowsley in particular recording relatively high numbers.

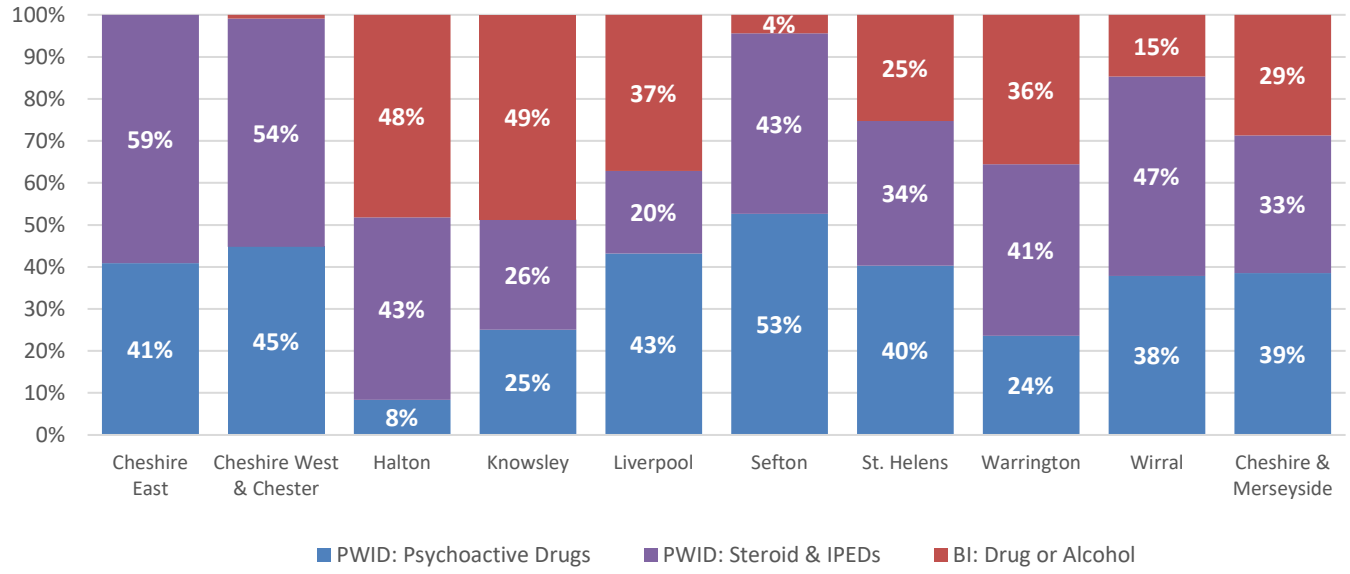


Figure 3 - All IMS individuals, percentage split by cohort group, 2017-18[1]

Looking at PWID only, Liverpool again has the highest proportion of people who injected psychoactive drugs (68.8%) while Halton has the largest proportion of people who injected steroids or other IPEDs (83.8%). There was a small increase in the number of people who injected psychoactive drugs (+2.9%) when compared to the 2016-17 year, and a small decrease in the number who injected steroids or other IPEDs (-3.7%). Looking across all nine local authority areas, there was an increase in the proportion of PWID who were injecting psychoactive drugs from 52.2% in 2016-17 to 54.0% in 2017-18.

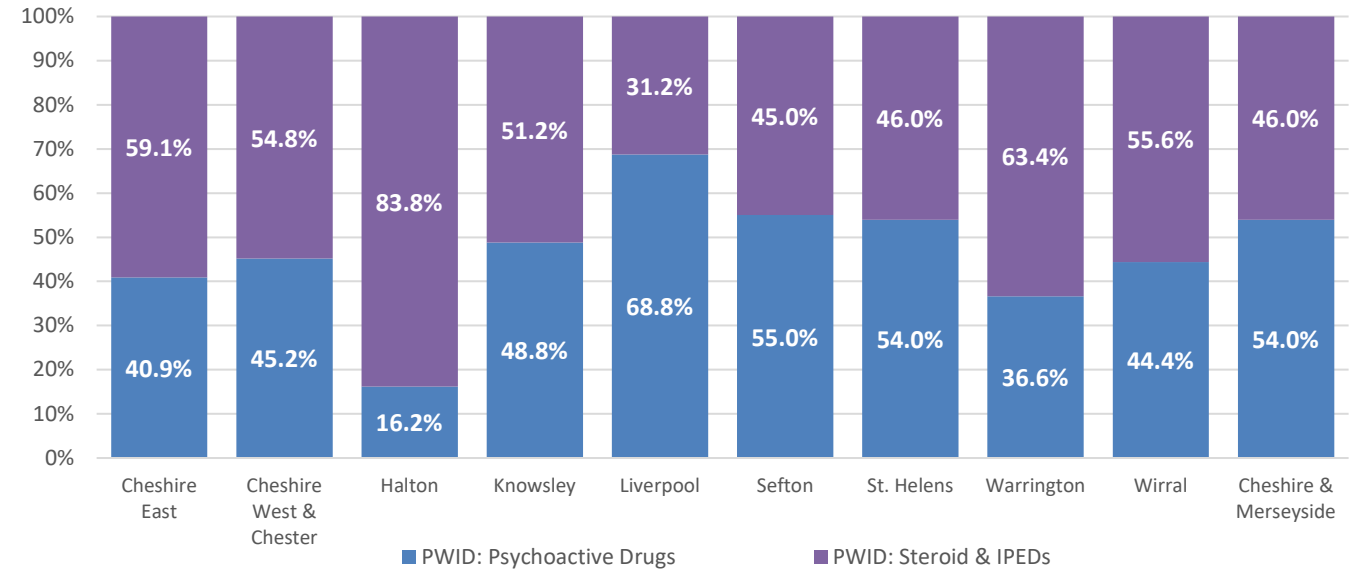


Figure 4 - PWID individuals, percentage split by cohort group, 2017-18

[1] Due to rounding the percentages shown may not total 100%

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

IMS INDIVIDUALS MATCHING TO NDTMS

The NTDMS provides data on those either entering or in receipt of structured drug treatment. Figure 5 (and Table 6, Page 81) shows that an average of 19.1% of individuals reported in IMS also appeared in the NDTMS dataset. This proportion has been declining over time: it was 21.0% in 2016-17 and 30.3% in 2015-16. For those identifying steroids or other IPEDs as their primary substance, the proportion matched to NTDMS varied by local authority from 2.2% in Knowsley to 11.2%[2] in Cheshire East. For those identifying a psychoactive drug, such as heroin, as their primary substance, the proportion matching to NTDMS was considerably higher, ranging from 13.4% in Liverpool to 62.8% in Halton. Across all local authority areas, the proportion of PWID who injected psychoactive drugs not in structured drug treatment within the past year was 79.1%. Overall for the cohort of people who injected psychoactive drugs one in five (20.9% n=2,559) matched to the NDTMS dataset.

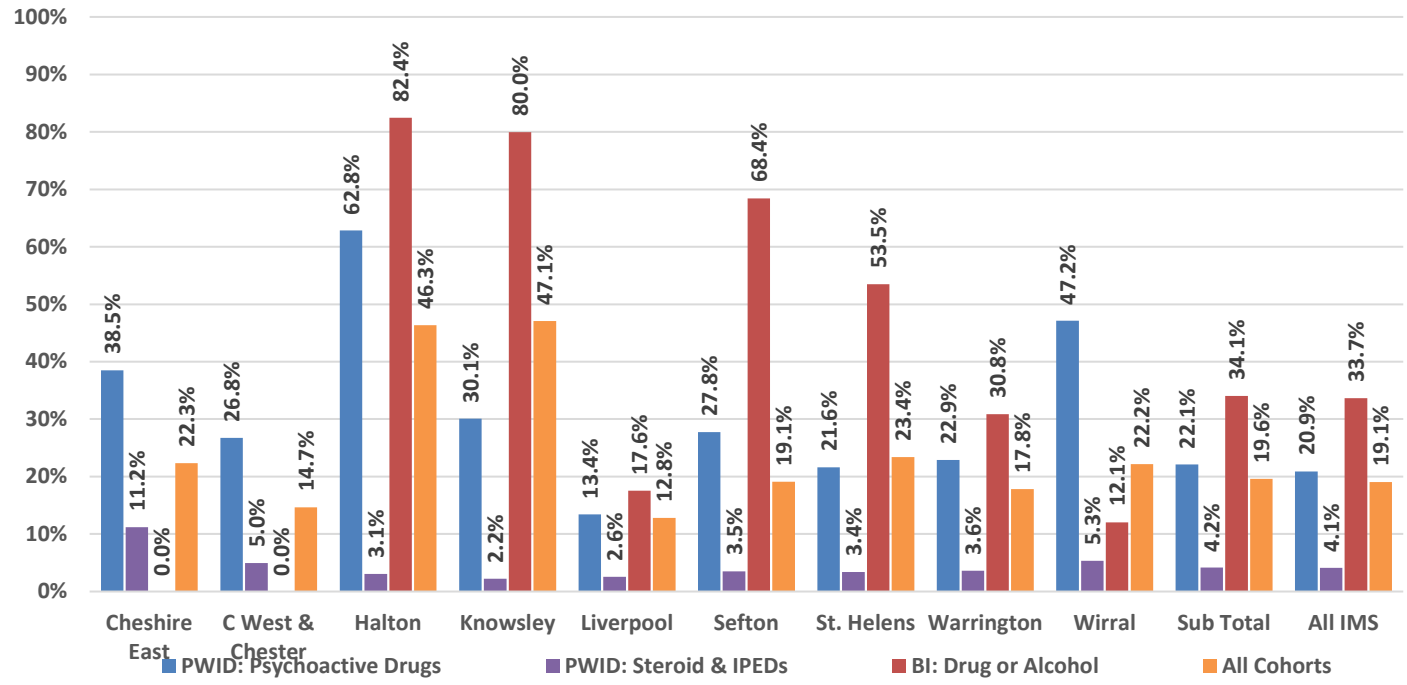


Figure 5 - Percentage of IMS clients matching to NDTMS Data, by cohort and Local Authority

[2] Please note this figure is based on small numbers.

The number of individuals recorded in IMS who also appeared in the Criminal Justice dataset ranged from 1.8% in Liverpool to 5.6% in Wirral, although it should be noted that only five of the nine local authorities report to the Criminal Justice dataset. Overall across the IMS data set 523 (2.0%) of all individuals matched to the criminal justice data. The cohort of people who injected psychoactive drugs had the highest level of matching to criminal justice data at 3.1% (n=320) ranging from 2.9% in Liverpool to 12.4% in Wirral.

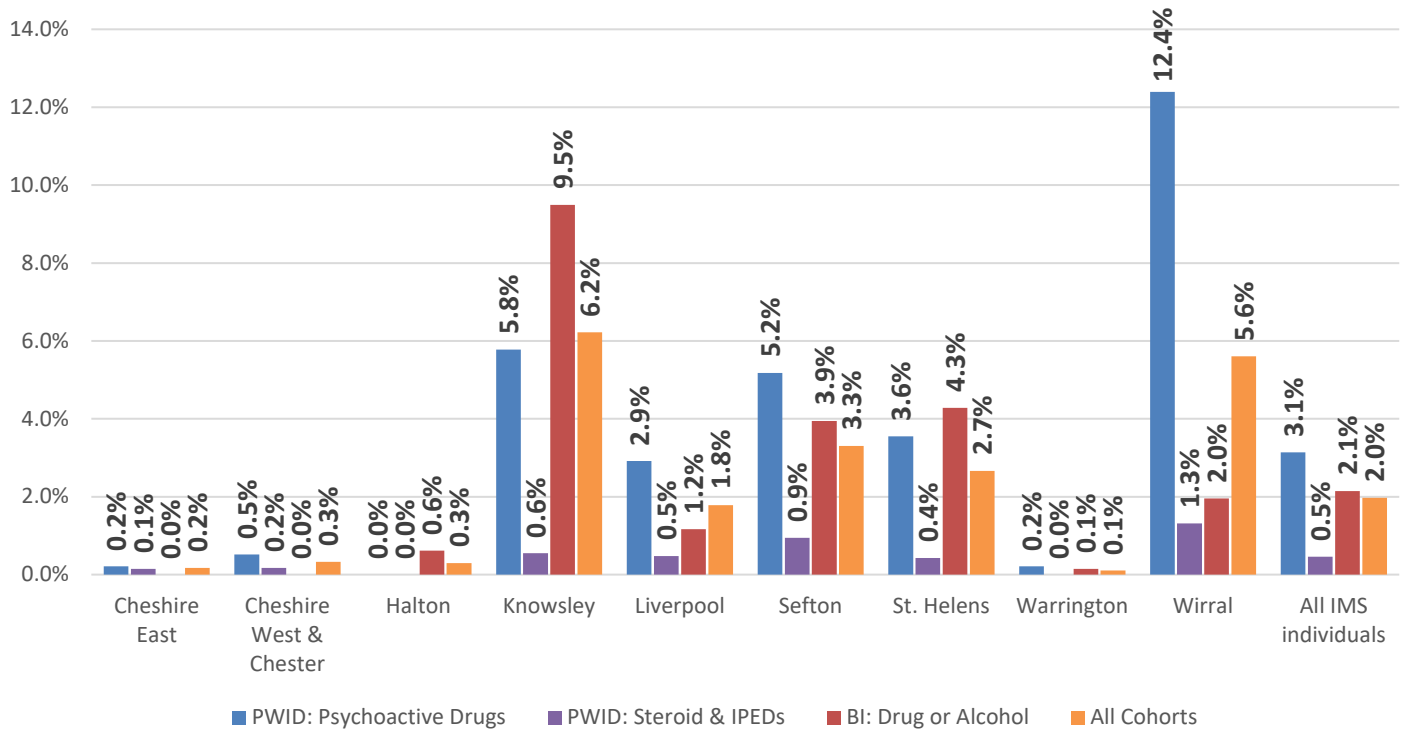


Figure 6 - Percentage of IMS clients matching to CJ Data, by cohort and Local Authority

2. NSP CLIENTS - PWID: PSYCHOACTIVE DRUGS

People Who Inject Drugs (PWID): Psychoactive drugs cohort.

Definition: Individuals with NSP activity recorded within the year, or an injecting status of 'current' on their last assessment where the main substance recorded at client's latest assessment is a psychoactive drug. Where a substance is not recorded, the cohort group is imputed using the client attributes and NSP activity.

2.1. DEMOGRAPHIC PROFILE

10,208 individuals injecting psychoactive drugs had used NSPs. This represents a small increase (+2.9%) from 2016-17. Some of the variation might be due to changes in the number of services delivering NSP in some areas over recent years. Cheshire West & Chester, Knowsley, St Helens and Liverpool all saw small rises in their numbers compared to 2016-17, although other areas saw minor declines.

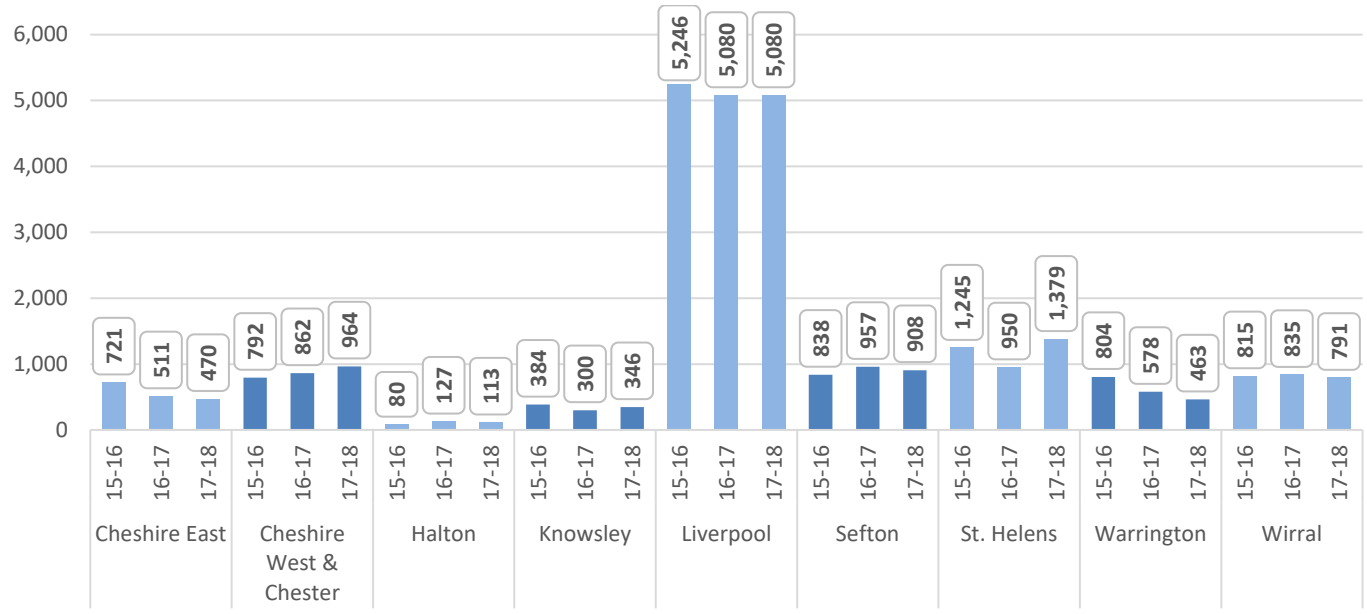


Figure 7 - Annual client numbers 2015-16 to 2017-18, psychoactive drugs cohort, by local authority

The number of individuals recorded in the IMS PWID psychoactive cohort has increased by 45.6% over the last 10 years. Although much of the increase has come from Liverpool which has seen its already large numbers increase by 79.1%, other areas have also seen substantial increases over this time period including Cheshire West & Chester (increase of 189.5%), St Helens (increase of 158.7%) and Knowsley (74.7%).

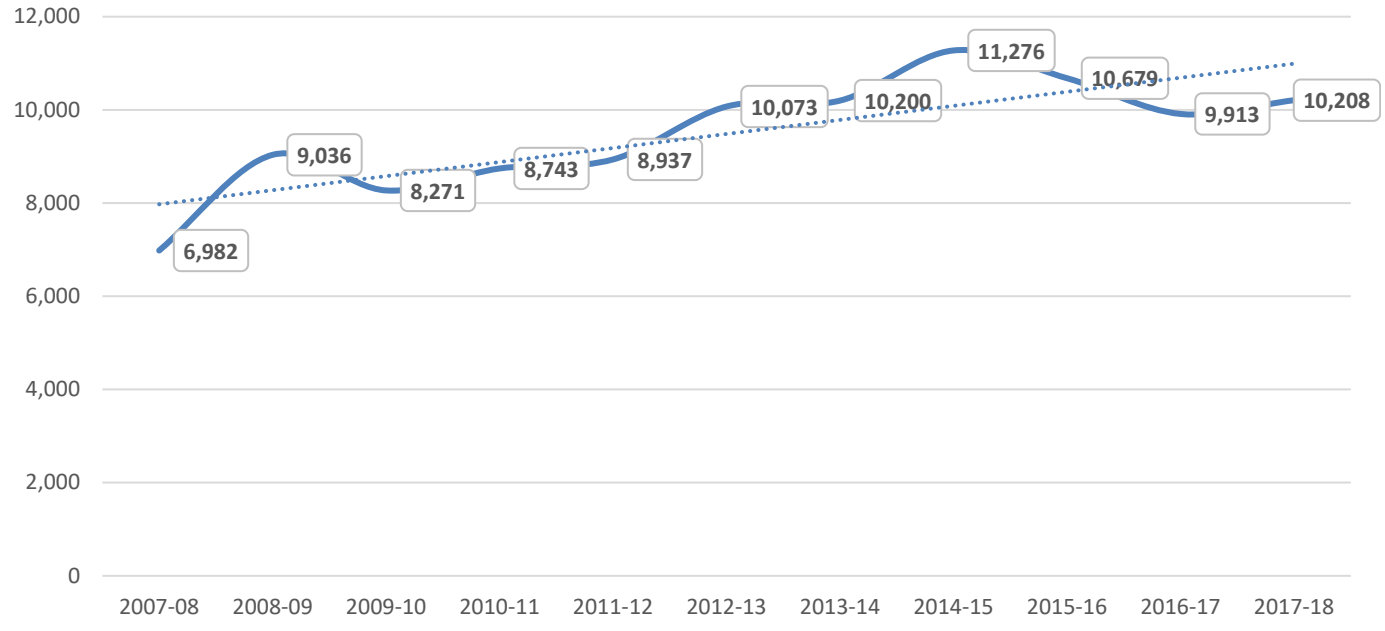


Figure 8 - Total number of PWID psychoactive cohort, 2007-08 – 2017-18

However, some areas have seen a reduction in their numbers including Warrington, Sefton, Cheshire East and Halton with decreases of 13.2%, 15.4%, 29.5% and 55.7% respectively. Wirral's figures have remained stable over the last 10 years.

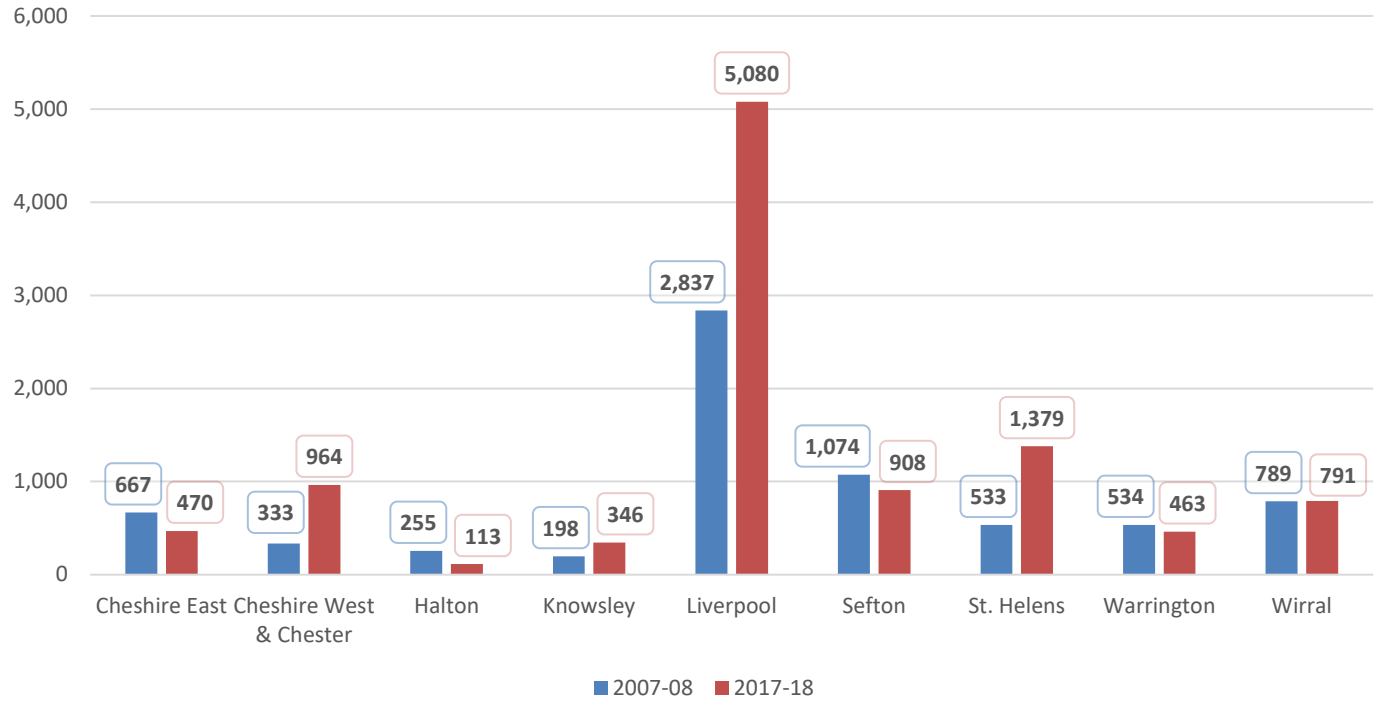


Figure 9 - Total number of PWID psychoactive cohort, 2007-08 - 2017-18 by Local Authority

AGE AND GENDER

Almost 70% of the PWID psychoactive cohort are aged over 40 years across all areas, although areas such as Warrington and Halton have a younger profile than areas such as Wirral and Knowsley. There has been a marked increase over recent years in the average age of the PWID psychoactive cohort. On average female PWID accessing NSP services are younger (40.5 years) than male PWID (43 years). All areas have a higher average age for males than females, with the biggest gap between genders in Cheshire East where the average female age is almost 8 years younger than males. The difference is smallest in Liverpool (1.8 years) and Halton (1.5 years).

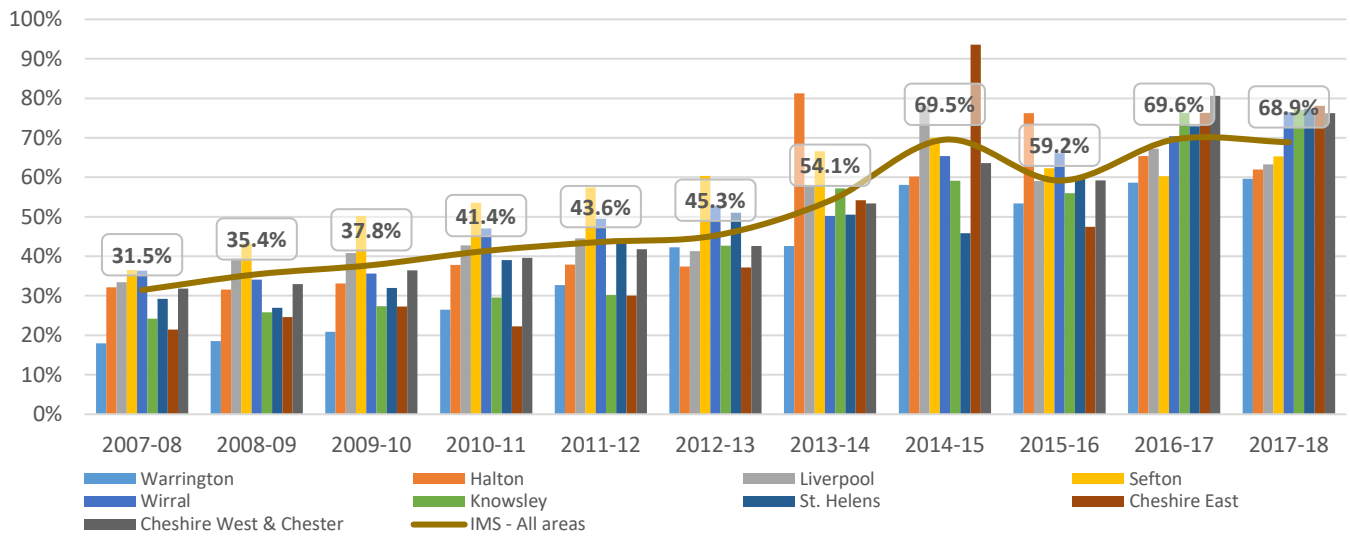


Figure 10 - Proportion of individuals aged 40 and over using NSP (psychoactive cohort), 2007-2018

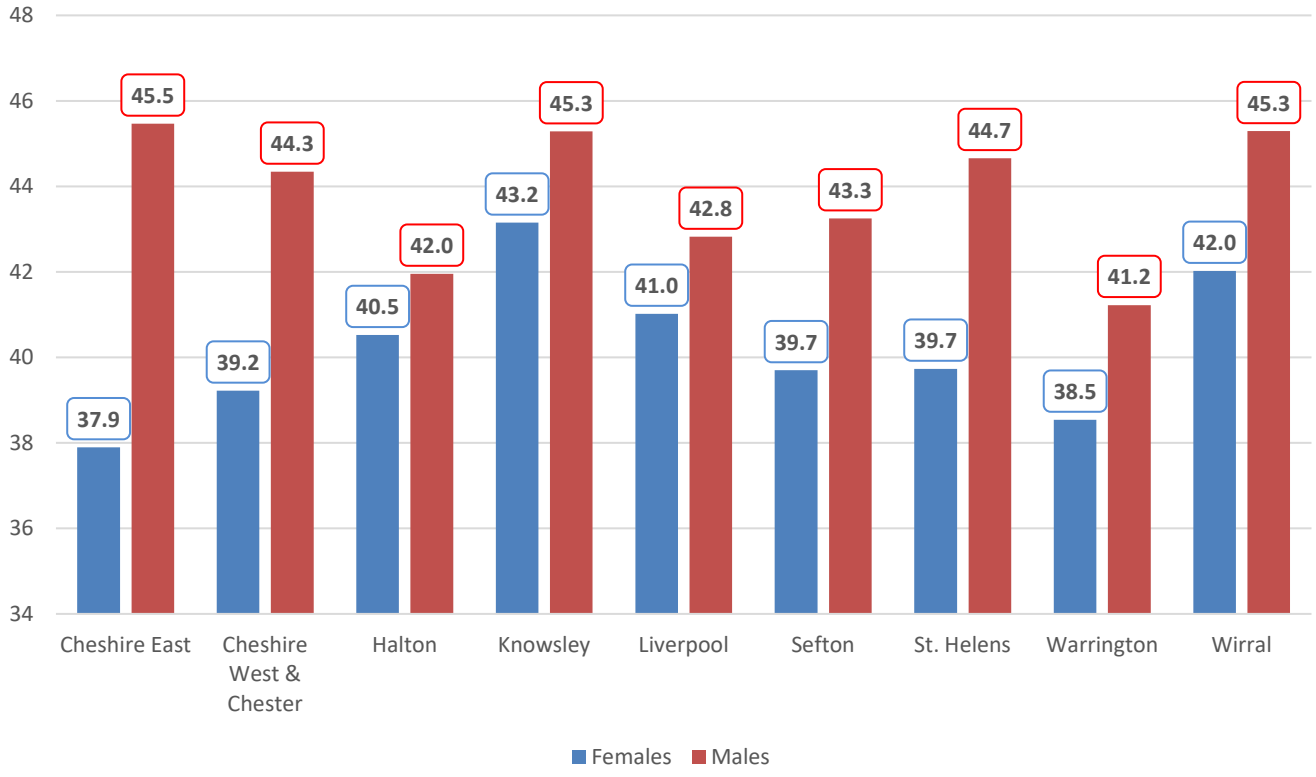


Figure 11 - Average age of individuals using NSP (psychoactive cohort), 2017-2018

