

Drug Interventions Programme

DIP

# DIP Merseyside Demographics Report 2013/14

(April 2013 – March 2014)

December 2015


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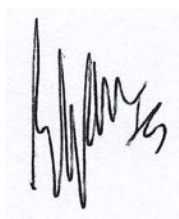
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## FOREWORD

I was delighted to be asked by the Centre of Public Health to write the foreword for this year's DIP Merseyside Demographics Report 13/14. The DIP Programme continues an important entry point into the substance misuse treatment system for local drug users, particularly for those who are engaged in acquisitive crime and perhaps reluctant to access treatment services. In their evaluation of DIP on Merseyside, the Centre of Public Health found evidence that the DIP process had '*a measureable positive impact on clients offending*' (Cuddy et al., 2015). Certainly, for as long as the DIP Programme has been in operation, Wirral, like many other areas, has seen a reduction in acquisitive crime which has helped to transform our local communities.

There are, however, a number of emerging challenges for the DIP Programme, set against a rapidly changing landscape in which austerity and funding pressures dominate. Firstly, demonstrating the impact and outcomes of service provision is becoming increasingly important. Secondly, with the historical drug-driven crime wave largely consigned to the past, there is now a danger that the need for DIP interventions has diminished in the eyes of the wider community.

The findings of this report suggest that the demographic and profile of drug use is changing and serve as a reminder to all DIP delivery partners and to the wider community that we cannot afford to become complacent. The findings of this report are therefore vitally important to inform commissioning and to respond to changing patterns of drug use by allocating resources appropriately. They also form part of the wider evidence base for assessing the effectiveness of DIP interventions in promoting access to treatment and maintaining existing benefits in crime reduction.

A handwritten signature in black ink, appearing to read 'S. Gavin', is positioned above the name of the signatory.

**Steven Gavin, Public Health Manager, Wirral Council**

## EXECUTIVE SUMMARY

The main objective of the Drug Interventions Programme (DIP) is to identify and engage with drug using offenders in the criminal justice system (CJS) 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 report aims to provide the Merseyside DIP teams and commissioners with summary information regarding the characteristics of the clients who were assessed between April 2011 and March 2014.

## KEY FINDINGS

- ❖ Clients under 25 years of age make up sizeable proportions of those assessed in all areas, with the majority of those clients reporting cocaine use.
- ❖ There still remains a large number of opiate/crack users (OCUs) presenting to DIP and this population is an ageing one in all areas.
- ❖ There remains a substantial group of female clients within DIP, with proportions highest in St Helens of the areas examined here in detail.
- ❖ Cocaine is still the most common drug used by clients assessed, with prevalence of its use highest in Knowsley.
- ❖ With the exception of Knowsley, there are sizeable proportions of clients who have ever engaged in injecting behaviour presenting to DIP across Merseyside.
- ❖ In general, clients assessed for DIP were not consuming alcohol on a regular (more often than weekly) basis.
- ❖ The most common offences committed by clients were Misuse of Drugs Act (MDA) offences, followed by shoplifting.

As previous demographic reports have alluded to, there are currently two distinct client groups presenting to DIP across Merseyside; younger, potentially less problematic, mostly powder cocaine using clients and older, likely more problematic OCUs. With the increasing likelihood of targeted testing being introduced in the near future across Merseyside, it is likely that there will be greater focus once again on this problematic OCU group as their offending behaviour will be intrinsically linked to their drug use. It still remains critical that teams are aware of the ongoing variation in their client base, but those whose resources have been more tailored towards the younger clients should recognise that a shift in numbers towards a larger OCU population may be imminent.



## AIM OF THE REPORT

This report aims to provide the Merseyside DIP teams and commissioners with the characteristics of the clients that they had contact with between April 2011 and March 2014. It will present:

- ❖ A year by year comparison between 2011/12, 2012/13 and 2013/14 for four of the Merseyside Drug (and Alcohol) Action Team [D(A)AT] areas (Knowsley, Sefton, St Helens & Wirral).
- ❖ An analysis of data across the four Merseyside D(A)ATs focussed on 2013/14.

This report will inform teams as to the overall profile of clients assessed for DIP and identify trends among this drug using population on Merseyside. This will aid teams in applying resources and determining best practice in an environment where there is currently reduced funding.

## INTRODUCTION

### DRUG USE IN ADULTS

The link between drug use and acquisitive crime is well established through research and has been addressed within UK Government policy. It is estimated that drug related crime costs £13.9bn per year (Singleton et al, 2006) and a recent study on acquisitive offending among substance misusers found that 40% had committed an acquisitive crime in the month prior to study entry (Hayhurst et al, 2013). Acquisitive crime aside, drug misusers frequently come into contact with the Criminal Justice System (CJS) as the use of illegal drugs makes them liable for arrest (Gossop, 2005).

The 2013/14 Crime Survey for England and Wales (CSEW) estimated that over a third (35.6%) of 16 to 59 year olds had used one or more illicit drugs in their lifetime (Home Office, 2014). The survey also found that 8.8% of adults had used illicit drugs in the previous year, a similar figure to that reported in 2012/13 (8.2%). In addition, past year Class A drug use amongst 16-59 year olds had increased slightly in 2013/14 to 3.1% after a relatively stable level between 1996 (2.7%) and 2012/13 (2.6%). Cannabis remained the most likely drug to be used among adults in 2013/14, with increases seen in use of cocaine, ecstasy, ketamine and LSD compared to 2012/13.

### DRUG INTERVENTIONS PROGRAMME (DIP)

The Drug Interventions Programme (DIP) was developed as part of the updated Drugs Strategy to break the link between drugs and crime, so as to minimise the related harm caused to individuals and society as a whole. DIP was introduced in April 2003 and still forms an important part of government policy to this day. The current drugs strategy, *“Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life”* (Home Office, 2010), embraces the concept of DIP in assisting with the strategy’s aims to support drug using offenders and encourage them to access treatment and recovery whilst in contact with the CJS. Research has commented on the important role the CJS has to play in reducing drug use and recidivism among offenders. Research also documents how proactive engagement can be an effective way to channel drug using offenders into treatment and rehabilitation services (UKPDC, 2009). DIP represents an important opportunity for this engagement as clients assessed under the programme can be some of the most difficult to reach drug users. It has been estimated that every £1 spent on treatment saves £2.50 in subsequent social and criminal justice costs, outlining the effectiveness of treatment for these individuals (Jones et al, 2009) and the important role that DIP can play in their lives.

Whilst there has been an abundance of data produced about DIP, most of it has been performance management related. So far, on a national level, there has been little data produced examining the characteristics of the clients coming into contact with DIP. There is, however, a wealth of information on the characteristics of drug misusers from other sources, some of which is outlined in the rest of this section.

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, e.g. 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 / PHE criminal justice process. DIP as a programme continues to be implemented across Merseyside, with the processes which originally underpinned it still remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

## AGE OF DRUG USERS

The 2013/14 CSEW estimated just under four in ten (36.3%) 16 to 24 year olds had used one or more illicit drugs in their lifetime, with 18.9% of this age group having used one or more illicit drugs in the last year – an increase compared to 2012/13 (16.2% ) but at a similar level to 2011/12 (19.2%). The general trend for past year usage of Class A drugs amongst this age group has increased slightly compared to 2013/14. This follows a steady decline since 1996 (when it was 9.2%). For example, usage of Class A drugs among 16-24 year olds fell from 8.0% in 2008/09 to 4.8% in 2012/13, but then increased to 6.2% in 2013/14. This gradual decline is partly due to falls in last year usage of both ecstasy and hallucinogens, though it should be noted that there has been an increase in powder cocaine use over the same time period (from 1.3% to 4.2%). Frequent use of any drug (i.e. using a drug more than once a month on average in the last year) among 16 to 24 year olds decreased from 11.6% in 2002/03 to just 6.6% in 2013/14 (an increase on 2012/13, 5.1%).

Cannabis remained the drug most likely to be used by this age group, with the 2013/14 CSEW estimating that 15.1% of 16 to 24 year olds used cannabis in the last year, which represented almost 80% of last year illicit drug users in this age group. Although levels of mephedrone use among this age group continue to be higher than in any other, with estimates of 1.9% of 16 to 24 year olds using it in the last year, it should be noted that there has been a marked decrease in mephedrone use among this age group over the past three years (4.4% in 2010/11). In terms of emerging legal drugs, 7.6 % of 16 to 24 year olds reported use of nitrous oxide in 2013/14, far higher than use of any illicit drug (with the exception of cannabis) among this age group (Home Office, 2014).

The 2013/14 CSEW found that those aged from 16 to 19 and 20 to 24 reported the highest levels of drug use in the last year of any age group (19.3% and 18.7% respectively). Levels of drug use also decreased as age increased, with just 1.5% of 55 to 59 year olds reporting drug use in the last year. When looking at the use of Class A drugs, use in the month prior to surveying was highest in the 20 to 24 year old age group (7.7%). From a national perspective the most recent data from the National Drug Treatment Monitoring System (NDTMS) shows that the median age of individuals in treatment in 2013/14 was 36 years, with 79% of these being opiate users (Public Health England, 2014a).

## GENDER AND DRUG USE

The 2013/14 CSEW indicated that men reported higher levels of illicit drug use over their lifetime, in the previous year, and in the past month compared to women (Home Office, 2014). However, despite their lower numbers, female problematic drug users have some specific issues, as highlighted by Becker & Duffy (2002):

- Pregnancy and child care
- Sex working – “Women engaging in sex-for-money or sex-for-drugs exchanges are likely to be at greater risks of both negative health and social consequences”
- Sexual health needs, including unwanted pregnancy and sexually transmitted infections
- Past experience of sexual and physical abuse
- Mental health needs.

They also highlighted more generic barriers women may face in accessing drug treatment services, including:

- Stigmatisation and child protection issues
- Poor social support networks
- Weakness in maternity services
- Negative attitudes of health professionals
- Ineffective inter-agency working.

## DRUG USE AND ALCOHOL

The Drug Treatment Outcomes Report Study (DTORS) in the UK, which evaluated drug treatment across England, found that almost a quarter of clients who were drinking at intake into treatment reported problematic patterns of alcohol consumption (Jones et al, 2009). The 2013/14 CSEW found that drug use increased as frequency of alcohol consumption did. For example, individuals aged between 16 and 59 who reported drinking alcohol three or more days per week were around twice as likely to have used any illicit drug (11.9%) and four times more likely to have used a Class A drug (5.6%) as those who had not consumed any alcohol in the last month (Home Office, 2014). In addition, data from NDTMS showed that there were 114,920 clients in structured treatment in 2013/14 who cited alcohol as their primary problematic substance, an increase of 5% compared to 2012/13. Furthermore, new presentations to treatment (i.e. clients who were treatment naive) increased by 7% in 2013/14 compared to 2012/13 (Public Health England, 2014b).

## FINDINGS - KNOWSLEY

- ❖ There was a substantial decrease in the numbers of clients assessed via a Drug Interventions Record (DIR) between 11/12 (176) & 12/13 (176) and 13/14 (107). This decrease can be directly linked to the reduction in the number of arrests seen across Merseyside in 13/14 compared to previous years.
- ❖ The vast majority of clients assessed in all three time periods were white males. The age profile of clients for whom DIP contact was initiated in Knowsley was also similar across the three years. However there was a considerable decrease in the proportion of clients aged between 18 and 24, the youngest age group (31.7% in 2012/13 to 21.5% in 2013/14) as well as a slight increase in proportions of clients over the age of 40 in the same time period.
- ❖ The number of clients transferred into Knowsley fell considerably in 13/14 (63) compared to 11/12 (129) and 12/13 (171). The majority of these clients in all three years were again white males. Clients being transferred in were only slightly older than those who presented to DIP via other criminal justice routes in 13/14. However, overall, the same young age profile was seen as with those whose DIP contact was initiated in Knowsley.
- ❖ Cocaine was the most commonly used drug among clients assessed, with over three-quarters of clients reporting its use in all three time periods. In addition, over a quarter of clients assessed in all three periods reported the use of cannabis. By way of contrast, the proportions of clients reporting use of heroin or crack increased in 2013/14 after a decrease between 11/12 and 12/13.
- ❖ The proportion of clients coming into contact with DIP in 13/14 who had injected in their lifetime increased slightly compared to 12/13 (4.9% and 4.3% respectively).
- ❖ Almost six in ten clients assessed in 13/14 reported consuming alcohol either between two and four times a month or less than monthly, a decrease on proportions in 12/13 but similar to that in 11/12. Less than a quarter of clients assessed reported drinking alcohol more than once a week in 13/14, a similar proportion to 12/13 but a considerable decrease to that in 11/12.
- ❖ Proportions of clients assessed who were arrested for MDA offences decreased considerably between 13/14 and 12/13, with nearly four in ten clients assessed by the DIP team in 13/14 (39.3%) compared to over half in 12/13 (51.1%). Decreases were also seen in criminal damage and theft - car offences across the three years. By contrast, there were increases in the proportions of clients arrested for either burglary or shoplifting offences over the total period examined.

## TABLES – KNOWSLEY ASSESSMENTS

### ETHNICITY

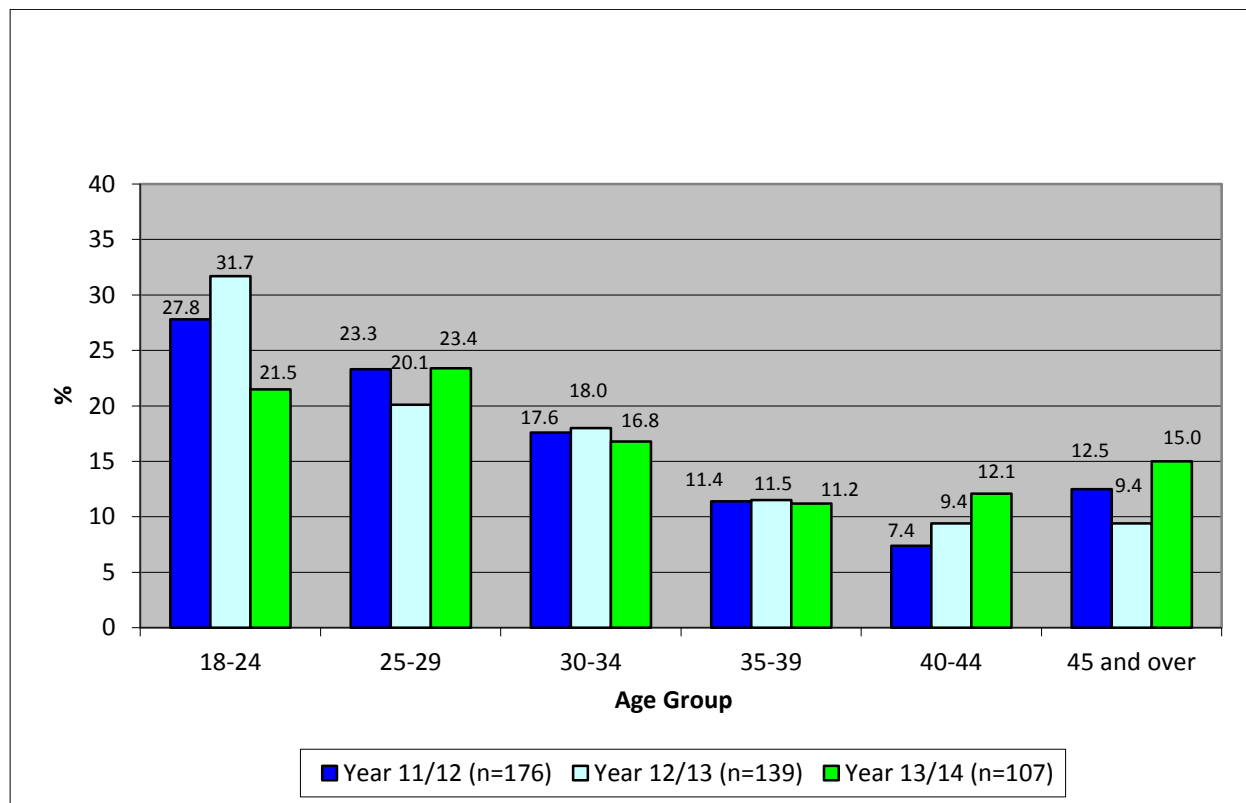
Table 1: Ethnic background of clients assessed in Knowsley (11/12, 12/13 & 13/14)

Year		Black	Mixed	White	Other
11/12 (n=174)	Number	1		172	1
	%	0.6		98.9	0.6
12/13 (n=131)	Number	1	1	129	
	%	0.8	0.8	98.5	
13/14 (n=102)	Number		2	99	1
	%		2.0	97.1	1.0

NB: Two clients in 11/12, eight clients in 12/13 and five clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 1: Knowsley Assessments - Age (11/12, 12/13, 13/14)



## GENDER

Table 2: Gender of clients assessed in Knowsley (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=176)	Number	20	156
	%	11.4	88.6
12/13 (n=139)	Number	13	126
	%	9.4	90.6
13/14 (n=107)	Number	17	90
	%	15.9	84.1

## TABLES – KNOWSLEY TRANSFERS IN

### ETHNICITY

Table 3: Ethnic background of clients transferred into Knowsley (11/12, 12/13 & 13/14)

