

Integrated Monitoring System Annual Report

Cheshire and Merseyside 2023/24

includes NDTMS data match

Mark Whitfield and Howard Reed



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

 www.ljmu.ac.uk/phi  PHImonitoring@ljmu.ac.uk  0151 231 4314

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INTRODUCTION

This is the eleventh 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 November 2024. There were 34 specialist agencies or projects within such agencies reporting to IMS, alongside 67 pharmacies, totalling 101 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).

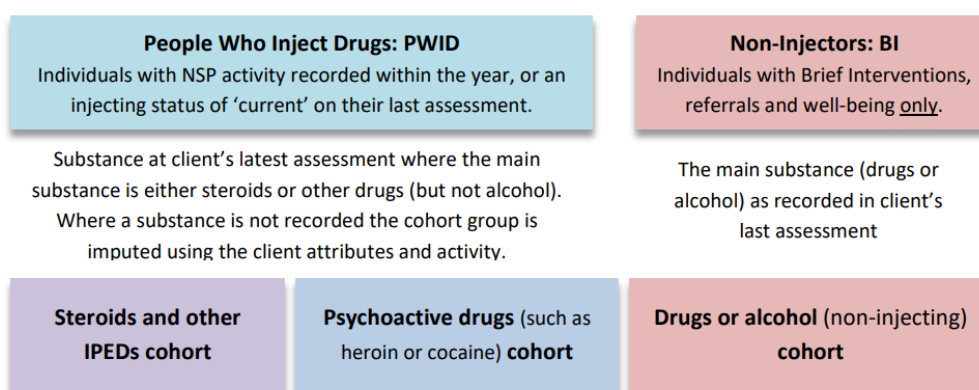


Figure 1 - The three cohorts used to describe IMS data

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 2023/24 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, February 2025.

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



Cheshire East <ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 9 pharmacies ⬇️ 	Cheshire West & Chester <ul style="list-style-type: none"> • WDP (3 sites) • 5 pharmacies ⬇️ 	Halton <ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 0 pharmacies ⬇️ 	Knowsley <ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 9 pharmacies ⬅️ 	Liverpool <ul style="list-style-type: none"> • With You (3 sites) • Community Voice • Red Umbrella • Aigburth Drive Harm Reduction Service • RISE (2 sites) • YMCA (2 sites) • SAHA • Pathways • Streetwise • WHISC Women's Health Info & Support Centre • 11 pharmacies ⬇️
Sefton <ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • 12 pharmacies ⬅️ 	St Helens <ul style="list-style-type: none"> • CGL • Salvation Army • Hope House • NSP Direct • 5 pharmacies ⬇️ 	Warrington <ul style="list-style-type: none"> • CGL - Pathways • 3 pharmacies ⬅️ 	Wirral <ul style="list-style-type: none"> • CGL (2 sites) • NSP Direct • YMCA • Response YP • Healthwatch Wirral • 13 pharmacies ⬅️ 	



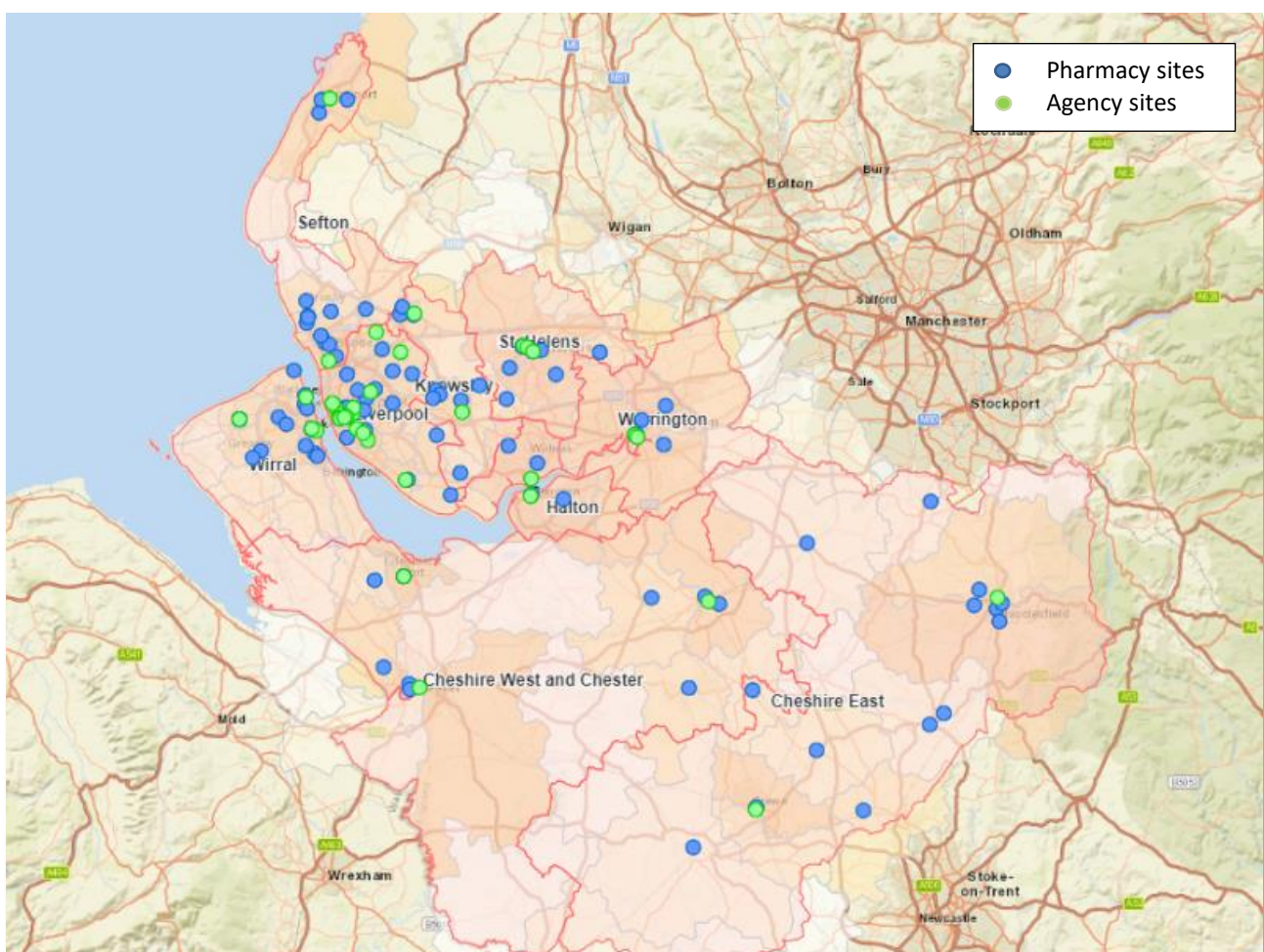
- There were 5,167 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 5,589 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside in 2023/24. These numbers represent a 11.9% decrease on the previous year for the psychoactive cohort to the lowest level of presentations since at least 2013/14, but a 2.7% increase for the IPEDs cohort, although activity has not yet recovered to pre-pandemic levels.
- People injecting psychoactive substances made up 48.0% of all presentations in 2023/24, the lowest level recorded since 2014/15.
- Liverpool has the highest number of presentations to NSP overall. It has the highest rate of presentations for people who inject psychoactive substances, with a rate of 44.3 people per 10,000 population, as well as the highest rate of presentations for people who inject steroids and IPEDs (33.8 people per 10,000 population).
- Just under 29% of individuals using NSP were also in structured treatment, although there were substantial variations by local authority, ranging from 21.7% in treatment in Liverpool to 42.2% of individuals in treatment in Wirral.
- Females were more likely to be in treatment (35% in treatment) than males (27% in treatment) although this figure increased by 2 percentage points for each sex compared to the previous year.
- Individuals aged 30-39 years and 50-59 years were the most likely to be in treatment.
- Following substantial reductions in activity for both cohorts from 2020/21, the number of visits has declined by a further 19.5% for the psychoactive cohort. However, there was a slight 1.3% increase on the previous year for visits for the steroids and other IPEDs cohort.
- Cheshire East was the only local authority within Cheshire and Merseyside that distributed over the WHO recommended guidelines of 200 needles for individuals injecting psychoactive substances with an average of 285.4 needles distributed per individual in the area. The average across the region was 123.8 needles distributed per individual across the year, a decline of 8.1% compared to 2022/23. Halton had the lowest overall coverage (71.6 needles per individual).
- In total, 157 individuals used the NSP Direct online ordering service for clean equipment from six of the nine local authority areas across Cheshire and Merseyside during 2023/24, an overall increase of 44.0% on the previous year. Overall, 129,483 needles were distributed, a substantial increase of 80.2% compared to last year.
- People who inject steroids and other IPEDs are more likely to access agency-based NSP services (52.2%) than people who inject psychoactive substances (38.1%). For pharmacy-based services, people who inject psychoactive substances are more likely to access a pharmacy NSP service (73.2%), compared to 50.5% 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 more than doubled between 2007/08 and 2021/22, and has continued to rise, reaching the highest proportion ever recorded in 2023/24 at 74.3%.
- Around six in seven individuals (85.9%) in the psychoactive injecting cohort identify the use of heroin.
- Just under one in eight (12.0%) people using NSP state that they use crack cocaine, with Halton holding the highest proportion within this cohort (22.7%). Powder cocaine, methadone and cannabis were all identified by less than 3% of presentations across Cheshire and Merseyside, although Halton and Knowsley had around 10% of presentations identifying the use of powder cocaine, and Halton had 11.4% of presentations identifying the use of cannabis.
- Over four in nine (46.9%) individuals receiving brief interventions only (non-injectors within the IMS dataset) identify the use of alcohol. Nearly one in five (18.9%) are using heroin, followed by 17.2% using cannabis and 16.2% using powder cocaine.
- There were over 109,000 interventions delivered during 2023/24, a substantial 42.1% increase on the previous year, including health and wellbeing and harm reduction: safer drug use or injecting advice. However, overall, 11,604 individuals received an intervention, which is a 9.0% decrease compared to 2022/23

CHESHIRE & MERSEYSIDE OVERVIEW 2023-24

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. All 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, Sefton, Warrington, and Wirral the number of pharmacies offering NSP was unchanged since 2022/23, 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 quarterly reports web page. <https://ims.ljmu.ac.uk/quarterly>

Data tables which include the detailed breakdown of all IMS activity for 2023-24 across the Cheshire and Merseyside area are included in the IMS Annual Report 2023-24 Data Tables document.



