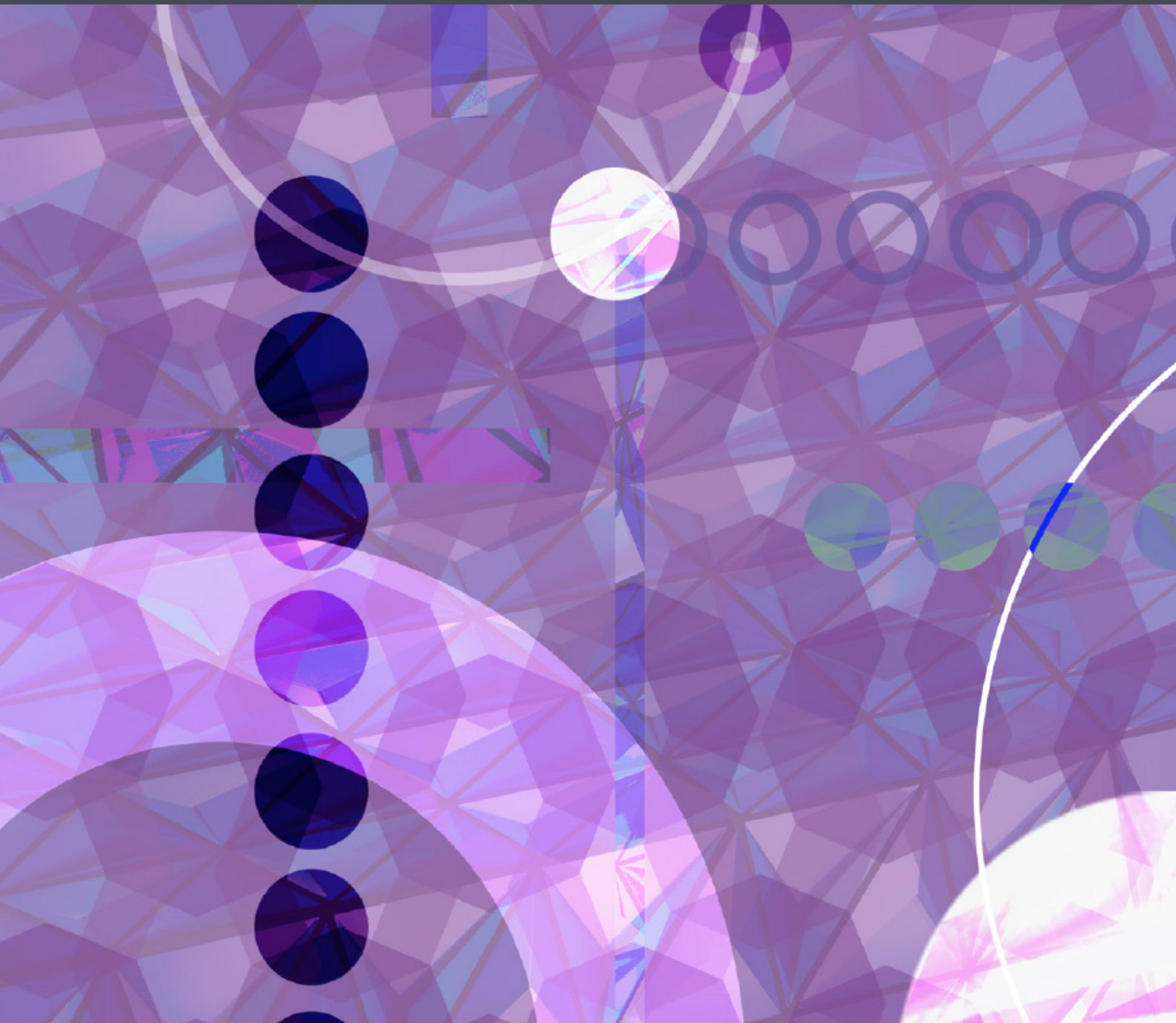


Criminal Justice Project: Drug Interventions Programme Knowsley DIP Activity Profile (2016/17)

December 2017

DIP

Petra Collins, Karen Critchley and Mark Whitfield



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

 www.ljmu.ac.uk/phi

 k.a.critchley@ljmu.ac.uk

 0151 231 4290

 twitter.com/PHI_IMS

ISBN: 978-1-912210-17-6 (web)

CONTENTS

Key findings.....	2
Introduction	3
Criminal justice routes in Knowsley.....	3
Demographic profile of clients.....	5
Drug use	7
Alcohol use	9
Offending	10
Summary	11
Recommendations	11
References	13
Acknowledgements	13
Appendix	14

KEY FINDINGS

- Between April 2016 and March 2017, there were a total of 119 Drug Interventions Programme (DIP) contacts recorded by Knowsley Integrated Recovery Service (KIRS). This is a 31% decrease on the number of DIP contacts in the previous year (n=172).
- Over two in five (43%) DIP contacts in 2016/17 were transfers not completed from another Criminal Justice Integrated Team (CJIT), while 32% were through RAs, 13% were from other criminal justice routes and 12% were successful transfers from another CJIT or prison.
- Of the 119 DIP contacts, 68 completed full DIP assessments (57%), of which 87% were deemed to require further intervention and 97% were taken onto the DIP caseload.
- Almost nine in ten (87%) DIP contacts were male; the largest proportion were aged between 45 and 49 years (27%), followed by clients aged between 30 and 34 years (19%).
- The majority were of White British ethnicity (99%) and were Knowsley residents (98%).
- While the majority of clients reported no housing problems, 5% overall had some form of housing problem, of which 2% stated an urgent problem due to being of no fixed abode.
- The most common drug used by Knowsley's DIP contacts in 2016/17 was cocaine (41%), while 18% used heroin, 16% used crack, 13% used alcohol and 11% used cannabis.
- Just under three in five (58%) reported sniffing their main drug, while 29% smoked.
- The majority (92%) had never injected, 6% had previously injected but were not currently and 3% were currently injecting.
- The highest proportion of clients who reported to have consumed alcohol in the 28 days prior to their assessment was highest for those who drank between one and four days (males = 44%; females = 40%).
- The most common daily average units of alcohol consumed by males was between seven and 15 units and between 16 and 24 units (25% and 26% respectively). The most common daily average units of alcohol consumed by females was between seven and 15 units (40%), followed by 16 to 24 units (33%).
- All DIP contacts were on an offender management scheme at the time of their assessment (98% both Integrated Offender Management [IOM] and Multi-Agency Public Protection Arrangement [MAPPA]; 1% IOM only; and, 1% MAPPA only).
- Over one-third (35%) reported Misuse of Drugs Act (MDA) offences which prompted their most recent contact with DIP, followed by theft (25%) and offences categorised as 'other' (18%).

