

Drug Interventions Programme

DIP

Merseyside Annual DIP Report: DIP Activity

(April 2014 – March 2015)

July 2016


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INTRODUCTION

The main objective of the Drug Interventions Programme (DIP) is to identify and engage with drug using offenders in the criminal justice system in order to channel them into appropriate treatment services. In line with research evidence, it assumes that if this treatment is effective it will result in reduced drug use and therefore reduced levels of offending.

This is the final report for the Criminal Justice Project 2015/16 work plan. The report aims to provide the Merseyside Criminal Justice teams and commissioners with summary information regarding the characteristics of the clients accessing treatment between April 2014 and March 2015¹. It complements the existing monthly performance reports by providing an annual snapshot of the criminal justice data provided by the treatment agencies for DIP across Merseyside.

DRUG USE AND CRIME

The link between drug use and crime has been a topic of much discussion among researchers for many years. There exists a sizeable body of evidence which postulates that certain crimes are committed by this population group for economic reasons in order to fund their drug use (Seddon, 2000; Bennett, Holloway and Farrington, 2008; Pierce et al., 2015). A meta-analysis study highlighted that drug users were between three to four times more likely to offend compared to non-drug users, with users of crack having much higher odds of offending (including robbery, burglary, prostitution and shoplifting) compared to other drug users (Bennett, Holloway and Farrington, 2008). A more recent statistical study, investigating drug spend and acquisitive offending by substance misusers, concluded that overall rates of acquisitive crime were high among this population group (Hayhurst et al., 2012). The study illustrated that certain factors were linked to the drug using offending lifestyle including problematic crack cocaine use, being of a young age and income related factors as well as indications of a chaotic lifestyle and having complex needs. However, behavioural and demographic factors (including age and crack cocaine use) showed a stronger association with acquisitive crime than drug use expenditure, highlighting that the need to offend to fund their drug use may not be the main driving force of their offending. Although a causal link between drug use and crime may not be clear or fully understood, drug using offenders are currently targeted as a priority population by criminal justice interventions and drug treatment providers in the UK.

DRUG INTERVENTIONS PROGRAMME

DIP is an initiative set up by the Home Office in 2003 with an overarching aim to break the cycle of drug misuse and crime and as a result reduce acquisitive crime in communities within England and Wales². The DIP process is seen as an important early engagement opportunity, via drug testing, as many of the clients who are assessed for DIP can be some of the most difficult to reach problematic drug users (Home Office, 2010a). DIP itself is a multi-agency initiative incorporating the criminal justice system, Crown Prosecution Service, police, Prison Service, probation and treatment agencies who work together to direct Class A drug misusing offenders towards treatment whilst in contact with the criminal justice system. These treatments and services incorporate a holistic support system and include harm reduction interventions, overdose management and offending treatment pathways, as well as other more generic services relating to housing, health, independent living, managing finances, developing new social support networks and rebuilding relationships with families (Home Office, 2009).

¹ See Appendix 1 for the methodology used for this report.

² See Appendix 2 for a glossary of terms.

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the data previously reported to the Home Office for criminal justice interventions. There were some limitations as not all data sets could be reported on by PHE, for example drug testing data, but locally teams had more scope to tailor data collection to their local needs once it complied with the overarching Required Assessment and PHE criminal justice process. Up until March 2016, DIP as a programme continued to be implemented across all five Merseyside Drug (and Alcohol) Action Teams (D[A]AT) areas, 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 drug treatment.

DRUG TREATMENT

In Merseyside, the second phase of the DIP process centres on individuals referred to services and their level of involvement with drug treatment. The majority of these individuals will enter DIP through the Required Assessment (RA) process. This involves them being arrested, testing positive for Class A drugs and being mandated to undergo an assessment with a DIP worker. There are also a number of other referral routes into the DIP process; these include Conditional Cautioning, referrals from secure establishments on release, referrals from other sectors of the criminal justice system e.g. court mandated processes such as Restriction on Bail (RoB) and also voluntary presentations. Once an individual enters the process, their assessment will capture basic demographic information and provide the worker with an insight into their drug use and offending behaviours, both current and historical.

It is during these assessments that the drugs worker makes a decision as to whether the individual needs further DIP intervention as a result of their drug use and/or offending behaviour. Based on this decision, the worker may then encourage them to engage in a formal and structured manner with drug treatment services to deal with the aforementioned issues.

THE REPORT

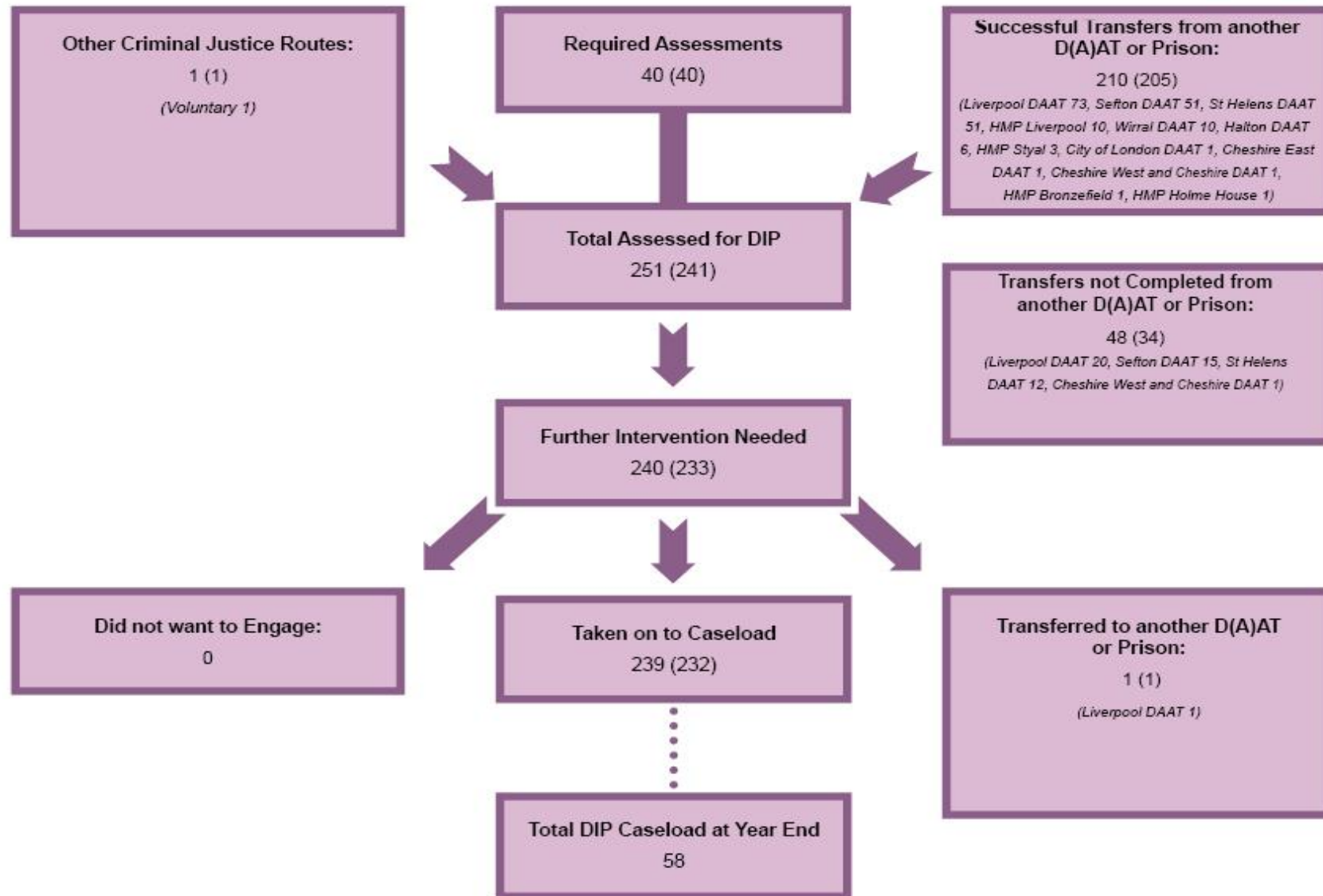
LJMU have worked with the various DIP stakeholders for over ten years and have accumulated much data on the various elements of the DIP process i.e. police drug testing data, DIP monitoring data and National Drug Treatment Monitoring System (NDTMS) data where possible. This is a very unique relationship and allows for the monitoring of data across the different stages of DIP to be carried out regularly through the monthly DIP performance reports.

This report will focus on the five Merseyside D(A)AT areas which carried out DIP case management between April 2014 and March 2015, detailing the route of entry to DIP, the demographic information captured during the assessment process, as well as information around assessment outcomes i.e. did individuals go on to engage with treatment services etc. This report aims to complement the monthly DIP performance reports produced separately for each of the areas as well as link to previous research on DIP produced by the Centre for Public Health (Collins et al., 2015; Cuddy et al., 2013; Cuddy et al., 2015a; Cuddy et al., 2015b). The findings from this report aim to provide the Merseyside police, DIP commissioners and treatment agencies with up to date information regarding the profile of individuals undergoing DIP assessments and a clearer view of both the routes of referral into DIP and also the level of attrition seen for each area throughout the DIP process. This information should be used to assist stakeholders in targeting resources more effectively, particularly in the current climate of diminishing funding and increasing levels of client engagement.

KNOWSLEY

- There were 299 DIP contacts recorded by Knowsley Integrated Recovery Service (KIRS) in 2014/15. Of these, 251 were assessed for DIP, with the remaining 48 transferred into Knowsley from another D(A)AT or prison who were not taken onto the DIP caseload post transfer.
- The vast majority (195) of clients contacted by KIRS were transfers from other D(A)AT areas, while 15 transferred in from prison. There were a number of clients whose first point of contact with the DIP process was undertaking an initial RA with KIRS (40).
- Of those clients who were assessed for DIP (251), over nine in ten (96%) were deemed to require further intervention, with all but one of these clients taken onto the DIP caseload by KIRS (239).
- Those aged between 25 and 29 years accounted for the largest proportion of DIP assessments in Knowsley (23%). Of all assessed, the majority were male (81%) and of white British ethnicity (97%), and all (100%) resided in Knowsley.
- While the majority of clients reported no housing problems, 11% overall had some form of housing problem; of which, 4% stated an urgent problem.
- There were very few clients recorded as being on an offender management scheme at the time of their DIP assessment in Knowsley (<1%; Integrated Offender Management [IOM] only).
- The most common drug used by clients was cocaine (73%). Just under three in ten clients used cannabis (29%) while just over a quarter used heroin (26%).
- The most common routes of administration of the main drug (drug 1) was sniffing (49%) and smoking (47%). The proportion of clients who identified themselves as current injectors was extremely low (1%).
- The main offences committed by clients which brought about their DIP contact were Misuse of Drugs Act (MDA) offences (42%) and theft - shoplifting/other (29%).
- Although many clients reported not consuming alcohol (males = 31%; females = 47%), for those who did, numbers were highest between one and four drinking days in the month (males = 49%; females = 32%).
- The most common daily average units of alcohol consumed by both females and males was between seven and 15 units (25% and 30% respectively), followed by between one and six units for females (16%) and 16 and 24 units for males (26%).
- Of the clients taken onto the caseload, the most common sub-interventions delivered by KIRS were brief interventions (47%) and behavioural based relapse prevention (20%).

Figure 1: Overall DIP activity in Knowsley (April 2014 to March 2015)³



³ Figures presented are totals; figures in brackets represent numbers of individuals, where applicable.

Figure 2: Age profile of clients assessed for DIP in Knowsley (April 2014 to March 2015)

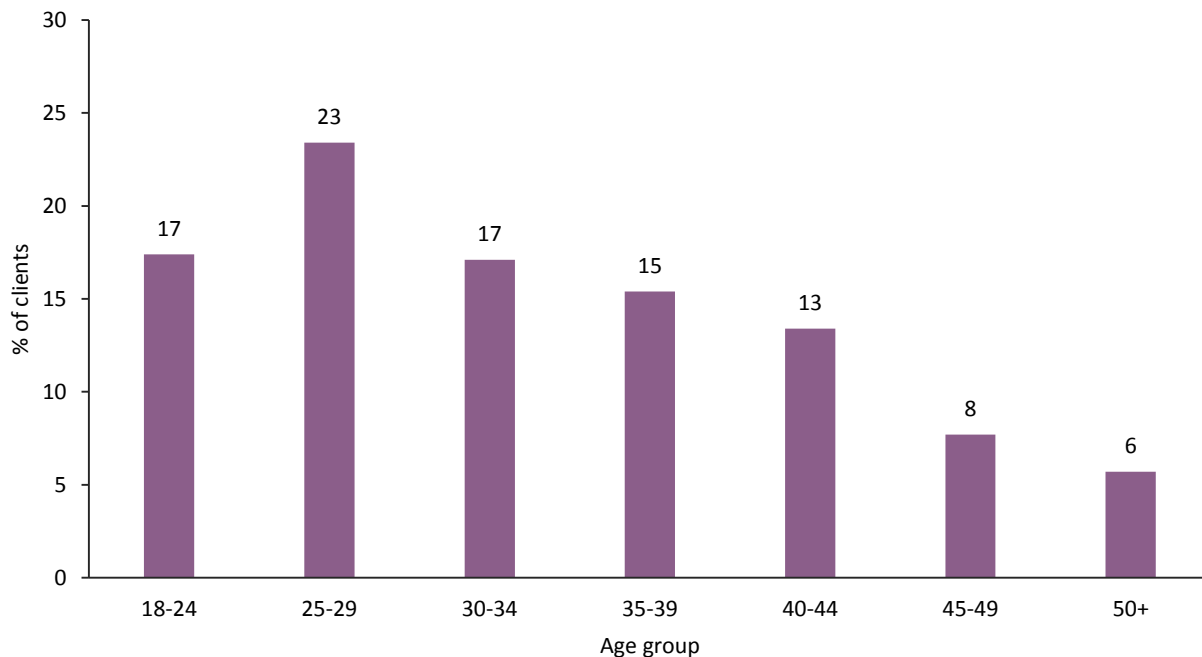


Figure 3: Gender of clients assessed for DIP in Knowsley (April 2014 to March 2015)



Figure 4: Ethnicity of clients assessed for DIP in Knowsley (April 2014 to March 2015)

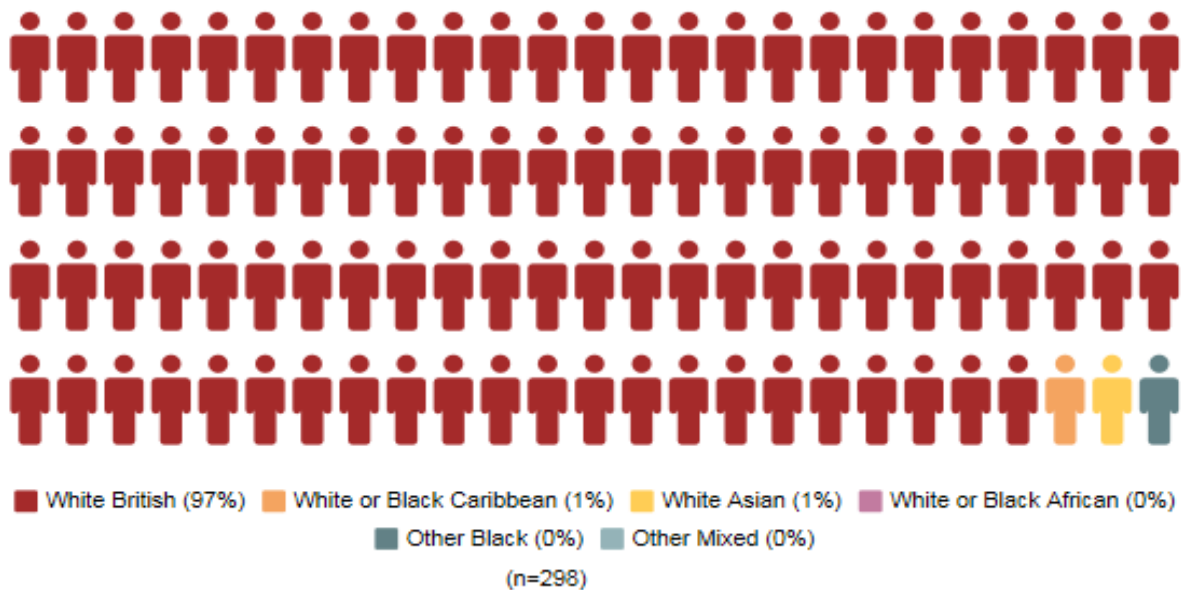


Figure 5: Residency of clients assessed for DIP in Knowsley (April 2014 to March 2015)

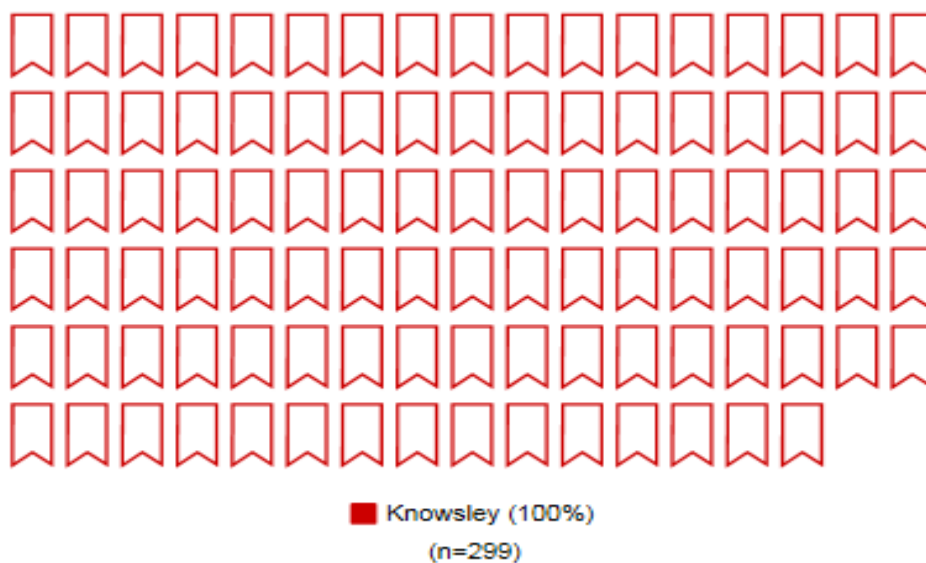


Figure 6: Accommodation of need of clients assessed for DIP in Knowsley (April 2014 to March 2015)

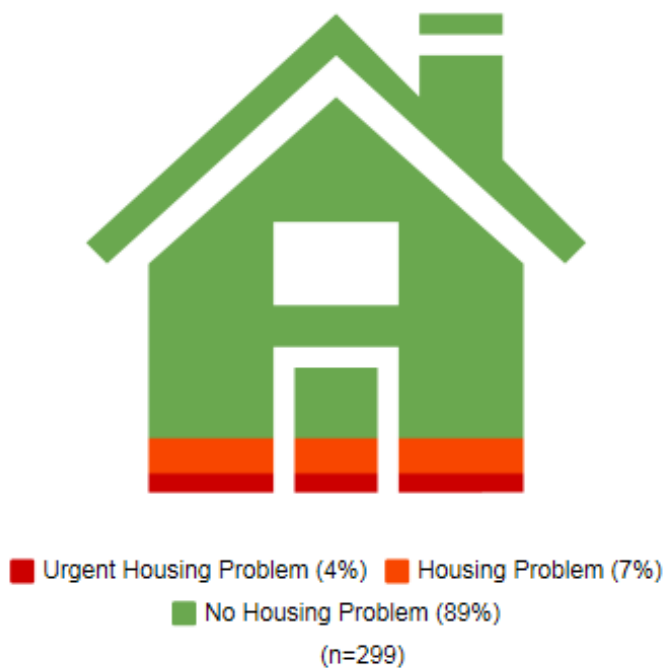


Figure 7: Offender management status of clients assessed for DIP in Knowsley (April 2014 to March 2015)

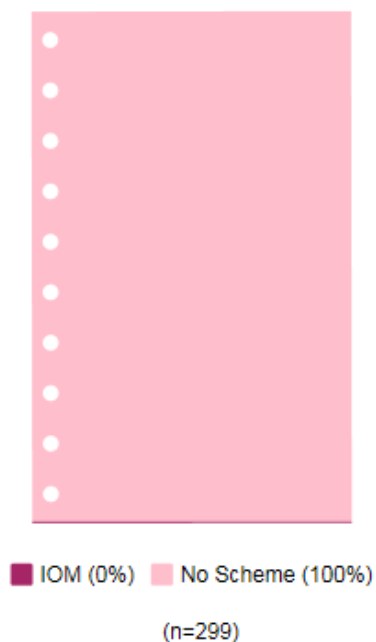


Figure 8: Drug use of clients assessed for DIP in Knowsley (April 2014 to March 2015)

