

Integrated Monitoring System Annual Report


Cheshire and Merseyside 2022/23

version 2 - includes NDTMS data match


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INTRODUCTION

This is the tenth 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 which was published in September 2023. There were 44 specialist agencies or projects within such agencies reporting to IMS, alongside 77 pharmacies, totalling 121 different providers of low threshold services across Cheshire and Merseyside.

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

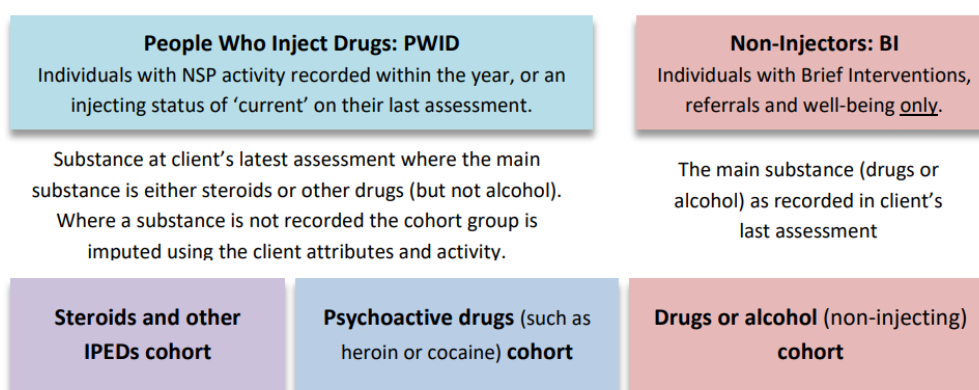


Figure 1 - The three cohorts used to describe IMS data

We will be releasing an updated version of this report in early 2024, which will include matching of the IMS data with data from the National Drug Treatment Monitoring System (NDTMS). This will allow ascertainment of the number of people presenting to IMS who are not in treatment for their drug or alcohol use. This comparison provides useful information for both commissioners and treatment services to estimate the level of unmet need for treatment in the community.

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

This report highlights key findings from 2022/23 data but the full workbook with detailed breakdown of numbers for each local authority is available via IMS.

Thank you to everyone who continues to support IMS. Cheshire and Merseyside remain one of the few areas in England able to report on NSP activity and brief interventions on an individual basis using longitudinal data, and it is only through the support of both local public health commissioners, and participating agencies and pharmacies, that this continues to be the case.

Mark Whitfield, Howard Reed, December 2023.

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



Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool
<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 11 pharmacies 	<ul style="list-style-type: none"> • WDP (3 sites) • 7 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 1 pharmacy 	<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 9 pharmacies 	<ul style="list-style-type: none"> • Action on Addiction • With You (7 sites/projects) • Community Voice • Red Umbrella • Aigburth Drive Harm Reduction Service • RISE (2 sites) • YMCA (2 sites) • WHISC Women's Health Info & Support Centre • 14 pharmacies
Sefton	St Helens	Warrington	Wirral	
<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 11 pharmacies 	<ul style="list-style-type: none"> • CGL • Salvation Army • Hope House • Footsteps • NSP Direct • 8 pharmacies 	<ul style="list-style-type: none"> • CGL - Pathways • 3 pharmacies 	<ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • YMCA • Response YP • Healthwatch Wirral • 13 pharmacies 	

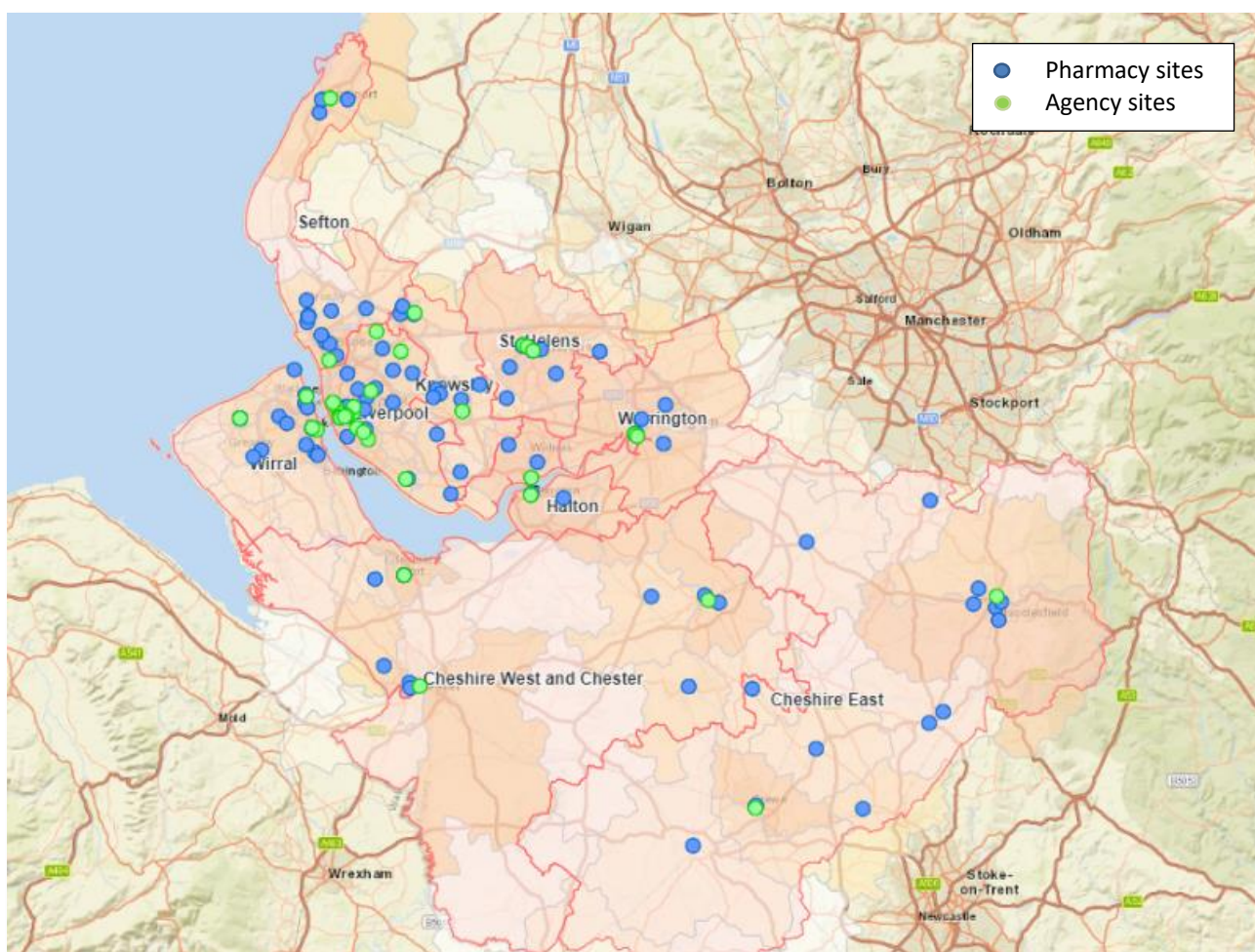


- There were 5,867 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 5,441 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside in 2022/23. These numbers represent a 15.7% decrease on the previous year for the psychoactive cohort to the lowest level of presentations since at least 2013/14, but a 13.7% increase for the IPEDs cohort, although activity has not yet recovered to pre-pandemic levels.
- People injecting psychoactive substances made up 51.9% of all presentations in 2022/23, the lowest level recorded since 2014/15.
- Liverpool has the highest number of presentations to NSP overall, and the highest rate of presentations for people who inject psychoactive substances, with a rate of 50.3 people per 10,000 population, followed by St Helens (40.5 people per 10,000) and Wirral (24.8 per 10,000).
- The number of individuals injecting psychoactive substances accessing NSP and also engaged in structured treatment for their drug or alcohol use was 27.5%, an increase of 4.4 percentage points on the previous year.
- For individuals injecting psychoactive substances accessing NSP around a third (33.0%) of females and a quarter (25.0%) of males were engaged in structured treatment, with people aged between 50-59 years most likely to be in treatment. Those aged under 30 years were least likely to be in treatment.
- Following substantial reductions in activity for both cohorts since 2019/20, the number of visits has declined by a further 18.5% for the psychoactive cohort. However, there was a 12.5% increase on the previous year for visits for the steroids and other IPEDs cohort.
- None of the nine local authority areas within Cheshire and Merseyside distributed over the WHO recommended guidelines of 200 needles for individuals injecting psychoactive substances. The average across the region was 135 needles being distributed per individual across the year, a decline of 37% from 2018-2020 when the sub-region exceeded the threshold. Cheshire East had the highest coverage with 197 needles per individual.
- In total, 109 individuals used the NSP Direct online ordering service for clean equipment from six of the nine local authority areas across Cheshire and Merseyside during 2022/23, an overall small increase of 7.9% on the previous year, and distributing 71,852 needles.
- People who inject steroids and other IPEDs are more likely to access agency-based NSP services (47.8%) than people who inject psychoactive substances (30.3%), although there has been a substantive increase in the use of agency based services from the latter cohort. For pharmacy-based services, people who inject psychoactive substances are more likely to access a pharmacy NSP service (78.0%), compared to 53.5% of people who inject steroids or other IPEDs.
- The proportion of individuals presenting to NSP using psychoactive substances who are aged 40 years or over has more than doubled over the last decade from 31.5% in 2007/18 to 72.0% in 2022/23, the highest proportion recorded to date.
- Over nine in ten individuals (91.1%) in the psychoactive injecting cohort identify the use of heroin. Just under a fifth (18.4%) of people using NSP state that they use crack cocaine, with around a third of this cohort in some areas such as Knowsley identifying crack cocaine use. This is the highest level recorded to date. Powder cocaine, methadone and cannabis were all identified by less than 3% of presentations across Cheshire and Merseyside, although Halton and Warrington had around 10% of presentations identifying the use of powder cocaine, and Halton having 18.3% of presentations identifying the use of cannabis.
- Around two in five (37.6%) individuals receiving brief interventions only (non-injectors within the IMS dataset) identify the use of alcohol. Around one in seven (15.3%) are using heroin, followed by 12.4% using powder cocaine, and 12.1% using cannabis.
- There were just under 77,000 interventions delivered during 2022/23, an 18.5% decrease on the previous year, including Harm reduction: safer drug use or injecting advice, health and wellbeing, and creative sessions.

A variety of service types across Cheshire and Merseyside report to IMS. Although data reported by pharmacies relate primarily to Needle and Syringe Programme (NSP) activity, the agency-based sites provide a range of services alongside NSP provision that report to IMS, including recovery support, 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, via the PharmOutcomes system. 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. Although for NSP, the majority of activity is through pharmacies, and for Knowsley, St Helens, and Wirral the number of pharmacies offering NSP was unchanged since 2021/22, for all other areas there are fewer pharmacies reporting compared to the previous year.

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.ljmu.ac.uk/annual>

Data tables which include the detailed breakdown of all IMS activity for 2022-23 across the Cheshire and Merseyside area are included in the IMS Annual Report 2022-23 Data Tables document.

