INTEGRATED MONITORING SYSTEM

Integrated Monitoring System
Annual Report
Cheshire and Merseyside 2024/25

includes NDTMS data match

Mark Whitfield and Howard Reed

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

https://ims.ljmu.ac.uk/info PHImonitoring@ljmu.ac.uk 0151 231 4314

PHI Public Health Institute LIVERPOOL JOHN MOORES UNIVERSITY

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INTRODUCTION

This is the twelfth 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 document[1] which was published in November 2025. There were 34 specialist agencies or projects within such agencies reporting to IMS, alongside 60 pharmacies, totalling 94 (a decrease of 7 pharmacies compared to last year) 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).

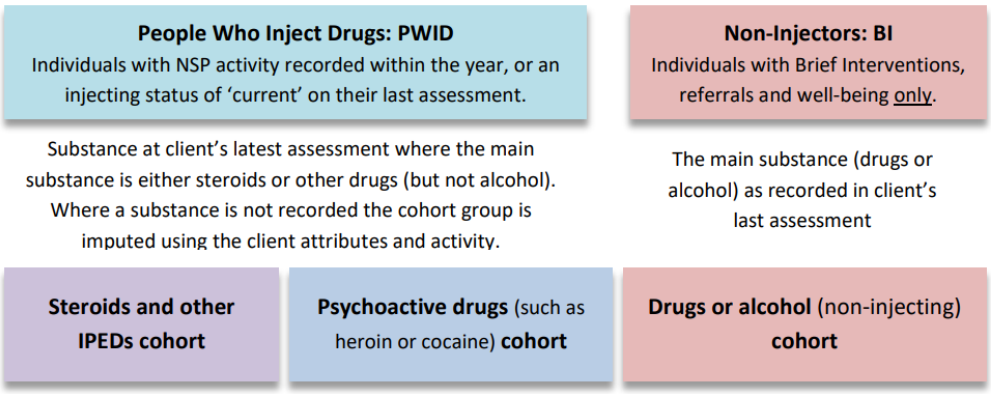


Figure 1 - The three cohorts used to describe IMS data

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 2024/25 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, Jane Webster, January 2026.

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

SERVICES REPORTING TO IMS DURING 2024-25

Cheshire East

- CGL (2 sites)
- NSP Direct
- *8 pharmacies* ↓ (-1)

Cheshire West & Chester

- VIA (3 sites)
- *6 pharmacies* ↑(+1)

Halton

- CGL (2 sites)
- NSP Direct
- *0 pharmacies* ← (=)

Knowsley

- CGL (2 sites)
- YMCA (1 site)
- NSP Direct
- *9 pharmacies* ← (=)

Liverpool

- With You (3 sites)
- Community Voice
- Red Umbrella
- Aigburth Drive Harm Reduction Service
- RISE (2 sites)
- YMCA (2 sites)
- SAHA
- LGBT Foundation
- WHISC Women's Health Info & Support Centre
- *10 pharmacies* ↓ (-1)

Sefton

- CGL (2 sites)
- NSP Direct
- *11 pharmacies* ↓ (-1)

St Helens

- CGL
- Salvation Army
- Hope House
- NSP Direct
- *2 pharmacies* ↓ (-3)

Warrington

- CGL - Pathways
- *3 pharmacies* ← (=)

Wirral

- CGL (2 sites)
- NSP Direct
- YMCA
- Response YP
- Healthwatch Wirral
- *11 pharmacies* ↓ (-2)

EXECUTIVE SUMMARY

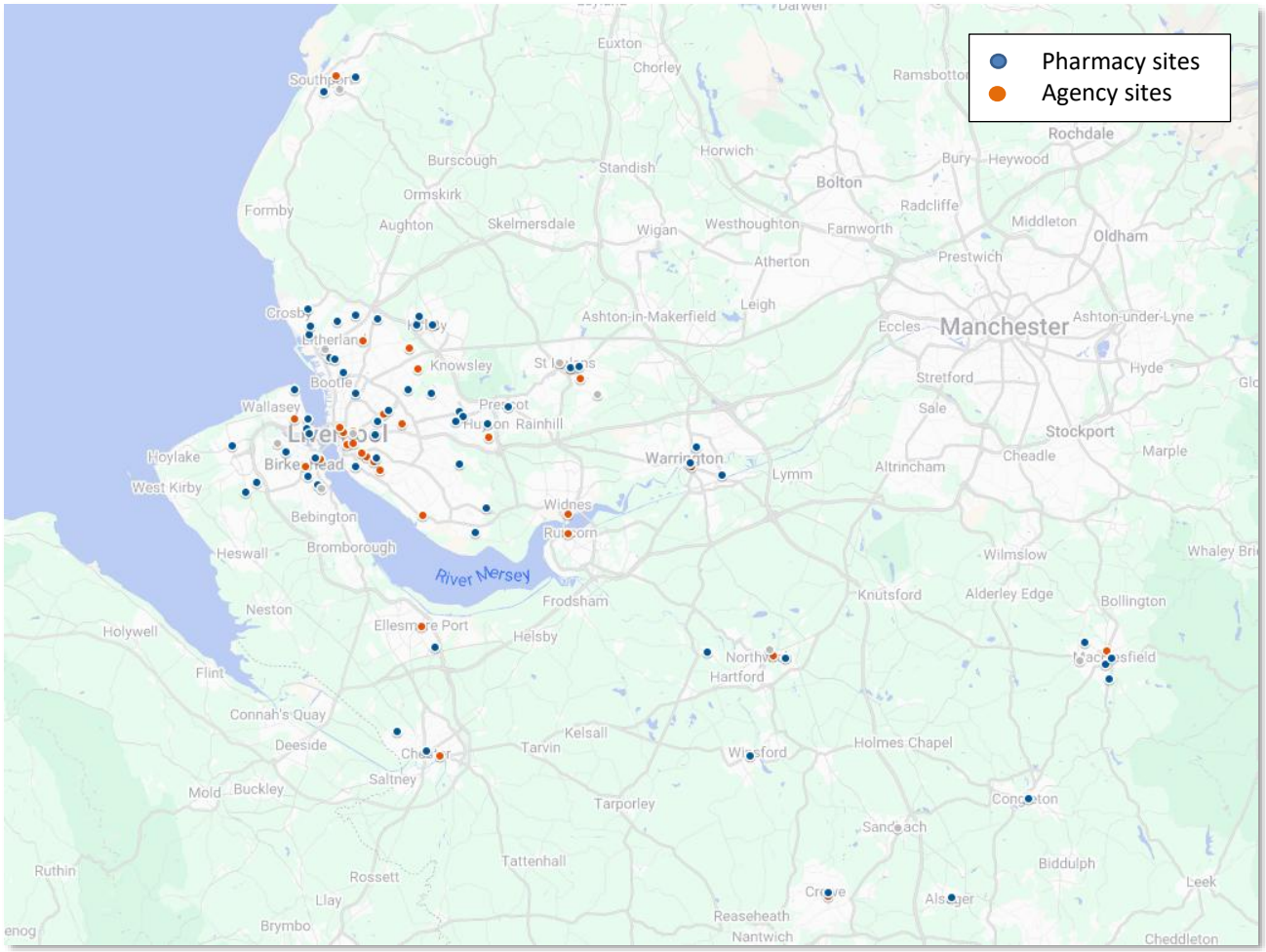
- There were 4,429 individuals injecting psychoactive substances, such as heroin and crack cocaine, and 5,253 individuals injecting steroids or other image and performance enhancing drugs (IPEDs), who presented to Needle and Syringe Programmes (NSP) across Cheshire and Merseyside in 2024/25. These numbers represent a 14% decrease on the previous year for the psychoactive cohort to the lowest level of presentations since at least 2014/15, and a 6% decrease for the IPEDs cohort.
- People injecting psychoactive substances made up 46% of all presentations in 2024/25, the lowest proportion since at least 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 32 people per 10,000 population, while Warrington has the highest rate of presentations for people who inject steroids and IPEDs at 33 people per 10,000 population.
- Just over 30% of individuals using NSP were also in structured treatment, although there were substantial variations by local authority, ranging from 22% in treatment in Liverpool to 45% of individuals in treatment in Wirral.
- Females were more likely to be in treatment (34% in treatment) than males (28% in treatment) although this figure decreased by 1% (female) and 0.5% (male) compared to the previous year.
- Around a third of individuals aged 50-59 years (34%) were in treatment for their substance use, while those aged under 30 years were least 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 28% for the psychoactive cohort compared to 2023/24 and a decrease in visits of 8.7% for the steroids and other IPEDs cohort.
- Liverpool 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 336.6 needles distributed per individual in the area. The average across the region was 185 needles distributed per individual across the year, an increase of 49% compared to 2023/24. Cheshire West & Chester had the lowest overall coverage (62 needles per individual).
- In total, 128 individuals used the NSP Direct online ordering service for equipment from six of the nine local authority areas across Cheshire and Merseyside during 2024/25, an overall decrease of 18% on the previous year. Overall, 135,156 needles were distributed, an increase of 4% compared to last year.
- People who inject steroids and other IPEDs are more likely to access agency-based NSP services (61%) than people who inject psychoactive substances (47%). For pharmacy-based services, people who inject psychoactive substances are more likely to access a pharmacy NSP service (67%), compared to 42% 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 2024/25 at 80%.
- Around six in seven individuals (84%) in the psychoactive injecting cohort identify the use of heroin.
- The proportion of people using NSP state that they use crack cocaine was 23%, with Halton holding the highest proportion within this cohort (31%). Powder cocaine, methadone and cannabis were all identified by less than 4% of presentations across Cheshire and Merseyside.
- Nearly half (48%) of individuals receiving brief interventions only (non-injectors within the IMS dataset) noted the use of alcohol. Nearly a quarter (23%) reported using powder cocaine, followed by 20% using cannabis and 15 % using heroin.
- There was a substantial 31% decrease of interventions being delivered compared to the previous year, but 74,830 interventions were delivered including health and wellbeing, and harm reduction: safer drug use or injecting advice. Overall, 11,881 individuals received an intervention, which is a 2.3% increase compared to 2023/24.

CHESHIRE & MERSEYSIDE OVERVIEW 2024-25

A range of service types across Cheshire and Merseyside report to IMS including pharmacy and agency based sites. 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 Halton, Knowsley and Warrington the number of pharmacies offering NSP was unchanged since 2024/25, for all other areas there are fewer pharmacies reporting compared to the previous year with the exception from Cheshire West and Chester which saw an increase in pharmacy provision.

Individual local authority overviews giving a more detailed picture for each area 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 2024-25 across the Cheshire and Merseyside area are included in the IMS Annual Report 2024-25 Data Tables document.



