

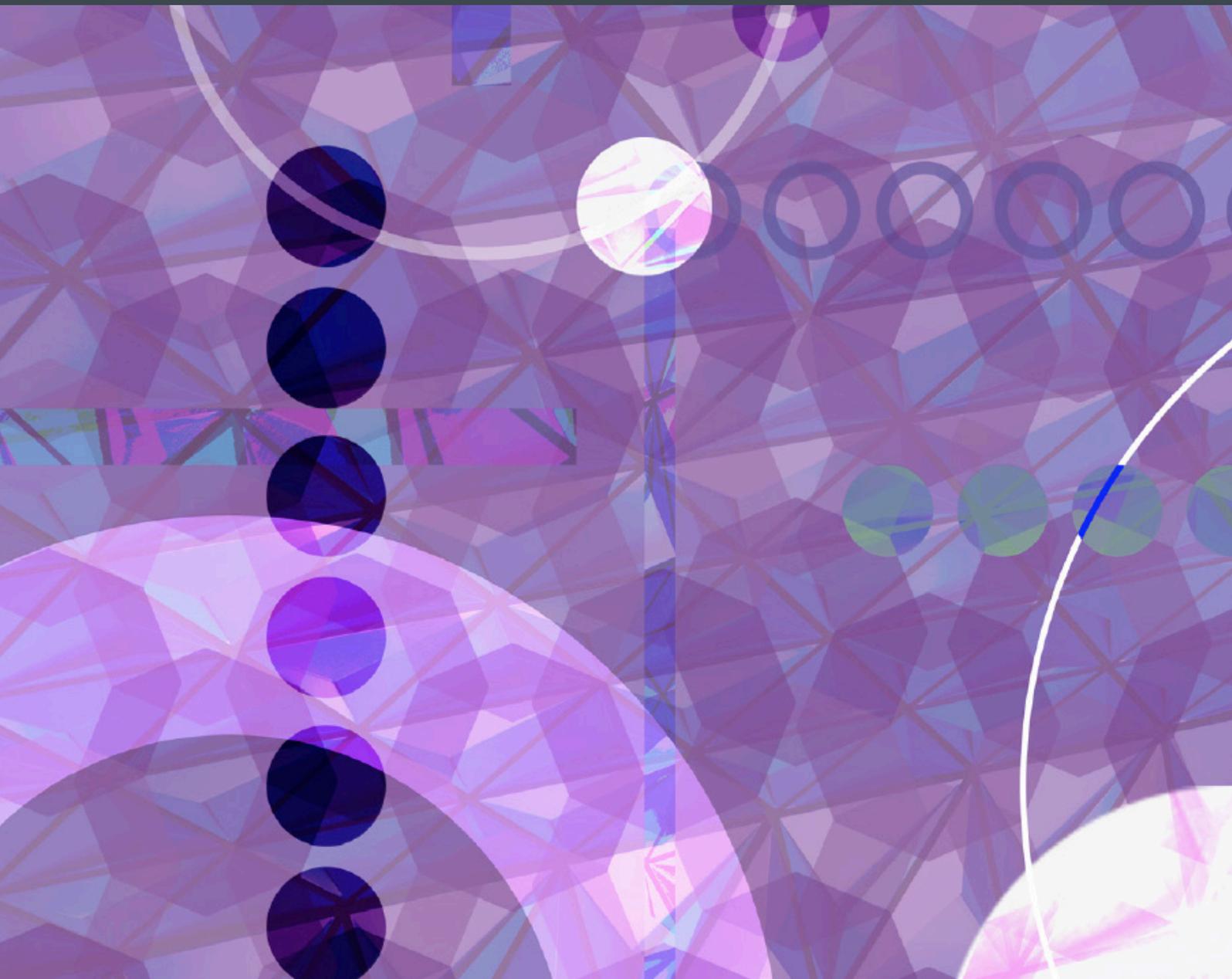
Criminal Justice Project: Drug Interventions Programme

Criminal Justice Intervention Team Activity in Liverpool: year ending March 2024

March 2025



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- In the year ending March 2024, there were 733 adult contacts (694 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT), which is an 11% decrease on the 828 episodes in the previous year.
- Just under half (46%) of the CJIT episodes in 2023/24 were other criminal justice routes, while three in ten (30%) were Required Assessments following a positive test for specified Class A drugs in police custody and just under one-quarter (23%) were voluntary presentations following release from prison.
- Around nine in ten (91%) Liverpool CJIT contacts in the year ending March 2024 were taken onto the CJIT caseload.

Liverpool residents

- In the year ending March 2024, 167 individuals per 100,000 adult population in Liverpool Local Authority were in contact with Liverpool CJIT. The postcode district with the highest number of Liverpool CJIT contacts was L4 (15%), followed by L6 and L8 (12% and 10% respectively).
- The average age of individuals assessed in the year ending March 2024 was 37 years. Just over one-third (35%) were aged 30-39 years, followed by one-quarter aged 18-29 years and 40-49 years (25% each), while individuals aged 50 years or over accounted for around one in seven (15%).
- Just under nine in ten (88%) individuals in contact with Liverpool CJIT stated they were men.
- Just under nine in ten (88%) Liverpool CJIT contacts identified themselves as White British.
- Around one in seven (15%) Liverpool residents considered themselves to have a disability; of which, three in ten (30%) were recorded as other disability, while around one-quarter (26%) were a behaviour and emotional disability, followed by mobility and gross motor disability (16%) and learning disability (15%).
- Two in five (40%) Liverpool residents were in a rented home, followed by other housing situations (33%), no home of their own (21%) and those who owned their own home (5%).
- One in eight (13%) reported they had a risk of homelessness in the next eight weeks.
- One in five (20%) clients had parental responsibility for a child aged under 18 years; of which, just over two-thirds (68%) had none of the children they are responsible for living with them the majority of the time.
- Of the main substances reported by Liverpool residents in the year ending March 2024, just over one-third (35%) were powder cocaine, followed by heroin (29%), alcohol (14%) and cannabis (13%). Around two in five (41%) reported their second substance as crack cocaine, followed by alcohol and cannabis (23% and 19% respectively), while just over two in five (44%) reported cannabis as their third substance, followed by alcohol (28%).
- Just over two in five (43%) of the Liverpool CJIT contacts smoked their main substance, followed by clients who administered their main substance intranasally or orally (37% and 16% respectively), and 3% who injected their main substance.
- Four in five (80%) clients stated they had never injected, while one in six (17%) had previously injected but were not currently and 2% were currently injecting.

- Around three in ten (29%) of the clients who reported an opioid as their main substance in 2023/24 were issued with naloxone; of which, 48% were supplied with nasal naloxone and 45% were supplied with injectable naloxone. Of the clients not issued with naloxone, two-thirds (67%) were offered but refused, followed by just over one-quarter (27%) who were already in possession of adequate naloxone and the remaining clients either accepted but had not yet been issued with naloxone or were assessed as not appropriate (6% total).
- Less than half (45%) of men consumed alcohol in the 28 days prior to their CJIT assessment. Of these, just over two in five (42%) consumed 7-15 units of alcohol on an average day, while similar proportions consumed 1-6 units and 16-24 units (23% and 21% respectively).
- Although numbers are small, around a third (34%) of women consumed alcohol in the 28 days prior to their CJIT assessment. Of these, just under half (45%) consumed 7-15 units of alcohol on an average day.
- Misuse of Drugs Act offences accounted for over two in five (44%) of the offences that prompted the current or most recent contact with the criminal justice system, followed by around one-quarter (24%) categorised as 'other'.
- Of the clients on the CJIT caseload, 118 (114 individuals) were referred to structured treatment in the year ending March 2024.
- Over half (56%) of the clients closed from the Liverpool CJIT caseload in the year ending March 2024 did not complete treatment, while around one-third (34%) completed treatment and one in ten (10%) transferred prior to the completion of treatment.
- Of the Liverpool residents who completed treatment successfully, the average time on the CJIT caseload was 67 days.

Through the Drug Interventions Programme (DIP), Liverpool Criminal Justice Intervention Team (CJIT) works with adults (aged 18 years or over) in the criminal justice system who use drugs and/or alcohol in order to reduce acquisitive crime (Collins et al., 2016; Public Health England and Ministry of Justice, 2017; Public Health Institute, 2015 & 2017).

A key route in identifying people for DIP is Drug Testing on Arrest, whereby under certain criteria, adults are tested for specified Class A drugs (opiates and/or powder/crack cocaine) in police custody following an arrest. Those who test positive for specified Class A drugs are required to undergo a Required Assessment (RA) with their local CJIT. There are other sources of referral into DIP, including: Conditional Cautioning; court mandated processes, such as Restriction on Bail and pre-sentence reports; requirement by the Offender Manager for those with a community sentence (Drug Rehabilitation Requirements and Alcohol Treatment Requirements); following release from prison; as well as voluntary presentations.

CJIT assessments determine whether further intervention is required to address substance use and offending, and if necessary, encourage engagement with a range of appropriate interventions. CJITs provides wraparound support across four key areas (Home Office, 2011): drug and alcohol use (harm reduction and overdose management); offending; physical and psychosocial health; and social functioning (housing, employment and relationships). The CJIT dataset captures client information, episode details and referrals to structured treatment, which is submitted to the Office of Health Improvement and Disparities (OHID) via the National Drug Treatment Monitoring System (NDTMS).

This CJIT Activity report for Liverpool shows trends over a six-year period up to the year ending March 2024 for clients accessing the CJIT and where possible, comparisons to the Merseyside figures have been made¹.

