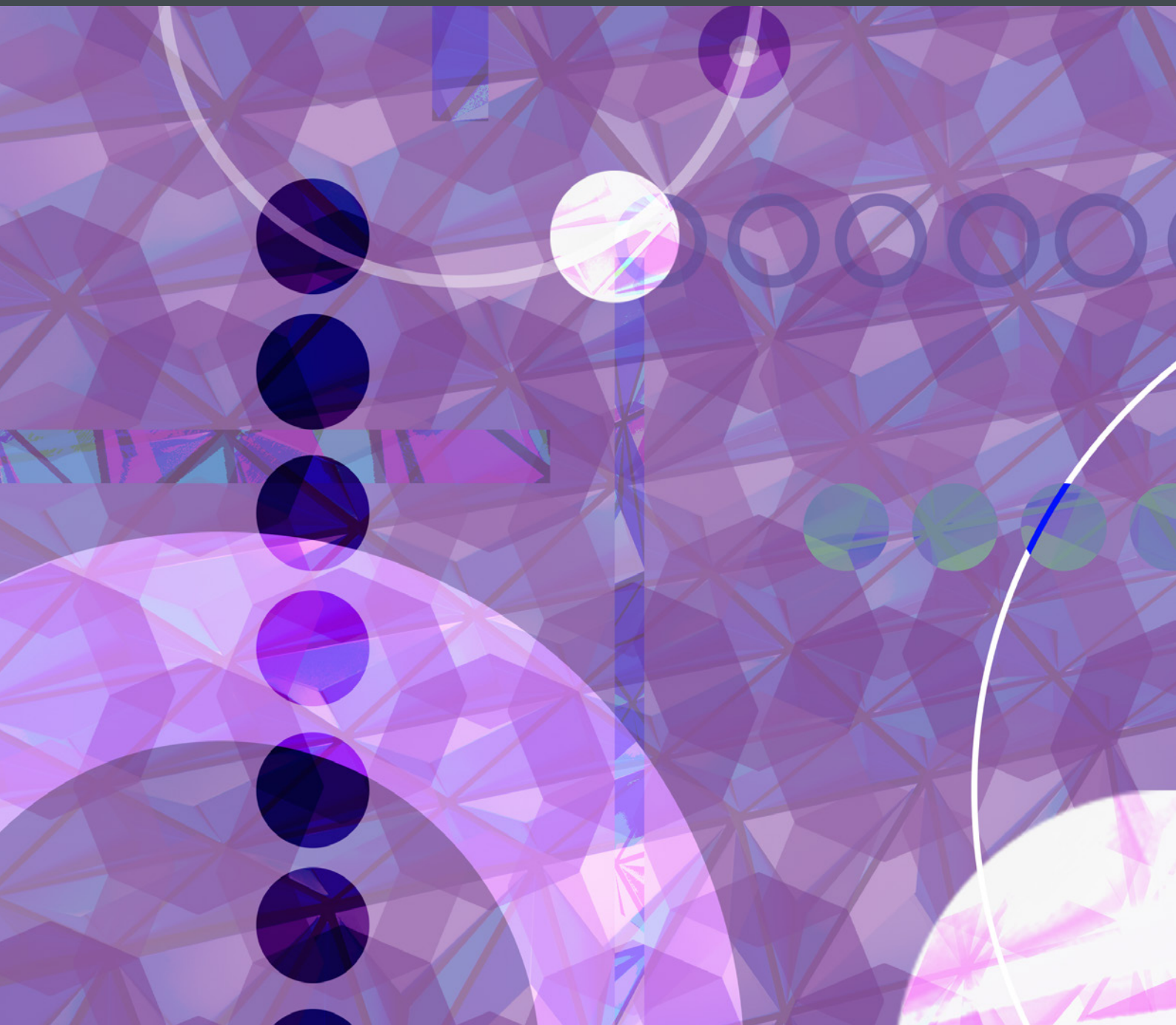


Criminal Justice Project: Drug Interventions Programme St Helens DIP Activity Profile (2015/16)

March 2017

DIP

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KEY FINDINGS

- Between April 2015 and March 2016, there were a total of 329 Drug Interventions Programme (DIP) contacts recorded by Addaction in St Helens. This is a 24% decrease on the number of DIP contacts in the previous year (n=431).
- The majority (81%) of DIP contacts were made through the Required Assessment process, while 16% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison.
- Of the 329 DIP contacts, 327 were assessed for DIP (99%); of which, 49% were deemed to require further intervention and 58% were taken onto the DIP caseload. The majority of those not taken onto the caseload transferred to another CJIT or prison.
- Under nine in ten (86%) DIP contacts were male; the largest proportion were aged between 18 and 24 years (20%), followed by clients aged between 35 and 39 years (19%).
- The majority were of White British ethnicity (98%) and were St Helens residents (86%).
- While the majority of clients reported no housing problems, 27% overall had some form of housing problem; of which, 16% stated an urgent problem due to being of no fixed abode.
- The most common drugs used by St Helens' DIP contacts in 2015/16 were heroin and cocaine (30% and 28% respectively), followed by 19% who used crack.
- Over two in five (44%) smoked their main drug, while one-third (33%) sniffed.
- Over three in five (61%) had never injected, 24% had previously injected but were not currently and 15% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 45%; females = 70%), for those who did, the highest proportion reported between one and four drinking days in the 28 days prior to their assessment (males = 30%; females = 22%).
- The most common daily average units of alcohol consumed by males was between seven and 15 units (18%), followed by 25 units or more (15%) and between 16 and 24 units (12%). For females, it was between seven and 15 units (11%), followed by between one and six units and 25 units or more for females (9% each).
- Only a small proportion were on an offender management scheme at the time of their assessment (4% Integrated Offender Management only).
- The main offences which prompted the current or most recent contact with the criminal justice system was theft and Misuse of Drugs Act offences (38% and 35% respectively).