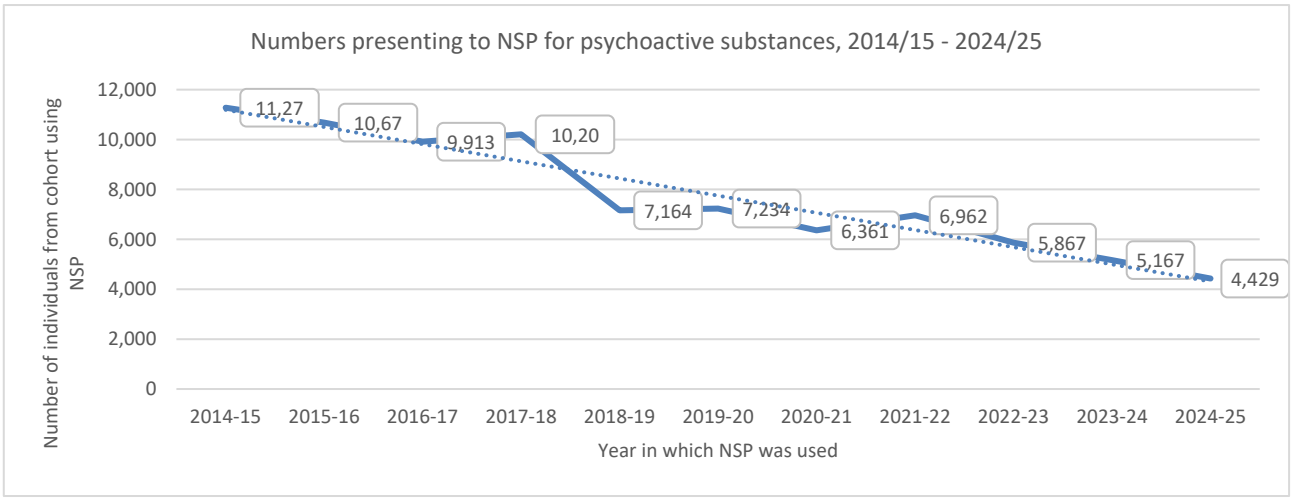
IMS reporting services across Cheshire and Merseyside, 2024/25

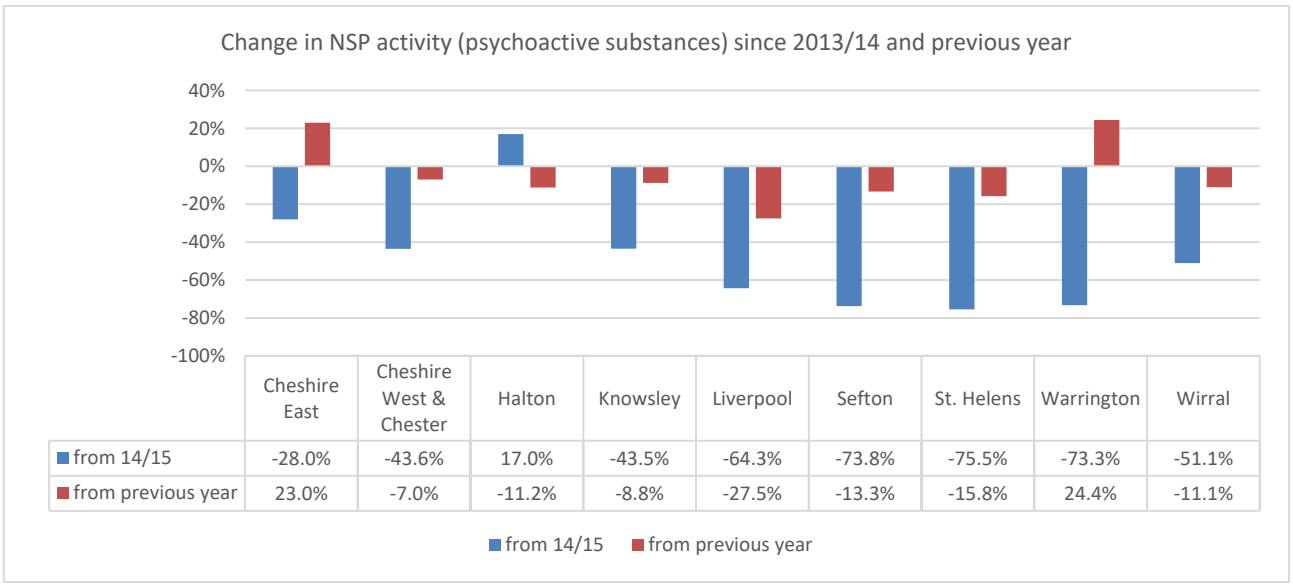
MAIN FINDINGS

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 2024/25 since reporting on this cohort began. Following a 11.9% decrease in 2023/24, the number of people has decreased a further 14.3% in 2024/25.

At a local authority level, compared to 2024/25, Cheshire East and Warrington experienced an increase in NSP activity of 23.0% and 24.4% respectively. The remaining seven local authorities experienced a decrease in NSP activity, ranging from -11.1% in Wirral to -27.5% in Liverpool. Compared to 10 years ago, all areas experienced more substantial decreases of between -28.0% in Cheshire East to -75.5% in St Helens, with the exception of Halton (+17.0 % since 2013/14).

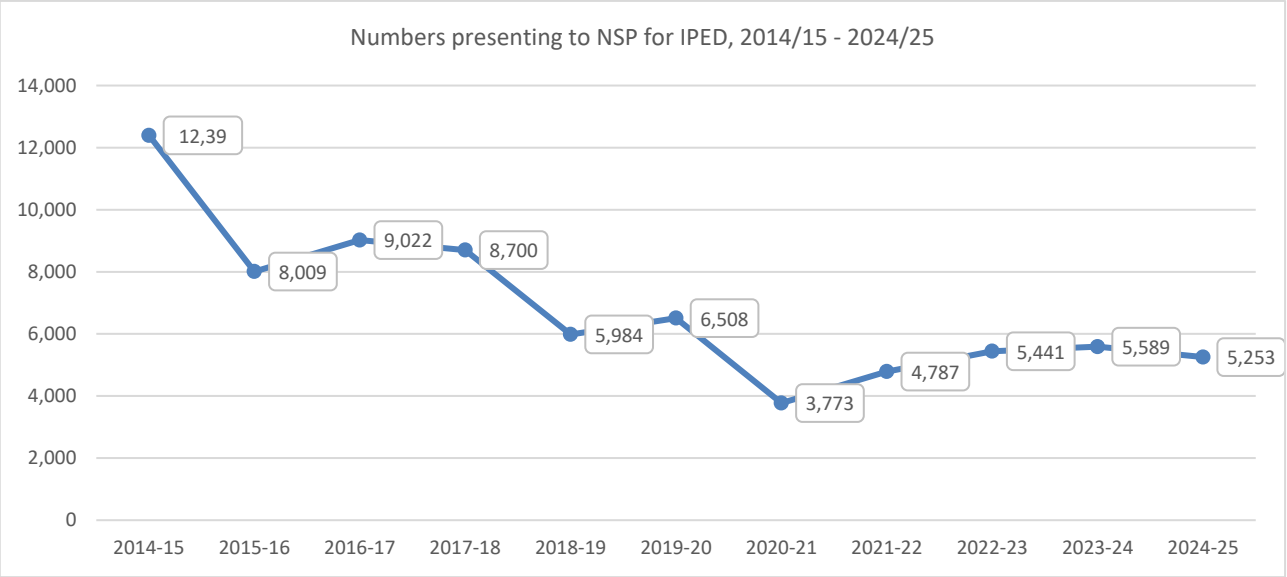


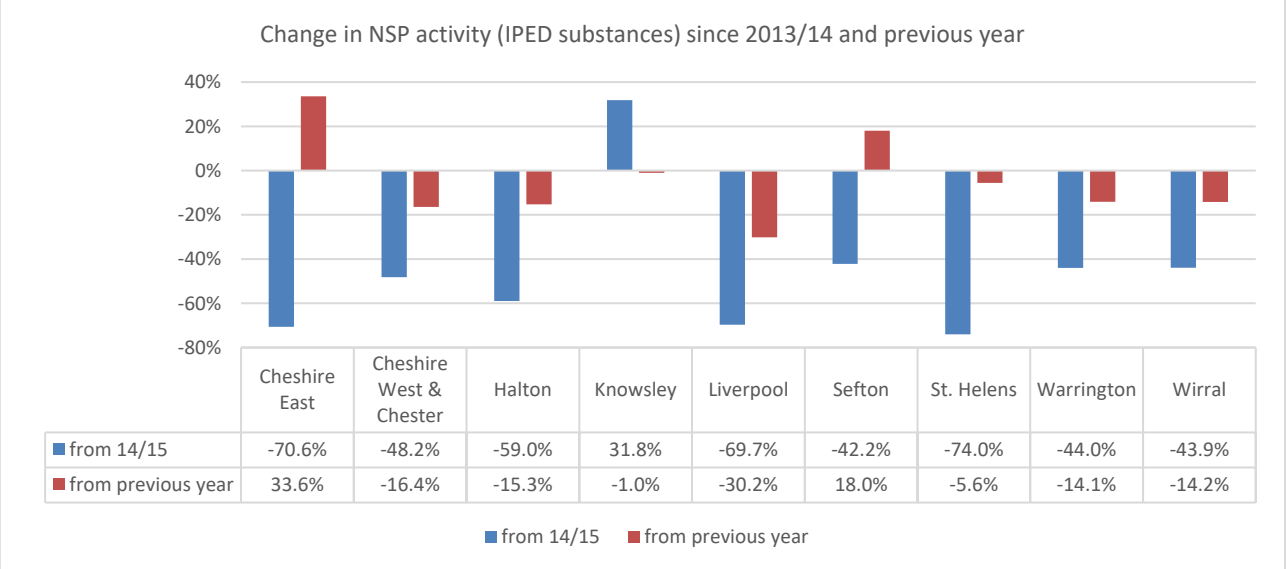


	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
from 14/15	-28.0%	-43.6%	17.0%	-43.5%	-64.3%	-73.8%	-75.5%	-73.3%	-51.1%
from previous year	23.0%	-7.0%	-11.2%	-8.8%	-27.5%	-13.3%	-15.8%	24.4%	-11.1%

2: THE NUMBER OF PEOPLE WHO INJECT STEROIDS PRESENTING TO NSP HAS STARTED TO DECREASE

Following the recent increase in the number of individuals attending NSP for steroids and other IPEDs since the first year of the pandemic (2020/21), activity has declined again. Numbers remain at a level substantially lower than those seen in 2019/20 pre-pandemic, with a reduction of 6.4% compared to 2023/24. Presentations increased on the previous year across two of the nine local authorities ranging from a 18.0% increase in Sefton to a 33.6% increase in Cheshire East. The remaining seven local authorities experienced decreases ranging from -1.0% (Knowsley) to -30.2% (Liverpool). However, all areas apart from Knowsley (+31.8%) had fewer individuals attending NSP for steroids and other IPEDS compared to 2013/14, ranging from -42.2% in Sefton to -74.0% in St Helens.