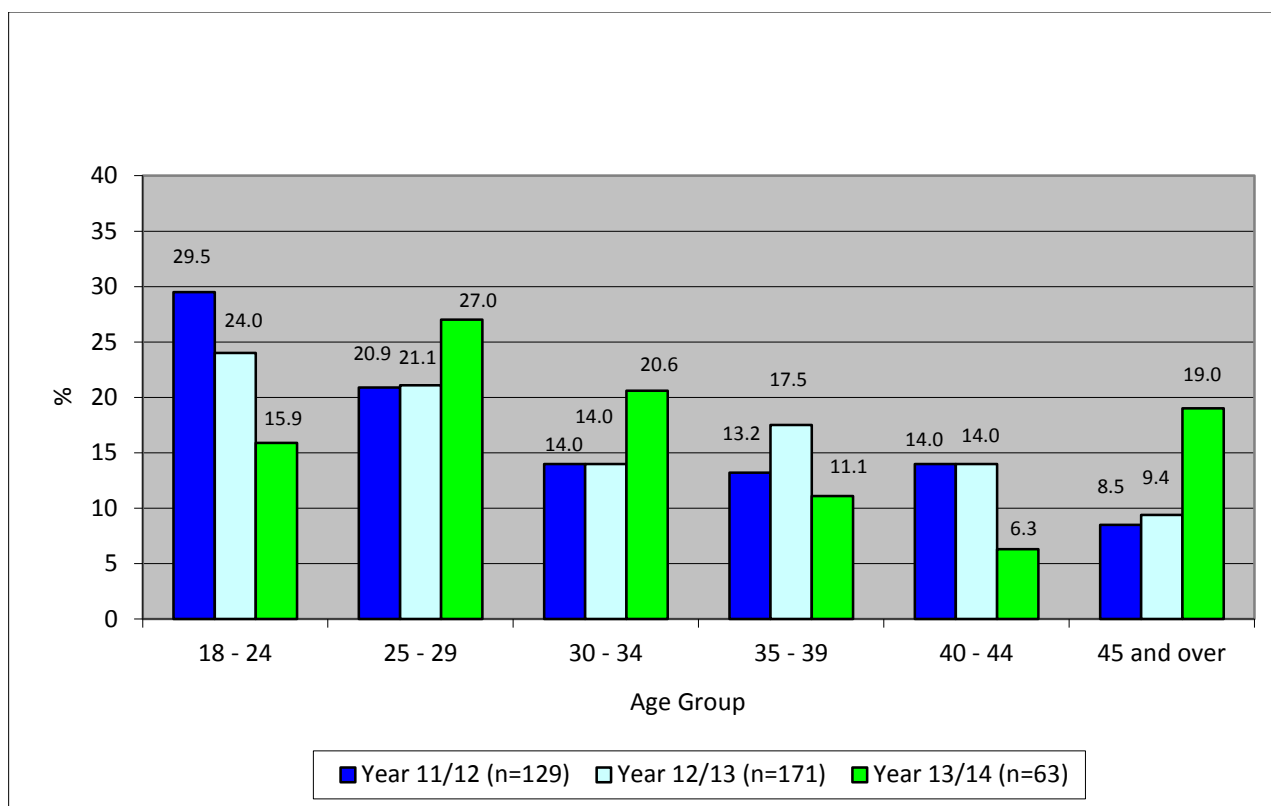
Year		Black	Chinese	Other	White
11/12 (n=128)	Number			1	127
	%			0.8	99.2
12/13 (n=135)	Number	2	1		132
	%	1.5	0.7		97.8
13/14 (n=63)	Number			1	62
	%			1.6	98.4

NB: One client in 11/12 and thirty six clients in 12/13 did not provide information about their ethnicity.



## AGE

Figure 2: Knowsley Transfers In - Age (11/12, 12/13, 13/14)



## GENDER

Table 4: Gender of clients transferred into Knowsley (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=129)	Number	20	109
	%	15.5	84.5
12/13 (n=171)	Number	29	142
	%	17.0	83.0
13/14 (n=63)	Number	3	60
	%	4.8	95.2

## TABLES – KNOWSLEY SUBSTANCE USE & OFFENDING

### SUBSTANCE USE

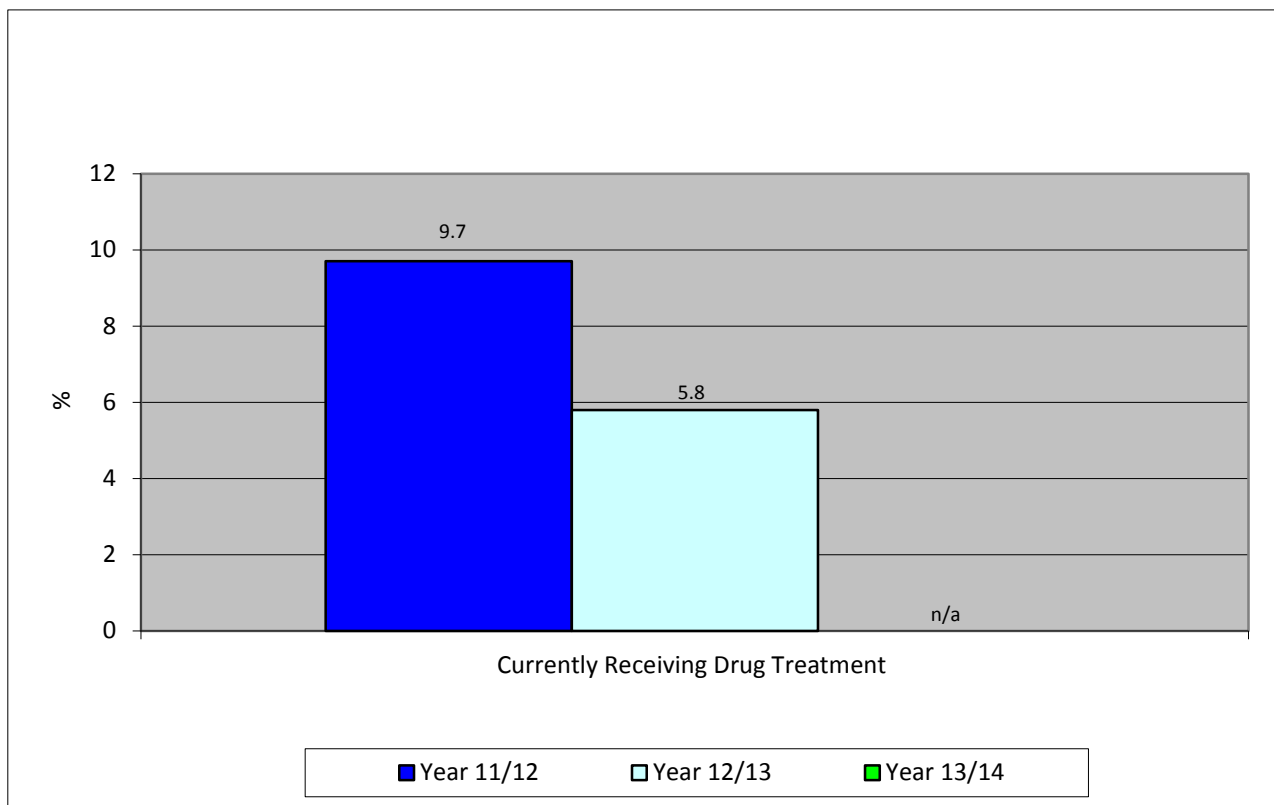
Table 5: Substance use of clients assessed in Knowsley (11/12, 12/13 & 13/14)

Year		Alcohol	Benzo.	Cannabis	Cocaine	Crack	Ecstasy	Heroin	Meth.	Other
11/12 (n=176)	n	5	2	49	133	14		15		1
	%	2.8	1.1	27.8	75.6	8.0		8.5		0.6
12/13 (n=137)	n	18		47	112	9	1	8		2
	%	13.1		34.3	81.8	6.6	0.7	5.8		1.5
13/14 (n=107)	n	8	1	30	89	10	1	12	3	2
	%	7.5	0.9	28.0	83.2	9.3	0.9	11.2	2.8	1.9

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one drug of use.

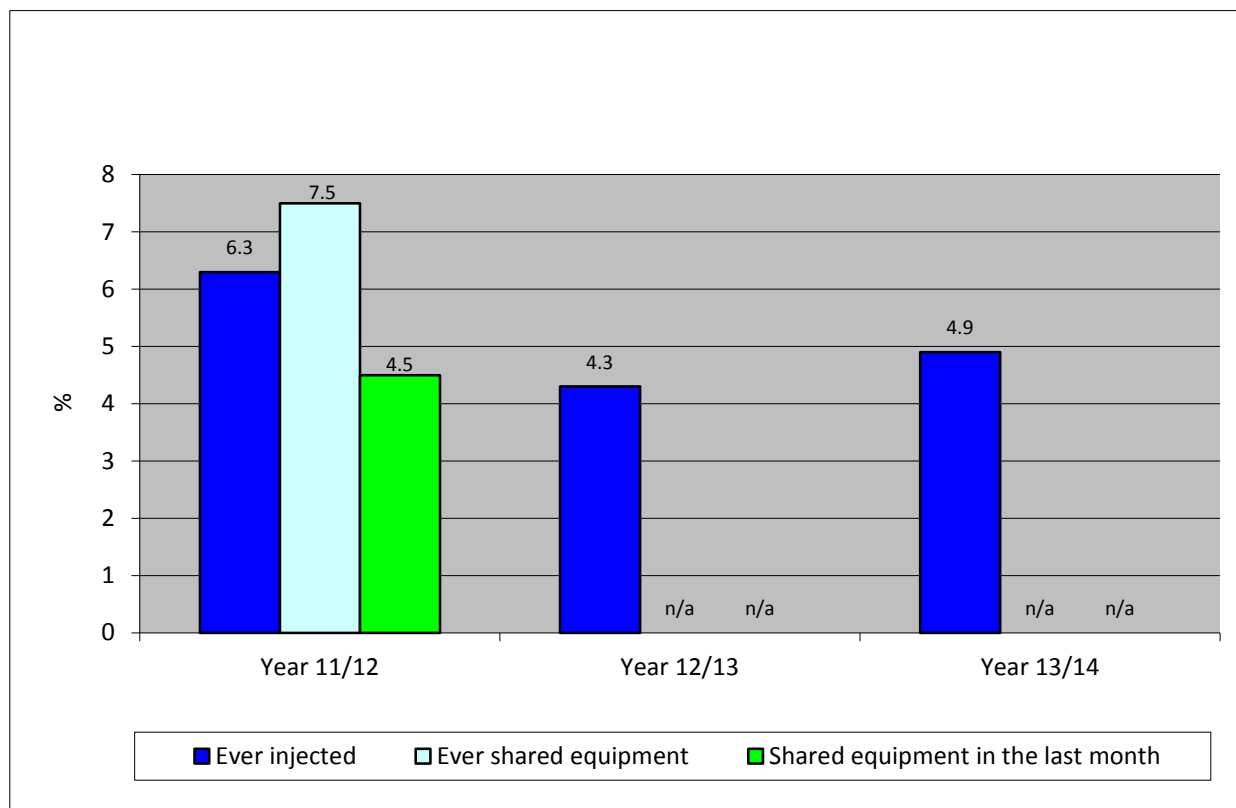
### DRUG TREATMENT

Figure 3: Knowsley Assessments - Drug Treatment (11/12, 12/13, 13/14)



## INJECTING & SHARING EQUIPMENT

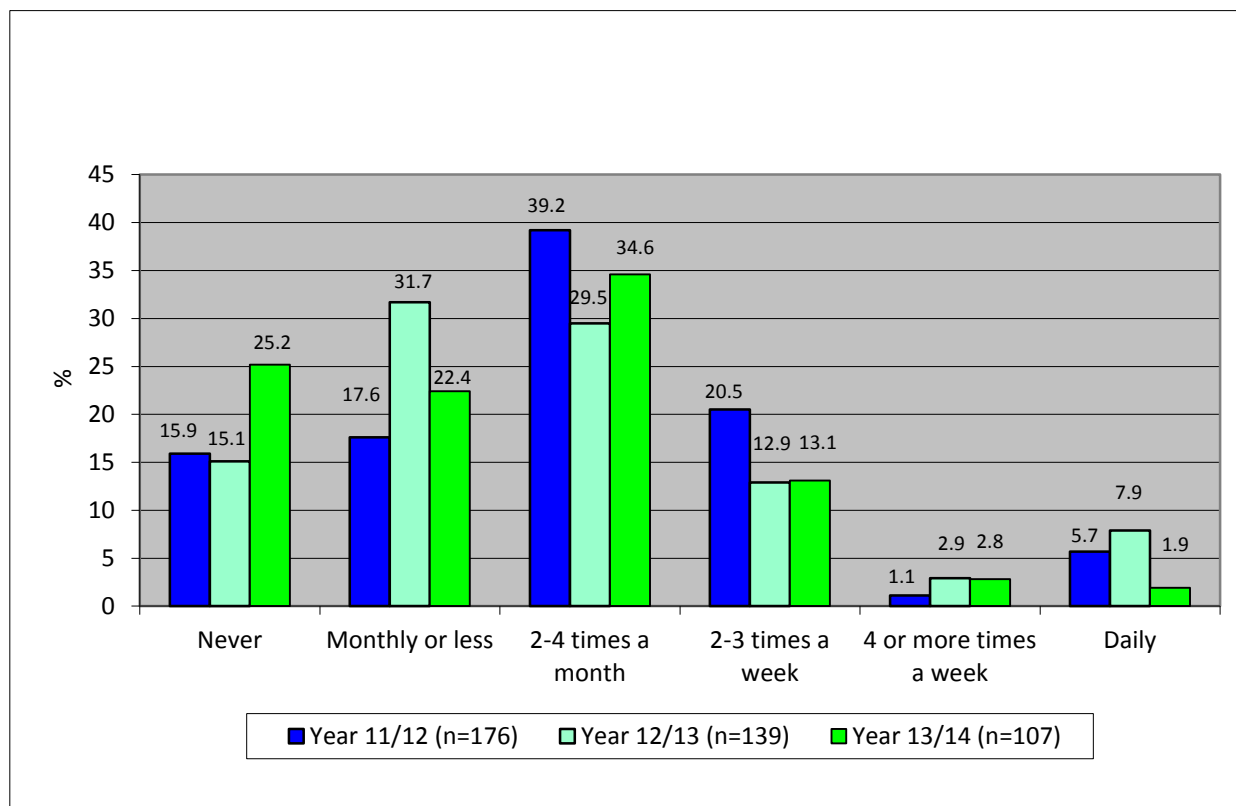
Figure 4: Knowsley Assessments - Injecting and Sharing Equipment (11/12, 12/13, 13/14)



NB: Four clients in 13/14 did not provide information about ever injecting.

## ALCOHOL CONSUMPTION

Figure 5: Knowsley Assessments - How often has client drank alcohol in the last month (11/12, 12/13, 13/14)



## OFFENCES COMMITTED

Table 6: Offending that led to assessment in Knowsley (11/12, 12/13 & 13/14)

Offence	Offending 11/12 (n=173)		Offending 12/13 (n=137)		Offending 13/14 (n=107)	
	Number	%	Number	%	Number	%
Breach	1	0.6	1	0.7		
Burglary	9	5.2	6	4.4	6	5.6
Criminal Damage	4	2.3	4	2.9		
Domestic Violence	2	1.2				
Firearms/Weapons			1	0.7	1	0.9
Fraud			3	2.2	2	1.9
Going equipped			2	1.5		
Handling	1	0.6	1	0.7		
MDA Offences	95	54.9	70	51.1	42	39.3
Motoring Offences	1	0.6	3	2.2	1	0.9
Public Order	2	1.2	4	2.9	3	2.8
Robbery					2	1.9
Shoplifting	26	15.0	20	14.6	29	27.1
Theft	5	2.9	8	5.8	6	5.6
Theft - Car	12	6.9	13	9.5	5	4.7
Wounding/Assault	14	8.1	7	5.1	8	7.5
Other	3	1.7	1	0.7	4	3.7

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one offence.

## FINDINGS – SEFTON

- ❖ There were 589 clients assessed by Sefton DIP team in 13/14. This figure was similar to that of 12/13 (585) but considerably less than in 11/12 (810). The decrease seen over the past two years can be attributed to the decrease in the number of arrests seen across Merseyside compared to previous years.
- ❖ In all three time periods the vast majority of clients for whom DIP contact was initiated in Sefton were white and male. Although the age profile of clients remained similar across the three year period, there was a shift towards older clients between 11/12 and 13/14. It should also be noted that the proportion of clients under the age of 25 years decreased substantially across the three years (34.8% to 19.2%).
- ❖ There was a decrease in the number of clients who transferred into Sefton DIP in 13/14 (73) compared to 12/13 (141), but was more in line with numbers in 11/12 (93). Clients transferring in tended to be older than those whose DIP contact was initiated in Sefton.
- ❖ Proportions of clients assessed who reported using cocaine decreased considerably in 13/14 (62.8%), compared to 12/13 (75.6%) and 11/12 (76.3%), but was still the most commonly used drug in all three time periods. There was also a decrease seen in clients reporting cannabis use in 13/14 (17.2%) compared to 12/13 (26.0%). By contrast, there were increases seen in proportions of clients assessed who reported use of either heroin or crack between 13/14 and 12/13 (heroin increased from 25.5% to 36.4%; crack increased from 17.4% to 29.8%).
- ❖ There was a year on year increase in the proportions of clients assessed who reported ever injecting (17.8% in 11/12, 18.3% in 12/13 and 21.5% in 13/14).
- ❖ Over a third of clients assessed in 13/14 had not consumed alcohol in the month prior to assessment, a higher proportion than that in either 11/12 or 12/13. Among those assessed who reported drinking alcohol, the highest proportions in all three years did so between 2 and 4 times a month.
- ❖ MDA offences were the main offences committed by clients coming into DIP in both 11/12 and 12/13 in Sefton. However it was replaced by shoplifting in 13/14 as the most common offence after year on year increases (21.9%, 25.3% and 30.4% respectively). It should be also noted that proportions of arrests for burglary and robbery increased slightly in 13/14. In contrast, proportions of clients arrested for either theft or theft - car offences decreased year on year.

