

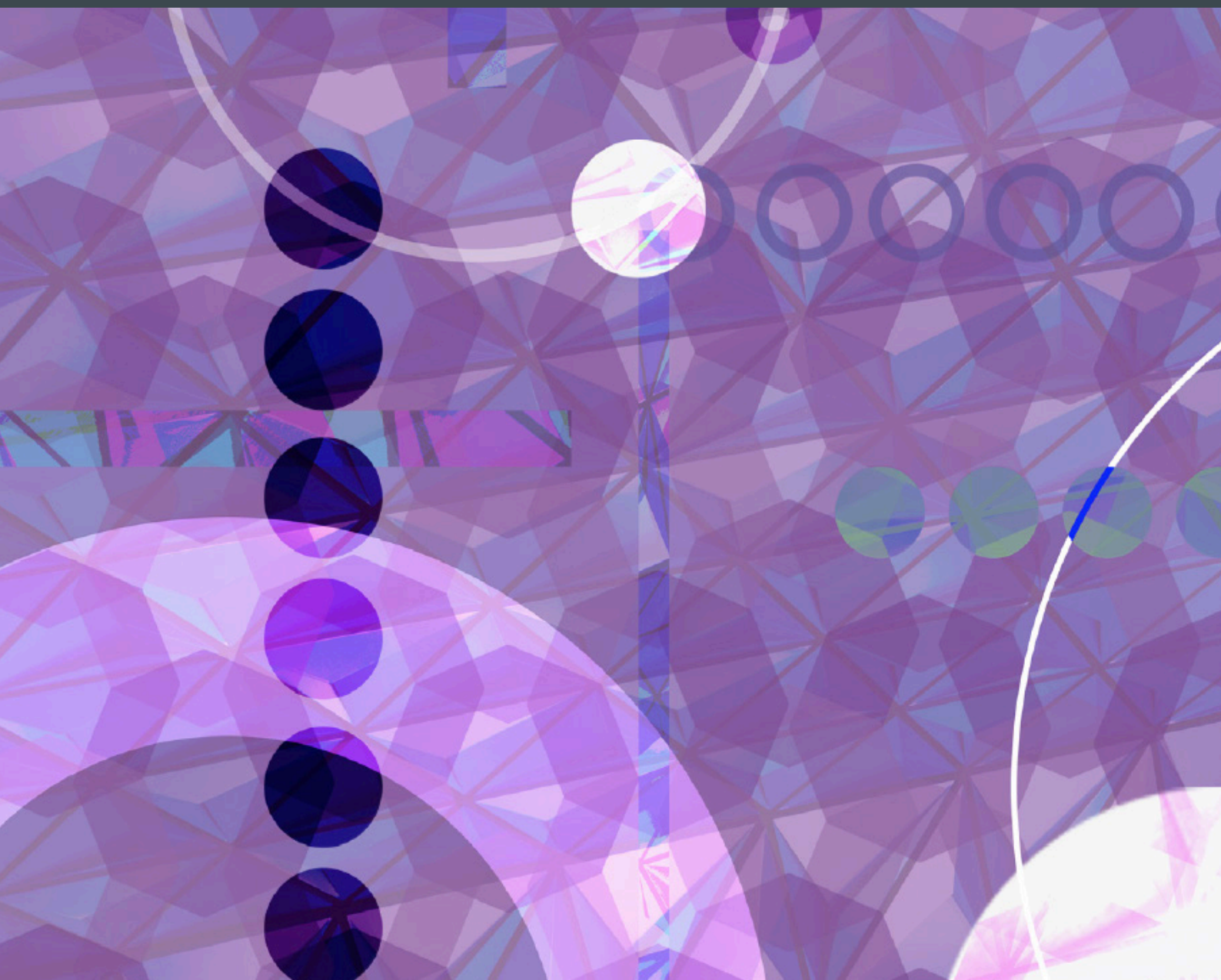
Criminal Justice Project: Drug Interventions Programme

Criminal Justice Intervention Team Activity in St Helens: year ending March 2024

March 2025



Karen Critchley and Mark Whitfield



Public Health Institute, Faculty of Health, Innovation, Technology and Science, Liverpool John Moores University
3rd Floor Exchange Station, Tithebarn Street, Liverpool, L2 2QP

🌐 www.ljmu.ac.uk/phi | ✉ k.a.critchley@ljmu.ac.uk | ☎ 0151 231 4290

List of figures ii

Key findings: CJIT activity in St Helens iii

Introduction 1

Overview 2

 Criminal justice routes in St Helens 2

 Outcomes following criminal justice assessment 3

St Helens residents 3

 Demographics 3

 Age and sex 4

 Ethnicity 5

 Disability 5

 Housing 6

 Parental responsibility 7

 Substance use 7

 Route of administration 9

 Injecting status 9

 Naloxone provision 10

 Alcohol consumption 10

 Offending 11

 Referrals to structured treatment 12

 Treatment outcomes 13

Appendices 14

 Appendix A 14

 Appendix B 15

References 16

Acknowledgements 16

LIST OF FIGURES

Figure 1: St Helens CJIT episodes, 2018/19 - 2023/24	2
Figure 2: St Helens CJIT contacts by referral route, 2018/19 - 2023/24	2
Figure 3: St Helens CJIT contacts by outcome following criminal justice assessment, 2018/19 - 2023/24	3
Figure 4: St Helens residents by postcode area of residence, 2023/24	3
Figure 5: St Helens residents by age group (individuals), 2018/19 - 2023/24	4
Figure 6: St Helens residents s by sex (individuals), 2018/19 - 2023/24	4
Figure 7: St Helens residents by age group and sex (individuals), 2023/24	5
Figure 8: St Helens residents by ethnicity (individuals), 2023/24	5
Figure 9: St Helens residents by disability status, 2023/24	5
Figure 10: St Helens residents by disability type, 2023/24	6
Figure 11: St Helens residents by housing need, 2018/19 - 2023/24	6
Figure 12: St Helens residents by parental status, 2023/24	7
Figure 13: St Helens residents by main substance, 2018/19 - 2023/24	7
Figure 14: St Helens residents by substances 1-3, 2023/24	8
Figure 15: St Helens residents by main substance and sex, 2023/24	8
Figure 16: St Helens residents by main substance and age group, 2023/24	8
Figure 17: St Helens residents by route of administration of the main substance, 2018/19 - 2023/24	9
Figure 18: St Helens residents by injecting status, 2018/19 - 2023/24	9
Figure 19: St Helens residents by number of drinking days in the 28 days prior to assessment and sex, 2023/24	10
Figure 20: St Helens residents by number of units of alcohol consumed on an average day and sex, 2023/24	10
Figure 21: St Helens residents by offence that prompted current/most recent contact with the criminal justice system, 2023/24	11
Figure 22: St Helens residents by main offences that prompted current/most recent contact with the criminal justice system, 2018/19 - 2023/24	11
Figure 23: St Helens residents by main substance and offence, 2023/24	12
Figure 24: St Helens residents by referrals to structured treatment, 2023/24	12
Figure 25: Discharges from the St Helens CJIT caseload, 2023/24	13
Figure 26: Average time on St Helens CJIT caseload for clients who completed treatment, 2023/24	13

- In the year ending March 2024, there were 287 adult contacts (233 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT), which is a 21% increase on the 237 episodes in the previous year.
- Just under two in five (38%) CJIT episodes in 2023/24 were voluntary presentations following release from prison, while one-third (33%) were Required Assessments following a positive test for specified Class A drugs in police custody and around three in ten (29%) were voluntary presentations following release from prison.
- Just under three in four (73%) St Helens CJIT contacts in the year ending March 2024 were taken onto the CJIT caseload.

St Helens residents

- In the year ending March 2024, 155 individuals per 100,000 adult population in St Helens Local Authority were in contact with St Helens CJIT. The postcode district with the highest number of St Helens CJIT contacts was WA9 (44%), followed by WA10 (32%).
- The average age of individuals assessed in the year ending March 2024 was 36 years. Just over two in five (42%) were aged 30-39 years, followed by around one-quarter (26%) aged 40-49 years, around one in five (21%) aged 18-29 years and around one in ten (11%) aged 50 years or over.
- Just over four in five (83%) individuals in contact with St Helens CJIT in the year ending March 2024 stated they were men.
- The majority (98%) of St Helens CJIT contacts identified themselves as White British.
- Just under two-thirds (63%) of St Helens residents considered themselves to have a disability; of which, the majority were behaviour and emotional (68%).
- Around two in five (39%) St Helens residents had no home of their own, while one-third (33%) were in a rented home, around one-quarter (26%) were living in other housing situations and 2% owned their own home.
- Around one in six (16%) reported they had a risk of homelessness in the next eight weeks.
- Around one-third (34%) had parental responsibility for a child aged under 18 years; of which, just over four in five (82%) had none of the children they are responsible for living with them the majority of the time.
- Of the main substances reported by St Helens residents in the year ending March 2024, one-third (33%) were heroin, while just over one in five (22%) were alcohol. Over two in five (43%) reported their second substance as crack cocaine, while just under half (48%) reported their third substance as cannabis.
- Over half (55%) of the St Helens CJIT contacts smoked their main substance, followed by clients who administered their main substance orally (24%) and intranasally (16%).
- Around four in five (79%) clients stated they had never injected.

