# DRUG MISUSE

in the North West of England

# 2000

Produced by:

Public Health Sector

Liverpool John Moores University

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# Executive Summary

## Levels of reporting

A total of 11,306 new treatment demands by 9,701 problem drug users were reported by services in the North West region in 2000. This represents a 17% rise in reported episodes and a 13% rise in reported users compared to 1999 and is the highest reported number of users and episodes in the last six years. The *percentage* of users who were new to services fell from 52% of all users in 1999 to 45% in 2000. However, the *number* of new users reported rose from 3,898 in 1999 to 4,354 in 2000, a rise of 12%. This is in line with government strategy focus on increasing problem drug misuser participation in treatment. However, the reduced percentage of new users taking up treatment may be the result of the greater number of existing clients (15% more repeat users in 2000 than in 1999) attending services, so that fewer new treatment places may have been available for those who wish to enter treatment.

Most treatment demands were reported by statutory community-based drug services (65%), followed by voluntary sector community-based services (17%, Table 4). The remaining 18% of the episodes were reported by GPs, police surgeons, residential rehabilitation units and drug dependency units. A rise in GP reporting was observed (5%, from 3% in 1999). This was the result of a doubling of the percentage of reports from GPs in Greater Manchester and Lancashire from 3% in 1999 to 6% in 2000 (Table 4). Reports from GPs in Merseyside and Cheshire remained at 1% of all reports.

## Client characteristics

As in previous years, most treated users were 25 to 29 years old (29%), followed by the 30 to 34 age group (23%, Table 6). Young users (those under 25 years of age) accounted for approximately a third (31%) of all reported individuals with 37% of females and 28% of males presenting to services before their twenty-fifth birthday. In 1999, 33% of individuals (40% of females and 30% of males) were under 25.

The overall male:female ratio was 2.6:1 with the proportion of male users increasing with age. Sex ratios varied from 1.9:1 for users under 20 years of age to 3.7:1 for users between 35 and 40 years of age.

The social profile of those presenting has remained constant over the past five years. Eighty-three percent of users were unemployed (Table 8.1), 50% had dependent children (Table 8.2) and in 5% of cases the dependent children were said to live in care (Table 8.3). The percentage of

users living with other drug users dropped from 30% in 1999 to 26% in 2000 (Table 8.4ii).

## Drug use

As in 1999, heroin continues to be the most commonly reported primary drug, accounting for 62% of primary drug use, followed by methadone (17%, Table 9). Cannabis is the third most commonly reported primary drug (8%) with 31% using it as their main drug. This may be due to increased data collection from newly established young persons' services, although it should be noted that this trend is also seen in other parts of England and other European countries. Cocaine was rarely used as a main drug (4%), but services continue to report increased adjunctive cocaine use over previous years (23% of all users in 2000). Most cocaine users (76%) were reported to use smokable *crack* cocaine. Methadone was prescribed in a total of 2,985 of cases (69%), of whom 88 (2% of cases) were also using it illicitly (Table 35). In nearly one third (31%) of cases street methadone was being used.

## Injecting and sharing

Levels of current (past four weeks) and lifetime injecting were at their highest in 1997 (51% and 74%, respectively) and have fallen to 44% and 71%, respectively, in 2000, (Table 15). Current sharing of injecting equipment has increased from 11% in 1995 to 24% in 2000 and lifetime sharing has increased from 40% in 1995 to 53% in 2000 (Table 16).

## Response of the services

Referrals to drug services were most frequently self-referrals (42% of cases) or referrals from GPs (22%, Table 19). There was an increase in referrals from criminal justice services (CJS) from 7% in 1997 to 15% in 2000. This reflects government strategy which focuses on moving drug misusers from crime into treatment. Although referrals from police or police surgeons have remained static at around 4% over the last four years, referrals from probation have risen from 4% in 1997 to 7% in 2000. Referrals from probation include those from drug treatment and testing orders (DTTOs) which were implemented nationally in early 2000. Other new CJS programmes which accounted for 3% of referrals in 2000 include arrest referral schemes, youth offending teams (YOTs) and prison (CARAT) services.

In 82% of episodes, services planned to undertake further action at the agency. There was a continued rise in the percentage of cases where a

further appointment was planned (95% in 2000 compared to 75% in 1997, Table 20.1). A corresponding decrease in cases where outpatient treatment was planned (1% in 2000, compared to 25% in 1995) may point to a continuing rise in the proportion of individuals who are assigned to waiting lists for assessment.

Liaison work *within* the health sector has seen an encouraging increase with 73% of liaison actions being with a GP (Table 20.2). However, little liaison action was planned with agencies *outside* the health sector: liaison with probation, social services, housing departments and legal services accounted for only 3% of all 11,306 episodes and no liaison was planned with outreach services (Table 20.2).

## Drug users' contact with other services

The proportion of clients not having had any contact with other services in the six months prior to the reported episode has risen from 20% in 1998 to 30% in 2000 (Table 26). Forty-two percent of clients had contacted their GP in the six months prior to presenting at the reporting agency, compared to 51% in 1998 and 46% in 1999.

## Syringe exchange schemes

A greater number of syringe exchange schemes participated in data collection in 2000 than in previous years due to the introduction of monitoring in Lancashire. Clients seen by syringe exchange schemes are, to a large extent, a different user group than that seen in treatment and care settings (Beynon, Birtles and Bellis, 2001; Syringe Exchange Reports, DMRU, 1993 to 2001). Drug users accessing syringe exchanges use a wider range of drugs and are far more likely to be male than are clients in treatment and care settings. As injectors, they are older than the average treatment population.

# INTRODUCTION

This is the sixth in an annual series of Drug Misuse Monitoring Reports covering the North West of England and has been compiled by Liverpool John Moores University Drug Monitoring Unit and the University of Manchester's Drug Misuse Research Unit. Together, these units are responsible for monitoring the treatment of problem drug users in the North West Region. The lead purchaser is Sefton Health Authority on behalf of the health authorities in the North West.

This will be the last report to be produced in this format, owing to the introduction of the new National Drug Treatment Monitoring System (NDTMS). For further details of the new system see the section 'The Strategic Review and the new National Drug Treatment Monitoring System' below.

Part 1 of this report describes the characteristics and drug use patterns of individuals presenting in treatment and care settings and utilises data derived from the Regional Drug Misuse Databases (RDMDs) which provide the most comprehensive available data concerning the treatment of drug problems. The data relate to *problem drug users who present to services with new treatment demands ('episodes')* and provide key information on the incidence, size and nature of drug problems in order to inform local responses to drug misuse.

RDMDs currently collect anonymised data from a variety of specialist and non-specialist agencies including:

> *community drug teams, drug dependency units (DDUs), non-statutory drug agencies, residential rehabilitation units, hospital drug clinics, general practitioners, accident and emergency units, general psychiatry units, and police surgeons.*

Data are also collected from criminal justice settings, principally arrest referral schemes, but also from prisons, youth offending institutions, police, probation (including drug treatment and testing orders) and youth offending teams. Reports regarding such data are available from the two units (Liverpool John Moores University and University of Manchester, 1998; Eaton, Eaton and Bellis, 1998; Hounsome and Bellis, 2001; Millar and McFarlane, 1998; Millar, 2000).

Part 2 presents information relating to drug users presenting to agency-based syringe exchange schemes (SES). Data from SES are not collected as part of the national reporting system, however these low threshold services provide an important source of information about injecting drug

users who may not be in contact with treatment agencies. They have been monitored since 1991 (in Merseyside and Cheshire) and since 1999 in Greater Manchester and Lancashire. For further information on reporting from syringe exchanges see the annual reports by Birtles and Bellis, between 1997 and 2000 and Beynon, Birtles and Bellis, 2001 (Merseyside and Cheshire) and annual Syringe Exchange Reports (DMRU, 1993 to 2000).

The Department of Health Drug Misuse Databases (Donmall, 1990) are guided by Health Circular HC(96)54. Amongst its aims are: to monitor service use by drug users, to study trends in drug misuse and to address targets of the government's drug strategy (see 'Tackling Drugs to Build Better Britain', below). Locally, a much wider range of monitoring and research is undertaken in addition to the requirements of the Department of Health. For example, estimates of hidden problematic drug users (Beynon et al., 2001), period prevalence reporting (Birtles and Bellis, 2000), risk behaviour (Jones and Millar, 2000), heroin epidemics (Millar et al., 2001), treatment outcome (Meier, 2000a; Meier, Donmall and Millar, 2001), barriers to training and employment (Meier, 2000b) and mortality data (Jones and Millar, 2000). This work is supported by North West health authorities. The North West Public Health Observatory web site and the Drug Misuse Research Unit web site each provide statistics and research reports. They may be found at www.nwpho.org.uk and www.medicine.man.ac.uk/epidem/dmru, respectively.

### Tackling Drugs to Build a Better Britain

The government's White Paper Tackling Drugs to Build a Better Britain (Cabinet Office, 1998) set out four main target areas for action: Young people, Communities, Treatment and Availability of Drugs, which are supported by objectives and programmes of action.

RDMD data currently provide measurement of a number of the key performance indicators included within the White Paper. For example, data on age of first use, age of contact with the agency and legal situation can be used to inform Key Performance Indicator (KPI) 1: *Reduce the proportion of people under 25 reporting the use of illegal drugs in the last month,* especially with regard to delaying the age of first use and reducing the number of young people under 25 using heroin. Similarly, data collected about individuals referred to services by arrest-referral schemes may be used to measure the achievement of KPI 2: *Reduce levels of repeat offending amongst drug misusing offenders.*

### The Strategic Review and the New National Drug Treatment Monitoring System

In 1999, The Department of Health commissioned the University of Manchester and Imperial College London to carry out a strategic review of

the RDMD in order to meet the information and monitoring needs of the government's new strategy and to provide an improved public health surveillance system (Donmall, Hickman and Glavas, 2000). The resultant new National Drug Treatment Monitoring System (NDTMS) was implemented in April 2001 in all parts of England and Wales, replacing the previous DMDs.

The National Drug Treatment Monitoring System collects data about all clients in ongoing treatment. An initial data set is collected when a treatment demand is made and a review dataset of each client is collected annually, when information regarding treatment provided (e.g. prescribing) and outcome measures are collected. In brief, the additional features of the new NDTMS are as follows:

- Better definitions of core reporters and treatment modalities
- Core data items that address the needs of the government's strategy and key performance indicators (KPIs)
- Client review that provides information on the numbers in treatment (treated prevalence)
- Improved information on patient drug profiles
- New information on age of first treatment and age of first injecting
- Better monitoring of pathways into treatment
- Analysis of numbers in treatment by area of residence and area of treatment will be available by local authority, health authority, drug action team and primary care trust
- Better information on treatment retention, drop out rates and other outcomes
- Information on waiting times
- Treatment modalities and interventions
- Prescribing
- Modular development for the future that will include a periodic focus on risk behaviour, social profiles and outcomes

Further information on NTDMS may be obtained from the two units.

### Census 2000

Census 2000 was undertaken as part of the strategic review and consisted of a trawl of all services which normally reported to the RDMD, including GPs, to obtain information on individuals who had been in contact during the period April to September 2000. The resultant figures identified the total number of problematic drug users in treatment during this period. This was the first time such data had been available for the whole of the North West, although it has been possible to measure the numbers in treatment in Merseyside and Cheshire since 1996 (Birtles and Bellis, 1997 to 2000). The addition of RDMD data (i.e. individuals starting new episodes of treatment) for the period October to March 2001

provides an accurate estimate of all problem drug users in treatment for the year April 2000 to March 2001. These figures provide a baseline for future analysis and assessment of achievement of the targets of the government's drug strategy.

## Methodology

Reports were sent to the Regional Drug Misuse Database when an individual presented to an agency with a *new episode* and had a *recent drug problem* of any kind (see glossary of terms). Anonymity was ensured by the use of 'attributor' codes (consisting of initials, date of birth, and sex of the client), avoiding the use of full names whilst minimising multiple counts of people who may visit a number of different agencies over a short period of time. The data from Liverpool John Moores University and the University of Manchester were combined before analysis to give figures for the region as a whole.

## Interpretation

This report should be used in combination with previous annual drug misuse monitoring reports published between 1995 and 2000 and other reports published by the two units. The text draws attention to those categories where trends appear to be emerging. Health authorities, drug action teams and agencies are urged to use the regional reports in combination with locality/agency statistics to place local figures within their broader regional and temporal context.

The data relate to those problem drug users who present to services with new agency episodes, rather than all those in treatment, have drug problems or use drugs. Although the RDMD provides key information on the incidence, size and nature of drug problems, it was not designed to provide measures of agency activity or directly to measure treated prevalence. However, systems have been developed to meet some of these needs (Birtles and Bellis, 1997 to 2000; Donmall and Millar, 1998) and the Census 2000 (see above) directly addresses the issue of reporting treated prevalence. Also, these issues were addressed in the Department of Health's strategic review of the RDMDs (see above). The new national reporting system, NDTMS, will in future report on prevalence, outcomes, length of time in treatment etc.

Data from services with a supra-district catchment are included in regional figures and in local figures describing patterns of service provision. They are not included in figures describing the extent of local problems and the characteristics of the population, as these are based on the health authority of the reporting agency and not the health authority of residence. Therefore, the inclusion of data from supra-district agencies might skew local figures.

In order to assist the examination of trends, where possible, table numbering in this report corresponds to that in previous reports. Table percentages below 0.5% are listed as 0%.

Many of the tables included in this report are based upon cross-episode analysis of data, which maximises available information by utilising users' profiles at all their reported episodes during the year. For example, an individual who had not shared injecting equipment in the month prior to being reported by an agency in February, but who was reported to have shared by another agency in April, is included as being a current sharer.

## Further enquiries & use of data

This report contains detailed analyses of most data categories. It may be possible to provide more detailed analyses on request. Questions or comments concerning the contents of this report and the National Drug Treatment Monitoring System should be directed to the authors:

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**www.nwpho.org.uk**

The North West Public Health Observatory web site provides a resource for public health information and intelligence in the North West including recent statistics and research reports.

**www.medicine.man.ac.uk/epidem/dmru**

The Drug Misuse Research Unit web site provides information on current projects, downloads of research and statistical reports and training materials as well as links to other drug related web sites.

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# GLOSSARY OF TERMS

| | |
|---|---|
| **NEW AGENCY EPISODE** | A new treatment demand - when a person presents to an agency for the first time or after a break in contact of six months or more and has a recent drug problem of any kind |
| **USER** | An individual reported to have presented to an agency with a new episode. Each user may be reported with several treatment episodes. |
| **NEW USER** | A person reported for the first time |
| **REPEAT USER** | A person who has previously been reported |
| **DRUG** | Any drug of misuse including solvents and tranquillisers; but excluding tobacco. Alcohol is included if it is used as a secondary drug |
| **PRIMARY/ MAIN DRUG** | The drug which is causing the person the most problems at time of contact |
| **SECONDARY DRUG** | Any other drug which the person has used in the previous four weeks |
| **RECENT / CURRENT** | In the previous four weeks |
| **PROBLEM** | Any type of problem - social, psychological, physical or legal - associated with the use of one or more drugs |
| **AGENCY** | Any generic or specialist NHS agency, non-NHS specialist drug agencies, general practitioners. References to 'agencies' in this report include all reporting agencies. |

# DRUG MISUSE in the North West of England 2000

## PART ONE

## Treatment and Care Settings

## The Scale of the Problem

***Figure 1: The number of users reported to Regional Drug Misuse Databases: rates per 100,000 population: 1 April to 3 September 2000***

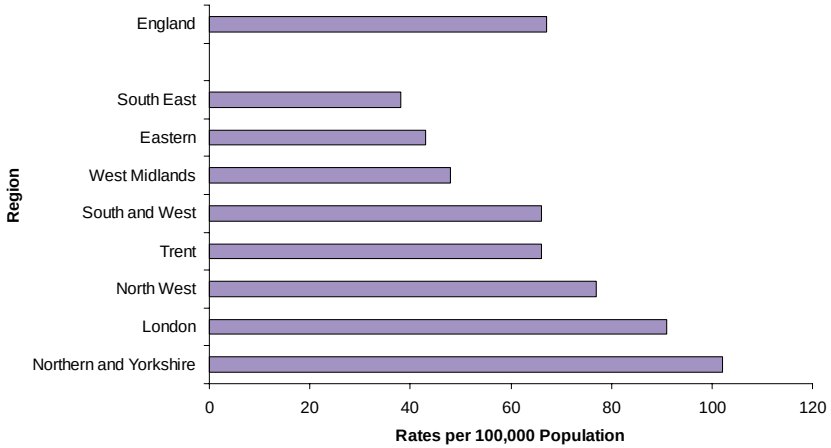



Figure 1 shows population rates for persons seeking treatment for the period April to September 2000. Further national figures are available in the Department of Health Statistical Bulletin (2001) "Statistics from the Regional Drug Misuse Databases". The North West reported the third highest rate at 77 users per 100,000 residents, which is above the English average of 67 users per 100,000.

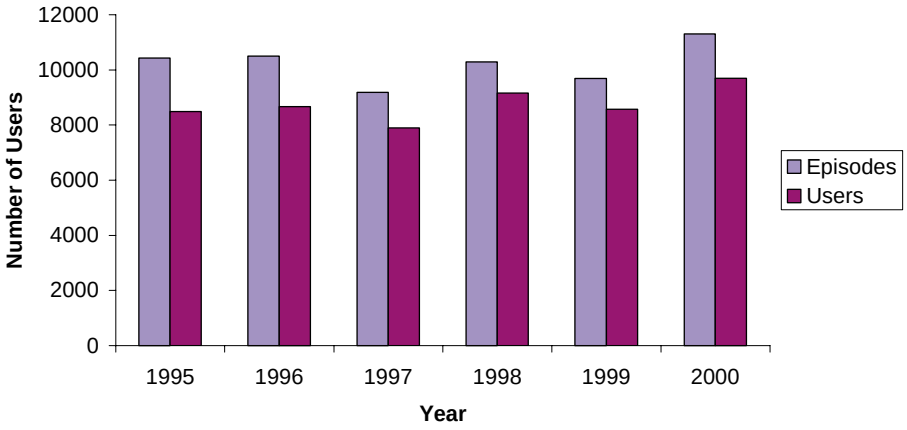
**TABLE 1: Number of episodes and users reported from services in the North West Region**

| | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|
| Episodes | 10,429 | 10,499 | 9,177 | 10,286 | 9,679 | 11,306 |
| New users | 4,415 | 4,098 | 3,634 | 4,641 | 3,898 | 4,354 |
| Repeat users | 4,073 | 4,567 | 4,263 | 4,510 | 4,668 | 5,347 |
| *Total* | *8,488* | *8,665* | *7,897* | *9,151* | *8,566* | *9,701* |

New user - person never previously reported
Repeat user - person reported in previous year(s)

A total of 11,306 new treatment demands by problem drug users were reported from services in the North West Region in 2000 (Table 1). These relate to 9,701 individuals, of whom 45% (4,354 individuals) had not previously presented to services in the North West Region ('new users'). This is the highest reported number of users and episodes in the last six years and represents a 13% rise in the number of users and a 17% rise in the number of episodes compared to 1999.