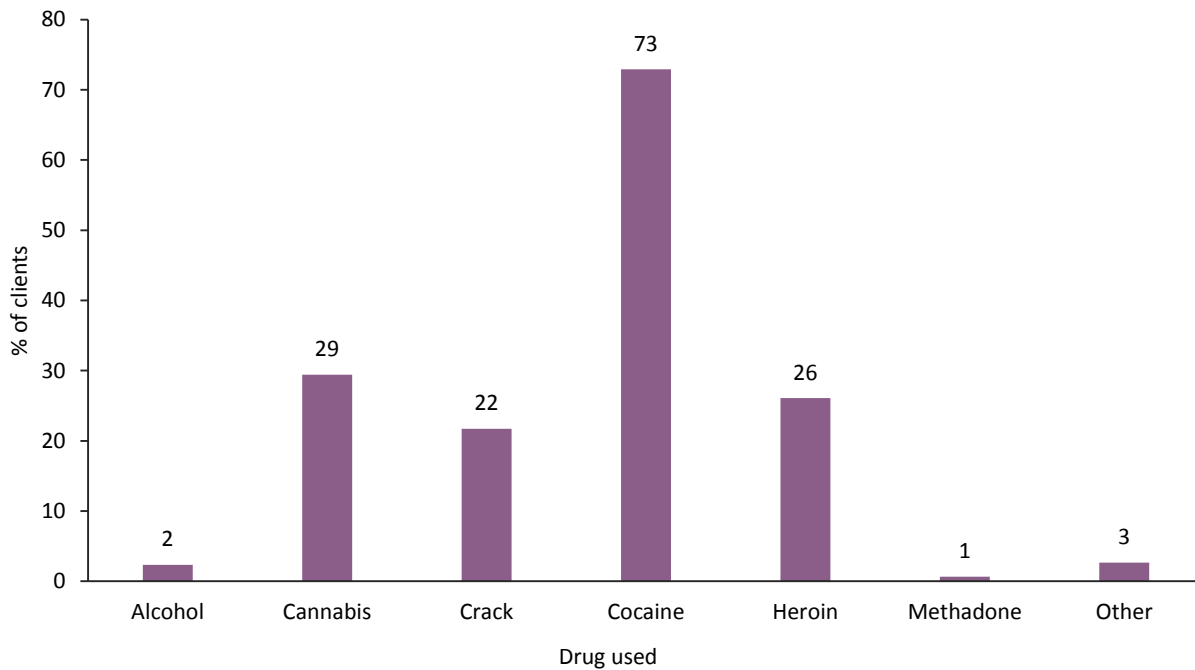


Figure 9: Route of administration of main drug for clients assessed for DIP in Knowsley (April 2014 to March 2015)

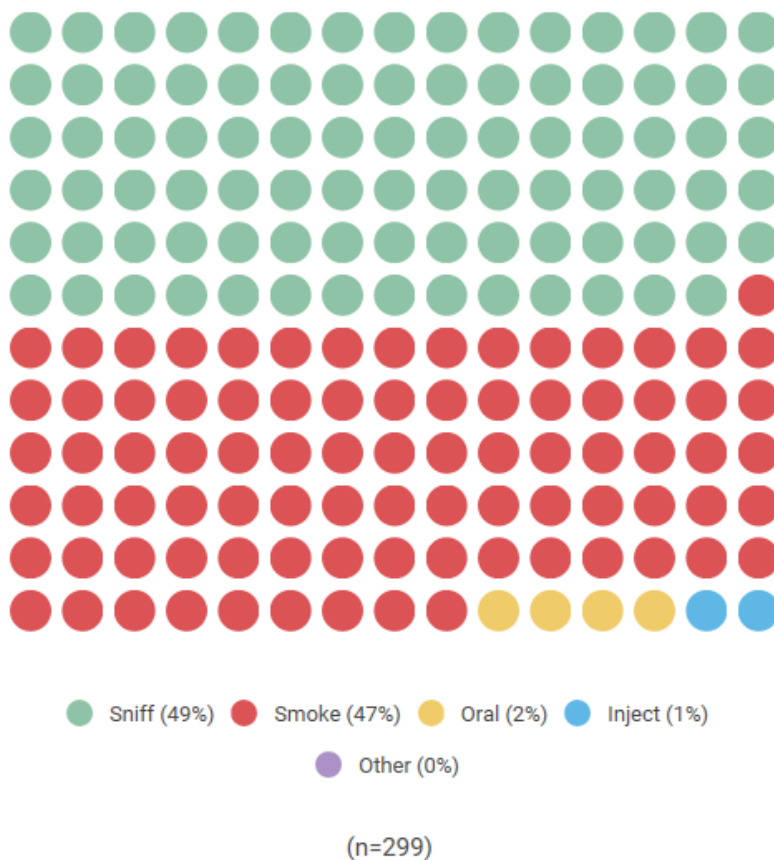


Figure 10: Offences recorded for clients assessed for DIP in Knowsley (April 2014 to March 2015)

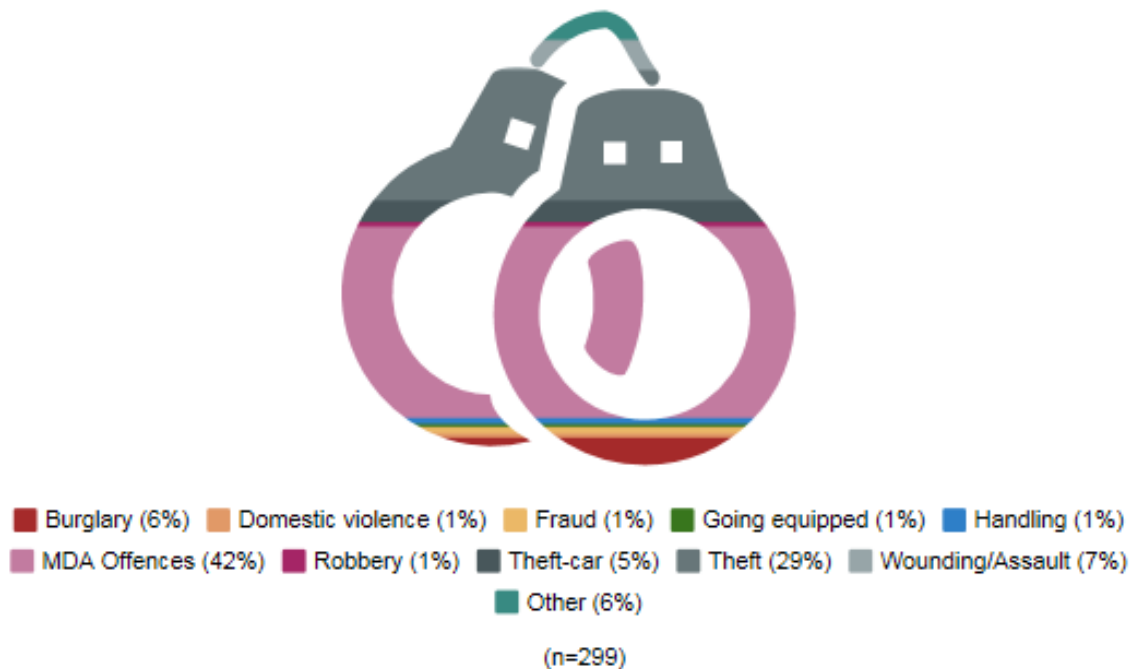


Figure 11: Number of drinking days for clients assessed for DIP in Knowsley (April 2014 to March 2015)

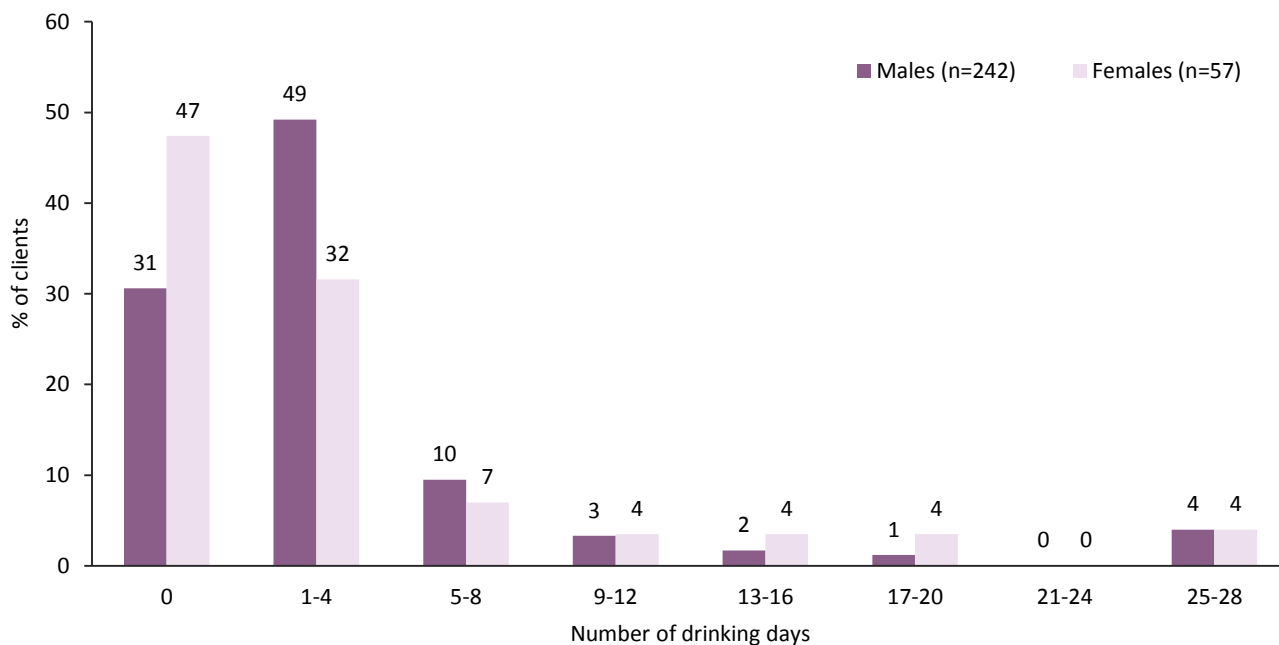


Figure 12: Units of alcohol (daily average) for female clients assessed for DIP in Knowsley (April 2014 to March 2015)



Figure 13: Units of alcohol (daily average) for male clients assessed for DIP in Knowsley (April 2014 to March 2015)

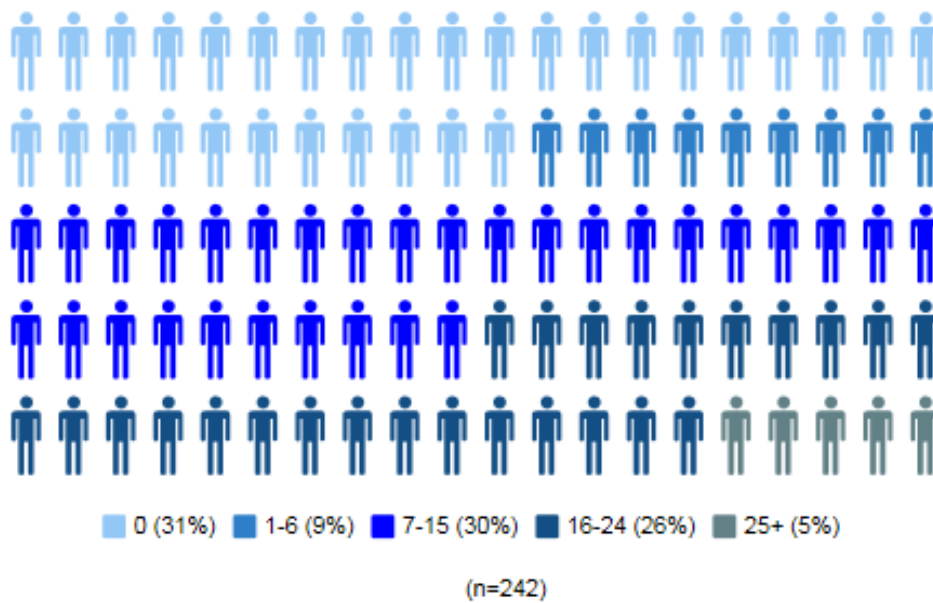
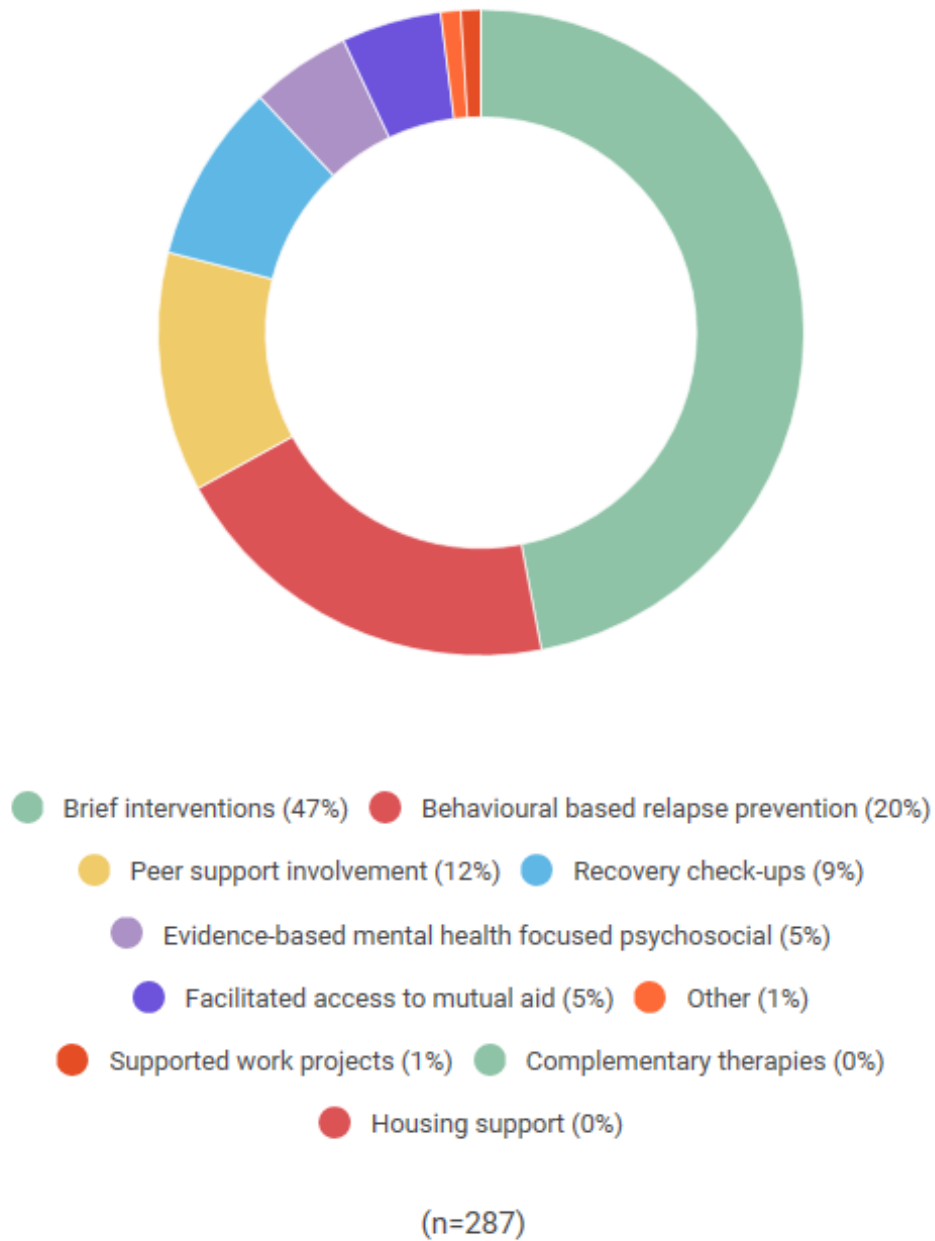
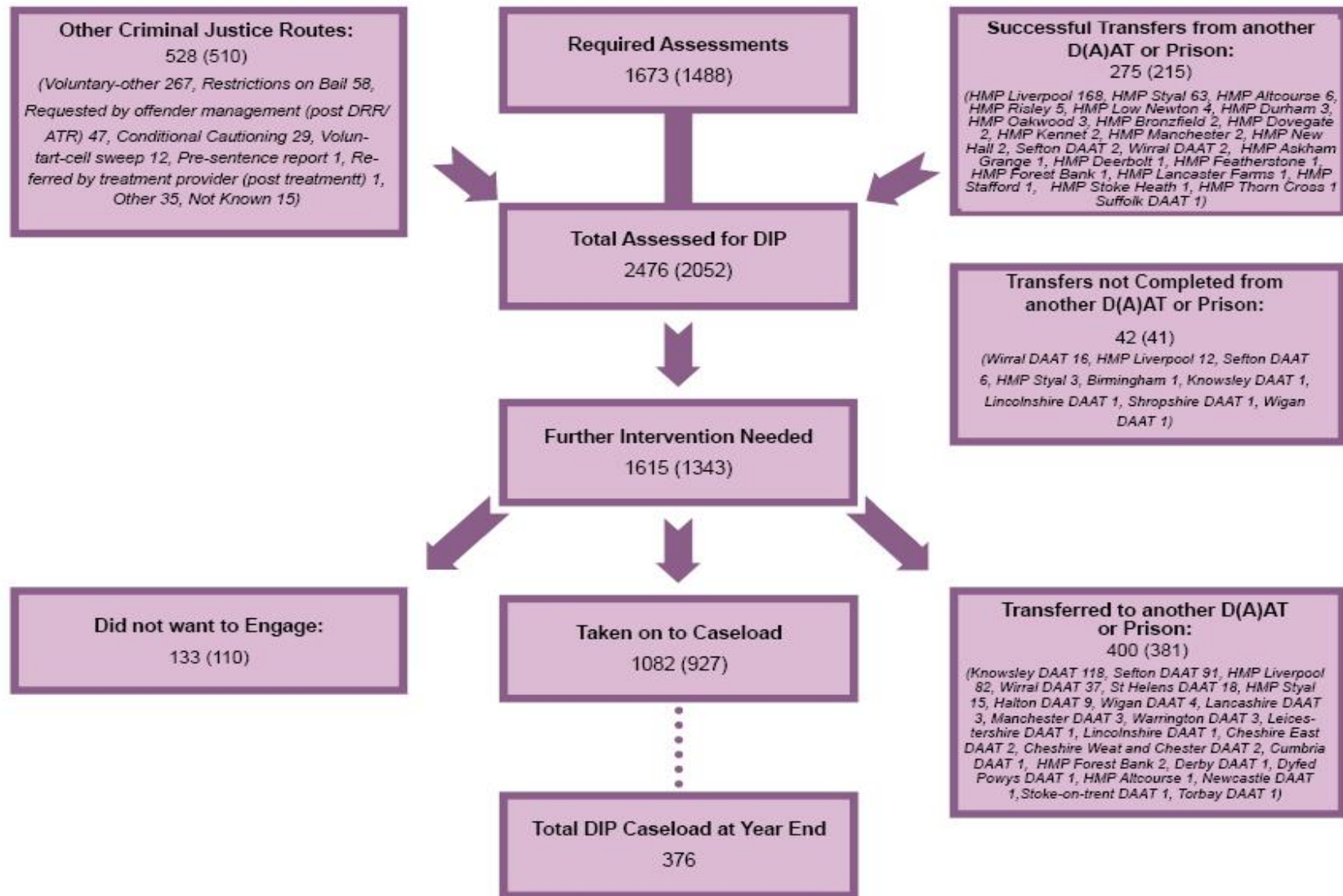


Figure 14: Sub-interventions recorded for clients assessed for DIP in Knowsley (April 2014 to March 2015)



- There were 2,518 DIP contacts recorded by Liverpool Addaction in 2014/15. Of these, 2,476 were assessed for DIP, with the remaining 42 transferred into Liverpool from another D(A)AT or prison who were not taken onto the DIP caseload post transfer.
- The majority of clients assessed by Addaction presented via the RA route (1,673). There were also sizeable numbers of clients who presented via other criminal justice routes (528) and who were transferred successfully to Addaction from another D(A)AT area or prison (275).
- Almost two thirds (65%) of clients assessed required further intervention and the majority of these clients were taken onto the DIP caseload by Addaction (1,082; 67%). Of those who did not go onto the caseload, three quarters (75%) were transferred to their D(A)AT of residence for further intervention or to prison, while the remaining 25% failed to engage with Addaction post DIP assessment.
- There were no distinct patterns that emerged for the age of clients assessed for DIP by Addaction, though most were aged 44 years and under (82%). The majority of clients were male (80%), of white British ethnicity (90%) and Liverpool residents (86%).
- While the majority of clients reported no housing problems, one in ten (10%) overall had some form of housing problem; of which, 4% stated an urgent problem.
- There were very few clients recorded as being on an offender management scheme at the time of their assessment (IOM = 1% IOM; Multi-Agency Public Protection Arrangement [MAPPA] = 1%).
- The most common drugs used by clients were cocaine (47%) and heroin (41%). Just over three in ten (31%) clients reported using crack while one in five (20%) reported having alcohol as one of their main drugs.
- The most common routes of administration of the main drug (drug 1) was sniffing (41%) and smoking (40%). Seven per cent of clients identified themselves as current injectors.
- The main offences committed by clients which brought them into contact with DIP in Liverpool were theft - shoplifting/other (31%) and MDA offences (29%).
- Although many clients reported not consuming alcohol (males = 49%; females = 55%), for those who did, numbers were highest between one and four drinking days in the month (males = 26%; females = 19%).
- The most common daily average units of alcohol consumed by both females and males was between seven and 15 units (17% and 18% respectively), followed by 16 and 24 units (14% and 17% respectively).
- Of the clients taken onto the caseload, the most common sub-interventions delivered by Addaction were behavioural based relapse prevention (30%), care plan reviews (23%) and prescribing (18%).

Figure 15: Overall DIP activity in Liverpool (April 2014 to March 2015)⁴



⁴ Figures presented are totals; figures in brackets represent numbers of individuals, where applicable.