- Around three in ten (31%) of the clients who reported an opioid as their main substance in 2023/24 were issued with naloxone; of which, over two in five (43%) were supplied with injectable naloxone, while one-third (33%) were provided with nasal naloxone and around one-quarter (23%) were provided with both nasal and injectable naloxone. Of the clients not issued with naloxone, seven in ten (70%) were already in possession of adequate naloxone.
- Just under half (47%) of men consumed alcohol in the 28 days prior to their CJIT assessment. Of these, around two in five (41%) consumed 7-15 units of alcohol on an average day.
- Although numbers are small, around one-quarter (26%) of women consumed alcohol in the 28 days prior to their CJIT assessment. Of these, half (50%) consumed 16-24 units of alcohol on an average day.
- Offences categorised as 'other' accounted for over half (55%) of the offences that prompted the current or most recent contact with the criminal justice system.
- Of the clients on the CJIT caseload, 209 (165 individuals) were referred to structured treatment in the year ending March 2024.
- Almost half (46%) of the clients closed from the St Helens CJIT caseload in the year ending March 2024 did not complete treatment, while around one-third (32%) transferred prior to the completion of treatment and around one-quarter (23%) completed treatment.
- Of the St Helens residents who completed treatment successfully, the average time on the CJIT caseload was 186 days.

Through the Drug Interventions Programme (DIP), St Helens 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 St Helens 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

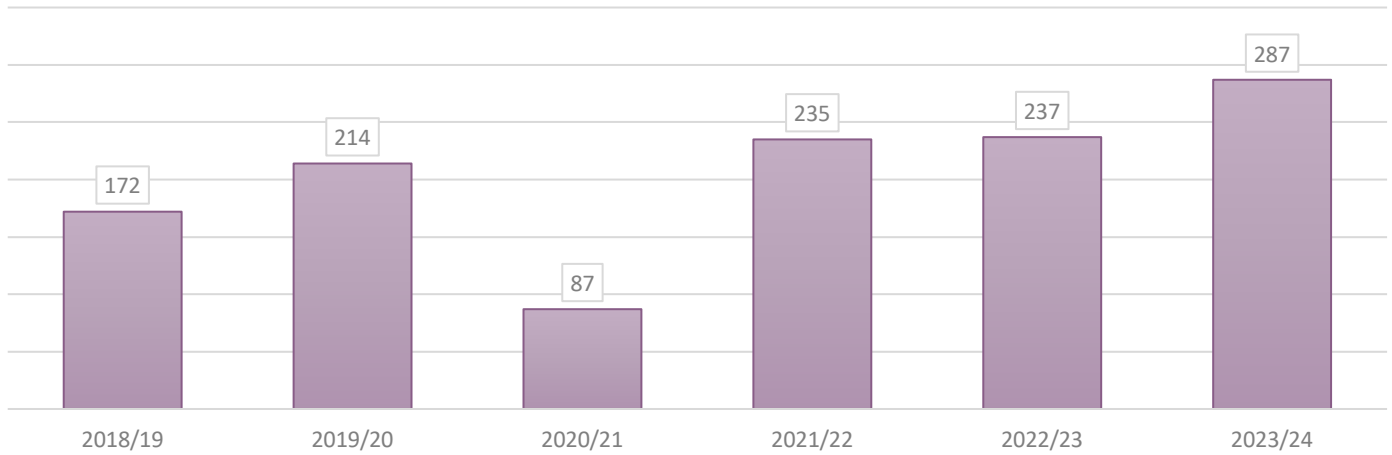
The Government's Drug Strategy stated its plan to reduce drug-related crime, deaths, harms and overall drug use (HM Government, 2021), outlining the requirement to establish and develop Combating Drugs Partnerships (CDPs) to oversee and co-ordinate its local delivery. Partnerships should lead a joint 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 287 adult contacts (233 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT). This is a 21% increase on the 237 CJIT episodes in the previous year and the highest number of the six-year period (Figure 1).

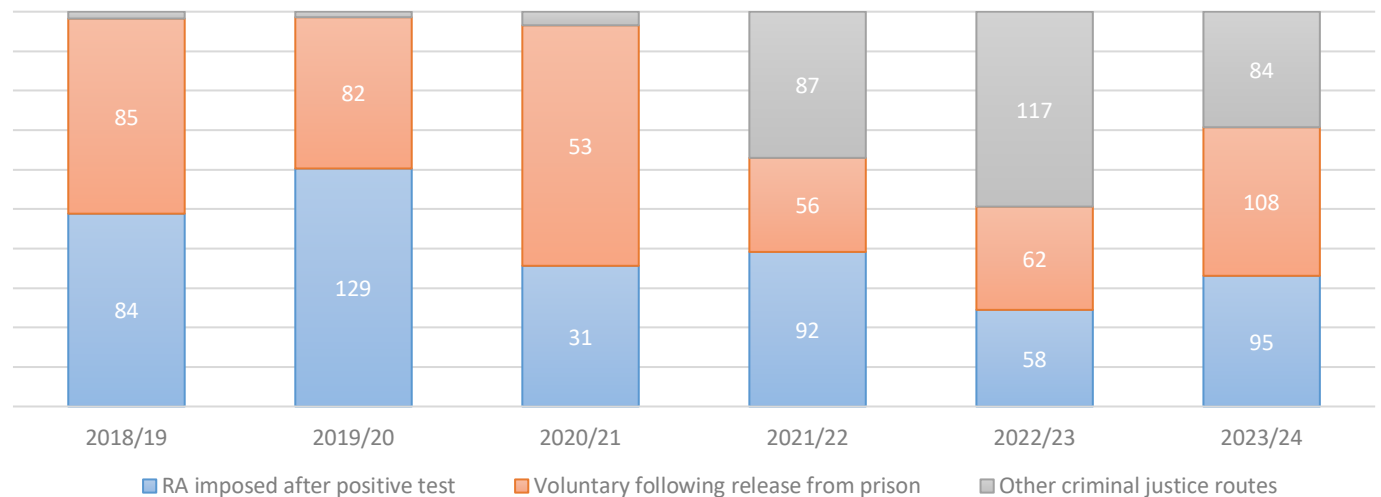
Figure 1: St Helens CJIT episodes (n), 2018/19 - 2023/24



CRIMINAL JUSTICE ROUTES IN ST HELENS

Figure 2 shows the criminal justice routes that led to the contact with St Helens CJIT between 2018/19 and 2023/24. Just under two in five of the CJIT episodes in the year ending March 2024 were voluntary presentations following release from prison (n=108, 38%), while one-third were Required Assessments (RAs) imposed following a positive test for specified Class A drugs in police custody (n=95, 33%), both of which increased by 74% and 64% respectively when compared to the previous year. Notably, St Helens had the largest proportion of prison releases recorded of the five Merseyside CJITs (Merseyside total: 24%). Other criminal justice routes accounted for around three in ten CJIT episodes in 2023/24 (n=84, 29%)², which is a 28% decrease on the previous year.