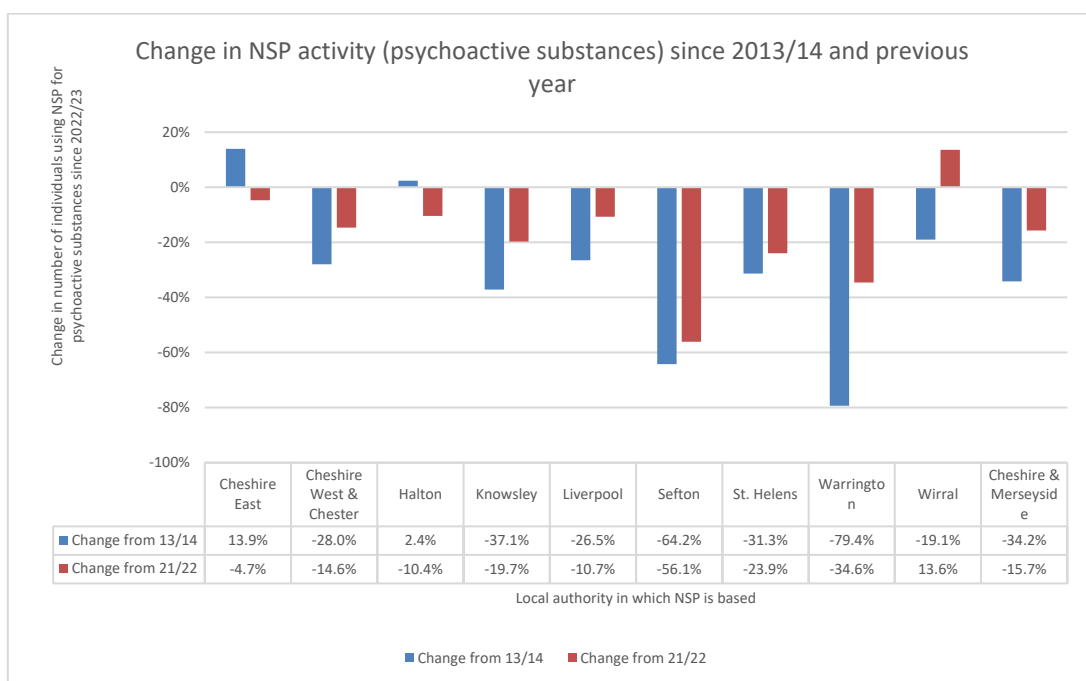
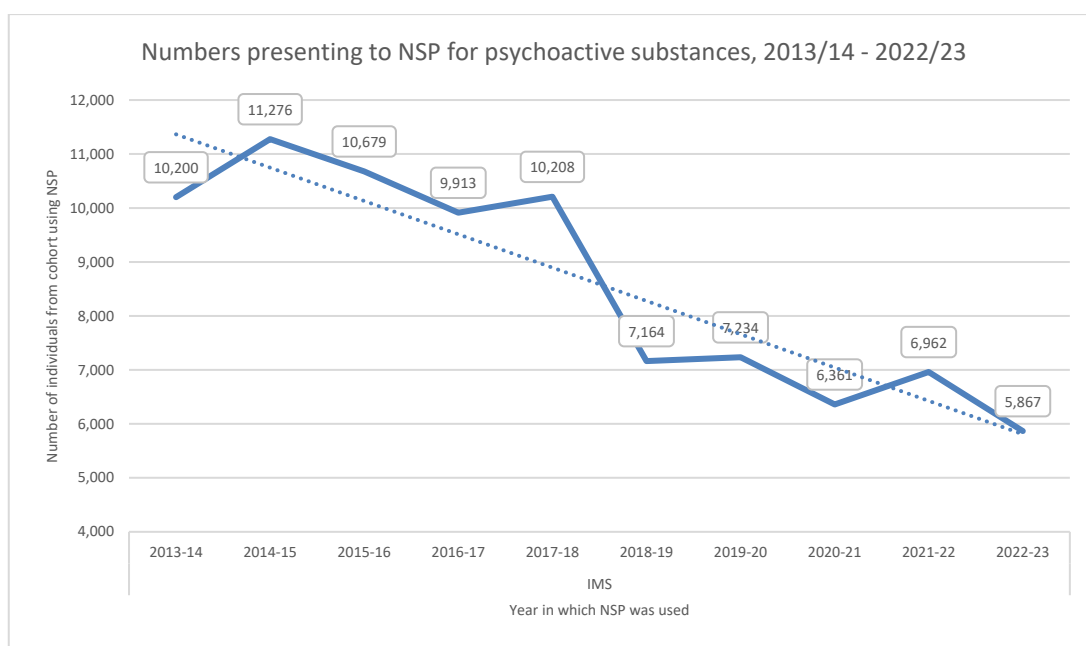


IMS reporting services across Cheshire and Merseyside, 2022/23

MAIN FINDINGS

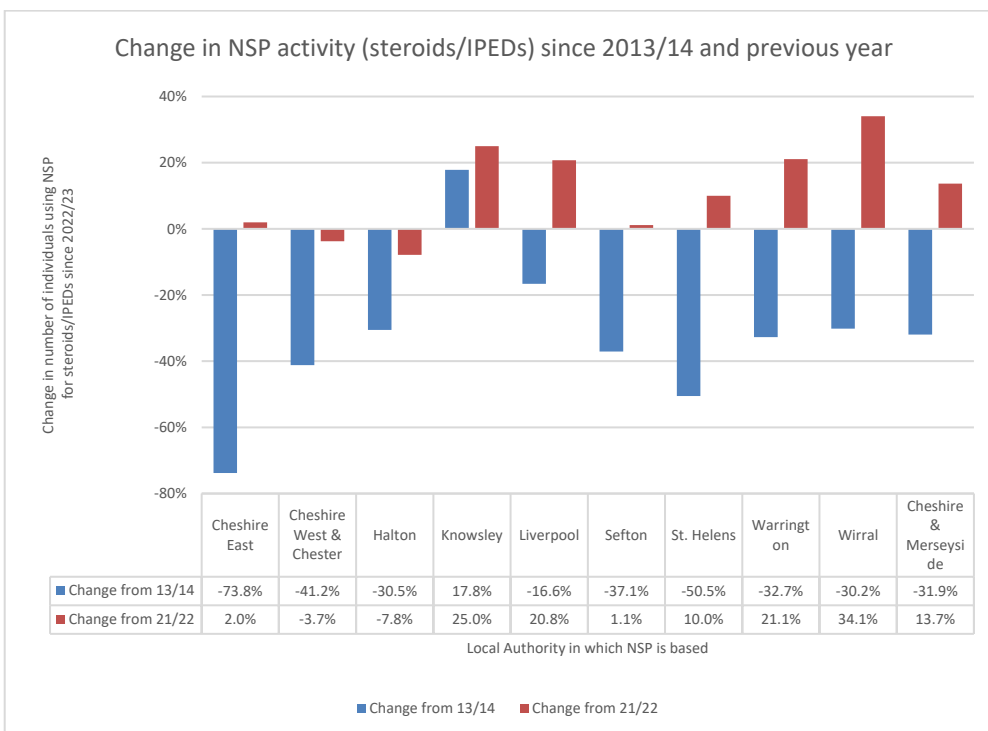
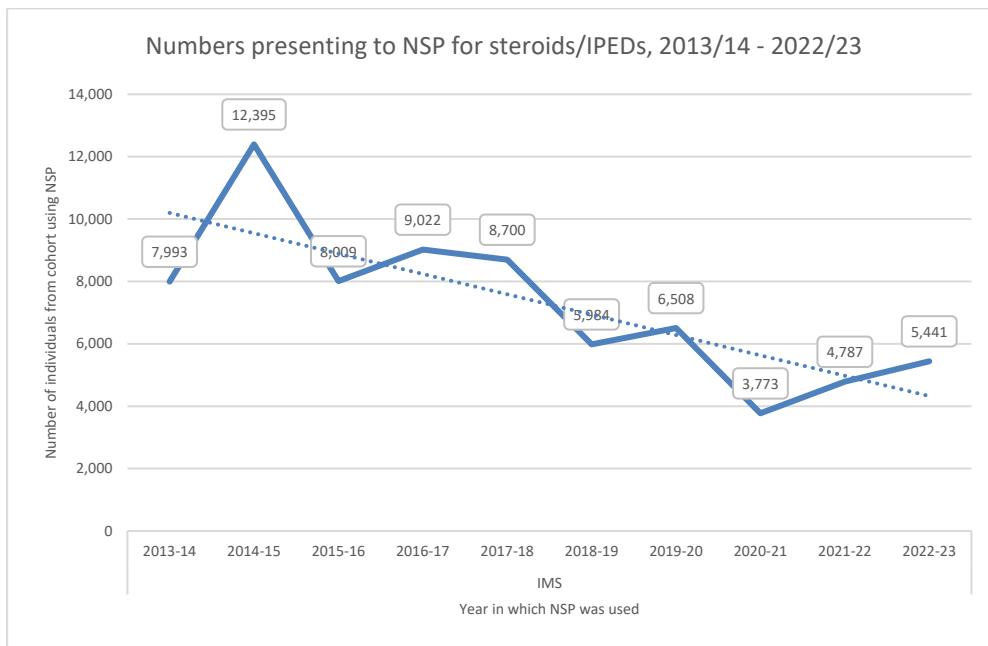
1: THE NUMBER OF PEOPLE WHO INJECT PSYCHOACTIVE SUBSTANCES PRESENTING DECREASED TO ITS LOWEST LEVEL IN 9 YEARS

Following an increase in NSP activity during 2021-22 after a dip in the first year of the COVID-19 pandemic, the number of people in 2022/23 presenting to NSP services for psychoactive substances such as heroin and crack cocaine has decreased to its lowest level since reporting on this cohort began, by 15.7% from the previous year. At a local authority level, all areas with the exception of Wirral experienced a decrease, ranging from a drop of 4.7% in Cheshire East to a decrease of 56.1% in Sefton. Wirral was the only area which saw an increase in numbers of 13.6% from 2021/22. Compared to 9 years ago, all areas experienced more substantial decreases of between 19.1% for Wirral to 79.4% for Warrington, with the exception of Cheshire East (+13.9% since 2013/14) and Halton (+2.4% since 2013/14).



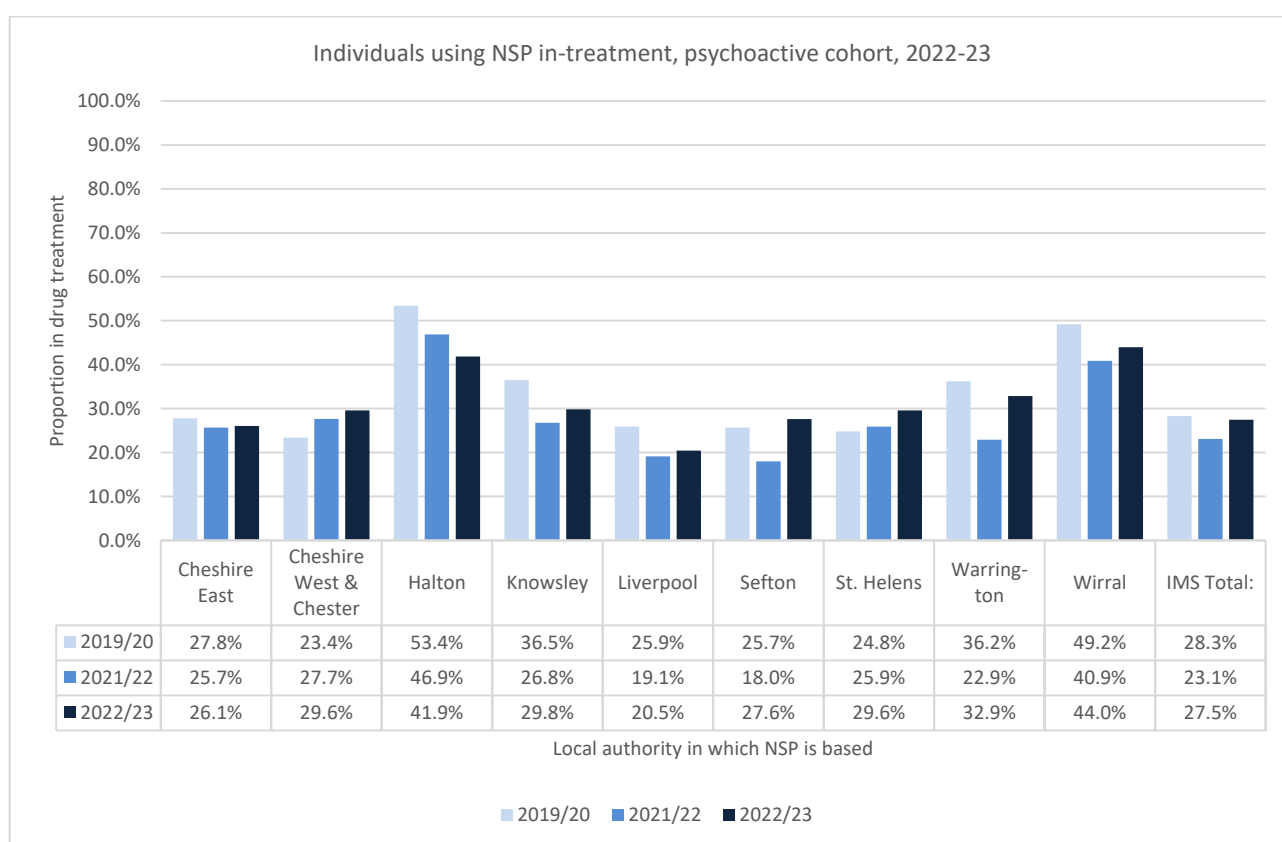
2: THE NUMBER OF PEOPLE WHO INJECT STEROIDS PRESENTING TO NSP HAS CONTINUED TO INCREASE