The Drug Interventions Programme (DIP) is an initiative with an overarching aim to identify and engage with drug using offenders in the criminal justice system in order to channel them into appropriate treatment services, and as a result reduce acquisitive crime in England and Wales. The link between illicit drug use and crime has been explored by researchers for many years. Extensive evidence suggests that certain crimes are committed by drug users for economic reasons in order to fund their drug use (Seddon, 2000; Bennett et al., 2008; Pierce et al., 2015).

A meta-analysis study highlighted that drug users were between three to four times more likely to offend compared to non-drug users, with users of crack cocaine having much higher odds of offending (about six times greater; Bennett et al., 2008). A more recent statistical study investigating drug spend and acquisitive offending by substance misusers concluded that overall rates of acquisitive crime (offences committed to gain possessions, for example, theft, shoplifting, burglary and robbery) were high among this population group (Hayhurst et al., 2012).

Many of the clients assessed for DIP can be some of the most difficult to reach problematic drug users (Home Office [no date^a]). The DIP process provides a crucial early engagement opportunity via targeted testing which involves the police arresting and drug testing potential drug using offenders (Critchley and Whitfield, 2016). If offenders test positive for Class A drugs (heroin, cocaine and/or crack) they are required to undergo an assessment with a DIP worker, known as a Required Assessment (RA). There are other referral routes into DIP, including Conditional Cautioning, referrals from secure establishments on release, referrals from other sectors of the criminal justice system (for example court mandated processes such as Restrictions on Bail [RoB]) and also voluntary presentations.

DIP assessments capture demographic information and provide an insight into drug use and offending behaviours. These assessments allow drugs workers to determine whether further intervention is required to address drug use and/or 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 misuse (harm reduction interventions and overdose management; offending; health (physical and psychosocial); and social functioning (housing, employment and relationships; Home Office [no date^b]).

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 criminal justice interventions. There are some limitations as not all data sets can be reported on by PHE, for example drug testing data, but locally teams have more scope to tailor data collection to their local needs. DIP continues to be implemented in St Helens, 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 drug treatment.

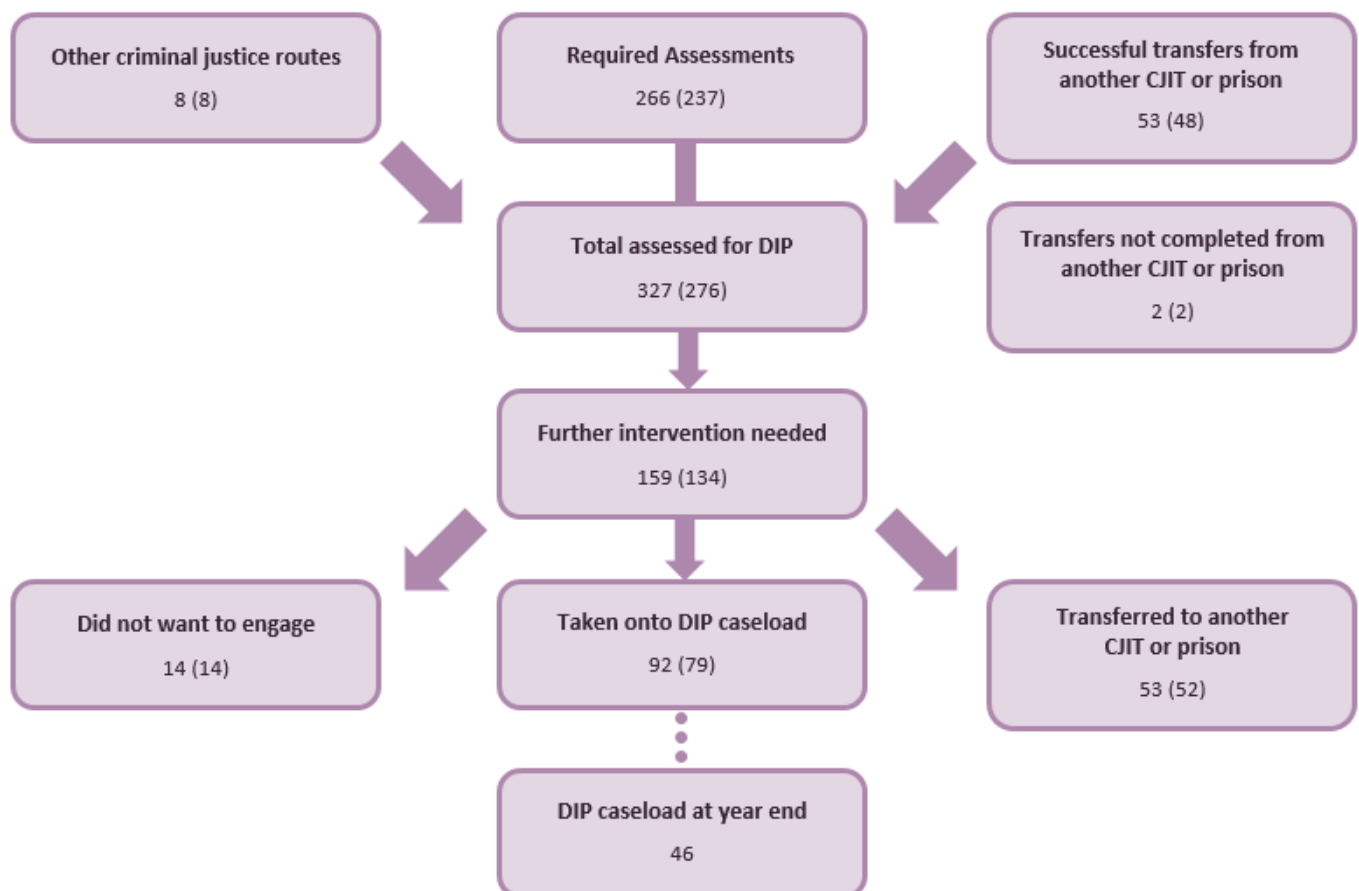
This DIP Activity Profile for St Helens presents data for clients accessing DIP between 1st April 2015 and 31st March 2016. This profile will contextualise DIP activity data (detailing the route of entry to DIP and assessment outcomes) and provide a demographic overview of the clients. It complements the existing monthly performance reports by providing an annual snapshot of the criminal justice data collected by DIP monitoring forms. Where possible, comparisons have been made with overall figures for Merseyside. This profile also provides recommendations for local government, commissioners and service providers in terms of targeting the efficient use of resources and effective services in St Helens and across Merseyside.