INTRODUCTION

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

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

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

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

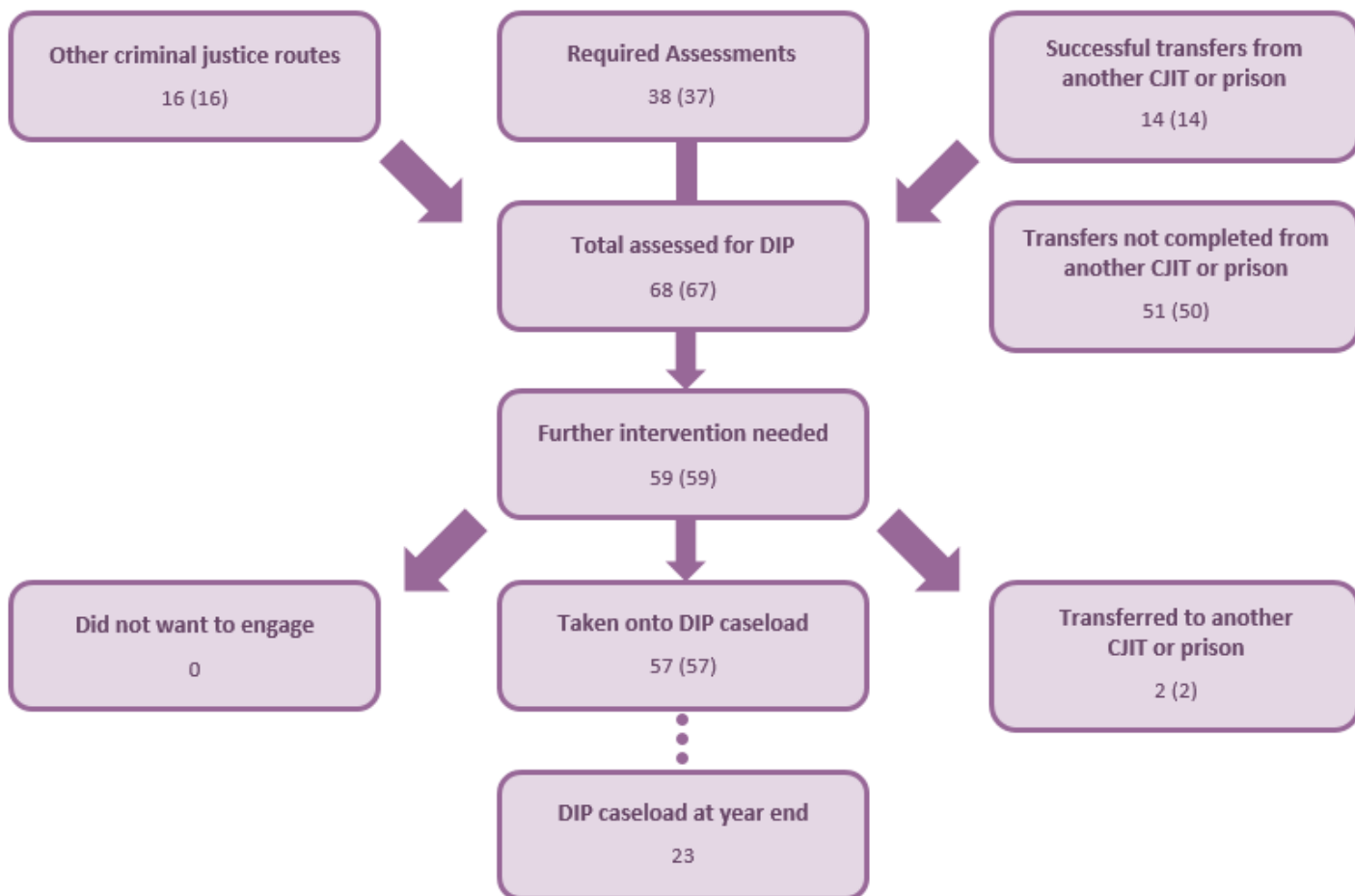
CRIMINAL JUSTICE ROUTES IN KNOWSLEY

Between April 2016 and March 2017, there were a total of 119 DIP contacts recorded by Knowsley Integrated Recovery Service, while the average number of contacts across Merseyside was 496. The number of DIP contacts in Knowsley has reduced by 31% when compared to the previous year (n=172; Critchley and Whitfield, 2017). All Merseyside areas, except Wirral, have seen a reduction in numbers. Notably, the number of DIP contacts across Merseyside reduced by 29% between 2015/16 and 2016/17. It is worth noting that the implementation of targeted drug testing in the custody suites in 2015 is likely to contribute to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of targeted testing (Collins et al., 2017; Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in Knowsley. Over two in five (43%) DIP contacts in 2016/17 were transfers not completed from another Criminal Justice Integrated Team (CJIT), while 32% were through RAs, 13% were from other criminal justice routes and 12% were successful transfers from another CJIT or prison.