Combating Drugs Partnerships

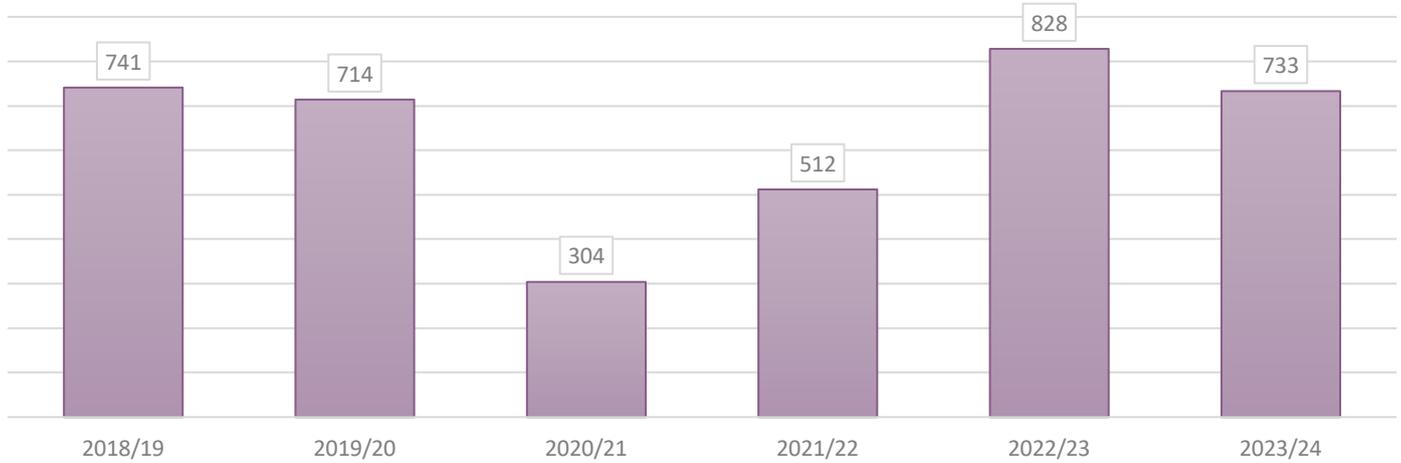
The Government's Drug Strategy stated its plan to reduce drug-related crime, deaths, harms and overall drug use (HM Government, 2021), outlining the requirement to establish and develop Combating Drugs Partnerships (CDPs) to oversee and co-ordinate its local delivery. Partnerships should lead a joint local needs assessment, a local drugs strategy delivery plan and regularly review progress (Home Office, 2022), through the National Combating Drugs Outcomes Framework, a means for monitoring progress nationally and locally (Home Office, 2023).

¹ Notes to accompany this report are available in [Appendix A](#). Supplementary data to support this report can be accessed here: [CJIT Activity in Merseyside: supplementary tables & charts \(end 2023/24\)](#).

OVERVIEW

In the year ending March 2024, there were 733 adult contacts (694 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT), which is an 11% decrease on the 828 CJIT contacts in the previous twelve-month period (Figure 1).

Figure 1: Liverpool CJIT episodes (n), 2018/19 - 2023/24



CRIMINAL JUSTICE ROUTES IN LIVERPOOL

Figure 2 shows the criminal justice routes that led to the contact with Liverpool CJIT between 2018/19 and 2023/24. Just under half of the CJIT contacts in the year ending March 2024 were other criminal justice routes (n=337, 46%)², while three in ten were Required Assessments (RA) following a positive test for specified Class A drugs in a police custody suite (n=222, 30%) and just under one-quarter were voluntary presentations following release from prison (n=169, 23%). Notably, these proportions are the same as the Merseyside totals. As proportions of Liverpool CJIT contacts in the year ending March 2024, RAs and prison releases increased, while other criminal justice routes decreased.

Figure 2: Liverpool CJIT contacts by referral route (n), 2018/19 - 2023/24



² Other criminal justice routes: Conditional Cautioning = 171, voluntary - other 79, required by offender management scheme/DRR/ATR/IOM = 44, requested by Offender Manager (post DRR/ATR) = 34, other <10, voluntary - liaison and diversion <5.

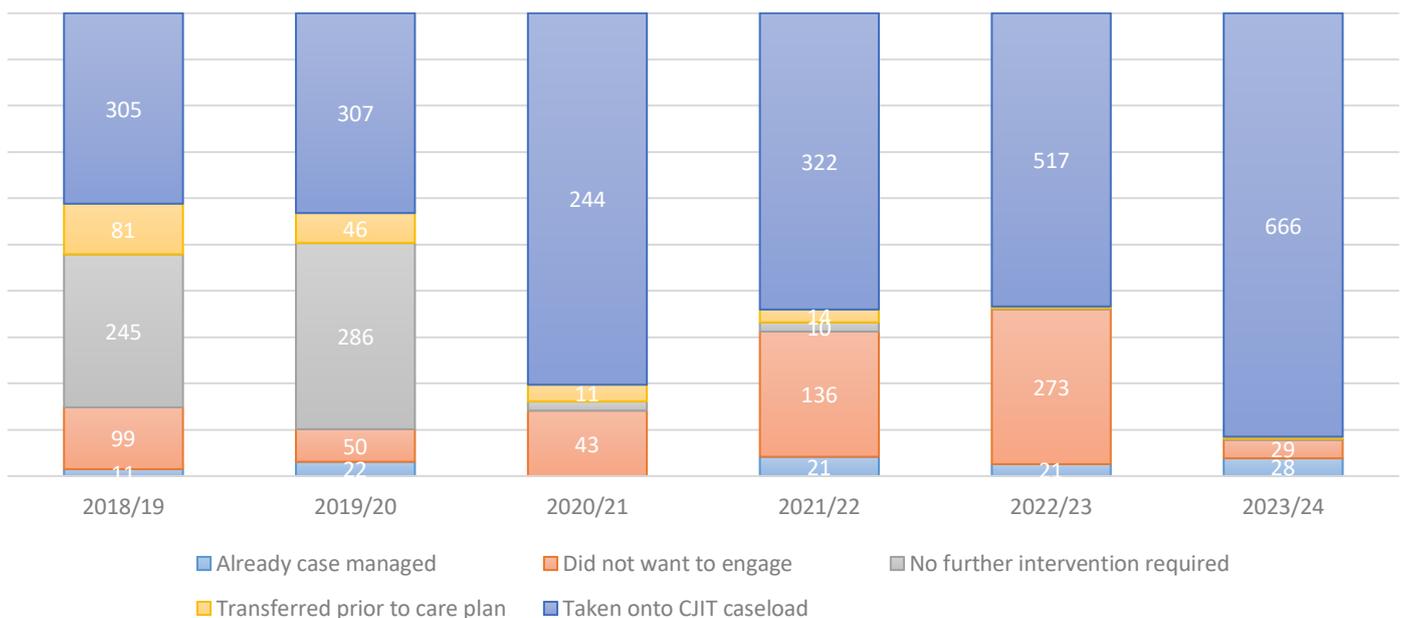
Conditional Cautions

- Conditional Cautions accounted for around one-quarter of all Liverpool CJIT contacts in the year ending March 2024 (n=171, 23%).
- Almost all of the clients issued with a Conditional Caution were men, and just under half were aged 18-29 years (n=79, 46%), followed by those aged 30-39 years (n=47, 27%), 40-49 years (n=26, 15%) and 50 years or over (n=19, 11%).
- Over two in five reported powder cocaine as their main substance (n=76, 44%), while just under two in five reported cannabis (n=65, 38%).
- Just over half of the clients did not consume alcohol in the 28 days prior to their CJIT assessment (n=91, 53%).
- Over nine in ten clients were given a Conditional Caution due to a Misuse of Drugs Act offence (n=159, 93%); all of which were possession.
- Following their assessment, just under nine in ten were taken onto the CJIT caseload (n=148, 88%).

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Around nine in ten of the Liverpool CJIT contacts in the year ending March 2024 were taken onto the CJIT caseload (n=666, 91%; *Figure 3*). This is a 29% increase on the 517 episodes in the previous year and the largest proportion of the five Merseyside CJITs (Merseyside total: 83%). Conversely, the number of clients who did not want to engage following their assessment with the CJIT in 2023/24 (n=29, 4%) is an 89% decrease on the previous year and the smallest proportion of the Merseyside areas (Merseyside total: 7%).

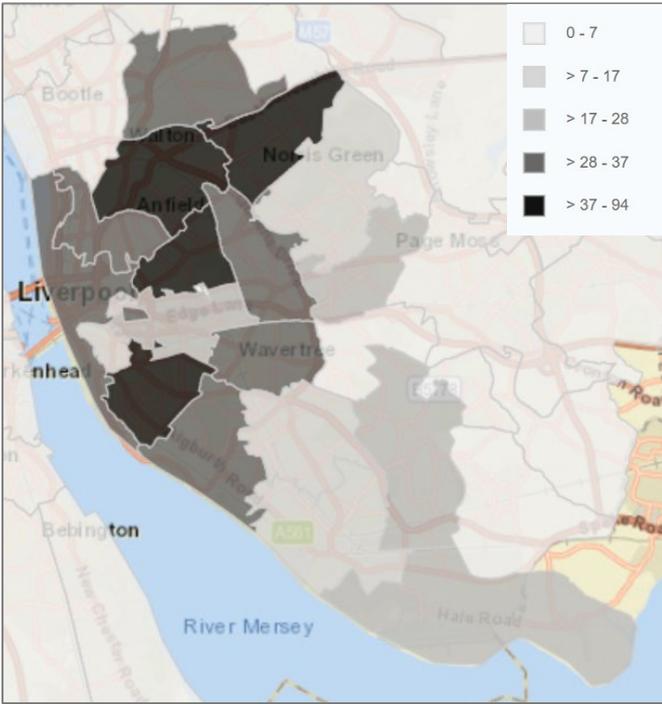
Figure 3: Liverpool CJIT contacts by outcome following criminal justice assessment (n), 2018/19 - 2023/24



LIVERPOOL RESIDENTS

DEMOGRAPHICS

Figure 4: Liverpool residents by postcode area of residence (n), 2023/24



In the year ending March 2024, 167.0 individuals per 100,000 adult population in Liverpool Local Authority (LA) were in contact with Liverpool CJIT, compared to 138.7 per 100,000 across Merseyside. This is the second largest rate of individuals in contact with a Merseyside CJIT of the five Merseyside areas (see [Appendix B](#) for a table and map of all Merseyside areas).