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

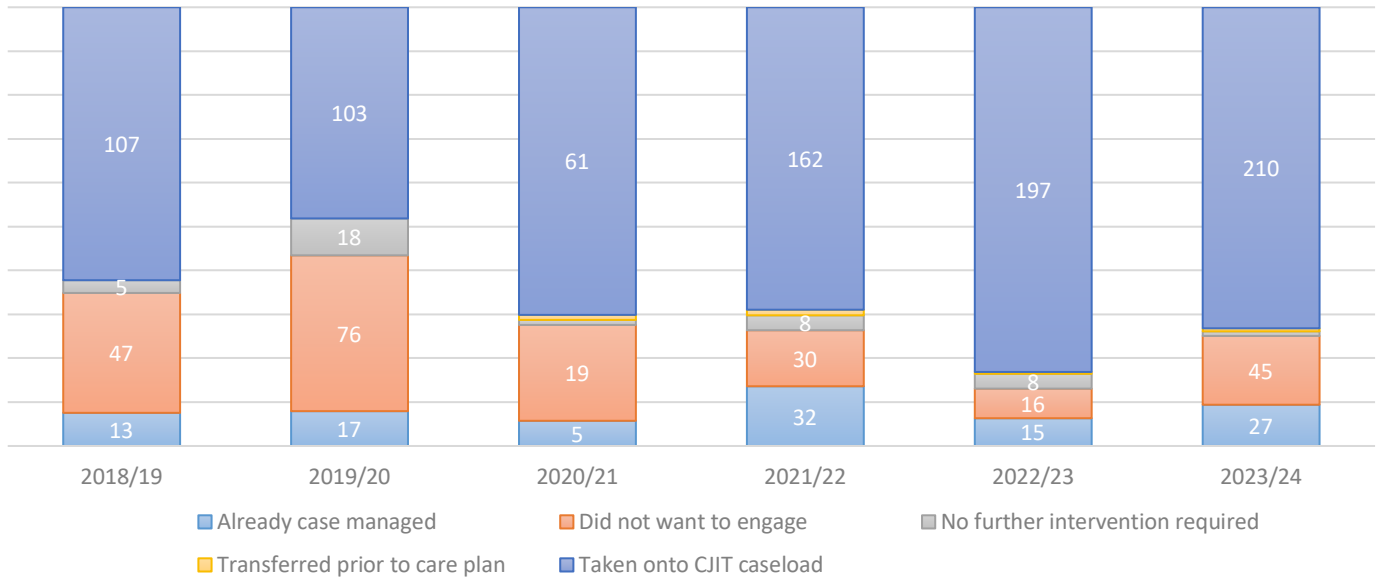


² All other criminal justice routes were 'required by offender management scheme/DRR/ATR/IOM'.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Just under three in four St Helens CJIT contacts in the year ending March 2024 were taken onto the CJIT caseload (n=210, 73%; *Figure 3*), which is a slight increase on the previous year (n=197; 7% increase), though below the Merseyside total (83%). Notably, around one in six clients assessed by St Helens CJIT in 2023/24 did not want to engage (n=45, 16%), which is almost triple the 16 episodes in the previous year (181% increase) and the largest proportion of the Merseyside CJITs (Merseyside total: 7%).

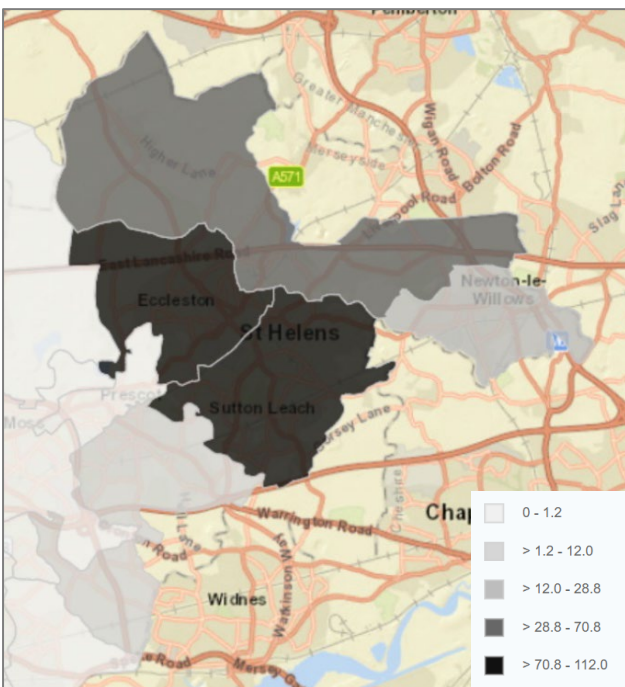
Figure 3: St Helens CJIT contacts by outcome following criminal justice assessment (n), 2018/19 - 2023/24



ST HELENS RESIDENTS

DEMOGRAPHICS

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



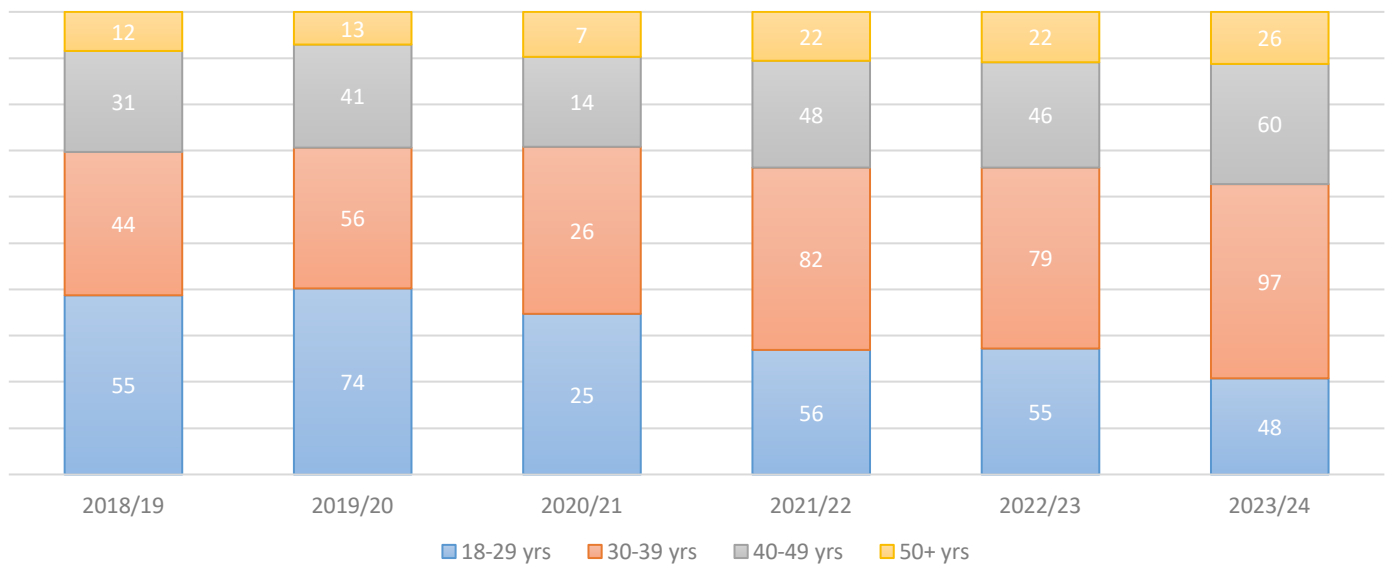
In the year ending March 2024, 155.2 individuals per 100,000 adult population in St Helens Local Authority (LA) were in contact with St Helens CJIT, compared to 138.7 per 100,000 across Merseyside. This is the third largest rate of individuals in contact with a Merseyside CJIT of the five Merseyside areas (see [Appendix B](#) for a table and map of all Merseyside areas).

Where recorded (n=256; excluding those of no fixed abode), the postcode district with the highest number of St Helens CJIT contacts in the year ending March 2024 was WA9 (n=112, 44%), followed by WA10 (n=81, 32%; *Figure 4*).

The average age of St Helens residents assessed in the year ending March 2024 was 36 years (36 years for both men and women), which is a slight increase on the previous year (35 years). Looking at age groups, just over two in five individuals were aged 30-39 years (n=97, 42%), followed by around one-quarter aged 40-49 years (n=60, 26%), around one in five aged 18-29 years (n=48, 21%) and around one in ten aged 50 years or over (n=26, 11%; *Figure 5*).

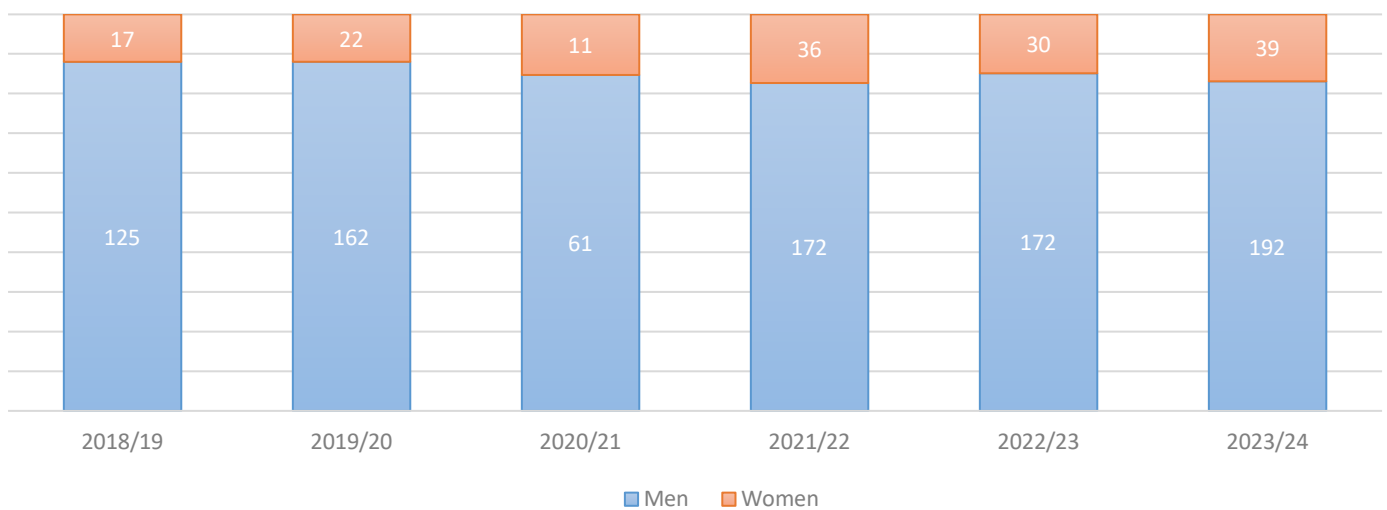
The number of individuals aged 18-29 years in 2023/24 decreased when compared to the previous year, while numbers increased for the other age groups. Notably, as a proportion of all individuals assessed, those aged 30-39 years is the largest of the six-year period and the largest proportion recorded by all Merseyside CJITs (Merseyside total: 35%).