Figure 16: Age profile of clients assessed for DIP in Liverpool (April 2014 to March 2015)

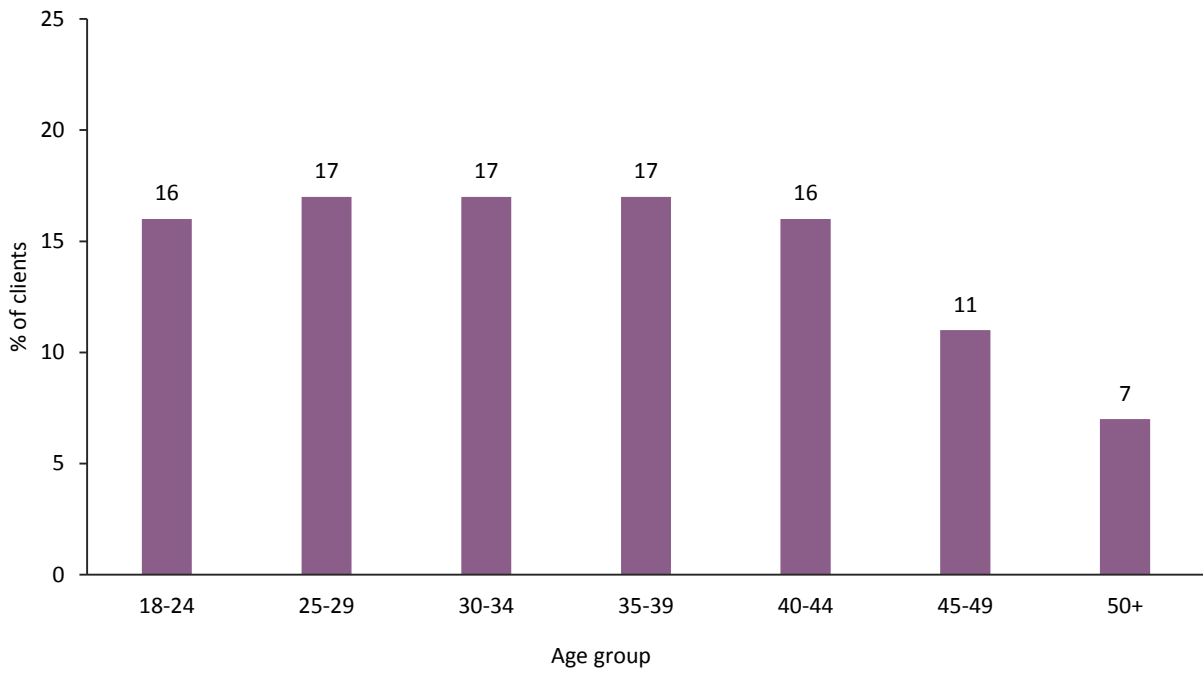


Figure 17: Gender of clients assessed for DIP in Liverpool (April 2014 to March 2015)



Figure 18: Ethnicity of clients assessed for DIP in Liverpool (April 2014 to March 2015)

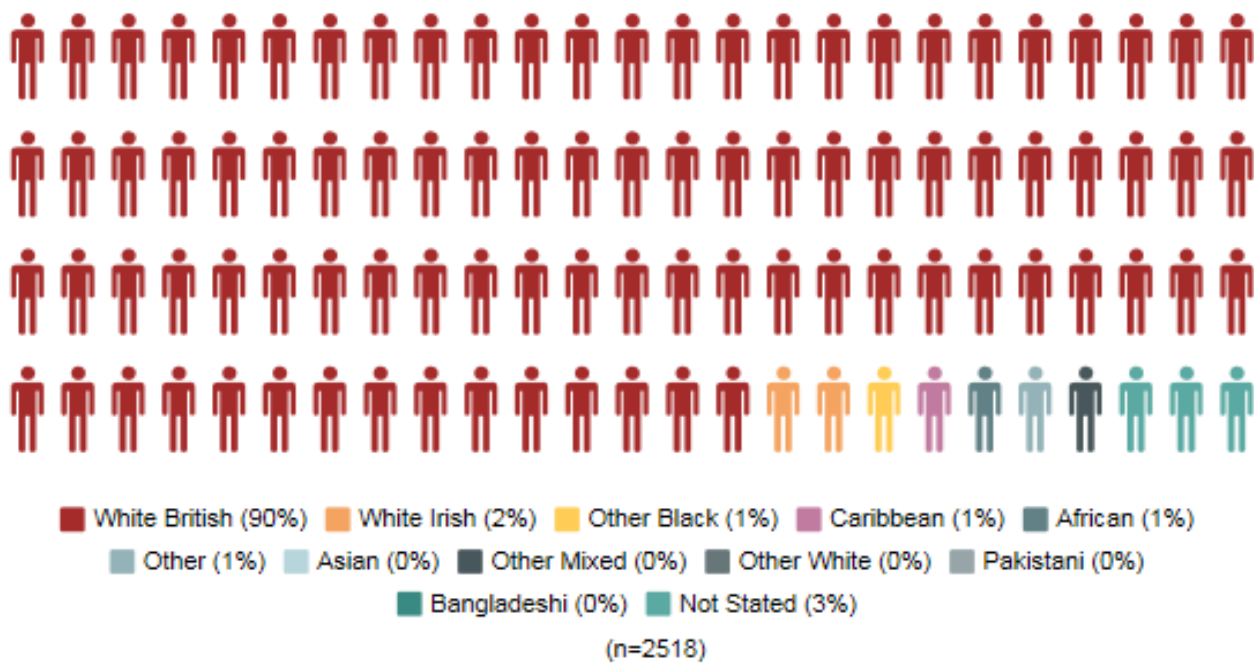


Figure 19: Residency of clients assessed for DIP in Liverpool (April 2014 to March 2015)

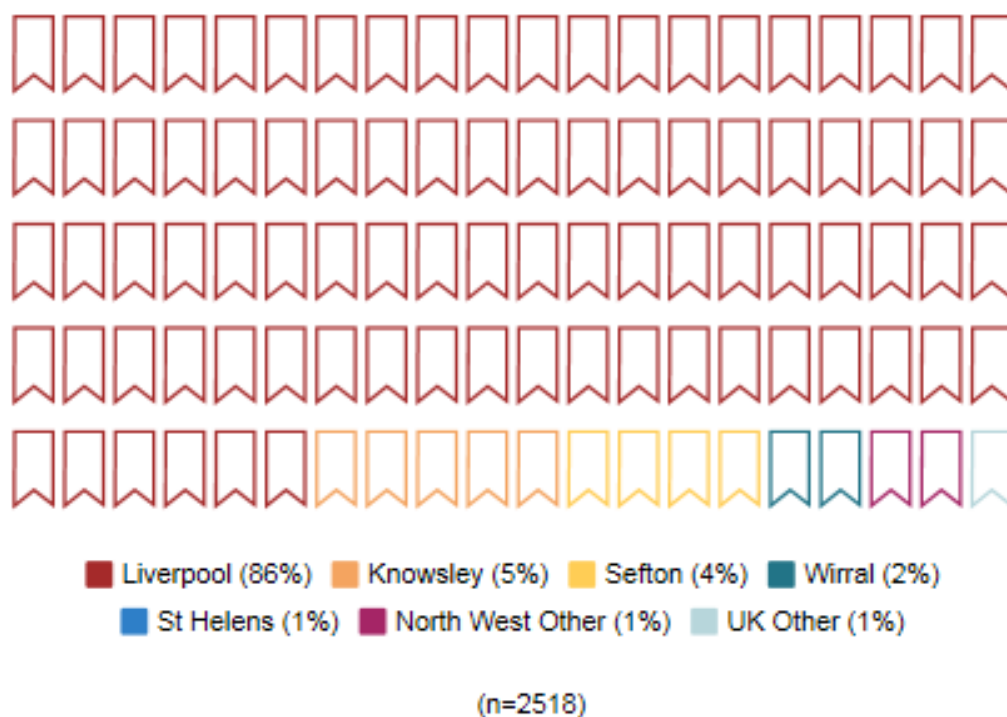


Figure 20: Accommodation of need of clients assessed for DIP in Liverpool (April 2014 to March 2015)

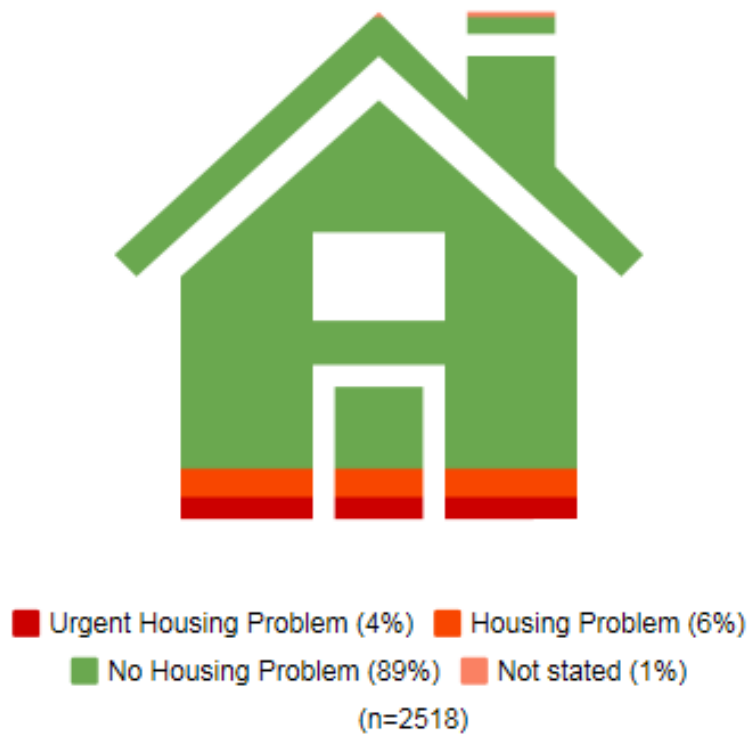


Figure 21: Offender management status of clients assessed for DIP in Liverpool (April 2014 to March 2015)

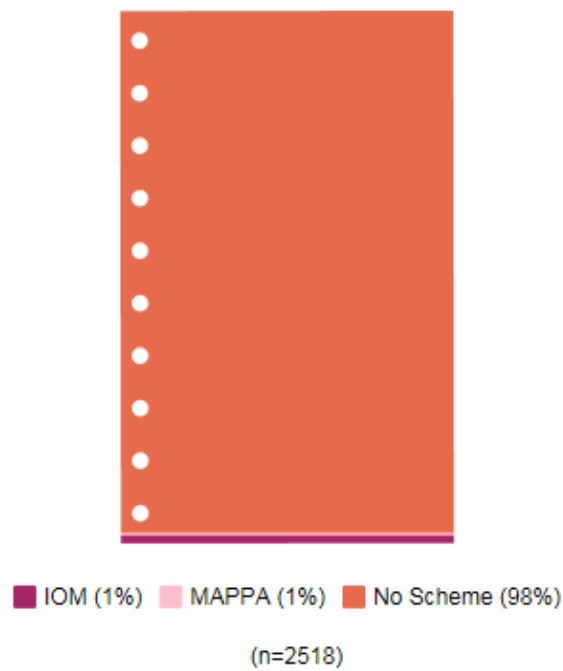


Figure 22: Drug use of clients assessed for DIP in Liverpool (April 2014 to March 2015)

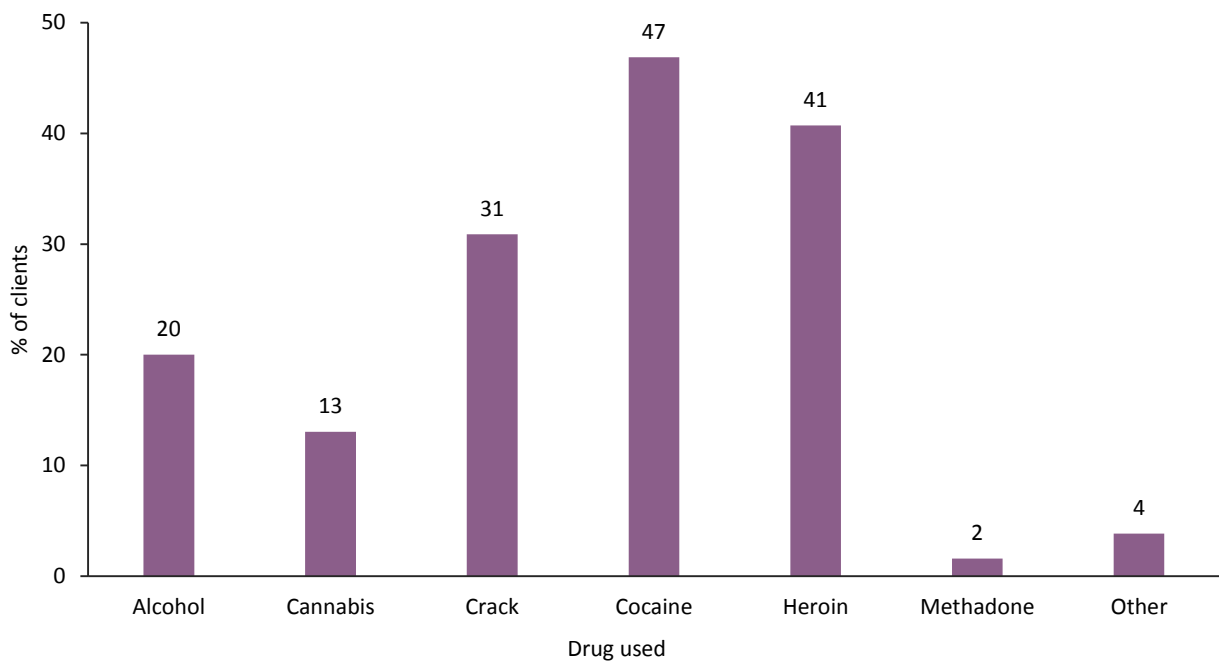


Figure 23: Route of administration of main drug for clients assessed for DIP in Liverpool (April 2014 to March 2015)

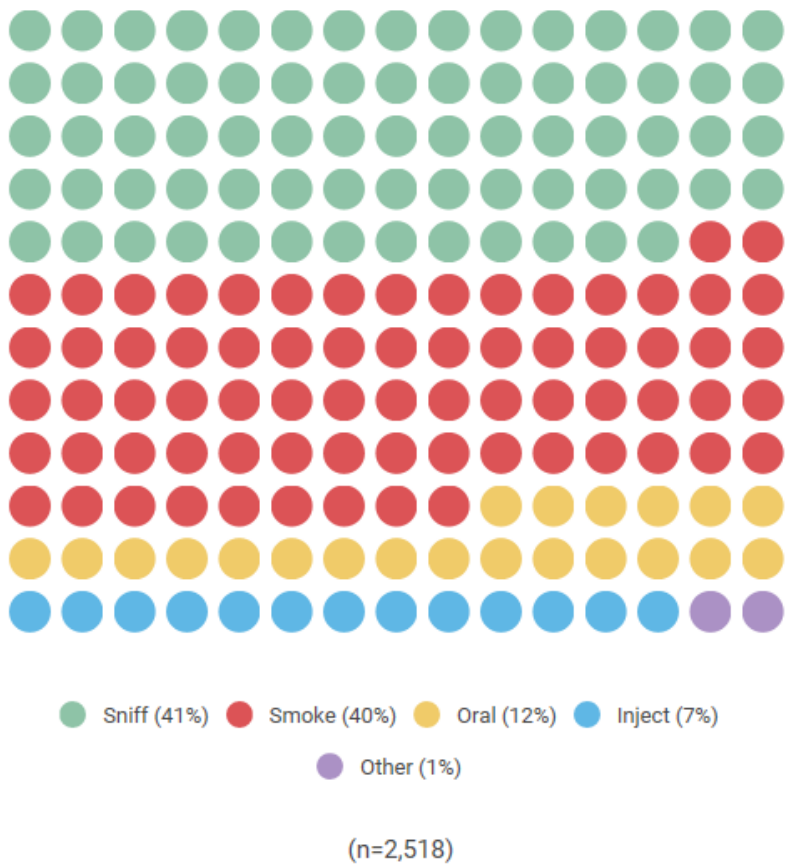


Figure 24: Offences recorded for clients assessed for DIP in Liverpool (April 2014 to March 2015)

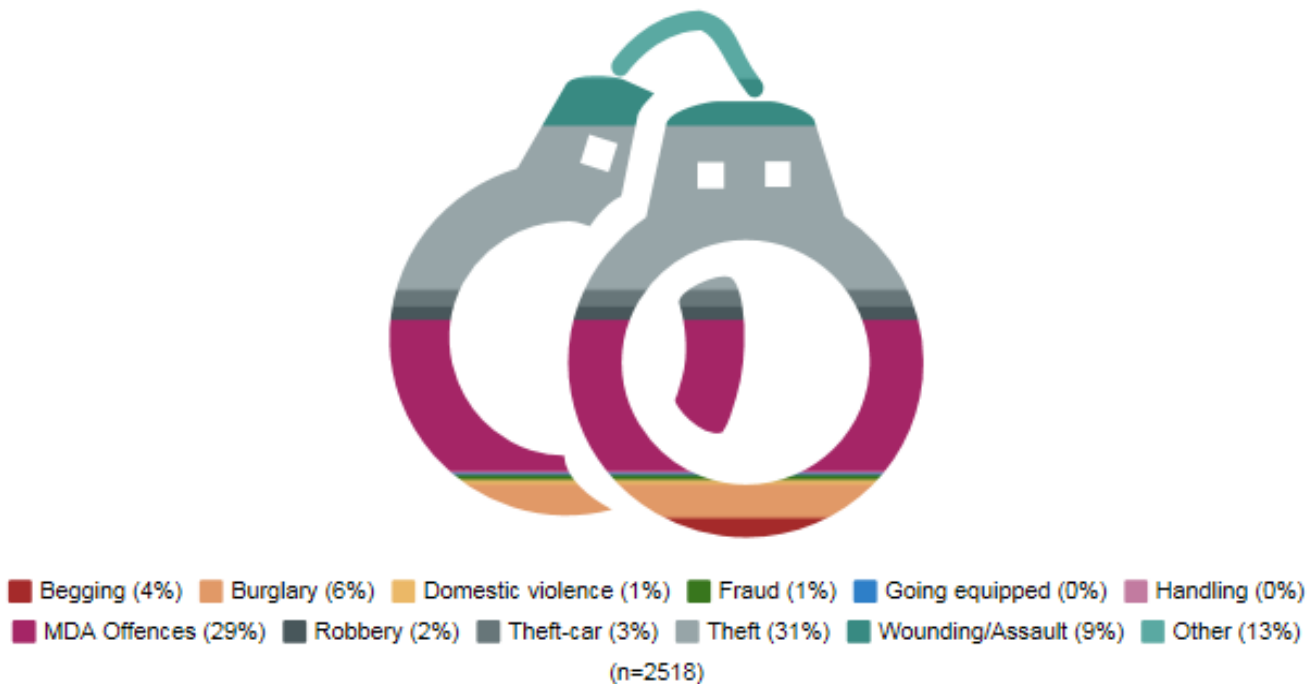


Figure 25: Number of drinking days for clients assessed for DIP in Liverpool (April 2014 to March 2015)



Figure 26: Units of alcohol (daily average) for female clients assessed for DIP in Liverpool (April 2014 to March 2015)

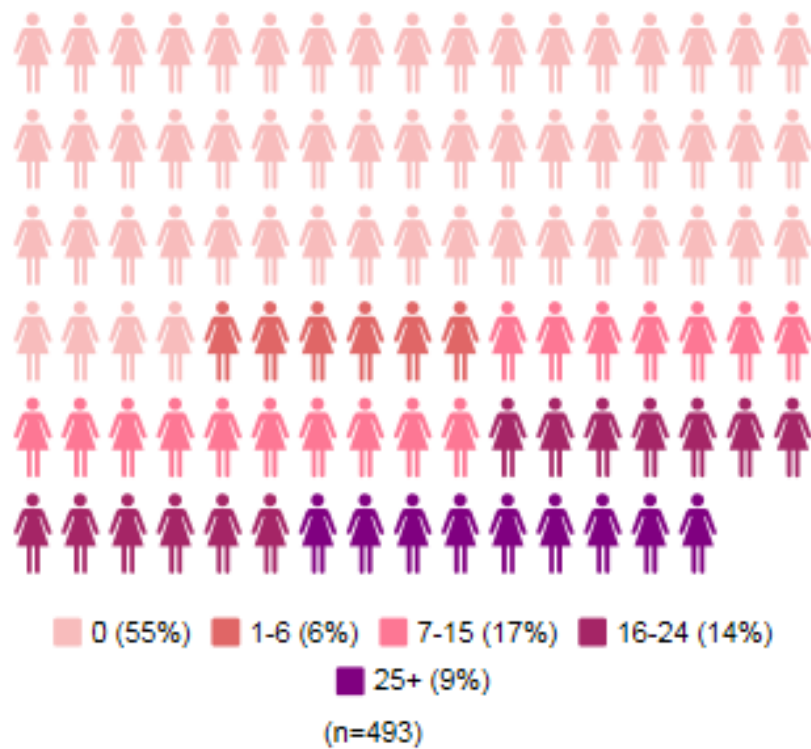


Figure 27: Units of alcohol (daily average) for male clients assessed for DIP in Liverpool (April 2014 to March 2015)