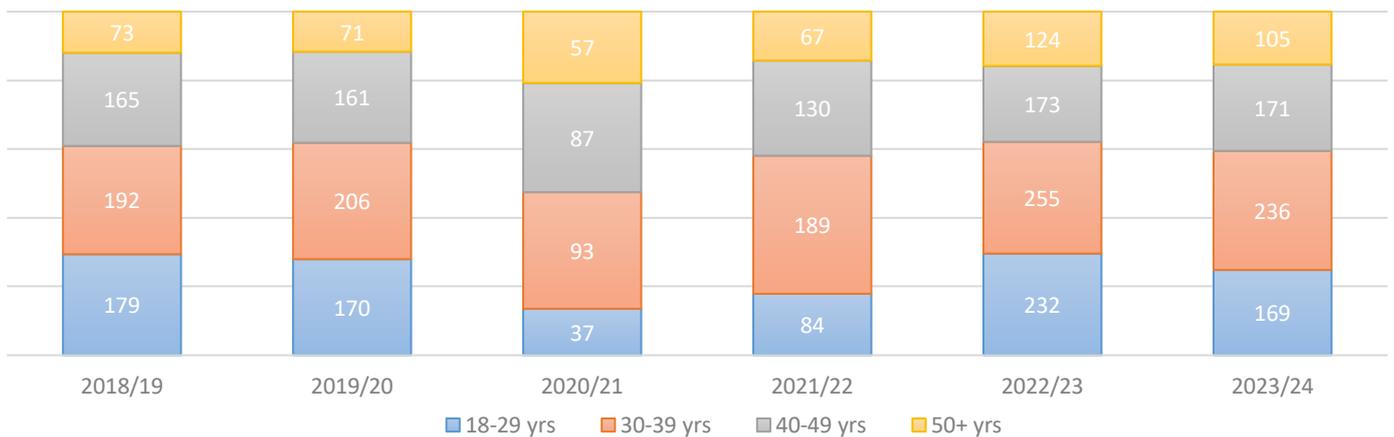
Where recorded (n=642; excluding those of no fixed abode), the postcode district with the highest number of Liverpool CJIT contacts in the year ending March 2024 was L4 (n=94, 15%), followed by L6 (n=77, 12%) and L8 (n=64, 10%; *Figure 4*).

AGE AND SEX

The average age of Liverpool residents assessed in the year ending March 2024 was 37 years (men = 37, women = 38), compared to 36 years in the previous twelve-month period. Looking at age groups, just over one-third of the individuals were aged 30-39 years (n=236, 35%), followed by a quarter of individuals aged 18-29 years (n=169, 25%) or 40-49 years (n=171, 25%), while clients aged 50 years or over accounted for around one in seven (n=105, 15%; *Figure 5*).

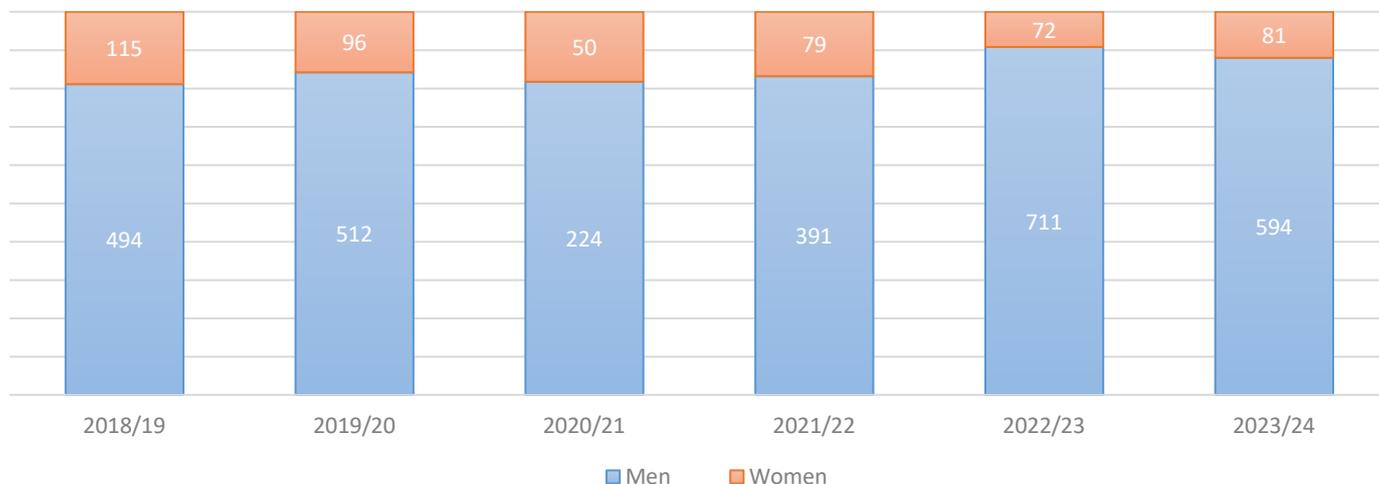
Compared to the previous year, there were slight increases in the proportions of individuals aged 30-39 years and 40-49 years, while a decrease in those aged 18-29 years and similar proportions for individuals aged 50 years or over. Furthermore, these figures are similar to the Merseyside totals.

Figure 5: Liverpool residents by age group (n, individuals), 2018/19 - 2023/24



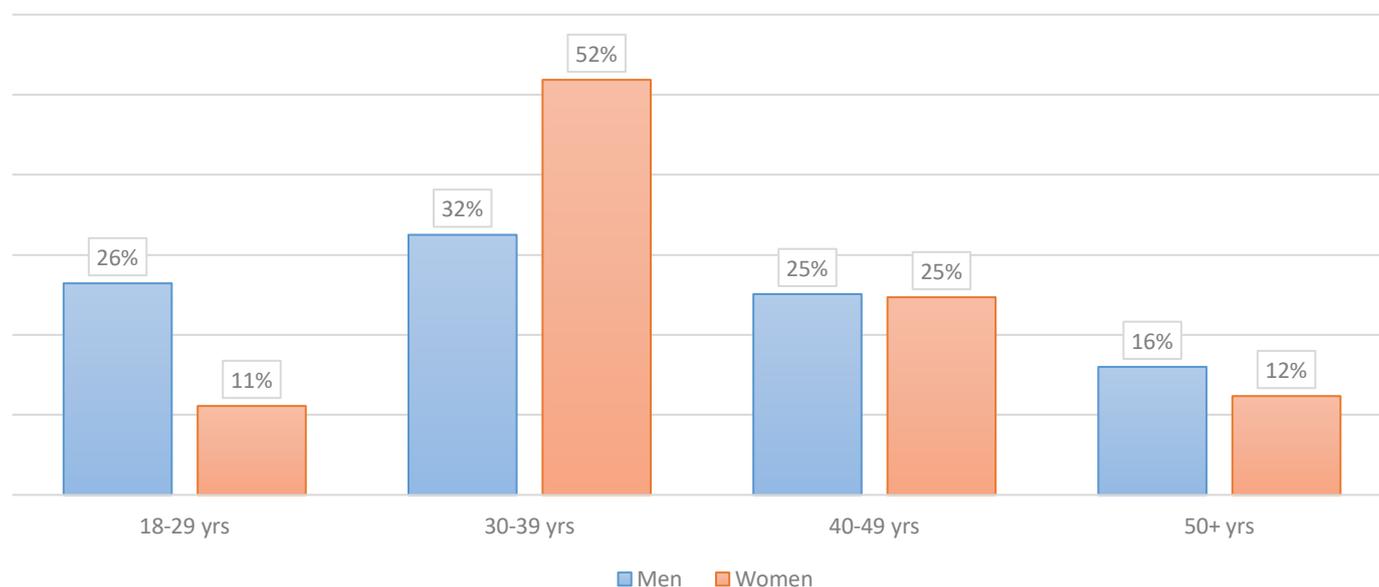
Just under nine in ten individuals in contact with Liverpool CJIT in the year ending March 2024 stated they were men (n=594, 88%; *Figure 6*). Although this is a decrease on the previous year's proportion (91%), it is the second largest proportion of the six-year period and similar to the Merseyside figure (87%).

Figure 6: Liverpool residents by sex (n, individuals), 2018/19 - 2023/24



When comparing age group with sex in the year ending March 2024, there are some notable differences (*Figure 7*). There were larger proportions of men than women aged 18-29 years (26% and 11% respectively) and 50 years or over (16% and 12% respectively). Conversely, there was a larger proportion of women aged 30-39 years when compared to men (52% and 32% respectively) and proportions were the same for individuals aged 40-49 years (25%).

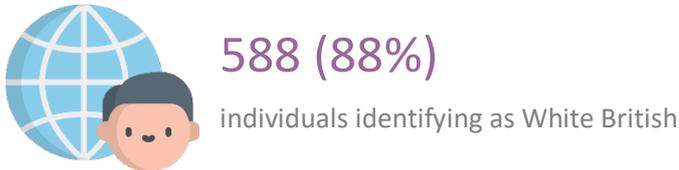
Figure 7: Liverpool residents by age group and sex (% individuals), 2023/24



ETHNICITY

Just under nine in ten Liverpool CJIT contacts in the year ending March 2024 identified themselves as White British (n=588, 88%; *Figure 8*). This is a 17% decrease on the 707 clients in the previous year and the smallest proportion of the five Merseyside CJIT areas (Merseyside total: 93%). The remaining individuals reported to be of black ethnicity (4%), other white ethnicities (3%), mixed (2%), Asian (2%) or stated other ethnicities (1%).