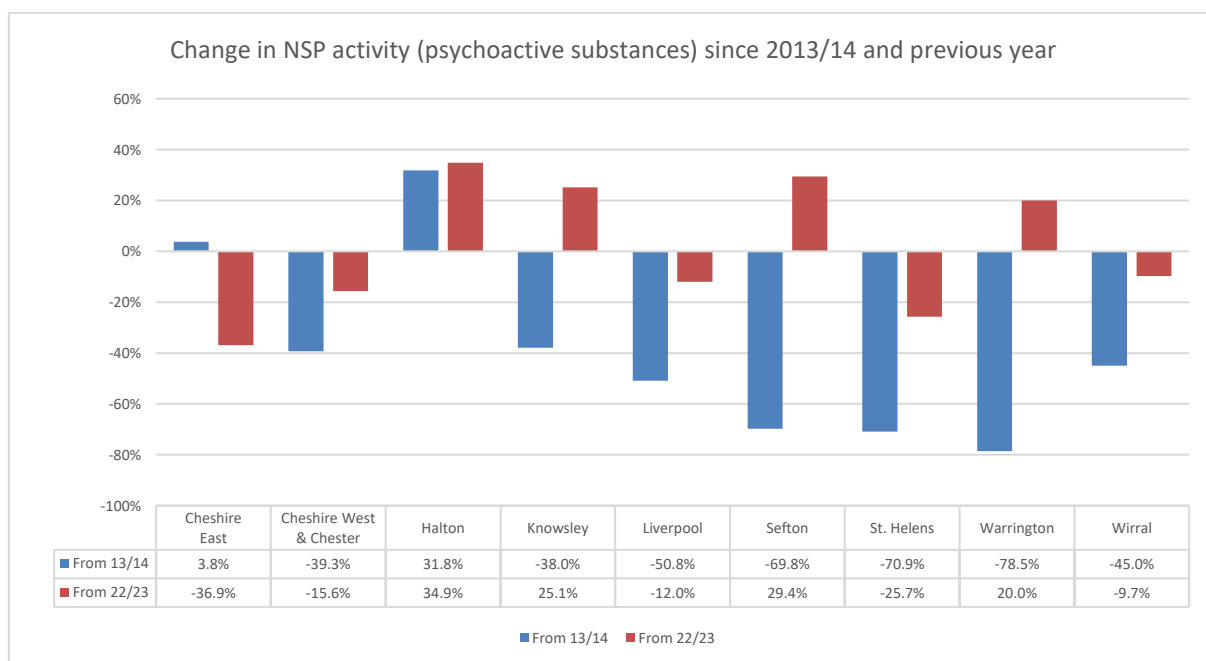
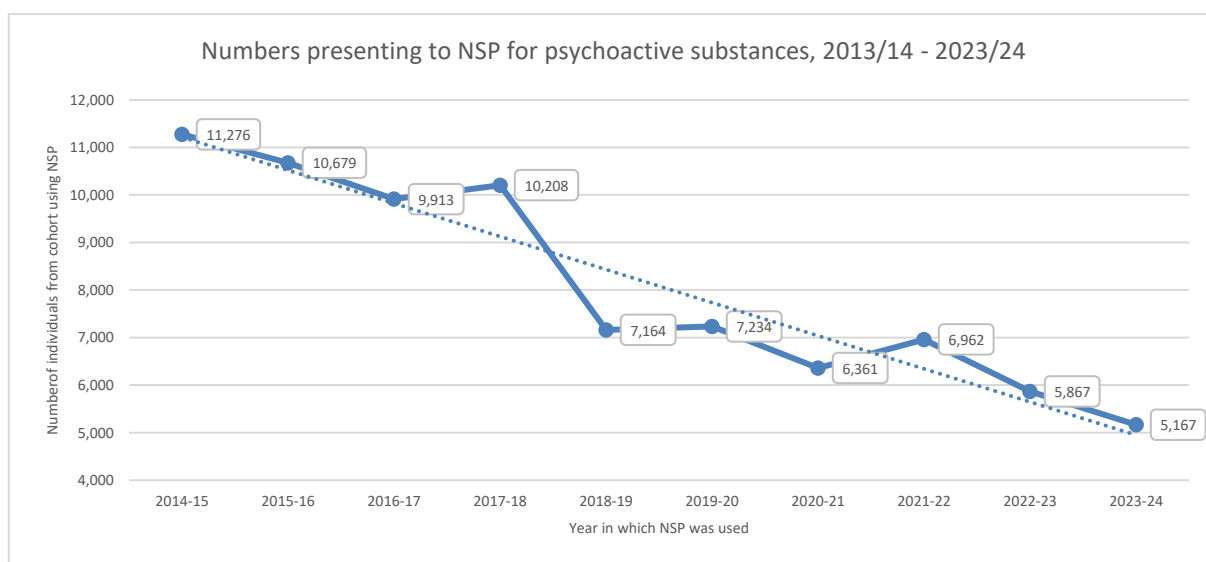
IMS reporting services across Cheshire and Merseyside, 2023/24

MAIN FINDINGS

1: THE NUMBER OF PEOPLE PRESENTING TO NSP SERVICES FOR PSYCHOACTIVE SUBSTANCES HAS CONTINUED TO DECREASE, REACHING ITS LOWEST LEVEL IN 10 YEARS

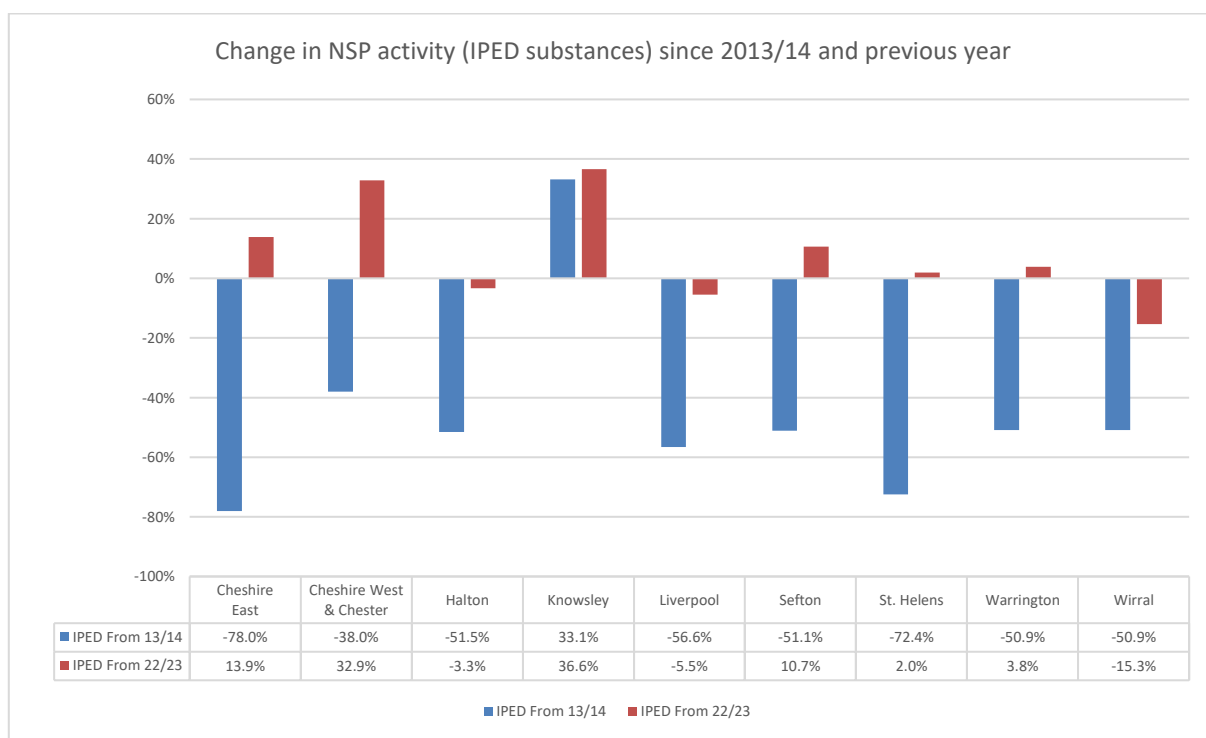
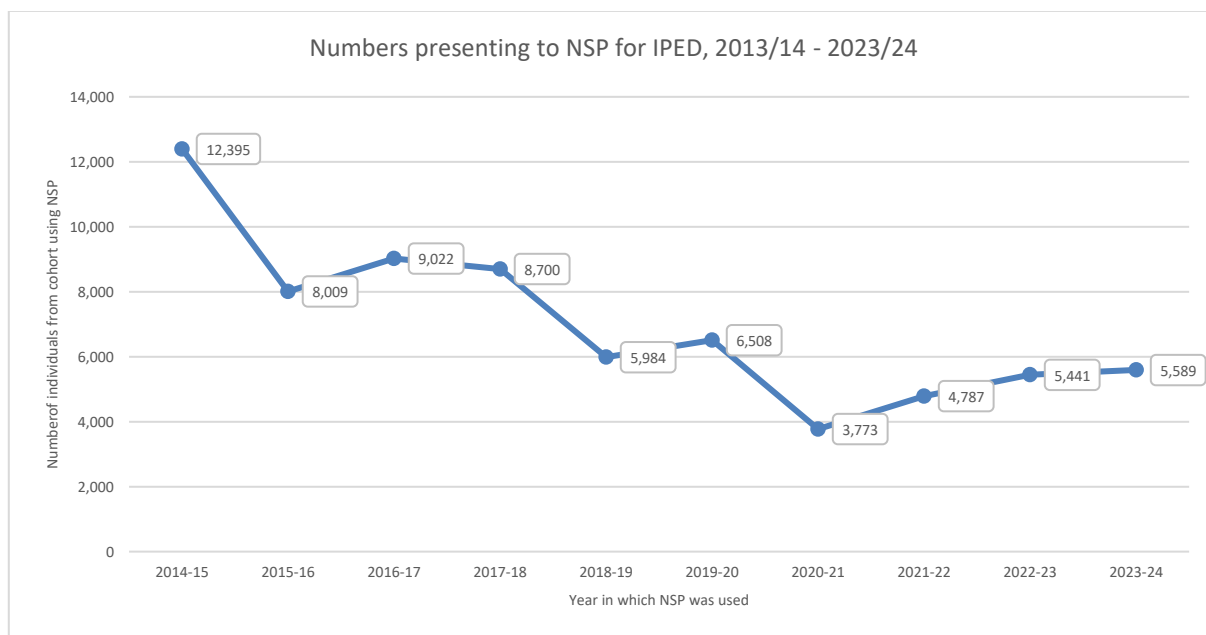
The number of people presenting to NSP services for psychoactive substances such as heroin and crack cocaine has continued to decrease, reaching its lowest level in 2023/24 since reporting on this cohort began. Following a 15.7% decrease in 2022/23, the number of people has decreased a further 11.9% in 2023/24.

At a local authority level, compared to 2022/23, Halton, Knowsley, Sefton and Warrington experienced an increase in NSP activity, ranging from an increase of 20.0% in Warrington to 34.9% in Halton. The other five local authorities experienced a decrease in NSP activity, ranging from -9.7% in Wirral to -36.9% in Cheshire East. Compared to 10 years ago, all areas experienced more substantial decreases of between -38.0% in Knowsley to -78.5% in Warrington, with the exception of Cheshire East (+3.8% since 2013/14) and Halton (+31.8% since 2013/14).