***Figure 2: Trends in the number of users and episodes reported to DMD in the North West 1995 to 2000***




Although the percentage of users who were new to services fell from 52% of all users in 1999 to 45% in 2000 the numbers reported rose from 3,898 in 1999 to 4,354 in 2000 a rise of 12%. This is in line with government strategy focus on increasing problem drug misuser participation in treatment. However, the reduced percentage of new users in treatment may be the result of the greater number of existing clients (15% more repeat users in 2000 than in 1999) exhausting services' capacity so that fewer new treatment places may have been available for those wishing to enter treatment.

**TABLE 2: Health authorities: Number of users, new users and episodes reported and user rates per thousand population for all users aged 15 to 44 years and males aged 20 to 29 years**

| | *New users* | | *Repeat users* | | *Total users* | | *Episodes* | *Population rate 15-44* | *rate male 20-29* |
|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row % | n | Row % | n | Row % | n | n | n |
| Bury & Rochdale | 244 | 37% | 408 | 63% | 652 | 100% | 964 | 3.7 | 7.9 |
| East Lancashire | 411 | 49% | 426 | 51% | 837 | 100% | 910 | 3.5 | 9.6 |
| Liverpool | 359 | 46% | 423 | 54% | 782 | 100% | 832 | 3.6 | 6.6 |
| Manchester | 443 | 39% | 693 | 61% | 1,136 | 100% | 1,283 | 5.3 | 9.2 |
| Morecambe Bay | 272 | 64% | 155 | 36% | 427 | 100% | 447 | 3.3 | 9.0 |
| North Cheshire | 173 | 51% | 167 | 49% | 340 | 100% | 360 | 2.5 | 5.7 |
| NW Lancs | 426 | 45% | 520 | 55% | 946 | 100% | 1,054 | 5.0 | 12.5 |
| Salford & Trafford | 353 | 52% | 329 | 48% | 682 | 100% | 715 | 3.4 | 7.6 |
| Sefton | 91 | 47% | 103 | 53% | 194 | 100% | 197 | 1.7 | 3.0 |
| South Cheshire | 223 | 54% | 192 | 46% | 415 | 100% | 427 | 1.5 | 3.2 |
| South Lancashire | 119 | 40% | 176 | 60% | 295 | 100% | 300 | 2.3 | 6.4 |
| St Helens & Knowsley | 223 | 55% | 181 | 45% | 404 | 100% | 430 | 2.2 | 6.7 |
| Stockport | 41 | 42% | 56 | 58% | 97 | 100% | 97 | 0.8 | 1.7 |
| West Pennine | 172 | 36% | 305 | 64% | 477 | 100% | 530 | 2.4 | 6.7 |
| Wigan & Bolton | 333 | 32% | 706 | 68% | 1,039 | 100% | 1,163 | 4.2 | 11.0 |
| Wirral | 165 | 40% | 250 | 60% | 415 | 100% | 421 | 3.2 | 6.1 |

The number of episodes reported by health authorities in 2000 varied between 97 and 1,283; the number of individuals reported varied between 97 and 1,136 (Table 2). Between 32% (Wigan and Bolton) and 64% (Morecambe Bay) of users were new to services, reflecting the situation in 1999. Notwithstanding new developments in service provision, which may attract previously hidden populations, agencies in those areas where a smaller proportion of individuals are 'new' users are likely to be in contact with a more stable treatment population. There were, however, widely varying differences between the number of reports in 1999 and 2000 across health authorities. For example Bury and Rochdale reported 110% more episodes, 53% more users and 57% more new users in 2000 than in 1999 whilst Stockport reported 43% fewer episodes, 42% fewer users and 23% fewer new users.

***Figure 3: Health authority population rates: Number of users aged 15-44 years and number of males aged 20-29 years reported to DMD per 1,000 population***

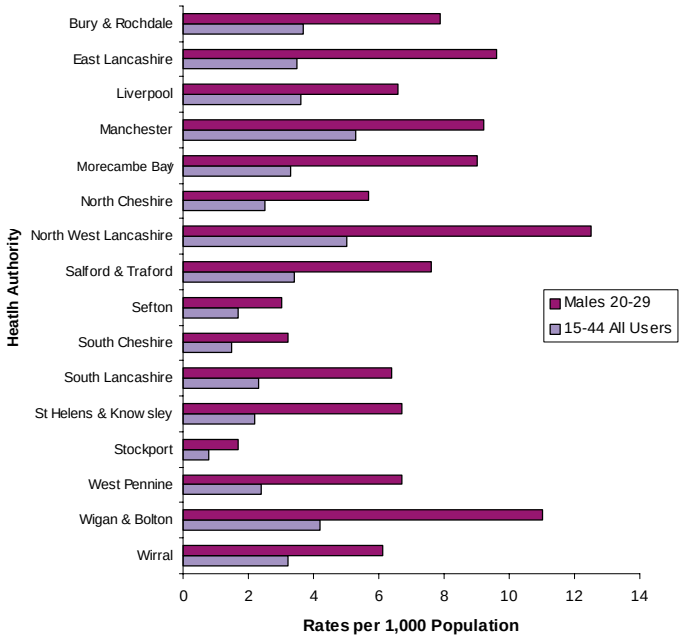



Table 2 and Figure 3 show rates per thousand population for reported users aged 15-44 years and also for reported males aged 20-29 years. These rates were calculated using mid-1999 population projections, which were the most recent available at the time of preparation. Although the rates for male 20 to 29 year olds mostly ranged between 6.0 and 9.0 per 1,000 people, there are some extremely high and low rates. Stockport had only 1.7 per 1,000 population, and Sefton and South Cheshire around 3.0 per 1,000 whilst Wigan and Bolton and North West Lancashire had rates of 11.0 and 12.5 per 1,000, respectively. Although most health authorities reported similar rates in 2000 to 1999, there were variations in some. For example, the rate in Sefton has fallen from 6.4 in 1999 to 3.0 in 2000; in Morecambe Bay the rate rose from 4.9 to 9.0 and in South Cheshire it rose from 1.8 to 3.2 over the same period. It is important to consider that these data relate to known problem drug users and that the extent to which the population with drug problems have contact with services varies between areas (Beynon et al., 2001).

**TABLE 3: Health Authorities: Number of episodes reported from agencies with supra-district catchment**

| *Health Authority* | *Episodes* |
|---|---|
| Salford & Trafford | 541 |
| Wirral | 329 |
| Liverpool | 180 |
| Morecambe Bay | 93 |
| South Cheshire | 33 |

The number of episodes reported by agencies with a supra-district catchment is reported in Table 3.

**TABLE 4: Agency type: Number and percentage of episodes**

| | *Greater Manchester/ Lancashire* | | *Merseyside/ Cheshire* | | *Total episodes* | |
|---|---|---|---|---|---|---|
| *Agency Type* | n | % | n | % | n | % |
| **Statutory** | | | | | | |
| GP NHS | 518 | 6% | 18 | 1% | 536 | 5% |
| Police Surgeon | 399 | 5% | 2 | 0% | 401 | 4% |
| CBDS | 5,565 | 69% | 1,819 | 57% | 7,384 | 65% |
| Hospital I/P | 2 | 0% | | | 2 | 0% |
| Hospital O/P | | | 11 | 0% | 11 | 0% |
| DDU I/P | 258 | 3% | | | 258 | 2% |
| DDU O/P | 283 | 3% | | | 283 | 3% |
| NHS Psychiatric | 1 | 0% | | | 1 | 0% |
| Hospital Drug Clinic | 1 | 0% | | | 1 | 0% |
| **Non-Statutory** | | | | | | |
| CBDS | 972 | 12% | 994 | 31% | 1,966 | 17% |
| Residential Rehab | 94 | 1% | 348 | 11% | 442 | 4% |
| Day Care Service | | | 17 | 1% | 17 | 0% |
| **Private** | | | | | | |
| GP | 2 | 0% | | | 2 | 0% |
| Other | 1 | 0% | | | 1 | 0% |
| Total episodes | 8,097 | 100% | 3,209 | 100% | 11,306 | 100% |

Table 4: Altogether, statutory and non-statutory community based drug services (CBDS) accounted for 82% of all reported episodes in 2000, 65% from statutory and 17% from non-statutory services. However, service provision in the two parts of the region are substantially different, with Merseyside and Cheshire reporting 31% of episodes from non-statutory services compared to just 12% in Greater Manchester and Lancashire. For both areas the increasing role of non-statutory services has been shown by a steady increase in reports from this sector since 1995, when non-statutory community based services accounted for 18% and 2%, respectively.

The percentage of reports from GPs has increased since 1999, from 3% to 5%. However, it is evident that GPs are seeing large numbers of drug users, with referrals from GPs accounting for 22% of episodes (Table 19) and planned liaison with GPs is recorded in 73% of episodes (Table 20.2). In Merseyside and Cheshire (Table 4), GPs still only account for 1% of reports, as in 1999, and in some health authorities very few episodes were reported by GPs - less than ten each in Salford and Trafford, Liverpool, Wirral, South Cheshire, St Helens and Knowsley, North Cheshire, South Lancashire, Sefton and Stockport (Table 5). However, in Bury and Rochdale a large rise in GP reporting was observed from 11% in 1999 to 30% in 2000. This is accounted for by the start of a GP liaison scheme at the beginning of this reporting period, in which liaison workers complete forms for GPs.

**TABLE 5: Agency Type: Number and percentage of episodes: Health Authority Breakdown**

| | *GP NHS* | | *Police Surgeon* | | *CBDS Statutory* | | *CBDS Non-statutory* | | *DDU I/P* | | *DDU O/P* | | *Residential rehab* | | *Other* | | *Total episodes (100%)* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | *n* | *%* | *n* | *%* | *n* | *%* | *n* | *%* | *n* | *%* | *n* | *%* | *n* | *%* | *n* | *%* | |
| Bury & Rochdale | 291 | 30% | 9 | 1% | 620 | 64% | 43 | 4% | | | | | | | 1 | 0% | 964 |
| East Lancashire | 15 | 2% | | | 794 | 87% | 101 | 11% | | | | | | | | | 910 |
| Liverpool | 5 | 0% | 1 | 0% | 159 | 16% | 667 | 66% | | | | | 180 | 18% | | | 1,012 |
| Manchester | 44 | 3% | 358 | 28% | 573 | 45% | 307 | 24% | | | | | | | 1 | 0% | 1,283 |
| Morecambe Bay | 12 | 2% | | | 337 | 62% | 98 | 18% | | | | | 93 | 17% | | | 540 |
| North Cheshire | 1 | 0% | | | 313 | 87% | 46 | 13% | | | | | | | | | 360 |
| North West Lancashire | 47 | 4% | | | 787 | 75% | 218 | 21% | | | | | | | 2 | 0% | 1,054 |
| Salford & Trafford | 7 | 1% | 1 | 0% | 671 | 53% | 36 | 3% | 258 | 21% | 283 | 23% | | | | | 1,256 |
| Sefton | 1 | 1% | | | 137 | 70% | 59 | 30% | | | | | | | | | 197 |
| South Cheshire | 2 | 0% | | | 397 | 86% | 30 | 7% | | | | | 31 | 7% | | | 460 |
| South Lancashire | 1 | 0% | | | 299 | 100% | | | | | | | | | | | 300 |
| St Helens & Knowsley | 7 | 2% | 1 | 0% | 394 | 92% | | | | | | | | | 28 | 7% | 430 |
| Stockport | 1 | 1% | 8 | 8% | 85 | 88% | 3 | 3% | | | | | | | | | 97 |
| West Pennine | 57 | 11% | 5 | 1% | 424 | 80% | 41 | 8% | | | | | | | 3 | 0% | 530 |
| Wigan & Bolton | 43 | 4% | 18 | 2% | 975 | 84% | 125 | 11% | | | | | | | 2 | 0% | 1,163 |
| Wirral | 2 | 0% | | | 419 | 56% | 192 | 26% | | | | | 137 | 18% | | | 750 |

Table 5 provides detailed agency type breakdowns by health authority. Please note that these include episodes reported by supra-district agencies. Statutory and non-statutory community-based drug services accounted for the majority of episodes reported from each of the health authorities except in Salford and Trafford where Drug Dependency Unit in-patient and out-patient services accounted for 44% of reported episodes and non-statutory CBDS accounted for only 3%. In South Lancashire and St Helens and Knowsley, statutory CBDS accounted for 100% and 92% of episodes, respectively, but in Liverpool for only 16% compared to 66% from non-statutory CBDS. Although in West Pennine, 11% of reports were from GPs, this represents a fall from 16% in 1999. In most other health authorities the percentage of reports from GPs was similar in 2000 to 1999, at less than 5%. Support from health authorities and drug action teams will be crucial in ensuring GP compliance and therefore the success of the new system in capturing data from all relevant sources.

## Description of the Population

***Figure 4: Age & sex distribution***

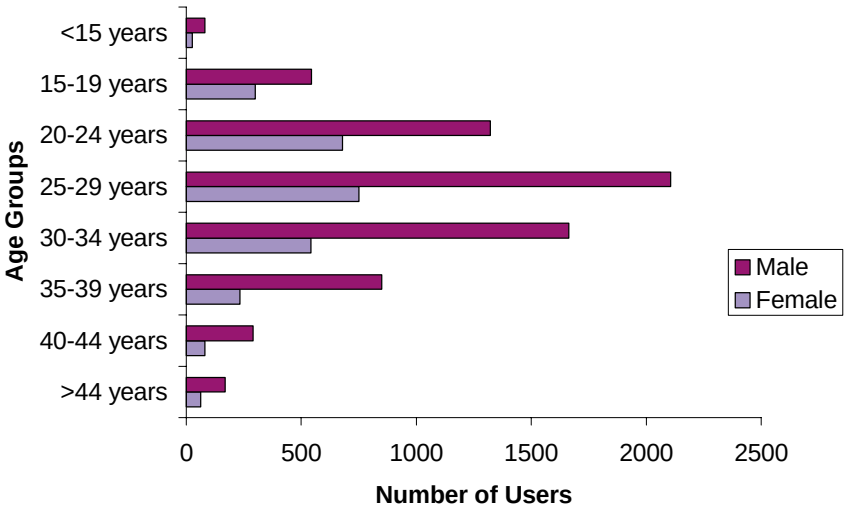


**TABLE 6: Age/sex distribution: Number and percentage of users**

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| *Age Group* | n | % | n | % | n | % |
| < 15 years | 26 | 1% | 81 | 1% | 107 | 1% |
| 15 - 19 years | 300 | 11% | 544 | 8% | 844 | 9% |
| 20 - 24 years | 680 | 25% | 1,323 | 19% | 2,003 | 21% |
| 25 - 29 years | 751 | 28% | 2,105 | 30% | 2,856 | 29% |
| 30 - 34 years | 542 | 20% | 1,664 | 24% | 2,206 | 23% |
| 35 - 39 years | 233 | 9% | 850 | 12% | 1,083 | 11% |
| 40 - 44 years | 80 | 3% | 290 | 4% | 370 | 4% |
| >=45 years | 63 | 2% | 169 | 2% | 232 | 2% |
| *Total users* | *2,675* | *100%* | *7,026* | *100%* | *9,701* | *100%* |

Table 6 and Figure 4 show the age and gender profiles of individuals in contact with services in 2000. The most common age group overall for males and females was 25 to 29 years (29%) as in previous years, followed by 30 to 34 years (23%). However females were slightly younger with 25% being in the 20 to 24 age group whilst 24% of males were in the 30 to 34 age group.

Although more young people (those under 25 as defined in the government's drug strategy) were reported in 2000 than in 1999 (2,954 and 2,812 individuals, respectively, an increase of 5%), the proportion of young users presenting has declined. In 2000, 31% of users were under 25 (37% of females and 28% of males) compared to 33% in 1999 and 36% in 1998. However, the majority of drug users start drug use by the time they are 20 (see Table 14). There may be several reasons for this gap between onset of drug use and accessing services: young drug users may not be aware of, or attracted to, services or may find it more difficult to access agencies. However, recent research (Abba and Bellis, 2000) suggests that greater knowledge of drug misuse and drug services amongst GPs and some social workers, including those working with youth offending teams, may help to encourage young people to contact services.

As in 1998 and 1999, 28% of users were female, giving an overall male:female ratio of 2.6:1 with the proportion of male users increasing with age. Sex ratios varied from 1.9:1 for users under 20 years of age to 3.7:1 for users between 35 and 40 years of age. This may mean that either older women are less likely to be involved in problem drug use or are more

likely to resolve their drug problems early or that services are less accessible to female users in the older age groups. There is conflicting evidence of the levels of female participation in problematic drug use and their engagement with treatment services. One study (Hardi and Bellis, 1999) shows an overall male:female ratio in the drug using population of 2:1, supporting the notion that women may be under-represented in services. However, more recent research (Beynon et al., 2001) indicates much higher levels of problematic drug use among males compared to females and that a greater proportion of female drug users were in treatment than their male counterparts. That study calculated that between 40% and 60% of the estimated total of female problematic drug users were in treatment compared to between 20% and 30% of males. These data relate to estimated totals of problematic drug users in Liverpool, Sefton, St Helens and Knowsley and Wirral Health Authorities. A further study (Meier et al., 2000) revealed that the average time between onset of drug use and first presentation for treatment is a year shorter for female compared to male drug users.