Figure 8: Liverpool residents by ethnicity (individuals), 2023/24



DISABILITY

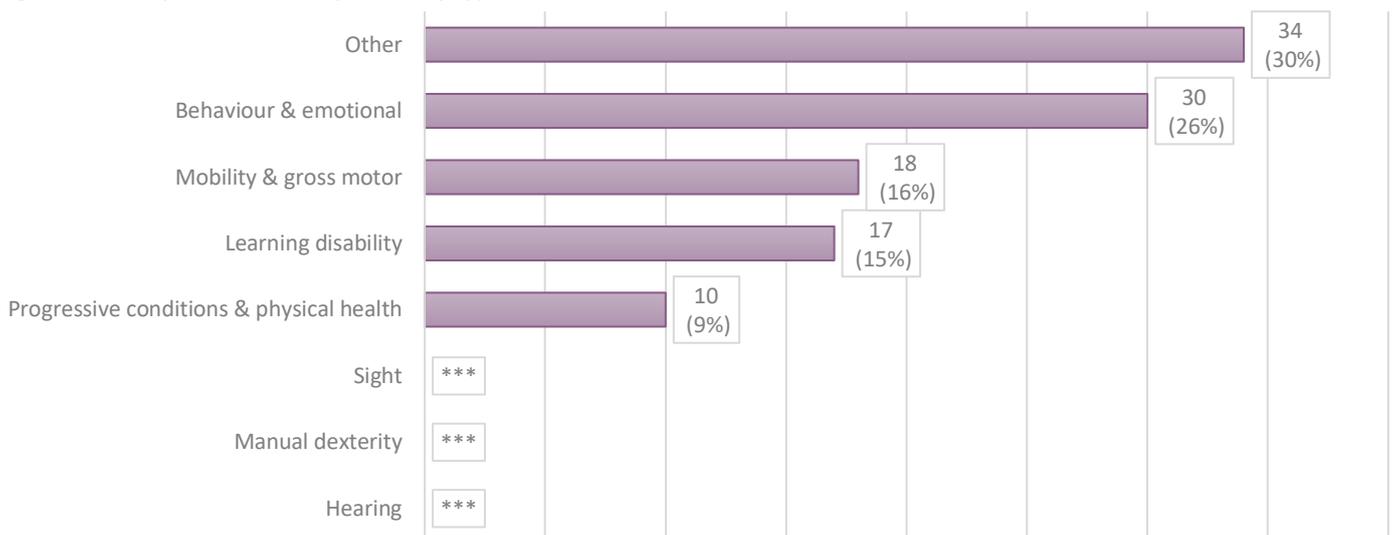
Around one in seven Liverpool residents in the year ending March 2024 considered themselves to have a disability (n=107, 15%; *Figure 9*), which is a 10% increase on the 97 clients in the previous year; however, it is the smallest proportion of the five Merseyside areas (Merseyside total: 35%).

Figure 9: Liverpool residents by disability status, 2023/24



A total of 114 disabilities were recorded³; of which, three in ten were recorded as other disability (n=34, 30%), while around one-quarter were a behaviour and emotional disability (n=30, 26%), followed by mobility and gross motor disability (n=18, 16%), learning disability (n=17, 15%) and progressive conditions and physical health (n=10, 9%; *Figure 10*).

Figure 10: Liverpool residents by disability type, 2023/24



³ Note that clients may have up to three disabilities recorded.

VETERAN

Five per cent of the Liverpool residents in the year ending March 2024 stated they were a veteran of the British Armed Forces (n=33; *Figure 11*), which is similar to the previous year (n=34, 4%). Furthermore, Liverpool and Sefton had the largest proportion of clients who were a veteran recorded across Merseyside (Merseyside total: 3%).

Figure 11: Liverpool residents by veteran status, 2023/24



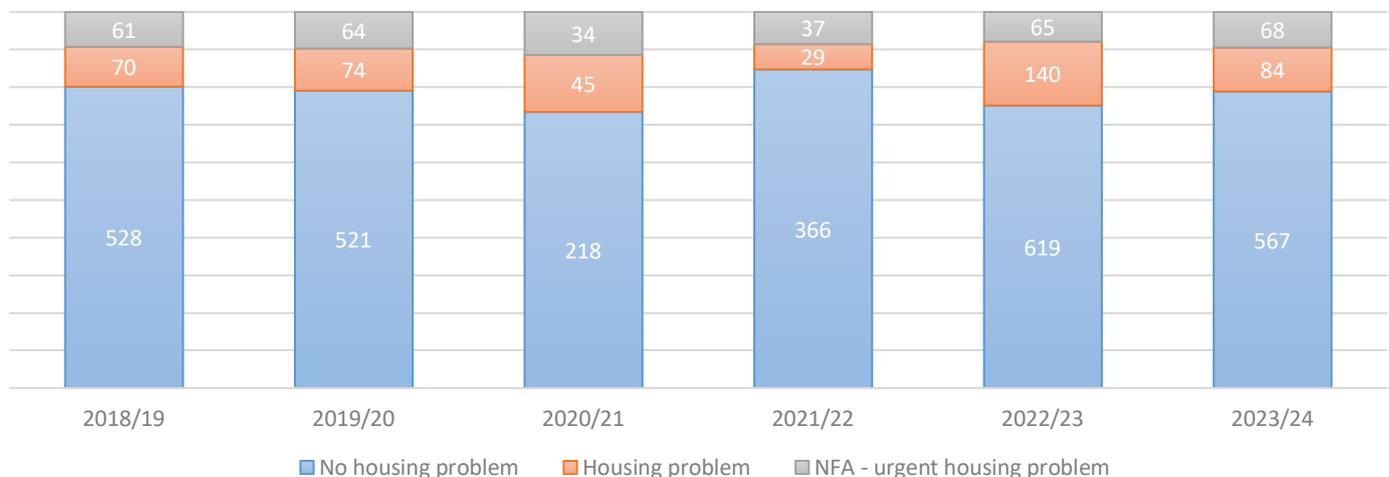
33 (5%)

veterans of the British Armed Forces

HOUSING

While the majority of the Liverpool CJIT contacts in the year ending March 2024 reported no housing problem, around one in five had some form of a housing problem (n=152, 21%; *Figure 12*)⁴. This is a 26% decrease on the 205 clients in the previous year and notably, it is the smallest proportion with some form of a housing problem of the five Merseyside areas (Merseyside total: 29%). Furthermore, around one in ten Liverpool residents stated an urgent housing need due to being of no fixed abode (NFA) in 2023/24 (n=68, 9%), which is both similar to the previous year (n=65, 8%) and the Merseyside figure (10%).

Figure 12: Liverpool residents by housing need (n), 2018/19 - 2023/24



In the year ending March 2024, two in five clients were in a rented home (n=290, 40%), followed by other housing situations (n=240, 33%), no home of their own (n=152, 21%) and those who owned their own home (n=37, 5%).

Furthermore, one in eight of the total Liverpool residents in 2023/24 reported they had a risk of homelessness in the next eight weeks (n=93, 13%), which is an 11% increase on the 84 clients in the previous year, though similar to the Merseyside figure (14%).

⁴ NFA = no fixed abode. Note that housing was updated in the CJIT dataset in April 2022 to capture details of clients' current housing situation (e.g., no home of their own - hostel, rented home only - self-contained - rents from a private landlord). These have been recoded as no housing problem, housing problem and NFA - urgent housing problem, in order to make comparisons to preceding years. Non-urgent housing need includes: staying with friends/family short term, short stay hostel, short term B&B/hotel, placed in temporary accommodation by LA. Urgent housing need (NFA) includes: lives on streets/rough sleeper, uses night shelter (night-by-night basis)/emergency hostels, sofa surfing/sleeps on different friend's floor each night.

PARENTAL RESPONSIBILITY

In the year ending March 2024, one in five clients had parental responsibility for a child aged under 18 years (n=144, 20%; *Figure 13*). Although this is a 57% increase on the previous twelve-month period (n=92), it is a smaller proportion than the Merseyside figure (23%).

Figure 13: Liverpool residents by parental status, 2023/24



Just over two-thirds of the Liverpool CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=96, 68%). This is just over double the 46 clients in the previous year (109% increase), though similar to the Merseyside figure (69%).

SUBSTANCE USE

Of the main substances reported by Liverpool residents in the year ending March 2024, just over one-third were powder cocaine (n=252, 35%), followed by heroin (n=206, 29%), alcohol (n=104, 14%) and cannabis (n=94, 13%; *Figure 14*). The number of clients reporting alcohol, powder cocaine, heroin and other opiates as their main substance in 2023/24 increased, while there were decreases for cannabis, crack cocaine and other substances. Notably, Liverpool had the largest proportion of clients reporting powder cocaine as their main substance in 2023/24 of the five Merseyside areas (Merseyside total: 26%).

Figure 14: Liverpool residents by main substance (n), 2018/19 - 2023/24

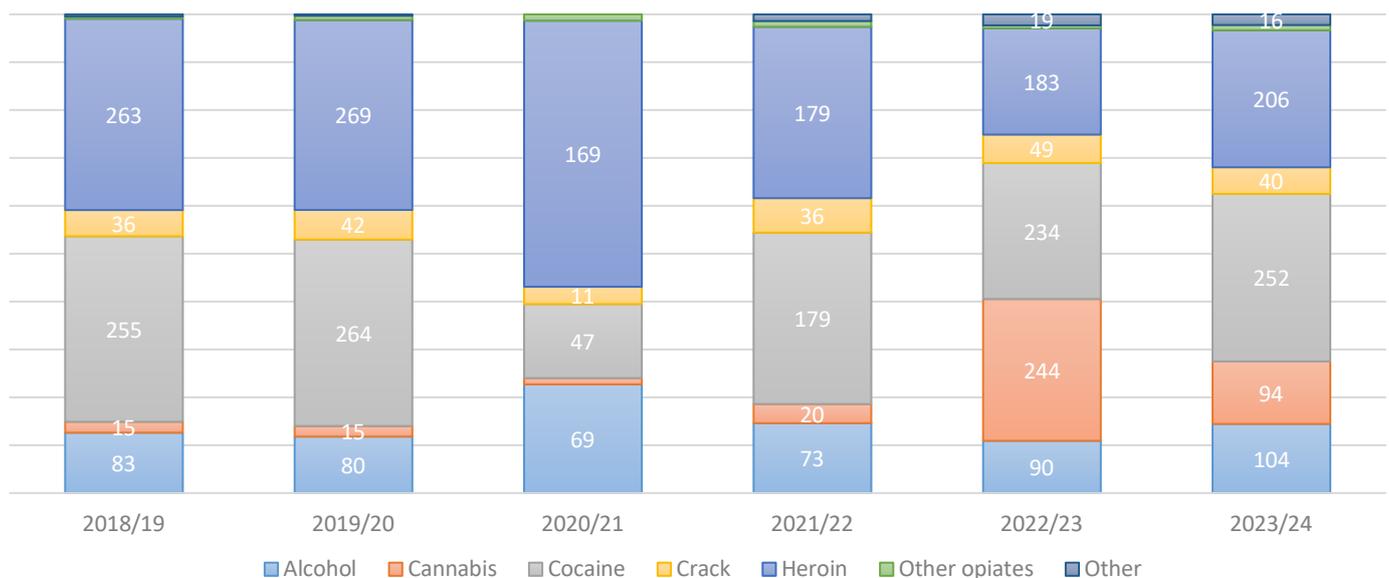


Figure 15 shows 2023/24 figures split by substance one, two and three. Around two in five reported their second substance as crack cocaine (n=181, 41%), followed by alcohol (n=101, 23%) and cannabis (n=84, 19%), while just over two in five reported cannabis as their third substance (n=54, 44%), followed by alcohol (n=35, 28%).

