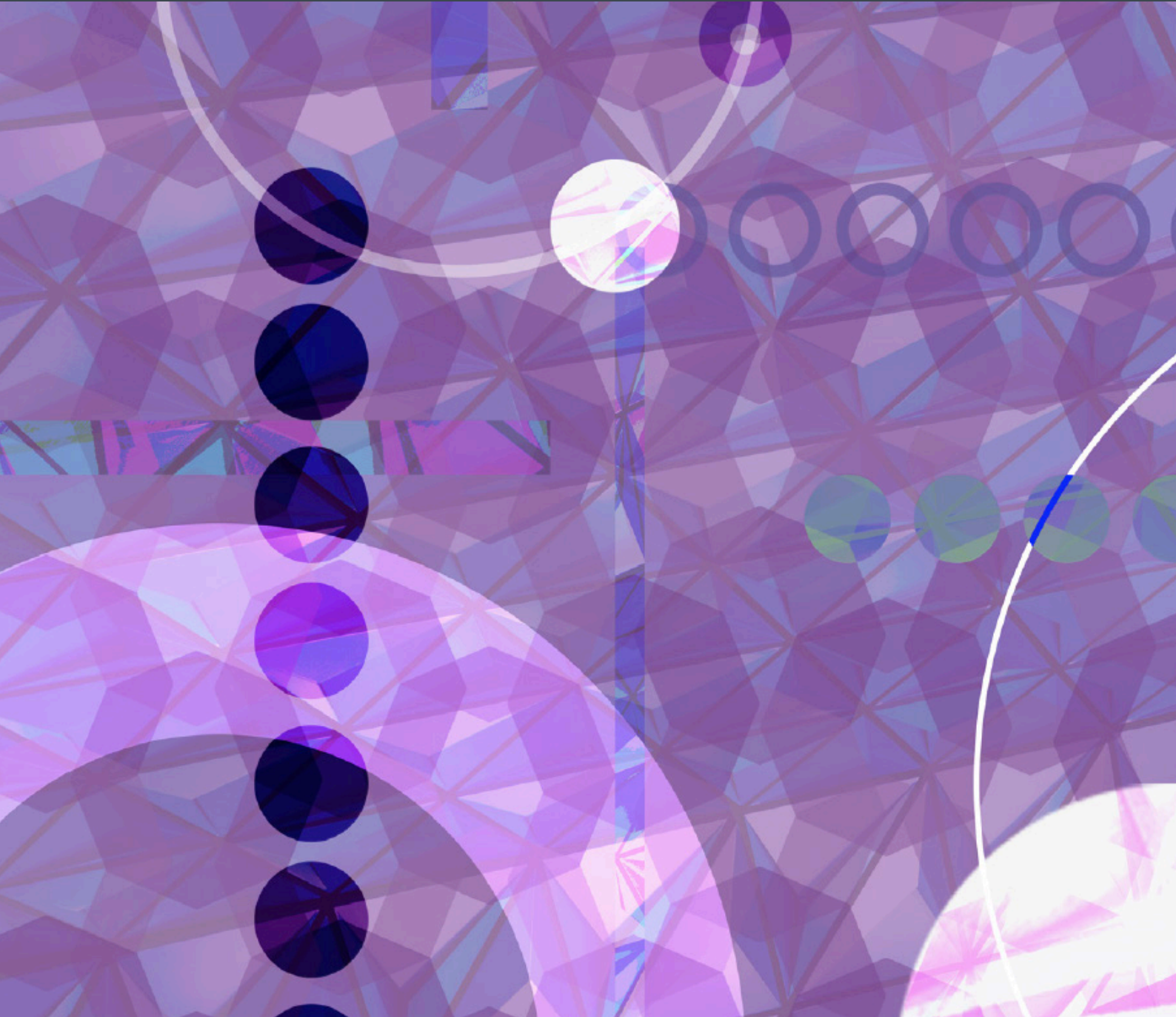


# Criminal Justice Project: Drug Interventions Programme DIP Activity in Sefton (2018/19)

November 2019

# DIP

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## KEY FINDINGS

- Between April 2018 and March 2019, there were 383 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in Sefton. This is a 5% increase when compared to the previous year.
- Around seven in ten CJIT contacts in 2018/19 were through Required Assessments (n=264; 69%), while 63 (16%) were voluntary presentations following release from prison and 56 (15%) were other criminal justice routes.
- Of the 383 CJIT contacts in 2018/19, around two-thirds were taken onto the CJIT caseload (n=256; 67%), while around one-quarter transferred to another CJIT or prison prior to care plan (n=104; 27%).
- Over seven in ten Sefton CJIT contacts in 2018/19 were Sefton residents (n=275; 72%), while 55 (14%) were St Helens residents.
- Just under nine in ten individuals were men (n=227; 86%).
- Around one in five individuals were aged 18-24 years (n=55; 21%), followed by clients aged 30-34 years (n=48; 18%).
- The majority were of White British ethnicity (n=255; 97%).
- Just over one in ten Sefton CJIT contacts considered themselves to have a disability (n=33; 12%).
- While the majority of clients reported no housing problems, 45 (16%) had some form of housing problem, with 32 (12%) stating an urgent housing need due to being of no fixed abode.
- Half of the CJIT contacts in Sefton reported non-opiate drugs as their main substance (n=138; 50%), followed by opiate drugs (n=106; 39%) and alcohol (n=31; 11%).
- Over one-third of CJIT contacts reported heroin (n=102; 37%) or cocaine (n=100; 36%) as their main substance. Just under three in five reported crack as their second substance (n=96; 57%), while around three in ten reported cannabis (n=13; 32%) or alcohol (n=12; 29%) as their third substance.
- Just over two in five reported smoking their main substance (n=115; 42%), followed by just under two in five who sniffed their main substance (n=106; 39%).
- Three-quarters stated that they had never injected (n=196; 75%), while 47 (18%) had previously injected but were not currently and 18 (7%) were currently injecting.