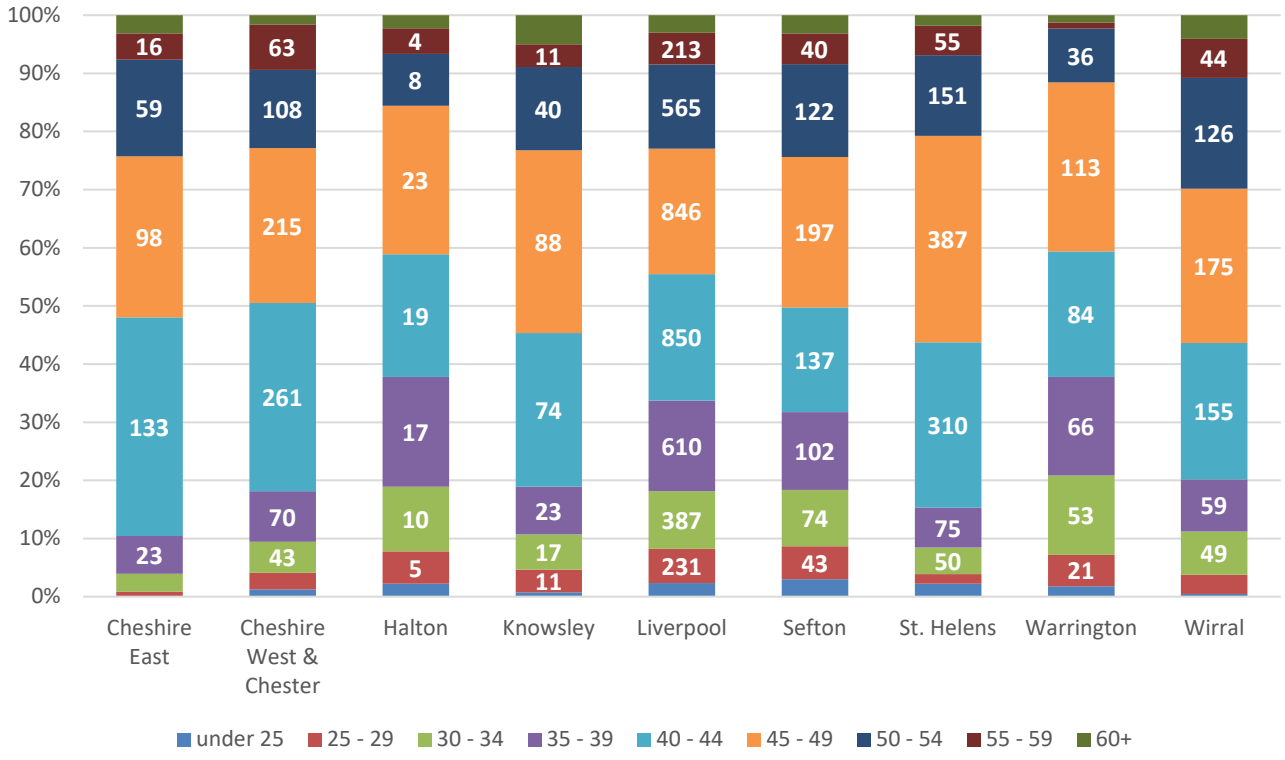


Figure 12 - Psychoactive drugs cohort, males only – number and split by age group, 2017-18

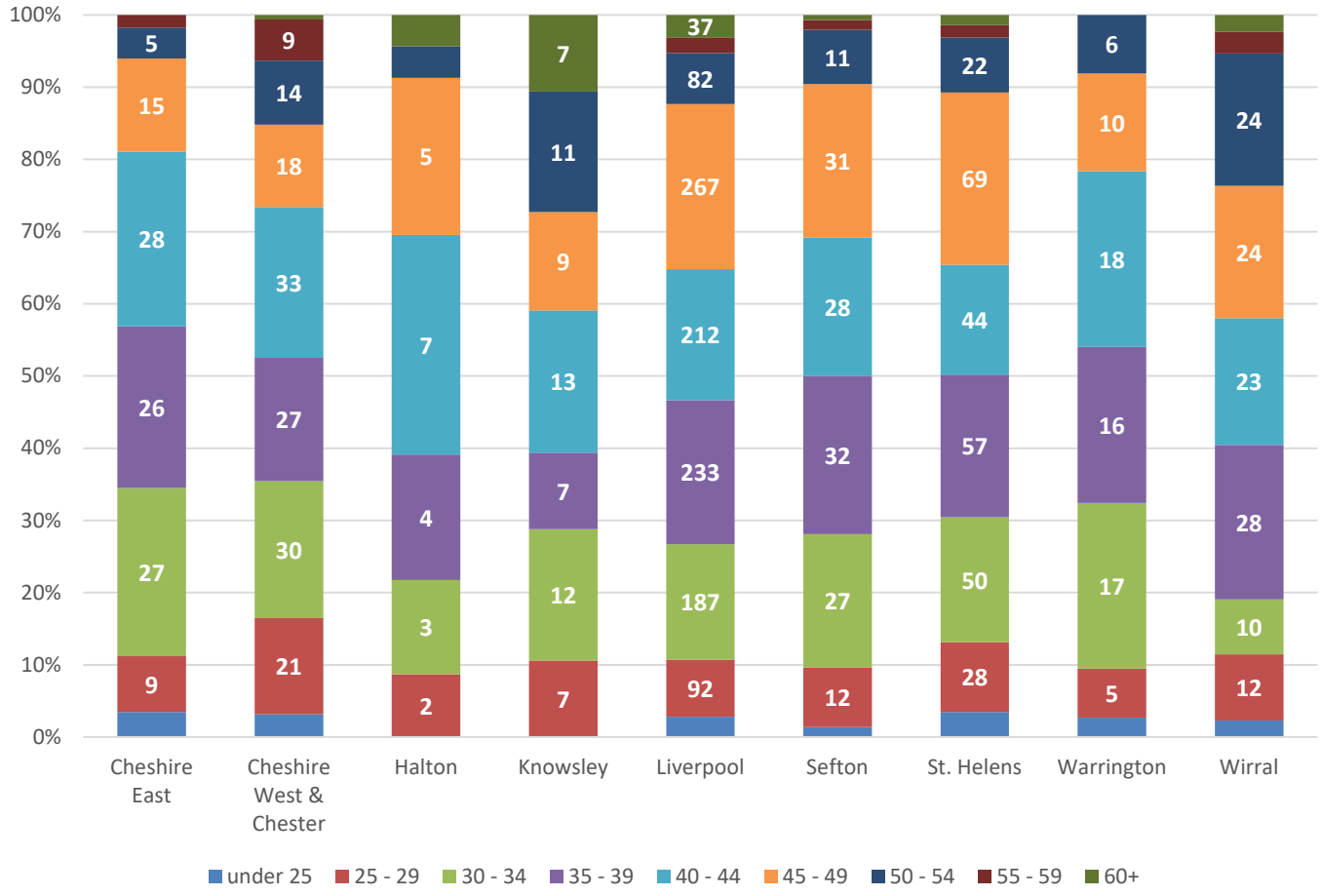


Figure 13- Psychoactive drugs cohort, females only – number and split by age group, 2017-18

ETHNICITY

Among PWID injecting psychoactive drugs who have an ethnicity recorded, this is overwhelmingly White British, ranging from 91.2% in Sefton to 100% in Cheshire West and Chester. Of those whose ethnicity is not recorded as 'White British', only 'White Irish' and 'Other White' are recorded at 0.8% or above. Although these figures are broadly similar to the most recent census data for Cheshire and Merseyside, the proportion identifying as White British is higher than in the census data, which may reflect White British PWID who use psychoactive drugs being more likely to access NSP services and/or variations in patterns of drug use with ethnicity.

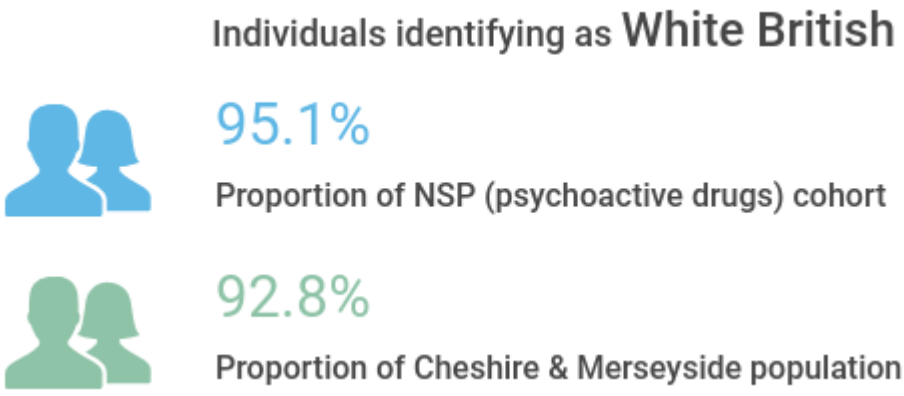


Figure 14 - Proportion of Psychoactive drugs cohort identifying as White British, compared with census data for the region[3]

[3] Proportion of Cheshire & Merseyside population ONS Census, 2011 https://www.ons.gov.uk/census/2011census

2.2. MAIN SUBSTANCES

PRIMARY SUBSTANCE

Recording of this data item in IMS has continued to improve with 68.8% of all individuals having a named primary substance in 2017-18 an increase from 58.5% in 2016-17. This improvement may in part be due to a move to electronic recording by pharmacy NSP sites.

The proportion of PWID psychoactive cohort who cite heroin as their primary substance is very high in all areas ranging from 84.8% to 96.6%. The proportions reporting all other substances is relatively low with the exception of Sefton where 5.8% identify crack cocaine as their primary substance and Halton where 3.8% of the cohort identify cocaine (excluding crack) as their primary substance. Overall 2.1% of individuals cited crack cocaine as their primary substance, and 0.7% cited cocaine (excluding crack).

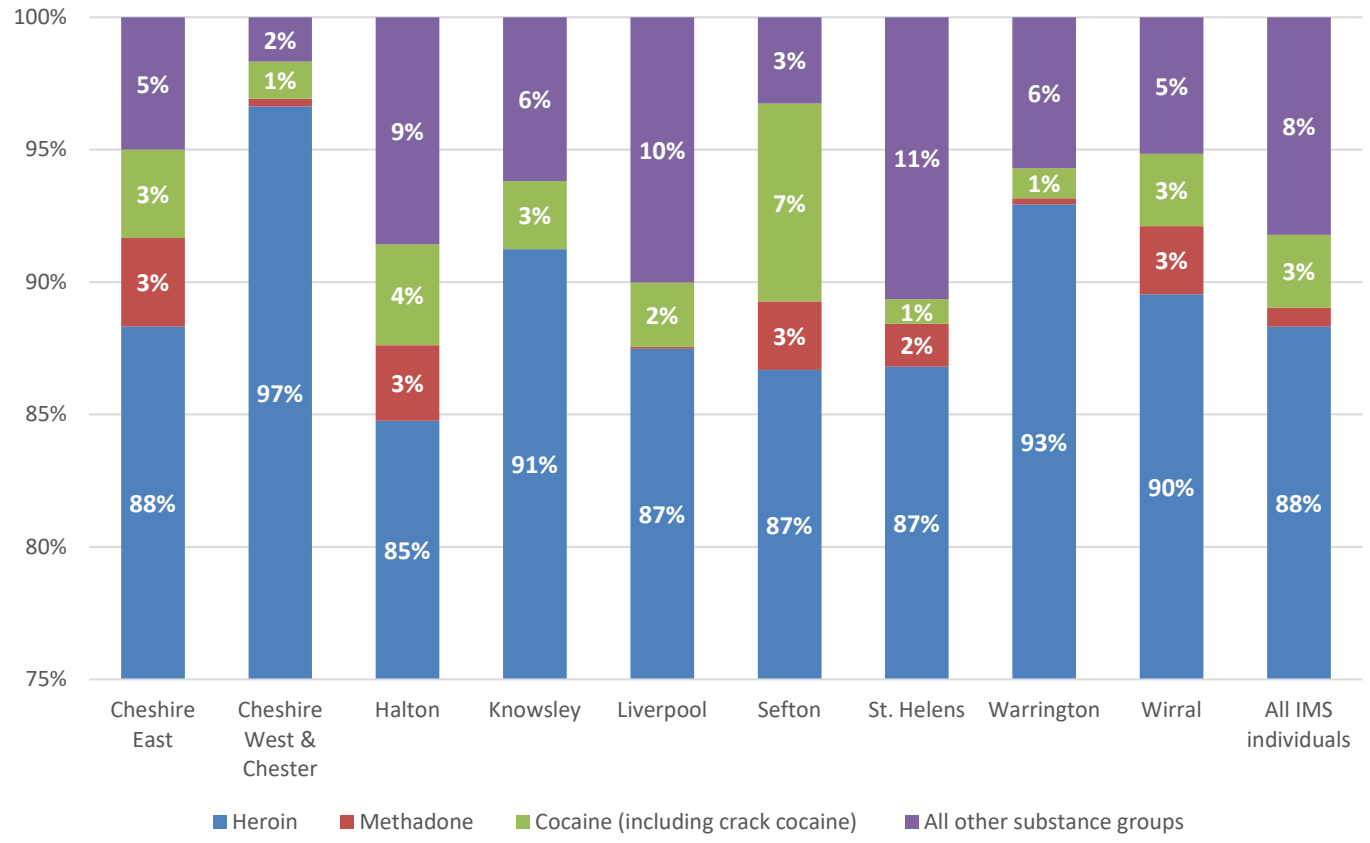


Figure 15 - Proportion of NSP psychoactive cohort in each area stating heroin, methadone or cocaine (including crack) as their primary substance[4]

[4] Due to rounding the percentages shown may not total 100%

PRIMARY, SECONDARY AND TERTIARY SUBSTANCES

In addition to the client's main or primary problem substance the IMS data set includes fields for recording secondary and tertiary substances allowing for up to three substances per client in total. The most frequently cited second substance was crack-cocaine, (Table 15, page 87) which was reported for 83.4% (n=2,495) of clients who stated a second substance, the total number of clients recording use of crack cocaine as a secondary substance doubled, however when comparing the proportion of those reporting a secondary substance this compares to 79.6% (n=1,282) in 2016-17, with the increased number reporting this in part due to improvements in data recording.

When data from all three drug fields is combined, crack cocaine accounts for 25.7% of substances mentioned, followed by 6.1% for "other drugs", 1.8% for alcohol, 1.6% for steroids and other IPEDs and 1.1% for methadone. All other substances make up less than 1% of the total.

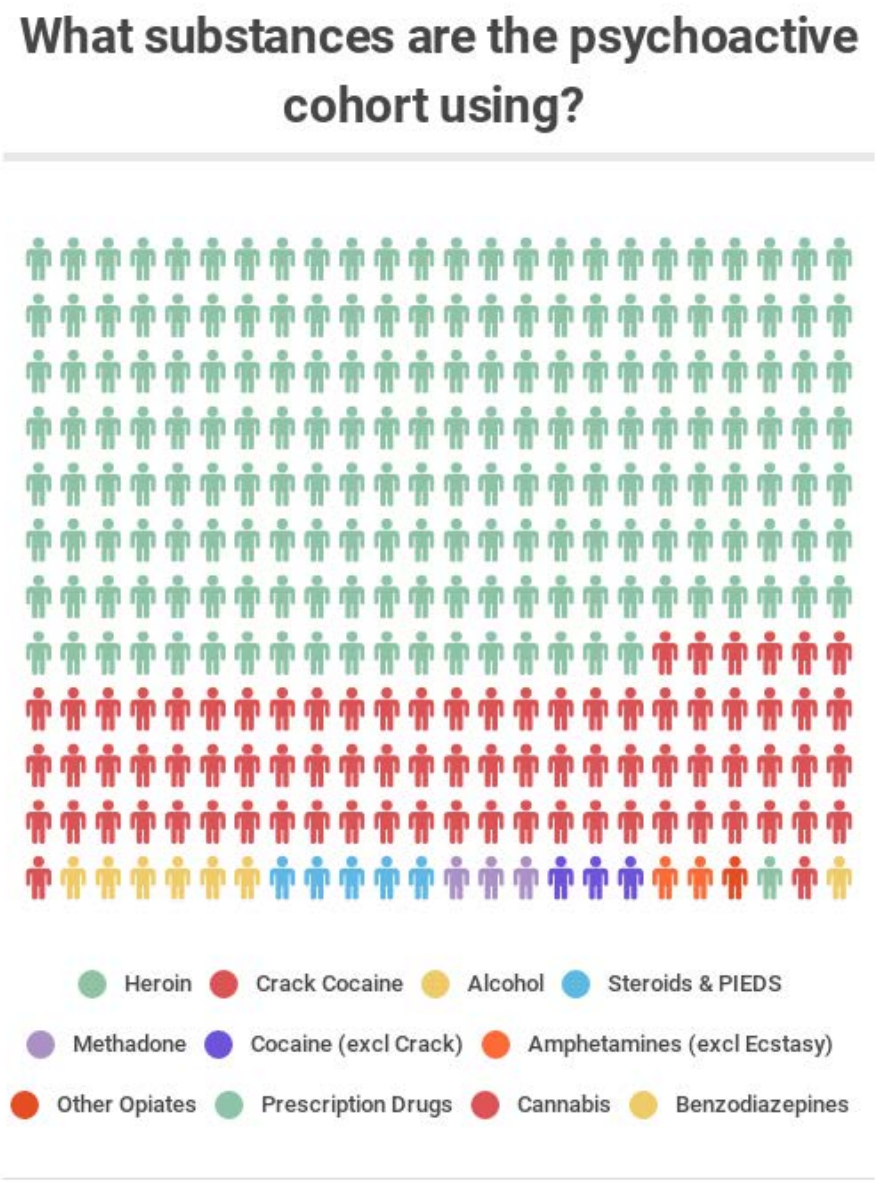


Figure 16 - Psychoactive drugs cohort, split for all named substances, primary, secondary and tertiary combined

2.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

Accommodation status is somewhat complicated within the IMS dataset due to its collection via two separate methods; the IMS field around accommodation status and the postcode field used by different contributing systems, particularly pharmacies, which sometimes includes the status "NFA" (no fixed abode). A high proportion of the PWID psychoactive cohort report having a housing problem. Some agencies have specific links with homeless services and conduct outreach work with the homeless population; however there are no dedicated homeless services reporting to IMS. In Liverpool over half (51%) of those PWID injecting psychoactive had some kind of housing problem. Overall, the number of individuals with some kind of housing issue has increased from 12.3% in 2016-17 to 33.1% in 2017-18, while those identifying an urgent housing need have increased from 11.3% to 18.6%.

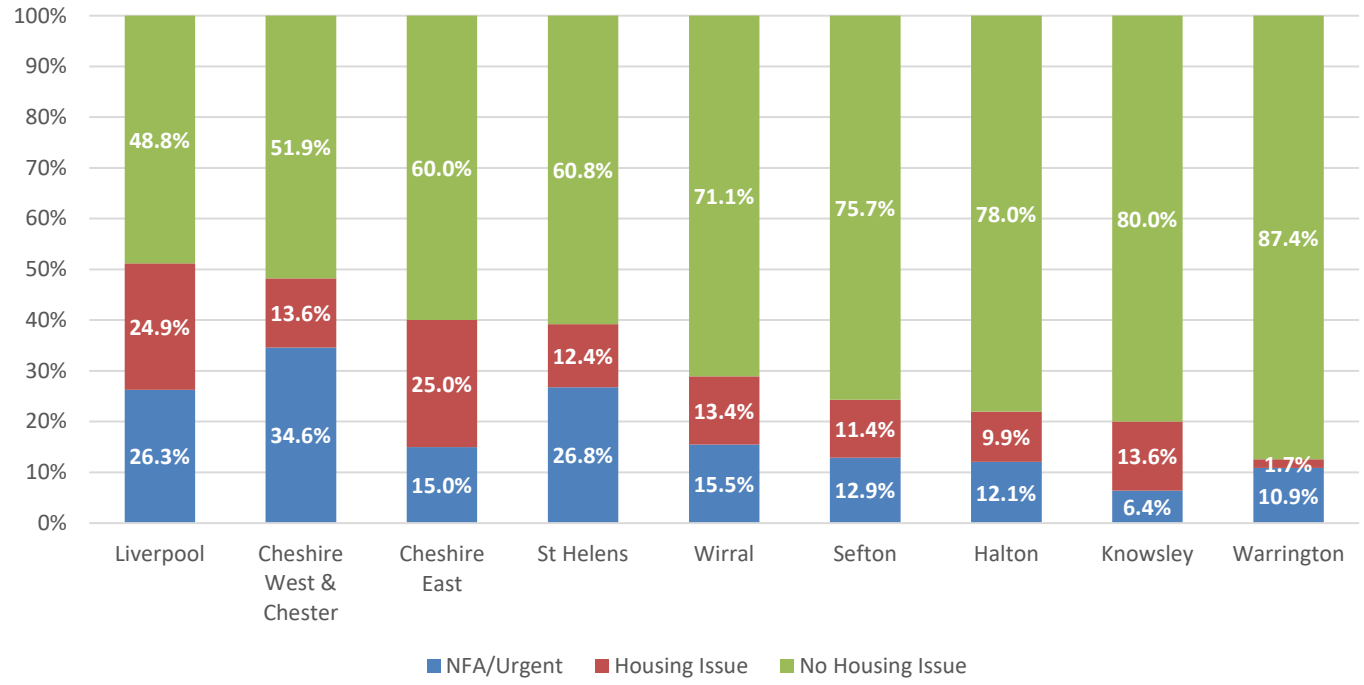


Figure 17 - Psychoactive drugs cohort by accommodation status (excludes status 'not known'), 2017-18

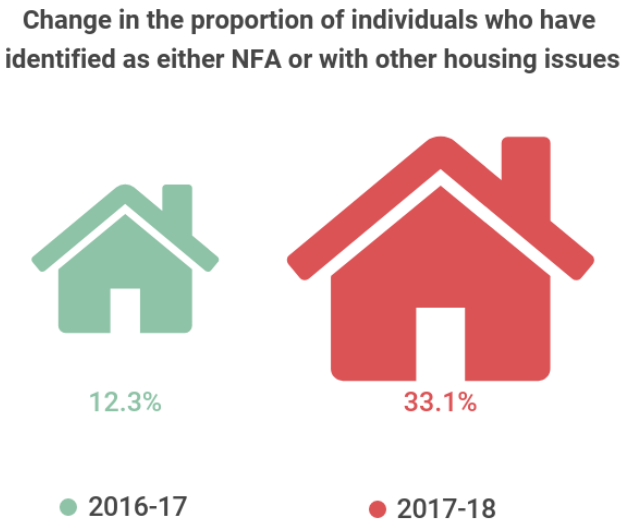


Figure 18 - Percentage of PWID psychoactive cohort with a housing issue, change from 2016-17 to 2017-18

EMPLOYMENT STATUS

Collection of the employment status field is still poor from most areas, although this is partly due to the fact that pharmacies do not collect this field. Where an employment status has been identified, a substantial majority of individuals from the PWID psychoactive cohort are either long term sick or disabled (42.4%) or unemployed and seeking work (38.6%). Compared to 2016-17, the proportion unemployed and seeking work has reduced by 7.1%, while the proportion long term sick or disabled has increased by a similar amount (7.2%). The number in regular employment has also decreased by 2.8%. This suggest that the psychoactive cohort is experiencing more health problems, and this may be related to the increase in the age of this group.[5]

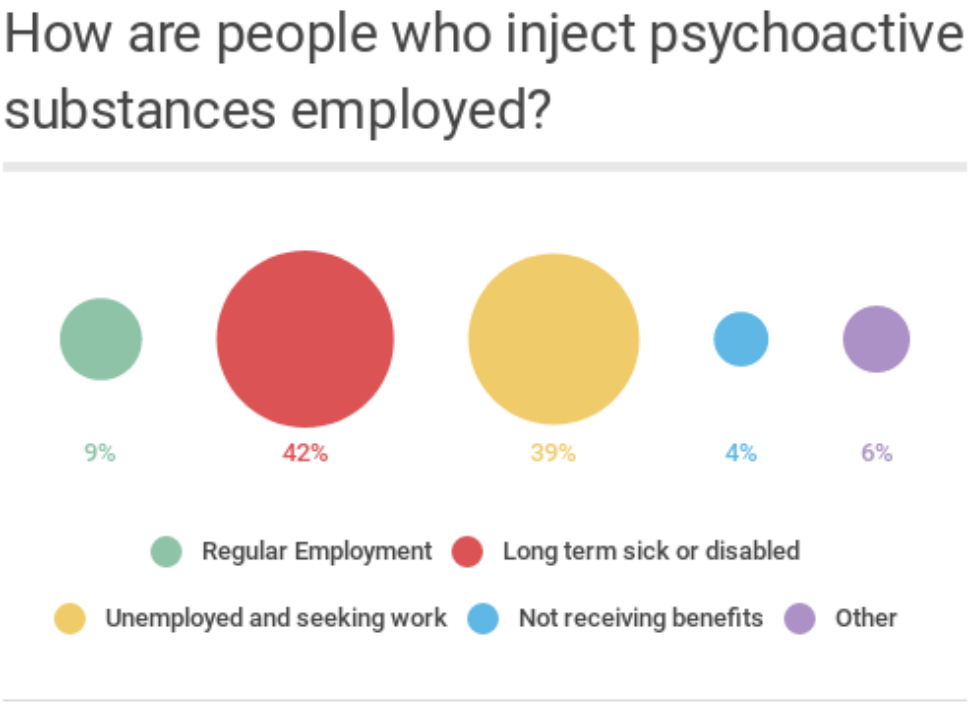


Figure 19 - Proportion of psychoactive cohort by employment status, 2017-18

[5] Completion rates for this field are very low for some areas and so figures should be treated with caution

PARENTAL STATUS

IMS collects data on where people are the parent of any children under 18, and if they live with those children. Collection of the parental status field is poor as not all systems allow for the collection of this field, particularly those used by pharmacies. Liverpool has the highest proportion of parents in PWID psychoactive cohort where none of their children live with them (96.3%), followed by Sefton (91.7%), while Halton (76.3%) and Knowsley (76.7%) have the lowest proportions. Overall, 85.9% of individuals in PWID psychoactive cohort have none of their children living with them. There has not been a substantive change to these figures since last year.[6]

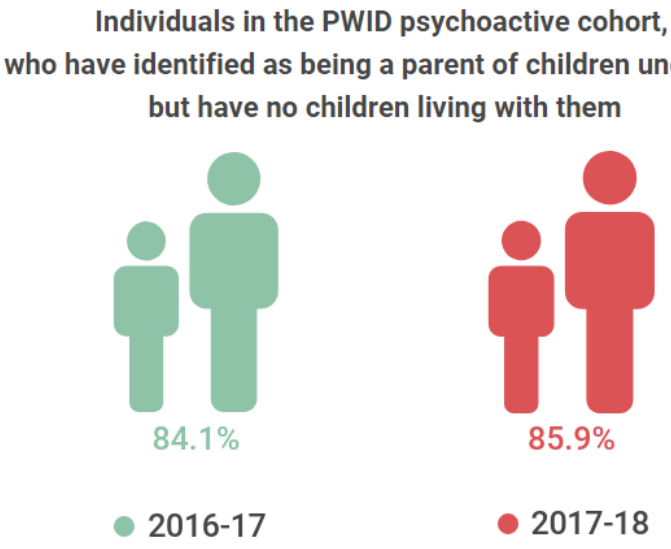


Figure 20 - Percentage of PWID psychoactive cohort with no children living with them, change from 2016-17 to 2017-18

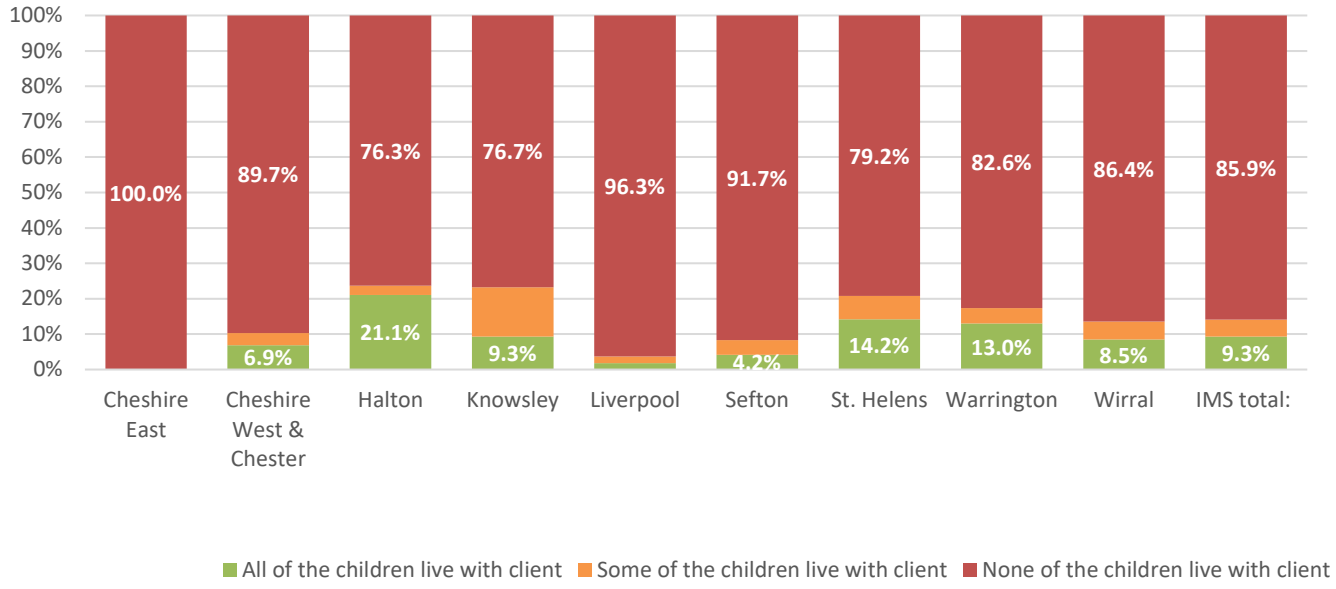


Figure 21 - Psychoactive drugs cohort by parental status, only clients who stated they have children under 18, 2017-18[7]

[6] Although some areas such as Warrington have seen some movement, the split is based on low numbers and so should be treated with caution.