Following a steep reduction in the number of individuals attending NSP for steroids and other IPEDs during the first year of the pandemic, activity increased by just over a quarter (26.9%) in 2021/22 and has continued to increase in 2022/23 by a further 13.7%. Numbers are still lower than those seen in 2019-20 pre-pandemic but are now at 83.6% of this level. Presentations increased on the previous year across seven of the nine local authorities ranging from a 1.1% increase in Sefton to a 34.1% increase in Wirral. Two local authorities experienced small decreases of between -3.7% (Cheshire West & Chester) and Halton (-7.8%). However, all areas with the exception of Knowsley (+17.8%) had fewer individuals attending NSP for steroids and other IPEDs compared to 2013/14, ranging from a decline of 16.6% in Liverpool to 73.8% in Cheshire East.



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

Each year OHID² match IMS data for individuals using NSP across Cheshire and Merseyside with NDTMS data for those individuals in structured treatment for their drug or alcohol use. During 2022/23, the number of individuals injecting psychoactive substances accessing NSP and whose attributors suggested were also engaged in structured treatment for their drug or alcohol use was 27.5%, an increase of 4.4 percentage points on the 2021/22 analysis where this figure was 23.1% but a similar figure to 2019/20 where it was 28%.³ The area with the lowest treatment penetration was Liverpool which had 20.5% of this cohort in treatment, while Wirral and Halton again had the highest proportion (44% and 41.9% respectively) accessing both NSP and in-treatment. All areas except Halton had increases in the proportions using NSP for psychoactive substances in treatment, with Warrington having the largest increase of 10 percentage points, and Sefton's figure increasing by 9.6 percentage points. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 1% and 5% for all local authority areas.



² Office for Health Improvement and Disparities (OHID) part of the Department of Health and Social Care.

³ Because of the move from PHE to OHID and disruption due to the Covid-19 pandemic, data was not matched for the 2020/21 period.

4: FEMALE AND OLDER INDIVIDUALS USING NSP WHO INJECT PSYCHOACTIVE DRUGS ARE MORE LIKELY TO BE IN TREATMENT

Females who access NSP and who inject psychoactive drugs such as heroin or crack cocaine are more likely to be in treatment than males. Amongst female clients accessing NSP and injecting psychoactive drugs a third (33%) are also in treatment, compared to a quarter (25%) for male clients. Both females and males are more likely to be in treatment than the previous year, although there has been a more substantial increase for males using NSP (+16.1%) than females (+7.0%).

With the exception of those aged 60 years and over, the older you are, the more likely you are to be in treatment, with just under a third (31.0%) aged between 50-59 years being in treatment compared to less than one in five (18.5%) individuals aged under 30 years being in treatment. However, while there was a year on year increase in proportions in treatment for all age groups, for those aged under 30 years, this increased by 31.5% from 2021/22 and for those aged 60 years and over, the increase was 29.4%.

Gender of individuals (NSP psychoactive cohort) in treatment

Proportion of females who use NSP for psychoactive substances and in-treatment

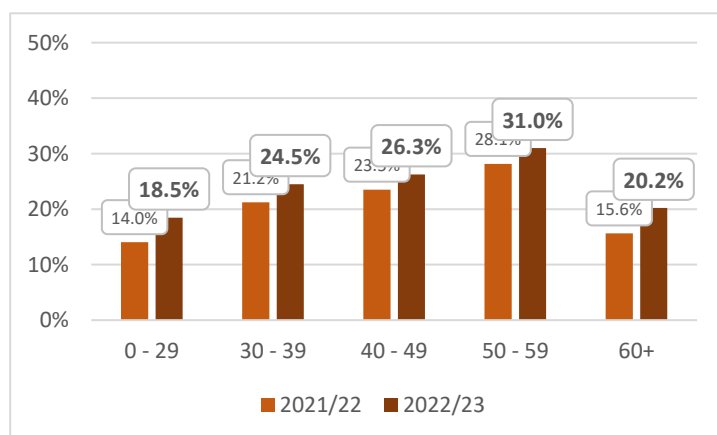
33.0%



Proportion of males who use NSP for psychoactive substances and in-treatment

25.0%

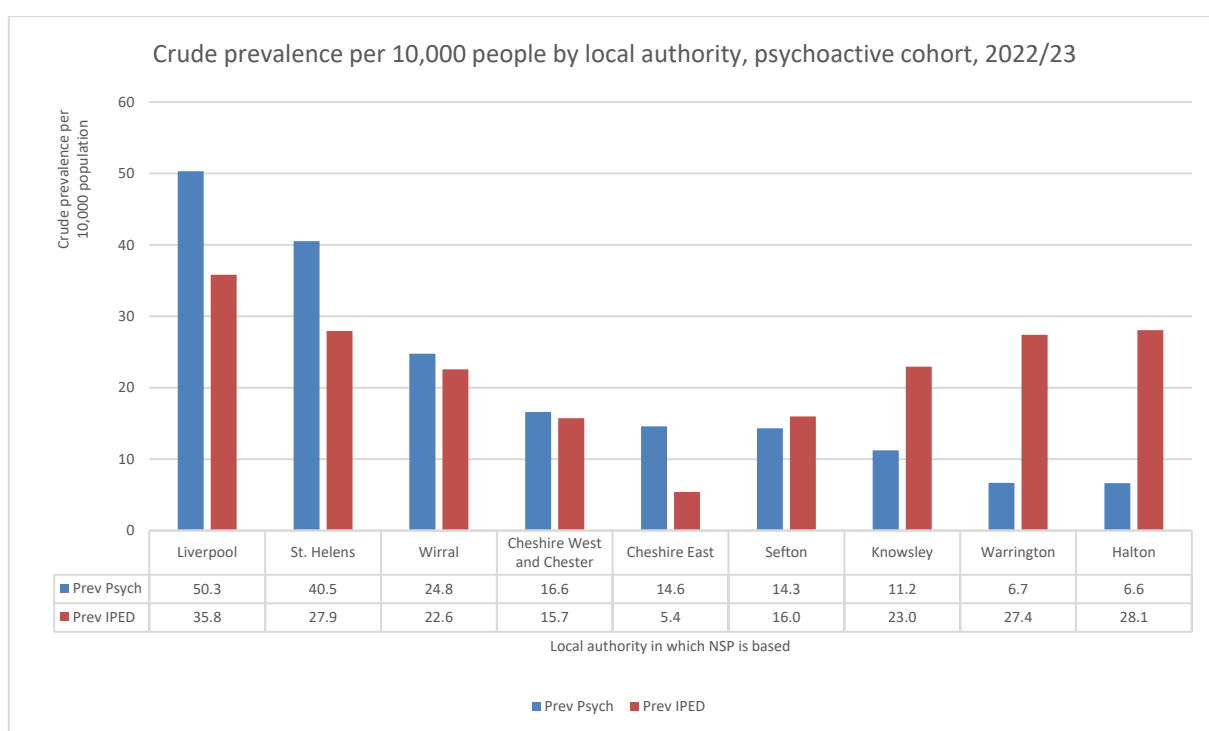
Age group of individuals (NSP psychoactive cohort) in treatment



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

Liverpool remains the area with the largest number of individuals presenting to NSP for psychoactive substances both overall (2,518 individuals) and once population size is taken into account (50.3 individuals per 10,000 population), followed by St. Helens (40.5 individuals per 10,000 population, down from 53.3 individuals per 100,000 population) and Wirral (24.8 individuals per 10,000 population, up from 23.8 individuals per 100,000 population). Halton again has the lowest overall prevalence of presentations for people who inject psychoactive substances, with 86 individuals in total using NSP or 6.6 per 10,000 people.

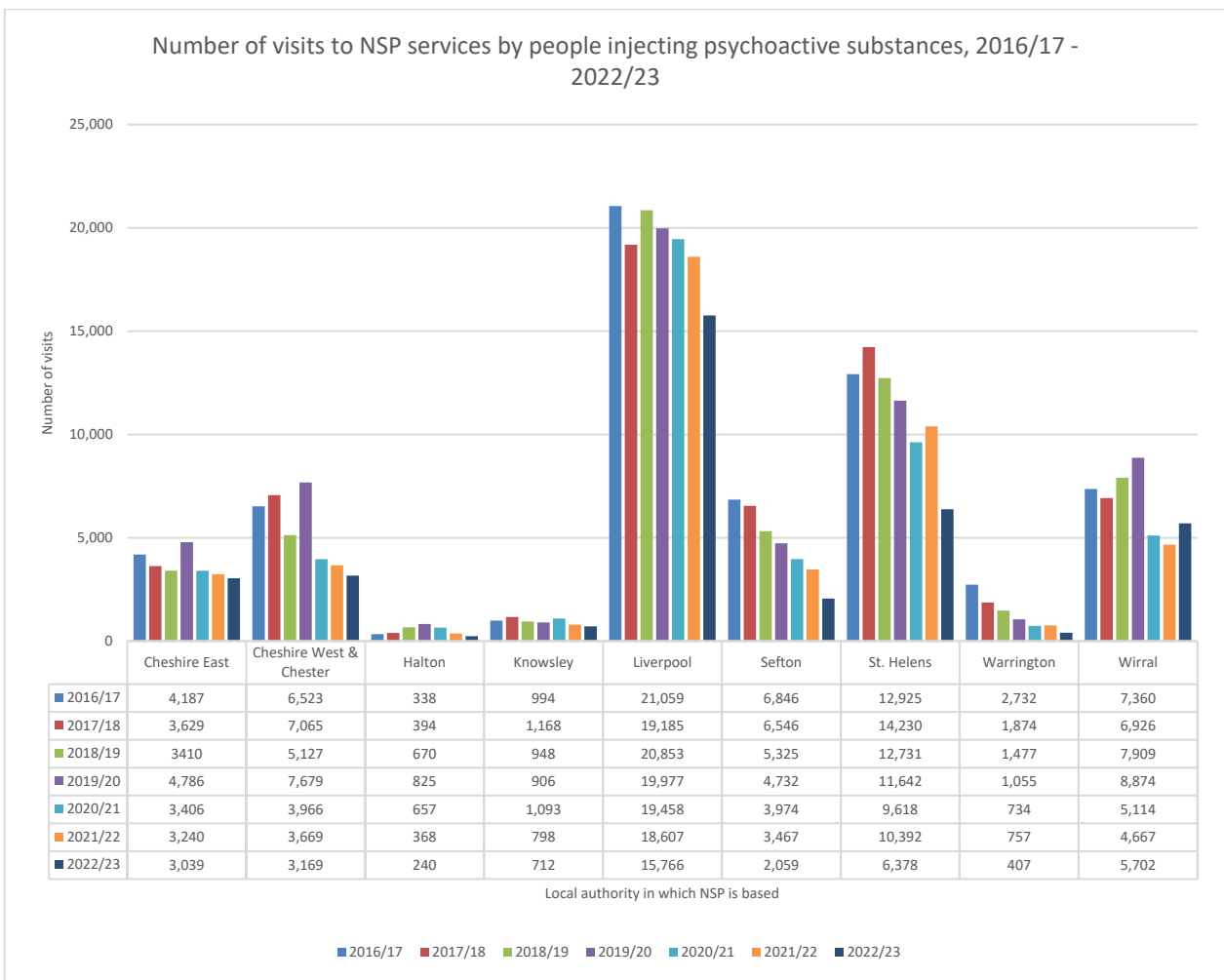
Liverpool has the highest level of presentations for people who inject steroids or other IPEDs (35.8 people per 10,000 population up from 29.7 individuals per 10,000 population), followed by Halton (28.1 per 10,000 population, down from 30.4 per 10,000 population) and St. Helens (27.9 per 10,000 population, down from 32.7 per 10,000 population). Cheshire East has the lowest prevalence for this cohort of 5.4 individuals per 10,000 population.