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



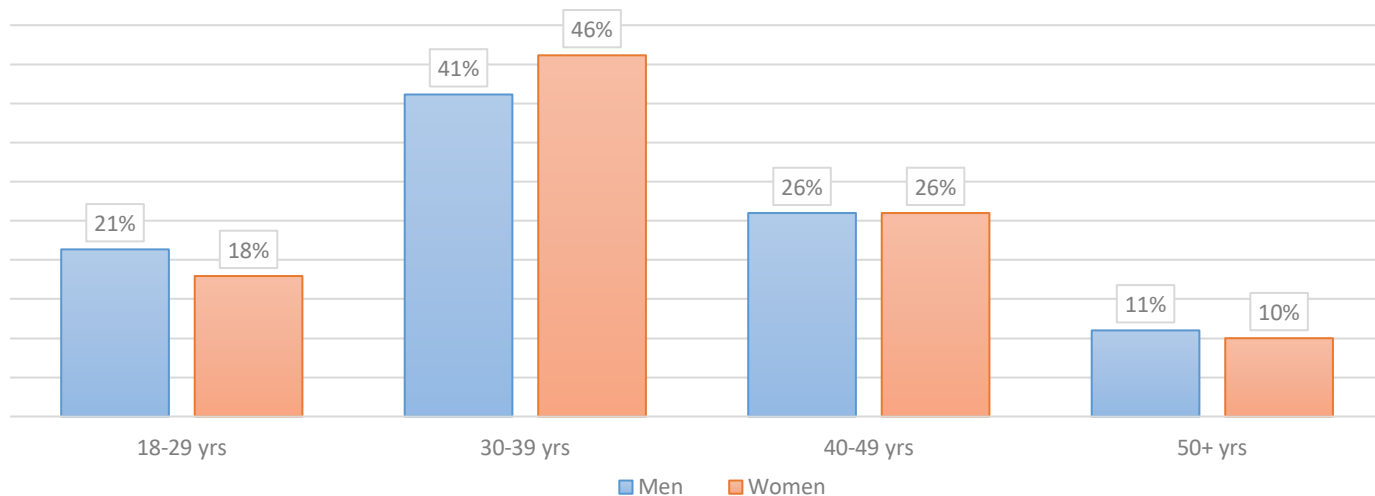
Just over four in five individuals in contact with St Helens CJIT in the year ending March 2024 stated they were men (n=192, 83%; *Figure 6*), which is below the Merseyside total (87%).

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



When comparing age group with sex in the year ending March 2024, there are some differences (*Figure 7*). There was a larger proportion of men aged 18-29 years than women (21% and 18% respectively), while there was a larger proportion of women than men aged 30-39 years (46% and 41% respectively). Proportions of men and women were the same for individuals aged 40-49 years (26%) and similar for those aged 50 years or over (11% and 10% respectively).

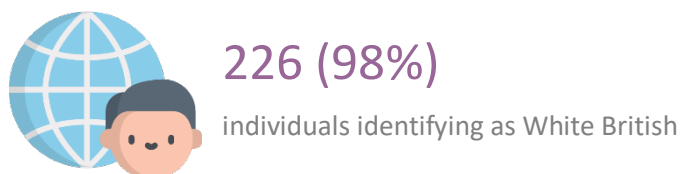
Figure 7: St Helens residents by age group and sex (% individuals), 2023/24



ETHNICITY

All but five St Helens CJIT contacts in the year ending March 2024 identified themselves as White British (n=226, 98%; *Figure 8*), which is similar to the previous year's proportion (99%) and the largest proportion of the five Merseyside areas (Merseyside total: 93%).

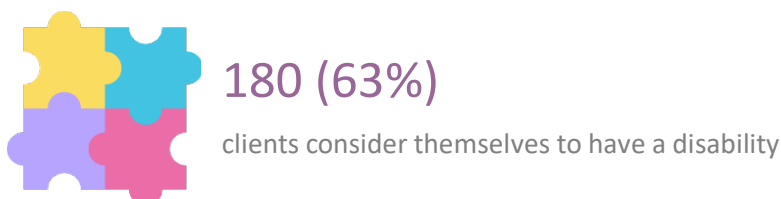
Figure 8: St Helens residents by ethnicity (individuals), 2023/24



DISABILITY

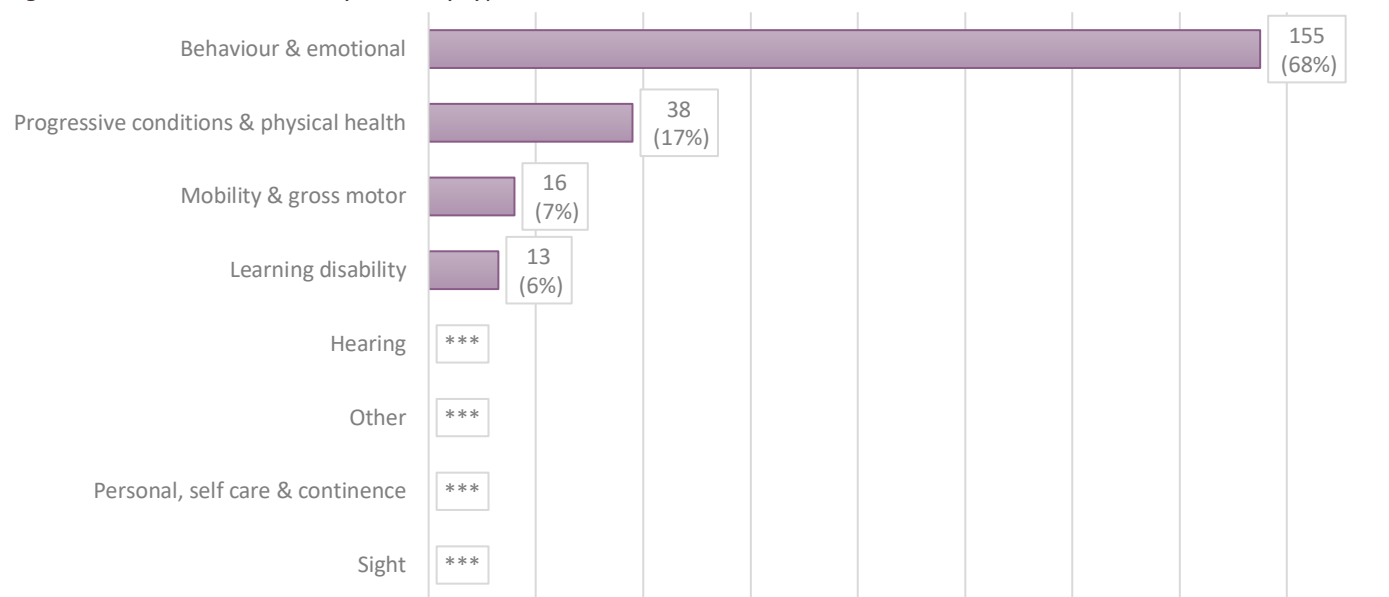
Just under two-thirds of St Helens residents in the year ending March 2024 considered themselves to have a disability (n=180, 63%; *Figure 9*). This is a 15% increase on the 156 CJIT contacts in the previous year and notably, the largest proportion across Merseyside (Merseyside total: 35%).

Figure 9: St Helens residents by disability status, 2023/24



A total of 228 disabilities were recorded³; of which, the majority were a behaviour and emotional disability (n=155, 68%; *Figure 10*).