[7] Due to rounding the percentages shown may not total 100%

DISABILITIES OR CHRONIC CONDITIONS

The IMS disabilities or chronic conditions field is not often completed; however, it does give an indication as to extent and nature of these where this data is collected (see Table 19, page 90). Where the field has been completed just over half (54.3%, n=368) indicated no chronic condition or disability. Mental health conditions, including depression, are the most frequently cited, but COPD and mobility issues are also reported.

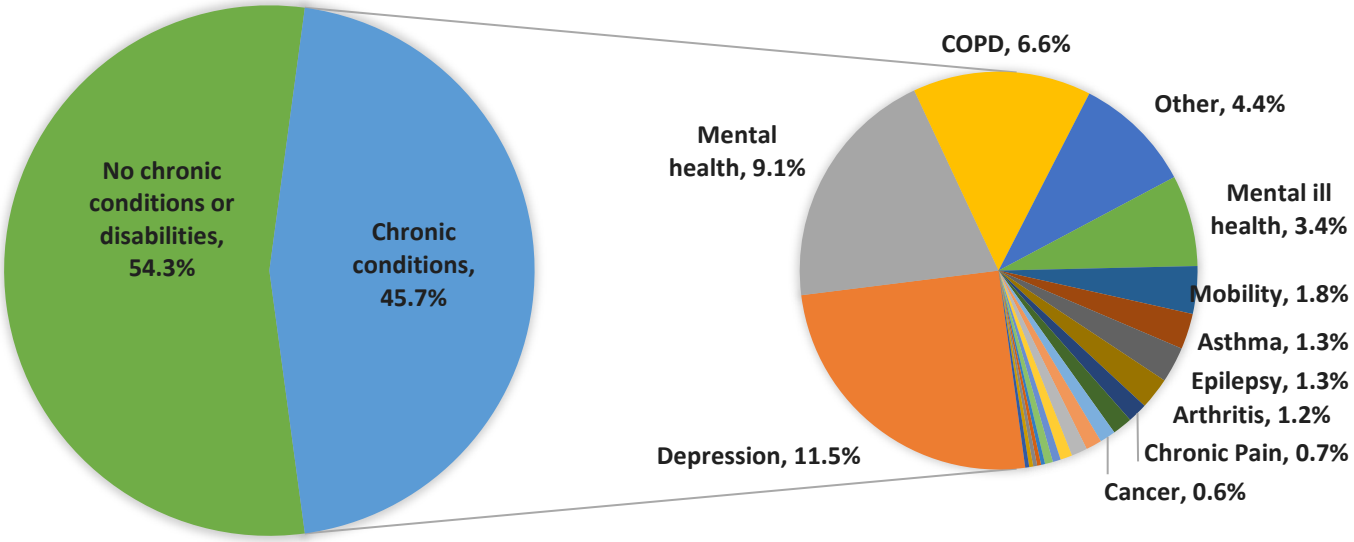


Figure 22 Psychoactive drugs cohort, disability or chronic conditions (where reported), 2017-18

IMS data feeds into InstantAtlas™ maps which are available via the IMS Online website. This allows the user to explore the data geographically. The maps below are an example of the types of data which can be interrogated using the system.

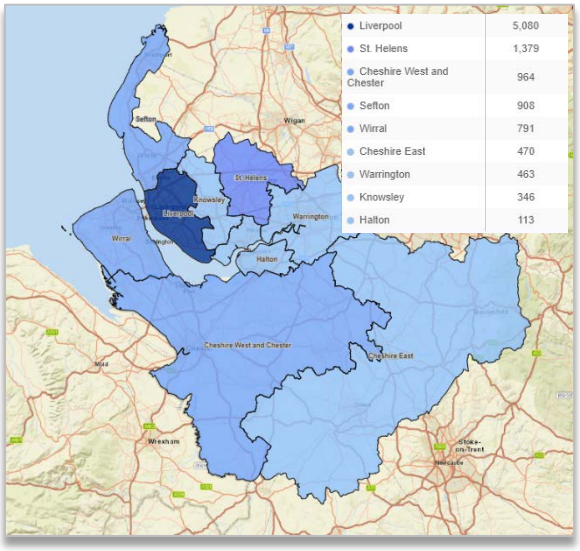


Figure 23 - Psychoactive drugs cohort, number of individuals by Local Authority area, 2017-18

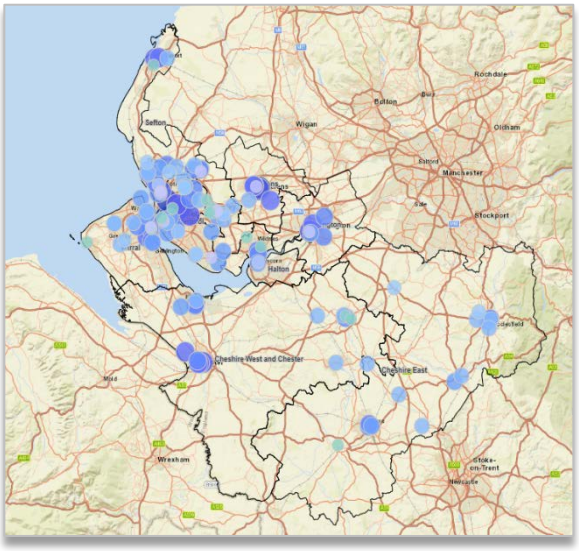


Figure 24 - Psychoactive drugs cohort, service provider locations, 2017-18

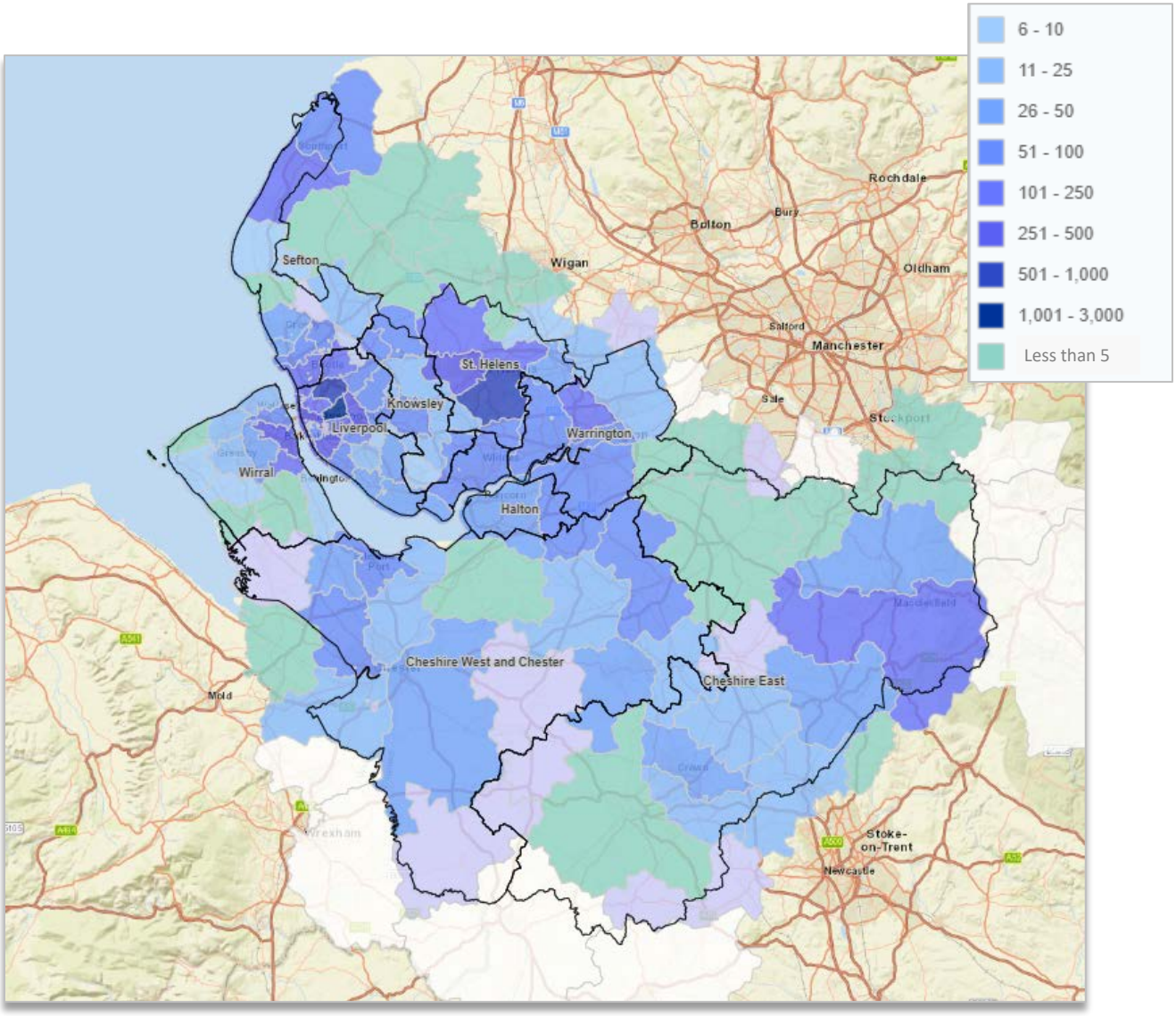


Figure 25 - Psychoactive drugs cohort, individuals by postcode district of residence, 2017-18

2.4. NSP TRANSACTIONS

Over 1.1 million (n=1,147,229) needles and syringes were distributed to the PWID psychoactive cohort during 2017-18 (Table 21, Page 92), a slight decline from the 1.25 million distributed during 2016-17. There were particularly steep declines in the volume of equipment distributed by Sefton (-32.1%) and Warrington (-49.4%), although some areas such as Knowsley (+18.6%) and Halton (+35.4%) saw an increase in the amount of equipment being distributed. The annual average number of needles and syringes distributed per service user also declined for most areas, with Warrington seeing the steepest decline (-36.9%) and St Helens and Sefton both seeing declines of over 25%, although Halton saw an increase in the average of 52.3%. Overall the annual average number of needles and syringes distributed per service user declined from 126.2 to 112.4, a fall of 10.9%.

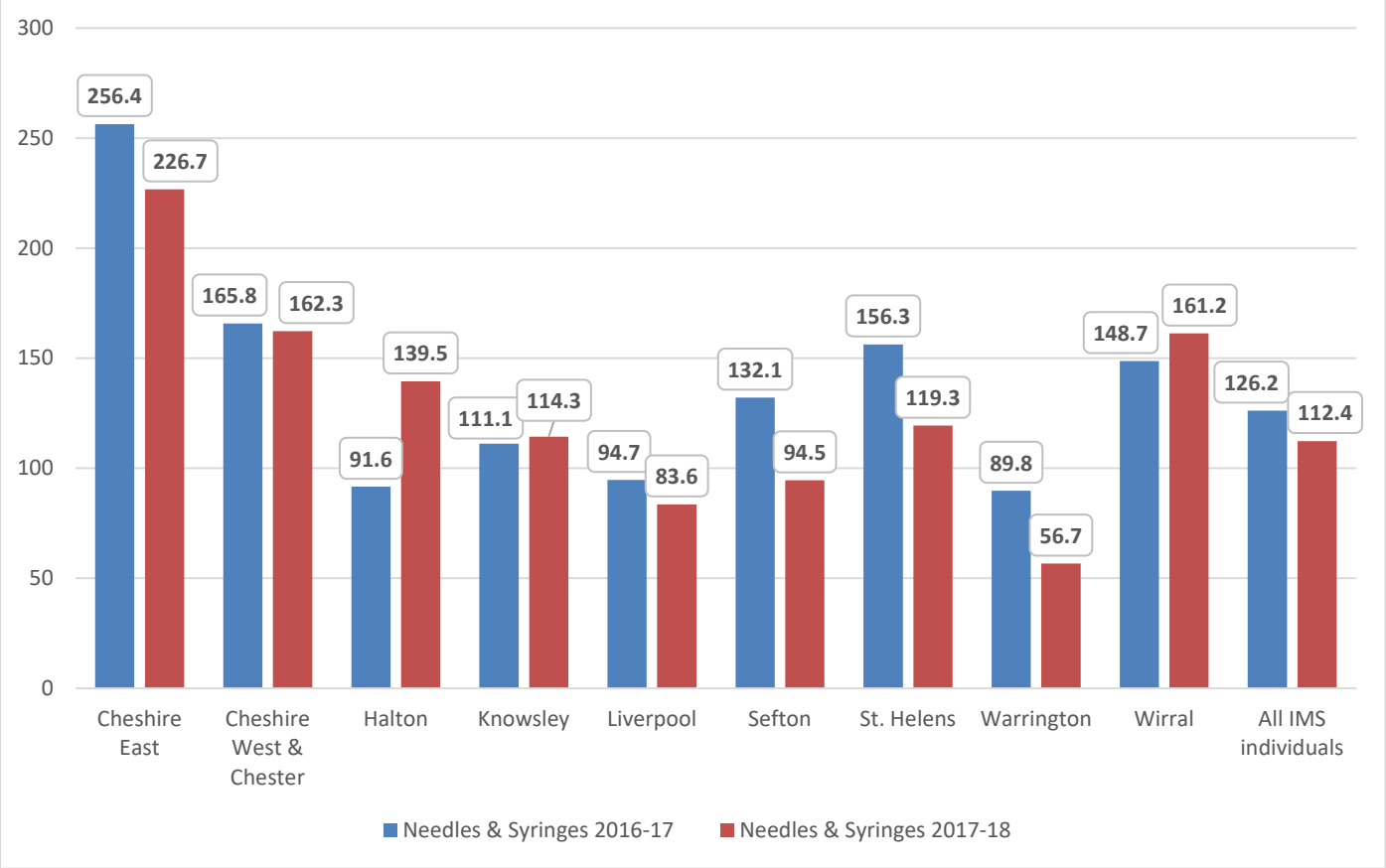


Figure 26 – Annual average number of needles per service user, NSP psychoactive cohort, 2016-17 compared to 2017-18

2.5. NSP NEW INDIVIDUALS[8]

NSP INDIVIDUALS BY YEAR OF FIRST PRESENTATION TO IMS

Just under half (47.3%) of individuals who injected psychoactive drugs were recorded on IMS for the first time in the most recent financial year, although this figure ranged from 27.3% in Wirral to 52.2% in Liverpool. Of the new presentations, almost half (49.1%) were aged between 40-49 years. A majority of individuals aged under 35 years old were recorded by an IMS reporting NSP service for the first time, although this was also the case for those aged 55 or older. Females recorded for the first time in IMS were younger than men being recorded for a first time, with over half are aged under 40 (51.7%) compared to just over a quarter of males (27.1%), while only 13.4% of females were aged over 50 years compared to 23.8% of males. Just over one quarter of individuals who injected psychoactive drugs (26.1%) had been first recorded by an NSP service reporting to IMS period to 2011.

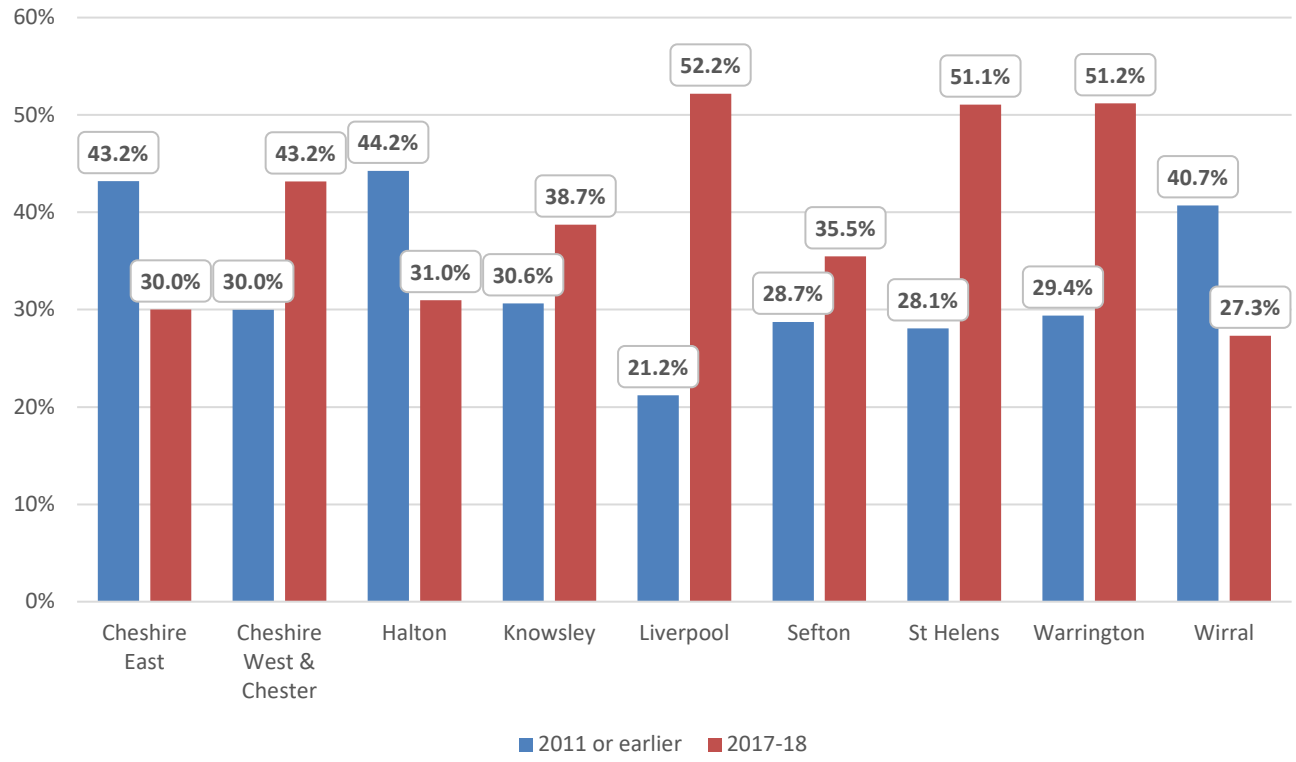


Figure 27 - Proportion of NSP psychoactive cohort presenting earlier than 2011, and for first time in 2017-18

[8] "New individuals" are those individuals who are first recorded within IMS as accessing any NSP service provider during the year.

2.6. CRUDE ESTIMATES OF PREVALENCE OF NSP ATTENDANCE FOR PSYCHOACTIVE DRUG USE

Liverpool continues to have the highest prevalence[9] of those individuals using a psychoactive substance attending an NSP service reporting to IMS, with just over 1%, or 10.33 per 1,000 population in 2017-18 using NSPs, although St Helens saw the largest year on year increase in their prevalence (from 5.3 per 1,000 population in 2016-17 to 7.7 per 1,000 in 2017-18). Cheshire West & Chester and Knowsley also saw small increases. Overall prevalence of NSP attendance for psychoactive drug use was up slightly from 4.0 per 1,000 in 2016-17 to 4.1 per 1,000 in 2017-18.

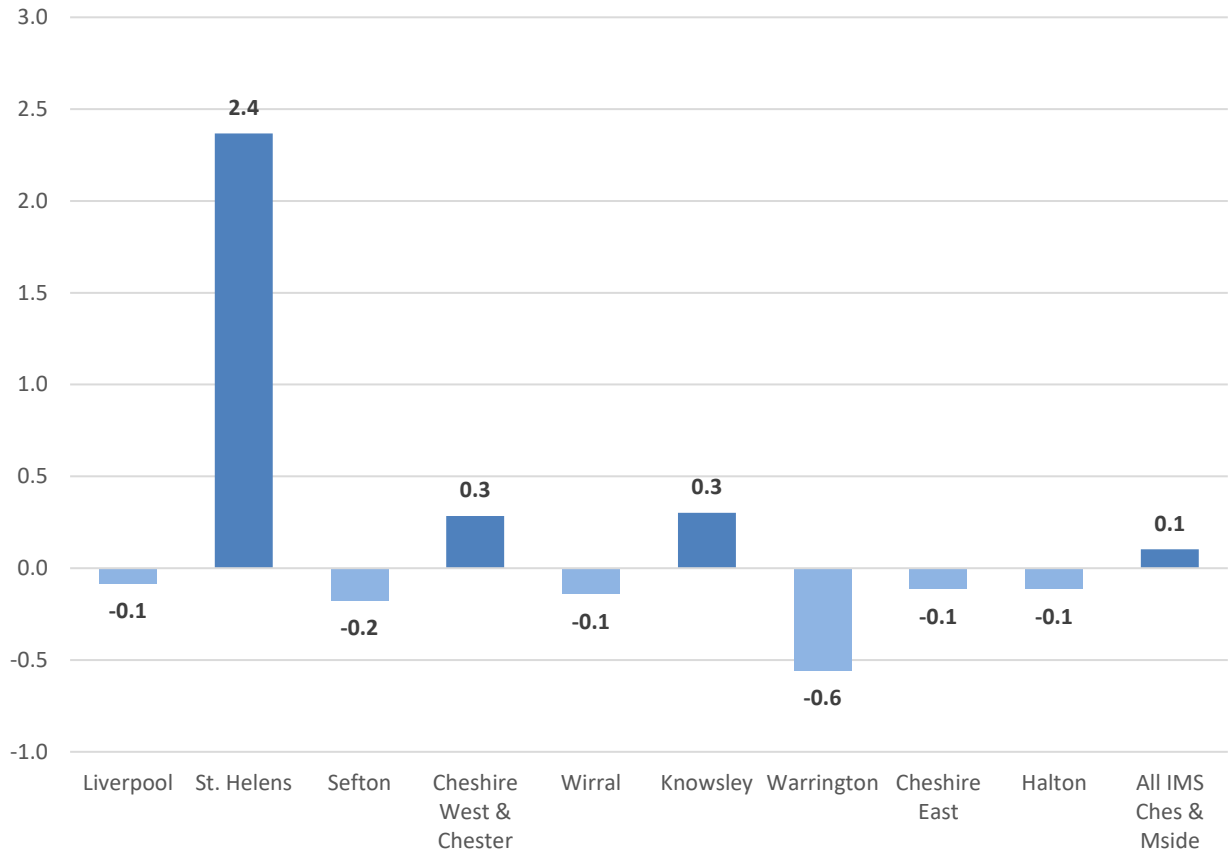


Figure 28 - Difference in prevalence of NSP use for psychoactive drug injection per 1,000 of population between 2013-14 and 2017-18

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

3. NSP CLIENTS - PWID: STEROIDS AND OTHER IPEDS

People Who Inject Drugs (PWID): Steroids and other IPEDs cohort.

Definition: Individuals with NSP activity recorded within the year, or an injecting status of 'current' on their last assessment, where the main substance recorded at client's latest assessment is a steroids or other IPED. Where a substance is not recorded the cohort group is imputed using the client attributes and NSP activity.

3.1. DEMOGRAPHIC PROFILE

Overall, the number PWID injecting steroids and other IPEDs accessing NSP reporting to IMS decreased by 3.6% in 2017-18 compared with 2016-17. Liverpool had the steepest decline of 21.5%. However this followed a marked increase in the previous year. Halton, Wirral and Warrington, however, have all seen small increases in the number of PWID injecting steroids and other IPEDs accessing NSP over the past year, and Sefton and St Helens have both seen increases of around 25%.

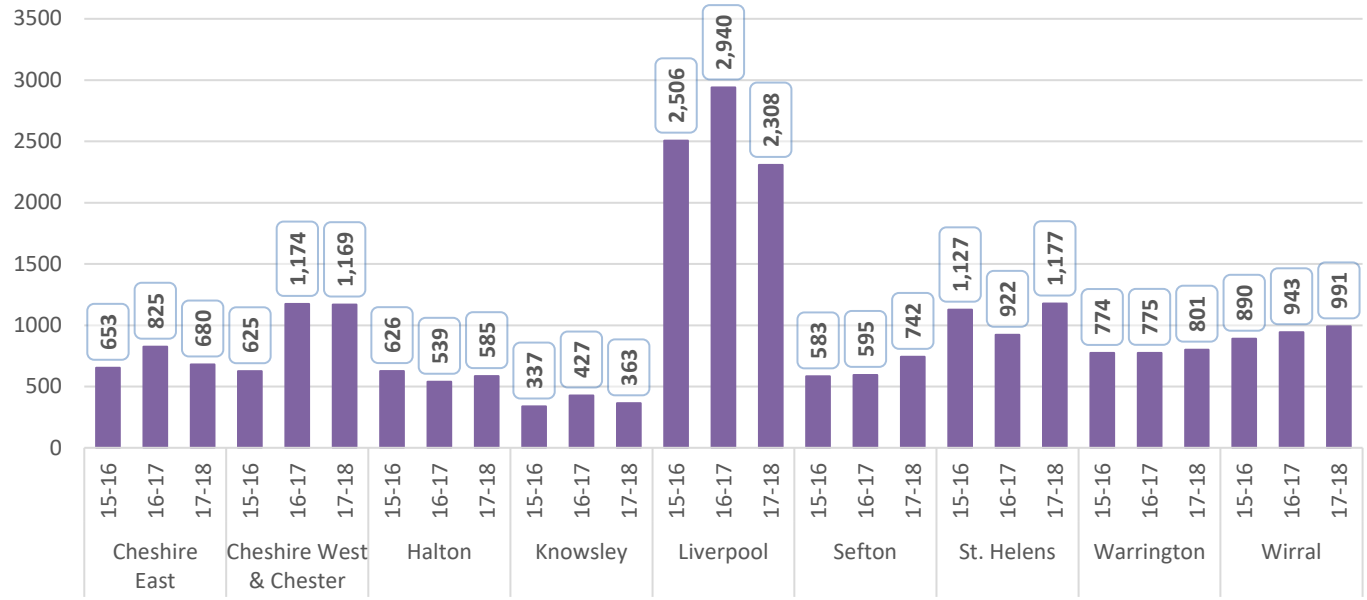


Figure 29 - Annual client numbers 2015-16 to 2017-18, steroids and other IPEDs drugs cohort, by local authority

The PWID steroids and other IPEDs cohort recorded within IMS has increased by 176.5% over the past 10 years, a substantially larger rise than that seen in the PWID psychoactive cohort. Every local authority area has seen substantial increases ranging from 96% in Wirral to 247% in Cheshire East. Liverpool has seen an increase of 124% during the same time period.