**TABLE 7: Age and sex: Number and percentage of users: Health Authority Breakdown**

| | *Sex* | *< 15 years* | | *15 - 19 years* | | *20 - 24 years* | | *25 - 29 years* | | *30 - 34 years* | | *35-39 years* | | *40-44 years* | | *>=45 years* | | *Total* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | (100%) |
| Bury & | Female | 2 | 1% | 18 | 10% | 43 | 23% | 51 | 28% | 34 | 18% | 20 | 11% | 5 | 3% | 11 | 6% | 184 |
| Rochdale | Male | 6 | 1% | 30 | 6% | 91 | 19% | 109 | 23% | 116 | 25% | 69 | 15% | 28 | 6% | 19 | 4% | 468 |
| | Total | 8 | 1% | 48 | 7% | 134 | 21% | 160 | 25% | 150 | 23% | 89 | 14% | 33 | 5% | 30 | 5% | 652 |
| East Lancs | Female | 10 | 5% | 38 | 18% | 48 | 23% | 45 | 22% | 40 | 19% | 13 | 6% | 8 | 4% | 5 | 2% | 207 |
| | Male | 20 | 3% | 104 | 17% | 130 | 21% | 173 | 27% | 107 | 17% | 64 | 10% | 24 | 4% | 8 | 1% | 630 |
| | Total | 30 | 4% | 142 | 17% | 178 | 21% | 218 | 26% | 147 | 18% | 77 | 9% | 32 | 4% | 13 | 2% | 837 |
| Liverpool | Female | 1 | 0% | 19 | 7% | 47 | 18% | 70 | 27% | 65 | 25% | 41 | 16% | 6 | 2% | 6 | 2% | 255 |
| | Male | 1 | 0% | 13 | 2% | 74 | 14% | 166 | 31% | 153 | 29% | 80 | 15% | 25 | 5% | 15 | 3% | 527 |
| | Total | 2 | 0% | 32 | 4% | 121 | 15% | 236 | 30% | 218 | 28% | 121 | 15% | 31 | 4% | 21 | 3% | 782 |
| Manchester | Female | | | 38 | 13% | 72 | 24% | 95 | 32% | 59 | 20% | 19 | 6% | 11 | 4% | 5 | 2% | 299 |
| | Male | 14 | 2% | 51 | 6% | 118 | 14% | 260 | 31% | 220 | 26% | 98 | 12% | 47 | 6% | 29 | 3% | 837 |
| | Total | 14 | 1% | 89 | 8% | 190 | 17% | 355 | 31% | 279 | 25% | 117 | 10% | 58 | 5% | 34 | 3% | 1136 |
| Morecambe | Female | 3 | 2% | 16 | 13% | 45 | 36% | 29 | 23% | 17 | 14% | 10 | 8% | 3 | 2% | 1 | 1% | 124 |
| Bay | Male | 4 | 1% | 35 | 12% | 86 | 28% | 91 | 30% | 50 | 17% | 30 | 10% | 3 | 1% | 4 | 1% | 303 |
| | Total | 7 | 2% | 51 | 12% | 131 | 31% | 120 | 28% | 67 | 16% | 40 | 9% | 6 | 1% | 5 | 1% | 427 |
| North | Female | | | 9 | 8% | 32 | 29% | 38 | 34% | 22 | 20% | 5 | 5% | 2 | 2% | 3 | 3% | 111 |
| Cheshire | Male | | | 8 | 3% | 37 | 16% | 77 | 34% | 65 | 28% | 23 | 10% | 9 | 4% | 10 | 4% | 229 |
| | Total | | | 17 | 5% | 69 | 20% | 115 | 34% | 87 | 26% | 28 | 8% | 11 | 3% | 13 | 4% | 340 |
| North West | Female | 5 | 2% | 33 | 11% | 78 | 27% | 81 | 28% | 52 | 18% | 27 | 9% | 7 | 2% | 6 | 2% | 289 |
| Lancashire | Male | 3 | 0% | 39 | 6% | 147 | 22% | 222 | 34% | 136 | 21% | 71 | 11% | 27 | 4% | 12 | 2% | 657 |
| | Total | 8 | 1% | 72 | 8% | 225 | 24% | 303 | 32% | 188 | 20% | 98 | 10% | 34 | 4% | 18 | 2% | 946 |
| Salford & | Female | | | 17 | 11% | 42 | 27% | 44 | 28% | 27 | 17% | 13 | 8% | 6 | 4% | 8 | 5% | 157 |
| Trafford | Male | 11 | 2% | 55 | 10% | 102 | 19% | 132 | 25% | 113 | 22% | 66 | 13% | 25 | 5% | 21 | 4% | 525 |
| | Total | 11 | 2% | 72 | 11% | 144 | 21% | 176 | 26% | 140 | 21% | 79 | 12% | 31 | 5% | 29 | 4% | 682 |

| | Sex | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35-39 years | | 40-44 years | | >=45 years | | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | (100%) |
| St Helens & | Female | 1 | 1% | 15 | 15% | 21 | 21% | 36 | 37% | 14 | 14% | 7 | 7% | 3 | 3% | 1 | 1% | 98 |
| Knowsley | Male | 6 | 2% | 40 | 13% | 51 | 17% | 90 | 29% | 71 | 23% | 31 | 10% | 9 | 3% | 8 | 3% | 306 |
| | Total | 7 | 2% | 55 | 14% | 72 | 18% | 126 | 31% | 85 | 21% | 38 | 9% | 12 | 3% | 9 | 2% | 404 |
| Sefton | Female | | | 1 | 2% | 7 | 12% | 24 | 42% | 14 | 25% | 7 | 12% | 4 | 7% | | | 57 |
| | Male | | | 3 | 2% | 15 | 11% | 35 | 26% | 49 | 36% | 25 | 18% | 6 | 4% | 4 | 3% | 137 |
| | Total | | | 4 | 2% | 22 | 11% | 59 | 30% | 63 | 32% | 32 | 16% | 10 | 5% | 4 | 2% | 194 |
| South | Female | | | 11 | 10% | 35 | 32% | 30 | 28% | 22 | 20% | 5 | 5% | 2 | 2% | 3 | 3% | 108 |
| Cheshire | Male | 2 | 1% | 33 | 11% | 78 | 25% | 95 | 31% | 54 | 18% | 24 | 8% | 14 | 5% | 7 | 2% | 307 |
| | Total | 2 | 0% | 44 | 11% | 113 | 27% | 125 | 30% | 76 | 18% | 29 | 7% | 16 | 4% | 10 | 2% | 415 |
| South Lancs | Female | | | 10 | 11% | 25 | 27% | 29 | 31% | 19 | 20% | 7 | 7% | 3 | 3% | 1 | 1% | 94 |
| | Male | | | 19 | 9% | 46 | 23% | 80 | 40% | 38 | 19% | 10 | 5% | 4 | 2% | 4 | 2% | 201 |
| | Total | | | 29 | 10% | 71 | 24% | 109 | 37% | 57 | 19% | 17 | 6% | 7 | 2% | 5 | 2% | 295 |
| Stockport | Female | | | 6 | 20% | 5 | 17% | 7 | 23% | 5 | 17% | 4 | 13% | 1 | 3% | 2 | 7% | 30 |
| | Male | 2 | 3% | 12 | 18% | 11 | 16% | 17 | 25% | 10 | 15% | 9 | 13% | 4 | 6% | 2 | 3% | 67 |
| | Total | 2 | 2% | 18 | 19% | 16 | 16% | 24 | 25% | 15 | 15% | 13 | 13% | 5 | 5% | 4 | 4% | 97 |
| West Pennine | Female | | | 15 | 14% | 29 | 27% | 25 | 23% | 23 | 21% | 10 | 9% | 3 | 3% | 3 | 3% | 108 |
| | Male | | | 24 | 7% | 66 | 18% | 129 | 35% | 83 | 22% | 44 | 12% | 17 | 5% | 6 | 2% | 369 |
| | Total | | | 39 | 8% | 95 | 20% | 154 | 32% | 106 | 22% | 54 | 11% | 20 | 4% | 9 | 2% | 477 |
| Wigan & | Female | 3 | 1% | 44 | 16% | 95 | 34% | 67 | 24% | 48 | 17% | 15 | 5% | 6 | 2% | 3 | 1% | 281 |
| Bolton | Male | 10 | 1% | 63 | 8% | 196 | 26% | 230 | 30% | 162 | 21% | 71 | 9% | 18 | 2% | 8 | 1% | 758 |
| | Total | 13 | 1% | 107 | 10% | 291 | 28% | 297 | 29% | 210 | 20% | 86 | 8% | 24 | 2% | 11 | 1% | 1,039 |
| Wirral | Female | 1 | 1% | 11 | 10% | 17 | 15% | 38 | 33% | 33 | 29% | 8 | 7% | 4 | 4% | 2 | 2% | 114 |
| | Male | 1 | 0% | 5 | 2% | 22 | 7% | 93 | 31% | 98 | 33% | 65 | 22% | 11 | 4% | 6 | 2% | 301 |
| | Total | 2 | 0% | 16 | 4% | 39 | 9% | 131 | 32% | 131 | 32% | 73 | 18% | 15 | 4% | 8 | 2% | 415 |

Table 7 shows the age and gender distribution broken down by health authority. Despite the apparently stable picture regionally, there is considerable variation between health authority areas. Gender ratios (male:female) ranged from 2.1:1 in Liverpool to 3.4:1 in West Pennine. However this is a smaller range than in 1999 when the lowest ratio was 1.8:1 and the highest 3.8:1. Those areas with particularly high gender ratios might wish to consider whether this reflects real gender differences in the extent of problematic drug use or whether it may indicate difficulties in service accessibility by, and service provision for, female drug users.

The percentages of users under the age of 25 years ranged from 13% in Sefton and Wirral, to 44% in Morecambe Bay. Such variations may be the result of real demographic differences where high proportions of young users might indicate the early stages of an epidemic or drug service focus on contacting young drug users.

**TABLE 8.1: Social situation: Employment status**

| *Employment status* | n | % |
|---|---|---|
| Employed | 1,335 | 15% |
| Unemployed | 7,196 | 83% |
| Other | 187 | 2% |
| *Valid total users* | *8,718* | *100%* |

**Table 8.2: Social situation: Number with dependent children**

| *Status* | n | % |
|---|---|---|
| Users with children | 3,927 | 50% |
| Users without children | 3,983 | 50% |
| *Valid total users* | *7,910* | *100%* |

**TABLE 8.3: Social situation: where children live**

| *Where children live* | n | % |
|---|---|---|
| With user | 1,868 | 48% |
| Elsewhere | 2,133 | 55% |
| In care | 179 | 5% |
| *Valid total users* | *3,865* | *100%* |

This is a multiple response category: for example, individuals may have children living both in care and elsewhere

**TABLE 8.4i: Social situation: living with.....**

| *Home situation: living with ...* | n | % |
|---|---|---|
| Parents | 2,151 | 29% |
| Alone | 2,052 | 27% |
| Partner/Spouse | 2,254 | 30% |
| Other family member | 267 | 4% |
| Others, relationship unspecified | 142 | 2% |
| Friends | 545 | 7% |
| Strangers | 123 | 2% |
| *Valid total users* | *7,524* | *100%* |

This is a multiple response category: for example, individuals may live both with their parents and their partner

**TABLE 8.4ii: Social situation: Number living with drug users**

| *Living with* | n | % |
|---|---|---|
| Other drug users | 1,910 | 26% |
| Non-drug users | 5,470 | 74% |
| *Valid total users* | *7,380* | *100%* |

**TABLE 8.5: Social situation: Accommodation**

| *Accommodation* | n | % |
|---|---|---|
| Local Authority | 3,000 | 43% |
| Privately rented | 1,855 | 27% |
| Owner occupied | 1,226 | 18% |
| Unstable accommodation | 744 | 11% |
| Housing Association | 70 | 1% |
| Other | 63 | 1% |
| Children's Home | 10 | 0% |
| *Valid total users* | *6,968* | *100%* |

**TABLE 8.6: Social situation: Legal situation**

| *Legal situation* | n | % |
|---|---|---|
| No current legal situation | 5,571 | 77% |
| On probation | 1,191 | 16% |
| Remand (bail or custody) | 991 | 14% |
| Other | 272 | 4% |
| *Valid total users* | *7,255* | *100%* |

This is a multiple response category: for example, individuals may be on bail and on probation

Tables 8.1 to 8.6 outline the social situation of individuals in contact with services. In most respects, the picture has been remarkably stable since 1995. In 2000, 83.1% of individuals were unemployed (Table 8.1). A recent report (Meier, 2000b) highlights the extent of difficulties that drug users face when accessing training and employment opportunities. Fifty percent had dependent children (49% in 1995, Table 8.2), and in 5% of cases were dependent children said to be in care (Table 8.3). Twenty-seven percent lived alone, 29% with parents, and 30% with their partner (Table 8.4i). The percentage of individuals living with friends rose from 3% in 1999 to 7% in 2000 and 2% of individuals were living with strangers (0% in 1999). Twenty-six percent of those disclosing this information indicated that they were living with other drug users (Table 8.4ii). Since 1995, accommodation has shifted slightly away from local authority rented to private rented; the former falling from 47% to 43% over the period while the latter rose from 21% to 27% (Table 8.5). Most individuals (77%) were reported not to have current legal problems (67% in 1995) while 16% were on probation, 14% were on remand and 4% reported 'other' legal situation (Table 8.6). Please note that this report does not include data received from prisons and young offenders' institutions. Levels of missing data for all social variables are relatively high, which may skew the true picture. Reasons may be that services did not ask for this information or that drug users were not prepared to disclose personal details.

# Drug Use

***Figure 5: Number using each drug type as a main or secondary drug***

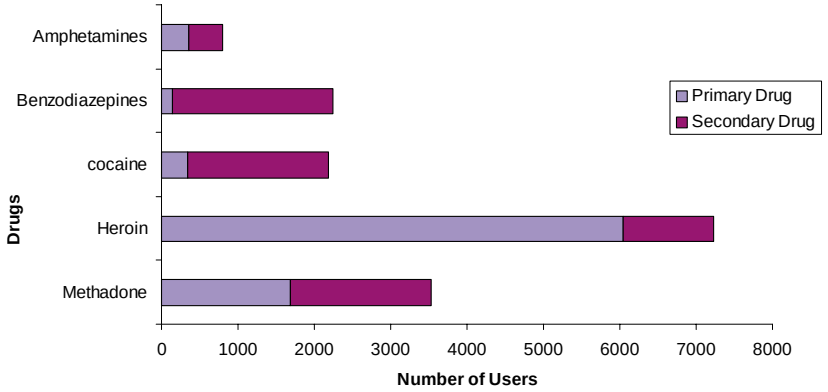



**TABLE 9: Drug use: Primary and secondary use: Number and percentage of users**

| | *Primary Use* | | | *Secondary Use* | | | *Total users (N=9701)* | |
|---|---|---|---|---|---|---|---|---|
| *Drug* | n | Col% | Row% | n | Col% | Row% | n | Col% |
| Heroin | 6,045 | 62% | 84% | 1,187 | 12% | 16% | 7,232 | 75% |
| Methadone | 1681 | 17% | 48% | 1,845 | 19% | 52% | 3,526 | 36% |
| Other Opiates | 141 | 1% | 25% | 423 | 4% | 75% | 564 | 6% |
| Benzodiazepines | 140 | 1% | 6% | 2,099 | 22% | 94% | 2,239 | 23% |
| Amphetamines | 353 | 4% | 44% | 448 | 5% | 56% | 801 | 8% |
| Cocaine | 341 | 4% | 16% | 1,851 | 19% | 84% | 2,192 | 23% |
| Cannabis | 737 | 8% | 31% | 1,640 | 17% | 69% | 2,377 | 25% |
| Hallucinogens | 3 | 0% | 4% | 80 | 1% | 96% | 83 | 1% |
| Ecstasy | 78 | 1% | 19% | 331 | 3% | 81% | 409 | 4% |
| Solvents | 23 | 0% | 42% | 32 | 0% | 58% | 55 | 1% |
| Alcohol | | | | 1,195 | 12% | 100% | 1,195 | 12% |
| Other drugs | 95 | 1% | 16% | 512 | 5% | 84% | 607 | 6% |
| Drug Free, no info | 66 | 1% | 100% | | | | 68 | 1% |

Table 9 and Figure 5 show the number of individuals reported to use each drug type, either as their main or as a secondary drug, together with the total number using each drug. Column percentages show the proportion of individuals using each drug, row percentages show for each drug the proportion of users using it as a main (primary) and as a secondary drug. Hence, 62% of all primary use involved heroin, whereas 84% of all heroin users used it as their main drug.

**Heroin:** Most of those reported were heroin users; 6,045 (84%) used heroin as their main drug and a further 1,187 used heroin as a secondary drug. Hence, a total of 7,232 heroin users (75% of all users) were reported. The overall level of heroin use amongst those presenting in 2000 was similar to 1999 and lower than in the preceding years. However, there is considerable local variation (Table 11); for example, in Wirral, 84% of users were heroin users, whilst in Salford and Trafford only 49% were reported to use heroin. Fifty-six percent of heroin users were injecting this drug (Table 13.1), compared to 53% in 1999. The proportion injecting varied considerably between areas; from 26% (St Helens and Knowsley) to 70% (Morecambe Bay and Wigan and Bolton, see Table 34 in Appendices).

As in previous years, the modal age group for starting heroin use was 15 to 19 years, accounting for 45% of heroin users whose age of first use was reported; a further 6% started heroin use before the age of 15 (Table 13.1). By contrast, most heroin users approached services for help between the ages of 25 and 29 (32% in 2000 compared to 33% in 1999). However a greater percentage (24%) approached services aged between 30 and 34 years in 2000 than in 1999 (22%), whilst only 21% were aged 20 to 24 in 2000 compared to 25% in 1999. The increasing disparity between age of starting heroin use and age at presentation, and the negative consequences in terms of services' opportunities to intervene at an early stage, continues to be a cause for concern, especially as the percentage of heroin users reported to be injecting is rising.

**Methadone:** A total of 3,526 individuals (36% of all users) reported using methadone (Table 9); 48% (1,681) of these reported it as their primary drug, accounting for 17% of all primary drug use. The overall level of methadone use in 2000 was similar to that reported in 1999 (37%) but lower than in 1998 and 1997 (43% and 45%, respectively). High levels of methadone use amongst those making treatment demands were observed in Wirral (54%) and North Cheshire (51%), the lowest levels in South Lancashire and Salford and Trafford (20% and 17%, Table 11). As in previous years very few people were reported to inject methadone (4%, Table 13.2). The most common age for starting methadone use was between 20 and 24 years (35%), although nearly a third (29%) had started to use methadone before the age of 20. Methadone was prescribed in a total of 2,985 of cases (69%), of whom 88 (2% of cases) were also using it illicitly (see Table 35 in Appendices). In nearly one third (31%) of cases street methadone was being used.

**Other opiates:** As in previous years, use of other opiates was rare, accounting for only 564 (6%) of those reported (Table 9). Only 25% (141 individuals) of these used other opiates as their main drug, accounting for just 1% of all reported primary drug use. Dihydrocodeine was the most commonly reported other opiate, accounting for 440 users (Table 12) or 79% of reported other opiate use. Use of other opiates was more common in South Lancashire (14%) and North West Lancashire (12%) than in other areas (Table 11).

**Benzodiazepines:** Around a quarter of individuals reported benzodiazepine use (2,239 individuals), with only 6% reporting primary benzodiazepine use. Benzodiazepine use varied from 11% of users in St Helens and Knowsley to 38% in North Cheshire (Table 11). The vast majority (94%) of these used benzodiazepines as a secondary drug (Table 9). The most commonly used drug of this group was Diazepam (60%), followed by Temazepam (28%) and Nitrazepam (24%; Table 12). The percentage of benzodiazepine users who report injecting the drug remains very low (22 individuals or 1% of benzodiazepine users; Table 13.4). This decline in injecting (from 9% of benzodiazepine use in 1995) may be linked to the observed decline in temazepam use over the past few years. Forty-three percent of benzodiazepine users started taking the drug prior to the age of 20.

**Amphetamines:** There has been a considerable decrease in treatment demands by amphetamine users. These drugs were reported by just 8% of users in 2000 compared to steady reporting of between 13% and 15% in previous years (Table 9). Given the corresponding rise in the number of individuals reporting cocaine use (from 17% in 1999 to 23% in 2000), it is likely that this is the result of a move by stimulant users towards cocaine use, possibly due to the fall in the price of cocaine and its increased availability (Drugscope, 2001).

Around half of amphetamine users were injecting the drug (Table 13.5), although this varied between areas (see Table 34 in Appendices) with lower levels in Merseyside and Cheshire (from 17% in North Cheshire) and higher levels in the rest of the Region (up to 66% in Wigan and Bolton).

