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Criminal Justice Project: Drug Interventions Programme

St Helens DIP Activity Profile (2016/17)

December 2017

DIP

Petra Collins, Karen Critchley and Mark Whitfield

Public Health Institute, Faculty of Education, Health and Community, Liverpool John Moores University, Henry Cotton Campus, 15-21 Webster Street, Liverpool, L3 2ET

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CONTENTS

Key findings 2

Introduction 3

Criminal justice routes in St Helens 3

Demographic profile of clients 5

Drug use 7

Alcohol use 9

Offending 10

Summary 11

Recommendations 11

References 13

Acknowledgements 13

Appendix 14

KEY FINDINGS

- Between April 2016 and March 2017, there were a total of 218 Drug Interventions Programme (DIP) contacts in St Helens. This is a 34% decrease on the number of DIP contacts in the previous year (n=329).
- The majority (80%) of DIP contacts were made through the Required Assessment process, while 14% were successful transfers from prison, 5% were from other criminal justice routes and 1% were transfers not completed from prison.
- Of the 218 DIP contacts, 216 completed full DIP assessments (99%), of which 53% were deemed to require further intervention and 48% were taken onto the DIP caseload. Around three in five of the clients not taken onto the caseload transferred to another Criminal Justice Integrated Team (CJIT) or prison, while 41% did not want to engage with DIP services.
- Under nine in ten (86%) DIP contacts were male; the largest proportion were aged between 18 and 24 years (22%), followed by clients aged between 30 and 34 years (19%) and between 25 and 29 years (18%).
- The majority were of White British ethnicity (99%) and were St Helens residents (85%).
- While the majority of clients reported no housing problems, 20% overall had some form of housing problem, of which 10% stated an urgent problem due to being of no fixed abode.
- The most common drugs used by St Helens' DIP contacts in 2016/17 were cocaine and heroin (35% and 29% respectively), followed by 18% who used crack.
- Equal proportions (43% each) smoked or sniffed their main drug.
- Around two-thirds (66%) had never injected, 22% had previously injected but were not currently and 11% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 51%; females = 58%), for those who did, the highest proportion in males was between one and four drinking days in the 28 days prior to their assessment (31%), while for females it was between one and four days and between 25 and 28 days (13% each).
- The most common daily average units of alcohol consumed by males was between seven and 15 units (22%), followed by between 16 and 24 units (13%) and 25 units and over (11%). For females, it was between seven and 15 units (13%), followed by between one and six units and between 16 and 24 units daily (10% each).
- Only a small proportion were on an offender management scheme at the time of their assessment (4% Integrated Offender Management only).
- Just under two in five (38%) reported Misuse of Drugs Act (MDA) offences which prompted their most recent contact with DIP, followed by theft (31%).

INTRODUCTION

The Drug Interventions Programme (DIP) has an overarching aim to identify and engage with drug using offenders in the criminal justice system and encourage them towards appropriate treatment services in order to reduce acquisitive crime in England and Wales. There is a body of evidence supporting the DIP process at reducing offending for this population group who engage in treatment for their drug use and offending (Collins et al., 2017; Public Health England and Ministry of Justice, 2017; Cuddy et al., 2015). Under the current drug testing process in Merseyside (targeted testing), if offenders test positive for Class A drugs they are required to undergo a Required Assessment (RA) with a drugs worker. There are other referral routes into DIP including Conditional Cautioning, transfers from prison establishments on release, transfers from other Criminal Justice Integrated Teams (CJITs), requirement by the client's Offender Manager, and court mandated processes (such as Restrictions on Bail, Drug Rehabilitation Requirement and Alcohol Treatment Requirement), as well as voluntary presentations.

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting data on interventions for drug and/or alcohol using offenders. DIP continues to be implemented in St Helens, with the processes which underpinned it originally still remaining in place at all stages of the criminal justice system in order to engage offenders into treatment.

DIP assessments capture demographic information and provide an insight into drug and alcohol use, and offending behaviour. These assessments allow drugs workers to determine whether further intervention is required to address substance use and offending, and based on the decision the worker will then encourage engagement with a range of appropriate treatment options to deal with their aforementioned issues. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships; Home Office [n.d.]).

This DIP Activity Profile for St Helens presents data for clients accessing DIP between 1st April 2016 and 31st March 2017. This profile will contextualise DIP activity data and provide a demographic overview of the clients. It complements the monthly performance reports by providing an annual snapshot of the Criminal Justice Data Set. Where possible, comparisons have been made with overall figures for Merseyside. This profile also provides recommendations for St Helens Local Authority and St Helens service providers, in terms of targeting the efficient use of resources and effective services in St Helens and across Merseyside.