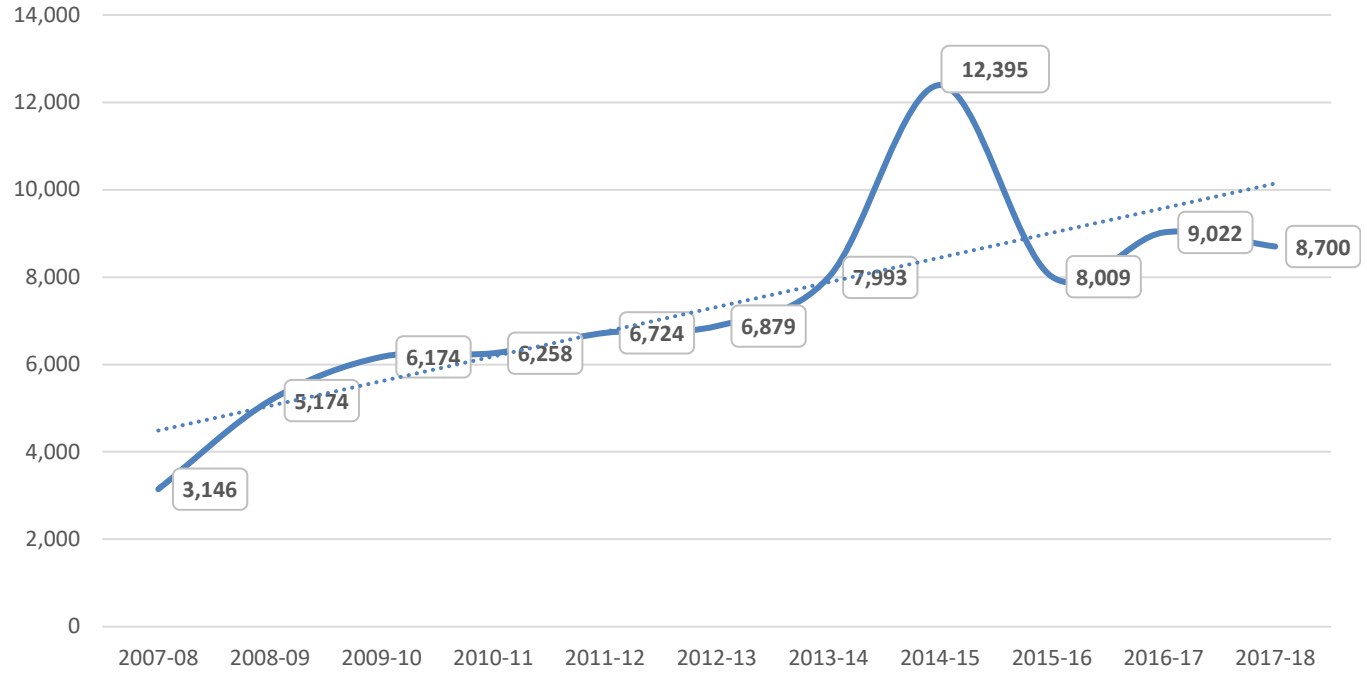


Figure 30 - Total number of clients, PWID steroids and other IPEDs cohort, 2007-08 to 2017-18

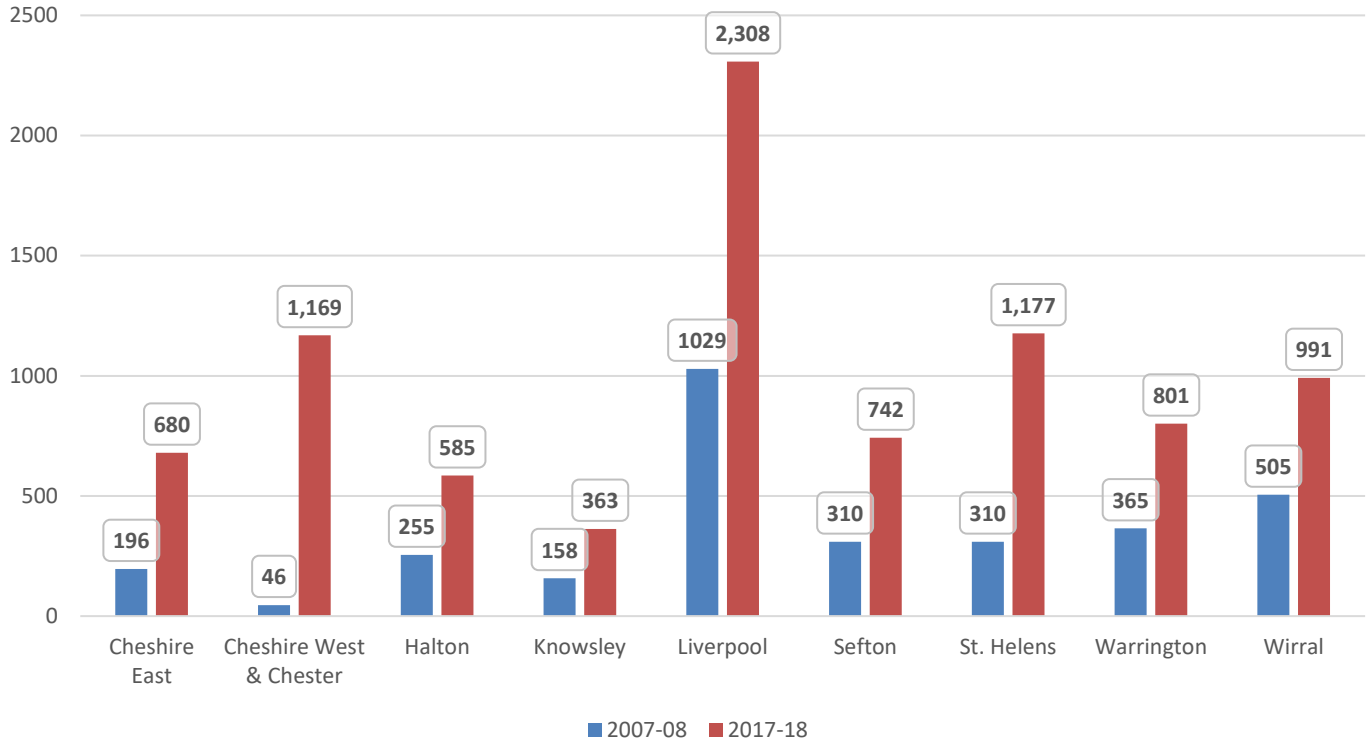


Figure 31 - Total number of clients, PWID steroids and other IPEDs cohort, 2007-08 - 2017-18 by Local Authority

The PWID steroids and other IPEDs cohort is younger than the PWID psychoactive cohort, with only 18.6% across all areas being aged 40 years or over, compared to 68.9% for the PWID psychoactive cohort. Overall, the average age PWID steroids and other IPEDs cohort is 34 years compared with 43 years for the PWID psychoactive cohort. The average age for the PWID steroids and other IPEDs cohort ranges from 31.9 years in Cheshire East to 36.2 years in Sefton. In most areas over 10% of PWID steroids and other IPEDs cohort is aged under 25 years.

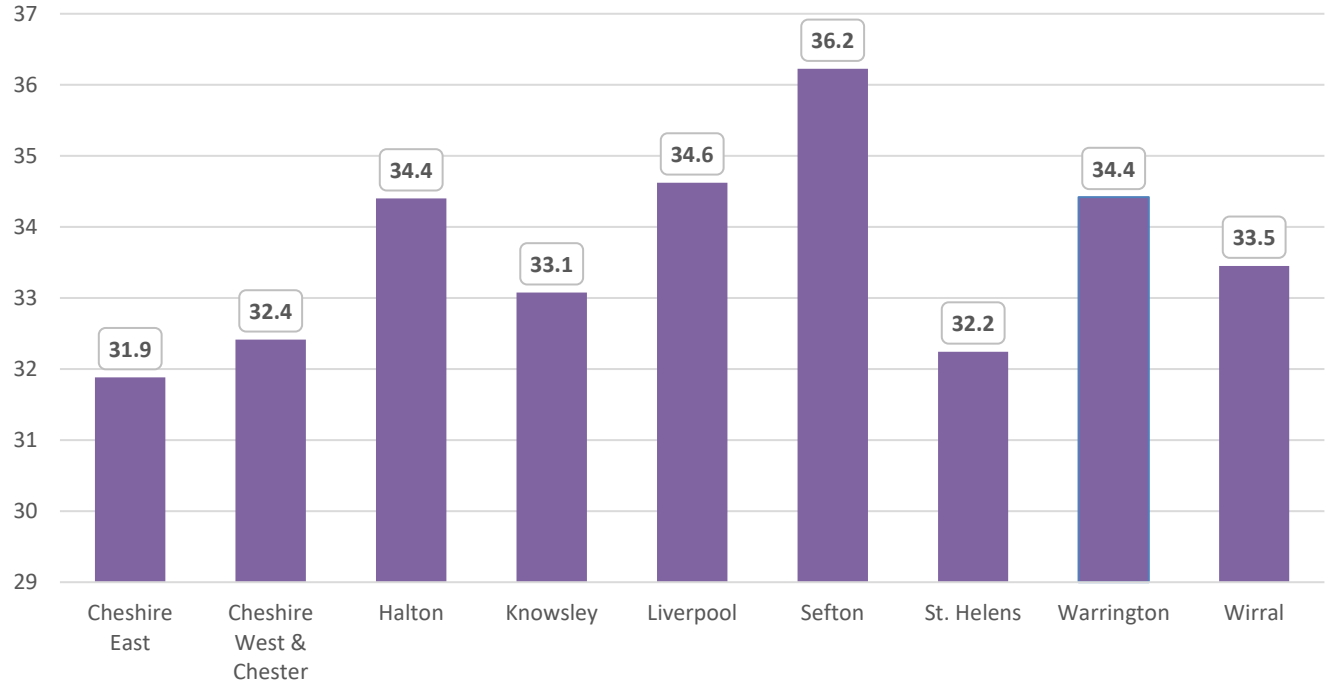


Figure 32 - Average age for PWID steroids and other IPEDs cohort, 2017-18

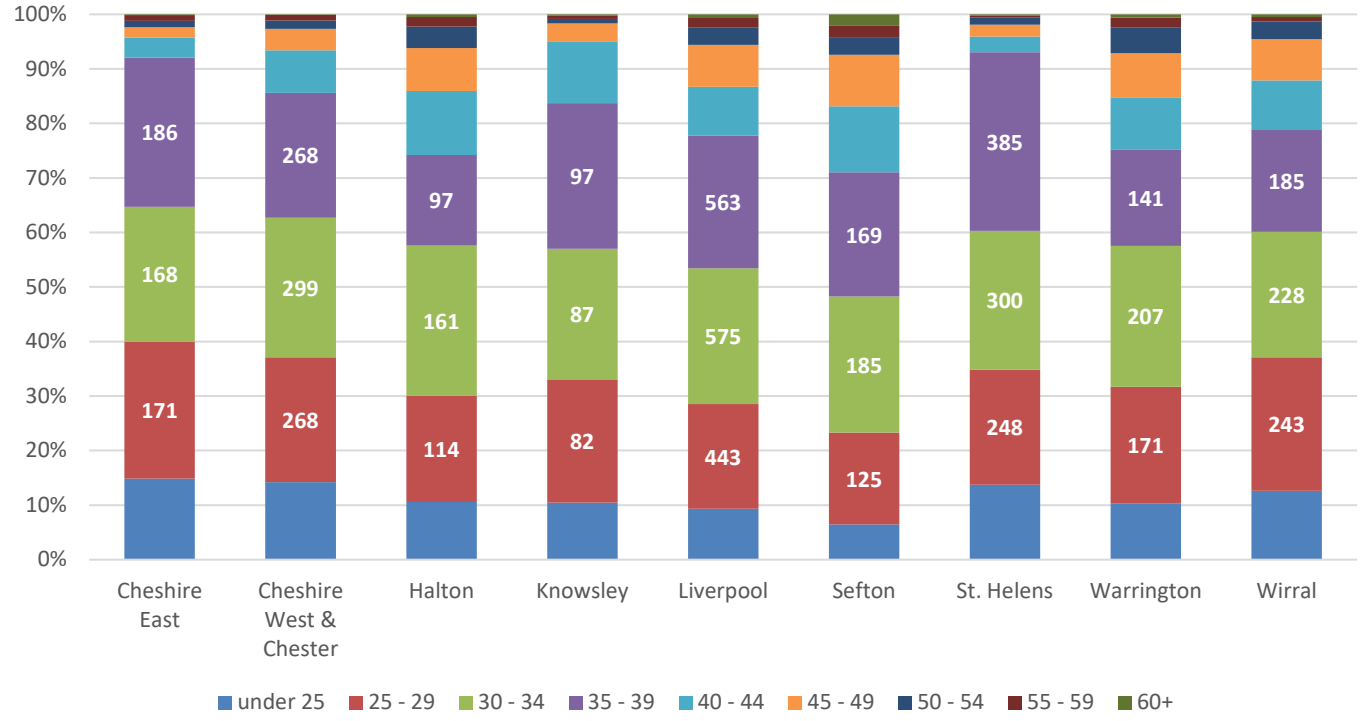


Figure 33 - Steroids and other IPEDs cohort, number and split by age group, 2017-18

ETHNICITY

The ethnicity of people who inject steroids and other IPEDs where this is recorded is overwhelmingly White British, ranging from 86.6% in Cheshire East to 99.6% in Knowsley. Of those whose ethnicity is not recorded as White British, only Other White is recorded at 1.0% or above.

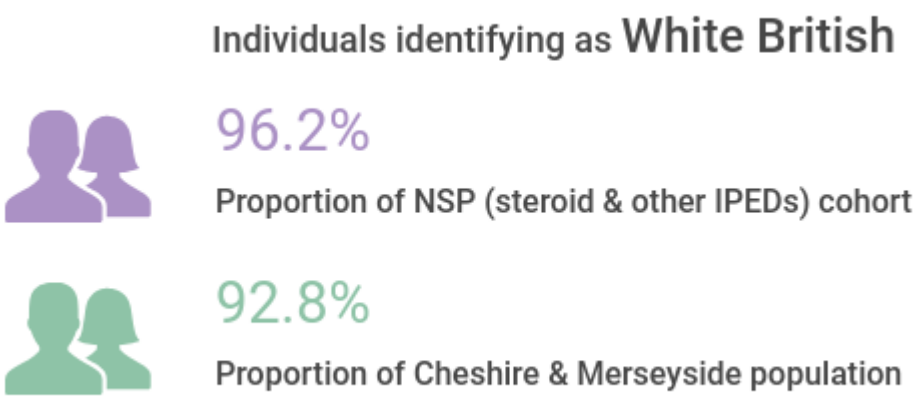


Figure 34 - Proportion of steroids and other IPEDs cohort identifying as White British, compared with census data for the region[10]

[10] Proportion of Cheshire & Merseyside population ONS Census, 2011 https://www.ons.gov.uk/census/2011census

3.2. SUBSTANCES

SECONDARY SUBSTANCE

The majority (92.9%) of PWID steroids and other IPEDs had no secondary substance recorded. Where a secondary substance was recorded, 4 in 5 (80.8%) recorded another Steroid or IPED, followed by alcohol (8.2%), other drugs (6.1%) and cannabis (1.6%). The number of individuals injecting steroids or and IPEDs and also reporting use of opiates is very low (<1.0%)

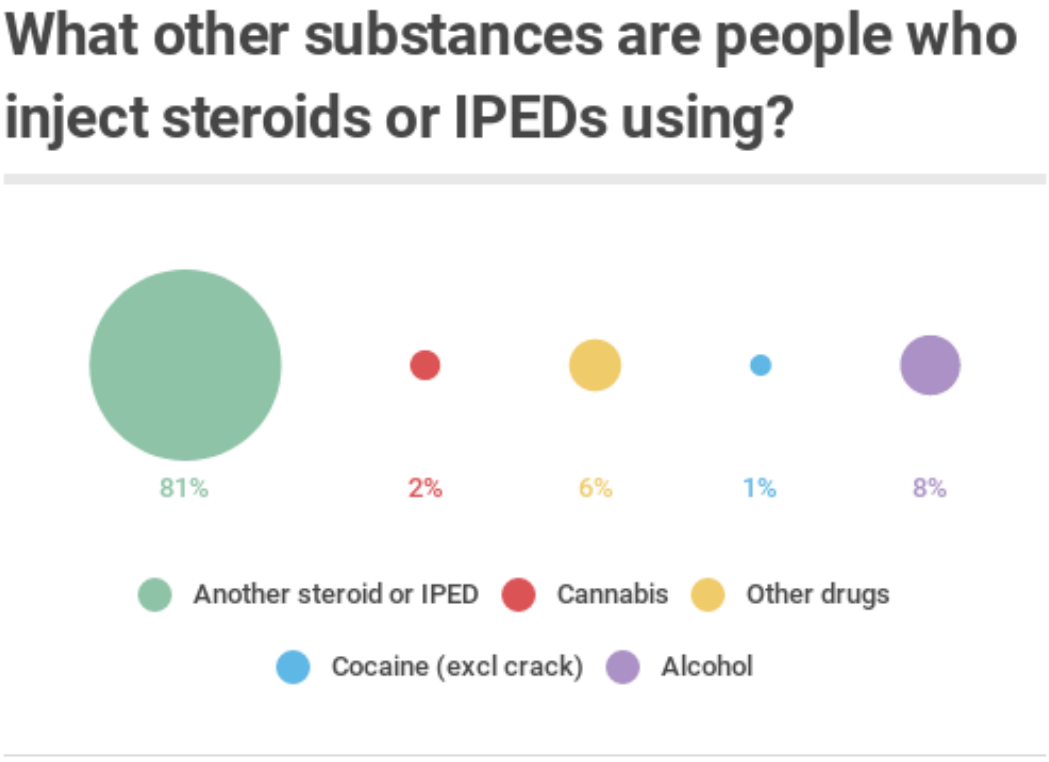


Figure 35 - Steroids and other IPEDs cohort, proportions for named secondary substances, 2017-18

3.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

Accommodation appears to be a far less significant issue for the IMS PWID steroids and other IPEDs cohort than for PWID psychoactive cohort, with all areas reporting housing issues at under 5% among the PWID steroids and other IPEDs cohort, compared to 12.1% for the PWID psychoactive cohort.

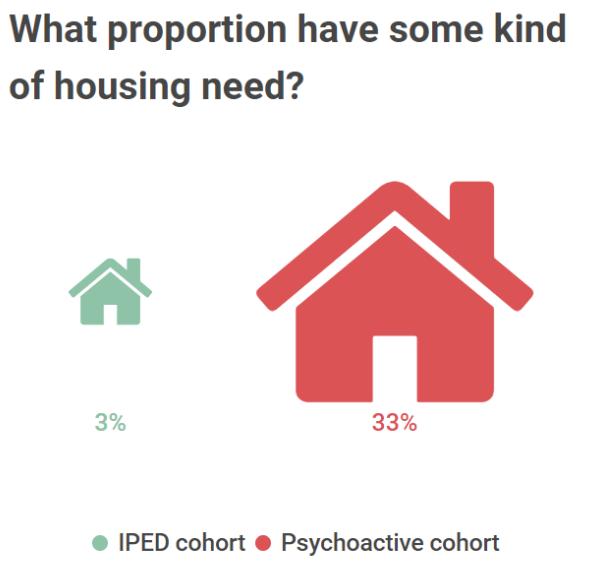


Figure 36 - Accommodation status, comparison of NSP cohorts, 2017-18

EMPLOYMENT STATUS

Despite the variable rates of completion, very high levels of regular employment are recorded across each local authority area among PWID steroids and other IPEDs cohort, with a mean average of 86.3% for all areas combined. Only 1.4% of individuals identified as being long term sick or disabled, and 10.2% as unemployed and seeking work. These compare to 42.4% and 38.5% respectively for the PWID psychoactive cohort.

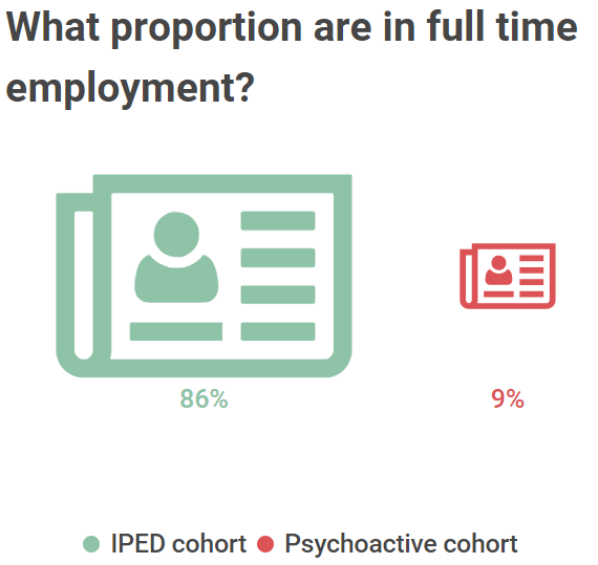


Figure 37 - Employment status, comparison of NSP cohorts, 2017-18

PARENTAL STATUS

Nearly two thirds (64.5%) of people who inject steroid/IPEDs who are parents have some or all of their children aged under 18 years living with them, and in all areas other than Wirral, the majority have all of their children living with them. This is very different to the situation in PWID psychoactive cohort where a substantial majority of individuals have none of their children aged under 18 years living with them.

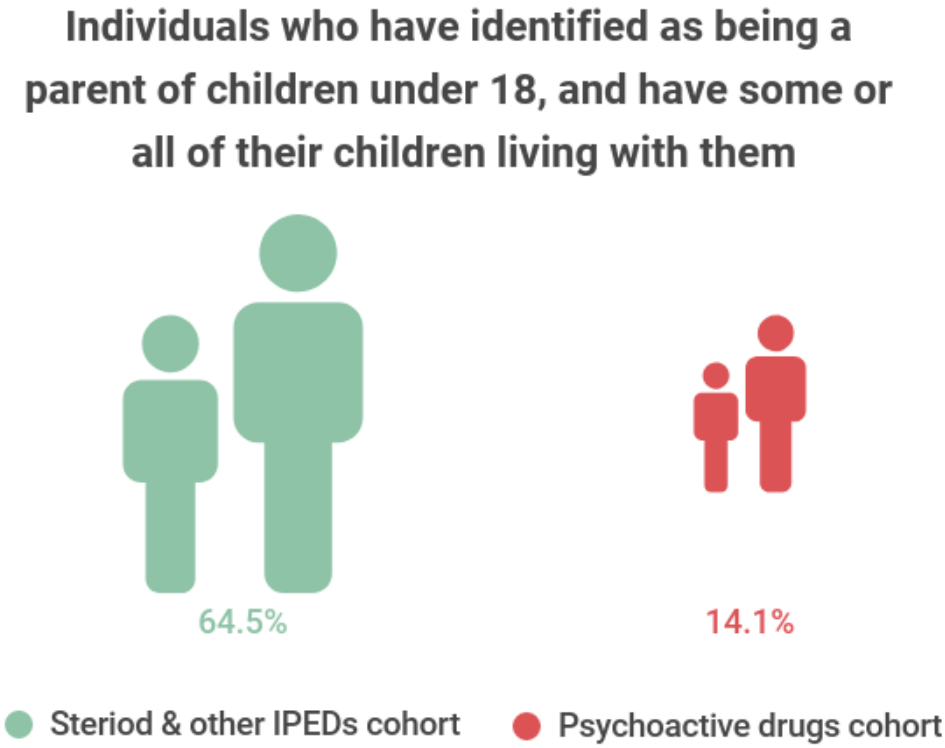


Figure 38 – Parental status, comparison of NSP cohorts, 2017-18

DISABILITIES OR CHRONIC CONDITIONS

Where the disabilities or chronic conditions field has been completed in IMS, 88% (n=1,075) of the PWID Steroid and IPEDs cohort state that they have no chronic conditions or disabilities. This is very different to PWID psychoactive drugs cohort where 54% state that they have no chronic conditions or disabilities. Mental health is again one of the main reported conditions, along with hearing impairment, arthritis and asthma (Table 35, page 80).

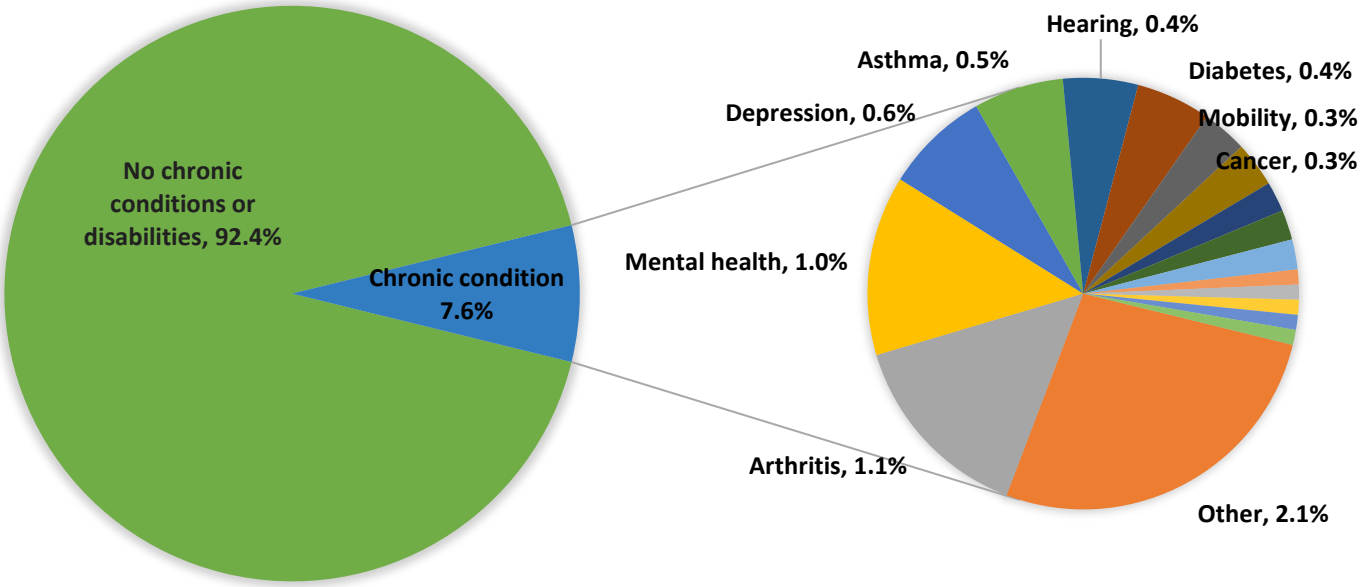


Figure 39 - Steroids and other IPEDs cohort, disability or chronic condition, 2017-18

IMS data feeds into InstantAtlas™ maps which are available via the IMS Online website. This allows the user to explore the data geographically. The maps below are an example of the types of data which can be interrogated using the system.

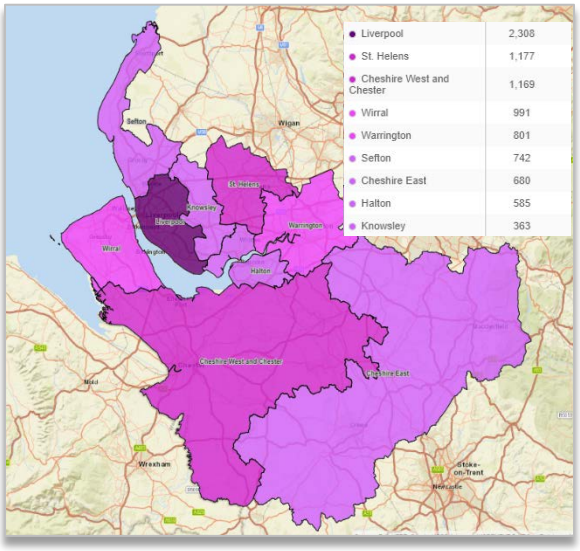


Figure 40 - Steroids and other IPEDs cohort, number of individuals by Local Authority area, 2017-18

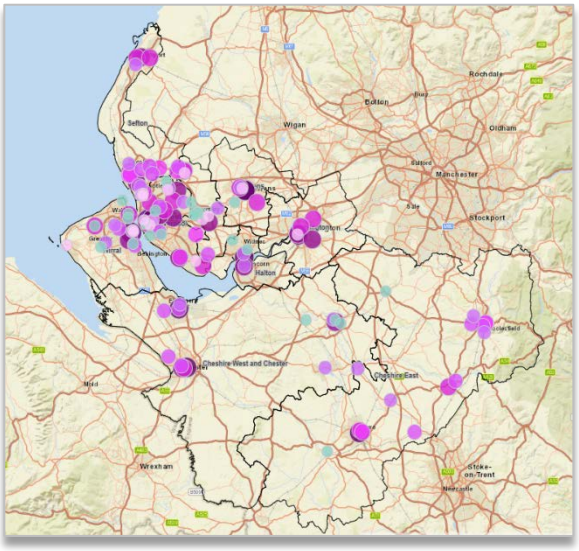


Figure 41 - Steroids and other IPEDs cohort, service provider locations, 2017-18

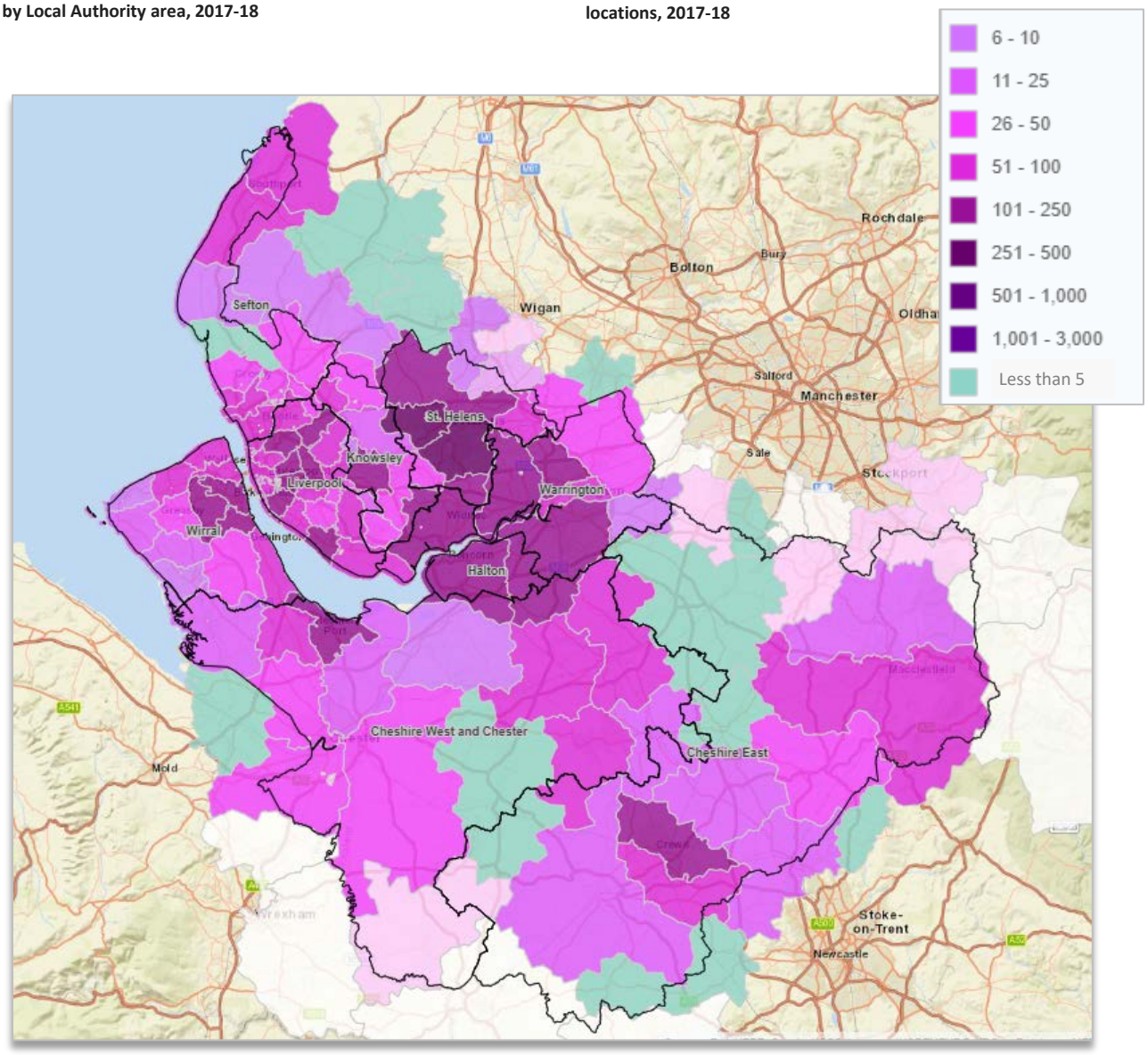


Figure 42 - Steroids and other IPEDs cohort, individuals by postcode district of residence, 2017-18

3.4. NSP TRANSACTIONS

Just over 600,000 needles and syringes were distributed to people who inject steroids and other IPEDs across Cheshire and Merseyside during 2017-18, a decrease of 9.1% from 2016-17. The average number of needles and syringes given on each visit ranged from 25 in St. Helens to 56 in Halton. On average people who identify themselves as injecting steroids and other IPEDs receive around three fifths (61.6%) the level of equipment given to people who inject psychoactive drugs. The average number of needles given per steroids and other IPEDs service user over the course of the year ranged from 48 in St Helens to 116 in Cheshire East, with an overall annual average of 69 per service user, a small decrease from the average of 74 in 2016-17.

