

An Evaluation of DIP's Impact on Offending in Merseyside

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Contents

Tables	i
1.0 Executive Summary	1
2.0 Introduction	2
3.0 Methodology	6
4.0 Merseyside	9
5.0 Knowsley	22
6.0 Sefton	28
7.0 St Helens	34
8.0 Wirral	40
9.0 Discussion	46
10.0 References	55

Tables

Merseyside

Table M1: Merseyside Residents Testing Positive – Number of Trigger Offences	9
Table M2: Merseyside Residents Testing Positive – Seriousness of Trigger Offences	10
Table M3: Merseyside Clients Care Planned (Outcomes) – Seriousness of Trigger Offences	11
Table M4: Merseyside Clients Care Planned (Outcomes) – Seriousness of Trigger Offences	11
Table M5: Merseyside Offending Categories – Number of Trigger Offences	12
Table M6: Merseyside Offending Categories – Seriousness of Trigger Offences	13
Table M7: Merseyside Residents (Cocaine Only) – Number of Trigger Offences	13
Table M8: Merseyside Residents (Cocaine Only) – Seriousness of Trigger Offences	14
Table M9: Merseyside Residents (Opiates Only) – Number of Trigger Offences	15
Table M10: Merseyside Residents (Opiates Only) – Seriousness of Trigger Offences	15
Table M11: Merseyside Residents (Cocaine & Opiates) – Number of Trigger Offences	16

Table M12: Merseyside Residents (Cocaine & Opiates) – Seriousness of Trigger Offences	17
Table M13: Merseyside Residents Gender – Number of Trigger Offences	17
Table M14: Merseyside Residents Gender – Seriousness of Trigger Offences	18
Table M15: Merseyside Residents Age – Number of Trigger Offences	18
Table M16: Merseyside Residents Age – Seriousness of Trigger Offences	19
Table M17: Merseyside Age – Overall Sample	20
Table M18: Merseyside Gender – Overall Sample	20
Table M19: Merseyside Drug Use – Overall Sample	20
Table M20: Merseyside Alcohol Consumption – Overall Sample	21
Table M21: Merseyside Prison post Test – Overall Sample	21
Table M22: Merseyside Future DIP Contact – Overall Sample	21
Table M23: Merseyside Trigger Offences – Overall Sample	21

Knowsley

Table K1: Knowsley Residents Testing Positive – Number of Trigger Offences	22
Table K2: Knowsley Residents Testing Positive – Seriousness of Trigger Offences	23
Table K3: Knowsley Residents Offending Groups – Number of Trigger Offences	24
Table K4: Knowsley Residents Offending Groups – Seriousness of Trigger Offences	24
Table K5: Knowsley Residents Age	25
Table K6: Knowsley Residents Gender	26
Table K7: Knowsley Residents Drug Use	26
Table K8: Knowsley Residents Alcohol Consumption	26
Table K9: Knowsley Residents – Prison post Test	26
Table K10: Knowsley Residents – Future DIP Contact	27
Table K11: Knowsley Residents Offences	27

Sefton

Table S1: Sefton Residents Testing Positive – Number of Trigger Offences	28
Table S2: Sefton Residents Testing Positive – Seriousness of Trigger Offences	29
Table S3: Sefton Residents Offending Groups – Number of Trigger Offences	30

Table S4: Sefton Residents Offending Groups – Seriousness of Trigger Offences	30
Table S5: Sefton Residents Age	31
Table S6: Sefton Residents Gender	32
Table S7: Sefton Residents Drug Use	32
Table S8: Sefton Residents Alcohol Consumption	32
Table S9: Sefton Residents – Prison post Test	32
Table S10: Sefton Residents – Future DIP Contact	33
Table S11: Sefton Residents Offences	33
St Helens	
Table ST1: St Helens Residents Testing Positive – Number of Trigger Offences	34
Table ST2: St Helens Residents Testing Positive – Seriousness of Trigger Offences	35
Table ST3: St Helens Residents Offending Groups – Number of Trigger Offences	36
Table ST4: St Helens Residents Offending Groups – Seriousness of Trigger Offences	36
Table ST5: St Helens Residents Age	37
Table ST6: St Helens Residents Gender	38
Table ST7: St Helens Residents Drug Use	38

Table ST8: St Helens Residents Alcohol Consumption	38
Table ST9: St Helens Residents – Prison post Test	38
Table ST10: St Helens Residents – Future DIP Contact	39
Table ST11: St Helens Residents Offences	39
Wirral	
Table W1: Wirral Residents Testing Positive – Number of Trigger Offences	40
Table W2: Wirral Residents Testing Positive – Seriousness of Trigger Offences	41
Table W3: Wirral Residents Offending Groups – Number of Trigger Offences	42
Table W4: Wirral Residents Offending Groups – Seriousness of Trigger Offences	42
Table W5: Wirral Residents Age	43
Table W6: Wirral Residents Gender	44
Table W7: Wirral Residents Drug Use	44
Table W8: Wirral Residents Alcohol Consumption	44
Table W9: Wirral Residents – Prison post Test	44
Table W10: Wirral Residents – Future DIP Contact	45
Table W11: Wirral Residents Offences	45

1.0 Executive Summary

This report aimed to provide the Merseyside teams with an assessment of offending outcomes for clients who tested positive between May and July 2011 as part of the Drug Interventions Programme (DIP) and also investigate what critical factors relating to client attributes may have influenced this offending. Findings illustrated in the first instance that across Merseyside, contact with the DIP process as a whole has an extremely positive impact on offending. The client group we examined saw a reduction of 33% in their volume of offending in the 12 months post contact with DIP compared to the 12 months pre. The findings also suggest however that these levels of reduction are not dependent on the level of DIP involvement with the highest reductions seen among those clients who had no further DIP contact following their initial arrest and positive drug test.

Nevertheless the data does show the benefits of clients receiving a care plan as a result of their DIP contact, with these clients significantly less likely either re-present to DIP or go to prison in the future than those who were not care planned. Furthermore, clients who had meaningful contact with DIP teams post positive test (i.e. undergoing assessments with DIP workers) were significantly less likely to offend in the future than those without DIP contact. Regression analysis carried out on the data also showed that both prolificacy of offending pre test and age were significant predictors of future offending in Merseyside. Overall, the report shows that the DIP process and contact with both Merseyside Police and DIP teams contributes substantially to reducing offending and demonstrates the worth of both Test on Arrest and DIP to the overall criminal justice system.

Findings were not the same in all areas and teams should consult the discussion chapter in this report for outcomes for their specific area and recommendations where applicable. It should be noted that this piece of work is focused on one of the primary aims of DIP; to reduce offending. It is not the intention of the report to make any suggestion about the impact of DIP intervention on the health or drug use of clients.

2.0 Introduction

There is plenty of evidence worldwide to suggest that drug users commit more crimes when under the influence of drugs than when they are not (Ball et al, 1983, Nurco, 1998). The link between drug use and acquisitive crime is also well established through research (Hayhurst et al, In Press) and addressed within UK Government policy. Research has demonstrated high levels of drug use among prison populations (Singleton et al, 1999, Liriano and Ramsey, 2003) and arrestees (Holloway and Bennett, 2004, O'Shea et al, 2003) and also high levels of offending among drug treatment samples (Gossop et al, 1998). Acquisitive crime aside, drug misusers frequently come into contact with the Criminal Justice System as the use of illegal drugs makes them liable for arrest (Gossop, 2005). Goldstein's economic necessity model postulated that drug users would offend in order to fund their drug use (Goldstein, 2005) and that reducing drug use should result in a reduction in crime, therefore justifying drug treatment on more than just health grounds.

With regard to drug treatment, there have been two main strands which have developed; voluntary and coerced, both with a measure of success. The Drug Treatment Outcomes Research Study (DTORS) was a multi-site, longitudinal study, evaluated drug treatment across England and found that drug treatment was effective in reducing the harmful behaviours associated with drug use (Jones et al, 2009; Donmall et al, 2012). The study also reported reductions in acquisitive crime; 40% of participants reported having committed an acquisitive crime in the four weeks prior to their interview for the study. This had reduced to just 16% at second follow up stage, which was 11-13 months after their interview. Powell et al (2010) in their study of clients on Drug Treatment and Testing Orders (DTTO) looked at those who had entered coerced treatment between 2000 and 2002. They found that 61% of the sample had reduced their offending when comparing the numbers of offences in the two years prior to the commencing the order to the two years post commencement.

The Drug Interventions Programme (DIP) was developed as part of the Updated Drugs Strategy to break the link between drugs and crime and minimise the harm caused to individuals and society as a whole. Its aim was to develop and integrate measures for directing adult drug-misusing offenders into drug treatment and reducing offending behaviour. The programme sought to bring together both criminal

justice agencies and treatment providers, as well as government departments and Drug (& Alcohol) Action Teams (D(A)ATs) to provide tailored solutions for drug misusers who commit crime to fund their drug use (particularly Class A drug users) from arrest, court, sentencing and prison, through to post-prison and post-treatment situations (Skodbo et al, 2007). The programme was expanded in 2006 with the introduction of Tough Choices (The National Archives, 2005) which introduced three new elements into DIP, testing on arrest, required initial assessments and restriction on bail. The intention of Tough Choices was to broaden the scope of early intervention and make it harder for drug using offenders to resist assessment and treatment. As a strategy, DIP contains a coercive strand in the initial phase and develops to become voluntary as the intervention continues.