Amphetamine use is connected with early onset, with 69% having started use prior to the age of 20 (as in 1999) and with early presentation remaining more common (15% before the age of 20) than for opiate users (6% of heroin users and 3% of methadone users). Nevertheless, the most common age group amongst presenting amphetamine users was 25 to 29 (23%), followed by 30 to 34 (21%, Table 13.5). Although there were falls in the percentage of reported amphetamine users in all health authorities, these were by no means uniform across the region. The greatest differences were seen in North Cheshire 6% in 1999 to 2% in 2000,

Salford and Trafford (23% and 9% in 1999 and 2000 respectively) and Manchester (15% in 1999 and 6% in 2000, Table 11).

**Cocaine:** In 1999, there had been considerable increase in treatment demands by cocaine users (22% compared to 17% in 1998). In 2000, this remained similar with 23% of users (2,192 individuals) reporting cocaine use (Table 9). As in 1999, over four fifths (84%) of cocaine users used it as a secondary drug. The percentage of these who were reported to use cocaine freebase *("crack/rock")* has risen from 66% in 1999 to 76% in 2000 (Table 12). As in 1999, 16% of cocaine users injected this drug (Table 13.6), down from 21% in 1998. Table 11 shows that, as in 1999, very high levels of cocaine use were observed in Merseyside: Liverpool (54% compared to 49% in 1999) and St Helens & Knowsley (45%, compared to 41% in 1999), Sefton (29%), and Wirral (35% compared to 27% in 1999).

Most of these areas were mentioned in previous reports as areas with high levels of cocaine use, but have seen a further increase in comparison to 1998 figures. Few cocaine users were reported from Morecambe Bay, Wigan & Bolton and Bury & Rochdale (11% and below). A third (32%) of cocaine users first used this drug prior to the age of 20, however, only 25% presented before the age of 25, with the most common age groups for presentation being 25 to 29 (31%) and 30 to 34 (26%, Table 13.6)

**Cannabis:** Twenty-five percent of all individuals were reported to use cannabis, a similar figure to previous years (Table 9). However, the percentage reporting cannabis as their main drug is higher than in previous years; around 11% from 1995 to 1998, 28% in 1999 and 31% in 2000. This may be due in part to increased data collection from newly established young persons' services, although it should be noted that this trend is also seen in other parts of England and other European countries. The figures for secondary cannabis use are likely to be an under-estimate of actual levels of use amongst drug service attendees, as cannabis use is not always reported.

**Alcohol:** The RDMD does not collect data on primary alcohol use, and levels of secondary alcohol use are relatively low (Table 9). The overall percentage of alcohol reports is 12% with reports from individual health authorities ranging from 5% to 18% of all secondary use (Table 11). This is likely to be an underestimate of the true figure as many drug users may not associate their alcohol use with problematic drug use. This has been addressed in the strategic review of the RDMD and the new national reporting system (the National Drug Treatment Monitoring System, NDTMS), asks expressly about alcohol use.

**Other drug types:** Other types of drugs were each reported to be used by less than 5% of those reported and included: ecstasy (409 users, 4%), hallucinogens (85 users, 1%), and solvents (55 users, less than 1%, Table 9).

Table 10 shows the number and proportion of individuals reported from each health authority and their ***main*** drug.

**TABLE 10: Primary drug use: Number and percentage using as primary drug: Health Authority Breakdown**

**NUMBER**

| *Health Authority* | Heroin | Methadone | Other Opiates | Benzodiazepines | Amphetamines | Cocaine | Hallucinogens | Cannabis | Ecstasy | Solvents | Other drugs | Drug free, no info | Total users |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bury & Rochdale | 401 | 141 | 2 | 9 | 48 | 8 | | 35 | 4 | 1 | 3 | | 652 |
| East Lancs | 535 | 59 | 6 | 20 | 33 | 10 | 2 | 151 | 9 | 4 | 7 | 1 | 837 |
| Liverpool | 532 | 121 | 6 | 4 | 6 | 71 | | 33 | 5 | 2 | 2 | | 782 |
| Manchester | 769 | 192 | 7 | 2 | 38 | 39 | | 70 | 6 | 3 | 4 | 6 | 1,136 |
| Morecambe Bay | 209 | 61 | 7 | 15 | 18 | 4 | | 100 | 7 | 1 | 2 | 3 | 427 |
| North Cheshire | 221 | 86 | 7 | 3 | 3 | 7 | 1 | 7 | 1 | | 4 | | 340 |
| NW Lancs | 698 | 79 | 31 | 21 | 24 | 16 | | 50 | 11 | 4 | 11 | 1 | 946 |
| Salford & Trafford | 297 | 61 | 14 | 18 | 38 | 82 | | 79 | 12 | 1 | 39 | 41 | 682 |
| Sefton | 115 | 57 | 3 | 1 | 1 | 9 | | 7 | 1 | | | | 194 |
| South Cheshire | 299 | 37 | 6 | 12 | 11 | 6 | | 36 | 3 | 1 | 4 | | 415 |
| South Lancs | 184 | 38 | 17 | 6 | 17 | 14 | | 16 | | | 2 | 1 | 295 |
| St Helens & Knowsley | 263 | 51 | 3 | | 12 | 26 | | 38 | 8 | 2 | 1 | | 404 |
| Stockport | 33 | 34 | 1 | | 4 | 3 | | 16 | | 1 | 2 | 3 | 97 |
| West Pennine | 330 | 69 | 8 | 9 | 25 | 5 | | 22 | 4 | 1 | | 4 | 477 |
| Wigan & Bolton | 748 | 133 | 11 | 13 | 57 | 14 | | 44 | 3 | 2 | 10 | 4 | 1,039 |
| Wirral | 287 | 86 | 2 | 1 | 9 | 19 | | 9 | 1 | | 1 | | 415 |

**PERCENTAGE**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bury & Rochdale | 62% | 22% | 0% | 1% | 7% | 1% | | 5% | 1% | 0% | 0% | | |
| East Lancs | 64% | 7% | 1% | 2% | 4% | 1% | 0% | 18% | 1% | 0% | 1% | 0% | |
| Liverpool | 68% | 15% | 1% | 1% | 1% | 9% | | 4% | 1% | 0% | 0% | | |
| Manchester | 68% | 17% | 1% | 0% | 3% | 3% | | 6% | 1% | 0% | 0% | 1% | |
| Morecambe Bay | 49% | 14% | 2% | 4% | 4% | 1% | | 23% | 2% | 0% | 0% | 1% | |
| North Cheshire | 65% | 25% | 2% | 1% | 1% | 2% | 0% | 2% | 0% | | 1% | | |
| NW Lancs | 74% | 8% | 3% | 2% | 3% | 2% | | 5% | 1% | 0% | 1% | 0% | |
| Salford & Trafford | 44% | 9% | 2% | 3% | 6% | 12% | | 12% | 2% | 0% | 6% | 6% | |
| Sefton | 59% | 29% | 2% | 1% | 1% | 5% | | 4% | 1% | | | | |
| South Cheshire | 72% | 9% | 1% | 3% | 3% | 1% | | 9% | 1% | 0% | 1% | | |
| South Lancs | 62% | 13% | 6% | 2% | 6% | 5% | | 5% | | | 1% | 0% | |
| St Helens & Knowsley | 65% | 13% | 1% | | 3% | 6% | | 9% | 2% | 0% | 0% | | |
| Stockport | 34% | 35% | 1% | | 4% | 3% | | 16% | | 1% | 2% | 3% | |
| West Pennine | 69% | 14% | 2% | 2% | 5% | 1% | | 5% | 1% | 0% | | 1% | |
| Wigan & Bolton | 72% | 13% | 1% | 1% | 5% | 1% | | 4% | 0% | 0% | 1% | 0% | |
| Wirral | 69% | 21% | 0% | 0% | 2% | 5% | | 2% | 0% | | 0% | | |

Table 11 shows the number and proportion of individuals reported from each health authority and the main or secondary drugs used. NB: Up to five different drugs are recorded for each user.

**TABLE 11: Main or Secondary drug use: Total number and percentage using each drug: Health Authority Breakdown**

**NUMBER**

| *Health Authority* | Heroin | Methadone | Other Opiates | Benzodiazepines | Amphetamines | Cocaine | Hallucinogens | Cannabis | Ecstasy | Solvents | Alcohol | Other drugs | Drug free, no info | Total users |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bury & Rochdale | 490 | 288 | 23 | 127 | 90 | 63 | 2 | 131 | 19 | 2 | 73 | 29 | | 652 |
| East Lancs | 601 | 225 | 62 | 285 | 109 | 146 | 28 | 360 | 86 | 8 | 118 | 85 | 1 | 837 |
| Liverpool | 625 | 273 | 17 | 106 | 26 | 421 | 3 | 132 | 28 | 2 | 61 | 19 | | 782 |
| Manchester | 888 | 471 | 33 | 153 | 72 | 257 | 5 | 180 | 23 | 10 | 111 | 37 | 5 | 1,136 |
| Morecambe Bay | 247 | 123 | 33 | 137 | 39 | 20 | 5 | 173 | 23 | 5 | 62 | 17 | 3 | 427 |
| North Cheshire | 273 | 172 | 31 | 130 | 6 | 90 | 3 | 57 | 4 | | 40 | 19 | | 340 |
| NW Lancs | 746 | 241 | 117 | 261 | 81 | 113 | 9 | 235 | 41 | 9 | 105 | 87 | 1 | 946 |
| Salford & Trafford | 335 | 117 | 28 | 90 | 64 | 176 | 3 | 146 | 44 | 1 | 88 | 58 | 37 | 682 |
| Sefton | 155 | 89 | 12 | 27 | 8 | 56 | | 28 | 5 | | 10 | 3 | | 194 |
| South Cheshire | 332 | 103 | 17 | 55 | 27 | 58 | 2 | 82 | 17 | 1 | 36 | 9 | | 415 |
| South Lancs | 209 | 58 | 40 | 88 | 22 | 40 | 2 | 46 | 7 | | 23 | 16 | 1 | 295 |
| St Helens & Knowsley | 300 | 118 | 8 | 46 | 24 | 183 | 11 | 115 | 34 | 4 | 44 | 28 | | 404 |
| Stockport | 52 | 40 | 2 | 19 | 10 | 17 | 1 | 26 | 6 | 2 | 17 | 9 | 3 | 97 |
| West Pennine | 377 | 144 | 40 | 161 | 46 | 55 | 4 | 110 | 18 | 4 | 69 | 36 | 4 | 477 |
| Wigan & Bolton | 840 | 280 | 41 | 227 | 121 | 118 | 2 | 255 | 27 | 7 | 171 | 82 | 4 | 1,039 |
| Wirral | 349 | 223 | 17 | 85 | 15 | 147 | 2 | 53 | 7 | | 21 | 2 | | 415 |

Individuals may be reported to use more than one drug: figures for individual drugs should not be combined

**PERCENTAGE**

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bury & Rochdale | 75% | 44% | 4% | 19% | 14% | 10% | 0% | 20% | 3% | 0% | 11% | 4% | |
| East Lancs | 72% | 27% | 7% | 34% | 13% | 17% | 3% | 43% | 10% | 1% | 14% | 10% | 0% |
| Liverpool | 80% | 35% | 2% | 14% | 3% | 54% | 0% | 17% | 4% | 0% | 8% | 2% | |
| Manchester | 78% | 41% | 3% | 13% | 6% | 23% | 0% | 16% | 2% | 1% | 10% | 3% | 0% |
| Morecambe Bay | 58% | 29% | 8% | 32% | 9% | 5% | 1% | 41% | 5% | 1% | 15% | 4% | 1% |
| North Cheshire | 80% | 51% | 9% | 38% | 2% | 26% | 1% | 17% | 1% | | 12% | 6% | |
| NW Lancs | 79% | 25% | 12% | 28% | 9% | 12% | 1% | 25% | 4% | 1% | 11% | 9% | 0% |
| Salford & Trafford | 49% | 17% | 4% | 13% | 9% | 26% | 0% | 21% | 6% | 0% | 13% | 9% | 5% |
| Sefton | 80% | 46% | 6% | 14% | 4% | 29% | | 14% | 3% | | 5% | 2% | |
| South Cheshire | 80% | 25% | 4% | 13% | 7% | 14% | 0% | 20% | 4% | 0% | 9% | 2% | |
| South Lancs | 71% | 20% | 14% | 30% | 7% | 14% | 1% | 16% | 2% | | 8% | 5% | 0% |
| St Helens & Knowsley | 74% | 29% | 2% | 11% | 6% | 45% | 3% | 28% | 8% | 1% | 11% | 7% | |
| Stockport | 54% | 41% | 2% | 20% | 10% | 18% | 1% | 27% | 6% | 2% | 18% | 9% | 3% |
| West Pennine | 79% | 30% | 8% | 34% | 10% | 12% | 1% | 23% | 4% | 1% | 14% | 8% | 1% |
| Wigan & Bolton | 81% | 27% | 4% | 22% | 12% | 11% | 0% | 25% | 3% | 1% | 16% | 8% | 0% |
| Wirral | 84% | 54% | 4% | 20% | 4% | 35% | 0% | 13% | 2% | | 5% | 0% | |

Table 12 shows the number of individuals reported to use specific drugs, grouped by drug type.

**TABLE 12: List of drugs reported in drug profile: Number of users**

| | | |
|---|---|---|
| **Opiates** | Heroin unspecified | 7,215 |
| | Methadone unspecified | 2,222 |
| | Methadone mixture | 1,427 |
| | Dihydrocodeine | 440 |
| | Methadone ampoules | 85 |
| | Opiate Comp analgesics | 55 |
| | Dipipanone | 20 |
| | Diamorphine | 19 |
| | Buprenorphine | 14 |
| | Morphine Sulphate | 13 |
| | Morphine Sulphate ampoules 10mg | 10 |
| | Codeine linctus | 9 |
| | Nalbuphine | 8 |
| | Codeine unspecified | 6 |
| | Methadone linctus | 5 |
| | Methadone tablets | 5 |
| | Opiates unspecified | 5 |
| | Diamorphine Hydrochl ampoules 5mg | 4 |
| | Opium | 3 |
| | Codeine tablets | 3 |
| | Dextromoramide | 2 |
| | Tramadol Hydrochloride | 2 |
| | Pethidine | 2 |
| | Methadone reefers | 2 |
| | Dextropropoxyphene | 2 |
| | Diamorphine Hydrochl elixir | 1 |
| | Oxymorphone | 1 |
| | Diamorphine Hydrochl reefers | 1 |
| | Kaolin and Morphine | 1 |
| | Gees linctus | 1 |
| **Sedatives** | Diazepam | 1,351 |
| | Temazepam | 626 |
| | Nitrazepam | 538 |
| | Benzodiazepines unspecified | 353 |
| | Zopliclone | 64 |

| | | |
|---|---|---|
| | Cyclizine | 38 |
| | Sedatives unspecified | 20 |
| | Chlordiazepoxide | 16 |
| | Lorazepam | 9 |
| | Oxazepam | 8 |
| | Propranolol | 8 |
| | Barbiturates unspecified | 7 |
| | Chlormethiazole | 6 |
| | Chloral Derivatives | 6 |
| | Zolpidem Tartrate | 3 |
| | Hydroxyzine | 2 |
| | Loprazolam | 1 |
| | Lormetazepam | 1 |
| | Antihistamines unspecified | 1 |
| | Flunitrazepam | 1 |
| | Amylobarbitone | 1 |
| | Flurazepam | 1 |
| **Stimulants** | Cocaine freebase | 1,722 |
| | Amphetamines unspecified | 774 |
| | Cocaine unspecified | 519 |
| | MDMA | 409 |
| | Amphetamine Sulphate | 19 |
| | Cocaine Hydrochloride | 16 |
| | Dexamphetamine | 14 |
| | Methamphetamine | 1 |
| | Stimulants unspecified | 1 |
| | Methamphetamine ampoules | 1 |
| | Aerosol | 1 |
| | Phentermine | 1 |
| **Hallucinogens** | LSD | 64 |
| | Psilocybin | 18 |
| | Ketamine | 2 |
| **Cannabis** | Cannabis unspecified | 2,354 |
| | Herbal cannabis | 19 |
| | Cannabis oil | 4 |
| | Cannabis resin | 1 |

| | | |
|---|---|---|
| **Volatile Substances** | Butane | 16 |
| | Amyl Nitrate | 5 |
| | Toluene | 3 |
| | Fluorocarbons | 3 |
| **Alcohol** | Alcohol unspecified | 848 |
| | Beer Or Cider | 304 |
| | Spirits | 41 |
| | Mixture of alcohol | 19 |
| | Wines and fortified wines | 8 |
| **Other Drugs** | Other drugs unspecified | 123 |
| | Drug free and no drugs given | 69 |
| | Anti-depressants | 56 |
| | Poly Use, No Details | 54 |
| | Thioridazine | 50 |
| | Dothiepin Hydrochloride | 49 |
| | Fluoxetine | 43 |
| | Amitriptyline | 34 |
| | Paroxetine | 32 |
| | Chlorpromazine | 13 |
| | Antipsychotic unspecified | 10 |
| | Naltrexone | 10 |
| | Major tranquillisers unspecified | 9 |
| | Trifluoperazine | 7 |
| | Depixol | 6 |
| | Steroids unspecified | 5 |
| | Lofepramine | 5 |
| | Minor analgesics | 5 |
| | GHB | 4 |
| | Lofexidine | 4 |
| | Procylidine Hydrochloride | 3 |
| | Clonidine | 2 |
| | Antabuse | 1 |
| | Nandrolone | 1 |

Individuals may be reported to use more than one drug: figures for individual drugs should not be combined

Tables 13.1 to 13.6 show the age of first use, the current age and the injecting status for individuals using each injectable drug type. Table 14 shows the age of first use and current age for non-injectable drugs. Please refer to Tables 32 and 33 in the Appendix for health authority breakdowns.