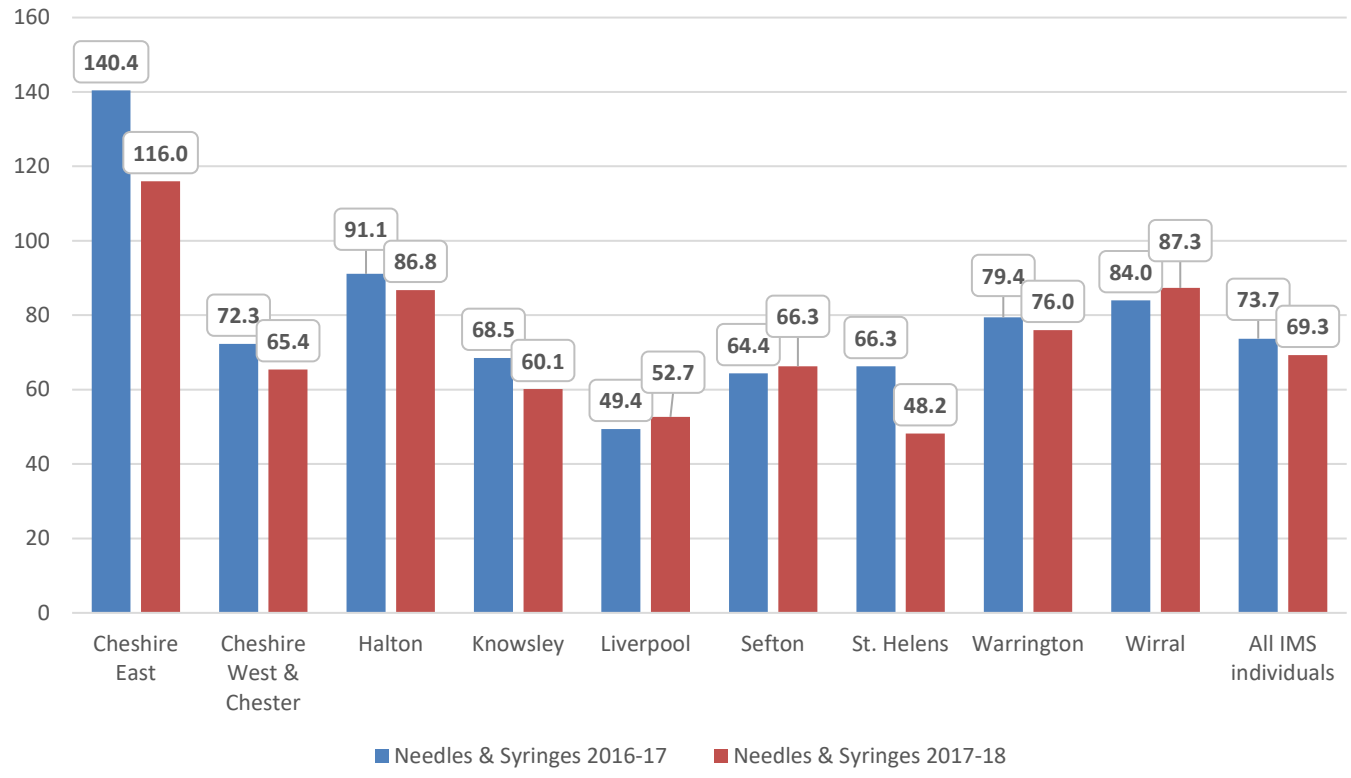


Figure 43 - Average number of needles per person, Steroids and other IPEDs cohort, 2016-17 compared to 2017-18

3.5. NSP NEW INDIVIDUALS[11]

NSP INDIVIDUALS BY YEAR OF FIRST PRESENTATION TO IMS

Less than half (45.0%) of people injecting steroid and IPEDs were recorded on IMS for the first time in the most recent financial year, although this figure ranged from just over half (52.8%) of individuals in St Helens to 29.2% in Wirral. Just over one quarter of individuals injecting steroids and other IPEDs (25.3%) are recorded as having first presented to an NSP service reporting to IMS before 2011.

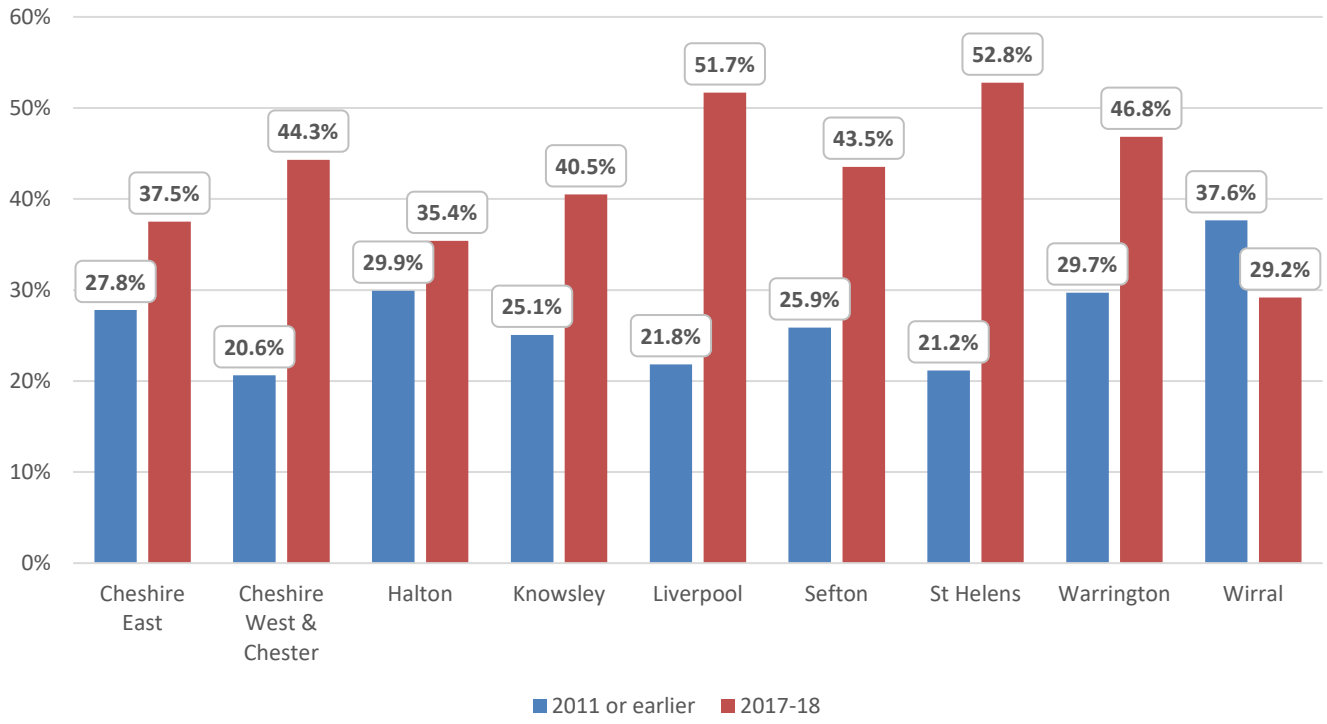


Figure 44 - Proportion of NSP Steroids and other IPEDs cohort presenting earlier than 2011, and for first time in 2017-18

[11] "New individuals" are those individuals who are first recorded within IMS as accessing any NSP service provider during the year.

3.6. CRUDE ESTIMATES OF PREVALENCE OF NSP ATTENDANCE FOR STEROIDS AND OTHER IPEDS USE

St Helens continues to have the highest prevalence NSP attendance at an IMS reporting NSP service by those individuals using a steroid or other IPED, with just over 0.7%, or 6.6 per 1,000 population in 2017-18. Prevalence of NSP attendance for the injection of steroids and other IPEDs since 2013/14 has changed only slightly in most areas. Overall the prevalence of reported NSP attendance for the injection of steroids and other IPEDs is up slightly over the last 12 months, from 3.3 per 1,000 in 2016-17 to 3.5 per 1,000 in 2017-18.

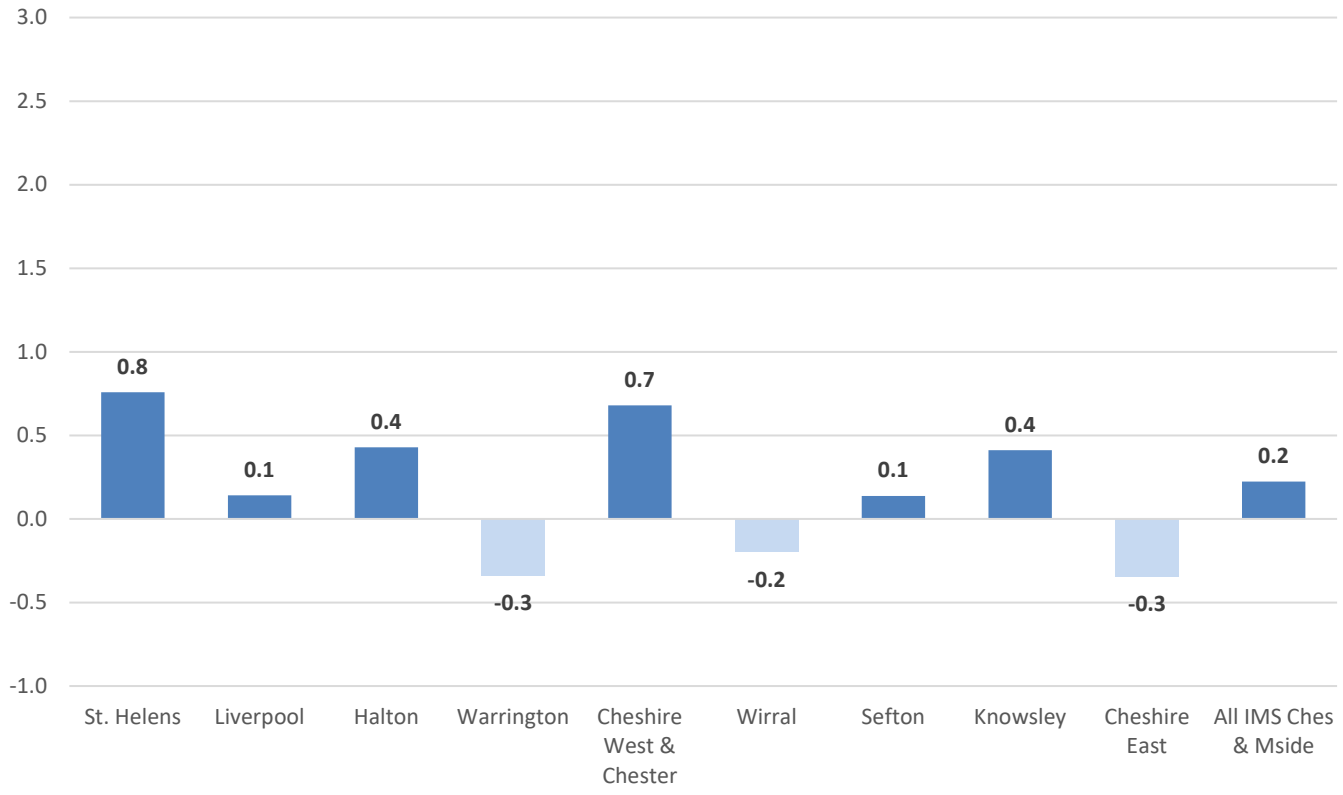


Figure 45 - Difference in prevalence per 1,000 of population between 2013-14 and 2017-18

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

Non-injectors: 'Brief Intervention only'.

Definition: **Individuals with brief interventions, referrals, and well-being reviews, but no NSP activity. The main substance (drugs or alcohol) as recorded in the client's last assessment.**

4.1. DEMOGRAPHIC PROFILE

Individuals who appear in the IMS dataset but who have no NSP transactions reported are included in the Brief Intervention (BI) cohort. BIs delivered by drug and alcohol services are recorded variably across different local authority areas, with different types of services reporting, and so areas are not directly comparable in the same way as for NSP user cohorts. Some areas such as Cheshire East do not report on BIs at all. In other areas the profile of clients in this cohort will be dependent on the type of services reporting; for example both Wirral and Liverpool include reporting by young persons' services, while St. Helens and Liverpool include services who support people with housing problems. Overall over half (55%) of individuals receiving BIs are aged 40 years or over, and around 1 in 7 (14.5%) individuals are aged under 18 years, reflecting the offer of BI by youth services.

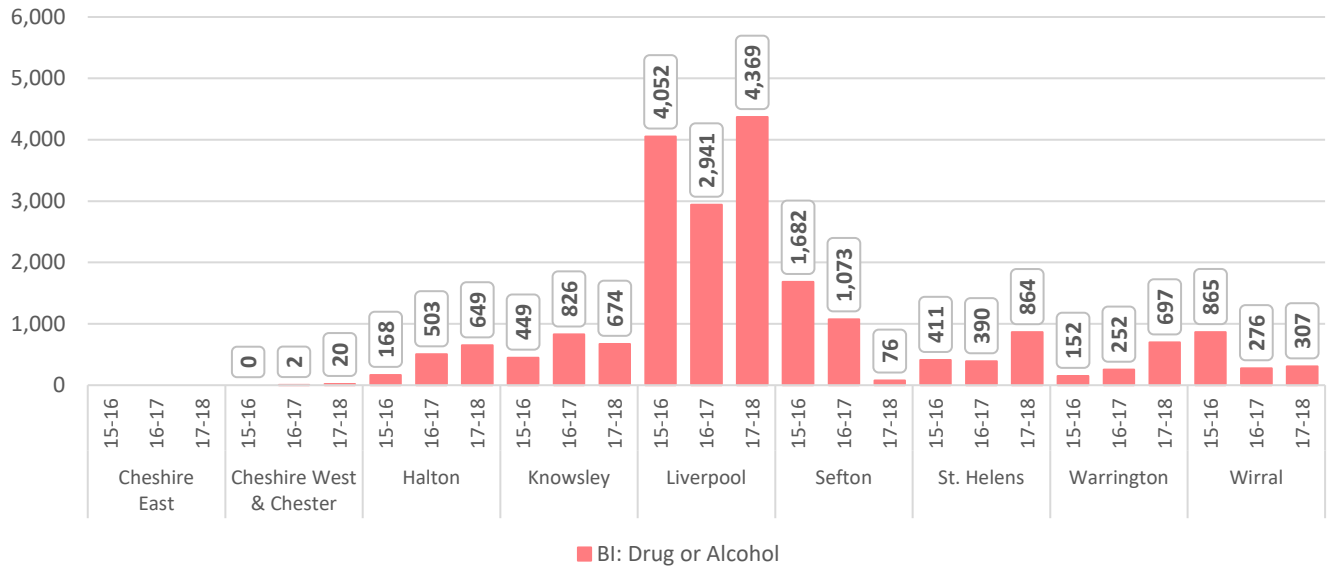


Figure 46 - Drugs or alcohol (non-injecting) cohort, annual client numbers by local authority 2015-16 to 2017-18

In recent years, the number of individuals who receive a BI has been relatively stable. There was a dip in 2016-17, but the number in 2017-18 is comparable to 2015-16 and earlier years. Sefton saw a sharp drop in the number of brief interventions being recorded, while St Helens, Halton and Liverpool saw increases in their respective areas. This reflects changes in the number of services and the settings in which BIs are recorded over time.

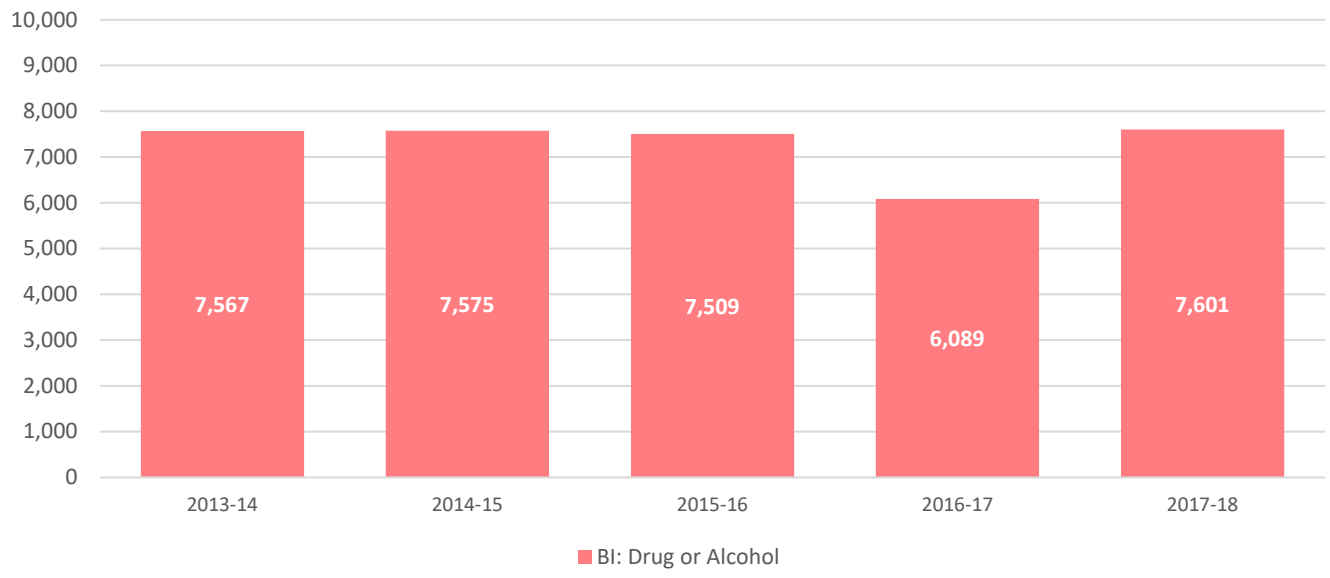


Figure 47 - Drugs or alcohol (non-injecting) cohort, annual client numbers 2013-14 to 2017-18

While the proportion of males to females for most areas is very similar, Sefton and Wirral have the largest difference in age between the two genders receiving BIs, with males being on average 7.5 years older in Sefton and 10.7 years older in Wirral. This may reflect the settings in which BIs are being recorded by different areas rather than different demographic profiles.

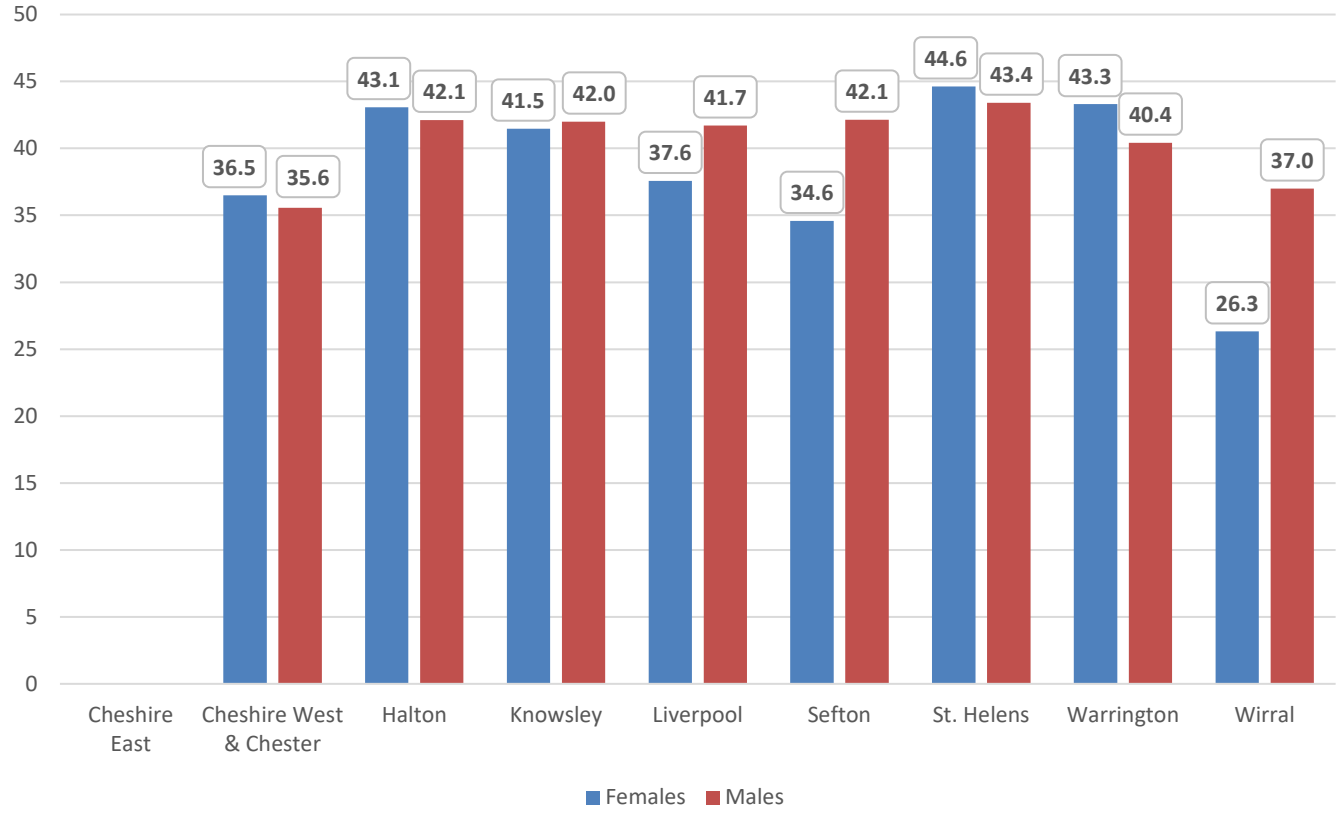


Figure 48 - Drugs or alcohol (non-injecting) cohort, average age split by gender, 2017-18

4.2. MAIN SUBSTANCES

PRIMARY SUBSTANCE

Brief interventions have historically been used most extensively for individuals presenting with issues around their alcohol use and over 6 in 10 (60.6%) receiving BIs in 2017-18 identified alcohol as their main problem substance, followed by heroin (9.8%), cannabis (7.4%) and cocaine (4.5%). Within this client group over 1 in 8 (13.0%) stated 'No primary substance'; this includes individuals who are accessing recovery support for previous substance use, as well as people receiving support related to substance use by family or friends, and also young people receiving preventative interventions and education related to drugs and alcohol. This is explored further in section 4.4 (page 50).

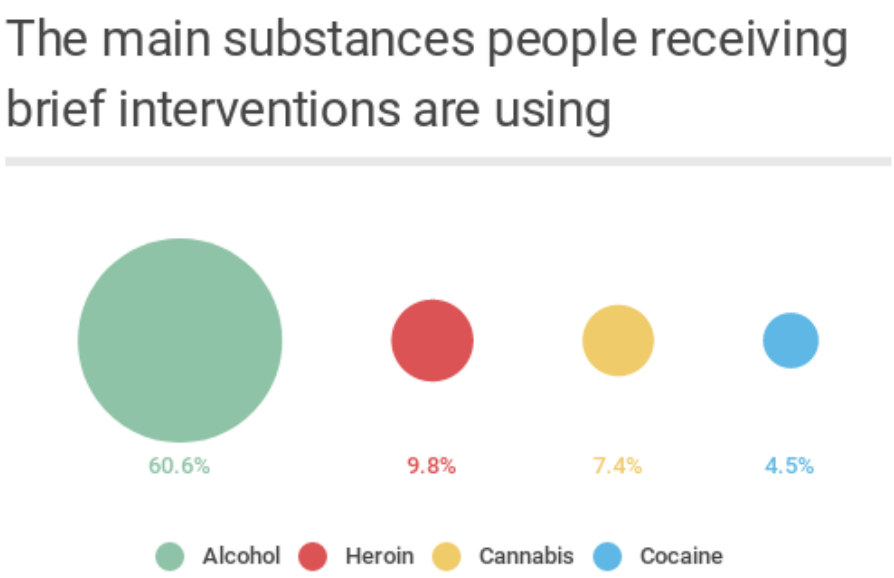


Figure 49 - Drugs or alcohol (non-injecting) cohort, main substance recorded, 2017-18

Reflecting this historic focus of BI provision on alcohol, alcohol is still the main substance identified in all areas recording BIs in IMS, ranging from 41.4% in St Helens to 69.2% in Liverpool.

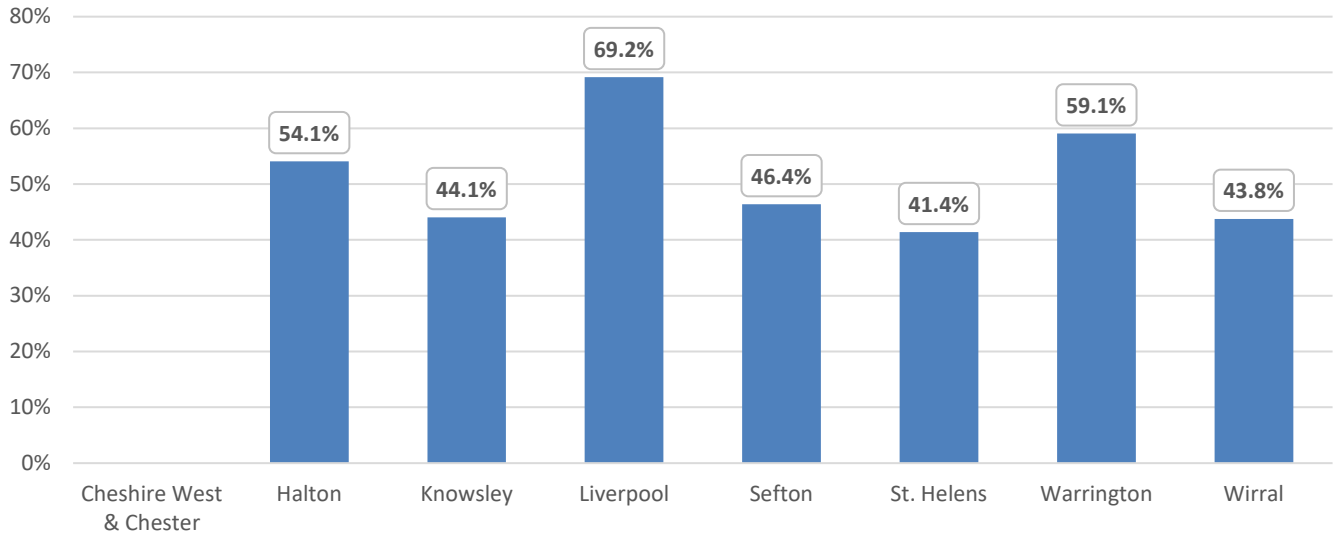


Figure 50 - Drugs or alcohol (non-injecting) cohort - proportion of clients with alcohol named as the primary substance[12]

[12] Where no BIs are reported for an area, such as Cheshire East, this does not meant that no BIs have taken place in that area, but rather that no services in that area report this type of activity to IMS.

4.3. COHORT CHARACTERISTICS

ACCOMMODATION STATUS

For all individuals receiving BIs, 17.0% cited a housing problem; the proportion was highest in St. Helens with one third (30.0%) of individuals stating a housing need, over 50% of which were urgent. However, this data item is only reported for 50.8% of individuals.