Between April 2015 and March 2016, there were a total of 329 DIP contacts recorded by Addaction in St Helens (Figure 1), while the average number of contacts across Merseyside was 699. The number of DIP contacts in St Helens has reduced by 24% when compared to the previous year (n=431; Critchley et al., 2016). There has been a reduction in all five Merseyside areas, with a 26% reduction overall between 2014/15 and 2015/16. The implementation of targeted drug testing in the custody suites in 2015 is likely to have contributed to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of the targeted testing approach (Critchley and Whitfield, 2016), and as the drug testing process is 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 St Helens. The majority (81%) of DIP contacts in 2015/16 were through the RA process, while 16% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison.

Of the 329 DIP contacts, 99% were assessed for DIP (n=327). The remaining clients transferred into St Helens from another CJIT or prison and were not taken onto the caseload following transfer. Of the 327 clients assessed for DIP in 2015/16, just under half (49%) were deemed to require further intervention (n=159), with 92 taken onto the DIP caseload (58%). The majority of the 67 clients not taken onto the caseload transferred to another CJIT or prison (n=53; 79%).

Figure 1: Overall DIP activity and criminal justice routes in St Helens (2015/16)¹

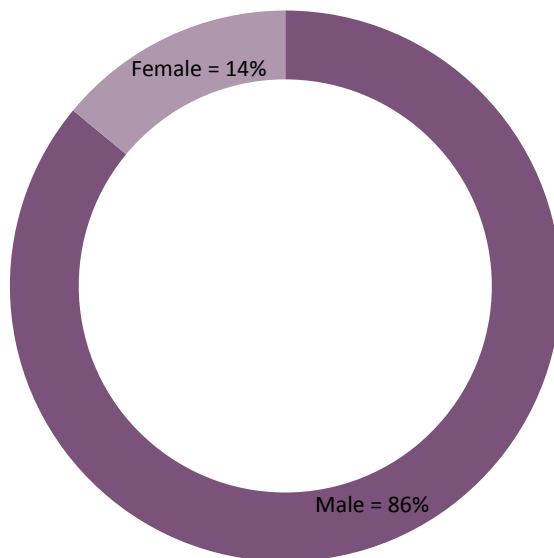


¹ Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following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

DEMOGRAPHIC PROFILE OF CLIENTS

Under nine in ten (86%) DIP contacts in 2015/16 were male (Figure 2). The proportion of males in St Helens is similar to the Merseyside average (84%).

Figure 2: Gender of DIP contacts in St Helens (2015/16) [n=329]



The largest proportion of clients were aged between 18 and 24 years (20%), followed by clients aged between 35 and 39 years (19%; Figure 3). Proportions for these age groups were higher than other Merseyside areas, while proportions for clients aged 40 years and over were lower than the Merseyside average.

Figure 3: Age group of DIP contacts in St Helens (2015/16) [n=329]