- Just under two-thirds of men reported consuming alcohol in the 28 days prior to their CJIT assessment (n=150; 64%). Of these, around half consumed 7-15 units of alcohol daily (n=77; 51%), followed by one-quarter who consumed 1-6 units daily (n=38; 25%).
- Just under two in five women reported consuming alcohol in the 28 days prior to their CJIT assessment (n=15; 38%). Of these, three in five consumed 7-15 units of alcohol daily (n=9; 60%).
- Just over one-third reported Misuse of Drugs Act offences which prompted their current or most recent contact with the criminal justice system (n=96; 35%), followed by offences categorised as 'other' (n=62; 23%). Wounding or assault (n=38; 14%) and theft - shoplifting (n=34; 12%) each accounted for just over one in ten clients.
- There were 250 referrals to structured treatment in 2018/19 (245 individuals).
- In 2018/19, a total of 340 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (252 individuals), with a total of 803 sub-interventions delivered.

The Drug Interventions Programme (DIP) in England has an overarching aim to identify and engage with offenders in the criminal justice system who use drugs and/or alcohol, and encourage them towards appropriate treatment services in order to reduce acquisitive crime. There is a body of evidence supporting the DIP process at reducing offending for this population group who engage in treatment for their substance use and offending (Collins et al., 2016; Collins et al., 2017; Cuddy et al., 2015; Public Health England and Ministry of Justice, 2017). Under Merseyside Police's targeted drug testing process in the custody suites, if offenders test positive for specified Class A drugs (opiates and/or cocaine) they are required to undergo a Required Assessment (RA) with a drugs worker. There are other referral routes into DIP including Conditional Cautioning, transfers from other Criminal Justice Intervention Teams (CJITs), required by the client's Offender Manager and court mandated processes (such as Restriction on Bail, pre-sentence reports, Drug Rehabilitation Requirements and Alcohol Treatment Requirements), as well as voluntary presentations.

