


Integrated Monitoring System Annual Report

Cheshire and Merseyside 2020/21

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INTRODUCTION

This is the eighth annual report for the Integrated Monitoring System (IMS), which collects data on the use of low threshold services such as Needle and Syringe Programmes (NSP) and brief interventions across Cheshire and Merseyside. It complements the information contained within the IMS data table document¹ that was published in October 2021. This year's report covers the period of the first full year (2020-21) of the Covid-19 pandemic and accordingly much of the data should be looked at through the prism of restrictions that were in place in the region during this time. This will be discussed further at the end of this report.

In total 54 specialist agencies or projects within specialist agencies reported to IMS, alongside 95 pharmacies, totalling 149 different providers of low threshold services across Cheshire and Merseyside.

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

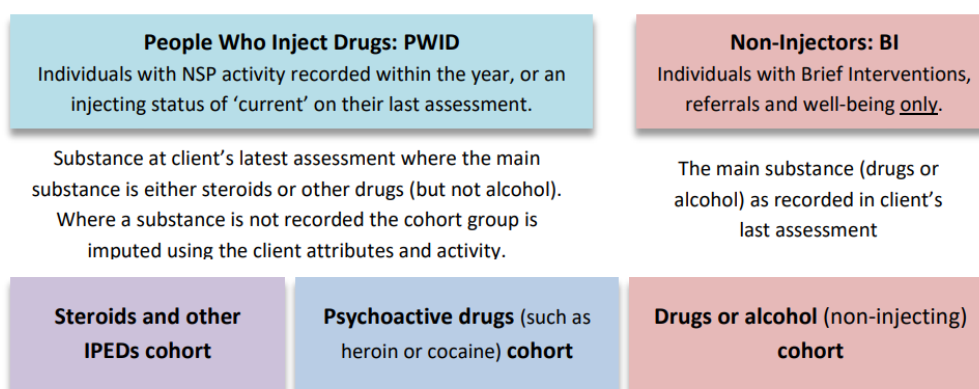


Figure 1 - The three cohorts used to describe IMS data

Because of the National Drug Treatment Monitoring System (NDTMS) team's transition from Public Health England to the Office for Health Improvement and Disparities (part of Department of Health and Social Care) on October 1st, it has not been possible this year to match IMS data with data from NDTMS in order to ascertain the number of people presenting to IMS who are not in treatment for their drug or alcohol use. This comparison provides useful information for both commissioners and treatment services to inform estimation of the level of unmet need for treatment in the community, and this will be included in next year's annual IMS report.

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

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

Mark Whitfield, Howard Reed, November 2021.

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





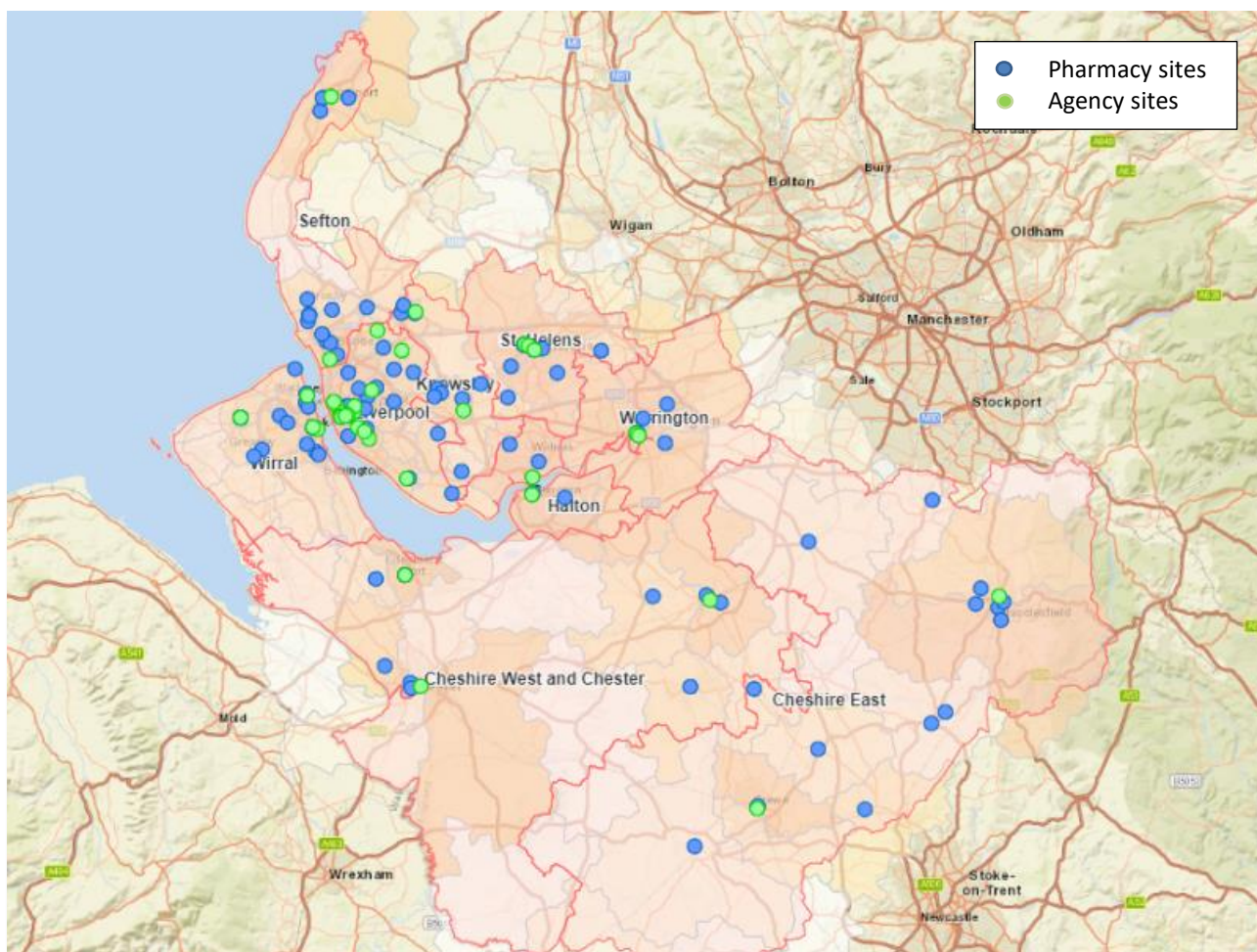
- There were 6,361 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 3,773 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside. These numbers represent a substantial drop on the previous year, with 12.1% fewer individuals from the psychoactive cohort and 42.1% fewer individuals in the IPEDs cohort.
- People injecting psychoactive substances made 62.8% of presentations in 2020-21. This is the highest proportion since 2008-09, and a marked increase from 2019/20 when they accounted for 52.6% of presentations.
- While Liverpool has the highest number of presentations to NSP overall, St Helens and Liverpool have the joint highest rate of presentations for people who inject psychoactive substances, with a rate of 5.8 people per 1,000 population.
- Most of the busiest NSP sites have experienced a decline in activity, with agency sites in particular seeing declines of between 41% and 58%.
- Following a stable four years, the number of visits to NSP services has declined by around 21% for individuals injecting psychoactive substances, and by around 45% for individuals injecting steroids or IPEDs.
- The average number of needles provided per client in the psychoactive cohort each year has declined from 214 to 181, with only three areas across Cheshire and Merseyside providing in excess of the World Health Organization's recommendation of a minimum of 200 needles per person per annum. However, Knowsley in particular has seen a sharp increase in the last year to 523 needles per client, the highest in the region.
- People who inject steroids and other IPEDs continue to dominate agency based NSP provision: they are twice as likely to access agency-based NSP services (44%) as people who inject psychoactive substances (20%) such as heroin, who mainly use pharmacy-based services.
- The proportion of individuals presenting to NSP using psychoactive substances who are aged 40 years or over has more than doubled over the last decade from 32% in 2007-08 to 65% in 2020-21, although this was its lowest level since 2015-16.
- Although the use of mail-order NSP was limited, with only 64 individuals using the service across the six local authority areas offering it during the year, just under 23,000 needles were distributed via online ordering.
- Five in six individuals (86%) in the psychoactive injecting cohort (excluding those who are injecting steroids and other IPEDs) are injecting heroin as their primary substance.
- Just under one in six (16%) people using NSP state that they use crack cocaine, an increase from the previous year's figure of 12%, although this proportion is as high as 25% in some areas.
- Around three in ten (29%) individuals report having some kind of housing issue, a decline from the previous year when around two in five people reported some kind of housing issue.
- Just over half (52%) of the individuals receiving brief interventions only (non-injectors within the IMS dataset) identify alcohol as their main substance.
- There were over 87,000 interventions delivered during 2020-21, a 30% increase on the previous year, including basic needs and personal care, advice around harm reduction, recovery support and relapse prevention, safer drug use or injecting advice and education, training or employment support.

CHESHIRE & MERSEYSIDE OVERVIEW 2020-21

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

Separate overviews giving a more detailed picture for each local authority area are available, and these are available from the IMS annual reports web page: <https://ims.limu.ac.uk/annual>

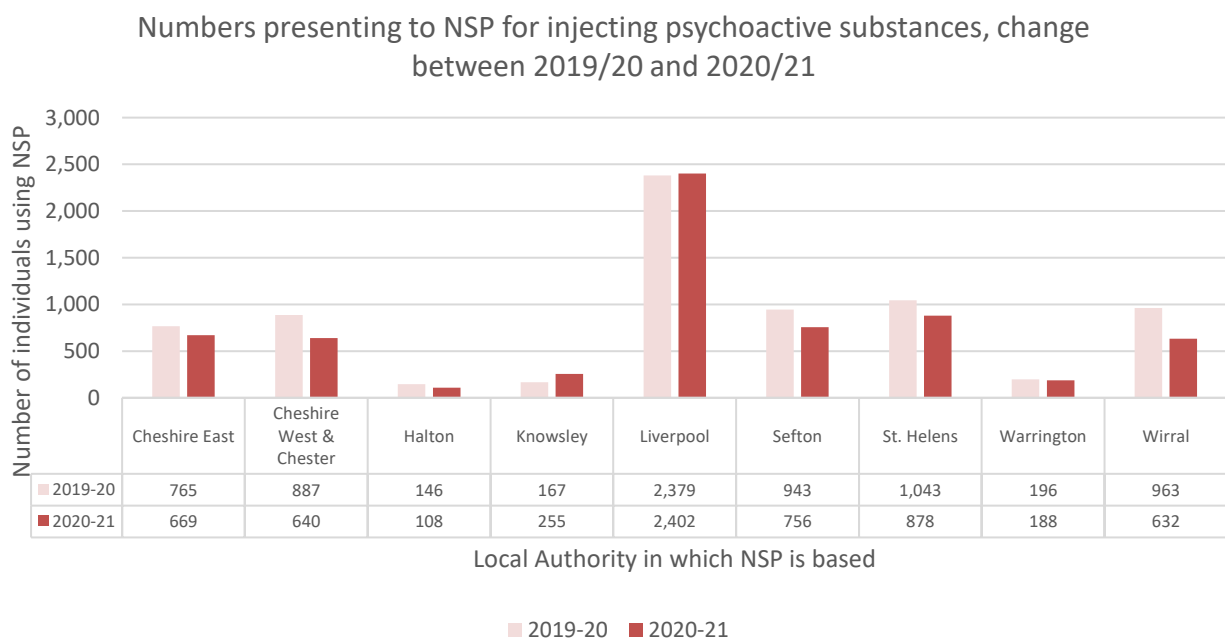
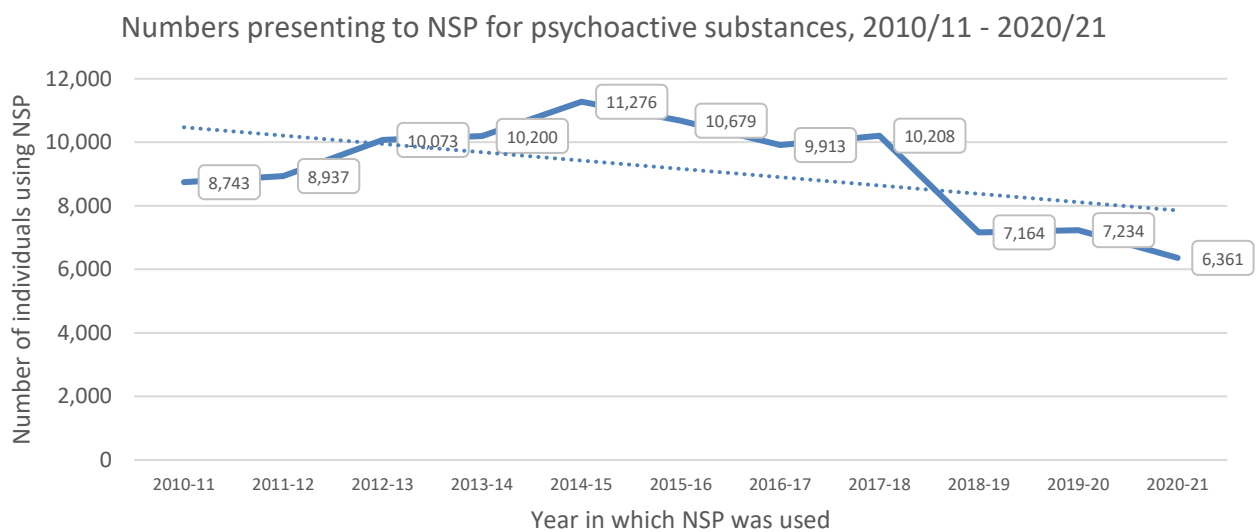
Data tables which include the detailed breakdown of all IMS activity for 2020-21 across the Cheshire and Merseyside area are included in the IMS Annual Report 2020-21 Data Tables document.