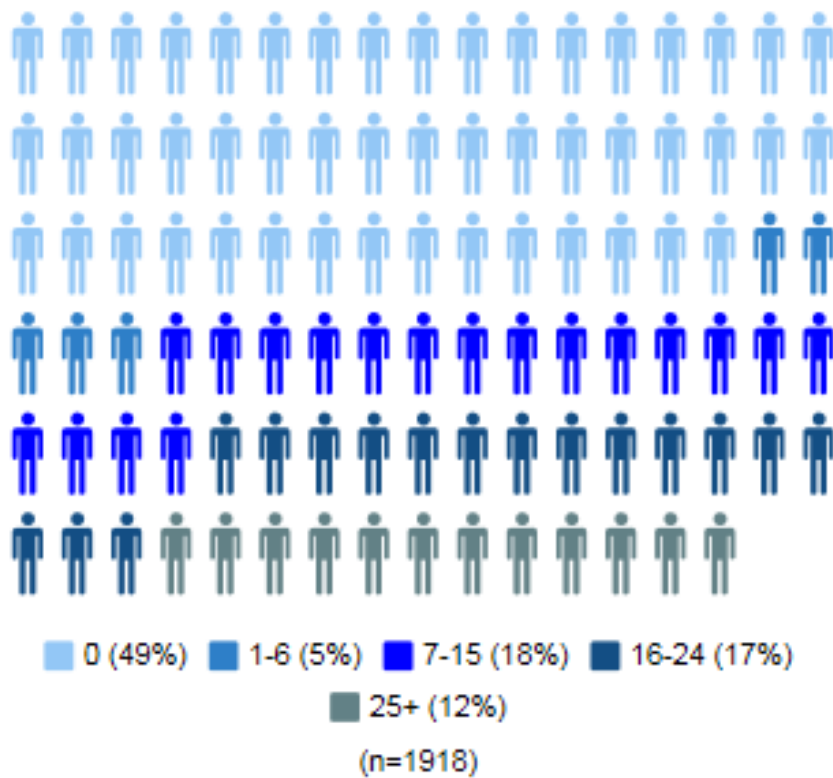
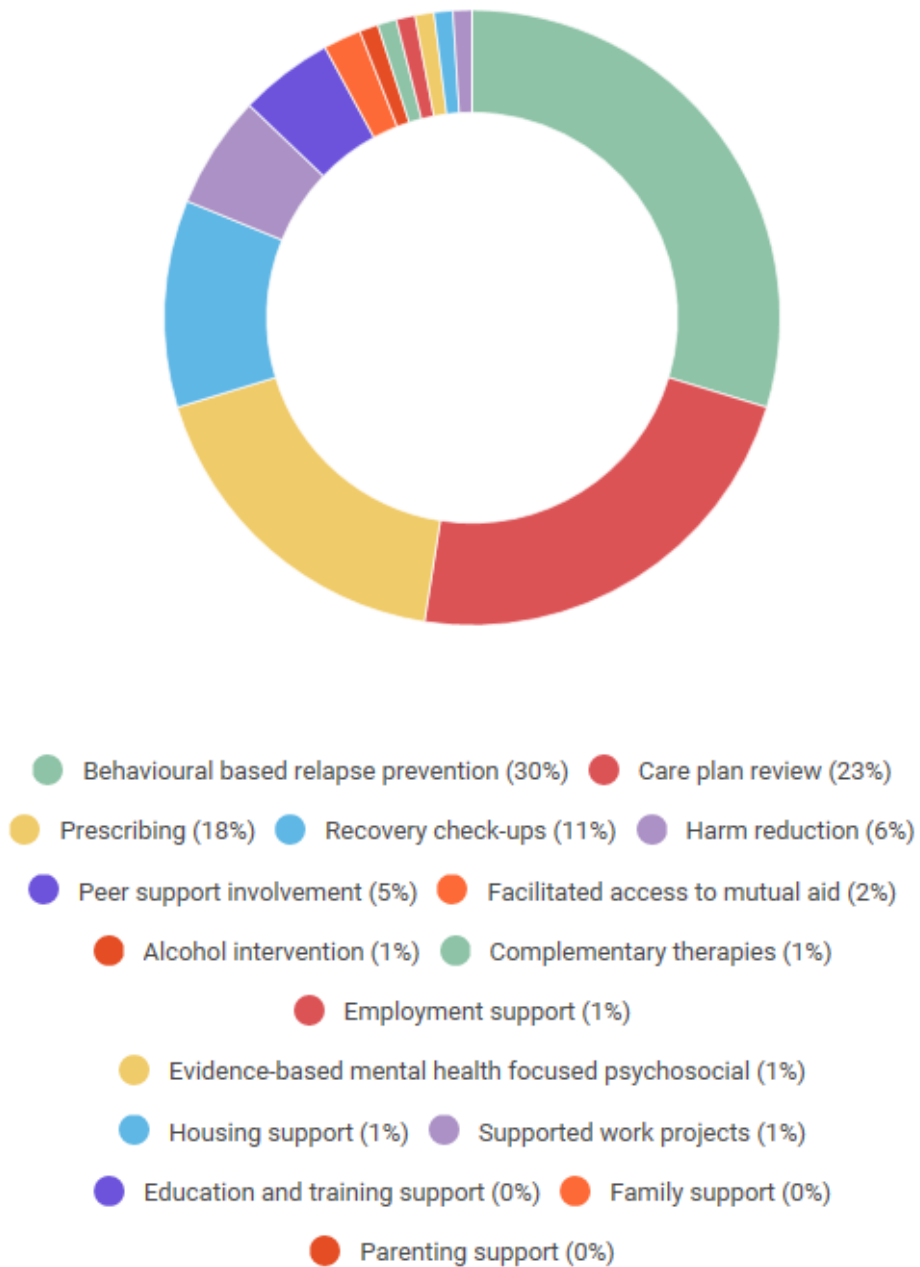


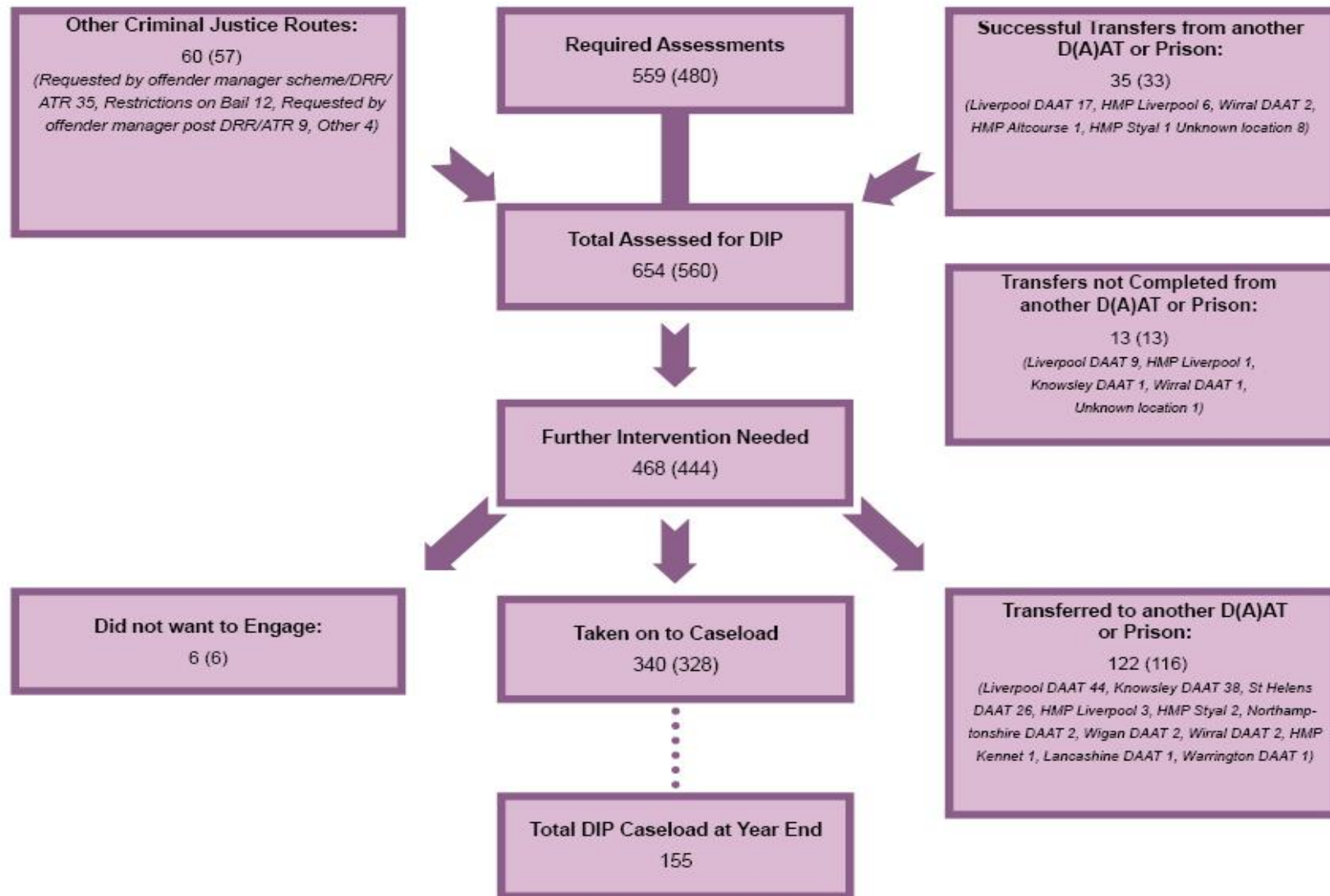
Figure 28: Sub-interventions recorded for clients assessed for DIP in Liverpool (April 2014 to March 2015)



(n=1,053)

- There were 667 total DIP contacts recorded by Lifeline in Sefton in 2014/15. Of these, 654 were assessed for DIP, with the remaining 13 transferred into Sefton from another D(A)AT or prison who were not taken onto the DIP caseload post transfer.
- The majority of clients assessed by Lifeline presented via the RA route (559). There were also a number of clients who presented through other criminal justice routes (60) or transferred successfully from another D(A)AT or prison (35).
- More than seven in ten (72%) clients required further intervention, of which the majority (73%) were taken onto the DIP caseload. Of those who were not taken onto the caseload (128), most were transferred to another D(A)AT area or prison (122; 95%).
- Those aged between 18 and 24 years accounted for the largest proportion of DIP assessments in Sefton (24%). Of all assessed, the majority were male (80%), of white British ethnicity (98%) and Sefton residents (80%).
- While the majority of clients reported no housing problems, 8% overall had some form of housing problem; of which, 3% stated an urgent problem.
- There were very few clients assessed who were on an offender management scheme at the time of their assessment (<1%; IOM only).
- The most common drug used by clients assessed was cocaine (51%). Four in ten (40%) clients reported using heroin and just over one third (35%) reported using crack.
- The most common routes of administration of the main drug (drug 1) was sniffing (46%) and smoking (41%). Five per cent of clients identified themselves as current injectors.
- The main offences committed by clients which brought them into contact with DIP in Sefton were theft - shoplifting (28%) and MDA offences (26%).
- Although many clients reported not consuming alcohol (males = 38%; females = 49%), for those who did, numbers were highest between one and four drinking days in the month (males = 38%; females = 24%).
- The most common daily average units of alcohol consumed by both females and males was between seven and 15 units (21% and 30% respectively), followed by 16 and 24 units (13% and 15% respectively).
- Of those who were taken onto the caseload, the most common sub-interventions delivered by Lifeline were peer support, access to mutual aid, housing support, employment support and education support (all 19% respectively).

Figure 29: Overall DIP activity in Sefton (April 2014 to March 2015)⁵



⁵ Figures presented are totals; figures in brackets represent numbers of individuals, where applicable.

Figure 30: Age profile of clients assessed for DIP in Sefton (April 2014 to March 2015)

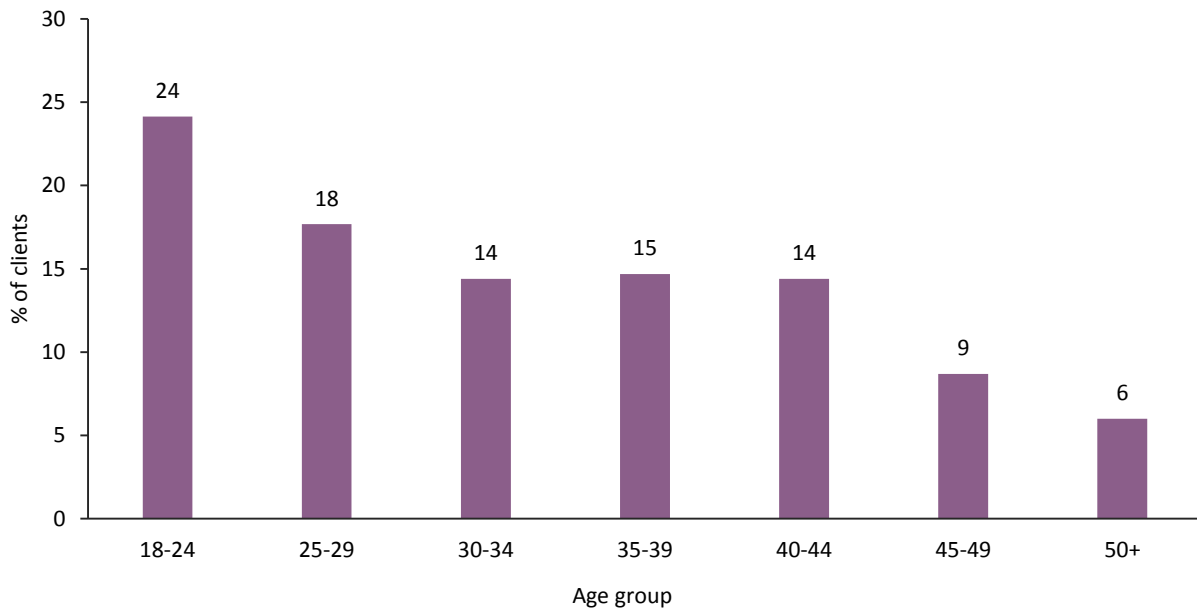


Figure 31: Gender of clients assessed for DIP in Sefton (April 2014 to March 2015)

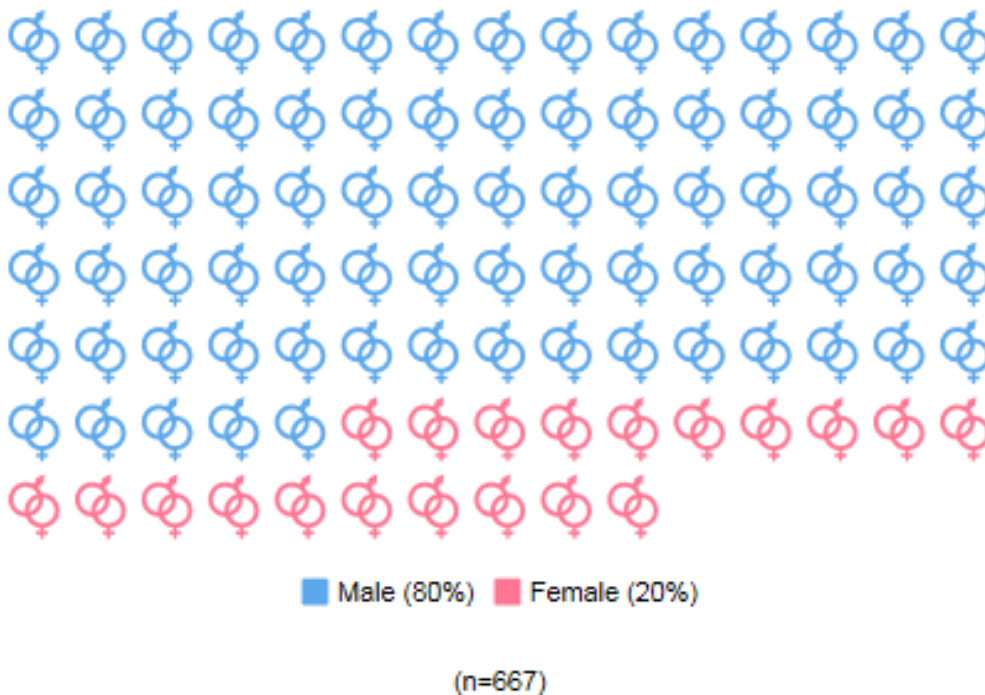


Figure 32: Ethnicity of clients assessed for DIP in Sefton (April 2014 to March 2015)

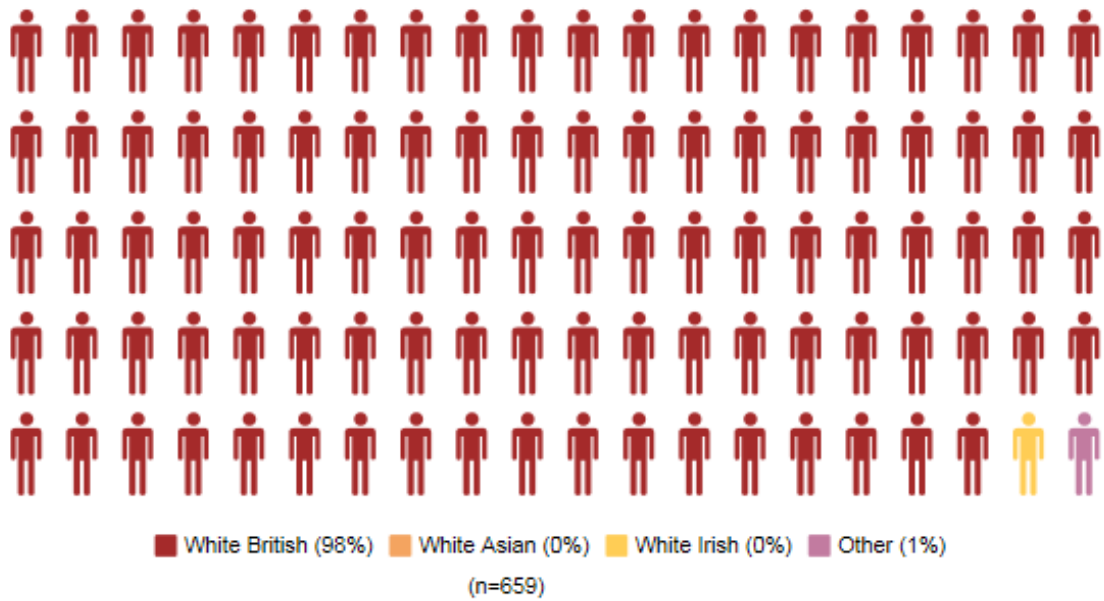


Figure 33: Residency of clients assessed for DIP in Sefton (April 2014 to March 2015)

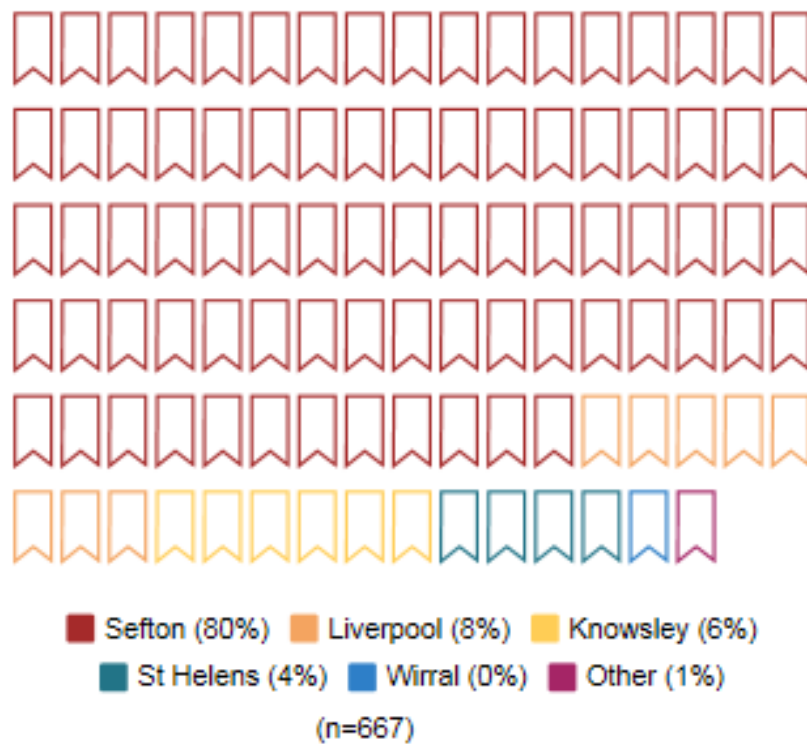


Figure 34: Accommodation of need of clients assessed for DIP in Sefton (April 2014 to March 2015)

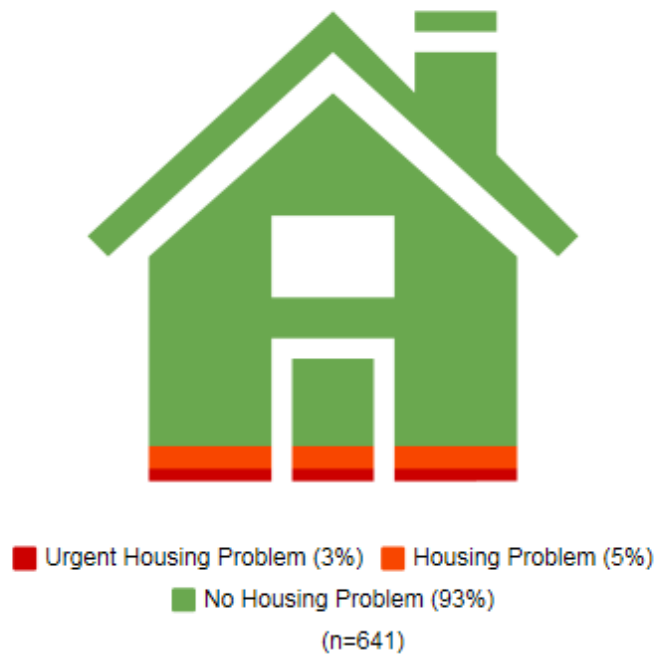


Figure 35: Offender management status of clients assessed for DIP in Sefton (April 2014 to March 2015)

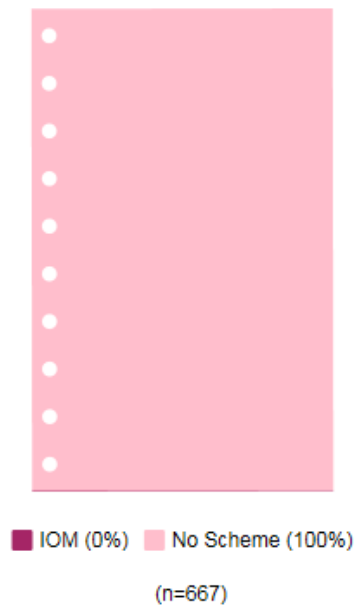


Figure 36: Drug use of clients assessed for DIP in Sefton (April 2014 to March 2015)