## TABLES – SEFTON ASSESSMENTS

### ETHNICITY

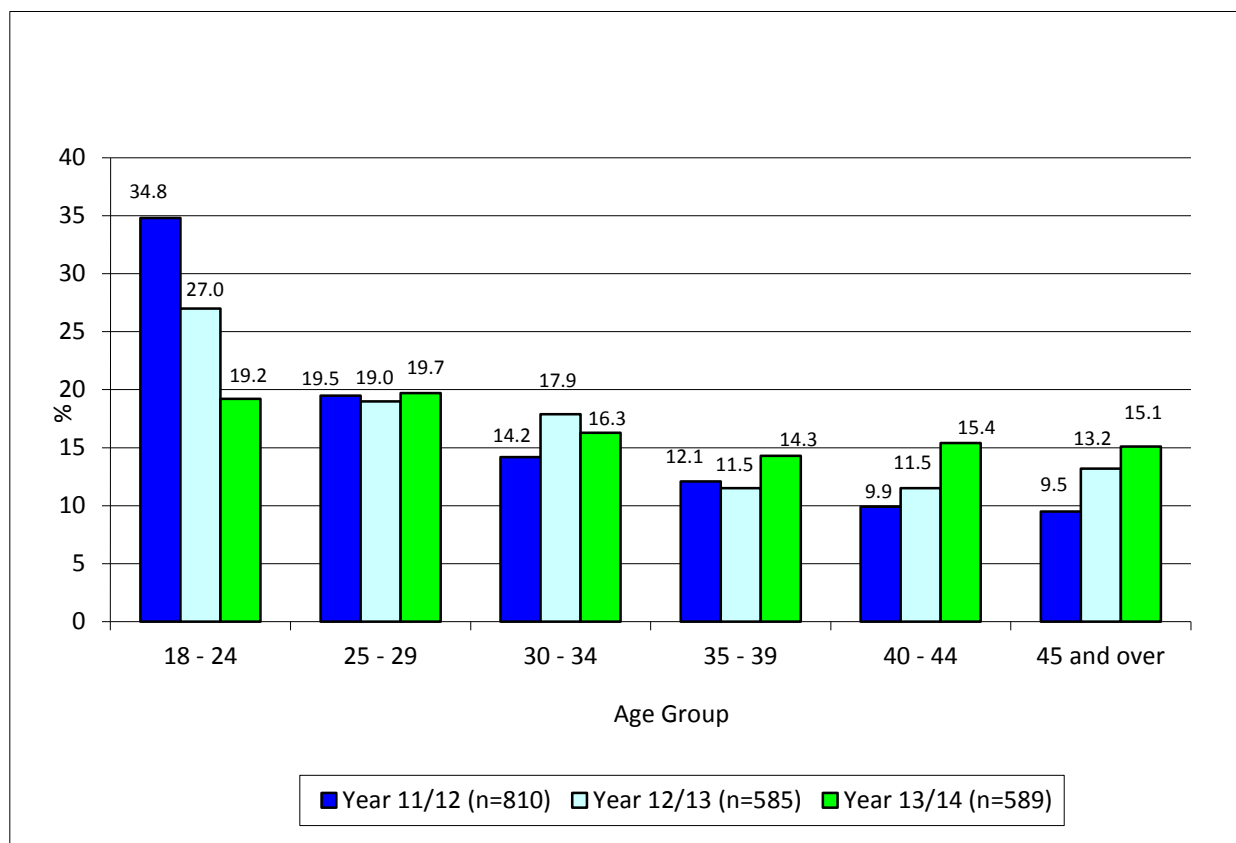
Table 7: Ethnic background of clients assessed in Sefton (11/12, 12/13 & 13/14)

Year		Asian	Black	Chinese	Mixed	White
11/12 (n=782)	Number	2	4	1	8	767
	%	0.3	0.5	0.1	1.0	98.1
12/13 (n=532)	Number	2	1		7	522
	%	0.4	0.2		1.3	98.1
13/14 (n=565)	Number		2		3	560
	%		0.4		0.5	99.1

NB: Twenty eight clients in 11/12, fifty three in 12/13 and twenty four clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 6: Sefton Assessments - Age



## GENDER

Table 8: Gender of clients assessed in Sefton (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=810)	Number	106	704
	%	13.1	86.9
12/13 (n=585)	Number	97	488
	%	16.6	83.4
13/14 (n=589)	Number	87	502
	%	14.8	85.2

## TABLES – SEFTON TRANSFERS IN

### ETHNICITY

Table 9: Ethnic background of clients transferred into Sefton (11/12, 12/13 & 13/14)

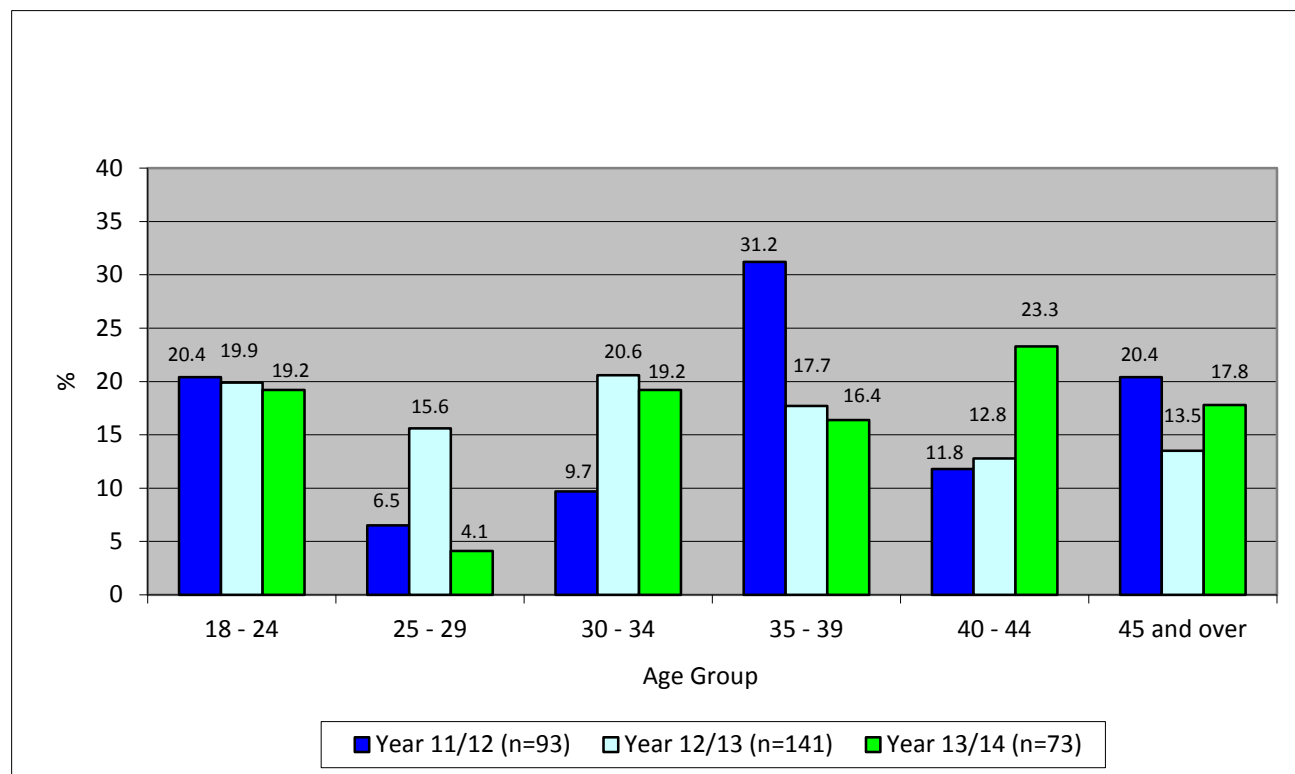
Year		Black	Mixed	White
11/12 (n=88)	Number		1	87
	%		1.1	98.9
12/13 (n=99)	Number	1		98
	%	1.0		99.0
13/14 (n=66)	Number			66
	%			100.0

NB: Five clients in 11/12, forty two clients in 12/13 and seven clients in 13/14 did not provide information about their ethnicity.



## AGE

Figure 7: Sefton Transfers In - Age



## GENDER

Table 10: Gender of clients transferred into Sefton (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=93)	Number	17	76
	%	18.3	81.7
12/13 (n=141)	Number	21	120
	%	14.9	85.1
13/14 (n=73)	Number	12	61
	%	16.4	83.6

## TABLES – SEFTON SUBSTANCE USE & OFFENDING

### SUBSTANCE USE

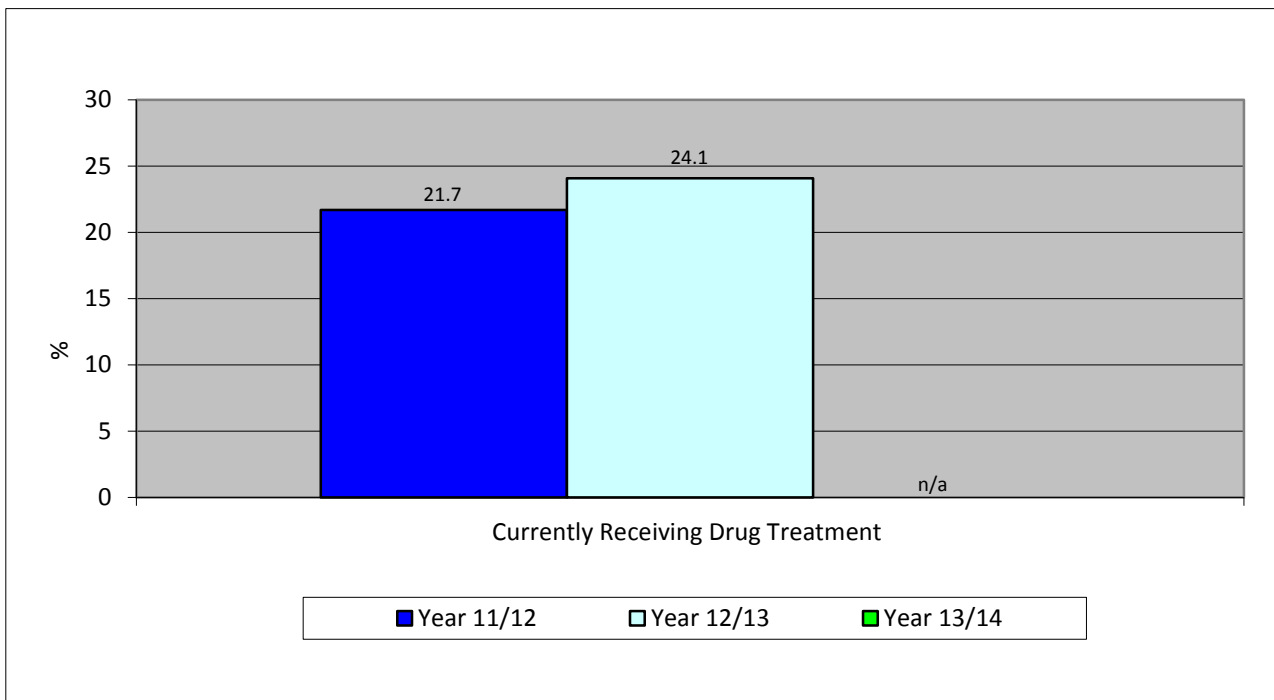
Table 11: Substance use of clients assessed in Sefton (11/12, 12/13 & 13/14)

Year		Alcohol	Benzo.	Cannabis	Cocaine	Crack	Ecstasy	Heroin	Meth.	Other
11/12 (n=792)	n	5	7	160	604	136	4	184	16	14
	%	0.6	0.9	20.2	76.3	17.2	0.5	23.2	2.0	1.8
12/13 (n=557)	n	42	1	145	421	97		142	3	4
	%	7.5	0.2	26.0	75.6	17.4		25.5	0.5	0.7
13/14 (n=583)	n	53	7	100	366	174	4	212	8	9
	%	9.1	1.2	17.2	62.8	29.8	0.7	36.4	1.4	1.5

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one drug of use.

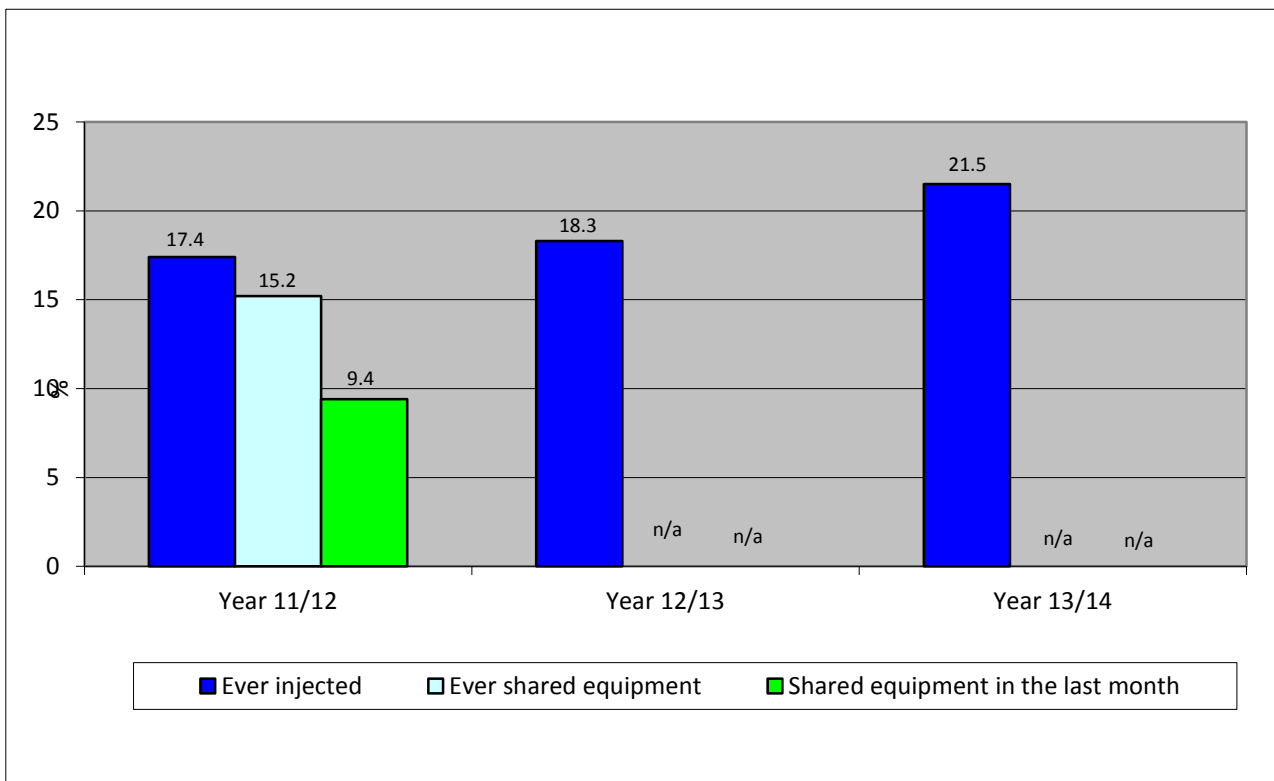
## DRUG TREATMENT

Figure 8: Sefton Assessments - Drug Treatment (11/12, 12/13, 13/14)



## INJECTING & SHARING EQUIPMENT

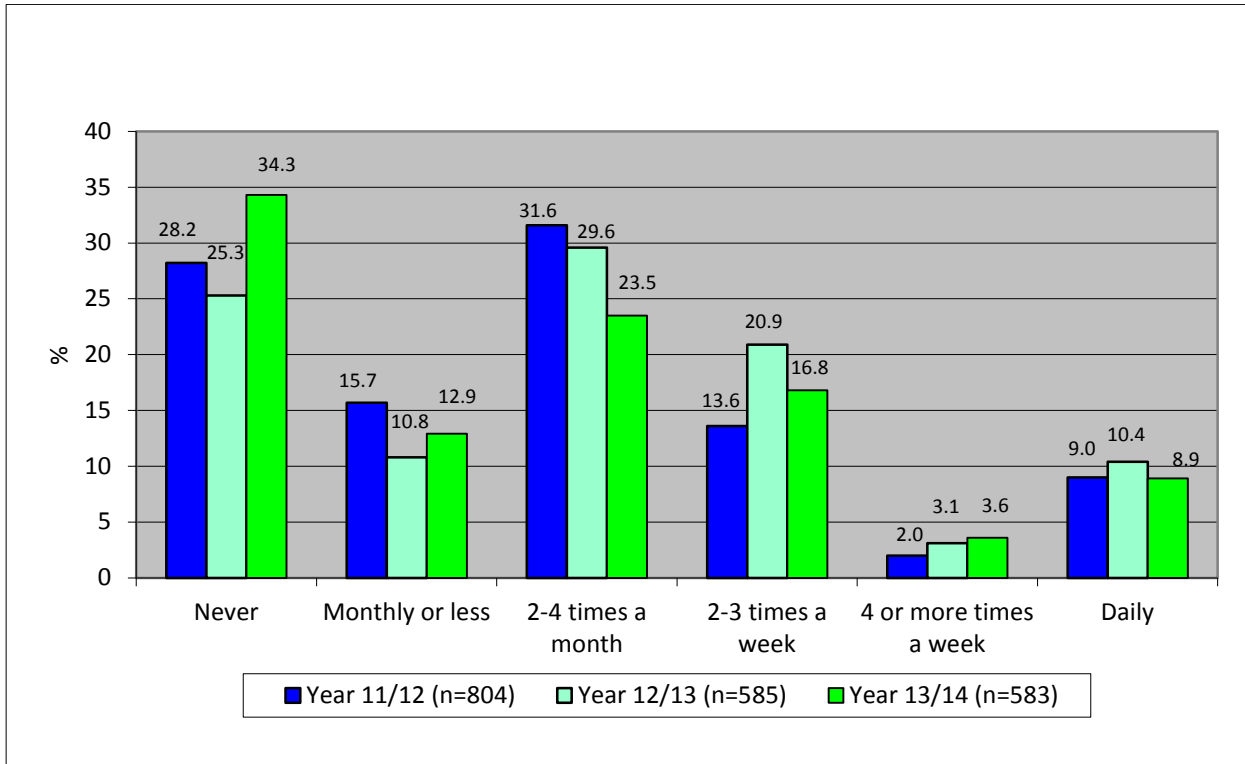
Figure 9: Sefton Assessments - Injecting and Sharing Equipment (11/12, 12/13, 13/14)



NB: Three clients in 11/12 and twelve clients in 13/14 did not provide information about ever injecting. Three clients in 11/12 did not provide information about ever sharing equipment while five clients in 11/12 did not provide information about sharing equipment in the last month.