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the CJIT data set via the National Drug Treatment Monitoring System (NDTMS). DIP continues to be implemented in Sefton, with the processes that underpinned it originally remaining in place at all stages of the criminal justice system in order to engage offenders who use drugs and/or alcohol in treatment.

The CJIT data set captures client information, episode details (including drug and alcohol use, and offending behaviour), referrals to structured treatment and recovery support sub-interventions. DIP assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and based on the decision the worker will then encourage engagement with a range of appropriate treatment options. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships; Home Office [n.d.]).

This DIP Activity report for Sefton presents data for clients accessing DIP between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019, contextualising CJIT data. It complements the monthly DIP Performance Reports by providing an annual snapshot of the CJIT data set. Where possible, comparisons to the Merseyside figures and the previous two years' Sefton CJIT activity have been made<sup>1</sup>. This report also provides recommendations for Sefton Local Authority and Sefton's drug and alcohol treatment provider, in terms of targeting the efficient use of resources and effective services in Sefton and across Merseyside.

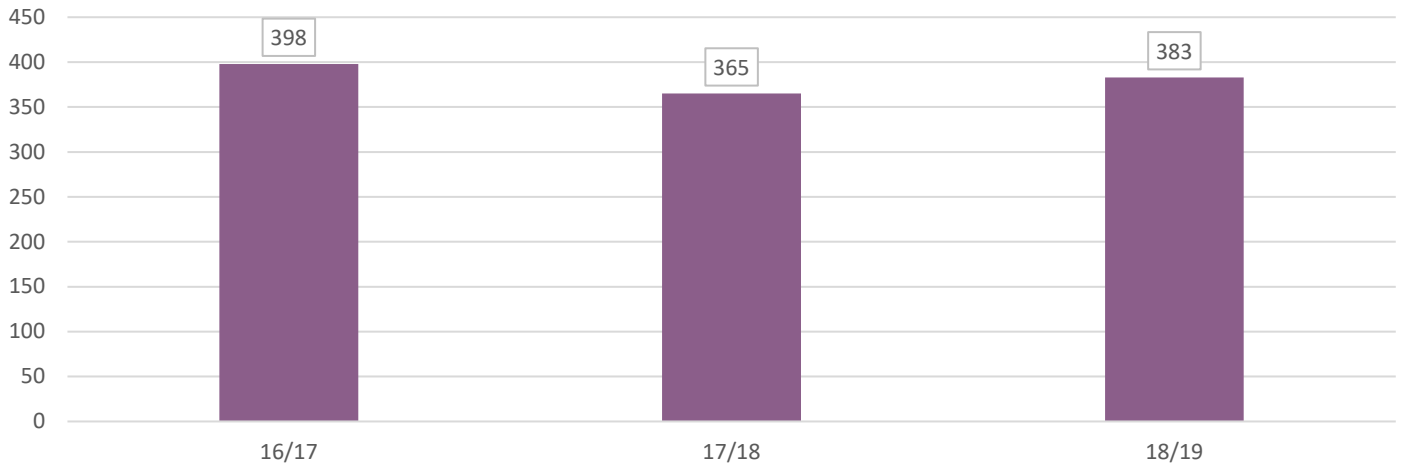
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<sup>1</sup> Please note that this report focuses on Sefton residents from *Figure 5* onwards, while previous annual reports provided figures for all residents in contact with Sefton CJIT. For this reason, caution should be taken when comparing this report with earlier reports; however, comparisons to the previous two years have been made for Sefton residents throughout this report. Also, note that figures for gender, age 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 year.

## OVERVIEW

Between April 2018 and March 2019, there were 383 CJIT contacts (367 individuals) recorded by the drug and alcohol treatment provider in Sefton, up from 365 CJIT contacts in the previous year, representing a 5% increase (*Figure 1*). Notably, all but one of the Merseyside areas have seen an increase in the number of CJIT contacts in 2018/19, which could be attributed to the 4% increase in the number of attempted drug tests carried out by Merseyside Police in the custody suites (Critchley and Whitfield, 2019).