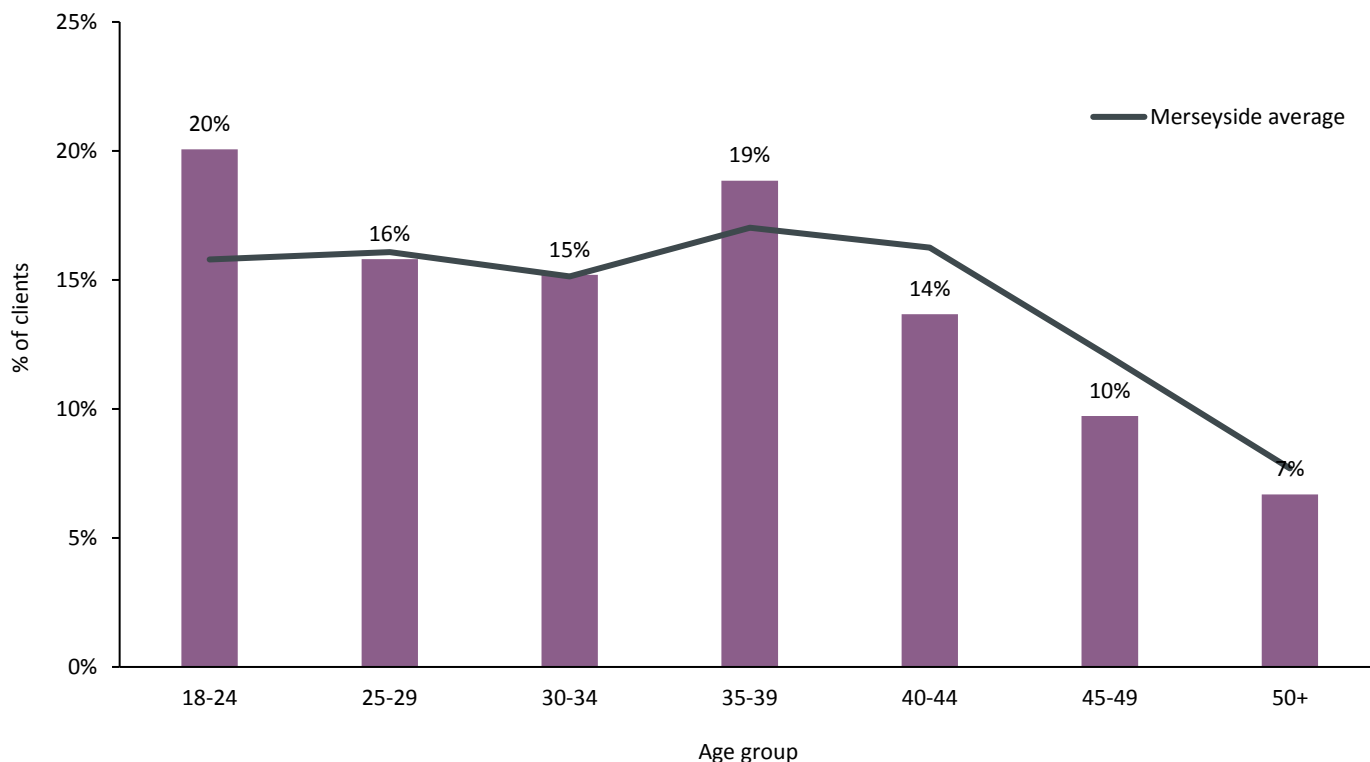


Table 1 shows some differences in age group proportions across gender groups in St Helens. Although numbers of females are small, there was a smaller proportion aged between 18 and 24 years (9%) compared to males (22%). There were also larger proportions of females aged between 30 and 34 years and between 45 and 49 years (24% and 28% respectively) when compared to males.

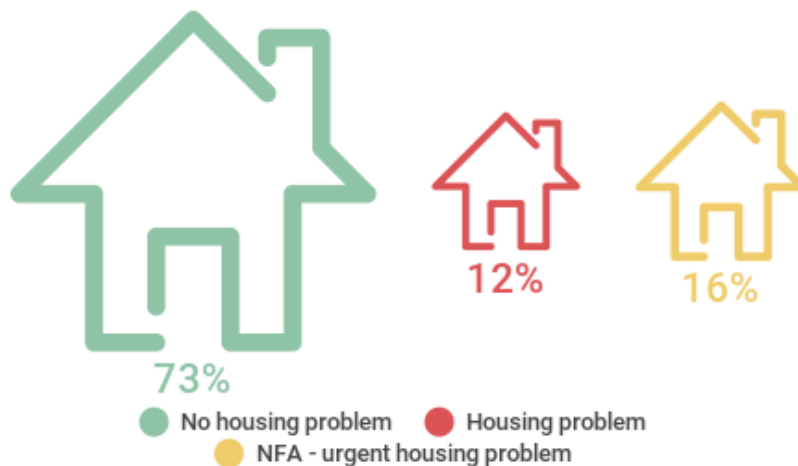
Table 1: Age group and gender of DIP contacts in St Helens (2015/16) [n=329]²

Age group		Female	Male		
18-24	***	9%	<65	22%	
25-29	5	11%	47	17%	
30-34	11	24%	39	14%	
35-39	8	17%	54	19%	
40-44	5	11%	40	14%	
45-49	13	28%	19	7%	
50+	***	0%	<25	8%	
Total	46	100%	283	100%	

The majority (98%) of DIP contacts in 2015/16 were of White British ethnicity which is slightly more than the Merseyside average (93%). As expected, the majority (86%) of clients were St Helens residents.

While the majority of clients reported no housing problems, 27% overall had some form of housing problem; of which, 16% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of St Helens clients stating a housing problem is proportionately higher than the average for Merseyside (16%).

Figure 4: Accommodation need of DIP contacts in St Helens (2015/16) [n=329]³



² Numbers less than five have been suppressed to maintain patient confidentiality.

³ Percentages do not add up to 100% due to rounding.

DRUG USE

In 2015/16, three in 10 (30%) DIP contacts in St Helens reported to use heroin, followed by just under three in 10 (28%) who used cocaine and 19% who used crack (Figure 5). The proportions of heroin and cocaine use in St Helens is slightly higher than the Merseyside average (27% and 24% respectively), while crack use is slightly lower (Merseyside = 21%).