There is substantial evidence to suggest that clients in the DIP process reduce their offending. In their study on a national level, Skodbo et al (2007) examined offending patterns among a cohort of over 7,000 individuals and found that the overall volume of offending was reduced by 26% following their contact with the DIP process through a positive drug test. Moreover, around half of the cohort showed a decline in offending of around 79% in the six months following DIP contact. They also noted however that offending levels increased following DIP contact for around a quarter of positive testers and that "high crime causing users" saw no reduction in their levels of offending post DIP contact. While these results are broadly encouraging in relation to the effectiveness of DIP, it is important to note that an underlying assumption was made within the study, that a positive test alone would be sufficient to produce a change in offending levels, as there was no examination in the report of what level of intervention the clients actually received following their positive test and the potential impact this may have had. There was also no control group in place for the study meaning that it was not possible to attribute the reduction in offending solely to DIP intervention. For example, the impact of arrest is not explored in the study to see if this was a driver in individuals' propensity to not re-offend.

This lack of control group was also a limitation in a Home Office study evaluating Criminal Justice Integrated Teams (CJIT) undertaken over a two year period (Home Office, 2007). Interviews with staff across 20 CJIT sites were undertaken and focussed on those who were involved in setting up, managing or delivering CJIT interventions. In addition to this, CJIT clients were also recruited for the study and interviewed across three time periods; 468 were interviewed one to three months

after entering the scheme, 512 three to six months after entry and finally 430 between six and nine months after entering the scheme. However, only 209 participants were interviewed on all three occasions. While a decrease in offending was noted among clients recruited into the study, this outcome could not be compared over time due to the lack of a control population, therefore it could not definitively be stated that CJIT intervention was the main reason for this decrease.

As previously mentioned, reducing offending behaviour is one of the main stated aims of DIP. In its 2011 compendium on re-offending, the Ministry of Justice found that offenders receiving conditional discharges in 2008 had lower re-offending rates than those who received community orders in the same year (between 2.9% and 5.6% lower). Additional work done comparing those receiving conditional discharges to those on low level community orders only lessened the gap to between 1.6% and 3.1% showing that more serious offenders are more likely to re-offend (Ministry of Justice, 2011). A process for effectively dealing with more serious offenders, and also an examination of DIP's effectiveness in dealing with these clients was studied by Best et al (2010) in their evaluation of a project undertaken by West Midlands Police and Coventry DIP accessing High Crime Causing Users (HCCU). Both organisations came together to create an enhanced treatment delivery service for a group of HCCU, termed quasi coercive treatment and involving more intensive therapeutic work with clients and also more intensive police scrutiny. These clients were compared to a control group of HCCU who received the standard interventions through engagement with DIP. Clients who received the enhanced service showed marked reductions in the number of arrests from the year prior to quasi coercive treatment (average of 55%), a reduction not seen among the control group, where offending rates remained similar. It should be noted also that the majority of HCCU's targeted had previously failed to engage with DIP or mainstream treatment services so the effectiveness of this quasi coercive approach is encouraging and backs up findings from McSweeney et al (2007) in their study on the aforementioned strands of treatment (voluntary and coerced). It also re-enforces the point made by Best et al (2008) who argued that for primary offenders who use drugs, more coercive components of interventions may be more effective in "gripping" this client group in the treatment process and that voluntary DIP intervention may not be enough.

This report will present an analysis of the data across Merseyside in the first instance and also analysis for each area, with the exception of Liverpool, for whom

reporting priorities differ from the other areas. This document should not be read in isolation but in conjunction with other reports detailing through put and trends around the drug using population in Merseyside (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b, Howarth & Duffy, 2012). This report is not only intended as an information resource for both D(A)ATs and Merseyside Police but also as a prompt for further investigation. Many key points will require more in depth investigation to fully explain the trends highlighted.

3.0 Methodology

Data has been taken from three separate sources:

- ❖ Information collected by custody suite staff which is submitted to the Home Office in the form of drug testing data. Clients who had a positive test after arrest for a trigger offence in any Merseyside custody suite between May and July 2011 were included. These participants were matched to Drug Intervention Records (DIR) to determine the level of their involvement with DIP post test. Any clients who were not Merseyside residents, according to information provided on either the custody suite record or the DIR, were excluded from analysis.
- ❖ Information collected by DIP staff on monitoring forms produced by the Home Office: Drug Interventions Records (DIR).
- ❖ Police National Computer (PNC) data sanitised by Merseyside Police to include all identified offenders between May 2006 and May 2012 and the offences they were arrested for.

Analysis from the first two sources of data outlined above then separated the clients into three distinct outcome groups:

- ❖ Assessed – clients who after their initial positive test were assessed within 28 days by the DIP team but who did not go on to agree a care plan
- ❖ Care Planned – clients who after their initial positive test were assessed within 28 days by the DIP team and went on to agree a care plan
- ❖ No further DIP Contact – clients who after their initial positive test had no contact recorded with the DIP team within 28 days of their test

Levels of offending for these clients were then calculated. Data for clients making up the three groups listed above were matched to PNC data to establish how many times a client had been arrested for a trigger offence in the 12 months prior to their positive test and the 12 months post test. It should be noted that the data only covers offending across Merseyside and that any offending outside the area will not have been taken into account when measuring client's level of offending.

Seriousness of offences were ranked using a disposal gravity factor system, set out in the Final Warning Scheme, drawn up by the Association of Chief Police Officers (ACPO), in conjunction with the Crown Prosecution Service (CPS), the Home Office

and the Youth Justice Board (Home Office, 2006). The matrix classified offences on a scale of 1 (low gravity) up to 4 (high gravity) based on the seriousness of the individual offence. Each individual was then given a matrix score which was calculated by multiplying the number of offences committed by the seriousness of offence rating.

In addition, for those clients who were care planned by the DIP teams, both the length of time they spent on the DIP caseload and the reason for leaving the DIP caseload were examined. For all cases, "Care plan or treatment complete", "Client is no longer a class A drug user and no longer offending" "Client no longer a class A drug user but still offending" and "Client still a class A drug user but no longer offending" were treated as positive outcomes (as per Home Office guidelines) with any other reason for closure treated as a negative outcome.

Furthermore, levels of offending for clients' pre positive test were examined and divided into three distinct categories in order to effectively gauge the severity of offending:

- ❖ Low Offending Category – individuals with matrix score of 4 or less
- ❖ Medium Offending Category – individuals with matrix score between 5 and 10
- ❖ High Offending Category – individuals with matrix score of over 10

Statistical analysis was then carried out on the three groups to compare both numbers of arrests and seriousness rating and determine whether there were any significant differences between the three groups i.e. assessed, care planned or no DIP contact. Multivariate analysis of variance was used to test for significance in the data along with chi-squared and Kruskal-Wallis tests. In addition, correlation analysis was undertaken to determine if length of time on caseload was associated with level of reduction in offending.

Varying demographic characteristics (age, gender, drug use, alcohol use, offence committed) of clients in each outcome group along with more generic categories (did client go to prison in 12 months post test, had client contact with DIP post test) were also examined to determine the effect (if any) that these may have had on

offending behaviour. Drug use was taken from drug testing data while offences committed were collated from PNC data and collapsed into three distinct categories:

- ❖ Acquisitive Offences – all offences categorised as acquisitive i.e. those offences where the offender derives material gain from the offence.
- ❖ Misuse of Drugs Act (MDA) Offences – the principal offences relating to the misuse of controlled drugs as contained in the Misuse of Drugs Act 1971.
- ❖ Other Offences – all other offences which do not fall into either the acquisitive or MDA categories.

Finally, it should be noted that offending in the report refers to trigger offences only and not all types of offences. Trigger offences have been determined by the Home Office to be those offences most linked to drug use and therefore primarily the offences that the DIP scheme targets to reduce.

4.0 Merseyside

Overall, there were 1,050 Merseyside residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 301 went on to be assessed by the DIP teams, 516 went on to be care planned, while 233 had no DIP contact following their initial positive test.

Offending

Table M1: Merseyside Residents Testing Positive – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=1,050)	2.8619	1.9314	0.9305	p < 0.001
Assessed (n=301)	2.9236	1.9236	1.0000	p < 0.05
Care Planned (n=516)	2.3275	1.6143	0.7132	
No further DIP Contact (n=233)	3.9657	2.6438	1.3219	

There was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post test compared to pre test ($F [1,1047] = 138.609, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences pre and post test. There were also significant differences between the three groups in the change in number of offences pre to post test ($F [2,1047] = 4.421, p < 0.05$).

Table M2: Merseyside Residents Testing Positive – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=1,050)	6.9667	4.4952	2.4715	p < 0.001
Assessed (n=301)	7.0000	4.5515	2.4485	p < 0.05
Care Planned (n=516)	5.9109	3.8837	2.0272	
No further DIP Contact (n=233)	9.2618	5.7768	3.4850	

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post test compared to pre test ($F [1,1047] = 178.856, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post test. There were also significant differences between the three groups in the seriousness of their offending pre to post test ($F [2,1047] = 4.602, p < 0.05$).

Care Planned Clients

Table M3: Merseyside Residents Care Planned (Outcomes) – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Positive Outcome (n=381)	2.0341	1.2861	0.7480	p < 0.001	ns
Negative Outcome (n=82)	3.8537	3.2561	0.5976	ns	

ns=not significant

There were significant reductions in the number of offences committed in the 12 months post test compared to pre test for clients who exited the DIP caseload with a positive outcome ($F [1,380] = 65.766, p < 0.001$) but not for those who exited with a negative outcome ($F [1,81] = 3.390, ns$). Analysis also showed there were no significant differences between the two groups in the change in the number of offences pre to post test ($F [1,461] = 0.365, ns$).