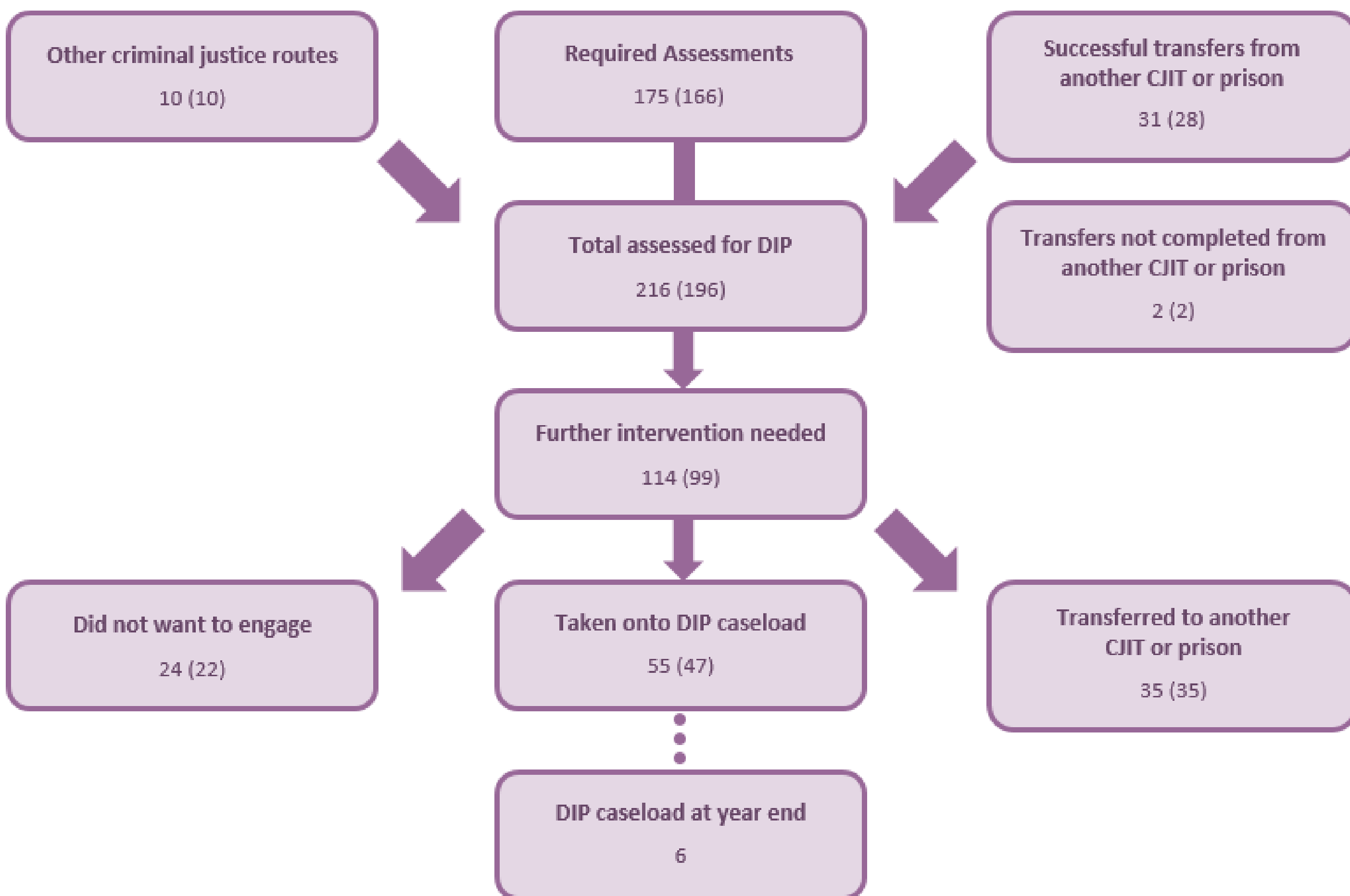
CRIMINAL JUSTICE ROUTES IN ST HELENS

Between April 2016 and March 2017, there were a total of 218 DIP contacts in St Helens (Figure 1), while the average number of contacts across Merseyside was 496. The number of DIP contacts in St Helens has reduced by 34% when compared to the previous year (n=329; Critchley and Whitfield, 2017). All Merseyside areas, except Wirral, have seen a reduction in numbers. Notably, the number of DIP contacts across Merseyside reduced by 29% between 2015/16 and 2016/17. It is worth noting that the implementation of targeted drug testing in the custody suites in 2015 is likely to contribute to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of targeted testing (Collins et al., 2017; Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in St Helens. The majority (80%) of DIP contacts in 2016/17 were through RAs, while 14% were successful transfers from prison, 5% were from other criminal justice routes and 1% were transfers not completed from prison.

Of the 218 DIP contacts, 99% had a full DIP assessment (n=216). The remaining clients transferred into St Helens from prison and were not taken onto the caseload following transfer. Of the 216 clients assessed for DIP in 2016/17, just over half (53%) were deemed to require further intervention (n=114), with 55 taken onto the DIP caseload (48%). Around three in five (59%) of the 59 clients not taken onto the caseload transferred to another Criminal Justice Integrated Team (CJIT) or prison (n=35), while 41% did not want to engage with DIP services (n=24).