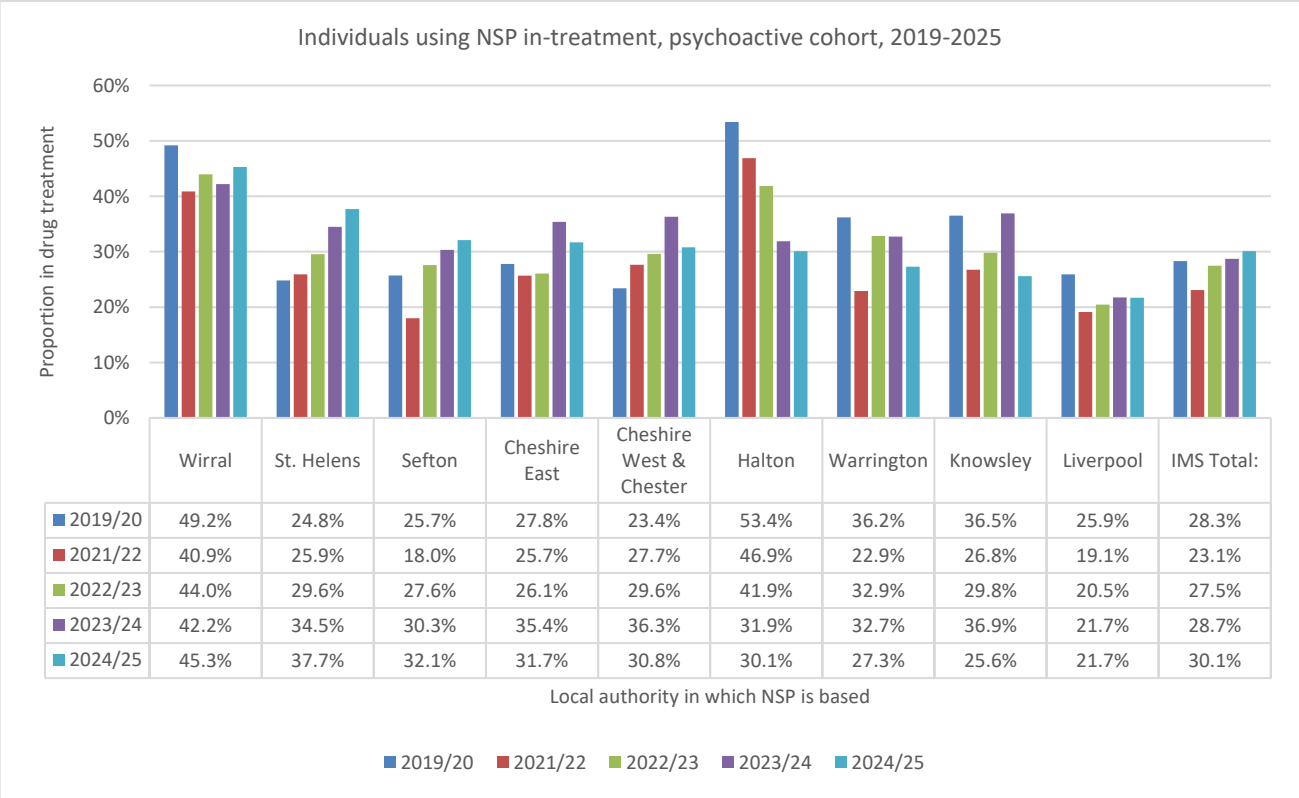




	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
from 14/15	-70.6%	-48.2%	-59.0%	31.8%	-69.7%	-42.2%	-74.0%	-44.0%	-43.9%
from previous year	33.6%	-16.4%	-15.3%	-1.0%	-30.2%	18.0%	-5.6%	-14.1%	-14.2%

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

Each year OHID[2] 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 2024/25, 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 28.8%, a similar figure to 2023/24 where this figure was 28.7%, and an increase of 1.3% on the 2022/23 analysis where this figure was 27.5%. The area with the lowest treatment penetration in 2024/25 was Liverpool where 21.7% of this cohort were in treatment, while Wirral had the highest proportion (45.3%) in treatment. Three of the nine local authorities had increases in the proportions using NSP for psychoactive substances in treatment, with St Helens having the largest increase of 3.2%. The remaining six local authorities experienced no change or a decrease in the proportion using NSP for psychoactive substances in-treatment, with Knowsley having the largest decrease of 11.3%. The figure for those in treatment accessing NSP for injecting steroids or other IPEDs remained low at between 2% and 7% for all local authority areas.



	Wirral	St. Helens	Sefton	Cheshire East	Cheshire West & Chester	Halton	Warrington	Knowsley	Liverpool	IMS Total:
2019/20	49.2%	24.8%	25.7%	27.8%	23.4%	53.4%	36.2%	36.5%	25.9%	28.3%
2021/22	40.9%	25.9%	18.0%	25.7%	27.7%	46.9%	22.9%	26.8%	19.1%	23.1%
2022/23	44.0%	29.6%	27.6%	26.1%	29.6%	41.9%	32.9%	29.8%	20.5%	27.5%
2023/24	42.2%	34.5%	30.3%	35.4%	36.3%	31.9%	32.7%	36.9%	21.7%	28.7%
2024/25	45.3%	37.7%	32.1%	31.7%	30.8%	30.1%	27.3%	25.6%	21.7%	30.1%

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

4: FEMALE AND THOSE IN THEIR 50S 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 (34.0%) are also in treatment, compared to just over a quarter (27.7%) for male clients. Males are more likely to be in treatment compared to the previous year, increasing by 0.5% compared to females who are less likely to be in treatment with a decrease of 1.3% compared to 2023/24.

Individuals aged 50-59 years were by some margin the most likely to be in treatment (34.1%). The proportion of individuals in treatment for those aged between 0-29 years and 50+ years has continued to increase since 2021/22. However there were small decreases in the proportion of individuals in treatment aged 30-49 years. The age group with the highest increase of 1.7% was 50-59 years, followed by individuals aged between 0-29 and 60+ years (+1.5% each).

Gender of individuals (NSP psychoactive cohort) in treatment

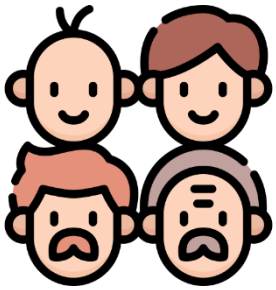
Proportion of **females** who use NSP for psychoactive substances and in-treatment

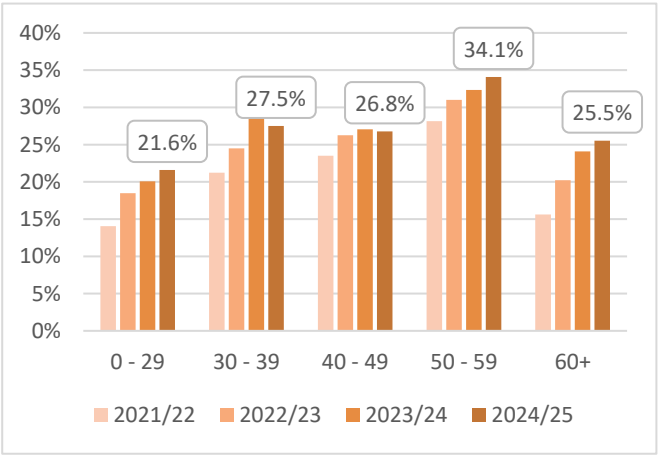
34.0% **(-1.3%)**

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

27.7% **(+0.5%)**

Age group of individuals (NSP psychoactive cohort) in treatment

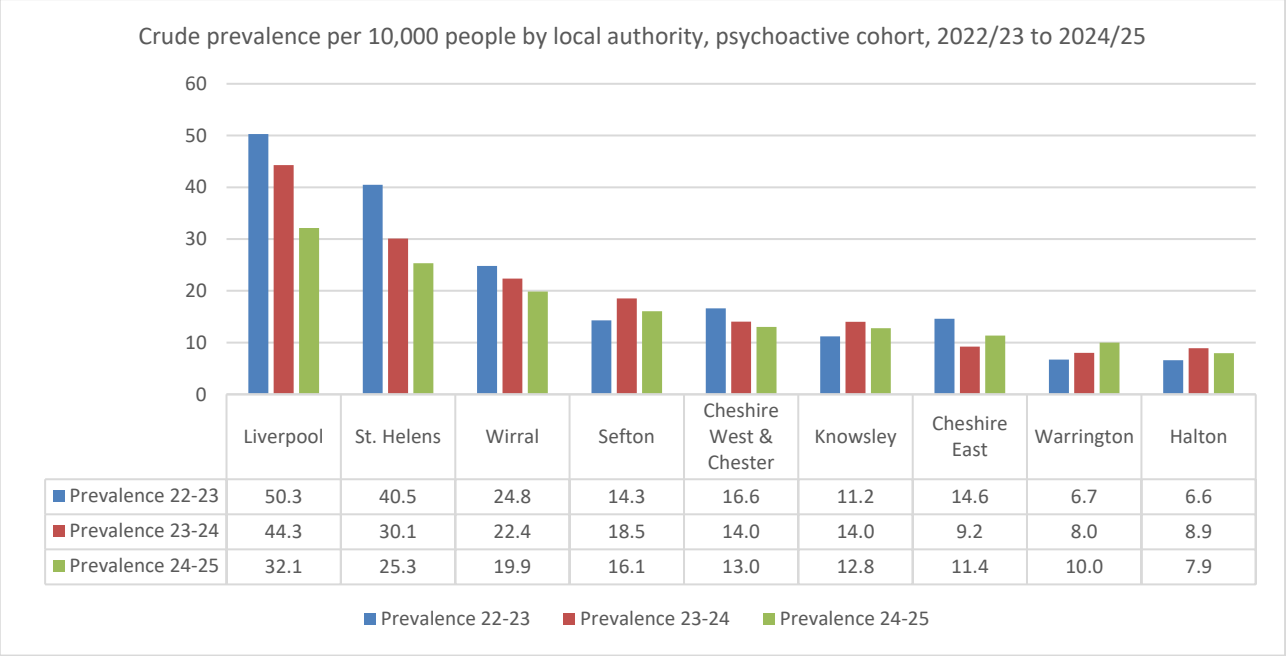




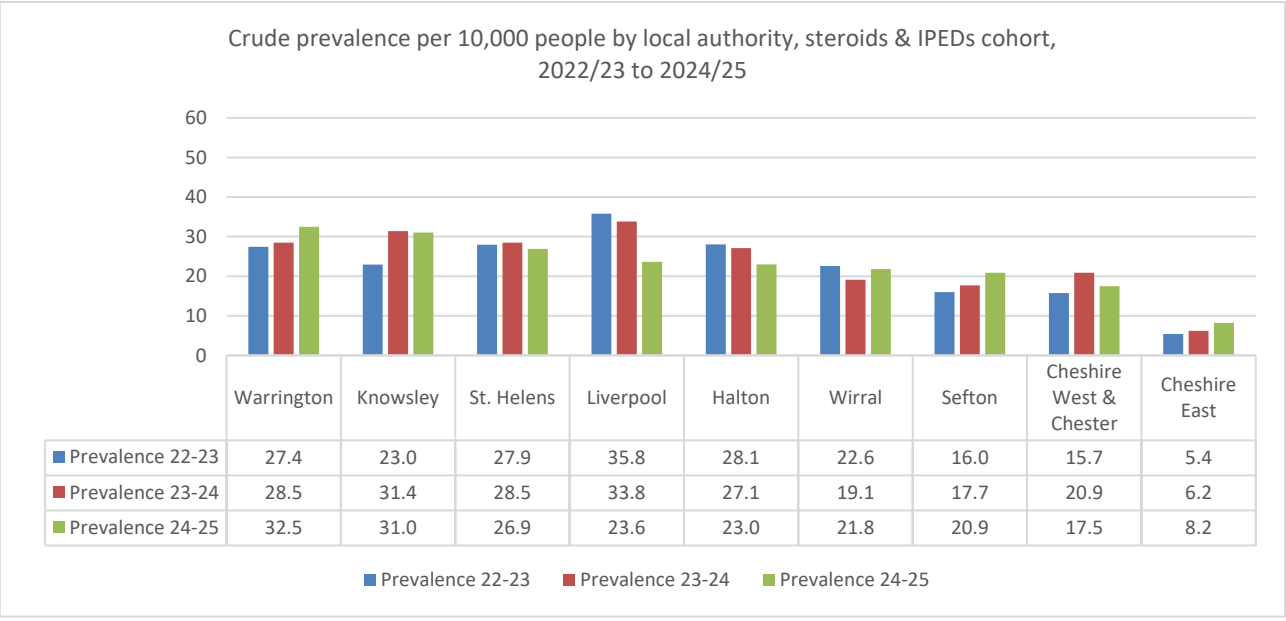
5: LIVERPOOL HAS THE HIGHEST LEVEL OF PRESENTATIONS FOR PEOPLE INJECTING PSYCHOACTIVE SUBSTANCES