6: THE NUMBER OF VISITS TO NSP SERVICES DECLINED FOR THE PSYCHOACTIVE COHORT BUT INCREASED FOR THE IPED COHORT


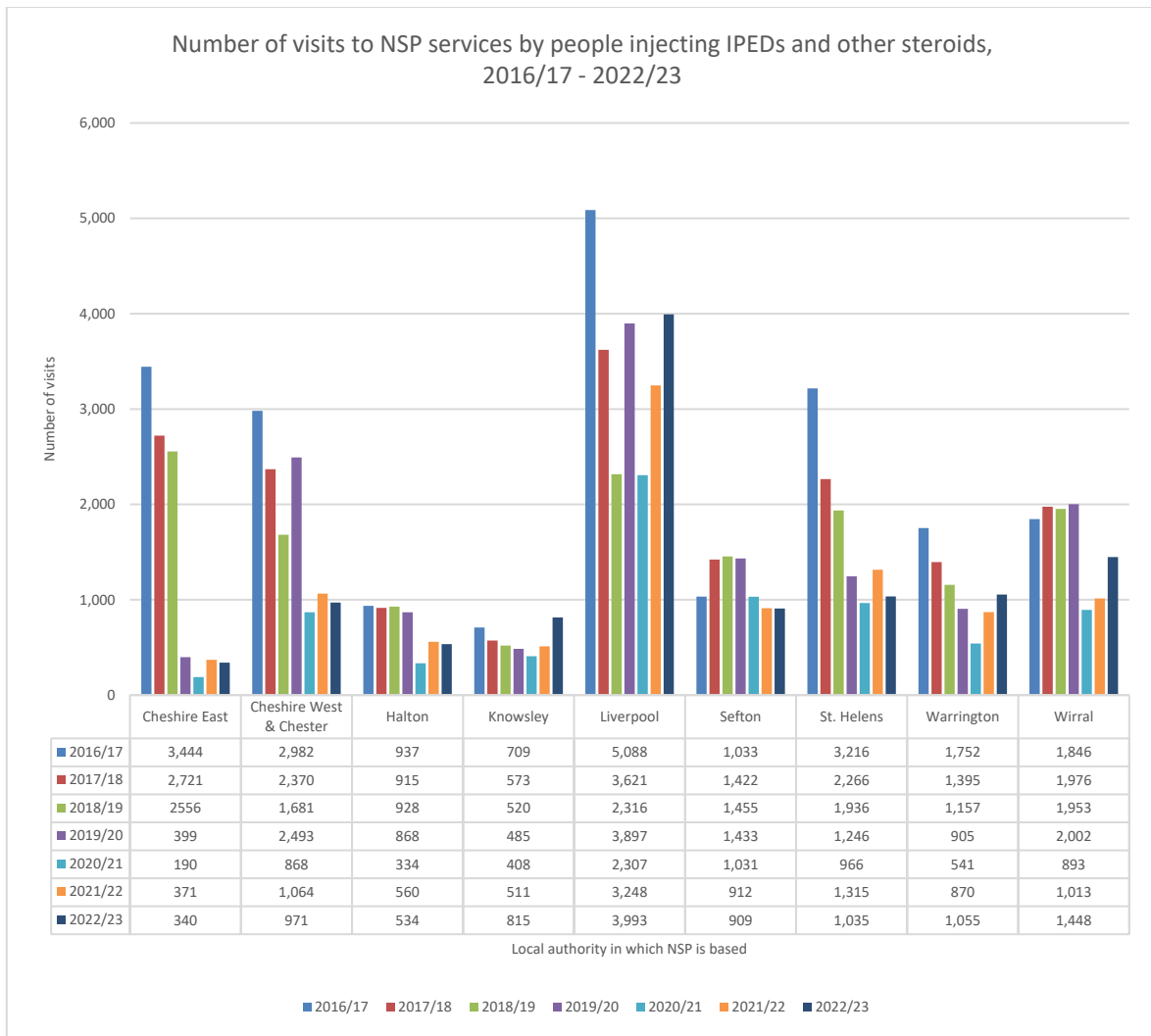
Following substantial reductions in activity for the psychoactive cohort in the first year of the pandemic 2020/21, and a smaller decrease the following year, activity has declined further with a year on year decrease in NSP activity measured by visits of 18.5%. Activity is now at 62.0% of pre-pandemic levels, The area with the largest decline in the number of visits when compared to 2021/22 were Warrington (-46.2%) and Sefton (-40.6%). Wirral was the only area which saw an increase in activity for this cohort of 22.2%.

Decrease in visits for psychoactive cohort since 2021/22: **18.5%**



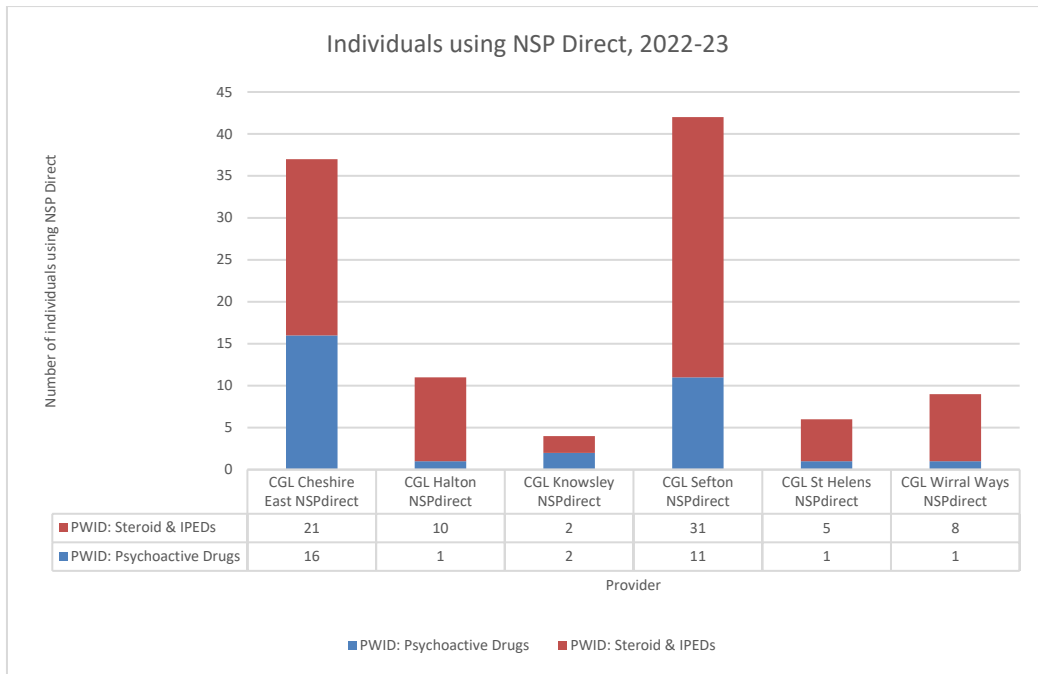
The number of visits for the steroids and other IPEDs cohort continued to increase year on year. This represents a 12.5% increase since 2021/22 and 47.3% increase since 2020/21, with activity now at 80.9% of pre-pandemic levels. Four of the nine local authority areas experienced an increase in activity for this cohort since 2021/22 of between +21.3% (Warrington) and +59.5% (Knowsley). However, remaining areas experienced decreases ranging from a 4.6% decrease for Halton to a 21.3% decrease for St. Helens.

Increase in visits for IPED cohort since 2021/22: **12.5%**

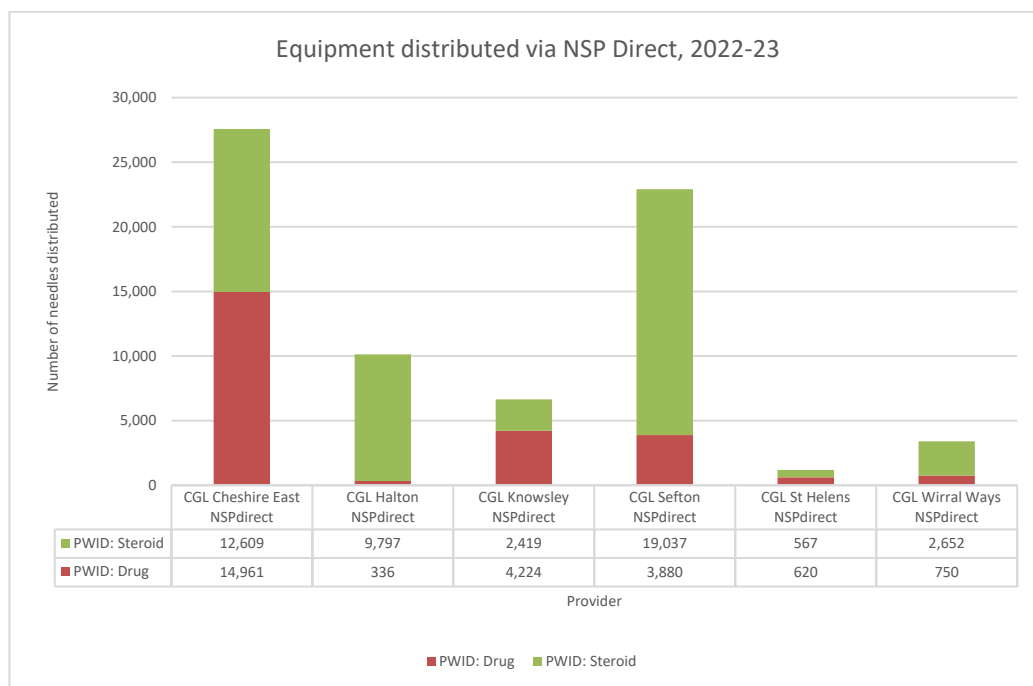



7: USE OF NSP DIRECT ROSE SLIGHTLY BUT REMAINS LIMITED

In total, 109 individuals used the NSP Direct online ordering service for clean equipment from six of the nine local authority areas across Cheshire and Merseyside during 2022/23, with Sefton (42 people) and Cheshire East (37 people) having the greatest take up of the service. This represents an overall increase of 7.9% on the previous year.