Figure 1: Overall DIP activity and criminal justice routes in St Helens (2016/17)[1]

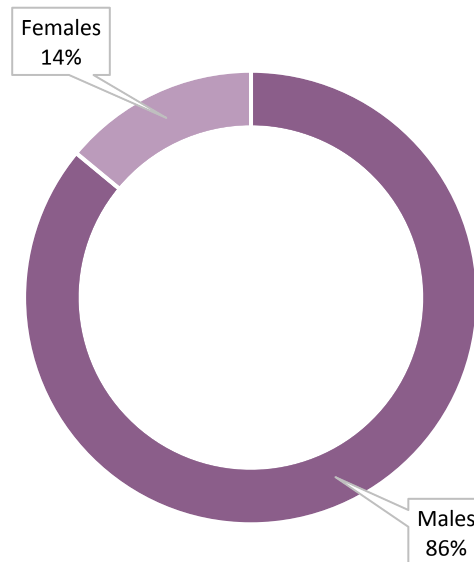


[1] Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following transfer from another CJIT or prison.

DEMOGRAPHIC PROFILE OF CLIENTS

Almost nine in ten (86%) DIP contacts in 2016/17 were male (Figure 2). The proportion of males in St Helens is slightly greater than the Merseyside average (83%).

Figure 2: Gender of DIP contacts in St Helens (2016/17) [n=218]



The largest proportion of clients were aged between 18 and 24 years (22%), followed by clients aged between 30 and 34 years (19%) and between 25 and 29 years (18%; Figure 3). Proportions for these age groups were higher than the Merseyside average, while proportions for clients aged 35 years and older were lower. Notably, there were no clients aged 50 years or over in any of the five Merseyside areas.

Figure 3: Age group of DIP contacts in St Helens (2016/17) [n=218]

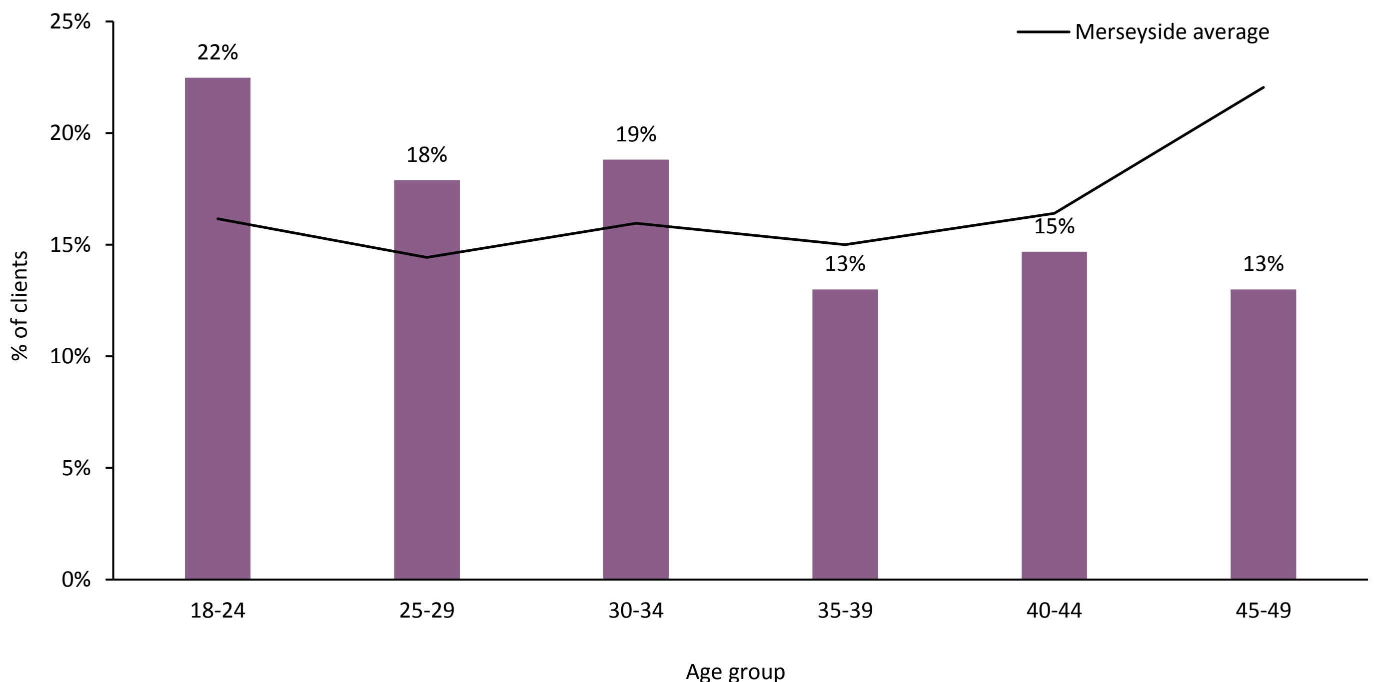


Table 1 shows some differences in age group proportions across gender groups in St Helens. Although numbers of females are small, there were larger proportions aged between 30 and 34 years and between 35 and 39 years (23% and 16% respectively) when compared to males (18% and 12% respectively).