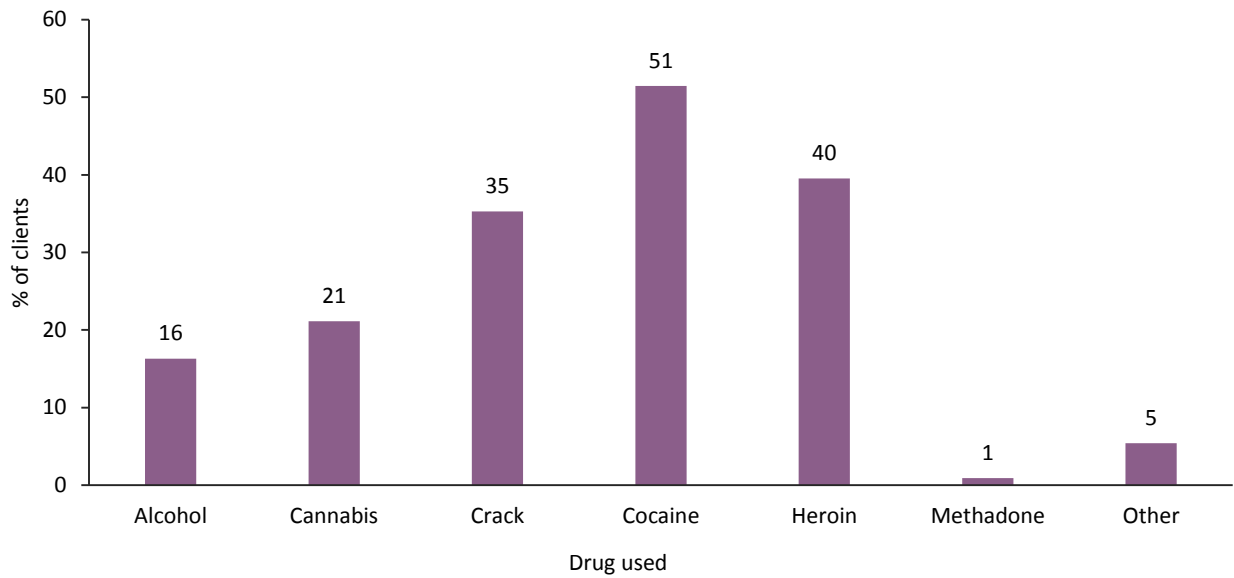


Figure 37: Route of administration of main drug for clients assessed for DIP in Sefton (April 2014 to March 2015)

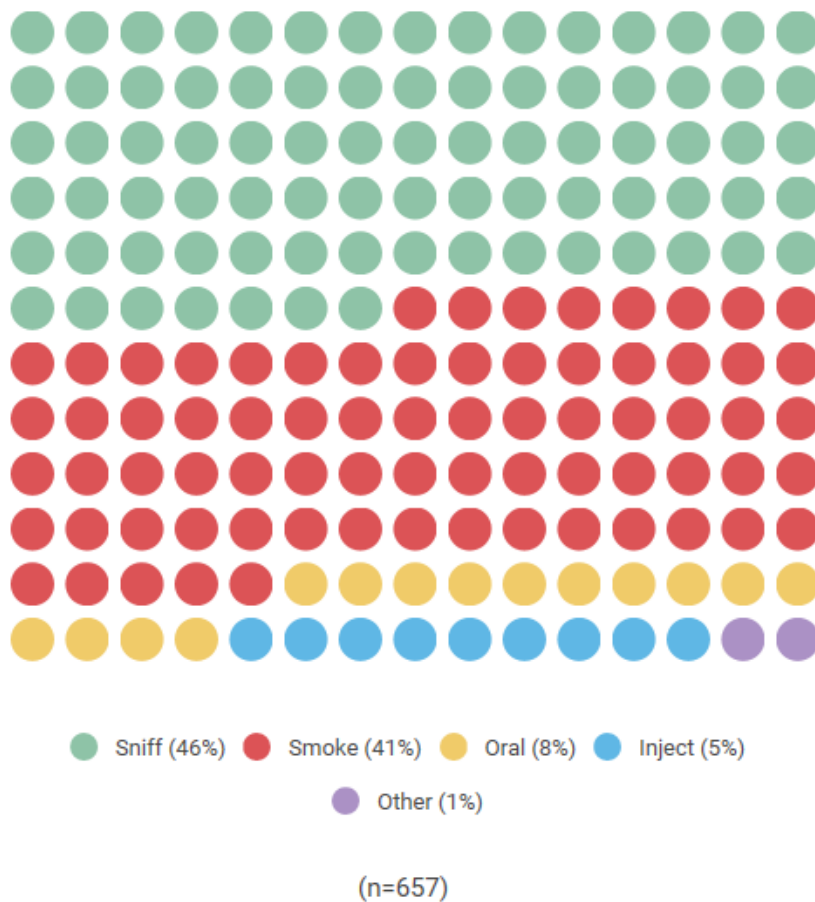


Figure 38: Offences recorded for clients assessed in Sefton (April 2014 to March 2015)

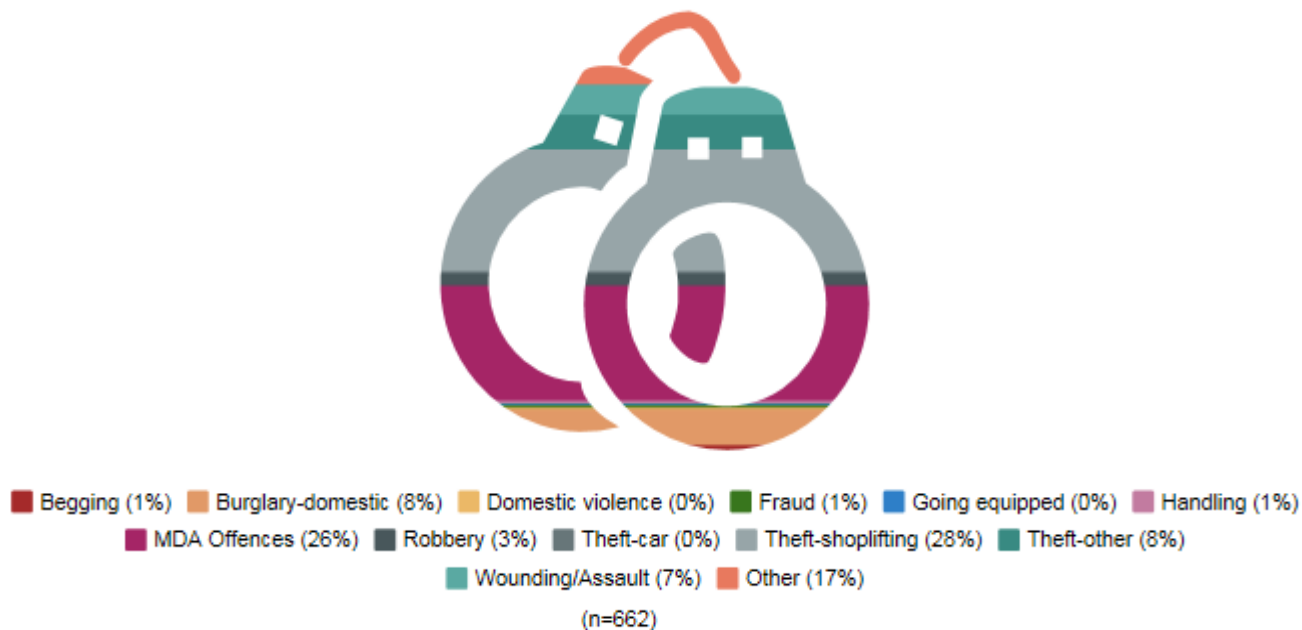


Figure 39: Number of drinking days for clients assessed in Sefton (April 2014 to March 2015)

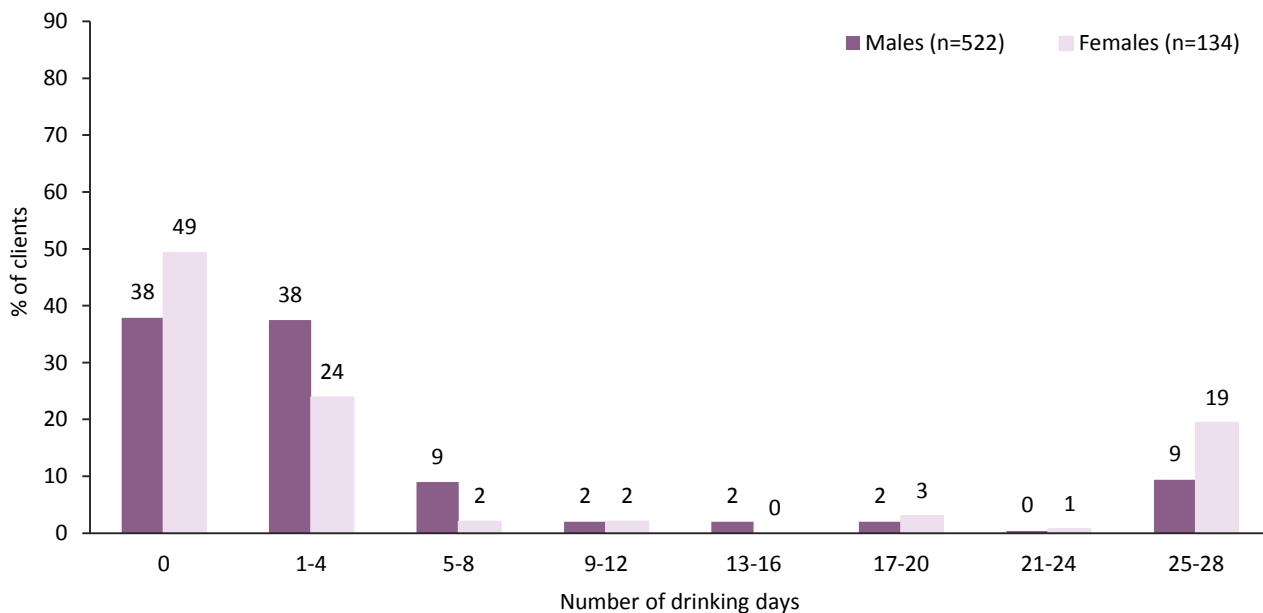


Figure 40: Units of alcohol (daily average) for female clients assessed for DIP in Sefton (April 2014 to March 2015)

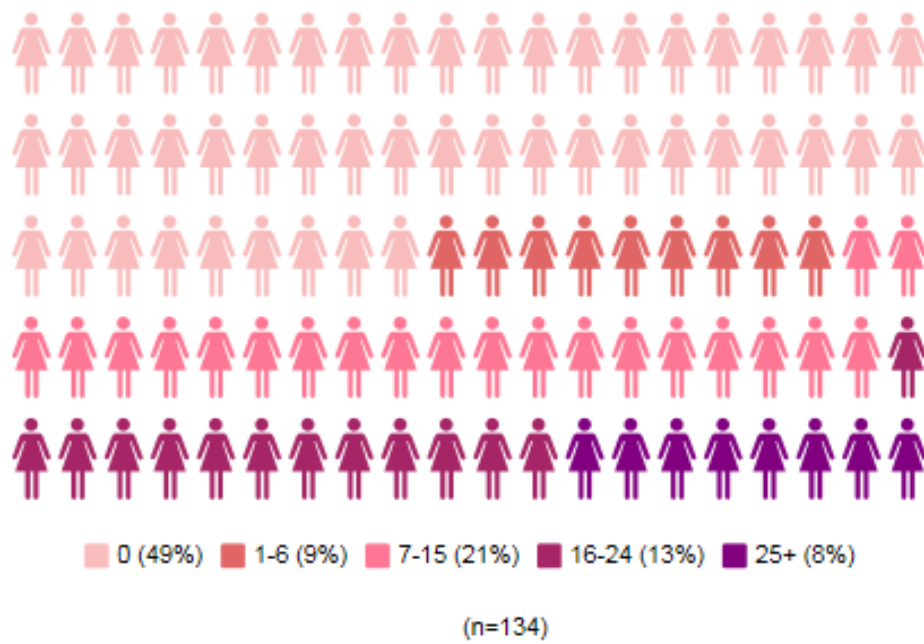


Figure 41: Units of alcohol (daily average) for male clients assessed for DIP in Sefton (April 2014 to March 2015)

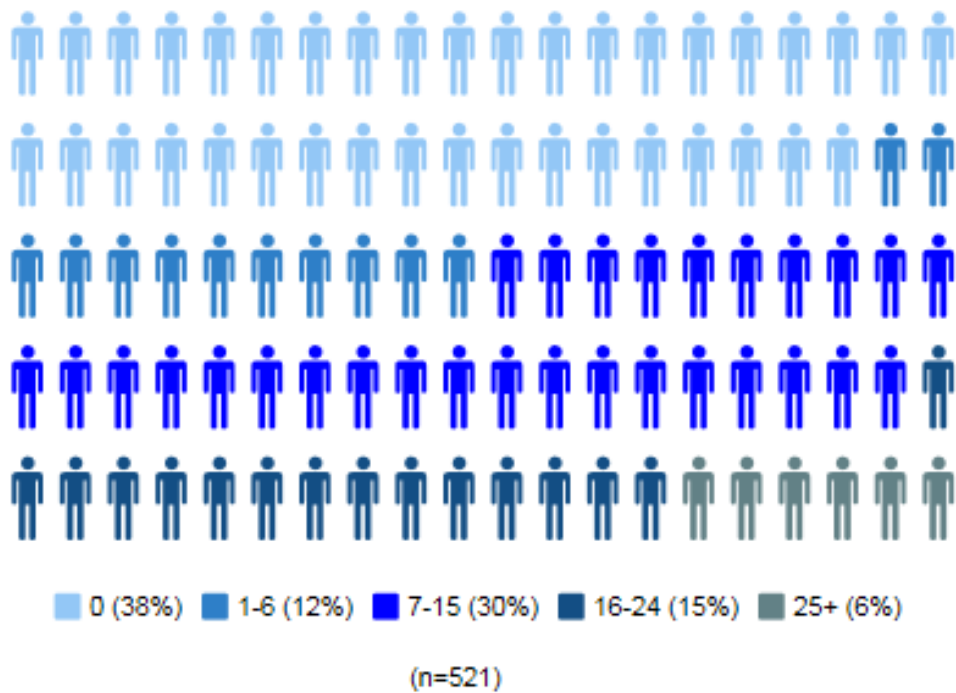
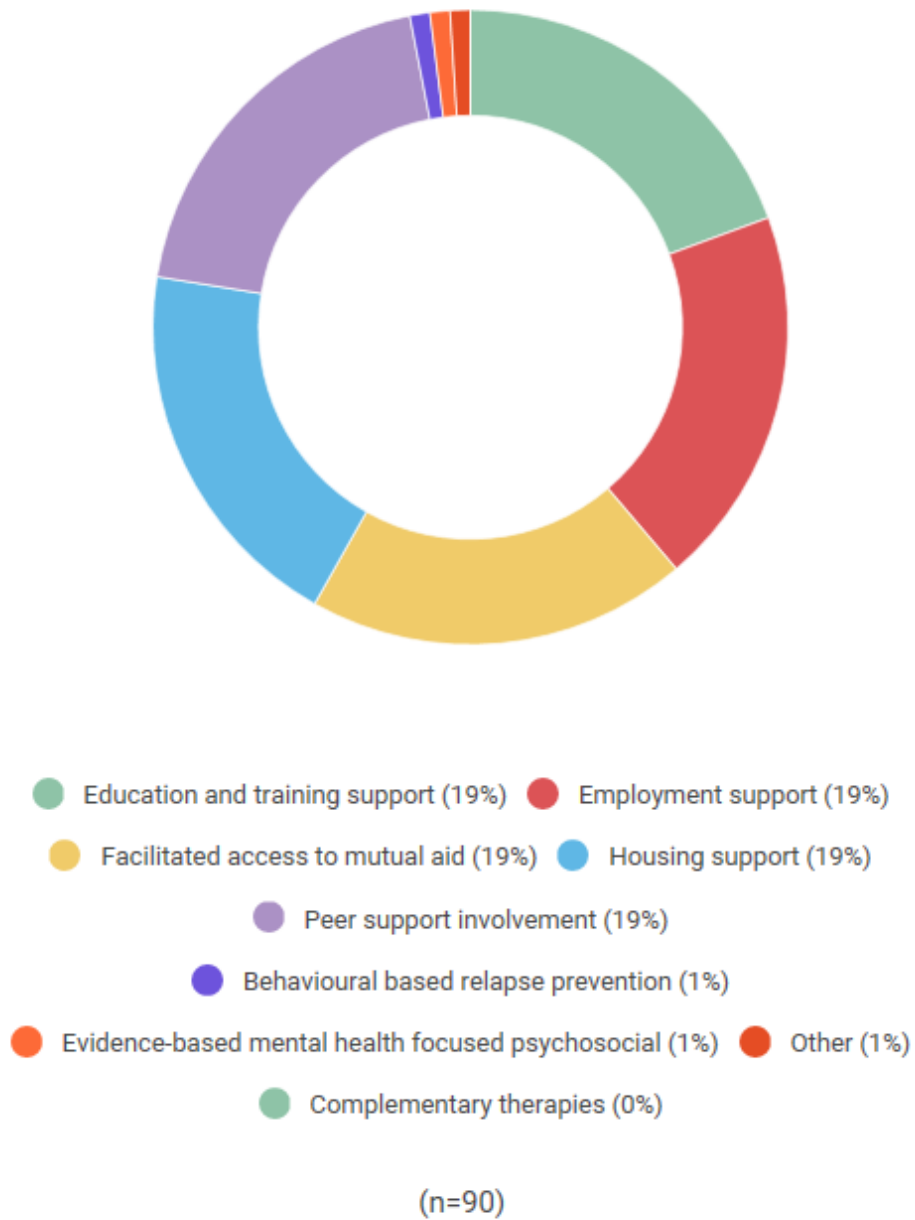
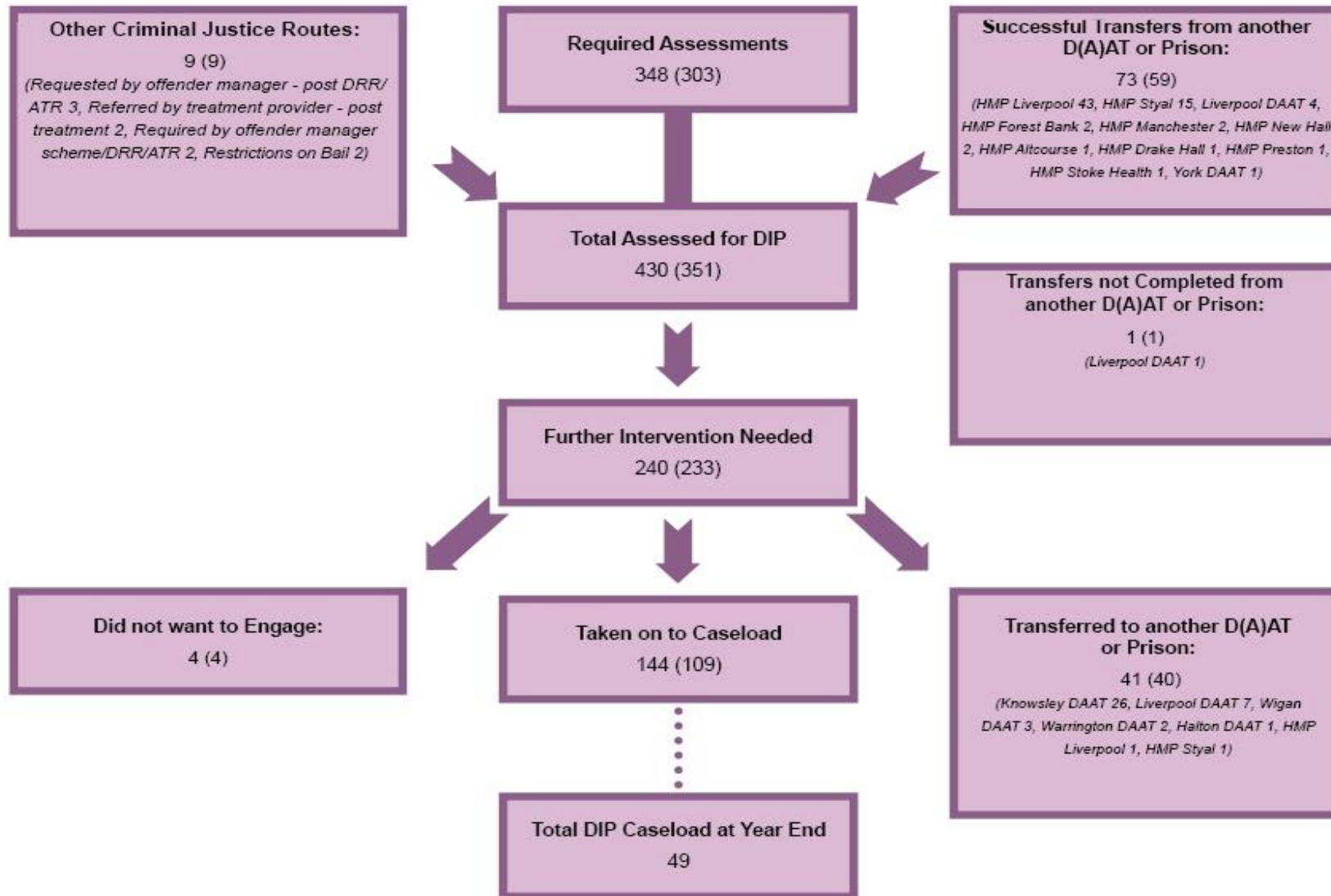


Figure 42: Sub-interventions recorded for clients assessed for DIP in Sefton (April 2014 to March 2015)



- There were 431 total DIP contacts recorded by Addaction in St Helens in 2014/15. Of these, 430 were assessed for DIP. The remaining client transferred into St Helens from another D(A)AT and was not taken onto the DIP caseload post transfer.
- The majority of clients assessed by Addaction presented via the RA route (348). There were also a number of clients who transferred successfully from another D(A)AT area or prison (73) or presented through other criminal justice routes (9).
- Over half (56%) of clients assessed required further intervention, of which three in five (60%) were taken onto the DIP caseload. Of those who were not taken onto the caseload (45), most were transferred to another D(A)AT area or prison (41; 91%).
- Those aged between 18 and 24 years accounted for the largest proportion of DIP assessments in St Helens (23%). Of all assessed, the majority were male (82%), of white British ethnicity (99%) and resident in St Helens (90%).
- While the majority of clients reported no housing problems, one in five (20%) overall had some form of housing problem; of which, 8% stated an urgent problem.
- There were relatively few clients assessed who were on an offender management scheme at the time of their assessment (4%; IOM only).
- The most common drug used by clients assessed was cocaine (56%), followed by heroin (46%). Furthermore, over one in five (22%) clients reported using crack.
- The most common routes of administration of the main drug (drug 1) was sniffing (41%) and smoking (39%). One in ten (10%) clients identified themselves as current injectors.
- The main offences committed by clients which brought them into contact with DIP in St Helens were MDA offences (31%) and theft - shoplifting (28%).
- Although many clients reported not consuming alcohol (males = 47%; females = 70%), for those who did, numbers were highest between one and four drinking days in the month (males = 32%; females = 8%).
- The most common daily average units of alcohol consumed by both females and males was between seven and 15 units (13% and 29% respectively).
- Of those who were taken onto the caseload, the most common sub-interventions delivered by Addaction were recovery check-ups (32%), behavioural based relapse prevention (29%), supported work projects (13%) and peer support (12%).