## ALCOHOL CONSUMPTION

Figure 10: Sefton Assessments - How often has client drank alcohol in the last month (11/12, 12/13, 13/14)



## OFFENCES COMMITTED

Table 12: Offending that led to assessment in Sefton (11/12, 12/13 & 13/14)

Offence	Offending 11/12 (n=805)		Offending 12/13 (n=585)		Offending 13/14 (n=589)	
	Number	%	Number	%	Number	%
Begging			2	0.3	3	0.5
Breach	1	0.1	5	0.9		
Burglary	82	10.2	52	8.9	74	12.6
Criminal Damage	8	1.0	10	1.7	4	0.7
Domestic Violence	4	0.5	7	1.2	5	0.8
Firearms/Weapons	3	0.4	5	0.9	2	0.3
Fraud	13	1.6	14	2.4	12	2.0
Going equipped	5	0.6	5	0.9	3	0.5
Handling	7	0.9	12	2.1	4	0.7
MDA Offences	303	37.6	202	34.5	172	29.2
Motoring Offences	20	2.5	12	2.1	1	0.2
Public Order	15	1.9	23	3.9	8	1.4
Robbery	14	1.7	7	1.2	12	2.0
Shoplifting	176	21.9	148	25.3	179	30.4
Theft	89	11.1	54	9.2	37	6.3
Theft - Car	50	6.2	23	3.9	15	2.5
Wounding/Assault	41	5.1	29	5.0	29	4.9
Other	3	0.4	8	1.4	36	6.1

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one offence.

## FINDINGS – ST HELENS

- ❖ St Helens DIP team assessed 350 clients in 13/14, an increase from 12/13 (270) but a considerable decrease compared to proportions in 11/12 (543). The overall decrease since 11/12 can be attributed to the decrease in the number of arrests seen across Merseyside compared to previous years.
- ❖ The vast majority of clients assessed in all three time periods were white males. The profile of clients where DIP contact was initiated in St Helens was young with individuals under the age of 30 making up around half of all clients assessed in all three years. However, proportions of clients assessed who were over 40 increased year on year also.
- ❖ There were 83 clients transferred into St Helens in 13/14, demonstrating a year on year increase over the time periods analysed. The majority of these clients were white and male. The age profile of this group of clients across the three years was older than that of those for whom DIP contact was initiated in St Helens, with larger proportions of clients aged 30 and over transferring into St Helens in all three time periods.
- ❖ Cocaine was the most commonly used drug among clients assessed by the DIP team in all three years, although proportions of clients who reported using this substance in 13/14 (62.6%) decreased slightly from that in 2012/13 (64.0%). Reported use of both heroin and crack among assessed clients increased slightly in 13/14 (heroin from 35.6% to 38.3%; crack from 15.7% to 19.1%) whereas proportions of clients assessed who reported using cannabis fell year on year from 23.2% in 11/12 to 11.3% in 13/14.
- ❖ The proportions of clients who had ever injected remained largely steady over the three year period.
- ❖ In general, patterns of drinking have remained similar over the three year period, though proportions reporting drinking alcohol on a daily basis did fall. Almost four in ten clients assessed in 13/14 reported not drinking alcohol in the month prior to assessment, while the most common answer among clients assessed in all three time periods who consumed alcohol was that of drinking between two and four times a month.
- ❖ MDA offences were the most common offences which led to contact with the DIP team in all three years in St Helens, with shoplifting the second most common. Proportions of clients arrested for these offences remained steady across the period. There were increases seen year on year in the proportions of individuals assessed who were arrested for wounding/assault offences. Proportions of clients arrested for theft - car offences increased substantially between 12/13 (2.2%) and 13/14 (10.0%)

with a less pronounced increase seen in proportions of clients arrested for theft (8.2% in 12/13 to 12.6% in 13/14). In contrast, decreases were seen in proportions of clients arrested for public order offences between 12/13 (9.0%) and 13/14 (3.4%).

## TABLES – ST HELENS ASSESSMENTS

### ETHNICITY

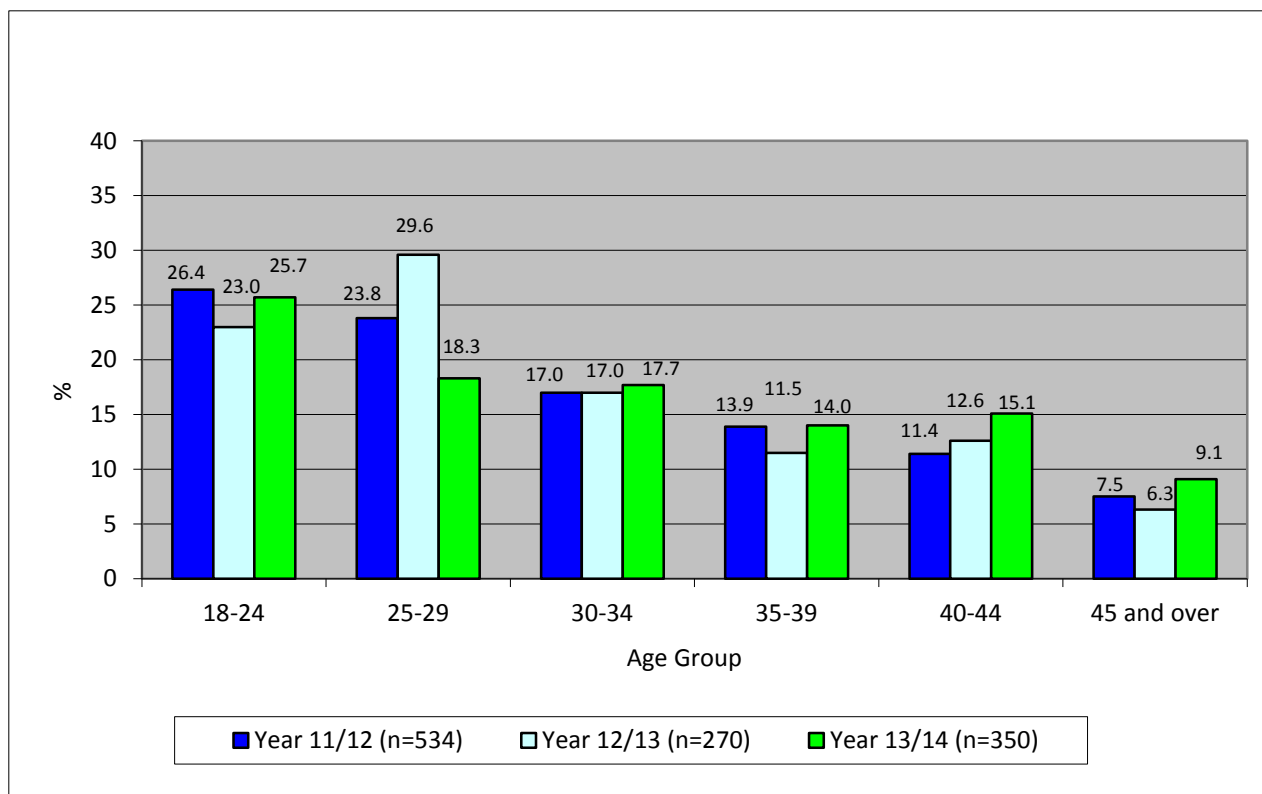
Table 13: Ethnic background of clients assessed in St Helens (11/12, 12/13 & 13/14)

Year		Black	White
11/12 (n=509)	Number	1	508
	%	0.2	99.8
12/13 (n=231)	Number		231
	%		100.0
13/14 (n=322)	Number		322
	%		100.0

NB: Twenty five clients in 11/12, thirty nine clients in 12/13 and twenty eight clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 11: St Helens Assessments - Age





## GENDER

Table 14: Gender of clients assessed in St Helens (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=534)	Number	62	472
	%	11.6	88.4
12/13 (n=270)	Number	37	233
	%	13.7	86.3
13/14 (n=350)	Number	60	290
	%	17.1	82.9

## TABLES – ST HELENS TRANSFERS IN

### ETHNICITY

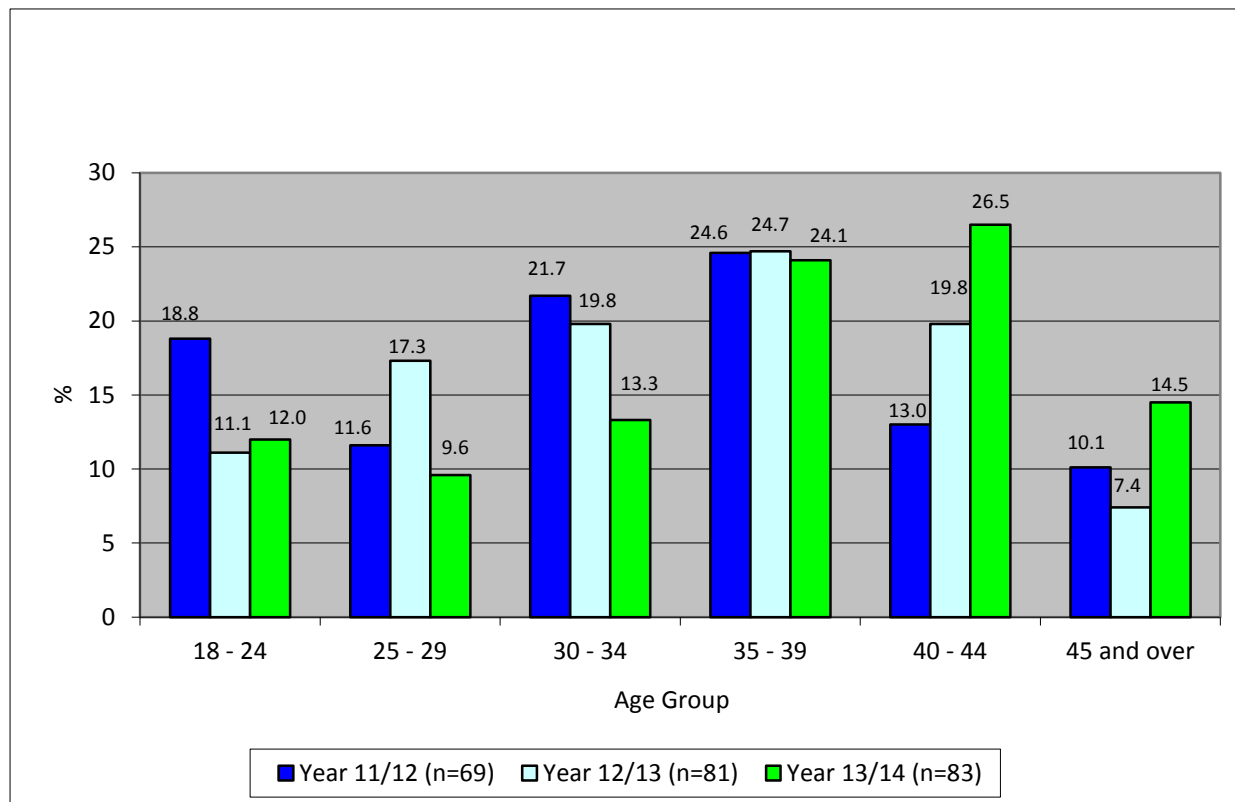
Table 15: Ethnic background of clients transferred into St Helens (11/12, 12/13 & 13/14)

Year		Black	White
11/12 (n=65)	Number		65
	%		100.0
12/13 (n=59)	Number		59
	%		100.0
13/14 (n=65)	Number	1	64
	%	1.5	98.5

NB: Four clients in 11/12, twenty two clients in 12/13 and eighteen clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 12: St Helens Transfers In - Age



## GENDER

Table 16: Gender of clients transferred into St Helens (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=69)	Number	13	56
	%	18.8	81.2
12/13 (n=81)	Number	16	65
	%	19.8	80.2
13/14 (n=83)	Number	17	66
	%	20.5	79.5

## TABLES – ST HELENS SUBSTANCE USE & OFFENDING

### SUBSTANCE USE

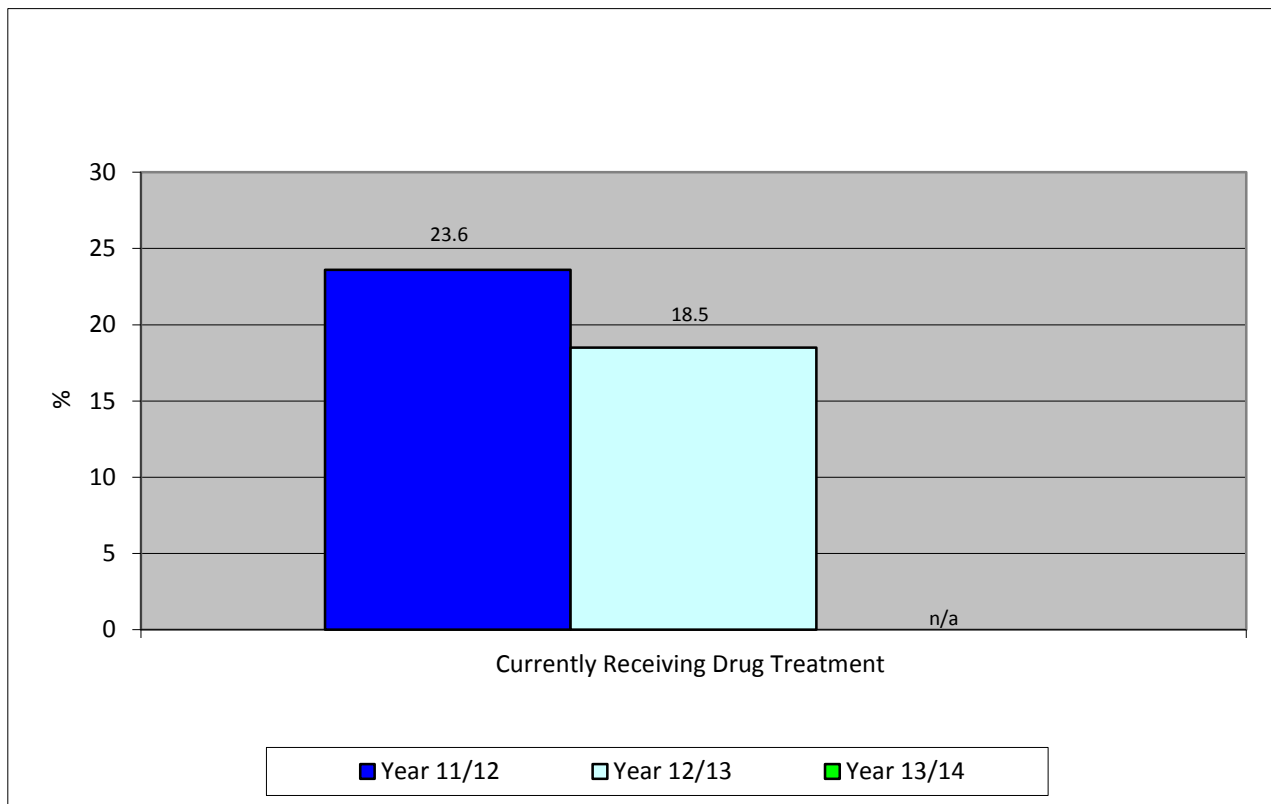
Table 17: Substance use of clients assessed in St Helens (11/12, 12/13 & 13/14)

Year		Alcohol	Benzo.	Cannabis	Cocaine	Crack	Ecstasy	Heroin	Meth.	Other
11/12 (n=521)	n	21	11	121	317	93	2	187	22	23
	%	4.0	2.1	23.2	60.8	17.9	0.4	35.9	4.2	4.4
12/13 (n=261)	n	63	6	45	167	41	2	93	10	8
	%	24.1	2.3	17.2	64.0	15.7	0.8	35.6	3.8	3.1
13/14 (n=345)	n	58	1	39	216	66		132	13	13
	%	16.8	0.3	11.3	62.6	19.1		38.3	3.8	3.8

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one drug of use.