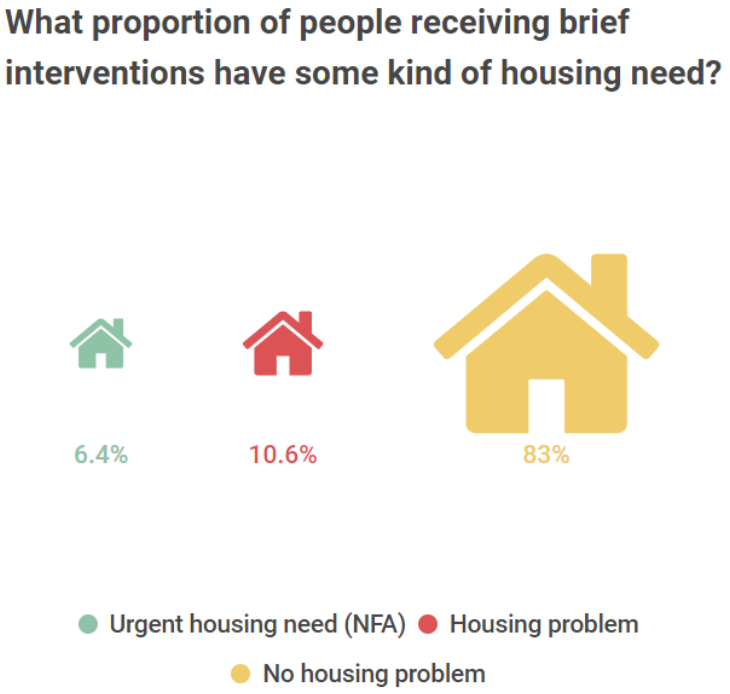


Figure 51 - Drugs or alcohol (non-injecting) cohort, proportion of people with a housing need 2017-18

EMPLOYMENT STATUS

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

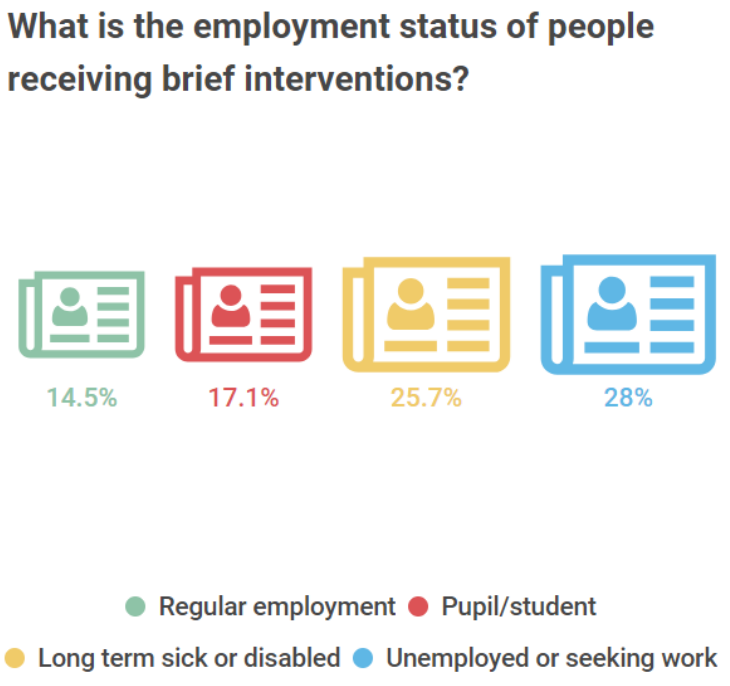
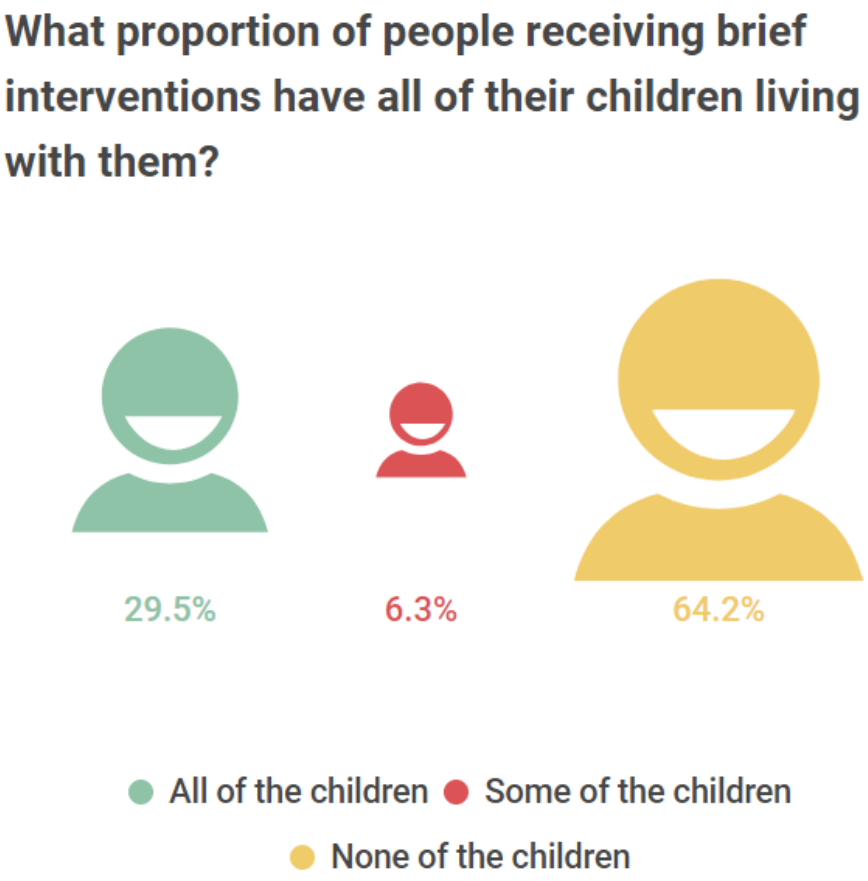


Figure 52 – Proportions of the drugs or alcohol (non-injecting) cohort by employment status 2017-18

PARENTAL STATUS



The parental status profile for individuals receiving BIs is similar to that for psychoactive substance PWID. Where individuals stated being a parent of children aged under 18 a majority had none of their children living with them (64.2%). Liverpool had the highest proportion (77.3%) having none of their children living with them and Sefton had the lowest proportion (16.7%) where all of their children lived with them.

Figure 53 - Drugs or alcohol (non-injecting) cohort, proportion of people with children 2017-18

DISABILITIES OR CHRONIC CONDITIONS

Where a disability or chronic condition record was completed, almost half (45%, n=545) the number of individuals receiving BIs stated that they have a chronic condition or disability, with mental health/depression accounting for 53.0%. Mobility issues and specific learning difficulties were also noted as conditions by a number of individuals. (Table 51, page 115)

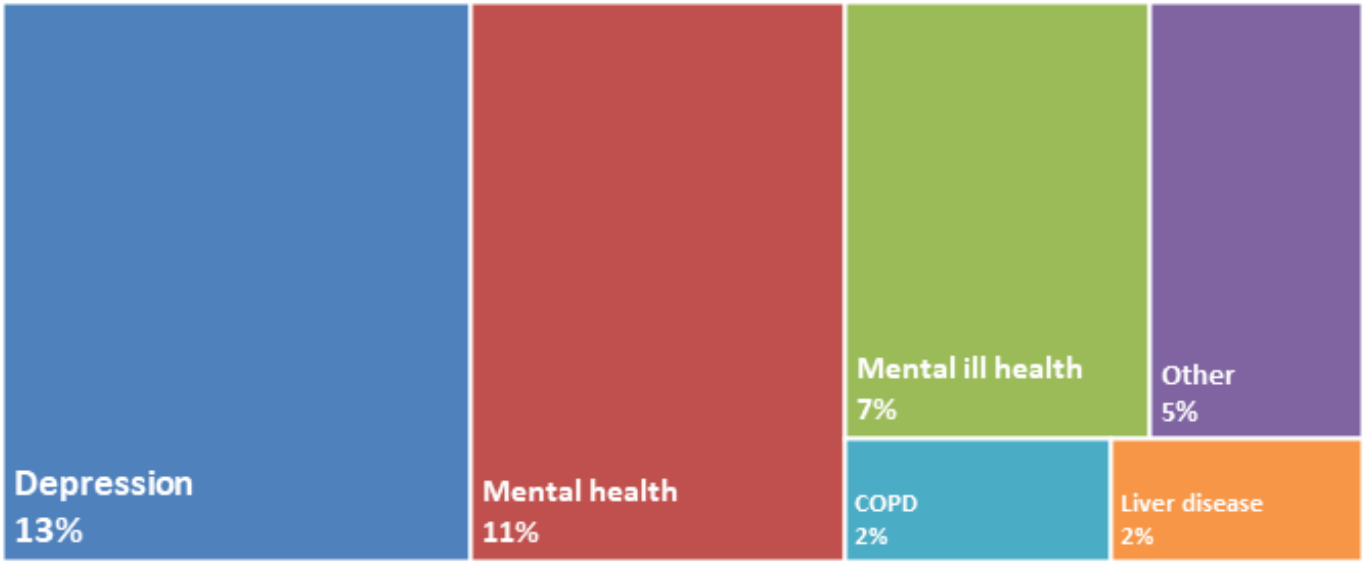


Figure 54 - Drugs or alcohol (non-injecting) cohort, disability or chronic condition, 2017-18

IMS data feeds into InstantAtlas™ maps which are available via the IMS Online website. This allows the user to explore the data geographically. The maps below are an example of the types of data which can be interrogated using the system.

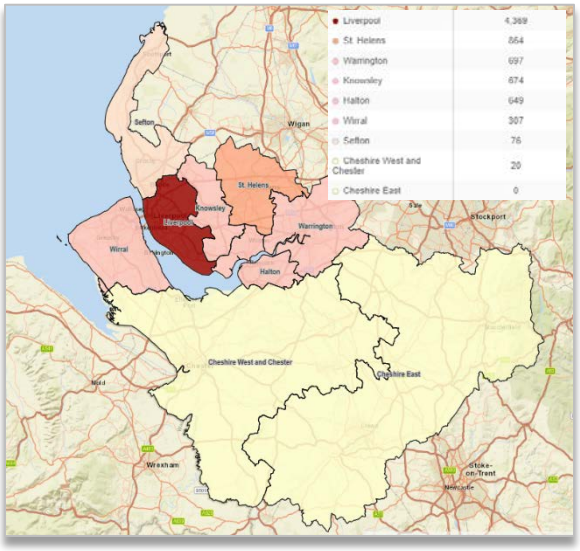


Figure 56 - Drugs or alcohol (non-injecting) cohort, number of individuals by Local Authority area, 2017-18

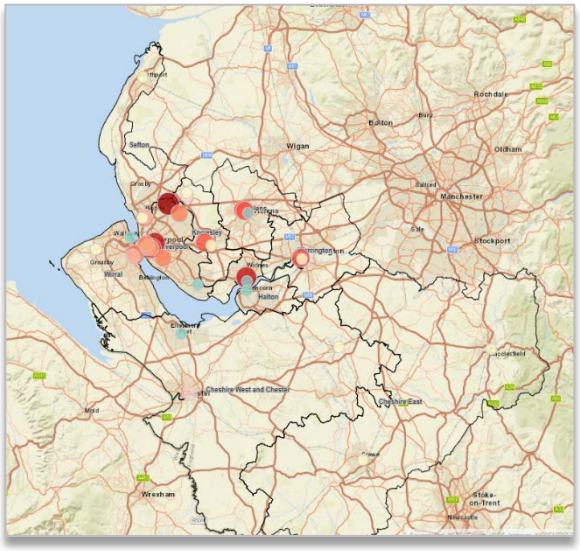


Figure 55 - Drugs or alcohol (non-injecting) cohort, service provider locations, 2017-18

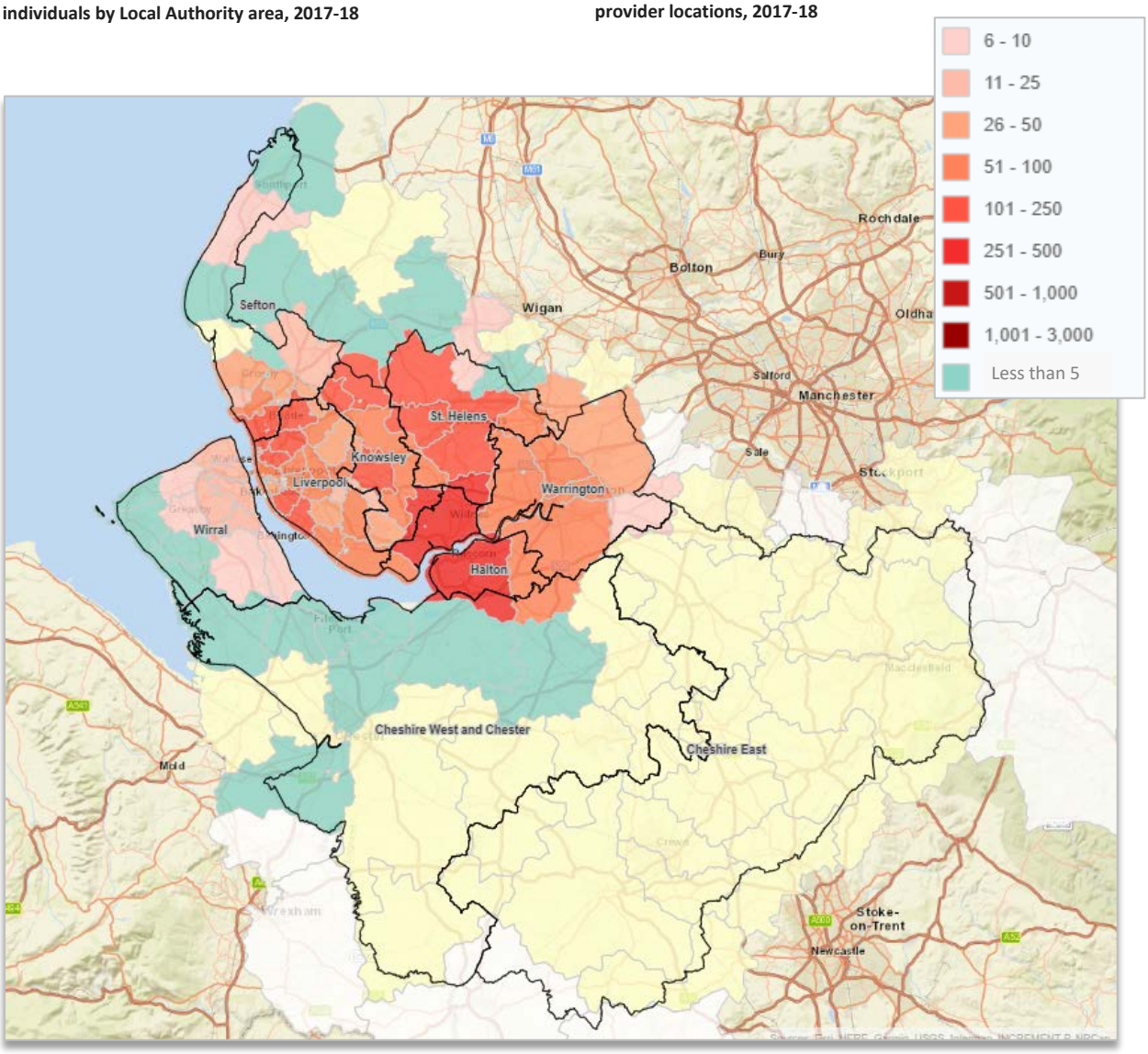


Figure 57 - Drugs or alcohol (non-injecting) cohort, individuals by postcode district of residence, 2017-18

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

The BI cohort of IMS data includes 1,946 individuals in 2017/18 who either have no main substance recorded or who are only engaged with services for support due to substance use by others. This amounts to one quarter (25.4%) of all individuals in this cohort group. Unlike the cohorts of both psychoactive drug injectors, and steroid and IPED injectors for whom we are able to impute substance use from client characteristics and recorded NSP transactions, we are unable to determine whether these individuals have used alcohol or other drugs. The majority of these individuals do not have any assessment information completed, so the main substance is 'not stated'. However, more than half (52.9%) of these individuals do have assessment information which confirms either 'no substance' used, or 'someone else's use'.

For those individuals where a substance was not stated, three in five 59.2% (n=542) were male and 40.8% (n=374) were female; for those where an assessment was completed stating 'no substance used' the proportions were similar for males (49.8%, n=422) and females (50.2%, n=426). For those individuals who are only in contact with support services due to someone else's substance use, over three quarters (78.0%, n=142) were female, and overall more than one third of these individuals (34.1%, n=62) were aged 60 years or over.

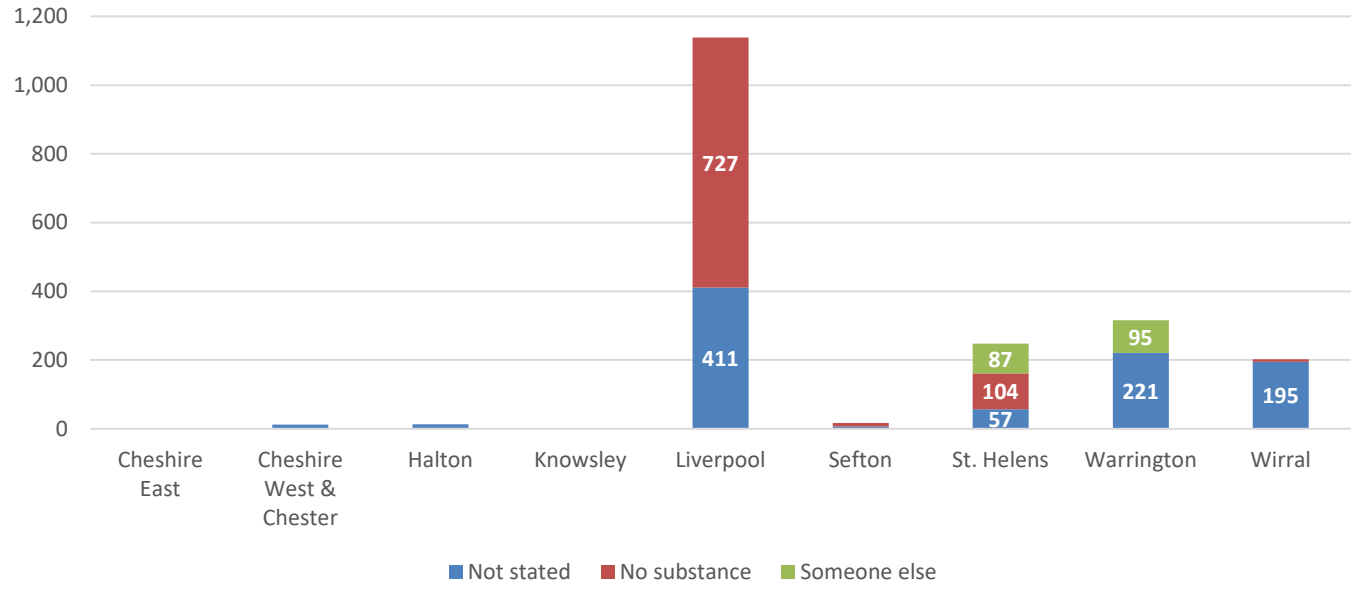
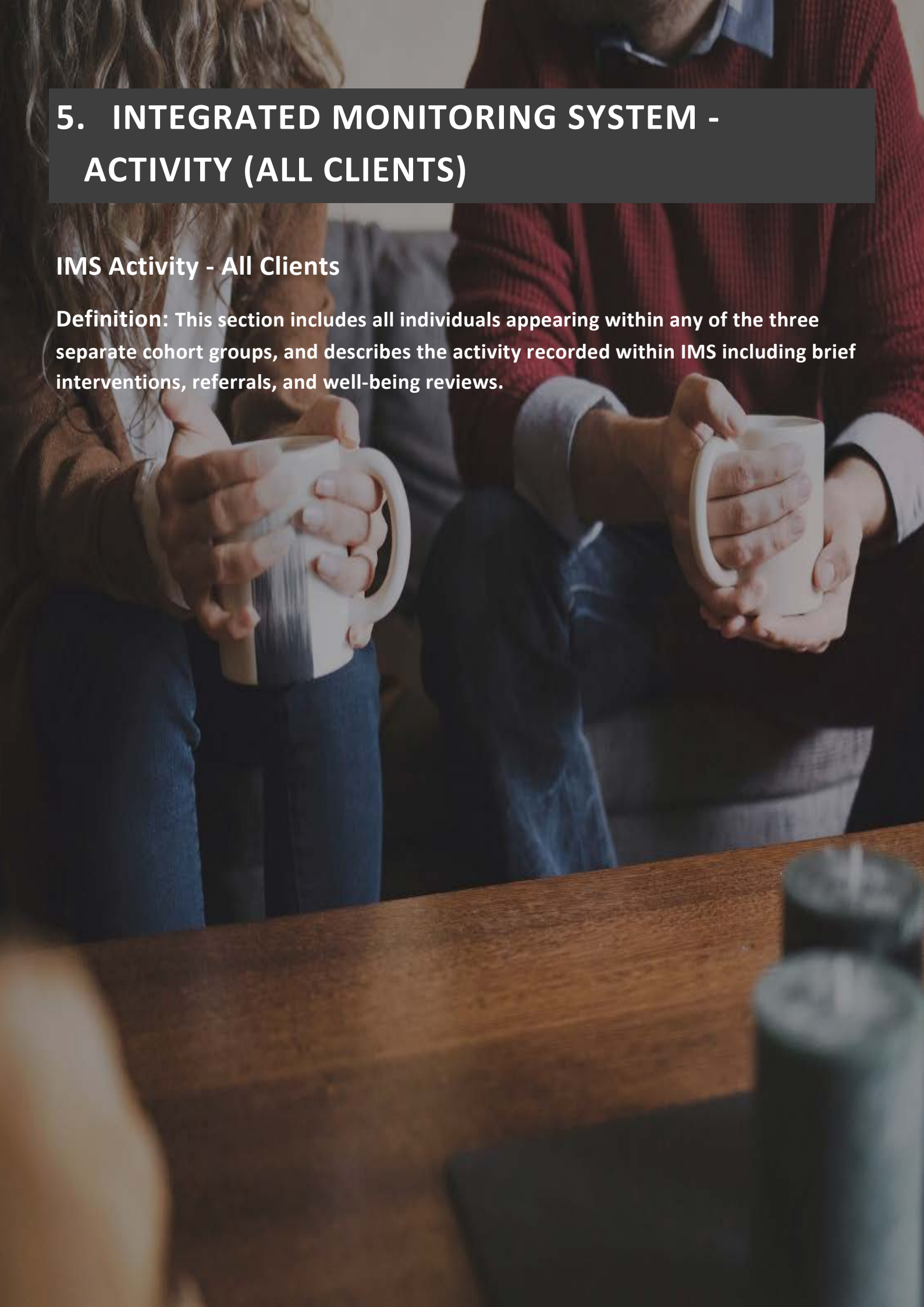


Figure 58 - Drugs or alcohol (non-injecting) cohort, individuals with no recorded substance, 2017-18



5. INTEGRATED MONITORING SYSTEM - ACTIVITY (ALL CLIENTS)

IMS Activity - All Clients

Definition: This section includes all individuals appearing within any of the three separate cohort groups, and describes the activity recorded within IMS including brief interventions, referrals, and well-being reviews.

5.1. INTERVENTIONS

Interventions[13] were delivered to individuals on 35,027 separate occasions (Table 62) to a total of 11,393 individuals, an average of 3.1 interventions per person, down from 4.0 interventions per individuals in 2016-17. This represented a slight decrease in the total number of interventions delivered (-5.3%) compared to 2016-17, but these were to a larger number of people (+20.0%).

The majority of interventions (82.6%, n=28,924) were categorised as a 'brief intervention', while just under 1 in 5 occasions (19.5%, n=6,831) included 'advice and information'. Where individuals have both categories recorded on the same date, this is counted as one intervention occasion, but they are counted in the two separate categories.

INTERVENTIONS

Brief Intervention is a technique used to initiate change for an unhealthy or risky behaviour such as smoking, or relating to alcohol and drug misuse.

Interventions recorded within IMS should refer to a 'face to face interaction' which categorised by the service as either a '*brief intervention*' or as '*advice and information*' these interventions may cover a wide variety of different activities which is detailed within IMS by using a description for the 'type of intervention'.

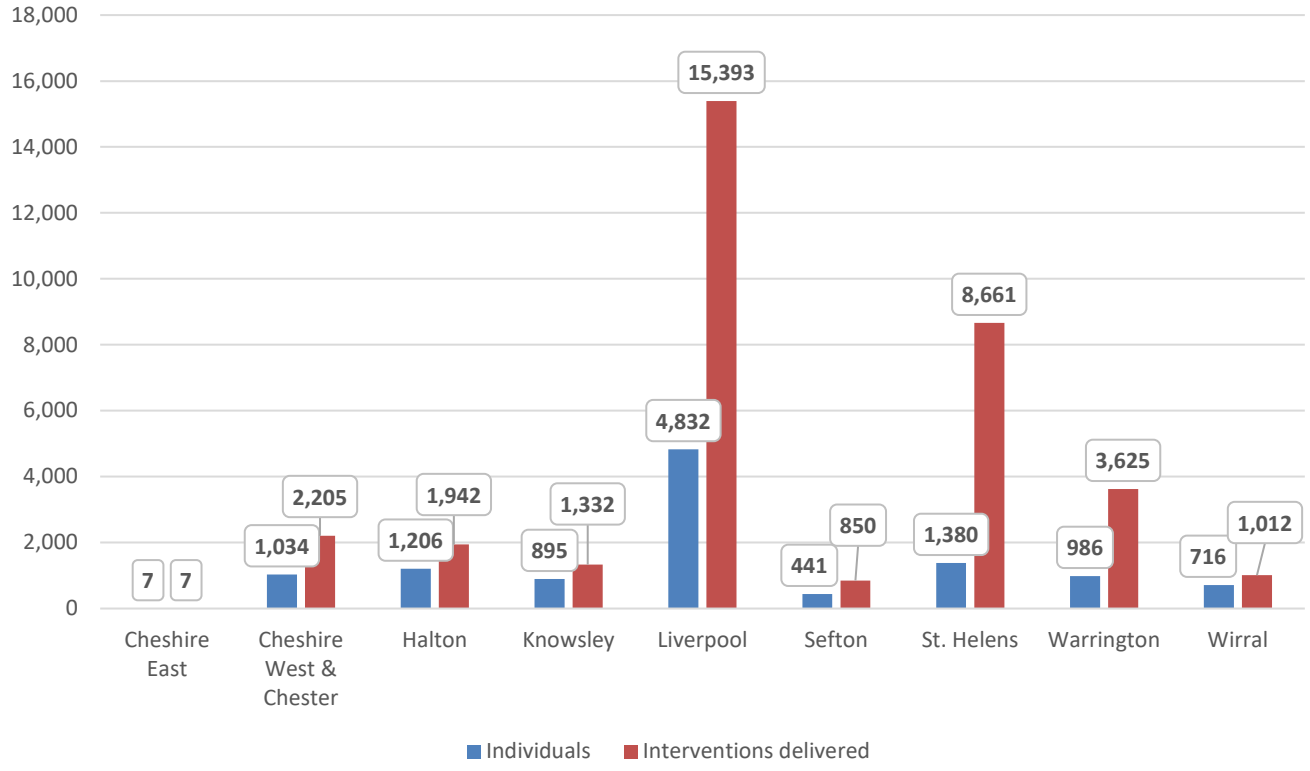


Figure 59 - Number of interventions delivered to individuals, 2017-18

Service providers are able to define their own descriptions for 'intervention type' in order to meet local reporting requirements. The main interventions delivered included creative sessions (14.7%), basic needs and personal care (14.1%), general harm reduction advice (8.1%) and brief intervention around alcohol use (6.9%).

[13] "Interventions" refers here to 'Brief Interventions', and does not in this context include either NSP activity, referrals, or wellbeing reviews.