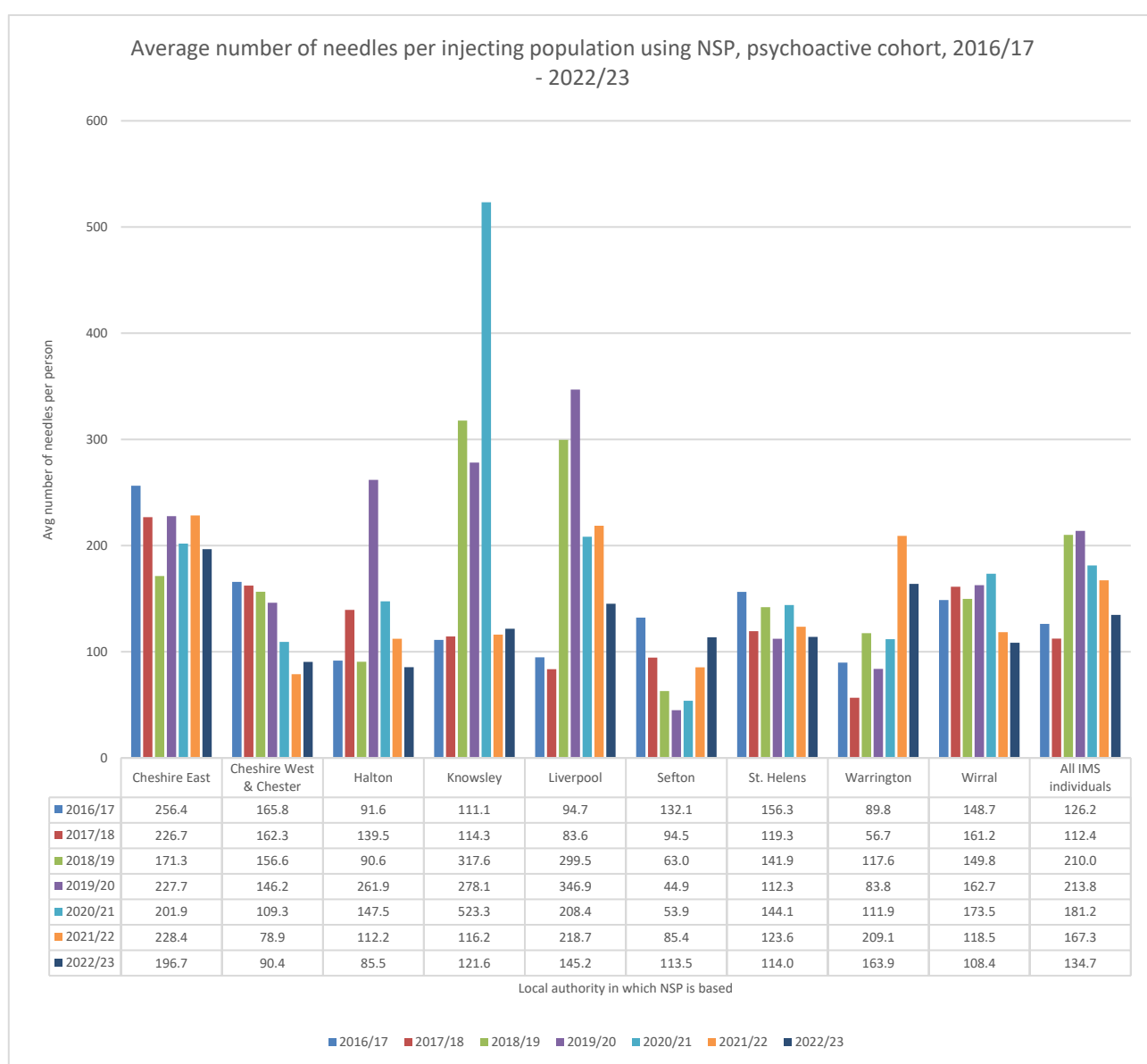


However 71,852 needles were distributed using this service over the course of 335 separate orders, a slight decrease of 4.7% on the previous year. The area which had the highest increase in equipment distributed was Sefton which sent out 36.3% more equipment than the previous year.



8: THE AVERAGE NUMBER OF NEEDLES DISTRIBUTED PER INDIVIDUAL HAS FALLEN AGAIN FOR CHESHIRE AND MERSEYSIDE

The World Health Organization (WHO) recommend a minimum of 200 clean needles per person per year, increasing to 300 by the end of the decade, and in 2022/23, none of the nine local authority areas within Cheshire and Merseyside achieved this for individuals injecting psychoactive substances, with an average across the region of 135 needles being distributed per individual across the year. This is a decrease of 19.2% on the 167 needles per individual per annum recorded in 2021-22 and is 37.0% lower than the level in 2018-20 when across Cheshire and Merseyside for a two year period the sub-region exceeded the threshold. However, three areas (Cheshire West and Chester, Knowsley and Sefton) had an increase in coverage from the previous year of between 4.7% and 33.0%.⁴ Halton had the lowest overall coverage (85.5 needles per individual), and Cheshire East the highest (196.7 needles per individual).

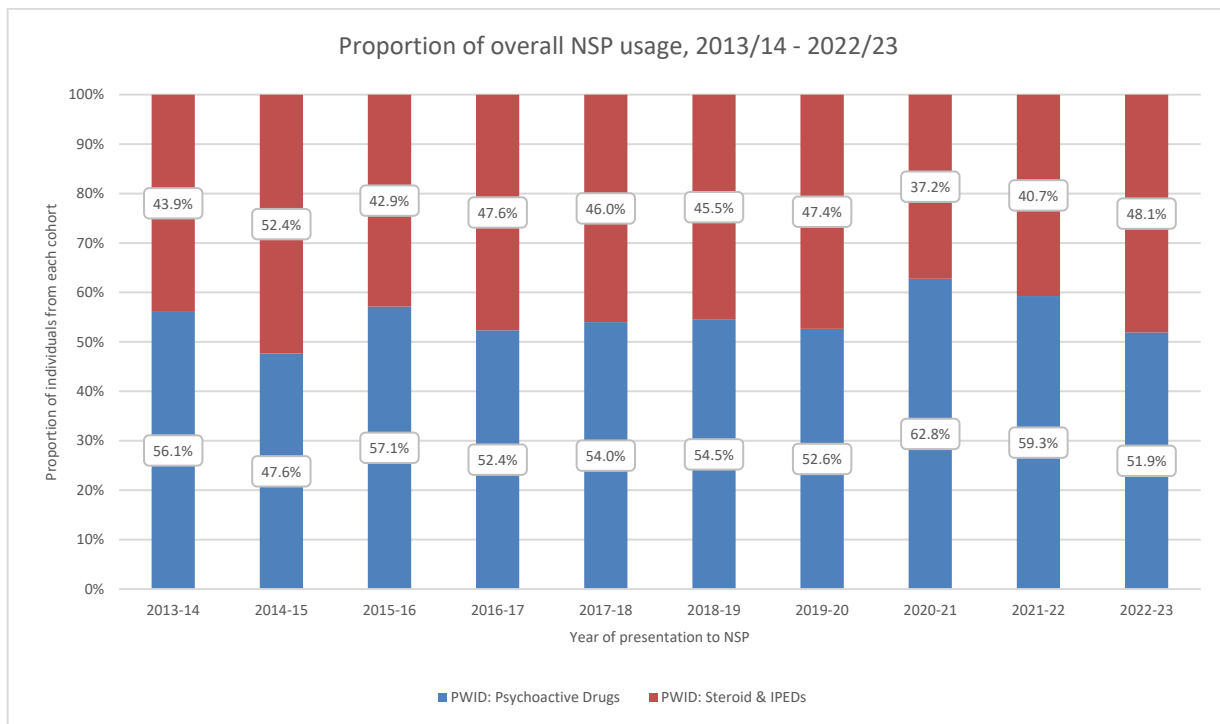


⁴ Data on equipment distributed should be compared with some caution, as its recording is sometimes erratic from month to month. We are exploring with pharmacies in particular the reasons for this.

9: PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES MAKE UP THE SMALLEST SHARE OF OVERALL PRESENTATIONS SINCE 2015/16

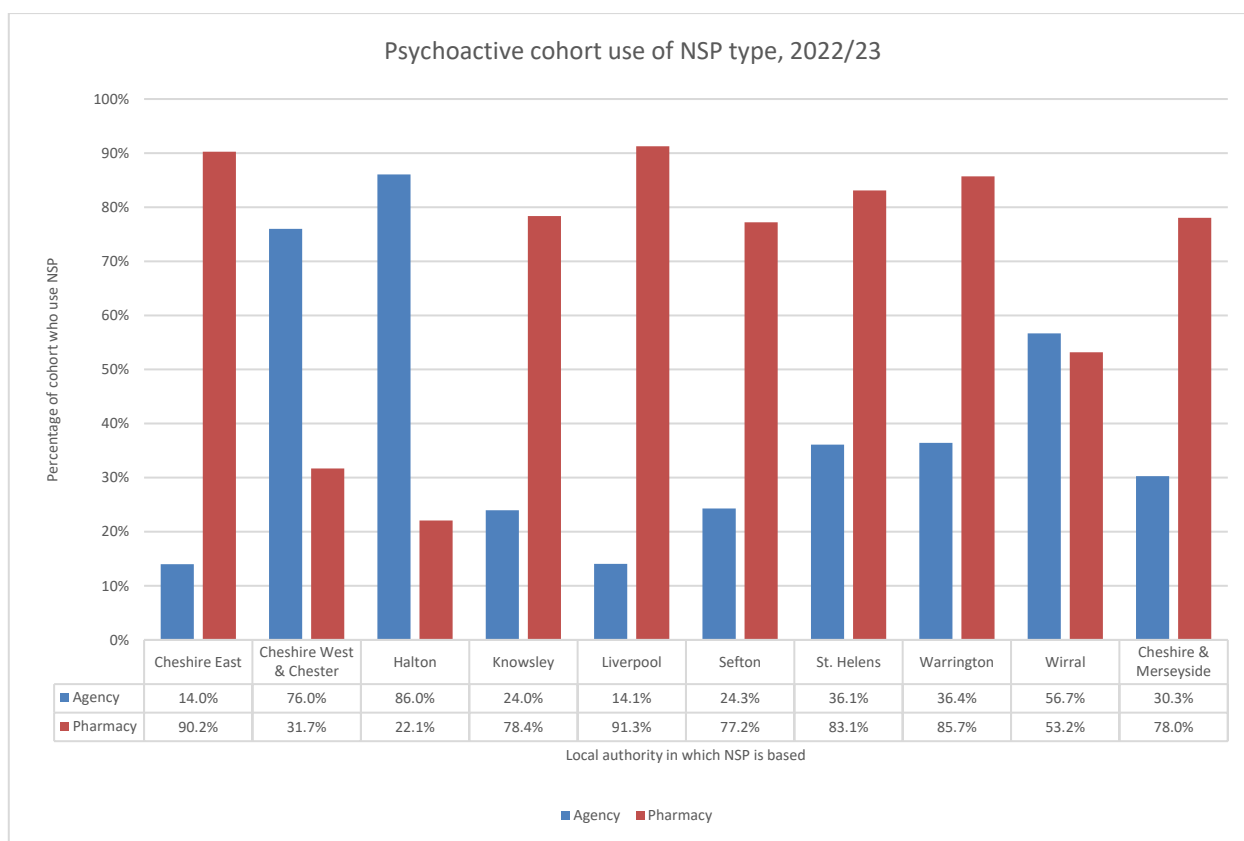
Since 2007/08, people injecting psychoactive substances have made up a majority of NSP presentations with the exception of one year (2014/15). There was a sharp rise in the proportion from the psychoactive cohort in 2020/21 to around 63% of the total, reflecting the more substantial reduction in use by people injecting steroids and other IPEDs during that year, which was largely maintained the following year. The proportion using NSP for the purposes of steroids and other IPEDs increased substantially from 40.7% in 2021/22 to 48.1% in 2022/23. This is a return to similar levels to those prior to the pandemic.