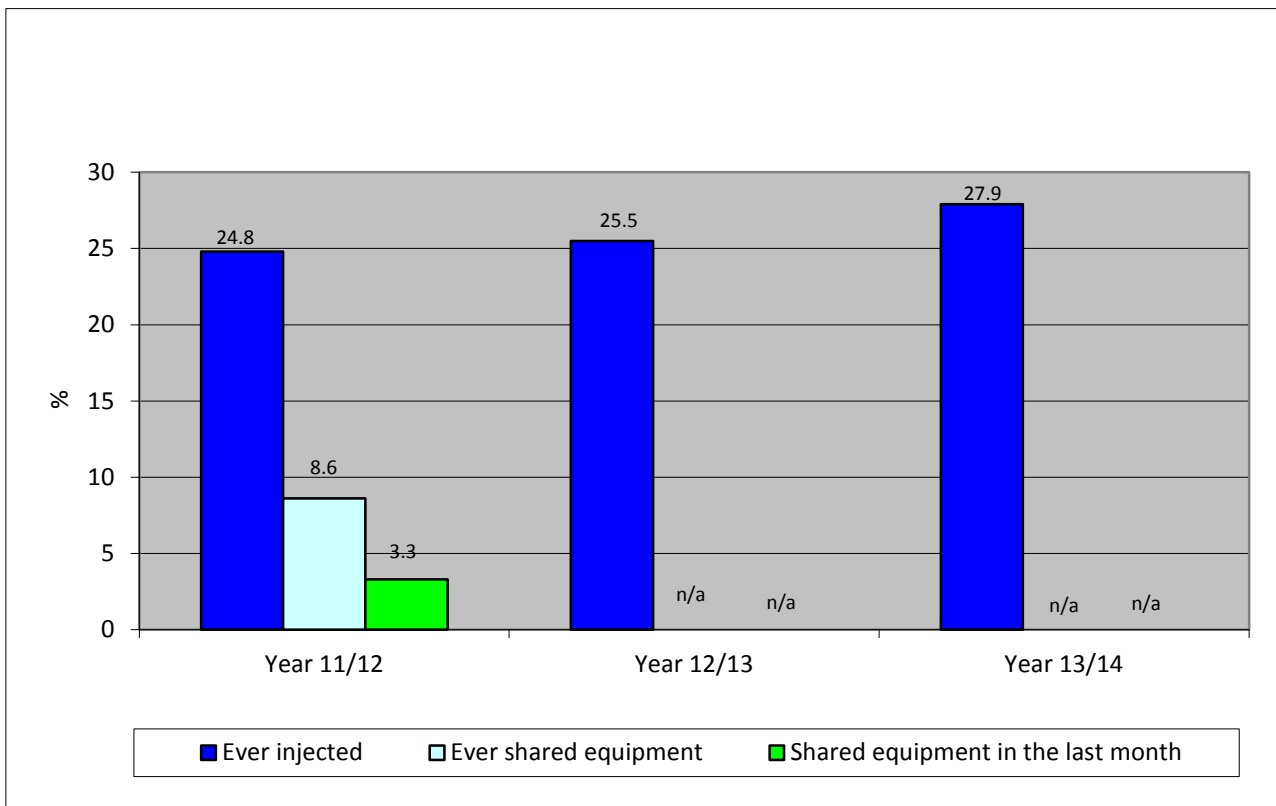
## DRUG TREATMENT

Figure 13: St Helens Assessments - Drug Treatment (11/12, 12/13, 13/14)



## INJECTING & SHARING EQUIPMENT

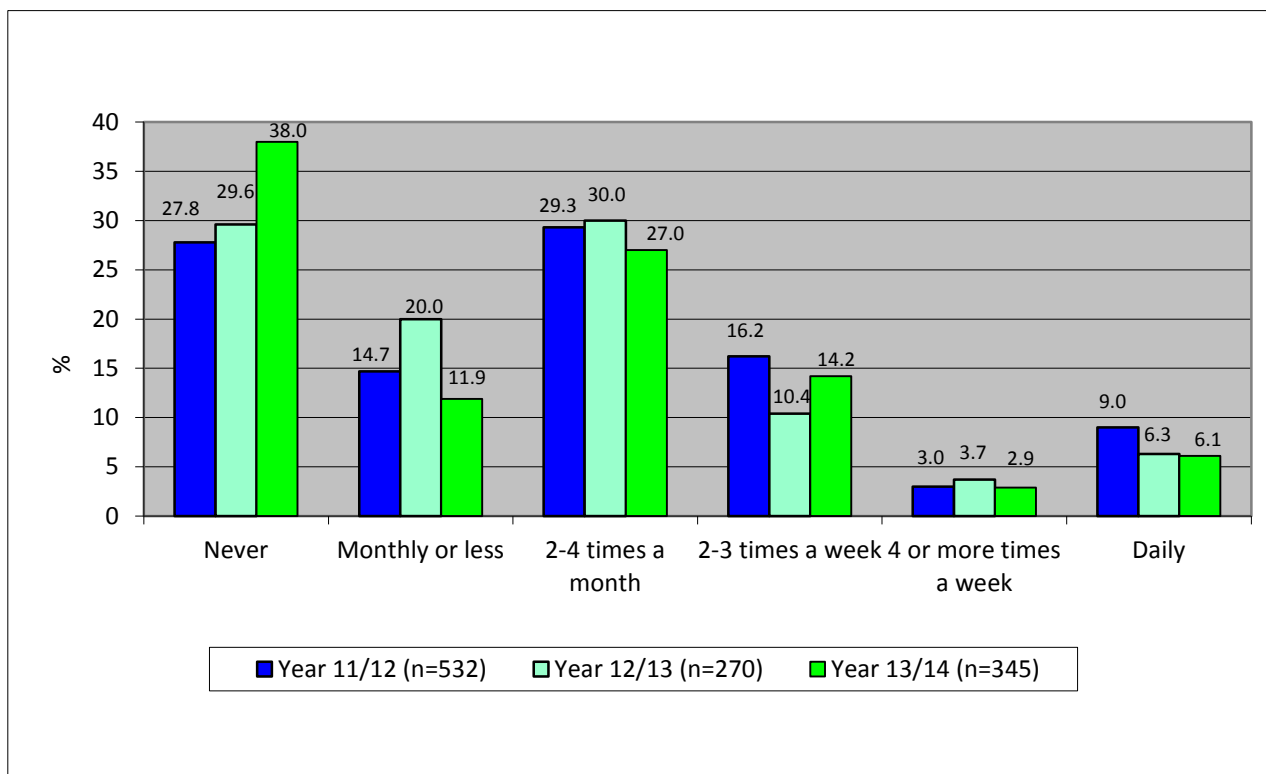
Figure 14: St Helens Assessments - Injecting and Sharing Equipment (11/12, 12/13, 13/14)



NB: 10 clients in 13/14 did not provide information about ever injecting while one client in 11/12 did not provide any information about ever sharing equipment.

## ALCOHOL CONSUMPTION

Figure 15: St Helens Assessments - How often has client drank alcohol in the last month (11/12, 12/13, 13/14)



## OFFENCES COMMITTED

Table 18: Offending that led to assessment in St Helens (11/12, 12/13 & 13/14)

Offence	Offending 11/12 (n=532)		Offending 12/13 (n=268)		Offending 13/14 (n=350)	
	Number	%	Number	%	Number	%
Begging	2	0.4			1	0.3
Breach	17	3.2	5	1.9	1	0.3
Burglary	38	7.1	14	5.2	22	6.3
Criminal Damage	6	1.1	11	4.1	3	0.9
Domestic Violence	5	0.9	4	1.5	1	0.3
Firearms/Weapons			2	0.7		
Fraud	7	1.3			4	1.1
Going equipped	8	1.5	2	0.7	2	0.6
Handling	5	0.9	3	1.1	7	2.0
MDA Offences	197	37.0	99	36.9	115	32.9
Motoring Offences	7	1.3	3	1.1	8	2.3
Public Order	34	6.4	24	9.0	12	3.4
Robbery	7	1.3	4	1.5	4	1.1
Shoplifting	118	22.2	57	21.3	90	25.7
Theft	51	9.6	22	8.2	44	12.6
Theft - Car	21	3.9	6	2.2	35	10.0
Warrant			1	0.4		
Wounding/Assault	33	6.2	20	7.5	28	8.0
Other	4	0.8	5	1.9	21	6.0

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one offence.

## FINDINGS – WIRRAL

- ❖ Wirral DIP team assessed 783 clients in 11/12; this decreased substantially to 567 clients in 12/13 but increased again in 13/14 when 833 clients were assessed by the DIP team.
- ❖ The majority of clients assessed in all three time periods were white and male. Wirral clients coming into contact with DIP through the assessment process across the three years displayed a relatively young profile, with clients under 25 making up the largest age grouping. The client distribution across the other age groups was relatively even over the period examined.
- ❖ There were 209 clients transferred into Wirral in 11/12; this rose to 250 in 12/13 but fell to 206 in 13/14. In all three years the majority of these clients were white and male with an older profile compared to those where DIP contact was initiated in Wirral.
- ❖ Cocaine was the most commonly used drug among clients assessed by Wirral DIP in all three time periods with proportions of clients reporting its use remaining at a similar level year on year (around half of all assessed clients). Proportions of clients using either heroin or crack rose between 11/12 and 12/13 but fell slightly between 12/13 and 13/14 while the opposite proportional trend (drop between 11/12 and 12/13 but rise between 12/13 and 13/14) was seen among clients using either cannabis or methadone.
- ❖ Proportions of clients assessed who had injected in their lifetime rose between 11/12 and 12/13 but fell again between 12/13 and 13/14 (to a fifth of all clients assessed).
- ❖ Just over a quarter of clients assessed in 13/14 (27.0%) reported not consuming alcohol in the month prior to assessment, a decrease on proportions seen in both 11/12 and 12/13. Of those clients who reported drinking, the most common pattern was to drink 2-4 times a month.
- ❖ The most common offences committed by clients assessed in 13/14 were either MDA offences or shoplifting, accounting for a quarter of clients assessed respectively. It should be noted that proportions of clients arrested for shoplifting decreased substantially between 12/13 and 13/14.
- ❖ Proportions of clients assessed that were arrested for either burglary offences or theft – car offences fell year on year. Additionally, proportions of clients arrested for wounding or assault fell between 11/12 and 12/13, but rose again between 12/13 and 13/14.



## TABLES – WIRRAL ASSESSMENTS

### ETHNICITY

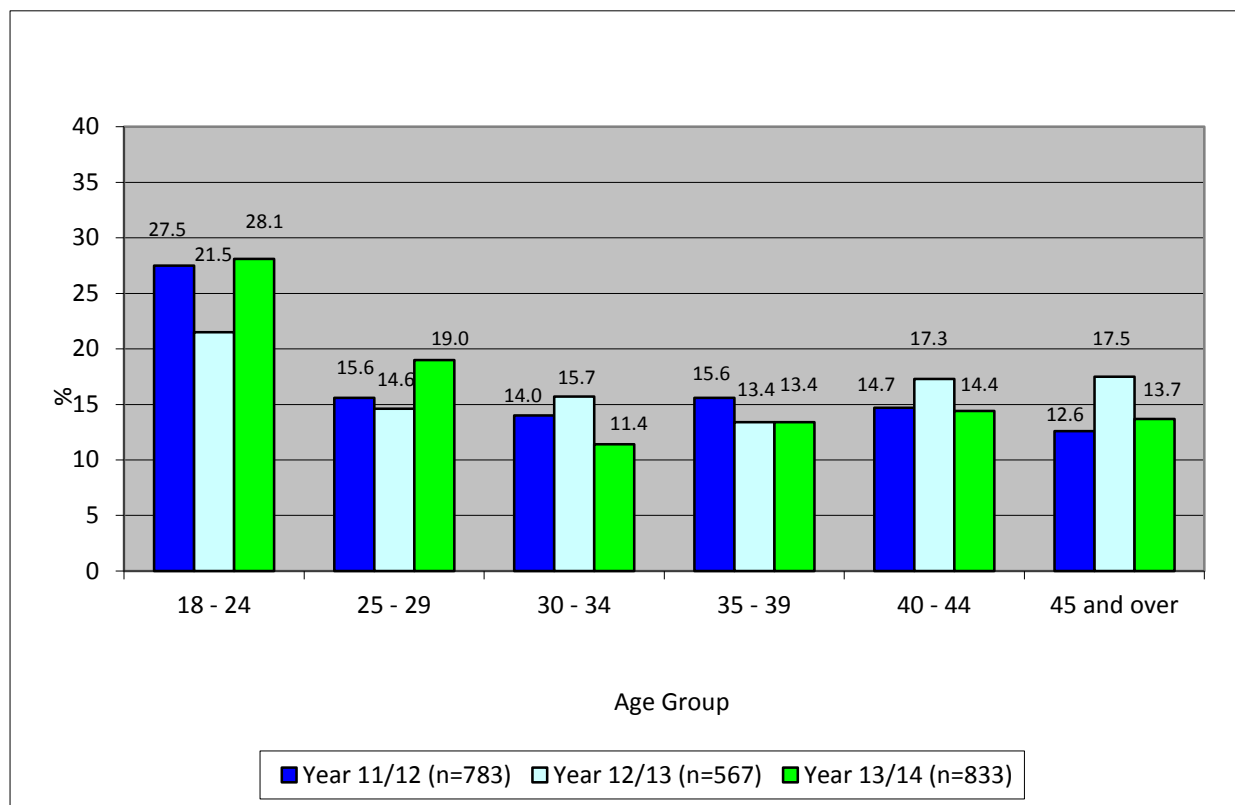
Table 19: Ethnic background of clients assessed in Wirral (11/12, 12/13 & 13/14)

Year		Asian	Black	Chinese	Mixed	White
11/12 (n=740)	Number	3	5		13	719
	%	0.4	0.7		1.8	97.2
12/13 (n=554)	Number	1	6		6	541
	%	0.2	1.1		1.1	97.7
13/14 (n=812)	Number	2	4	1	7	798
	%	0.2	0.5	0.1	0.9	98.3

NB: Forty three clients in 11/12, thirteen clients in 12/13 and twenty one clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 16: Wirral Assessments - Age



## GENDER

Table 20: Gender of clients assessed in Wirral (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=783)	Number	120	663
	%	15.3	84.7
12/13 (n=567)	Number	108	459
	%	19.0	81.0
13/14 (n=833)	Number	133	700
	%	16.0	84.0

## TABLES – WIRRAL TRANSFERS IN

### ETHNICITY

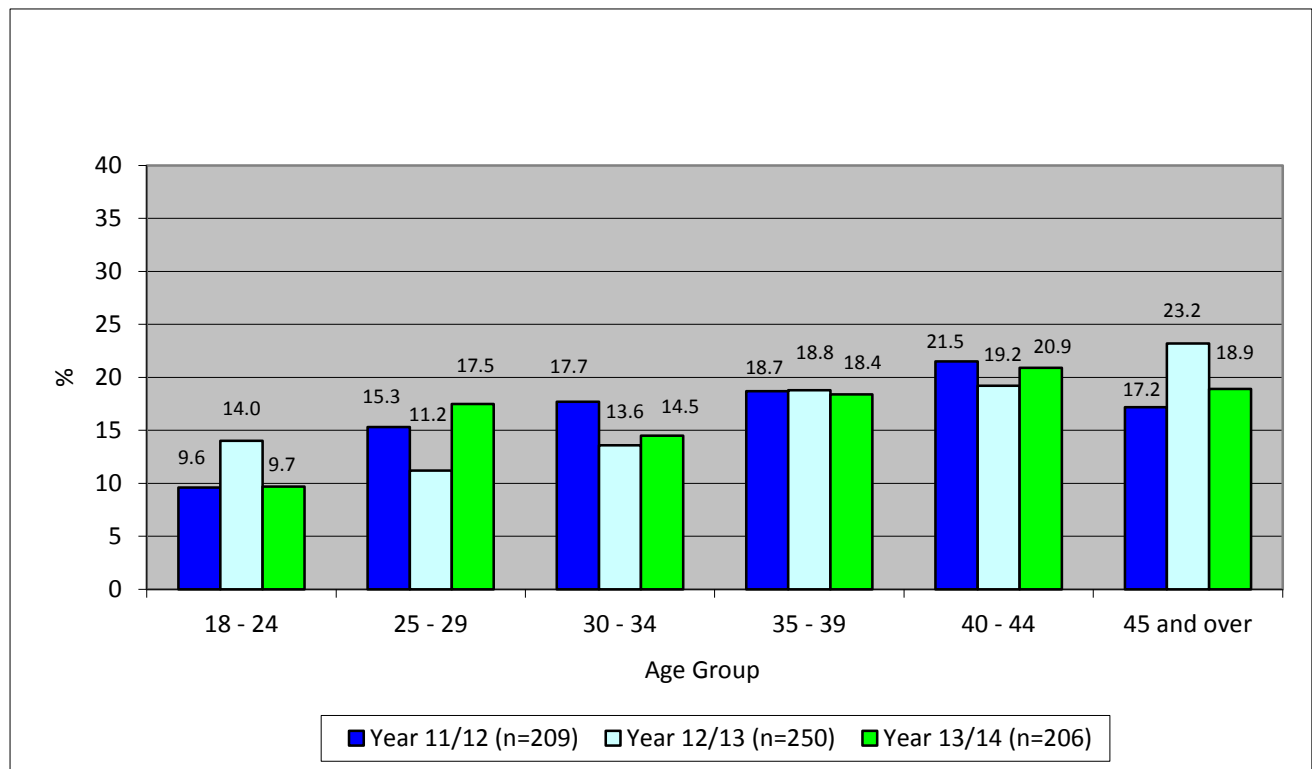
Table 21: Ethnic background of clients transferred into Wirral (11/12, 12/13 & 13/14)

Year		Black	Mixed	White
11/12 (n=190)	Number	1	2	187
	%	0.5	1.1	98.4
12/13 (n=241)	Number	1		240
	%	0.4		99.6
13/14 (n=203)	Number			203
	%			100.0

NB: Nineteen clients in 11/12, eight clients in 12/13 and five clients in 13/14 did not provide information about their ethnicity.