IMS reporting services across Cheshire and Merseyside, 2020/21

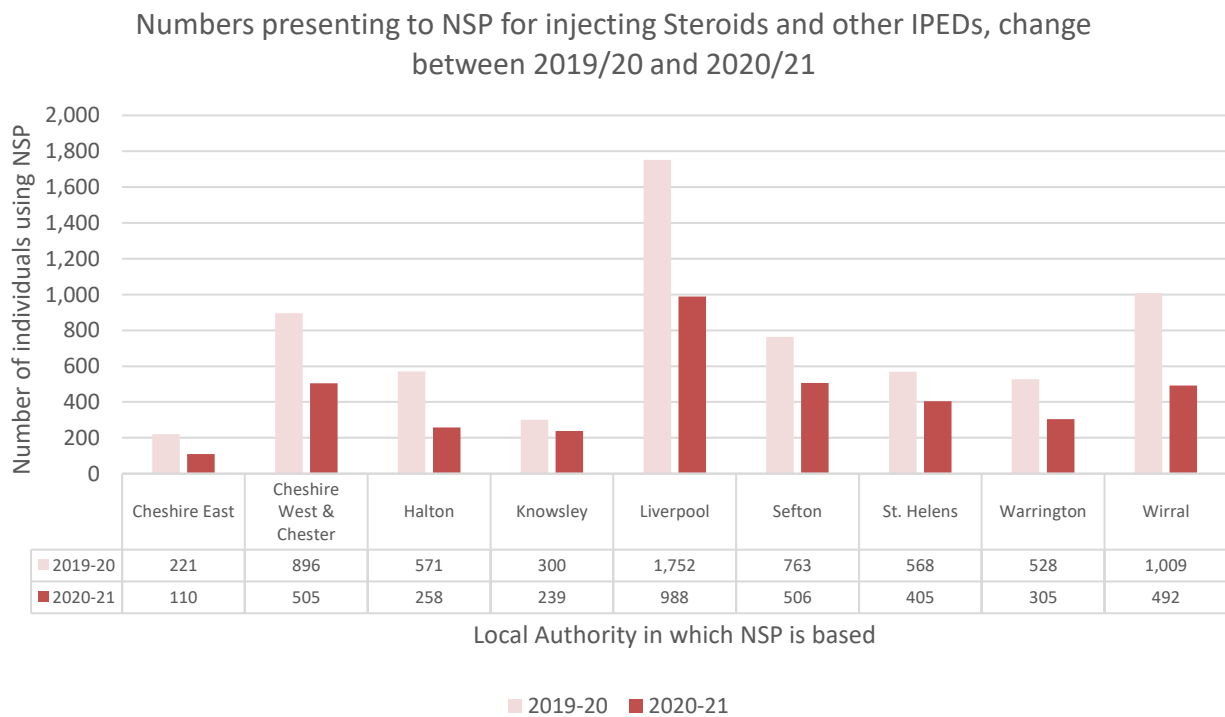
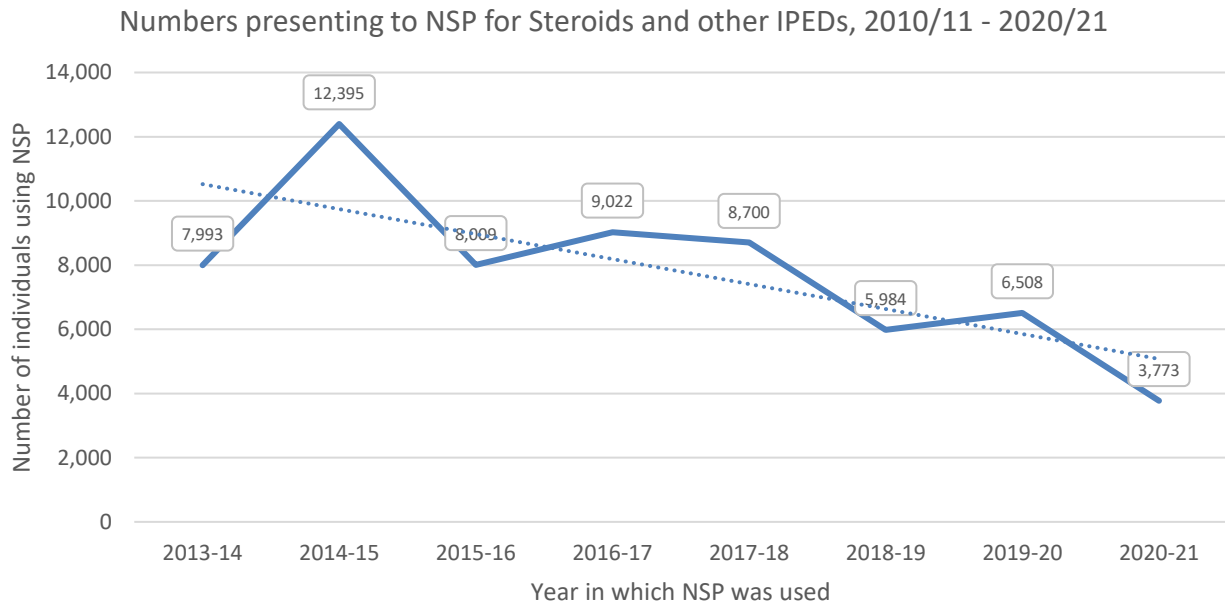
1. The number of people who inject psychoactive substances presenting to NSP continued to decline

During 2020-21, the number of individuals using NSP who inject psychoactive substances across Cheshire and Merseyside declined by 12.1% to the lowest level for over a decade. At a local authority level, most areas saw a decline in numbers from the preceding year of between around 4% and 34%. However, Liverpool experienced a 1% rise from 2019-20 and Knowsley a 52.7% rise.



2. The number of people who inject steroids presenting to NSP declined sharply from the previous year

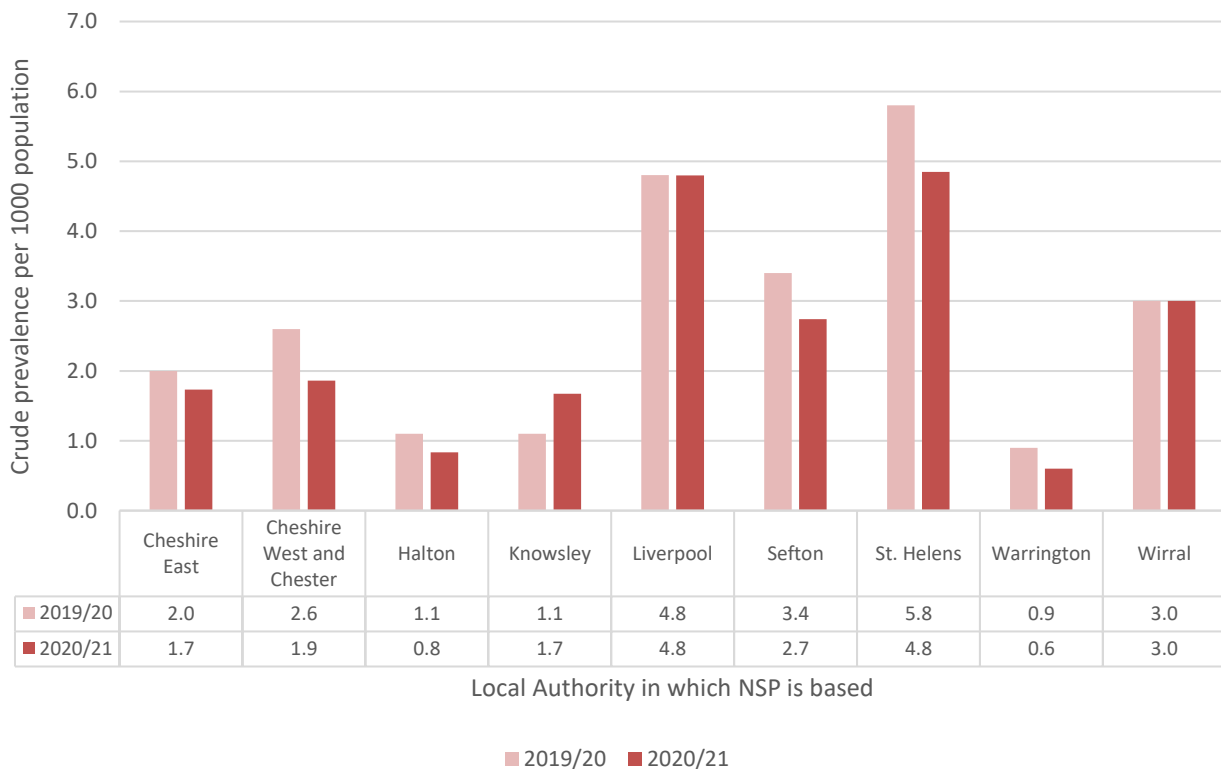
During 2018/19, the number of individuals across Cheshire and Merseyside accessing NSP for injecting steroids and other IPEDs fell to its lowest level for almost a decade, and despite a small recovery last year, in 2020/21 this decline accelerated, with a 42.1% reduction in the numbers attending NSP from the previous year. Unlike the psychoactive substances NSP cohort, this decrease was experienced across all Local Authorities, ranging from a 20.3% reduction for Knowsley to a 54.8% reduction for Halton.



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

Although Liverpool remains the area with the largest number of individuals presenting to NSP overall, once population size is taken into account, St Helens has the joint highest level of presentations with Liverpool for people who inject psychoactive substances, with a rate of 4.8 people per 1,000 population; although this rate has stayed the same for Liverpool, for St Helens it has dropped from 5.8 people per 1,000 population in 2019/20. Wirral has the highest level of presentations for people who inject steroids or other IPEDs (2.3 people per 1,000 population), followed by St Helens (2.2 per 1,000 population), Halton and Liverpool (both 2.0 per 1,000 people). Warrington again has the lowest overall prevalence of presentations for people who inject psychoactive substances, at 0.6 per 1,000 people.

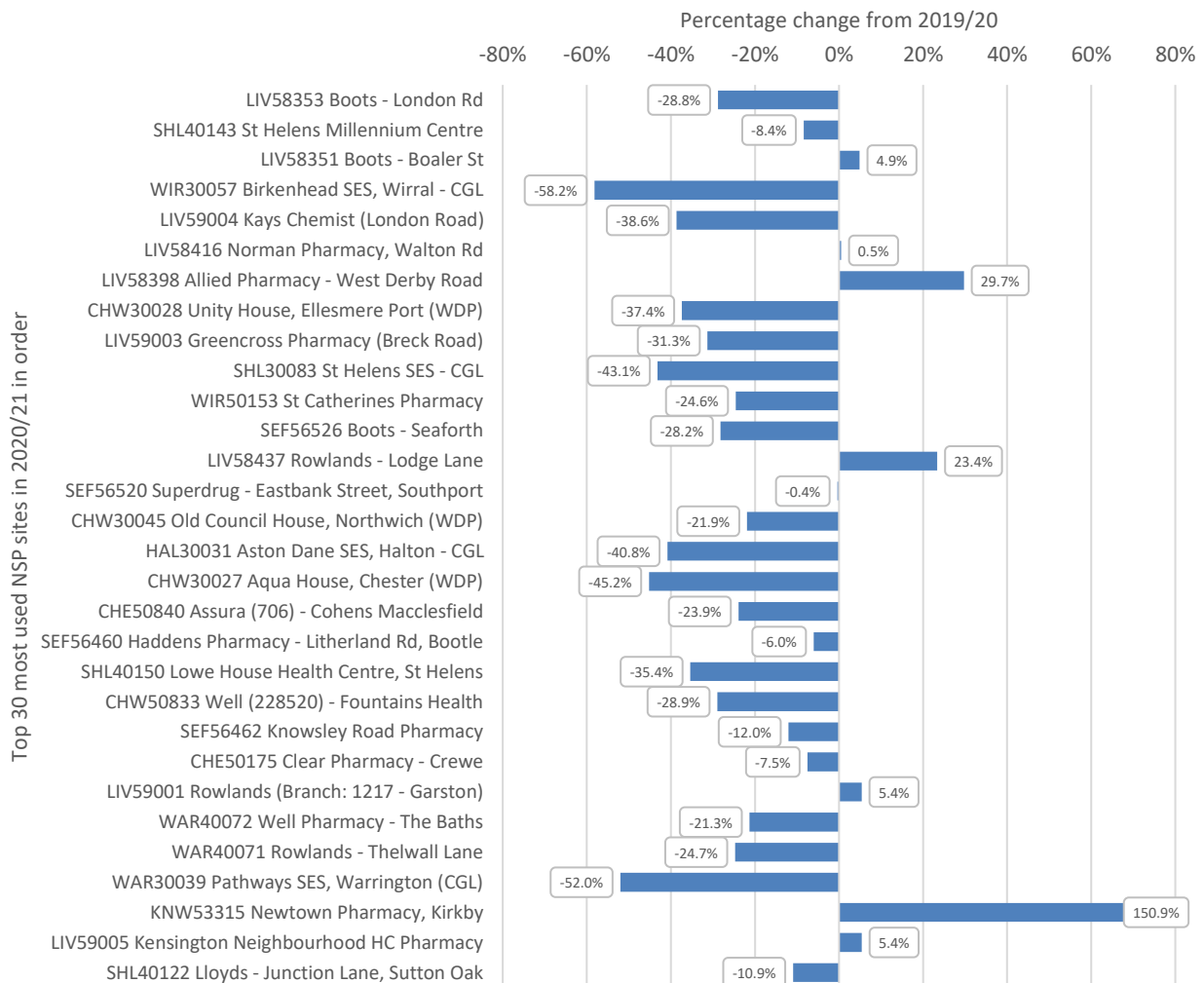
Crude prevalence per 1,000 people by Local Authority, NSP psychoactive cohort presentations, 2019/20 - 2020/21