Additional analysis was undertaken removing those care planned clients with a negative outcome from the overall analysis detailed in Table M1 (pg 8), to ensure that this group of clients were not adversely affecting indications of offence reduction in comparison to the other two identified groups (No DIP Contact, Assessed). Analysis showed that removing clients who had a negative outcome from the Care Planned group did not change the pattern seen in Table M1.

Table M4: Merseyside Residents Care Planned (Outcomes) – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Positive Outcome (n=381)	5.3228	3.1627	2.1601	p < 0.001	ns
Negative Outcome (n=82)	8.9512	7.5610	1.3902	ns	

ns=not significant

There were significant reductions in the seriousness of offences committed in the 12 months post test compared to pre test for clients who exited the DIP caseload with a positive outcome ($F [1,380] = 82.312, p < 0.001$) but not for those who exited with a negative outcome ($F [1,81] = 3.208, ns$). Further analysis showed there was no significant difference between the two groups in the change in the seriousness of their offending pre to post test ($F [1,461] = 1.510, ns$). However, analysis showed that removing clients who had a negative outcome from the Care Planned group did not change the pattern seen in Table M2 (pg 9) where those with no DIP contact post positive test had the greatest reductions in the seriousness of offences pre to post test.

Additional tests also showed that length of time on caseload was not significantly associated with level of reduction in offending ($p(463) = 0.031, P = 0.712$).

Offending Categories

Table M5: Merseyside Residents Offending Groups – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Low Offending Group (n=538)	1.1245	0.7639	0.3606	$p < 0.001$	$p < 0.001$
Medium Offending Group (n=316)	2.8924	2.3038	0.5886	$p < 0.001$	
High Offending Group (n=196)	7.5816	4.5357	3.0459	$p < 0.001$	

When examining individuals by offending groups, there were significant reductions in the number of offences in all three groups in the 12 months post test compared to pre test. There was also a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months following their positive test compared to the 12 months pre test ($F [2,1047] = 91.092, p < 0.001$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences.

Table M6: Merseyside Residents Offending Groups – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Low Offending Group (n=538)	2.9331	1.8829	1.0502	p < 0.001	p < 0.001
Medium Offending Group (n=316)	7.1297	5.3070	1.8227	p < 0.001	
High Offending Group (n=196)	17.7755	10.3571	7.4184	p < 0.001	

When examining individuals by offending group, there were significant reductions in the seriousness of offences committed in all three groups in the 12 months post test compared to pre test. There was also a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months following their positive test compared to the 12 months pre test ($F [2,1047] = 94.975$, $p < 0.001$). Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

Offending (Cocaine Users)

Table M7: Merseyside Residents (Cocaine Only) – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=727)	2.4195	1.4732	0.9463	p < 0.001
Assessed (n=208)	2.7933	1.7212	1.0721	ns
Care Planned (n=391)	2.0486	1.2532	0.7954	
No further DIP Contact (n=128)	2.9453	1.7422	1.2031	

ns = not significant

Among offenders who tested positive for cocaine only there was a significant reduction in the number of trigger offences committed in the 12 months post test compared to pre test ($F [1,724] = 115.852, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in numbers of offences. However, there was no significant difference between the three groups in the reduction in the numbers of offences pre to post test ($F [2,724] = 1.924, ns$).

Table M8: Merseyside Residents (Cocaine Only) – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=727)	6.0963	3.5447	2.5516	p < 0.001
Assessed (n=208)	6.7933	4.1442	2.6491	ns
Care Planned (n=391)	5.3402	3.0537	2.2865	
No further DIP Contact (n=128)	7.2734	4.0703	3.2031	

ns = not significant

Among offenders who tested positive for cocaine only, there was a significant reduction in the seriousness of offending in the 12 months post test compared to pre test ($F [1,724] = 137.493, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in seriousness of offending. However, there was no significant difference between the three groups in the reduction in the seriousness of their offending pre to post test ($F [2,724] = 1.320, ns$).

Offending (Opiates Only)

Table M9: Merseyside Residents (Opiates Only) – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=120)	4.0167	3.0000	1.0167	p < 0.005
Assessed (n=42)	3.0476	1.8571	1.1905	ns
Care Planned (n=36)	3.3889	2.7500	0.6389	
No further DIP Contact (n=42)	5.5238	4.3571	1.1667	

ns = not significant

Among offenders who tested positive for opiates only, there was a significant reduction in the number of offences committed in the 12 months post test compared to pre test ($F [1,117] = 8.735$, $p < 0.005$). Those individuals who were assessed by the DIP team following their arrest showed the most substantial reduction in the number of trigger offences arrested for. However there was no significant difference between the three groups in the reduction in numbers of offences pre to post test ($F [2,117] = 0.270$, ns).

Table M10: Merseyside Residents (Opiates Only) – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=120)	9.0500	6.5000	2.5500	p < 0.001
Assessed (n=42)	6.8095	4.3571	2.4524	ns
Care Planned (n=36)	8.2500	6.4167	1.8333	
No DIP Contact (n=42)	11.9762	8.7143	3.2619	

ns = not significant

Among offenders who tested positive for opiates only, there was a significant reduction in the seriousness of offending in the 12 months post test compared to pre test ($F [1,117] = 13.093, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in seriousness of offences. However there was no significant difference between the three groups in the reduction in the seriousness of their offending pre to post test ($F [2,117] = 0.348, ns$).

Offending (Cocaine & Opiates)

Table M11: Merseyside Residents (Cocaine & Opiates) – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=203)	3.7635	2.9409	0.8226	p < 0.001
Assessed (n=51)	3.3529	2.8039	0.5490	p < 0.05
Care Planned (n=89)	3.1236	2.7416	0.3820	
No further DIP Contact (n=63)	5.0000	3.3333	1.6667	

Among offenders who tested positive for both cocaine and opiates, there was a significant reduction in the number of offences committed in the 12 months post test compared to pre test ($F [1,200] = 16.307, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences. There was also a significant difference between the three groups in the reduction in numbers of offences pre to post test ($F [2,200] = 3.724, p < 0.05$).

Table M12: Merseyside Residents (Cocaine & Opiates) – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=203)	8.8522	6.7143	2.1379	p < 0.001
Assessed (n=51)	8.0000	6.3725	1.6275	p < 0.05
Care Planned (n=89)	7.4719	6.5056	0.9663	
No further DIP Contact (n=63)	11.4921	7.2857	4.2064	

Among offenders who tested positive for both cocaine and opiates, there was a significant reduction in the seriousness of offending in the 12 months post test compared to pre test ($F [1,200] = 22.270, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences. There was also a significant difference between the three groups in the reduction in the seriousness of their offending pre to post test ($F [2,200] = 4.556, p < 0.05$).

Offending (Gender)

Table M13: Merseyside Residents Gender – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Female (n=151)	2.7285	1.9338	0.7947	p < 0.001	ns
Male (n=899)	2.8843	1.9310	0.9533	p < 0.001	

ns = not significant

There were significant differences in the reduction in the number of offences committed in the 12 months post test compared to pre test for females ($F [1,150] = 43.712, p < 0.001$) and males ($F [1,898] = 124.581, p < 0.001$). However, there were no significant differences between the two groups in the reduction in numbers of offences pre to post test ($F [1,1048] = 0.464, ns$).

Table M14: Merseyside Residents Gender – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
Female (n=151)	6.2384	4.1258	2.1126	p < 0.001	ns
Male (n=899)	7.0890	4.5573	2.5317	p < 0.001	

ns = not significant

There were significant differences in the reduction in the seriousness of offences committed in the 12 months post test compared to pre test for both females ($F [1,150] = 41.231, p < 0.001$) and males ($F [1,898] = 163.415, p < 0.001$). However, there were no significant differences between the two groups in the reduction in seriousness of offending pre to post test ($F [1,1048] = 0.608, ns$).

Offending (Age)

Table M15: Merseyside Residents Age – Number of Trigger Offences

Age Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
18 – 24 (n=309)	2.7087	1.7346	0.9741	p < 0.001	ns
25 – 29 (n=194)	2.6856	1.7526	0.9330	p < 0.001	
30 – 34 (n=163)	2.6810	1.7914	0.8896	p < 0.001	
35 – 39 (n=156)	3.2436	2.3205	0.9231	p < 0.001	
40 – 44 (n=124)	3.2581	2.2258	1.0323	p < 0.001	
45 – 49 (n=82)	2.9512	2.2683	0.6829	p < 0.05	
50 & over (n=22)	2.6364	1.6364	1.0000	p < 0.05	

ns = not significant

There were significant reductions in the number of offences committed in the 12 months post test compared to pre test for all age groups when examined individually. Those individuals aged between 40 and 44 years of age showed the most substantial reduction in the number of offences committed. However, there were no significant differences between the age groups in the reduction in numbers of offences pre to post test ($F [6,1043] = 0.173, ns$).