Table 1: Age group and gender of DIP contacts in St Helens (2016/17) [n=218][2]

Age group	Females		Males		Total	
18-24	5	16%	44	24%	49	22%
25-29	6	19%	33	18%	39	18%
30-34	7	23%	34	18%	41	19%
35-39	5	16%	23	12%	28	13%
40-44	***	10%	<30	16%	32	15%
45-49	<10	16%	<25	13%	29	13%
Total	**31**	**100%**	**187**	**100%**	**218**	**100%**

The majority (99%) of DIP contacts in 2016/17 were of White British ethnicity which is higher than the Merseyside average (92%). Furthermore, 85% of the DIP contacts were St Helens residents.

While the majority of clients reported no housing problems, 20% overall had some form of housing problem, of which 10% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of St Helens clients stating a housing problem is lower than the average for Merseyside (18%).

Figure 4: Accommodation need of DIP contacts in St Helens (2016/17) [n=217]

[2] Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality.

DRUG USE

In 2016/17, over one-third (35%) of DIP contacts in St Helens reported to use cocaine, followed by just under three in ten (29%) who used heroin and 18% who used crack (Figure 5). The proportions of cocaine and heroin use in St Helens is higher than the Merseyside average (23% and 26% respectively), while crack use is lower (Merseyside = 23%).

Figure 5: Drugs used by DIP contacts in St Helens (2016/17) [n=381][3]

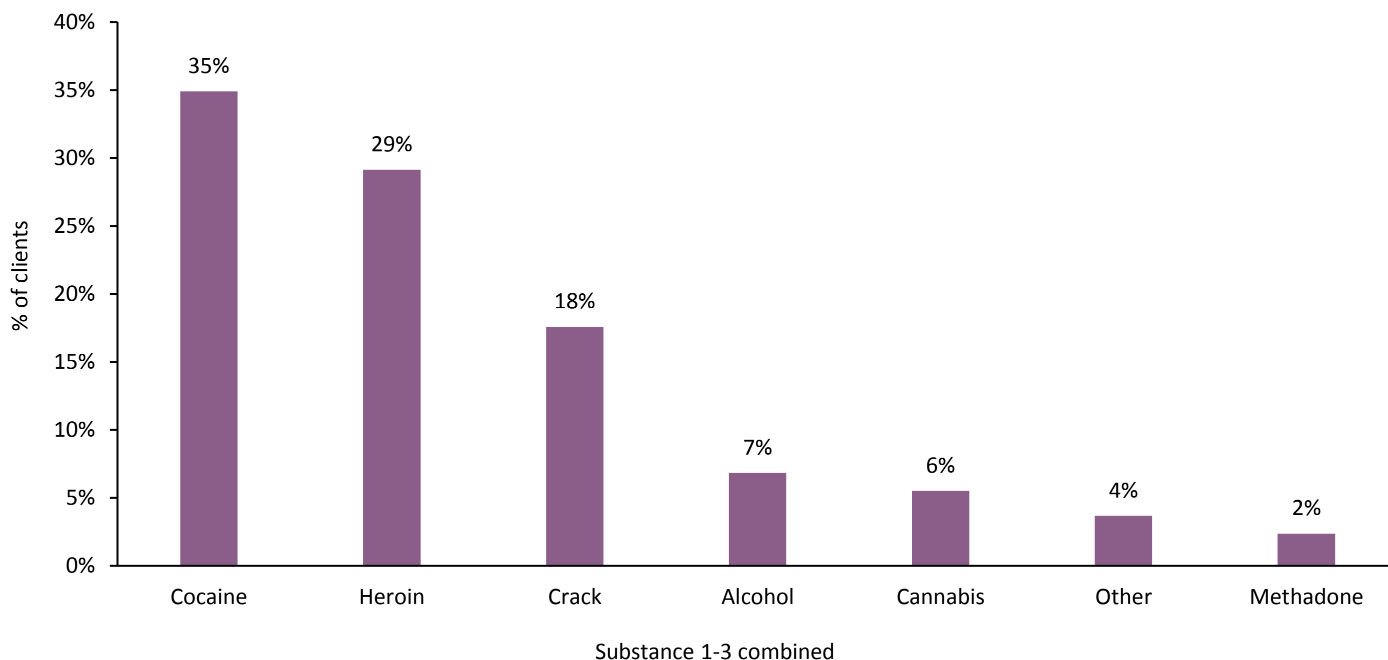


Table 2 shows the proportions of the main drug used by age group. In general, there were larger proportions of cannabis and cocaine users across the younger age groups. All (100%) who reported cannabis as the main drug used and 81% of clients who reported cocaine as the main drug used were aged between 18 years and 34 years. Those who reported heroin as the main drug used were generally older; 80% were aged between 30 and 49 years. The highest proportion of records where alcohol was stated as the main drug used was between 25 and 29 years (40%), while for crack it was for clients aged between 40 and 44 years (50%), followed by clients aged between 25 and 29 years (33%). All (100%) of those who reported methadone as the main drug used were aged between 30 and 39 years.