4. The majority of the most used NSP sites experienced a reduction in their activity during 2020/21, but agency-based sites were more affected

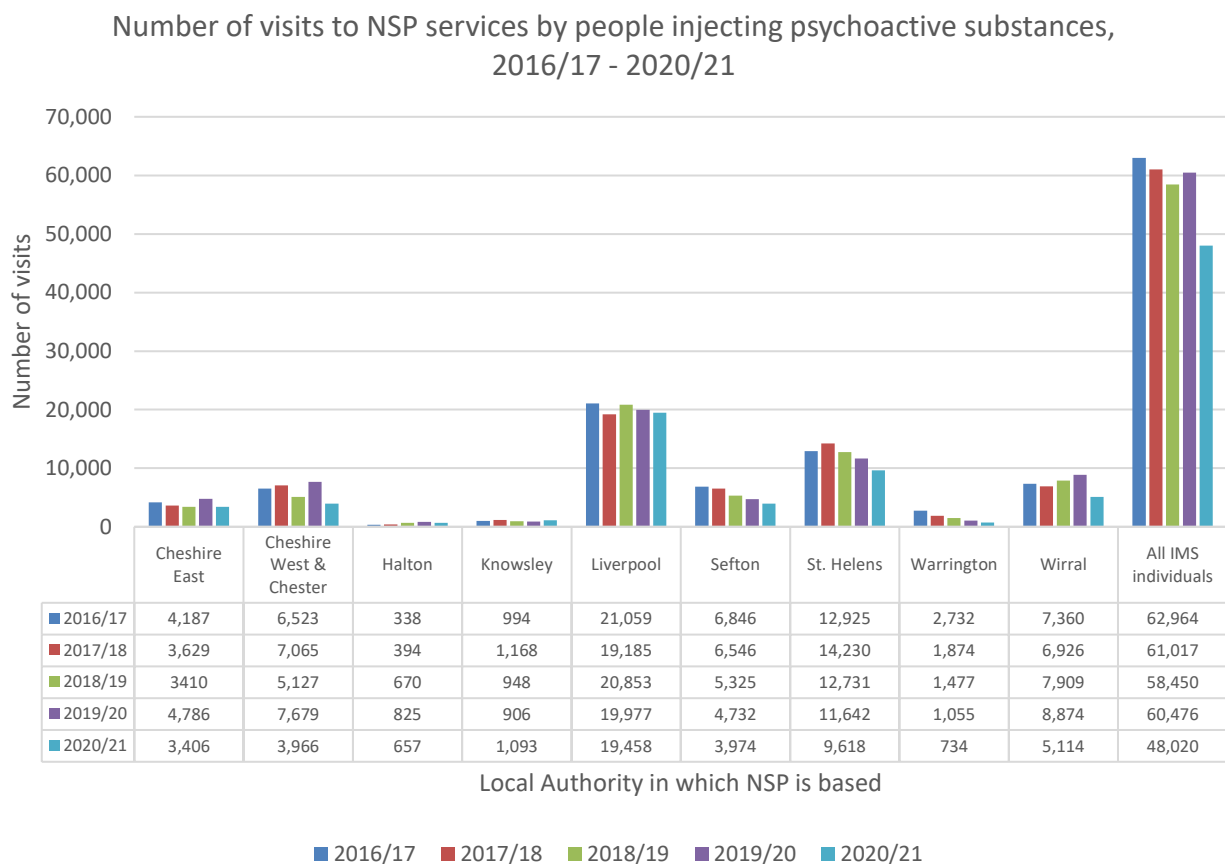
During 2020/21, the vast majority of NSP sites across Cheshire and Merseyside saw a reduction in activity from 2019/20 including 23 of the 30 most used sites. The busiest site, Boots on London Road Liverpool, saw a 28.8% decline in the number of individuals using it. Agency NSP sites experienced the most significant reduction in numbers include CGL Wirral in Birkenhead (-58.2%), CGL Warrington (-52.0%), WDP's Aqua House in Chester (-45.2%), CGL St Helens (-43.1%) and CGL Halton (-40.8%). The pharmacy which saw the most substantial reduction in activity was Kays Chemist on London Road, Liverpool which experienced a 38.6% decline in the number of individuals using it. However, a handful of pharmacies experienced rises of over 20% in activity year on year including Rowlands, Lodge Lane, Liverpool (+23.4%), Allied Pharmacy, West Derby Road, Liverpool (+29.7%) and Newtown Pharmacy, Kirkby (+150.9%).

30 most used NSP sites across Cheshire and Merseyside, 2020/21

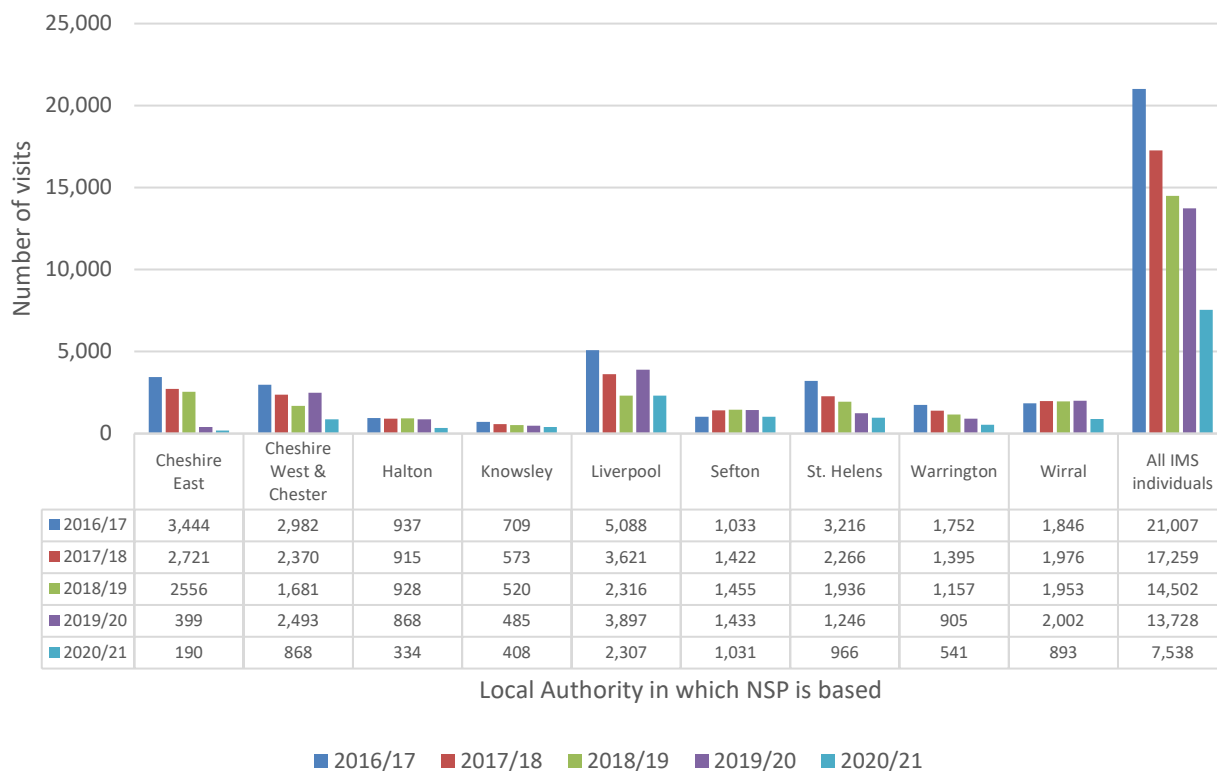


5. The number of visits to NSP services reduced for both psychoactive and IPED NSP cohorts, substantially so for the latter

Up until last year, the number of visits to NSP services had stayed broadly the same for both people who inject psychoactive drugs and people who inject steroids and other IPEDs, with a 4% rise in 2019/20 in the number of visits on the previous year for the former and a 5.3% decrease in the number of visits for the latter cohort. However, there were substantial reductions in activity for both cohorts in 2020/21, with a 20.6% reduction in NSP visits from the psychoactive cohort and a 45.1% reduction in NSP visits from the steroids and other IPEDs cohort. For the psychoactive cohort, all areas experienced reductions of between 16% (Sefton) and 48.4% (Cheshire West & Chester), with the exception of Knowsley who experienced a rise and Liverpool whose numbers were broadly the same as last year. For the steroids and other IPEDs cohort, all areas experienced reductions of between 15.9% (Knowsley) and 65.2% (Cheshire West & Chester).



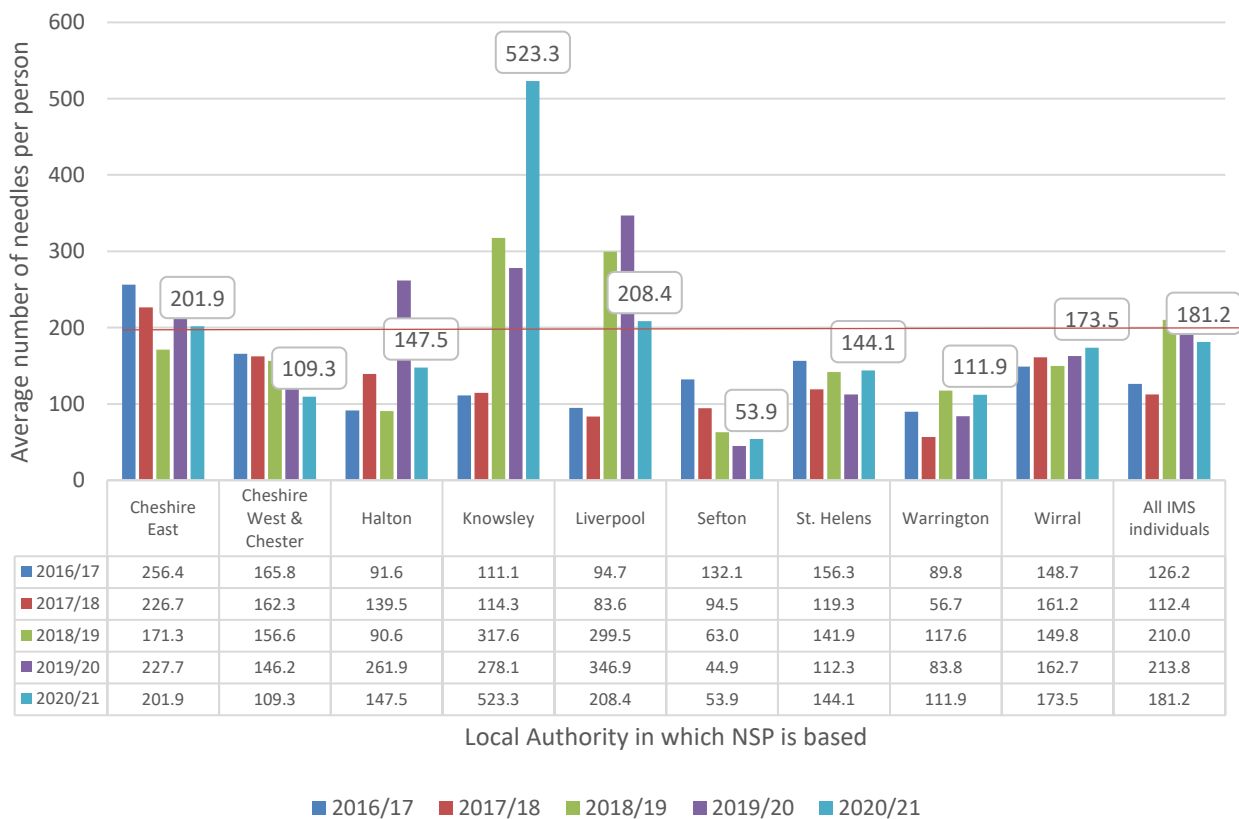
Number of visits to NSP services by people injecting IPEDs and other steroids,
2016/17 - 2020/21