Proportion of IPED cohort for overall presentations:
48.1%



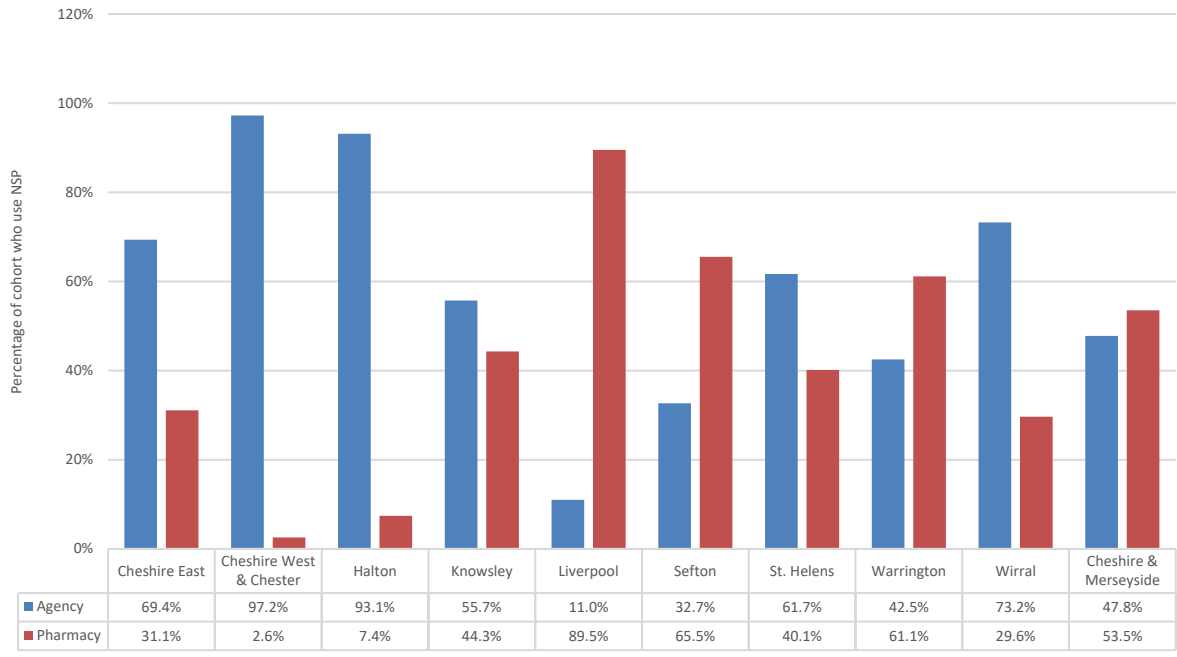
10: PEOPLE WHO INJECT STEROID AND OTHER IPEDS ARE MORE LIKELY TO USE AGENCY-BASED NSP PROVISION THAN THOSE INJECTING PSYCHOACTIVE SUBSTANCES

More people used pharmacy based NSP than agency based NSP across Cheshire and Merseyside; in 2022/23, 4,376 individuals used agency-based services compared to 7,490 using pharmacy-based services. This represents an increase of 14.9% in agency presentations from the previous year as opposed to a 13.2% decrease in pharmacy presentations. It remains the case that proportionally people who inject steroids and other IPEDs are more likely to access agency-based NSP services (47.8%) than people who inject psychoactive substances (30.3%), although there has been a substantial rise for the latter cohort from 2021/22 where only 22.4% of individuals who inject psychoactive substances made use of agency-based services. For pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (78.0%), compared to 53.5% of people who inject steroids or other IPEDs. Exceptions to this include Wirral where the psychoactive cohort are broadly as likely to use agency-based sites as pharmacy, and Halton and Cheshire West & Chester where this cohort are more likely to use agency-based sites.⁵



⁵ Please note that individuals can use both agency and pharmacy-based sites over the course of a year. Percentages are of the number of individuals not contacts; therefore, percentages may not add up to 100%.

IPED cohort use of NSP type, 2022/23

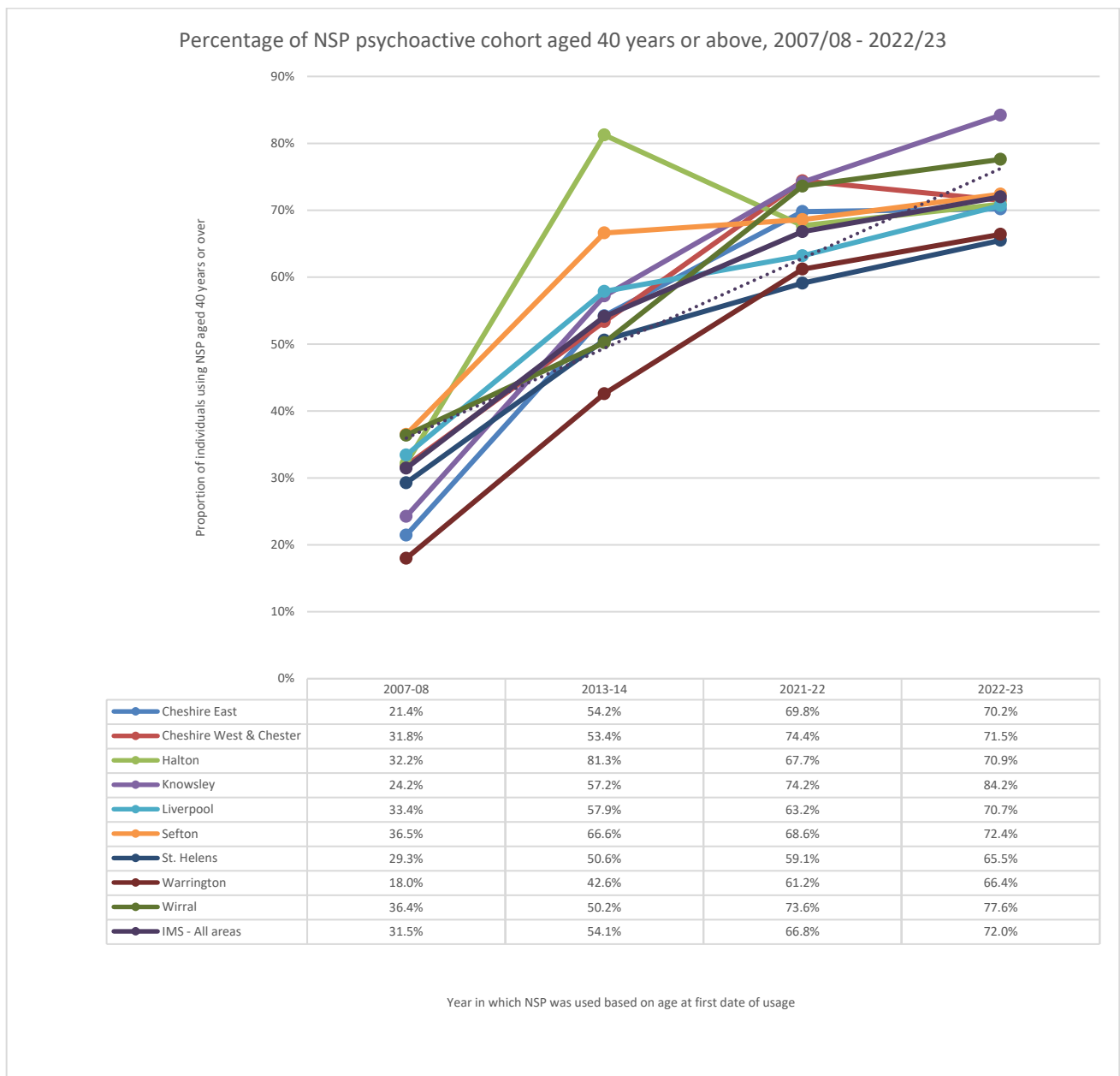


Local authority in which NSP is based

■ Agency ■ Pharmacy

11: OVER SEVEN IN TEN PEOPLE ACCESSING NSP FOR PSYCHOACTIVE SUBSTANCES ARE AGED 40 YEARS OR ABOVE

The proportion of individuals presenting to NSP injecting psychoactive substances that were aged 40 years or over has more than doubled over the last 13 years, from 31.5% in 2007/08 to 66.8% in 2021/22, and rose again in 2022/23 to the highest proportion ever recorded at 72.0%. St Helens again has the youngest cohort, with 34.5% of individuals being aged under 40 years (down from 40.9% in 2021/22), while Knowsley again has the oldest cohort, with 84.2% of individuals being aged 40 years or over, an increase from 74.2% in 2021/22. Males accessing NSP services continue to be on average older than females, with 74.3% of the male psychoactive NSP cohort being aged 40 years or over (an increase from 68.5% in 2021/22) compared to 61.6% (up from 57.9% in 2021/22) of the female psychoactive NSP cohort.



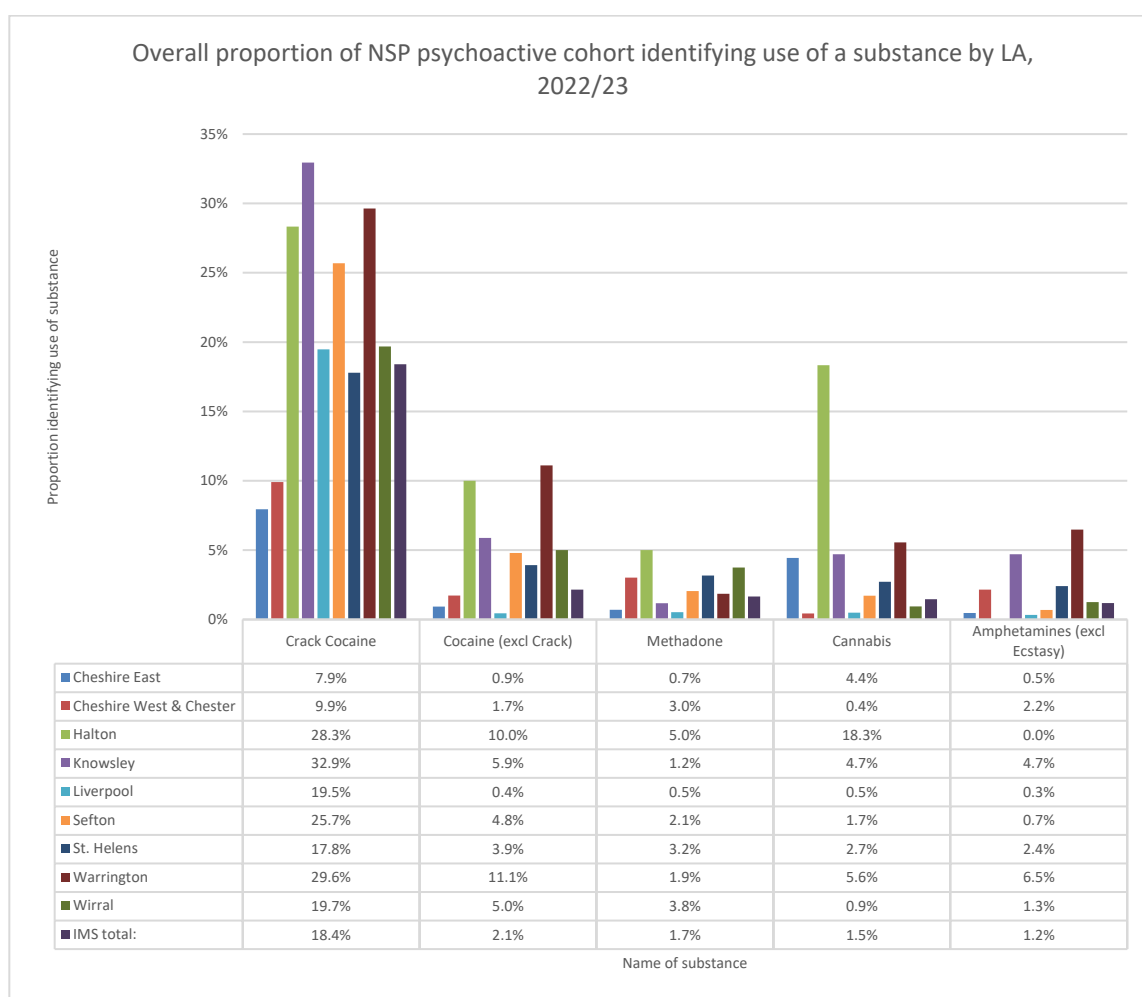
12: A CLEAR MAJORITY OF PEOPLE WHO INJECT PSYCHOACTIVE SUBSTANCES ACROSS CHESHIRE AND MERSEYSIDE ARE INJECTING HEROIN

