

# Drug Services in Merseyside & Cheshire 1999

## PREVALENCE & OUTCOMES

SPECIALIST DRUG SERVICES, SYRINGE EXCHANGE SCHEMES AND  
OUTREACH SERVICES IN MERSEYSIDE & CHESHIRE

Rachel L Birtles & Mark A Bellis

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### FURTHER ENQUIRIES

Any enquiries or comments regarding the content of this report should be made to

Ms Rachel Birtles or Professor Mark A. Bellis  
Public Health Sector  
Liverpool John Moores University, School of Health & Human Sciences  
70, Great Crosshall Street  
Liverpool  
L3 2AB

Tel: +44 (0151) 231 4319  
Fax: +44 (0151) 231 4320

email: [r.l.birtles@livjm.ac.uk](mailto:r.l.birtles@livjm.ac.uk)

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# Executive Summary

## Introduction

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Unlike other reports on drug misuse, this report measures service contact across the entire spectrum of drugs services in Merseyside and Cheshire. It provides information on outcomes of drug treatment and analyses trends in drug use relevant to the key performance indicators of the Government's 10 year drug strategy. This is the fourth in an annual report series presenting data collected from the four different types of drug services (specialist drug services (SDS), agency based syringe exchange schemes (SES), pharmacy based syringe exchange schemes (Pharmacy) and outreach services (Outreach) in Merseyside and Cheshire. With four years of reporting it is possible to begin more robust analyses of trends, in particular looking at changes in the prevalence of certain drugs used, age ranges and proportions of females and young people who are reported. This enables us to assess achievement of targets set in the Government's 10 year drug strategy, Tackling Drugs to Build a Better Britain <sup>1</sup> and the First Annual Report and National Plan <sup>2</sup> of the UK Anti-Drugs Co-ordinator. For example this report examines the proportions of under 25 year olds reporting drug use, repeat offending, referral from the criminal justice system, number in treatment, particularly the young and those using heroin and cocaine.

This year a new table has been incorporated in Section One (contacts with SDS) which analyses the numbers and proportions of individuals discharged drug free in previous years and who then reappear at treatment services over a period of the next two years. Three new figures have been included in Section Two (SES), giving four year trends in new users reporting use of heroin, methadone and anabolic steroids as their main drug.

## Specialist Drug Services

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During 1999, 7,772 individuals were reported as being in contact with the 28 specialist drug services in Merseyside and Cheshire (see Table 1.1) A map and list of all reporting agencies can be found in Appendices II and III. The number of reports these agencies made to the Drug Misuse Database (DMD, the National data set) was considerably lower - only 2,629 individuals - displaying the level to which the DMD under represents prevalence of drug user contacts with treatment agencies and agency activity (the DMD records only new episodes of presenting drug use). Generally, those agencies with the greatest differential between clients in contact and those reported to the DMD are those with long term treatment aims. For example, Wirral Drug Service reported only around one sixteenth of clients seen during the year to the Drug Misuse Database.

However Wirral Drug Service provide long term maintenance prescribing services and such services will naturally exhibit a low turn over of clients. Conversely, those services whose aim is shorter term contact, typically detoxification, exhibit a high turn over with all or nearly all of their clients representing new agency episodes and therefore being reported to the DMD. For example the Kevin White Unit, a residential service, reported 95.3% of clients to the DMD. These examples exhibit how difficult it is to estimate the extent of service use from the current national database and therefore the need for local information on the actual number of individuals accessing services and the outcomes of their treatment. Such intelligence is provided in Section One.

The majority of SDS clients reported to the Merseyside and Cheshire prevalence database were male (the female to male ratio was 1:2). The proportion of females reported has risen between 1996 and 1999 from 28.6% in 1996 to 31.3% in 1999. See Table 1.2. This rise in reports of females is encouraging in the light of the Government's drug strategy which requires that women should have access to appropriate support services. The most common age group for both males and females was 30 to 34 followed by 25 to 29. Thus, SDS clients are the oldest group reported to the Drug Monitoring Unit as both SES and Pharmacies reported 25 to 29 as the most common age group. Age of individuals reported by outreach services is not recorded. Female SDS clients were slightly younger than their male counterparts, with 18.8% aged under 25 (the age range targeted in Government strategy) compared to 12.3% of males. This represents a fall in the numbers of young people reported (14.4%, overall, in 1999 compared to 17.0% or over in each of the previous two years) and, although this would appear to be in line with the Government's objective of reducing the number of young people reporting drug use (KPI 1, see Box 1 and KPT 1, see Box 2), it could be indicative of young people not being attracted into services, rather than their reduced drug use. The majority of clients of SDS were resident in the Health Authority in which they sought treatment. However, only 16 individuals were reported as having no fixed abode (NFA) in 1999. This may be because those who have no permanent or temporary address may not wish to have this recorded or do not perceive drugs services as being appropriate to their needs or be willing to enter them for treatment.

The proportion of clients who were still active (i.e. still in contact with a treatment agency) at the end of the reporting period has risen since 1996 from 59.0% to 75.3% in 1999, (see Table 1.6). That is, more than three quarters of all clients seen by services during 1999 were still receiving treatment from those services at the years end. As in 1998, nearly two thirds of users (61.3%) or 81.3% of all 'active' users, were in receipt of methadone (see Table 1.7), a rise from 58.6% in 1997. Amongst non-active clients (those no longer in contact with services), more were reported as having left services drug free than any other category although the rate has fallen from 19.3% in 1997 to 9.4% in 1999. However, drug free status does not preclude relapse at a later date and of the 1,284 individuals who were discharged drug free in 1997 nearly a third re-contacted services in 1998 and an additional third re-contacted services during 1999. In other words, of the 1,284 individuals discharged drug free in 1997, 40.0% had re-entered services by the end of 1999. This pattern repeats in 1998 with a third of those discharged drug free contacting services in 1999, (see Table 1.8).



## Agency Based Syringe Exchange Schemes

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As in previous years, sixteen agency based syringe exchange schemes reported data to the Drug Monitoring Unit. The small, steady decline in numbers of users seen by these SES agencies reported in previous years has been arrested, with a similar number of individuals (3,690) reported in 1999 as in 1998. This, however, is still lower than in 1996, when 3,852 individuals were reported. For new users, 1999 saw an increase to 1,500 (40.7% of all users) compared to 1,322 (37.0%) in 1998. Only in 1996 were more new users reported (1,983 or 51.5% of all users), see Table 2.1. The number of visits made by these individuals (18,859) was similar to 1998. The average number of visits made by each client was 5.1, compared to 5.2, 4.6 and 4.9, respectively, in each of the preceding years.

As in previous years, the proportion of males attending SES was 85.7% (all users) and 87.0% (new users) giving female to male ratios of 1:6.0 and 1:6.7, respectively, see Table 2.3. These proportions remained largely unchanged over the last three reporting years. Despite the Government strategy's emphasis on increasing the availability of drug services for women, SES continue to represent the lowest proportion of females reported by any agency type. South Cheshire saw the greatest proportion of females (17.5% of all users and 18.7% of new users were female) whilst North Cheshire and St Helens and Knowsley reported less than 10% of all and new users as female. High or rising numbers of anabolic steroid (AS) users, who are predominantly male, in these Health Authorities may account for this low proportion of female attendance at SES. The most commonly reported drug amongst users and new users was heroin (49.1% and 44.6%, respectively) as in previous years. However the proportions of reported heroin use had generally fallen over the last four years and new users reporting heroin were slightly lower than in the previous two years (see Table 2.6a and Figure 2.4c). In South Cheshire heroin and methadone use together accounted for around 70% of all reported drug use, however heroin use rose from 38.9% of new users in 1996 to 65.8% in 1999 while reported methadone use fell from 27.2% of new users in 1996 to 7.1% in 1999. This may signify a move away from the use of prescribed drugs to street drugs. Reports of AS use are still rising, from 25.1% of users in 1998 to 28.3% in 1999 and from 33.6% of new users to 37.4% with particularly high rates in North Cheshire (56.7% of new users) and rising rates in Sefton and St Helens and Knowsley. Reports of methadone use continued to fall (from 12.8% of all users and 10.6% of new users in 1996 to 8.6% of all users and just 2.9% of new users in 1999).

Overall the most common age group was 25 to 29 (see Table 2.4), although female users were equally likely to be aged 30 to 34. Despite a trend of reducing numbers of under 25 year olds (a group targeted by the Government's drug strategy) attending SES between 1996 and 1998, the overall proportions of all and new young (under 25) users has risen slightly in 1999 to 21.0% and 30.6% respectively. However, they remain considerably below 1996 rates (29.7% and 40.2%). Most drug use was concentrated in the 25 to 34 age range, accounting for over half (57.5%) of all users and 61.0% of heroin users, (see Table 2.8). Only a fifth (19.5%) of heroin users were under 25. AS users represented a slightly younger age group with 60.8% being in the 20 to 29 age range and only 13.7% aged over 35, compared to 37.6% of methadone users and 19.5% of heroin users. Users of methadone were generally older, with 54.5% concentrated in the 25 to 34 age bracket but 29.1% in the 35 to 39 age bracket and 8.5% being aged 44 or over.

In 1999, 17.4% of reported clients had been in contact with SES for over five years, continuing the steady rise since 1997 (14.7% of users). Also a higher proportion (51.1%) were new to services in 1999 than in either of the previous two years (50.5% and 48.7%, respectively, see Table 2.9). This suggests a polarisation of client contact with increasing numbers engaging in only a brief period of contact (one year or less) while those who break through the one year barrier are likely to remain in contact for many years. The proportion of new users who were in receipt of treatment for drug misuse continued to fall, from 30.0% in 1996 to 15.0% in 1999, (see Table 2.12). In part this could be the result of rising numbers of AS users in contact with SES, who may see their drug taking as recreational rather than problematic.

## **Pharmacy Based Syringe Exchange Schemes**

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In 1999, a total of 59 Pharmacies reported attributable data, with those in Liverpool Health Authority providing attributable reporting for the first time in 1999. Pharmacies in Sefton and St Helens and Knowsley Health Authorities had begun attributable reporting in 1998. Overall 5,259 individuals were reported. When double counting across Health Authorities was excluded the total number of recorded users was 5,536 and the number of new users was 3,880. This represents a considerable fall in numbers of users since 1998. This may be accounted for by the changes in reported activity within Liverpool Health Authority where the number of users fell from 11,421 in 1998 to 1,581 in 1999. As these figures are based on attributable data they therefore represent a more accurate measure of the prevalence of drug users in contact with Pharmacies. Year on year reporting from all other Health Authorities is comparable with previous years. A total of 3,466 users and 2,231 new users being reported in 1998 and 3,995 users and 2,342 new users were reported in 1999. Changed levels of reporting from Liverpool based pharmacies may be the result of the start of the new reporting method, with mostly only new individuals being reported. Furthermore, fewer Pharmacies in Liverpool reported in 1999 (12) than in 1998 (17).

The proportion of females reported by Pharmacies rose slightly over the last four years from 17.2% of all users and 6.9% of new users in 1996 to 20.2% of all users and 20.5% of new users in 1999. The female to male ratio in 1999 was 1:3.9 for all users and new users. The most common age group for both male and female users and new users was 25 to 29, representing an ageing population of female Pharmacy clients - in 1998 female users and new users were more likely to be aged between 20 and 24. However, females presenting at Pharmacy syringe exchanges were generally younger than males, with 31.5% of all female users and 29.1% of new female users being aged under 25, compared to 22.1% and 20.8% of males.

## **Outreach Services**

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During 1999, 3,316 individuals were reported by Merseyside and Cheshire Outreach services, of whom 1,470 were new to services, (see Table 4.1). This represents 19% fewer users and 12% fewer new users than in 1998. However only nine agencies contributed Outreach data compared to twelve in previous years. More contacts were reported in 1999 (15,323) than in 1998 (14,983). St Helens and Knowsley Outreach services reported the highest proportion of new users with over two thirds of all users (79.2%) being new to services in 1999. Outreach services saw by far the highest proportion of females of all services reporting to the Drug Monitoring Unit. For the first time outreach reported more females than males. Around two

thirds of all users (65.6%) and new users (65.0%) were female, (see Table 4.3). In Liverpool, where some Outreach services (eg those provided by the Maryland Centre) are specifically aimed at females, in particular female prostitutes, nearly all new clients (98.6%) were female. Wirral has similarly targeted services and reported 96.8% of their new clients as female. Sefton and St Helens and Knowsley reported the lowest proportion of new female clients (38.3% and 40.1%, respectively). However this is still a higher proportion than SDA and SES. These figures are encouraging in terms of the Government's drug strategy which emphasises the inclusion of females in treatment and supportive services. Outreach services may represent a 'gateway' into more formal services and this rise in females seen by outreach workers may lead to increased numbers in treatment.

The most commonly recorded single drug of use was heroin, accounting for 53.6% of all users and 43.3% of new users. In 1998, 54.6% of all users and 50.5% of new users reported heroin as their main drug of use. Data for new users are not available for previous years. However, poly drug use ('various drugs') reports, which had risen from 25.4% of new users in 1998 to 29.6% in 1999, could include heroin use, or use of any of the other individually recorded drugs. Poly drug use was more common amongst new users in Wirral (37.3% of new users) than was heroin (32.9% of new users). Anabolic steroids were rarely reported as the main drug of use, accounting for just 1.3% of all and new users. This contrasts with reports from agency based syringe exchanges which have been reporting increasing numbers of AS users, particularly in North Cheshire, Sefton and St Helens and Knowsley. Of those new outreach users who reported primary methadone use, 84.1% also stated that they were in receipt of a prescription as treatment for drug dependency. The most commonly reported client type for all users and new users was non-injecting drug user (36.6% and 38.2%, respectively) (see Table 4.5). Clients were most likely to have been introduced to the outreach worker by another client (37.3% of all users and 30.8% of new users).

Outreach clients were asked if they were attending an SES at the time of first contact and 10.9% of new users stated that they were, compared to 9.5% in 1998. A pilot project to collect attributable data from outreach clients began at the Maryland Centre in 2000 and in future years it will be possible to assess more accurately the numbers of outreach clients who are also in contact with other specialist drug services. The most common setting for the contact between outreach worker and client was in the clients' home (51.2%) followed by contacts in the street (31.6%). In Liverpool, however, 98.8% of contacts were street based, reflecting in part higher levels of work with prostitutes.

### **Multi-Agency-Type Visitors**

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Altogether 14,760 individuals were reported to SDS, SES and Pharmacy (Outreach data does not include attributor data so cannot be included in this analysis). Of the 9,310 individuals reported by SDS in 1999 and for whom full attributor data had been provided, a fifth (1,816 individuals or 19.5%) also visited one or both types of syringe exchange. Of this group accessing SDS and SES, 4.6% (425 individuals) visited both types, 8.7% (813 individuals) visited a pharmacy and SDS and 6.2% (578 individuals) visited SES and SDS services, (see Figure 5.1). This represents considerable numbers of individuals who are receiving treatment at SDS for their drug problems, but who are continuing to inject. Of those 7,266 individuals who visited a syringe exchange (pharmacy or agency based), only 706 individuals, (or 8.9%) visited both types suggesting that the two different types of syringe exchanges are attracting different populations of injecting drug users.

# Introduction

## **Monitoring Drug Misuse in Merseyside and Cheshire**

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In Merseyside and Cheshire, as well as collecting data from drug treatment services for inclusion in the Drug Misuse Database (DMD), four additional data sets are collected: period prevalence data which is an annual census of all individuals in contact with specialist drug services (SDS); agency based syringe exchange schemes (SES); pharmacy based syringe exchange schemes (Pharmacy) and outreach service (Outreach) data. These data sets may be used to provide a profile of all drug users in contact with local services and have been collected over the last three years with some data also being collected in 1996. This now enables us to analyse three, and in some cases, four year trends. Such trends are essential to estimate progress towards the targets laid out in the Government's 10 year drug strategy Tackling Drugs to Build a Better Britain<sup>1</sup> (see Box 1) and those in the First Annual Report and National Plan<sup>2</sup> (see Box 2). Whilst the DMD remains the only national source of data on drug misusers, the current definition of those who should be reported (new agency episodes ie those who present for the first time and those who present after a break in contact of six months or more) means that they severely under-report prevalence of drug misuser contact with services and levels of agency activity. Consequentially, DMD data cannot be used to measure service use, outcomes of treatment or provide any useful estimate of the broader levels of drug misuse outside of specialist drugs agencies. The aim of this report is to provide the necessary epidemiology to inform service development, support drug misuse policy and strategy and provide the fundamental information against which progress towards public health targets can be measured.

## **Policy developments in 1999: Drug treatment and the criminal justice system**

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The Government's drug strategy places particular emphasis on getting more drug users (who would benefit) into treatment and in particular to divert those individuals who come into contact with the criminal justice system (CJS) away from criminality and into a treatment setting. There is a well established link between drug use and crime<sup>3</sup> with the cost of supporting a drugs habit potentially running into hundreds of pounds each week. As the majority of drug users are not in employment<sup>4</sup> the most likely source of funding will come from acquisitive crime<sup>5,6</sup>. Although incarceration should curtail prisoner access to drugs, long term imprisonment has not been observed to stop individuals taking drugs<sup>7</sup> and even in prison sometimes drugs may be widely available<sup>7</sup>. Those who abstain during incarceration and recommence drug taking upon release risk the added danger of overdose due to reduced tolerance after abstinence. Prison may also have a role in initiating drug use in those who have previously abstained<sup>8</sup>. Furthermore, many

## BOX ONE

### Tackling Drugs to Build a Better Britain: Key Objectives (KO) and Objectives

- KPI 1 Reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year.
- 1.1 Increase levels of knowledge of 5 - 16 year olds about risks and consequences of drug misuse
  - 1.2 Delay age of first use of illegal drugs
  - 1.3 Reduce exclusions from schools arising from drug-related incidents
  - 1.4 Reduce number of people under 25 using heroin
  - 1.5 Increase access to information and services for vulnerable groups
- KPI 2 Reduce levels of repeat offending amongst drug misusing offenders.
- 2.1 Increase the number of offenders referred to and entering treatment programmes as a result of arrest referral schemes, the court process and post-sentencing provision
  - 2.2 Reduce levels of crime committed to pay for drug misuse
  - 2.3 Reduce drugs market places of particular concern to local communities
  - 2.4 Reduce levels of drug-related absenteeism/dismissals from work
  - 2.5 Reduce numbers of road deaths/injuries where drugs are a contributory factor
- KPI 3 Increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime.
- 3.1 Increase the proportion of drug misusers in contact with drug services
  - 3.2 Reduce the proportion of drug misusers who inject and the proportion of those sharing injecting equipment over the previous three months.
  - 3.3 Reduce numbers of drug related deaths
  - 3.4 Reduce the number of drug misusers being denied immediate access to appropriate treatment
- KPI 4 Reduce access to drugs amongst 5-16 year olds
- 4.1 Increase the effectiveness of the overseas diplomatic and operational effort
  - 4.2 Increase the value of illegal drugs seized in or prevented from entering the UK
  - 4.3 Increase the number of trafficking groups disrupted or dismantled
  - 4.4 Increase the number of offenders dealt with for supply offences
  - 4.5 Increase the proportion of trafficker assets identified, and the proportion confiscated/recovered
  - 4.6 Reduce prisoner access to drugs

prisoners, particularly females, who declare drug problems whilst in prison have not been in attendance at drug services prior to incarceration<sup>9</sup> suggesting that they have not perceived their drug taking as problematic. Consequentially, on release they are likely to continue drug taking and engage in associated criminal activity.

Research has shown that treatment may have a positive effect on both drug taking behaviour and criminal activity<sup>10,11,12</sup>. Three main approaches to the diversion of drug using offenders into treatment services have been developed. These are Drug Treatment and Testing Orders (DTTO), arrest referral schemes (ARS) and Young Offender Teams (YOTs). All three schemes aim to make contact with drug users at a point of crisis, ie at arrest or pre-sentence report stage of probation, when motivation to make lifestyle changes may well be high. Funding has also been made available for the provision of drug treatment services within prisons in order to maximise the opportunity of a controlled environment in which to help prisoners with drug problems to become drug free. These are mostly run by local community teams.

**Arrest Referral Schemes (ARS)** have been available for many years and allow access to arrestees at the earliest stage, usually in the police station cell. In old models of ARS police officers in the station gave out printed information on local services to those individuals arrested for drugs related offences. However, this meant that drug taking individuals arrested for other crimes, such as burglary, which could be related to their drug use, were not included. Further problems included arrestee mistrust of the police and low take up of referral<sup>13</sup>. More recent schemes have been developed along proactive lines where a member of a local drug team is located in a police station with easy access to all arrestees who wish to take advice about a drugs problem, regardless of the offence for which they were arrested. Initial assessment is undertaken in the police custody suite and a referral on to appropriate services is made. Speed of referral is of great importance to the take up of referral. The longer the delay between ARS contact and the appointment at a drug service, the less likely arrestees are to attend. Many schemes are voluntary but 'caution plus' schemes and bail support contain an element of coercion. Both require the arrestee to admit the offence(s) freely and must not contain any inducement to admission through for example a lighter sentence. The arrestee may be given a caution, plus the opportunity or requirement to obtain advice and help from a drugs worker. Meanwhile bail support allows the deferment of a final decision about charging while the offender seeks help. A needs analysis study undertaken by Merseyside Police of arrestees in Southport, Huyton, Wavertree and St Helens custody suites found that 83% of those interviewed admitted to taking drugs, of whom 23% were taking heroin and 11% methadone at the time of arrest<sup>14</sup>. Research shows that ARS have a positive effect on drug use and property offending with one study<sup>15</sup> showing falls in illicit opiate use (from 83% of arrestees to 55%) and cocaine use (from 54% to 23%)<sup>13</sup>. Around 60% of individuals either stopped or reduced property offending within nine months of the ARS contact. Uptake of the ARS in Merseyside and Cheshire will be monitored through the prevalence database and the Merseyside Inter Agency Database (IAD).

**Drug Treatment and Testing Orders (DTTO)** are targeted at those offenders who commit a high volume of crime to fund their drug taking activity and aim to reduce further offending. The offender must undertake treatment which can be selected from a menu of options including residential detoxification, rehabilitation, prescriptions, health education, lifestyle packages and offence focused work. Offenders are followed up with regular drug testing and review by the sentencing court. Three pilot schemes began in October 1998 in Liverpool, Croydon and Gloucester. DTTO is a voluntary scheme and participants must be carefully screened for those who will obtain the most benefit from treatment and who have good motivation for change. The aim is for offenders to become drug free and to cease offending but how quickly they attain drug free status may vary from scheme to scheme. One pilot project required individuals to be drug free within two weeks. Results of urine tests from the Liverpool DTTO

supported self reports of drug consumption although other research<sup>16</sup> found evidence that underreporting of drug use was substantial. Furthermore, results of drug tests do not indicate reductions in amount taken. For example an individual may have considerably reduced the frequency or quantity of drug taking without this being evident from a positive drugs test. Self reported drug taking and spending on drugs fell considerably (even at the first follow-up when treatment was not well advanced) with average drug spending falling from £400 to £30 per week per person and the average number of acquisitive crimes from 107 to 10<sup>17</sup>.

Some individuals referred by DTTO have previously had contact with treatment services. A sample survey of those individuals reported by Liverpool DTTO to the Drug Monitoring Unit in 1998 and 1999, showed significant numbers who had previously been reported to the DMD as having prior service contact with other agencies from health and criminal justice service e.g. bail support or prison<sup>18</sup>.

**Youth Offender Teams.** There has been much public concern about increasing numbers of young people being involved in drug taking and criminal activity and generally there have been only low levels of services targeted at this group. Youth Offender Teams were set up to deal specifically with 10 to 17 year olds. They aim, through the joint efforts of police, probation service, social services, education departments and Health Authorities, to prevent offending by children and young people and to act as a 'gateway' into other appropriate services, including drugs services. Pilot projects run in Sandwell, Derby and St Helens during 1997 and 1998<sup>19</sup>, saw individuals aged mostly between 15 and 17 years of age, with some as young as 13. The average age of onset of drug use as low as 10 years of age. These young people had high levels of drug taking (including injecting) but did not see their drug use as a problem and few had been in contact with treatment services. A study of the Sandwell and Derby projects<sup>20</sup> found that there was little drugs expertise or knowledge amongst many youth justice workers and this could lead to the drug problems of young offenders being ignored. In addition the study suggested that the workers may perceive young offenders' contact with drugs services as 'drawing them into the system' and therefore likely to increase their drug activity.