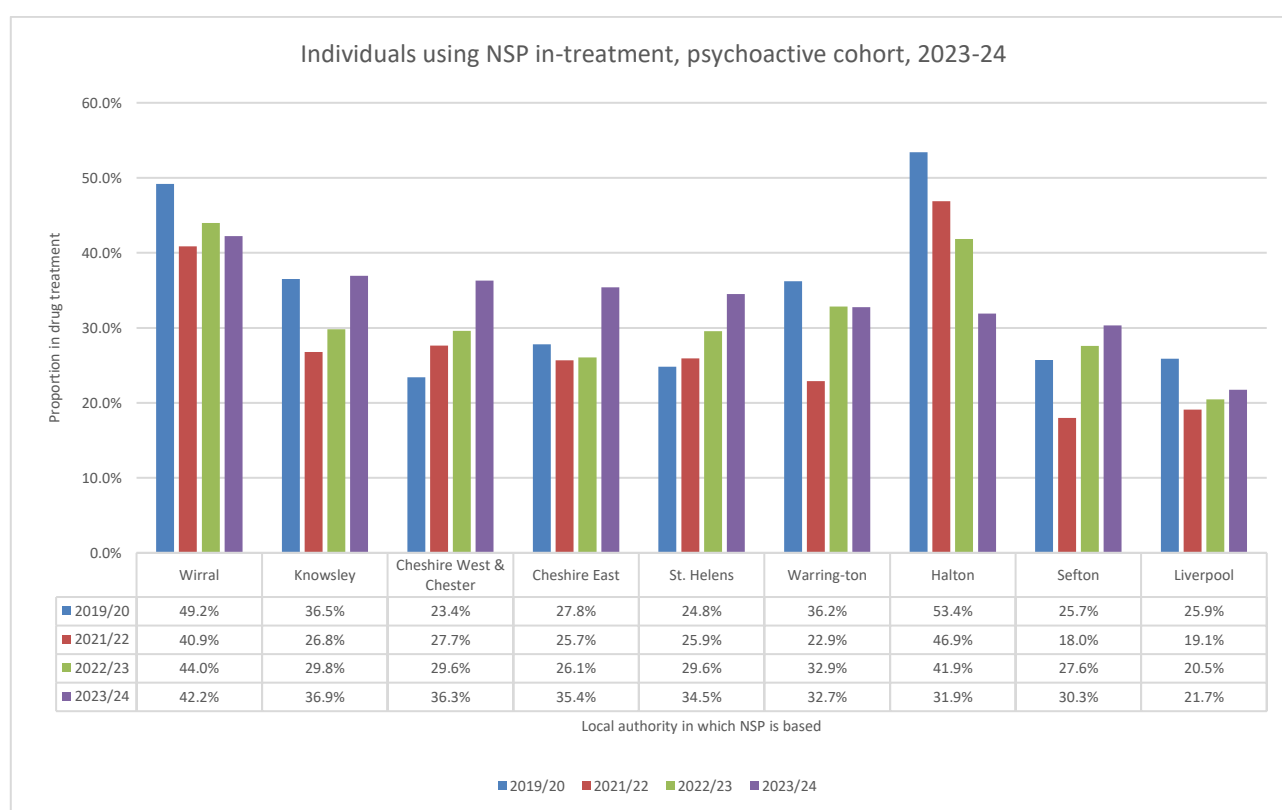
2: THE NUMBER OF PEOPLE WHO INJECT STEROIDS PRESENTING TO NSP HAS CONTINUED TO INCREASE

Following a steep reduction in the number of individuals attending NSP for steroids and other IPEDs during the first year of the pandemic (2020/21), activity has continued to increase year on year. Whilst numbers are still lower than those seen in 2019/20 pre-pandemic, they are now at 85.9% of this level. Presentations increased on the previous year across six of the nine local authorities ranging from a 2.0% increase in St. Helens to a 36.6% increase in Knowsley. The remaining three local authorities experienced decreases ranging from -3.3% (Halton) to -15.3% (Wirral). However, all areas with the exception of Knowsley (+33.1%) had fewer individuals attending NSP for steroids and other IPEDS compared to 2013/14, ranging from -38.0% in Cheshire West and Chester to -78.0% 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 2023/24, the number of individuals injecting psychoactive substances accessing NSP and whose attributors suggested were also engaged in structured treatment for their drug or alcohol use was 28.7%, an increase of 1.2 percentage points on the 2022/23 analysis where this figure was 27.5%, and a similar figure to 2019/20 where it was 28.3%.³ The area with the lowest treatment penetration was Liverpool which had 21.7% of this cohort in treatment, while Wirral had the highest proportion (42.2%) accessing both NSP and in-treatment. Six of the nine local authorities had increases in the proportions using NSP for psychoactive substances in treatment, with Cheshire East having the largest increase of 9.3 percentage points. The remaining three local authorities experienced decreases in the proportion using NSP for psychoactive substances in-treatment, with Halton having the largest decrease of 10.0 percentage points. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 3% and 6% 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 GENERALLY 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 over a third (35.0%) are also in treatment, compared to just over a quarter (27.0%) for male clients. Both females and males are more likely to be in treatment compared to the previous year, increasing by 2.0 percentage points each.

Individuals aged 30-39 years and 50-59 years were the most likely to be in treatment (30.2% and 32.3% respectively). These cohorts were followed by individuals aged 40-49 years (27.1%). However, the proportions of individuals in treatment for all age groups has continued to increase year on year since 2021/22. Individuals in treatment aged 30-39 years increased the most (5.7 percentage points), followed by individuals aged 60 years and over (+3.9 percentage points).

Gender of individuals (NSP psychoactive cohort) in treatment

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

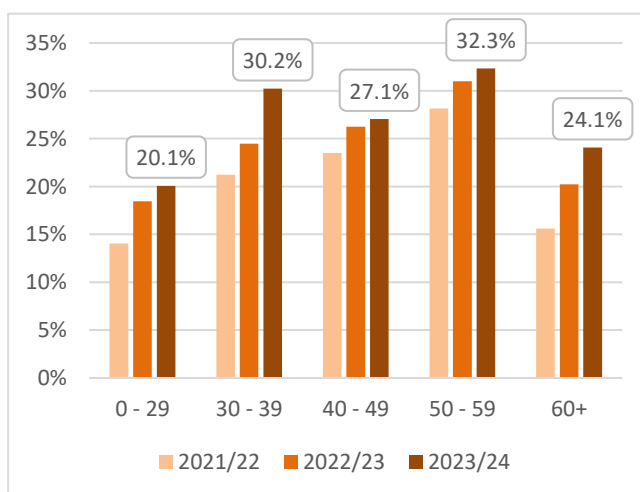
35.0%



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

27.0%

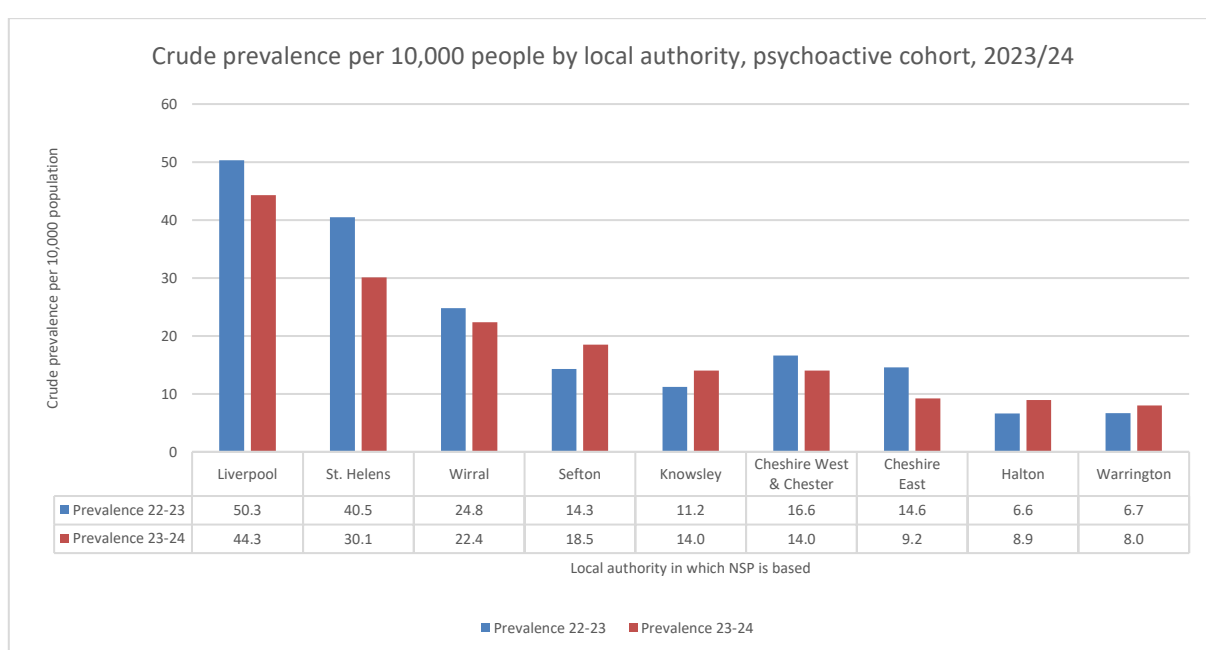
Age group of individuals (NSP psychoactive cohort) in treatment



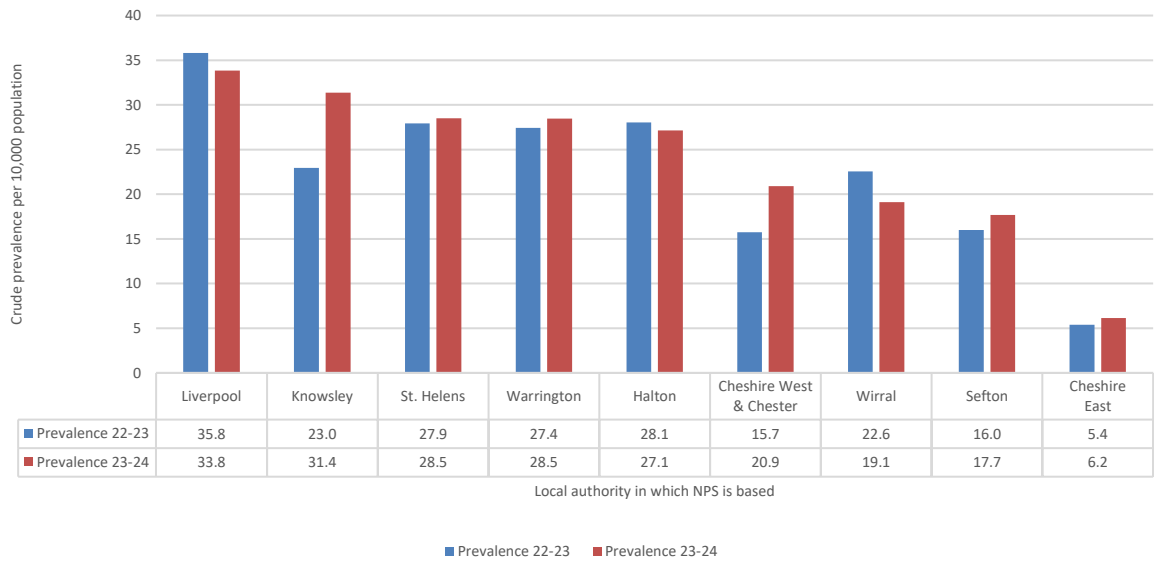
5: LIVERPOOL HAS THE HIGHEST LEVEL OF PRESENTATIONS FOR PEOPLE INJECTING SUBSTANCES

Liverpool remains the area with the largest number of individuals presenting to NSP for psychoactive substances both overall (2,217 individuals) and once population size is taken into account (44.3 individuals per 10,000 population, down from 50.3 individuals per 10,000 population), followed by St. Helens (30.1 individuals per 10,000 population, down from 40.5 individuals per 10,000 population) and Wirral (22.4 individuals per 10,000 population, down from 24.8 individuals per 10,000 population). Warrington had the lowest proportion of presentations for people who inject psychoactive substances in 2023/24, with 168 individuals in total using NSP or 8.0 per 10,000 people.