Figure 15: Liverpool residents by substances 1-3 (%), 2023/24

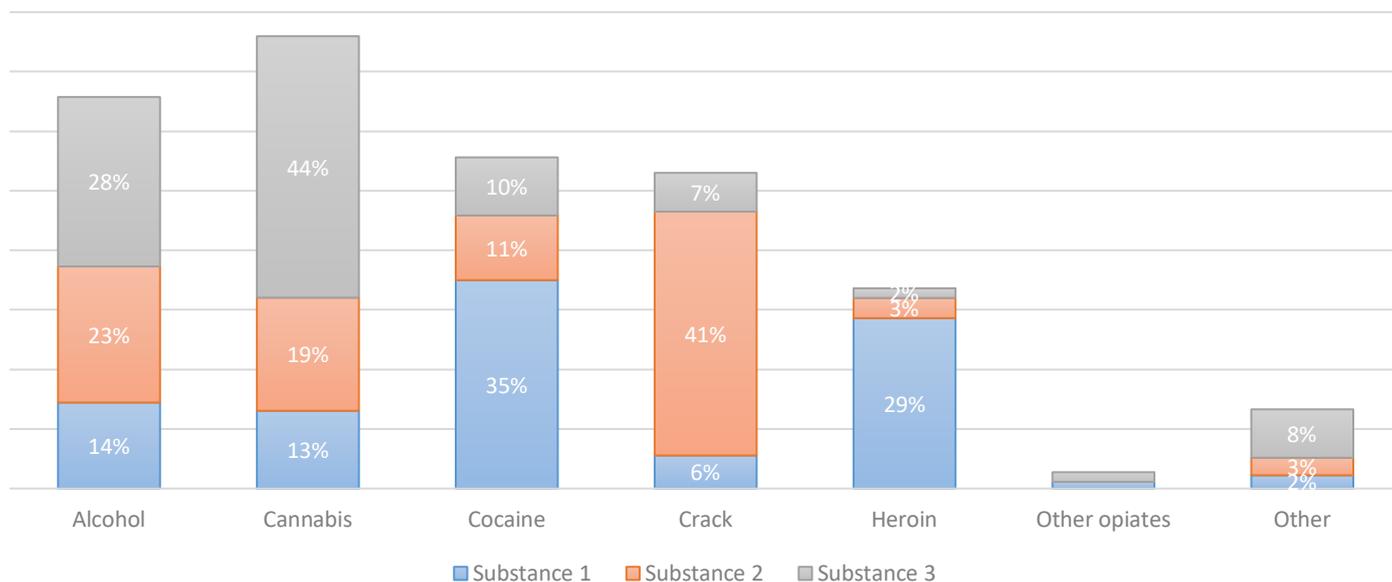


Figure 16 shows the proportions of the main substance by sex in the year ending March 2024. There were substantially larger proportions of cannabis and powder cocaine recorded as the main substance by men (14% and 37% respectively) than women (3% and 16% respectively), while there were substantially larger proportions of alcohol, crack cocaine and heroin recorded by women (26%, 9% and 41% respectively) than men (13%, 5% and 27% respectively).

Figure 16: Liverpool residents by main substance and sex (%), 2023/24

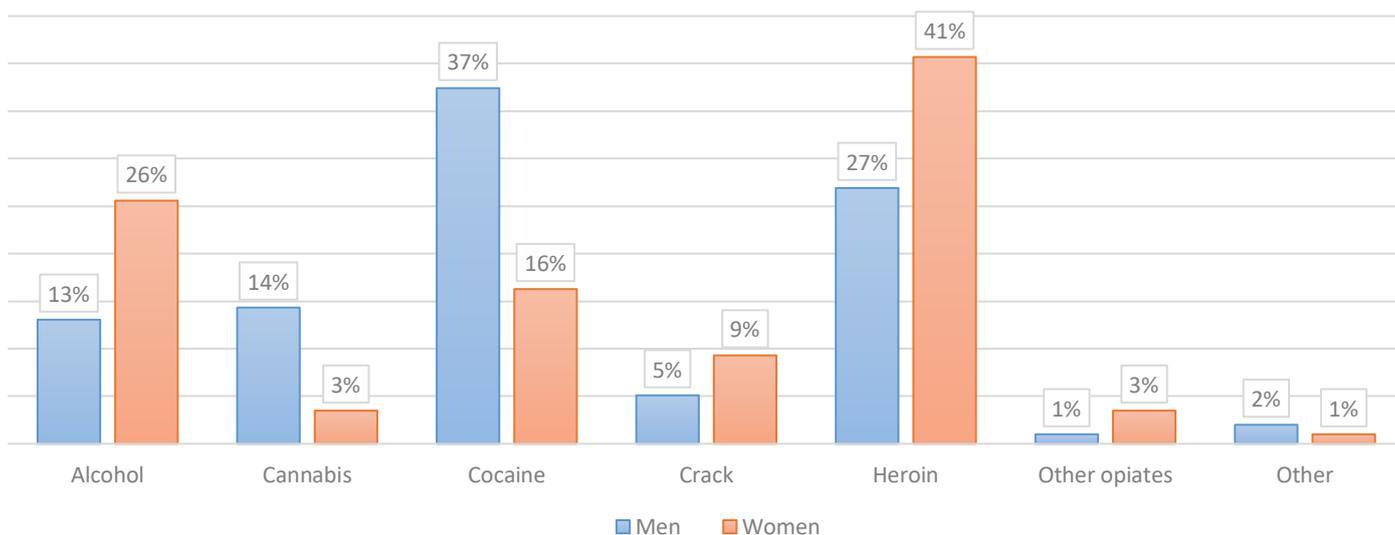
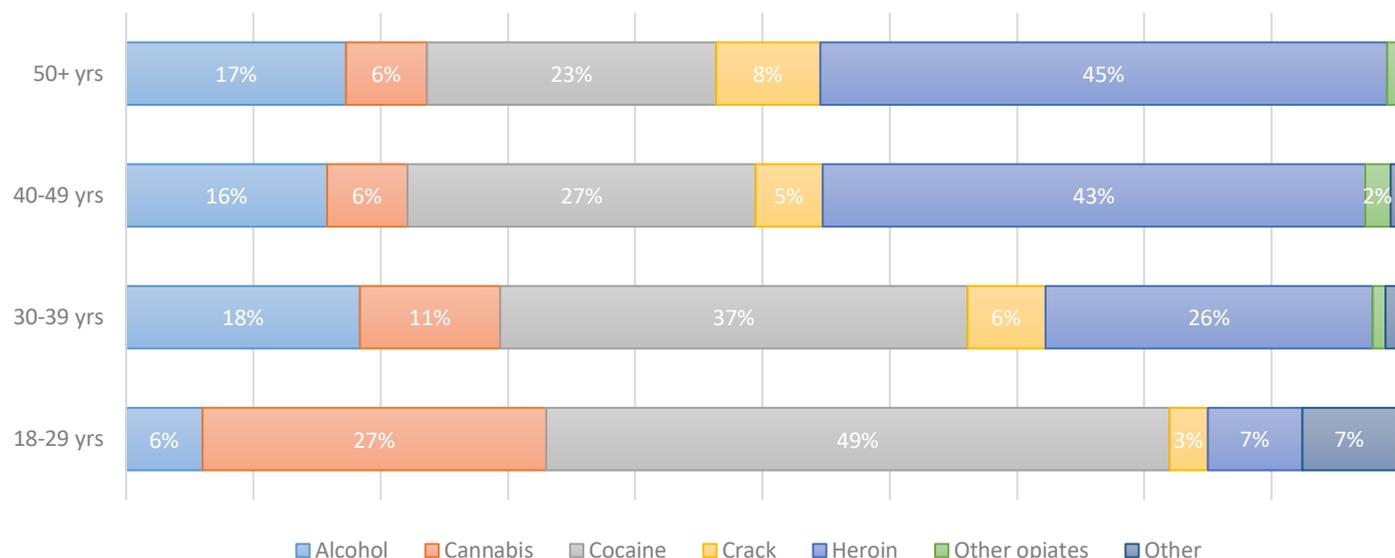


Figure 17 shows the proportions of the main substance for each age group in the year ending March 2024. Around half (49%) of 18-29 year olds reported powder cocaine as their main substance, followed by just over one-quarter (27%) who reported cannabis, while just under half (45%) of Liverpool residents aged 50 years or over reported heroin as their main substance. Notably, proportions of powder cocaine decreased as age increased, while proportions of heroin increased as age increased.