## Key Issues

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The information provided by this report and the Merseyside Inter Agency Database can be used to monitor the progress and success of the new policy initiatives. In particular these data measure trends towards the achievement of key performance indicators and key performance targets from the Government's drug strategy. Numbers of drug users in contact with services indicate progress on increasing numbers of offenders referred to and entering treatment from criminal justice service agencies (KPI 2 and KPT 2, see Boxes 1 and 2) . Some data in Table 1.1 begin to measure referral from the criminal justice service into treatment (e.g. Liverpool Bail Support) and such data will increase in future reports. Information contained within Tables 1.2, 2.4, 2.5a, 2.5b, 3.2 and 3.4 provides measures of young (under 25 year old) drug users coming into contact with services. Equally, Tables 1.3, 1.4, 2.3, 3.3 and 4.3 provide indicators of the progress in including female drug users in treatment (KPI 3).

Outcomes of treatment are of vital importance in assessing the success of these new initiatives, such as DTTO, ARS and YOTs, and Table 1.6 and 1.7 provide valuable data regarding treatment outcomes. The need for positive outcomes is highlighted in the 10 year strategy requiring positive outcomes for people in treatment (KPI 2) and increased entry into treatment programmes which have positive health and crime impacts (KPI 3). Data presented here include analysis of numbers in receipt of methadone, drug free status, referrals to other services (and the take up of those services) and the numbers who drop out of services. For those who leave services because they were drug free, monitoring of return to treatment provides indicators of relapse and additional service demand. Such analysis is provided in Table 1.8 and Figure 1.1 Furthermore, in combination with the Merseyside IAD, relapse back into the criminal justice system can also be assessed.

## BOX TWO

### **First Annual Report and National Plan of the UKACDU: Key Performance Targets**

- KPT 1 Reduce the proportion of people under 25 reporting use of illegal drugs in the last month and previous year substantially and to reduce the proportion of young people using the drugs which cause the greatest harm - heroin and cocaine - by 50% by 2008 (25% by 2005).
- KPT 2 To reduce the levels of repeat offending amongst drug misusing offenders by 50% by 2008 (25% by 2005).
- KPT 3 To increase the participation of problem drug users, including prisoners in drug treatment programmes which have a positive impact on health and crime by 100% by 2008 (66% by 2005).
- KPT 4 Reduce access to all drugs amongst young people (under 25) significantly, and to reduce access to the drugs which cause the greatest harm, particularly heroin and cocaine, by 50% by 2008 (25% by 2005).

As well as specialist treatment services, data in this report also allow monitoring of contact with low threshold services. Tables 2.6a, 2.7 and 2.8 and Figures 2.2, 2.3a, 2.3b and 2.3c provide such information for agency based syringe exchange services. These can also be used as a measure of those in treatment who still inject despite being in contact with specialist drugs services, see Figure 5.1. The same data can also independently measure changes in rates of heroin and cocaine use (KPT 1) as well as reduction in injecting and sharing behaviour (KPI 3.2). This report, in Tables 3.1 and 4.5, also provide the same information for those individuals in contact with pharmacy based syringe exchange schemes and outreach services.



# one

ALL USERS IN CONTACT WITH  
SPECIALIST DRUG SERVICES

## Introduction

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In order to assess progress in achieving the targets of the Government's drugs strategy, to evaluate current service provision and plan future service provision it is necessary to know the prevalence of presenting drug misuse. In particular, objective 3.4 requires knowledge of agency activity and especially turnover of clients. The data presented here, period prevalence data, in combination with data from the Drug Misuse Database (DMD), show that many agencies have a low turnover, with clients staying in long term treatment, and returning to treatment after drug free discharge. This effectively means services are full and may prevent new clients from entering treatment (see Tables 1.1 and 1.8 ). The inclusion of outcome measures within period prevalence data gives a clear indication of patterns of movement of problem drug users through services. Other functions provided by period prevalence data are measurement of agency activity, assessing the numbers receiving methadone, auditing agency reporting of episodes and the provision of additional research data.

Period prevalence data are collected from specialist drug services (Community Drug Teams, in-patient and out-patient services etc) in Merseyside and Cheshire. Two new agencies began reporting data in 1999, the Dual Action Response Team (DART), a dual diagnosis (severe mental illness and drug or alcohol problems) based in South Cheshire and Liverpool Bail Support which provides drug misuse treatment for individuals who are remanded on bail, and is run by Merseyside Drugs Council. Appendix III provides a list of all contributing agencies.

### DEFINITIONS

<b>User</b>	A person who visits an SDS at least once during the reporting period (1999).
<b>Double Counting</b>	When a person who visits more than one agency in Merseyside and Cheshire or within a Health Authority is counted at each agency or Health Authority.
<b>Single Counting</b>	When a person who visits more than one agency in Merseyside and Cheshire or within a Health Authority is counted in only one (the last they visited).
<b>Supra District Agency (SDA)</b>	An agency which accepts clients from a wide geographical area.

Individuals may have visited more than one agency within the Merseyside and Cheshire area during 1999, potentially giving rise to double counting. In Section one, double counting has been excluded, using the attributor data of initials, date of birth and sex, and throughout the analysis individuals are counted only once, at the last visit during the year (giving the most recent outcome measure for each individual). The only exception to this is in Table 1.1 where double counting is included for comparison.

**Table 1.1 Number of Users in Contact with Specialist Drug Services in 1999 by Reporting Agency**

Agency	Single Counted	Double Counted	DMD Report
ARCH Initiatives	277 ( 3.6%)	566 ( 6.3%)	188 ( 7.2%)
ARCH Initiatives, Residential	47 ( 0.6%)	49 ( 0.5%)	9 ( 0.3%)
Chester CDT	439 ( 5.6%)	524 ( 5.9%)	141 ( 5.4%)
Dual Action Response Team	18 ( 0.2%)	18 ( 0.2%)	24 ( 0.9%)
Halton CDT	252 ( 3.2%)	260 ( 2.9%)	64 ( 2.4%)
Integrated Care Team	120 ( 1.5%)	122 ( 1.4%)	25 ( 1.0%)
The Kevin White Unit	192 ( 2.5%)	192 ( 2.1%)	183 ( 7.0%)
Kirkby CDT	210 ( 2.7%)	222 ( 2.5%)	23 ( 0.9%)
Lifeline, Warrington	38 ( 0.5%)	38 ( 0.4%)	21 ( 0.8%)
Liverpool Bail Support	45 ( 0.6%)	51 ( 0.6%)	76 ( 2.9%)
Liverpool DDU	924 (11.9%)	1,052 (11.8%)	257 ( 9.8%)
Liverpool MDC	372 ( 4.8%)	436 ( 4.9%)	250 ( 9.5%)
Macclesfield CDT	393 ( 5.1%)	454 ( 5.1%)	159 ( 6.0%)
Newton-Le-Willows CDT	106 ( 1.4%)	116 ( 1.3%)	42 ( 1.6%)
North Liverpool CDT	334 ( 4.3%)	357 ( 4.0%)	4 ( 0.2%)
The Oakmere Unit	2 ( 0.0%)	2 ( 0.0%)	5 ( 0.2%)
Phoenix House	198 ( 2.5%)	206 ( 2.3%)	105 ( 4.0%)
SHADO	64 ( 0.8%)	66 ( 0.7%)	113 ( 4.3%)
South Cheshire CDT	278 ( 3.6%)	307 ( 3.4%)	143 ( 5.4%)
South Knowsley CDT	204 ( 2.6%)	239 ( 2.7%)	90 ( 3.4%)
South Sefton CDT	463 ( 6.0%)	488 ( 5.5%)	109 ( 4.1%)
Southport DDU	133 ( 1.7%)	148 ( 1.7%)	15 ( 0.6%)
Southport MDC	120 ( 1.5%)	126 ( 1.4%)	46 ( 1.7%)
St Helens CDT	373 ( 4.8%)	439 ( 4.9%)	139 ( 5.3%)
Turning Point	18 ( 0.2%)	19 ( 0.2%)	9 ( 0.3%)
U-Turn Project	313 ( 4.0%)	324 ( 3.6%)	0 ( 0.0%)
Warrington CDT	343 ( 4.4%)	359 ( 4.0%)	134 ( 5.1%)
Wirral Drugs Service	1,496 (19.2%)	1,754 (19.6%)	255 ( 9.7%)
<b>Total (100%)</b>	<b>7,772</b>	<b>8,934</b>	<b>2,629</b>

CDT = Community Drugs Team MDC = Merseyside Drugs Council DDU = Drug Dependency Unit DMD = Drug Misuse Database

\* The column headed 'Double Counted' gives the number of individuals who contacted each agency during the year whilst the column headed 'Single Counted' counts those individuals who visited more than one agency at only the last agency they visited.

Altogether, 7,772 individuals were in contact with Merseyside and Cheshire agencies. The equivalent of 1,162 individuals (15.0%) visited more than one service during the year (see Table 1.1). This is a 0.8% decrease on 1998 and a 12.0% increase from 1997. Although two new agencies began reporting data in 1999 (Dual Action Response Team and Liverpool Bail Support), these only accounted for 69 agency reports or 63 individuals. The majority of agencies reported similar numbers in 1999 as in 1998, however Liverpool DDU, U-Turn and Halton CDT all reported greater numbers of individuals than in 1998 and numbers at U-Turn, an arrest referral scheme, have more than doubled since 1997 (from 134 individuals to 313 in 1999), of whom only 11 had previously been in contact with local services. This can be seen as a positive step towards KPI 2.1 to increase referrals from the criminal justice system into treatment programmes.

Most agencies reported a majority of individuals (nearly 90%) who had not visited another agency earlier in the year and a few reported only individuals who had not been seen by other agencies. These were the Dual Action Response Team (DART), The Kevin White Unit, Lifeline and The Oakmere Unit. Referrals to DART which is a dual diagnosis (severe mental illness and drug or alcohol problems) service based in South Cheshire come solely from psychiatric consultants and so it is likely that these individuals may represent a new population of drug misusers entering treatment, in line with KPI 3 (see Box 1). Individuals reported by the Kevin White Unit, Lifeline and the Oakmere Unit could be new to services i.e. self referrals who have had no contact with another agency, or they may have been referred by a GP (GPs do not provide period prevalence data), an agency outside of Merseyside and Cheshire, or in a previous reporting year. At the other end of the scale, one agency (ARCH Initiatives) reported 51% of clients who had contacted another agency earlier in the year. However ARCH Initiatives is the target service of much referral in Wirral, especially from the Arrest Referral Service (U-Turn).

The final column of Table 1.1 shows the number of reports to the DMD made by each agency. It indicates the degree to which the DMD under estimates agency activity, particularly at those agencies where treatment is based on long term maintenance treatment. Agencies may have different aims, for example, stabilisation through long term prescribing, short to medium term detoxification etc, and will therefore attract different types of clients who will exhibit differing patterns of service contact. Agencies with a focus on long term treatment will exhibit low turnover, i.e. the number of DMD reports will be considerably lower than the number of clients reported to be in contact. For example, Wirral Drug Service and Southport DDU reported less than 15% of their clients to the DMD. Without further investment in these services, low turn over may lead to long waiting lists, a factor in contrast with Government strategy which lays emphasis on the need for immediate access to appropriate services (KPI 3.4). Conversely, those services whose focus is shorter term contact, for example detoxification, are likely to exhibit high turn over with all or nearly all of their clients representing new agency episodes and therefore being reported to the DMD. For example, the Kevin White Unit, a residential service, reported 95.3% of clients to the DMD and also reported 100% of their clients as having been discharged drug free (see Table 1.7).

Three agencies have produced anomalous figures: Liverpool Bail Support, the Oakmere Unit and SHADO all show more individuals reported to the DMD than to period prevalence. For SHADO and Liverpool Bail Support, this is because they were only able to provide period prevalence data for the second half of 1999 even though they were reporting to the DMD earlier. For the Oakmere Unit individuals reported to the prevalence database were incomplete. Both sex and date of birth were recorded for 95.8% of all individuals reported by SDS and

**Table 1.2 Number of Users in Contact with Specialist Drug Services in 1999 by Sex and Age**

Age Group	Sex		Total
	Female	Male	
Under 15	4 ( 0.2%)	5 ( 0.1%)	9 ( 0.1%)
15 - 19	85 ( 3.6%)	115 ( 2.2%)	200 ( 2.7%)
20 - 24	351 (15.0%)	514 (10.0%)	865 (11.6%)
25 - 29	672 (28.8%)	1,273 (24.9%)	1,945 (26.1%)
30 - 34	691 (29.6%)	1,627 (31.8%)	2,318 (31.1%)
35 - 39	339 (14.5%)	976 (19.1%)	1,315 (17.6%)
40 - 44	102 ( 4.4%)	336 ( 6.6%)	438 ( 5.9%)
45 - 49	60 ( 2.6%)	169 ( 3.3%)	229 ( 3.1%)
Over 50	30 ( 1.3%)	106 ( 2.1%)	136 ( 1.8%)
<b>Total (100%)</b>	<b>2,334</b>	<b>5,121</b>	<b>7,455</b>

Data exclude all double counting i.e. each individual is only counted once, at the last agency they attended.

Table 1.2 shows the sex and age distribution of these individuals. Overall 5,121 males were in contact with services during 1999, representing 68.7 % of all clients and giving a female to male ratio of 1:2.2, as in 1998. This represents a greater proportion of females overall than either agency based syringe exchange schemes (SES) who reported a female to male ratio of 1:6.0 or pharmacy based syringe exchange schemes (Pharmacy) who reported a female to male ratio of 1:3.9. Outreach services saw more females than males, (female to male ratio 1:0.5). For SDS, although the proportion of females has risen slightly against 1996 and 1997 when two and a half males were reported for every female, these figures indicate that women are as yet not being attracted into SDS in significantly greater numbers.

**Table 1.3 Number of Users in Contact with Specialist Drug Services in 1999 by Sex and Health Authority of Reporting Agency**

Health Authority	Sex		Total (100%)
	Female	Male	
Liverpool	716 (36.3%)	1,255 (63.7%)	1,971
North Cheshire	179 (28.2%)	455 (71.8%)	634
Sefton	265 (35.6%)	480 (64.4%)	745
South Cheshire	320 (28.2%)	814 (71.8%)	1,134
St Helens & Knowsley	265 (28.8%)	655 (71.2%)	920
Wirral	612 (28.4%)	1,546 (71.6%)	2,158
SDA*	146 (30.7%)	329 (69.3%)	475
<b>Total</b>	<b>2,503 (31.1%)</b>	<b>5,534 (68.8%)</b>	<b>8,037</b>

Double counting is excluded within Health Authorities i.e. an individual will be reported at only one agency they visited in each Health Authority.

\*SDA = Supra District Agency

The most common age range overall, for males and for females was 30 to 34 followed by 25 to 29. Thus, SDS clients are the oldest group reported to the Drug Monitoring Unit as both SES and Pharmacies reported 25 to 29 as the most common age group for both sexes. Age of individuals reported by outreach services (Outreach) is not currently recorded. Female SDS clients, however, were slightly younger than their male counterparts, with 18.8% aged under 25 (the age range targeted in Government strategy) compared to 12.3% of males. This represents a fall in the numbers of young people reported (14.4%, overall, in 1999 compared to 17.0% or over in each of the previous two years).

**Table 1.4 Number of Users in Contact with Specialist Drug Services in 1999 by Sex and Reporting Agency**

Agency	Sex	
	Female	Male
ARCH Initiatives	81 (29.8%)	191 (70.2%)
ARCH Initiatives, Residential	13 (27.7%)	34 (72.3%)
Chester CDT	111 (25.4%)	326 (74.6%)
Dual Action Response Team (DART)	3 (16.7%)	15 (83.3%)
Halton CDT	62 (24.7%)	189 (75.3%)
Integrated Care Team	45 (37.5%)	75 (62.5%)
The Kevin White Unit	69 (35.9%)	123 (64.1%)
Kirkby CDT	64 (30.5%)	146 (69.5%)
Lifeline, Warrington	12 (31.6%)	26 (68.4%)
Liverpool Bail Support	17 (37.8%)	28 (62.2%)
Liverpool DDU	349 (37.8%)	575 (62.2%)
Liverpool MDC	110 (29.6%)	262 (70.4%)
Macclesfield CDT	120 (30.5%)	273 (69.5%)
Newton-le-Willows CDT	48 (45.3%)	58 (54.7%)
North Liverpool CDT	120 (35.9%)	214 (64.1%)
The Oakmere Unit	1 (50.0%)	1 (50.0%)
Phoenix House	55 (27.8%)	143 (72.2%)
SHADO	38 (59.4%)	26 (40.6%)
South Cheshire CDT	83 (29.9%)	195 (70.1%)
South Knowsley CDT	50 (24.5%)	154 (75.5%)
South Sefton CDT	164 (35.4%)	299 (64.6%)
Southport DDU	57 (42.9%)	76 (57.1%)
Southport MDC	34 (28.6%)	85 (71.4%)
St Helens CDT	96 (25.8%)	276 (74.2%)
Turning Point	5 (27.8%)	13 (72.2%)
U-Turn Project	49 (15.7%)	263 (84.3%)
Warrington CDT	104 (30.5%)	237 (69.5%)
Wirral Drugs Service	462 (30.9%)	1,033 (69.1%)
<b>Total (100%)</b>	<b>2,422 (31.2%)</b>	<b>5,336 (68.8%)</b>

Data exclude double counting i.e. individuals are counted at only the last agencies they attended during 1999  
 CDT = Community Drugs Team MDC = Merseyside Drugs Council DDU = Drug Dependency Unit

Table 1.3 shows the sex profile of SDS clients, which was broadly similar across all six Health Authorities at around a third female. Proportions of females reported by each Health Authority have changed little since 1997 with Liverpool and Sefton Health Authorities reporting slightly higher proportions of females (36.3% and 35.6%, respectively in 1999) than other Health Authorities. Supra District Agencies, which are typically residential units, have been reported separately as they may take clients from any Health Authority, including those outside Merseyside and Cheshire.

As in 1998, the majority of agencies reported between 25% and 35% of clients as female, and the distribution patterns were similar over both years. Newton-le-Willows CDT (which has constructive links with a local maternity hospital) and SHADO (a family based service) both reported considerably higher proportions of females (45.3% and 59.4%, respectively) see Table 1.4. Although the Oakmere Unit reported 50.0% females only two individuals had been reported. Both DART and the U-Turn project reported less than a fifth of their clients as female (16.7% and 15.7%, respectively). DART clients are referred from psychiatric consultants and so there is no obvious reason for a low rate of female attendance. However this is a new service (from autumn 1999) and future trends will be observed. The U-Turn Project is an Arrest Referral scheme. Offenders in the criminal justice system are predominantly male<sup>21</sup>, Thus, for example, of all individuals arrested for drug crime in Merseyside in the second half of 1998 only 7.4% were female<sup>22</sup> and this could explain the low proportions of female clients at the U-Turn project.

**Table 1.5 Number of Users in Contact with Specialist Drug Services by Health Authority of Reporting Agency and Health Authority of Residence**

Health Authority of Residence	Health Authority of Reporting Agency							Total
	Liverpool	North Cheshire	Sefton	South Cheshire	St Helens & Knowsley	Wirral	SDA*	
Liverpool	1,837	2	16		36	26	116	2,033
North Cheshire	4	402		2	2	3	1	414
Sefton	38	2	719		3	3	34	799
South Cheshire	1	12		1,119		44	24	1,200
St Helens & Knowsley	17	10			832	3	40	902
Wirral	3			2		2,019	65	2,089
North West (Other)		1	1			1	69	72
London							3	3
Northern & Yorkshire	1						13	14
South East							1	1
South West							1	1
Trent		1					5	6
West Midlands		1		3		1	17	22
Wales				2		1	4	7
Scotland				1			7	8
No Fixed Abode				1	1		14	16
<b>Total</b>	<b>1,901</b>	<b>431</b>	<b>736</b>	<b>1,130</b>	<b>874</b>	<b>2,101</b>	<b>414</b>	<b>7,587</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the last agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be represented in both Health Authorities.

\*SDA = Supra District Agency

Table 1.5 shows the Health Authority of residence of individuals in contact with specialist drug services by the Health Authority of the reporting agency. Supra-district agencies (SDA) take clients from a wide range of areas and so they have been reported separately. The majority of individuals attended agencies within their Health Authority of residence, however 229 (3.2% of those for whom residence was known and who visited non-SDA agencies) crossed into other, mostly neighbouring Health Authorities within Merseyside and Cheshire. A total of three individuals travelling from other North West Health Authorities, seven from other parts of England, one from Scotland and three from Wales were reported by Merseyside and Cheshire non-SDA agencies. SDA agencies (those agencies which receive clients from a wide geographical area and are ARCH initiatives residential service, The Oakmere Unit, Phoenix House and Turning

**Table 1.6 Number of Users in Contact with Specialist Drug Services in 1999 by Outcome Type**

Agency	Outcome Type	
	Active	Non active
ARCH Initiatives	471 ( 83.5%)	93 ( 16.5%)
ARCH Initiatives, Residential	19 ( 38.8%)	30 ( 61.2%)
Chester CDT	511 ( 97.7%)	12 ( 2.3%)
Dual Action Response Team	15 ( 83.3%)	3 ( 16.7%)
Halton CDT	152 ( 58.7%)	107 ( 41.3%)
Integrated Care Team	104 ( 85.2%)	18 ( 14.8%)
The Kevin White Unit	0 ( 0.0%)	191 (100.0%)
Kirkby CDT	171 ( 77.0%)	51 ( 23.0%)
Lifeline, Warrington	6 ( 15.8%)	32 ( 84.2%)
Liverpool Bail Support	11 ( 21.6%)	40 ( 78.4%)
Liverpool DDU	791 ( 75.2%)	261 ( 24.8%)
Liverpool MDC	164 ( 38.0%)	268 ( 62.0%)
Macclesfield CDT	323 ( 71.3%)	130 ( 28.7%)
Newton-le-Willows CDT	93 ( 80.2%)	23 ( 19.8%)
North Liverpool CDT	291 ( 81.5%)	66 ( 18.5%)
The Oakmere Unit	0 ( 0.0%)	1 (100.0%)
Phoenix House	79 ( 38.3%)	127 ( 61.7%)
SHADO	54 ( 91.5%)	5 ( 8.5%)
South Cheshire CDT	219 ( 71.3%)	88 ( 28.7%)
South Knowsley CDT	196 ( 82.4%)	42 ( 17.6%)
South Sefton CDT	402 ( 82.4%)	86 ( 17.6%)
Southport DDU	127 ( 85.8%)	21 ( 14.2%)
Southport MDC	69 ( 55.2%)	56 ( 44.8%)
St Helens CDT	345 ( 78.9%)	92 ( 21.1%)
Turning Point	4 ( 21.1%)	15 ( 78.9%)
U-Turn Project	228 (100.0%)	0 ( 0.0%)
Warrington CDT	279 ( 77.7%)	80 ( 22.3%)
Wirral Drugs Service	1,517 ( 86.5%)	236 ( 13.5%)
<b>Total (100%)</b>	<b>6,641 (75.3%)</b>	<b>2,174 (24.7%)</b>

Data include double counting i.e. individuals are counted at all agencies they attended during 1999  
 CDT = Community Drugs Team MDC = Merseyside Drugs Council DDU = Drug Dependency Unit



Point) had a much wider catchment with 69 clients from other North West areas, 40 from other parts of England, four from Wales and seven from Scotland. The figures are very similar to those in 1998, although marginally more individuals have been reported from outside the North West region in 1999. This may be the result of improved data rather than a sudden influx of individuals from other areas. Only 16 individuals were reported as having no fixed abode in 1999. There are a number of possible reasons for such a low figure: for instance, those who have no permanent or temporary address may not wish to have this recorded. Alternatively those of no fixed abode may not perceive drugs services as being appropriate to their needs or be willing to enter them for treatment.