### AGE

Figure 17: Wirral Transfers In - Age



## GENDER

Table 22: Gender of clients transferred into Wirral (11/12, 12/13 & 13/14)

Year		Female	Male
11/12 (n=209)	Number	23	186
	%	11.0	89.0
12/13 (n=250)	Number	40	210
	%	16.0	84.0
13/14 (n=206)	Number	31	175
	%	15.0	85.0

## TABLES – WIRRAL SUBSTANCE USE & OFFENDING

### SUBSTANCE USE

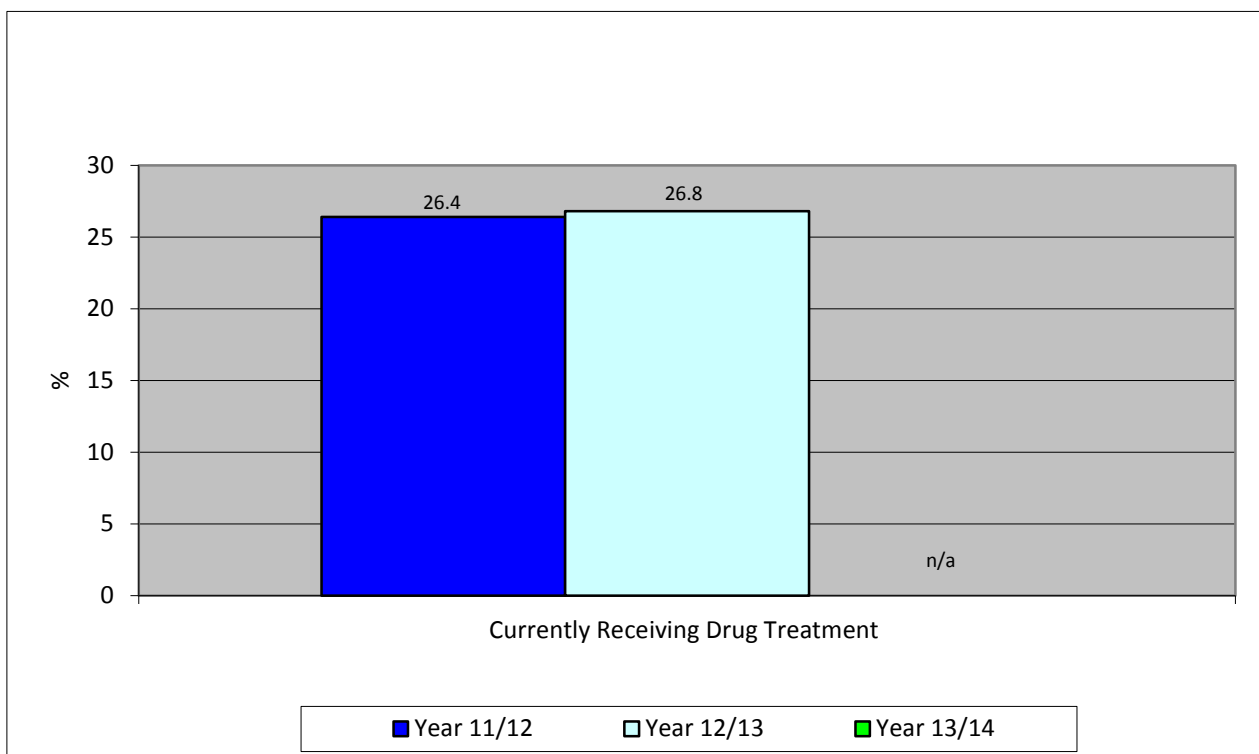
Table 23: Substance use of clients assessed in Wirral (11/12, 12/13 & 13/14)

Year		Alcohol	Benzo.	Cannabis	Cocaine	Crack	Ecstasy	Heroin	Meth.	Other
11/12 (n=699)	n	10	22	251	354	140	10	220	42	29
	%	1.4	3.1	35.9	50.6	20.0	1.4	31.5	6.0	4.1
12/13 (n=530)	n	9	15	174	263	120	4	182	25	24
	%	1.7	2.8	32.8	49.6	22.6	0.8	34.3	4.7	4.5
13/14 (n=811)	n	32	28	286	381	149	6	235	97	55
	%	3.9	3.5	35.3	47.0	18.4	0.7	29.0	12.0	6.8

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one drug of use.

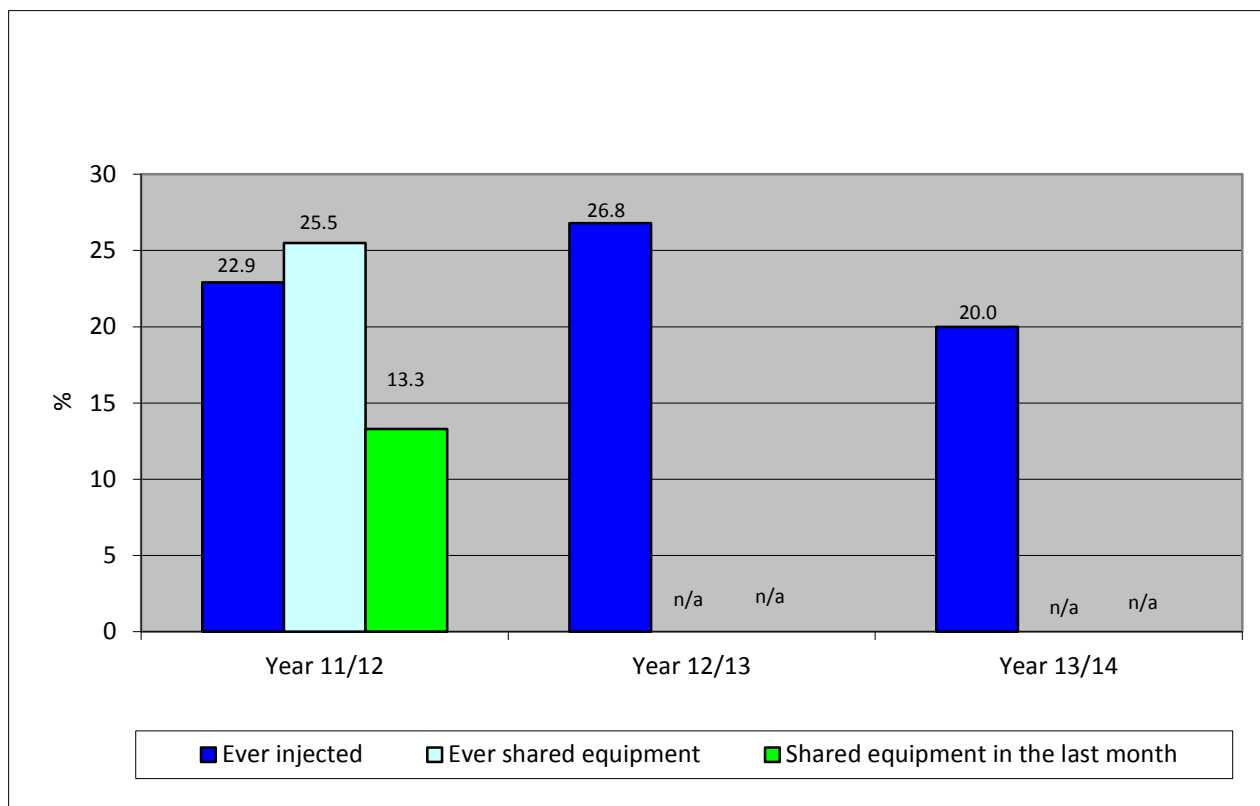
### DRUG TREATMENT

Figure 18: Wirral Assessments - Drug Treatment (11/12, 12/13, 13/14)



## INJECTING & SHARING EQUIPMENT

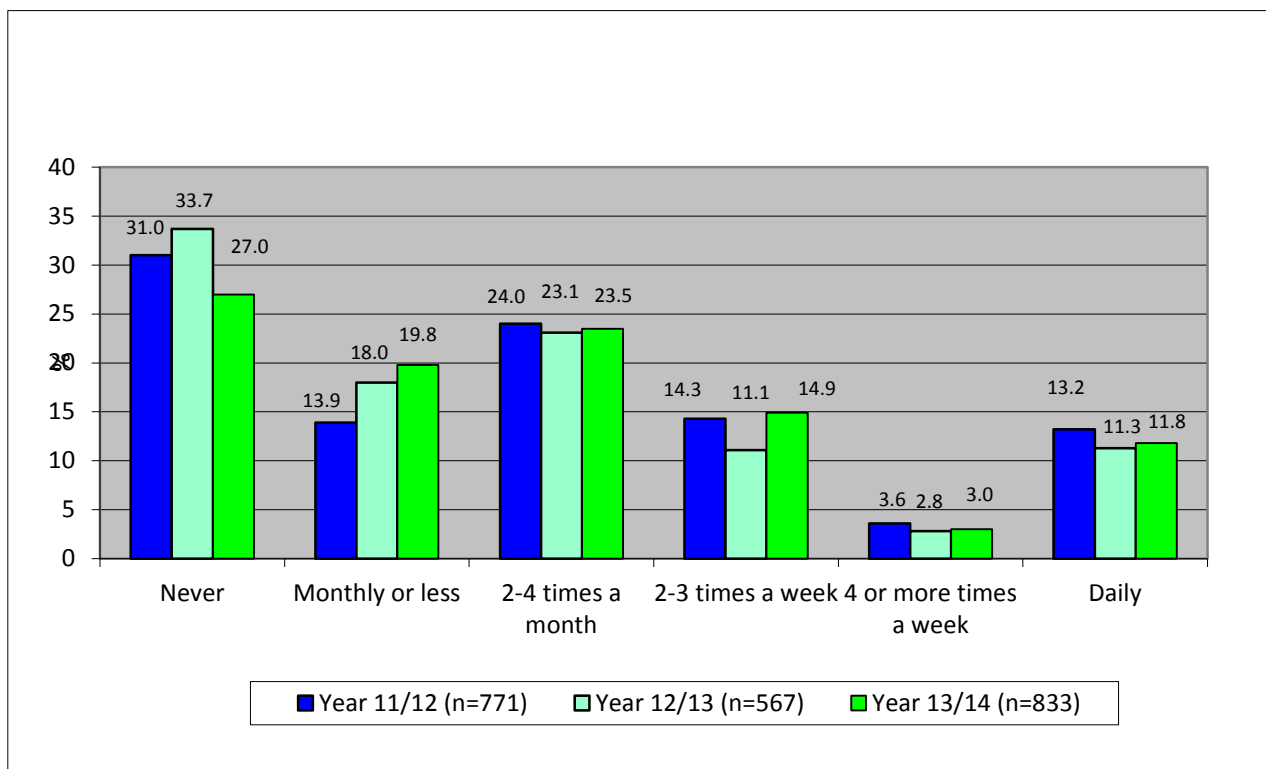
Figure 19: Wirral Assessments - Injecting and Sharing Equipment (11/12, 12/13, 13/14)



*NB: Eleven clients in 11/12 did not provide information about ever injecting. Seven clients in 11/12 did not provide any information about ever sharing equipment, while six clients in 11/12 did not provide information about sharing equipment in the last month).*

## ALCOHOL CONSUMPTION

Figure 20: Wirral Assessments - How often has client drank alcohol in the last month (11/12, 12/13, 13/14)



## OFFENCES COMMITTED

Table 24: Offending that led to assessment in Wirral (11/12, 12/13 & 13/14)

Offence	Offending 11/12 (n=777)		Offending 12/13 (n=564)		Offending 13/14 (n=833)	
	Number	%	Number	%	Number	%
Begging	1	0.1	6	1.1	4	0.5
Breach	4	0.5	5	0.9	30	3.6
Burglary	109	14.0	55	9.8	67	8.0
Criminal Damage	11	1.4	11	2.0	20	2.4
Domestic Violence	4	0.5	3	0.5	14	1.7
Firearms/Weapons	12	1.5	3	0.5	11	1.3
Fraud	17	2.2	8	1.4	10	1.2
Going equipped	11	1.4	5	0.9	7	0.8
Handling	12	1.5	6	1.1	12	1.4
MDA Offences	257	33.1	148	26.2	208	25.0
Motoring Offences	6	0.8	7	1.2	13	1.6
Public Order	52	6.7	25	4.4	45	5.4
Robbery	19	2.4	17	3.0	14	1.7
Shoplifting	167	21.5	183	32.4	204	24.5
Theft	85	10.9	68	12.1	86	10.3
Theft - Car	44	5.7	23	4.1	24	2.9
Warrant	1	0.1			2	0.2
Wounding/Assault	41	5.3	21	3.7	72	8.6
Other	12	1.5	12	2.1	19	2.3

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one offence.



## FINDINGS – MERSEYSIDE (13/14)

- ❖ Just under a quarter of clients assessed across Merseyside in 13/14 were under the age of 25, the largest single age group. Under 25 year olds made up a larger proportion of Wirral's assessed clients than any other areas while Sefton assessed the highest proportion of clients over the age of 40.
- ❖ The majority of clients assessed in all areas were male whilst Wirral and St Helens had a slightly higher proportion of females assessed than the other areas.
- ❖ Of the clients who were transferred in by Merseyside DIP teams in 13/14, over four in ten were aged between 40 and over. The youngest age profile of clients transferred was seen in Knowsley, while the oldest was seen in St Helens and Wirral.
- ❖ Cocaine was the most commonly used drug among DIP clients across Merseyside in 13/14 with almost six in ten clients reporting its use. Knowsley, Sefton and St Helens had the highest proportion of cocaine users while Wirral and Knowsley assessed the highest proportion of cannabis users.
- ❖ Heroin was the second most commonly used drug across Merseyside by DIP clients in 13/14 with St Helens and Sefton assessing the highest proportions of heroin users. Knowsley assessed, by far, the lowest proportions of heroin users. Sefton assessed the highest proportions of crack users, while Knowsley assessed the lowest.
- ❖ Knowsley assessed far lower proportions of clients who had injected in their lifetime than any of the other areas in 13/14. In contrast, St Helens assessed the highest proportion of clients who had ever injected.
- ❖ Just over four in ten of clients assessed in Merseyside in 13/14 reported not consuming alcohol in the month prior to assessment. St Helens assessed the highest proportion of clients across the areas that fell into this category while Wirral assessed the highest proportion of clients who reported being daily alcohol drinkers compared to the other areas.
- ❖ The most common offences committed by clients assessed in Merseyside in 13/14 were MDA offences, with shoplifting being the second most common offence.
- ❖ Patterns of offences were broadly similar across all areas. Differences were seen in relation to burglary, where proportions of clients arrested for this offence were lower in Knowsley and St Helens than in Sefton and Wirral. In addition, proportions of clients arrested for MDA offences were lowest in Wirral but highest in Knowsley, while conversely, proportions of clients arrested for theft were lowest in

Knowsley. Wirral saw higher proportions of clients arrested for public order or wounding/assault offences than any of the other areas, while St Helens had higher proportions of clients arrested for theft and theft - car offences.