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

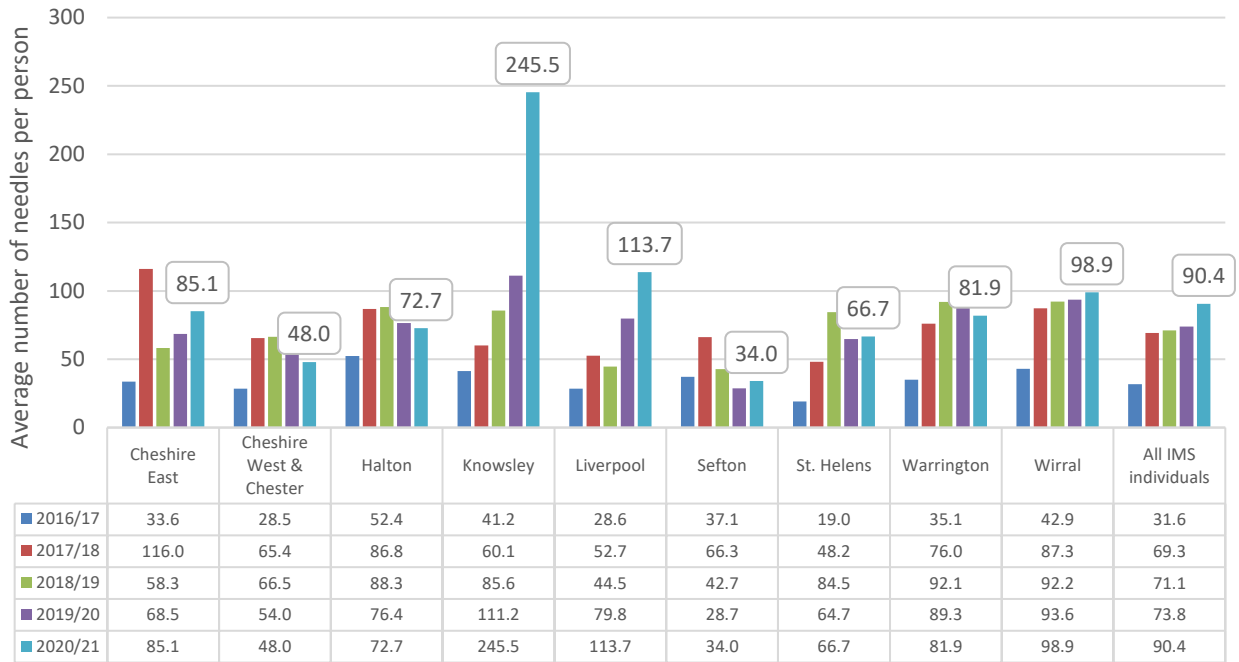
The World Health Organization (WHO) recommends a minimum of 200 clean needles per person per year, and in 2020/21 three out of the nine local authority areas within Cheshire and Merseyside (Cheshire East, Knowsley and Liverpool) achieved this for individuals injecting psychoactive substances, with an average across the region of 181 needles being distributed per individual across the year. This is a decrease on the 214 needles per individual per annum recorded in 2019-20. However, some areas such as Knowsley, Sefton, St Helens, Warrington and Wirral saw an increase in coverage from the previous year. For individuals injecting steroids or other IPEDs, Knowsley again has the highest number of needles being distributed, 246 per individual, while Sefton again has the lowest (34 per individual) and substantially below the average for the region of 90 needles per individual.²

Average number of needles per injecting population using NSP, psychoactive cohort, 2016/17 - 2020/21



² Data on equipment distributed should be compared with some caution, as its recording is sometimes erratic from month to month. Reasons for this are being explored with pharmacies in particular.

Average number of needles per injecting population using NSP, steroid and other IPED cohort, 2016/17 - 2020/21

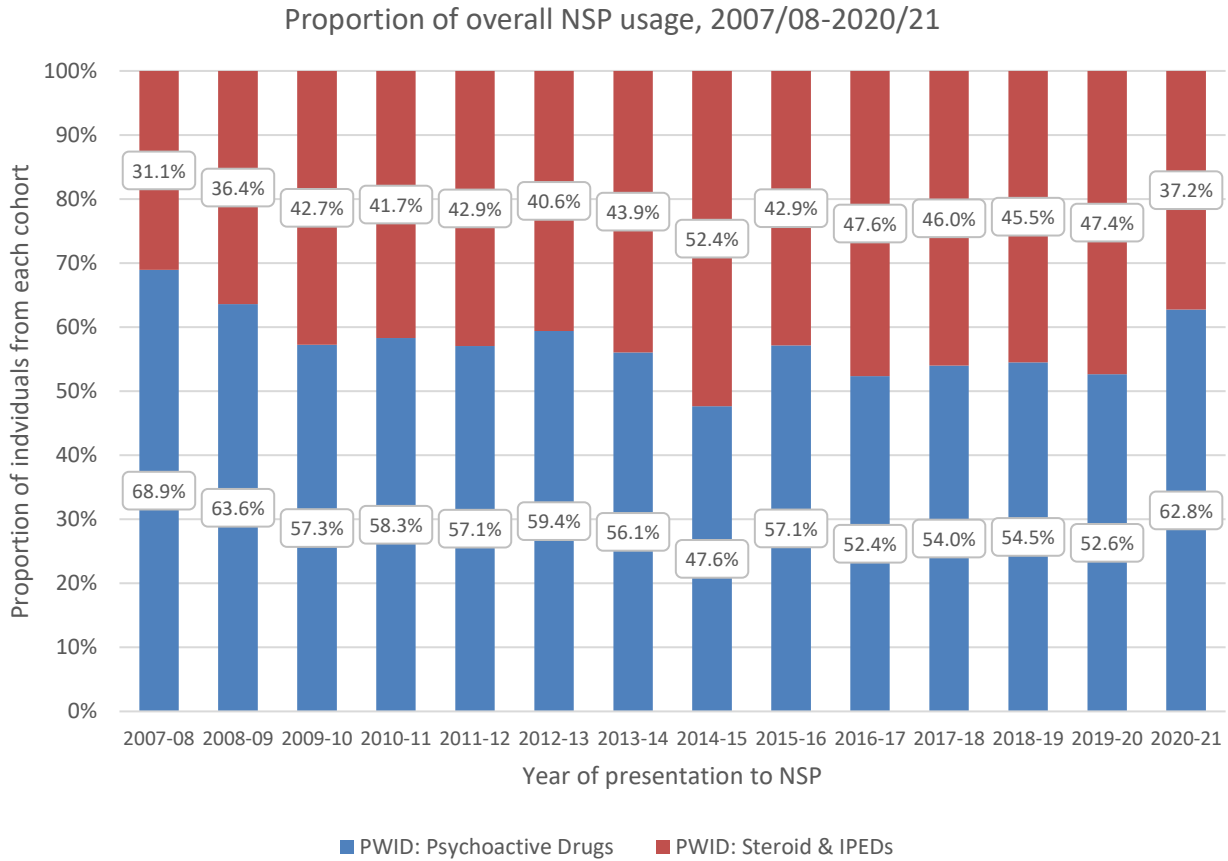


Local Authority in which NSP is based

■ 2016/17 ■ 2017/18 ■ 2018/19 ■ 2019/20 ■ 2020/21

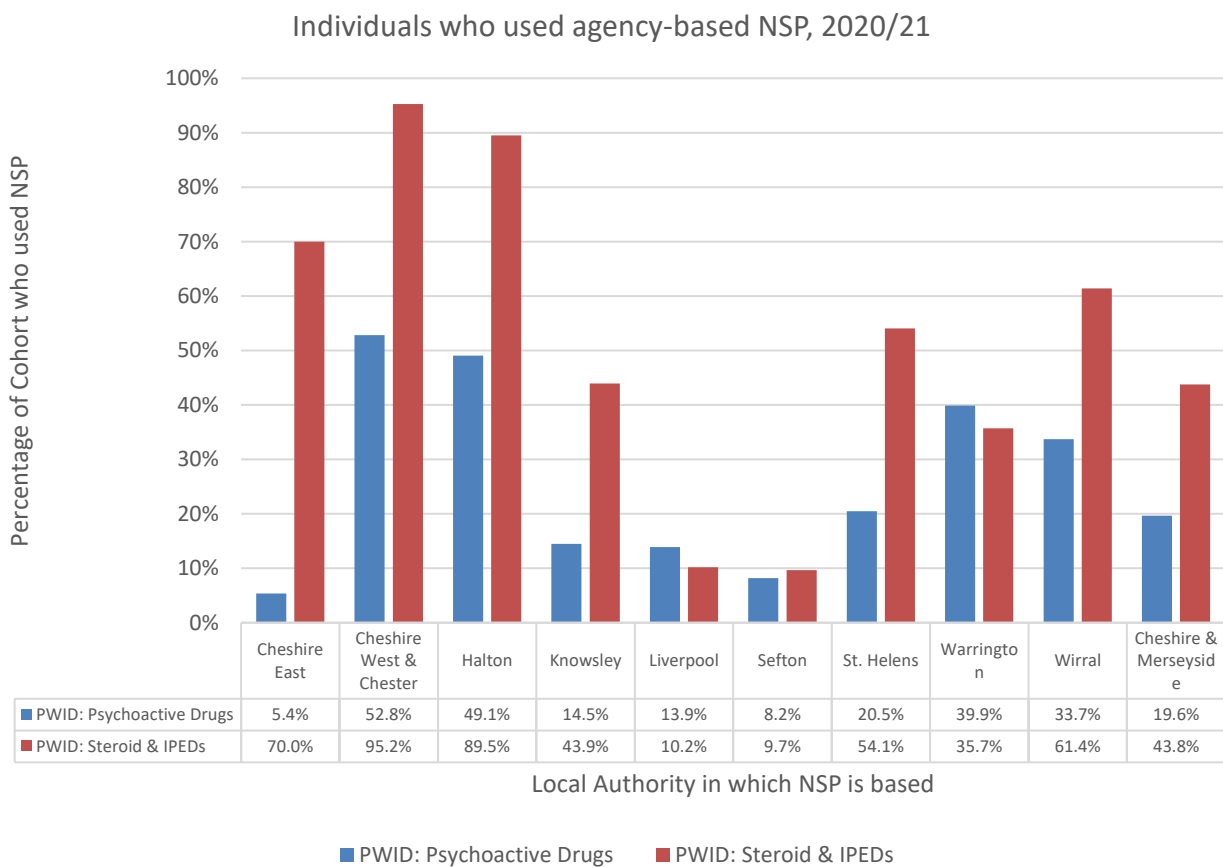
7. People injecting psychoactive substances make up a higher proportion of overall NSP usage

Since 2007-08, people injecting psychoactive substances have made up a majority of NSP presentations with the exception of one year (2014-15). In 2019-20, they made up 52.6% of presentations, a slight reduction from the 54.5% of people making up this cohort in 2018-19. However, in 2020/21 this share of overall NSP usage rose sharply to just under 63% of the total, reflecting the more substantial reduction in use by people injecting steroids and other IPEDs during the year who now make up their lowest proportion of overall NSP usage since 2008/09.



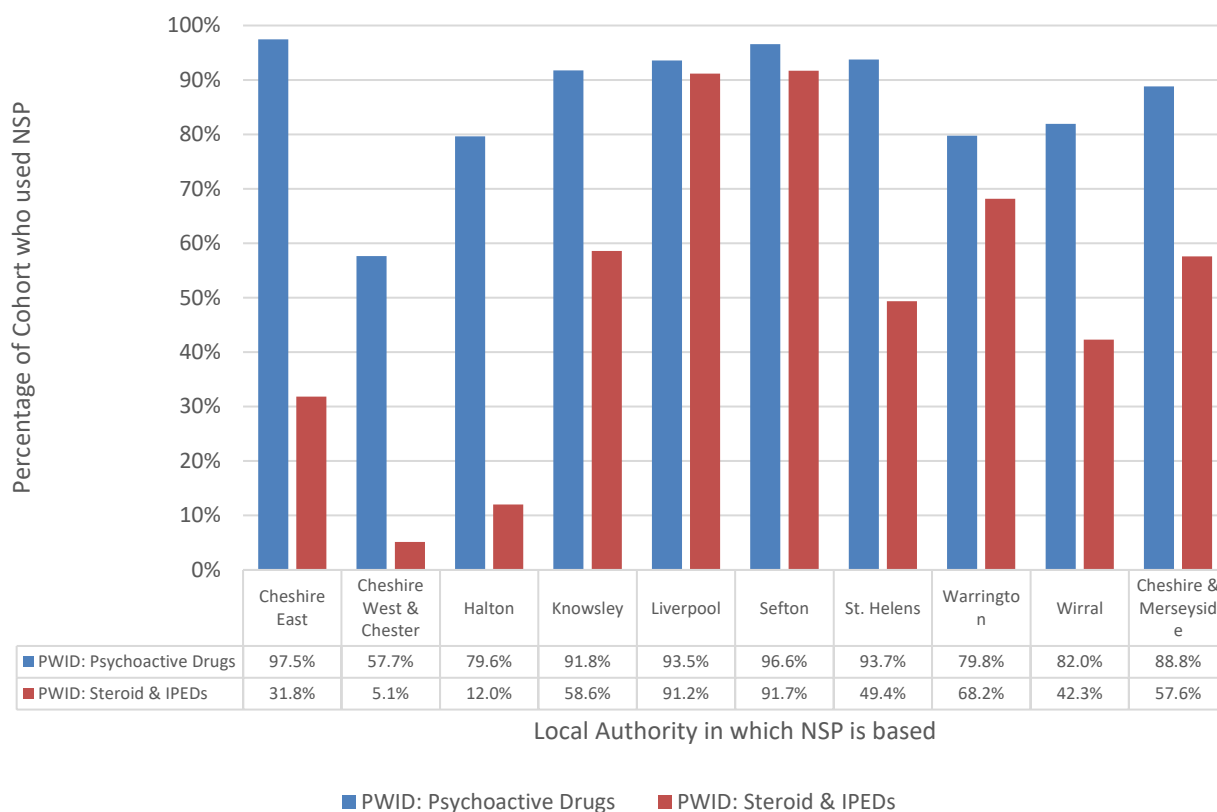
8. People who inject steroids and other IPEDs are more likely to use agency based NSP provision than those injecting psychoactive substances.