Table 1.6 shows the numbers of users for whom outcome type was recorded. Active outcomes are those where the client is still in contact with the agency at the end of the reporting period (1999). Active clients may be: in receipt of a methadone prescription; in receipt of another prescription or not receiving any prescription. Non active clients may be: discharged drug free; referred to another agency; lost to prison; dead; lost to follow-up. One service (U-Turn) recorded that 100% of clients were still active, however, these are clients recently referred from the criminal justice system embarking on treatment. The Kevin White Unit reported no 'active' clients, because the end of the reporting period (December 31, 1999) coincides with their Christmas 'close-down' and therefore all clients have been discharged. Outcome was recorded for 98.6% of the 8,934 (double counted) individuals reported by SDS in Merseyside and Cheshire in 1999 and the proportion of service clients who were 'active' at the end of the reporting year has been rising steadily from 59.0% in 1996 to 75.3% in 1999. As in previous years there is considerable variation between agencies in the proportions of active and non active clients reported. Apart from agencies discussed above, these differences may reflect the different aims of different services. Residential units (ARCH, Phoenix House and Turning Point) reported lower proportions of 'active' clients because their treatment programmes are aimed at time limited detoxification of drug users rather than long term stabilisation. Chester CDT, SHADO and Wirral Drug Service all reported high proportions of their clients as still active, reflecting the longer term nature of treatment interventions at these agencies.

**Table 1.7 Number of Users in Contact with Specialist Drug Services in 1999 by Outcome and**

Agency Prescription	Active			
	Methadone	Other 'Script'	No 'Script'	Lost to Prison
ARCH Initiatives <sup>1</sup>	59 (10.5%)	8 (1.4%)	404 (71.6%)	0 (0.0%)
ARCH Initiatives <sup>2</sup>	0 (0.0%)	0 (0.0%)	19 (38.8%)	1 (2.0%)
Chester CDT	427 (81.6%)	44 (8.4%)	40 (7.6%)	0 (0.0%)
DART <sup>3</sup> (Cheshire)	0 (0.0%)	0 (0.0%)	15 (83.3%)	0 (0.0%)
Halton CDT	132 (51.0%)	20 (7.7%)	0 (0.0%)	14 (5.4%)
Integrated Care Team	104 (85.2%)	0 (0.0%)	0 (0.0%)	2 (1.6%)
The Kevin White Unit	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Kirkby CDT	171 (77.0%)	0 (0.0%)	0 (0.0%)	10 (4.5%)
Lifeline, Warrington	0 (0.0%)	0 (0.0%)	6 (15.8%)	1 (2.6%)
Liverpool Bail Support	6 (11.8%)	0 (0.0%)	5 (9.8%)	4 (7.8%)
Liverpool DDU	791 (75.2%)	0 (0.0%)	0 (0.0%)	13 (1.2%)
Liverpool MDC	71 (16.4%)	0 (0.0%)	93 (21.5%)	12 (2.8%)
Macclesfield CDT	248 (54.7%)	46 (10.2%)	29 (6.4%)	7 (1.5%)
Newton-Le-Willows CDT	84 (72.4%)	0 (0.0%)	9 (7.8%)	2 (1.7%)
North Liverpool CDT	291 (81.5%)	0 (0.0%)	0 (0.0%)	4 (1.1%)
The Oakmere Unit	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Phoenix House	0 (0.0%)	0 (0.0%)	79 (38.3%)	0 (0.0%)
SHADO	30 (50.8%)	0 (0.0%)	24 (40.7%)	0 (0.0%)
South Cheshire CDT	194 (63.2%)	5 (1.6%)	20 (6.5%)	18 (5.9%)
South Knowsley CDT	189 (79.4%)	0 (0.0%)	7 (2.9%)	5 (2.1%)
South Sefton CDT	402 (82.4%)	0 (0.0%)	0 (0.0%)	6 (1.2%)
Southport DDU	127 (85.8%)	0 (0.0%)	0 (0.0%)	4 (2.7%)
Southport MDC	4 (3.2%)	3 (2.4%)	62 (49.6%)	0 (0.0%)
St Helen's CDT	344 (78.7%)	0 (0.0%)	1 (0.2%)	6 (1.4%)
Turning Point	0 (0.0%)	0 (0.0%)	4 (21.1%)	3 (15.8%)
U-Turn Project	27 (11.8%)	11 (4.8%)	190 (83.3%)	0 (0.0%)
Warrington CDT	232 (64.6%)	12 (3.3%)	35 (9.7%)	0 (0.0%)
Wirral Drugs Service	1,467 (83.7%)	24 (1.4%)	26 (1.5%)	28 (1.6%)
<b>Total (100%)</b>	<b>5,400 (61.3%)</b>	<b>173 (2.0%)</b>	<b>1,068 (12.1%)</b>	<b>140 (1.6%)</b>

Data include double counting i.e. individuals are counted at all agencies they attended during 1999

ARCH Initiative<sup>1</sup> = Non-residential. ARCH Initiative<sup>2</sup> = Residential DART<sup>3</sup> = Dual Action Response Team. CDT = Community Drugs Team.

Table 1.7 shows the outcome profiles of clients of individual agencies in Merseyside and Cheshire. Outcomes of treatment episode are important to the measurement of the Government's drug strategy, measuring, for example, the success of detoxification programmes (discharged drug free) continued provision of substitute prescribing, repeat offending etc. As in 1998, nearly two thirds of users (61.3%) were in receipt of methadone, a rise from 58.6% in 1997. For 1999, those in receipt of a methadone prescription at the end of the year represent 81.3% of all 'active' users. Amongst non-active clients, a greater proportion were reported as having left services drug free than any other category. However, the actual rate has fallen from 19.3% in 1997 to 9.4% in 1999. This equates to 38.0% of non-active individuals. Although this may

## Reporting Agency

### Non-Active

Discharged / Drug Free	Referred to Other Agency	Known Dead	Lost to Follow Up	Non active (Other)	Total
14 ( 2.5%)	16 ( 2.8%)	0 ( 0.0%)	58 (10.3%)	5 ( 0.9%)	564
12 (24.5%)	12 (24.5%)	1 ( 2.0%)	3 ( 6.1%)	1 ( 2.0%)	49
11 ( 2.1%)	0 ( 0.0%)	1 ( 0.2%)	0 ( 0.0%)	0 ( 0.0%)	523
0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	3 (16.7%)	18
80 (30.9%)	10 ( 3.9%)	1 ( 0.4%)	0 ( 0.0%)	2 ( 0.8%)	259
6 ( 4.9%)	3 ( 2.5%)	1 ( 0.8%)	6 ( 4.9%)	0 ( 0.0%)	122
191 (100.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	191
5 ( 2.3%)	9 ( 4.1%)	0 ( 0.0%)	21 ( 9.5%)	6 ( 2.7%)	222
3 ( 7.9%)	1 ( 2.6%)	0 ( 0.0%)	15 (39.5%)	12 (31.6%)	38
0 ( 0.0%)	11 (21.6%)	0 ( 0.0%)	0 ( 0.0%)	25 (49.0%)	51
25 ( 2.4%)	22 ( 2.1%)	2 ( 0.2%)	160 (15.2%)	39 ( 3.7%)	1,052
108 (25.0%)	60 (13.9%)	1 ( 0.2%)	79 (18.3%)	8 ( 1.9%)	432
68 (15.0%)	11 ( 2.4%)	0 ( 0.0%)	43 ( 9.5%)	1 ( 0.2%)	453
14 (12.1%)	4 ( 3.4%)	0 ( 0.0%)	0 ( 0.0%)	3 ( 2.6%)	116
8 ( 2.2%)	8 ( 2.2%)	0 ( 0.0%)	45 (12.6%)	1 ( 0.3%)	357
0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	1 (100.0%)	0 ( 0.0%)	1
100 (48.5%)	2 ( 1.0%)	1 ( 0.5%)	20 ( 9.7%)	4 ( 1.9%)	206
2 ( 3.4%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	3 ( 5.1%)	59
15 ( 4.9%)	3 ( 1.0%)	0 ( 0.0%)	16 ( 5.2%)	36 (11.7%)	307
1 ( 0.4%)	4 ( 1.7%)	0 ( 0.0%)	20 ( 8.4%)	12 ( 5.0%)	238
17 ( 3.5%)	5 ( 1.0%)	1 ( 0.2%)	53 (10.9%)	4 ( 0.8%)	488
5 ( 3.4%)	2 ( 1.4%)	1 ( 0.7%)	8 ( 5.4%)	1 ( 0.7%)	148
8 ( 6.4%)	11 ( 8.8%)	1 ( 0.8%)	35 (28.0%)	1 ( 0.8%)	125
13 ( 3.0%)	2 ( 0.5%)	0 ( 0.0%)	46 (10.5%)	25 ( 5.7%)	437
2 (10.5%)	3 (15.8%)	0 ( 0.0%)	1 ( 5.3%)	6 (31.6%)	19
0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	228
78 (21.7%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	2 ( 0.6%)	359
41 ( 2.3%)	64 ( 3.7%)	6 ( 0.3%)	97 ( 5.5%)	0 ( 0.0%)	1,753
<b>827 ( 9.4%)</b>	<b>263 ( 3.0%)</b>	<b>17 ( 0.2%)</b>	<b>727 ( 8.2%)</b>	<b>200 ( 2.3%)</b>	<b>8,815</b>

DDU = Drug Dependency Unit MDC = Merseyside Drugs Council

seem low, it does reflect the aims of many services i.e. to achieve long term stabilisation through substitute prescribing rather than detoxification. Those agencies whose aim is short-term detoxification/rehabilitation are likely to have a much higher discharged/drug free rate than those whose aim is for longer term stabilisation. For example Phoenix House reported 48.5% as drug free. ARCH Residential services reported just 24.5% drug free, but a further 24.5% were referred to other services, which could include referral on for post-detoxification services. The Kevin White Unit reported 100% non-active clients and all were reported as being drug free upon discharge. The majority of other outcomes have been reported at a steady rate over the last three years with only the proportions of individuals who were active but not in receipt of a methadone prescription changing significantly (from 6.8% in 1997 to 14.1% in 1999).

**Plate 1 Population Rates per 1,000 Residents for Drug Users in Contact with Specialist Drug Services in 1999 by Postal Area of Residence**

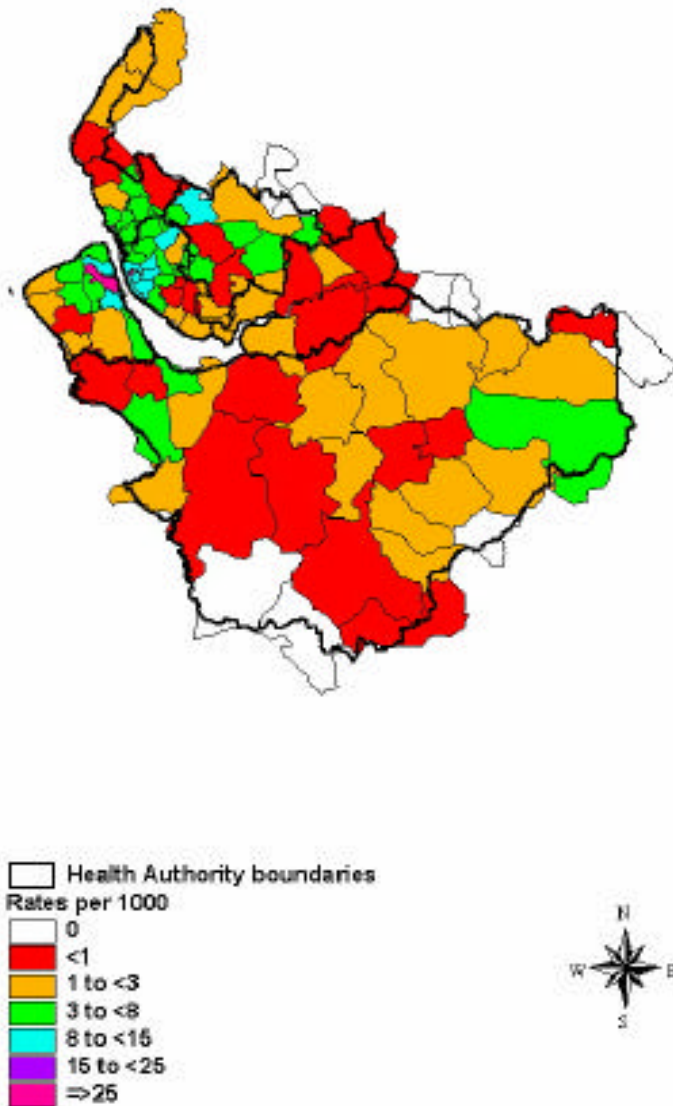


Plate 1 shows the area of residence of users who attended specialist drug services in 1999. The rates shown are the number of male 15 to 44 year old users per 1,000 male 15 to 44 year old residents in each postal area.

**Plate 2 Population Rates per 1,000 Residents for Drug Users Reported by Pharmacy Based Syringe Exchange Schemes in 1999 by Postal Area of Residence**

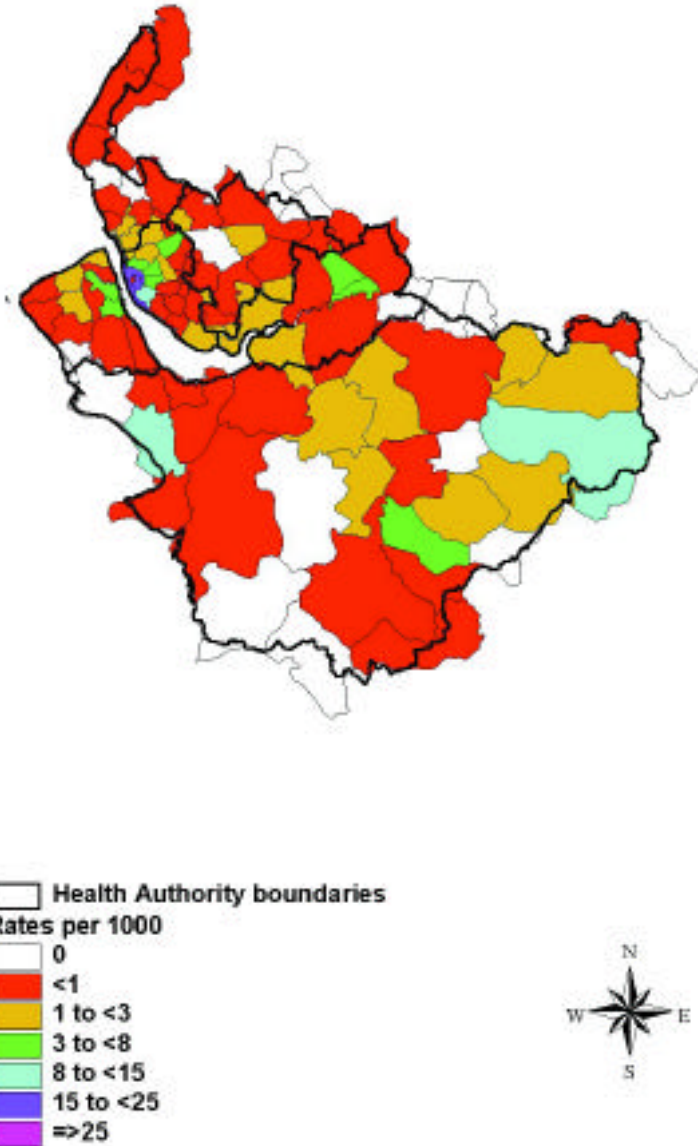


Plate 2 shows the area of residence of users who attended pharmacy based Syringe Exchange Schemes in Merseyside and Cheshire in 1999. The rates shown are the number of male 15 to 44 year old users per 1,000 male residents aged between 15 and 44 in each postal area.

Plate 3 Population Rates per 1,000 Residents for Drug Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Postal Area of Residence

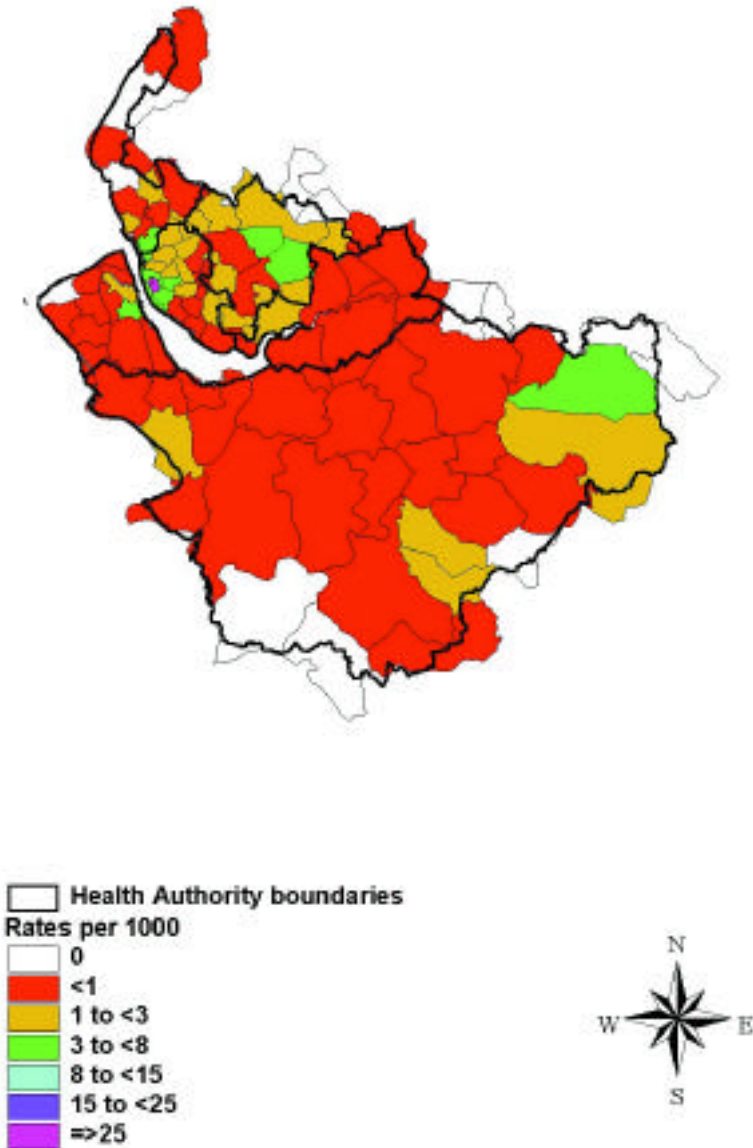
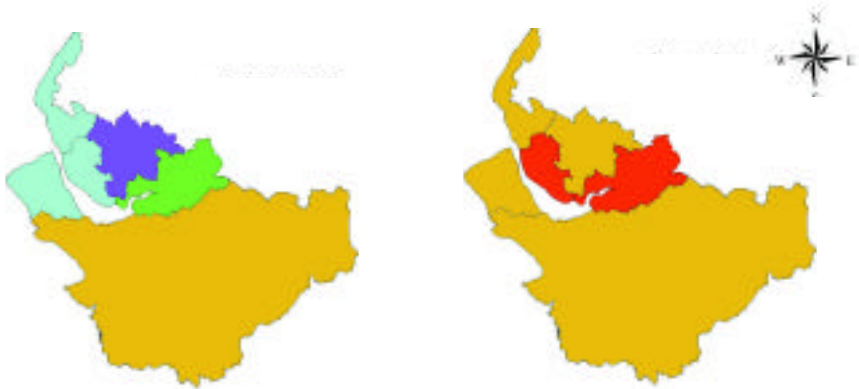


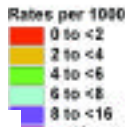
Plate 3 shows the area of residence of users who attended agency based Syringe Exchange Schemes in Merseyside and Cheshire in 1999. The rates shown are the number of male 15 to 44 year old users per 1,000 male residents aged between 15 and 44 in each postal area.

**Plate 4 Population Rates per 1,000 Residents for Drug Users in Contact with Agency Based Syringe Exchange Schemes, Outreach, Pharmacy Based Syringe Exchange Schemes and Specialist Drug Services in 1999 By Health Authority**



**Agency Based SES**

**Outreach Services**



**Pharmacy Based SES**



**Specialist Drug Services**

Plate 4 shows the population rates of individuals who were in contact with each of the agency types by Health Authority. Rates for Outreach Services are the number of male users per 1,000 male residents. For all other services the rates are for males aged between 15 and 44.

**Figure 1.1 All Users Discharged Drug Free by Health Authority in 1997, 1998, 1999**

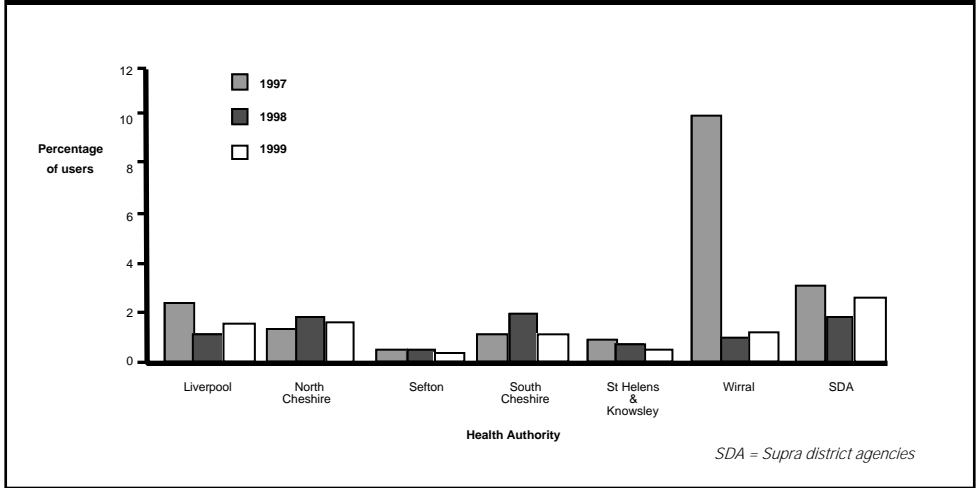


Figure 1.1 shows trends in the percentages of all users reported by SDS in 1997, 1998 and 1999 who were discharged drug free as a percentage of all users reported. In 1997 Wirral Drug Services reported over a third (37.7%) of all their clients as having been discharged drug free. Supra district agencies (those agencies which accept clients from a wider geographical area than their own Health Authority) reported generally higher percentages of clients discharged drug free than did the Health Authorities (with the exception of Wirral in 1997). This is because SDA agencies are generally residential detox. / rehabilitation agencies, where clients would normally be expected to attain drug free status.

**Table 1.8 Number of Individuals who were discharged drug free in 1997 and 1998 who re-presented to services in 1999**

Year Discharged Drug Free	Also seen in 1998	Also seen in 1999	Not seen again	Number Discharged Drug Free (100%)
1997	402 (31%)	419 (33%)	769 (60%)	1,284
1998	-	175 (35%)	319 (65%)	494

Table 1.8 is new for 1999 and shows the numbers of individuals discharged drug free in 1997 and 1998 and who re-presented to services in 1998 and 1999. While this does not represent all individuals who relapse (some may present to services outside Merseyside and Cheshire while others may not present at all) the table does show the previously unidentified level of service demand from relapsed drug free clients in Merseyside and Cheshire. Being discharged from a service drug free clearly does not guarantee continued drug free status and some research has suggest that relapse rates can be between 50% and 97% within a year of discharge from detoxification services<sup>23,24</sup>. Of those 1,284 individuals who were discharged drug free in 1997, 402 (31%) re-contacted services in 1998 and a further (33%) also re-contacted services in 1999. In other words, by the end of 1999, 40% of those discharged drug free in 1997 had re-entered treatment. In addition, 35% of those discharged drug free in 1998 entered treatment again in 1999. Future reporting will be carefully monitored to obtain revisiting rates for drug free clients over longer periods of time. Further research, including the cross-referencing of these data with data from needle exchanges, Arrest Referral Schemes and other parts of the criminal justice systems may give more accurate indications of relapse rates.



two

AGENCY BASED SYRINGE

EXCHANGE SCHEMES

## Introduction

In 1999, as in the previous three years, all sixteen agency based syringe exchange schemes (SES) in Merseyside and Cheshire reported data to the Drug Monitoring Unit. However, clients of Ellesmere Port CDT are shown as being in contact with the 'parent' service, Chester CDT and data which were previously recorded as from Lifeline are now shown as Warrington CDT. A full list of reporting agencies is given in Appendix III. This section of the report presents data about individuals who use these services, and the visits they made during 1999. Using an attribute made up of initials, date of birth and sex, double counting has been removed from these data i.e. an individual is counted only on their first visit in 1999 to any reporting agency. Where analysis is by Health Authority of reporting agency, individuals are reported only once in each Health Authority but may be reported by more than one Health Authority. All visits made by each individual are included, either across Merseyside and Cheshire or within the Health Authority as appropriate. In this year's report, crack has been analysed separately from cocaine and whilst numbers of crack users in 1999 were small, this will allow the monitoring of trends of a drug that some sources report is becoming more common.