Figure 5: Drugs used by DIP contacts in St Helens (2015/16) [n=603]

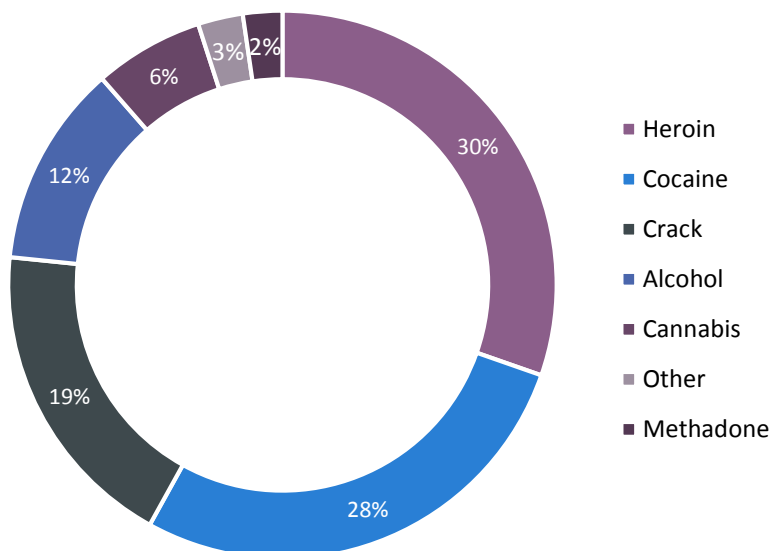


Figure 6 displays the route of administration of clients' most problematic substance (main drug). Over two in five (44%) clients smoked their main drug and one-third (33%) sniffed, comparable with the Merseyside averages (46% and 32% respectively).

Figure 6: Route of administration of the main drug used by DIP contacts in St Helens (2015/16) [n=328]

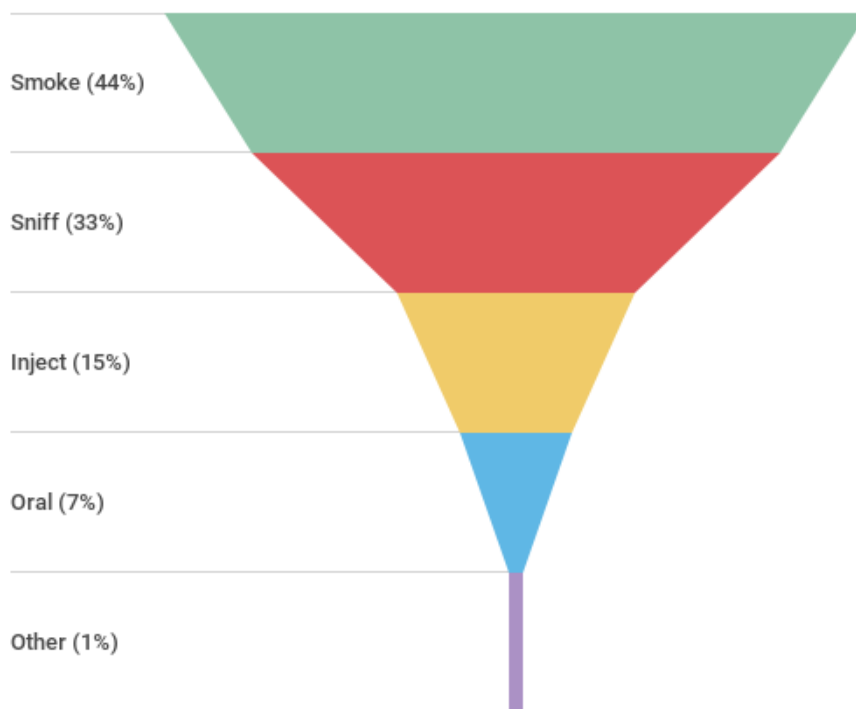
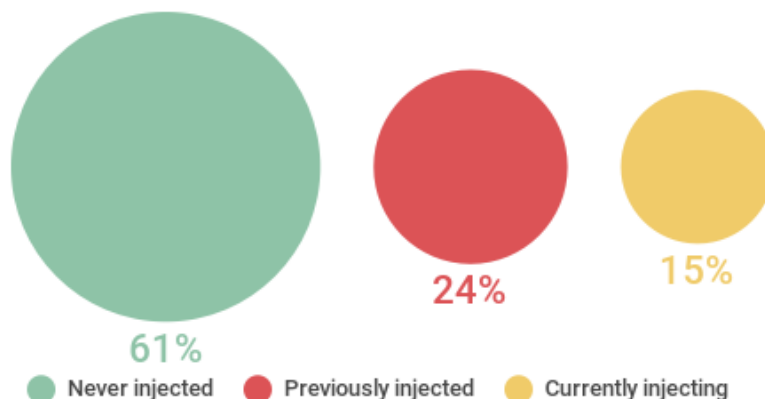


Figure 7 shows just over three in five (61%) DIP contacts in St Helens in 2015/16 had never injected, while 24% had previously injected but were not currently and 15% reported they were currently injecting. Comparatively, across Merseyside 71% had never injected, 21% had previously injected and 8% reported to be currently injecting.