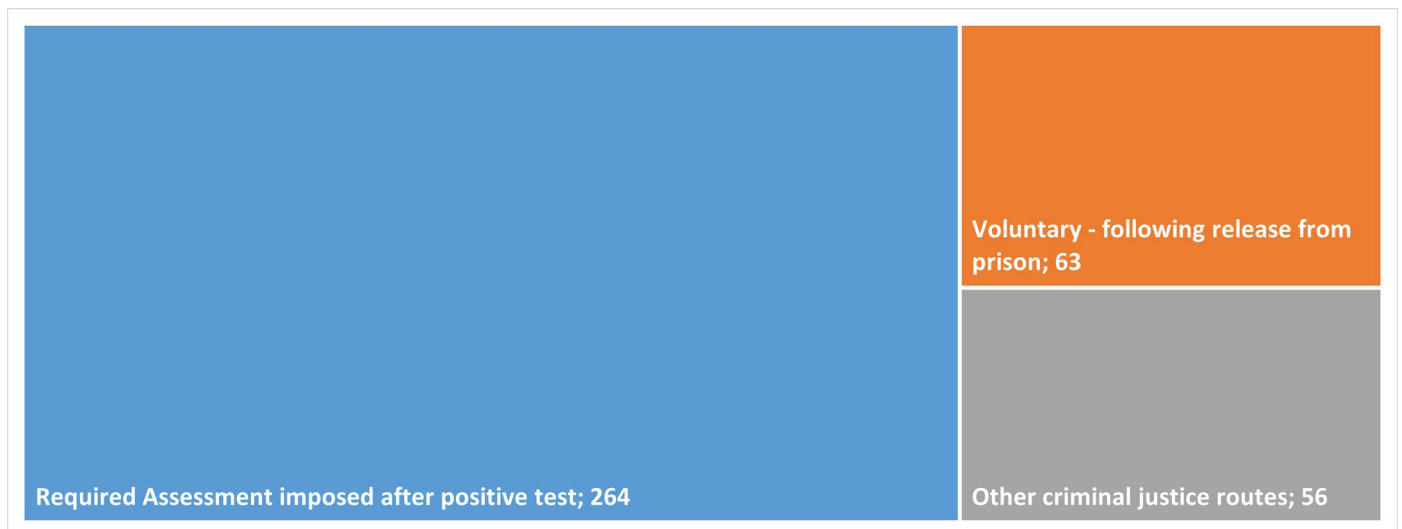
**Figure 1: Trends of Sefton CJIT contacts, 16/17-18/19**



## CRIMINAL JUSTICE ROUTES IN SEFTON

*Figure 2* shows the criminal justice routes that led to the contact with Sefton CJIT in 2018/19. Around seven in ten CJIT contacts were Required Assessments imposed after a positive drug test for opiates and/or cocaine in the custody suite (n=264; 69%), while 63 (16%) were voluntary presentations following release from prison and 56 (15%) were other criminal justice routes<sup>2</sup>. This is the highest proportion of Required Assessments of all five Merseyside areas (Merseyside total: 63%) and an increase on the previous two years (2016/17: 60%; 2017/18: 61%).