Figure 43: Overall DIP activity in St Helens (April 2014 to March 2015)⁶



⁶ Figures presented are totals; figures in brackets represent numbers of individuals, where applicable.

Figure 44: Age profile of clients assessed for DIP in St Helens (April 2014 to March 2015)

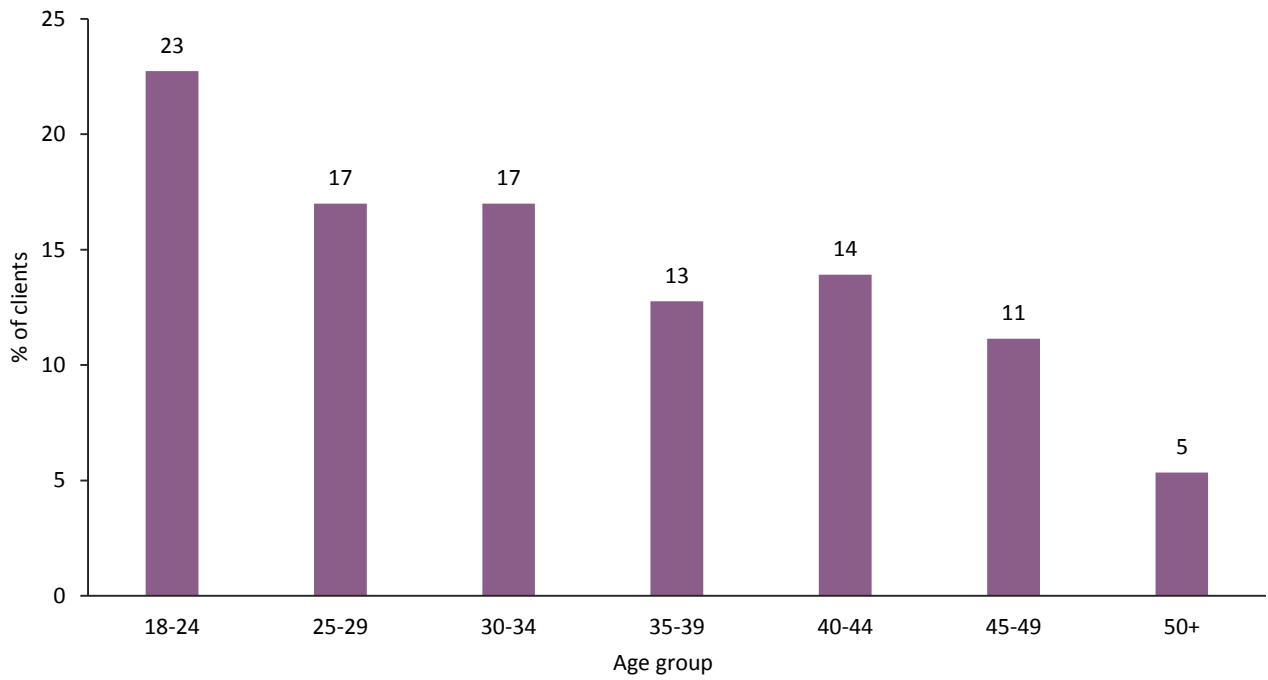


Figure 45: Gender of clients assessed for DIP in St Helens (April 2014 to March 2015)

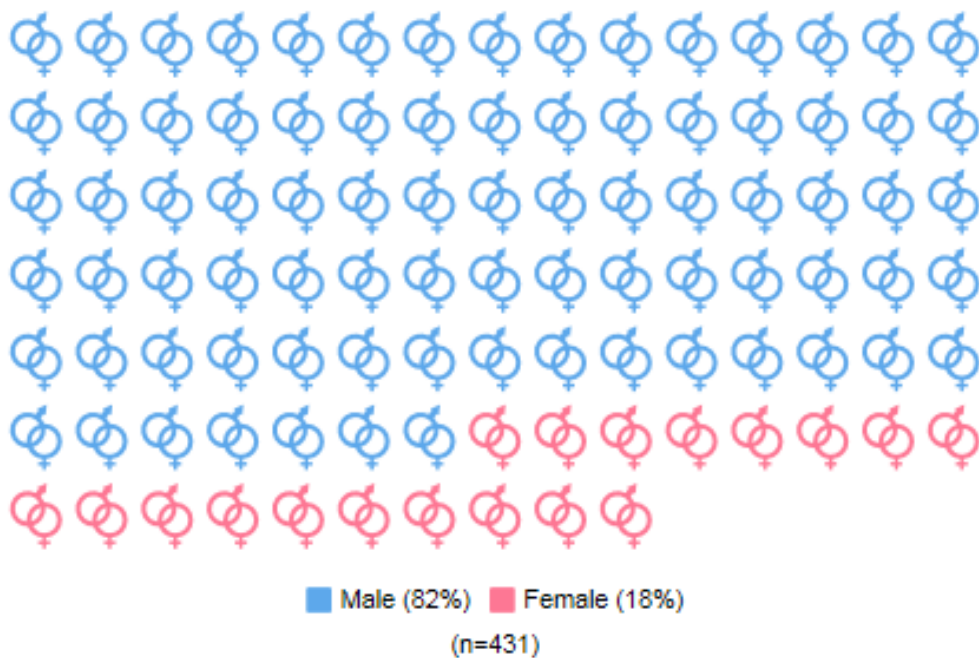


Figure 46: Ethnicity of clients assessed for DIP in St Helens (April 2014 to March 2015)



Figure 47: Residency of clients assessed for DIP in St Helens (April 2014 to March 2015)

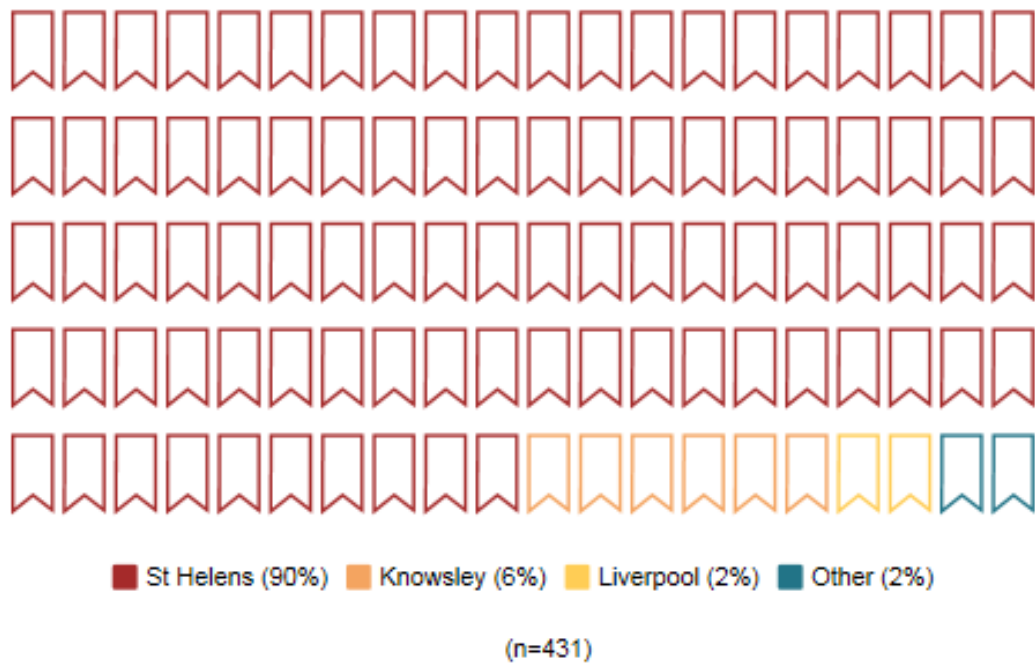


Figure 48: Accommodation of need of clients assessed for DIP in St Helens (April 2014 to March 2015)

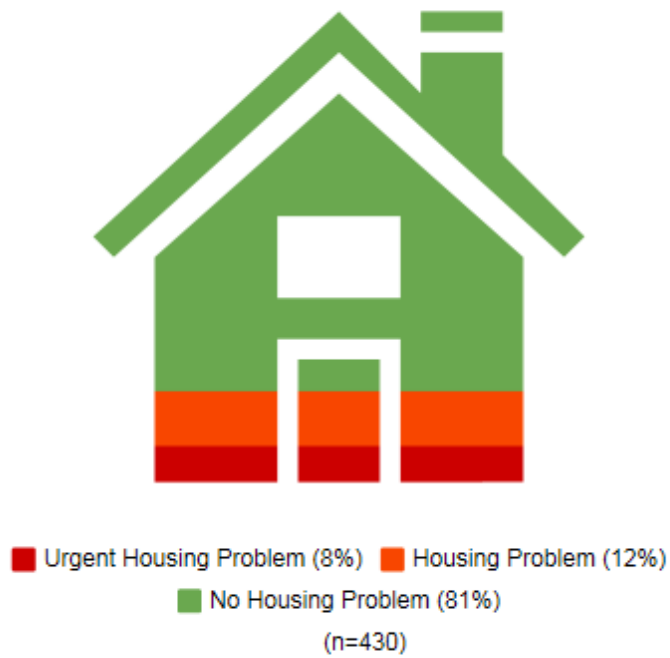


Figure 49: Offender management status of clients assessed for DIP in St Helens (April 2014 to March 2015)

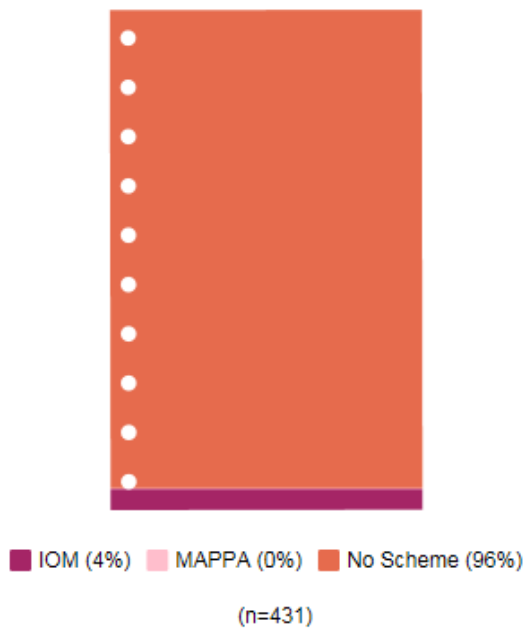


Figure 50: Drug use of clients assessed for DIP in St Helens (April 2014 to March 2015)

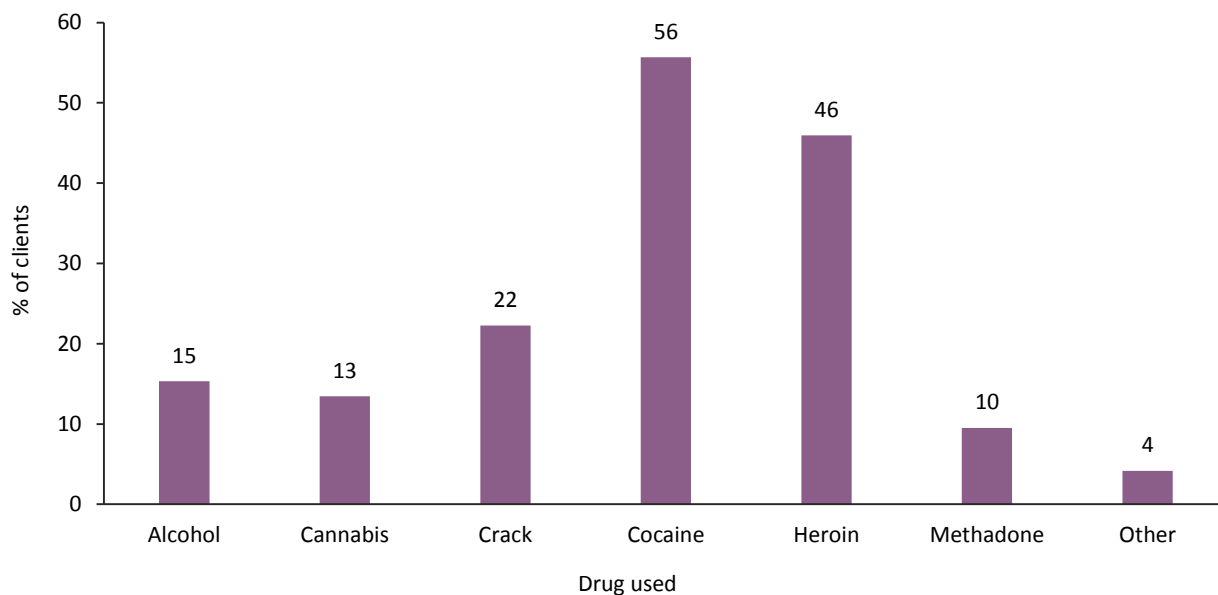


Figure 51: Route of administration of main drug for clients assessed for DIP in St Helens (April 2014 to March 2015)

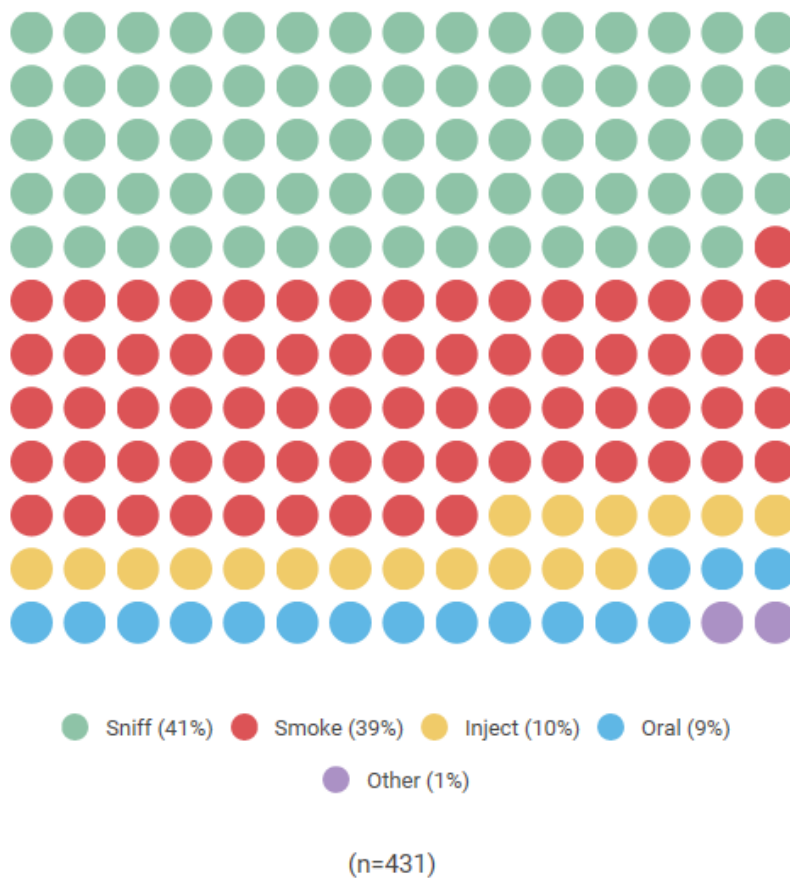


Figure 52: Offences recorded for clients assessed for DIP in St Helens (April 2014 to March 2015)

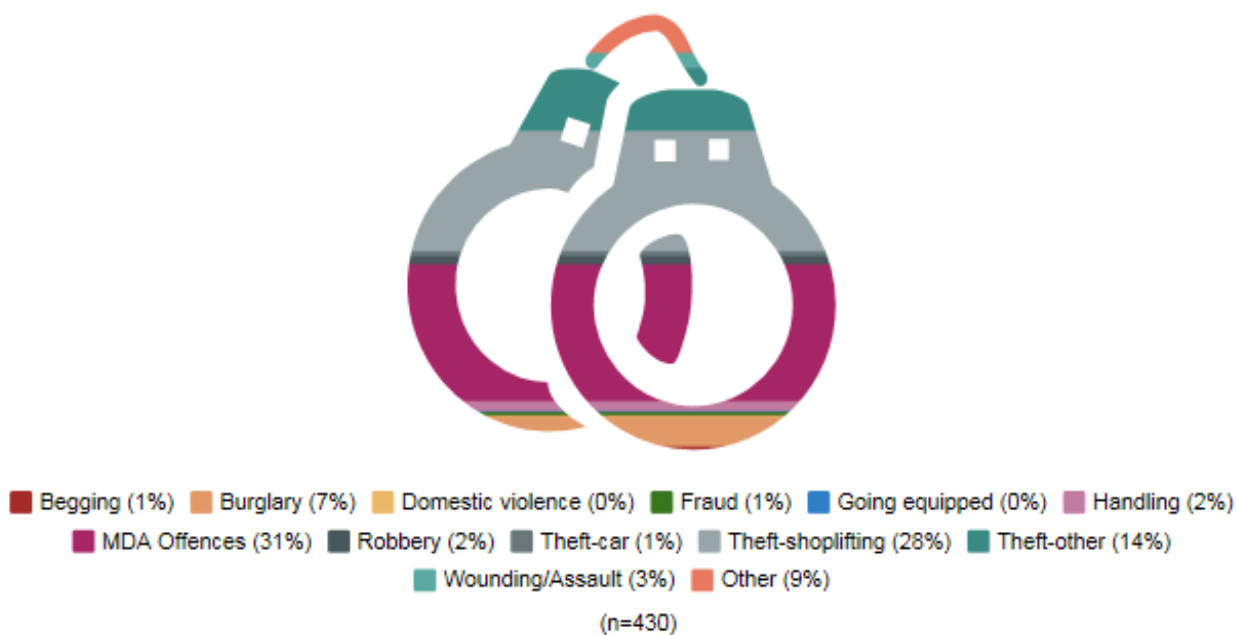


Figure 53: Number of drinking days for clients assessed for DIP in St Helens (April 2014 to March 2015)

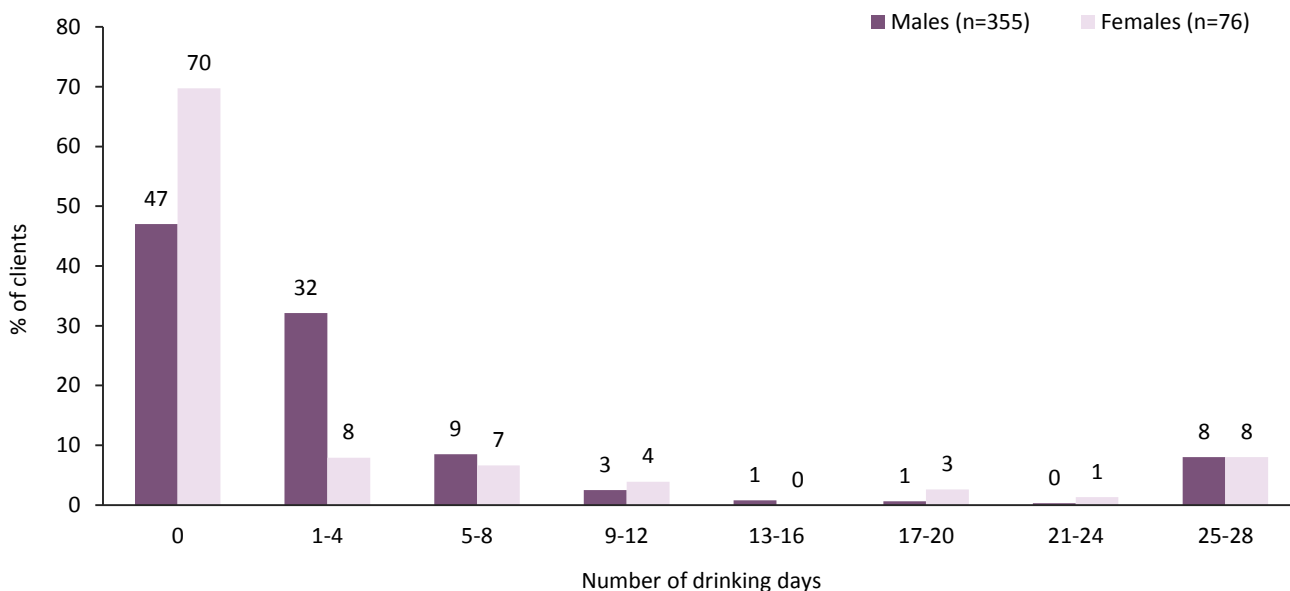


Figure 54: Units of alcohol (daily average) for female clients assessed for DIP in St Helens (April 2014 to March 2015)