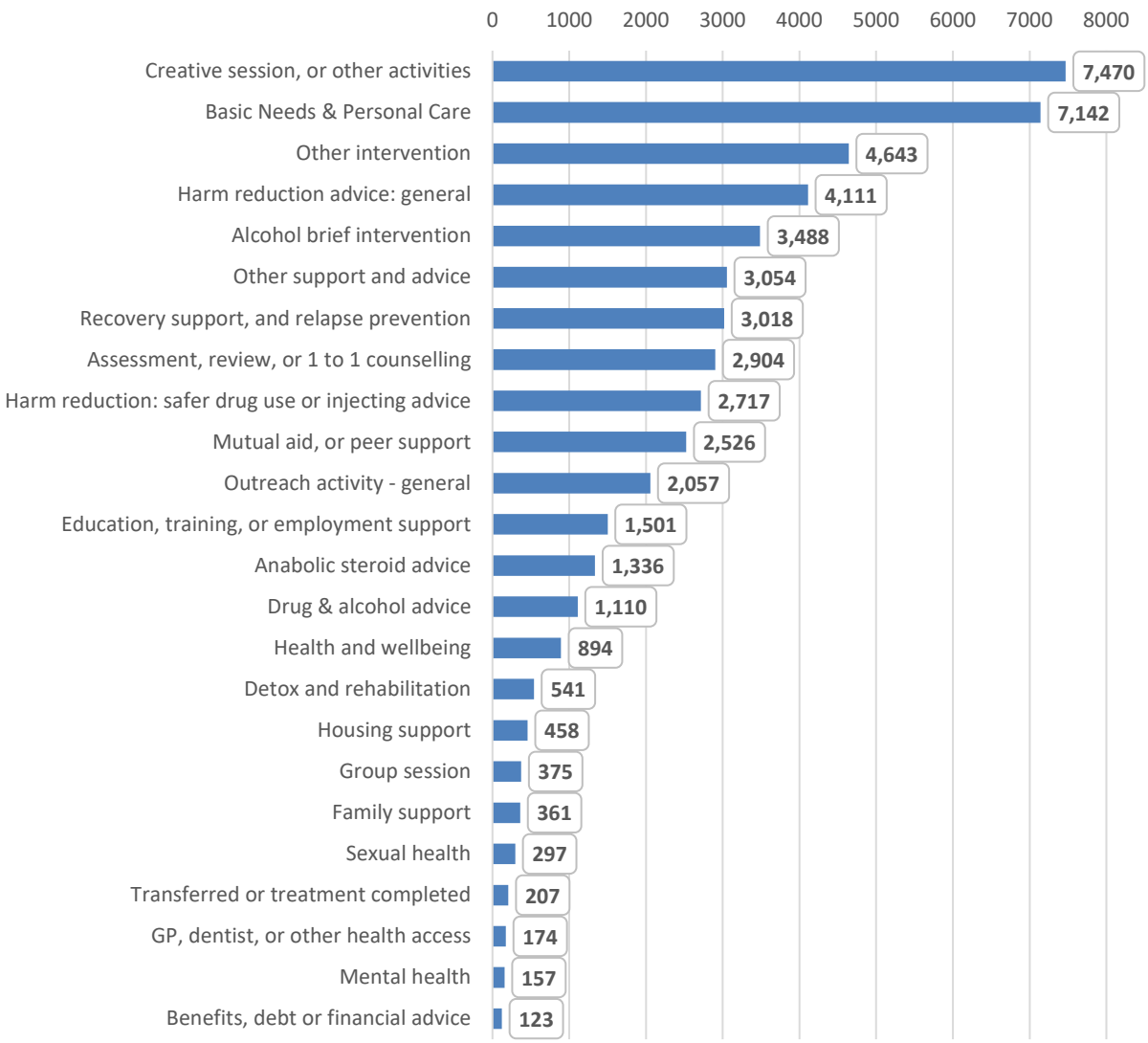


Figure 60 – Intervention type descriptions (those with over 100 incidences), 2017-18

5.2. REFERRALS

REFERRAL SOURCE / INWARD REFERRALS

A total of 826 inward referrals were recorded by service providers across seven local authority areas, although these were mainly recorded by Liverpool services. The majority were categorised as self-referrals (36.9%) or from a local 'non-structured treatment provider (20.6%) or a Drug Service (10.9%). Where further detail on the referral source was given, The Brink were the main organisation named (20.4%, n=83) followed by LCAS (18.5%, n=75) and SHARP - Action on Addiction (17.2%, n=70). All of these services operate in the Liverpool area.

ONWARD REFERRALS

A total of 608 outward referrals were recorded by service providers across seven local authority areas, again mainly by Liverpool services. The largest proportion were to local 'non-structured' treatment providers (44.4%), followed by one in five (19.4%) to a GP, Hospital or other NHS service. Where a specific organisation was named, the main services individuals were referred on to were The Brink (n=107), SHARP - Action on Addiction (n=89), and LCAS (n=60).

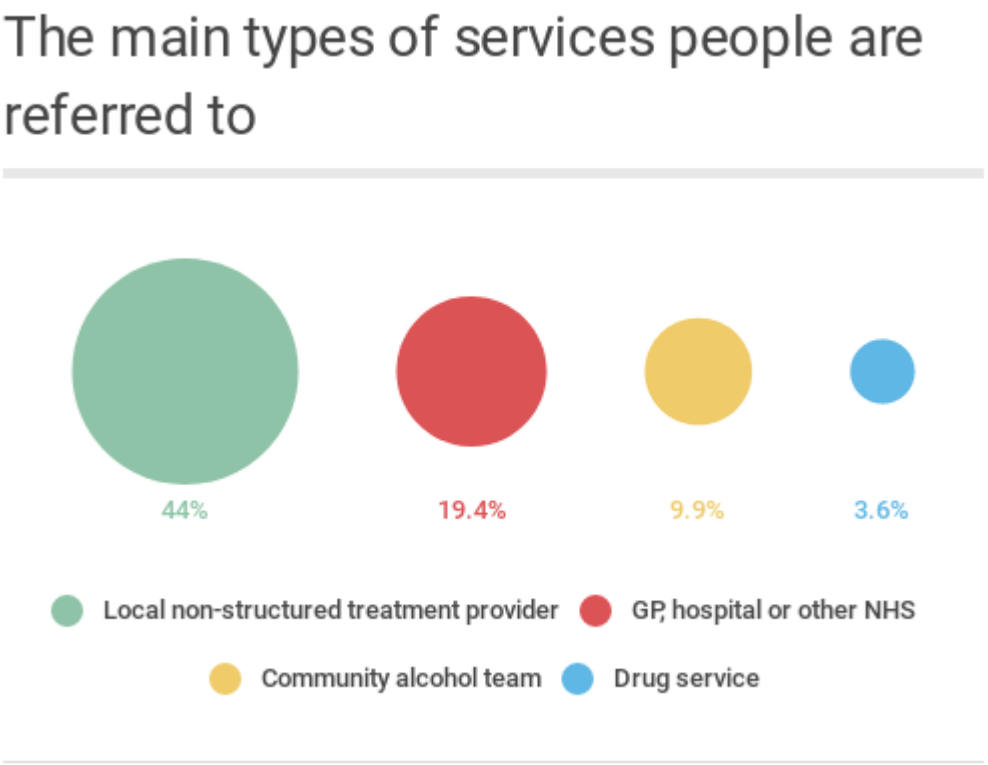


Figure 61 - Onward referrals by type of service the client is referred to

5.3. WELLBEING

OVERVIEW OF WELLBEING

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)[14] was developed to enable the monitoring of mental wellbeing and has been validated for use in face-to-face interviews[15]. WEMWBS was originally devised as a 14 question scale, the short form of which asks seven questions. Responses to the seven question short-form WEMWBS (used by IMS services) are converted to a numeric score which is then combined to provide a single score ranging from 7-35.

WELLBEING REVIEWS

During 2017-18 wellbeing reviews were completed for 1,448 individuals. For all individuals who completed a wellbeing review the mean score at the latest review was 20.9. When scores are categorised as 'low wellbeing' (7-15), 'medium wellbeing' (16-25) and 'high wellbeing' (26-35), the majority 57.3% (n=830) were ranked as 'medium wellbeing'. However there is some variation when comparing scores by main substance group, 72.7% (n=66) of individuals recording the use of steroids & other IPEDs reported a high level of wellbeing, while this was reduced to only 15.3% (n=33) for those recording use of heroin (Figure 62).

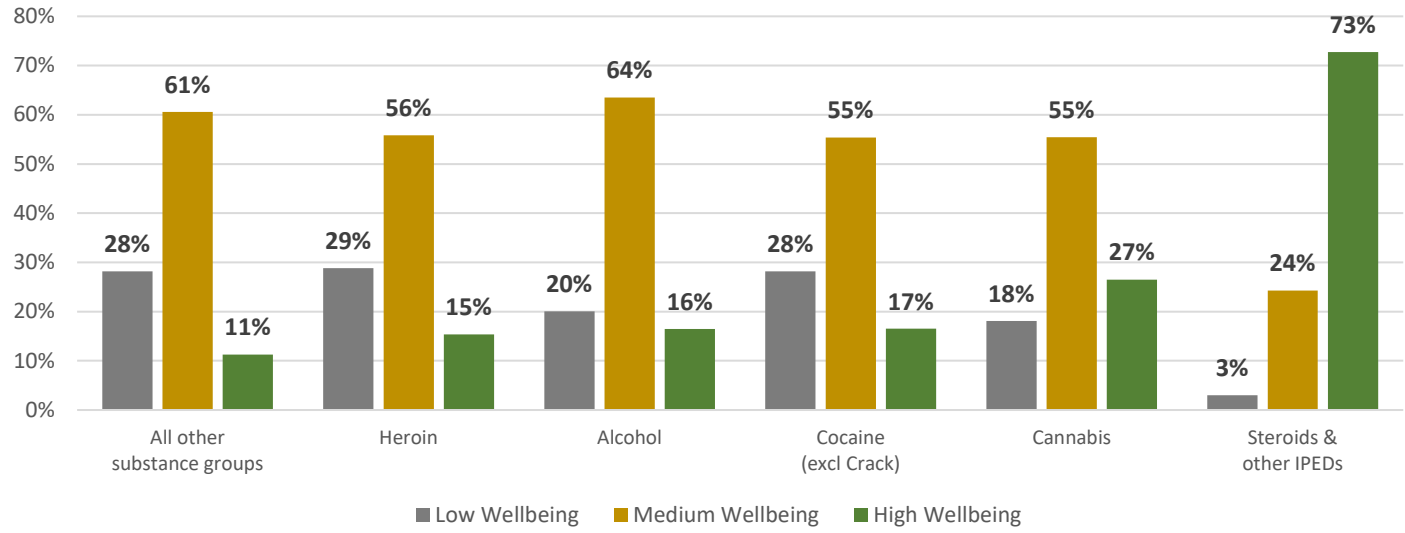


Figure 62 - WEMWBS score distribution at latest Wellbeing review, by main substance group [16]

WELLBEING CHANGE

Where individuals (n=458) had completed wellbeing reviews on at least two separate occasions the change in the total score at first and latest review is calculated to assess changes overtime. Changes in wellbeing score over time ranged from -19 to +19 with a mean change of +1.26 (Figure 63).

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

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

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

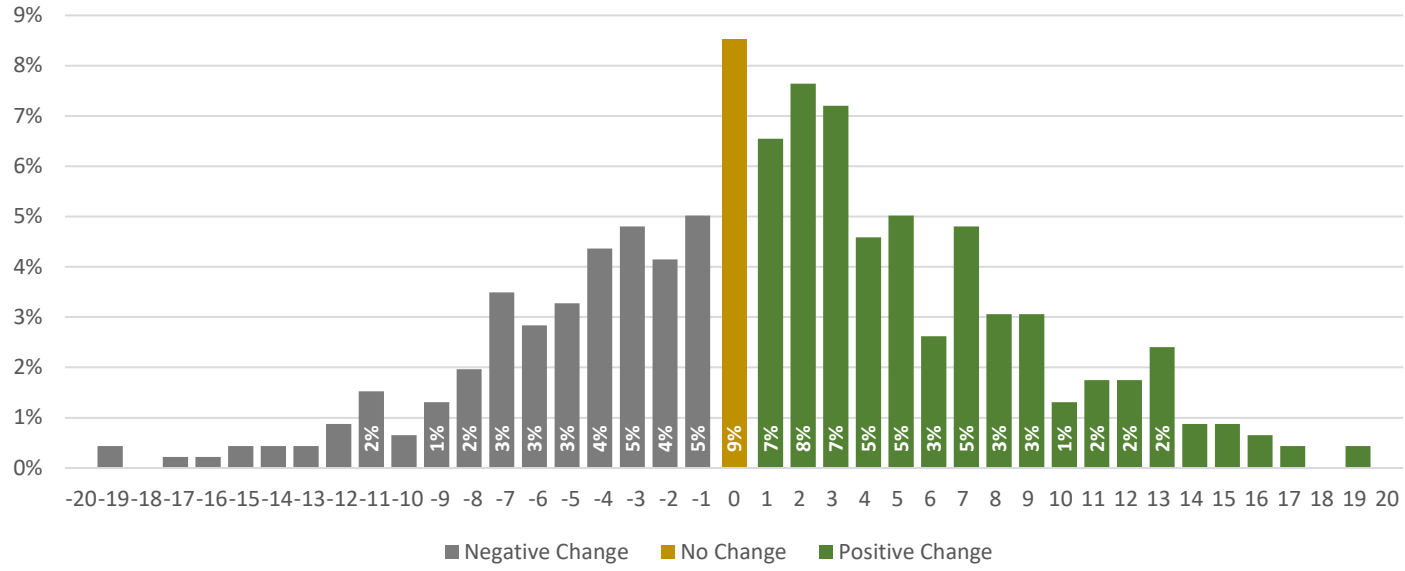


Figure 63 - Change in wellbeing score between first and latest review

For all individuals with multiple wellbeing reviews, just over half (55.0%, n=252) showed a positive change in score between their first and latest review, while 8.5% (n=39) had no change and 36.5% (n=167) recorded a negative change. Figure 64 shows the direction of change by main substance group. Those individuals with no main substance recorded (66.0%, n=101) showed a positive change in wellbeing, followed by those receiving support related to 'someone else's drug or alcohol use' (61.3%, n=38), while those reporting heroin use recorded the largest proportion of reviews with a negative change in wellbeing 49.3% (n=34).

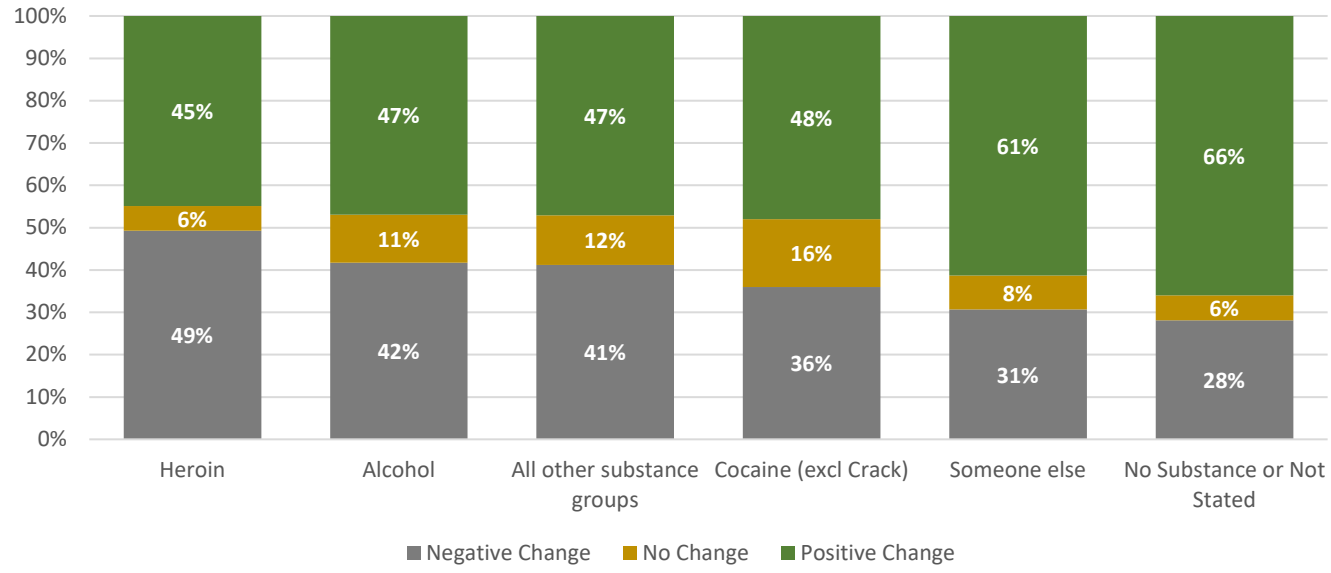


Figure 64 - Direction of change in wellbeing score, by main substance group

6. NOVEL PSYCHOACTIVE SUBSTANCES (NPS) & CLUB DRUGS

IMS has featured a module since April 2016 which allows services to record details on novel psychoactive substances (NPS) and club drugs where their use is reported by service users. Information on the use of these types of drug from structured drug treatment services is limited by the fact that individuals using these types of drug do not necessarily view their use as problematic. Lower threshold services can therefore provide an important opportunity to gather information on the use of these types of drug. Figure 65 shows the services which have reported over 5 instances of NPS during 2017-18.

NPS & CLUB DRUGS

Club drugs are a loosely defined group of drugs that make people feel euphoric, energised or relaxed, whose use is associated with the night-time economy. Some club drugs are well known, like cocaine, MDMA (ecstasy), mephedrone and ketamine. New types of drugs are emerging all of the time. These are often referred to as 'new psychoactive substances' (NPS).

Partly reflecting the types of service reporting this information to IMS, over two thirds (67.2%) are aged under 40, while those under 20 were more likely to be female (56.0%), while those aged 40 and over were exclusively male. The main club drugs cited include NPS – effects different or not stated (22.2%), MDMA (Ecstasy) (21.1%) and CHB/GBL (11.7%).

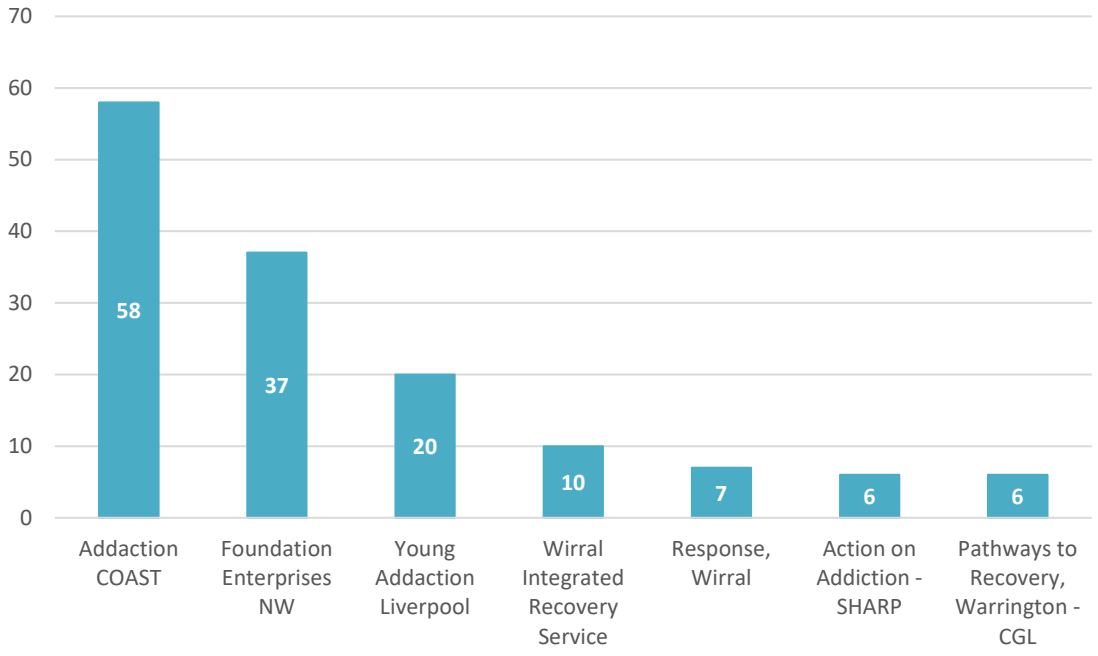


Figure 65 - Services utilising NPS module (over 5 incidences), 2017-18

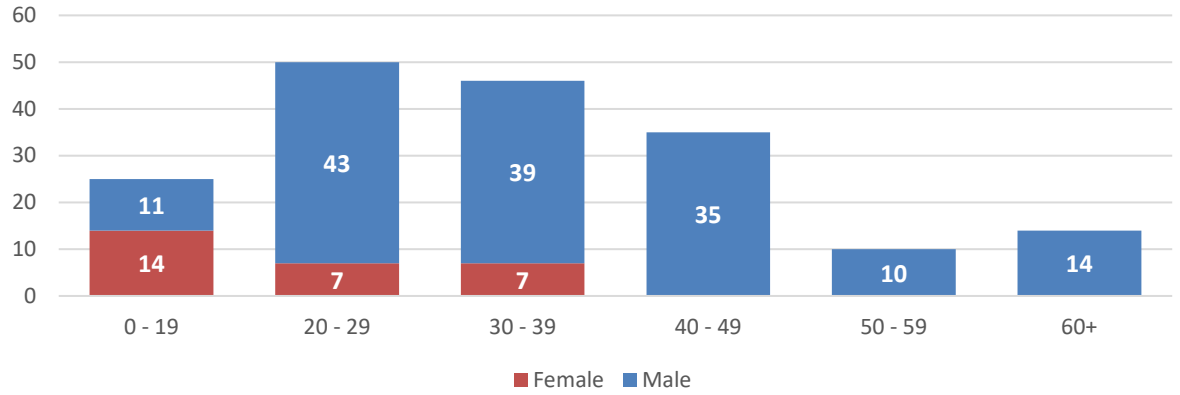


Figure 66 - Novel Psychoactive Substances (NPS) & 'Club Drugs' by age and gender, 2017-18

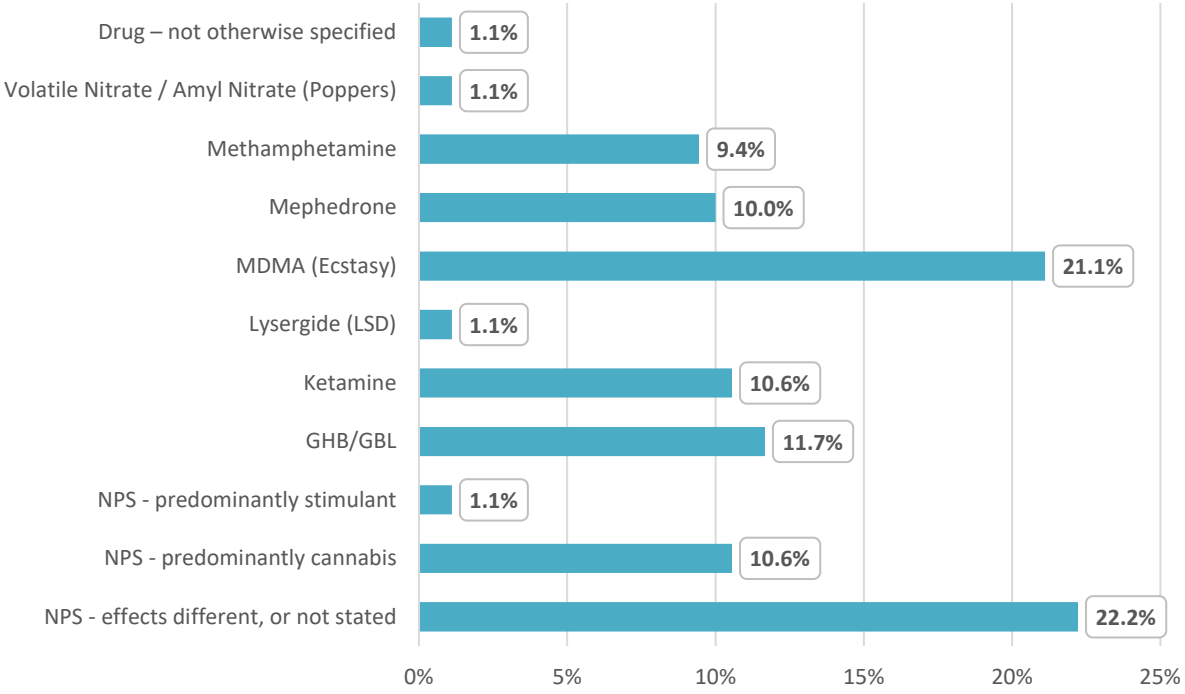


Figure 67 - Novel Psychoactive Substances (NPS) - substance description

7. GEOGRAPHIC PROFILE

Most individuals use IMS reporting services based in the area they live in, but there are a minority of individuals who cross into neighbouring LA areas for syringe exchange or to receive brief interventions. This impacts numbers for some areas more than others. The following charts demonstrate the areas for which this is most an issue.

LOCAL AUTHORITY OF RESIDENCE – PWID: PSYCHOACTIVE DRUGS

Most individuals in the psychoactive cohort who provided a postcode reside in the Local Authority area in which the IMS reporting service is based, although some areas Cheshire East, Halton and Knowsley all had over 15% of their service users based outside of the local authority area. Knowsley in particular had a number of attendees who are resident in Liverpool

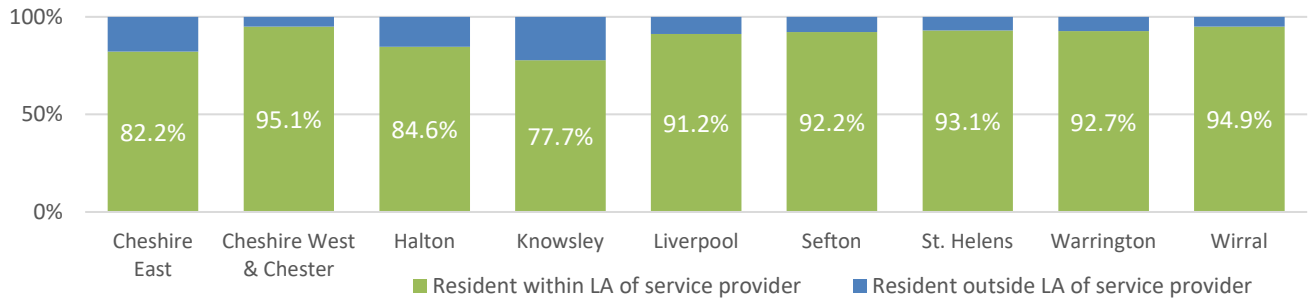


Figure 68 - Psychoactive drugs cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2017-18

LOCAL AUTHORITY OF RESIDENCE – PWID: STEROIDS AND IPEDS

Most individuals in the steroids and other IPEDs cohort who provided a postcode reside in the Local Authority area in which the IMS reporting service is based. Unlike the psychoactive PWID cohort, Sefton sees the largest proportion of their steroids and other IPEDs cohort who are resident within surrounding local authority areas (18.2%), and Warrington and Liverpool also have substantially more people who inject steroids and other IPEDs from out of the area compared to those within the psychoactive cohort.

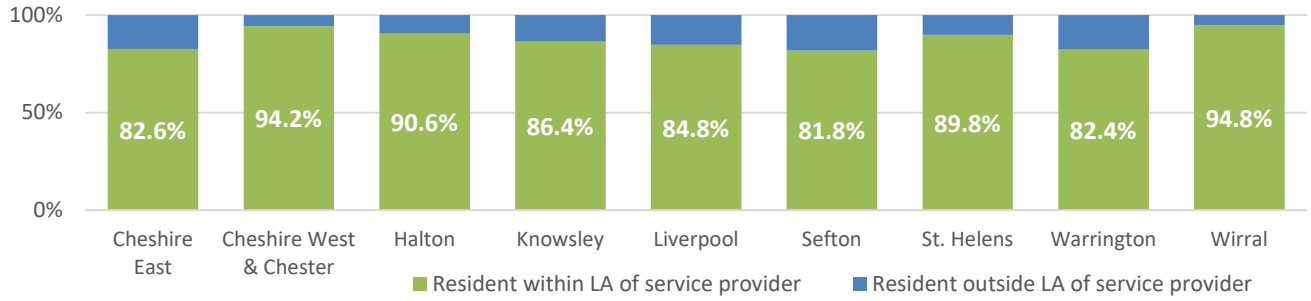


Figure 69 - Steroid and IPEDs cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2017-18

LOCAL AUTHORITY OF RESIDENCE - DRUGS OR ALCOHOL (NON-INJECTING CLIENTS)

Services based within Knowsley, Liverpool and Sefton offering BI all saw over 5% of individuals who resided in a different local authority area, with Liverpool having the highest level of out of area attendees at 20.6%. However some of this may be due to availability of services within an area. All other areas saw at least 98% of their own residents use their locally provided services.

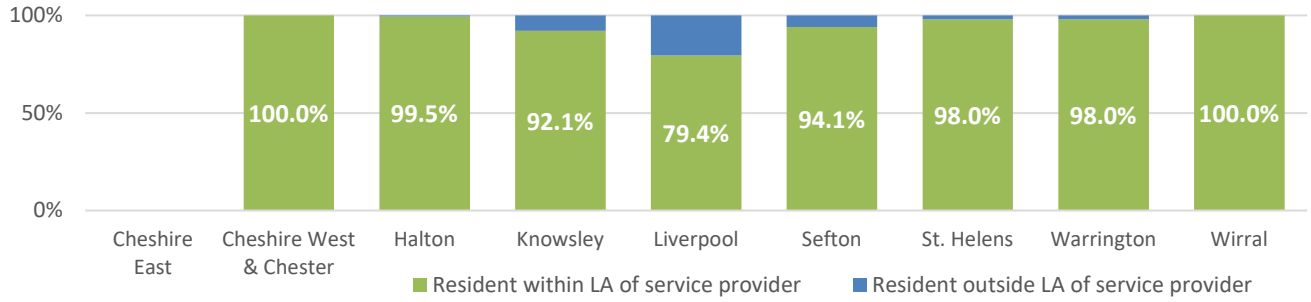


Figure 70 - Drugs or alcohol (non-injecting) cohort, split by residence within the local authority of service provider (excludes 'not stated'), 2017-18

8. DRUG RELATED DEATHS

Drug related death monitoring using IMS has now been implemented in seven of the nine local authorities across Cheshire and Merseyside. Deaths are registered on to the DRD module of IMS online via either treatment agencies who report when an individual in their care has died, or via coroner reported deaths which are transcribed by a research assistant from PHI on a quarterly basis. Some deaths will be reported through both routes, others by just one. The record is then supplemented with information about service contact, such as their structured drug treatment (from NDTMS), their NSPs transactions or brief interventions from IMS, information about their contact with Drug Intervention Programme and social services. On a quarterly basis information on the deaths reported in each local authority are compiled into a report which is distributed for consideration by a multi-agency panel in order to develop best practice.

IMS forms an important part of the DRD process, providing a secure standardised electronic format for recording deaths, with an information repository for other information to be appended to each record. The panels themselves have had a wide variety of professionals attending over the last 12 months, including staff from palliative care services, CCG medicines management, COPD and respiratory care services and the hostel sector. Recurring themes identified from the panels include:

- The need for strengthened links with Mental Health services who may still have policies in place which make it difficult for people currently using substances to access them.
- The need for strengthened links between drug services and pharmacies, particularly when an individual has missed a pick-up of their prescription, or where a pharmacist might identify someone injecting who may benefit from contact with treatment services.
- The proportion of individuals in treatment who also had recent syringe exchange transactions which was higher than NDTMS data might suggest.
- Whether services have a suitably attractive offer for those individuals who are not yet wanting to engage with recovery.