**Table 2.1 All Users, New Uses and Visits Reported by Agency Based Syringe Exchange**

Health Authority	1997				1998	
	All Users	New Users	Repeat Users	Visits	All Users	New Users
Liverpool	965 (26.0%)	318 (21.1%)	647 (29.3%)	3,975 (23.4%)	1,035 (28.4%)	428 (32.4%)
North Cheshire	259 ( 7.0%)	108 (7.2%)	151 ( 6.8%)	812 ( 4.8%)	326 (8.9%)	166 (12.6%)
Sefton	486 (13.1%)	336 (22.3%)	150 ( 6.8%)	2,142 (12.6%)	449 (12.3%)	159 (12.0%)
South Cheshire	594 (16.0%)	217 (14.4%)	377 (17.1%)	2,293 (13.3%)	528 (14.5%)	167 (12.6%)
St Helens & Knowsley	730 (19.6%)	297 (19.6%)	433 (19.6%)	4,678 (27.6%)	766 (21.0%)	238 (18.0%)
Wirral	684 (18.4%)	232 (15.4%)	452 (20.5%)	3,078 (18.2%)	542 (14.9%)	164 (12.4%)
<b>Total (100%)</b>	<b>3,718</b>	<b>1,508</b>	<b>2,210</b>	<b>16,978</b>	<b>3,646</b>	<b>1,322</b>

Double counting is excluded **within** Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at

The monitoring of non-treatment agencies, such as SES, helps to build a more complete picture of the extent of presenting problem drug use and these data can be used in conjunction with those from specialist drug services to provide a more accurate measurement of the objectives of the Government's drugs strategy, for example, numbers in treatment, young drug users, heroin and cocaine use, injecting behaviour and the extent of sharing of injecting equipment.

## DEFINITIONS

<b>User</b>	A person who visits an SES - they may be a new user or a repeat user.
<b>New User</b>	A person visiting services for the first time.
<b>Repeat User</b>	A person who visits an SES agency for the second or any subsequent time regardless of length of time between visits.
<b>Visit</b>	When a person presents to an SES for the first or any subsequent time. NB this is not the same as an episode reported to the Drug Misuse Database.
<b>Visit Rate</b>	The number of visits divided by the number of users to give an average number of visits made by each user.
<b>Drug</b>	Any drug of misuse excluding tobacco and alcohol. The main drug of misuse is recorded on first contact with services.
<b>Double Counting</b>	When a person who visits more than one agency in Merseyside and Cheshire or within a Health Authority is counted at each agency or Health Authority.
<b>Single Counting</b>	When a person who visits more than one agency in Merseyside and Cheshire or within a Health Authority is counted in only one (the first they visited).

Table 2.1 shows the Health Authority profile of reported users. Individuals are reported only once in each Health Authority, but may be reported by more than one Health Authority. During 1999, 3,620 individuals were reported by the sixteen agency based SES in Merseyside and Cheshire. Of these 30 individuals visited agencies in more than one Health Authority and 550 visited more than one agency in any Health Authority. Forty one percent of users (1,487 individuals) were new to services in 1999, an increase on 1998 (37% of all users) but still lower than in 1996 when 48% of all users were new to services. A similar number of individuals were reported in 1999 to 1998 (3,690 and 3,646 individuals, respectively) although the distribution between new and repeat users has changed. The number of new users has risen by 13.5 % while the number of repeat users has dropped slightly (5.8%). A total of 18,859 visits were made to SES during the year giving a visit rate (the average number of visits per per-

### Schemes in, 1997, 1998 and 1999 by Health Authority of Reporting Agency

#### 1999

Repeat Users	Visits	All Users	New Users	Repeat Users	Visits
607 (26.1%)	4,691 (24.8%)	1,010 (27.4%)	416 (27.7%)	594 (27.1%)	4,895 (26.0%)
160 ( 6.9%)	1,168 ( 6.2%)	352 ( 9.5%)	202 (13.5%)	150 ( 6.9%)	784 ( 4.2%)
290 (12.5%)	2,134 (11.3%)	428 (11.6%)	171 (11.4%)	257 (11.7%)	1,974 (10.5%)
361 (15.5%)	2,100 (11.1%)	530 (14.4%)	216 (14.4%)	314 (14.3%)	1,936 (10.3%)
528 (22.7%)	5,687 (30.1%)	820 (22.2%)	333 (22.2%)	487 (22.2%)	6,318 (33.5%)
378 (16.3%)	3,136 (16.6%)	550 (14.9%)	162 (10.8%)	388 (17.7%)	2,952 (15.7%)
<b>2,324</b>	<b>18,916</b>	<b>3,690</b>	<b>1,500</b>	<b>2,190</b>	<b>18,859</b>

the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be shown at both.

son) of 5.1 compared to 5.2 in 1998, 4.6 in 1997 and 4.9 in 1996. Increased uptake of service is a focus of the Government's drug strategy and one measure of this is increased numbers and proportions of new users. On average Health Authorities reported around 40% of their users as being new to services. In contrast North Cheshire reported a greater proportion (57.4%) of new users and Wirral a lower proportion (29.5%). See also Figure 2.1 for trends in numbers of new users between 1996 and 1999.

Figure 2.1 shows the numbers of new users in contact with SES agencies in each Health Authority in 1996, 1997, 1998 and 1999 and indicates the extent to which new clients are being attracted into service contact; a key objective of the Government's drug strategy. The numbers of new users attracted into services over the four reported years varies from Health Authority to Health Authority, with both North Cheshire and St Helens and Knowsley agencies reporting more new users in 1999 than in any other year, while Wirral, Liverpool and Sefton saw less than in previous years. It is unclear whether increasing numbers of SES clients represent rising populations of injecting drug users or the attraction of existing injectors into services. However the use of SES by injecting drug users represents harm reduction behaviour, a specific aim of the Government's strategy to increase participation in programmes with health benefits. Contacts with SES also increases access to information, advice and practical help for drug users and may lead to engagement with treatment services.

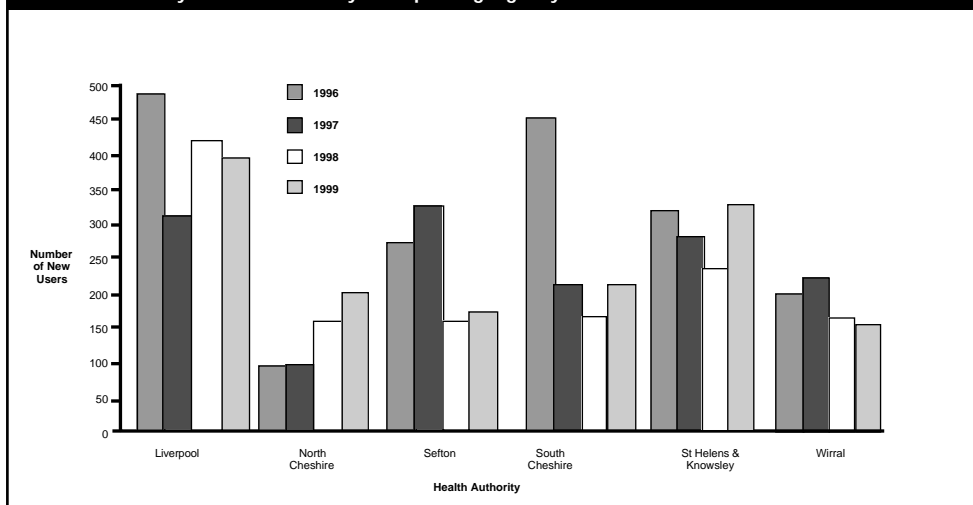
Table 2.2 shows the agency profile of reported users in 1997, 1998 and 1999. These figures include double counting, i.e. individuals are reported at each agency they visited during the year. Data from Ellesmere Port CDT, have now been included with Chester CDT and Warrington CDT data were previously recorded as Lifeline. Agency activity was not available for 1996. The overall proportion of users who were new to services was 42.7% with individual agencies reporting between 33.5% (South Sefton CDT) and 67.2% (Halton CDT) of their users as new.

**Table 2.2 All Users, New Users and Visits Reported by Agency Based Syringe Exchange**

<b>1997</b>				
Agency	All Users	New Users	Visits	All Users
Chester CDT	226 ( 6.1%)	94 ( 6.3%)	693 ( 4.1%)	138 ( 3.9%)
Halton CDT	110 ( 3.0%)	51 ( 3.4%)	297 ( 1.7%)	141 ( 4.0%)
Kirkby CDT	82 ( 2.2%)	45 ( 3.0%)	221 ( 1.3%)	111 ( 3.1%)
Macclesfield CDT	238 ( 6.4%)	65 ( 4.3%)	1,127 ( 6.6%)	288 ( 8.1%)
Maryland Centre	811 (21.8%)	318 (21.1%)	3,313 (19.5%)	896 (25.1%)
Newton-le-Willows CDT	53 ( 1.4%)	29 ( 1.9%)	207 ( 1.2%)	64 ( 1.8%)
North Liverpool CDT	154 ( 4.1%)	85 ( 5.6%)	662 ( 3.9%)	108 ( 3.0%)
South Cheshire CDT	130 ( 3.5%)	58 ( 3.8%)	473 ( 2.8%)	100 ( 2.8%)
South Knowsley CDT	140 ( 3.8%)	72 ( 4.8%)	927 ( 5.5%)	144 ( 4.0%)
South Sefton CDT	166 ( 4.5%)	54 ( 3.6%)	661 ( 3.9%)	145 ( 4.1%)
South Sefton MDC	193 ( 5.2%)	108 ( 7.2%)	918 ( 5.4%)	135 ( 3.8%)
Southport MDC	127 ( 3.4%)	44 ( 2.9%)	563 ( 3.3%)	155 ( 4.3%)
St Helens CDT	455 (12.2%)	196 (13.0%)	3,323 (19.6%)	428 (12.0%)
Warrington CDT	149 ( 4.0%)	57 ( 3.8%)	515 ( 3.0%)	177 ( 5.0%)
Wirral HIV & AIDS Prevention	684 (18.4%)	232 (15.4%)	3,078 (18.1%)	535 (15.0%)
<b>Total (100%)</b>	<b>3,718</b>	<b>1,508</b>	<b>16,978</b>	<b>3,565</b>

Data include double counting i.e. individuals are counted at all agencies they attended during 1998

**Figure 2.1 New Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999 by Health Authority of Reporting Agency**



**Schemes in 1997, 1998 and 1999 by Reporting Agency**

1998			1999		
New Users	Visits	All Users	New Users	Visits	
45 ( 3.4%)	429 ( 2.3%)	164 ( 3.9%)	61 ( 3.4%)	422 ( 2.2%)	
80 ( 6.1%)	522 ( 2.8%)	195 ( 4.7%)	131 ( 7.4%)	350 ( 1.9%)	
79 ( 6.0%)	453 ( 2.4%)	132 ( 3.2%)	82 ( 4.6%)	400 ( 2.1%)	
79 ( 6.0%)	1,321 ( 7.0%)	304 ( 7.3%)	126 ( 7.1%)	1,131 ( 6.0%)	
390 (29.5%)	4,248 (22.5%)	969 (23.2%)	408 (22.9%)	4,550 (24.1%)	
30 ( 2.3%)	283 ( 1.5%)	77 ( 1.8%)	34 ( 1.9%)	325 ( 1.7%)	
38 ( 2.9%)	443 ( 2.3%)	126 ( 3.0%)	51 ( 2.9%)	345 ( 1.8%)	
43 ( 3.3%)	350 ( 1.9%)	154 ( 3.7%)	88 ( 4.9%)	383 ( 2.0%)	
62 ( 4.7%)	1,050 ( 5.6%)	159 ( 3.8%)	60 ( 3.4%)	1,041 ( 5.5%)	
57 ( 4.3%)	756 ( 4.0%)	173 ( 4.1%)	58 ( 3.3%)	742 ( 3.9%)	
49 ( 3.7%)	612 ( 3.2%)	135 ( 3.2%)	65 ( 3.7%)	517 ( 2.7%)	
53 ( 4.0%)	766 ( 4.0%)	176 ( 4.2%)	65 ( 3.7%)	715 ( 3.8%)	
67 ( 5.1%)	3,901 (20.6%)	569 (13.6%)	228 (12.8%)	4,552 (24.1%)	
86 ( 6.5%)	646 ( 3.4%)	251 ( 6.0%)	134 ( 7.5%)	434 ( 2.3%)	
164 (12.4%)	3,136 (16.6%)	586 (14.1%)	189 (10.6%)	2,952 (15.7%)	
<b>1,322</b>	<b>18,916</b>	<b>4,170</b>	<b>1,780</b>	<b>18,859</b>	

Table 2.3 shows the sex profile of all and new users by Health Authority of reporting agency and includes double counting of those individuals who visited SES in more than one Health Authority. Overall 3,069 males were in contact with SES during 1999, representing 85.7% of clients and giving a female to male ratio of 1:6.0. These figures almost exactly mirror those in 1998 (3077 males or 85.9% of all users and a female to male ratio of 1:6.0). The female to male ratio amongst new users was higher at one female for every 6.7 males. These proportions have remained static over the last three reporting years with the proportions of females being 14.1% in 1998, 14.6% in 1997 and 14.3% in 1999.

**Table 2.3 All Users and New Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Sex and Health Authority of Reporting Agency**

Health Authority	All Users		New Users	
	Female	Male	Female	Male
Liverpool	167 (16.7%)	834 (83.3%)	61 (14.8%)	351 (85.2%)
North Cheshire	30 (9.1%)	299 (90.9%)	15 (8.1%)	171 (91.9%)
Sefton	62 (14.6%)	363 (85.4%)	19 (11.1%)	152 (88.9%)
South Cheshire	92 (17.5%)	433 (82.5%)	40 (18.7%)	174 (81.3%)
St Helens & Knowsley	75 (9.2%)	742 (90.8%)	27 (8.1%)	305 (91.9%)
Wirral	93 (17.1%)	451 (82.9%)	29 (18.4%)	129 (81.6%)
<b>Total</b>	<b>519 (14.3%)</b>	<b>3,122 (85.7%)</b>	<b>191 (13.0%)</b>	<b>1,282 (87.0%)</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be shown at both.

Pharmacies reported 20.2% of all users and 20.5% of new users as female; at SDS 31.3% of users were female whilst at Outreach 65.6% (all users and new users) were female. Women are specifically targeted by the Government's drug strategy and research<sup>25</sup> indicates that women are significantly more likely to be the recipients of shared equipment than are men. They are therefore at greater potential risk of contracting blood borne infections. Further research is needed to identify ways in which more females can be encouraged to into syringe exchange services within both agencies and pharmacies. As in 1998, North Cheshire and St Helens and Knowsley saw particularly low proportions of females, less than 10% of clients. A high proportion of users (over half of all and new users, see Tables 2.7a and 2.7b) reporting anabolic steroid use, were recorded in North Cheshire, which may account for the low proportion of females. SES within Liverpool Health Authority succeeded in more than doubling the proportion of female clients, from only 7.7% in 1997 to 16.7% in 1999.

**Table 2.4 All Users, New Users and Visits Reported by Agency Based Syringe Exchange Schemes in 1999 by Sex and Age**

Age Group	All Users		New Users		Visits	
	Female	Male	Female	Male	Female	Male
Under 15	1 ( 0.2%)	3 ( 0.1%)	0 ( 0.0%)	0 ( 0.0%)	1 ( 0.0%)	8 ( 0.1%)
15 - 19	29 ( 5.7%)	110 ( 3.6%)	20 (10.7%)	78 ( 6.3%)	123 ( 5.1%)	336 ( 2.2%)
20 - 24	96 (18.9%)	510 (16.8%)	44 (23.5%)	296 (23.8%)	348 (14.3%)	1,736 (11.4%)
25 - 29	138 (27.1%)	951 (31.3%)	59 (31.6%)	401 (32.3%)	498 (20.5%)	4,506 (29.7%)
30 - 34	139 (27.3%)	781 (25.7%)	38 (20.3%)	267 (21.5%)	764 (31.5%)	3,876 (25.6%)
35 - 39	63 (12.4%)	415 (13.6%)	20 (10.7%)	130 (10.5%)	312 (12.9%)	2,803 (18.5%)
40 - 44	23 ( 4.5%)	167 ( 5.5%)	4 ( 2.1%)	48 ( 3.9%)	154 ( 6.3%)	1,023 ( 6.7%)
45 - 49	17 ( 3.3%)	71 ( 2.3%)	2 ( 1.1%)	17 ( 1.4%)	105 ( 4.3%)	477 ( 3.1%)
50 & Over	3 ( 0.6%)	34 ( 1.1%)	0 ( 0.0%)	6 ( 0.5%)	122 ( 5.0%)	401 ( 2.6%)
<b>Total (100%)</b>	<b>509</b>	<b>3,042</b>	<b>187</b>	<b>1,243</b>	<b>2,427</b>	<b>15,166</b>

Table 2.4 shows the number and proportion of individuals by age and sex. The most common age range amongst all and new users overall was 25 to 29. This represents the same age group as clients of pharmacies with SDS clients being slightly older. Female SES clients were younger than their male counterparts being as likely to be aged between 30 to 34.

Table 2.5 shows the age and Health Authority breakdown of SES clients in 1999. The majority of Health Authorities reported 25 to 29 as the most common age for all and new users. Between 28.6% and 34.1% of all users and 32.7% and 34.1% of new users were 25 to 29. North Cheshire new users were slightly younger, being more likely to be aged 20 to 24 (29.1%) while Wirral clients were slightly older being more likely to be 30 to 34 (33.3% of all users and 31.9% of new users).

In both 1996 and 1997 new users in North Cheshire, South Cheshire, Liverpool and St Helens and Knowsley were more likely to be between 20 and 24. See Figure 2.2a and 2.2b for proportions of all and new users under 25 years of age.

Government strategy targets young people including their access to appropriate services. The recent trend (1996 to 1998) however has been a reduction in the number of under 25 year olds accessing SES. From Figures 2.2a and 2.2b it appears that this decline has abated in 1999 with overall proportions of all and new users being slightly higher than in 1998. However they remain considerably below 1996 and 1997 rates. Individual Health Authorities have mostly reported higher proportions of young people, except Wirral where, the proportion has dropped from 20.7% in 1996 to 9.7% in 1999. However, the proportion of young, new users in Wirral has risen from 15.4% in 1998 to 16.9% in 1999 although again this is still considerably below 1996 and 1997 proportions (31.3% and 26.0%, respectively). South Cheshire reported significantly higher proportions of all and new young drug users (30.9% and 40.3% respectively, compared to the average of 21.5% and 30.1%).

**Table 2.5 All Users and New Users Reported by Agency Based Syringe Exchange Schemes**

Age Group	Liverpool		North Cheshire		Sefton	
	All Users	New Users	All Users	New Users	All Users	New Users
Under 15	1 ( 0.1%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	2 ( 0.5%)	0 ( 0.0%)
15 - 19	36 ( 3.6%)	30 ( 7.2%)	11 ( 3.3%)	9 ( 4.8%)	11 ( 2.6%)	9 ( 5.4%)
20 - 24	153 (15.3%)	91 (22.0%)	72 (21.7%)	55 (29.1%)	73 (17.3%)	40 (23.8%)
25 - 29	320 (32.0%)	138 (33.4%)	95 (28.6%)	51 (27.0%)	144 (34.1%)	55 (32.7%)
30 - 34	265 (26.5%)	91 (22.0%)	82 (24.7%)	40 (21.2%)	104 (24.6%)	41 (24.4%)
35 - 39	141 (14.1%)	39 ( 9.4%)	37 (11.1%)	21 (11.1%)	53 (12.6%)	17 (10.4%)
40 - 44	44 ( 4.4%)	15 ( 3.6%)	21 ( 6.3%)	8 ( 4.2%)	19 ( 4.5%)	4 ( 2.4%)
45 - 49	32 ( 3.2%)	8 ( 1.9%)	10 ( 3.0%)	5 ( 2.6%)	10 ( 2.4%)	2 ( 1.2%)
50 and over	7 ( 0.7%)	1 ( 0.2%)	4 ( 1.2%)	0 ( 0.0%)	6 ( 1.4%)	0 ( 0.0%)
<b>Total (100%)</b>	<b>999</b>	<b>413</b>	<b>332</b>	<b>189</b>	<b>422</b>	<b>168</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority both Health Authorities.

**Table 2.6a All Users, New Users and Visits Reported by Agency Based Syringe Exchange Schemes in 1999 by Main Drug**

Main Drug	All Users	New Users	Visits
Amphetamine	209 ( 6.6%)	69 ( 5.1%)	1,517 ( 9.9%)
Anabolic Steroids	898 (28.3%)	504 (37.4%)	2,027 (13.2%)
Cocaine	73 ( 2.3%)	32 ( 2.4%)	343 ( 2.2%)
Crack	4 ( 0.1%)	2 ( 0.1%)	21 (11.9%)
Heroin	1,556 (49.1%)	657 (48.7%)	8,192 (43.4%)
Methadone	273 ( 8.6%)	39 ( 2.9%)	1,694 ( 9.0%)
Other / No Main Drug	157 ( 5.0%)	46 ( 3.4%)	1,595 (10.4%)
<b>Total (100%)</b>	<b>3,170</b>	<b>1,349</b>	<b>15,389</b>

Data exclude all double counting i.e. each individual is only counted once, at the last agency they attended. NB: The main drug was used was recorded only on the first occasion that the user was presented to services.

Table 2.6a shows reported drug of use by all users, new users and visits. As in previous years, the most commonly reported drug amongst users and new users was heroin (49.1% and 44.6%, respectively). However, the proportions of new users reporting heroin were slightly lower than in the previous two years (see Figure 2.3). Anabolic steroids (AS) were the second most commonly reported drug having risen, from 25.1% of all users in 1998 to 28.3% in 1999 and from 33.6% of new users to 37.4%. Methadone remains the next most commonly reported drug amongst all users (8.6%). However, again a lower proportion of new users reported AS use (see Figure 2.3). AS was less commonly reported by new users (2.9%) than amphetamine (5.1%). These figures can be compared with Outreach services. Heroin was also the most commonly used drug in outreach (43.3% of new users) and methadone represented 5.9% of new users.