Liverpool remains the area with the largest number of individuals presenting to NSP for psychoactive substances both overall (1,608 individuals) and once population size is taken into account (32.1 individuals per 10,000 population, down from 44.3 individuals per 10,000 population), followed by St. Helens (25.3 individuals per 10,000 population, down from 30.1 individuals per 10,000 population) and Wirral (19.9 individuals per 10,000 population, down from 22.4 individuals per 10,000 population). Halton had the lowest proportion of presentations for people who inject psychoactive substances in 2024/25, with 103 individuals in total using NSP or 7.9 per 10,000 people.

Warrington has the highest level of presentations for people who inject steroids or other IPEDs (32.5 people per 10,000 population, an increase from 28.5 people per 10,000 population), followed by Knowsley (31.0 people per 10,000 population) and St. Helens (26.9 per 10,000 population). Cheshire East has the lowest prevalence for this cohort with 8.2 individuals per 10,000 population, up from 6.2 people per 10,000 population.



	Liverpool	St. Helens	Wirral	Sefton	Cheshire West & Chester	Knowsley	Cheshire East	Warrington	Halton
Prevalence 22-23	50.3	40.5	24.8	14.3	16.6	11.2	14.6	6.7	6.6
Prevalence 23-24	44.3	30.1	22.4	18.5	14.0	14.0	9.2	8.0	8.9
Prevalence 24-25	32.1	25.3	19.9	16.1	13.0	12.8	11.4	10.0	7.9

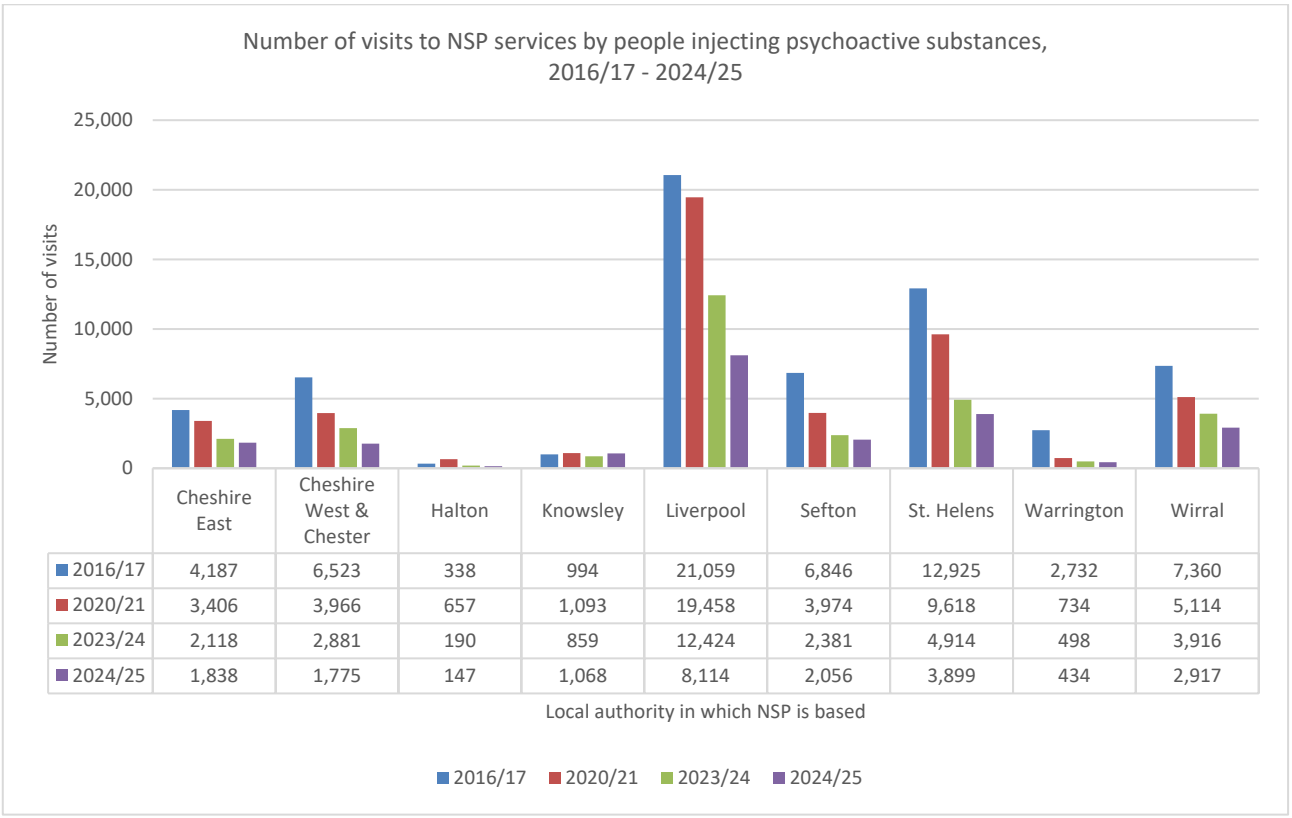


	Warrington	Knowsley	St. Helens	Liverpool	Halton	Wirral	Sefton	Cheshire West & Chester	Cheshire East
Prevalence 22-23	27.4	23.0	27.9	35.8	28.1	22.6	16.0	15.7	5.4
Prevalence 23-24	28.5	31.4	28.5	33.8	27.1	19.1	17.7	20.9	6.2
Prevalence 24-25	32.5	31.0	26.9	23.6	23.0	21.8	20.9	17.5	8.2

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 in 2020/21, activity has continued to steadily decline year on year, with a decrease in visits of 28.2% compared to 2023/24. The areas with the largest decline in the number of visits when compared to 2023/24 were Cheshire West and Chester (-38.3%) and Liverpool (-34.6%). Knowsley saw a 24.3% increase in activity for this cohort. Cheshire East, Halton, Sefton, St Helens, Warrington and Wirral all saw a reduction in activity of -13.2%, -22.6%, - 13.6%, -20.6%, -12.8% and -25.5% respectively.

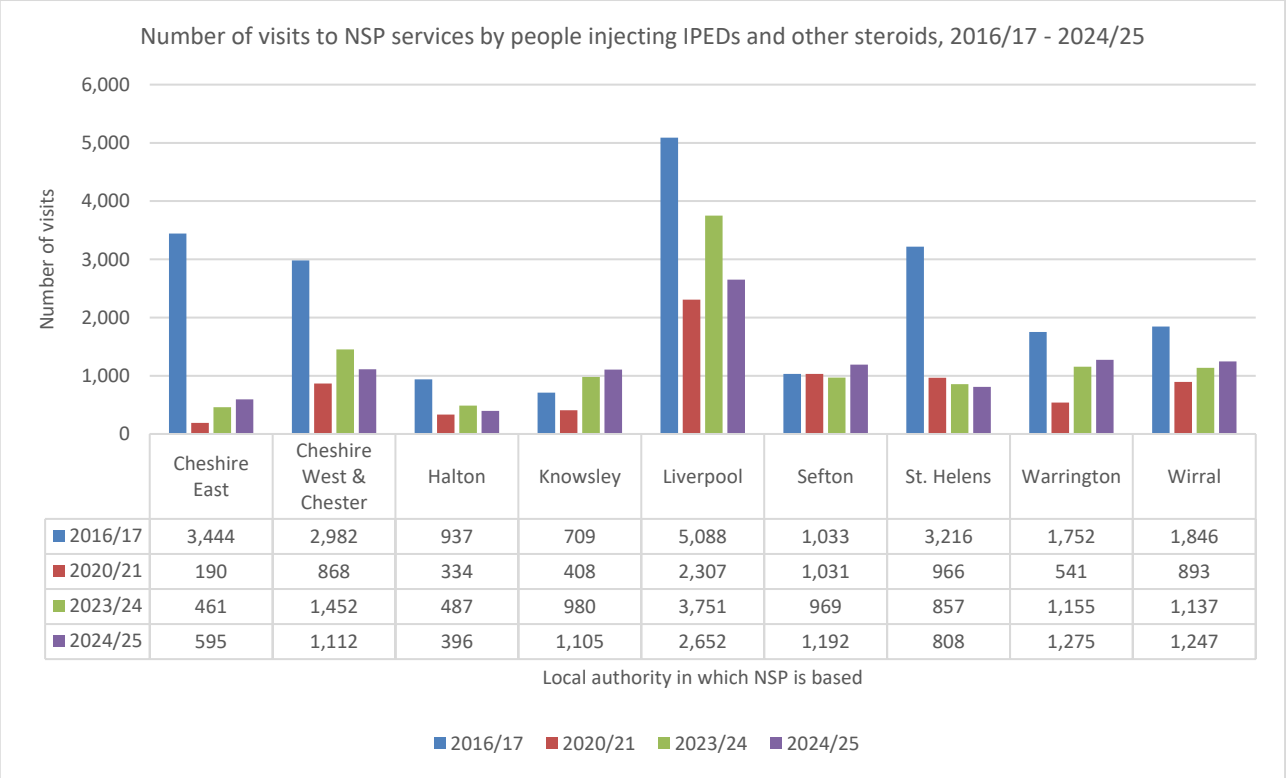
Decrease in visits for psychoactive cohort since 2016/17: **64.7%**



	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
2016/17	4,187	6,523	338	994	21,059	6,846	12,925	2,732	7,360
2020/21	3,406	3,966	657	1,093	19,458	3,974	9,618	734	5,114
2023/24	2,118	2,881	190	859	12,424	2,381	4,914	498	3,916
2024/25	1,838	1,775	147	1,068	8,114	2,056	3,899	434	2,917

Activity for the steroids and other IPEDs cohort decreased by an even greater extent in the first year of the pandemic in 2020/21, and compared to 2023/24, there was a 8.7% decrease in activity for this cohort, although it has increased year on year for some areas including +9.6% (Wirral) and +23.0% (Sefton). However, remaining areas experienced decreases ranging from a 5.7% decrease for St Helens, a 23.4% decrease for Cheshire West & Chester, an 18.6% decrease for Halton and most significantly a 29.2% decrease for Liverpool.