**TABLE 13.1: HEROIN: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 349 | 6% | 7 | 0% | 1 | 14% | 6 | 86% |
| 15-19 years | 2,664 | 45% | 436 | 6% | 241 | 56% | 189 | 44% |
| 20-24 years | 1,768 | 30% | 1,543 | 21% | 860 | 57% | 654 | 43% |
| 25-29 years | 755 | 13% | 2,327 | 32% | 1,303 | 57% | 986 | 43% |
| 30-34 years | 266 | 4% | 1,718 | 24% | 951 | 56% | 745 | 44% |
| 35-39 years | 103 | 2% | 812 | 11% | 434 | 55% | 357 | 45% |
| 40-44 years | 37 | 1% | 264 | 4% | 135 | 52% | 127 | 48% |
| >=45 years | 11 | 0% | 125 | 2% | 56 | 47% | 64 | 53% |
| Total | 5,953 | 100% | 7,232 | 100% | 3,981 | 56% | 3,128 | 44% |

**TABLE 13.2: METHADONE: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 41 | 2% | 1 | 0% | | | 1 | 100% |
| 15-19 years | 720 | 27% | 123 | 3% | 2 | 2% | 119 | 98% |
| 20-24 years | 930 | 35% | 604 | 17% | 15 | 3% | 579 | 97% |
| 25-29 years | 564 | 21% | 1,109 | 31% | 49 | 5% | 1,034 | 95% |
| 30-34 years | 256 | 10% | 972 | 28% | 39 | 4% | 908 | 96% |
| 35-39 years | 86 | 3% | 478 | 14% | 23 | 5% | 443 | 95% |
| 40-44 years | 29 | 1% | 152 | 4% | 13 | 9% | 138 | 91% |
| >=45 years | 12 | 0% | 87 | 2% | 10 | 12% | 72 | 88% |
| Total | 2,638 | 100% | 3,526 | 100% | 151 | 4% | 3,294 | 96% |

**TABLE 13.3: OTHER OPIATES: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 4 | 1% | | | | | | |
| 15-19 years | 77 | 21% | 18 | 3% | 1 | 6% | 17 | 94% |
| 20-24 years | 89 | 24% | 90 | 16% | 4 | 5% | 83 | 95% |
| 25-29 years | 109 | 29% | 169 | 30% | 12 | 7% | 151 | 93% |
| 30-34 years | 51 | 14% | 137 | 24% | 12 | 9% | 119 | 91% |
| 35-39 years | 30 | 8% | 77 | 14% | 12 | 16% | 63 | 84% |
| 40-44 years | 6 | 2% | 37 | 7% | 2 | 6% | 34 | 94% |
| >=45 years | 7 | 2% | 36 | 6% | 1 | 3% | 34 | 97% |
| Total | 373 | 100% | 564 | 100% | 44 | 8% | 501 | 92% |

**TABLE 13.4: BENZODIAZEPINES: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 102 | 7% | 5 | 0% | | | 5 | 100% |
| 15-19 years | 553 | 36% | 102 | 5% | 1 | 1% | 99 | 99% |
| 20-24 years | 435 | 28% | 446 | 20% | 3 | 1% | 432 | 99% |
| 25-29 years | 283 | 18% | 725 | 32% | 7 | 1% | 695 | 99% |
| 30-34 years | 116 | 8% | 559 | 25% | 4 | 1% | 538 | 99% |
| 35-39 years | 40 | 3% | 272 | 12% | 5 | 2% | 256 | 98% |
| 40-44 years | 8 | 1% | 74 | 3% | 2 | 3% | 70 | 97% |
| >=45 years | 8 | 1% | 56 | 3% | | | 54 | 100% |
| Total | 1,545 | 100% | 2,239 | 100% | 22 | 1% | 2,149 | 99% |

**TABLE 13.5: AMPHETAMINES: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 90 | 15% | 13 | 2% | 1 | 8% | 12 | 92% |
| 15-19 years | 325 | 54% | 108 | 13% | 21 | 22% | 76 | 78% |
| 20-24 years | 105 | 17% | 146 | 18% | 49 | 40% | 75 | 60% |
| 25-29 years | 41 | 7% | 185 | 23% | 90 | 52% | 84 | 48% |
| 30-34 years | 25 | 4% | 170 | 21% | 91 | 58% | 67 | 42% |
| 35-39 years | 11 | 2% | 111 | 14% | 60 | 57% | 46 | 43% |
| 40-44 years | 4 | 1% | 42 | 5% | 23 | 58% | 17 | 43% |
| >=45 years | | | 26 | 3% | 14 | 58% | 10 | 42% |
| Total | 601 | 100% | 801 | 100% | 349 | 47% | 387 | 53% |

**TABLE 13.6: COCAINE: Age of first use, current age and injecting by current age**

| | *Age first use* | | *Current Age* | | *Injecting* | | *Not injecting* | |
|---|---|---|---|---|---|---|---|---|
| *Age Group* | n | Col % | n | Col % | n | Row % | n | Row % |
| <15 years | 42 | 2% | 2 | 0% | | | 2 | 100% |
| 15-19 years | 522 | 30% | 136 | 6% | 12 | 9% | 119 | 91% |
| 20-24 years | 502 | 29% | 420 | 19% | 34 | 9% | 357 | 91% |
| 25-29 years | 413 | 24% | 678 | 31% | 105 | 16% | 537 | 84% |
| 30-34 years | 175 | 10% | 570 | 26% | 108 | 20% | 433 | 80% |
| 35-39 years | 54 | 3% | 267 | 12% | 49 | 20% | 200 | 80% |
| 40-44 years | 20 | 1% | 84 | 4% | 16 | 21% | 61 | 79% |
| >=45 years | 8 | 0% | 35 | 2% | 6 | 19% | 25 | 81% |
| Total | 1,736 | 100% | 2,192 | 100% | 330 | 16% | 1,734 | 84% |

**TABLE 14: Age of first use and current age (non-injected drugs)**

| | ***Hallucinogens*** | | | | ***Cannabis*** | | | | ***Ecstasy*** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ***Age first use*** | | ***Current Age*** | | ***Age first use*** | | ***Current Age*** | | ***Age first use*** | | ***Current Age*** | |
| *Age Group* | n | % | n | % | n | % | n | % | n | % | n | % |
| <15 years | 30 | 43% | 10 | 12% | 944 | 51% | 98 | 4% | 50 | 15% | 15 | 4% |
| 15-19 years | 33 | 48% | 32 | 39% | 749 | 41% | 487 | 20% | 206 | 64% | 145 | 35% |
| 20-24 years | 4 | 6% | 20 | 24% | 98 | 5% | 536 | 23% | 46 | 14% | 123 | 30% |
| 25-29 years | 1 | 1% | 10 | 12% | 29 | 2% | 605 | 25% | 16 | 5% | 74 | 18% |
| 30-34 years | | | 6 | 7% | 15 | 1% | 358 | 15% | 4 | 1% | 37 | 9% |
| 35-39 years | 1 | 1% | 4 | 5% | 4 | 0% | 200 | 8% | | | 13 | 3% |
| 40-44 years | | | 1 | 1% | 1 | 0% | 57 | 2% | 1 | 0% | 2 | 0% |
| >=45 years | | | | | | | 36 | 2% | | | | |
| Total | 69 | 100% | 83 | 100% | 1,840 | 100% | 2,377 | 100% | 323 | 100% | 409 | 100% |

| | ***Solvents*** | | | | ***Alcohol*** | | | | ***Other drugs*** | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ***Age first use*** | | ***Current Age*** | | ***Age first use*** | | ***Current Age*** | | ***Age first use*** | | ***Current*** | |
| ***Age*** | | | | | | | | | | | | |
| *Age Group* | n | % | n | % | n | % | n | % | n | % | n | % |
| <15 years | 30 | 68% | 16 | 29% | 363 | 48% | 34 | 3% | 11 | 4% | 1 | 0% |
| 15-19 years | 12 | 27% | 16 | 29% | 318 | 42% | 160 | 13% | 41 | 14% | 29 | 5% |
| 20-24 years | | | 4 | 7% | 42 | 6% | 207 | 17% | 70 | 24% | 100 | 16% |
| 25-29 years | | | 5 | 9% | 21 | 3% | 323 | 27% | 84 | 29% | 186 | 31% |
| 30-34 years | 1 | 2% | 7 | 13% | 14 | 2% | 257 | 22% | 49 | 17% | 137 | 23% |
| 35-39 years | | | 6 | 11% | 3 | 0% | 132 | 11% | 25 | 9% | 84 | 14% |
| 40-44 years | 1 | 2% | | | | | 53 | 4% | 8 | 3% | 40 | 7% |
| >=45 years | | | 1 | 2% | | | 29 | 2% | 6 | 2% | 30 | 5% |
| Total | 44 | 100% | 55 | 100% | 761 | 100% | 1,195 | 100% | 294 | 100% | 607 | 100% |

***Figure 6: Percentage of individuals who reported current injecting/sharing: Health authority breakdown***

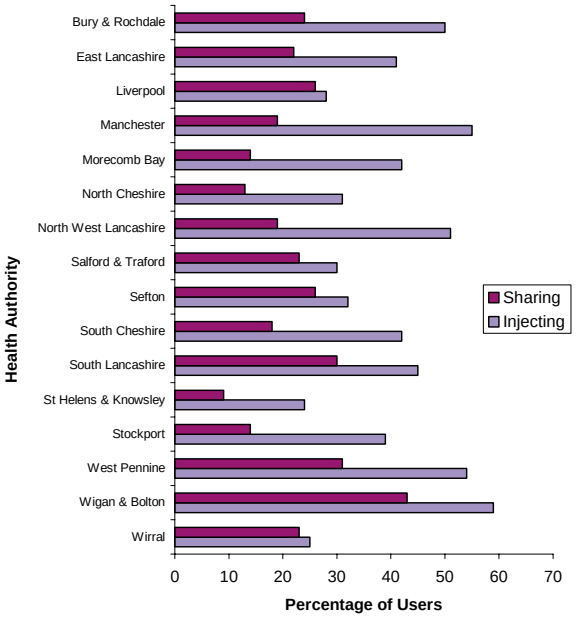



**TABLE 15: Current (past four weeks) and lifetime injecting: Number and percentage of users**

| | ***Current*** | | ***Lifetime*** | |
|---|---|---|---|---|
| *Injecting status* | n | % | n | % |
| Injecting users | 4,088 | 44% | 6,270 | 71% |
| Non-injecting users | 5,257 | 56% | 2,516 | 29% |
| Valid total users | 9,345 | 100% | 8,786 | 100% |

Table 15 shows the number and percentage reported to have injected in the four weeks prior to presentation and the number and percentage who have ever injected. Levels of current and lifetime injecting were at their highest in 1997 (51% and 74%, respectively) and have fallen slightly over the intervening years to 44% and 71%, respectively in 2000. However, levels of both current and lifetime injecting varied considerably between areas (Table 17 and Figure 6). St Helens & Knowsley recorded the lowest levels for both, 24% and 53%, respectively and Wigan & Bolton, as in previous years, recorded the highest levels, 59% and 85%, respectively.

**TABLE 16: Current (past four weeks) and lifetime sharing: Number and percentage of users**

| | *Current* | | *Lifetime* | |
|---|---|---|---|---|
| *Sharing status* | n | % | n | % |
| Sharers | 914 | 24% | 3,047 | 53% |
| Non-sharers | 2,914 | 76% | 2,701 | 47% |
| Valid total current/ lifetime injectors | 3,828 | 100% | 5,748 | 100% |

**TABLE 17: Current (past four weeks) and lifetime injecting: Number and percentage of users: Health Authority Breakdown**

| | *Current Injecting* | | | | *Lifetime Injecting* | | | |
|---|---|---|---|---|---|---|---|---|
| | *Injecting* | | *Not Injecting* | | *Have Injected* | | *Never Injected* | |
| *Health Authority* | n | % | n | % | n | % | n | % |
| Bury & Rochdale | 315 | 50% | 318 | 50% | 433 | 73% | 162 | 27% |
| East Lancashire | 336 | 41% | 491 | 59% | 486 | 63% | 283 | 37% |
| Liverpool | 207 | 28% | 544 | 72% | 457 | 63% | 271 | 37% |
| Manchester | 608 | 55% | 504 | 45% | 852 | 78% | 234 | 22% |
| Morecambe Bay | 176 | 42% | 242 | 58% | 260 | 65% | 137 | 35% |
| North Cheshire | 103 | 31% | 227 | 69% | 210 | 67% | 103 | 33% |
| North West Lancashire | 460 | 51% | 447 | 49% | 640 | 74% | 221 | 26% |
| Salford & Trafford | 170 | 30% | 406 | 70% | 268 | 63% | 159 | 37% |
| Sefton | 59 | 32% | 124 | 68% | 110 | 66% | 57 | 34% |
| South Cheshire | 167 | 42% | 230 | 58% | 270 | 68% | 127 | 32% |
| South Lancashire | 131 | 45% | 157 | 55% | 189 | 67% | 95 | 33% |
| St Helens & Knowsley | 92 | 24% | 291 | 76% | 191 | 53% | 167 | 47% |
| Stockport | 36 | 39% | 57 | 61% | 66 | 74% | 23 | 26% |
| West Pennine | 252 | 54% | 215 | 46% | 346 | 76% | 112 | 24% |
| Wigan & Bolton | 596 | 59% | 421 | 41% | 751 | 85% | 131 | 15% |
| Wirral | 104 | 25% | 309 | 75% | 261 | 63% | 152 | 37% |

**TABLE 18: Current (past four weeks) and lifetime sharing: Number and percentage of users: Health Authority Breakdown**

| | *Current Sharing* | | | | *Lifetime Sharing* | | | |
|---|---|---|---|---|---|---|---|---|
| | *Sharing* | | *Not Sharing* | | *Have Shared* | | *Never Shared* | |
| *Health Authority* | n | % | n | % | n | % | n | % |
| Bury & Rochdale | 64 | 24% | 200 | 76% | 173 | 48% | 191 | 52% |
| East Lancashire | 72 | 22% | 251 | 78% | 226 | 50% | 227 | 50% |
| Liverpool | 53 | 26% | 148 | 74% | 200 | 45% | 243 | 55% |
| Manchester | 111 | 19% | 469 | 81% | 430 | 54% | 364 | 46% |
| Morecambe Bay | 23 | 14% | 143 | 86% | 132 | 56% | 103 | 44% |
| North Cheshire | 13 | 13% | 90 | 87% | 88 | 45% | 106 | 55% |
| North West Lancashire | 77 | 19% | 339 | 81% | 265 | 46% | 309 | 54% |
| Salford & Trafford | 33 | 23% | 112 | 77% | 124 | 53% | 112 | 47% |
| Sefton | 14 | 26% | 40 | 74% | 53 | 54% | 46 | 46% |
| South Cheshire | 29 | 18% | 132 | 82% | 124 | 48% | 134 | 52% |
| South Lancashire | 39 | 30% | 89 | 70% | 101 | 57% | 76 | 43% |
| St Helens & Knowsley | 8 | 9% | 82 | 91% | 68 | 38% | 109 | 62% |
| Stockport | 5 | 14% | 31 | 86% | 52 | 84% | 10 | 16% |
| West Pennine | 74 | 31% | 164 | 69% | 218 | 70% | 95 | 30% |
| Wigan & Bolton | 233 | 43% | 304 | 57% | 464 | 73% | 174 | 27% |
| Wirral | 24 | 23% | 80 | 77% | 91 | 35% | 170 | 65% |

Table 16: Contrary to patterns of reported injecting, levels of sharing are increasing. Current sharing has increased from 11% in 1995 to 24% in 2000 and lifetime sharing has increased from 40% in 1995 to 53% in 2000. However, even higher levels of current sharing have been exposed by asking more detailed questions about sharing paraphernalia (Jones and Millar, 2000). Given the high level of hepatitis C discovered amongst injecting drug users in the North West (Cook et al., 2000), there is an urgent need to increase efforts to reduce risk behaviours or to prevent the take up of injecting and sharing in the first place.

Levels of current sharing varied considerably between areas (Table 18 and Figure 6), ranging from 9% (St Helens & Knowsley) to 43% (Wigan & Bolton) - a greater range than in previous years. Likewise, lifetime sharing ranged from 35% (Wirral) to 84% in Stockport. In some areas the variation between current and lifetime sharing was quite marked. For example, Stockport, which reported the highest level of lifetime sharing, also reported one of the lowest rates of current sharing (14%).

## The Response of the Services

**TABLE 19: Referral origin: Number and percentage of episodes**

| *Referral origin* | n | % |
|---|---|---|
| Self | 4,397 | 42% |
| GP | 2,279 | 22% |
| Specialist drug services | 982 | 9% |
| Probation/DTTO | 715 | 7% |
| Other | 648 | 6% |
| Police/police surgeon | 460 | 4% |
| Arrest Referral | 355 | 3% |
| Family/friend | 227 | 2% |
| Hospital departments | 134 | 1% |
| Social services | 92 | 1% |
| YOT | 49 | 0% |
| CARAT | 14 | 0% |
| *Valid total episodes* | *10,352* | *100%* |

Table 19 details the agency or individual making the original referral to the reporting agency. Since 1995, self referrals and referrals from a GP have consistently accounted for around two thirds of referrals (64% in 2000). Referrals by all criminal justice services (CJS) have risen from 7% in 1997 to 15% in 2000, however referrals from police or police surgeons have remained static at around 4% over the last four years. Referrals from probation have risen from 4% in 1997 to 7% in 2000. This figure includes referrals from drug treatment and testing orders (DTTOs) which were implemented nationally early in 2000. Other new CJS programmes which accounted for 3% of referrals in 2000 include arrest referral schemes, youth offending teams (YOTs) and prison CARATs services. In addition, a wide range of agencies were reported to have made small numbers of referrals and are subsumed here in the category ‘other’.

**TABLE 20: Stated action planned at onset: Number and percentage of episodes**

| *Action Planned* | n | % |
|---|---|---|
| No further action | 420 | 5% |
| Action at agency | 7,543 | 82% |
| Liaison with other agencies | 3,026 | 33% |
| Action elsewhere / referral | 1,075 | 12% |
| *Valid total episodes* | *9,251* | *100%* |

Please note that multiple actions may be planned at each episode

**TABLE 20.1: Episodes where action was planned at agency**

| *Action Planned* | n | % |
|---|---|---|
| Further appointment | 7,163 | 95% |
| Advice/information | 380 | 5% |
| I/P treatment | 233 | 3% |
| O/P treatment | 92 | 1% |
| Prescribed detox | 43 | 1% |
| Non-prescribed detox | 2 | 0% |
| *Total episodes* | *7,543* | *100%* |

Please note that multiple actions may be planned at each episode

**TABLE 20.2: Episodes where liaison action was planned**

| *Liaison with* | n | % |
|---|---|---|
| GP | 2,240 | 73% |
| CDT | 263 | 9% |
| Probation | 228 | 7% |
| Other agency | 120 | 4% |
| Social services | 110 | 4% |
| District psychiatric service | 46 | 2% |
| Other drug agency | 62 | 2% |
| Regional Drug Dependency Service | 26 | 1% |
| Prescribing elsewhere - CDT | 59 | 2% |
| Housing dept | 22 | 1% |
| Legal services | 3 | 0% |
| Prescribing elsewhere - GP | 7 | 0% |
| Outreach | 0 | 0% |
| YOT | 39 | 1% |
| *Total episodes* | *3,061* | *100%* |

Please note that multiple actions may be planned at each episode

**TABLE 20.3: Episodes where referral action was planned**

| *Referral to* | n | % |
|---|---|---|
| Regional Drug Dependency Service Inpatient | 90 | 9% |
| CDT | 92 | 9% |
| Unspecified/other referral | 357 | 34% |
| GP | 179 | 17% |
| Regional Drug Dependency Service Outpatient | 88 | 8% |
| Non-statutory drug agency | 35 | 3% |
| Statutory drug agency | 3 | 0% |
| District psychiatric service | 14 | 1% |
| Ante-natal | 25 | 2% |
| ATU | 21 | 2% |
| Inpatient assess | 2 | 0% |
| Social services | 10 | 1% |
| Hospital drug clinic | 2 | 0% |
| Probation | 4 | 0% |
| Other hospital dept | 5 | 0% |
| HIV Clinic/SES | 10 | 1% |
| Therapeutic community | 1 | 0% |
| Court | 118 | 11% |
| *Total episodes* | *1,039* | *100%* |

Please note that multiple In patient may be planned at each episode

Table 20 shows the action which reporting agencies planned to undertake at onset: please note that these may change as treatment plans develop. As in previous years action at the reporting agency accounts for the majority (82%) of planned actions. A third of planned actions included liaison with other agencies compared to 45% in 1997. Action elsewhere or referral to another service accounted for 12% of episodes. Episodes where no further action was planned have fallen to 5% from around 8% in previous years. From 2001, the National Drug Treatment and Monitoring System will provide improved information about treatment received by clients of drug services.