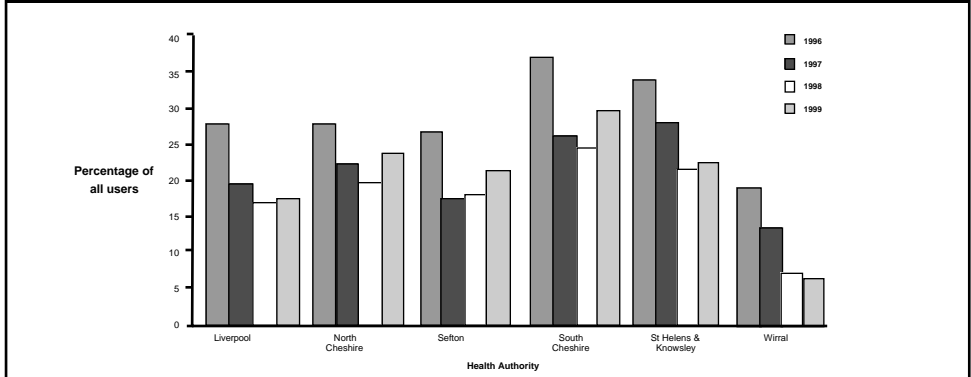


**in 1999 by Health Authority of Reporting Agency and Age**

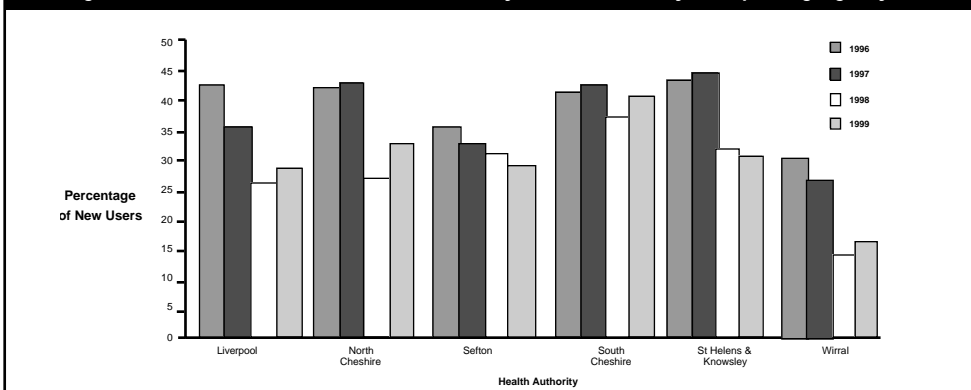
South Cheshire		St Helens & Knowsley		Wirral		Total	
All Users	New Users	All Users	New Users	All Users	New Users	All Users	New Users
1 ( 0.2%)	0 ( 0.0%)	1 ( 0.1%)	0 (0.0%)	0 ( 0.0%)	0 ( 0.0%)	5 ( 0.1%)	0 ( 0.0%)
42 ( 8.1%)	23 (10.9%)	35 ( 4.3%)	24 ( 7.3%)	4 ( 0.7%)	3 ( 1.9%)	39 ( 3.8%)	98 ( 6.7%)
118 (22.6%)	62 (29.4%)	157 (19.2%)	80 (24.2%)	49 ( 9.0%)	24 (15.0%)	622 (17.1%)	352 (23.9%)
165 (31.7%)	72 (34.1%)	261 (32.0%)	111 (33.5%)	131 (24.0%)	43 (26.9%)	1,116 (30.7%)	470 (31.9%)
99 (19.0%)	29 (13.7%)	212 (26.0%)	64 (19.3%)	182 (33.3%)	51 (31.9%)	944 (26.0%)	316 (21.5%)
61 (11.7%)	17 ( 8.1%)	90 (11.0%)	36 (10.9%)	106 (19.4%)	25 (15.6%)	488 (13.4%)	155 (10.5%)
27 ( 5.2%)	7 ( 3.3%)	41 ( 5.0%)	10 ( 3.0%)	42 ( 7.7%)	11 ( 6.9%)	194 ( 5.3%)	55 ( 3.7%)
4 ( 0.8%)	0 ( 0.0%)	14 ( 1.7%)	4 ( 1.2%)	21 ( 3.8%)	1 ( 1.6%)	91 ( 2.5%)	20 ( 1.4%)
4 ( 0.8%)	1 ( 0.5%)	5 ( 0.6%)	2 ( 0.6%)	11 ( 2.0%)	2 ( 1.3%)	37 ( 1.0%)	6 ( 0.4%)
<b>521</b>	<b>211</b>	<b>816</b>	<b>331</b>	<b>546</b>	<b>160</b>	<b>3636</b>	<b>1,472</b>

*will only be shown at the first agency they visited whereas an individual who visits agencies in different Health Authorities will be represented in*

**Figure 2.2a Proportion of all Users Aged Under 25 Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999 by Health Authority of Reporting Agency.**



**Figure 2.2b Proportion of New Users Aged Under 25 Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999 by Health Authority of Reporting Agency.**



Figures 2.2a & 2.2b: Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the first agency they visited whereas an individual who visits agencies in two Health Authorities will be represented in both Health Authorities.

**Figure 2.3 New Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999 by Main Drug**

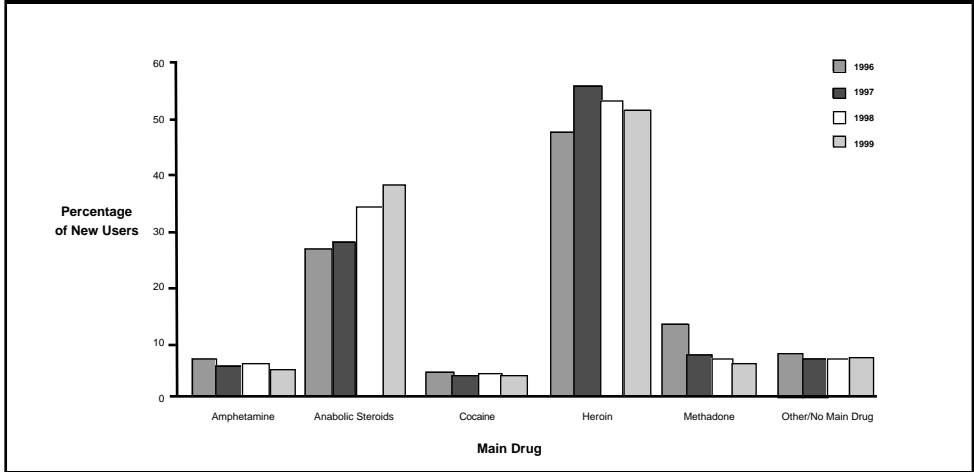


Figure 2.3 shows the proportions of new users reported by agency based syringe exchange schemes between 1996 and 1999 by their main drug of use and show that anabolic steroid use continued to rise amongst this group. After a significant rise in the reported number of new users of heroin in 1997, reported heroin use fell in both 1998 and 1999 to below 1996 levels. Likewise, methadone reports fell steadily from 1996 and in 1999 stood at a fifth of the 1996 levels.

**Table 2.6b: Visit Rates for All Users by Main Drug**

Drug	1996	1997	1998	1999
<b>All Drugs</b>	<b>4.8</b>	<b>4.5</b>	<b>5.0</b>	<b>4.3</b>
Amphetamine	4.6	6.2	7.2	7.3
Anabolic Steroids	2.0	2.3	2.5	2.3
Cocaine	4.2	3.6	4.2	4.7
Heroin	5.5	4.8	5.5	5.3
Methadone	6.1	5.6	6.3	6.2
Other / No Main Drug	6.2	7.9	9.0	10.2

Table 2.6b is new and shows the visit rates per reported drug over the last four years. The overall visit rate (the average number of visits per individual) was 4.3 visits per individual (5.0 in 1998), but amongst users of different drugs it varied considerably. The highest visit rate remained amongst users of other or no main drug (10.2 per user) followed by users of amphetamines. The visit rates for both these groups have risen by around two thirds since 1996 whilst AS, cocaine, heroin and methadone users rates were consistent. The lower rate amongst AS users may be the result of different drug regimes used i.e. they do not necessarily inject every day and they have 'off' cycles or rest periods when they abstain from drug use.

**Table 2.7a All Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Drug and Health Authority of Reporting Agency**

Health Authority	Amphetamine	Anabolic Steroids	Cocaine	Crack	Heroin	Methadone	Other/ No Main Drug	Total (100%)
Liverpool	22 ( 2.5%)	274 (30.8%)	18 ( 2.0%)	1 ( 0.0%)	516 (58.0%)	27 ( 3.0%)	32 ( 3.6%)	890
North Cheshire	8 ( 2.8%)	150 (51.9%)	4 ( 1.4%)	0 ( 0.0%)	100 (34.6%)	23 ( 9.0%)	4 ( 1.4%)	289
Sefton	21 ( 5.1%)	131 (31.7%)	22 ( 5.3%)	0 ( 0.0%)	170 (41.2%)	48 (11.6%)	21 ( 5.1%)	413
South Cheshire	35 ( 7.2%)	70 (14.5%)	2 ( 0.4%)	0 ( 0.0%)	285 (59.0%)	78 (16.1%)	13 ( 2.7%)	483
St Helens & Knowsley	93 (12.2%)	200 (26.3%)	9 ( 1.2%)	2 ( 0.3%)	322 (42.4%)	54 ( 7.1%)	80 (10.5%)	760
Wirral	33 ( 8.6%)	83 (21.6%)	19 ( 4.9%)	1 ( 0.3%)	194 (50.5%)	46 (12.0%)	8 ( 2.1%)	384
<b>Total</b>	<b>212 ( 6.6%)</b>	<b>908 (28.2%)</b>	<b>74 ( 2.3%)</b>	<b>4 ( 0.1%)</b>	<b>1,587 (49.3%)</b>	<b>276 ( 8.6%)</b>	<b>158 (4.9%)</b>	<b>3,219</b>

Double counting is excluded within Health Authorities, e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be shown at both. NB: The main drug used was recorded only on the first occasion that the user presented to services.

**Table 2.7b New Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Drug and Health Authority of Reporting Agency**

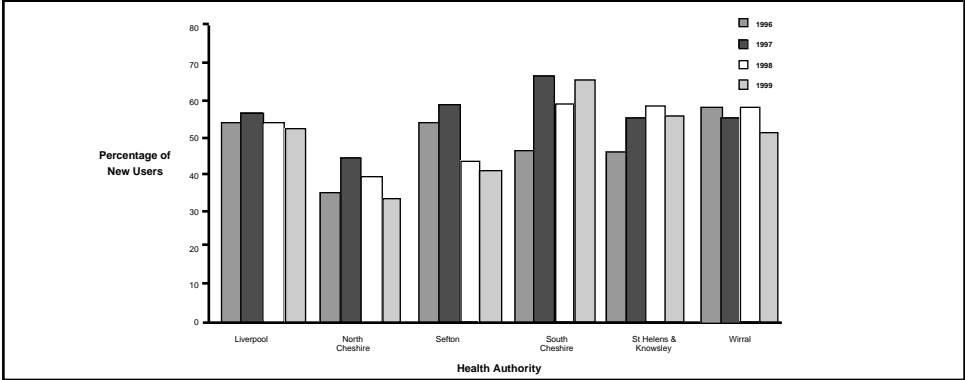
Health Authority	Amphetamine	Anabolic Steroids	Cocaine	Crack	Heroin	Methadone	Other / No Main Drug	Total (100%)
Liverpool	14 ( 3.5%)	149 (36.8%)	6 ( 1.5%)	1 ( 0.2%)	214 (52.8%)	4 ( 1.0%)	17 ( 4.2%)	405
North Cheshire	3 ( 1.7%)	102 (56.7%)	4 ( 2.2%)	0 ( 0.0%)	58 (32.2%)	12 ( 6.7%)	1 ( 0.6%)	180
Sefton	5 ( 2.9%)	71 ( 41.8%)	16 ( 9.4%)	0 ( 0.0%)	67 (39.4%)	4 ( 2.4%)	7 ( 4.1%)	170
South Cheshire	10 ( 5.1%)	39 (19.9%)	0 ( 0.0%)	0 ( 0.0%)	129 (65.8%)	9 ( 4.6%)	9 ( 4.6%)	196
St Helens & Knowsley	27 ( 8.5%)	114 (36.0%)	2 ( 0.6%)	0 ( 0.0%)	156 (49.2%)	5 ( 1.6%)	13 ( 4.1%)	317
Wirral	12 (11.7%)	34 (33.0%)	4 ( 3.9%)	1 ( 1.0%)	45 (43.7%)	7 ( 6.8%)	0 ( 0.0%)	103
<b>Total</b>	<b>71 ( 5.2%)</b>	<b>509 (37.1%)</b>	<b>32 (2.3%)</b>	<b>2 ( 0.1%)</b>	<b>669 (48.8%)</b>	<b>41 ( 3.0%)</b>	<b>47 ( 3.4%)</b>	<b>1,371</b>

Double counting is excluded within Health Authorities, e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be shown at both. NB: The main drug used was recorded only on the first occasion that the user presented to services.

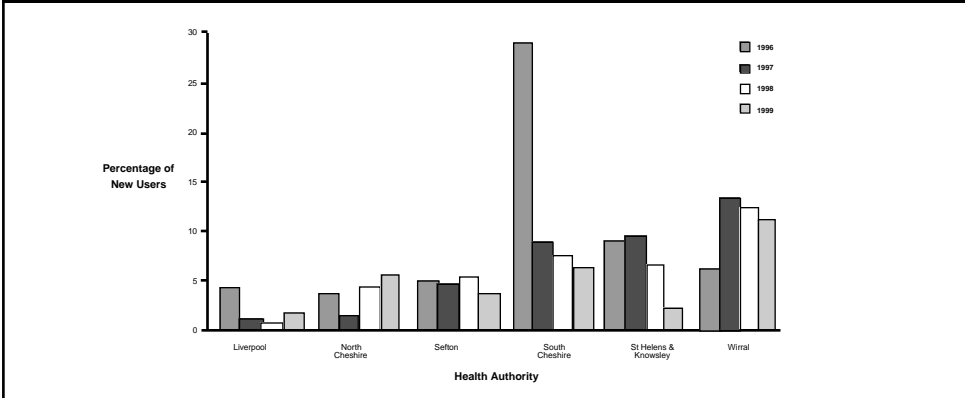
Tables 2.7a and b show the breakdown of drug use by Health Authority of reporting agency. North Cheshire and South Cheshire reported the lowest and highest proportion of all heroin users (34.6% and 59.0%) and new heroin users (32.3% and 65.8%), respectively. St Helens and Knowsley Health Authority also reported more new heroin users than all users of heroin (49.2% and 42.4% respectively). South Cheshire and North Cheshire respectively reported the lowest and highest proportions of AS users (14.5% and 51.9%, respectively) and new AS users (19.9% and 56.7%). South Cheshire also reported the highest proportion of methadone users (16.1%) and North Cheshire and Wirral the highest proportion of new methadone users (6.8% and 6.7%, respectively). St Helens and Knowsley in particular reported high proportions of amphetamine use (12.2% of all users and 11.7% of new users). Cocaine was reported in low proportions. Less than 6.0% of users or new users (except amongst Sefton users where 9.4%) reported cocaine as their main drug. See figure 2.4a, b and c for trends of heroin, methadone and AS use for the four years from 1996 to 1999.

Figures 2.4 a, b and c show the changes in proportions of new users reporting heroin, methadone and AS, respectively. Reports of heroin use had generally fallen over the last four years. However, South Cheshire, saw a large rise in reported heroin use (from 38.9% to 65.8% of new users) but also saw a large fall in reported methadone use, from 27.2% to 7.1%. Together, in South Cheshire these two drugs accounted for around 70% of all reported drug use over the four years and may signify a move away from the use of prescribed drugs to street drugs. Thus, as Table 2.12 shows, there has been a decline in the number of SES clients who state that they are also receiving treatment, from 30.0% in 1996 to 15.0% in 1999. Reported AS use has always been higher in North Cheshire (at around half of all reported drug use) than other Health Authorities. However, while proportions remain fairly static in North Cheshire Health Authority, Sefton and St Helens and Knowsley Health Authorities have seen rising proportions of AS users, from 26.1% to 41.8% and from 15.7% to 36.0%, respectively. In Wirral, the trend of falling reports of AS use between 1996 and 1998 has been reversed in 1999 when more new AS users were reported than in any previous reporting year. Liverpool and South Cheshire have reported consistent proportions of new AS users over the last four years, around a third and less than a fifth, respectively.

**Figure 2.4 a) New Heroin Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999**



**Figure 2.4 b) New Methadone Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999**



**Figure 2.4 c) New Anabolic Steroid Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999**

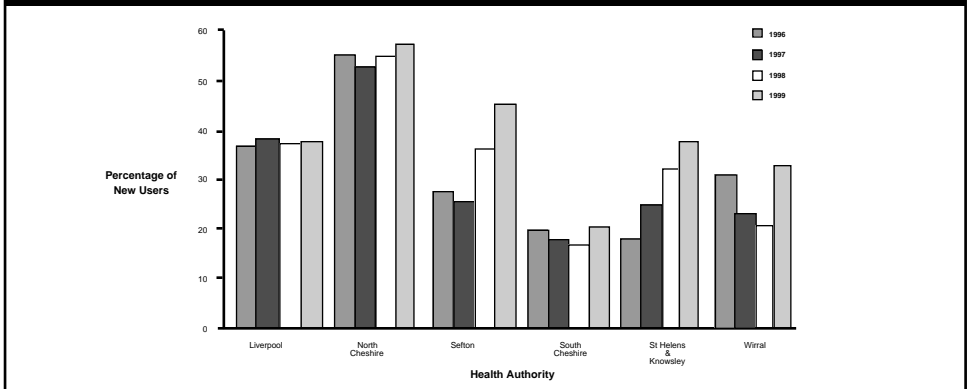


Table 2.8: Most drug use is concentrated in the 25 to 34 age range; accounting for over half of all users and for 61.0% of heroin users. AS users represented a slightly younger age group with 60.8% being in the 20 to 29 age range and lower proportions of over 35 year olds. Around 14% of AS users were over 35 compared with 37.6% of methadone users, 28.7% of 'other/ no main drug' users and 19.5% of heroin users. Users of methadone were generally older, with only 54.5% concentrated in the 25 to 34 age bracket but 29.1% being aged between 35 and 39 and 8.5% being over 44. Cocaine users and those reporting 'other / non main drug' were also slightly older with 25.3% and 24.2%, respectively being in the 35 to 44 age bracket. The only reported under 15 year olds were heroin users. There was no use of crack under the age of 25 and no cocaine use under the age of 20.

The majority (52.4%) of 15 to 19 year olds reported AS as their main drug but as users got older the proportions reporting AS use fall to 14.7% of 45 to 49 year olds. However 27.3% of all those individuals over 50, reported use of AS. In the 20 to 24 age range, AS and heroin use were reported approximately equally (42.7% and 43.6%, respectively, of all users between 20 and 24). However between 25 and 39 heroin is reported by just over half of users in each age range.

**Table 2.8 All Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Drug and Age**

Age Group	Amphetamine	Anabolic Steroids	Cocaine	Crack	Heroin	Methadone	Other / No Main Drug	Total (100%)
Under 15	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	4 ( 0.3%)	0 ( 0.0%)	0 (0.0%)	4 ( 0.1%)
15 - 19	12 ( 5.8%)	66 ( 7.4%)	0 ( 0.0%)	0 ( 0.0%)	46 ( 3.0%)	1 ( 0.4%)	1 ( 0.6%)	126 ( 4.0%)
20 - 24	35 (16.8%)	246 (27.5%)	10 (14.1%)	0 ( 0.0%)	251 (16.2%)	21 ( 7.7%)	13 ( 8.3%)	576 (18.3%)
25 - 29	70 (33.7%)	298 (33.3%)	16 (22.5%)	1 (25.0%)	511 (33.0%)	63 (23.2%)	43 (27.4%)	1,002 (31.8%)
30 - 34	50 (24.0%)	161 (18.0%)	24 (33.8%)	2 (50.0%)	434 (28.0%)	85 (31.3%)	55 (35.0%)	811 (25.7%)
35 - 39	16 ( 7.7%)	78 ( 8.7%)	14 (19.7%)	1 (25.0%)	204 (13.2%)	50 (18.4%)	24 (15.3%)	387 (12.3%)
40 - 44	17 ( 8.2%)	26 ( 2.9%)	4 ( 5.6%)	0 ( 0.0%)	57 ( 3.7%)	29 (10.7%)	14 ( 8.9%)	147 ( 4.7%)
45 - 49	5 ( 2.4%)	10 ( 1.1%)	2 ( 2.8%)	0 ( 0.0%)	28 ( 1.8%)	16 ( 5.9%)	7 ( 4.5%)	68 ( 2.2%)
50 and over	3 ( 1.4%)	9 ( 1.0%)	1 ( 1.4%)	0 ( 0.0%)	13 ( 0.8%)	7 ( 2.6%)	0 ( 0.0%)	33 ( 1.0%)
<b>Total (100%)</b>	<b>208</b>	<b>894</b>	<b>71</b>	<b>4</b>	<b>1,548</b>	<b>272</b>	<b>157</b>	<b>3,154</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended

**Table 2.9 All Users Reported by Agency Based Syringe Exchange Schemes in 1996, 1997, 1998 and 1999 by Length of Time in Contact with Services**

Time in Contact	1996	1997	1998	1999
New User	2,313 (61.0%)	1,792 (48.7%)	1,751 (50.5%)	1,870 (51.1%)
to 2 Years	380 (10.0%)	653 (17.8%)	482 (13.9%)	398 (10.9%)
2 to 3 Years	256 ( 6.8%)	332 ( 9.0%)	391 (11.3%)	326 ( 8.9%)
3 to 4 Years	207 ( 5.5%)	179 ( 4.9%)	169 ( 4.9%)	266 ( 7.3%)
4 to 5 Years	489 (12.9%)	176 ( 4.8%)	137 ( 4.0%)	159 ( 4.3%)
5 to 6 Years	}*	225 ( 6.1%)	143 ( 4.1%)	126 ( 3.4%)
6 to 7 Years	} 147 ( 3.9%)	313 ( 8.5%)	303 ( 8.7%)	142 ( 3.9%)
7 to 8 Years	}	5 ( 0.1%)	92 ( 2.7%)	290 ( 7.9%)
to 9 Years	}	1 ( 0.0%)	0	81 ( 2.2%)
<b>Total (100)%</b>	<b>3,792</b>	<b>3,676</b>	<b>3,468</b>	<b>3,658</b>

Data for 1996 and 1997 are for all users including double counting of users who presented at more than one agency. Data for 1998 and 1999 exclude double counting across Health Authorities. \* Owing to low numbers in 1996, contacts over five years were analysed together

Table 2.9 profiles the length of time individuals had been in contact with services at their last visit. These data were available for 99.1% of clients in contact with SES during 1999. New users accounted for over half of all users; i.e. 51.1% had been in contact for one year or less. This is higher than in the previous two years. Data suggest an increase in short term contacts with SES. In 1997, 28.2% of the previous year's new users were reported as having a contact of one to two years (i.e. they were still in contact), in 1998 this was 26.9% and in 1999, 22.7%. Conversely more individuals remained in contact with SES for longer. Of SES users, 17.4% were in contact for over five years compared to 15.5% in 1998, 14.7% in 1997 and just 3.9% in 1996. It would appear, therefore that there is an increasing polarisation of clients with many making only brief contact (less than a year) and others remaining in long term contact.

**Table 2.10 All Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Drug and Length of Time in Contact with Services**

Time in Contact	Amphetamines	Anabolic Steroids	Cocaine	Heroin	Methodone	Other/No Main Drug	Total
New User	95 (45.0%)	610 (67.9%)	41(52.5%)	833 (52.9%)	58 (21.3%)	58 (37.7%)	1,695 (53.1%)
1 to 2 Years	18 ( 8.5%)	92 (10.2%)	6 ( 7.7%)	204 (12.9%)	25 ( 9.2%)	11 ( 7.1%)	356 (11.2%)
2 to 3 Years	18 ( 8.5%)	77 ( 8.6%)	4 ( 5.1%)	158 (10.0%)	43 (15.8%)	7 ( 4.5%)	307 ( 9.6%)
3 to 4 Years	19 ( 9.0%)	56 ( 6.2%)	11 (14.1%)	116 ( 7.4%)	48 (17.6%)	7 ( 4.5%)	257 ( 8.1%)
4 to 5 Years	11 ( 5.2%)	22 ( 2.4%)	4 ( 5.1%)	81 ( 5.1%)	16 ( 5.9%)	8 ( 5.2%)	142 ( 4.5%)
5 to 6 Years	6 ( 2.8%)	12 ( 1.3%)	5 ( 6.4%)	57 ( 3.6%)	9 ( 3.3%)	16 (10.4%)	105 ( 3.3%)
6 to 7 Years	7 ( 3.3%)	14 ( 1.6%)	6 ( 7.7%)	56 ( 3.6%)	11 ( 4.0%)	13 ( 8.4%)	107 ( 3.4%)
7 to 8 Years	29 (13.7%)	14 ( 1.6%)	1 ( 1.3%)	55 ( 3.5%)	46 (16.9%)	28 (18.2%)	173 ( 5.4%)
8 to 9 Years	8 ( 3.8%)	2 ( 0.2%)	0 ( 0.0%)	16 ( 1.0%)	16 ( 5.9%)	6 ( 3.9%)	48 ( 1.5%)
<b>Total (100%)</b>	<b>211</b>	<b>899</b>	<b>78</b>	<b>1,576</b>	<b>272</b>	<b>154</b>	<b>3,190</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended. Drug is only collected on first contact with services and may change over time without being reflected in later reports

Further research is necessary to try to establish the career of those who leave services and establish if they appear at other exchange services, in treatment, the criminal justice system or if they disappear from monitoring because they cease injecting and/or drug taking.