**Figure 2: Referral routes of Sefton CJIT contacts, 18/19**

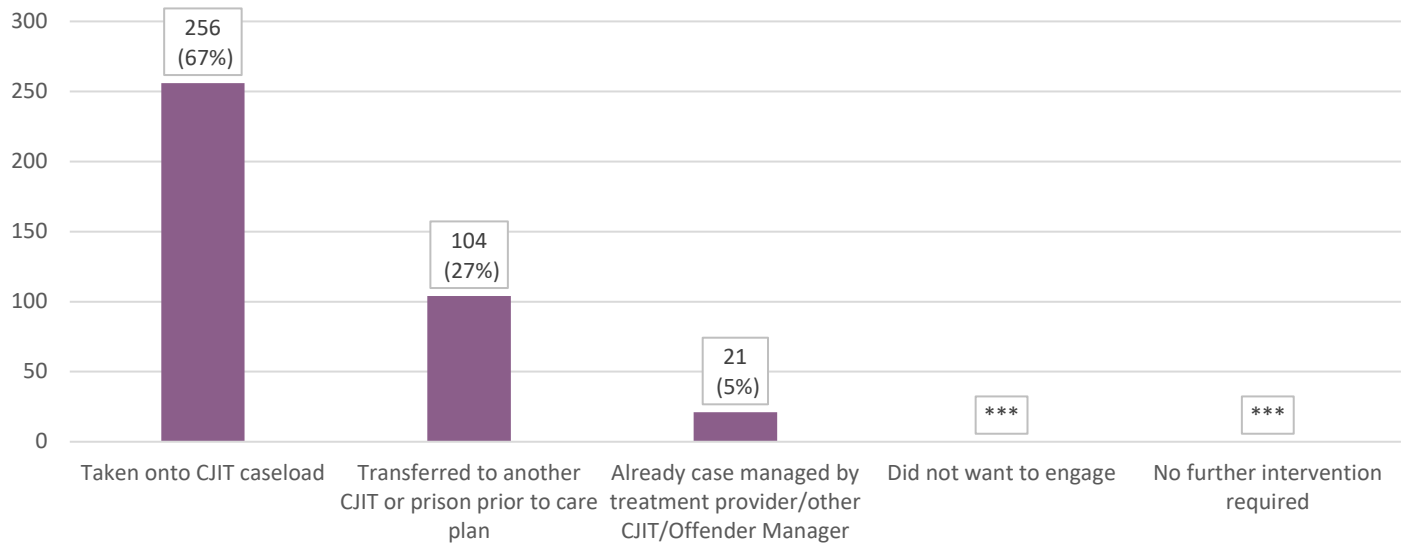


<sup>2</sup> Other criminal justice routes: Requested by Offender Manager (post DRR/ATR) = 24; required by offender management scheme/DRR/ATR/IOM = 24; other <5; pre-sentence report <5; voluntary - following cell sweep <5; voluntary - other <5.

## OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Of the 383 Sefton CJIT contacts in 2018/19, around two-thirds were taken onto the CJIT caseload (n=256; 67%), while just over one-quarter transferred to another CJIT or prison prior to care plan (n=104; 27%; *Figure 3*). Notably, proportions for clients taken onto the CJIT caseload and clients transferred to another CJIT or prison prior to care plan are higher than the other four Merseyside areas (Merseyside totals: 48% and 17% respectively). The proportion of clients taken onto the CJIT caseload has decreased when compared to the previous year (71%), though is the same as 2016/17, while the proportion of clients transferred to another CJIT or prison prior to care plan increased from 15% in 2016/17.

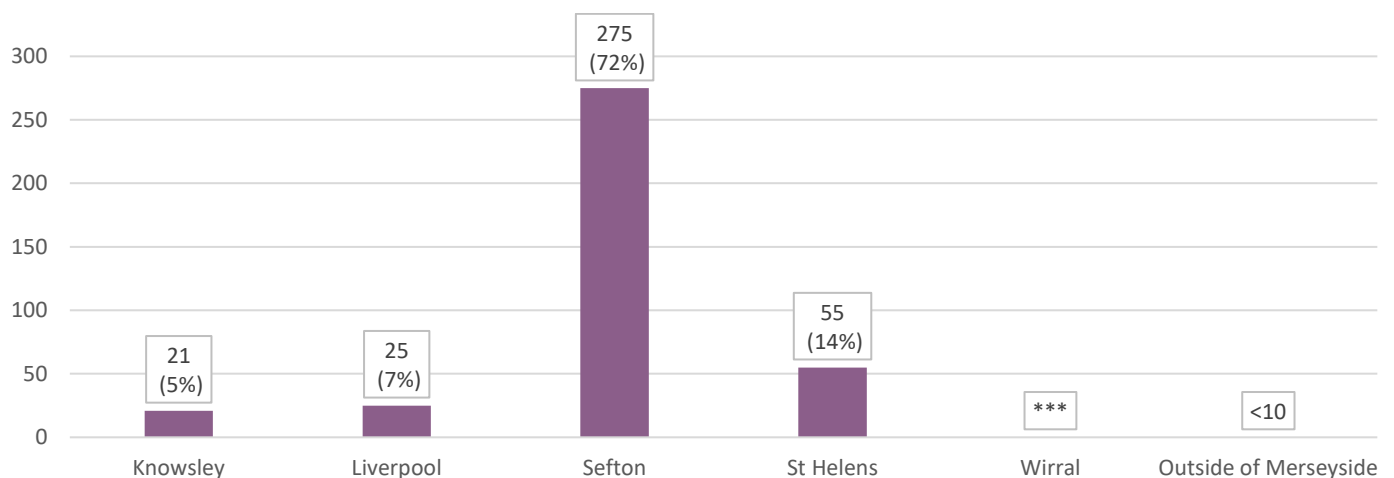
**Figure 3: Outcomes following criminal justice assessment of Sefton CJIT contacts, 18/19<sup>3</sup>**