Figure 7: Injecting status of DIP contacts in St Helens (2015/16) [n=322]

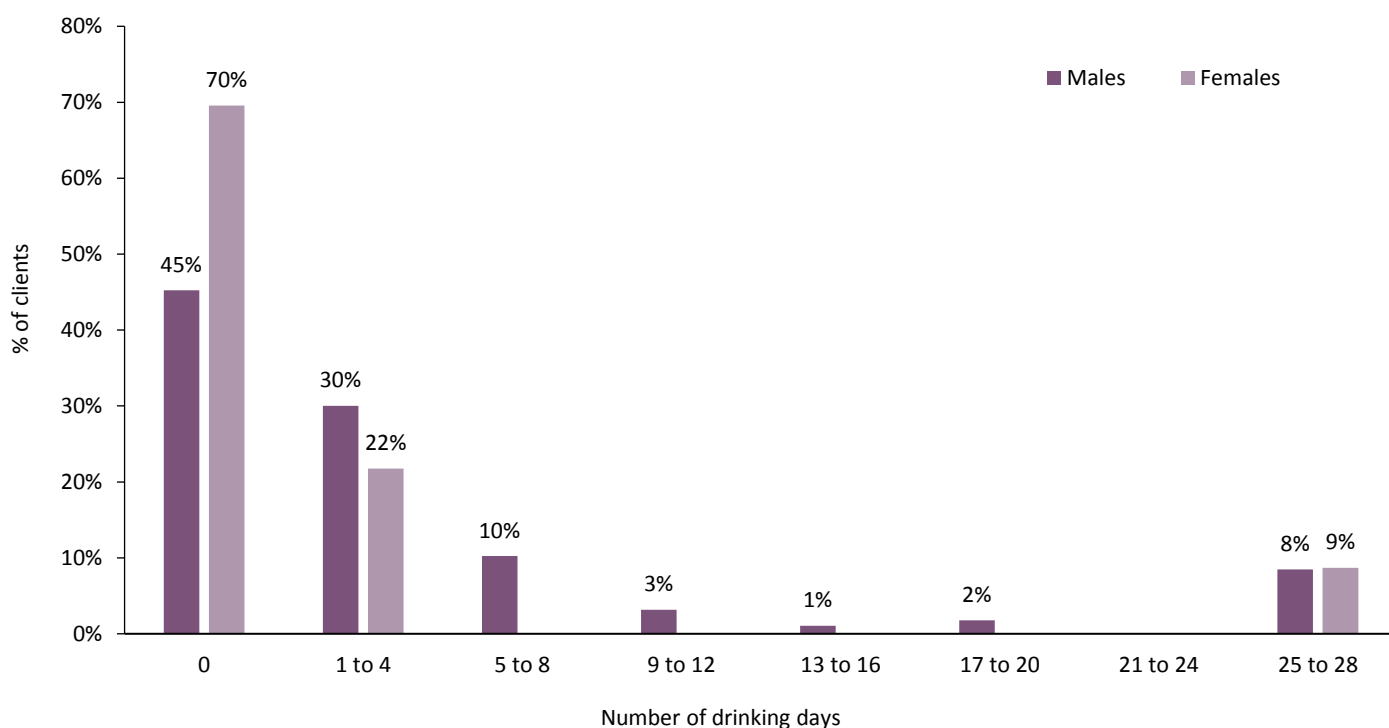


ALCOHOL USE

Figure 8 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their DIP assessment. Under half (45%) of males did not consume alcohol in the 28 days prior to their assessment, 30% reported to have consumed alcohol between one and four days, 10% between five and eight days and 8% between 25 and 28 days. Across Merseyside, 46% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, seven in 10 (70%) reported to have not consumed alcohol in the 28 days prior to their assessment, while 22% consumed alcohol between one and four days and 9% between 25 and 28 days. Figures for Merseyside reported 59% of females did not consume alcohol, while 21% drank between one and four days and 11% drank between 25 and 28 days.

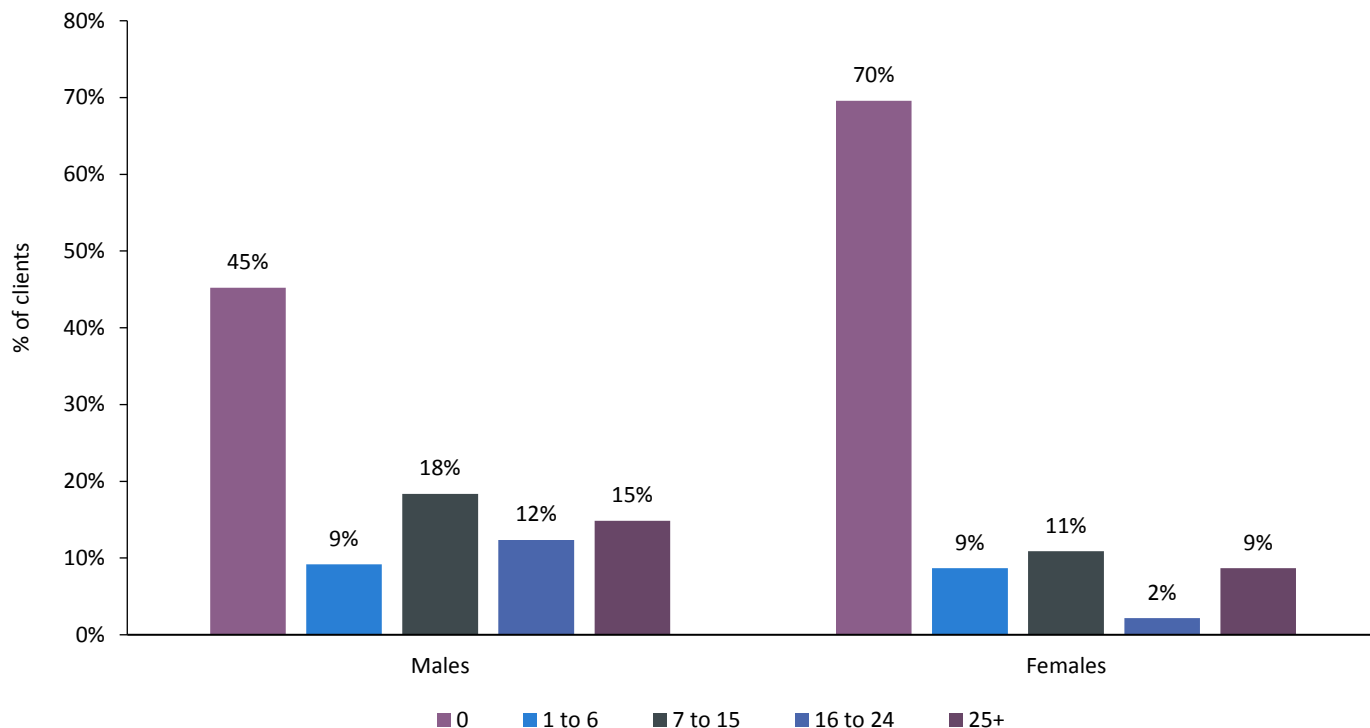
Figure 8: Number of drinking days for DIP contacts in St Helens (2015/16) [males=283; females=46]