Table 2.10 shows the main drug of use by the length of contact with SES. As in 1998, anabolic steroid users were those with the shortest length of contact with services. In 1999 a smaller proportion of AS users (86.7%) had been in contact for between one and three years than in 1998 (90.5%). This suggests that many of the increasing number of individuals who have made contact for their AS use over the last three years (see Tables 2.7a and 2.7b and Figure 2.4c) are not staying in contact with services.

Contacts of between seven and eight years accounted for 13.7% of amphetamine users, 16.9% of methadone users and 18.2% of users of the other / poly drug users category. This figure coincides with the beginning of SES monitoring in 1991, when individuals were first reported.

**Table 2.11 All Users and New Users Reported by Agency Based Syringe Exchange Schemes in 1999 by Sex and How Clients Heard About Services**

How Heard	All Users		New Users		Total	
	Female	Male	Female	Male	All Users	New Users
Chemist	2 ( 0.5%)	14 ( 0.5%)	1 ( 0.7%)	6 ( 0.5%)	16 ( 0.5%)	7 ( 0.6%)
Clinic	26 ( 6.2%)	87 ( 3.4%)	12 ( 8.1%)	33 ( 3.2%)	113 ( 3.8%)	45 ( 3.8%)
Friend / Family	323 (77.5%)	2,003 (78.3%)	116 (77.9%)	789 (77.1%)	2,326 (78.2%)	905 (77.2%)
GP	2 ( 0.5%)	21 ( 0.8%)	1 ( 0.7%)	4 ( 0.4%)	23 ( 0.8%)	5 ( 0.5%)
Healthwise	1 ( 0.2%)	2 ( 0.1%)	0 ( 0.0%)	2 ( 0.2%)	3 ( 0.1%)	2 ( 0.2%)
Leaflet	3 ( 0.7%)	37 ( 1.4%)	0 ( 0.0%)	13 ( 1.3%)	40 ( 1.3%)	13 ( 1.1%)
Outreach	24 ( 5.8%)	124 ( 4.8%)	7 ( 4.7%)	60 ( 5.9%)	148 ( 5.0%)	67 ( 5.7%)
Police	0 ( 0.0%)	1 ( 0.0%)	0 ( 0.0%)	1 ( 0.1%)	1 ( 0.0%)	1 ( 0.1%)
Poster	1 ( 0.2%)	18 ( 0.7%)	0 ( 0.0%)	3 ( 0.3%)	19 ( 0.6%)	3 ( 0.3%)
Press	1 ( 0.2%)	13 ( 0.5%)	0 ( 0.0%)	5 ( 0.5%)	14 ( 0.5%)	5 ( 0.4%)
Prison	4 ( 1.0%)	24 ( 0.9%)	2 ( 1.3%)	17 ( 1.7%)	28 ( 0.9%)	19 ( 1.6%)
TV / Radio	2 ( 0.5%)	3 ( 0.1%)	0 ( 0.0%)	1 ( 0.1%)	5 ( 0.2%)	1 ( 0.1%)
Other	28 ( 6.8%)	211 ( 8.2%)	10 ( 6.7%)	90 ( 8.8%)	239 ( 8.0%)	100 ( 8.5%)
<b>Total (100%)</b>	<b>417</b>	<b>2,558</b>	<b>149</b>	<b>1,024</b>	<b>2,975</b>	<b>1,173</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended

Table 2.11: As in previous years the most commonly reported method of hearing about services was from family and friends (78.2% of all users and 79.4% of new users), see Table 2.11. This method was followed by 'Other' (8.0%) and Outreach (5.0%) amongst all users and by Outreach (6.4%) and 'Other' (5.9%) amongst new users. All and new female users were more likely to have heard about SES services from a clinic (6.2% and 8.1%, respectively) than males (3.4% and 3.2%, respectively) and this may be the result of sex workers attending clinics.

**Table 2.12 All Users, New Users and Visits Reported by Agency Based Syringe Exchange Schemes in 1999 by Whether Clients Were Receiving Treatment for Their Drug Use**

<b>In Treatment?</b>	<b>All Users</b>	<b>New Users</b>	<b>Visits</b>
Yes	801 (26.8%)	174 (15.0%)	5,206 (34.8%)
No	2,190 (73.2%)	985 (85.0%)	9,767 (65.2%)
<b>Total (100%)</b>	<b>2,991</b>	<b>1,159</b>	<b>14,973</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended

Table 2.12: In 1999 the decline in the proportions of SES clients who were also receiving treatment for their drug dependency continued. Amongst new users this has dropped from nearly a third (30.0%) in 1996 to less than a fifth (15.0%) in 1999. The continuing increase in AS users may, in part, account for this. AS users may see their drug use as recreational or sports related and therefore not problematic and needing treatment. Of 39 new methadone users, 53.0% were in receipt of treatment (which could include their methadone use), and the remaining 46.2% were either not in treatment (17.9%) or their treatment status was unknown (28.2%). The visit rates for those receiving and not receiving treatment, at 6.5 and 4.7, respectively, were very similar to previous years. They indicate that those who receive treatment are more likely to make more visits, possibly because they are more aware of harm minimisation methods or



**Table 2.13 All Users Reported by Syringe Exchange Schemes in 1999 by Sharing Status and Drug**

<b>Have you shared injecting equipment in the last four weeks?</b>			
<b>Drug</b>	<b>Yes</b>	<b>No</b>	<b>Total (100%)</b>
Amphetamine	2 ( 1.6%)	123 (98.4%)	125
Anabolic Steroids	7 ( 1.5%)	474 (98.5%)	481
Cocaine	2 ( 4.6%)	41 (95.3%)	43
Heroin	52 ( 5.7%)	864 (94.3%)	916
Methadone	1 ( 1.0%)	104 (99.0%)	105
Other / No Main Drug	8 ( 6.6%)	113 (93.4%)	121
<b>Total</b>	<b>272 ( 4.0%)</b>	<b>1,719 (96.0%)</b>	<b>1,790</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended

their habit is greater.

Table 2.13: Clients were asked if they had shared any injecting equipment in the four weeks prior to visiting SES, or since their last visit if that was less than four weeks ago. Overall 4.0% of individuals had shared some part of injecting 'gear'. However, there was variation across users of different drugs, with other / poly drug users, heroin and cocaine recording the highest levels of sharing (6.6%, 5.7% and 4.0% respectively). Users of all other drugs reported sharing in less than 2% of cases. Data for previous years included double counting of individuals who had visited an SES several times, or had visited several different SES agencies and therefore are not comparable. Although these figures are low in line with KPI 3.3 (see Box 1) and KPT 3 (see Box 2), the low response rates should be borne in mind. Also the stigma attached to admitting sharing, especially at a place dedicated to the provision of sterile injecting equipment may influence response rates. Further research needs to be undertaken if true rates of sharing are to be established. By comparison, a fifth (21%) of individuals reported both to the DMD in 1998<sup>4</sup> and to the Unlinked Anonymous study in 1995 reported having shared injecting equipment in the last four weeks<sup>26</sup>.

# three

PHARMACY BASED SYRINGE

EXCHANGE SCHEMES

## Introduction

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In 1999, a total of 59 pharmacies in the six Health Authorities of Merseyside and Cheshire reported attributable data (initials, date of birth and sex) to the Drug Monitoring Unit, with pharmacies within the Liverpool Health Authority area changing from summary to attributable reporting in January of 1999.

This data set is the smallest set of variables collected by the Drug Monitoring Unit. This is due to the anonymous nature of the pharmacy based exchange schemes (Pharmacy), i.e. the fact that transactions take place in a shop regularly used by non drug user members of the local community. The data items collected are: initials, date of birth, sex, area of residence (on first

### DEFINITIONS

<b>User</b>	A person who visits a pharmacy for the purposes of needle and/or Syringe Exchange - they may be a new user or a repeat user.
<b>New User</b>	A user visiting a pharmacy for the first time.
<b>Repeat User</b>	A user visiting a pharmacy for the second or any subsequent time regardless of length of time between visits.
<b>Visit</b>	When a person visits a pharmacy for the purposes of needle exchange for the first or any subsequent time. NB this is not the same as an episode reported to the Drug Misuse Database.
<b>Visit Rate</b>	The number of visits divided by the number of users to give an average number of visits made by each user.
<b>Double Counting</b>	If a person visits more than one pharmacy in Merseyside and Cheshire or within a Health Authority and is counted as a user at each pharmacy or Health Authority that they visit.
<b>Single Counting</b>	If a person visits more than one pharmacy in Merseyside and Cheshire or within a Health Authority and they are counted in only one (the first they visited).

**Table 3.1 All Users, New Users and Visits Reported by Pharmacy Based Syringe Exchange**

	1996			1997		
	All Users	New Users	Visits	All Users	New Users	Visits
Health Authority						
Liverpool	5,297	909	17,395	10,449	2,669	30,03
North Cheshire	342	316	2,213	452	317	1,203
Sefton	2,790	123	9,669	2,856	149	10,286
South Cheshire	832	825	5,356	1,168	704	3,389
St Helens & Knowsley	1,949	326	6,519	2,153	413	5,517
Wirral	566	346	2,66	735	467	2,046
<b>Total (100%)</b>	<b>11,776</b>	<b>2,845</b>	<b>43,814</b>	<b>17,813</b>	<b>4,719</b>	<b>52,472</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown

visit) and details of syringes exchanged. The drug(s) of use are not recorded.

To understand the service needs of drug users, comprehensive monitoring of all services is required and data gathered from Pharmacies offering needle and syringe exchange services can assist in the local monitoring of the objectives of the Government drugs strategy (see Box 1). Continued monitoring of these services will show trends in ages of drug misusers and, added to data collected from other services in Merseyside and Cheshire, may aid the assessment of the numbers in contact with services for drug misusers (KO3, Objective 3), and also the proportions of drug users who are injecting (Objective 3.2)

In 1999, 5,259 individuals were reported by all Pharmacies in the Merseyside and Cheshire area, of whom 277 (5.3%) visited Pharmacies in more than one Health Authority. In 1998 only 88 individuals (2.6%) visited Pharmacies in more than one Health Authority. However in 1999 Pharmacies in Liverpool Health Authority reported attributable data for the first time which may account for the increase, as city centre Pharmacies may attract 'passing trade'. New users accounted for two thirds of all users (67.2% or 3,721 individuals), similar to 1998 when 64% of all users were new to services. Of new users, 159 (4.3%) had visited Pharmacies in more than one area. When double counting across Health Authorities is included (i.e. when an individual is counted in all Health Authorities in which they visit a Pharmacy) the number of users recorded was 5,536 and the number of new users was 3,880 (see Table 3.1). This represents a considerable fall in numbers of users reported in previous years. However this is primarily accounted for by the changed activity levels reported by those Pharmacies in Liverpool Health Authority. Here the number of users fell from 11,421 to 1,538 although the number of new users remained about the same. When only those Pharmacies that reported attributable data in 1998 are included compared between 1998 and 1999, attendance figures are similar with 3,466 users and 2,231 new users being reported in 1998 compared to 3,955 and 2,342, respectively in 1999. Fewer Pharmacies from Liverpool Health Authority reported in 1999 (12, compared to 17 in 1998).

## Schemes in 1996, 1997, 1998 and 1999 by Health Authority of Reporting Agency

1998			1999		
All Users	New Users	Visits	All Users	New Users	Visits
11,421	1,541	31,426	1,581	1,538	23,706
580	410	2,011	573	364	4,683
425	234	2,450	500	214	7,604
1,234	794	4,007	1,485	838	11,134
506	282	1,518	632	423	4,646
721	511	2,314	765	503	6,015
<b>14,887</b>	<b>3,772</b>	<b>43,726</b>	<b>5,536</b>	<b>3,880</b>	<b>57,788</b>

at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be represented in both Health Authorities.

**Table 3.2 All Users and New Users Reported by Pharmacy Based Syringe Exchange Schemes in 1999 by Sex and Age**

Age Group	All Users		New Users	
	Male	Female	Male	Female
Under 15	6 ( 0.2%)	0 ( 0.0%)	6 ( 0.2%)	0 ( 0.0%)
15 - 19	129 ( 3.8%)	64 ( 7.4%)	81 ( 3.2%)	39 ( 5.9%)
20 - 24	620 (18.1%)	209 (24.1%)	445 (17.4%)	153 (23.2%)
25 - 29	1,105 (32.2%)	263 (30.3%)	827 (32.3%)	211 (32.0%)
30 -34	973 (28.4%)	211 (24.3%)	737 (28.8%)	162 (24.6%)
35 - 39	389 (11.3%)	89 (10.3%)	306 (12.0%)	73 (11.1%)
40 - 44	146 ( 4.3%)	18 ( 2.1%)	112 ( 4.4%)	12 ( 1.8%)
45 - 49	40 ( 1.2%)	9 ( 1.0%)	27 ( 1.1%)	7 ( 1.1%)
50 and over	21 ( 0.6%)	5 ( 0.6%)	17 ( 0.7%)	2 ( 0.3%)
<b>Total (100%)</b>	<b>3,429</b>	<b>868</b>	<b>2,558</b>	<b>659</b>

Data exclude all double counting i.e. each individual is only counted once, at the first agency they attended.

Table 3.2 shows the sex and age profile of all users and new users attending Pharmacies in 1999. Altogether, 3,775 males were reported by Pharmacies in 1999, that is 71.8% of all reported individuals for whom sex was recorded. This gives a female to male ratio of 1:3.8. A fifth of all users and new users were female (20.2% and 20.5%, respectively). This compares to 14.3% of all users and 13.0% of new users reported to the Drug Monitoring Unit by SES, 31.3% at SDS and two thirds reported by Outreach services (65.5% of all and new users).

The most common age group for both male and female users and new users was 25 to 29 years, representing an ageing population of female Pharmacy clients. In 1998 females were more likely to be aged between 20 and 24. Females presenting at Pharmacy syringe exchanges in 1999 were generally younger than males, with 31.5% of all users and 29.1% of female new users being aged under 25 compared to 22.1% and 20.8% of males. This represents a similar age distribution to clients of SES, with SDS visitors being slightly older, mainly aged 30 to 34. Compared with 1999, in 1998 considerably higher proportions of both male and female Pharmacy clients were aged under 25 (27.3% of male and 40.4% of female users and 26.7% and 40.2% of new users, respectively).

**Table 3.3 All Users and New Users Reported by Pharmacy Based Syringe Exchange Schemes**

Health Authority	1998			
	All Users		All Users	
	Female	Male	Female	Male
Liverpool	N/K	N/K	N/K	N/K
North Cheshire	88 (15.3%)	487 (84.7%)	58 (14.2%)	351 (85.8%)
Sefton	69 (21.6%)	251 (78.4%)	35 (22.2%)	123 (77.8%)
South Cheshire	223 (21.3%)	823 (78.7%)	163 (23.8%)	522 (76.2%)
St Helens & Knowsley	59 (15.3%)	327 (84.7%)	41 (18.5%)	181 (81.5%)
Wirral	120 (17.0%)	586 (83.0%)	86 (17.1%)	418 (82.9%)
<b>Total</b>	<b>559 (18.4%)</b>	<b>2,474 (81.6%)</b>	<b>383 (19.4%)</b>	<b>1,595 (80.6%)</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown both Health Authorities

Table 3.3 shows the sex profile of all users and new users by Health Authority of reporting Pharmacy and includes double counting of those individuals who visited agencies in more than one Health Authority. Sex was recorded for 89.8% of all users and 91.8% of new users. For females the proportion of all and new users reported by Pharmacies has risen slightly over the last four years from 17.2% of all users and 16.9% of new users in 1996 to 20.3% of all users and 20.7% of new users in 1999. The female to male ratio is now 1:3.9 for all users and 1:3.8 for new users. The proportions of females reported varied across the Health Authorities. As in 1998, St Helens and Knowsley Pharmacies reported the lowest proportion of females (14.7% in 1999, 15.3% in 1998) and Sefton Pharmacies the highest (24.7% in 1998 and 21.6% in 1998). Sex data were not available for these Health Authorities prior to 1998. North Cheshire reported a greater proportion of females in 1999 than in 1998 (17.1% and 15.3% respectively), representing a return to 1996 and 1997 levels. South Cheshire has reported rising proportions of females from 15.2% in 1996 to 22.5% in 1999 and from 15.0% of new users to 22.7% in 1999. Conversely Wirral Health Authority Pharmacies reported lower proportions of females in 1999 than in 1996 (17.1% of all users compared to 20.4% in 1996 and 18.9% of new users compared to 20.2% in 1996).

**Table 3.4 All Users and New Users Reported by Pharmacy Based Syringe Exchange Schemes**

Age Group	Liverpool	North Cheshire		Sefton		South Cheshire	
	All Users	All Users	New Users	All Users	New Users	All Users	New Users
Under 15	4 (0.3%)	0 (0.0%)	0 (0.0%)	1 (0.4%)	1 (0.8%)	0 (0.0%)	0 (0.0%)
15 - 19	25 (1.9%)	24 (4.4%)	17 (4.8%)	4 (1.5%)	4 (3.2%)	127 (8.8%)	59 (7.1%)
20 - 24	187 (14.2%)	113 (20.8%)	76 (21.5%)	32 (12.1%)	18 (14.4%)	404 (28.1%)	239 (28.9%)
25 - 29	418 (31.8%)	194 (35.7%)	128 (36.2%)	95 (35.8%)	41 (32.8%)	426 (29.6%)	254 (30.8%)
30 - 34	423 (32.2%)	131 (24.1%)	80 (22.6%)	86 (32.5%)	40 (32.0%)	311 (21.6%)	176 (21.3%)
35 - 39	168 (12.8%)	40 (7.4%)	30 (8.5%)	30 (11.3%)	14 (11.2%)	117 (8.1%)	63 (7.6%)
40 - 44	60 (4.6%)	26 (4.8%)	15 (4.2%)	9 (3.4%)	3 (2.4%)	42 (2.9%)	28 (3.4%)
45 - 49	23 (1.7%)	10 (1.8%)	4 (1.1%)	3 (1.1%)	2 (1.6%)	5 (0.3%)	2 (0.2%)
50 and over	7 (0.5%)	6 (1.1%)	4 (1.1%)	5 (1.9%)	2 (1.6%)	5 (0.3%)	5 (0.6%)
<b>Total (100%)</b>	<b>1,315</b>	<b>544</b>	<b>354</b>	<b>265</b>	<b>125</b>	<b>1,437</b>	<b>826</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at  
 \* Age is only available for new users in Liverpool Health Authority

## 1998 and 1999 by Sex and Health Authority of Reporting Agency

1999			
All Users		New Users	
Female	Male	Female	Male
317 (21.7%)	1,141 (78.3%)	308 (21.8%)	1,107 (78.2%)
97 (17.1%)	470 (82.9%)	68 (18.8%)	293 (81.2%)
100 (24.7%)	305 (75.3%)	50 (25.4%)	147 (74.6%)
295 (22.5%)	1,016 (77.5%)	175 (22.7%)	597 (77.3%)
71 (14.7%)	413 (85.3%)	45 (13.6%)	285 (86.4%)
127 (17.1%)	617 (82.9%)	92 (18.9%)	396 (81.1%)
<b>1,007 (20.3%)</b>	<b>3,962 (79.7%)</b>	<b>738 (20.7%)</b>	<b>2,825 (79.3%)</b>

at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be represented in

Table 3.4 shows the ages of all users and new users by Health Authority. Date of birth was recorded for 4,661 (84.2%) users and 3,394 (87.5%) new users. Overall, a majority of all users (59.3%) and new users (60.2%) were in the 25 to 34 age bracket with 25 to 29 being the most commonly reported age group (32.0% of all users and 32.4% of new users). South Cheshire clients were a little younger having a greater proportion of clients than other Health Authorities being aged between 20 and 24 (28.1% of all users and 28.9% of new users). South Cheshire reported the largest proportion of under-25s (36.9% of all users and 36.0% of new users). Wirral Health Authority reported only 10.9% of users and 9.4% of new users in the 20 to 24 age group and only 12.5% of users and 10.7% of new user aged under 25.

## in 1999 by Health Authority of Reporting Agency and Age

St Helens & Knowsley		Wirral		Total	
All Users	New Users	All Users	New Users	All Users	New Users
1 ( 0.3%)	1 ( 0.3%)	0 ( 0.0%)	0 ( 0.0%)	6 ( 0.1%)	6 ( 0.2%)
20 ( 5.1%)	15 ( 5.1%)	11 ( 1.6%)	6 ( 1.3%)	211 ( 0.1%)	126 ( 3.7%)
286 (21.9%)	65 (22.0%)	77 (10.9%)	45 ( 9.4%)	899 (19.3%)	630 (18.6%)
127 (32.3%)	95 (32.1%)	230 (32.5%)	162 (33.9%)	1,490 (32.0%)	1,098 (32.4%)
92 (23.4%)	69 (23.3%)	231 (32.7%)	156 (32.6%)	1,274 (27.3%)	944 (27.8%)
49 (12.5%)	38 (12.8%)	126 (17.8%)	93 (19.5%)	530 (11.4%)	406 (12.0%)
14 ( 3.6%)	11 ( 3.7%)	20 ( 2.8%)	11 ( 2.3%)	171 ( 3.7%)	128 ( 3.8%)
2 ( 0.5%)	1 ( 0.3%)	9 ( 1.3%)	4 ( 0.8%)	52 ( 1.1%)	36 ( 1.1%)
2 ( 0.5%)	1 ( 0.3%)	3 ( 0.4%)	1 ( 0.2%)	28 ( 0.6%)	20 ( 0.6%)
393	296	707	478	4,661	3,394

the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be represented in both Health Authorities.

**Table 3.5 All Users, New Users and Visits Reported by Pharmacy Based Syringe Exchange Schemes in 1999 by Reporting Pharmacy**

Health Authority	All Users	New Users	Visits	Health Authority	All Users	New Users	Visits	Health Authority	All Users	New Users	Visits
<b>LIVERPOOL</b>			<b>SEFTON</b>			<b>ST HELENS &amp; KNOWSLEY</b>					
Aigburth	44	44	981	Ainsdale	8	0	220	Halewood	23	16	122
City	1,851	1,796	15,693	Birkdale	21	7	191	Haydock	28	28	419
Dingle	15	15	454	Bootle	102	13	2,491	Kirkby	23	21	64
Edge Hill	35	35	129	Churchtown	14	6	129	Newton-le-Willows	40	19	226
Fazakerley	96	96	1,444	Netherton	86	32	314	St Helens	444	303	2,438
Garston	27	27	246	Seaforth	175	108	764	West Vale	163	98	1,377
Norris Green	126	126	766	Southport	289	192	3,495	<b>WIRRAL</b>			
Old Swan	181	180	850	<b>SOUTH CHESHIRE</b>			Birkenhead [1]	280	204	1,694	
Speke	16	16	530	Barnton	16	7	82	Birkenhead [2]	171	107	1,304
Toxteth [1]	153	153	619	Blacon	89	50	525	Eastham	15	6	287
Tuebrook	254	253	1,900	Chester	301	174	2,932	Great Sutton	54	24	283
West Derby [1]	13	13	94	Congleton [1]	41	23	322	Leasowe	2	1	38
<b>NORTH CHESHIRE</b>			Crewe [1]	234	161	1,485	Moreton	66	30	490	
Fearnhead	132	90	416	Crewe [2]	65	15	319	Rock Ferry	97	75	510
Runcorn New Town	115	56	935	Knutsford	26	12	137	Wallasey [1]	53	28	368
Runcorn Old Town	75	51	476	Macclesfield [1]	134	84	484	West Kirby [2]	23	9	445
Warrington [1]	47	28	497	Macclesfield [2]	361	172	1,832	Whitby	16	6	52
Warrington [2]	124	56	1,088	Macclesfield [3]	76	39	382	Woodchurch	93	72	499
Warrington [3]	139	113	760	Middlewich	23	8	155				
Widnes	87	60	481	Northwich [1]	37	21	288				
				Northwich [2]	77	43	528				
				Sandbach	41	22	333				
				Wilmslow	57	39	500				
				Winsford	96	54	664				

Data include double counting i.e. individuals are counted at all agencies they attended during 1998

Table 3.5 shows the number of users, new users and visits reported by each of the Pharmacies offering syringe exchange services in Merseyside and Cheshire in 1999. Pharmacy locations, rather than their names are given for confidentiality reasons and where a number appears in brackets after a Pharmacy location there is more than one pharmacy offering syringe exchange services in that town or area. "0" indicates that there were zero records. Those Pharmacies in Liverpool only began recording attributable data in 1999 and therefore, with a few exceptions, the date of first attendance is shown as being in 1999 even though they may have visited in previous years.