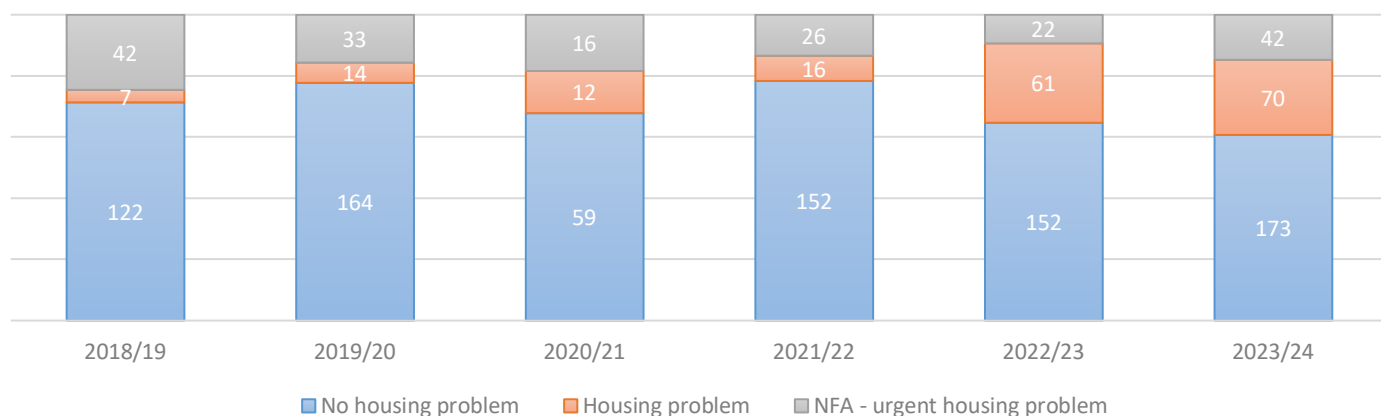
Figure 10: St Helens residents by disability type, 2023/24



HOUSING

While the majority of the St Helens CJIT contacts in the year ending March 2024 reported no housing problem, around two in five had some form of a housing problem (n=112, 39%; *Figure 11*)⁴. This is a 35% increase on the 83 clients in the previous year, accounting for the largest proportion of CJIT contacts of the six-year period and is a larger proportion than the Merseyside figure (29%). Furthermore, around one in seven St Helens residents stated an urgent housing need due to being of no fixed abode (NFA) in 2023/24 (n=42, 15%), which is almost double the 22 clients in the previous year (91% increase) and the second largest proportion of the five Merseyside areas (Merseyside total: 10%).

Figure 11: St Helens residents by housing need (n), 2018/19 - 2023/24



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

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.

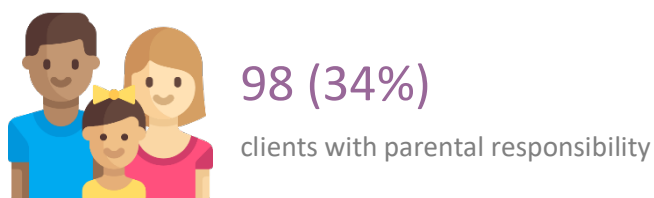
In the year ending March 2024, around two in five had no home of their own (n=112, 39%), while one-third were in a rented home (n=93, 33%), around one-quarter were living in other housing situations (n=74, 26%) and the remaining six clients owned their own home (2%).

Furthermore, around one in six of the total St Helens residents in 2023/24 reported they had a risk of homelessness in the next eight weeks (n=47, 16%), which is similar to the previous year (n=45).

PARENTAL RESPONSIBILITY

In the year ending March 2024, around one-third of St Helens residents had parental responsibility for a child aged under 18 years (n=98, 34%; *Figure 12*). This is a slight increase on the 84 clients in the previous year (17% increase) and is the largest proportion across Merseyside (Merseyside total: 23%).

Figure 12: St Helens residents by parental status, 2023/24



Just over four in five St Helens CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=80, 82%). This is a slight increase on the 71 clients in the previous year (13% increase) and is the largest proportion across Merseyside (Merseyside total: 69%).

SUBSTANCE USE

Of the main substances reported by St Helens residents in the year ending March 2024, one-third were heroin (n=94, 33%), while just over one in five were alcohol (n=62, 22%; *Figure 13*). Numbers increased for all substances except alcohol, which decreased by 6%, and other opiates, which remained the same. Notably, the largest increase was for crack cocaine, which increased by 52% from 25 to 38 clients, and is above Merseyside's total proportion (9%).

Figure 13: St Helens residents by main substance (n), 2018/19 - 2023/24

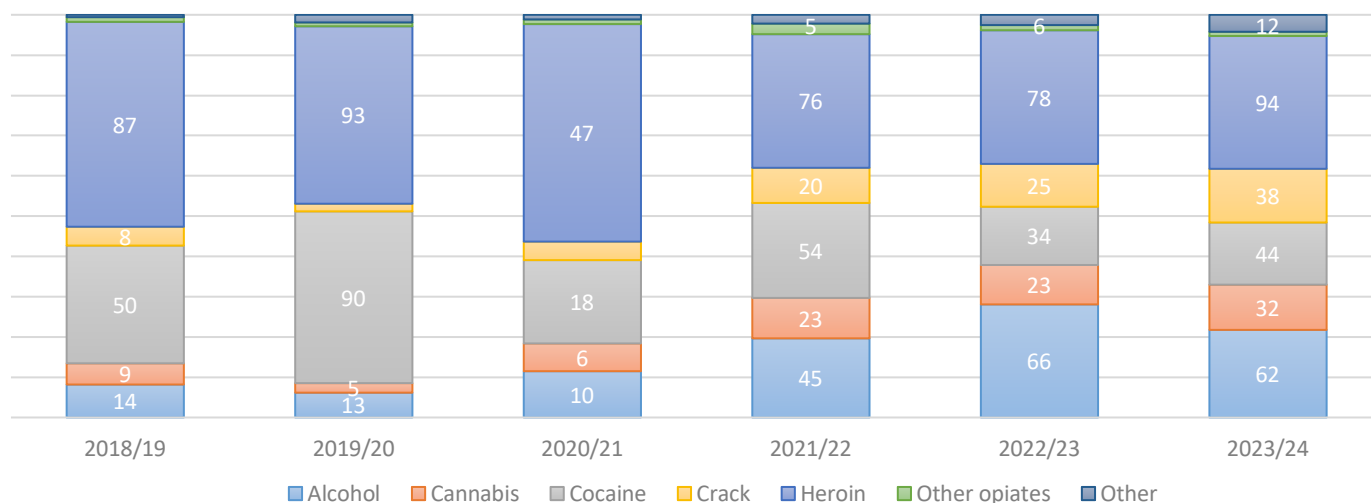


Figure 14 shows 2023/24 figures split by substance one, two and three. Over two in five reported their second substance as crack cocaine (n=92, 43%), while just under half reported their third substance as cannabis (n=41, 48%).

Figure 14: St Helens residents by substances 1-3 (%), 2023/24

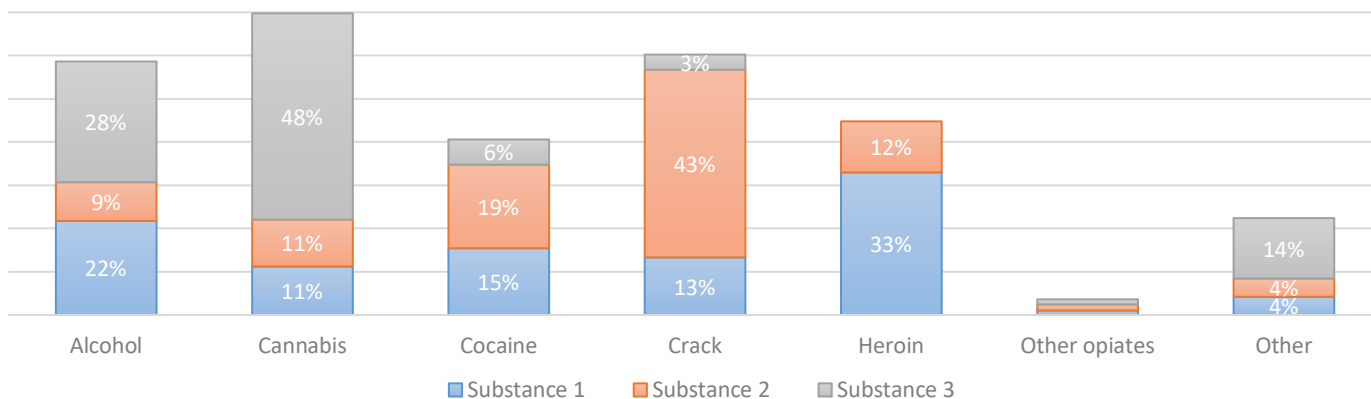


Figure 15 shows the proportions of the main substance by sex in the year ending March 2024. There were larger proportions of alcohol and cannabis recorded as the main substance by men (24% and 13% respectively) than women (11% and 4% respectively), while there were larger proportions of crack cocaine, heroin and other substances recorded by women (17%, 41% and 7% respectively) than men (13%, 31% and 4% respectively).