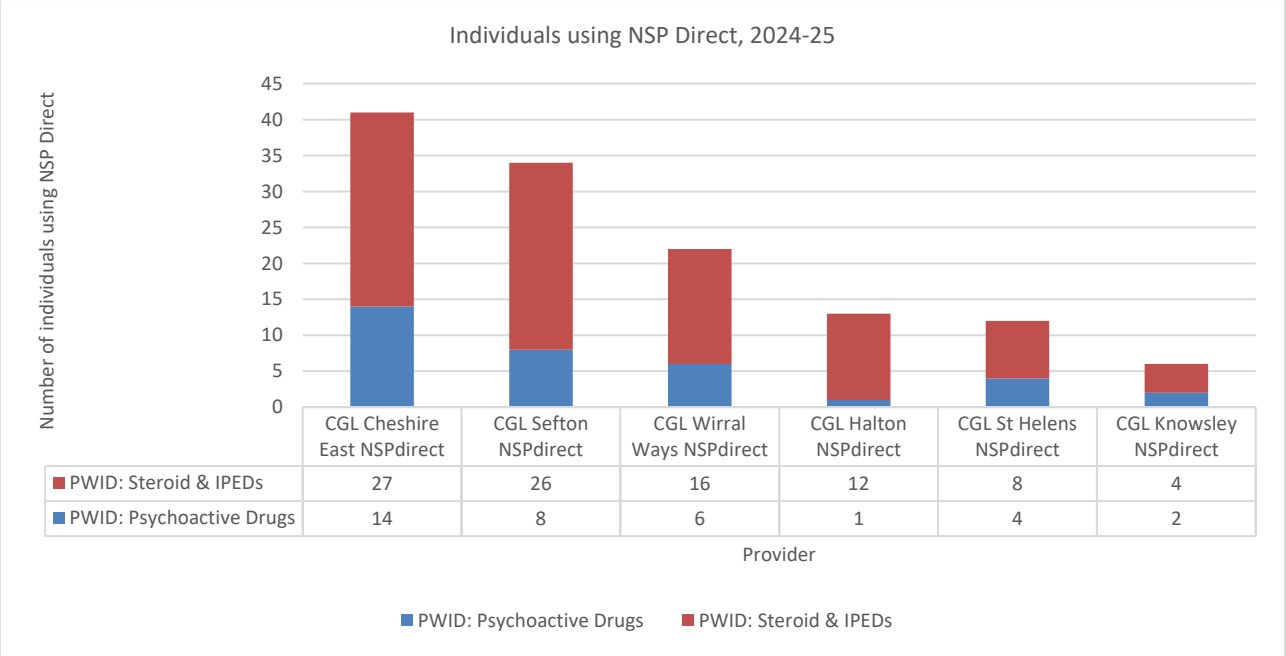
Decrease in visits for IPED cohort since 2016/17: **-50.6%**



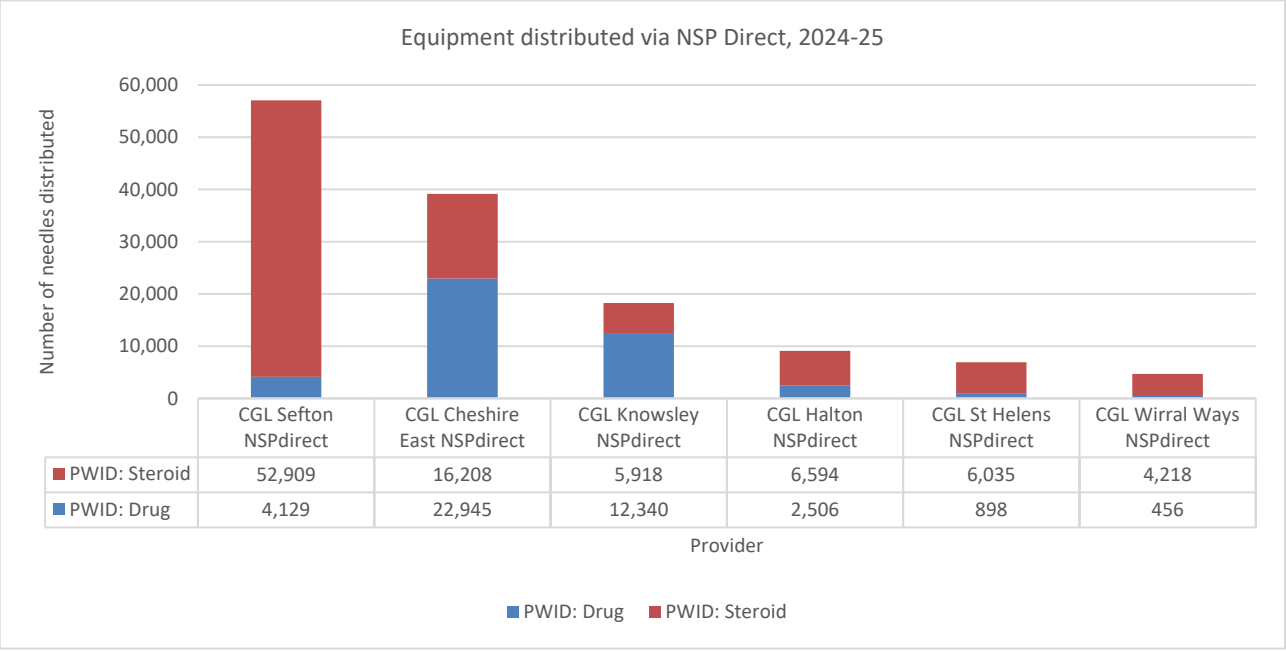
	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral
2016/17	3,444	2,982	937	709	5,088	1,033	3,216	1,752	1,846
2020/21	190	868	334	408	2,307	1,031	966	541	893
2023/24	461	1,452	487	980	3,751	969	857	1,155	1,137
2024/25	595	1,112	396	1,105	2,652	1,192	808	1,275	1,247

7: USE OF NSP DIRECT WAS LIMITED AND HAS DECREASED OVER THE LAST YEAR

In total, 128 individuals used the NSP Direct online ordering service for equipment from six of the nine local authority areas across Cheshire and Merseyside during 2024/25, with Sefton and Cheshire East having the greatest take up of the service (34 and 41 individuals respectively). This represents an overall decrease of 18.5% on the previous year.

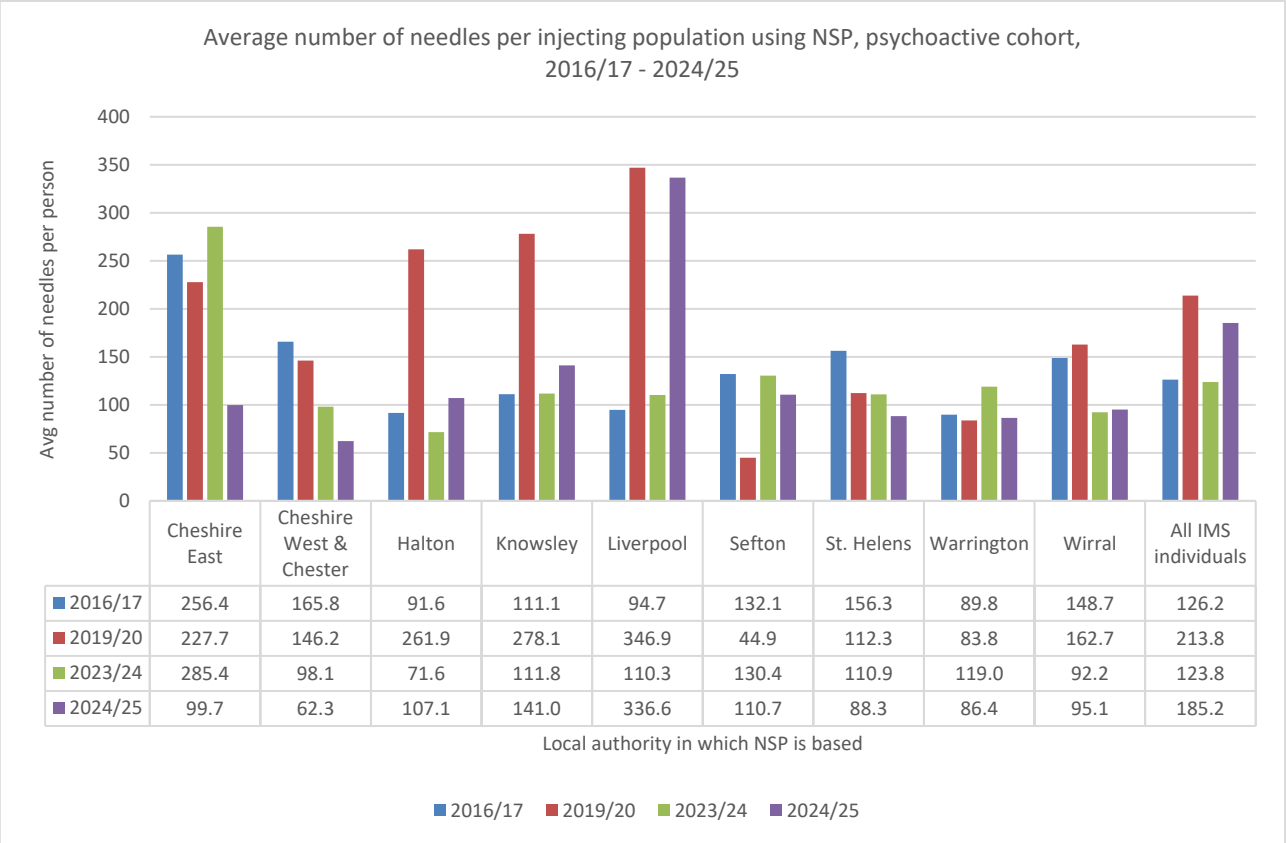


However 135,156 needles were distributed using this service over the course of 543 separate orders, which is an increase of 4.3% on the previous year. The area which had the highest decrease in equipment distributed was Halton which sent out 19.7% less than the previous year (total of 9,100 needles in 2024/25 compared to 11,320 needles in 2023/24).



8: THE AVERAGE NUMBER OF NEEDLES DISTRIBUTED PER INDIVIDUAL INCREASED, SUBSTANTIALLY IN LIVERPOOL

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.[3] In 2024/25, Liverpool was the only local authority within Cheshire and Merseyside to achieve this for individuals injecting psychoactive substances, with an average of 336.6 needles distributed per individual in the area. This is substantially higher than the region's average across the year (185.2 needles distributed per individual). However, comparative to 2023/24, the overall region's average of needles distributed per individual increased by 49.5% in 2024/25. The areas to show an increase in coverage from the previous year ranged from to Halton (+49.5%) to Liverpool (+205.1%).[4] Chester West & Chester had the lowest overall coverage (62.3 needles per individual).