Table 2: Age group and main drug used by DIP contacts in St Helens (2016/17) [n=218]

	Main drug at DIP assessment						
Age group	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other
18-24	20%	60%	38%	0%	8%	0%	25%
25-29	40%	20%	23%	33%	12%	0%	0%
30-34	20%	20%	20%	0%	18%	50%	25%
35-39	0%	0%	11%	17%	15%	50%	25%
40-44	20%	0%	3%	50%	24%	0%	25%
45-49	0%	0%	5%	0%	23%	0%	0%

[3] This is a combined figure for all substances recorded in the main drug, second drug and third drug fields.

The route of administration of clients' most problematic substance (main drug) is shown in Figure 6. Equal proportions (43% each) smoked or sniffed their main drug. Comparatively, overall figures for Merseyside reported 46% smoked and 31% sniffed.

Figure 6: Route of administration of the main drug used by DIP contacts in St Helens (2016/17) [n=217]

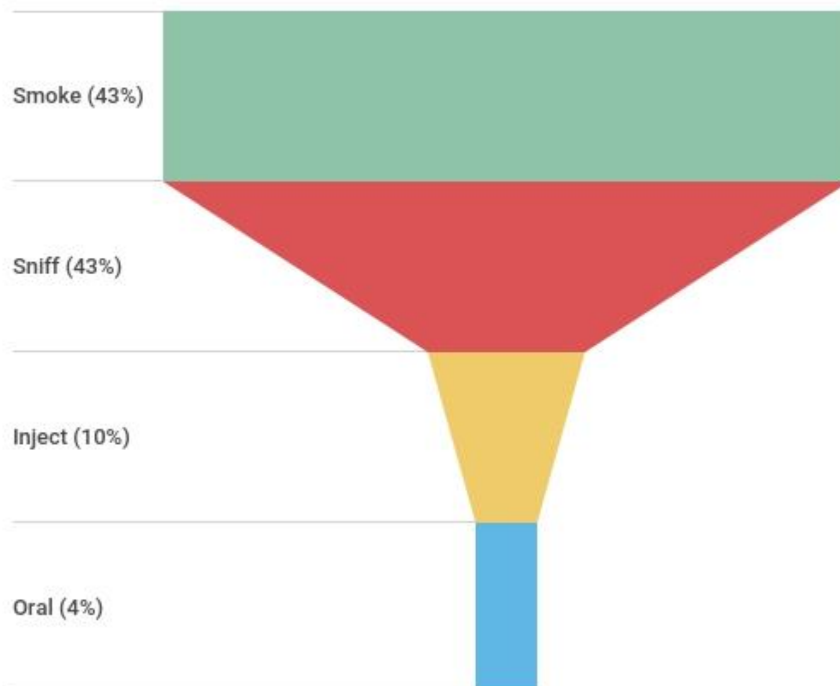
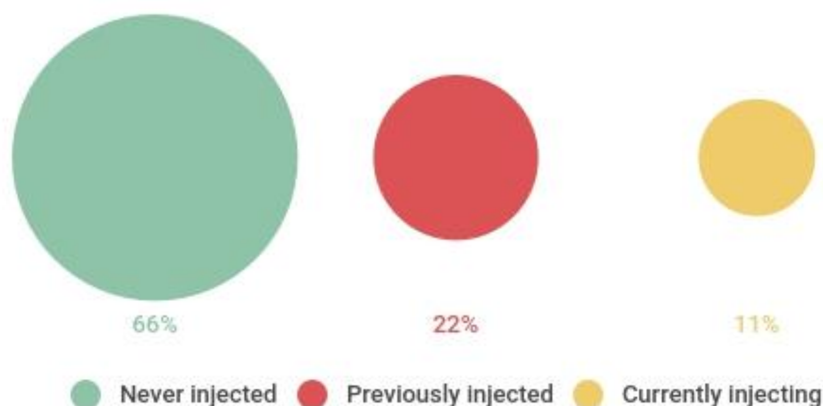


Figure 7 shows that around two-thirds (66%) of DIP contacts in St Helens in 2016/17 had never injected, while 22% had previously injected but were not currently and 11% reported they were currently injecting. Comparatively, across Merseyside 72% had never injected, 19% had previously injected and 10% were currently injecting.