Table M16: Merseyside Residents Age – Seriousness of Trigger Offences

Age Groups Compared	Mean Seriousness of Offences	Difference (pre – post)	Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre test	12 months post test			
18 – 24 (n=309)	6.9773	4.2783	2.6990	p < 0.001	ns
25 – 29 (n=194)	6.5309	4.1753	2.3556	p < 0.001	
30 – 34 (n=163)	6.5215	4.1963	2.3252	p < 0.001	
35 – 39 (n=156)	7.5897	5.1987	2.3910	p < 0.001	
40 – 44 (n=124)	7.6613	4.9355	2.7258	p < 0.001	
45 – 49 (n=82)	6.9146	4.9024	2.0122	p < 0.01	
50 & over (n=22)	5.8182	3.5909	2.2273	p < 0.05	

ns = not significant

There were significant reductions in the seriousness of offences committed in the 12 months post test compared to pre test for all age groups when examined individually. Those individuals aged between 40 and 44 years of age showed the most substantial reduction in the seriousness of offences committed. However, there were no significant differences between the age groups in the reduction in seriousness of offending pre to post test ($F [6,1043] = 0.221, ns$).

Predictors of Future Offending

Regression analysis was carried out to investigate predictors of future offending among the overall client group. Age was a significant predictor of future offending ($p = 0.033$) in that the older a client was, the more likely they were to re-offend. In addition, the prolificacy of clients' offending pre test was a significant predictor of future offending ($p < 0.001$) as was the likelihood of clients reducing their offending in the future should they be assessed by DIP teams following a positive test ($p = 0.015$). However, neither gender ($p = 0.062$) nor drug use ($p = 0.452$) were significant predictors of future offending.

Comparison of Basic Client Attributes across Groups

There were significant differences found when comparing the three groups from the overall sample (Assessed, Care planned, No DIP Contact) in terms of age ($H = 24.332, df=2, p < 0.001$), drug use ($\chi^2 = 38.775, p < 0.001$), alcohol consumption ($\chi^2 = 652.263, p < 0.001$), prison contact ($\chi^2 = 34.629, p < 0.001$), future DIP contact ($\chi^2 = 14.494, p < 0.005$) and type of offence ($\chi^2 = 21.309, p < 0.001$). There was,

however, no significant difference found when comparing the three groups from the overall sample in terms of gender ($\chi^2 = 1.671$, ns). The potential influence of these differences on overall findings regarding offending is outlined in detail in the discussion (pgs 46-53).

Table M17: Merseyside Residents Age – Overall Sample

Age Group	Groups Compared			Significance
	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Mean Age	31.8yrs	30.7yrs	34.3yrs	p < 0.001

Table M18: Merseyside Residents Gender – Overall Sample

Gender	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Female	44 (14.6%)	68 (13.2%)	39 (16.7%)	ns
Male	257 (85.4%)	448 (86.8%)	194 (83.3%)	

ns = not significant

Table M19: Merseyside Residents Drug Use – Overall Sample

Test Result	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Cocaine	208 (69.1%)	391 (75.8%)	128 (54.9%)	p < 0.001
Opiates	42 (14.0%)	36 (7.0%)	42 (18.0%)	
Both (Cocaine & Opiates)	51 (16.9%)	89 (17.2%)	63 (27.0%)	

Table M20: Merseyside Residents Alcohol Consumption – Overall Sample

Test Result	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Yes	198 (65.8%)	312 (60.5%)	9 (3.9%)	p < 0.001
No	103 (34.2%)	141 (27.3%)	15 (6.4%)	
Not Known		63 (12.2%)	209 (89.7%)	

Table M21: Merseyside Residents – Prison post Test – Overall Sample

Test Result	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Yes	49 (16.3%)	32 (6.2%)	46 (19.7%)	p < 0.001
No	252 (83.7%)	484 (93.8%)	187 (80.3%)	

Table M22: Merseyside Residents – Future DIP Contact – Overall Sample

Test Result	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Yes	91 (30.2%)	111 (21.5%)	78 (33.5%)	p < 0.005
No	210 (69.8%)	405 (78.5%)	155 (66.5%)	

Table M23: Merseyside Residents Trigger Offences – Overall Sample

Offences	Groups Compared			Significance
Overall (n=1,050)	Assessed (n=301)	Care Planned (n=516)	No DIP Contact (n=233)	
Acquisitive Offences	182 (60.5%)	264 (51.2%)	154 (66.1%)	p < 0.001
MDA Offences	95 (31.6%)	209 (40.5%)	56 (24.0%)	
Other Offences	24 (8.0%)	43 (8.3%)	23 (9.9%)	

5.0 Knowsley

There were 64 Knowsley residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 24 went on to be assessed by the DIP team, 26 went on to be care planned, while 14 had no further DIP contact following their initial positive test.

Offending

Table K1: Knowsley Residents Testing Positive – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=64)	1.9844	1.0313	0.9531	p < 0.001
Assessed (n=24)	2.2083	1.1250	1.0833	ns
Care Planned (n=26)	1.7308	0.9615	0.7693	
No further DIP Contact (n=14)	2.0714	1.0000	1.0714	

ns = not significant

The overall volume of offending of Knowsley residents in the sample reduced by 48% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post test compared to pre test ($F [1,61] = 24.690, p < 0.001$). Those individuals who were assessed by the DIP team following their arrest showed the most substantial reduction in number of offences pre and post test. However, there were no significant differences between the three groups in the change in numbers of offences pre to post test ($F [2,61] = 0.324, ns$).

Table K2: Knowsley Residents Testing Positive – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=64)	5.1250	2.5625	2.5625	p < 0.001
Assessed (n=24)	5.5417	2.8750	2.6667	ns
Care Planned (n=26)	4.7308	2.4231	2.3077	
No further DIP Contact (n=14)	5.1429	2.2857	2.8572	

ns = not significant

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post test compared to pre test ($F [1,61] = 26.413$, $p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post test. However, there were no significant differences between the three groups in the change in their seriousness of offending pre to post test ($F [2,61] = 0.103$, ns).

Table K3: Knowsley Residents Offending Groups – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=39)	1.1282	0.5641	0.5641	p < 0.05
Medium Offending Group (n=21)	3.0000	1.5238	1.4762	
High Offending Group (n=4)	5.0000	3.0000	2.0000	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post test compared to pre test ($F [2,61] = 3.917$, $p < 0.05$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences committed.

Table K4: Knowsley Residents Offending Groups – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=39)	3.0769	1.4103	1.6666	ns
Medium Offending Group (n=21)	7.3333	3.5714	3.7619	
High Offending Group (n=4)	13.5000	8.5000	5.0000	

ns = not significant

When examining individuals by offending group, there were no significant differences across the three groups in the reduction in the seriousness of offences committed in the 12 months post test compared to pre test ($F [2,61] = 3.051$, ns). Those individuals in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. There were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post tests compared to pre test in the cocaine only group but not in the other two groups. However, for each drug group there were no significant differences between the three outcome groups (Assessed, Care Planned and No further DIP contact) in changes of the number of offences or seriousness of offending in the 12 months post test compared to pre test.

Predictors of Future Offending

Regression analysis was carried out to investigate predictors of future offending among Knowsley residents who tested positive during the time period examined. The prolificacy of clients' offending pre test was a significant predictor of future offending ($p < 0.001$) but no other factors examined provided statistically significant predictors for this group.

Comparison of Basic Client Attributes across Groups

There were no significant differences found when comparing the three outcome groups from the overall sample in terms of age ($H=2.254$, $df=2$, ns), gender ($\chi^2 = 1.570$, ns), drug use ($\chi^2 = 5.890$, ns), future DIP contact ($\chi^2 = 0.441$, ns) or type of offence ($\chi^2 = 0.596$, ns). However, there was a significant difference found when comparing the three groups in terms of alcohol consumption ($\chi^2 = 35.224$, $p < 0.001$) with the assessed group containing far higher proportions of alcohol users than the other two groups. No clients went to prison post DIP contact in Knowsley so the sample could not be compared across the three groups in terms of this outcome.

Table K5: Knowsley Residents Age

Age Group (n=64)	Groups Compared			Significance
	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Mean Age	30.7yrs	29.7yrs	35.2yrs	ns

ns = not significant

Table K6: Knowsley Residents Gender

Gender	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Female	3 (12.5%)	2 (7.7%)	3 (21.4%)	ns
Male	21 (87.5%)	24 (92.3%)	11 (78.6%)	

ns = not significant

Table K7: Knowsley Residents Drug Use

Test Result	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Cocaine	21 (87.5%)	20 (76.9%)	9 (64.3%)	ns
Opiates		2 (7.7%)	3 (21.4%)	
Both (Cocaine & Opiates)	3 (12.5%)	4 (15.4%)	2 (14.3%)	

ns = not significant

Table K8: Knowsley Residents Alcohol Consumption

Test Result	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Yes	17 (70.8%)	14 (53.8%)		p < 0.001
No	7 (29.2%)	2 (7.7%)	1 (7.1%)	
Not Known		10 (38.5%)	13 (92.9%)	

Table K9: Knowsley Residents – Prison post Test

Test Result	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Yes				n/a
No	24 (100%)	26 (100%)	14 (100%)	

n/a = not applicable

Table K10: Knowsley Residents – Future DIP Contact

Test Result	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Yes	5 (20.8%)	6 (23.1%)	2 (14.3%)	ns
No	19 (79.2%)	20 (76.9%)	12 (85.7%)	

ns = not significant

Table K11: Knowsley Residents Offences

Offences	Groups Compared			Significance
Overall (n=64)	Assessed (n=24)	Care Planned (n=26)	No DIP Contact (n=14)	
Acquisitive Offences (n=35)	13 (54.2%)	15 (57.7%)	7 (50.0%)	ns
MDA Offences (n=23)	9 (37.5%)	9 (34.6%)	5 (35.7%)	
Other Offences (n=6)	2 (8.3%)	2 (7.7%)	2 (14.3%)	

ns = not significant

6.0 Sefton

There were 131 Sefton residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 23 went on to be assessed by the DIP team, 83 went on to be care planned, while 25 had no further DIP contact following their initial positive test.