Liverpool has the highest level of presentations for people who inject steroids or other IPEDs (33.8 people per 10,000 population, down from 35.8 people per 10,000 population), followed by Knowsley (31.4 people per 10,000 population, up from 23.0 people per 10,000 population) and St. Helens and Warrington (both 28.5 per 10,000 population, respectively up from 27.9 people per 10,000 population and 27.4 people per 10,000 population). Cheshire East has the lowest prevalence for this cohort with 6.2 individuals per 10,000 population, up from 5.4 people per 10,000 population.



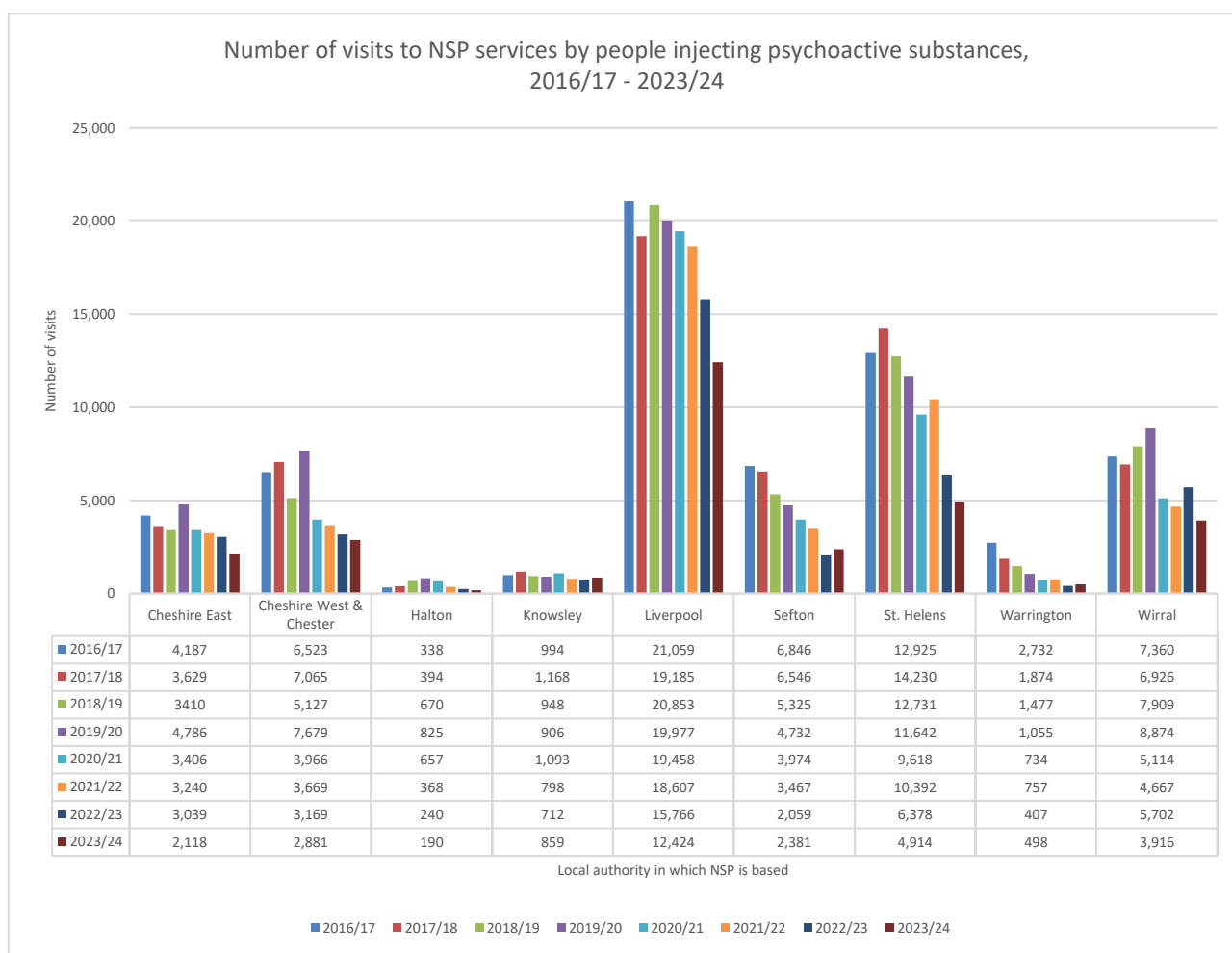
Crude prevalence per 10,000 people by local authority, steroids & IPEDs cohort,
2023/24



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 continued to steadily decline year on year, with a decrease in visits of 19.5% compared to 2022/23. Activity is now at 49.9% of pre-pandemic levels. The areas with the largest decline in the number of visits when compared to 2022/23 were Wirral (-31.3%) and Cheshire East (-30.3%). Knowsley, Sefton and Warrington all saw an increase in activity for this cohort (+20.6%, +15.6% and +22.4% respectively).

Decrease in visits for psychoactive cohort since 2022/23: **19.5%**

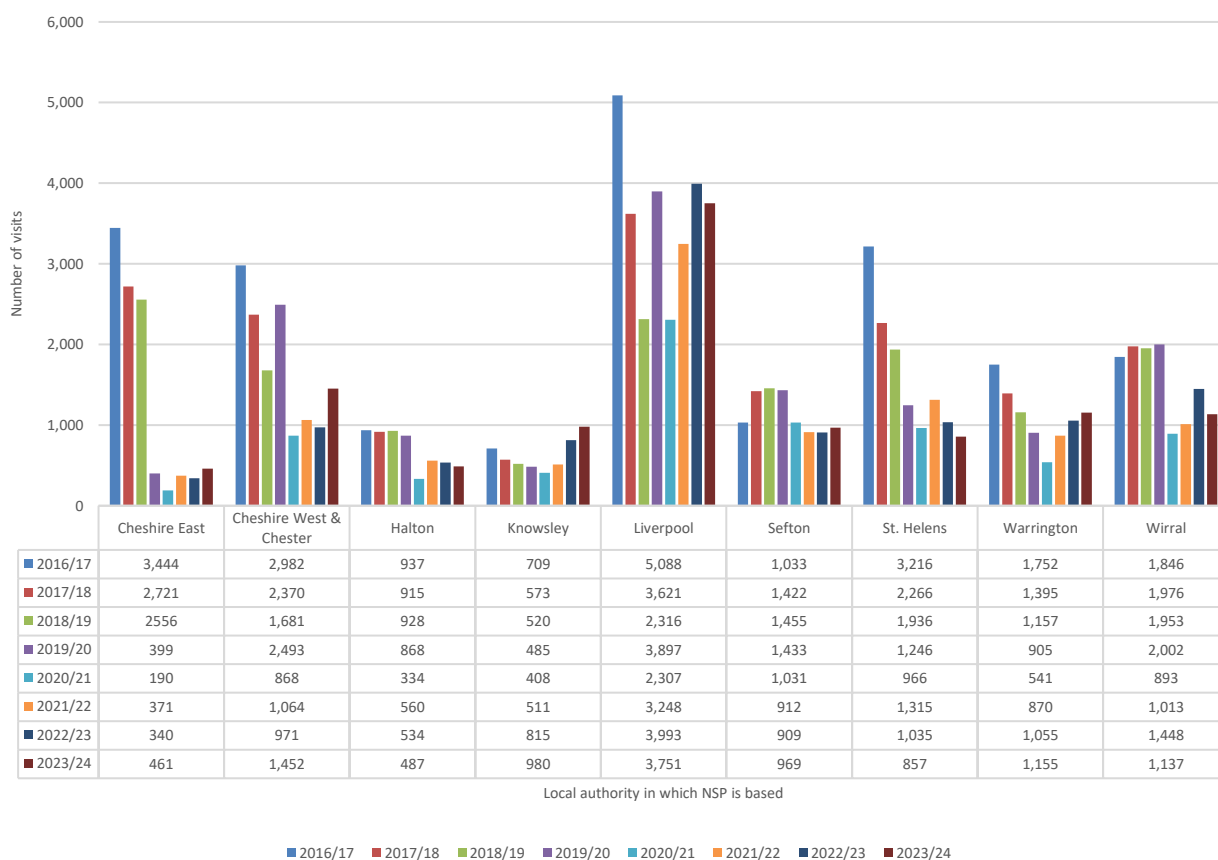


Following substantial reductions in the number of visits for the steroids and other IPEDs cohort in the first year of the pandemic 2020/21, activity for this cohort has continued to increase year on year. Compared to 2022/23, there was a 1.3% increase in activity, but activity has increased by 49.2% since 2020/21 and is now at 81.9% of pre-pandemic levels. Five of the nine local authority areas experienced an increase in activity for this cohort since 2022/23 of between +6.6% (Sefton) and +49.5% (Cheshire West and Chester). However, remaining areas experienced decreases ranging from a 6.1% decrease for Liverpool to a 21.5% decrease for Wirral.