	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS individuals
2016/17	256.4	165.8	91.6	111.1	94.7	132.1	156.3	89.8	148.7	126.2
2019/20	227.7	146.2	261.9	278.1	346.9	44.9	112.3	83.8	162.7	213.8
2023/24	285.4	98.1	71.6	111.8	110.3	130.4	110.9	119.0	92.2	123.8
2024/25	99.7	62.3	107.1	141.0	336.6	110.7	88.3	86.4	95.1	185.2

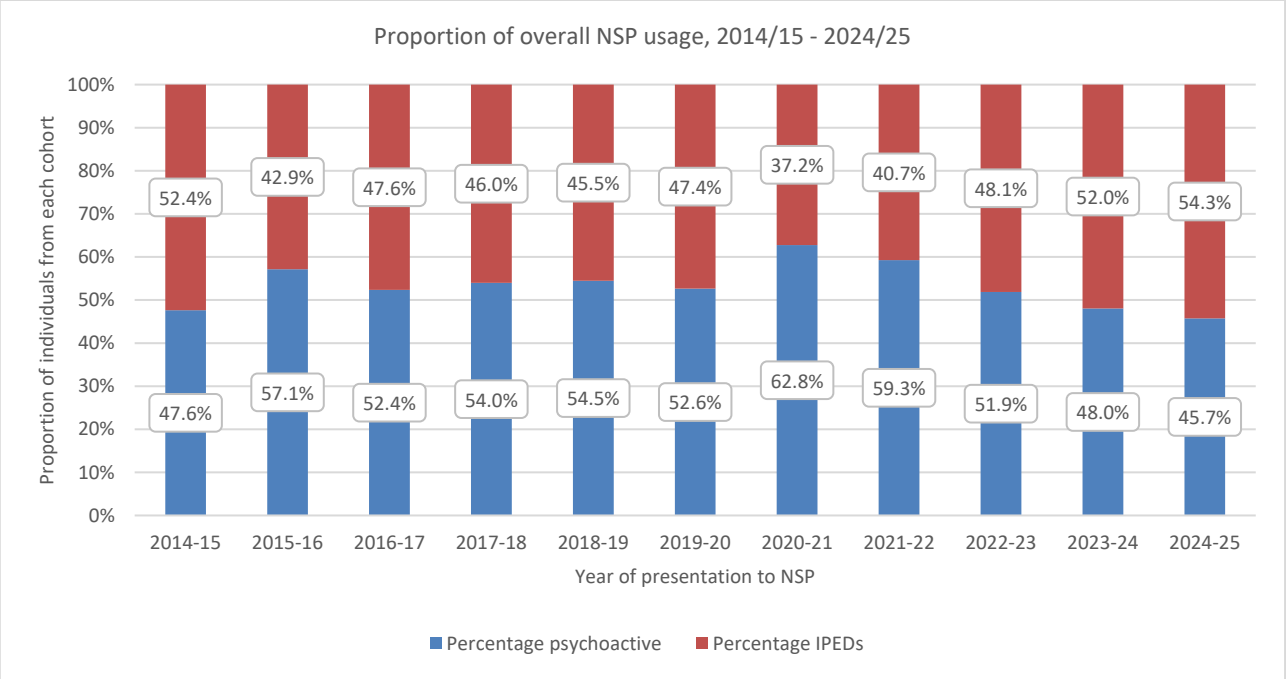
[3] Number of needles-syringes per PWID per year, Coalition for Global Hepatitis Elimination https://www.globalhep.org/technical-notes-number-needles-syringes-pwid-year Accessed 23rd January 2026

[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 presentations in 2023/24 and then to 45.7% in 2024/25. The proportion using NSP for the purposes of steroids and other IPEDs has been steadily increasing since the pandemic, and continued to increase to 54.3% in 2024/25.

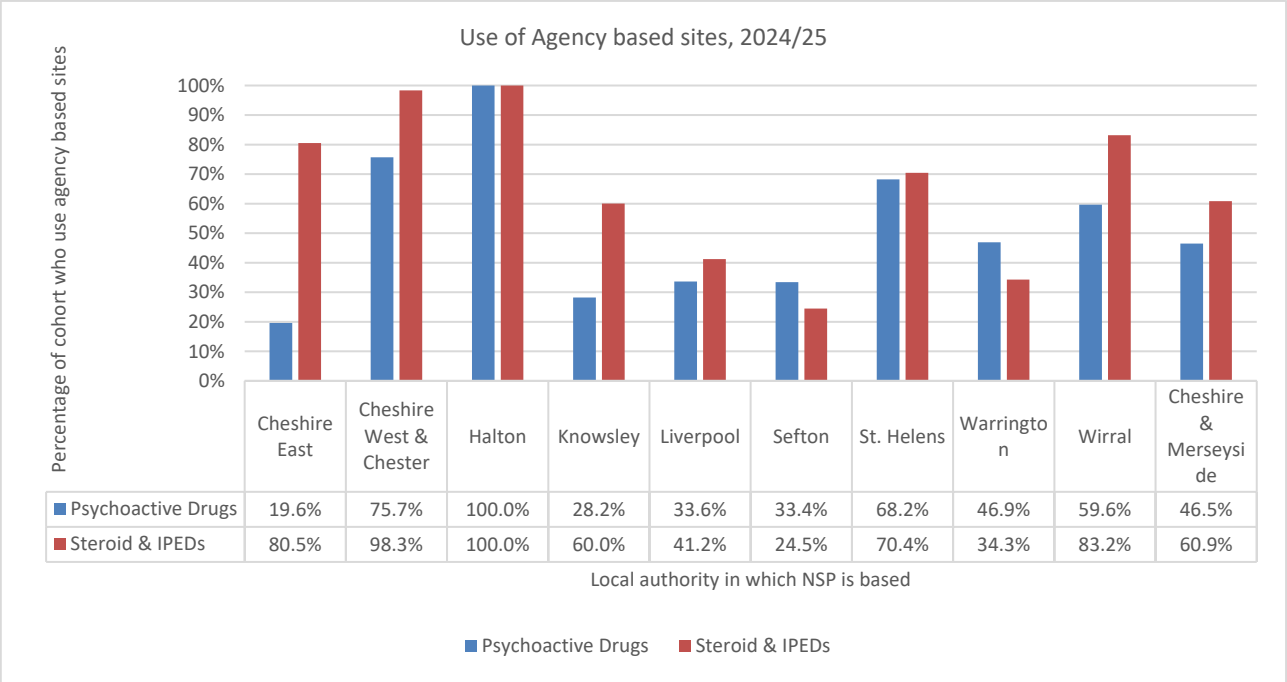
Proportion of IPED cohort for overall presentations:
54.3%



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

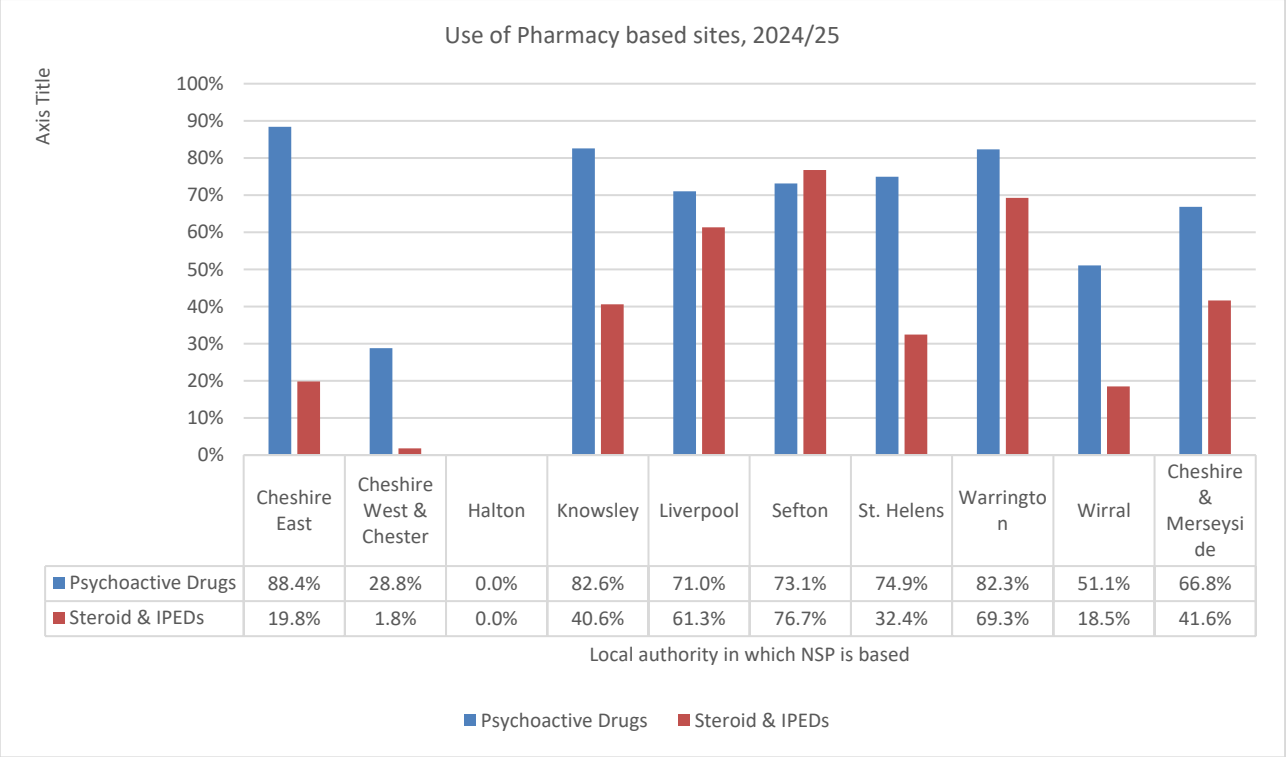
More people used agency than pharmacy based NSP across Cheshire and Merseyside; in 2024/25, 5,255 individuals used agency-based services compared to 5,147 using pharmacy-based services. This represents an increase of 7.5% in agency presentations from the previous year compared to a 22.0% decrease in pharmacy presentations. It remains the case that proportionally people who inject steroids and other IPEDs are more likely to access agency-based NSP services (60.9%) than people who inject psychoactive substances (46.5%). Exceptions to this include Sefton and Warrington where agency-based sites had greater utility from people who use psychoactive drugs.[5]

For pharmacy-based sites, the opposite is the case: people who inject psychoactive substances are more likely to access a pharmacy NSP service (66.8%), compared to 41.6% of people who inject steroids or other IPEDs. Sefton is the only exception to this where the psychoactive cohort are more likely to use agency-based sites.[5]



	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Cheshire & Merseyside
Psychoactive Drugs	19.6%	75.7%	100.0%	28.2%	33.6%	33.4%	68.2%	46.9%	59.6%	46.5%
Steroid & IPEDs	80.5%	98.3%	100.0%	60.0%	41.2%	24.5%	70.4%	34.3%	83.2%	60.9%

[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%.