Figure 15: St Helens residents by main substance and sex (%), 2023/24

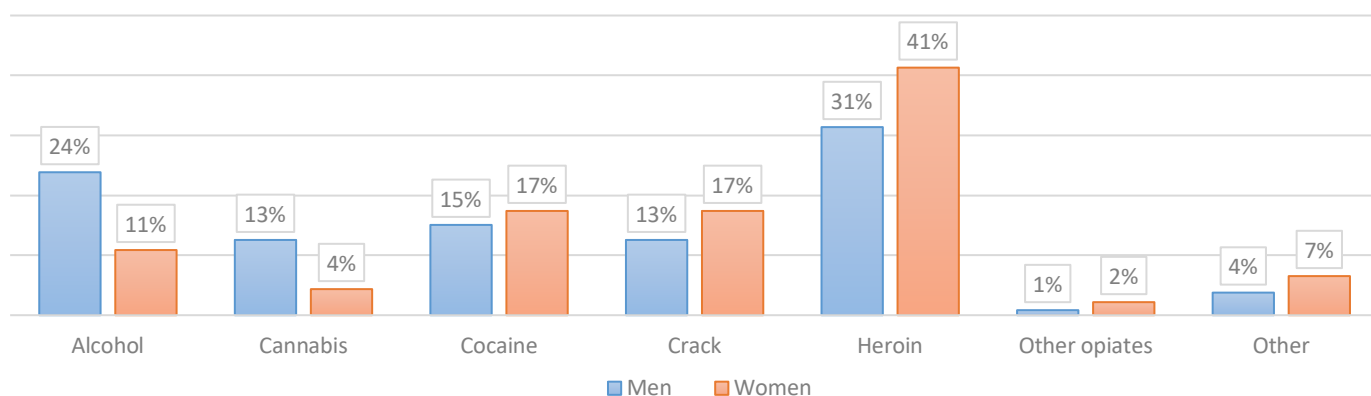
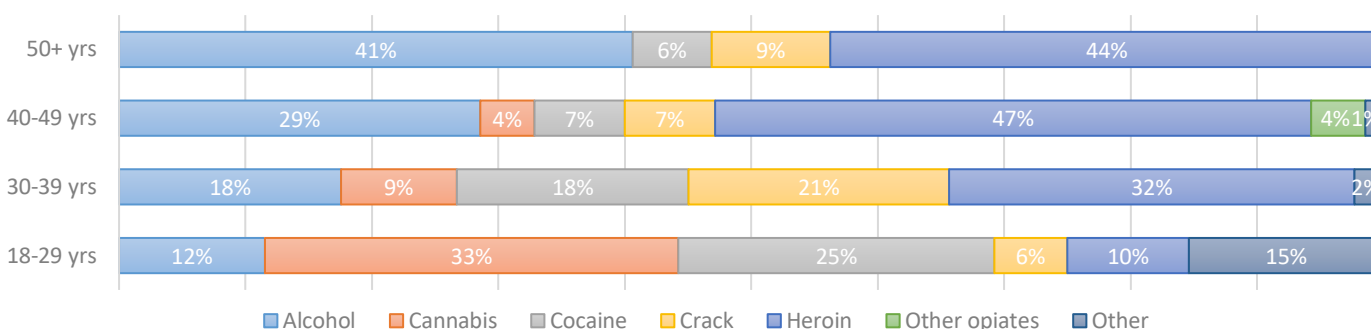


Figure 16 shows the proportions of the main substance for each age group in the year ending March 2024. Proportions for alcohol were largest for clients aged 50 years or over (41%), which decreased as age decreased. One in three (33%) 18-29 year olds reported cannabis as their main substance, followed by cocaine (25%). Heroin reported as the main substance peaked for clients aged 40-49 years (47%), followed by clients aged 50 years or over (44%), while crack cocaine peaked for those aged 30-39 years (21%).

Figure 16: St Helens residents by main substance and age group (%), 2023/24

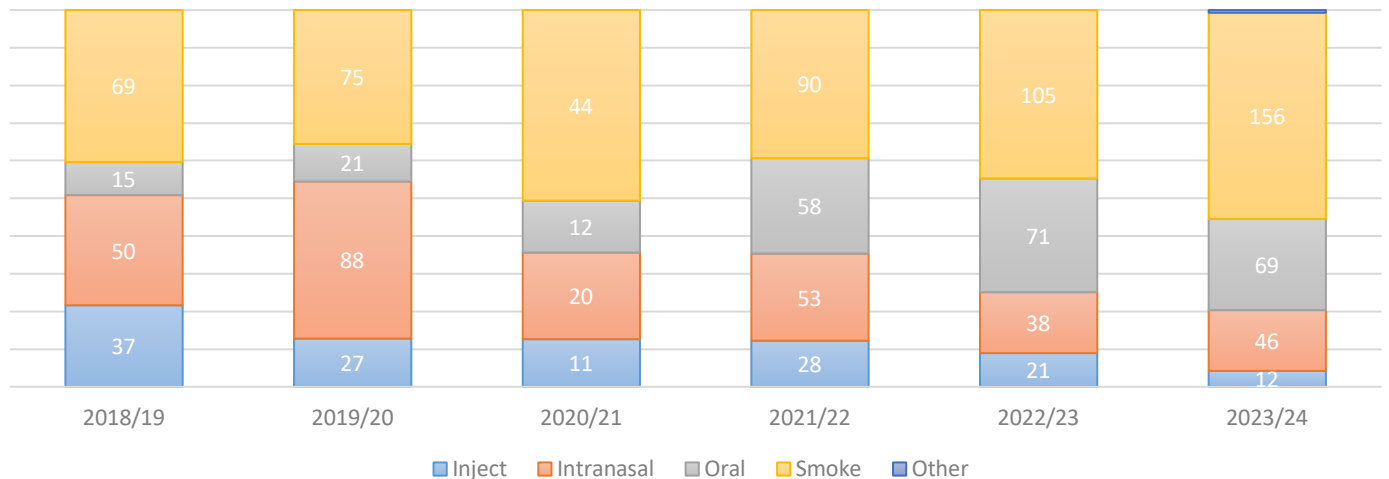


ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in *Figure 17*. In the year ending March 2024, over half of the St Helens CJIT contacts smoked their main substance (n=156, 55%), followed by clients who administered their main substance orally (n=69, 24%) and intranasally (n=46, 16%).

The number of clients who smoked their main substance in the year ending March 2024 is a considerable increase on the 105 clients in the previous year (49% increase). Furthermore, there was a 43% decrease in the number of clients who injected their main substance in 2023/24.

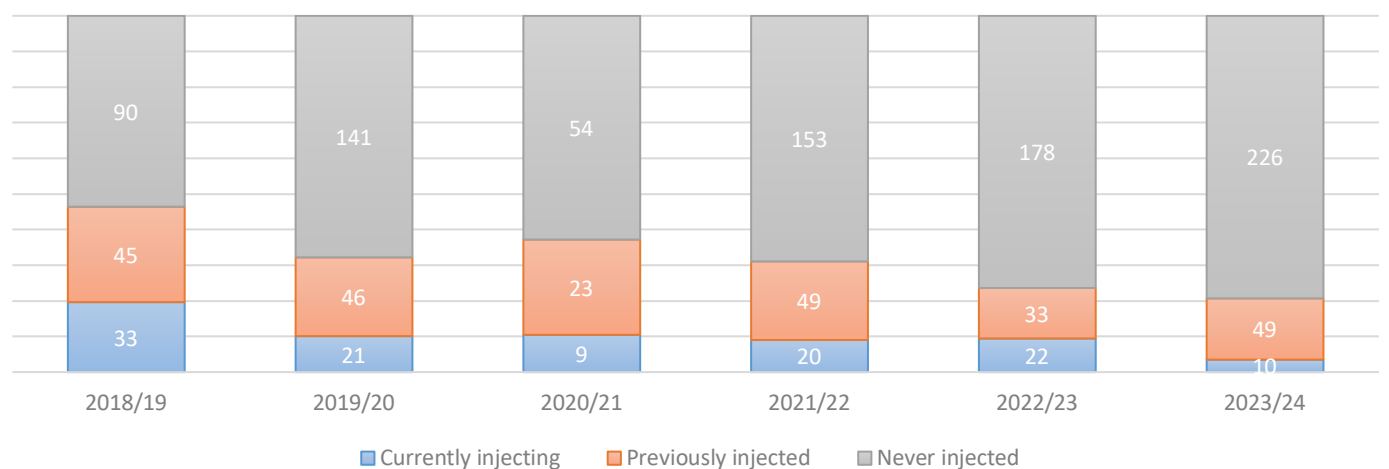
Figure 17: St Helens residents by route of administration of the main substance (n), 2018/19 - 2023/24



INJECTING STATUS

Around four in five St Helens CJIT contacts in the year ending March 2024 stated they had never injected (n=226, 79%; *Figure 18*). This is an increase on the previous year (n=178; 27% increase) and the largest proportion of the six-year period, though the same as the Merseyside figure.