Of the 119 DIP contacts, 57% had a full DIP assessment (n=68). The remaining 51 clients transferred into Knowsley from another CJIT and were not taken onto the caseload following transfer. Of the 68 clients assessed for DIP in 2016/17, 87% were deemed to require further intervention (n=59), with 97% taken onto the DIP caseload (n=57). The remaining clients not taken onto the caseload transferred to another Criminal Justice Integrated Team (CJIT) or prison.

Figure 1: Overall DIP activity and criminal justice routes in Knowsley (2016/17)¹

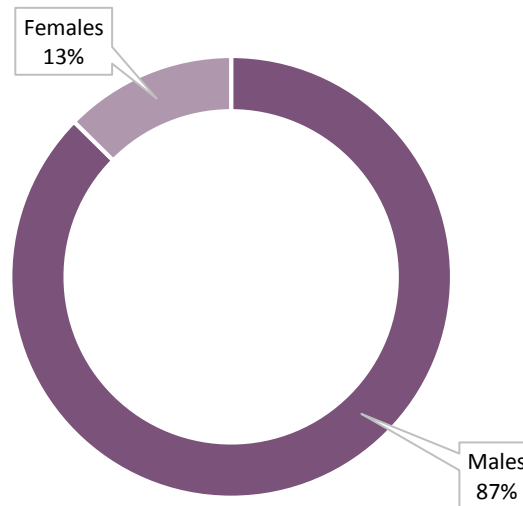


¹ Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following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

DEMOGRAPHIC PROFILE OF CLIENTS

Almost nine in ten (87%) DIP contacts in 2016/17 were male (Figure 2). The proportion of males in Knowsley is slightly higher than the Merseyside average (83%).

Figure 2: Gender of DIP contacts in Knowsley (2016/17) [n=119]



The largest proportion of clients were aged between 45 and 49 years (27%), followed by clients aged between 30 and 34 years (19%) and between 18 and 24 years and between 40 and 44 years (17% each; Figure 3). Comparing figures to the Merseyside average, Knowsley had a considerably larger proportion of clients aged between 30 and 34 years and 45 and 49 years, but a lower proportion aged between 25 and 29 years and between 35 and 39 years. Notably, there were no clients aged 50 years or over in any of the five Merseyside areas.

Figure 3: Age group of DIP contacts in Knowsley (2016/17) [n=119]

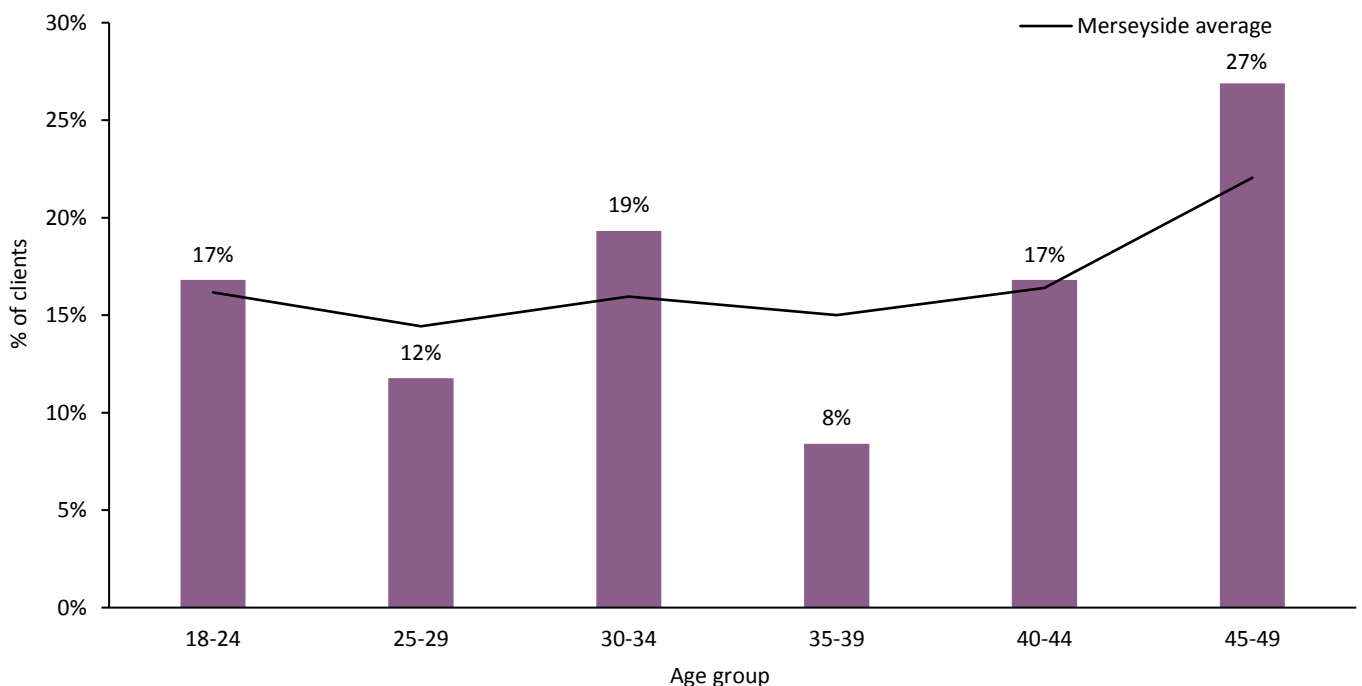


Table 1 shows some differences in age group proportions across gender groups in Knowsley. Although numbers are small, there were larger proportions of females aged between 25 and 29 years and between 40 and 44 years (20% and 33% respectively) when compared to males (11% and 14% respectively). While there were smaller proportions of females aged between 18 and 24 years and between 45 and 49 years (7% and 13% respectively) compared to males (18% and 29% respectively).