## TABLES – MERSEYSIDE ASSESSMENTS (13/14)

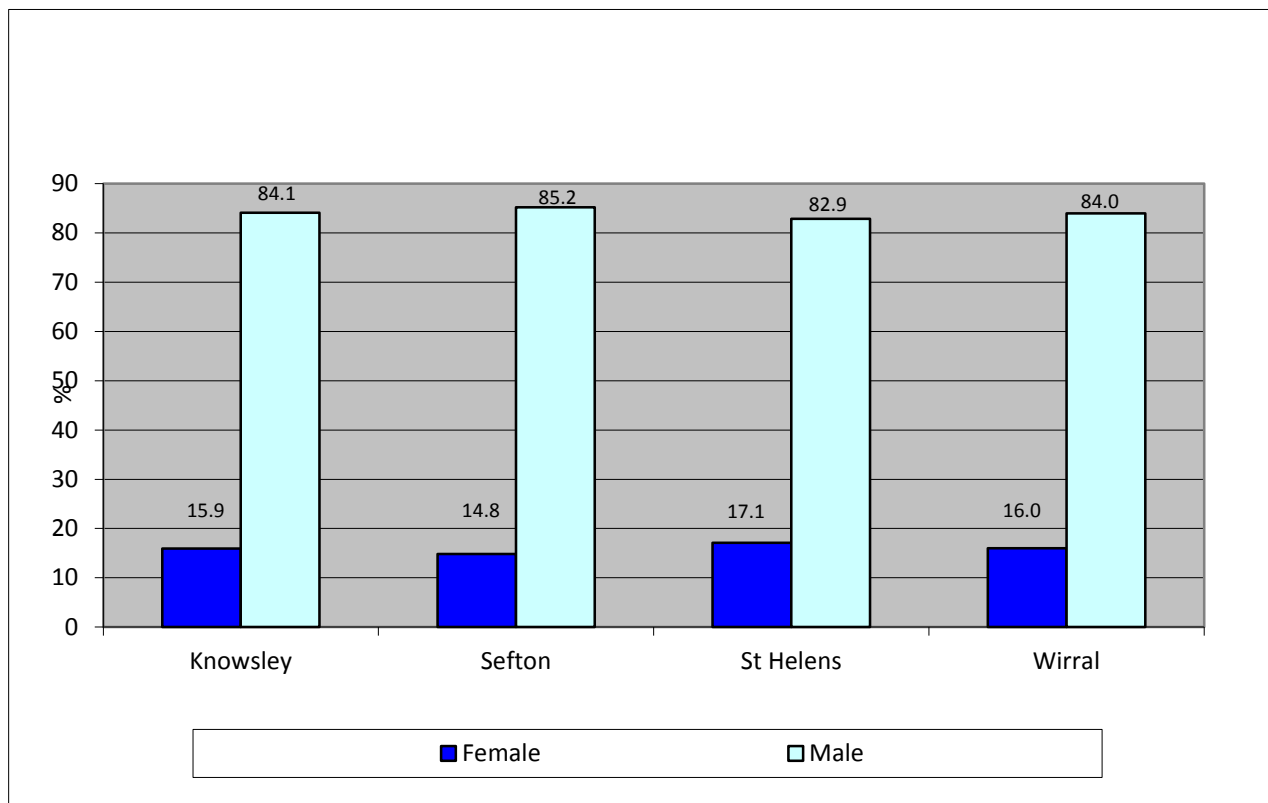
### AGE

Table 25: Age of clients assessed (13/14) – Merseyside Comparison

	18-24	25-29	30-34	35-39	40-44	45 and over
<b>Knowsley (n=107)</b>	21.5%	23.4%	16.8%	11.2%	12.1%	15.0%
<b>Sefton (n=589)</b>	19.2%	19.7%	16.3%	14.3%	15.4%	15.1%
<b>St Helens (n=350)</b>	25.7%	18.3%	17.7%	14.0%	15.1%	9.1%
<b>Wirral (n=833)</b>	28.1%	19.0%	11.4%	13.4%	14.4%	13.7%
<b>Merseyside (n=3,961)</b>	<b>22.3%</b>	<b>18.6%</b>	<b>15.3%</b>	<b>15.0%</b>	<b>15.3%</b>	<b>13.5%</b>

### GENDER

Figure 21: Gender of clients assessed (13/14) - Merseyside Comparison



## TABLES – MERSEYSIDE TRANSFERS IN (13/14)

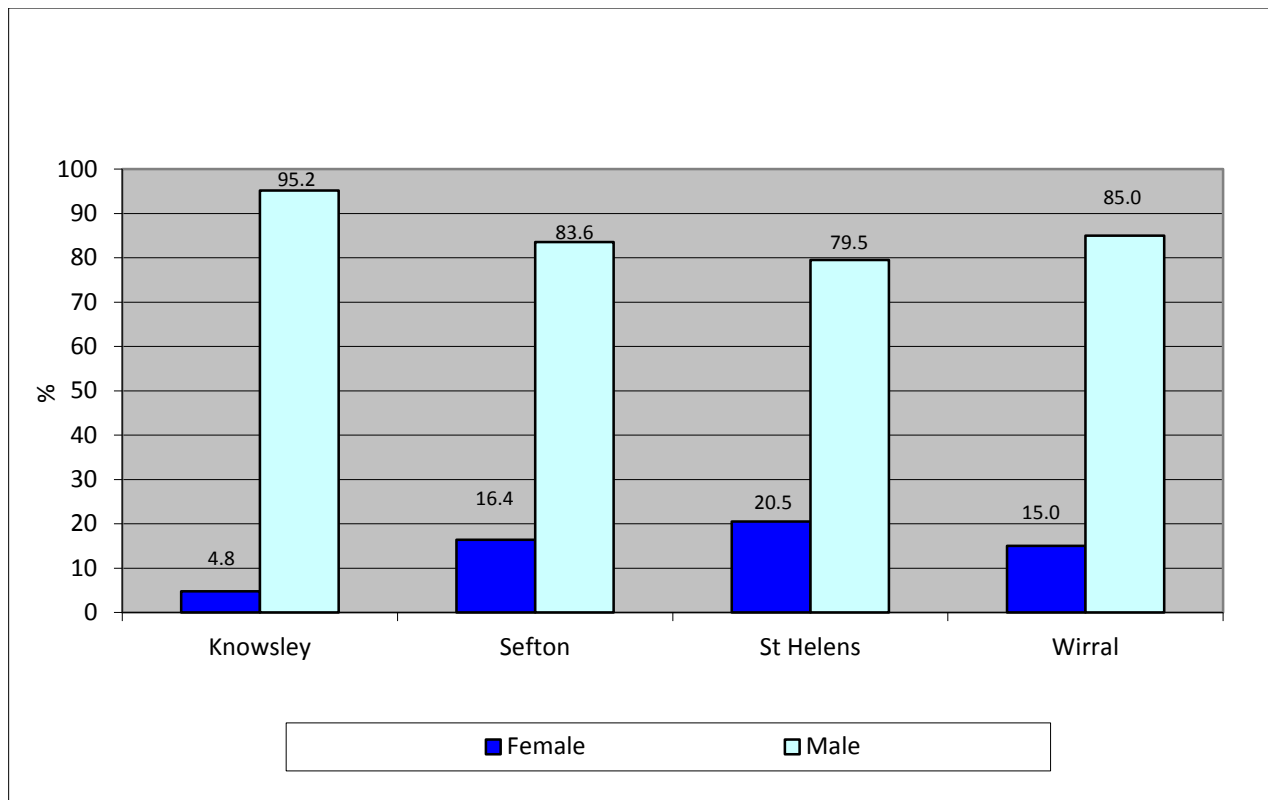
### AGE

Table 26: Age of clients transferred in (13/14) – Merseyside Comparison

	18-24	25-29	30-34	35-39	40-44	45 and over
<b>Knowsley (n=63)</b>	15.9%	27.0%	20.6%	11.1%	6.3%	19.0%
<b>Sefton (n=73)</b>	19.2%	4.1%	19.2%	16.4%	23.3%	17.8%
<b>St Helens (n=83)</b>	12.0%	9.6%	13.3%	24.1%	26.5%	14.5%
<b>Wirral (n=206)</b>	9.7%	17.5%	14.5%	18.4%	20.9%	18.9%
<b>Merseyside (n=877)</b>	<b>7.8%</b>	<b>11.5%</b>	<b>16.5%</b>	<b>19.4%</b>	<b>24.9%</b>	<b>20.0%</b>

### GENDER

Figure 22: Gender of clients transferred in (13/14) – Merseyside Comparison



## TABLES – MERSEYSIDE SUBSTANCE USE & OFFENDING (13/14)

### SUBSTANCE USE

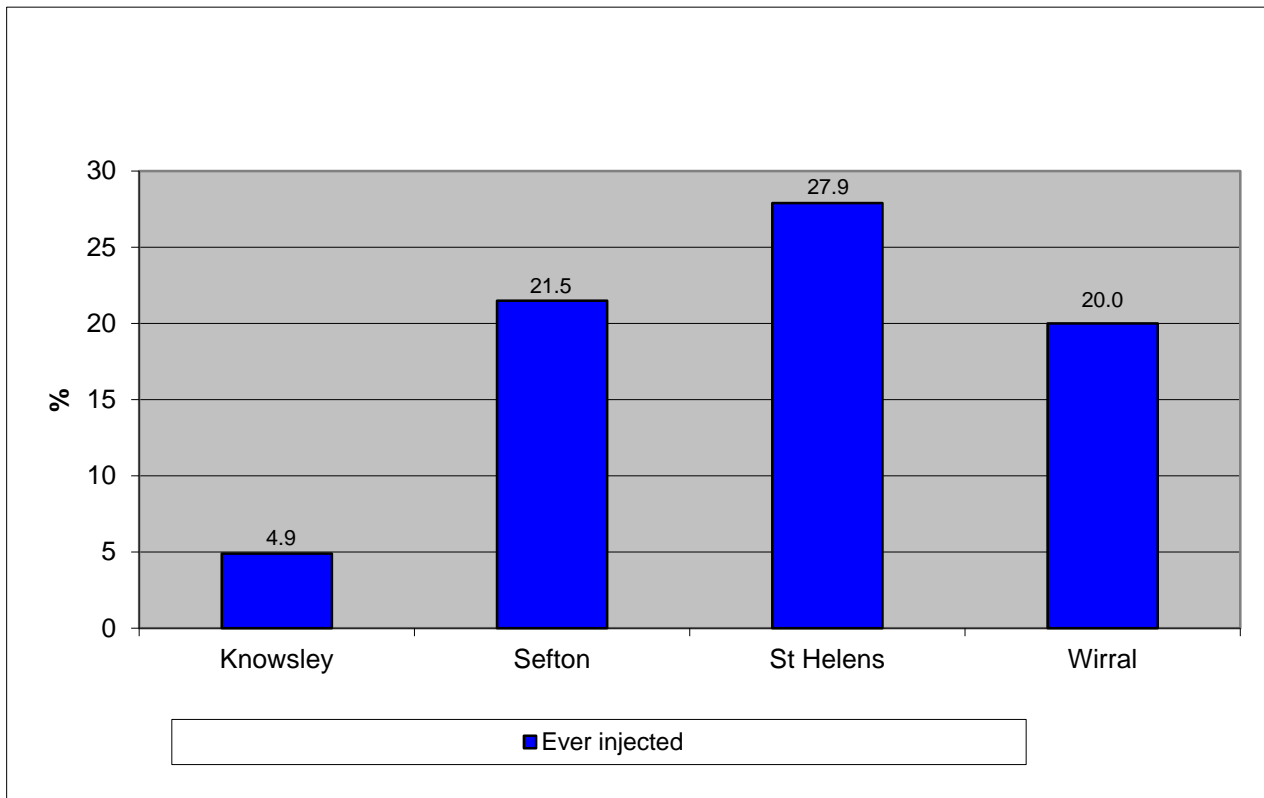
Table 27: Substance use (13/14) – Merseyside Comparison

	Alcohol	Benzo.	Cannabis	Cocaine	Crack	Ecstasy	Heroin	Meth.	Other
<b>Knowsley</b>	7.5%	0.9%	28.0%	83.2%	9.3%	0.9%	11.2%	2.8%	1.9%
<b>Sefton</b>	9.1%	1.2%	17.2%	62.8%	29.8%	0.7%	36.4%	1.4%	1.5%
<b>St Helens</b>	16.8%	0.3%	11.3%	62.6%	19.1%		38.3%	3.8%	3.8%
<b>Wirral</b>	3.9%	3.5%	35.3%	47.0%	18.4%	0.7%	29.0%	12.0%	6.8%
<b>Merseysid</b>	<b>8.5%</b>	<b>1.3%</b>	<b>20.0%</b>	<b>56.9%</b>	<b>17.8%</b>	<b>0.5%</b>	<b>32.7%</b>	<b>3.7%</b>	<b>3.1%</b>

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one drug of use.

### INJECTING BEHAVIOUR

Figure 23: Merseyside Assessments - Injecting Behaviour (11/12, 12/13, 13/14)



## ALCOHOL CONSUMPTION

Table 28: Alcohol consumed in last month (13/14) – Merseyside Comparison

	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	Daily
<b>Knowsley</b>	25.2%	22.4%	34.6%	13.1%	2.8%	1.9%
<b>Sefton</b>	34.3%	12.9%	23.5%	16.8%	3.6%	8.9%
<b>St Helens</b>	38.0%	11.9%	27.0%	14.2%	2.9%	6.1%
<b>Wirral</b>	27.0%	19.8%	23.5%	14.9%	3.0%	11.8%
<b>Merseyside</b>	<b>40.6%</b>	<b>11.3%</b>	<b>20.6%</b>	<b>14.9%</b>	<b>2.4%</b>	<b>10.2%</b>

## OFFENCES COMMITTED

Table 29: Offending that led to assessment in DIP (13/14) – Merseyside Comparison

Offence	Knowsley	Sefton	St Helens	Wirral	Merseyside
Begging		0.5%	0.3%	0.5%	<b>2.2%</b>
Breach			0.3%	3.6%	<b>1.0%</b>
Burglary	5.6%	12.6%	6.3%	8.0%	<b>7.9%</b>
Criminal Damage		0.7%	0.9%	2.4%	<b>0.9%</b>
Domestic Violence		0.8%	0.3%	1.7%	<b>0.7%</b>
Firearms/Weapons	0.9%	0.3%		1.3%	<b>0.5%</b>
Fraud	1.9%	2.0%	1.1%	1.2%	<b>1.3%</b>
Going equipped		0.5%	0.6%	0.8%	<b>0.8%</b>
Handling		0.7%	2.0%	1.4%	<b>0.9%</b>
MDA Offences	39.3%	29.2%	32.9%	25.0%	<b>31.6%</b>
Motoring Offences	0.9%	0.2%	2.3%	1.6%	<b>0.6%</b>
Public Order	2.8%	1.4%	3.4%	5.4%	<b>2.3%</b>
Robbery	1.9%	2.0%	1.1%	1.7%	<b>2.6%</b>
Shoplifting	27.1%	30.4%	25.7%	24.5%	<b>24.9%</b>
Theft	5.6%	6.3%	12.6%	10.3%	<b>8.1%</b>
Theft - Car	4.7%	2.5%	10.0%	2.9%	<b>2.5%</b>
Warrant				0.2%	<b>0.1%</b>
Wounding/Assault	7.5%	4.9%	8.0%	8.6%	<b>6.3%</b>
Other	3.7%	6.1%	6.0%	2.3%	<b>6.4%</b>

NB: Figures will add up to greater than 100% as clients are allowed to indicate more than one offence.

## DISCUSSION AND RECOMMENDATIONS

The aim of this report is to inform the DIP, public health and commissioning teams of the nature of clients coming into contact with DIP on Merseyside. The findings of this report highlight both the overall profile and the demographic trend across Merseyside of these clients.

### AGE

Younger clients (under 25) continue to make up sizeable proportions of assessed clients year on year in all areas; however both Knowsley and Sefton did see substantial decreases of clients assessed who fell into this age group over the time period.

**Recommendation:** It is important for all areas to continue to understand the age profile of clients being assessed in order to provide appropriate services for clients when they present for treatment. The pattern of younger clients coming into contact with DIP has now become firmly embedded and teams should now be trying to ascertain the drivers for drug use among this younger cohort, which may be the key to bringing about a change in behaviour in this client group. As evidenced by the report looking at the characteristics of clients under the age of 25 (Cuddy & Duffy, 2008), large proportions of these clients have never come into contact with services prior to this. Therefore it is critical that options around treatment are clearly explained to them and every effort made to engage them in appropriate treatment whether this is through DIP or other services.

While younger clients continue to make up sizeable proportions of those assessed by DIP teams, Knowsley, Sefton and St Helens also saw a noticeable increase over the time period in clients assessed who were over the age of 40. Sefton assessed the highest proportions of clients in 2013/14 over 40 years of age compared to the other areas. Beynon et al (2009) noted that the concurrent effect of drug use and ageing are thought to exacerbate medical conditions more prevalent in older age, while a report by the Royal College of Psychiatrists (2011) observed higher mortality rates among older drug users and that there have been significant increases in illicit drug use in the over 40 age group in the UK.

**Recommendation:** It is important that while teams may be changing their services slightly to cater for younger clients, they do not lose focus on the older clients who continue to present. The National Treatment Agency (NTA) report entitled "Medications in Recovery – Re-orientating Drug Dependence Treatment (NTA, 2012) highlighted these older clients as a group for whom physical health problems could be a persistent barrier to recovery and stressed the importance of providers working to assess and identify treatment needs for such problems. Ayers et al (2012) stressed the need for workers to be trained to understand the needs and anxieties of older drug users and make it clear that treatment can be tailored to people of all ages.



Furthermore, while Dale-Perera et al (2014) indicated that drug users are generally motivated to recover, they emphasised the importance of the full range of evidence-based interventions needing to be utilised to give people in recovery the best chance of successfully completing treatment.