**Increase in visits
for IPED cohort
since 2022/23:
1.3%**

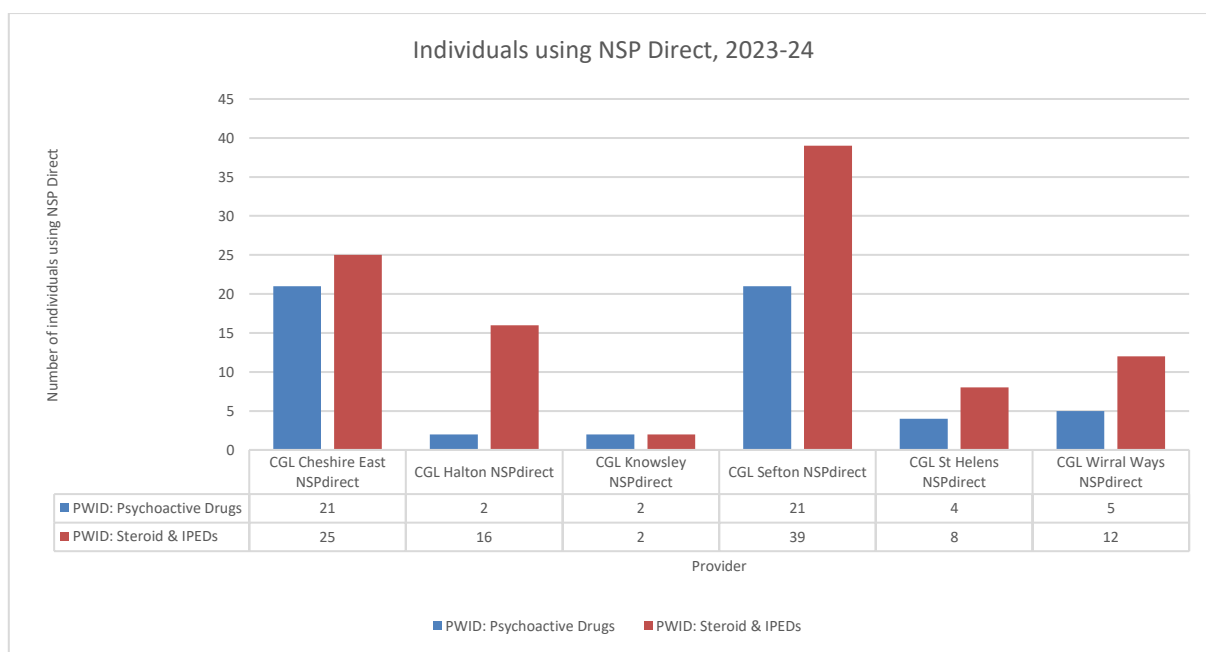


Number of visits to NSP services by people injecting IPEDs and other steroids, 2016/17 - 2023/24

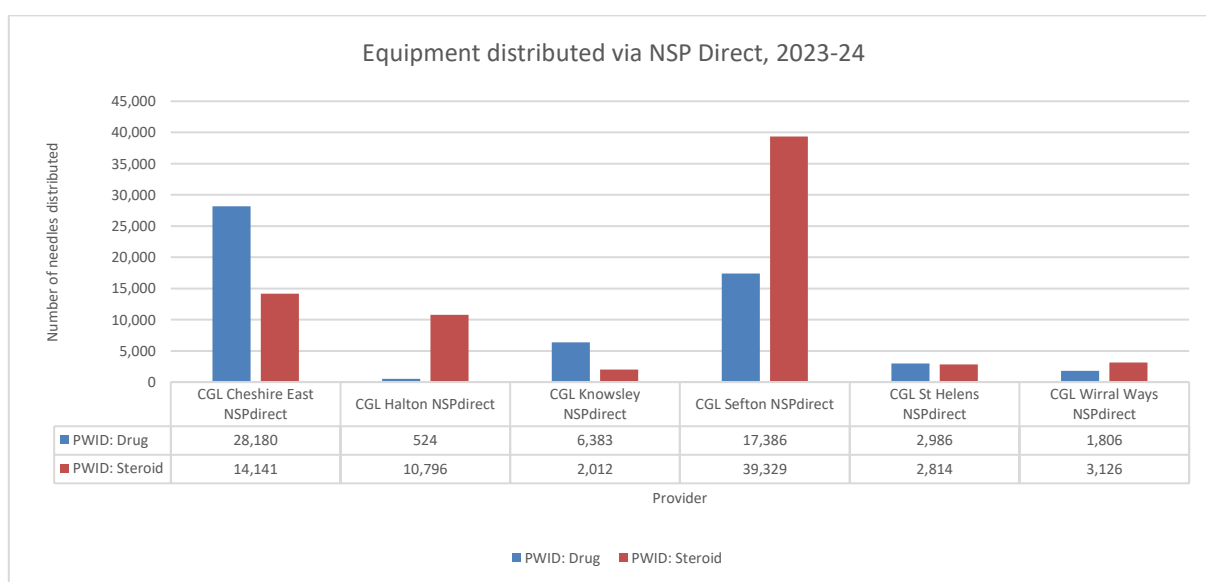


7: USE OF NSP DIRECT WAS LIMITE BUT CONTINUES TO INCREASE

In total, 157 individuals used the NSP Direct online ordering service for clean equipment from six of the nine local authority areas across Cheshire and Merseyside during 2023/24, with Sefton and Cheshire East having the greatest take up of the service (60 and 46 individuals respectively). This represents an overall increase of 44.0% on the previous year.

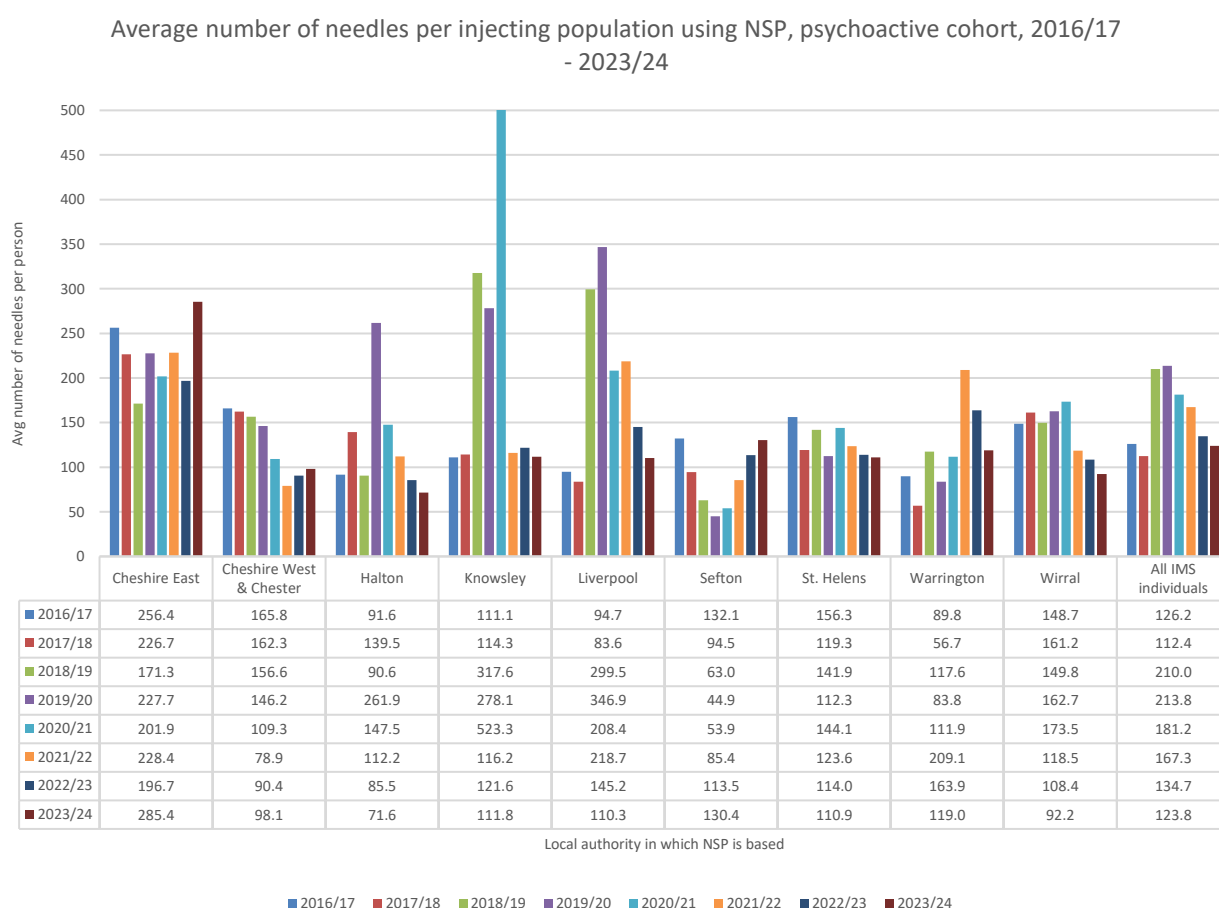


Overall, 129,483 needles were distributed using this service over the course of 522 separate orders, a substantial increase of 80.2% on the previous year. The area which had the highest increase in equipment distributed was St Helens which sent out 388.6% more equipment than the previous year (total of 5,800 needles in 2023/24 compared to 1,187 needles in 2022/23).



8: THE AVERAGE NUMBER OF NEEDLES DISTRIBUTED PER INDIVIDUAL INCREASED SUBSTANTIALLY IN CHESHIRE EAST BUT HAS FALLEN OVERALL 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. In 2023/24, Cheshire East was the only local authority within Cheshire and Merseyside to achieve this for individuals injecting psychoactive substances, with an average of 285.4 needles distributed per individual in the area. This is substantially higher than the region's average across the year (123.8 needles distributed per individual). However, comparative to 2022/23, the overall region's average of needles distributed per individual decreased by 8.1% in 2023/24. The areas to show an increase in coverage from the previous year were Cheshire East, Cheshire West and Chester, and Sefton, ranging from +45.1% (Cheshire East) to +8.5% (Cheshire West and Chester).⁴ Halton had the lowest overall coverage (71.6 needles per individual).

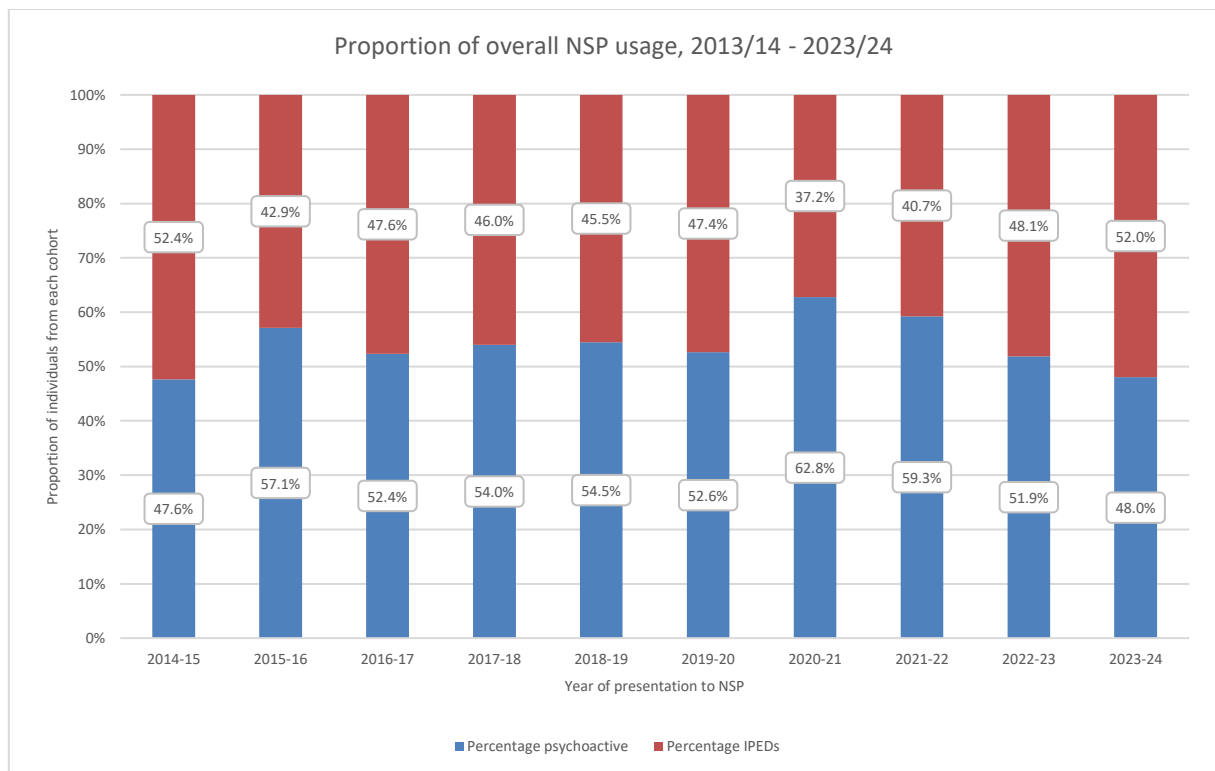


⁴ Data on equipment distributed should be compared with some caution, as weekly data collecting during the early part of the Covid-19 pandemic highlighted that its recording is sometimes erratic from month to month. We are exploring with pharmacies in particular the reasons for this.