Around nine in ten individuals (91.1%) who inject psychoactive substances identify the use of heroin, ranging from 72.4% in Cheshire West & Chester to 97.4% in Cheshire East. Knowsley had the highest proportion of this cohort identifying use of crack cocaine (32.9%), while Warrington and Halton both had around 10% of individuals identifying use of powder cocaine. Halton had the highest levels of cannabis use (18.3%), while Knowsley and Warrington had 4.7% and 6.5% of individuals respectively using amphetamines which was considerably more than other local authority areas.⁶



Proportion of NSP presentations using heroin from psychoactive cohort, 2022-23

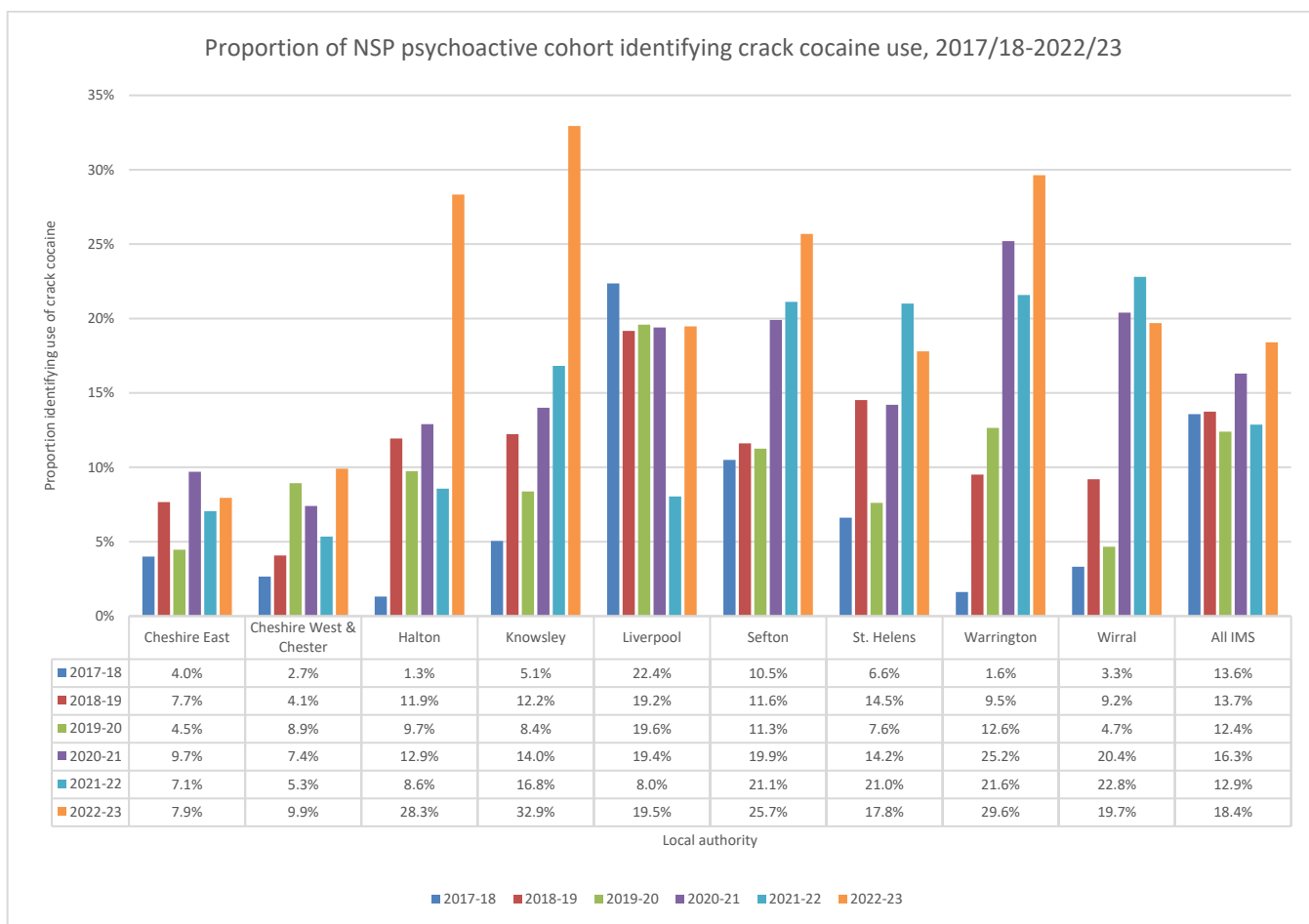
	CHESHIRE EAST	LIVERPOOL	SEFTON	WIRRAL	ST. HELENS	HALTON	KNOWSLY	WARRINGTON	CHESHIRE WEST & CHESTER	IMS TOTAL:
Proportion of NSP presentations using heroin	97.4%	94.9%	91.4%	90.5%	83.5%	83.3%	81.2%	73.1%	72.4%	91.1%



⁶ The data for St Helens has been recalculated for this report due to noted recording issues by pharmacies, which affects the overall sub-regional totals slightly, and accordingly some figures in this data will not match the respective tables in the IMS 2022-23 data tables report.

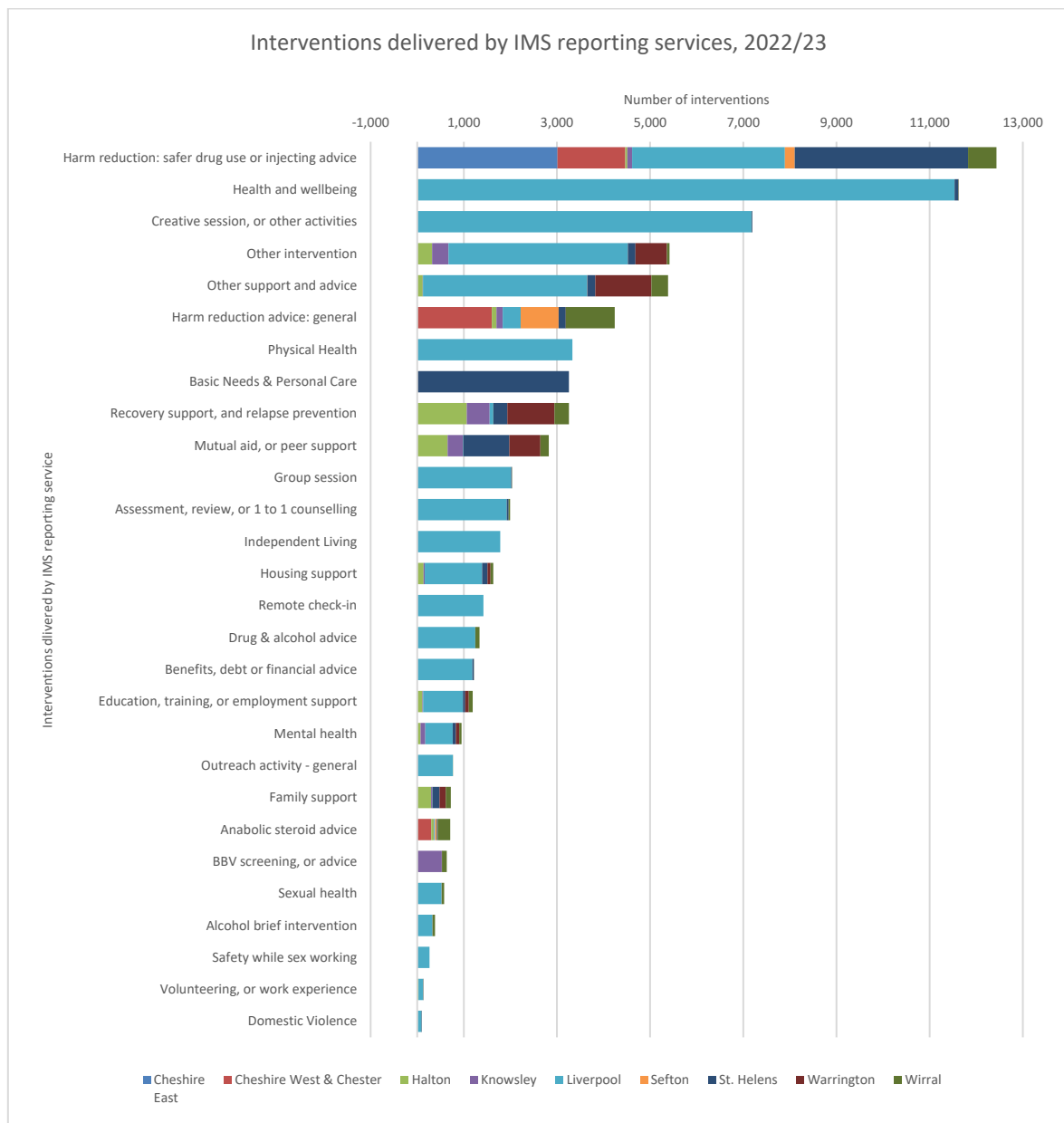
13: USE OF CRACK COCAINE IS AT ITS HIGHEST LEVEL IN RECENT YEARS

Just under one in five (18.4%) people using NSP in 2022/23 state that they use crack cocaine, an increase from the previous year’s figure of 12.9% and the highest levels recorded since at least 2017/18, but a not dissimilar figure to 2020/21 where the proportion was 16.3%. There is substantial variation in crack cocaine use, from 7.9% of the psychoactive NSP cohort in Cheshire East to 32.9% in Knowsley, which recorded only 5.1% in 2017/18. The largest increases were in Halton which had only 1.3% of individuals using crack cocaine in 2017/18 but 28.3% in 2022/23, and Warrington which had only 1.6% of individuals using crack cocaine in 2017/18 but 29.6% in 2022/23. St Helens and Wirral were the only areas to see slight decreases in the use of crack cocaine in 2022/23 compared the previous year.