The daily average number of units of alcohol consumed by St Helens clients in the 28 days prior to assessment are presented in Figure 9. For males, under half (45%) consumed no units of alcohol, while 18% consumed between seven and 15 units, 15% consumed 25 units or more and 12% consumed between 16 and 24 units daily. Across Merseyside, 47% of males consumed no units of alcohol, while 21% drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, seven in ten (70%) consumed no units of alcohol, while 11% consumed between seven and 15 units and equal proportions consumed between one and six units and 25 units or more daily (9% each). Across Merseyside, 59% of females consumed no units of alcohol, while 14% drank between seven and 15 units, 10% drank between 16 and 24 units, 9% drank between one and six units and 8% drank 25 units or more daily.

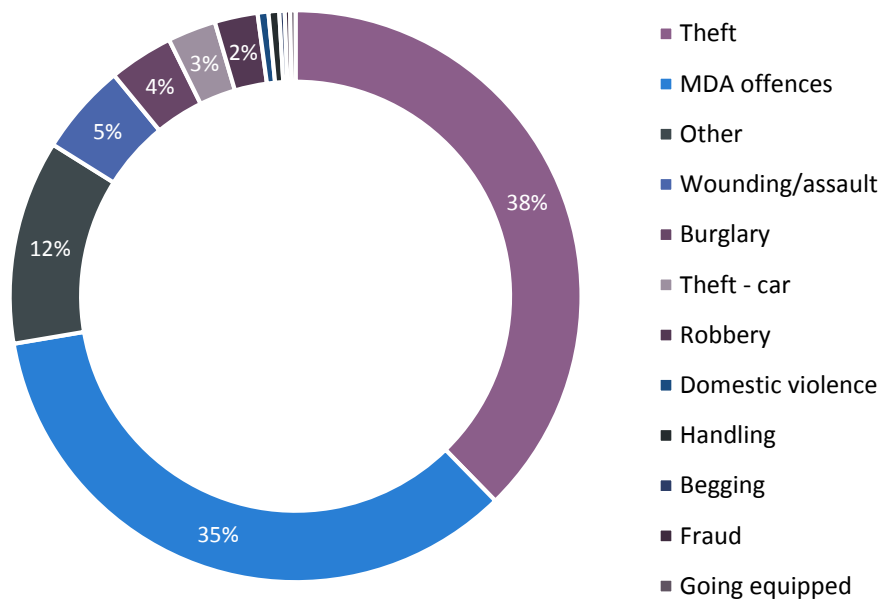
Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in St Helens (2015/16) [males=283; females=46]



The majority (96%) of DIP contacts in St Helens in 2015/16 were not on an offender management scheme at the time of their assessment. All 14 clients on a scheme were on Integrated Offender Management (IOM).

The offences which prompted Sefton clients' current or most recent contact with the criminal justice system are shown in Figure 10. Just under two in five (38%) were theft and just over one-third (35%) were Misuse of Drugs Act (MDA) offences. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (30% and 25% respectively), while offences categorised as 'other' accounted for 18%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in St Helens (2015/16) [n=329]



SUMMARY

- Across Merseyside, the number of DIP contacts in 2015/16 reduced by 26% compared to the previous year. Similarly, the number reduced by 24% in St Helens.
- The majority of DIP contacts in Merseyside presented via the RA route, likewise in St Helens.
- In general, DIP contacts across Merseyside in 2015/16 were male and aged between 18 and 44 years and of White British ethnicity. St Helens had a similar proportion of male clients, and larger proportion of clients aged between 18 and 24 years and between 35 and 39 years when compared to Merseyside.
- The proportion of St Helens clients reporting housing problems was proportionately higher than the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by cocaine and crack. Similarly in Sefton, the proportion was highest for heroin, followed by cocaine and the crack; however proportions for heroin and cocaine were slightly larger than the averages for Merseyside.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, as they did in St Helens.
- The majority of DIP contacts in Merseyside between April 2015 and March 2016 had never injected, while the percentage for St Helens clients was lower. There was a larger proportion of St Helens clients currently injecting when compared to the Merseyside average.
- Almost half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment, with a similar proportion recorded for males in St Helens. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion, with a larger proportion reported for females in St Helens.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. This was also the case for DIP contacts in St Helens.
- Across Merseyside, theft accounted for the largest proportion of offences, followed by MDA offences. Although slightly larger proportions, theft followed by MDA offences were the most common crimes committed by DIP contacts in St Helens.

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 St Helens 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.
- In order to have a comprehensive understanding of drugs 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 the National Drug Treatment Monitoring Service 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.