9: PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES MADE UP THE SMALLEST SHARE OF OVERALL PRESENTATIONS SINCE 2014/15

Having previously made up the majority of NSP presentations since 2015/16, people injecting psychoactive substances fell to 48.0% of the total proportion of NSP usage in 2023/24. 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, and continued to increase in 2023/24 to 52.0%, a similar level to 2014/15.

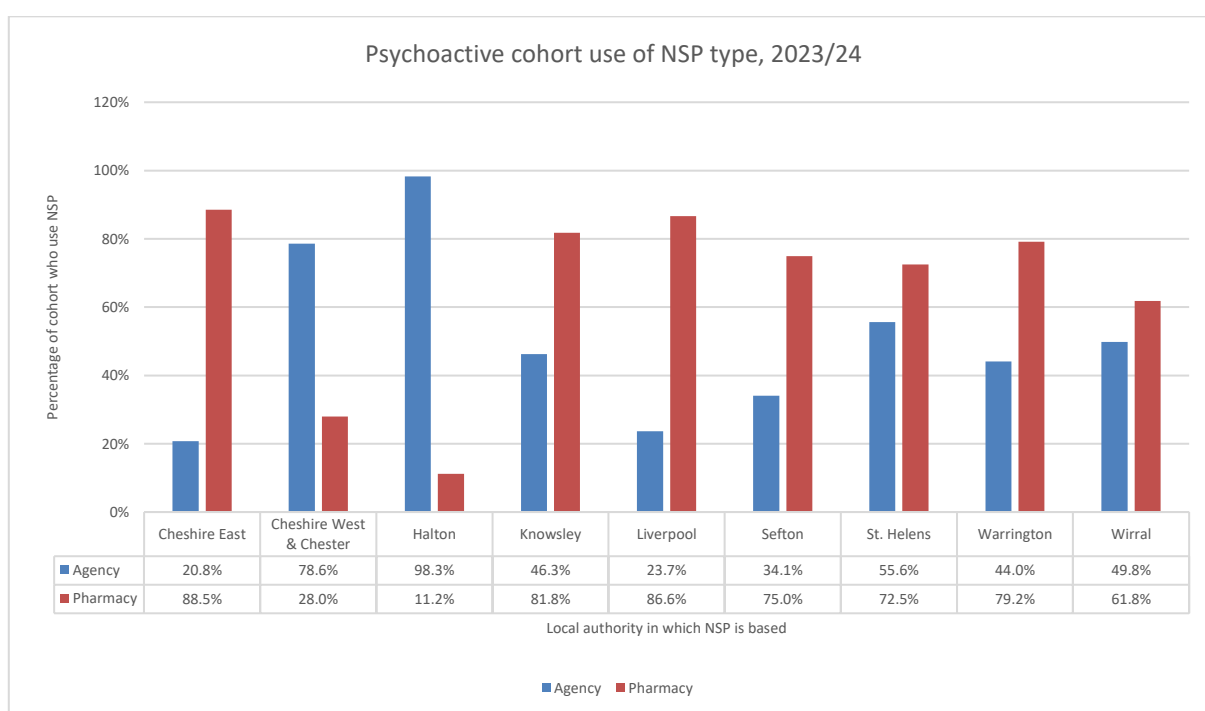
Proportion of IPED cohort for overall presentations:
52.0%



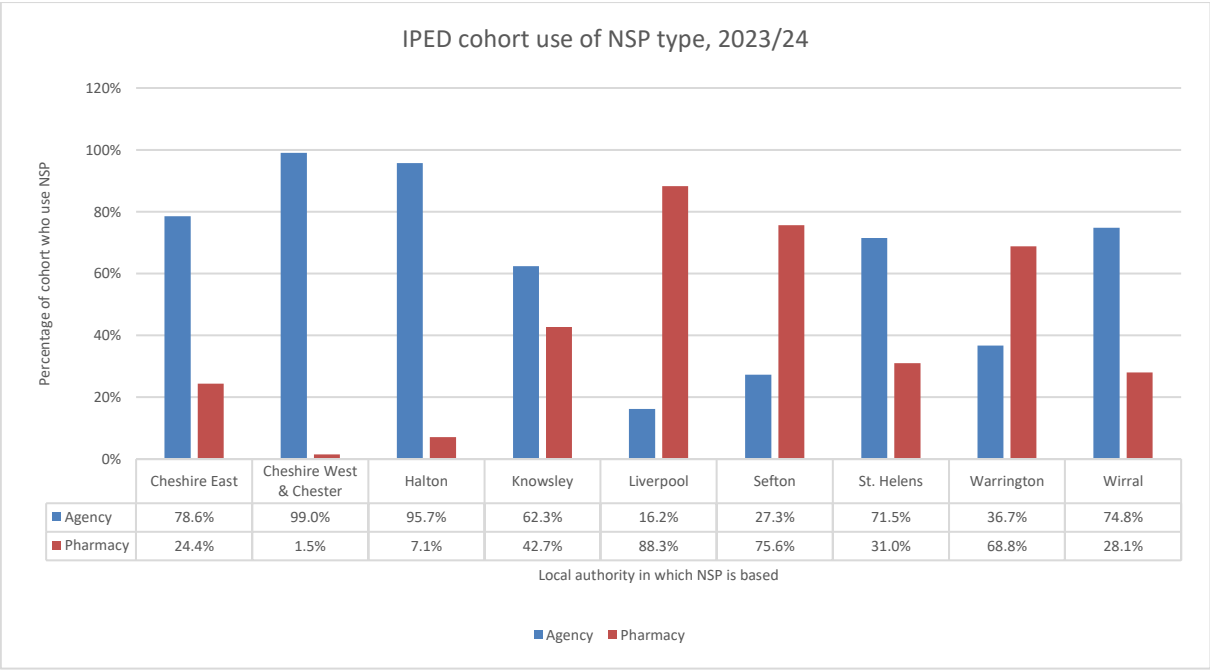
10: PEOPLE WHO INJECT STEROID AND OTHER IPEDS ARE GENERALLY MORE LIKELY TO USE AGENCY-BASED NSP PROVISION THAN THOSE INJECTING PSYCHOACTIVE SUBSTANCES

More people used pharmacy than agency based NSP across Cheshire and Merseyside; in 2023/24, 4,887 individuals used agency-based services compared to 6,605 using pharmacy-based services. This represents an increase of 11.7% in agency presentations from the previous year compared to a 11.8% 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 (52.2%) than people who inject psychoactive substances (38.1%). Exceptions to this include Liverpool, Sefton, and Warrington, where the IPED cohort are more likely to use pharmacy-based sites.⁵

For pharmacy-based services, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (73.2%), compared to 50.5% of people who inject steroids or other IPEDs. Exceptions to this include Halton, and Cheshire West and Chester, where the psychoactive cohort are more likely to use agency-based sites.⁵



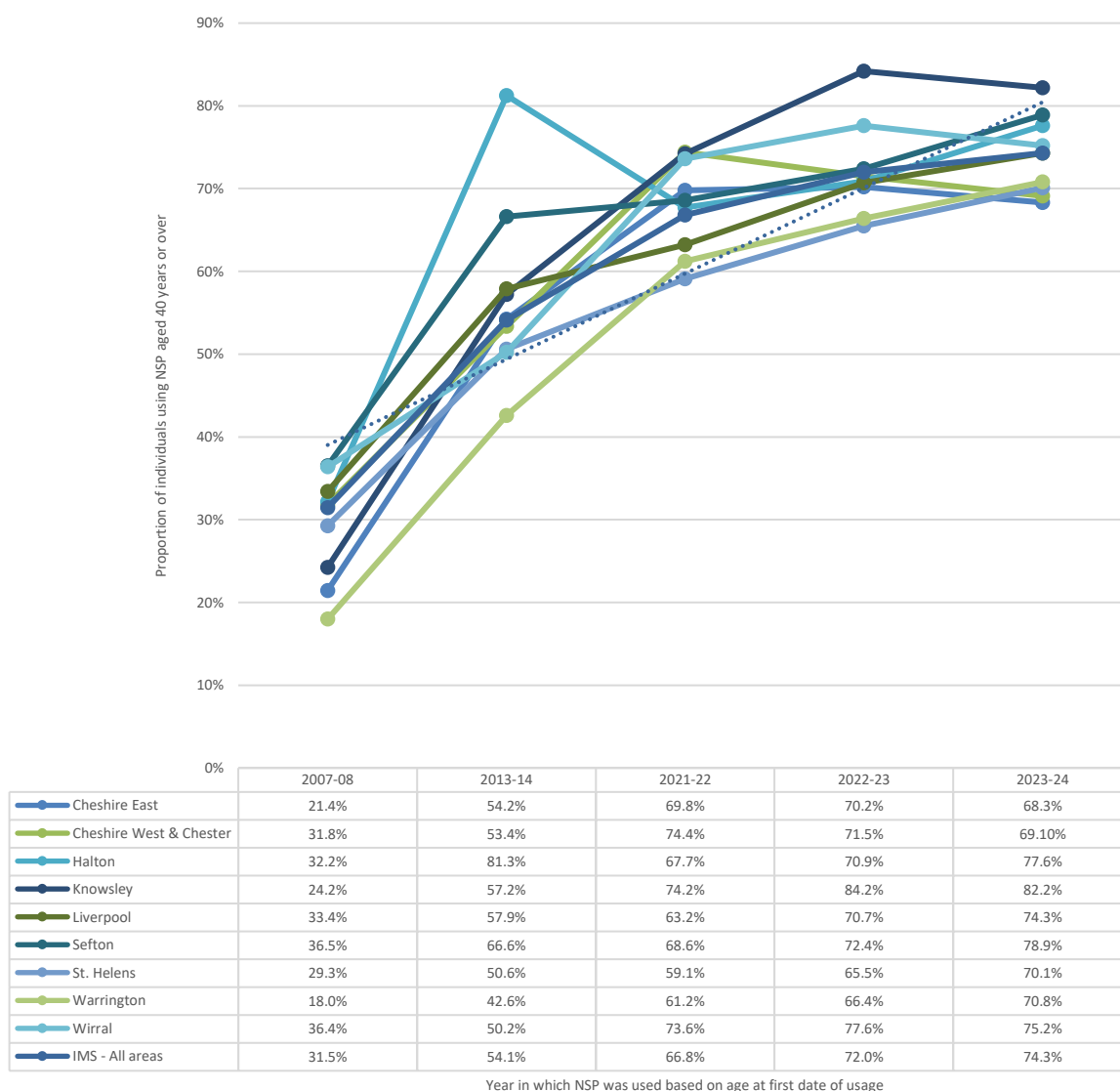
⁵ Please note that individuals can use both agency and pharmacy-based sites over the course of a year. Percentages are of the number of individuals not contacts; therefore, percentages may not add up to 100%.