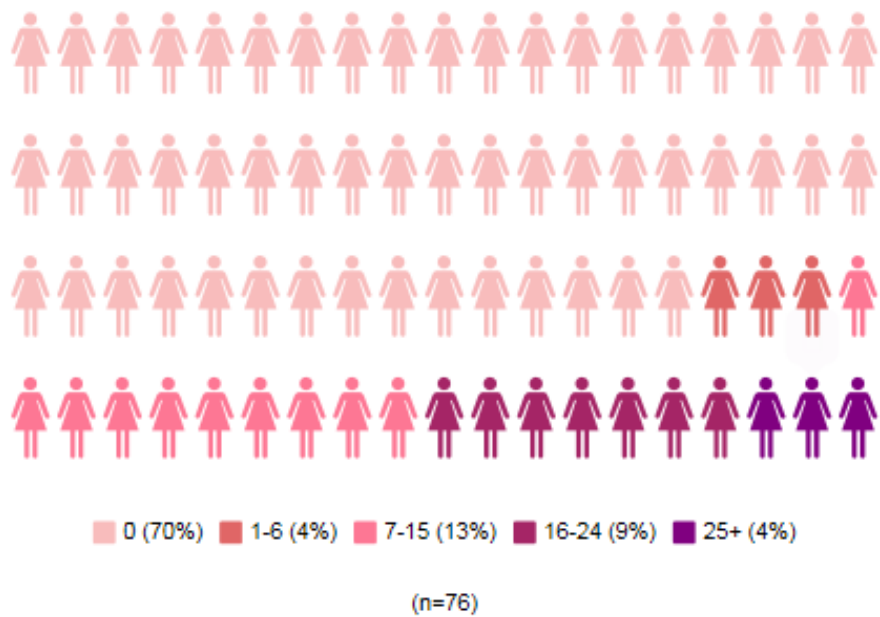


Figure 55: Units of alcohol (daily average) for male clients assessed for DIP in St Helens (April 2014 to March 2015)

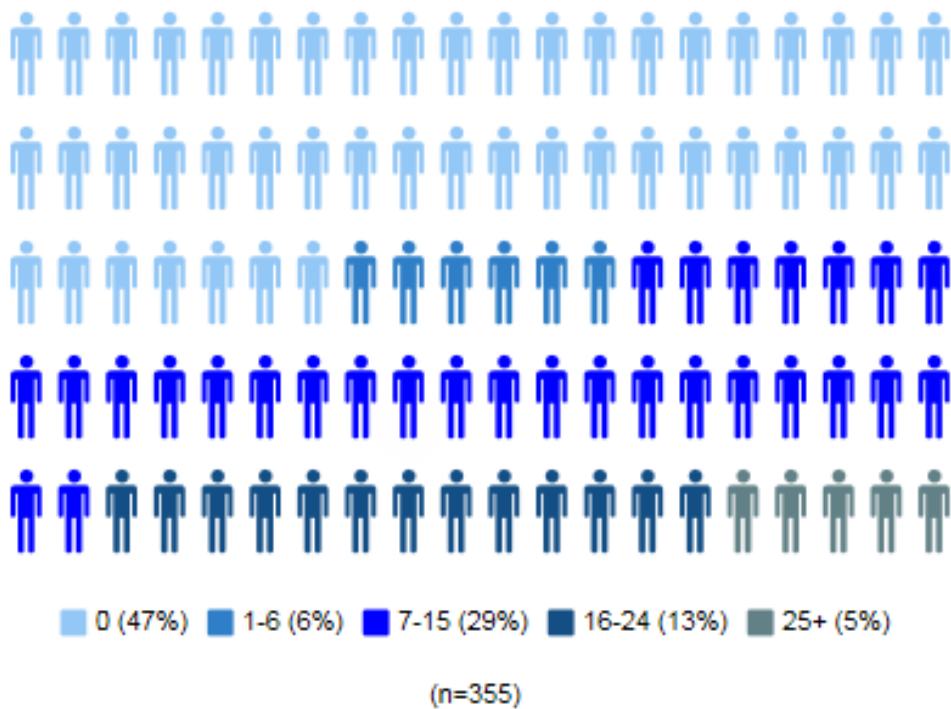
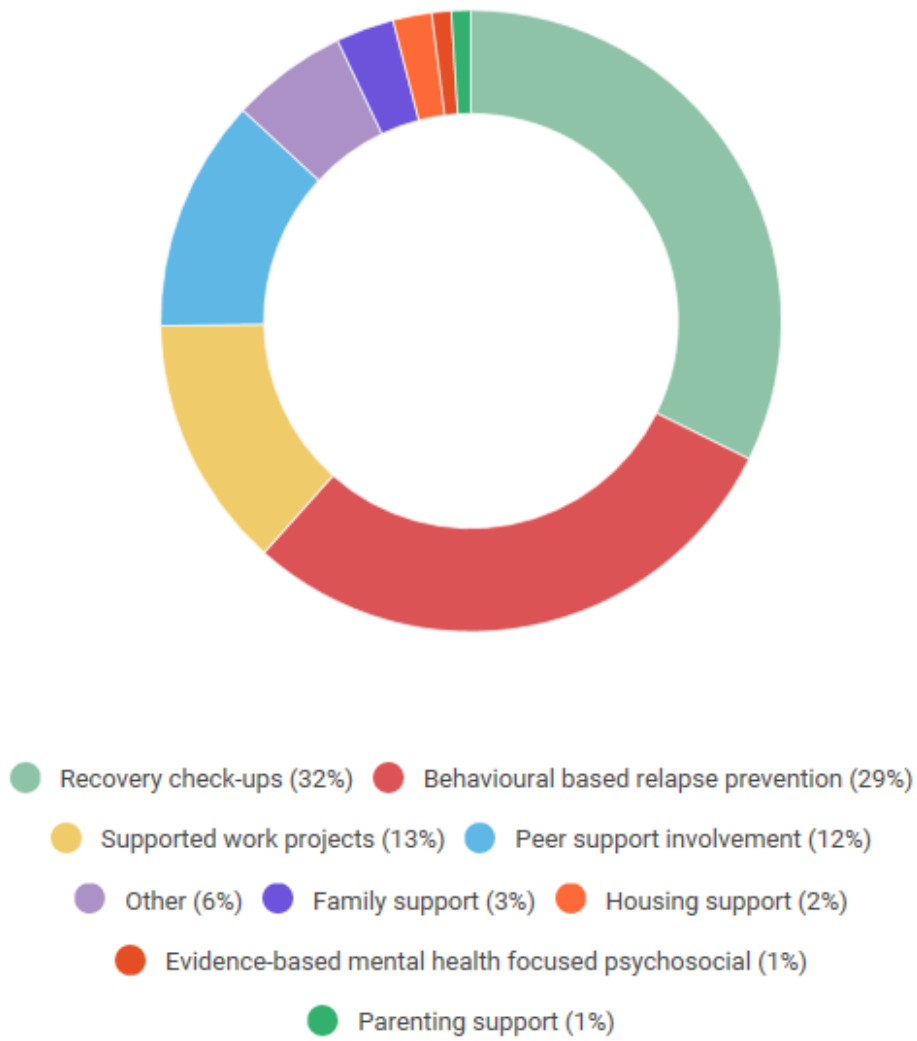


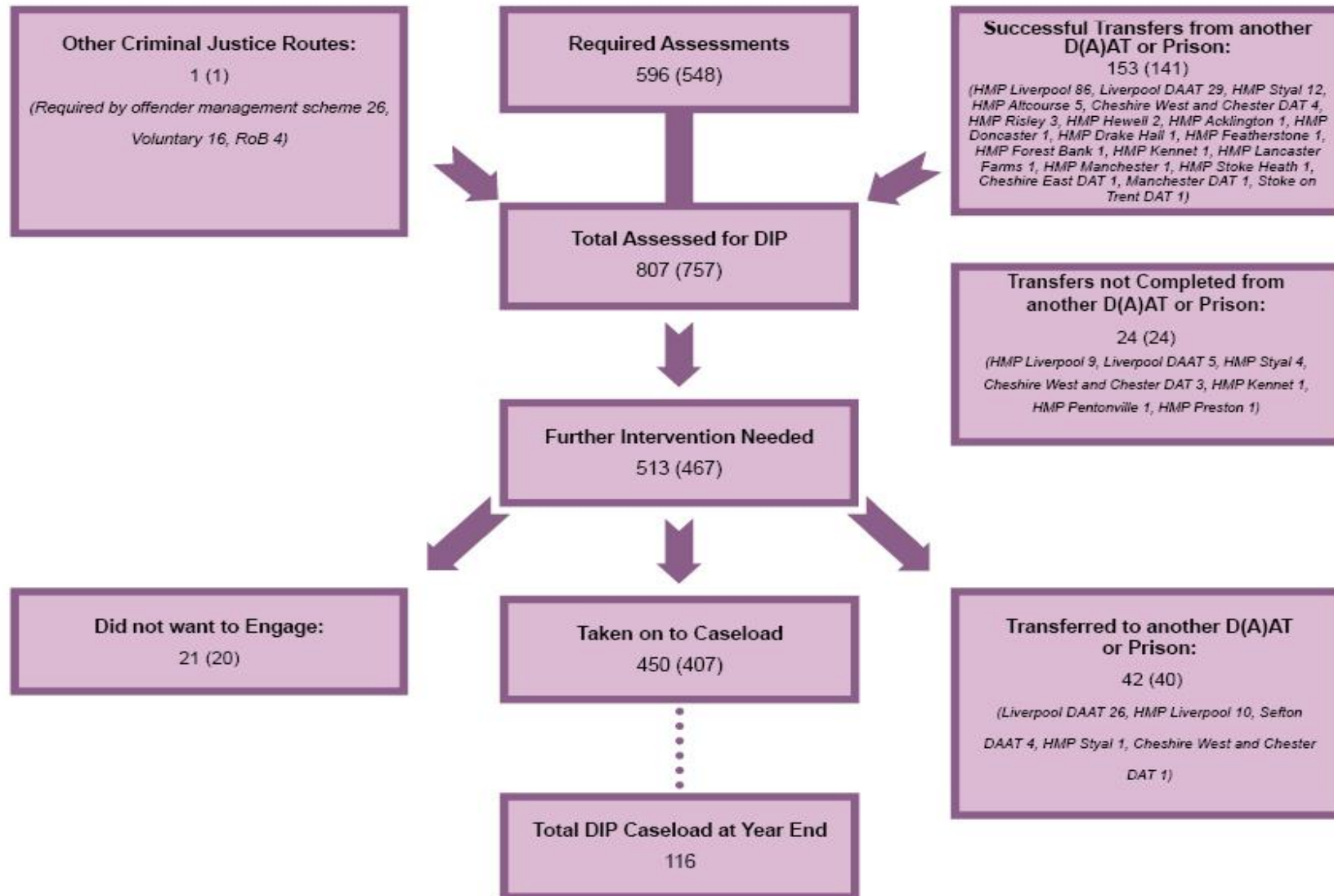
Figure 56: Sub-interventions recorded for clients assessed for DIP in St Helens (April 2014 to March 2015)



(n=42)

- There were 819 total DIP contacts recorded in Wirral in 2014/15. Of these, 807 were assessed for DIP, with the remaining 24 transferred into Wirral from another D(A)AT or prison who were not taken onto the DIP caseload post transfer.
- The majority of clients presented to Wirral DIP services via the RA route (596). There were also a number of clients who transferred successfully from another D(A)AT or prison (153) or presented through other criminal justice routes (46).
- Over six in ten (64%) required further intervention, of which the vast majority (88%) were taken onto the DIP caseload. Of those who were not taken onto the caseload (63), most were transferred to another D(A)AT area or prison (42; 67%), while the remaining 33% failed to engage post DIP assessment.
- There were no distinct patterns that emerged for the age of clients assessed for DIP in Wirral, with a similar dispersal across all age groupings in general. The majority of clients were male (84%), of white British ethnicity (96%) and Wirral residents (79%).
- While the majority of clients reported no housing problems, one in ten (10%) overall had some form of housing problem; of which, 4% stated an urgent problem.
- There were relatively few clients assessed who were on an offender management scheme at the time of their assessment (IOM = 6%; MAPPA = 4%).
- The most common drug used by clients assessed was heroin (48%), followed by cocaine (37%). Furthermore, over one in three (34%) clients reported using crack and just under one-quarter (24%) reported using cannabis.
- The most common route of administration of the main drug (drug 1) was smoking (56%). Seven per cent of clients identified themselves as current injectors.
- The main offences committed by clients which brought them into contact with DIP in Wirral were theft - shoplifting (33%) and MDA offences (22%).
- Although many clients reported not consuming alcohol (males = 47%; females = 52%), for those who did, numbers were highest between one and four drinking days in the month for males (25%) and 25 drinking days and over per month for females (18%).
- The most common daily average units of alcohol consumed by both females and males was between seven and 15 units (29% and 28% respectively).

Figure 57: Overall DIP activity in Wirral (April 2014 to March 2015)⁷



⁷ Figures presented are totals; figures in brackets represent numbers of individuals, where applicable.

Figure 58: Age profile of clients assessed for DIP in Wirral (April 2014 to March 2015)

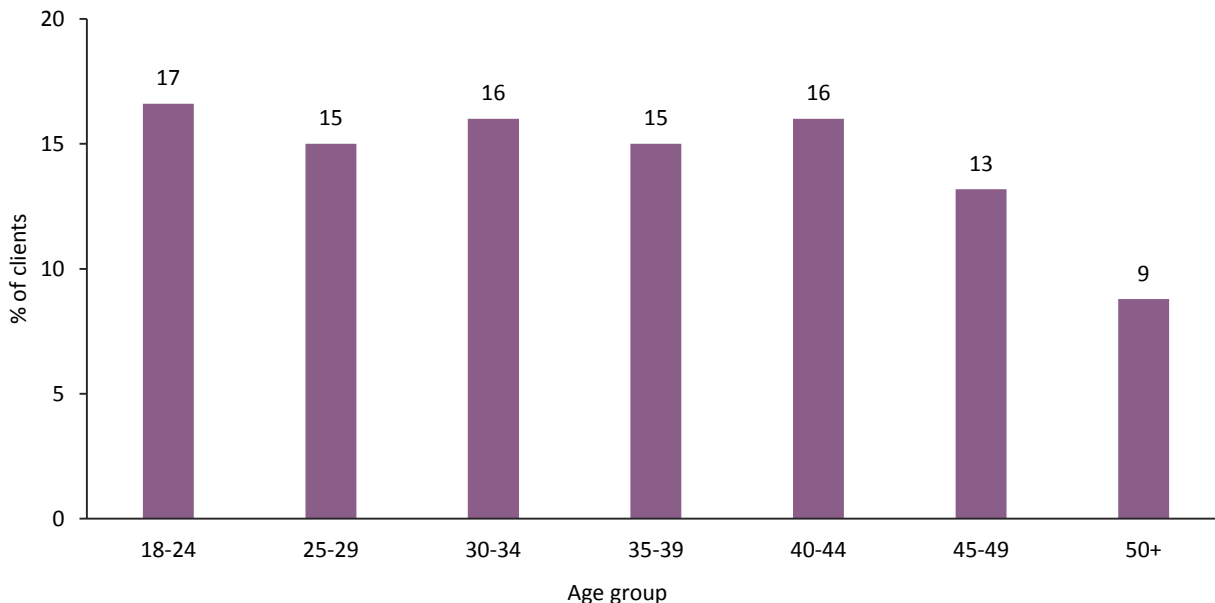


Figure 59: Gender of clients assessed for DIP in Wirral (April 2014 to March 2015)

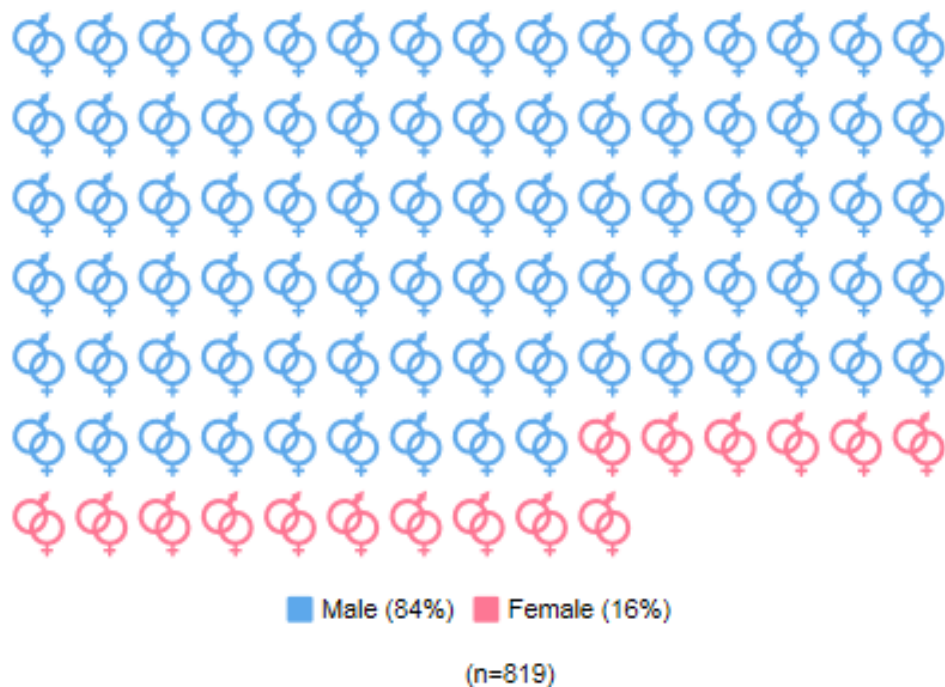


Figure 60: Ethnicity of clients assessed for DIP in Wirral (April 2014 to March 2015)



Figure 61: Residency of clients assessed for DIP in Wirral (April 2014 to March 2015)

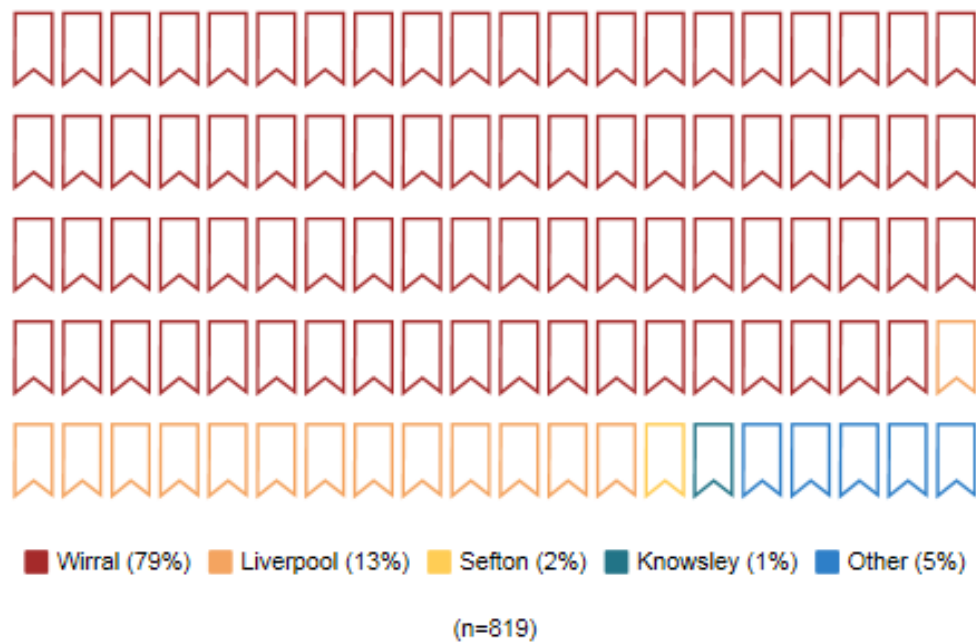


Figure 62: Accommodation of need of clients assessed for DIP in Wirral (April 2014 to March 2015)

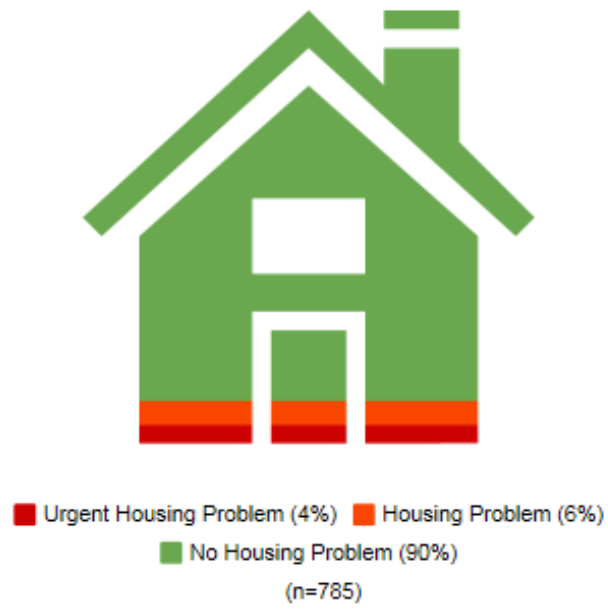


Figure 63: Offender management status of clients assessed for DIP in Wirral (April 2014 to March 2015)

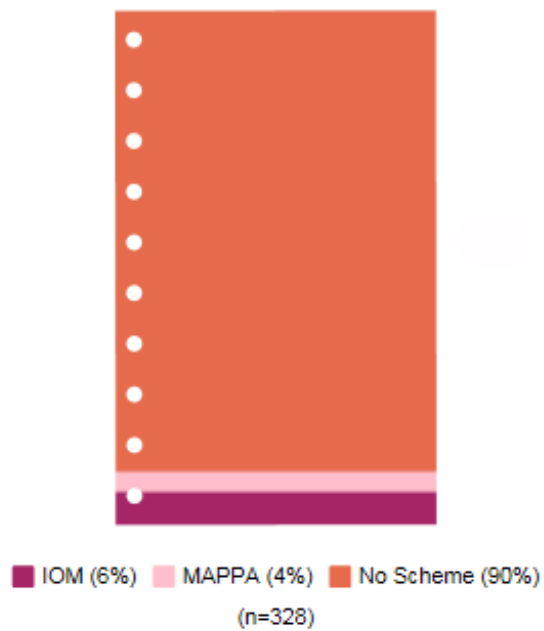


Figure 64: Drug use of clients assessed for DIP in Wirral (April 2014 to March 2015)