Tables 20.1 to 20.3 provide a more detailed breakdown of the specific actions within each category. As Table 20.1 shows, a further appointment was planned in 95% of cases where agency action was intended, a rise from 75% in 1997. In contrast, levels of planned outpatient treatment (as stated at episode onset) have substantially decreased from 25% in 1995 and 13% in 1998 to only 1% in 2000. This continuing rise in planned further appointments and the corresponding fall in episodes where

outpatient treatment is offered may reflect a continuing rise in the proportion of individuals who are assigned to waiting lists for assessment.

Where liaison action was planned, 73% involved liaison with a GP, compared to 61% in 1997, representing the increased levels of GP liaison services within specialist drug services (Table 20.2). The continued increase in liaison work within the Health Services is encouraging, however little liaison action was planned with agencies outside the Health Services. For example probation, social services, housing departments and legal services accounted for only 3% of all 11,306 episodes and no liaison was planned with any outreach services. The detrimental effects of the lack of co-operation between drug agencies and the employment and training sector are described in a recent report (Meier, 2000b).

Table 20.3 provides a breakdown of the destination of referrals. An increasing number of referrals are to 'other' or unspecified agencies - 34% in 2000 compared to just 3% in 1995, 8% in 1997 and 18% in 1999. The percentage of referrals to GPs has fluctuated since 1995, from 22% to 7% in 1997, 13% in 1999 and 17% in 2000.

**TABLE 21: Stated action planned at onset: number and percentage of episodes: Health Authority Breakdown (excluding reports from police surgeons)**

| | *No further action* | | *Action at agency* | | *Liaison with other agencies* | | *Action elsewhere/ referral* | | *Total episodes (100%)* |
|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | % | n | % | n | % | n | % | n |
| Bury & Rochdale | 10 | 2% | 459 | 80% | 210 | 37% | 74 | 13% | 571 |
| East Lancs | 100 | 12% | 539 | 67% | 423 | 53% | 62 | 8% | 802 |
| Liverpool | | | 665 | 93% | 189 | 26% | 98 | 14% | 717 |
| Manchester | 26 | 3% | 727 | 86% | 379 | 45% | 110 | 13% | 846 |
| Morecambe Bay | 55 | 14% | 309 | 78% | 148 | 37% | 34 | 9% | 395 |
| North Cheshire | | | 309 | 96% | 38 | 12% | 14 | 4% | 322 |
| N W Lancs | 49 | 5% | 811 | 89% | 129 | 14% | 48 | 5% | 910 |
| Salford & Trafford | 66 | 13% | 384 | 76% | 114 | 22% | 42 | 8% | 507 |
| Sefton | 1 | 1% | 133 | 78% | 55 | 32% | 36 | 21% | 170 |
| South Cheshire | 1 | 0% | 347 | 89% | 91 | 23% | 20 | 5% | 390 |
| South Lancs | 3 | 1% | 210 | 73% | 165 | 57% | 27 | 9% | 287 |
| St Helens & Knowsley | 1 | 0% | 328 | 91% | 91 | 25% | 25 | 7% | 360 |
| Stockport | 7 | 9% | 67 | 84% | 40 | 50% | 7 | 9% | 80 |
| West Pennine | 9 | 2% | 434 | 86% | 226 | 45% | 40 | 8% | 503 |
| Wigan & Bolton | 13 | 1% | 925 | 92% | 625 | 62% | 61 | 6% | 1009 |
| Wirral | | | 402 | 97% | 1 | 0% | 13 | 3% | 415 |

Please note that multiple actions may be planned at each episode

Table 21 provides a breakdown of planned action for each health authority and excludes data reported by police surgeons, whose role may demand a different response to that of other agencies.

In the majority of areas, the percentage of episodes where no further action was planned was 5% or less. However some areas reported much higher rates: East Lancashire reported 12%, Salford and Trafford, 13% and Morecambe Bay 14%. Further examination at a local level may determine the reasons for this. There were no reports of episodes where no further action was planned in Liverpool, Wirral and North Cheshire.

For most areas, action at the reporting agency was planned in over 80% of cases. However, East Lancashire reported only 67% of episodes where action was planned at the agency. In around a quarter of episodes in South Lancashire, Salford and Trafford, Morecambe Bay and Sefton, action was not planned at the agency. This may reflect local patterns of service provision or inappropriate referral to the reporting agencies, and further examination at a local level may determine the reasons for this.

In Wirral, only one episode was reported to include planned liaison with other agencies, however this may reflect the wide range of services which are offered by the main drug service in Wirral. Other areas reported between 12% and 62% of episodes where liaison with other agencies was planned at onset, a narrower range than in 1999 (8% to 79%) and 1998.

Referral on to other agencies ('Action elsewhere') accounted for between 5% and 9% of episodes in most health authorities. However, Wirral and North Cheshire, where a few agencies offer a wide range of services, reported low figures (3% and 4%, respectively). High levels were reported in areas where the range of services were offered by a greater number of more specialised agencies i.e. Bury and Rochdale (13%), Manchester (13%), Liverpool (14%) and Sefton (21%).

**TABLE 22: Planned prescribing action: Number and percentage of episodes**

| *Prescribed Drug* | n | % |
|---|---|---|
| Methadone mixture (dtf) | 4,630 | 64% |
| No prescription | 1,603 | 22% |
| Other drugs unspecified | 254 | 4% |
| Lofexidine | 233 | 3% |
| DF118 | 211 | 3% |
| Diazepam (Valium) | 127 | 2% |
| Naltrexone | 113 | 2% |
| Methadone ampoules | 94 | 1% |
| Methadone unspecified | 45 | 1% |
| Temgesic | 45 | 1% |
| Nitrazepam (Mogadon) | 36 | 0% |
| Benzos unspecified | 32 | 0% |
| Dexadrine | 24 | 0% |
| Temazepam | 16 | 0% |
| Chlordiaz (Librium) | 12 | 0% |
| Clonidine | 10 | 0% |
| Heroin diamorphine | 10 | 0% |
| Anti-depressants | 9 | 0% |
| Lofepramine | 5 | 0% |
| Zopiclone | 4 | 0% |
| Methadone 5 mg tabs | 4 | 0% |
| Fluoxetine | 3 | 0% |
| Dothiepin Hydrochloride | 3 | 0% |
| Thioridazine | 2 | 0% |
| Opiate comps | 2 | 0% |
| Chlorpromazine (Largactil) | 2 | 0% |
| Morphine | 2 | 0% |
| Distalgesic | 2 | 0% |
| Oxazepam (Serenid) | 2 | 0% |
| Paroxetine | 2 | 0% |
| Propranolol | 2 | 0% |
| Anti-psychotics | 2 | 0% |
| Codeine unspecified | 1 | 0% |
| Methadone reefers | 1 | 0% |
| Lorazepam (Ativan) | 1 | 0% |
| Diamorphine amps | 1 | 0% |
| Clonazepam | 1 | 0% |
| Procyclidine Hydrochloride | 1 | 0% |
| Trifluoperazine | 1 | 0% |
| Diconal | 1 | 0% |
| Morhpine ampoules | 1 | 0% |
| Lormetazepam (Noctamid) | 1 | 0% |
| Thioxanthene | 1 | 0% |
| *Valid total episodes* | *7,244* | *100%* |

Please note that more than one drug may be prescribed at each episode

Table 22 shows the prescribing action which agencies planned to undertake (excluding reports from police surgeons but including episodes relating to presentations by non-opiate users).

Since 1998, methadone mixture, the most commonly reported prescribed drug, has been prescribed in around two thirds of episodes. However the percentage of episodes in which it was prescribed fell to 64% in 2000 from nearly three quarters of episodes in previous years. Planned prescribing of a wide variety of other drugs was reported. No prescription was offered at 22% of episodes, although this is the same as in 1999, it does represent a rise in the percentage of episodes where no prescription was offered from 9% in 1995 and 16% in 1997. This may be the result of increased reporting from non-statutory, non-prescribing services (Table 4).

**TABLE 23: Planned prescribing action: number and percentage of episodes: Health Authority Breakdown (excluding reports from police surgeons)**

| | *No prescription* | | *Methadone (all types)* | | *Other opiates* | | *Benzodia-zepines* | | *Other drugs* | | *Total episodes (100%)* |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | % | n | % | n | % | n | % | n | % | n |
| Bury & Rochdale | 138 | 26% | 347 | 65% | 9 | 2% | 10 | 2% | 39 | 7% | 536 |
| East Lancs | 71 | 13% | 352 | 63% | 45 | 8% | 16 | 3% | 88 | 16% | 555 |
| Liverpool | 177 | 30% | 400 | 68% | 1 | 0% | 3 | 1% | 8 | 1% | 587 |
| Manchester | 187 | 24% | 534 | 68% | 9 | 1% | 9 | 1% | 61 | 8% | 790 |
| Morecambe Bay | 147 | 37% | 235 | 59% | 5 | 1% | 12 | 3% | 12 | 3% | 396 |
| North Cheshire | 30 | 10% | 231 | 81% | 15 | 5% | 19 | 7% | 18 | 6% | 286 |
| N W Lancs | 88 | 24% | 202 | 56% | 44 | 12% | 27 | 7% | 16 | 7% | 361 |
| Salford & Trafford | 121 | 32% | 202 | 54% | 14 | 4% | 7 | 2% | 37 | 10% | 375 |
| Sefton | 69 | 41% | 83 | 50% | 14 | 8% | 3 | 2% | 1 | 1% | 167 |
| South Cheshire | 68 | 19% | 257 | 71% | 3 | 1% | 10 | 3% | 46 | 13% | 364 |
| South Lancs | 63 | 23% | 156 | 58% | 13 | 5% | 17 | 6% | 32 | 12% | 269 |
| St Helens & Knowsley | 53 | 18% | 233 | 77% | 1 | 0% | | | 16 | 5% | 301 |
| Stockport | 23 | 32% | 40 | 56% | 1 | 1% | 12 | 17% | 3 | 4% | 71 |
| West Pennine | 72 | 18% | 241 | 61% | 32 | 8% | 16 | 4% | 51 | 13% | 397 |
| Wigan & Bolton | 110 | 13% | 568 | 70% | 63 | 8% | 24 | 3% | 99 | 12% | 817 |
| Wirral | 33 | 8% | 327 | 83% | 2 | 1% | 22 | 6% | 29 | 7% | 392 |

Please note that more than one drug may be prescribed at each episode

Table 23 summarises planned prescribing for health authorities. At a health authority level, the proportion of episodes at which no prescribing was planned varied from 8% (Wirral) to 37% (Morecambe Bay) and 41% (Sefton). Methadone was prescribed in over half of all episodes with Wirral and North Cheshire reporting the largest percentage of methadone prescriptions (83% and 81%, respectively). Prescribing of other opiate drugs was most common in North West Lancashire (12%), and in Wigan and Bolton, East Lancashire, West Pennine and Sefton accounted for 8% of episodes. In most areas, benzodiazepine prescribing accounted for less than 10% of episodes, but accounted for 17% in Stockport compared to 12% in 1999. Other drugs accounted for between 1% (Liverpool and Sefton) and 16% (East Lancashire) of episodes. Prescribing of other opiates and benzodiazepines has decreased in the past few years.

**TABLE 24: Anticipated duration of methadone prescribing: Number and percentage of episodes**

| *Prescribing Duration* | n | % |
|---|---|---|
| More than six months/indefinite | 3,874 | 92% |
| Less than six months | 322 | 8% |
| *Valid total episodes* | *4,196* | *100%* |

Table 24 shows the anticipated duration of methadone prescribing. Please note that duration of prescribing may change as prescribing plans develop. The percentage of episodes where the prescribing is planned to be for more than six months has risen from two thirds (64%) in 1995 and 84% in 1997 to 92% in 2000, clearly showing that for most opiate users, methadone maintenance is planned from treatment onset.

**TABLE 25: Basis of methadone prescribing: Number and percentage of episodes**

| *Prescribing Basis* | n | % |
|---|---|---|
| Reducing dose | 2,156 | 49% |
| Do not know | 1,568 | 36% |
| Not reducing dose | 680 | 15% |
| *Valid total episodes* | *4,404* | *100%* |

Table 25 shows the basis of methadone prescribing. In half of cases (49%) a reducing dose was planned. In 51% of cases, agencies indicated that they did not immediately plan to reduce the dose of methadone prescribed, or were uncertain whether they would do so.

**TABLE 26: Recent contact with other agencies: Number and percentage of users**

| *Agency* | n | % |
|---|---|---|
| GP | 3,584 | 42% |
| None | 2,617 | 30% |
| CDT | 2,186 | 25% |
| Exchange scheme | 1,131 | 13% |
| Probation | 787 | 9% |
| Drug clinic | 45 | 1% |
| Psychiatrist | 273 | 3% |
| A & E | 217 | 3% |
| Social services | 63 | 1% |
| Other | 138 | 2% |
| Non-statutory drug agency | 49 | 1% |
| Statutory drug agency | 18 | 0% |
| Outreach | 7 | 0% |
| Psychologist | 3 | 0% |
| Arrest Referral Worker | 14 | 0% |
| CARATS | 11 | 0% |
| Therapeutic community | 4 | 0% |
| Alcohol service | 1 | 0% |
| *Valid total users* | *8,624* | *100%* |

Table 26 shows other agencies which individuals had contacted about their drug use in the six months prior to presenting to the reporting agency. The proportion having contacted their GP (42%) continues a steady fall since 1997 when 55% reported contact with their GP. One quarter had contacted a community drug team (CDT) (please note that most reports to RDMD were from CDTs and that the case definition of a new episode precludes services from reporting people with whom they have had contact in the last six months). Only 13% of users mentioned contact with a syringe exchange scheme, although this may be an underestimate if agencies do not include contact with their own syringe exchange. The proportion of users who indicated that they had not contacted any other agency or their GP increased from 20% in 1998 to 30% in 2000 indicating lower levels of service utilisation. A few individuals (less than one percent in total) stated they had had contact with arrest referral workers or prison CARAT schemes. As these criminal justice services will increasingly refer individuals into treatment in future years, in accordance with the aims of the government's drug strategy, this proportion should rise.

# **DRUG** MISUSE
in the
North West
of England
**2000**

## PART TWO

## Syringe Exchange Schemes

Both monitoring units have been working towards greater comparability of syringe exchange data. Equivalent data for Greater Manchester & Lancashire and Merseyside & Cheshire are presented below. Prevalence of drug user contact with syringe exchange schemes in Merseyside & Cheshire in 1999 are also available (Birtles and Bellis, 2000) and for Manchester, information on the overlap between syringe exchange clients and treatment clients has been published (Syringe Exchange Reports, DMRU, 1993 to 2001).

**Table 27: Number of individuals presenting with new episodes**

| | |
|---|---|
| Total Users | 8,401 |

**Table 28: Health Authority of attendance: Number of individuals**

| *Health Authority* | n | % |
|---|---|---|
| Bury and Rochdale | 243 | 3% |
| East Lancashire | 301 | 4% |
| Liverpool | 993 | 12% |
| Manchester | 1,661 | 19% |
| Morecambe Bay | 158 | 2% |
| North Cheshire | 424 | 5% |
| North West Lancashire | 202 | 2% |
| Salford and Trafford | 452 | 5% |
| Sefton | 497 | 6% |
| South Cheshire | 553 | 6% |
| South Lancashire | 224 | 3% |
| St Helens & Knowsley | 815 | 10% |
| Stockport | 182 | 2% |
| West Pennine | 406 | 5% |
| Wigan and Bolton | 982 | 12% |
| Wirral | 423 | 5% |
| *Total* | *8,516* | *100%* |

A total of 8,401 individuals were reported to have presented to syringe exchange schemes in the North West during 2000 (Table 27), a 38% increase on 1999. This is accounted for by new reports from Morecambe Bay, Stockport, North West Lancashire, Wigan and Bolton, Bury and Rochdale, and West Pennine health authorities. Other health authorities also reported increased numbers of individuals - North Cheshire, South Cheshire, Wirral and East Lancashire.

Table 28 shows the number of individuals presenting in each area. Please note that some individuals were reported to have presented in more than one area; multiple counts within the two regions are minimised via the use of attributor codes. Totals for regions should not be combined.

**Table 29: Age and gender distribution**

| *Age Group* | *Male* | *Female* | *Total* | |
|---|---|---|---|---|
| < 15 years | 2 | 1 | 3 | 0% |
| 15-19 years | 259 | 99 | 358 | 4% |
| 20-24 years | 1,268 | 321 | 1,589 | 19% |
| 25-29 years | 2,056 | 420 | 2,476 | 29% |
| 30-34 years | 1,826 | 310 | 2,136 | 25% |
| 35-39 years | 915 | 174 | 1,089 | 13% |
| 40-44 years | 381 | 69 | 450 | 5% |
| > 44 years | 248 | 60 | 308 | 4% |
| Valid total | 6,955 | 1,454 | 8,409 | 100% |

Table 29 shows the age and gender distribution of those attending syringe exchange schemes. The client group is older than that presenting to treatment and care services. In particular, the proportion under the age of 20 years is very small (4%). Whilst this may reflect the delay between starting drug use and starting to inject, schemes should consider whether their services are accessible to young injectors.

The male:female ratio is considerably higher in syringe exchange samples than in treatment samples, this year 4.8 times as many male than female users visited syringe exchange schemes (compared to a gender ratio of 2.6:1 of all users in treatment settings). This is the same ratio as in 1999 despite the increase in numbers reported and the new areas reporting SES clients.

**Table 30: Main drug used: Number of individuals**

| | n | % |
|---|---|---|
| Heroin | 3,712 | 44% |
| Methadone | 423 | 5% |
| Amphetamines | 472 | 6% |
| Steroids | 1,319 | 16% |
| Cocaine | 142 | 2% |
| Other or no main drug | 293 | 3% |
| No drug data | 2,050 | 24% |
| Total users | 8,411 | 100% |

Table 30 shows the main drug used by those approaching schemes. Please note that the main drug was recorded only on the first occasion that the user presented to services and may not reflect current drug use. The proportion of heroin users is smaller than that observed in treatment and care settings, reflecting a greater diversity of drug use amongst the syringe exchange clients. The proportion using methadone is also lower, perhaps because many syringe exchange clients are not in treatment or because the client only reports drugs they are injecting. As in 1999, 16% of individuals reported anabolic steroid (AS) use, 76% of whom were reported from Merseyside and Cheshire syringe exchange schemes. There is a need to determine whether this reflects much higher levels of steroid use in these areas, or whether schemes in other areas are not attracting AS users into services.