11: NEARLY THREE IN FOUR 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 more than doubled between 2007/08 (31.5%) and 2021/22 (66.8%), and has continued to rise, reaching the highest proportion recorded in 2023/24 at 74.3%. Cheshire East had the youngest cohort in 2023/24, with 31.7% of individuals aged under 40 years, an increase from 29.8% in 2022/23. Knowsley had the oldest cohort for the second consecutive year, with 82.2% of individuals aged 40 years or over, a slight decrease from 84.2% in 2022/23.

Percentage of NSP psychoactive cohort aged 40 years or above, 2007/08 - 2023/24



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

Around six in seven individuals (85.9%) who inject psychoactive substances identify the use of heroin, ranging from 63.9% in St. Helens⁶ to 93.5% in Cheshire East. Halton and Warrington had the highest proportion of this cohort identifying use of crack cocaine (22.7% and 22.1% respectively), while Halton and Knowsley both had around 10% of individuals identifying use of powder cocaine. Halton had the highest levels of cannabis use (11.4%), while Warrington had 7.4% of individuals using amphetamines which was considerably more than other local authority areas.



Proportion of NSP presentations using heroin from psychoactive cohort, 2023-24

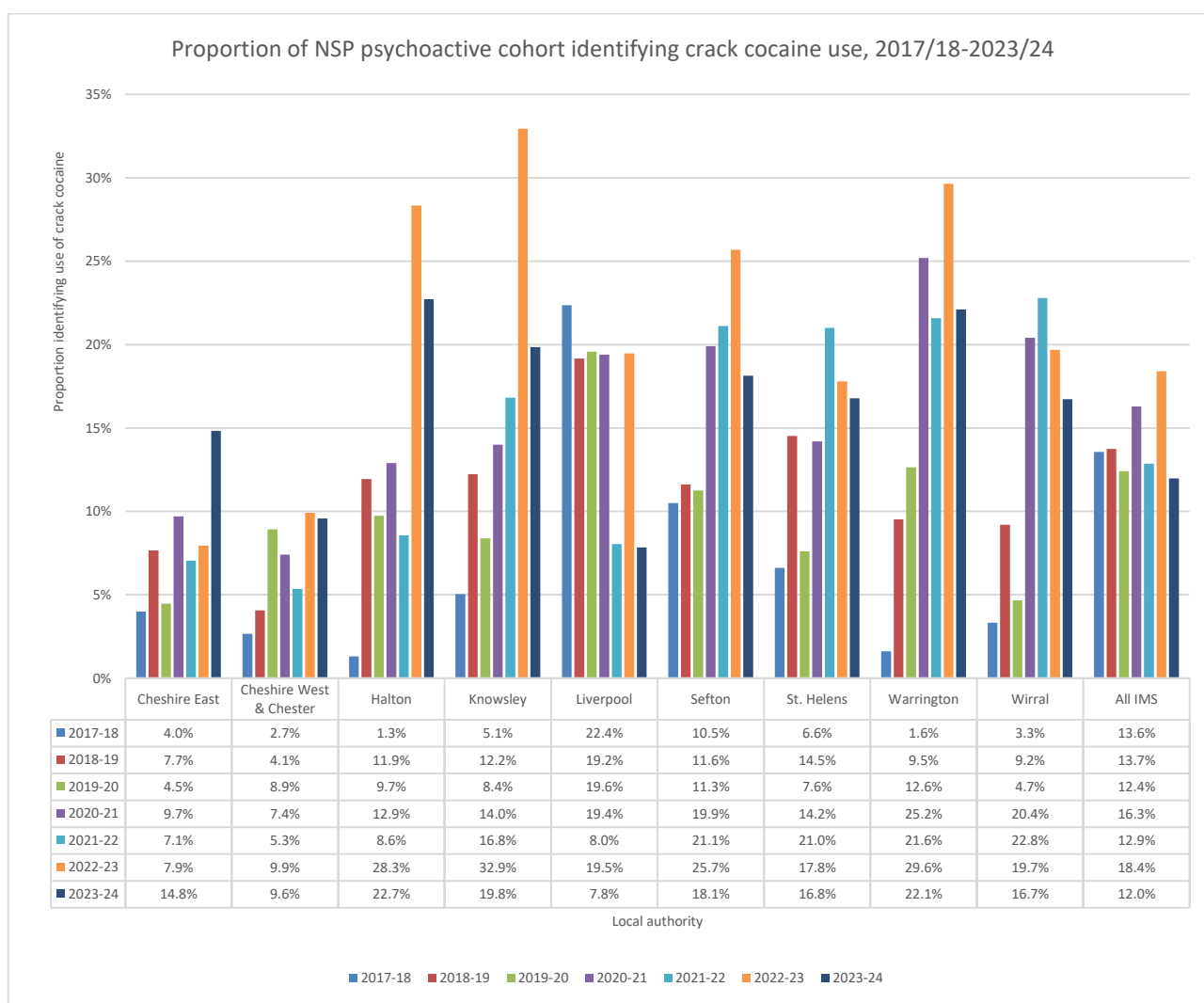
	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens*	Warrington	Wirral	IMS Total
Proportion of NSP presentations using heroin	93.5%	78.7%	79.5%	77.8%	93.5%	86.1%	63.9%	67.4%	84.0%	85.9%

	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	IMS total:
Crack Cocaine	14.8%	9.6%	22.7%	19.8%	7.8%	18.1%	16.8%	22.1%	16.7%	12.0%
Other Drugs	0.8%	6.6%	2.3%	5.6%	1.1%	2.7%	23.6%	7.4%	0.7%	4.4%
Cocaine (excl Crack)	2.3%	2.9%	9.1%	9.5%	0.6%	0.9%	5.3%	8.4%	3.9%	2.3%
Amphetamines (excl Ecstasy)	1.9%	3.7%	2.3%	3.2%	0.2%	1.2%	2.5%	7.4%	2.9%	1.6%
Cannabis	5.7%	0.0%	11.4%	6.3%	0.3%	0.9%	2.3%	8.4%	2.9%	1.6%
Alcohol	0.4%	0.0%	9.1%	1.6%	0.6%	3.9%	2.8%	5.3%	0.9%	1.2%
Methadone	0.8%	1.6%	0.0%	1.6%	0.3%	0.9%	1.3%	3.2%	2.4%	1.0%
Benzodiazepines	0.0%	0.3%	2.3%	0.8%	0.1%	0.3%	1.1%	7.4%	3.1%	0.8%
Steroids & PIEDS	0.4%	0.8%	2.3%	4.0%	0.4%	2.7%	0.8%	0.0%	1.2%	0.8%
Other Opiates	0.4%	0.5%	6.8%	4.0%	0.3%	0.9%	1.5%	5.3%	0.2%	0.7%
Prescription Drugs	0.8%	0.0%	2.3%	0.0%	0.2%	0.3%	0.2%	1.1%	3.4%	0.7%
Novel Psychoactive Substances	0.0%	2.7%	0.0%	2.4%	0.0%	0.0%	3.4%	0.0%	0.0%	0.7%
Hallucinogens	0.4%	0.0%	0.0%	0.8%	0.2%	0.3%	0.0%	0.0%	0.0%	0.2%
Solvents	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
Ecstasy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Barbiturates	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Major Tranquillisers	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Anti-depressants	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

⁶ Please note that there is an ongoing data quality issue with St Helens data which may result in heroin being recorded as “other drugs” – therefore this figure is likely to be an underestimation of overall prevalence of heroin