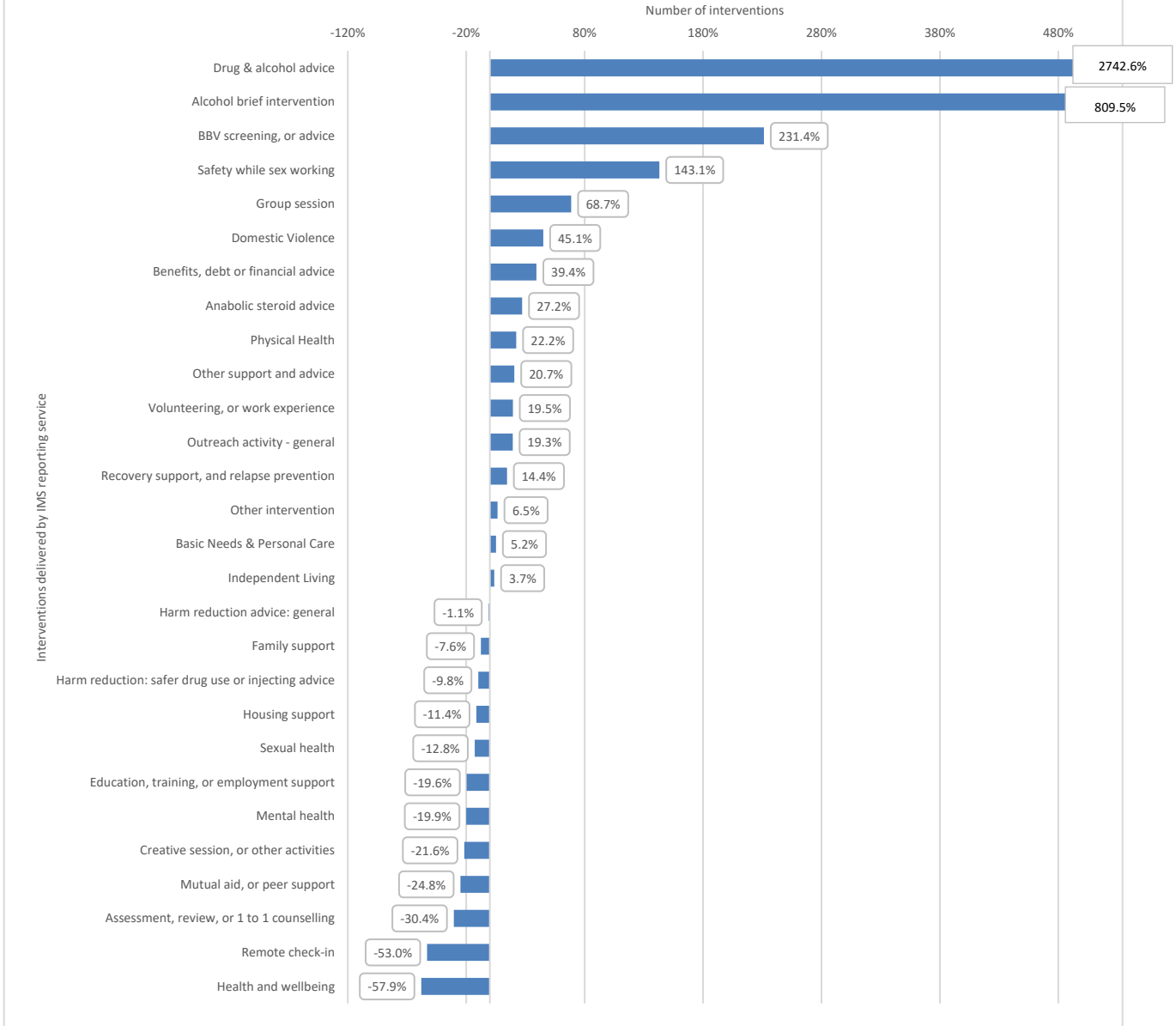


14: OVER 76,000 INTERVENTIONS OUTSIDE OF NSP WERE RECORDED BY IMS IN 2022-23

While IMS primarily records NSP activity, it also records delivery of a range of other interventions provided to people accessing NSP and also 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 76,912 interventions being delivered during 2022/23, an 18.5% decrease on the 94,389 interventions delivered in the previous year. The main interventions delivered were related to harm reduction: safer drug use or injecting advice (12,434 interventions delivered across multiple areas), health and wellbeing (11,624 interventions delivered primarily by Liverpool) and creative sessions (7,193 interventions delivered primarily by Liverpool). The largest increases in intervention types delivered were for drug and alcohol advice (+2742.6%), alcohol brief interventions (+809.5%) and BBV screening or advice (+231.4%), when compared to the previous year.



Change in interventions delivered by IMS reporting services between 2021/22 and 2022/23



* where over 100 interventions delivered

15: A PLURALITY OF PEOPLE RECEIVING BRIEF INTERVENTIONS AND WHO DO NOT REPORT CURRENT INJECTING, IDENTIFY ALCOHOL AS THEIR PRIMARY SUBSTANCE

Around two in five (37.6%) individuals receiving brief interventions only (the cohort of non-injectors within the IMS dataset) identify the use of alcohol, reflecting the historic role of brief intervention provision for this group. This is a reduction from 53.7% in 2021/22. Around one in seven (15.3%) receiving brief interventions only are using heroin (24.3% in 2021/22), followed by 12.4% using powder cocaine (18.1% in 2021/22), and 12.1% using cannabis (16.5% in 2021/22). Five per cent of individuals received brief interventions relating to substance use but did not identify any recent substance use.

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS total:
Heroin	100.0%	27.8%	31.9%	12.5%	4.8%	11.1%	13.6%	36.3%	7.7%	15.3%
Methadone	0.0%	0.0%	4.9%	2.3%	0.7%	0.0%	2.1%	4.1%	0.2%	2.1%
Other Opiates	0.0%	0.0%	6.3%	3.4%	0.7%	11.1%	3.1%	9.5%	1.0%	3.3%
Benzodiazepines	0.0%	0.0%	3.2%	1.0%	0.2%	0.0%	2.6%	4.7%	0.2%	1.6%
Amphetamines (excl Ecstasy)	0.0%	0.0%	1.5%	1.0%	0.3%	0.0%	2.8%	1.1%	0.8%	1.1%
Cocaine (excl Crack)	0.0%	0.0%	15.5%	33.1%	5.8%	0.0%	22.1%	11.8%	3.5%	12.4%
Crack Cocaine	0.0%	5.6%	21.7%	7.0%	3.8%	0.0%	8.9%	22.2%	0.2%	9.5%
Hallucinogens	0.0%	0.0%	1.4%	2.8%	0.3%	0.0%	2.6%	0.6%	0.7%	1.0%
Ecstasy	0.0%	0.0%	0.3%	0.7%	0.1%	0.0%	0.2%	0.0%	0.3%	0.2%
Cannabis	0.0%	0.0%	20.4%	23.3%	3.3%	0.0%	22.9%	14.9%	8.3%	12.1%
Solvents	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%	0.1%	0.2%	0.1%
Alcohol	0.0%	0.0%	50.0%	58.9%	14.6%	11.1%	60.3%	47.0%	58.6%	37.6%
Other Drugs	0.0%	0.0%	2.2%	0.9%	0.1%	0.0%	2.3%	10.0%	0.3%	2.1%
Prescription Drugs	0.0%	0.0%	1.7%	1.2%	0.1%	0.0%	0.7%	1.3%	0.0%	0.7%
Novel Psychoactive Substances	0.0%	5.6%	0.2%	0.0%	0.0%	0.0%	0.0%	0.2%	0.2%	0.1%
Steroids & PIEDS	0.0%	50.0%	0.2%	0.9%	0.1%	66.7%	0.1%	1.6%	0.2%	0.6%



This report covers the financial year from 1st April 2022 up until 31st March 2023, the first period when England was not subject to ongoing COVID-19 restrictions originally introduced in March 2020. While there appeared to be a recovery in activity for both the psychoactive cohort (people who inject drugs such as heroin or crack cocaine) and the steroids and other IPEDs cohort, over the course of the previous year, despite seeing reductions in activity for both cohorts of PWID utilising NSPs, activity for the former has decreased in 2022/23 to the lowest levels recorded since IMS implemented its cohort model in 2013. It was felt last year that the decline in NSP utilisation by the steroid and IPED group could potentially reflect changes in drug use practice, as they may have moved to oral drugs or rescheduled their cycles of use, presentations are now just under 84% of pre-pandemic levels and at the current trajectory likely to return to those levels by the end of 2023/24. In contrast, the use of NSP by people using psychoactive substances had recovered to 96% of pre-pandemic levels by the end of 2021/22 but has now fallen back to 81.1% of those levels. This change in relative utilisation by both cohorts means that people who inject steroids and IPEDs form the largest proportion of overall NSP use since 2014/15. This group continue to make use of agency based NSP provision more than the psychoactive cohort, and the increase in overall agency NSP activity for the year reflects this, compared to a decrease in pharmacy NSP activity. The reason why agency-based services have more of an appeal to people injecting steroids/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.

One of the key benefits of IMS is the annual matching of the NSP activity data to OHID's NDTMS treatment activity data. The data match for 2022/23 demonstrates that a consistently large number of individuals who use NSP services do not appear to be in structured treatment, although treatment penetration of this cohort has returned to pre-pandemic levels. It is encouraging that although individuals under the age of 30 years are the least likely to be in treatment, this group has experienced the largest year on year increase. While females are more likely to be in treatment than males, and engagement with treatment has improved for both sexes, the improvement has been more marked for males and this is something which warrants further monitoring in the light of increasing numbers of female drug related deaths reported by the ONS in December 2023.⁷

The substantial levels of unmet treatment need are 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 chronic obstructive pulmonary disease, those 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 provide a different name/date of birth 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. This contributes to the picture across Cheshire and Merseyside around unmet need, and alongside recently published prevalence estimates for opiate and crack cocaine use⁸ highlights the need for engagement with the wider population of people injecting substances who may not be ready for active treatment.

The proportion of individuals injecting psychoactive substances presenting to NSPs who are aged over 40 years rose to its highest ever level from just under 67% in 2021/22 to 72% in 2022/23, highlighting an ageing cohort of people who inject, often with a number of comorbidities. Work around social isolation through OHID and the IMS Drug and Alcohol

⁷ Deaths related to drug poisoning in England and Wales: 2022 registrations - <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations> - Accessed Feb 24th 2024

⁸ Opiate and crack cocaine use: prevalence estimates by local area, Updated 2023 - <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations> - Accessed Dec 3rd 2023

Related Deaths surveillance model demonstrates that these are individuals who are often living alone, not in a relationship and few points of social contact. 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 using crack cocaine, and in some areas around a third of individuals from the psychoactive cohort using NSP are using crack cocaine. This pattern of use has always been a characteristic of the cohort accessing NSP services; however, the current level is considerably higher than nine years ago, which reflects national data on this 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, and it is a concerning development that no areas within Cheshire and Merseyside are providing those who use NSP with amounts of injecting equipment that meet the WHO recommended minimum of 200 needles per person injecting per year, which is rising to 300 per annum by 2030¹¹. An increase in recent years up until 2019/20 may have been due to more accurate recording of attributors, meaning that needles distributed were recorded correctly against a single individual more often rather than as a series of identifiers. However, the level of coverage has continued to decline across Cheshire and Merseyside to its lowest level since 2017/18, 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.

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 76,000 interventions being delivered over 2022/23, although this represents a decrease of 18.6% 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 and would fly under the radar without a reporting mechanism in place.

In conclusion, following the reduction in overall numbers reported in 2018/19, and then a further reduction because of the pandemic, numbers presenting had recovered for the psychoactive cohort to pre-pandemic levels but this trend has now gone into reverse, with only activity for the steroid and other IPED cohort increasing year on year. Further work should take place to explore the reasons for this, and whether the reduction in the number of pharmacy sites across the sub-region has had an impact on usage, or whether the lower utilisation reflects lower levels of injecting overall. IMS will continue to monitor what reach services have into this vulnerable community and how they might be better engaged for reducing harm and ensuring recovery is an option for those who seek it.

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): <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2020>

¹¹ Coalition for Global Hepatitis Elimination: <https://www.globalhep.org/about/who-we-are> - Accessed on 3rd December 2023



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 26th July 2023. The data extract included all IMS clients who had indicated their consent to share data with Liverpool John Moores University. Guidance is available for both clients and service providers regarding informed consent in the IMS data-sharing toolkit. <https://ims.ljmu.ac.uk/reference>

Where an individual has not stated a main substance, this was imputed by a number of characteristics relating to their presenting to the NSP service: their gender, age profile, type of equipment taken and the number of visits they have made to the service over the course of a year. This was based upon a number of elements:

- Although individuals using NSP services are usually male by a factor of around four to one, they are almost unanimously male in the case of people using IPED (Bates & McVeigh, 2015; Dunn et al., 2014).
- People injecting psychoactive substance are older on average than people who inject IPEDs by around 12 years (Whitfield et al., 2016).
- While data shows that all types of equipment are taken by both people who inject psychoactive substances, and people who inject IPEDs, the latter group are more likely to take longer needles and larger barrels for the purposes of muscular injection (Exchange Supplies, 2017).
- People injecting IPED make less frequent visits to NSP services than those injecting psychoactive substances, although they sometimes take out larger volumes of equipment (McVeigh et al., 2003).

Using the principles above and running the imputation for individuals for whom a primary substance was known showed that the model was accurate in 85% of cases. Accordingly, it has been possible to allocate individuals who previously did not state a primary substance to one of these two groups and this allows us to look at data in more depth historically, the results of which are discussed at 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 2022 to 31st March 2023. IMS activity includes at least one of an intervention, referral, wellbeing, syringe exchange transaction, or syringe exchange return. A valid attributor requires first and surname initials, gender, and a date of birth indicating that the client is aged between 6 and 100.

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

ACKNOWLEDGEMENTS

Thank you to all the contributing services who have worked with us to ensure that IMS data quality and completeness is of a high standard. Thank you also to those commissioning the IMS system (incorporating DARD monitoring) from us – as always, we very much appreciate you continuing to do so.