More people used pharmacy based NSP than agency based NSP across Cheshire and Merseyside; in 2020/21, 2,091 individuals used agency-based services compared to 7,823 using pharmacy-based services, declines of 59.6% and 16.3% respectively. It remains the case that proportionally people who inject steroids and other IPEDs are more than twice as likely to access agency-based NSP services (44%) as people who inject psychoactive substances such as heroin (20%). For pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (89%), compared to 58% of people who inject steroids or other IPEDs, although it is of note that higher proportions of both cohorts used pharmacy services in 2020/21. This is the case for every area across Cheshire and Merseyside, and substantially so for all apart from Liverpool and Sefton.³



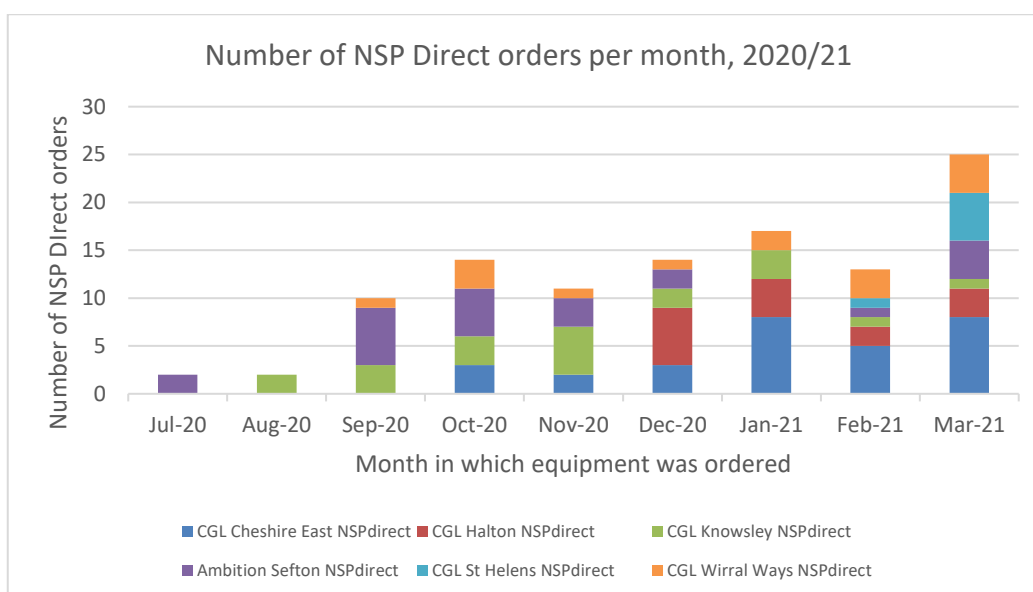
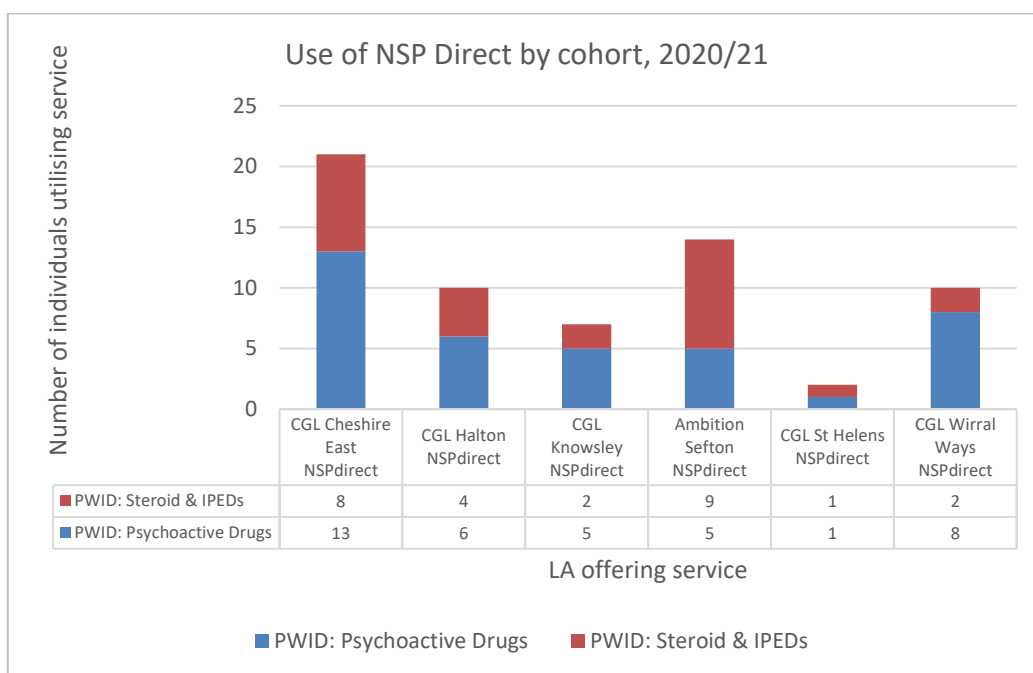
³ Please note that individuals can use both agency and pharmacy based sites over the course of a year.

Individuals who used pharmacy-based NSP, 2020/21



9. Use of NSP Direct was limited but almost 23,000 needles were ordered online

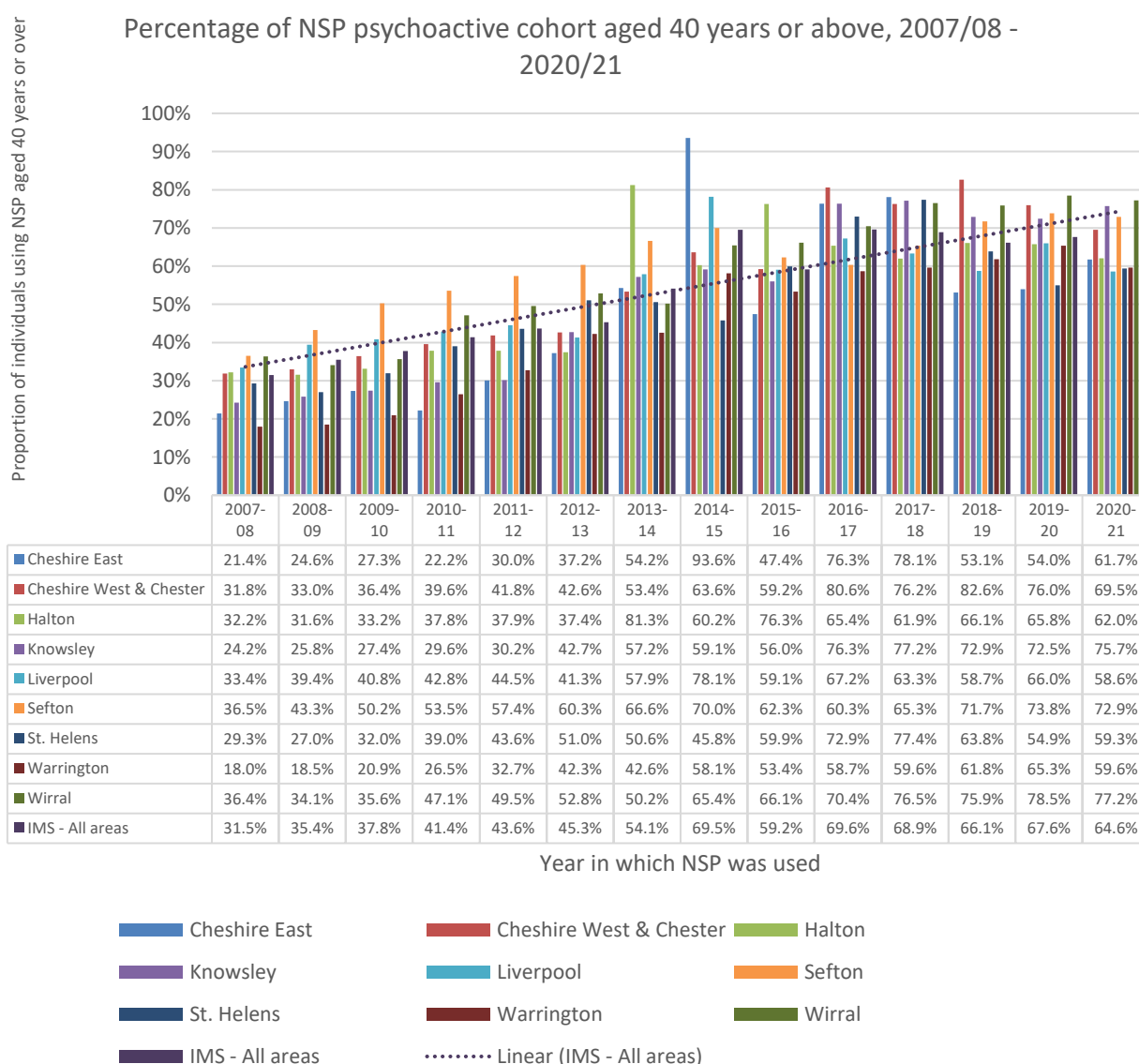
Six of the nine Cheshire and Merseyside areas began to offer NSP through the internet, with the equipment shipped directly to individuals' homes or another address, via Exchange Supplies' NSP Direct service. This was introduced in response to the more restricted access to NSP during the pandemic. Take up of the new service was very limited, with only 64 individuals across the region utilising it and most of those only once, although the average number of needles ordered was high, at 355 per person, with 22,730 needles in total being distributed. Around three in five (59.3%) individuals using the service were people injecting psychoactive drugs.⁴ Usage increased throughout the year and was at its highest level in March 2021 during the third national lockdown.



⁴ NSPdirect is an online order service; data is entered by the client with most fields being optional. It is therefore not always possible to identify individual clients and repeat visits. Substance type is often not provided and is imputed from the available characteristics.

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

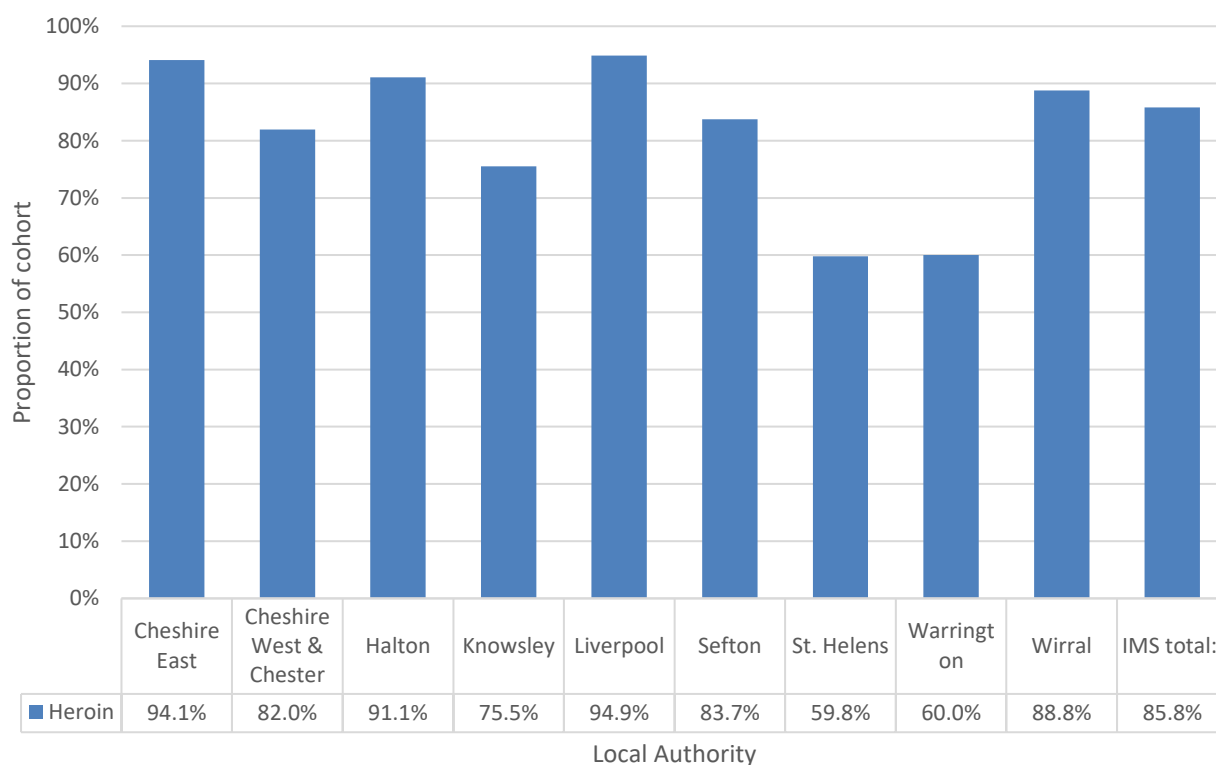
The proportion of individuals presenting to NSP injecting psychoactive substances that were aged 40 years or over has more than doubled over the last 12 years, from 31.5% in 2007-08 to 67.6% in 2019-20. However, this proportion has fallen to 64.6% in 2020/21, its lowest level since 2015/16, which suggests that there were proportionately more younger people using NSP services than in recent years. Warrington and Knowsley have seen the steepest increase in the proportion of presentations by those aged over 40 years, from 18.0% to 59.6% and from 24.2% to 75.7% respectively, while Liverpool and St Helens have the youngest psychoactive injecting populations. Males accessing NSP services continue to be on average older than females, with 64.5% of the male psychoactive NSP cohort being aged 40 years or over compared to 54.7% of the female psychoactive NSP cohort.