Table 1: Age group and gender of DIP contacts in Knowsley (2016/17) [n=119]²

Age group		Females	Males		Total	
18-24	***	7%	<20	18%	20	17%
25-29	***	20%	<15	11%	14	12%
30-34	***	20%	<25	19%	23	19%
35-39	***	7%	<10	9%	10	8%
40-44	5	33%	15	14%	20	17%
45-49	***	13%	<35	29%	32	27%
Total	18	100%	154	100%	119	100%

The majority (99%) of DIP contacts in Knowsley between April 2016 and March 2017 were of White British ethnicity which is greater than the Merseyside average (92%). Furthermore, 98% of the DIP contacts were Knowsley residents.

While the majority of clients reported no housing problems, 5% overall had some form of housing problem, of which 2% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of Knowsley clients stating a housing problem is somewhat lower than the average for Merseyside (16%).

Figure 4: Accommodation need of DIP contacts in Knowsley (2016/17) [n=119]



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

DRUG USE

In 2016/17, around two-fifths (41%) of DIP contacts in Knowsley reported to use cocaine (Figure 5), which is substantially higher than the Merseyside average (23%). Eighteen per cent reported to use heroin, followed by 16% who used crack, 13% who used alcohol and 11% who used cannabis. Comparatively, the average proportions of clients who used heroin and crack across Merseyside was 26% and 23% respectively.

Figure 5: Drugs used by DIP contacts in Knowsley (2016/17) [n=185]³

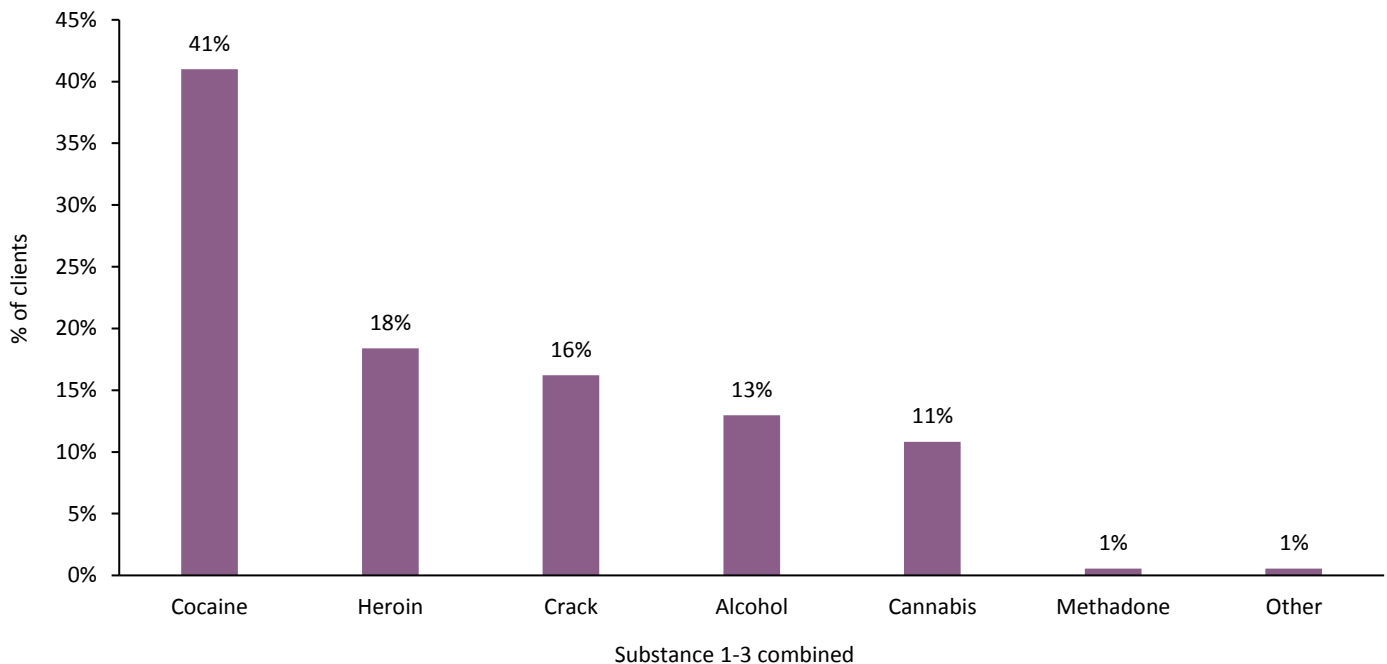


Table 2 shows the proportions of the main drug used by age group. In general, there were larger proportions of cannabis and cocaine users across the younger age groups and larger proportions of alcohol and heroin users across the older age groups. All (100%) clients who reported cannabis as the main drug used and 66% of clients who reported cocaine as the main drug used were aged between 18 and 34 years, while 63% of clients who reported alcohol as the main drug used and 87% of the clients who reported heroin as the main drug used were aged between 40 and 49 years. Half (50%) of clients who reported crack as the main drug used were aged between 30 and 34 years and half (50%) were aged between 45 and 49 years, while all (100%) clients who reported methadone as the main drug used were aged between 45 and 49 years.

Table 2: Age group and main drug used by DIP contacts in Knowsley (2016/17) [n=119]

Age group	Main drug at DIP assessment						
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other
18-24	9%	20%	25%	0%	0%	0%	100%
25-29	0%	60%	16%	0%	0%	0%	0%
30-34	18%	20%	25%	50%	7%	0%	0%
35-39	9%	0%	10%	0%	7%	0%	0%
40-44	27%	0%	12%	0%	29%	0%	0%
45-49	36%	0%	10%	50%	58%	100%	0%

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

The route of administration of clients' most problematic substance (main drug) is shown in Figure 6. Just under three in five (58%) reported sniffing their main drug, followed by nearly one-third (29%) who smoked it. In comparison, the averages for Merseyside reported 31% sniffed and 46% smoked.