Offending

Table S1: Sefton Residents Testing Positive – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=131)	2.4580	1.5802	0.8778	p < 0.001
Assessed (n=23)	2.9565	2.1739	0.7826	ns
Care Planned (n=83)	2.2048	1.2530	0.9518	
No further DIP Contact (n=25)	2.8400	2.1200	0.7200	

ns = not significant

The overall volume of offending of Sefton residents in the sample reduced by 36% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post test compared to pre test ($F [1,128] = 16.931, p < 0.001$). Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in number of offences pre and post test, whilst those who had no further DIP contact evidenced the smallest reduction. There were however no significant differences between the three groups in the change in the numbers of offences pre to post test ($F [2,128] = 0.173, ns$).

Table S2: Sefton Residents Testing Positive – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=131)	6.0992	3.7710	2.3282	p < 0.001
Assessed (n=23)	6.6957	5.2174	1.4783	p < 0.05
Care Planned (n=83)	5.8313	3.1566	2.6747	
No further DIP Contact (n=25)	6.4400	4.4800	1.9600	

ns = not significant

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post test compared to pre test ($F [1,128] = 17.675, p < 0.001$). Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in the seriousness of offences pre and post test. There were also significant differences between the three groups in the change in seriousness of offending pre to post test ($F [2,128] = 0.677, p < 0.05$). Further analysis showed that the significant differences were between the care planned group and the other two outcome groups, with significantly greater reductions in seriousness of offending among the care planned group compared to the other two outcomes groups.

Table S3: Sefton Residents Offending Groups – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=70)	1.1571	0.7143	0.4428	p < 0.005
Medium Offending Group (n=42)	2.8571	1.8095	1.0476	
High Offending Group (n=19)	6.3684	4.2632	2.1052	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post test compared to pre test ($F [2,128] = 6.339$, $p < 0.005$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences committed.

Table S4: Sefton Residents Offending Groups – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=70)	3.0143	1.6857	1.3286	p < 0.05
Medium Offending Group (n=42)	7.1190	4.1429	2.9761	
High Offending Group (n=19)	15.2105	10.6316	4.5789	

When examining individuals by offending group, there was a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months post test compared to pre test ($F [2,128] = 41.561$, $p < 0.05$). Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. There were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post tests compared to pre test in the cocaine only group but not in the other two groups. In addition, for each drug group there were no significant differences between the three outcome groups (Assessed, Care Planned and No further DIP contact) in changes the number of offences or seriousness of offending in the 12 months post test compared to pre test.

Predictors of Future Offending

Regression analysis was carried out to investigate predictors of future offending among Sefton residents who tested positive during the time period examined. Gender was a predictor of future offending ($p = 0.007$) in that females in the client group were significantly more likely to offend in the future than males. In addition, the prolificacy of clients' offending pre test was a significant predictor of future offending ($p < 0.001$) as was the likelihood of reducing offending in the future should clients be care planned by DIP teams ($p = 0.045$).

Comparison of Basic Client Attributes across Groups

There were no significant differences found when comparing the three outcome groups from the overall sample in terms of age ($H=1.473$, $df=2$, ns), gender ($\chi^2 = 3.508$, ns), prison contact ($\chi^2 = 5.158$, ns), future DIP contact ($\chi^2 = 5.034$, ns) and type of offence ($\chi^2 = 3.696$, ns). There were however significant differences found when comparing both drug use ($\chi^2 = 10.784$, $p < 0.05$) and alcohol consumption ($\chi^2 = 81.503$, $p < 0.001$).

Table S5: Sefton Residents Age

Age Group (n=131)	Groups Compared			Significance
	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Mean Age	28.9yrs	30.5yrs	31.9yrs	ns

ns = not significant

Table S6: Sefton Residents Gender

Gender	Groups Compared			Significance
	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Overall (n=131)				
Female	3 (13.0%)	14 (16.9%)	8 (32.0%)	ns
Male	20 (87.0%)	69 (83.1%)	17 (68.0%)	

ns = not significant

Table S7: Sefton Residents Drug Use

Test Result	Groups Compared			Significance
	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Overall (n=131)				
Cocaine	21 (91.3%)	62 (74.7%)	13 (52.0%)	p < 0.05
Opiates		4 (4.8%)	1 (4.0%)	
Both (Cocaine & Opiates)	2 (8.7%)	17 (20.5%)	11 (44.0%)	

Table S8: Sefton Residents Alcohol Use

Test Result	Groups Compared			Significance
	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Overall (n=131)				
Yes	20 (87.0%)	52 (62.7%)		p < 0.001
No	3 (13.0%)	22 (26.5%)	2 (8.0%)	
Not Known		9 (10.8%)	23 (92.0%)	

Table S9: Sefton Residents – Prison post Test

Test Result	Groups Compared			Significance
	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Overall (n=131)				
Yes	4 (17.4%)	4 (4.8%)	4 (16.0%)	ns
No	19 (82.6%)	79 (95.2%)	21 (84.0%)	

ns = not significant

Table S10: Sefton Residents – Future DIP Contact

Test Result	Groups Compared			Significance
Overall (n=131)	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Yes	7 (30.4%)	11 (13.3%)	7 (28.0%)	ns
No	16 (69.6%)	72 (86.7%)	18 (72.0%)	

ns = not significant

Table S11: Sefton Residents - Offences

Offences	Groups Compared			Significance
Overall (n=131)	Assessed (n=23)	Care Planned (n=83)	No DIP Contact (n=25)	
Acquisitive Offences	11 (47.8%)	47 (56.6%)	17 (68.0%)	ns
MDA Offences	10 (43.5%)	33 (39.8%)	6 (24.0%)	
Other Offences	2 (8.7%)	3 (3.6%)	2 (8.0%)	

ns = not significant

7.0 St Helens

There were 156 St Helens residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 61 went on to be assessed by the DIP team, 53 went on to be care planned, while 42 had no further DIP contact following their initial positive test.

Offending

Table ST1: St Helens Residents Testing Positive – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=156)	3.2436	2.0321	1.2115	p < 0.001
Assessed (n=61)	2.3607	1.1148	1.2459	p < 0.05
Care Planned (n=53)	3.0189	2.6415	0.3774	
No further DIP Contact (n=42)	4.8095	2.5952	2.2143	

ns = not significant

The overall volume of offending of St Helens residents in the sample reduced by 37% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post test compared to pre test ($F [1, 153] = 29.734, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences pre and post test. There were also significant differences between the three groups in the change in numbers of offences pre to post test ($F [2, 153] = 4.722, p < 0.05$). Further analysis showed that the significant differences were between the care planned group and both of the other groups, with significantly greater reductions in the number of offences committed by both the assessed and no further DIP contact group compared to the care planned group.

Table ST2: St Helens Residents Testing Positive – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=153)	7.6218	4.8077	2.8141	p < 0.001
Assessed (n=61)	5.6557	2.6721	2.9836	p < 0.05
Care Planned (n=53)	7.1132	6.1132	1.0000	
No further DIP Contact (n=42)	11.1190	6.2619	4.8571	

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post test compared to pre test ($F [1,153] = 29.228, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post test. There were also significant differences between the three groups in the seriousness of their offending pre to post test ($F [2,153] = 3.882, p < 0.05$). Further analysis showed that the significant differences were between the care planned group and both of the other groups, with significantly greater reductions in the seriousness of offending among both the assessed and no further DIP contact group compared to the care planned group.

Table ST3: St Helens Residents Offending Groups – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=74)	1.1892	0.7162	0.4730	p < 0.001
Medium Offending Group (n=49)	2.9388	2.6735	0.2653	
High Offending Group (n=33)	8.3030	4.0303	4.2727	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post test compared to pre test ($F [2,153] = 31.079$, $p < 0.001$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction.

Table ST4: St Helens Residents Offending Groups – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=74)	2.8243	1.7297	1.0946	p < 0.001
Medium Offending Group (n=49)	7.3469	6.3878	0.9591	
High Offending Group (n=33)	18.7879	9.3636	9.4243	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the seriousness of offences committed in the 12 months post test compared to pre test ($F [2,153] = 25.685$, $p < 0.001$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. For both the cocaine only and the cocaine & opiates groups there were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post tests compared to pre test. However, there were no significant differences in any of the test result groups (cocaine only, opiates only, cocaine & opiates) in the change in either numbers of offences or seriousness of offending in the 12 months post test compared to pre test across the three outcome groups (Assessed, Care Planned, No further DIP Contact).

Predictors of Future Offending

Regression analysis was carried out to investigate predictors of future offending among St Helens residents who tested positive during the time period examined. The prolificacy of clients' offending pre test was a significant predictor of future offending ($p < 0.001$) but no other factors examined provided statistically significant predictors for this group.