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

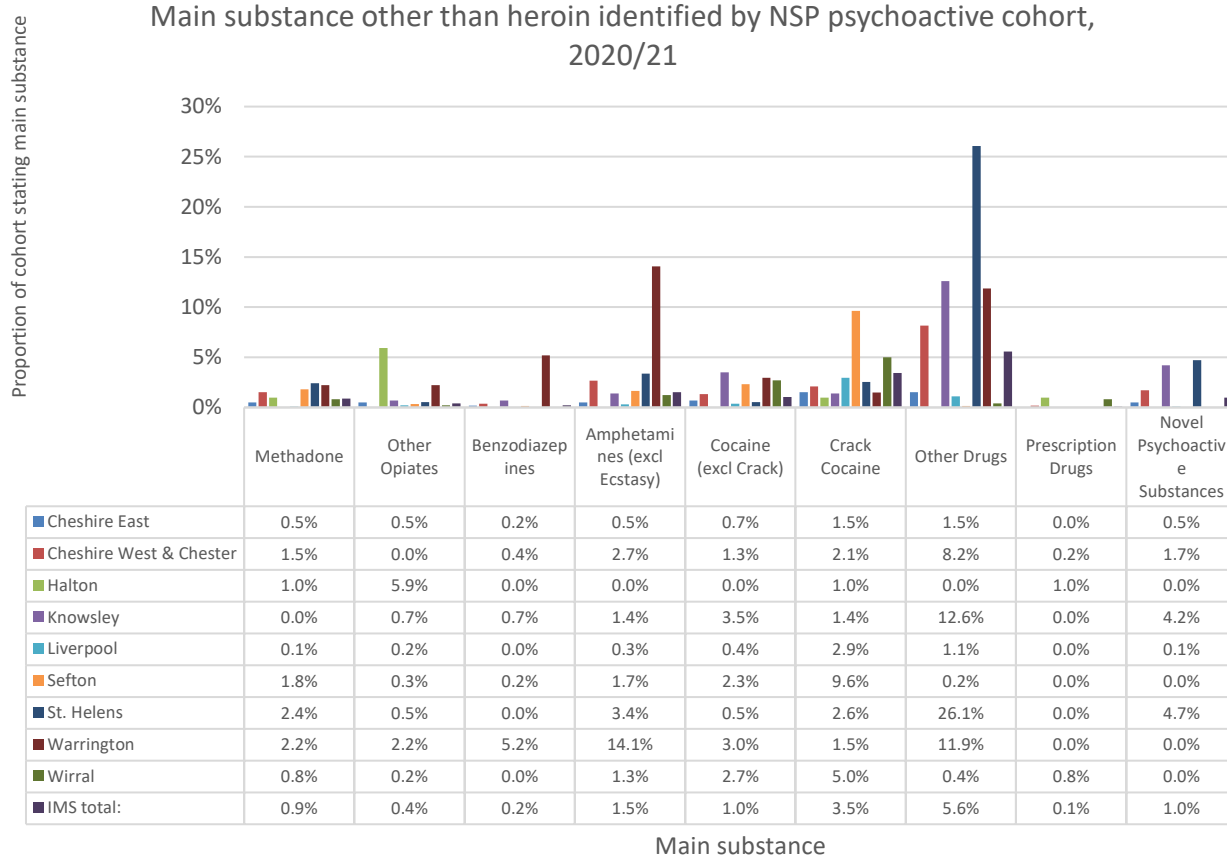
Around five in six individuals (85.8%) who inject psychoactive substances identify heroin as their primary substance, ranging from 59.8% in St Helens to 94.9% in Liverpool. Sefton again has the highest proportion of people injecting crack cocaine as their primary substance (9.6%), while Halton has just 1.0% of individuals in this cohort injecting crack cocaine as the primary substance. Warrington has the highest proportion for any area of individuals injecting amphetamines as their primary substance (14.1%), while St Helens and Knowsley had 4.7% and 4.2% respectively of individuals injecting Novel Psychoactive Substances (NPS) as their primary substance.⁵

Proportion of NSP psychoactive cohort identifying heroin as main substance, 2020/21



⁵ The high proportion of “other” for St Helens is due to a recording issue by reporting pharmacies

Main substance other than heroin identified by NSP psychoactive cohort, 2020/21

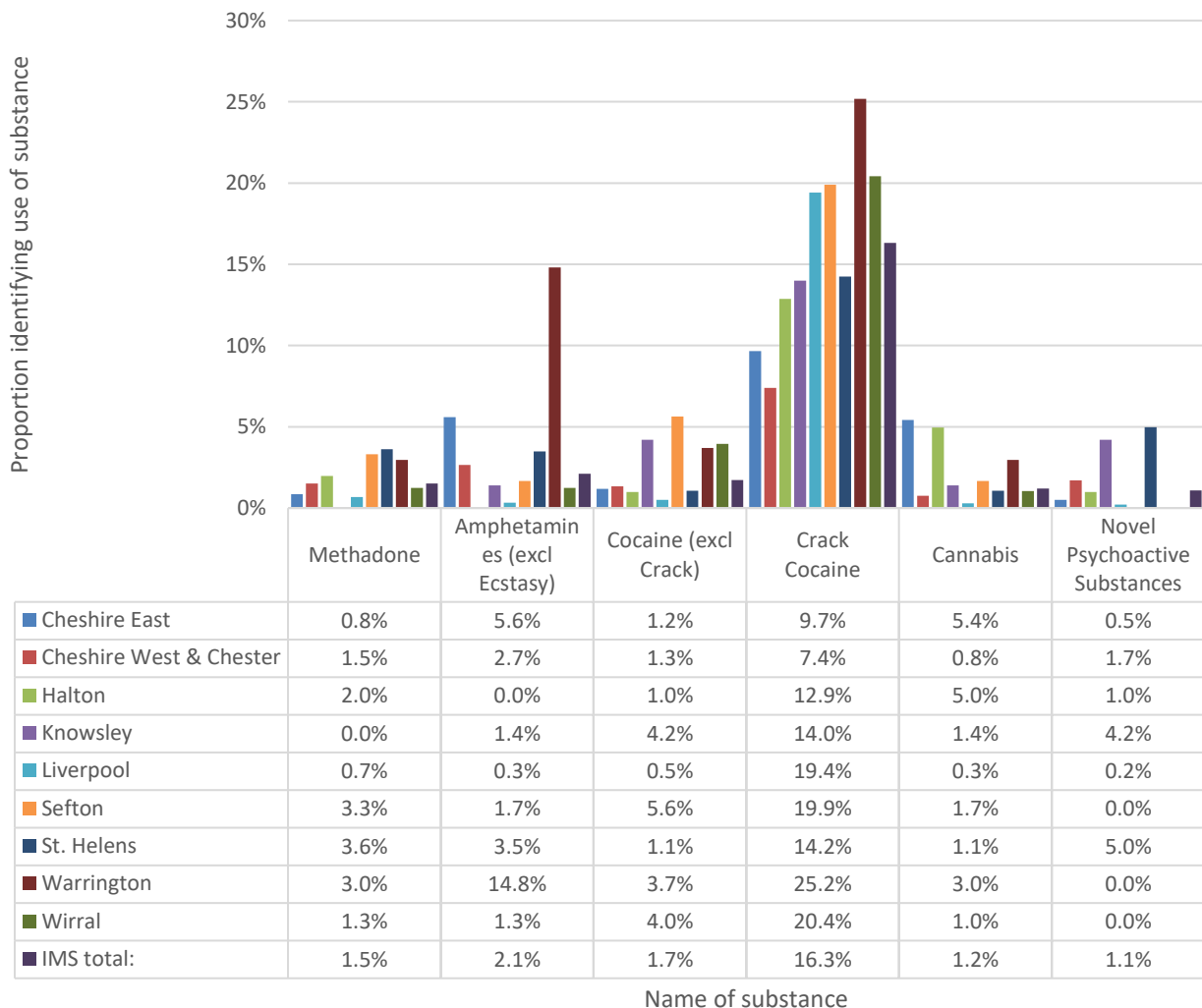


- Cheshire East
- Cheshire West & Chester
- Halton
- Knowsley
- Liverpool
- Sefton
- St. Helens
- Warrington
- Wirral
- IMS total:

12. Around one in six people using NSP for psychoactive substances are injecting crack cocaine

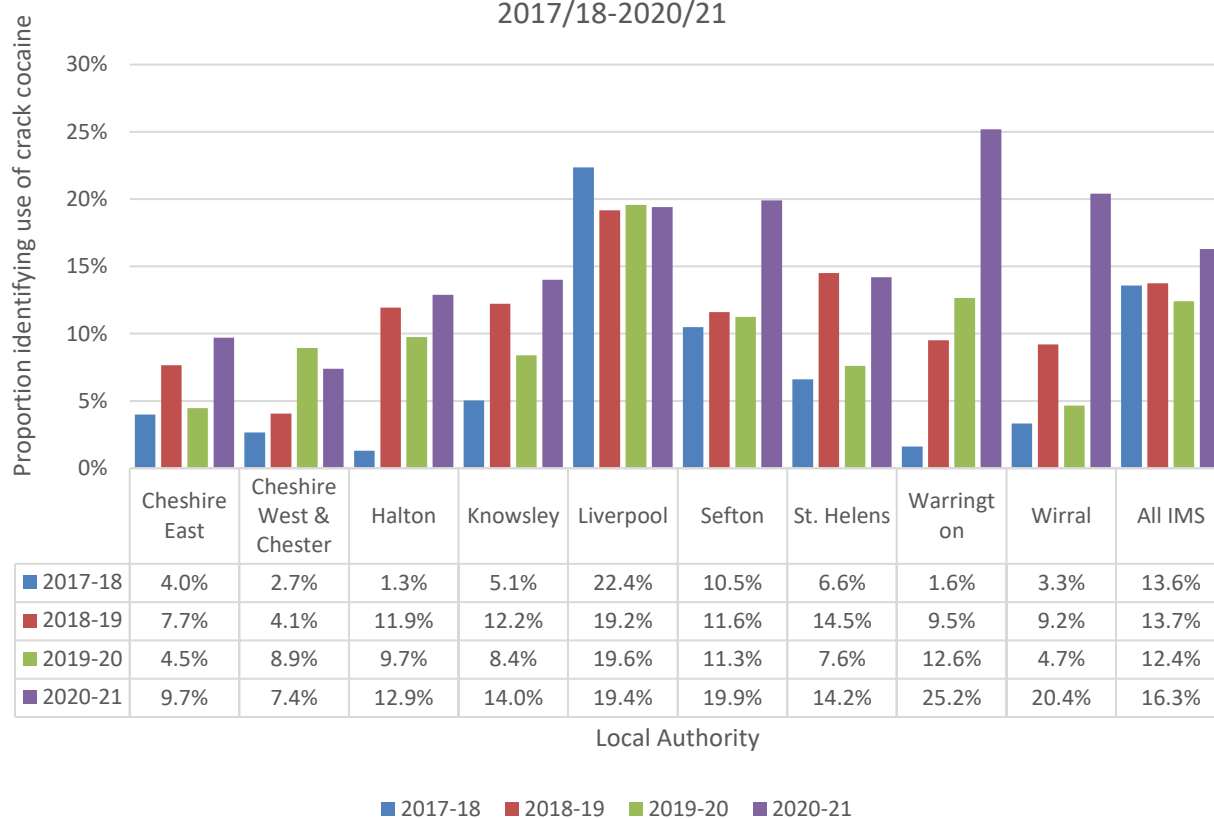
When looking at all substances named by individuals (not just their main substance), the top six substances after heroin were; crack cocaine, amphetamines, cannabis, cocaine, methadone, and novel psychoactive substances. Just under one in six (16.3%) people using NSP state that they use crack cocaine, an increase from the previous year’s figure of 12%. There is substantial variation in crack cocaine use, from 7.4% of the psychoactive NSP cohort in Cheshire West & Chester to 25.2% in Warrington, although Wirral experienced the steepest increase, from 4.7% in 2019/20 to 20.4% in 2020/21. Warrington had a substantially higher level of people stating they use amphetamines than any other area (14.8% compared to an average of 2.1%) while St Helens had the highest level of Novel Psychoactive Substance use (5%), and Cheshire East the highest level of cannabis use (5.4%) followed by Halton (5%).