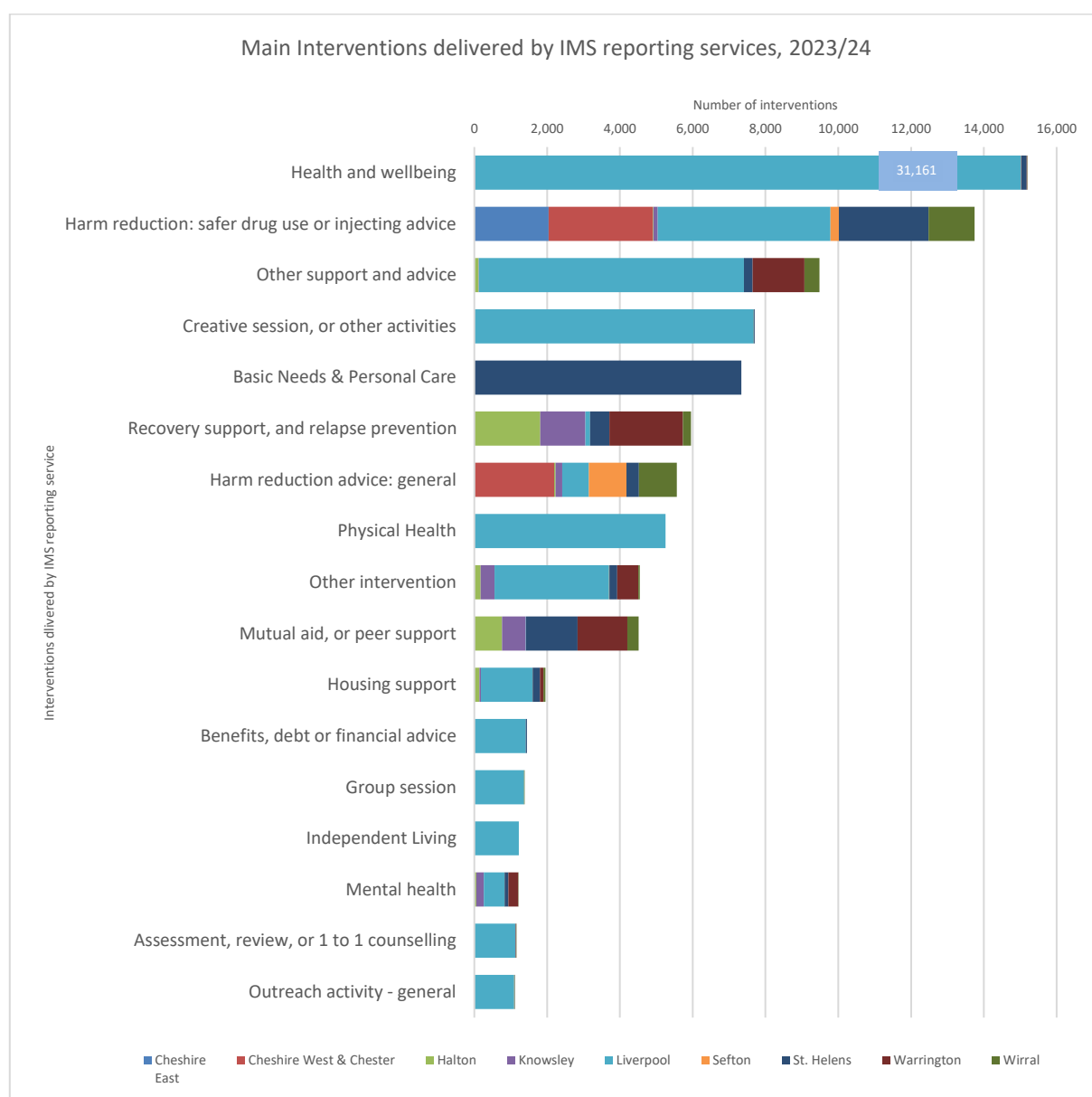
13: REPORTED USE OF CRACK COCAINE IS AT ITS LOWEST LEVEL IN RECENT YEARS

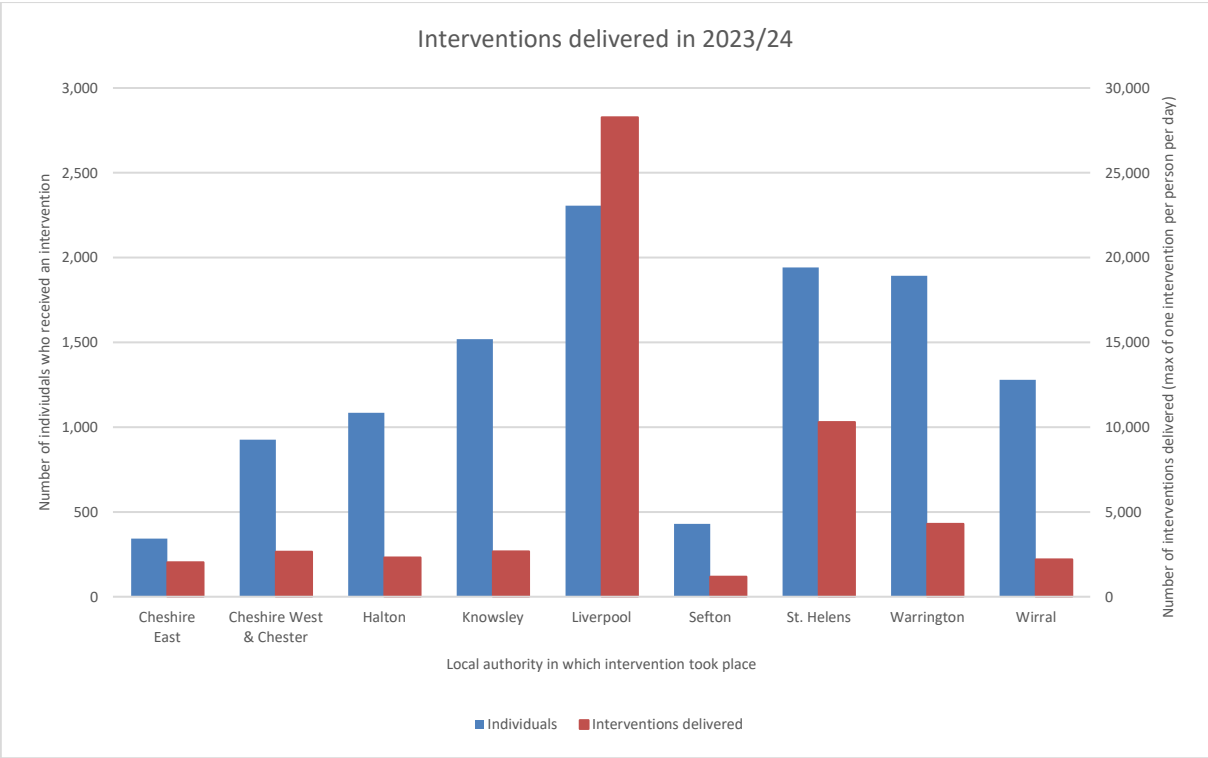
Just under one in eight (12.0%) people using NSP in 2023/24 state that they use crack cocaine, a decrease from the previous year's figure of 18.4% and the lowest level recorded since at least 2017/18. There is substantial variation in crack cocaine use, from 7.8% of the psychoactive NSP cohort in Liverpool to 22.7% in Halton, which recorded only 1.3% in 2017/18. There has been a decrease in the proportion of people in the NSP cohort that use crack cocaine in all areas except Cheshire East which increased by 6.9 percentage points. The largest decreases were in Knowsley which had 32.9% of individuals using crack cocaine in 2022/23 but only 19.8% in 2023/24, and Liverpool which had 19.5% of individuals using crack cocaine in 2022/23 but only 7.8% in 2023/24.



14: OVER 109,000 INTERVENTIONS WERE RECORDED BY IMS IN 2023/24

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 109,271 interventions being delivered during 2023/24, a 42.1% increase on the 76,912 interventions delivered in the previous year. The main interventions delivered were related to health and wellbeing (31,161 interventions delivered primarily by Liverpool), harm reduction: safer drug use or injecting advice (13,746 interventions delivered across multiple areas), and other support and advice (9,482 interventions delivered primarily by Liverpool). Overall, 11,604 individuals received an intervention, which is a 9.0% decrease compared to 2022/23. The number of individuals who received an intervention ranged from 342 individuals in Cheshire East to 2,306 individuals in Liverpool.





15: ALMOST HALF OF PEOPLE WHO RECEIVE BRIEF INTERVENTIONS AND DO NOT REPORT CURRENT INJECTING, USE ALCOHOL

Over four in nine (46.9%) individuals receiving brief interventions only (the cohort of non-injectors within the IMS dataset) identify the use of alcohol as their primary, secondary or tertiary substance, reflecting the historic role of brief intervention provision for this group. This is an increase from 37.6% in 2022/23. Nearly one in five (18.9%) receiving brief interventions only are using heroin (15.3% in 2022/23), followed by 17.2% using cannabis (12.1% in 2022/23), and 16.2% using powder cocaine (12.4% in 2022/23). Around eight 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:
Alcohol	0.0%	0.0%	54.0%	44.9%	26.8%	0.0%	53.0%	56.3%	72.7%	46.9%
Heroin	100.0%	33.3%	24.9%	24.7%	9.8%	6.7%	20.3%	24.1%	7.4%	18.9%
Cannabis	0.0%	0.0%	20.8%	25.5%	8.8%	0.0%	20.6%	20.6%	2.9%	17.2%
Cocaine (excl Crack)	0.0%	0.0%	17.2%	30.3%	9.4%	0.0%	17.6%	16.8%	0.0%	16.2%
Crack Cocaine	0.0%	0.0%	19.6%	12.0%	10.1%	6.7%	13.4%	16.1%	0.7%	12.7%
Other Opiates	0.0%	0.0%	5.7%	4.8%	1.5%	0.0%	3.8%	7.2%	0.7%	4.1%
Other Drugs	0.0%	0.0%	2.2%	1.6%	8.6%	0.0%	1.9%	4.7%	0.2%	3.9%
Methadone	0.0%	0.0%	4.5%	2.1%	1.1%	0.0%	2.8%	2.0%	0.2%	2.2%
Hallucinogens	0.0%	0.0%	1.8%	3.4%	1.3%	0.0%	2.7%	1.9%	0.7%	2.0%
Benzodiazepines	0.0%	0.0%	2.2%	1.1%	0.9%	0.0%	2.0%	4.1%	0.0%	1.8%
Amphetamines (excl Ecstasy)	0.0%	0.0%	0.6%	1.1%	0.7%	0.0%	1.8%	1.2%	0.0%	1.0%
Prescription Drugs	0.0%	0.0%	1.9%	0.7%	0.2%	0.0%	0.8%	0.8%	0.7%	0.8%
Steroids & PIEDS	0.0%	66.7%	0.1%	0.5%	0.4%	86.7%	0.2%	1.2%	0.5%	0.7%
Ecstasy	0.0%	0.0%	0.1%	0.3%	0.2%	0.0%	0.2%	0.4%	0.0%	0.2%
Solvents	0.0%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.4%	0.0%	0.1%
Novel Psychoactive Substances	0.0%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.2%	0.1%
Anti-depressants	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Barbiturates	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Major Tranquillisers	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%



This report covers the year from 1st April 2023 up until 31st March 2024. The recovery in activity for the psychoactive cohort (people who inject drugs such as heroin or crack cocaine) appears to have stalled since 22/23, decreasing as it did to its lowest level since the inception of the IMS cohort model. Some of this may be impacted by the closure of pharmacies given well documented financial pressures on the sector, although the steroids and other IPEDs cohort has stayed broadly the same in terms of activity. Despite the decline in NSP utilisation by the steroid and IPED group during the pandemic which 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 86% of pre-pandemic levels. However the substantial increase in usage in 22/23 has tailed off over the 23/24 period. 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 further back to 71.4% 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 2023/24 highlights that a consistently large number of individuals (71.3%) who use NSP services do not appear to be in structured treatment. While this figure may be an overestimate due to recording issues, that there are a not insignificant number of individuals injecting psychoactive substances out of treatment is 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. However there is some local work taking place around mis-recording of client attributors by pharmacies and its impact on these numbers will be explored following publication of these findings. The data contributes to the picture across Cheshire and Merseyside around unmet need, and alongside published prevalence estimates for opiate and crack cocaine use⁷ 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 72.0% in 2022/23 to 74.3% in 2023/24, 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 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.

⁷ 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

Opiates are still the main group of psychoactive substances injected across all local authority areas, and although many areas have a cohort of individuals also using crack cocaine, there has been a decrease in these numbers in all areas except Cheshire East which increased by 6.9 percentage points. This reported usage conflicts with information from other sources such as the IMS DARD review system which covers all of Cheshire and Merseyside, alongside national 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.⁸ 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 2030⁹. 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 109,000 interventions being delivered over 2022/23, although this represents a increase of 42.1% 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, the picture IMS presents is that following the reduction in overall numbers reported in 2018/19, and then a further reduction because of the pandemic, 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 being at similar levels to the previous year. Further work should take place to explore the reasons for this, and whether the reduction in the number of pharmacy sites due to the pressures on the sector 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.

⁸ Deaths related to drug poisoning in England and Wales: 2023 registrations (ONS, 2024): <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2023registrations>

⁹ 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 29th October 2024. 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>

The NDTMS data was matched in December 2024/January 2025. A spreadsheet with attributors was provided to OHID who matched based on presentations into treatment in each local authority area during the previous year.

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 2023 to 31st March 2024. 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.