Comparison of Basic Client Attributes across Groups

There were no significant differences found when comparing the three outcomes groups from the overall sample in terms of age ($H=2.999$, $df=2$, ns), gender ($\chi^2 = 1.322$, ns) and future DIP contact ($\chi^2 = 2.971$, ns). There were, however, significant differences found when comparing drug use ($\chi^2 = 10.269$, $p < 0.05$), alcohol consumption ($\chi^2 = 109.645$, $p < 0.001$), prison contact ($\chi^2 = 7.655$, $p < 0.05$) and type of offence ($\chi^2 = 11.567$, $p < 0.05$).

Table ST5: St Helens Residents - Age

Age Group (n=153)	Groups Compared			Significance
	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Mean Age	30.1yrs	30.8yrs	32.7yrs	ns

ns = not significant

Table ST6: St Helens Residents - Gender

Gender	Groups Compared			Significance
	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Overall (n=153)				
Female	5 (8.2%)	6 (11.3%)	2 (4.8%)	ns
Male	56 (91.8%)	47 (88.7%)	40 (95.2%)	

ns = not significant

Table ST7: St Helens Residents – Drug Use

Test Result	Groups Compared			Significance
	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Overall (n=153)				
Cocaine	49 (80.3%)	36 (67.9%)	23 (54.8%)	p < 0.05
Opiates	9 (14.8%)	7 (13.2%)	10 (23.8%)	
Both (Cocaine & Opiates)	3 (4.9%)	10 (18.9%)	9 (21.4%)	

Table ST8: St Helens Residents - Alcohol Consumption

Test Result	Groups Compared			Significance
	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Overall (n=153)				
Yes	49 (80.3%)	29 (54.7%)	2 (4.8%)	p < 0.001
No	12 (19.7%)	18 (34.0%)	4 (9.5%)	
Not Known		6 (11.3%)	36 (85.7%)	

Table ST9: St Helens Residents – Prison post Test

Test Result	Groups Compared			Significance
	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Overall (n=153)				
Yes	1 (1.6%)	7 (13.2%)	7 (16.7%)	p < 0.05
No	60 (98.4%)	46 (86.8%)	35 (83.3%)	

Table ST10: – St Helens Residents - Future DIP Contact

Test Result	Groups Compared			Significance
Overall (n=153)	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Yes	10 (16.4%)	15 (28.3%)	12 (28.6%)	ns
No	51 (83.6%)	38 (71.7%)	30 (71.4%)	

ns = not significant

Table ST11: St Helens Residents - Offences

Offences	Groups Compared			Significance
Overall (n=183)	Assessed (n=61)	Care Planned (n=53)	No DIP Contact (n=42)	
Acquisitive Offences	26 (42.6%)	31 (58.5%)	32 (76.2%)	p < 0.05
MDA Offences	26 (42.6%)	16 (30.2%)	7 (16.7%)	
Other Offences	9 (14.8%)	6 (11.3%)	3 (7.1%)	

8.0 Wirral

There were 153 Wirral residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 42 went on to be assessed by the DIP team, 75 went on to be care planned, while 36 had no further DIP contact following their initial positive test.

Offending

Table W1: Wirral Residents Testing Positive – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=153)	3.5490	2.3268	1.2222	p < 0.001
Assessed (n=42)	3.0476	1.5000	1.5476	ns
Care Planned (n=75)	2.6533	1.9467	0.7066	
No further DIP Contact (n=36)	6.0000	4.0833	1.9167	

ns = not significant

The overall volume of offending of Wirral residents in the sample reduced by 34% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post test compared to pre test ($F [1, 150] = 35.803, p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences pre and post test. However, there was no significant difference between the three groups in the change in the numbers of offences pre to post test ($F [2, 150] = 2.789, ns$).

Table W2: Wirral Residents Testing Positive – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Overall (n=153)	8.4771	5.2157	3.2614	p < 0.001
Assessed (n=42)	7.4524	3.6667	3.7857	ns
Care Planned (n=75)	6.6267	4.4533	2.1734	
No further DIP Contact (n=36)	13.5278	8.6111	4.9167	

ns = not significant

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post test compared to pre test ($F [1,150] = 42.093$, $p < 0.001$). Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in seriousness of offences pre and post test. However, there was no significant difference between the three groups in the reduction in the seriousness of their offending pre to post test ($F [2,150] = 2.298$, ns).

Table W3: Wirral Residents Offending Groups – Number of Trigger Offences

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=61)	1.1639	0.6885	0.4754	p < 0.001
Medium Offending Group (n=55)	2.8909	2.2909	0.6000	
High Offending Group (n=37)	8.4595	5.0811	3.3784	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the number of offences committed in the 12 months post test compared to pre test ($F [2,150] = 18.194, p < 0.001$). Those individuals in the high offending group prior to their arrest showed the most substantial reduction.

Table W4: Wirral Residents Offending Groups – Seriousness of Trigger Offences

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre test	12 months post test		
Low Offending Group (n=61)	2.9016	1.6885	1.2131	p < 0.001
Medium Offending Group (n=55)	7.2000	5.0000	2.2000	
High Offending Group (n=37)	19.5676	11.3514	8.2162	

When examining individuals by offending group, there was a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months post test compared to pre test ($F [2,150] = 16.828, p < 0.001$). Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. In all three drug use groups there were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post tests compared to pre test (with the exception of the opiates only group for number of offences committed). Within the cocaine only group there were significant differences in the reductions in numbers of offending in the 12 months post test compared to pre test ($F [2,84] = 4.322, p < 0.05$) but not in the seriousness of offending across the outcomes groups (Assessed, Care Planned, No further DIP Contact). Within both the opiates only and the cocaine & opiates group, there were no significant differences between the three outcomes groups in the reductions in either the numbers of offences or seriousness of offending in the 12 months post test compared to pre test.

Predictors of Future Offending

Regression analysis was carried out to investigate predictors of future offending among Wirral residents who tested positive during the time period examined. The prolificacy of clients' offending pre test was a significant predictor of future offending ($p = 0.002$) as was the likelihood of clients reducing their offending in the future should they be assessed by DIP teams following a positive test ($p = 0.007$).

Comparison of Basic Client Attributes across Groups

There were no significant differences found when comparing the three groups from the overall sample in terms of gender ($\chi^2 = 1.176, ns$). There were however, significant differences found when comparing age ($H=18.287, df=2, p < 0.001$), drug use ($\chi^2 = 22.103, p < 0.001$), alcohol consumption ($\chi^2 = 106.635, p < 0.001$), prison contact ($\chi^2 = 20.643, p < 0.001$), future DIP contact ($\chi^2 = 14.429, p < 0.01$) and type of offence ($\chi^2 = 9.535, p < 0.001$).

Table W5: Wirral Residents - Age

Age Group (n=153)	Groups Compared			Significance
	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Mean Age	35.3yrs	30.3yrs	37.6yrs	$p < 0.001$

Table W6: Wirral Residents - Gender

Gender	Groups Compared			Significance
Overall (n=276)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Female	7 (16.7%)	9 (12.0%)	7 (19.4%)	ns
Male	35 (83.3%)	66 (88.0%)	29 (80.6%)	

ns = not significant

Table W7: Wirral Residents – Drug Use

Test Result	Groups Compared			Significance
Overall (n=153)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Cocaine	20 (47.6%)	54 (72.0%)	13 (36.1%)	p < 0.001
Opiates	16 (38.1%)	9 (12.0%)	9 (25.0%)	
Both (Cocaine & Opiates)	6 (14.3%)	12 (16.0%)	14 (38.9%)	

Table W8: Wirral Residents - Alcohol Consumption

Test Result	Groups Compared			Significance
Overall (n=153)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Yes	26 (61.9%)	52 (69.3%)	2 (5.6%)	p < 0.001
No	16 (38.1%)	15 (20.0%)	1 (2.8%)	
Not Known		8 (10.7%)	33 (91.7%)	

Table W9: Wirral Residents – Prison post Test

Test Result	Groups Compared			Significance
Overall (n=153)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Yes	9 (21.4%)	7 (9.3%)	17 (47.2%)	p < 0.001
No	33 (78.6%)	68 (90.7%)	19 (52.8%)	

Table W10: Wirral Residents – Future DIP Contact

Test Result	Groups Compared			Significance
Overall (n=153)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Yes	16 (38.1%)	15 (20.0%)	20 (55.6%)	p < 0.01
No	26 (61.9%)	60 (80.0%)	16 (44.4%)	

ns = not significant

Table W11: Wirral Residents - Offences

Offences	Groups Compared			Significance
Overall (n=153)	Assessed (n=42)	Care Planned (n=75)	No DIP Contact (n=36)	
Acquisitive Offences	30 (71.4%)	42 (56.0%)	29 (80.6%)	p < 0.001
MDA Offences	11 (26.2%)	27 (36.0%)	4 (11.1%)	
Other Offences	1 (2.4%)	6 (8.0%)	3 (8.3%)	

9.0 Discussion

Previous reports on this topic produced by CPH have provided evidence that coming into contact with the DIP process as a whole has a measurable positive impact on clients' offending. The aim of this report was to build on those findings and also to examine whether certain variables relating to clients critically influenced offending more than others once the client has tested positive for cocaine and/or opiate metabolites. It is hoped that this report will inform Merseyside Police, the DIP, D(A)AT and commissioning teams as to the effectiveness of the DIP programme in reducing offending among drug using individuals.