Figure 7: Injecting status of DIP contacts in St Helens (2016/17) [n=210][4]



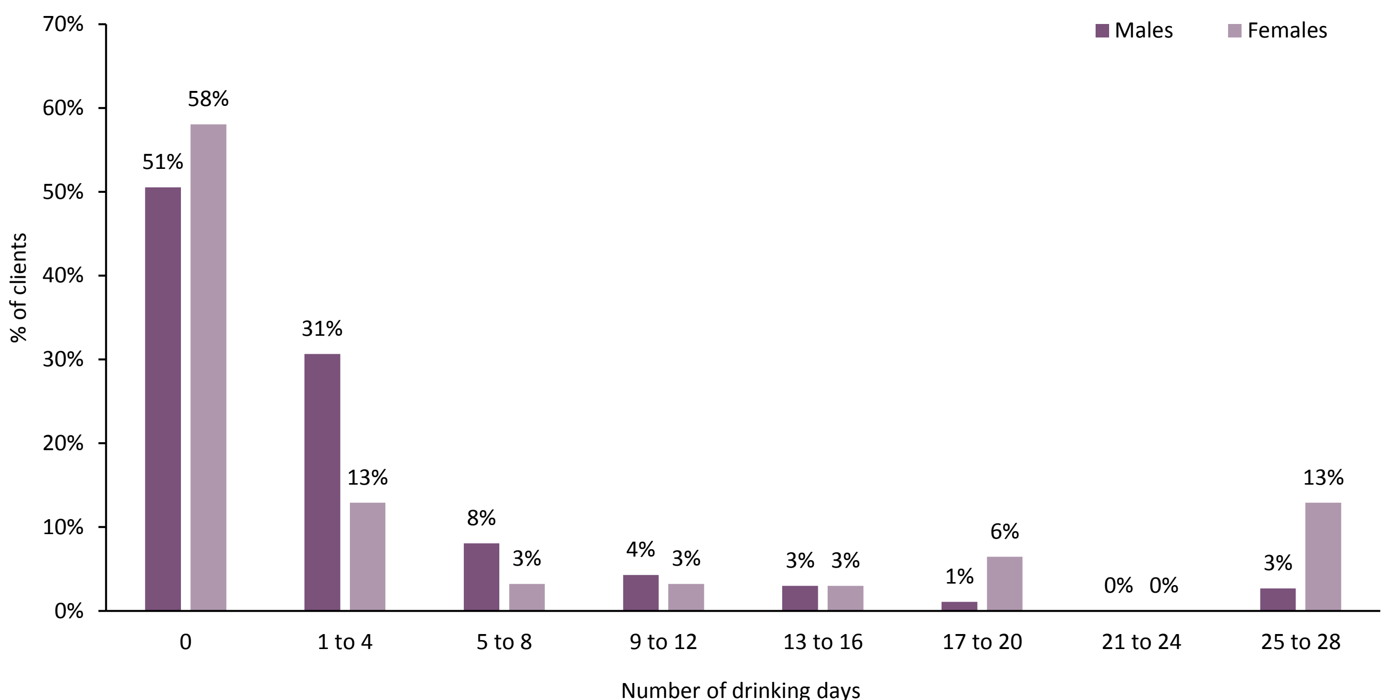
[4] Please note, throughout this report percentages may not add up to 100% due to rounding.

ALCOHOL USE

Figure 8 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their DIP assessment. Over half (51%) of males did not consume alcohol in the 28 days prior to their assessment, 31% reported consuming alcohol between one and four days and 8% between five and eight days. Across Merseyside, 51% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, just under three-fifths (58%) reported not having consumed alcohol in the 28 days prior to their assessment, while equal proportions consumed alcohol between one and four days and between 25 and 28 days (13% each). Figures for Merseyside reported 56% of females did not consume alcohol, while 17% drank between 25 and 28 days and 16% drank between one and four days.