	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	Cheshire & Merseyside
Psychoactive Drugs	88.4%	28.8%	0.0%	82.6%	71.0%	73.1%	74.9%	82.3%	51.1%	66.8%
Steroid & IPEDs	19.8%	1.8%	0.0%	40.6%	61.3%	76.7%	32.4%	69.3%	18.5%	41.6%

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 2023/24 (74.3%), and has continued to rise, reaching the highest proportion recorded in 2024/25 at 79.3%. St Helens had the youngest cohort in 2024/25, with 26.6% of individuals aged under 40 years while Halton had the oldest cohort, with almost nine in ten (88.3%) individuals aged 40 years or over, which represented the largest increase of all areas from 77.6% in 2023/24.

	2007-08	2012-13	2016-17	2020-21	2023-24	2024-25
Cheshire East	21.4%	37.2%	76.3%	61.7%	68.3%	76.8%
Cheshire West & Chester	31.8%	42.6%	80.6%	69.5%	69.10%	76.1%
Halton	32.2%	37.4%	65.4%	62.0%	77.6%	88.3%
Knowsley	24.2%	42.7%	76.3%	75.7%	82.2%	86.2%
Liverpool	33.4%	41.3%	67.2%	58.6%	74.3%	78.9%
Sefton	36.5%	60.3%	60.3%	72.9%	78.9%	80.8%
St. Helens	29.3%	51.0%	72.9%	59.3%	70.1%	73.4%
Warrington	18.0%	42.3%	58.7%	59.6%	70.8%	78.5%
Wirral	36.4%	52.8%	70.4%	77.2%	75.2%	82.0%
IMS - All areas	31.5%	45.3%	69.6%	64.6%	74.3%	79.3%

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

Around six in seven individuals (84.3%) who inject psychoactive substances identify the use of heroin, ranging from 61.9% in St. Helens[6] to 90.7% in Liverpool. Halton and Knowsley had the highest proportion of this cohort identifying use of crack cocaine (31.4% and 30.8% respectively), while Halton and Warrington had the highest proportion of individuals identifying use of powder cocaine (20.0% and 13.5% respectively). Halton had the highest levels of cannabis use (20.0%), while Warrington had 10.6% of individuals using amphetamines which was considerably more than other local authority areas.

Proportion of NSP presentations using heroin from psychoactive cohort, 2024-25

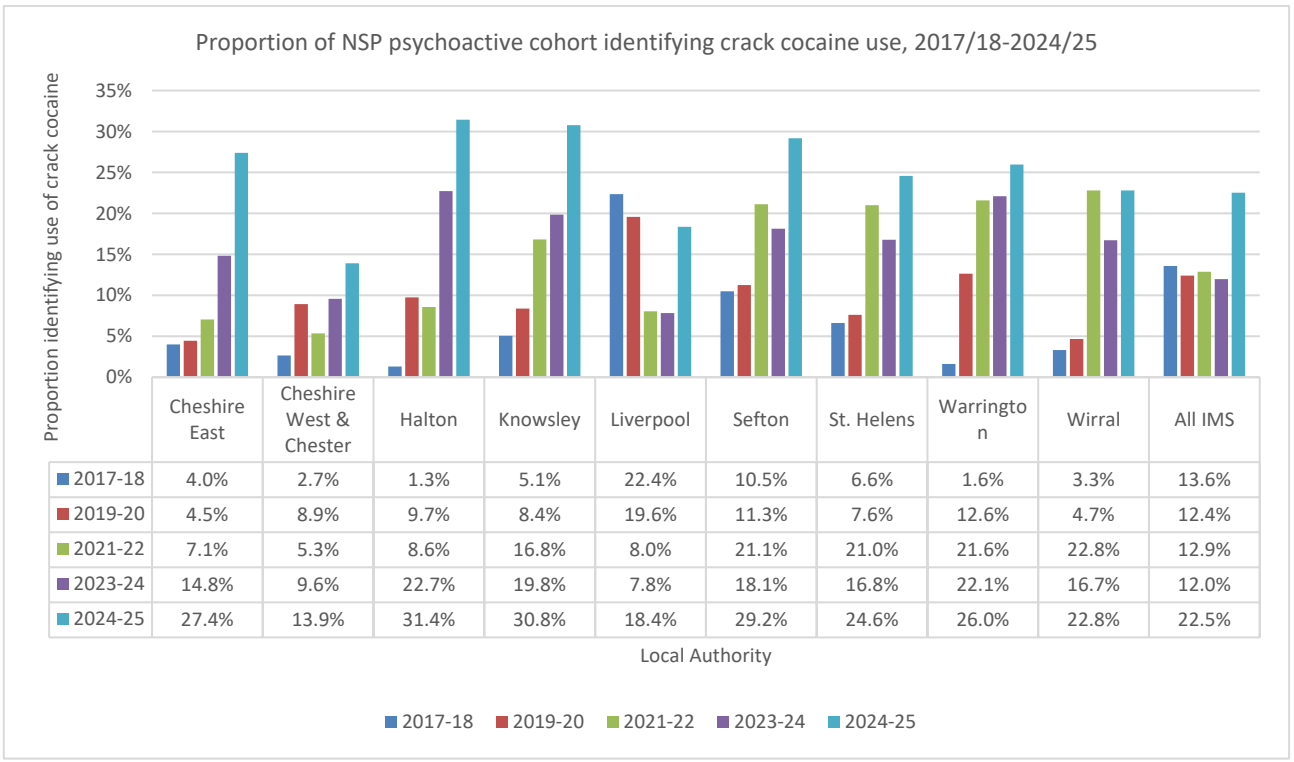
	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens*	Warrington	Wirral	**IMS Total**
Proportion of NSP presentations using heroin	88.8% (-4.7%)	72.6% (-6.1%)	71.4% (-8.1%)	71.4% (-6.2%)	90.7% (-2.8%)	85.1% (-1.0%)	61.9% (-2.0%)	60.6% (-6.8%)	83.3% (-0.7%)	**84.3% (-1.6%)**

	Cheshire East	**Cheshire West & Chester**	**Halton**	**Knowsley**	**Liverpool**	**Sefton**	**St. Helens**	**Warrington**	**Wirral**	**IMS total:**
Heroin	88.8%	72.6%	71.4%	71.4%	90.7%	85.1%	61.9%	60.6%	83.3%	84.3%
Crack Cocaine	27.4%	13.9%	31.4%	30.8%	18.4%	29.2%	24.6%	26.0%	22.8%	22.5%
Other Drugs	0.5%	13.1%	5.7%	3.3%	0.7%	0.7%	27.4%	6.7%	0.4%	4.9%
Cocaine (excl Crack)	6.0%	3.1%	20.0%	12.1%	0.3%	4.9%	7.6%	13.5%	5.4%	4.1%
Cannabis	17.3%	2.3%	20.0%	5.5%	0.1%	1.7%	3.7%	11.5%	2.5%	3.9%
Methadone	3.8%	1.5%	5.7%	0.0%	1.3%	0.3%	2.0%	1.9%	7.5%	2.6%
Amphetamines (excl Ecstasy	4.1%	4.6%	0.0%	5.5%	0.6%	1.0%	2.0%	10.6%	3.6%	2.4%
Prescription Drugs	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.0%	1.0%	12.6%	2.0%
Benzodiazepines	2.2%	1.2%	8.6%	1.1%	0.1%	1.4%	1.7%	15.4%	4.2%	1.9%
Alcohol	1.6%	0.8%	14.3%	5.5%	0.4%	3.1%	4.0%	11.5%	0.8%	1.9%
Steroids & PIEDS	0.8%	1.9%	0.0%	3.3%	0.8%	1.0%	0.8%	2.9%	1.5%	1.2%
Other Opiates	0.3%	0.0%	5.7%	1.1%	0.4%	0.3%	3.1%	3.8%	0.2%	0.8%
Novel Psychoactive Substanc	0.3%	4.2%	0.0%	2.2%	0.1%	0.0%	0.3%	0.0%	0.0%	0.5%
Hallucinogens	0.3%	0.0%	0.0%	1.1%	0.2%	0.3%	0.3%	1.9%	0.2%	0.3%
Ecstasy	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Solvents	0.3%	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 for the local authority.

13: REPORTED USE OF CRACK COCAINE IS AT ITS HIGHEST LEVEL SINCE 2017/18

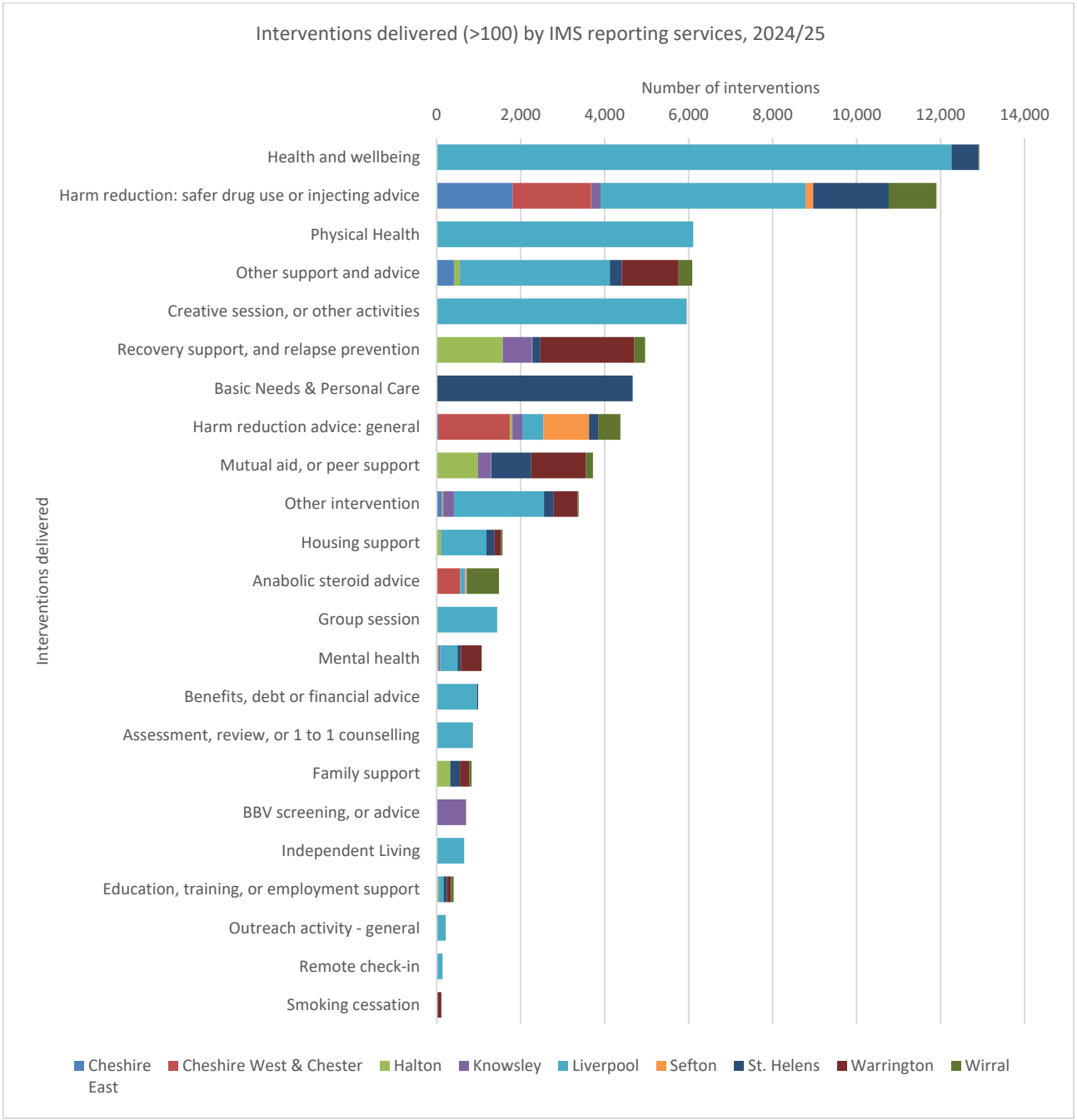
During 2024/25, (22.5%) people using NSP state that they use crack cocaine, an increase from the previous year's figure of 12.0% and the highest level recorded since at least 2017/18. There is substantial variation in crack cocaine use, from 13.9% of the psychoactive NSP cohort in Cheshire West & Chester to 31.4% in Halton, which recorded only 1.3% in 2017/18. There has been an increase in the proportion of people in the NSP cohort that use crack cocaine in all areas. The largest increases were in Cheshire East where there was a 12.6 percentage points increase in the proportion who used crack cocaine, followed by Sefton (11% increase) and Knowsley (10.9% increase).