## CJIT OF RESIDENCE

Over seven in ten Sefton CJIT contacts in 2018/19 were Sefton residents (n=275; 72%), while 55 (14%) were St Helens residents (*Figure 4*).

**Figure 4: CJIT of residence of Sefton CJIT contacts, 18/19**

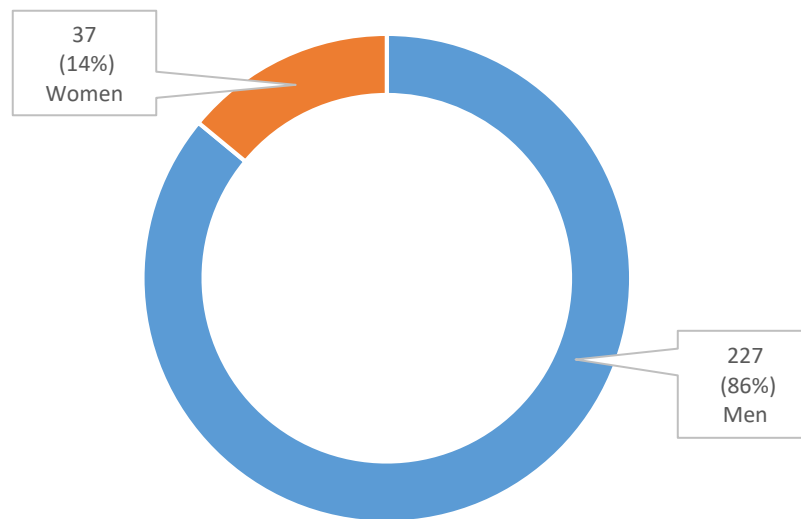


<sup>3</sup> Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g. <10).

DEMOGRAPHICS

Of the 275 CJIT contacts who were Sefton residents, there were 264 individuals. Just under nine in ten individuals in contact with Sefton CJIT in 2018/19 were men (n=227; 86%; *Figure 5*). This proportion is slightly higher than the Merseyside figure (84%) and is higher than the previous two years (16/17: 84%; 17/18: 83%).

**Figure 5: Gender of Sefton CJIT contacts (individuals), 18/19**



The average age of the CJIT contacts in 2018/19 was 35 years. Looking at age groups, around one in five individuals were aged 18-24 years (n=55; 21%), followed by clients aged 30-34 years (n=48; 18%; *Figure 6*). The proportion of 18-24 year olds is higher than the Merseyside figure (17%) and a substantial increase on the previous year's proportion (13%).