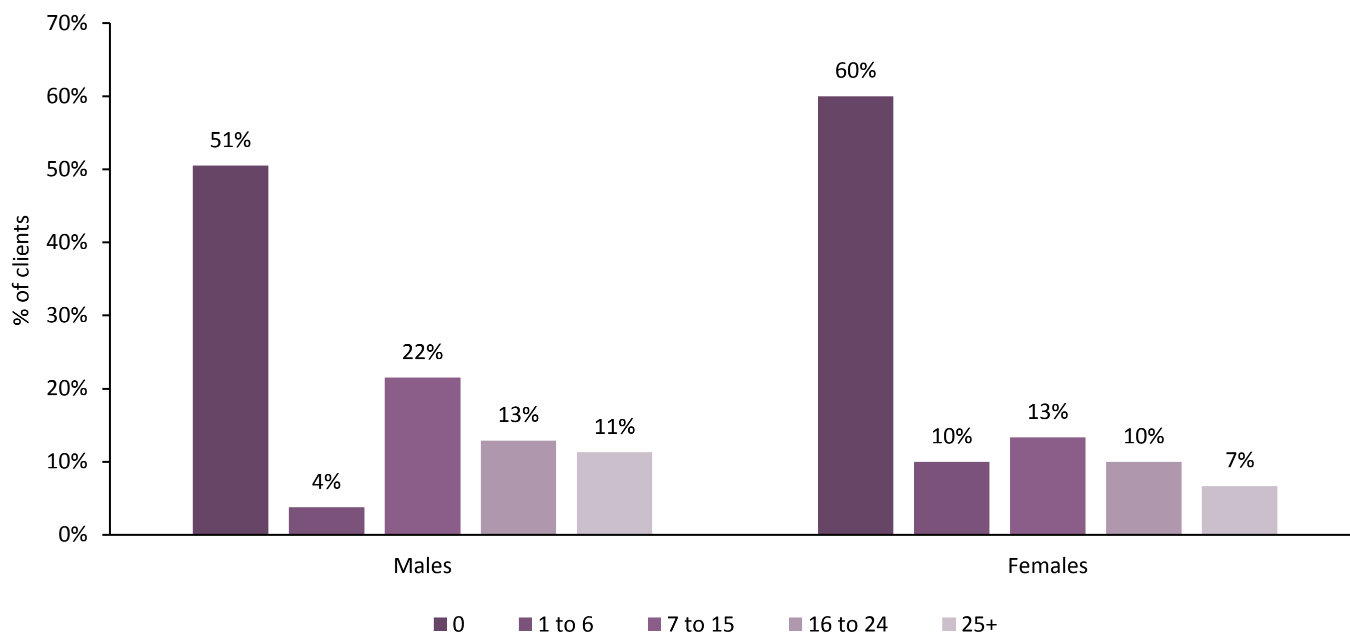
Figure 8: Number of drinking days for DIP contacts in St Helens (2016/17) [males=186; females=31]



The daily average number of units of alcohol consumed by St Helens clients in the 28 days prior to assessment are presented in Figure 9. For males, 22% consumed between seven and 15 units, 13% consumed between 16 and 24 units and 11% consumed 25 units or more daily. Across Merseyside, 19% of males drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, 13% consumed between seven and 15 units and equal proportions consumed between one and six units and between 16 and 24 units daily (10% each). Across Merseyside, 17% of females drank between seven and 15 units and 12% drank between 16 and 24 units daily.

Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in St Helens (2016/17) [males=186; females=30]