## TRANSFERS IN

All areas saw a much older client profile among those transferred in compared to those assessed within an area, with both Knowsley and St Helens seeing sizeable increases in clients transferred in who were over the age of 40 year on year. These older clients are more likely to be heroin users (Howarth & Duffy, 2010; Howarth & Duffy, 2012) and this is likely to reflect the population being released from prison. St Helens were the only area to see a year on year increase in numbers transferred in to DIP from other areas/prisons, although the increases were small in general between time periods. By contrast, Knowsley saw a substantial decrease in overall numbers transferred in between 12/13 (n=171) and 13/14 (n=63). This is a concern, as although numbers of clients entering DIP has decreased in recent years, this would not explain the sizeable drop in clients satisfactorily. It is also likely that the process of transferring clients from other areas within Merseyside to Knowsley is encountering problems at some stage.

**Recommendation:** There remains a need for DIP teams to work in conjunction with prisons to audit the flow of data between them, but also to work in conjunction with each other. The lack of a national indicator presently gives teams time to focus on tackling issues that exist on both sides to ensure that this process is more robust.

## DRUG USE

As has been the case in previous years, cocaine was the most common drug used by those assessed in all areas. Instances of prevalence of use of cocaine among DIP clients was highest in Knowsley (over eight in ten assessed reported its use in both 12/13 and 13/14); however proportions of clients using cocaine decreased in all other areas over the time period examined. A report looking at powder cocaine users highlighted that they are more likely to commit either violent or public order offences than their OCU (Opiate and Crack Users) counterparts (Howarth & Duffy, 2010). This suggests that the consistent proportions of DIP clients arrested year on year for these offences can be linked to the high prevalence of cocaine using clients presenting to DIP.

**Recommendation:** As noted in previous demographics reports, the volume of clients coming through DIP who report using cocaine makes it essential that all teams focus on delivering information around both its use and effect on health to educate around the dangers of cocaine use. The treatment outcomes reports published by the Centre for Public Health (Howarth et al, 2012; Collins et al, 2013) pointed to positive health and wellbeing outcomes for non-OCU in most areas across Merseyside, highlighting the health benefits that DIP intervention is already having with this client group. Teams should now focus on offending among this client group and establish the extent to which it is linked to their drug use. This will assess the impact DIP can have on this behaviour and provide the most appropriate treatment mechanism through which to do so.

With the exception of Knowsley, there are still large numbers of users of heroin and crack in all areas (with the highest proportions in Sefton and St Helens). Furthermore, proportions of clients who reported using either heroin or crack as their main drug increased year on year in Sefton.

**Recommendation:** It remains critically important that teams do not lose focus on OCUs as they will have very specific and often demanding needs. Any service delivery changes attempting to provide appropriate services for primary cocaine users should not be to the detriment of OCUs. The original aim of DIP was to cater for the needs of drug users committing high volumes of acquisitive crime to fund their drug use and there is an ongoing need to focus on these clients who are likely to be OCUs.

There are sizeable proportions of clients reporting cannabis use in all areas (highest in Knowsley and Wirral) while St Helens reported a substantial proportion of clients in both 12/13 and 13/14 presenting to DIP with alcohol issues.

**Recommendation:** It is important that teams have specific interventions in place to educate clients around the risks associated with cannabis use. Studies have shown that long term chronic use from early adolescence can have adverse mental health effects (Moore et al, 2007; de Graaf et al, 2010; Zalesky et al, 2012). While DIP clients will all be 18 or over, it is important that teams can ascertain any historical levels of cannabis use among their client group to effectively assess the potential need for support with mental health issues.

## INJECTING BEHAVIOUR

Proportions of clients coming through DIP who had ever injected were highest in St Helens, linked directly to the high proportions of clients reporting using heroin in this area. This points to a client group in this area within DIP who are likely chaotic drug users with an extremely complex set of health needs. By contrast,

Wirral saw a sizeable decrease in proportions of clients presenting to DIP who had ever injected between 12/13 and 13/14.

## ALCOHOL CONSUMPTION

DIP clients across Merseyside by in large were less likely to consume alcohol on a regular basis. Over half of those clients who drank alcohol in the month prior to being assessed in 13/14 did so less than weekly in all areas. Previous research has shown that DIP clients reporting the use of cocaine were less likely to be dependent drinkers than their OCU counterparts, although they did report drinking well in excess of recommended levels on a monthly basis, typical of binge drinking patterns (Howarth & Duffy, 2010). The pattern seen here of alcohol use at non-dependent levels is likely indicative of the ongoing prevalence of cocaine using clients in DIP. Wirral had the highest proportion of clients who reported drinking on a daily basis compared to the other areas, a pattern which has been the case in each of the time periods and something that their new DIP provider needs to be acutely aware of.

**Recommendation:** Given the dangers surrounding the concomitant use of alcohol and cocaine (Lightowers & Sumnall, 2014), it is important that teams continue to educate clients around the dangers associated with this behaviour. Teams should also ensure that appropriate treatment pathways are in place for these clients as for large numbers of them their alcohol use will likely be as much of an issue as their drug use.

## OFFENCES COMMITTED

The most common offences committed by clients assessed in both Knowsley and St Helens in 13/14 were Misuse of Drugs Act (MDA) offences. These high proportions are mostly due to the presence in DIP of the aforementioned client group, i.e. cocaine using young males, spending at the lower end of the scale on their drug use (Cuddy et al, 2013) and being less likely to commit acquisitive crime than OCU. Research has also linked “theft – car” offences with this group (Howarth & Duffy, 2010) and the increases seen in proportions of clients arrested for this in St Helens between 12/13 and 13/14 in particular is further evidence of this client group.

Shoplifting was the most common offence committed by clients assessed in both Sefton and Wirral in 13/14, an acquisitive offence and one which points to a sizeable proportion of clients entering DIP in both areas who likely use crime to fund their drug use. The increase in proportions of clients committing burglary offences in Sefton between 12/13 and 13/14 is also further evidence of this. A number of researchers have

commented on the link between an economic recession and an increase in criminal activity (Lauritsen & Heimer 2010; Cook, 2010; Hooghe et al, 2011) and teams should be aware of the potential of more frequent presentations to DIP by clients funding their drug use through crime.

There is sizeable variance across the areas in terms of direction of travel for other offences committed over the time period. Knowsley, Sefton and St Helens have all seen decreases in proportions of clients arrested for public order offences while Wirral has also seen decreases in proportions arrested for burglary but increases in proportions arrested for wounding/assault over the time period.

## OTHER TOPICS

The patterns of DIP client characteristics seen in 13/14 remained the same across Merseyside as in previous demographic reports for a number of factors:

- The potential under representation in DIP of Black and Minority Ethnic clients
- The presence of a sizeable group of female clients within DIP

Accordingly, recommendations outlined in the 2012/13 report (Cuddy et al, 2013) should still be used as guidance for teams on these subjects where applicable.

## CONCLUSION

The two distinct groups of drug users in DIP, established over the past number of years among the client base in Merseyside, are again obvious in 2013/14. The younger, potentially less problematic drug using client base, first seen in 2007/08, was still prominent in 2013/14 but the steady growth seen in proportions of clients making up this group in previous demographic reports was not evident this time. Although decreasing slightly in the last 12 months, levels of both cocaine and cannabis use remains high in all areas for these clients. However, with the additional information available around offending patterns and alcohol use, it is clear that more investigation is needed into the role (causal or otherwise) that drug use plays in the offending nature of this client group. In contrast, the number of older, more problematic OCU group rose in almost all areas. The imminent introduction of targeted testing will likely see further increases in proportions of OCU compared to the less problematic using group entering DIP in all areas, as its very nature will target long term substance misusers, and teams need to be acutely aware of this. For OCU the relationship between offending and substance use is more causal, but the fact that this group is an ageing one must be noted when providing treatment interventions for these clients.

This clear fragmentation of the DIP cohort makes it difficult for services to focus all their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Drug Strategy (Home Office, 2010) and NTA guidance (NTA, 2012) cases will need to be assessed on a person by person basis and decisions made about the most appropriate placement and treatment of clients. With the pooled treatment budget now firmly ensconced in overall public health funding and control of the DIP data now with Public Health England, it is critical that DIP can demonstrate interventions providing appropriate support and producing quality outcomes across the cohort (Howarth et al, 2012). The DIP also needs to demonstrate interventions that will aim to reduce offending (Cuddy et al, 2015), 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.

## METHODOLOGY

This analysis has been performed on the basis of D(A)AT of contact, rather than D(A)AT of residence, for all clients seen by DIP staff in Merseyside between April 2011 and March 2014. Data has been taken from information collected by DIP staff on monitoring forms produced by both the Home Office (up to end of March 2013) and by Public Health England (from April 2013 onwards). Up until December 2011, monitoring forms collected basic demographic information about clients such as age, gender and ethnicity at the point of assessment with the DIP team or at the point of transfer into the team. More in-depth information about clients' drug use, treatment and offending was collected on the Drug Interventions Record (DIR) at assessment stage. A new suite of monitoring forms was introduced by the Home Office in January 2012, which reduced the amount of information that was collected at assessment stage on the DIR for monitoring purposes. It also made provision for all attempted transfers to be recorded on the DIR and altered the Activity Form so that it only recorded activity for clients who were active on the DIP caseload. Public Health England further condensed these forms into one with effect from October 2013. As a result of these changes, details about historical treatment status and sharing of drug using equipment are no longer required as part of the monitoring minimum data set. Therefore, figures presented for these topics in this report will only include data from clients assessed between 1<sup>st</sup> April and 31<sup>st</sup> December 2011.

The data presented in tables and figures represent the proportions of individuals who provided responses to the questions asked on the Criminal Justice Data Set (or DIR/Activity Forms for data prior to 2013/14). Individuals who did not provide information for the demographic categories under analysis were excluded and the number of exclusions in each instance has been noted directly beneath tables and figures. Only individuals indicating using drugs in the month prior to assessment were included in analysis for drugs used and for both injecting and sharing equipment. As clients could give more than one response for the type of offence they had committed that brought them into contact with DIP, percentages in these tables will add up to more than 100%. Similarly, as clients could list up to three illicit substances that they use (where applicable), percentages in these tables will add up to more than 100% also.

The sections have focussed on four of the D(A)ATs in Merseyside (Knowsley, Sefton, St Helens & Wirral) in turn. For each area, trends across a three year period were analysed to offer comparisons between 2011/12, 2012/13 and 2013/14. These sections are followed by a comparison between the four areas, along with overall figures/proportions for Merseyside (including Liverpool), for 2013/14.

This document should not be read in isolation, but in conjunction with other reports detailing trends around this drug using population (Cuddy & Duffy, 2008; Cuddy & Duffy, 2009; Howarth & Duffy, 2010; Howarth et al, 2012; Cuddy et al, 2013; Cuddy et al, 2015). This report is not only intended as an information resource

for D(A)ATs but also as a prompt for further investigation. Many key points will require more in depth investigation to fully explain the trends highlighted.

## REFERENCES

Ayers, R.M., Eveson, L., Ingram, J. & Telfer, M. (2012) Treatment experience and needs of older drug users in Bristol, UK. *Journal of Substance Use*, 17, 19-31.

Becker, J. & Duffy, C. (2002) *Women drug users and drugs service provision: service level responses to engagement and retention*. London, Home Office.

Beynon, C.M., Roe, B., Duffy, P. & Pickering, L. (2009). Self-reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in Merseyside, United Kingdom. *BMC Geriatrics*, 2009, 9-45.

Cook, P.J. (2010). Property crime – Yes; Violence – No. *Criminology & Public Policy*, 9, 693–697.

Collins, P., Marr, A., Cuddy, K., Hay, G., McVeigh, J. & Whitfield, M. (2013) *Treatment outcomes for DIP clients in Liverpool (July 11 – June 12)*. Centre for Public Health, Liverpool John Moores University.

Cuddy, K., Collins, P., McVeigh, J. & Whitfield, M. (2013) *Merseyside DIP Demographics Report (April 2012 – March 2013)*. Centre for Public Health, Liverpool John Moores University

Cuddy, K. & Duffy, P. (2008) *Merseyside DIP Clients: A comparison of client characteristics for under and over 25 years old*. Centre for Public Health, Liverpool John Moores University.

Cuddy, K. & Duffy, P. (2009) *Merseyside DIP Re-presentation Report (April 08 – March 09)*. Centre for Public Health, Liverpool John Moores University.



Cuddy, K., McVeigh, J. & Collins, P. (2013) *An evaluation of DIP's impact on offending in Merseyside*. Centre for Public Health, Liverpool John Moores University.

Cuddy, K., Collins, P., Whitfield, M. & McVeigh, J. (2015) *An evaluation of DIP's impact on offending in Merseyside (July 2015)*. Centre for Public Health, Liverpool John Moores University.

De Graaf, R., Radovanovic, M., Van Laar, M., Fairman, B., Degenhardt, L., Aguilar-Gaxiola, S., Bruffaerts, R., De Girolamo, G, Fayyad, J., Gureje, O., Haro, J.M., Huang, Y., Kostychenko, S., Lepine, J.P., Matschinger, H., Mora, M.E.M., Neumark, Y., Ormel, J., Posada-Villa, J., Stein, D.J., Tachimori, H., Wells, J.E. & Anthony, J.C. (2010) Early cannabis use and the estimated risk of later onset of depression spells: Epidemiologic evidence from the population based World Health Organisation World Mental Health Survey initiative. *American Journal of Epidemiology* 172 (2) pgs 149 - 159

Dale-Perera, A., Alam, F. & Barker, P. (2014) Opioid-dependence treatment in the era of recovery: insights from a UK survey of physicians, patients and out-of-treatment opioid users. *Journal of Substance Use, Early Online*: 1-9

Gossop, M. (2005) *Drug misuse treatment and reductions in crime: findings from the National Treatment Outcomes Research Study (NTORS)*. London, National Treatment Agency for Substance Misuse.

Hayhurst, K., Jones, A., Millar, T., Pierce, M., Davies, L., Weston, S. & Donmall, M. (2013) Drug spend and acquisitive offending by substance misusers. *Drug and Alcohol Dependence*, 130 (1-3), 24-29.

Home Office (2010) *Drug Strategy 2010 Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life*. London: Home Office. Available at:  
<http://www.homeoffice.gov.uk/publications/drugs/drug-strategy/drug-strategy-2010>

Home Office (2014) *Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales*. London, Home Office.

Hooghe, M., Vanhoutte, B., Hardyns, W. & Bircan, T. (2011) Unemployment, inequality, poverty and crime: Spatial distribution patterns of criminal acts in Belgium, 2001 – 2006. *British Journal of Criminology*, 51 (1) pgs 1 - 20

Howarth, P. & Duffy, P. (2010) *Powder Cocaine and Problematic Drug Users: A comparative study of the characteristics of DIP clients in Merseyside (April 09 – March 10)*. Centre for Public Health, Liverpool John Moores University.

Howarth, P. & Duffy, P. (2012) *Merseyside DIP OCU Report (April 2007 – March 2011)*. Centre for Public Health, Liverpool John Moores University.

Howarth, P., Duffy, P., Hurst, A. & Marr, A. (2012) *Treatment Outcomes for DIP Clients in Merseyside (January – December 2011)*. Centre for Public Health, Liverpool John Moores University.

Jones, A., Donmall, M., Millar, T., Moody, A., Weston, S., Anderson, T., Gittins, M., Abeywardana, V. & D'Souza, J. (2009) *The Drug Treatment Outcomes Research Study (DTORS): Final Outcomes Report Research Report 24*. London: Home Office.

Available at: <http://www.homeoffice.gov.uk/rds/pdfs09/horr24b.pdf>

Lauritsen, J.L. & Heimer, K. (2010) Violent victimization among males and economic conditions: The vulnerability of race and ethnic minorities. *Criminology & Public Policy*, 9 (4), 665 - 692

Lightowlers, C. & Sumnall, H. (2014) A violent mix? The association between concurrent alcohol and cocaine use and violence amongst young people in England and Wales. *Drugs: Education, Prevention and Policy*, 21 (2), 131-139

Moore, T.H., Zammit, S., Lingford-Hughes, A., Barnes, T.R., Jones, P.B., Burke, M. & Lewis, G. (2007) Cannabis use and risk of psychotic or affective mental health outcomes: a systematic review. *Lancet* 370 (9584) pgs 319 - 328

NTA (2012) *Medications in Recovery – Re-orientating drug dependence treatment*. London, National Treatment Agency for Substance Misuse

Public Health England (2014a) *Adult Drug Statistics from the National Drug Treatment Monitoring System (NDTMS) – 1 April 2013 to 31 Mar 2014*. London, Public Health England

Public Health England (2014b) *Adult Alcohol Statistics from the National Drug Treatment Monitoring System (NDTMS) – 1 April 2013 to 31 Mar 2014*. London, Public Health England

Royal College of Psychiatrists (2011) *Our invisible addicts. First report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists*. London, Royal College of Psychiatrists.

Singleton, N., Murray, R. & Tinsley, L. (2006) *Measuring different aspects of problem drug use: Methodological developments*. London, Home Office.

UKPDC (2009) *Moving towards Real Impact Drug Enforcement – Strategy and policy implications*. UK Drug Policy Commission (UKPDC): London.

Zalesky, A., Solowij, N., Yucel, M., Lubman, D.I., Takagi, M., Harding, I.H., Lorenzetti, V., Wang, R., Searle, K., Pantelis, C. & Seal, M. (2012) Effect of long term cannabis use on axonal fibre connectivity. *Brain, A Journal of Neurology*, Oxford University.