Figure 18: St Helens residents by injecting status (n), 2018/19 - 2023/24



NALOXONE PROVISION

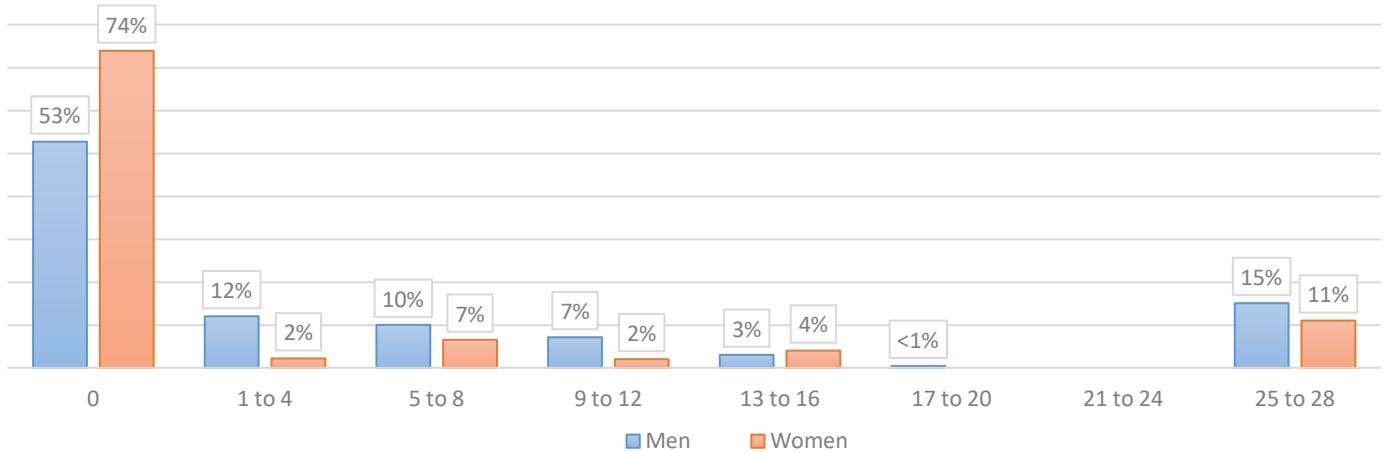
Around three in ten clients who reported an opioid as their main substance in the year ending March 2024 were issued with naloxone (n=30, 31%). This is a 12% decrease on the 34 clients issued with naloxone in the previous year and is just below the Merseyside figure (35%).

Of the clients issued with naloxone in 2023/24, over two in five were supplied with injectable naloxone (n=13, 43%), while one-third were provided with nasal naloxone (n=10, 33%) and just under one-quarter were provided with both nasal and injectable naloxone (n=7, 23%). Of the clients who were not issued with naloxone, seven in ten were already in possession of adequate naloxone (n=47, 70%).

ALCOHOL CONSUMPTION

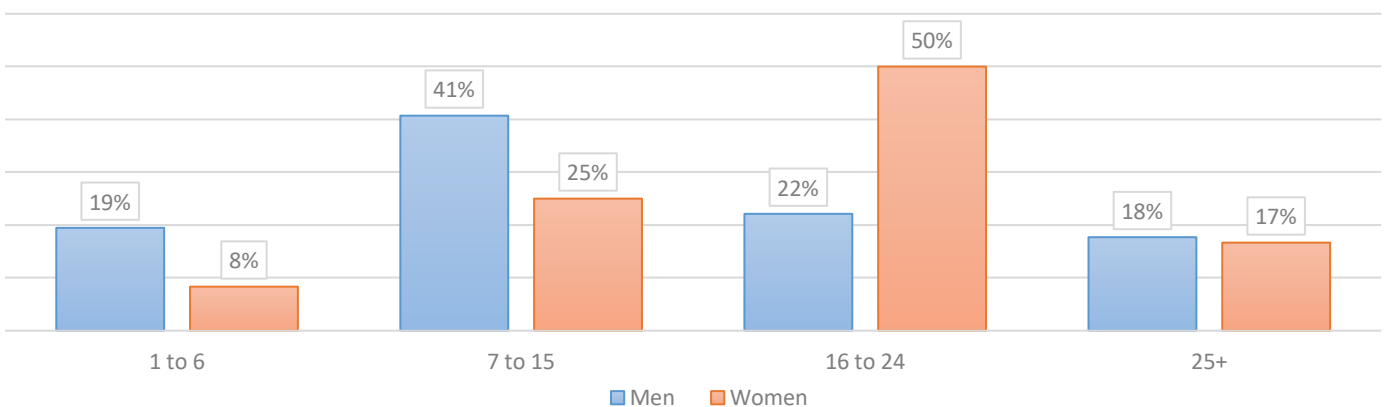
Figure 19 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their CJIT contact in the year ending March 2024. Just under half of men consumed alcohol (n=113, 47%), which is similar to the previous year (n=118) and the same as the Merseyside proportion, compared to around one-quarter of women who consumed alcohol (n=12, 26%), which is the smallest proportion of the Merseyside CJITs (Merseyside total: 38%).

Figure 19: St Helens 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 20. Around two in five men consumed 7-15 units of alcohol daily (n=46, 41%), while half of women consumed 16-24 units of alcohol daily (n=6, 50%).

Figure 20: St Helens residents by number of units of alcohol consumed on an average day and sex (%), 2023/24



OFFENDING

The offence that prompted St Helens CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2024 is shown in *Figure 21*. Over half of the offences were categorised as 'other' (n=158, 55%), which is a substantially larger proportion than reported by the other CJITs in Merseyside (Merseyside total: 29%). Conversely, St Helens reported the smallest proportion of Misuse of Drugs Act (MDA) offences (n=39, 14%)⁵ across Merseyside (Merseyside total: 32%).

Figure 21: St Helens residents by offence that prompted current/most recent contact with the criminal justice system, 2023/24

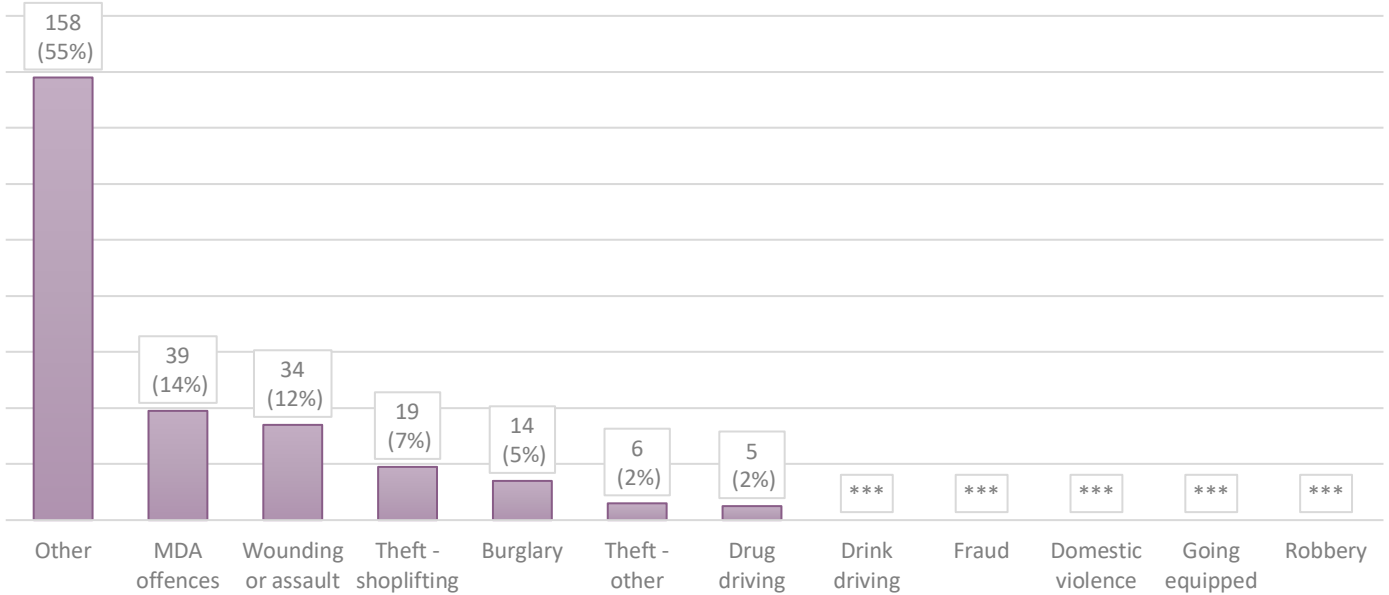
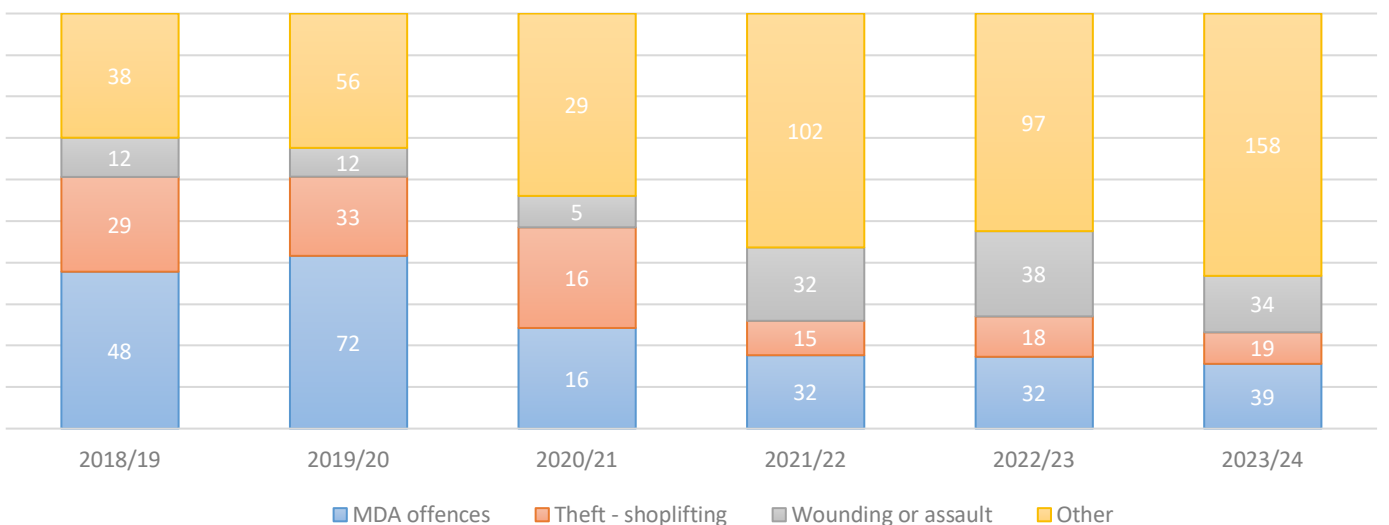


Figure 22 shows six-year trends of the main offending categories for St Helens residents. There was a substantial increase in the number of other offences in the year ending March 2024, when compared to the previous year (63% increase), as well as increases in MDA offences and theft - shoplifting (22% and 6% increases respectively), while a slight decrease in wounding or assault.