- ❖ Across Merseyside, individuals' trigger offending (both number of offences and seriousness) was significantly lower in the 12 months following their positive test compared to the 12 months before. The pattern was repeated in all four of the Merseyside D(A)AT areas examined. In addition, the overall volume of offending among clients in the group reduced by 33% post DIP positive drug test, indicating that involvement with the criminal justice system and the initial stages of the DIP process (drug testing) has an extremely positive effect on trigger offending. This replicates findings from previous reports of this type produced at CPH (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b) and is also similar to findings from a Home Office paper (Skodbo et al, 2007) which reported that the overall volume of offending in their cohort of DIP clients reduced by 26% post DIP positive drug test.
- ❖ Findings continue to suggest that across Merseyside clients' offending reduces substantially on DIP involvement but the levels of reduction in offending are not dependent on the level of this involvement. There were significant reductions in both numbers of arrest occasions and seriousness of offending for clients within the three outcomes groups following their positive test, with reductions highest among those who had no further DIP contact following their arrest and subsequent positive test. There were also significant differences in the scale of reductions between the three outcome groups with further investigation showing this to be between the no further DIP Contact group and the Care Planned group in reductions of both numbers and seriousness of offences. However, it should be noted that the reduction

in offending among the no further DIP contact group could be due to the fact that they have been in prison at some stage post positive test. Despite steps taken to account for this occurrence (removing clients whose DIR records suggests they went to prison immediately after DIP contact), without complete access to PNC data and also prison data we are unable to track these clients once their contact with DIP has ended. It is also possible that the volume of offending among this no further DIP contact group has led to them receiving other criminal justice interventions such as a Drug Rehabilitation Requirement (DRR) and that this may have also contributed to the reduction in the offending levels of this group.

Recommendation: Further investigation is required to ascertain what activity/agencies the no further DIP contact clients have been involved with that might have led to their greater reductions in offending e.g. have they gone onto a DRR, do they go to prison or have they had a curfew imposed. It is possible that potential activity among this client group will have distorted the figures presented in this report somewhat. In this regard, there needs to be another study on this topic with co-operation and resource from both the police and the prison service to allow firstly full access to PNC data to track clients and also to use prison data to determine how many clients went to prison during the follow up period. In addition, it is critical that DIP data is exact at all times, both from the community teams and the prison teams, so that the pathway of a client post DIP contact is accurately recorded.

- ❖ It should also be noted that there was no significant difference seen in the reductions in either numbers of arrest occasions or seriousness of offending across Merseyside as a whole between those assessed only and those that were care planned. This would suggest that care planning clients in DIP would not appear to have any extra impact on their offending than the original assessment with DIP teams after their positive test.

- ❖ There were significant reductions in both the number of offences committed by individuals and the seriousness of their offending in the 12 months following their positive test compared to the 12 months pre test in all three offending categories (low, medium and high). The aforementioned Home Office paper (Skodbo et al, 2007) reported substantial reductions in offending following DIP contact for individuals in both the low and medium crime

causing categories but also reported that those in the high crime causing category were less likely to see reductions in their offending rates, something also reported by Best et al (2010) in their study on HCCU in Coventry. In this study however, findings mirrored those seen in previous studies at CPH (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b). Clients who were in the high offending category (those with a matrix score of over 10) showed significantly greater reductions in the number of offences committed and severity of offending than the medium and low offending groups, with this pattern most evident in St Helens and Wirral. These high offenders do make up a substantial proportion of the no further DIP contact group, and as previously mentioned, it is possible that for some clients the large reductions were due to either spending time in prison during the follow up time period or being subject to a community order. Nonetheless the findings for these high level offenders are encouraging and demonstrate the relative success of the criminal justice system as a whole in dealing with these clients.

- ❖ There were significant reductions in both the number of offences committed and in the seriousness of offending for clients who had a positive outcome of their care plan with DIP. These significant reductions were not replicated for clients who had a negative outcome. While it has been shown that level of engagement with DIP is not critical in terms of reducing offending, it is nonetheless encouraging that once a client engages with DIP, their offending will reduce significantly more if they complete successfully than if they disengage from the process at an earlier stage. The Drug Treatment Outcomes Research Study (DTORS) highlighted that clients who were retained in treatment reported significant and substantial reductions in both their drug use and offending (Jones et al, 2009) and a National Treatment Agency (NTA) study found that clients who successfully completed treatment were less likely to need treatment in later years, with over half of these (57%) not returning to treatment (NTA, 2010). This serves to emphasise how important it is for individuals to complete their treatment and the subsequent impact it has on reducing their criminality.

Recommendation: Teams should ensure that clients stay engaged with treatment once the legislative element of the process around positive drug testing has passed. The quality of client care is at the forefront of this and every attempt must be made to identify and address the needs of individual

clients to formulate personalised recovery plans. To inform this process, teams should look to receive feedback from clients re-presenting to treatment to better understand why they dropped out previously and whether there are aspects of the treatment journey that can be improved to better engage with these clients in the future.

- ❖ Findings show that measurable factors of both future DIP contact and clients' likelihood of going to prison post test had a significant effect on offending outcomes in Merseyside as a whole. Clients who were care planned as a result of their positive test were significantly less likely to either go to prison or have any further DIP contact in the 12 months post test than those in the other two outcome groups. Research has shown the substantial benefits to society of retaining clients in treatment (Jones et al, 2009; Donmall et al, 2012) and this finding, combined with that of significantly greater reductions in offending for clients who have a positive outcome as a result of their DIP care plan re-enforces that point.
- ❖ Regression analysis demonstrated that prolificacy of offending pre test was an accurate predictor of future offending. In addition, the data predicted that the older a client was, the greater their propensity to re-offend will become and teams need to be acutely aware of this finding. Older clients are far more likely to be problematic drug users than their younger counterparts (Howarth & Duffy, 2012) and research has shown the complex relationship that exists between chronic health and social issues and offending behaviour for this group (Beynon et al, 2009).

Recommendation: Teams should not lose focus on older clients who continue to present to DIP. A recent NTA report entitled "Medications in Recovery – Re-orientating Drug Dependence Treatment (NTA, 2012) highlighted the importance of providers working to assess and identify treatment needs for these clients who may have challenging physical and mental health needs and this will be critical in influencing re-offending rates among the group.

- ❖ Regression analysis also predicted that clients who were assessed by DIP workers following their positive test were significantly less likely to offend in the future. This clearly highlights the benefit of the DIP process in tackling

both the drug use and offending behaviour of a wide range of individuals and the importance of early interventions with clients who have entered the criminal justice system.

- ❖ Findings suggest that neither age nor gender has an influence on offending outcomes in Merseyside as a whole. However, it is interesting to note that females across Merseyside had higher numbers of offences committed than males in the 12 months post positive test and males showed a larger (non-significant) reduction in the 12 months post test than females also. This contradicts to a degree what the Ministry of Justice outlined in its aforementioned 2011 re-offending compendium, that males are more likely to re-offend (Ministry of Justice, 2011) and highlights the need for teams to focus on female clients as recommended by the NTA in their Models of Care document (NTA, 2006). This is particularly pertinent for Sefton where regression analysis showed that among their client group, being female was a significant predictor for future offending. Female drug users also make up a lower proportion of those care planned than in either of the other two outcome groups. This does raise the question as to why greater proportions of this “core” group are not receiving interventions and being care planned by DIP teams across Merseyside.

- ❖ Across Merseyside there was no significant relationship between the length of time on the DIP caseload and impacts on levels or seriousness of offending. In addition changes in offending were seen regardless of drug use (similar reductions in both number and seriousness of offending for individuals testing positive for cocaine only, opiates only or both cocaine & opiates). There were significant differences seen in the scale of reductions in both the number of arrests and seriousness of offending among those who tested positive for both cocaine & opiates however, something which was not the case among positive testers for cocaine only or opiates only. The largest reductions were seen among the no further DIP contact group but it is important to note again here that these clients may have been in prison during their follow up period as their levels of offending are more comparable to the other two clients groups in the 12 months post test than was the case pre test (most noticeable among positive testers for both cocaine & opiates).

- ❖ Knowsley, Sefton and St Helen's data showed that their assessed groups were mostly cocaine users whose re-offending was low compared to the other outcome groups. For cocaine only clients in both Knowsley and St Helens, there was no significant difference seen in the reductions in either numbers of arrest occasions or seriousness of offending between those assessed only and those that were care planned, outlining that cocaine using clients may not need an extra level of DIP intervention that care planning provides to influence their levels of offending in these areas, rather the initial intervention at arrest stage may be sufficient.
- ❖ In Sefton, reductions in seriousness of offending were significantly greater among the care planned group than among those assessed or those with no further DIP contact. This suggests that care planning in Sefton does have a more positive impact on offending than either of the other two outcomes groups. By contrast, in St Helens, reductions in both numbers and seriousness of offending were significantly greater among the assessed and no further DIP contact groups than those who were care planned. This finding is a cause for concern for St Helens as it appears that bringing clients onto the DIP caseload has little effect in reducing their offending behaviour.
- ❖ Wirral's data showed that there were significant differences seen in the reductions of both numbers of offences committed and seriousness of offending between those who were assessed and those that were care planned, but the greater reductions came in the assessed only group. There are two major drug treatment providers on the Wirral and a large proportion of clients in this assessed group were in treatment with the provider that does not provide DIP support. These clients were almost exclusively opiate users and likely to have had more extensive offending histories than the cocaine users who made up the majority of the care planned group. Therefore, greater reductions in offending would be expected among those assessed only once the referral from DIP back to their treatment provider has been made, as it would likely trigger an increased focus on the client's behaviour by their provider.
- ❖ In contrast to the other areas, Sefton saw significantly greater reductions in both numbers and seriousness of offending among their low offending group compared to the other two offending groups. A high proportion of clients in

this low offending group were cocaine users and these cocaine using clients made up almost three-quarters of the care planned group, the outcome group which showed the greatest reductions in offending in Sefton. The finding highlights the benefit of the DIP interventions that Sefton have in place for clients who they bring on to their caseload and the success they have in working with these clients to reduce their offending behaviour. It does however raise the question of the “limited” success by comparison that Sefton have with their high offending group. All other areas in Merseyside show far greater reductions in offending among their high offending groups, and when factoring in the greater likelihood of these clients being in prison for periods of time, therefore not offending, it should be of concern for Sefton that offending levels among this group of clients have not decreased at the rate seen elsewhere.