Figure 6: Route of administration of the main drug used by DIP contacts in Knowsley (2016/17) [n=118]⁴

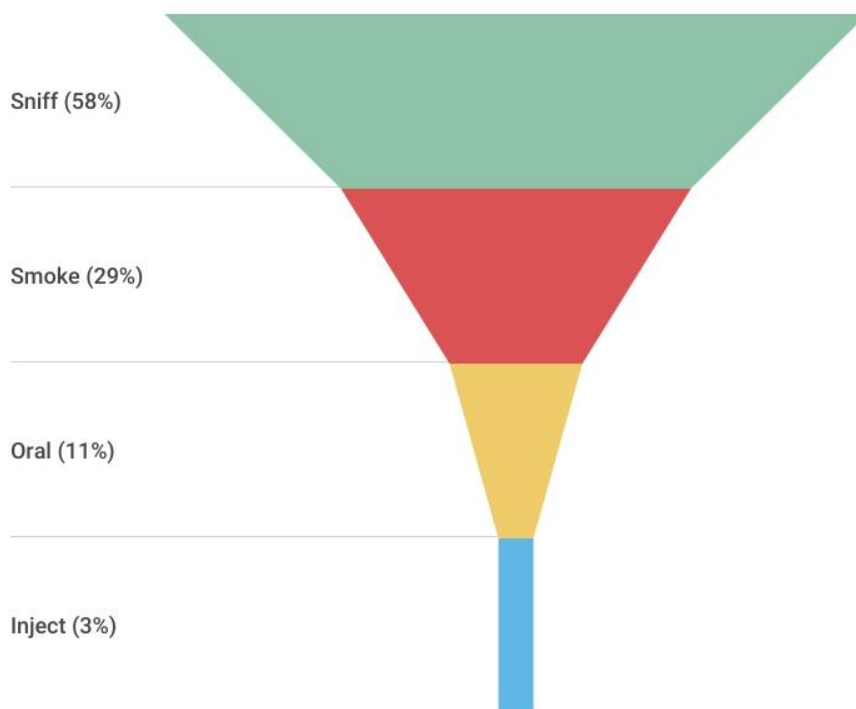
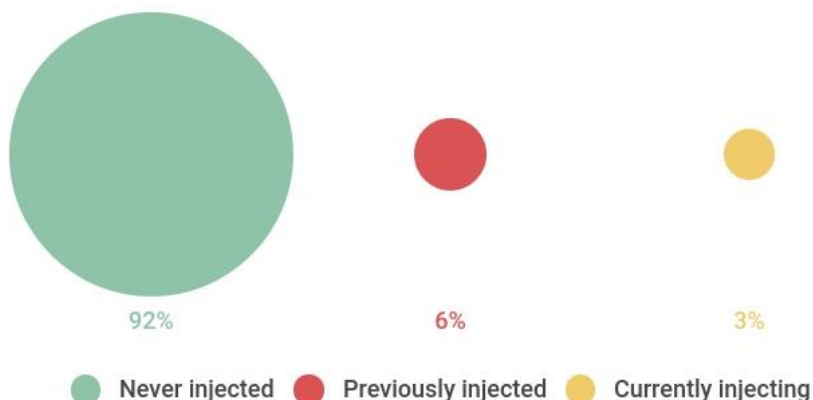


Figure 7 shows that the majority (92%) of DIP contacts in Knowsley in 2016/17 had never injected, while 6% had previously injected but were not currently and 3% were currently injecting. Comparatively, across Merseyside 72% had never injected, 19% had previously injected but were not currently and 10% were currently injecting.

Figure 7: Injecting status of DIP contacts in Knowsley (2016/17) [n=118]