**Figure 6: Age group of Sefton CJIT contacts (individuals), 18/19**

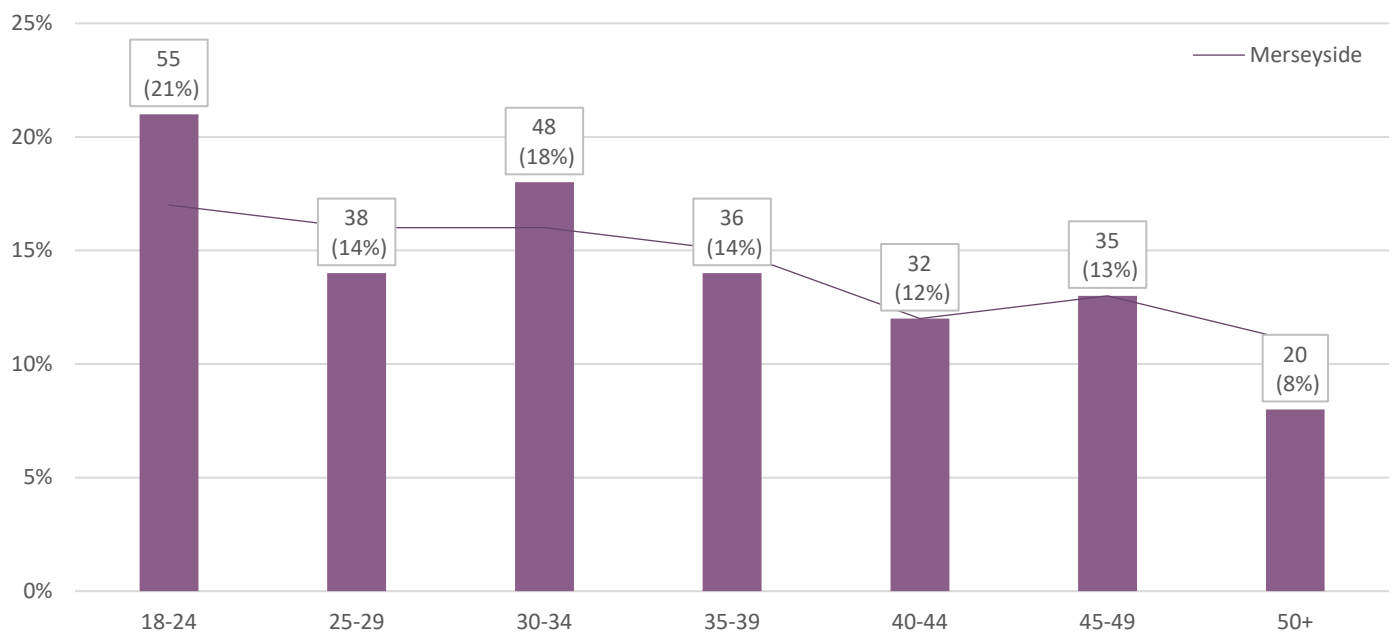
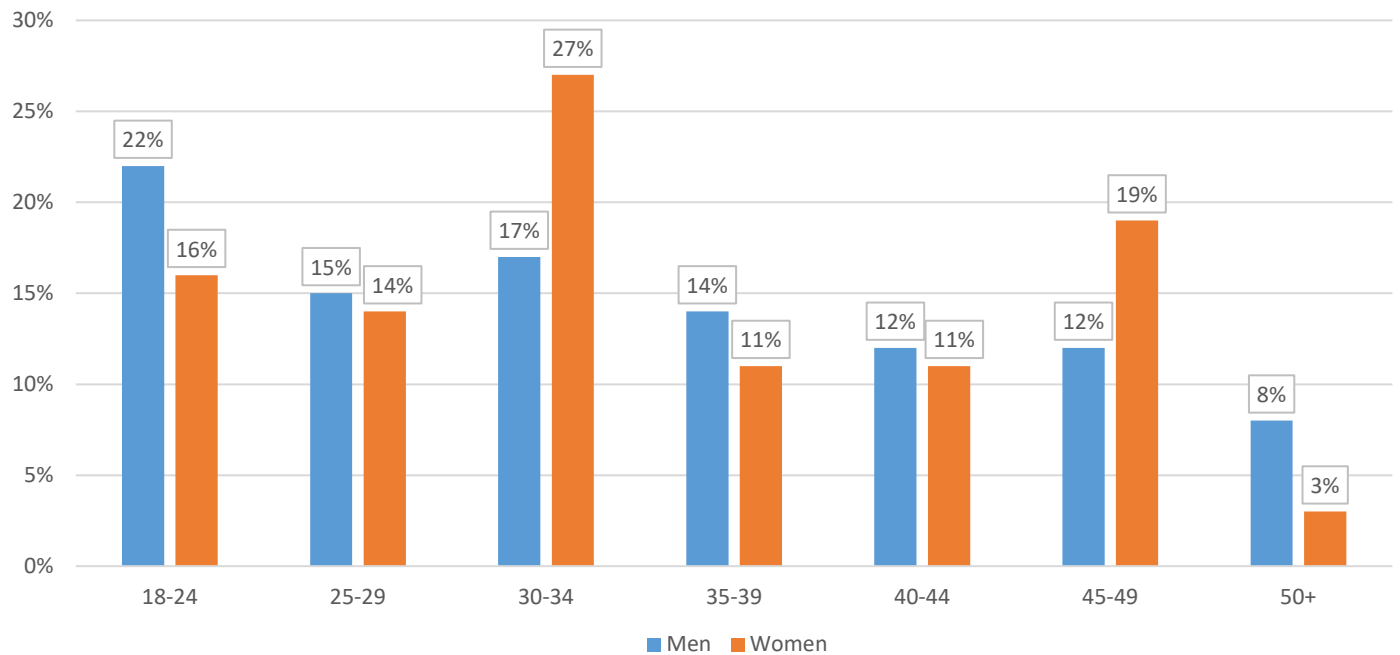