Overall proportion of NSP psychoactive cohort identifying use of a substance, 2020/21



- Cheshire East
- Cheshire West & Chester
- Halton
- Knowsley
- Liverpool
- Sefton
- St. Helens
- Warrington
- Wirral
- IMS total:

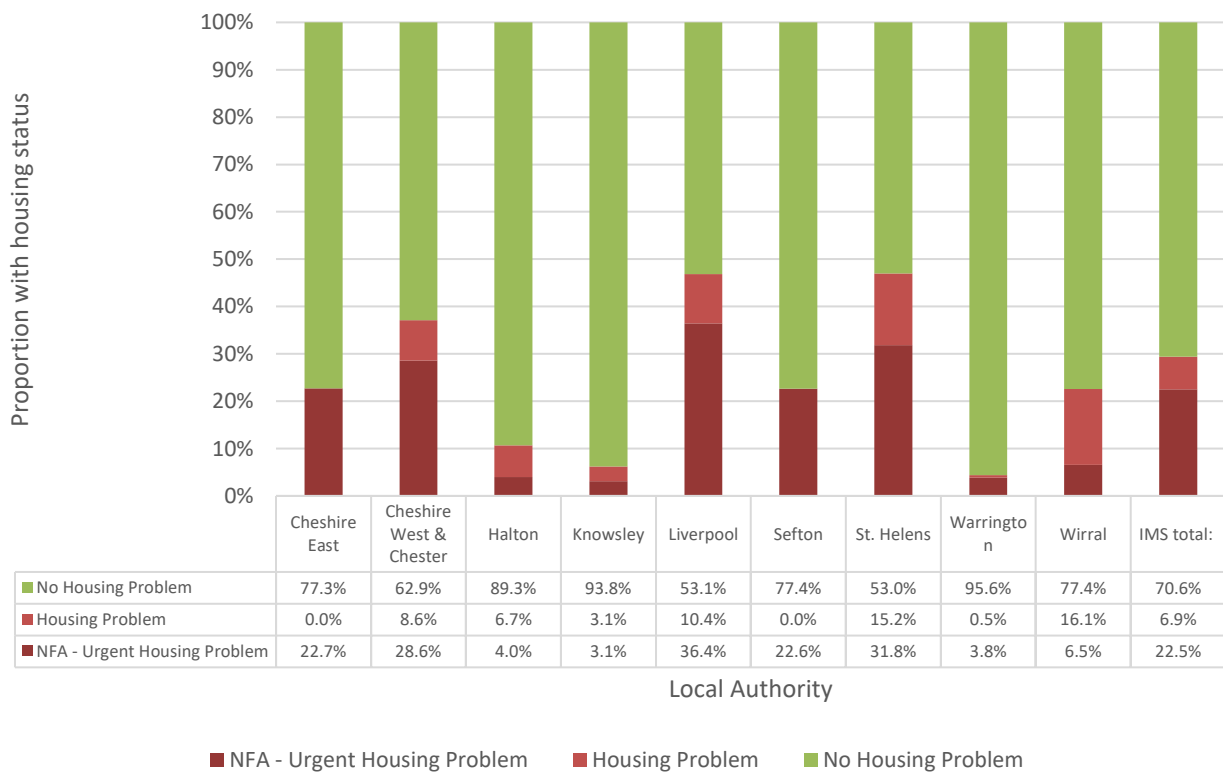
Proportion of NSP psychoactive cohort identifying crack cocaine use,
2017/18-2020/21



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

Around three in ten (29.4%) individuals report having some kind of housing issue, which can range to having no fixed abode and rough sleeping to sofa-surfing⁶. In some areas such as Liverpool and St Helens, nearing half of individuals who stated an accommodation status (46%-47%) report having a housing issue. However, for most areas this has decreased since 2019/20, when around two in five (42%) of individuals reported having an issue with housing, and some areas such as Knowsley and Warrington reported less than 7% of people from the NSP psychoactive cohort with any kind of housing issue.

Proportion of NSP psychoactive cohort identifying some housing issue by Local Authority, 2020/21

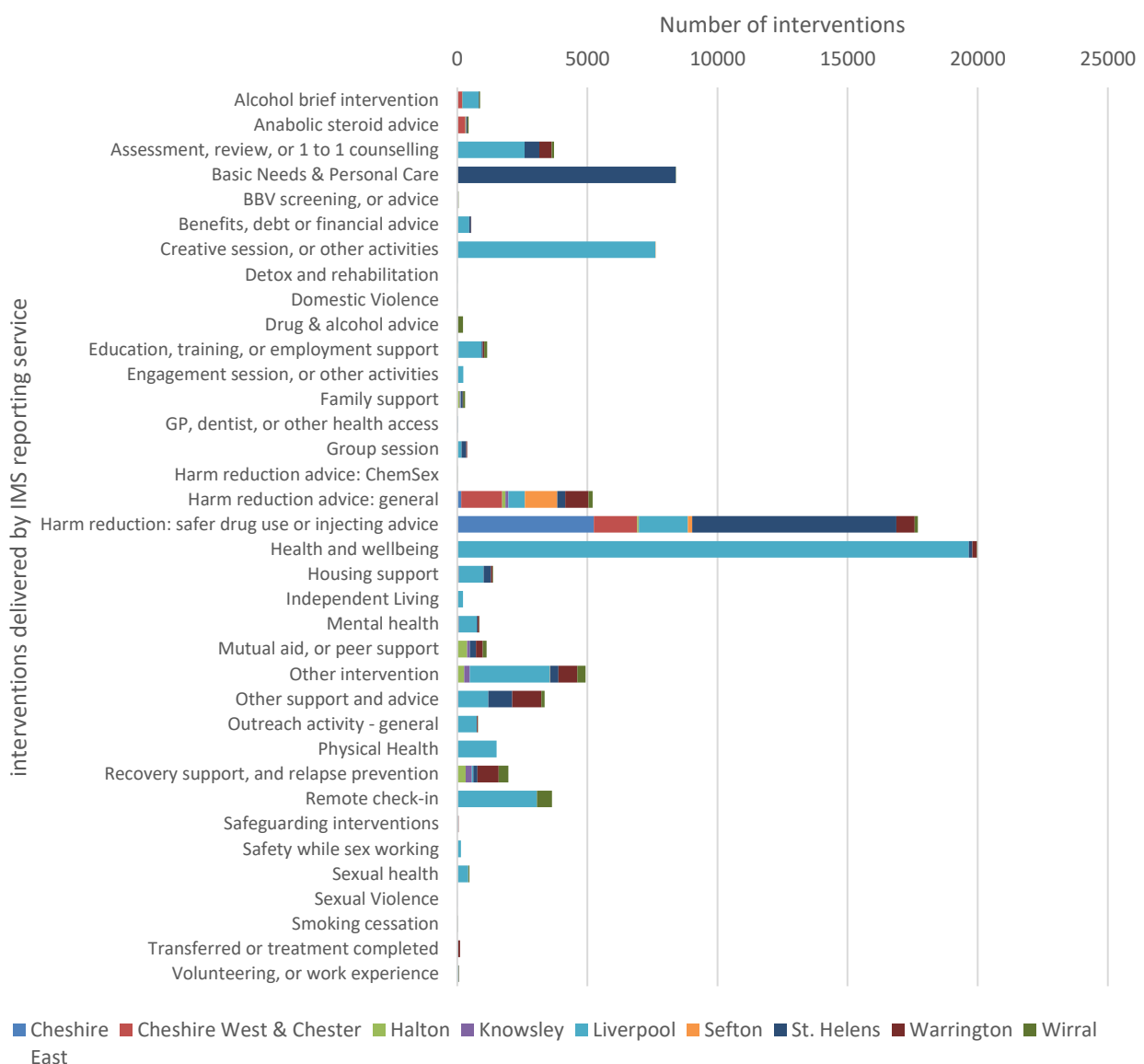


⁶ This data can be affected by the type of organisations reporting to IMS.

14. Over 87,000 interventions were delivered in 2020-21

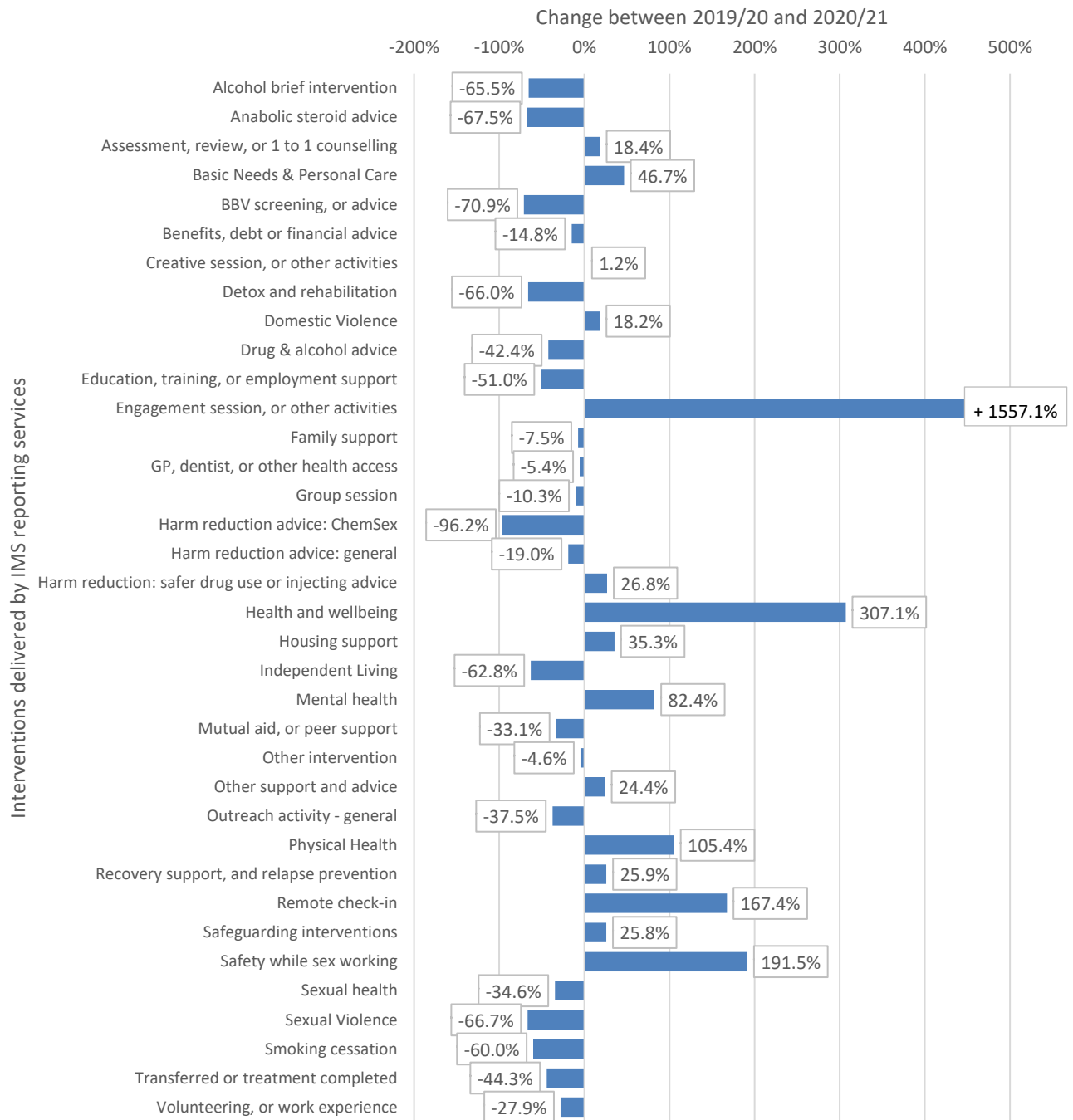
While IMS primarily records NSP activity, it also records a range of other interventions provided to people accessing NSP and a wide range of brief interventions provided to people at other services. Not all service providers reporting to IMS record these interventions, but those who do reported 87,403 interventions being delivered by them during 2020/21, a 29.8% increase on the 67,346 interventions delivered in the previous year.⁷ The steepest reduction in interventions delivered was for harm reduction advice on chemsex, which declined by 96.2% on the previous year, with interventions relating to anabolic steroid advice, BBV screening, sexual violence, smoking cessation and independent living all seeing steep declines. However, engagement sessions and interventions relating to health and wellbeing, safety while sex-working and basic needs and personal care all saw substantial increases on the previous year.

Interventions delivered by IMS reporting services, 2020/21



⁷ Unfortunately it was not possible to access data for the full 2020-21 year from LCAS (Liverpool Community Alcohol Service) for the purposes of this report which affects overall numbers for the year, given that they are a significant provider of brief intervention.

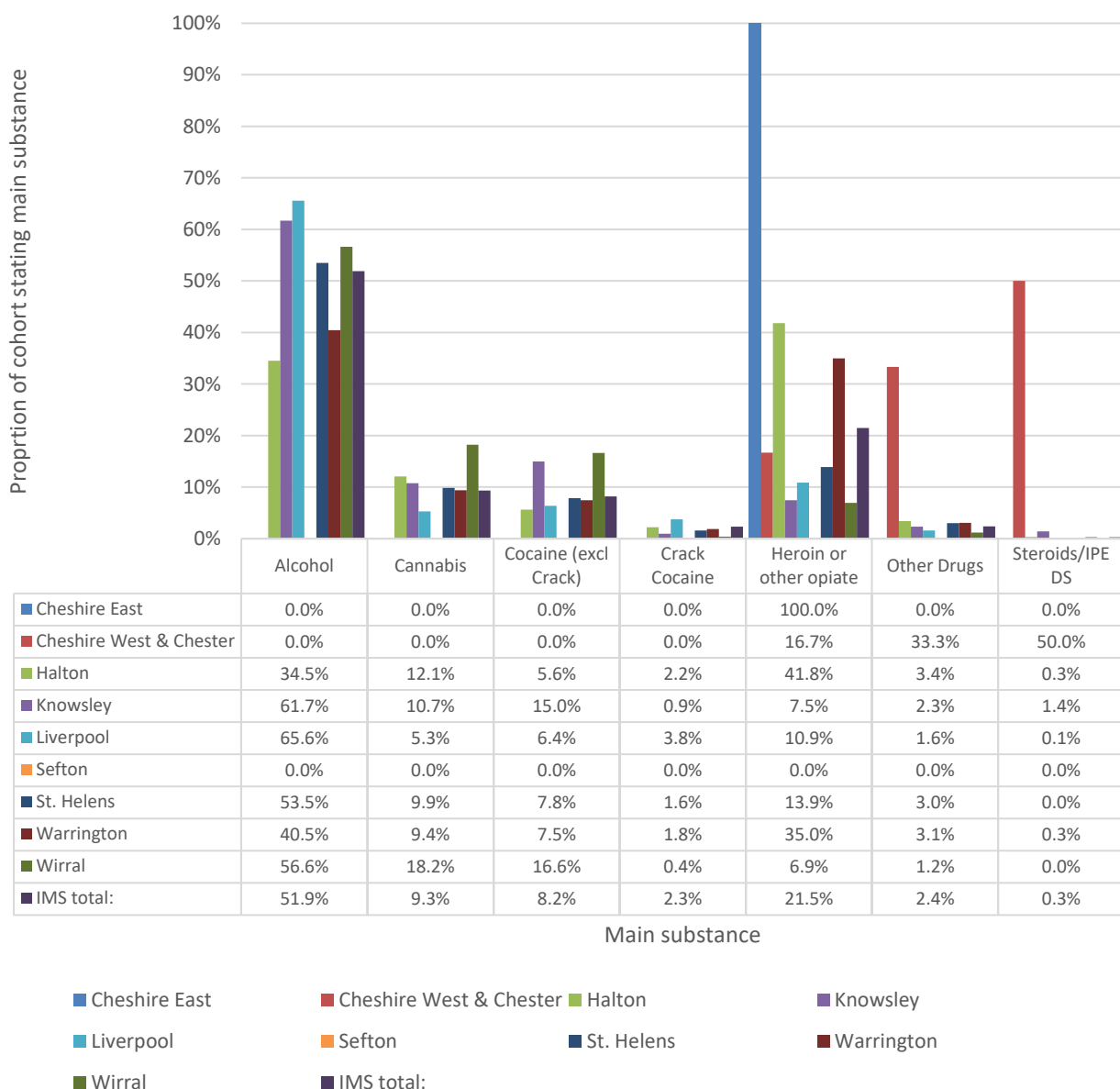
Change in interventions delivered by IMS reporting services between 2019/20 and 2020/21



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

Just over half (51.9%) of individuals receiving brief interventions only (the cohort of non-injectors within the IMS dataset) identify alcohol as their main substance, reflecting brief intervention provision’s historic role for this group. All local authorities have between 34% and 66% of non-injecting individuals stating alcohol as their primary substance, other than the areas of Cheshire East, Sefton and Cheshire West & Chester who have not recorded any brief interventions on to the system for their non-injecting populations. Just over one in five (22%) receiving brief interventions only are using heroin, followed by 10.5% using cocaine or crack cocaine, and 9.3% using cannabis, an increase from the 5.8% using cannabis last year. Cannabis accounts for around one in five presentations for brief interventions in Wirral but this is partly related to a young person’s service reporting to the system which not all areas have.