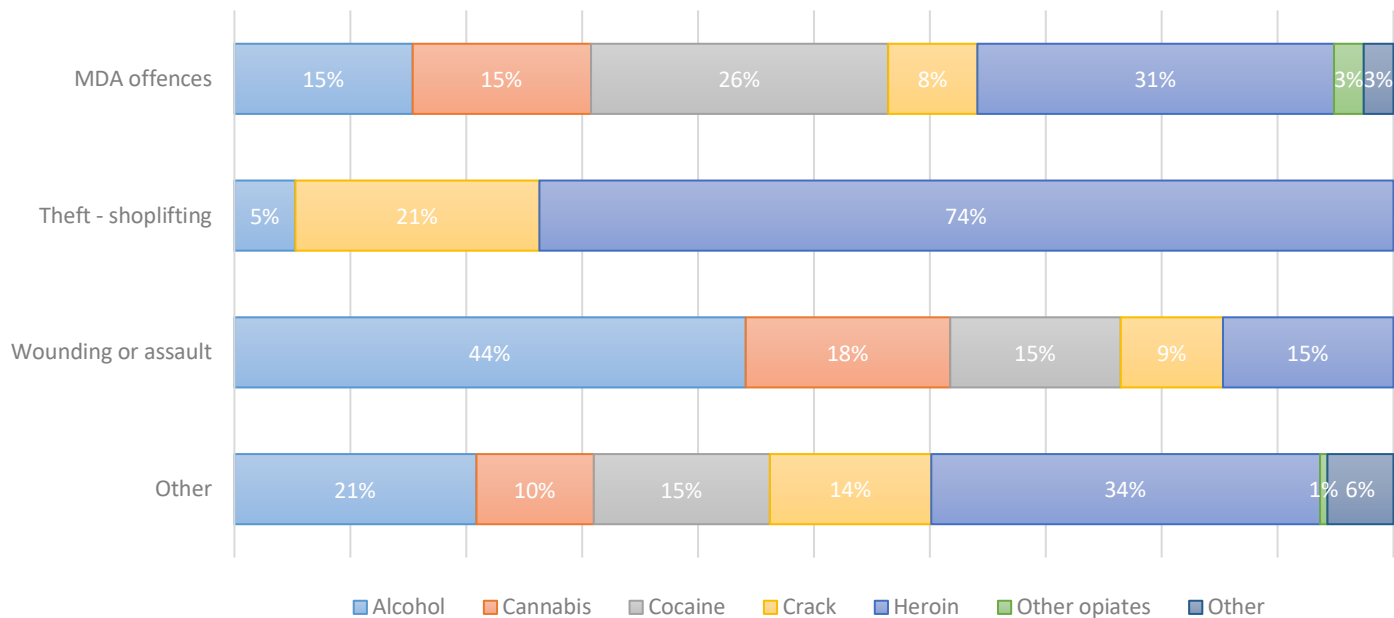
Figure 22: St Helens residents by main offences that prompted current/most recent contact with the criminal justice system (n), 2018/19 - 2023/24



⁵ Around four in five MDA offences were possession (n=31, 79%), while the remainder were supply (n=8, 21%).

Figure 23 shows the proportions of the main substance for the most common offences recorded for St Helens CJIT contacts assessed in the year ending March 2024. Heroin accounted for just under a third (31%) of the MDA offences, followed by powder cocaine (26%), while around three-quarters (74%) of the theft - shoplifting offences had heroin recorded as the main substance. Alcohol accounted for over two in five (44%) of wounding or assault, while heroin accounted for around a third (34%) of other offences, followed by alcohol (21%).

Figure 23: St Helens residents by main substance and offence (%), 2023/24



REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, 209 (165 individuals) were referred to structured treatment in the year ending March 2024 (Figure 24)⁶.

Figure 24: St Helens residents by referrals to structured treatment, 2023/24



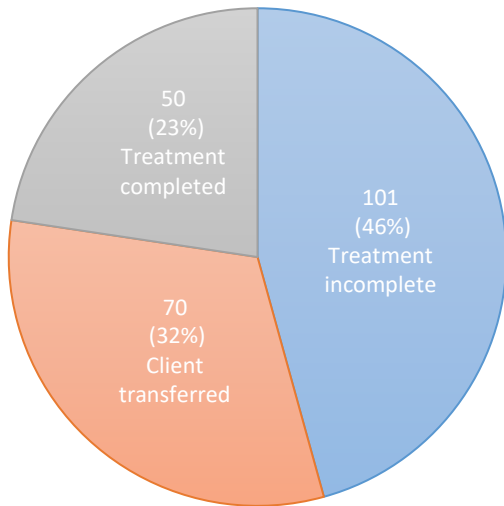
209 (165 individuals)
referrals to structured treatment

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 have been excluded from these figures.

TREATMENT OUTCOMES

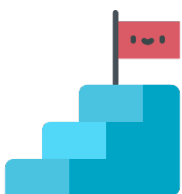
There were 221 clients (184 individuals) closed from the St Helens CJIT caseload in the year ending March 2024⁷. Of these, almost half did not complete treatment (n=101, 46%), around one-third transferred prior to the completion of treatment (n=70, 32%) and around one-quarter completed treatment (n=50, 23%; *Figure 25*). Notably, clients who dropped out of treatment accounted for 44% of the total number of discharges in the year.

Figure 25: Discharges from the St Helens CJIT caseload, 2023/24



Of the 50 St Helens residents who completed treatment successfully in the year ending March 2024, the average time on the CJIT caseload was 186 days (*Figure 26*), which is a higher number than the other Merseyside CJITs (Merseyside average: 141 days).

Figure 26: Average time on St Helens CJIT caseload for clients who completed treatment, 2023/24



On average, clients successfully completed CJIT treatment in

186 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 St Helens CJIT contacts in the year, while all other figures are for residents of St Helens LA only, recorded by St Helens 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. St Helens had the second lowest number of individuals in contact with the CJIT of the five Merseyside areas, and the third largest rate (155.2 per 100,000)⁸.

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., St Helens residents recorded by St Helens CJIT.

REFERENCES

- Collins, B. J., Cuddy, K. and Martin, A. P. (2016). Assessing the effectiveness and cost-effectiveness of drug intervention programmes: UK case study. *Journal of Addictive Diseases*, vol. 36, pp.5-13. Available at: <https://doi.org/10.1080/10550887.2016.1182299> [accessed September 2024].
- HM Government (2021). *From harm to hope: A 10-year drugs plan to cut crime and save lives*. Available at: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives> [accessed September 2024].
- Home Office (2023). *National Combating Drugs Outcomes Framework: Supporting metrics and technical guidance*. Available at: <https://www.gov.uk/government/publications/drugs-strategy-national-outcomes-framework> [accessed September 2024].
- Home Office (2022). *Guidance for local delivery partners. From harm to hope: A 10-year drugs plan to cut crime and save lives*. Available at: <https://www.gov.uk/government/publications/drugs-strategy-guidance-for-local-delivery-partners> [accessed September 2024].
- Home Office (2011). *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 September 2024].
- Public Health England and Ministry of Justice (2017). *The impact of community-based drug and alcohol treatment on re-offending*. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf [accessed September 2024].
- Public Health Institute (2017). *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2017_10_criminal_justice_project_drug_interventions_programme_re_offending_of_clients_test.pdf [accessed September 2024].
- Public Health Institute (2015). *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2015_09_dip_merseyside_an_evaluation_of_dips_impact_on_offending.pdf [accessed September 2024].

ACKNOWLEDGEMENTS

With thanks to the drug and alcohol treatment provider in St Helens and the commissioners at St Helens Council for their continued support. Thanks also to Sue O'Looney at the Public Health Institute for their help in proof reading this report.

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.