**Table 3.6 All Users Reported by Pharmacy Based Syringe Exchange Schemes in 1999 by Health Authority of Reporting Agency and Health Authority of Residence**

Health Authority of Reporting Agency							
Health Authority of Residence	Liverpool	North Cheshire	Sefton	South Cheshire	St Helens & Knowsley	Wirral	Total
Liverpool	1,221	2	4	0	3	5	1,235
North Cheshire	5	563	0	1	15	1	585
Sefton	58	0	151	0	0	0	209
South Cheshire	1	0	0	1,452	0	66	1,519
St Helens & Knowsley	25	0	1	0	190	0	216
Wirral	16	0	0	0	0	678	694
<b>Total</b>	<b>1,326</b>	<b>565</b>	<b>156</b>	<b>1,453</b>	<b>208</b>	<b>750</b>	<b>4,458</b>

Double counting is excluded within Health Authorities. e.g. an individual who visits two different agencies within the same Health Authority will only be shown at the first agency they visited whereas an individual who visits two different agencies in two different Health Authorities will be represented in both Health Authorities.

Table 3.6 shows the number of users reported by Pharmacy based syringe exchanges by Health Authority of residence and the Health Authority of the reporting agency. For example five individuals reported by an agency or agencies in Liverpool, were resident in South Cheshire. Pharmacies mostly saw individuals who lived within the same Health Authority and a few individuals from neighbouring Health Authorities. Altogether, 9.6% of Wirral clients, 8.6% of St Helens and Knowsley and 7.9% of Liverpool clients were resident in other Health Authorities,. No individuals resident outside Merseyside and Cheshire were reported. In 1998 there were four clients from neighbouring postcode districts not within Merseyside and Cheshire but within the North West Region.

# four

OUTREACH SERVICES

## Introduction

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The Merseyside and Cheshire area is unique in collecting data from outreach services (Outreach) and these data can assist in the local monitoring of the objectives of the Government's drugs strategy. These include tracking trends in contacts with vulnerable groups (Objective 1.5), the proportion of drug misusers in contact with services (KO3, objective 3.1) and the proportions of drug users who are injecting (Objective 3.2).

### DEFINITIONS

<b>User</b>	A person who contacts, or is contacted by, an Outreach worker.
<b>New User</b>	A person visiting services for the first time.
<b>Contact</b>	When a user is in contact with an Outreach worker, for the first or any subsequent time. NB this is not the same as episode reported to the Drug Misuse Database
<b>Contact Rate</b>	The number of contacts divided by the number of users to give an average number of contacts made by each user.

In 1999, nine agencies reported outreach data. Of those agencies that reported in 1998, both North Cheshire services (Halton CDT and Lifeline) ceased outreach work. Also The Lodge (Wirral) ceased outreach work. Outreach services in North Liverpool are now carried out by workers from the Maryland Centre in Liverpool, and reported as Maryland data. Kirkby CDT began reporting outreach data at the beginning of 1999. The following data are recorded for every individual who contacts an Outreach worker for the first time: sex, client type, main drug, whether the drug is prescribed, whether the person is also attending SES and how the worker and client met. Additionally, on every contact date, geographical area and setting of contact, referrals to other agencies made by the Outreach worker, the client's recent drug related contacts, the duration of the meeting and details of any syringe issues or returns or any condom issues are also collected. Possible client types are:- injecting drug users; non-injecting drug user;

**Table 4.1 All Users, New Users and Contacts Reported by Outreach Services in 1997, 1998 and**

Health Authority	1997		
	All Users	New Users	Contact
Liverpool	688 (16.8%)	587 (16.7%)	3,160 (15.5%)
North Cheshire	494 (12.1%)	343 ( 9.8%)	2,199 (10.8%)
Sefton	501 (12.2%)	370 (10.5%)	3,984 (19.5%)
South Cheshire	949 (23.2%)	818 (23.3%)	3,073 (15.0%)
St Helens & Knowsley	274 ( 6.7%)	209 ( 6.0%)	1,008 ( 4.9%)
Wirral	1,192 (29.1%)	1,181 (33.7%)	7,013 (34.3%)
<b>Total (100%)</b>	<b>4,098</b>	<b>3,508</b>	<b>20,437</b>

Data for Wirral in 1998 were estimated, based on six month figures from Response. Data are for all users and visits, including multiple counts of

injecting prostitute; non-injecting prostitute; sexual partner of client; sexually active person (who does not fall into any other category) and other (usually 'not known'). Attributor codes (initials, date of birth and sex) are not available for clients of outreach services and therefore individuals reported by outreach cannot be included in the analyses of multi-agency contact presented in Section Five. Recording of outreach service data are under continuous review, and although the collection of clients' initials and date of birth is seen by many who work with these individuals as being controversial, there is a need to assess the impact of outreach work both on individuals seen and their drug taking and risk behaviours and on associated services. A pilot project to collect attributor data from clients of one outreach service (based at the Maryland Centre) began early in 2000 and so in future it may be possible to analyse such crossover between services.

Table 4.1 shows the number and proportion of users, new users and contacts reported by outreach services in each Health Authority. In 1999 only nine agencies contributed outreach data compared to twelve in previous years. Halton CDT, Lifeline and The Lodge all ceased outreach work during 1999 and therefore no data were reported from them. Kirkby CDT began reporting outreach data at the beginning of the year. Altogether 3,316 individuals were reported by the twelve participating agencies, of whom 1,470 (44.3% of users) were new to services. This represents 9% fewer users and 12% fewer new users than in 1998. However these individuals made more contacts than in the previous year. St Helens and Knowsley reported 79.2% of their clients as being new to services. The overall contact rate (the average number of contacts per person in 1999) was 4.6 compared to 4.1 contacts per user in 1998 and 5.0 in 1997.

## 1999 by Health Authority of Reporting Agency

1998			1999		
All Users	New Users	Contacts	All Users	New Users	Contacts
509 (17.1%)	287 (20.2%)	2,305 (18.6%)	286 ( 8.6%)	106 ( 7.2%)	1,404 ( 9.2%)
105 ( 3.5%)	33 ( 2.3%)	185 ( 1.5%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)
537 (18.0%)	194 (13.6%)	3,723 (30.1%)	389 (11.7%)	111 ( 7.6%)	2,914 (19.0%)
939 (31.5%)	572 (40.2%)	2,863 (23.1%)	954 (28.8%)	537 (36.5%)	2,568 (16.8%)
181 ( 6.1%)	67 ( 4.7%)	632 ( 5.1%)	428 (12.9%)	339 (23.1%)	2,006 (13.1%)
1,407*	532*	5,275*	1,259 (38.0%)	377 (25.6%)	6,431 (42.0%)
<b>3,678</b>	<b>1,685</b>	<b>14,983</b>	<b>3,316</b>	<b>1,470</b>	<b>15,323</b>

Individuals who presented at more than one agency.

**Table 4.2 All Users and Contacts Reported by Outreach Services in 1999 by Reporting Agency**

Agency	All Users	New Users	Contacts
Chester CDT	354 (10.7%)	51 ( 3.5%)	1,636 (10.7%)
Kirkby CDT	89 ( 2.7%)	89 ( 6.1%)	448 ( 2.9%)
The Maryland Centre	286 ( 8.6%)	106 ( 7.2%)	1,404 ( 9.2%)
Response (Wirral)	1,259 (38.0%)	377 (25.6%)	6,431 (42.0%)
South Cheshire CDT	600 (18.1%)	486 (33.1%)	932 ( 6.1%)
South Knowsley CDT	239 ( 7.2%)	206 (14.0%)	1,294 ( 8.4%)
South Sefton MDC	95 ( 2.9%)	49 ( 3.3%)	319 ( 2.1%)
Southport MDC	294 ( 8.9%)	62 ( 4.2%)	2,595 (16.9%)
St Helens CDT	100 ( 3.0%)	44 ( 3.0%)	264 ( 1.7%)
<b>Total (100%)</b>	<b>3,316</b>	<b>1,470</b>	<b>15,323</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

Table 4.2 shows the agency profile for all users, new users and contacts in 1999. Kirkby CDT reported outreach data for the first time in 1999, whilst Halton CDT, Lifeline, North Liverpool CDT and the Lodge all ceased providing Outreach services. Most Outreach services that reported in both 1998 and 1999 reported approximately the same number of individuals in each year. However, the Maryland Centre reported around a quarter fewer users and only half the number of new users in 1999. In 1998 South Knowsley CDT had a reduced outreach team and so reported very few individuals, however in 1999 the figures returned to 1997 levels of around 200 users.

As in previous years South Cheshire CDT succeeded in contacting a large population of drug users new to their service, with 81% of their clients being new in 1999. Kirkby CDT began recording data in 1999 and so all their clients will have their first recorded contact in 1999 even though they may have been in contact earlier. The contact rate varied from 1.5 contacts per user at South Cheshire CDT to 8.8 at Southport MDC which is a similar range to that in 1998.

**Table 4.3 All Users Reported by Outreach Services in 1999 by Sex and Health Authority of Reporting Agency**

Health Authority	All Users			New Users		
	Female	Male	Total (100%)	Female	Male	Total (100%)
Liverpool	151 (95.0%)	8 ( 5.0%)	159	73 (98.6%)	1 ( 1.4%)	74
Sefton	72 (34.3%)	138 (65.7%)	210	36 (38.3%)	58 (61.7%)	94
South Cheshire	472 (54.1%)	401 (45.9%)	873	300 (57.9%)	218 (42.1%)	518
St Helens & Knowsley	145 (37.5%)	242 (62.5%)	387	132 (40.1%)	197 (59.9%)	329
Wirral	1,031 (84.4%)	190 (15.6%)	1,221	363 (96.8%)	12 ( 3.2%)	375
<b>Total</b>	<b>1,871 (65.6%)</b>	<b>979 (34.4%)</b>	<b>2,850</b>	<b>904 (65.0%)</b>	<b>486 (35.0%)</b>	<b>1,390</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

Table 4.3: Clients' sex was recorded for 85.9% of individuals, an improvement on 76.8% in 1998 and 81.6% in 1997. Outreach services saw the highest proportions of females in all services reporting to the Drug Monitoring Unit. Furthermore, in 1999 the highest proportion of females for four years was reported. Two thirds of Outreach clients were female (65.6% of all users and 65.0% of new users; see Table 4.3). This figure has risen since 1996, when 41.8% of all users were female. The first year when data for new users were analysed was 1998 and then 46.0% of reported new users were female. Therefore the proportion of new users who are female has also risen. All Health Authorities reported greater numbers of females than in previous years. In Liverpool, where some services are specifically aimed at females, in particular female prostitutes, nearly all clients (95.0%) were female. Wirral has similarly targeted services and they reported over four-fifths (84.4%) as female. The overall male

**Table 4.4 All Users and New Users Reported by Outreach Services in 1999 by Drug and Health**

Health Authority		Drug				
		Amphetamine	Anabolic Steroids	Cocaine	Crack	Heroin
Liverpool	All Users	1 ( 0.9%)	0 ( 0.0%)	1 (0.9%)	1 ( 0.9%)	110 (94.8%)
	New Users	0 ( 0.0%)	0 ( 0.0%)	1 ( 1.6%)	1 ( 1.6%)	58 (93.5%)
Sefton	All Users	25 (13.7%)	0 ( 0.0%)	14 ( 7.7%)	1 ( 0.5%)	116 (63.7%)
	New Users	14 (16.7%)	0 ( 0.0%)	8 ( 9.5%)	0 ( 0.0%)	51 (60.7%)
South Cheshire	All Users	56 (13.0%)	18 ( 4.2%)	6 ( 1.4%)	18 ( 4.2%)	148 (34.3%)
	New Users	11 ( 8.3%)	7 ( 5.3%)	0 ( 0.0%)	10 ( 7.5%)	33 (24.8%)
St Helens & Knowsley	All Users	19 ( 6.4%)	4 ( 1.3%)	9 ( 3.0%)	4 ( 1.3%)	139 (46.8%)
	New Users	17 ( 7.1%)	3 ( 1.3%)	9 ( 3.8%)	4 ( 1.7%)	106 (44.2%)
Wirral	All Users	31 ( 5.1%)	0 ( 0.0%)	24 ( 3.9%)	3 ( 0.5%)	366 (59.7%)
	New Users	21 (9.3%)	0 ( 0.0%)	9 ( 4.0%)	3 ( 1.3%)	74 (32.9%)
<b>Total:</b>	<b>All Users</b>	<b>132 (8.0%)</b>	<b>22 ( 1.3%)</b>	<b>54 ( 3.3%)</b>	<b>27 ( 1.6%)</b>	<b>879 (53.6%)</b>
	<b>New Users</b>	<b>63 (8.5%)</b>	<b>10 ( 1.3%)</b>	<b>27 ( 4.6%)</b>	<b>18 ( 2.4%)</b>	<b>322 (43.3%)</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

to female ratio was 1:1.9. However this varied from 1:0.5 in Sefton to 1:18.8 in Liverpool. Sefton and St Helens and Knowsley reported the lowest proportion with less than half their clients being female. These figures are encouraging in terms of the Government's drug strategy which emphasises the inclusion of females in treatment and supportive services. Outreach services may represent a 'gateway' into more formal services and this rise in females seen by outreach workers may lead to increased numbers in treatment.

Table 4.4 shows the reported main drug for all users and new users, broken down by Health Authority. Main drug is recorded only on first contact with a client and therefore may change over time without being reflected in later reports. The figure for new users may, therefore, better reflect the current patterns of drugs being used by those accessing outreach services. However, main drug was recorded for only 50% of new users and 49% of all users. The most commonly recorded drug amongst new users was heroin accounting for 43.3% of individuals. However, in Liverpool and Sefton the proportions reporting heroin use were much higher (93.5% and 60.7%, respectively). In contrast while in South Cheshire only a quarter (24.8%) of new users reported heroin as their main drug. However, this still represented the most commonly reported drug in the Health Authority. In 1998 half of new users (50.5%) reported using heroin (c.f. 1999, 43.3%). Wirral reported 58.1% of individuals with heroin as the main drug in 1998 compared to 32.9% in 1999 and in St Helens and Knowsley reporting 63.2% and 44.2%, respectively. Data for new users are not available for previous years. Anabolic steroids (AS) were rarely reported as the main drug of use, accounting for just 1.3% of all and new contacts. However, SES, particularly in North Cheshire, Sefton and St Helens and Knowsley, have been reporting high or increasing numbers of AS users. Therefore, it may be that gyms would provide a good site for outreach workers to make contact with those AS users who are not currently in contact with services.

Authority of Reporting Agency					
Drug					
Methadone	Sedatives	Solvents	Various Drugs	Others	Total (100%)
1 ( 0.9%)	1 ( 0.9%)	1 ( 0.9%)	0 ( 0.0%)	0 ( 0.0%)	116
1 ( 1.6%)	0 ( 0.0%)	1 ( 1.6%)	0 ( 0.0%)	0 ( 0.0%)	62
7 ( 3.8%)	2 ( 1.1%)	0 ( 0.0%)	13 ( 7.1%)	4 ( 2.2%)	182
4 ( 4.8%)	2 ( 2.4%)	0 ( 0.0%)	3 ( 3.6%)	2 ( 2.4%)	84
32 ( 7.4%)	0 ( 0.0%)	3 ( 0.7%)	135 (31.3%)	16 ( 3.7%)	432
18 (13.5%)	0 ( 0.0%)	3 ( 2.3%)	49 (36.8%)	2 ( 1.5%)	133
7 ( 2.4%)	1 ( 0.3%)	4 ( 1.3%)	103 (34.7%)	7 ( 2.4%)	297
6 ( 2.5%)	0 ( 0.0%)	4 ( 1.7%)	84 (35.0%)	7 ( 2.9%)	240
36 ( 5.9%)	10 ( 1.6%)	5 ( 0.8%)	86 (14.0%)	52 ( 8.4%)	613
15 ( 6.7%)	2 ( 0.9%)	3 ( 1.3%)	84 (37.3%)	14 ( 6.2%)	225
<b>83 ( 5.1%)</b>	<b>14 ( 0.9%)</b>	<b>13 ( 0.8%)</b>	<b>337 (20.5%)</b>	<b>79 (4.9%)</b>	<b>1,640</b>
<b>44 ( 5.9%)</b>	<b>4 ( 0.5%)</b>	<b>11 ( 1.5%)</b>	<b>220 (29.6%)</b>	<b>25 (3.3%)</b>	<b>744</b>

**Table 4.5 All Users and New Users Reported by Outreach Services in 1999 by Health Authority of**

		Health Authority	
Client Type		Liverpool	Sefton
Customer of Prostitute	All Users	0 ( 0.0%)	0 ( 0.0%)
	New Users	0 ( 0.0%)	0 ( 0.0%)
Injecting Drug User:	All Users	2 ( 1.3%)	97 (49.5%)
	New Users	2 ( 2.7%)	39 (41.5%)
Injecting Prostitute	All Users	60 (37.7%)	2 ( 1.0%)
	New Users	20 (27.07%)	0 ( 2.1%)
Non Injecting Drug User:	All Users	13 ( 8.2%)	92 (46.9%)
	New Users	9 (12.2%)	50 (53.2%)
Other Sexually Active Person:	All Users	3 ( 1.9%)	2 ( 1.0%)
	New Users	1 ( 1.4%)	2 ( 2.1%)
Prostitute:	All Users	78 (49.1%)	3 ( 1.5%)
	NewUsers	42 (56.8%)	3 ( 3.2%)
Other:	New Users	3 ( 1.9%)	0 ( 0.0%)
	All Users	0 ( 0.0%)	0 ( 0.0%)
<b>Total (100% within HA):</b>	<b>All Users</b>	<b>159</b>	<b>196</b>
	<b>New Users</b>	<b>74</b>	<b>94</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

Table 4.5 shows client type broken down by Health Authority as recorded on the individuals first contact with services. As with main drug of use, client type may change over time e.g. from injecting drug user to non injecting drug user, and so details of new users may more accurately reflect the types of client seen by outreach workers. Client type was recorded for 86.3% of new users and 68.0% of all users. The most commonly reported types of clients are injecting and non-injecting drug users accounting for two thirds of users (69.4%) and new users



## Reporting Agency and Client Type

### Health Authority

South Cheshire	St Helens & Knowsley	Wirral	Total
8 ( 0.9%)	1 ( 0.3%)	3 ( 0.5%)	12 ( 0.5%)
8 ( 1.6%)	1 ( 0.3%)	3 ( 1.2%)	12 ( 0.9%)
201 (23.3%)	193 (50.0%)	248 (37.9%)	741 (32.8%)
46 ( 8.9%)	147 (44.8%)	74 (28.7%)	308 (24.3%)
2 ( 0.2%)	2 ( 0.5%)	39 ( 6.0%)	105 ( 4.7%)
1 ( 0.2%)	1 ( 0.3%)	1 ( 0.4%)	23 ( 1.8%)
307 (35.6%)	139 (36.0%)	276 (42.2%)	827 (36.6%)
155 (30.1%)	134 (40.9%)	137 (53.1%)	485 (38.2%)
257 (29.8%)	4 ( 1.0%)	5 ( 0.8%)	271 (12.0%)
239 (46.4%)	3 ( 0.9%)	4 ( 6.1%)	249 (19.6%)
79 ( 9.2%)	13 ( 3.4%)	40 ( 6.1%)	213 ( 9.4%)
65 (12.6%)	12 ( 3.7%)	10 ( 3.9%)	132 (10.4%)
9 ( 1.0%)	34 ( 8.8%)	43 (11.2%)	89 ( 3.9%)
1 ( 0.2%)	30 ( 9.1%)	29 (11.2%)	60 ( 4.7%)
<b>863</b>	<b>386</b>	<b>654</b>	<b>2,258</b>
<b>515</b>	<b>328</b>	<b>258</b>	<b>1,269</b>

(62.5%) down from three quarters of users (78.1%) and new users (77.8%) in 1998. There has been a rise in contact with prostitutes from 8.6% (users) and 9.3% (new users) in 1998 to 9.4% and 10.4% in 1999. This may be connected with the rise in the proportion of females reported. This is especially true of Liverpool where contacts with all prostitutes rose from 52.4% of users and 51.3% of new user in 1998 to 86.8% and 83.3% in 1999. Contacts with 'other sexually active people' (which includes gay and bisexuals) have risen from 2.3% (users) and 2.9% (new users) to 12.0% and 19.6%, respectively.

**Table 4.6 All Users and New Users Reported by Outreach Services in 1999 by Health Authority**

How Met		Health Authority	
		Liverpool	Sefton
Approached directly by client	All Users	0 ( 0.0%)	68 (34.7%)
	New Users	0 ( 0.0%)	36 (38.3%)
Introduced by agency worker:	All Users	0 ( 0.0%)	21 (10.7%)
	New Users	0 ( 0.0%)	12 (12.8%)
Introduced by another client:	All Users	1 ( 0.6%)	71 (36.2%)
	New Users	0 ( 0.0%)	30 (31.9%)
Introduced by drug dealer:	All Users	0 ( 0.0%)	0 ( 0.0%)
	New Users	0 ( 0.0%)	0 ( 0.0%)
Made direct approach to client:	All Users	159 ( 99.4%)	34 (17.3%)
	New Users	74 (100.0%)	14 (27.7%)
Old client *:	All Users	0 ( 0.0%)	2 ( 1.0%)
<b>Total (100% within HA) :</b>	<b>All Users</b>	<b>160</b>	<b>196</b>
	<b>New Users</b>	<b>74</b>	<b>92</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency. \*Old clients are those who were first in contact

Table 4.6 shows how the initial contact between the client and outreach worker was established, analysed by Health Authority of reporting agency. The data were collected for 60% of all users and 94% of new users. The most common methods of meeting in 1999 were to be introduced through another client (37.3% of users and 30.8% of new users), outreach worker making direct approach to the client (28.0% and 29.3%, respectively) or the client approaching the worker directly ( 24.4% and 28.1%, respectively). In Liverpool Health Authority only one individual was not approached directly by an outreach worker and this may reflect the nature of work with prostitutes.

**Table 4.7 In Receipt of a Prescription? All Users, New Users and Contacts Reported by Outreach Services in 1999 by Health Authority of Reporting Agency**

Health Authority	Receiving Prescription?							
	All Users		New Users		Contacts			
	No	Yes	No	Yes	No	Yes	No	Yes
Liverpool	140 (89.2%)	17 (10.8%)	66 (89.2%)	8 (10.8%)	622 (93.1%)	46 ( 6.9%)		
Sefton	158 (80.6%)	38 (19.4%)	72 (76.6%)	22 (23.4%)	856 (84.3%)	160 (15.7%)		
South Cheshire	758 (87.3%)	110 (12.7%)	492 (94.8%)	27 ( 5.2%)	1,605 (74.1%)	562 (25.9%)		
St Helens & Knowsley	249 (64.3%)	138 (35.7%)	219 (66.6%)	110 (33.4%)	857 (46.9%)	971 (53.1%)		
Wirral	385 (53.7%)	332 (46.3%)	235 (77.3%)	69 (22.7%)	1880 (38.0%)	3,068 (62.0%)		
<b>Total</b>	<b>1,690 (72.7%)</b>	<b>635 (27.3%)</b>	<b>1,084 (82.1%)</b>	<b>236 (17.9%)</b>	<b>5,820 (54.8%)</b>	<b>4,807 (45.2%)</b>		

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

## of Reporting Agency and How They Met the Outreach Worker

Health Authority			
South Cheshire	St Helens & Knowsley	Wirral	Total
302 (34.7%)	81 (21.1%)	35 ( 9.3%)	486 (24.4%)
257 (49.5%)	61 (18.7%)	35 ( 9.5%)	389 (28.1%)
53 ( 6.1%)	86 (22.4%)	9 ( 2.4%)	169 ( 8.5%)
40 ( 7.7%)	76 (23.3%)	8 ( 2.2%)	136 ( 9.8%)
325 (37.3%)	156 (40.6%)	188 (49.9%)	741 (37.3%)
72 (13.9%)	138 (42.3%)	186 (50.4%)	426 (30.8%)
2 ( 0.2%)	1 ( 0.3%)	3 ( 0.8%)	6 ( 0.3%)
1 ( 0.2%)	1 ( 0.3%)	3 ( 0.8%)	5 ( 0.4%)
177 (20.3%)	55 (14.3%)	131 (34.7%)	556 (28.0%)
144 (27.7%)	47 (14.4%)	126 (34.1%)	405 (29.3%)
12 ( 1.4%)	5 ( 1.3%)	11 ( 2.9%)	30 ( 1.5%)
<b>871</b>	<b>384</b>	<b>377</b>	<b>1,988</b>
<b>514</b>	<b>323</b>	<b>358</b>	<b>1,361</b>

with Outreach services before this monitoring system was implemented and method of meeting is not known. New clients cannot be of this type.