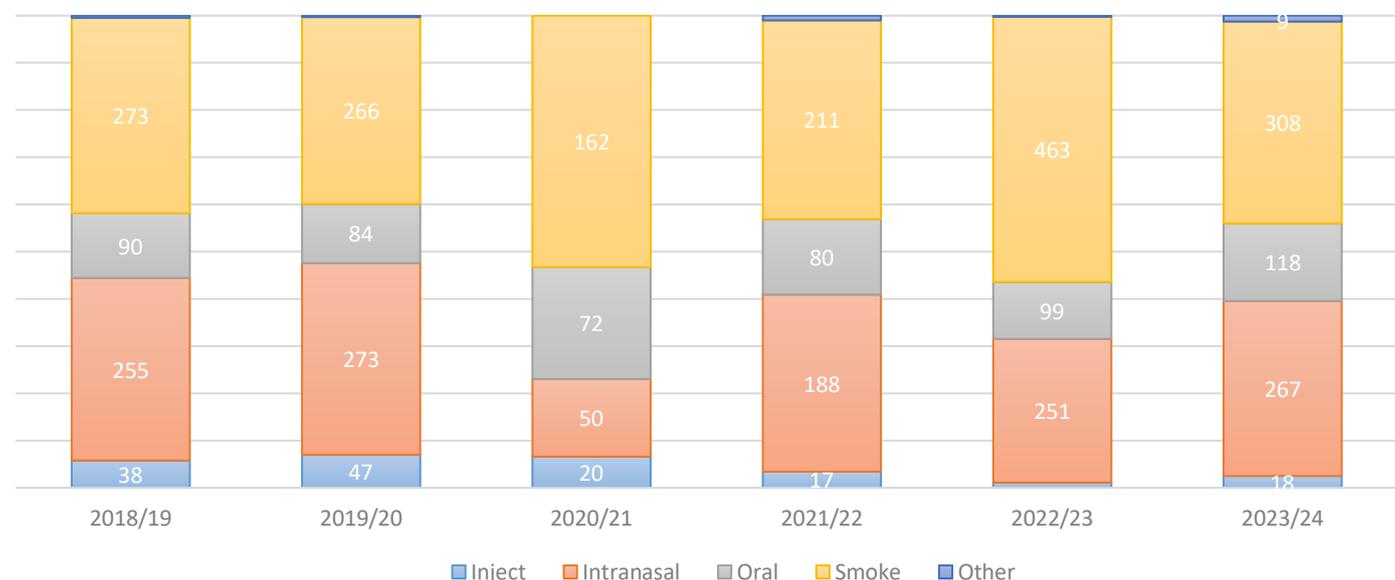
Figure 17: Liverpool residents by main substance and age group (%), 2023/24



ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in Figure 18. In the year ending March 2024, just over two in five of the Liverpool CJIT contacts smoked their main substance (n=308, 43%), followed by clients who administered their main substance intranasally (n=267, 37%) or orally (n=118, 16%). Furthermore, there were 18 (3%) clients who injected their main substance, which is double the number in the previous year. There were also increases in the number who administered their main drug intranasally, orally or using other routes, and a decrease in those who smoked their main substance. Notably, the proportion of Liverpool residents who administered their main substance intranasally in 2023/24 is the largest of the five Merseyside CJITs (Merseyside total: 28%).

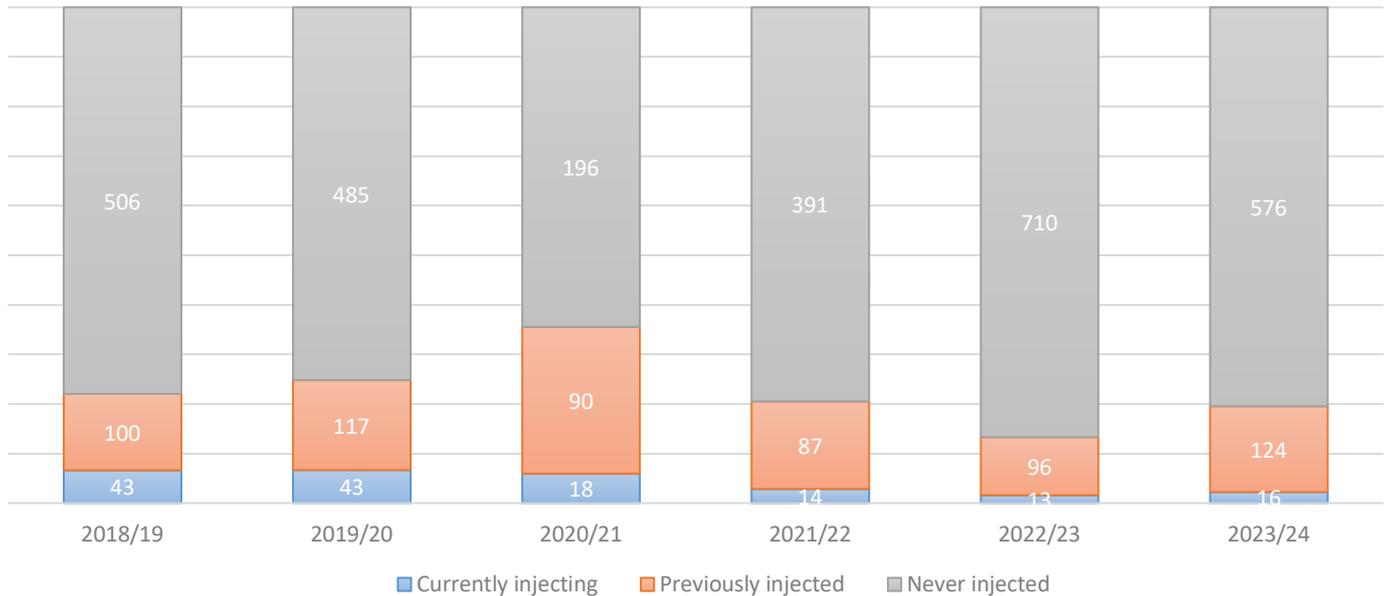
Figure 18: Liverpool residents by route of administration of the main substance (n), 2018/19 - 2023/24



INJECTING STATUS

Four in five Liverpool CJIT contacts in the year ending March 2024 stated they had never injected (n=576, 80%), which is similar to the Merseyside figure (79%), while one in six clients had previously injected but were not currently (n=124, 17%) and 2% were currently injecting (n=16; *Figure 19*).

Figure 19: Liverpool residents by injecting status (n), 2018/19 - 2023/24



NALOXONE PROVISION

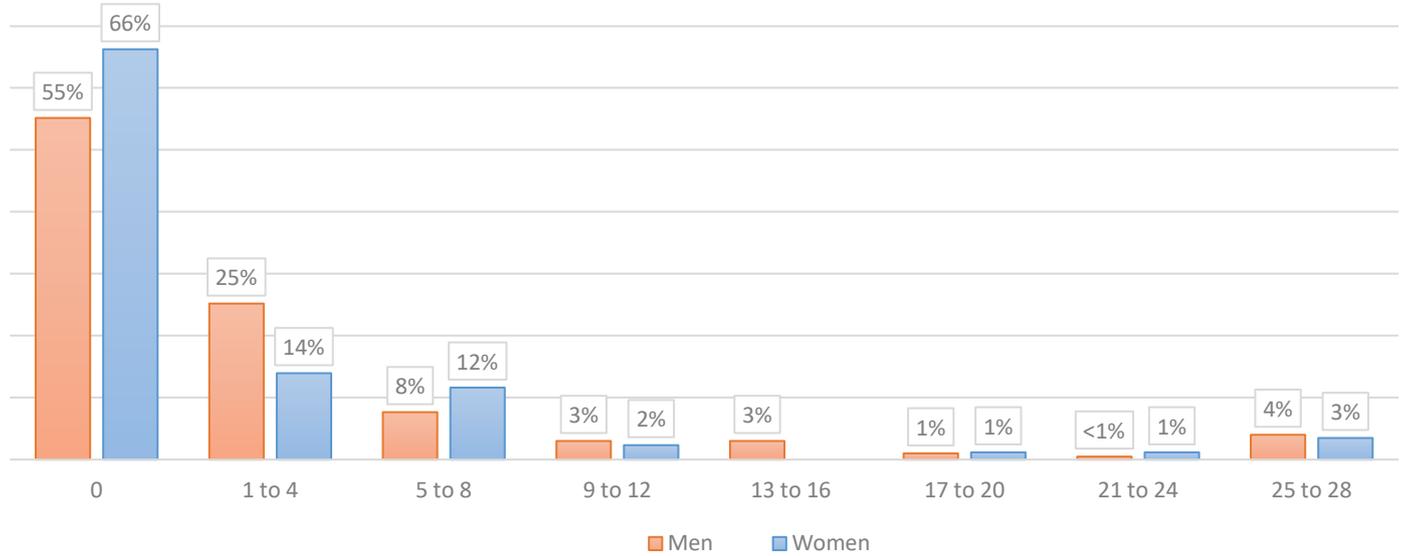
Around three in ten of the clients who reported an opioid as their main substance in the year ending March 2024 were issued with naloxone (n=62, 29%). This is a slight decrease on the 67 clients in the previous year (7% decrease) and is the smallest proportion reported by the Merseyside CJITs (Merseyside total: 35%).

Of the clients issued with naloxone in 2023/24, there were similar proportions supplied with nasal naloxone (n=30, 48%) and injectable naloxone (n=28, 45%). While of the clients who were not issued with naloxone, two-thirds were offered but refused (n=100, 67%), followed by just over one-quarter who were already in possession of adequate naloxone (n=41, 27%) and the remaining eight clients either accepted but had not yet been issued with naloxone or were assessed as not appropriate (6% total). Notably, Liverpool residents accounted for the largest proportion of the Merseyside areas who were offered but refused naloxone (Merseyside total: 45%) and the smallest proportion already in possession of adequate naloxone (Merseyside total: 46%).