- 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. The profile of DIP clients make it difficult for services to focus their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Government's Drug Strategy (Home Office, 2010), 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, it is vital that this information is used to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- St Helens 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 St Helens, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts across Merseyside. Likewise, there has been a reduction in the number of drug tests since the introduction of targeted testing in its custody suites in 2015 (Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via RAs, it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment. All stakeholders involved with DIP need to ensure drug using offenders are not being missed from this vital engagement opportunity.
- It is imperative that there are 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 Merseyside. 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.

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.

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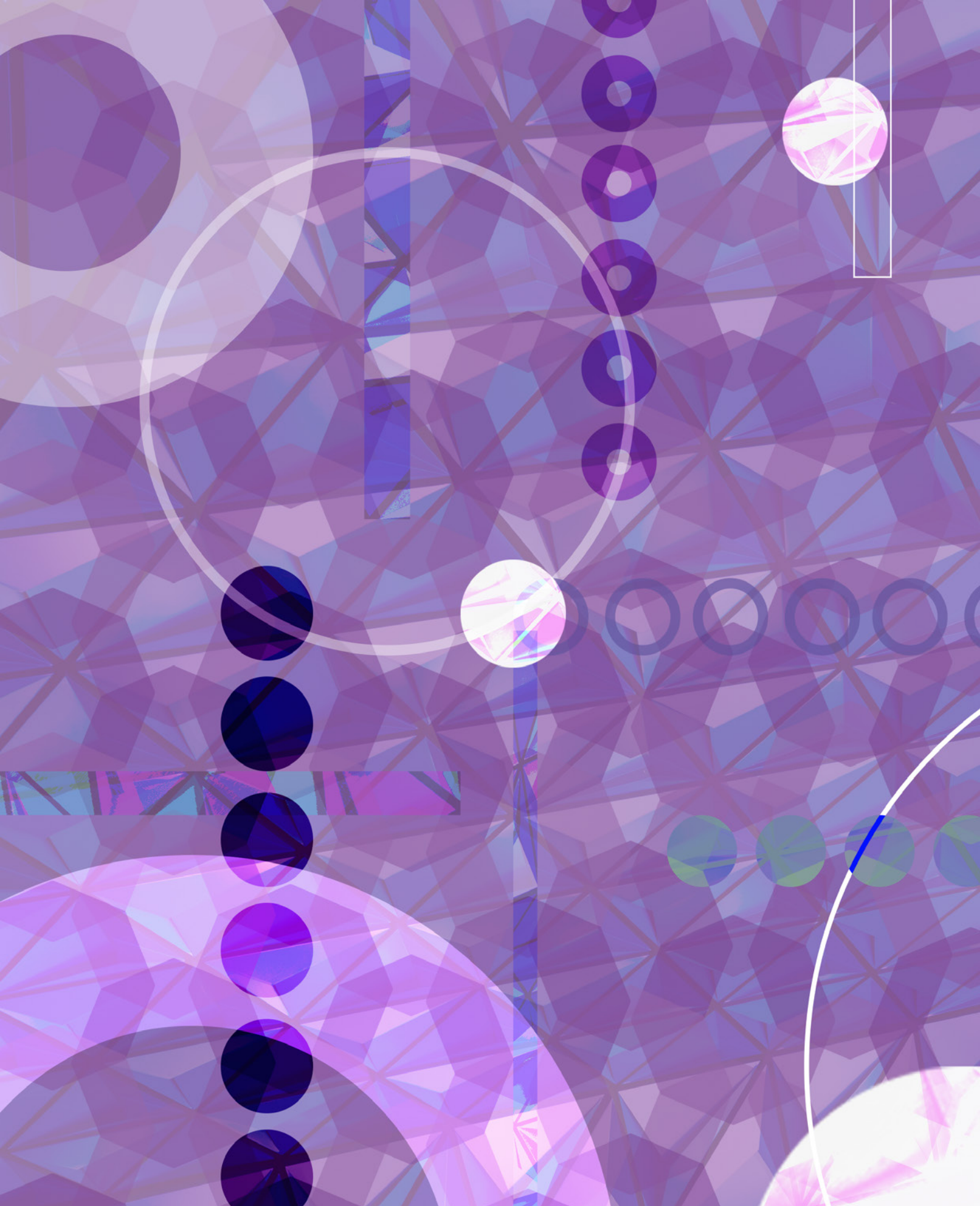
APPENDIX

Details to accompany Figure 1

Other criminal justice routes	8
<i>Referred by treatment provider (post treatment)</i>	2
<i>Requested by Offender Manager (post DRR/ATR)</i>	2
<i>Required by offender management scheme/DRR/ATR</i>	3
<i>Voluntary - other</i>	1
Successful transfers from another CJIT or prison	53
<i>Liverpool CJIT</i>	1
<i>HMP Altcourse</i>	2
<i>HMP Kennet</i>	1
<i>HMP Kirkham</i>	1
<i>HMP Lancaster Farms</i>	1
<i>HMP Liverpool</i>	40
<i>HMP Styal</i>	7
Transfers not completed from another CJIT or prison	2
<i>Liverpool CJIT</i>	1
<i>HMP Liverpool</i>	1
Transferred to another CJIT or prison	53
<i>Halton CJIT</i>	1
<i>Knowsley CJIT</i>	19
<i>Liverpool</i>	17
<i>Sefton CJIT</i>	6
<i>Wirral CJIT</i>	1
<i>HMP Liverpool</i>	5
<i>HMP Styal</i>	4

ACKNOWLEDGEMENTS

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DIP