Recommendation: Sefton DIP team, in conjunction with both Merseyside Police and their outreach teams, should review their breach procedures around clients who do not have any further DIP contact beyond their positive test to ensure that these clients are not slipping through the system and continuing to offend to the detriment of society.

The main aim of DIP when it was established was to direct adult drug misusing offenders out of crime and this report examines whether engagement with DIP continues to have a measurable effect on clients’ offending across in Merseyside and also what factors, if any, influence this offending. The report does show substantial reductions in offending for individuals testing positive in the custody suite and this is a positive finding but it also suggests that levels of reductions are not dependent on the level of DIP involvement post test. This can be seen in the overall Merseyside section where there were significant differences between the three groups in both number and seriousness of offences when comparing the 12 months post positive test to the 12 months pre test, but with the greatest reductions coming in the group that had no DIP contact post test. However, whilst level of DIP engagement may not be key to influencing offending behaviour, there is no doubt that the overall DIP process does indeed reduce offending and that full engagement with the process (i.e. care planning) means clients are far less likely to end up in prison or re-presenting in the custody suites for further offences, therefore proving its worth to the criminal justice system.

Study Limitations

In addition to the points raised around prison stays there are a number of other caveats that need to be considered.

- ❖ It is important to point out that the study does not have the ability to determine what factors outside of contact with DIP teams may have been having an impact on offending e.g. the initial stage of DIP (action of arrest alone or the combination of arrest and test) or the role of further contact with the criminal justice system.

Recommendation: It is important to maintain funding to allow drug testing to take place for as large a proportion of trigger offenders as possible, until more work can be done to determine what factors are critical for this client group in influencing offending outcomes.

- ❖ This report looks only at total number of offences arrested for and not self reported offending, the latter of which would likely give a higher number of offences. It should not be used to try to provide an indication of the quantity of offending on Merseyside but as we are comparing the same measure of offending pre and post it can provide a suitable basis for assessing the direction of the change in offending.
- ❖ As previously mentioned we did not have access to full PNC data and as such are only able to assess offending in Merseyside. In addition, it is important to mention that whilst the majority of arrests for trigger offences are tested, there are some that are missed on a monthly basis (~1%).
- ❖ Arrests for non-trigger offences have not been included in this report due to the fact that DIP was initially set up to deal with trigger offences only. The client group entering DIP has changed over the years and the programme now deals with a more varied range of clients (Cuddy & Duffy, 2010; Cuddy & Duffy, 2012; Howarth & Duffy, 2010), so an assessment of the impact of DIP on non-trigger offending is also warranted.
- ❖ It should be noted finally that this piece of work relies solely on offending data and cannot provide information regarding any potential improvements in health and social functioning that are brought about through contact with the DIP teams.

Recommendation: It would be extremely useful to undertake a study that could use Treatment Outcome Profiles (TOPs) as a way to examine the health and social outcomes of clients, but it should be noted that this would only provide information about the clients who stayed engaged. Ideally a follow up study would allow partnerships to determine whether the arrest (and test) process is what is having an impact on offending and that DIP involvement may be having an impact on health, well being and drug use. However, there are substantial difficulties in identifying an appropriate control group as DIP is in place in all areas of England and Wales, though this may change for 2013/14 with control of Home Office DIP monies passing to Police and Crime Commissioners and the possibility of DIP being discontinued in certain areas.

10.0 References

Ball, J., Schaffer, J. & Nurco, D. (1983) The day to day criminality of heroin addicts in Baltimore: A study in the continuity of offence rates. *Drug and Alcohol Dependence* 12, 119-142

Best, D., Hay, E., Homayoun, S., Lenton, H., Moverley, R. & Openshaw, M. (2008) Treatment Intervention in the DIP Programme: Do primary drug users fare better than primary offenders? *Drugs: Education, Prevention and Policy* 15(2) 201 – 209

Best, D., Walker, D., Aston, E., Pegram, C. & O'Donnell, G. (2010) Assessing the impact of a high-intensity partnership between the police and drug treatment service in addressing the offending of problematic drug users. *Policing & Society*, 20 (3) pgs 358 – 369

Beynon, C., 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

Cuddy, K. & Duffy, P. (2010) *An examination of the characteristics of non-trigger offending DIP clients (September 08 – August 09)*. Centre for Public Health, Liverpool John Moores University.

Cuddy, K. & Duffy, P. (2011a) *An Evaluation of DIP's impact on Offending in Merseyside 2010*. Centre for Public Health, Liverpool John Moores University

Cuddy, K. & Duffy, P. (2011b) *An Evaluation of DIP's impact on Offending in Merseyside 2011*. Centre for Public Health, Liverpool John Moores University

Cuddy, K. & Duffy, P. (2012) *Merseyside DIP Demographics Report 11/12*. Centre for Public Health, Liverpool John Moores University.

Donmall, M., Jones, A., Weston, S., Davies, L., Hayhurst, K.P. & Millar, T. (2012) The Drug Treatment Outcomes Research Study (DTORS): Research design & baseline data. *The Open Addiction Journal*, 5: pgs 1-11

- Goldstein, P.J. (1985) The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues*, 39: pgs 143-174
- Gossop, M., Marsden, J., Stewart, D., Lehmann, P., Edwards, C., Wilson, A. & Segar, G. (1998) Substance use, health and social problems of service users at 54 drug treatment agencies: Intake data from the National Treatment Outcome Research Study. *British Journal of Psychiatry* 173, 166 – 171
- Gossop, M. (2005) *Drug misuse treatment and reductions in crime: Findings from the National Treatment Outcome Research Study (NTORS) (Research Briefing No. 8)*. London, Home Office
- Hayhurst, K.P., Jones, A., Millar, T., Pierce, M., Davies, L., Weston, S. & Donmall, M. (In Press) Drug spend and acquisitive offending by substance misusers. *Drug & Alcohol Dependence*
- Holloway, K. & Bennett, T. (2004) *The Results of the first two years of the NEW-ADAM programme. Home Office Online Report 19/04*. London, Home Office
- Home Office (2006) *The Final Warning Scheme (Annex C & D)*. London, Home Office
- Home Office (2007) *National Evaluation of Criminal Justice Integrated Teams: Summary*. London, Home Office.
- 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.
- Jones, A., Donmal, M., Millar, T., Moody, A., Weston, S., Anderson, T. & DeSouza, J. (2009) *The drug treatment outcome research study (DTORS): Baseline report (Research Report No.3)*. London, Home Office.
- Liriano, S. & Ramsey, M. (2003) *Prisoners' drug use before prison and the links with crime. In Prisoners' Drug Use and Treatment: seven research studies*, Ramsey, M. (ed) Home Office Research Study 267. London, Home Office.

McSweeney, T., Stevens, A., Hunt, N. & Turnbull, P.J. (2007) Twisting arms or a helping hand? Assessing the impact of "coerced" and comparable "voluntary" drug treatment options. *British Journal of Criminology*, 47 (3) pgs 470-490

Ministry of Justice (2010) *Breaking the Cycle: Effective punishment, Rehabilitation and Sentencing of Offenders*. London, Ministry of Justice.

Ministry of Justice (2011) *2011 Compendium of re-offending statistics and analysis*. Ministry of Justice Statistics Bulletin. London, Ministry of Justice.

National Treatment Agency (2006) *Models of Care for the Treatment of Adult Drug Misusers: Update 2006*. NTA, London

National Treatment Agency (2010) *A long-term study of the outcomes of drug users leaving treatment*. NTA, London

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

Nurco, D.N. (1998) A long term programme of research on drug use and crime. *Substance Use and Misuse* 33, 1817-1837

O'Shea, J., Jones, A. & Sondhi, A. (2003) *Statistics from the Arrest Referral Monitoring Programme from October 2000 to September 2002*. Home Office Statistical Update. London, Home Office.

Powell, C., Christie, M., Bankart, J., Bamber, D. & Unell, I. (2010) Drug treatment outcomes in the criminal justice system: What non self-report measures of outcome can tell us. *Addiction Research and Theory*, Early Online 1-13

Singleton, N., Farrell, M. & Meltzer, H. (1999) *Substance misuse among prisoners in England and Wales*. London, Office for National Statistics.

Skodbo, S., Brown, G., Deacon, S., Cooper, A., Hall, A., Millar, T., Smith, J. & Whitham, K. (2007) *The Drug Intervention Programme (DIP): addressing drug use and offending through Tough Choices*. London, Home Office

The National Archives (2005) *Drugs Act 2005*. Her Majesty's Stationary Office (HMSO) London

Available at: <http://www.legislation.gov.uk/ukpga/2005/17/section/7>