ALCOHOL CONSUMPTION

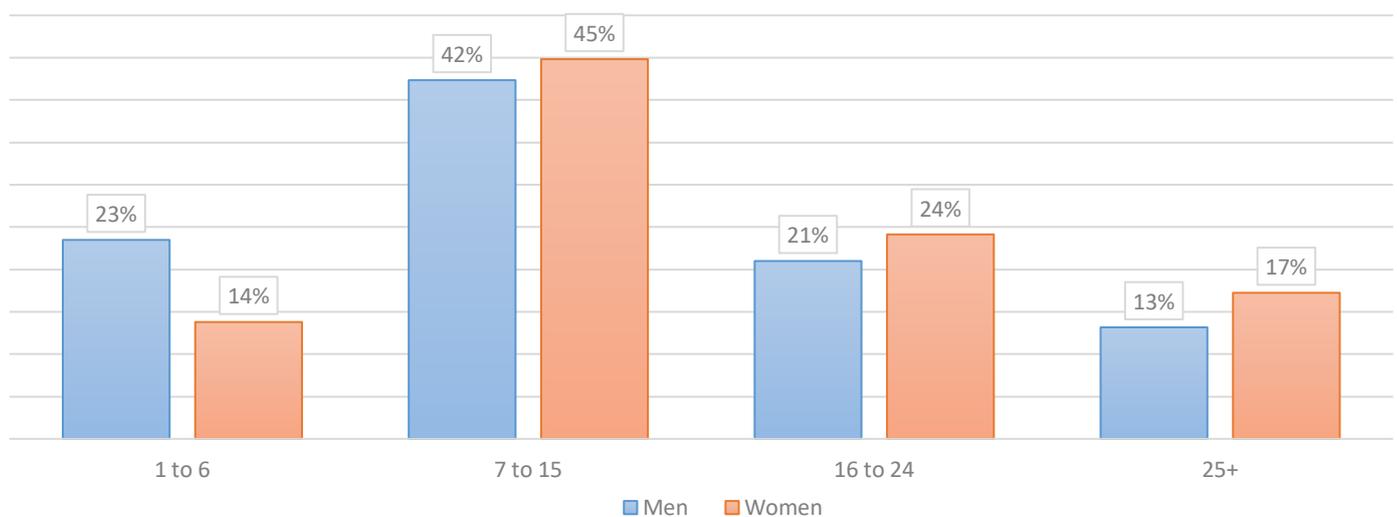
Figure 20 shows the number of days alcohol was consumed by Liverpool clients in the 28 days prior to their CJIT contact in the year ending March 2024. Less than half of the men assessed consumed alcohol (n=281, 45%), which is more than double the 123 men in the previous twelve-month period (128% increase), though similar to the Merseyside figure (47%). Around a third of women consumed alcohol in the 28 days prior to their CJIT contact in 2023/24 (n=29, 34%), which is a 29% decrease on the 41 women in previous year and a smaller proportion than the Merseyside total (38%).

Figure 20: Liverpool residents by number of drinking days in the 28 days prior to assessment and sex (%), 2023/24



The daily average number of units of alcohol consumed in the 28 days prior to CJIT contact in the year ending March 2024 are shown in Figure 21. Just over two in five men consumed 7-15 units of alcohol daily (n=119, 42%), while similar proportions consumed 1-6 units or 16-24 units (23% and 21% respectively). For women, just under half consumed 7-15 units of alcohol daily (n=13, 45%).

Figure 21: Liverpool residents by number of units of alcohol consumed on an average day and sex (%), 2023/24



OFFENDING

The offence that prompted Liverpool CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2024 is shown in *Figure 22*. Where recorded, over two in five of the offences were Misuse of Drugs Act (MDA) offences (n=312, 44%)⁵, followed by around one in four offences categorised as 'other' (n=172, 24%). Notably, the proportion of MDA offences is the largest of the five Merseyside CJITs (Merseyside total: 32%) and the smallest proportion of theft - shoplifting (joint with Knowsley; Merseyside total: 7%).

Figure 22: Liverpool residents by offence that prompted current/most recent contact with the criminal justice system, 2023/24

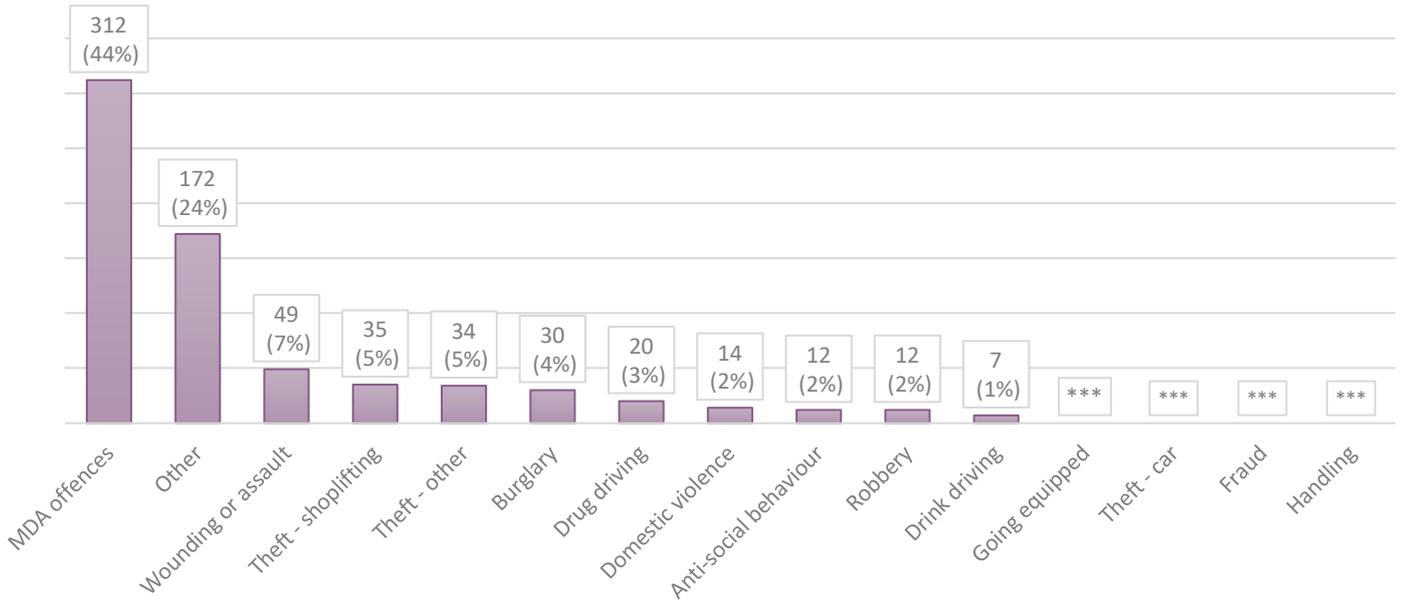
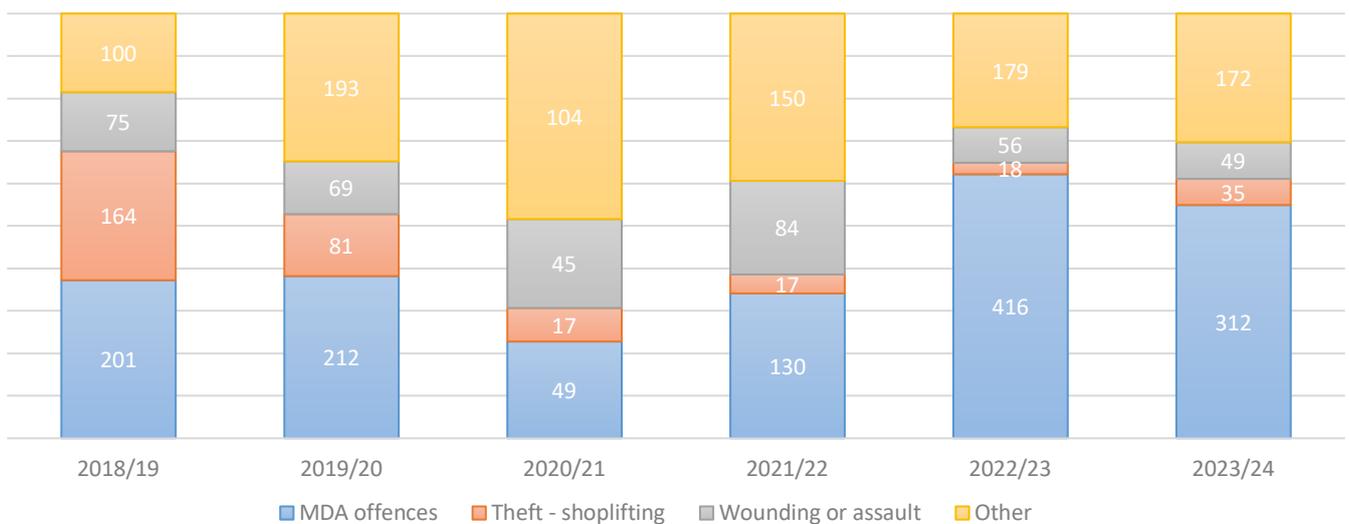


Figure 23 shows six-year trends of the main offending categories for Liverpool residents. Notably, proportions in the latest two years were similar; however, the number of theft - shoplifting almost doubled in the year ending March 2024 (94% increase).