An event was held in October 2018 which brought together representatives from those sectors along with all services currently contributing to the system across Cheshire and Merseyside, commissioners and public health leads, both local and from elsewhere in the country, and PHE. PHE's involvement with the system will become more formalised over the next year in a collaboration with PHI providing an ongoing process of audit in order to support areas in understanding their DRDs and to collaborate on innovation around prevention of deaths. PHI intends to develop a bespoke online audit tool to support and evidence this work. A summary report for each area focussing on deaths which occurred in 2018 will be published in the spring of 2019.

9. NSP CLIENT ENGAGEMENT WITH STRUCTURED TREATMENT

CASE STUDY: CGL WIRRAL 2017-18

The IMS annual report presents the result of data matching all individuals recorded within IMS during the report year to those engaging in structured treatment and recorded within the National Drug Treatment Monitoring System (NDTMS) during the same period. This data matching exercise uses an attributor comprising of client initials, date of birth and gender, to produce summary figures giving an overview of the proportion of IMS clients accessing treatment services.

In Wirral, CGL's 'Wirral Ways to Recovery' team provide a range of services including structured treatment and recovery services which report to NDTMS, and Needle and Syringe Programme (NSP) harm reduction services reporting to IMS. The Wirral Ways to Recovery team wanted to gain an insight into the characteristics of clients who were concurrently accessing both NSP services and structured treatment, as well as an understanding of those clients accessing only NSP and not currently engaged with treatment services.

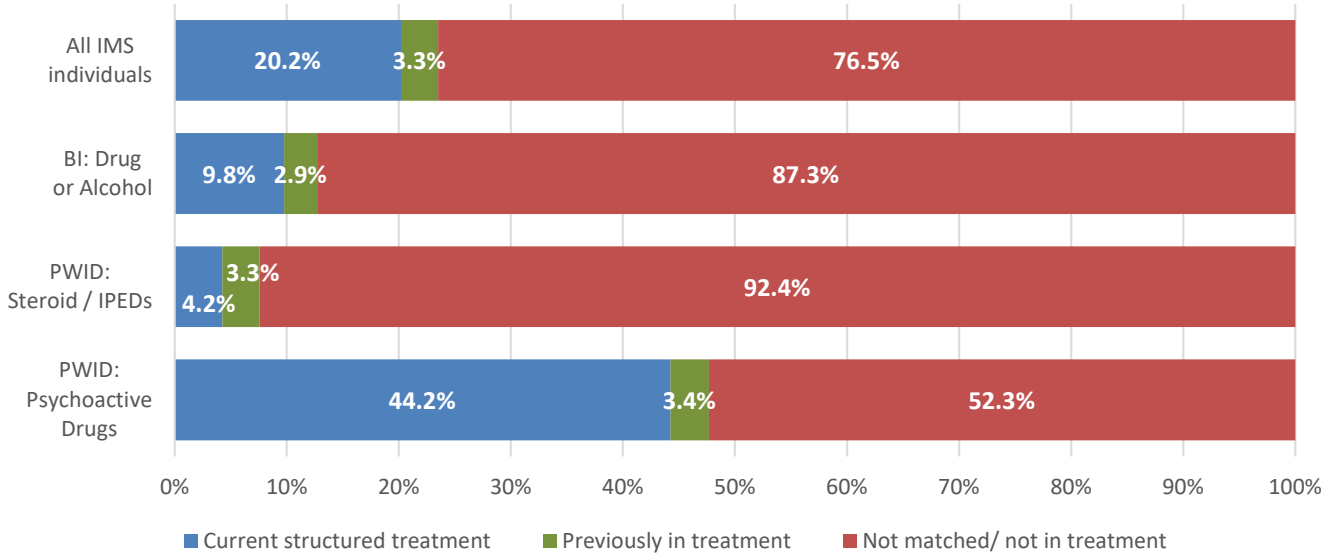


Figure 71 – Wirral IMS clients matching to NDTMS data for structured treatment, 2017-18

Figure 71 shows the result of matching IMS data for all Wirral clients to structured treatment data recorded by CGL's Wirral Ways to Recovery service. For all IMS individuals one in five (20.2%, n=422) had a current treatment episode which was either still open or was discharged during the 2017-18 year. When including individuals who had previously had a treatment episode but were discharged prior to the 2017-18 year this proportion increases to 23.5% (n=491) of all IMS individuals. As illustrated in Figure 71 the cohort of people who injected psychoactive drugs were those most likely to be engaging with structured treatment with almost half (47.7%, n=377) either currently or previously engaging in treatment. Therefore, further analysis of the data match focuses on this cohort group.

Looking at the IMS cohort of people who injected psychoactive drugs during 2017-18, a total of 377 individuals matched to CGL's structured treatment data; of these 27 people (7.2%) had been discharged from their latest treatment episode prior to 1st April 2017. Almost half (44.4%, n=12) of these clients were discharged having completed treatment, and around one third (29.6%, n=8) dropped out of treatment (Figure 72).

Figure 72 – NSP (psychoactive drugs) clients where latest drug treatment discharge occurred prior to 2017-18

Figure 73 shows detail of the 73 individuals who matched to structured treatment data and discharged during the current (2017-18) year. Of these over one quarter (26.0%, n=19) dropped out of treatment, just under one quarter (24.7%, n=18) completed their treatment episode and around a third were transferred to another provider, either transferred in custody (21.9%, n=16) or transferred to another treatment service in the community (12.3%, n=9).

Figure 73 - NSP (psychoactive drugs) clients discharged from drug treatment during the 2017-18 year

The majority of clients with the IMS 'psychoactive drugs' cohort who matched to structured treatment data (73.5%, n=277) were still engaged in treatment and not discharged before the end of the 2017-18 year.

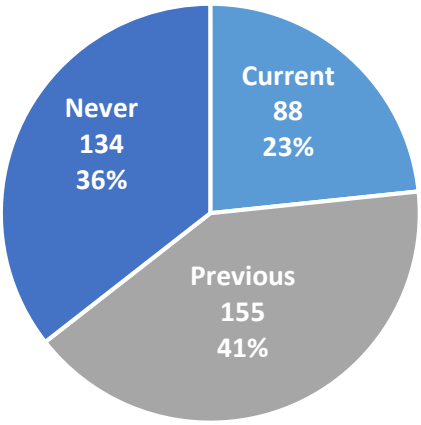


Figure 74 - Injecting status as recorded in structured treatment

The injecting status recorded with structured treatment data is shown in Figure 74; for clients who had accessed needle and syringe programme services during 2017-18 less than one quarter disclosed their injecting status as 'currently injecting' when accessing structured treatment[17]. In addition, more than one third stated that they had 'never injected'.

Comparing the age and gender profile (Figure 75) between clients engaging with structured treatment and those not matched to treatment data shows a slightly older age profile for female clients who accessed treatment with 45.5% (n=35) aged between 45 and 54. This compares to less than one quarter (24.1%, n=13) for those not in treatment. For male clients the age profile is similar between those in treatment and those individuals who are not in treatment.

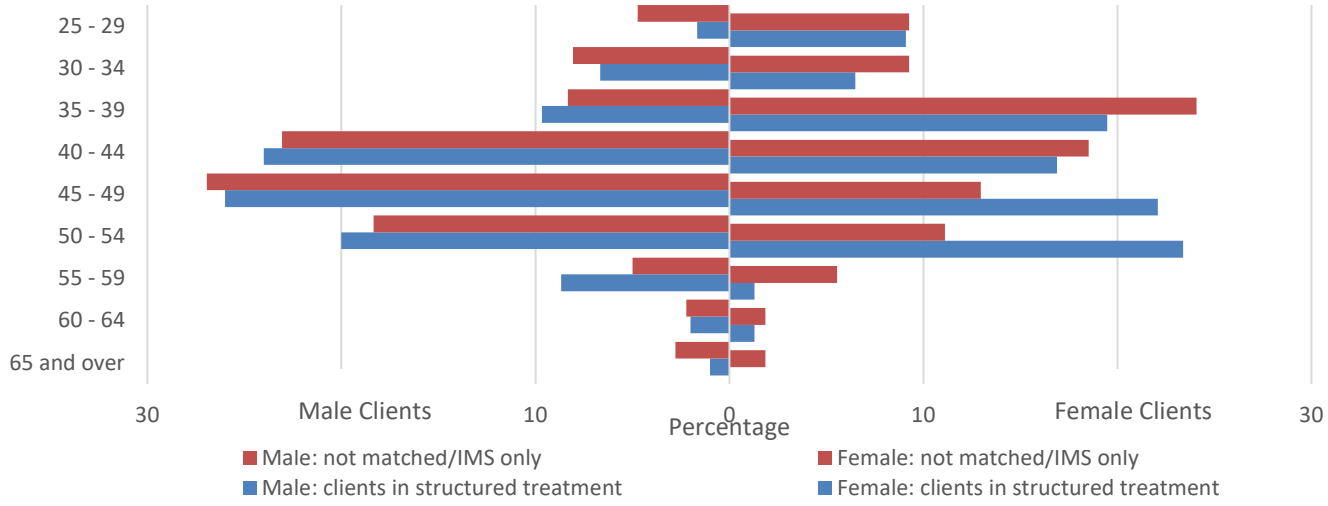


Figure 75 - Age and gender pyramid chart, comparison of clients in treatment / not in treatment

[17] The analysis matched clients in structured treatment who also accessed NSP services during the 2017-18 year, but did not determine the sequence of events. Therefore it is possible that clients entering structured treatment later during the year may have stopped injecting.

Figure 76 shows where clients accessed NSP during 2017-18, illustrating the split between type of NSP site and whether the individual engaged in treatment. Nearly two thirds (62.9% n=248) of clients accessing agency based NSP were engaged in treatment, while just over half of all pharmacy NSP clients were not in treatment (55.6%, n=280).

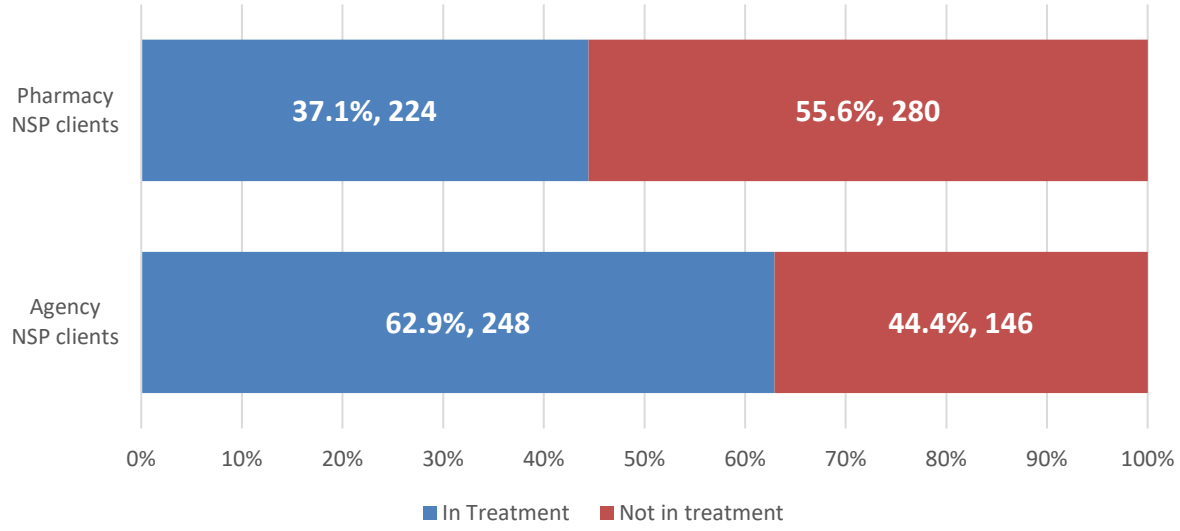


Figure 76 - Agency and Pharmacy NSP sites, comparison of clients in treatment / not in treatment

DISCUSSION: ENGAGEMENT WITH STRUCTURED TREATMENT

NSP provision is an important harm reduction service that is freely provided regardless of whether the client is ready to engage in treatment. In addition there are various reasons why client attributors recorded by NSP services may not match to data recorded by structured treatment services these might include:

- Clients giving an incorrect or inconsistent 'attributor' (initials and date of birth). NSP across the country typically focus on achieving wide distribution and ease of access to equipment to those who need it over data collection. Thus clients not providing accurate information should not present a barrier to them receiving the equipment they needed. However as highlighted in the discussion section at the end of this report, several factors suggest that the use of 'false' attributors may not be a wide spread phenomenon.
- Steroid and other IPED clients might state they use psychoactive drugs in the belief that NSP equipment may be restricted for those injecting steroids and other IPEDs. There is some anecdotal evidence that this misperception about access has sometimes been an issue across Cheshire and Merseyside. A piece of research conducted by PHI in 2016 suggested that some staff do have a personal belief that people who inject steroids or other IPEDs should not have access to free equipment. While this is not supported by policies for any area, there may still be a reluctance from some staff to distribute equipment to steroid or other IPED users, which might result in misreporting by clients who perceive this.
- Clients who do not wish to engage with treatment services and who do not regularly access NSP services may usually obtain equipment via secondary distribution. There is national and local evidence that this occurs on a frequent basis, and those individuals receiving equipment via somebody else will remain invisible to NSP services.

Figure 76 shows a difference between clients accessing agency based NSP where nearly two thirds were engaged in treatment, compared to less than half amongst those accessing pharmacy NSP provision. This would suggest that it is important to provide a range of NSP sites as there is some evidence that NSP provision within the same setting as treatment provision can be a barrier to some people picking up equipment. Data collected around drug related deaths via IMS has highlighted that NDTMS data on levels of injecting probably underestimate the real extent of injecting, and that there may be an unwillingness for individuals to disclose their injecting if they consider it might jeopardise their treatment. Individuals receiving equipment from the same place as they receive treatment may however be more likely to use real attributors since they may be known to services already. Having a range of NSP sites both agency and pharmacy based ensures that individuals can access clean equipment regardless of any of the highlighted concerns they may have.

Regardless of the real proportion of individuals outside of treatment, Wirral appears to have a considerably higher level of individuals using NSPs in treatment than other areas across Cheshire and Merseyside, and the reasons for this need further investigation to explore whether this is a reflection of the treatment offer against other areas, or if there are other reasons including localised data quality or completeness issues which might affect the levels of those individuals who appear in both IMS and NDTMS datasets.

10. LITERATURE AND CURRENT RESEARCH

EXAMPLES OF OTHER WORK WITHIN THE PUBLIC HEALTH INSTITUTE

PHI and CHAMPS Intelligence & Evidence Service: The Public Health Institute (PHI) works with the Champs Public Health Collaborative to deliver intelligence and evidence to support local public health priorities in Cheshire and Merseyside. PHI has held a continuous contract to undertake this work in its current form since 2015. The model provides a pathway for the Directors of Public Health to quickly commission research on identified priorities. Co-development of project plans between Champs and the PHI research team aims to ensure outcomes are evidence-based, practical and valuable for local authorities and their partners. Within the last contracting year (17/18), the PHI research team have been working with Champs and the Cheshire and Merseyside Fire and Rescue Services (FRS) to evaluate a new model of community health promotion, the 'Safe and Well' visit, which builds on the national FRS role in delivering home fire safety advice to householders across the region.

Prevalence of Opiate and/or Crack Cocaine Use: Public Health England have commissioned PHI to produce annual estimates of the prevalence of opiate and/ or crack cocaine use, and drug injecting for each local authority in England, along with national estimates. Having completed this work for PHE in previous years, we have been recommissioned to produce reports for years 2016/17, 2017/18, & 2018/19. The project is led by Dr Gordon Hay. Direct enumeration of those engaged in a largely covert activity such as the use of heroin is not possible and large, household surveys such as the Crime Survey for England and Wales tend to underestimate the numbers of those individuals whose drug use is the most problematic and whose lives are often the most chaotic. However, indirect techniques, such as the capture-recapture method and the multiple indicator method can be applied to provide estimates of drug use prevalence.

Building family health, wellbeing and resilience: The Youth Connect 5 (YC5) Programme: PHI were commissioned to undertake an evaluation of the YC5 Programme, which aimed to explore the delivery of the programme and its impacts upon children, young people and their families. YC5 works with parents to provide them with the knowledge and skills to support the wellbeing and resilience of their children. The programme aims to improve children and young people's emotional health and wellbeing and to give families the tools to build positive emotional health for their children. The research found that parents reported improvements in their health and wellbeing, as well as increased knowledge and confidence, which resulted in systemic change in their children's health and wellbeing, improved family relationships and strengthened family resilience.

Drink Less Enjoy More: a multi-component approach to addressing the sale of alcohol to people who are drunk: The DLEM intervention is one of the first of its kind in England which aims to address the over service of alcohol to drunks following an evidenced multi-component approach. Importantly, this work is helping to create safer and healthier nightlife environments in Liverpool. The success of the intervention has encouraged other areas to adapt similar approaches and the Public Health Institute has also evaluated the expansion of DLEM to the wider Cheshire and Merseyside area, in addition to Wrexham in Wales as part of a broader EU commissioned project to tackle drinking among young people (http://stadineurope.eu). Furthermore, in 2018, PHI and colleagues published an article in the Addiction journal, providing findings from early evaluation of Liverpool's DLEM intervention.[18]

Sexual Health Quarterly Bulletin: The sexual health quarterly bulletin has been published by PHI (formerly CPH) for over 10 years and continues to inform health professionals about all types of sexual health news. It was the first newsletter to be set up by any of the teams within PHI and was originally a tool to pull together sexual health information for the local region. However, the focus of the SHQB has widened over the years and is now linked in with the Department of Health nationally. The bulletin is distributed to sexual health professionals, academics, commissioners and third sector staff and is always well received as an informative and important source of information. This has resulted in requests to share the bulletin to a wider audience, including Public Health England South West.

[18] https://onlinelibrary.wiley.com/doi/abs/10.1111/add.14223

DISCUSSION

IMS data from 2017-18 again demonstrates the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers using such services remain high. While the number of people reported to IMS injecting steroids and other IPEDs remained similar to the previous year, there was a small increase in the number of people injecting psychoactive drugs (+2.9%) from 2016-17. This increase is a concern as the number of individuals in structured treatment is declining. There is however variation by area, and over the last 10 years, while some areas including Liverpool, St Helens and Cheshire West & Chester have seen increases in the numbers injecting psychoactive drugs reported to IMS, other areas, particularly Halton and Cheshire East, have seen decreases.

For the second year, the matching of IMS data to NDTMS data from PHE found that only one-in-five individuals appeared in both of these datasets, suggesting that four in every five individuals in the NSP dataset may not be currently engaged in structured drug treatment, though there were variations across the nine areas from 13.4% appearing in both datasets in Liverpool to 62.8% appearing in both datasets in Halton. A case study using data from Wirral services explores this issue in more detail. There will clearly be occasions where an individual presenting to an NSP will use false personal details, and also occasions where recorded data might be inaccurate. However the methodology of the collection of NSP data has not changed in recent years, and if anything as pharmacies have moved to electronic data recording accuracy will probably have improved overall. Those individuals only accessing NSP may be particularly vulnerable if they are not accessing support for their substance use and potentially engaging in more risky practices. This will be further explored to establish whether there are common themes around demographics, location or types of substances used for individuals out of treatment. Furthermore, the high proportion of those individuals in the Drug Related Death panel reports who have been both in treatment and have a series of NSP transactions provides evidence that injecting also occurs regularly within the treatment population.

The number of PWID using steroids and other IPEDs reported to IMS more than doubled over the past 10 years, a substantially larger rise than among those injecting psychoactive drugs. As those using steroids and other IPEDs rarely present to structured treatment services, only 4% of those injecting steroids and other IPEDs in IMS also appeared in NDTMS data; this group is thus much less visible in the national drug use data. There is increasing evidence that individuals injecting steroids and other IPEDs are engaging in potentially risky practices at an early age.[19] Those injecting steroids and other IPEDs are a distinct cohort to those injecting psychoactive drugs, they experiencing only a fraction of the housing needs, whilst having much higher levels of employment (86% compared to 9%), and half (52%) have all of their children living with them compared to less than one in seven of those injecting psychoactive drugs. They also report far fewer chronic conditions or disabilities than those injecting psychoactive drugs (12% compared to 46%). Even so, this group remain at risk of range of harms and would benefit from clearer identification of their health needs.

The average number of needles distributed to individuals using NSP services declined in 2017-18 – from an average of 73.7 in 2016-17 to 69.3 for those injecting steroids and other IPEDs, and from 126.2 to 112.4 for those injecting psychoactive drugs. The reasons for this are not clear, but the decline is of some concern, considering the WHO recommendation of a minimum of 200 needles per individual per annum.[20] As local authority budgets, particularly the public health element, continue to be under pressure, it is not clear whether proactive distribution of more equipment is feasible, but it should be considered as high NSP coverage is one of the key interventions needed for the elimination of hepatitis C.

The number of individuals appearing in the IMS dataset for the first time has decreased since 2016-17 from around two thirds to a half of all psychoactive cohort presentations, although these figures should be viewed with some caution. It is clear that there continues to be some individuals being recorded within the IMS dataset who have not previously attended an NSP and who may be new injectors.

The number of individuals over the age of 40 years presenting to NSPs and injecting psychoactive substances after increasing over recent years may now be levelling off. This age group now accounts for almost 70% of this cohort which is more than double that 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.

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[19] Eric J. Ip, Michael A. Yadao, Bijal M. Shah & Bonnie Lau (2016) Infectious disease, injection practices, and risky sexual behavior among anabolic steroid users, AIDS Care, 28:3, 294-299, DOI: 10.1080/09540121.2015.1090539

[20] World Health Organization. (2004). Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. Geneva: World Health Organization. http://www.who.int/iris/handle/10665/43107

Housing remains a critical issue for individuals injecting psychoactive substances in particular, with IMS data suggesting a sharp rise in 2017-18 of those identifying an urgent housing need. Increasing numbers of both rough sleepers and those in unsecure accommodation have been reported across England in recent years, with an increase of 165% since 2010.[21] Contact with low threshold services for this group of individuals may be a vital link to support services, given the potential for regularity of contact, although it may require some novel thinking from services in terms of how equipment is distributed, and the difficulties for the NFA population of returning used equipment.

IMS continues to provide a vital tool to support the monitoring of drug related deaths across Cheshire and Merseyside by building a more complete picture of an individual's life prior to their death. The data has particular value as for many areas the NSP element has been recorded for over 25 years which provides some context within a longitudinal dataset which is not always possible with NDTMS data due to service recommissioning and difficulties in data sharing. Deaths reported by the coroner for individuals who have not recently been in structured treatment supports IMS data in indicating that there is an injecting population who are not currently in contact with treatment services, and who are vulnerable.

The IMS drug related death data presents a picture of a population with anxiety and depression as their main chronic conditions, even more so than COPD and respiratory problems, and the data collected by IMS on those injecting psychoactive drugs supports this, with depression being the main health condition recorded. It is important that integrated working and pathways between mental health and substance use services continue to be prioritised. Wellbeing reviews highlight that those identifying heroin and cocaine (including crack) as their primary substances have the most negative feelings around their own mental health, although the number of repeat wellbeing reviews is limited they do show an improvements for most of the client group (55.0%): while it is not possible to relate this to the treatment they have received, this may be a factor in their improvement.

[21] House of Commons Library "Rough sleeping (England)" https://researchbriefings.parliament.uk/ResearchBriefing/Summary/SN02007

RECOMMENDATIONS AND CONCLUSIONS BASED ON IMS DATA

The revised UK guidelines on clinical management recommend that services should "deliver effective harm reduction interventions" (Department of Health, 2017), to achieve this services should ensure that the client offer is inviting and accessible to all individuals using opiates or other psychoactive substances regardless of their readiness for recovery. In particular services should aim to be relevant and appropriate for the injecting population.

Work to establish the number of individuals injecting but not in treatment is needed. Local authorities should not lose sight of the potentially large number of individuals who may not be in treatment, many of whom are making use of lower threshold services such as NSPs. It is important to understand the extent of injecting particularly when data from drug related death monitoring suggests that NDTMS may be under recording injecting among those individuals in treatment. The numbers engaged in structured treatment should be examined in the context of the potentially larger number using substances problematically outside of the treatment system.

Links between Mental Health services and those providing services to people using drugs and alcohol need to be strengthened. The high proportion of individuals reporting depression and anxiety, who may not be in treatment, means that all levels of service, including pharmacies, should prioritise strong links with mental health services. The WEMWBS wellbeing assessment as a tool in itself can provide a valuable focus for services in establishing the mental health of an individual, both in and of itself and over the course of time, and its expansion through completion via IMS should be encouraged.

Links between agency based NSP services and pharmacies could be strengthened. IMS data suggests that people who inject IPEDs may make greater use of agency based services but conversely, people injecting psychoactive drugs are more likely to use pharmacies. Since the pharmacies will be in regular contact with people injecting psychoactive drugs, it is important that strong links exist between agencies and pharmacies that provide NSP, so as to maximise opportunities to signpost and to engage individuals disengaged from the treatment system.

Smoking cessation interventions are important to reduced harm among the aging cohort injecting psychoactive drugs, and routine recording of these through IMS can help ensure effective delivery. COPD has been identified as one of the main causes of death over recent years for the ageing cohort of drug users, and IMS demonstrates that NSP users across Cheshire and Merseyside are on average at their oldest age since data collection began. Most agency based IMS services have been issued with CO monitors in order to promote a conversation around smoking cessation. Individuals should be routinely engaged with using this and other tools such as text messaging programs and quit plans.

Housing needs to be a key area for drug services at all tiers of provision. Evidence suggests that housing has become a major issue since 2010, with many accommodation services struggling to cope with the rise in demand. The IMS data suggest that this is a particular issue for those who inject psychoactive drugs, with the most recent year's data showing a substantial rise in those identifying some kind of housing issue. NSP services have an important role to play in ensuring that individuals with substance use problems are appropriately supported and/or signposted to organisations who can support them with issues related to housing, and resources should be directed towards this group of individuals.

Ongoing monitoring of needle and syringe programme use by those using steroids and other IPED needs to continue. The number of people using steroids and other IPEDs has increased by 167% over the last 10 years. People using steroids and other IPEDs are largely invisible in national drug and alcohol treatment monitoring data despite them being vulnerable to many of the same health harms as those using other drugs. IMS is the only routine data source on this population in Cheshire and Merseyside.

IMS is providing an essential tool for informing effective local drug related death reviews. Drug related deaths are at their highest level both locally, and across England, since current records began, with the number of deceased individuals in structured treatment now lower than in previous years. IMS data consistently features in DRD panel reviews, highlighting that previous and recent injecting is occurring, even when the individual's NDTMS record states that they have never injected. Given that treatment is often described as being a protective factor against poorer health and death, the reason for the rise in numbers of deaths among those injecting psychoactive drugs locally needs to be explored further to ensure that national policy on treatment options has not been misinterpreted for individuals who have not yet reached the point of wanting to "recover".

Services will need to continue to develop responses to reflect the needs of the ageing population of people injecting. The average age of individuals in treatment for drug use has been rising for a number of years, and the proportion of people aged 40

years and over using NSP services has more than doubled over the last decade. Services should ensure that they are accessible for this older population who may have specific physical needs particularly around mobility, and that they are able to respond to physical health issues expediently, or can signpost to organisations which can help.

IMS needs to be used across local authority areas by any relevant organisation. IMS has already been rolled out to services who do not specialise in drug or alcohol use related interventions, and this should be expanded to allow for the recording of information from services who may provide important support to individuals using drugs or alcohol or individuals affected by others who use drugs or alcohol, even if this is not their main or sole purpose. IMS is flexible and adaptable to different types of organisation, and its expanded use would provide greater coverage of identified drug and alcohol issues reported by individuals presenting to non-specialist services.

DATA METHODOLOGY

The Integrated Monitoring System (IMS) is a live database, which allows service providers to add or amend client activity retrospectively. For the purpose of this report, a frozen data set was extracted from the IMS database on 31st July-2018. 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 IPED, the latter group are more likely to take longer needles and larger barrels for the purposes of muscular injection (Exchange Supplies, 2017).
- People injecting IPED make less frequent visits to NSP services than those injecting psychoactive substances, although they sometimes take out larger volumes of equipment (McVeigh et al, 2003).

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

The IMS report data extract includes all consenting clients with a valid attributor, and with IMS activity recorded during the period 1st April 2017 to 31st March 2018. 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 2017-18. Data was matched by client attributor only, it is therefore possible that a client's structured and non-structured service provision may not necessarily have occurred within the same local authority area.

GLOSSARY

AUDIT	Alcohol Use Disorders Identification Test
BI	Brief Intervention
CJD	Criminal Justice Dataset (also known as DIP)
COPD	Chronic Obstructive Pulmonary Disease
DIP	Drug Interventions Programme
DRD	Drug Related Deaths
IBA	Identification and Brief Advice
PWID	Injecting Drug Use
IMS	Integrated Monitoring System
IPED	Image and Performance Enhancing Drugs
LA	Local Authority
LJMU	Liverpool John Moores University
NTA	National Treatment Authority (now part of PHE)
NDTMS	National Drug Treatment Monitoring System
NFA	No Fixed Abode
NPS	Novel (or New) Psychoactive Substances
NSP	Needle and Syringe Programmes
PHE	Public Health England
PHI	Public Health Institute (formerly the Centre for Public Health)
PWID	People Who Inject Drugs
WEMWBS	Warwick Edinburgh Mental Well-being Scale
WHO	World Health Organization

PHI Public Health Institute
LIVERPOOL JOHN MOORES UNIVERSITY

LIVERPOOL JOHN MOORES UNIVERSITY