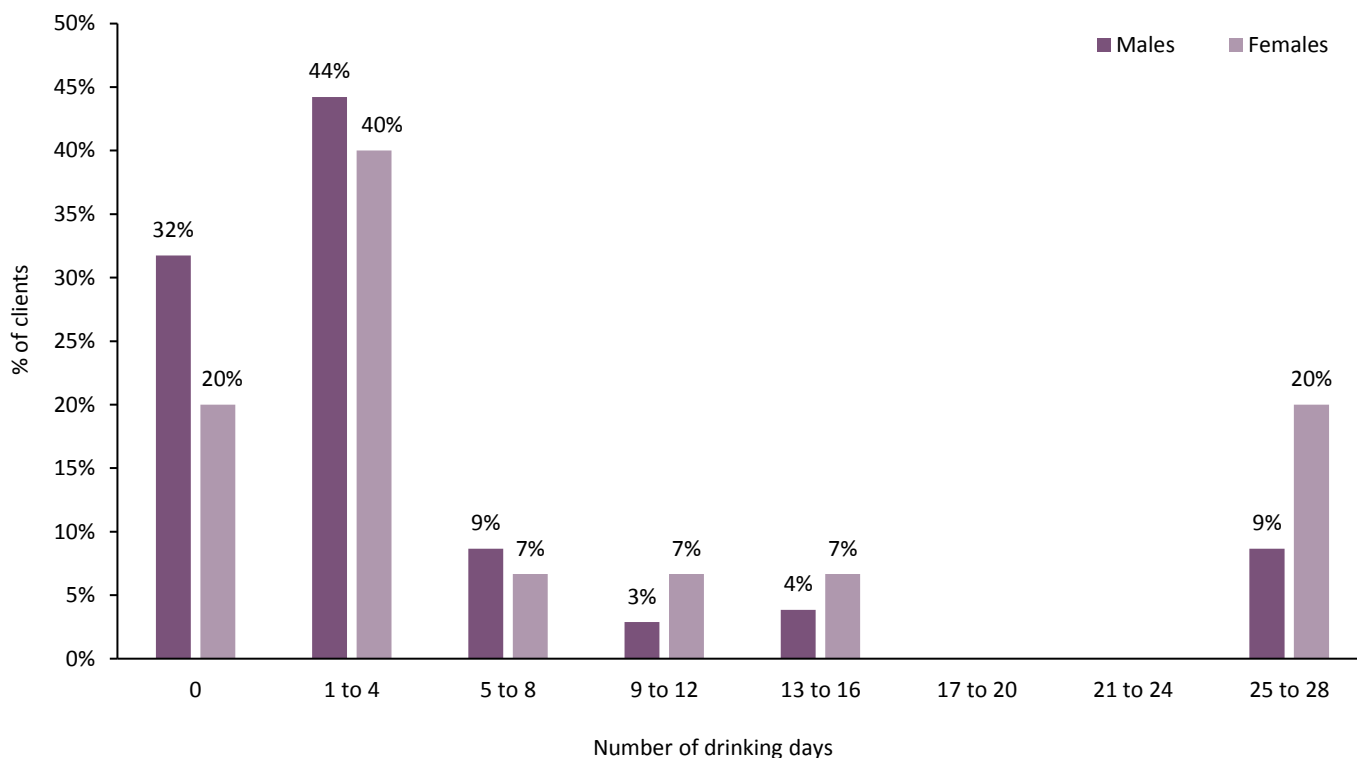


⁴ Please note, throughout this report percentages may not add up to 100% due to rounding.

Figure 8 shows the number of days alcohol was consumed by Knowsley clients in the 28 days prior to their DIP assessment. Over two in five (44%) males consumed alcohol between one and four days in the 28 days prior to their assessment, while 32% reported consuming no alcohol. Across Merseyside, 51% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, two in five (40%) consumed alcohol between one and four days, while equal proportions reported not having consumed alcohol in the 28 days prior to their assessment, and between 25 and 28 days (20% each). Figures for Merseyside reported 56% of females did not consume alcohol, while 16% drank between one and four days and 17% drank between 25 and 28 days.

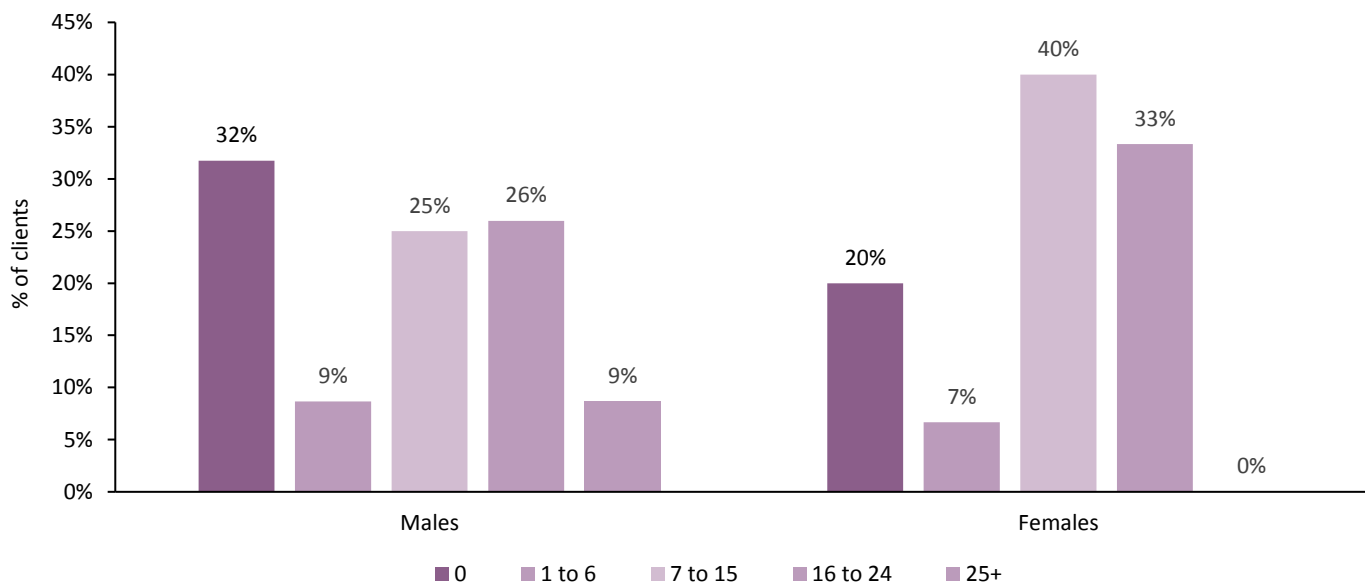
Figure 8: Number of drinking days for DIP contacts in Knowsley (2016/17) [males=104; females=15]



The daily average number of units of alcohol consumed by Knowsley clients in the 28 days prior to assessment are presented in Figure 9. For males, 26% consumed between 16 and 24 units daily and 25% consumed between seven and 15 units daily. Across Merseyside, 19% of males drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, two-fifths (40%) consumed between seven and 15 units and 33% consumed between 16 and 24 units of alcohol daily. Across Merseyside, 17% of females drank between seven and 15 units and 12% drank between 16 and 24 units daily.

Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Knowsley (2016/17) [males=104; females=15]