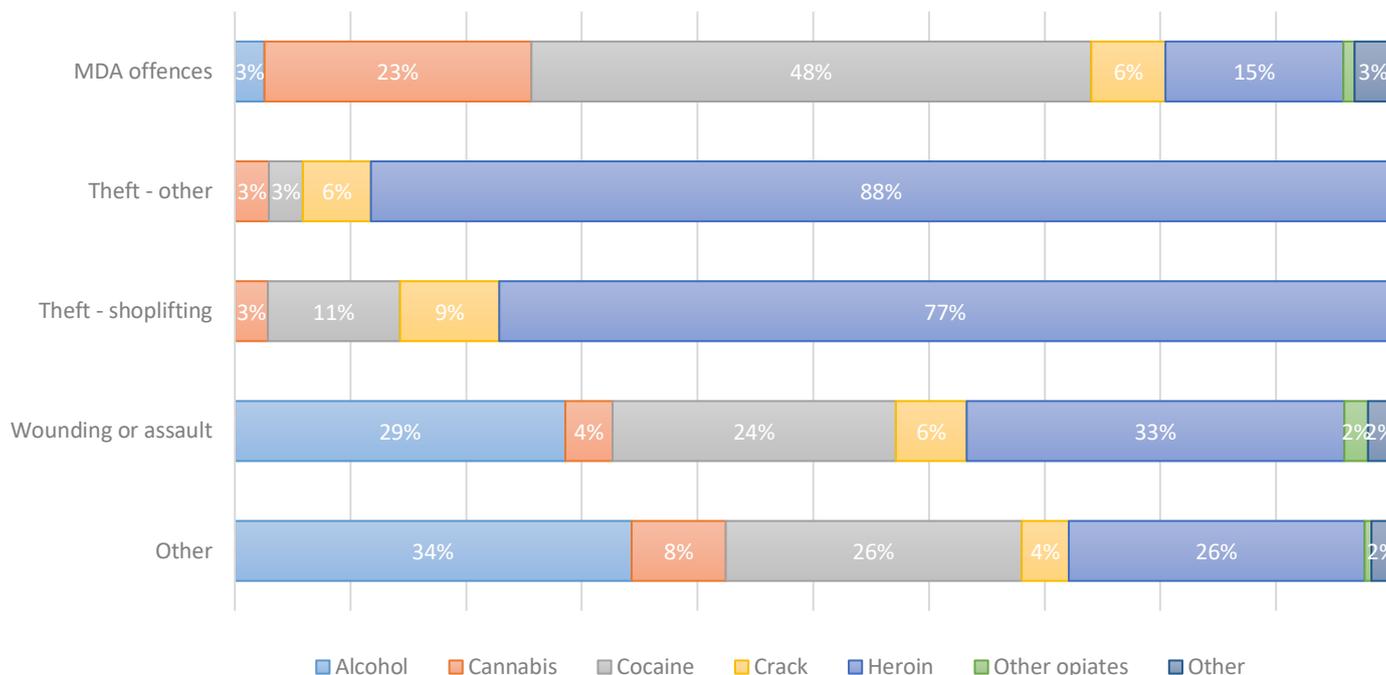
Figure 23: Liverpool residents by main offences that prompted current/most recent contact with the criminal justice system (n), 2018/19 - 2023/24



⁵ The majority of MDA offences were possession (n=299, 96%), while the remainder were supply (n=13, 4%). Notably, Liverpool had the largest proportion of possession of the five Merseyside CJITs (Merseyside total: 88%).

Figure 24 shows the proportions of the main substance for the most common offences recorded for Liverpool CJIT contacts assessed in the year ending March 2024. Of the episodes with MDA offences recorded, just under half (48%) reported powder cocaine as the main substance, while just under one-quarter (23%) reported cannabis. Heroin accounted for the majority of theft offences (theft - other = 88%; theft - shoplifting = 77%) and one-third (33%) of wounding or assault episodes reported heroin as the main substance, followed by alcohol and powder cocaine (29% and 24% respectively). Furthermore, alcohol accounted for around a third (34%) of other offences, followed by powder cocaine and heroin (both 26%).

Figure 24: Liverpool residents by main substance and offence (%), 2023/24



REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, 118 (114 individuals) were referred to structured treatment in the year ending March 2024 (Figure 25)⁶.

Figure 25: Liverpool residents by referrals to structured treatment, 2023/24



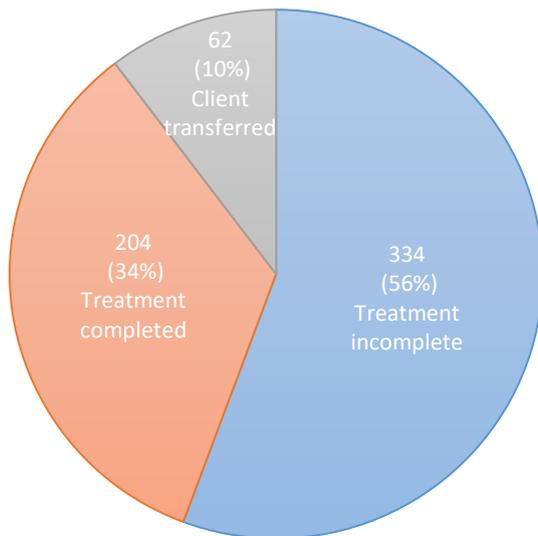
118 (114 individuals)
referrals to structured treatment

⁶ Figures include referrals to structured treatment where the date was between 1 April 2023 and 31 March 2024, regardless of when the client was taken onto the CJIT caseload. Clients not taken onto the CJIT caseload, and clients with the same caseload start date and discharge date as well as a 'prior to caseload' discharge reason (as these are deemed to have not been taken onto the CJIT caseload) have been excluded from these figures.

TREATMENT OUTCOMES

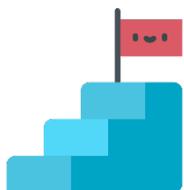
There were 619 clients (592 individuals) closed from the Liverpool CJIT caseload in the year ending March 2024⁷. Of the 600 episodes with a valid 'from caseload' discharge reason recorded, over half did not complete treatment (n=334, 56%), while around one-third completed treatment (n=204, 34%) and one in ten transferred prior to the completion of treatment (n=62, 10%; *Figure 26*). When compared to the other Merseyside areas, Liverpool had the largest proportion of clients who did not complete treatment (Merseyside total: 37%). Notably, clients who dropped out of treatment accounted for 46% of the total number of discharges in the year.

Figure 26: Discharges from the Liverpool CJIT caseload, 2023/24



Of the 334 Liverpool residents who did not complete treatment in the year ending March 2024, around seven in ten were on the CJIT caseload for less than a month (n=237, 71%), while of the 204 Liverpool residents who completed treatment successfully, the average time on the CJIT caseload was 67 days (*Figure 27*), which is similar to the Merseyside average (141 days).

Figure 27: Average time on Liverpool CJIT caseload for clients who completed treatment, 2023/24



On average, clients successfully completed CJIT treatment in

67 days

⁷ Figures include discharges from the CJIT caseload where the date was between 1 April 2023 and 31 March 2024, regardless of when the client was taken onto the caseload.

APPENDIX A: NOTES TO ACCOMPANY THIS REPORT

1. In 2020, Merseyside Police suspended drug testing in the custody suites for five months due to the COVID-19 pandemic. This affected the proportion of Required Assessments carried out following a positive test for specified Class A drugs in the year ending March 2021.
2. The overview chapter (*Figures 1-3*) are for all Liverpool CJIT contacts in the year, while all other figures are for residents of Liverpool LA only, recorded by Liverpool CJIT.
3. Figures for age, sex and ethnicity are for individuals (*Figures 5-8*); however, this is not the case for other figures, as data may change for clients with more than one CJIT episode during the reporting year.
4. For instances where there are blank records or the client declines to answer, does not know or does not state a response, these have been excluded from the calculations; therefore, totals may not add up to the total number of CJIT contacts or individuals.
5. Percentages may not add up to 100% due to rounding.
6. Numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g., <10).
7. The Merseyside figures are the totals recorded by all five Merseyside CJITs (Knowsley, Liverpool, Sefton, St Helens and Wirral).
8. Throughout this report, cocaine includes cocaine hydrochloride and cocaine unspecified, while crack includes cocaine freebase (crack).
9. Supplementary data to support this report can be accessed here: [CJIT Activity in Merseyside: supplementary tables & charts \(end 2023/24\)](#).

In the year ending March 2024, 138.7 individuals per 100,000 adult population in Merseyside were assessed by one of the local CJITs. Liverpool had the highest number of individuals in contact with the CJIT of the five Merseyside areas and the second largest rate (208.1 per 100,000), following Knowsley⁸.

CJIT/LA	CJIT contacts (individuals)	
	Number	Rate (per 100,000 adult population)
Knowsley	258	208.1
Liverpool	681	167.0
Sefton	242	105.8
St Helens	231	155.2
Wirral	220	84.9
<i>Total Merseyside residents (individuals)</i>	<i>1,621</i>	<i>138.7</i>



⁸ Rates have been calculated using [mid-2023 population estimates](#) for each LA for adults aged 18 years or over. Figures show the residents of each of the CJIT areas (individuals only) i.e., Liverpool residents recorded by Liverpool CJIT.

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About the Public Health Institute

The Public Health Institute (PHI) within the Faculty of Health, Innovation, Technology and Science at Liverpool John Moores University, specialises in applied research and educational programmes addressing health issues at all levels from policy development to service delivery. PHI is committed to a multidisciplinary approach to public health and works in partnership with health services, local authorities, judicial bodies, environmental services and community groups.

Influencing health service design and delivery, as well as health related policy, PHI's research has been at the forefront of the development of multi-agency strategies to promote and protect public health. PHI turns information and data into meaningful and timely intelligence.

Intelligence and Surveillance Team

The Intelligence and Surveillance Team provides data collection and monitoring systems to support public health reporting, evidence review, evaluation and research. The team has extensive experience across various large-scale data sets which contribute to the surveillance systems developed and managed by PHI.

DIP monitoring

PHI has been monitoring criminal justice interventions for people in the criminal justice system who use drugs and/or alcohol since the implementation of the Drug Interventions Programme (DIP) in 2003. The Institute is commissioned to deliver the intelligence and surveillance of data collected for clients in contact with DIP across Merseyside.

The Intelligence and Surveillance Team has access to Merseyside Police records for drug tests carried out for specified Class A drugs in the custody suites and the criminal justice data set, which collects information on clients in contact with the Criminal Justice Intervention Teams (CJITs) across Merseyside's treatment providers. Drug testing records are matched with the criminal justice data set across the five Merseyside Local Authority areas, using a client attributor. This enables the monitoring of performance, identifying when individuals have attended their Required Assessment (RA) and engaged with DIP, and highlight any issues with the RA, and wider DIP, processes.

Intelligence is collated and presented through monthly and annual reports, and ad-hoc reporting in response to data requests. In partnership with commissioners, treatment providers and Merseyside Police, DIP monitoring in Merseyside is continually developing to meet local needs.