Main substance used by people receiving brief interventions at IMS reporting service, 2020/21





Although IMS data regularly demonstrates the importance of continuing to monitor low threshold interventions and NSP activity at a time when numbers accessing such services remain high, its ability over the 2020/21 financial year (which covered the first year of the Covid-19 pandemic) to monitor changes in activity has allowed services and commissioners to observe the impact of the national and local restrictions on activity. During the early months of the pandemic, reporting on NSP activity to IMS was changed from quarterly to weekly. This was partly in response to a survey we carried out with all NSP providers (including agency and pharmacy sites) in the first weeks of the first period of restrictions, which found that access to NSP was greatly restricted in most areas for a variety of reasons including reduced opening hours, reduction of available sites, restricted numbers of people on site and the lack of ability to receive returns because of Perspex screens.

Because of this concern, and in response to requests from commissioners, a new area of IMS was developed which provided a weekly update on NSP activity, available in PDF format or via a downloadable Excel spreadsheet. The first months of the pandemic saw a sharp decline in activity which we reported on in the *International Journal of Drug Policy*. We found that the restrictions resulted in the number of NSP clients decreasing in the first four weeks of the pandemic by 36%, visits by 36%, and needles distributed by 29%. NSP coverage for those injecting psychoactive drugs halved, declining from 14 needles per-week during the 4-weeks to 15th March 2020 to 7 needles per-week by mid-April, and coverage remained at around this level for several months.⁸

This report covers the time period following this up until 31st March 2021, when the UK was three months into its third period of restrictions, and although activity was at a higher level than during the first period of restrictions, it was still only at around 60-70% of pre-pandemic activity (i.e. when compared to the same period two years before). Over the course of the whole year, there was a far more substantial reduction in NSP activity for individuals using steroids and other IPEDs than those using psychoactive substances. The decline in NSP utilisation for the former group could potentially reflect changes in drug use practice, as they may have moved to oral drugs or rescheduled their cycles of use, though the decline for this group might reflect a move to online purchasing of needles which has been anecdotally reported in recent months.

The more significant decrease in NSP utilisation by the steroids and other IPEDs cohort means that they form the smallest proportion of overall NSP use since 2008/09. This group continue to dominate agency based NSP provision and the reduction in utilisation may also reflect the fact that agency-based NSP sites were more likely to limit their availability than pharmacy sites during the pandemic, with the NSP offering from some agency-based sites being withdrawn altogether. When we looked at changes in activity for the thirty busiest NSP sites in 2020/21 (in order to not amplify large changes from sites who see just a handful of presentations), while 80% experienced a reduction in activity, the biggest reductions of between 41% and 58% were all found in agency-based sites. Cheshire and Merseyside's provision was already heavily skewed to pharmacies and the pandemic has embedded this further. Pharmacies have some advantages over agency provision in that they tend to be geographically well located, and they will often have longer opening hours and weekend access, notwithstanding restrictions in 2020/21 due to the pandemic. However, many do not have the dedicated space which an agency based NSP service has, with access to a dedicated member of staff who can deliver harm reduction interventions such as checking injecting sites, BBV status or more general health and wellbeing related activity. The reason why agency-based services have more of an appeal to people injecting steroid/IPED than those injecting psychoactive substances continues to be of interest, and warrants further investigation in order to ensure good agency based services are still meeting the needs of the wider population of people who inject drugs.

⁸ Whitfield, Mark et al., 2020. The impact of COVID-19 restrictions on needle and syringe programme provision and coverage in England. *The International journal of drug policy*, 83, p.102851.

It should be noted that prior to 2020/21, NSP activity had already fallen to its lowest level in a decade during 2018/19, the reduction being largely due to a substantial drop in Liverpool where numbers attending decreased by around 35%, with most other areas seeing much less dramatic changes in their activity, and in 2019/20, activity was similar to the previous year. One of the many findings to come out of the weekly NSP reporting was the large fluctuations in data being recorded for equipment being distributed, with some sites recording as many as 100 times the amount in one week compared to the previous. As we normally only analyse NSP equipment data annually, this was an issue that the pandemic has brought to light which would not have been observable previously. Accordingly, we have begun to engage with pharmacies in order to ascertain if there are valid reasons for the erratic equipment data or if it reflects a recording issue due to, for instance, staff turnover, new systems and service priorities within the settings that offer NSP.

Six of the nine Cheshire and Merseyside Local Authorities (Cheshire East, Halton, Knowsley, Sefton, St Helens and Wirral) offered NSP equipment via the internet using Exchange Supplies' NSP Direct service. While take up of this service was more limited than anticipated, with only 64 individuals utilising the service throughout the year and most of those just once, its use did begin to increase as the year went on and a not unsubstantial volume of equipment was distributed, with almost 23,000 needles being sent out via the service. In understanding barriers to people using the service, it may be that individuals felt uneasy about entering the full details of their home address online. It is still unclear what the awareness is of the scheme, as most NSP provision is pharmacy-based, but advertising NSP Direct would ultimately drive activity away from pharmacies which would be counter-productive for them to promote.

One of the key benefits of IMS is the annual matching of the NSP activity data to NDTMS treatment activity data. Unfortunately, this has not been possible this year due to the move from PHE to the new Office for Health Improvement and Disparities (part of Department of Health and Social Care). However, we know from previous years that consistently a large number of individuals who use NSP services do not appear to be in treatment. This is further evidenced by the number of drug related deaths reported via the coroner for individuals who have not had recent contact with the treatment system. Indeed, while in treatment deaths are primarily from conditions related to physical health such as COPD, deaths reported for individuals outside of treatment are mainly overdose deaths, and many of these individuals have matching NSP transactions. This also underlines the fact that while some people might use a false name because of concerns around confidentiality when accessing services, this practice is probably less widespread than sometimes imagined. The fact that the psychoactive cohort matches to NDTMS treatment data substantially more than the steroid and IPED cohort also provides some assurance that people are using genuine personal details, and that there are substantial numbers of people injecting psychoactive substances who are not engaging with the treatment system.

The proportion of individuals injecting psychoactive substances presenting to NSPs who are aged over 40 years appears to have levelled off at around two-thirds and dropped this year to 65%, its lowest level since 2015/16, suggesting that there may be a rise in new younger injectors utilising NSP. Alternatively, given the impact of Covid, and the vulnerabilities of the injecting population with poor physical health often including COPD, it might be that older people are using services less frequently in order to protect themselves. It would be unusual in any case for the proportion of this cohort to rise much above 70% given what we know about the demographics of the in treatment population. It will be useful to see next year whether this trend continues.

Females continue to present at NSPs at a younger age than males, sometimes by several years, although it is not known whether this is because they stop injecting at an earlier age or if there are other factors at play. It may be useful to examine what the journey is across the treatment system for women entering treatment for the first time.

Opiates are still the main group of psychoactive substances injected across all local authority areas, although many areas have seen an increase in numbers also injecting crack cocaine, and in some areas one in four people using NSP are using crack cocaine. This pattern of use has always been a characteristic of the cohort accessing NSP services; however,

the current level is considerably higher than eight years ago, which reflects national data on this increase⁹. Data on drug related deaths from ONS suggest increasing numbers of single substance cocaine related deaths, which may be as a result of a variety of factors including higher purity and falling price.¹⁰ As many individuals do not present to treatment for cocaine or crack cocaine use, it is important that this cohort are supported to enable safer drug use where possible.

Coverage of NSP remains vitally important at a time when BBVs, particularly hepatitis C, have an increased national focus. It is a positive development that three areas within Cheshire and Merseyside are providing those who use NSP with amounts of injecting equipment that are in excess of the WHO recommended minimum of 200 needles per person injecting per year. Some of this increase in recent years may be down to more accurate recording of attributors, meaning that needles distributed were recorded more often correctly against a single individual rather than a series of identifiers. However, the overall level of coverage has declined across Cheshire and Merseyside to below this threshold, meaning that along with a decrease in individuals utilising NSP, those who are accessing NSP are taking less equipment. It is important that pharmacies and agencies distributing equipment make their NSP services as accessible as possible and do not create barriers for people who might wish to use their service. Research carried out by PHI in 2017 identified that certain pharmacies might sometimes restrict equipment on the basis that used equipment was not being returned, or because of the substance that someone was injecting. Engagement with NSPs should take place at regular intervals to ensure access is equitable to all.

The housing field with IMS is used by some services which specifically support individuals with housing issues, and so the data should be interpreted with caution. There appears to be a large number of individuals injecting psychoactive substances who report having some kind of housing issue; however, this proportion has fallen from 42% in 2019/20 to 30% in 2020/21. It will be useful to examine whether the pandemic has impacted this in a positive way because of the housing of homeless people during the first lockdown as suggested by housing charities such as Crisis.¹¹ Regardless, housing is a key issue for individuals injecting who may not be in contact with treatment providers and may not consequently have opportunities to be signposted to relevant support organisations. Recent findings from local drug related death panels have suggested that substance use is still a barrier in some areas to individuals accessing appropriate housing.

Much of the work that goes on in low threshold services including support and engagement activity delivered outside of structured treatment does not appear within national reporting. IMS is an important source for ascertaining the extent and range of this work across the region, with over 87,000 interventions being delivered in 2020/21, a substantial increase from the previous year. These interventions are often focussed around harm reduction, safer drug use and injecting advice. At a time when drug related deaths are at record levels both locally and nationally, these interventions are an important body of work to support those individuals potentially not yet ready to engage with recovery.

In conclusion, the picture IMS presents is that following the reduction in overall numbers reported in 2018-19, and then stabilisation in 2019-20, the impact of Covid-19 has substantially affected NSP activity in every local authority area, particularly for those injecting steroids and other IPEDs. The effects of this may not be known for some time to come – it remains to be seen whether a rise in BBVs as a result of more sharing of equipment materialises, or if alternatively the reduction in usage reflects a change in the overall usage of substances. As gyms have now reopened and at the time of this report look likely to remain open for the foreseeable future, the 2021/22 IMS report will be able to examine whether activity for the steroids and other IPEDs cohort has returned to previous levels. The effect on the psychoactive cohort may be more pronounced in the long run, and IMS will continue to monitor what reach those services have into

⁹ "Opiate and crack cocaine use: prevalence estimates by local area: Estimates of the number of opiate and crack cocaine users in local areas" (PHE, 2019) Link: <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

¹⁰ Deaths related to drug poisoning in England and Wales: 2020 registrations (ONS, 2020) Link: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

¹¹ "The impact of COVID-19 on people facing homelessness and service provision across Great Britain" (Crisis, 2020) Link: <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/the-impact-of-covid-19-on-people-facing-homelessness-and-service-provision-across-great-britain-2020/> viewed on 19th March 2021

this vulnerable community and how they might be better engaged for reducing harm and ensuring recovery is an option for those who seek it.



The Integrated Monitoring System (IMS) is a live database, which allows service providers to add or amend client activity retrospectively. For the purpose of this report, a frozen data set was extracted from the IMS database on 30th September 2021. 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 substances are older on average than people who inject IPEDs by around 12 years (Whitfield et al., 2016).
- While data shows that all types of equipment are taken by both people who inject psychoactive substances, and people who inject IPEDs, the latter group are more likely to take longer needles and larger barrels for the purposes of muscular injection (Exchange Supplies, 2017).
- People injecting IPEDs make less frequent visits to NSP services than those injecting psychoactive substances, although they sometimes take out larger volumes of equipment (McVeigh et al., 2003).

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

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

The IMS report data extract includes all consenting clients with a valid attributor, and with IMS activity recorded during the period 1st April 2020 to 31st March 2021. IMS activity includes at least one of an intervention, referral, wellbeing, syringe exchange transaction, or syringe exchange return. A valid attributor requires first and surname initials, gender, and a date of birth indicating that the client is aged between 6 and 100.

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

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