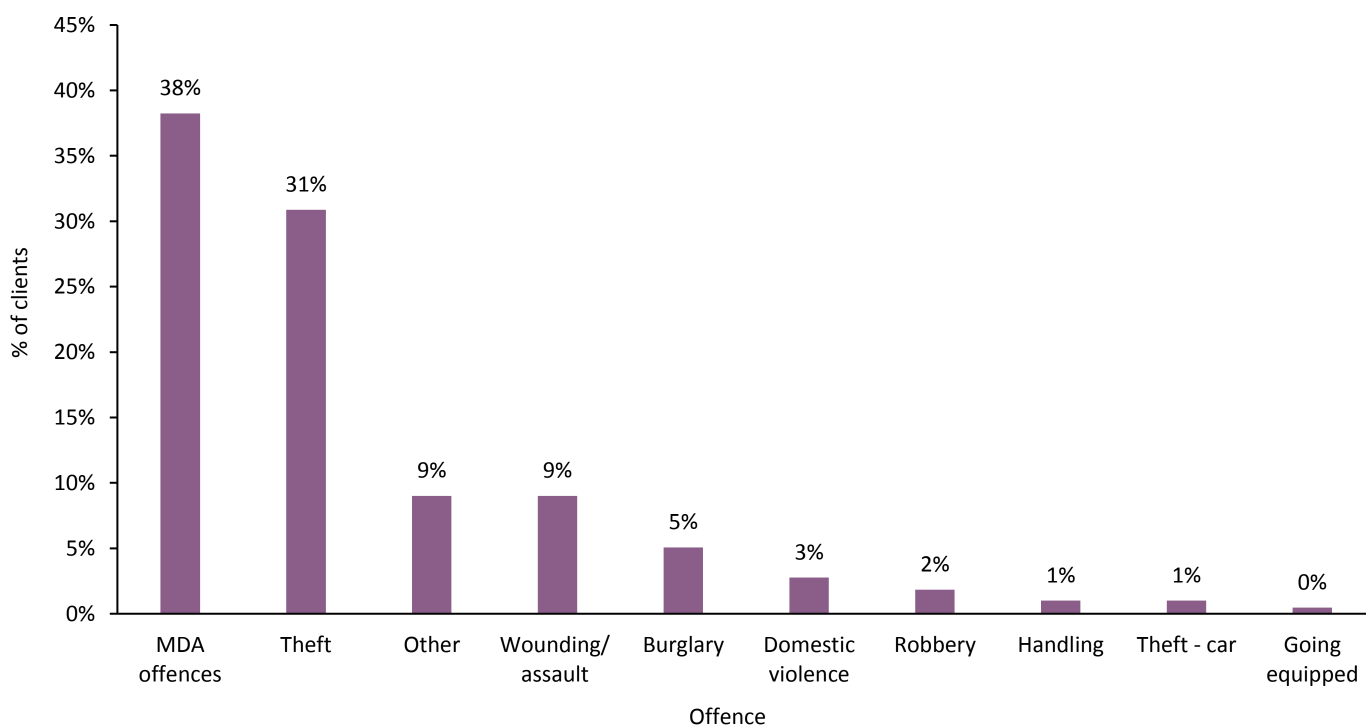


OFFENDING

The majority (96%) of DIP contacts in St Helens in 2016/17 were not on an offender management scheme at the time of their assessment. All nine clients on a scheme were on Integrated Offender Management (IOM).

The offences which prompted St Helens clients' current or most recent contact with the criminal justice system are shown in Figure 10. Just under two-fifths (38%) were Misuse of Drugs Act (MDA) offences and around three in ten (31%) were theft offences. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (29% and 28% respectively), while offences categorised as 'other' accounted for 19%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in St Helens (2016/17) [n=217]



SUMMARY

- Across Merseyside, the number of DIP contacts in 2016/17 reduced by 29% compared to the previous year. This number reduced by 34% in St Helens.
- Over half (57%) of DIP contacts in Merseyside presented via the RA route, while 80% of DIP contacts in St Helens presented via this route.
- In general, DIP contacts across Merseyside in 2016/17 were male and aged between 35 and 49 years and of White British ethnicity. St Helens had a slightly higher proportion of male clients, and a larger proportion of clients aged between 18 and 34 years when compared to Merseyside.
- The proportion of St Helens clients reporting housing problems was slightly higher than the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by cocaine and then crack. In St Helens the proportion was highest for cocaine, followed by heroin and then crack; however proportions for heroin and cocaine were larger than the averages for Merseyside.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion. In St Helens, equal proportions reported to smoke or sniff their main drug.
- The majority of DIP contacts in Merseyside between April 2016 and March 2017 had never injected, while the proportion for St Helens' clients was lower. There was a slightly larger proportion of St Helens clients currently injecting when compared to the Merseyside average.
- Just over half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment, with the same proportion recorded for males in St Helens. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion, with a slightly larger proportion reported for females in St Helens.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. This was also the case for DIP contacts in St Helens.
- Across Merseyside, theft and MDA offences accounted for the largest proportion of offences. This was also the case in St Helens, though proportions for both of these offences were larger than the Merseyside average.

RECOMMENDATIONS

- All partners in the DIP process should utilise available data which allow us to look at trends over time. This information will enable stakeholders to observe any changes and/or trends within St Helens and across Merseyside, as well as investigating the reasons for these trends. This could help to evidence any process changes that may be needed, in addition to highlighting potential gaps or barriers which may affect these clients from engaging with treatment services.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, residency, drug use, alcohol use and offending behaviour. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. In keeping with the Government's Drug Strategy (Home Office, 2017), clients need to be assessed on a person by person basis and such

information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, this information should be used regularly to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).

- St Helens should identify that there are differences between the local area and Merseyside overall. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for St Helens, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts in four of the five Merseyside areas, and across Merseyside as a whole. As the drug testing process is usually the main criminal justice route into DIP via RAs, the reduction in the number of drug tests carried out in the custody suites across Merseyside, as a result of the implementation of targeted testing, could have attributed to the reduction in DIP contacts. All stakeholders involved with DIP need to be aware of the effect of this process and should ensure that alternative routes into DIP are available and strengthened in order to identify and assess clients for DIP treatment.
- It is imperative that there continues to be effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across the Merseyside DIP partnership. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents who have been drug tested in St Helens. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.
- In order to have a comprehensive understanding of drug use and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from other Public Health Institute monitoring systems (i.e. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (i.e. the National Drug Treatment Monitoring System) and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment, and be used collaboratively to help improve the lives of drug using offenders in St Helens and Merseyside.

These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid drug using offenders being referred to treatment services appropriately and having an effective drug treatment experience with sustainable outcomes.

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ACKNOWLEDGEMENTS

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APPENDIX

Details to accompany Figure 1	
Other criminal justice routes	**10**
Requested by Offender Manager (post DRR/ATR)	6
Required by offender management scheme/DRR/ATR	***
Blank	***
Successful transfers from another CJIT or prison	**31**
HMP Altcourse	***
HMP Forrest Bank	***
HMP Kennet	***
HMP Liverpool	19
HMP Styal	8
Transfers not completed from another CJIT or prison	***
HMP Liverpool	***
HMP Styal	***
Transferred to another CJIT or prison	**35**
Halton CJIT	***
Knowsley CJIT	5
Liverpool CJIT	18
Sefton CJIT	***
Wigan CJIT	***
Wirral CJIT	***
HMP Liverpool	***

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