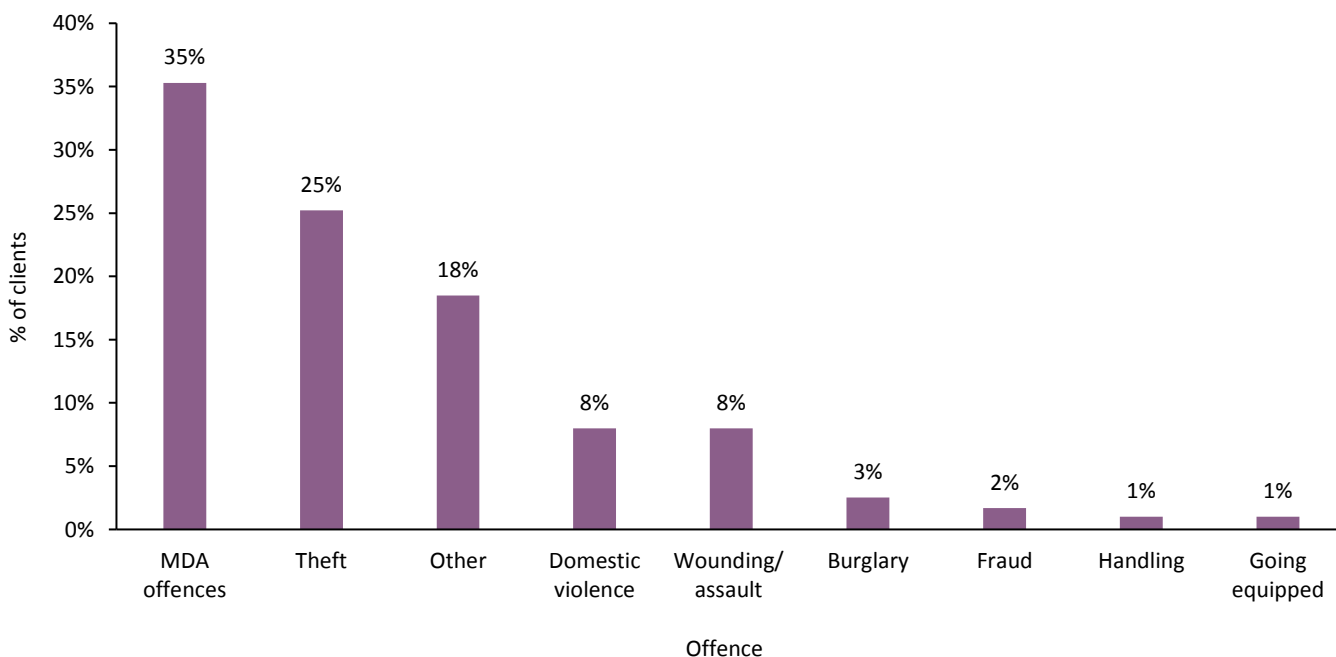


OFFENDING

All DIP contacts in Knowsley in 2016/17 were on an offender management scheme at the time of their assessment. The majority (98%) of clients were on both schemes (Integrated Offender Management [IOM] scheme and Multi-Agency Public Protection Arrangement [MAPPA] scheme), while 1% were on an IOM scheme only and 1% were on a MAPPA scheme only.

The offences which prompted Knowsley clients' current or most recent contact with the criminal justice system are shown in Figure 10. Over one-third (35%) were Misuse of Drugs Act (MDA) offences, while one-quarter (25%) were theft offences and 18% were offences categorised as 'other'. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (29% and 28% respectively), while offences categorised as 'other' accounted for 19%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in Knowsley (2016/17) [n=119]



SUMMARY

- Across Merseyside, the number of DIP contacts in 2016/17 reduced by 29% compared to the previous year. In Knowsley, the number reduced by 31%.
- Over half (57%) of DIP contacts in Merseyside presented via the RA route, while around one-third (32%) in Knowsley presented via this route. The largest proportion of referrals in Knowsley were transfers not completed from another CJIT (43%).
- In general, DIP contacts across Merseyside in 2016/17 were male and aged between 35 and 49 years and of White British ethnicity. Knowsley had a slightly larger proportion of male clients as well as a larger proportion of clients aged between 30 and 34 years and between 45 and 49 years when compared to Merseyside. Knowsley also saw a larger proportion of clients who stated they were of White British ethnicity.
- The proportion of Knowsley clients reporting housing problems was somewhat lower than the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by crack and cocaine. The proportion of DIP contacts in Knowsley who used cocaine was substantially more than the Merseyside average.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, though in Knowsley it was for clients who sniffed it.
- The majority of DIP contacts in Merseyside between April 2016 and March 2017 had never injected, while the percentage for Knowsley clients was even higher.
- Over half of males and females across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment; however, in Knowsley those who consumed between one and four days in the 28 days prior to their assessment accounted for the largest proportions in both males and females.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. In Knowsley, the proportion was highest in males who consumed between 16 and 24 units daily, followed by between seven and 15 units daily, while for females in Knowsley, it was between seven and 15 units daily, followed by between 16 and 24 units daily.
- Across Merseyside, theft and MDA offences accounted for the largest proportion of offences. In Knowsley, the largest proportion was for MDA offences, followed by theft.

RECOMMENDATIONS

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

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

- Knowsley should identify that there are differences between the local area and Merseyside overall. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Knowsley, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts in four of the five Merseyside areas, and across Merseyside as a whole. As the drug testing process is usually the main criminal justice route into DIP via RAs, the reduction in the number of drug tests carried out in the custody suites across Merseyside, as a result of the implementation of targeted testing, could have attributed to the reduction in DIP contacts. All stakeholders involved with DIP need to be aware of the effect of this process and should ensure that alternative routes into DIP are available and strengthened in order to identify and assess clients for DIP treatment.
- It is imperative that there continues to be effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across the Merseyside DIP partnership. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents, who do not have a local custody suite. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.
- In order to have a comprehensive understanding of drug use and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from other Public Health Institute monitoring systems (i.e. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (i.e. the National Drug Treatment Monitoring System) and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment, and be used collaboratively to help improve the lives of drug using offenders in Knowsley and Merseyside.