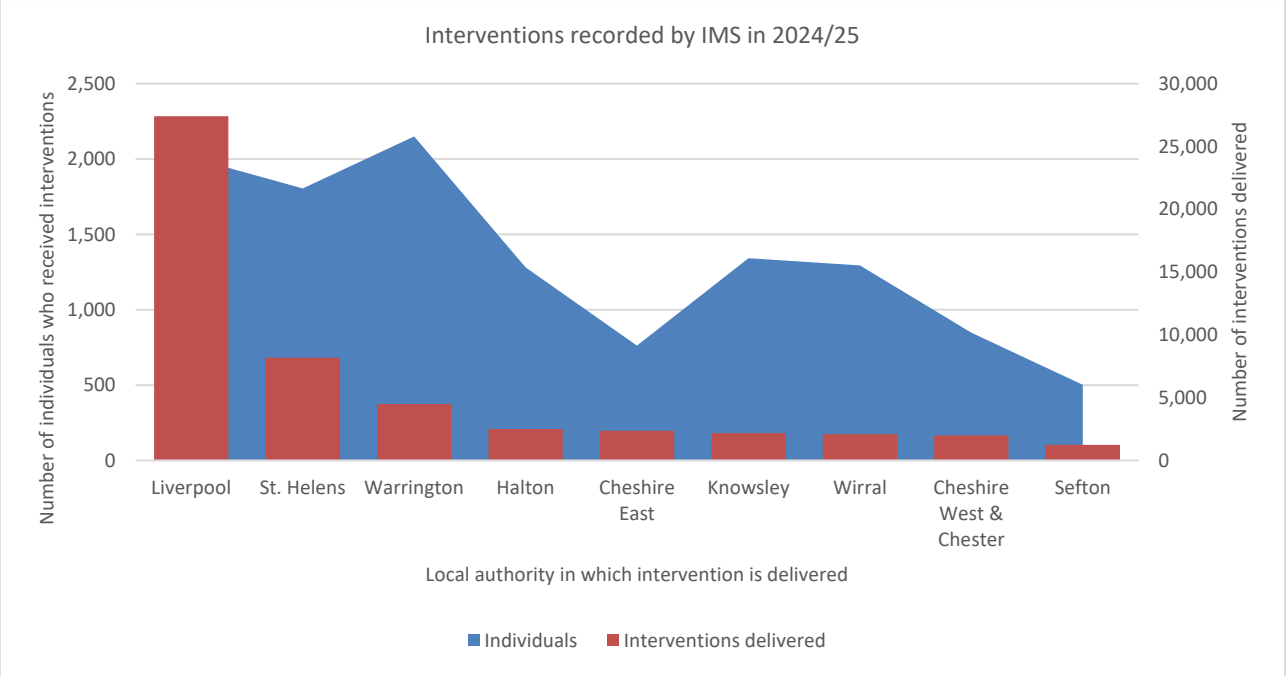


	Cheshire East	Cheshire West & Chester	Halton	Knowsley	Liverpool	Sefton	St. Helens	Warrington	Wirral	All IMS
2017-18	4.0%	2.7%	1.3%	5.1%	22.4%	10.5%	6.6%	1.6%	3.3%	13.6%
2019-20	4.5%	8.9%	9.7%	8.4%	19.6%	11.3%	7.6%	12.6%	4.7%	12.4%
2021-22	7.1%	5.3%	8.6%	16.8%	8.0%	21.1%	21.0%	21.6%	22.8%	12.9%
2023-24	14.8%	9.6%	22.7%	19.8%	7.8%	18.1%	16.8%	22.1%	16.7%	12.0%
2024-25	27.4%	13.9%	31.4%	30.8%	18.4%	29.2%	24.6%	26.0%	22.8%	22.5%

14: OVER 74,830 INTERVENTIONS WERE RECORDED BY IMS IN 2024/25

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 74,830 interventions being delivered during 2024/25, a 31.5% decrease on the 109,271 interventions delivered in the previous year. The main interventions delivered were related to health and wellbeing (12,920 interventions delivered primarily by Liverpool), harm reduction: safer drug use or injecting advice (11,902 interventions delivered across multiple areas), and other support and advice (6,088 interventions delivered across multiple areas). Overall, 11,881 individuals received an intervention, which is a 2.3% increase compared to 2023/24. The number of individuals who received an intervention ranged from 502 individuals in Sefton to 2,150 individuals in Warrington.




Interventions recorded by IMS in 2024/25
Number of individuals who received interventions
2,500
2,000
1,500
1,000
500
0
30,000
25,000
20,000
15,000
10,000
5,000
0
Number of interventions delivered
Liverpool
St. Helens
Warrington
Halton
Cheshire East
Knowsley
Wirral
Cheshire West & Chester
Sefton
Local authority in which intervention is delivered
Individuals
Interventions delivered

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

Just under half (48.5%) of 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 represents a small increase from 46.9% in 2023/24. Around a quarter of people receiving brief interventions only (23.1%) used powder cocaine (16.2% in 2023/24), 20.5% used cannabis (17.2% in 2023/24) and one in seven (15%) are using heroin (18.9% in 2023/24). Around 2.2% 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%		55.2%	50.6%	17.7%	2.8%	54.8%	56.0%	81.9%	48.5%
Cocaine (excl Crack)	10.3%		22.9%	45.0%	4.4%	2.8%	28.1%	20.4%	1.2%	23.1%
Cannabis	2.6%		24.2%	30.9%	4.2%	0.0%	23.7%	21.9%	1.8%	20.5%
Heroin	69.2%		20.3%	6.8%	4.5%	36.1%	12.9%	24.0%	8.4%	15.0%
Crack Cocaine	10.3%		17.2%	5.1%	5.7%	2.8%	13.9%	17.8%	2.4%	12.3%
Other Opiates	0.0%		5.3%	2.3%	0.8%	0.0%	3.5%	6.9%	1.8%	3.9%
Hallucinogens	0.0%		2.6%	6.3%	0.6%	0.0%	5.2%	3.7%	0.0%	3.5%
Benzodiazepines	2.6%		2.7%	1.1%	0.2%	0.0%	2.4%	5.2%	0.0%	2.4%
Other Drugs	0.0%		1.9%	1.5%	0.6%	0.0%	2.1%	4.7%	0.0%	2.2%
Methadone	5.1%		4.1%	1.2%	0.4%	0.0%	2.4%	2.5%	0.6%	2.2%
Amphetamines (excl Ecstasy	2.6%		0.7%	0.9%	0.4%	0.0%	2.6%	1.0%	0.0%	1.1%
Steroids & PIEDS	23.1%		0.1%	0.2%	1.2%	66.7%	0.1%	1.0%	1.8%	1.1%
Prescription Drugs	0.0%		2.1%	0.7%	0.2%	0.0%	0.9%	0.6%	0.6%	0.9%
Ecstasy	0.0%		0.3%	0.8%	0.0%	0.0%	0.4%	0.2%	0.0%	0.3%
Novel Psychoactive Substanc	0.0%		0.2%	0.0%	0.0%	0.0%	0.3%	0.2%	0.0%	0.1%
Solvents	0.0%		0.0%	0.3%	0.0%	0.0%	0.2%	0.2%	0.0%	0.1%

DISCUSSION

This report covers the year from 1st April 2024 up until 31st March 2025. The number of people presenting to NSP services for psychoactive substances has continued to decrease and has reached its lowest level in 2024/25 since recording began using the current cohorts in 2014/15. Some of this has been impacted by the closure of pharmacies given well documented financial pressures on the sector. There has also been a less significant decline in the use by people using NSP by the steroid and IPED group and presentations are now at 80.7% of pre-pandemic levels.

Having previously made up the majority of NSP presentations since 2015/16, people injecting psychoactive substances fell to 45.7% of the total proportion of usage in 2024/25, and while they had previously recovered to 96% of pre-pandemic levels by the end of 2021/22 this has now fallen further back to 61.2% 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 benefits of the IMS model uniquely in England is the annual matching of the NSP activity data to OHID's NDTMS treatment activity data. The data match for 2024/25 highlights that a consistently large number of individuals (70.9%) 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 not an 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 may be 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 use[7] 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 74.3% in 2023/24 to 79.3% in 2024/25, highlighting an ageing cohort of people who inject, often with a number of comorbidities. Work around social isolation through OHID and the IMS DARD surveillance model demonstrates that these are individuals who are often living alone, not in a relationship and with 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 (84.3% of all cases), although many areas have a cohort of individuals also using crack cocaine which at 22.5% of the cohort is the highest level recorded to date. This reported usage supports information from other sources such as the IMS DARD review system which covers all of the northwest of England, 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. The World Health Organisation recommends a minimum of 200 needles per person per injecting year, which is rising to 300 per annum by 2030[9]. In 2024/25, Liverpool was the only local authority within Cheshire and Merseyside to achieve this for individuals injecting psychoactive substances, with an average of 336.6 needles distributed per individual in the area. 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. While the level of coverage has increased substantially across Cheshire and Merseyside, 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 74,830 interventions being delivered over 2024/25. Although this represents a decrease of 31.5% from the previous year, the interventions were delivered to 277 more individuals (11,881 in total). 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 in the late 2010s, and then a further reduction because of the pandemic, numbers presenting had began to recover, particularly for the Steroid and IPED cohort, but have now decreased for both cohorts. This is of particular concern for the psychoactive cohort whose utility of NSP is now substantially below even the low levels recorded during the pandemic. 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: 2024 registrations (ONS, 2025): https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2024registrations

[9] Coalition for Global Hepatitis Elimination: https://www.globalhep.org/about/who-we-are - Accessed on 3rd December 2023

DATA METHODOLOGY

The Integrated Monitoring System (IMS) is a live database, which allows service providers to add or amend client activity retrospectively. For the purpose of this report, a frozen data set was extracted from the IMS database on 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 2025/January 2026. 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

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