Table 4.7: Individuals were asked on their first contact with an outreach worker whether they were receiving a prescription as a treatment for drug dependency. This may change over time without being reflected in later reports and so details from new users may give the most reliable data. The proportion of all users receiving a prescription has changed little over the last three years from 30.5% in 1997 and 1998 to 27.3% in 1999. Amongst new users the rate is lower but remains relatively static; 17.3% in 1998 and 17.9% in 1999 (data for new users are not available for previous years). This low rate among new users may indicate that outreach services are increasingly contacting a population of drug users who are not receiving treatment from other services. This is supported by the low rate of methadone reports (5.9% of new users, see Table 4.4). However of the 44 new users who reported using methadone as their main drug, 84.1% stated that they were in receipt of a prescription. Low reported attendance at syringe exchanges (10.9%, see Table 4.8) also points to this population of outreach clients not being in contact with other specialist services. Those users in receipt of a prescription made, on average, more contacts with outreach services in the year than those not receiving a prescription: 7.6 contacts and 3.4 contacts.

**Table 4.8 Attending SES? All Users, New Users and Contacts Reported by Outreach Services in 1999 by Health Authority of Reporting Agency**

Health Authority	Attending SES?					
	All Users		New Users		Contacts	
	No	Yes	No	Yes	No	Yes
Liverpool	139 (90.3%)	15 ( 9.7%)	70 (94.6%)	4 ( 5.4%)	583 (88.9%)	73 (11.1%)
Sefton	155 (79.5%)	40 (20.5%)	70 (74.5%)	24 (25.5%)	830 (82.2%)	180 (17.8%)
South Cheshire	834 (96.2%)	33 ( 3.8%)	509 (98.1%)	10 ( 1.9%)	2,070 (95.6%)	96 ( 4.4%)
St Helens & Knowsley	293 (75.5%)	95 (24.5 %)	263 (79.7%)	67 (20.3%)	1,098 (60.0%)	731 (40.0%)
Wirral	513 (75.9%)	163 (24.1%)	228 (87.0%)	34 (13.0%)	3,317 (67.7%)	1,584 (32.3%)
<b>Total (100%)</b>	<b>1,934 (84.8%)</b>	<b>346 (15.2%)</b>	<b>1,140 (89.1%)</b>	<b>139 (10.9%)</b>	<b>7,898 (74.8%)</b>	<b>2,664 (25.2%)</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

Table 4.8 shows whether, at the time of first contact with an outreach worker, an individual was also attending an SES, by Health Authority of reporting agency. These data were recorded for 68.8% of all users and 87.0% of new users. This question was only asked at the first contact between the outreach worker and the client and may change over time without being reflected in later reports. Therefore the figures for new users may give the most reliable indicator of the SES activity of Outreach clients. Only 10.9% of new users and 15.2% of all users were also attending a syringe exchange (9.5% and 17.0%, respectively in 1998). The contact rates for those attending syringe exchanges was 7.7 contacts a year and 4.1 for those not in contact with SES. In 1996 the corresponding rates were 4.6 and 4.4, respectively.

**Table 4.9 All Users Reported by Outreach Services in 1999 by Setting of Meeting Between Outreach Worker and Client by Health Authority of Reporting Agency**

	Health Authority					Total
	Liverpool	Sefton	South Cheshire	St Helens & Knowsley	Wirral	
Advice / Info. Centre	0 ( 0.0%)	4 ( 0.1%)	0 ( 0.0%)	0 ( 0.0%)	101 ( 1.6%)	105 ( 0.7%)
Car	0 ( 0.0%)	0 ( 0.0%)	239 ( 9.7%)	14 ( 0.7%)	0 ( 0.0%)	253 ( 1.6%)
Criminal Justice Service <sup>1</sup>	0 ( 0.0%)	3 ( 0.1%)	11 ( 0.4%)	6 ( 0.3%)	7 ( 0.1%)	27 ( 0.2%)
Drug Service	0 ( 0.0%)	2 ( 0.1%)	47 ( 1.9%)	150 ( 7.8%)	158 ( 2.5%)	357 ( 2.4%)
Education <sup>2</sup>	0 ( 0.0%)	0 ( 0.0%)	221 ( 9.0%)	38 ( 2.0%)	0 ( 0.0%)	259 ( 1.7%)
GP / Health Centre	0 ( 0.0%)	5 ( 0.2%)	4 ( 0.2%)	1 ( 0.1%)	0 ( 0.0%)	10 ( 0.1%)
Gym	0 ( 0.0%)	0 ( 0.0%)	110 ( 4.5%)	8 ( 0.4%)	0 ( 0.0%)	118 ( 0.8%)
Hospital	0 ( 0.0%)	38 ( 1.3%)	8 ( 0.3%)	30 ( 1.6%)	38 ( 0.6%)	114 ( 0.8%)
Home	1 ( 0.1%)	1,245 ( 43.9%)	1,139 (46.4%)	902 (46.7%)	4,382 (68.4%)	7,669 (51.2%)
Hostel <sup>3</sup>	0 ( 0.0%)	92 ( 3.2%)	4 ( 0.2%)	61 ( 3.2%)	0 ( 0.0%)	157 ( 1.0%)
Massage Parlour	15 ( 1.1%)	18 ( 0.6%)	164 ( 6.7%)	0 ( 0.0%)	19 ( 0.3%)	216 ( 1.4%)
Pharmacy	0 ( 0.0%)	0 ( 0.0%)	1 ( 0.0%)	1 ( 0.1%)	0 ( 0.0%)	2 (0.0%)
Public Place <sup>4</sup>	0 ( 0.0%)	51 ( 1.8%)	126 ( 5.1%)	34 ( 1.8%)	3 ( 0.0%)	214 ( 1.4%)
Syringe Exchange <sup>5</sup>	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	11 ( 0.6%)	0 ( 0.0%)	11 ( 0.1%)
Shooting Gallery <sup>6</sup>	0 ( 0.0%)	427(15.1%)	0 ( 0.0%)	0 ( 0.0%)	0 ( 0.0%)	427 ( 2.8%)
Street	1,348 (98.8%)	937(33.1%)	377 (15.4%)	515 (26.6%)	1,553 (24.3%)	4,730 (31.6%)
Other	0 ( 0.0%)	11 ( 0.4%)	4 ( 0.2%)	162 ( 8.4%)	143 ( 2.3%)	320 ( 2.1%)
<b>Total (100%)</b>	<b>1,364</b>	<b>2,833</b>	<b>2,455</b>	<b>1,933</b>	<b>6,404</b>	<b>14,989</b>

Data are for all users and visits, including multiple counts of individuals who presented at more than one agency.

<sup>1</sup>Police, probation, prison, court etc. <sup>2</sup>School, college, university etc <sup>3</sup>Including YMCA, shelter, guest house, hotel <sup>4</sup>Church, youth club, cafe, bus, railway station, community centre etc. <sup>5</sup>Including mobile syringe exchange <sup>6</sup>A communal injecting arena.

Table 4.9: The setting of the contact between the client and the outreach worker was recorded in 98.5% of all contacts compared to 76.3% in 1998, 64.2% in 1997 and 94.8% in 1996. As in all four previous years the most commonly reported locations of contact were in the client's home (around a half of contacts each year) and the street (around a third of contacts each year). However, there was considerable variation in different Health Authorities. In Liverpool 98.8% of clients were seen on the street and 0.1% in the clients home.

In St Helens and Knowsley and Sefton Health Authorities, SES have been reporting increasing numbers of anabolic steroid users over the past three years (see Tables 2.7a and 2.7b and Figure 2.4c) which may indicate increasing prevalence of these drugs in these areas. However there were few reports of any outreach contacts in gyms in these Health Authorities. Outreach work in or around gyms may be a good way of contacting AS users who are not currently in contact with any services.

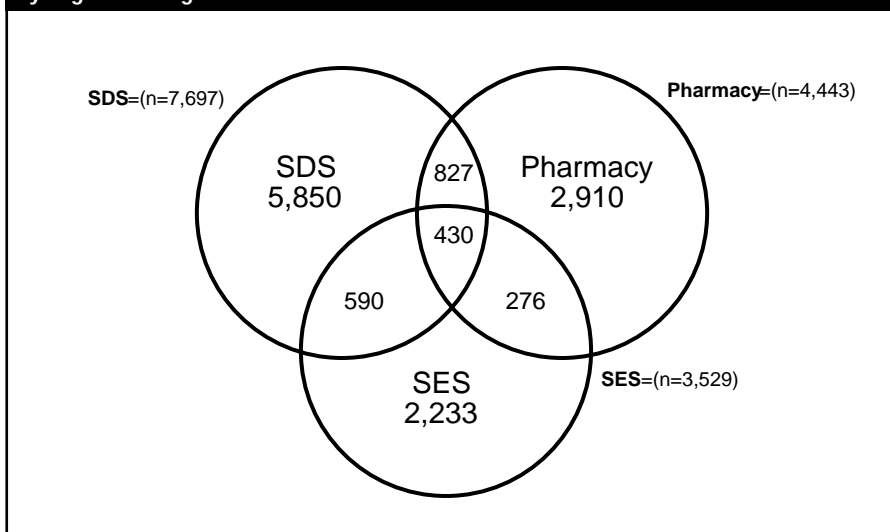
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MULTI-AGENCY-TYPE VISITORS

## Introduction

This section of the report outlines the number of individuals who visited more than one type of agency in Merseyside or Cheshire during 1999. This analysis depends on the provision of attributor data (initials, date of birth and sex), and three service types (Pharmacy and agency based syringe exchange and specialist drug services) collect this. In 1999 Liverpool Pharmacies began collecting attributor data and so are included here.

**Figure 5.1 All Users in Contact with Specialist Drug Services, Pharmacies and Syringe Exchange Schemes in 1999**



SDS=Specialist Drugs Agency SES=Agency Based Syringe Exchange Pharmacy=Pharmacy Syringe Exchange

Of the 7,697 individuals reported by SDS in 1999, and for whom full attributor data had been provided, a fifth (1,847 individuals or 23.9%) also visited one or both types of syringe exchange. This represents considerable numbers of individuals who are receiving treatment at SDS for their drug problems who are probably continuing to inject, and does not necessarily represent all those who continue to inject despite undertaking treatment. Others may not appear at any services. Of the 1,847 individuals, 23.3% (430 individuals) visited both types of SES, 44.8%

(827 individuals) visited only a Pharmacy and 31.9% (590 individuals) visited only an agency based syringe exchange. Of the 7,266 individuals who visited a syringe exchange (Pharmacy or agency based), 706 individuals or 9.7% visited both types of SES, suggesting that the two different types of syringe exchanges are attracting different populations of injecting drug user and are complementary in their service.

A pilot project to collect attributor data from clients of one outreach service (based at the Maryland Centre) began early in 2000 and so in future reports it may be possible to analyse the degree to which Outreach clients are also contacting other agency types.



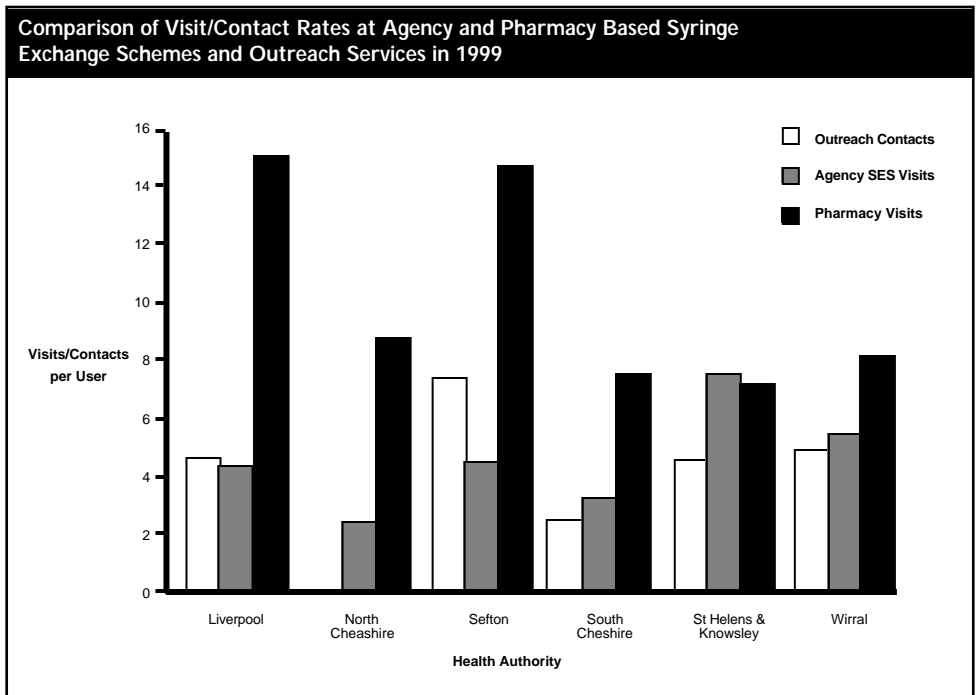
APPENDIX 1

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COMPARISON OF VISIT/CONTACT RATES BY AGENCY TYPE

## Comparison of Visit and Contact Rates by Agency Type

Appendix I shows the comparison between the visit / contact rates (average number of visits or contacts per user per year) at the different services (agency and Pharmacy based Syringe exchange schemes and Outreach services) across the Merseyside and Cheshire Health Authorities. Pharmacies generally reported much higher visit rates than other services although in St Helens and Knowsley Health Authority SES clients made more visits per year. The high visit rate at pharmacy based services may be the result of the more anonymous service that they offer. Pharmacies reported between 7.4 and 15.0 visits per year, SES reported from 2.2 to 7.7 visits and Outreach reported between 2.7 and 7.5 visits. No Outreach services were undertaken in North Cheshire during 1999.



APPENDIX 2

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MAP OF AGENCIES REPORTING TO THE  
DRUG MONITORING UNIT

## Appendix 2. Location of agencies reporting to the Drug Monitoring Unit



ARCH Initiatives	17	The Oakmere Unit	25
ARCH Initiatives Residential	18	Phoenix House	26
Chester CDT	1	Response	27
Dual Action Response Team	19	SHADO	28
Ellesmere Port CDT	2	South Cheshire CDT	10
Halton DDU	3	South Knowsley CDT	11
Integrated Care Team	20	Southport CDT	29
The Kevin White Unit	21	Southport MDC	14
Kirkby CDT	4	South Sefton CDT	12
Lifeline	5	South Sefton MDC	13
Liverpool Bail Support	22	St Helens CDT	15
Liverpool DDU	23	Turning Point	30
Liverpool MDC	24	U-Turn Project	31
Macclesfield CDT	6	Warrington CDT	32
The Maryland Centre	7	Wirral Drugs Service	33
Newton-le-Willows CDT	8	Wirral HIV & AIDS Prevention	16
North Liverpool CDT	9		

+ = Pharmacy Based Syringe Exchange

APPENDIX 3

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LOCATION OF AGENCIES REPORTING TO THE  
DRUG MONITORING UNIT

**KEY:**

The three letter code indicates the types of services offered during 1999, as follows:

**SES:** Agency based Syringe Exchange services

**SDS:** Specialist Drug Services

**OUT:** Outreach services

**RES:** Residential detox. or rehabilitation

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**ARCH Initiatives**

Birchwood  
23 - 25 Balls Road  
Birkenhead  
Wirral  
L41 6HH  
RES

**ARCH Initiatives**

1st Floor, Argyle Health  
Centre  
Oliver Street East  
Birkenhead  
Wirral  
L41 6HH  
SDS

**Chester CDT**

Mill House  
Russell Street  
Chester  
CH3 5AL  
SDS; SES; OUT

**Dual Action Response  
Team (DART)**

Substance Misuse Service  
Mid Cheshire Hospitals  
Breedon House  
Edleston Road  
Crewe  
CW2 7EA  
SDS; YOU

**Ellesmere Port CDT**

6, Shrewsbury Road  
Ellesmere Port  
Wirral  
SES (included in Chester  
CDT figures);  
OUT (included in Chester  
CDT figures)

**Halton DDU**

74, Victoria Road  
Widnes  
WA8 7RA  
SDS; SES; OUT

**The Integrated Care  
Team**

3 - 5 Rodney Street  
Liverpool  
L1 9ED  
SDS

**The Kevin White Unit**

Sefton General Hospital  
Smithdown Road  
Liverpool  
L15 2HE  
RES

**Kirkby CDT**

The Clark Centre  
Cherryfield Drive  
Kirkby  
Merseyside  
L32 8SE  
SDS; SES; OUT (non report-  
ed in 1998)

**Lifeline**

45, Wilson Patten Street  
Warrington  
WA1 1PG  
SES

**Liverpool Bail Support  
Scheme**

Liverpool MDC  
27, Hope Street  
Liverpool  
L1 9BQ  
SDS

**Liverpool DDU**

Hope House  
26, Rodney Street  
Liverpool  
L1 2TQ  
SDS

**Liverpool MDC**

27, Hope Street  
Liverpool  
L1 9BQ  
SDS

**Macclesfield CDT**

Bridge house  
15, Brook Street  
Macclesfield  
Cheshire  
SK11 6AA  
SDS; SES

**The Maryland Centre**

8, Maryland Street  
Liverpool  
L1 9BX  
SES; OUT

**Newton-le-Willows CDT**

29, Queen Street  
Newton-le-Willows  
WA12 9AS  
SDS; SES

**North Liverpool CDT**

The Outpost  
Queens Drive Family  
Centre  
Moore Lane  
Walton  
Liverpool  
L4 6SO  
SDS; SES; OUT

**The Oakmere Unit**

West Cheshire Hospital  
Liverpool Road  
Chester  
CH2 1UL  
RES (now closed)

**Phoenix House**

Upton Road  
Bidston  
Wirral  
L34 7QF  
RES

**Response**

The Callister Centre  
19, Argyll Street  
Birkenhead  
L41 1AD  
OUT

**SHADO**

Family Support Centre  
Stonebridge Lane  
Liverpool  
L11 4SJ  
SDS

**South Cheshire CDT**

67 - 69 Eddleston Road  
Crewe  
Cheshire  
CW2 7HP  
SDS; SES; OUT

**South Knowsley CDT**

Skelton house  
Lathom Road  
Huyton village  
L36 9FH  
SDS; SES; OUT

**South Sefton CDT**

18, Great George's Road  
Waterloo  
Liverpool  
L22 1RB  
SDS; SES

**South Sefton MDC**

482, Stanley Road  
Bootle  
Merseyside  
L20 5AF  
SES; OUT

**Southport DDU**

46, Houghton Street  
Southport  
Merseyside  
PR9 0PQ  
SDS

**Southport MDC**

46, Houghton Street  
Southport  
Merseyside  
PR9 0PQ  
SDS; SES; OUT

**St Helens CDT**

46 - 48 Claughton Street  
St Helens  
Merseyside  
WA10 1SN  
SDS; SES; OUT

**Turning Point**

27, Hoole Road  
Chester  
CH2 3NH  
RES

**The U-Turn Project**

ARCH Initiatives  
1st Floor, Argyle Health  
Centre  
Oliver Street East  
Birkenhead  
Wirral  
L41 6HH  
SDS

**Warrington CDT**

9, Wilson Patten Street  
Warrington  
WA1 1PG  
SDS

**Wirral Drugs Service**

St Catherine's Hospital  
Church Road  
Tranmere  
Wirral  
L42 0LQ  
SDS;

**Wirral HIV & AIDS  
Prevention**

The Lodge  
St Catherine's Hospital  
Church Road  
Tranmere  
Wirral  
L42 0LQ  
SES; OUT

## References

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- 1 Tackling Drugs to Build a Better Britain: The Governments 10 year strategy for tackling drug misuse. The Stationery Office 1998
- 2 Hellawell, K; Tackling Drugs to Build a Better Britain: The first annual report and national plan; The Cabinet Office: 1999
- 3 Drug Driven Crime: A factual and statistical analysis; NACRO 1999
- 4 Drug Misuse in the North West of England 1998, Universities of Liverpool and Manchester 1999
- 5 Stimpson, G.V., Pickering, H., Green, A., Fosater, R. and Power, R; Patterns and Trends in Cocaine and Crack Use in England and Wales, 1990-1992. Report to the Home Office 1993
- 6 Edmunds, M., May, T., Hearnden, I. and Hough, M; Arrest Referral: emerging lessons from research. Home Office DPI Paper 231998
- 7 Advisory Council on the Misuse of Drugs; Drug Misusers and the Prison System An Integrated Approach; HMSO 1996
- 8 Annual Report of HM Chief Inspector of Prisons for England and Wales April 1995 to March 1996: HM Inspectorate of Prisons; The Stationery Office 1997
- 9 Drug Misuse and the Criminal Justice System in the North west of England 1996: Universities of Liverpool and Manchester, 1998
- 10 The National Treatment Outcome Research Study; Summary of the Project, the Clients and Preliminary findings; Department of Health 1996
- 11 Home Office Drugs Prevention Initiative Paper 15; Drugs Misuse and the Criminal Justice: a review of the literature, The Home Office, 1996
- 12 Centre for Substance Abuse Treatment; The National Treatment Improvement Evaluation Study, Preliminary Report - The Persistent Effects of Substance Abuse Treatment - One Year Later, US Department of Health and Human Services, 1996
- 13 Mair, G; The U-Turn Project: a preliminary evaluation of an arrest referral scheme for those with drug and alcohol problems, Liverpool John Moores University, 1999
- 14 Smith, S; Arrest Referral: Needs Assessment; Merseyside Drugs Council, 1999
- 15 Edmunds, M., Hough, M., Turnbull, P.J. and May, T; Referring Offenders to Drug Services; DPAS Briefing Paper 2; 1999
- 16 Morral, A.R., McCaffrey, D. and Iguchi, M.Y; Hardcore drug users claim to be occasional users: drug frequency underreporting; Drug and Alcohol Dependency; 2000; 1;57(3): 193-202
- 17 Turnbull, P.J; Drug Treatment and Testing Orders - Interim Evaluation; Home Office Research, Development and Statistics directorate, Research Findings No 16, 1999
- 18 Birtles, R.L., Dickson, C.M., Bellis, M.A.; Drug Treatment and Testing Orders, Liverpool Pilot Project: Profile of participants; In production 2000
- 19 Drugs Prevention Advisory Services; Drugs and Young Offenders; Home Office 1999
- 20 Drugs Prevention Advisory Service; Risks and Responses: drug prevention and youth justice; Home Office 1999
- 21 Byqvist, S; Criminality among female drug abusers. Journal of Psychoactive Drugs; 1999; 31 (4): 353-62
- 22 Hardi, LV, Hounsome, J and Bellis MA ; Merseyside Inter Agency Drug Misuse Database; Liverpool John Moores University; 2000



- 23 Vaillant, GE; What can long-term follow-up teach us about relapse and prevention of relapse in addiction? *British Journal of Addiction*: 1988; 83; 1147-1157
- 24 Gossop, M, Marsden, J, Stewart, D and Rolfe, A; Treatment retention and 1 year outcomes for residential programmes in England; *Drug and Alcohol Dependency*: 1999; Dec 1;57(2):89-98
- 25 Bennett, G.A., Velleman, R.D., Barter, G. and Bradbury, C; Gender differences in sharing injecting equipment by drug users in England; *AIDS Care*: 2000;12(1):77-87
- 26 Unlinked Anonymous HIV Prevalence Monitoring Programme; Department of Health; 1999