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

REFERENCES

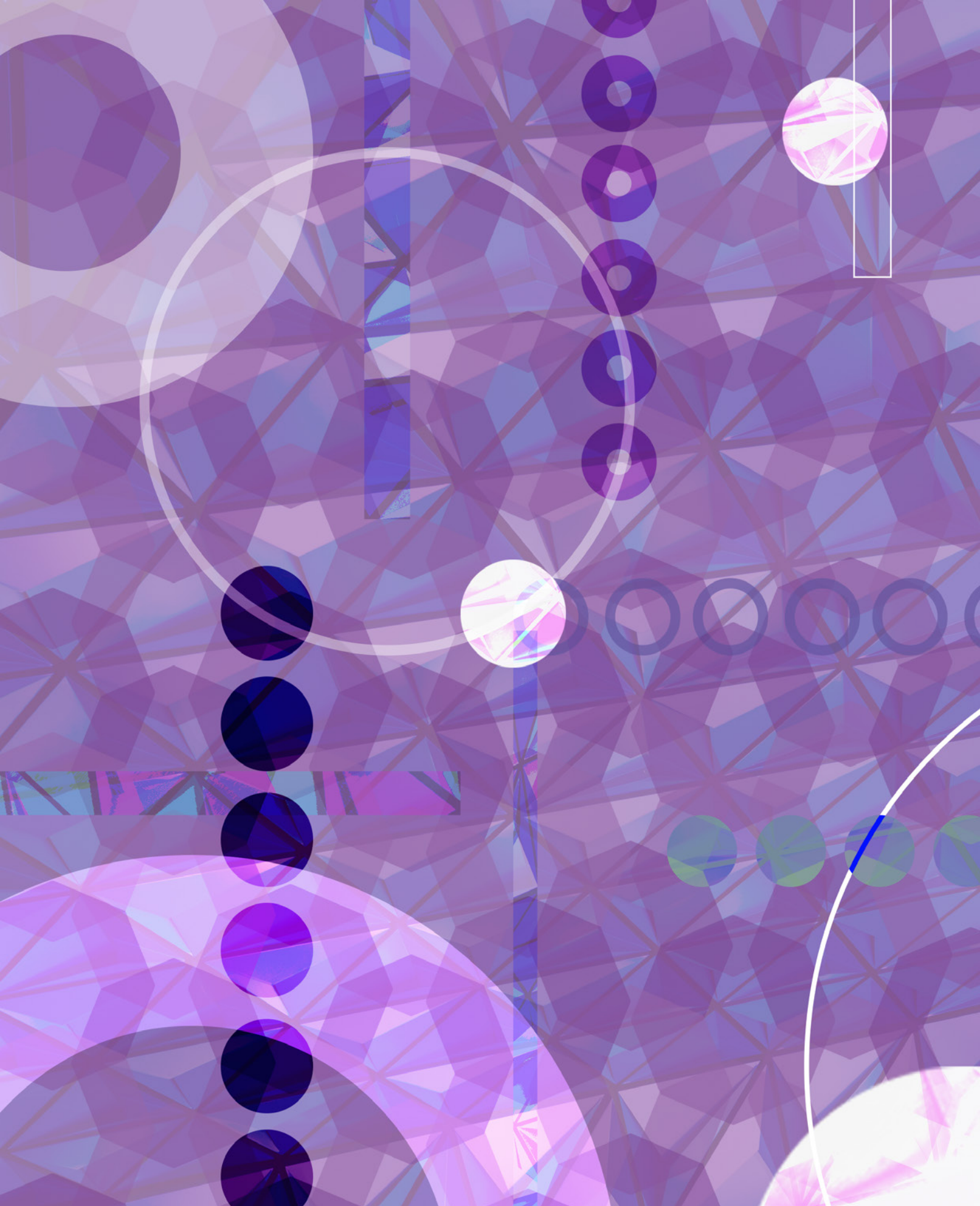
- Collins, P., Critchley, K. and Whitfield, M. (2017). *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <http://www.cph.org.uk/wp-content/uploads/2017/10/Re-offending-of-arrestees-testing-positive-for-class-A-drugs-across-Merseyside.pdf> [Accessed 22nd November 2017].
- Cuddy, K., Collins, P., Whitfield, M. and McVeigh, J. (2015). *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <http://www.cph.org.uk/wp-content/uploads/2015/09/An-Evaluation-of-DIPs-Impact-on-Offending-in-Merseyside.pdf> [Accessed 22nd November 2017].
- Critchley, K. and Whitfield, M. (2017). *Criminal Justice Project: Drug Interventions Programme - Knowsley DIP Activity Profile (2015/16)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <http://www.cph.org.uk/wp-content/uploads/2017/03/Knowsley-DIP-Activity-Profile-2015-16.pdf> [Accessed 22nd November 2017].
- Critchley, K. and Whitfield, M. (2016). *Criminal Justice Project: Drug Interventions Programme - Knowsley Drug Testing Profile (2013/14 to 2015/16)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <http://www.cph.org.uk/wp-content/uploads/2016/10/Knowsley-Drug-Testing-Profile.pdf> [Accessed 22nd November 2017].
- HM Government (2017). *2017 Drug Strategy*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF [Accessed 22nd November 2017].
- Home Office [no date]. *Drug Interventions Programme Operational Handbook*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf [Accessed 22nd November 2017].
- Howarth, P., Duffy, P., Hurst, A. and Marr, A. (2012). *Treatment Outcomes for DIP Clients in Merseyside (January - December 2011)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <http://www.cph.org.uk/publication/treatment-outcomes-for-dip-clients-in-merseyside-january-december-2011/> [Accessed 22nd November 2017].
- Public Health England and Ministry of Justice (2017). *The impact of community-based drug and alcohol treatment on re-offending*. London: Public Health England and Ministry of Justice. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf [Accessed 7th December 2017].

ACKNOWLEDGEMENTS

With thanks to Knowsley Integrated Recovery Service and the commissioners at Knowsley Council for their continued support. Thanks also to Laura Heeks at the Public Health Institute for designing the report covers.

Details to accompany Figure 1

Other criminal justice routes	16
<i>Required by offender management scheme/DRR/ATR/IOM</i>	14
<i>RoB</i>	***
<i>Requested by offender manager (post DRR/ATR)</i>	***
Successful transfers from another CJIT or prison	14
<i>HMP Liverpool</i>	7
<i>HMP Styal</i>	***
<i>Liverpool CJIT</i>	***
<i>Sefton CJIT</i>	***
<i>St Helens CJIT</i>	***
Transfers not completed from another CJIT or prison	51
<i>Liverpool CJIT</i>	27
<i>Sefton CJIT</i>	9
<i>St Helens CJIT</i>	<10
<i>Wirral CJIT</i>	***
Transferred to another CJIT or prison	***
<i>Liverpool CJIT</i>	***



DIP