**Table 31: Past month sharing of injecting equipment**

| | ***Greater Manchester & Lancashire*** | | ***Merseyside & Cheshire*** | | ***Total*** | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Sharing | 392 | 16% | 42 | 3% | 434 | 10% |
| Not sharing | 2,091 | 84% | 1,449 | 97% | 3,540 | 90% |
| *Valid total users* | *2,483* | *100%* | *1,491* | *100%* | *3,947* | *100%* |

Table 31 shows the number and proportion of clients who acknowledged that they had shared injecting equipment in the previous four weeks. Ten percent of individuals stated that they had shared injecting equipment (7% in 1999), although in Manchester and Lancashire 16% had shared compared to just 3% in Merseyside and Cheshire. However, individuals may not wish to admit to sharing injecting equipment or may lack awareness of what constitutes sharing. Also there are high levels of missing data. Therefore these figures should be regarded as a minimum estimate.

This is the last annual report of the DMD due to the implementation of the new NDTMS. The Drug Monitoring Unit, Liverpool John Moores University and Drug Misuse Research Unit, University of Manchester would like to thank all the drug services, doctors and other agencies who have contributed data to this system over the years. We also hope that we can rely on their continued support of the new NDTMS.

# DRUG MISUSE in the North West of England 2000

## APPENDICES

**TABLE 32:**

**Age distribution by drug:** Number and percentage of users: Regional figures for comparison

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Drug* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Heroin | 7 | 0% | 436 | 6% | 1,543 | 21% | 2,327 | 32% | 1,718 | 24% | 812 | 11% | 264 | 4% | 125 | 2% | 7,232 |
| Methadone | 1 | 0% | 123 | 3% | 604 | 17% | 1,109 | 31% | 972 | 28% | 478 | 14% | 152 | 4% | 87 | 2% | 3,526 |
| Benzodiazepines | 5 | 0% | 102 | 5% | 446 | 20% | 725 | 32% | 559 | 25% | 272 | 12% | 74 | 3% | 56 | 3% | 2,239 |
| Amphetamines | 13 | 2% | 108 | 13% | 146 | 18% | 185 | 23% | 170 | 21% | 111 | 14% | 42 | 5% | 26 | 3% | 801 |
| Cocaine | 2 | 0% | 136 | 6% | 420 | 19% | 678 | 31% | 570 | 26% | 267 | 12% | 84 | 4% | 35 | 2% | 2,192 |

**TABLE 32.1:**

**HEROIN: Age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 1 | 0% | 22 | 4% | 108 | 22% | 129 | 26% | 122 | 25% | 60 | 12% | 28 | 6% | 20 | 4% | 490 |
| East Lancs | 1 | 0% | 62 | 10% | 139 | 23% | 178 | 30% | 119 | 20% | 67 | 11% | 25 | 4% | 10 | 2% | 601 |
| Liverpool | | | 20 | 3% | 91 | 15% | 189 | 30% | 186 | 30% | 100 | 16% | 25 | 4% | 14 | 2% | 625 |
| Manchester | | | 43 | 5% | 166 | 19% | 303 | 34% | 220 | 25% | 88 | 10% | 46 | 5% | 22 | 2% | 888 |
| Morecambe Bay | | | 13 | 5% | 76 | 31% | 86 | 35% | 40 | 16% | 27 | 11% | 4 | 2% | 1 | 0% | 247 |
| North Cheshire | | | 10 | 4% | 60 | 22% | 98 | 36% | 74 | 27% | 18 | 7% | 6 | 2% | 7 | 3% | 273 |
| NW Lancs | 3 | 0% | 45 | 6% | 188 | 25% | 260 | 35% | 141 | 19% | 72 | 10% | 26 | 3% | 11 | 1% | 746 |
| Salford & Trafford | 1 | 0% | 17 | 5% | 69 | 21% | 111 | 33% | 76 | 23% | 37 | 11% | 13 | 4% | 11 | 3% | 335 |
| Sefton | | | 2 | 1% | 18 | 12% | 49 | 32% | 51 | 33% | 23 | 15% | 9 | 6% | 3 | 2% | 155 |
| South Cheshire | | | 32 | 10% | 93 | 28% | 105 | 32% | 60 | 18% | 24 | 7% | 12 | 4% | 6 | 2% | 332 |
| South Lancashire | | | 17 | 8% | 59 | 28% | 85 | 41% | 31 | 15% | 12 | 6% | 2 | 1% | 3 | 1% | 209 |
| St Helens & Knowsley | | | 24 | 8% | 50 | 17% | 110 | 37% | 75 | 25% | 27 | 9% | 11 | 4% | 3 | 1% | 300 |
| Stockport | | | 4 | 8% | 8 | 15% | 16 | 31% | 10 | 19% | 9 | 17% | 3 | 6% | 2 | 4% | 52 |
| West Pennine | | | 28 | 7% | 76 | 20% | 134 | 36% | 87 | 23% | 38 | 10% | 13 | 3% | 1 | 0% | 377 |
| Wigan & Bolton | 1 | 0% | 85 | 10% | 243 | 29% | 260 | 31% | 174 | 21% | 63 | 8% | 12 | 1% | 2 | 0% | 840 |
| Wirral | | | 8 | 2% | 33 | 9% | 113 | 32% | 110 | 32% | 64 | 18% | 14 | 4% | 7 | 2% | 349 |

**TABLE 32.2:**

**METHADONE: Age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | | | 8 | 3% | 42 | 15% | 74 | 26% | 79 | 27% | 52 | 18% | 22 | 8% | 11 | 4% | 288 |
| East Lancs | 1 | 0% | 12 | 5% | 53 | 24% | 71 | 32% | 47 | 21% | 28 | 12% | 8 | 4% | 5 | 2% | 225 |
| Liverpool | | | 11 | 4% | 40 | 15% | 78 | 29% | 79 | 29% | 46 | 17% | 9 | 3% | 10 | 4% | 273 |
| Manchester | | | 10 | 2% | 70 | 15% | 160 | 34% | 141 | 30% | 50 | 11% | 25 | 5% | 15 | 3% | 471 |
| Morecambe Bay | | | 2 | 2% | 37 | 30% | 41 | 33% | 27 | 22% | 14 | 11% | 1 | 1% | 1 | 1% | 123 |
| North Cheshire | | | 4 | 2% | 30 | 17% | 56 | 33% | 50 | 29% | 17 | 10% | 8 | 5% | 7 | 4% | 172 |
| NW Lancs | | | 10 | 4% | 42 | 17% | 93 | 39% | 63 | 26% | 22 | 9% | 7 | 3% | 4 | 2% | 241 |
| Salford & Trafford | | | 2 | 2% | 16 | 14% | 26 | 22% | 37 | 32% | 21 | 18% | 11 | 9% | 4 | 3% | 117 |
| Sefton | | | 1 | 1% | 5 | 6% | 26 | 29% | 36 | 40% | 15 | 17% | 4 | 4% | 2 | 2% | 89 |
| South Cheshire | | | 4 | 4% | 26 | 25% | 27 | 26% | 27 | 26% | 11 | 11% | 5 | 5% | 3 | 3% | 103 |
| South Lancs | | | 5 | 9% | 12 | 21% | 22 | 38% | 14 | 24% | 4 | 7% | | | 1 | 2% | 58 |
| St Helens & Knowsley | | | 10 | 8% | 21 | 18% | 41 | 35% | 26 | 22% | 11 | 9% | 3 | 3% | 6 | 5% | 118 |
| Stockport | | | 3 | 8% | 3 | 8% | 15 | 38% | 5 | 13% | 8 | 20% | 3 | 8% | 3 | 8% | 40 |
| West Pennine | | | 3 | 2% | 30 | 21% | 51 | 35% | 29 | 20% | 21 | 15% | 7 | 5% | 3 | 2% | 144 |
| Wigan & Bolton | | | 21 | 8% | 82 | 29% | 88 | 31% | 55 | 20% | 23 | 8% | 10 | 4% | 1 | 0% | 280 |
| Wirral | | | 3 | 1% | 14 | 6% | 73 | 33% | 71 | 32% | 50 | 22% | 9 | 4% | 3 | 1% | 223 |

**TABLE 32.3:**

**OTHER OPIATES: age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | | | 1 | 4% | 1 | 4% | 6 | 26% | 9 | 39% | 3 | 13% | 1 | 4% | 2 | 9% | 23 |
| East Lancs | | | 5 | 8% | 10 | 16% | 15 | 24% | 11 | 18% | 8 | 13% | 10 | 16% | 3 | 5% | 62 |
| Liverpool | | | | | 4 | 24% | 3 | 18% | 7 | 41% | 1 | 6% | | | 2 | 12% | 17 |
| Manchester | | | | | 3 | 9% | 8 | 24% | 10 | 30% | 8 | 24% | 1 | 3% | 3 | 9% | 33 |
| Morecambe Bay | | | 1 | 3% | 10 | 30% | 12 | 36% | 2 | 6% | 6 | 18% | 2 | 6% | | | 33 |
| North Cheshire | | | | | 5 | 16% | 12 | 39% | 8 | 26% | 1 | 3% | 2 | 6% | 3 | 10% | 31 |
| NW Lancs | | | 5 | 4% | 19 | 16% | 41 | 35% | 27 | 23% | 13 | 11% | 8 | 7% | 4 | 3% | 117 |
| Salford & Trafford | | | | | 4 | 14% | 6 | 21% | 6 | 21% | 8 | 29% | 1 | 4% | 3 | 11% | 28 |
| Sefton | | | 1 | 8% | 2 | 17% | 5 | 42% | 1 | 8% | 1 | 8% | 1 | 8% | 1 | 8% | 12 |
| South Cheshire | | | | | 2 | 12% | 3 | 18% | 3 | 18% | 2 | 12% | 3 | 18% | 4 | 24% | 17 |
| South Lancs | | | | | 9 | 23% | 11 | 28% | 8 | 20% | 7 | 18% | 3 | 8% | 2 | 5% | 40 |
| St Helens & Knowsley | | | | | | | 2 | 25% | 2 | 25% | 1 | 13% | 1 | 13% | 2 | 25% | 8 |
| Stockport | | | | | 1 | 50% | | | 1 | 50% | | | | | | | 2 |
| West Pennine | | | 3 | 8% | 8 | 20% | 17 | 43% | 6 | 15% | 4 | 10% | 1 | 3% | 1 | 3% | 40 |
| Wigan & Bolton | | | 2 | 5% | 6 | 15% | 10 | 24% | 14 | 34% | 5 | 12% | 1 | 2% | 3 | 7% | 41 |
| Wirral | | | | | 1 | 6% | 6 | 35% | 6 | 35% | 4 | 24% | | | | | 17 |

**TABLE 32.4:**

**BENZODIAZEPINES: age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | | | 4 | 3% | 25 | 20% | 35 | 28% | 37 | 29% | 15 | 12% | 6 | 5% | 5 | 4% | 127 |
| East Lancs | 1 | 0% | 29 | 10% | 59 | 21% | 90 | 32% | 56 | 20% | 36 | 13% | 10 | 4% | 4 | 1% | 285 |
| Liverpool | | | 4 | 4% | 18 | 17% | 38 | 36% | 25 | 24% | 16 | 15% | 3 | 3% | 2 | 2% | 106 |
| Manchester | | | 2 | 1% | 27 | 18% | 61 | 40% | 39 | 25% | 14 | 9% | 5 | 3% | 5 | 3% | 153 |
| Morecambe Bay | 1 | 1% | 10 | 7% | 33 | 24% | 45 | 33% | 29 | 21% | 18 | 13% | | | 1 | 1% | 137 |
| North Cheshire | | | 3 | 2% | 26 | 20% | 45 | 35% | 38 | 29% | 9 | 7% | 4 | 3% | 5 | 4% | 130 |
| NW Lancs | | | 7 | 3% | 60 | 23% | 87 | 33% | 58 | 22% | 32 | 12% | 10 | 4% | 7 | 3% | 261 |
| Salford & Trafford | 1 | 1% | 3 | 3% | 12 | 13% | 20 | 22% | 24 | 27% | 19 | 21% | 4 | 4% | 7 | 8% | 90 |
| Sefton | | | 1 | 4% | 6 | 22% | 6 | 22% | 9 | 33% | 4 | 15% | | | 1 | 4% | 27 |
| South Cheshire | | | | | 7 | 13% | 24 | 44% | 12 | 22% | 4 | 7% | 4 | 7% | 4 | 7% | 55 |
| South Lancs | | | 4 | 5% | 19 | 22% | 33 | 38% | 21 | 24% | 6 | 7% | 3 | 3% | 2 | 2% | 88 |
| St Helens & Knowsley | | | 3 | 7% | 6 | 13% | 15 | 33% | 10 | 22% | 10 | 22% | 2 | 4% | | | 46 |
| Stockport | | | 2 | 11% | 5 | 26% | 4 | 21% | 3 | 16% | 4 | 21% | | | 1 | 5% | 19 |
| West Pennine | | | 13 | 8% | 31 | 19% | 50 | 31% | 37 | 23% | 18 | 11% | 6 | 4% | 6 | 4% | 161 |
| Wigan & Bolton | 2 | 1% | 14 | 6% | 60 | 26% | 76 | 33% | 50 | 22% | 20 | 9% | 4 | 2% | 1 | 0% | 227 |
| Wirral | | | | | 10 | 12% | 27 | 32% | 33 | 39% | 12 | 14% | 2 | 2% | 1 | 1% | 85 |

**TABLE 32.5:**

**AMPHETAMINES: age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 1 | 1% | 11 | 12% | 14 | 16% | 20 | 22% | 17 | 19% | 17 | 19% | 4 | 4% | 6 | 7% | 90 |
| East Lancs | 7 | 6% | 30 | 28% | 16 | 15% | 20 | 18% | 18 | 17% | 11 | 10% | 6 | 6% | 1 | 1% | 109 |
| Liverpool | | | 2 | 8% | 6 | 23% | 9 | 35% | 5 | 19% | 1 | 4% | 1 | 4% | 2 | 8% | 26 |
| Manchester | | | 14 | 19% | 7 | 10% | 13 | 18% | 16 | 22% | 10 | 14% | 6 | 8% | 6 | 8% | 72 |
| Morecambe Bay | | | 2 | 5% | 11 | 28% | 11 | 28% | 6 | 15% | 7 | 18% | | | 2 | 5% | 39 |
| North Cheshire | | | | | 1 | 17% | 2 | 33% | 2 | 33% | 1 | 17% | | | | | 6 |
| NW Lancs | 1 | 1% | 7 | 9% | 21 | 26% | 19 | 23% | 18 | 22% | 10 | 12% | 3 | 4% | 2 | 2% | 81 |
| Salford & Trafford | 1 | 2% | 4 | 6% | 14 | 22% | 16 | 25% | 15 | 23% | 7 | 11% | 6 | 9% | 1 | 2% | 64 |
| Sefton | | | | | | | 2 | 25% | 2 | 25% | 3 | 38% | 1 | 13% | | | 8 |
| South Cheshire | | | 4 | 15% | 8 | 30% | 8 | 30% | 5 | 19% | 1 | 4% | 1 | 4% | | | 27 |
| South Lancs | | | 3 | 14% | 4 | 18% | 7 | 32% | 7 | 32% | 1 | 5% | | | | | 22 |
| St Helens & Knowsley | 1 | 4% | 9 | 38% | 6 | 25% | 4 | 17% | 1 | 4% | 3 | 13% | | | | | 24 |
| Stockport | | | 2 | 20% | 4 | 40% | 2 | 20% | 1 | 10% | | | 1 | 10% | | | 10 |
| West Pennine | | | 4 | 9% | 4 | 9% | 14 | 30% | 10 | 22% | 8 | 17% | 5 | 11% | 1 | 2% | 46 |
| Wigan & Bolton | 2 | 2% | 13 | 11% | 21 | 17% | 24 | 20% | 30 | 25% | 21 | 17% | 5 | 4% | 5 | 4% | 121 |
| Wirral | | | 2 | 13% | 3 | 20% | 3 | 20% | 2 | 13% | 4 | 27% | | | 1 | 7% | 15 |

**TABLE 32.6:**

**COCAINE: age distribution:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | | | 2 | 3% | 12 | 19% | 17 | 27% | 20 | 32% | 7 | 11% | 1 | 2% | 4 | 6% | 63 |
| East Lancs | 1 | 1% | 16 | 11% | 34 | 23% | 55 | 38% | 24 | 16% | 12 | 8% | 4 | 3% | | | 146 |
| Liverpool | | | 17 | 4% | 65 | 15% | 137 | 33% | 116 | 28% | 65 | 15% | 16 | 4% | 5 | 1% | 421 |
| Manchester | | | 18 | 7% | 45 | 18% | 74 | 29% | 69 | 27% | 36 | 14% | 9 | 4% | 6 | 2% | 257 |
| Morecambe Bay | | | 1 | 5% | 7 | 35% | 6 | 30% | 4 | 20% | 2 | 10% | | | | | 20 |
| North Cheshire | | | 4 | 4% | 15 | 17% | 33 | 37% | 25 | 28% | 8 | 9% | 2 | 2% | 3 | 3% | 90 |
| NW Lancs | | | 6 | 5% | 23 | 20% | 40 | 35% | 29 | 26% | 8 | 7% | 6 | 5% | 1 | 1% | 113 |
| Salford & Trafford | 1 | 1% | 12 | 7% | 36 | 20% | 50 | 28% | 33 | 19% | 20 | 11% | 16 | 9% | 8 | 5% | 176 |
| Sefton | | | 2 | 4% | 5 | 9% | 14 | 25% | 20 | 36% | 10 | 18% | 3 | 5% | 2 | 4% | 56 |
| South Cheshire | | | 6 | 10% | 23 | 40% | 13 | 22% | 9 | 16% | 3 | 5% | 4 | 7% | | | 58 |
| South Lancs | | | 3 | 8% | 14 | 35% | 14 | 35% | 6 | 15% | | | 3 | 8% | | | 40 |
| St Helens & Knowsley | | | 24 | 13% | 35 | 19% | 53 | 29% | 48 | 26% | 16 | 9% | 6 | 3% | 1 | 1% | 183 |
| Stockport | | | 2 | 12% | 3 | 18% | 5 | 29% | 3 | 18% | 2 | 12% | | | 2 | 12% | 17 |
| West Pennine | | | 3 | 5% | 12 | 22% | 18 | 33% | 16 | 29% | 4 | 7% | 2 | 4% | | | 55 |
| Wigan & Bolton | | | 11 | 9% | 33 | 28% | 34 | 29% | 28 | 24% | 11 | 9% | 1 | 1% | | | 118 |
| Wirral | | | 7 | 5% | 15 | 10% | 46 | 31% | 48 | 33% | 27 | 18% | 3 | 2% | 1 | 1% | 147 |

**TABLE 33: Distribution of age of first use by drug:** number and percentage of users: regional figures

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Drug* | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n | % | n |
| Heroin | 349 | 6% | 2,664 | 45% | 1,768 | 30% | 755 | 13% | 266 | 4% | 103 | 2% | 37 | 1% | 11 | 0% | 5,953 |
| Methadone | 41 | 2% | 720 | 27% | 930 | 35% | 564 | 21% | 256 | 10% | 86 | 3% | 29 | 1% | 12 | 0% | 2,638 |
| Benzodiazepines | 102 | 7% | 553 | 36% | 435 | 28% | 283 | 18% | 116 | 8% | 40 | 3% | 8 | 1% | 8 | 1% | 1,545 |
| Amphetamines | 90 | 15% | 325 | 54% | 105 | 17% | 41 | 7% | 25 | 4% | 11 | 2% | 4 | 1% | | | 601 |
| Cocaine | 42 | 2% | 522 | 30% | 502 | 29% | 413 | 24% | 175 | 10% | 54 | 3% | 20 | 1% | 8 | 0% | 1,736 |