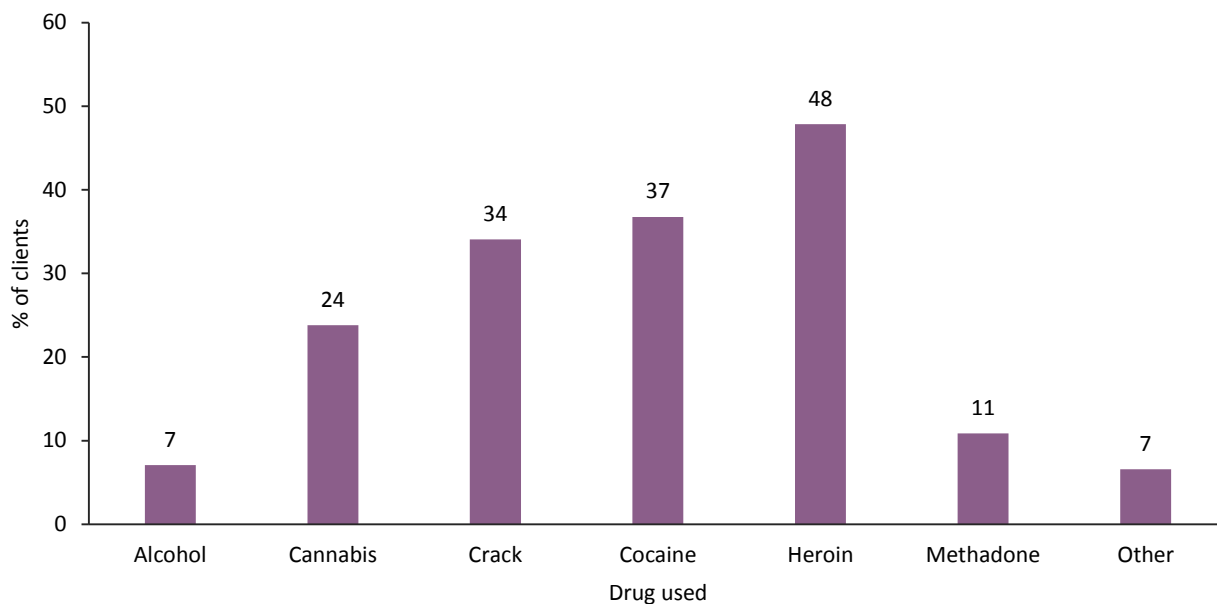


Figure 65: Route of administration of main drug for clients assessed for DIP in Wirral (April 2014 to March 2015)

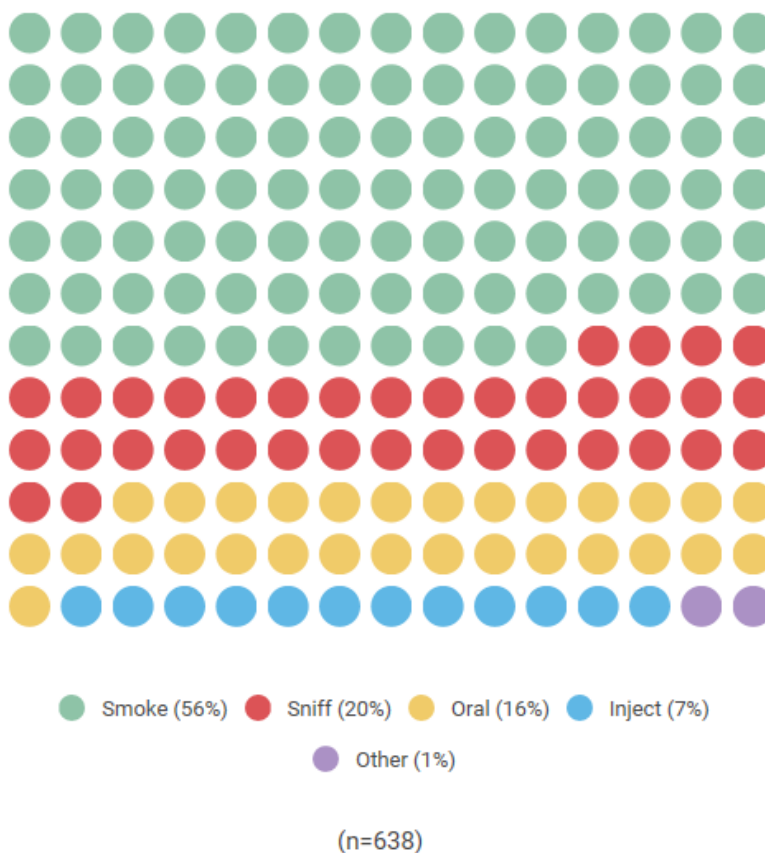


Figure 66: Offences recorded for clients assessed for DIP in Wirral (April 2014 to March 2015)

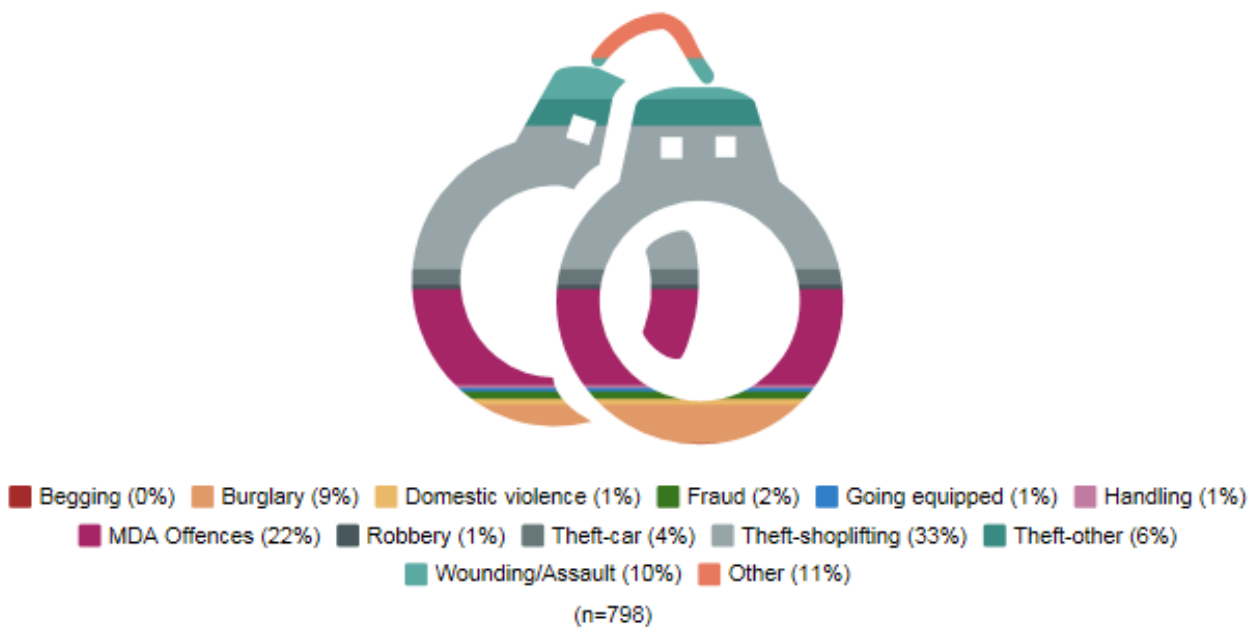


Figure 67: Number of drinking days for clients assessed for DIP in Wirral (April 2014 to March 2015)



Figure 68: Units of alcohol (daily average) for female clients assessed for DIP in Wirral (April 2014 to March 2015)

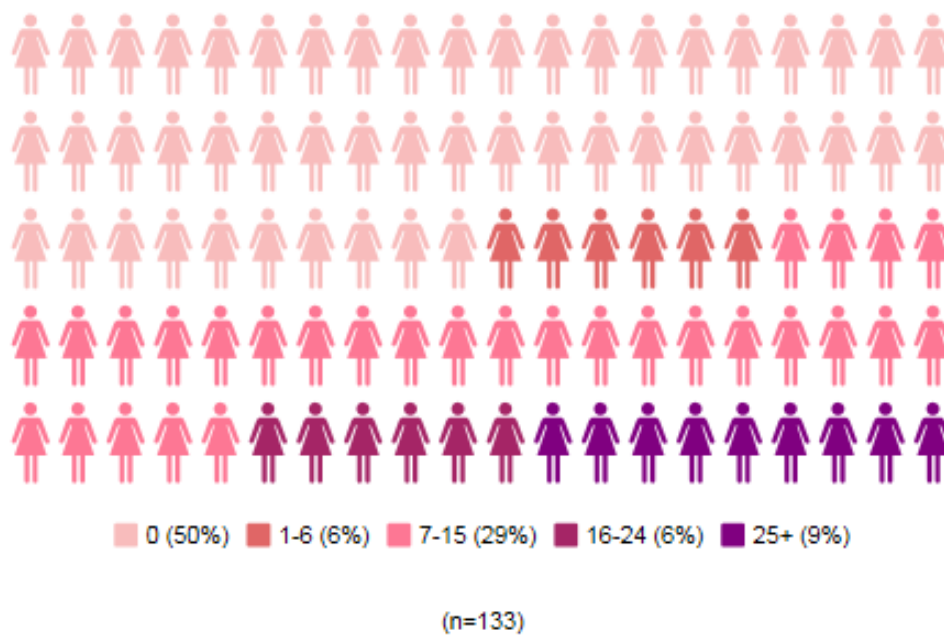
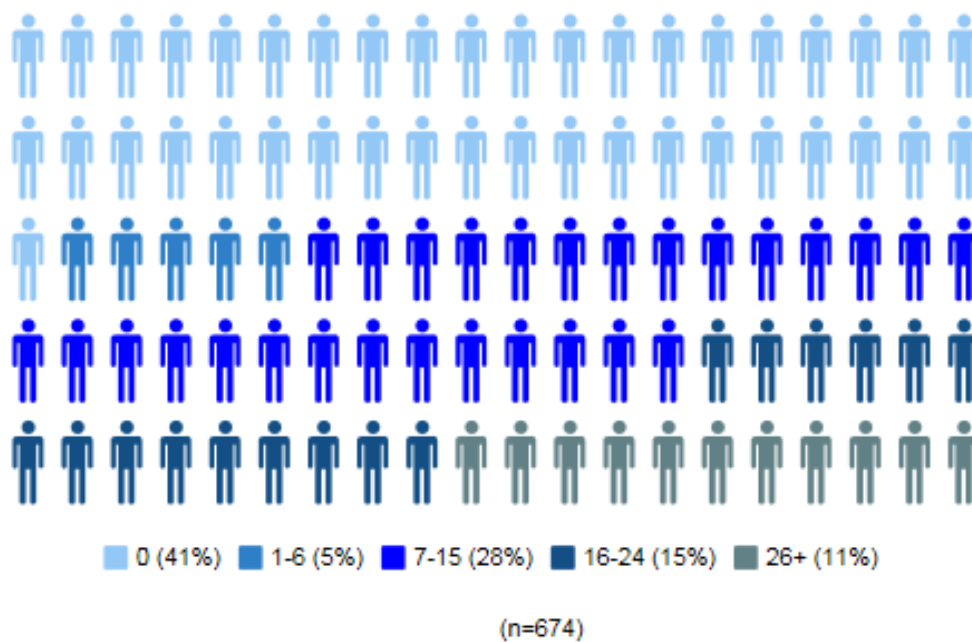


Figure 69: Units of alcohol (daily average) for male clients assessed for DIP in Wirral (April 2014 to March 2015)



DISCUSSION

CRIMINAL JUSTICE ROUTES

Between April 2014 and March 2015, the majority of clients assessed for DIP by a drugs worker across Merseyside presented via the RA route; drug testing, full RAs or transfers from another D(A)AT area for their RA. In addition to this there were a number of clients who transferred from prison to drug treatment services in Merseyside, particularly in Liverpool, St Helens and Wirral. Liverpool and Sefton also recorded a number of clients who presented via other criminal justice routes, such as Conditional Cautioning, Restrictions on Bail, requested by offender management (as part of or post a Drug Rehabilitation Requirement or Alcohol Treatment Requirement) or voluntary.

The proportion of clients assessed who required further intervention varied between 56% in St Helens to 96% in Knowsley; figures for Liverpool, Sefton and Wirral were 65%, 72% and 64% respectively. Of the clients who required further intervention, the percentages taken onto the DIP caseload in the area where they were assessed ranged from 60% in St Helens to 100% in Knowsley; figures for Liverpool, Sefton and Wirral were 67%, 73% and 88% respectively. Those who didn't go onto the caseload were mainly transferred to another D(A)AT area or prison (Liverpool = 75%; Sefton = 95%; St Helens = 91%; Wirral = 67%), while a small number did not want to engage in any further treatment post DIP assessment (Liverpool = 25%; Wirral = 33%). Overall, this helps emphasise the value of the police drug testing and RA process at being able to identify and quantify drug using offenders, and help them engage with treatment services in Merseyside.

Notably, Knowsley finds itself unique among the Merseyside areas in that it has no custody suite within its boundaries dedicated to the criminal justice process. Consequently, the vast majority of clients presenting to DIP in Knowsley do so via the RA process and are transfers in from other D(A)AT areas, usually from other areas within Merseyside. It is imperative that KIRS maintain a good working relationship with other Merseyside DIP teams and make it standard practice to regularly remind these teams of the correct procedure they should undertake to refer Knowsley residents arrested and tested in another area to KIRS.

DEMOGRAPHIC PROFILE OF CLIENTS

Clients assessed for DIP in Knowsley, Sefton and St Helens were generally young, with the largest proportions making up the younger age group categories; 23% of clients assessed for DIP in Knowsley were aged between 25 and 29 years, and 24% of those assessed in Sefton and 23% of those assessed in St Helens were aged between 18 and 24 years. There were no distinct patterns that emerged for the age of clients assessed for DIP in Liverpool and Wirral. Clients across Merseyside were mostly male, ranging from 80% in Liverpool and Sefton to 84% in Wirral.

The majority of clients reported their ethnicity as white British, which varied from 90% in Liverpool to 99% in St Helens. The proportions of clients resident in the area in which they were assessed varied between 79% in Wirral to 100% in Knowsley (Liverpool = 86%; Sefton = 80%; St Helens = 90%).

Although the majority of clients did not report a housing problem, some did have problems including a number who had urgent housing issues, ranging from 4% in Knowsley, Liverpool and Wirral to 8% in St Helens. There were also very few clients recorded as being on an offender management scheme at the time of their DIP assessment (IOM or MAPPA).

These variations on demographics indicate that care should be taken with regards to ensuring that drug treatment provision caters for the variety of needs of those assessed for DIP across Merseyside. Efficient referral routes to access other peripheral services should be in place with strong communication links between agencies to ensure that these individuals can access the care they need to help make their lives less chaotic and be in a better position to address their offending and drug use.

DRUG USE

The main drug used by clients assessed in Knowsley, Liverpool, Sefton and St Helens was cocaine (73%, 47%, 51% and 56% respectively), while the main drug used by clients assessed in Wirral was heroin (48%) followed by cocaine (37%). There were also high proportions of heroin use in clients assessed in Liverpool, Sefton and St Helens (41%, 40% and 46%). Crack and cannabis were also prevalent across the five areas; crack use varied from 22% in Knowsley and St Helens to 35% in Sefton, while cannabis use varied from 13% in Liverpool and St Helens to 29% in Knowsley. Furthermore, alcohol was reported by 20% of clients in Liverpool. It is worth noting that while nearly all clients assessed reported one main drug, some did not report using a second drug and most did not report a third.

For four of the five areas, the most common route of administration of the main drug was sniffing (ranging from 41% in Liverpool and St Helens to 49% in Knowsley), followed by smoking (ranging from 39% in St Helens to 47% in Knowsley). For clients assessed in Wirral, smoking was the most common route of administration of the main drug (56%). There was also a proportion of clients across Merseyside who injected their main drug, ranging from 1% in Knowsley to 10% in St Helens (Liverpool and Wirral = 7%; Sefton = 5%).

OFFENDING

The main offences committed by clients assessed across Merseyside included theft - shoplifting and MDA offences. Theft - shoplifting ranged from 28% in Sefton and St Helens to 33% in Wirral, while MDA offences ranged from 22% in Wirral to 42% in Knowsley.

ALCOHOL

Many clients reported not drinking alcohol, ranging from 31% in Knowsley to 49% in Liverpool for males, and 47% in Knowsley to 70% in St Helens for females. Of those who did drink, most recorded drinking between one and four days in the month, with the exception of females in Wirral who reported drinking 25 days or more in the month (18%).

The most common daily average units of alcohol was seven to 15 units for both males and females. Proportions varied between 18% in Liverpool to 30% in Knowsley and Sefton for males, and between 13% in St Helens to 29% in Wirral for females. There were also large proportions reported for clients consuming between 16 and 24 units of alcohol on an average day for males in Knowsley (26%) and for both males and females in Liverpool and Sefton (Liverpool males = 17%; Liverpool females = 14%; Sefton males = 15%; Sefton females = 13%).

CONCLUSION

Previous reports have identified a younger, potentially less problematic drug using client base (high levels of cocaine and cannabis use) and older, more problematic drug users (high levels of opiate/crack use; Cuddy et al., 2015b). However this report identified higher proportions of younger clients in three out of the five areas only, with the other two areas showing no distinct patterns for the age of clients assessed for DIP. Also, there were no particularly large proportions of older clients assessed for DIP between April 2014 and March 2015. Even though cocaine was the most common drug used in four out of the five areas, heroin use was also prevalent in all but one area, and to a lesser extent, crack use was common across all Merseyside areas.

The profile of DIP clients make it difficult for services to focus their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Government's Drug Strategy (Home Office, 2010b) and National Treatment Agency for Substance Misuse (NTA; 2012), cases will need to be assessed on a person by person basis and decisions made about the most appropriate treatment for that individual. With the pooled treatment budget now firmly ensconced in overall public health funding and control of criminal justice data now with PHE, it is critical to demonstrate interventions provide appropriate support and produce quality outcomes across the cohort (Howarth et al., 2012). It is also necessary to demonstrate interventions that will aim to reduce offending (Cuddy et al., 2015a), ensuring that it can prove its worth to society going forward and that those with the greatest need and those having the most significant impact on communities are targeted.

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Appendix 1: Methodology

The data used to produce this report were taken from PHE's Criminal Justice Interventions Team (CJIT) Data Entry Tool (DET) data set for each of the five Merseyside areas. Analysis was carried out on all data from 1st April 2014 to 31st March 2015 inclusive.

Please note that demographic data for Wirral are not as comprehensive as the other four areas in 2014/15 due to minimum dataset reporting differences. Prior to February 2015, ARCH Initiatives was responsible for criminal justice data. ARCH Initiatives used their own case management system to report each month which meant that some data fields were not captured in 2014/15 until February 2015. Criminal justice data for Wirral was reported by CGL from February 2015 onwards through the PHE dataset, bringing it in line with the other four Merseyside areas.

Data were analysed using *Microsoft Excel* and *Access*, and *SPSS* with the findings presented using infographics and charts, including:

- Number of DIP assessments in the year
- Overall DIP activity
- Age
- Gender
- Ethnicity
- Residency
- Accommodation need
- Drugs used
- Route of administration of drug 1
- Offences
- Number of drinking days (by gender)
- Daily average number of units of alcohol (by gender)
- Sub-interventions (where available)

Data findings are presented for each of the five D(A)AT areas in Merseyside in separate chapters; Knowsley, Liverpool, Sefton, St Helens and Wirral.

In cases where 0% has been recorded, this represents a low number of clients for this category and it is not the case that no clients were present in the data for that category. Also, percentages may not add up to 100% due to rounding.

Findings from this analysis are discussed, comparing the five Merseyside areas and highlighting any trends across the county.

Appendix 2: Glossary of terms

| Term | Notes |
|--|---|
| CJIT DET form | The PHE criminal justice data collection form used by Criminal Justice Interventions Teams (CJITs) to collect data about the client, the current CJ episode, referrals to structured drug treatment and information around sub-interventions and case closures. |
| CJIT DET | The PHE data entry tool which captures data recorded from the CJIT DET form. Data are entered manually or a file uploaded directly onto the internet based system. |
| D(A)AT | Drug Action Teams (DATs) and Drug and Alcohol Action Teams (DAATs) are multi-agency partnerships responsible for coordinating local initiatives and programmes on drug (and alcohol) use. |
| Trigger offence | A collection of offences that have a clear link to substance misuse and are key to targeting drug using offenders. Trigger offences generally involving stealing, theft, fraud or drugs. |
| Non-trigger offence | An offence beyond the scope of the trigger offence list. A drug test can be authorised by a custody Inspector (under Inspector's authority) if he/she suspects that drug use was a contributory factor in the offence committed. |
| Targeted testing | Prior to mid-2015, drug tests were required for all arrests for trigger offences (or non-trigger under Inspector's authority) in Merseyside. Merseyside Police introduced targeted testing mid-2015 and this was officially implemented across Merseyside by August 2015. The main aim of targeted testing is to reduce negative tests, and thus reduce costs. There is now a set list of questions that should be considered before a decision is made on whether the arrestee is drug tested. |
| Required Assessment (RA) | An assessment process which an individual who has been arrested and subsequently had a positive drug test must attend with a drugs worker. |
| Initial RA | This is the initial part of the RA process where a drugs worker assesses the individual and establishes if they require further intervention with drug treatment. |
| Follow-up RA | This is the second part of the RA process where the drugs worker outlines care plan options with the client regarding their treatment plan. |
| IOM | Integrated Offender Management (IOM). |
| MAPPA | Multi-Agency Public Protection Arrangement (MAPPA). |
| MDA | Misuse of Drugs Act (MDA) offence. |
| TWOC | Taken without owners consent (TWOC) offence. |
| Structured drug treatment (Tier 3 and/or 4 interventions) | Tier 3 interventions include provision of community-based specialised drug assessment and co-ordinated care planned treatment and drug specialist liaison; and Tier 4 interventions include provision of residential specialised drug treatment, which is care planned and care co-ordinated to ensure continuity of care and aftercare. |