**TABLE 33.1:**

**HEROIN: age of first use:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 20 | 6% | 159 | 46% | 102 | 30% | 40 | 12% | 11 | 3% | 6 | 2% | 1 | 0% | 3 | 1% | 342 |
| East Lancs | 16 | 3% | 220 | 46% | 129 | 27% | 73 | 15% | 29 | 6% | 8 | 2% | 4 | 1% | | | 479 |
| Liverpool | 54 | 10% | 239 | 43% | 156 | 28% | 68 | 12% | 26 | 5% | 9 | 2% | 5 | 1% | | | 557 |
| Manchester | 50 | 6% | 374 | 45% | 235 | 29% | 102 | 12% | 37 | 4% | 13 | 2% | 9 | 1% | 3 | 0% | 823 |
| Morecambe Bay | 16 | 7% | 113 | 50% | 63 | 28% | 21 | 9% | 10 | 4% | 3 | 1% | | | | | 226 |
| North Cheshire | 16 | 7% | 103 | 43% | 71 | 30% | 33 | 14% | 7 | 3% | 6 | 3% | 2 | 1% | | | 238 |
| NW Lancs | 32 | 5% | 276 | 41% | 222 | 33% | 85 | 13% | 40 | 6% | 13 | 2% | 3 | 0% | 1 | 0% | 672 |
| Salford & Trafford | 11 | 5% | 90 | 39% | 87 | 37% | 27 | 12% | 11 | 5% | 6 | 3% | | | 1 | 0% | 233 |
| Sefton | 11 | 10% | 51 | 45% | 33 | 29% | 10 | 9% | 4 | 4% | 1 | 1% | 3 | 3% | | | 113 |
| South Cheshire | 14 | 5% | 135 | 46% | 93 | 32% | 33 | 11% | 11 | 4% | 5 | 2% | 2 | 1% | | | 293 |
| South Lancs | 6 | 3% | 71 | 40% | 73 | 41% | 23 | 13% | 5 | 3% | 1 | 1% | | | | | 179 |
| St Helens & Knowsley | 21 | 7% | 129 | 45% | 78 | 27% | 37 | 13% | 17 | 6% | 4 | 1% | 1 | 0% | | | 287 |
| Stockport | | | 16 | 53% | 9 | 30% | 3 | 10% | 2 | 7% | | | | | | | 30 |
| West Pennine | 11 | 4% | 134 | 44% | 89 | 29% | 50 | 16% | 15 | 5% | 7 | 2% | 1 | 0% | | | 307 |
| Wigan & Bolton | 30 | 7% | 197 | 43% | 129 | 28% | 67 | 15% | 19 | 4% | 9 | 2% | 2 | 0% | | | 453 |
| Wirral | 19 | 6% | 152 | 48% | 84 | 26% | 42 | 13% | 12 | 4% | 6 | 2% | 2 | 1% | 2 | 1% | 319 |

**TABLE 33.2:**

**METHADONE: age of first use:** Number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 2 | 2% | 27 | 23% | 43 | 36% | 27 | 23% | 9 | 8% | 6 | 5% | 3 | 3% | 1 | 1% | 118 |
| East Lancs | 2 | 1% | 47 | 29% | 54 | 34% | 38 | 24% | 17 | 11% | 2 | 1% | 1 | 1% | | | 161 |
| Liverpool | 10 | 5% | 50 | 24% | 76 | 37% | 39 | 19% | 17 | 8% | 10 | 5% | 3 | 1% | 2 | 1% | 207 |
| Manchester | 5 | 1% | 90 | 23% | 143 | 36% | 85 | 22% | 57 | 14% | 8 | 2% | 5 | 1% | 2 | 1% | 395 |
| Morecambe Bay | 3 | 3% | 34 | 33% | 44 | 42% | 17 | 16% | 5 | 5% | 1 | 1% | | | | | 104 |
| North Cheshire | 2 | 1% | 47 | 33% | 51 | 35% | 26 | 18% | 11 | 8% | 5 | 3% | 2 | 1% | | | 144 |
| NW Lancs | 3 | 2% | 44 | 23% | 67 | 36% | 43 | 23% | 20 | 11% | 9 | 5% | 2 | 1% | | | 188 |
| Salford & Trafford | | | 16 | 24% | 26 | 38% | 11 | 16% | 11 | 16% | 2 | 3% | 1 | 1% | 1 | 1% | 68 |
| Sefton | 2 | 3% | 15 | 25% | 17 | 29% | 13 | 22% | 6 | 10% | 3 | 5% | 2 | 3% | 1 | 2% | 59 |
| South Cheshire | | | 27 | 34% | 29 | 36% | 14 | 18% | 6 | 8% | 2 | 3% | 1 | 1% | 1 | 1% | 80 |
| South Lancs | 1 | 3% | 11 | 29% | 11 | 29% | 9 | 24% | 5 | 13% | 1 | 3% | | | | | 38 |
| St Helens & Knowsley | 1 | 1% | 30 | 27% | 45 | 41% | 22 | 20% | 8 | 7% | 2 | 2% | 1 | 1% | 1 | 1% | 110 |
| Stockport | | | 8 | 27% | 10 | 33% | 8 | 27% | 1 | 3% | 3 | 10% | | | | | 30 |
| West Pennine | 2 | 2% | 22 | 23% | 35 | 36% | 23 | 24% | 9 | 9% | 4 | 4% | 1 | 1% | | | 96 |
| Wigan & Bolton | 1 | 1% | 53 | 31% | 60 | 35% | 34 | 20% | 18 | 10% | 4 | 2% | 3 | 2% | | | 173 |
| Wirral | 2 | 1% | 62 | 32% | 56 | 29% | 48 | 24% | 18 | 9% | 7 | 4% | 2 | 1% | 1 | 1% | 196 |

**TABLE 33.3:**

**OTHER OPIATES: age of first use:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | | | 1 | 14% | | | 2 | 29% | 2 | 29% | 2 | 29% | | | | | 7 |
| East Lancs | | | 13 | 34% | 5 | 13% | 10 | 26% | 7 | 18% | 2 | 5% | 1 | 3% | | | 38 |
| Liverpool | | | 4 | 25% | 6 | 38% | 2 | 13% | 2 | 13% | 1 | 6% | 1 | 6% | | | 16 |
| Manchester | | | 2 | 10% | 3 | 15% | 9 | 45% | 1 | 5% | 4 | 20% | | | 1 | 5% | 20 |
| Morecambe Bay | | | 10 | 38% | 8 | 31% | 3 | 12% | 3 | 12% | 1 | 4% | 1 | 4% | | | 26 |
| North Cheshire | | | 7 | 25% | 7 | 25% | 8 | 29% | 3 | 11% | 2 | 7% | | | 1 | 4% | 28 |
| NW Lancs | 2 | 2% | 14 | 16% | 27 | 32% | 28 | 33% | 9 | 11% | 4 | 5% | | | 1 | 1% | 85 |
| Salford & Trafford | | | 2 | 17% | 2 | 17% | 4 | 33% | 1 | 8% | 1 | 8% | | | 2 | 17% | 12 |
| Sefton | | | 2 | 20% | 2 | 20% | 3 | 30% | 1 | 10% | | | 1 | 10% | 1 | 10% | 10 |
| South Cheshire | | | 2 | 17% | 3 | 25% | 1 | 8% | 2 | 17% | 2 | 17% | 2 | 17% | | | 12 |
| South Lancs | | | 4 | 16% | 6 | 24% | 9 | 36% | 3 | 12% | 3 | 12% | | | | | 25 |
| St Helens & Knowsley | 1 | 17% | | | 1 | 17% | | | 3 | 50% | 1 | 17% | | | | | 6 |
| Stockport | | | | | 1 | 50% | | | 1 | 50% | | | | | | | 2 |
| West Pennine | | | 1 | 6% | 5 | 29% | 9 | 53% | | | 2 | 12% | | | | | 17 |
| Wigan & Bolton | | | 3 | 18% | 5 | 29% | 4 | 24% | 3 | 18% | 1 | 6% | | | 1 | 6% | 17 |
| Wirral | | | 3 | 21% | 3 | 21% | 6 | 43% | | | 2 | 14% | | | | | 14 |

**TABLE 33.4:**

**BENZODIAZEPINES: age of first use:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 4 | 8% | 13 | 25% | 16 | 31% | 13 | 25% | 3 | 6% | 2 | 4% | | | 1 | 2% | 52 |
| East Lancs | 15 | 8% | 80 | 40% | 55 | 28% | 29 | 15% | 18 | 9% | 2 | 1% | | | | | 199 |
| Liverpool | 8 | 9% | 25 | 27% | 30 | 32% | 21 | 22% | 8 | 9% | | | 1 | 1% | 1 | 1% | 94 |
| Manchester | 6 | 5% | 36 | 31% | 37 | 32% | 30 | 26% | 5 | 4% | 1 | 1% | | | 1 | 1% | 116 |
| Morecambe Bay | 13 | 12% | 53 | 50% | 25 | 24% | 10 | 10% | | | 4 | 4% | | | | | 105 |
| North Cheshire | 3 | 3% | 49 | 46% | 28 | 26% | 17 | 16% | 6 | 6% | 1 | 1% | 2 | 2% | 1 | 1% | 107 |
| NW Lancs | 15 | 8% | 67 | 35% | 58 | 30% | 30 | 16% | 13 | 7% | 8 | 4% | 1 | 1% | 1 | 1% | 193 |
| Salford & Trafford | 1 | 2% | 15 | 28% | 15 | 28% | 10 | 19% | 8 | 15% | 3 | 6% | | | 1 | 2% | 53 |
| Sefton | | | 7 | 35% | 7 | 35% | 3 | 15% | 3 | 15% | | | | | | | 20 |
| South Cheshire | | | 14 | 40% | 12 | 34% | 4 | 11% | 3 | 9% | 2 | 6% | | | | | 35 |
| South Lancs | 3 | 4% | 15 | 22% | 27 | 40% | 15 | 22% | 6 | 9% | 1 | 1% | | | | | 67 |
| St Helens & Knowsley | | | 13 | 39% | 9 | 27% | 7 | 21% | 3 | 9% | 1 | 3% | | | | | 33 |
| Stockport | | | 4 | 44% | 4 | 44% | | | | | 1 | 11% | | | | | 9 |
| West Pennine | 7 | 7% | 37 | 39% | 20 | 21% | 23 | 24% | 4 | 4% | 4 | 4% | | | 1 | 1% | 96 |
| Wigan & Bolton | 10 | 10% | 35 | 34% | 26 | 25% | 19 | 18% | 10 | 10% | 3 | 3% | | | 1 | 1% | 104 |
| Wirral | | | 22 | 33% | 17 | 25% | 16 | 24% | 10 | 15% | 1 | 1% | 1 | 1% | | | 67 |

**TABLE 33.5:**

**AMPHETAMINES: age of first use:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 11 | 18% | 32 | 52% | 8 | 13% | 5 | 8% | 4 | 6% | 1 | 2% | | | 1 | 2% | 62 |
| East Lancs | 19 | 19% | 56 | 56% | 15 | 15% | 2 | 2% | 3 | 3% | 4 | 4% | 1 | 1% | | | 100 |
| Liverpool | 3 | 14% | 13 | 59% | 2 | 9% | 2 | 9% | 2 | 9% | | | | | | | 22 |
| Manchester | 5 | 8% | 37 | 60% | 10 | 16% | 2 | 3% | 5 | 8% | 3 | 5% | | | | | 62 |
| Morecambe Bay | 6 | 19% | 14 | 45% | 9 | 29% | 1 | 3% | 1 | 3% | | | | | | | 31 |
| North Cheshire | | | 1 | 20% | 2 | 40% | 2 | 40% | | | | | | | | | 5 |
| NW Lancs | 11 | 18% | 29 | 47% | 11 | 18% | 7 | 11% | 4 | 6% | | | | | | | 62 |
| Salford & Trafford | 7 | 23% | 13 | 42% | 8 | 26% | 3 | 10% | | | | | | | | | 31 |
| Sefton | 1 | 25% | | | 2 | 50% | 1 | 25% | | | | | | | | | 4 |
| South Cheshire | 4 | 16% | 15 | 60% | 5 | 20% | | | 1 | 4% | | | | | | | 25 |
| South Lancs | | | 9 | 47% | 7 | 37% | 3 | 16% | | | | | | | | | 19 |
| St Helens & Knowsley | 4 | 17% | 16 | 67% | 4 | 17% | | | | | | | | | | | 24 |
| Stockport | | | 7 | 88% | 1 | 13% | | | | | | | | | | | 8 |
| West Pennine | 4 | 12% | 17 | 52% | 7 | 21% | 4 | 12% | 1 | 3% | | | | | | | 33 |
| Wigan & Bolton | 9 | 14% | 33 | 52% | 7 | 11% | 8 | 13% | 3 | 5% | 1 | 2% | 2 | 3% | | | 63 |
| Wirral | 4 | 29% | 7 | 50% | 3 | 21% | | | | | | | | | | | 14 |

**TABLE 33.6:**

**COCAINE: age of first use:** number and percentage of users: health authority breakdown

| | < 15 years | | 15 - 19 years | | 20 - 24 years | | 25 - 29 years | | 30 - 34 years | | 35 - 39 years | | 40 - 44 years | | >=45 years | | Total (100%) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Health Authority* | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n | Row% | n |
| Bury & Rochdale | 2 | 9% | 7 | 32% | 2 | 9% | 8 | 36% | 1 | 5% | 1 | 5% | | | 1 | 5% | 22 |
| East Lancs | 1 | 1% | 49 | 38% | 38 | 29% | 31 | 24% | 7 | 5% | 3 | 2% | | | | | 129 |
| Liverpool | 8 | 2% | 86 | 25% | 97 | 28% | 91 | 26% | 51 | 15% | 10 | 3% | 6 | 2% | | | 349 |
| Manchester | 9 | 4% | 92 | 40% | 64 | 28% | 42 | 18% | 15 | 6% | 6 | 3% | 1 | 0% | 3 | 1% | 232 |
| Morecambe Bay | | | 11 | 69% | 3 | 19% | 2 | 13% | | | | | | | | | 16 |
| North Cheshire | | | 22 | 27% | 24 | 29% | 22 | 27% | 7 | 9% | 3 | 4% | 3 | 4% | 1 | 1% | 82 |
| NW Lancs | 2 | 2% | 28 | 30% | 30 | 33% | 22 | 24% | 5 | 5% | 4 | 4% | 1 | 1% | | | 92 |
| Salford & Trafford | 8 | 9% | 28 | 33% | 23 | 27% | 15 | 18% | 6 | 7% | 3 | 4% | 1 | 1% | 1 | 1% | 85 |
| Sefton | | | 5 | 15% | 6 | 18% | 14 | 41% | 6 | 18% | 3 | 9% | | | | | 34 |
| South Cheshire | 3 | 7% | 18 | 44% | 13 | 32% | 3 | 7% | 2 | 5% | | | 2 | 5% | | | 41 |
| South Lancs | | | 8 | 22% | 18 | 49% | 5 | 14% | 3 | 8% | | | 3 | 8% | | | 37 |
| St Helens & Knowsley | 4 | 2% | 51 | 30% | 48 | 28% | 45 | 26% | 18 | 11% | 3 | 2% | 1 | 1% | 1 | 1% | 171 |
| Stockport | 1 | 9% | 4 | 36% | 3 | 27% | 2 | 18% | 1 | 9% | | | | | | | 11 |
| West Pennine | | | 12 | 26% | 14 | 30% | 15 | 32% | 5 | 11% | 1 | 2% | | | | | 47 |
| Wigan & Bolton | | | 22 | 31% | 20 | 28% | 18 | 25% | 8 | 11% | 3 | 4% | | | | | 71 |
| Wirral | | | 29 | 22% | 43 | 33% | 29 | 22% | 19 | 15% | 8 | 6% | 1 | 1% | | | 129 |

**TABLE 34: Injecting of selected drug categories:**

Number and percentage of users: Health authority breakdown

| | *Heroin* | | | | *Benzodiazepines* | | | | *Amphetamines* | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Injecting** | | **Not Injecting** | | **Injecting** | | **Not Injecting** | | **Injecting** | | **Not Injecting** | |
| *Health Authority* | n | % | n | % | n | % | n | % | n | % | n | % |
| Bury & Rochdale | 317 | 66% | 166 | 34% | | | 123 | 100% | 42 | 53% | 37 | 47% |
| East Lancashire | 314 | 52% | 285 | 48% | 1 | 0% | 280 | 100% | 44 | 43% | 59 | 57% |
| Liverpool | 228 | 37% | 391 | 63% | 1 | 1% | 102 | 99% | 9 | 38% | 15 | 63% |
| Manchester | 603 | 68% | 283 | 32% | 2 | 1% | 143 | 99% | 39 | 54% | 33 | 46% |
| Morecambe Bay | 169 | 70% | 74 | 30% | 6 | 5% | 125 | 95% | 10 | 32% | 21 | 68% |
| North Cheshire | 93 | 34% | 177 | 66% | 4 | 3% | 125 | 97% | 1 | 17% | 5 | 83% |
| NW Lancs | 465 | 64% | 260 | 36% | 2 | 1% | 249 | 99% | 29 | 43% | 38 | 57% |
| Salford & Trafford | 169 | 58% | 122 | 42% | | | 80 | 100% | 16 | 37% | 27 | 63% |
| Sefton | 48 | 32% | 101 | 68% | 1 | 4% | 25 | 96% | 3 | 38% | 5 | 63% |
| South Cheshire | 161 | 49% | 167 | 51% | | | 52 | 100% | 9 | 33% | 18 | 67% |
| South Lancs | 125 | 60% | 82 | 40% | 1 | 1% | 87 | 99% | 8 | 36% | 14 | 64% |
| St Helens & Knowsley | 85 | 29% | 213 | 71% | 1 | 2% | 41 | 98% | 5 | 22% | 18 | 78% |
| Stockport | 33 | 66% | 17 | 34% | | | 19 | 100% | 5 | 56% | 4 | 44% |
| West Pennine | 249 | 66% | 128 | 34% | | | 160 | 100% | 27 | 59% | 19 | 41% |
| Wigan & Bolton | 573 | 70% | 240 | 30% | 2 | 1% | 214 | 99% | 76 | 66% | 40 | 34% |
| Wirral | 89 | 26% | 259 | 74% | | | 85 | 100% | 3 | 20% | 12 | 80% |

**TABLE 35: Use of licit and illicit methadone**

| *Methadone use* | | n | % |
|---|---|---|---|
| **Total** | Licit | 2897 | 64% |
| **Episodes*** | Illicit | 1319 | 29% |
| | Both licit and illicit | 88 | 1.9% |
| | Not known | 241 | 5.3% |
| | *Total* | *4545* | *100%* |

*All episodes in which methadone use was reported

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