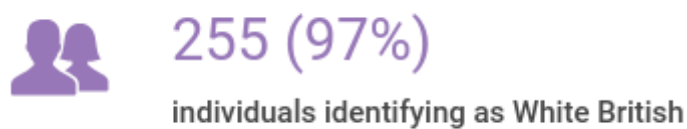
Figure 7 shows some differences in age group proportions across gender groups in Sefton. Whilst there are fewer female CJIT contacts, there were larger proportions aged 30-34 years and 45-49 years (27% and 19% respectively) when compared to men (17% and 12% respectively).

**Figure 7: Age group and gender of Sefton CJIT contacts (individuals), 18/19<sup>4</sup>**



Almost all Sefton CJIT contacts identified themselves as White British (n=255; 97%; Figure 8), which is similar to the Merseyside proportion (95%).

**Figure 8: Ethnicity of Sefton CJIT contacts (individuals), 18/19**

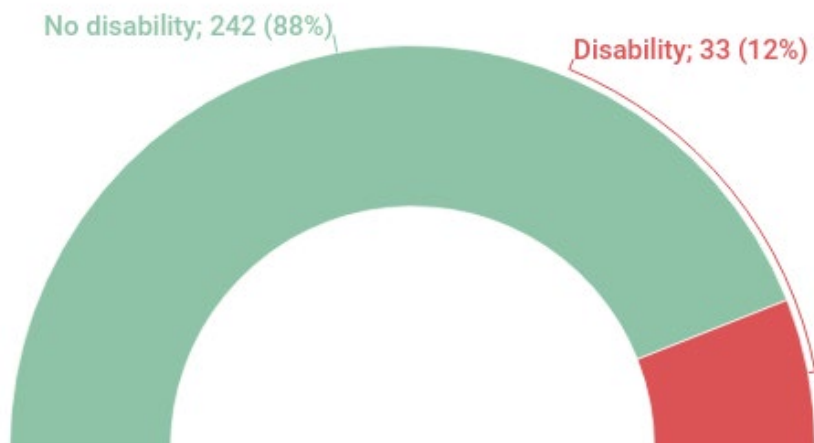


<sup>4</sup> Throughout this report, percentages may not add up to 100% due to rounding.



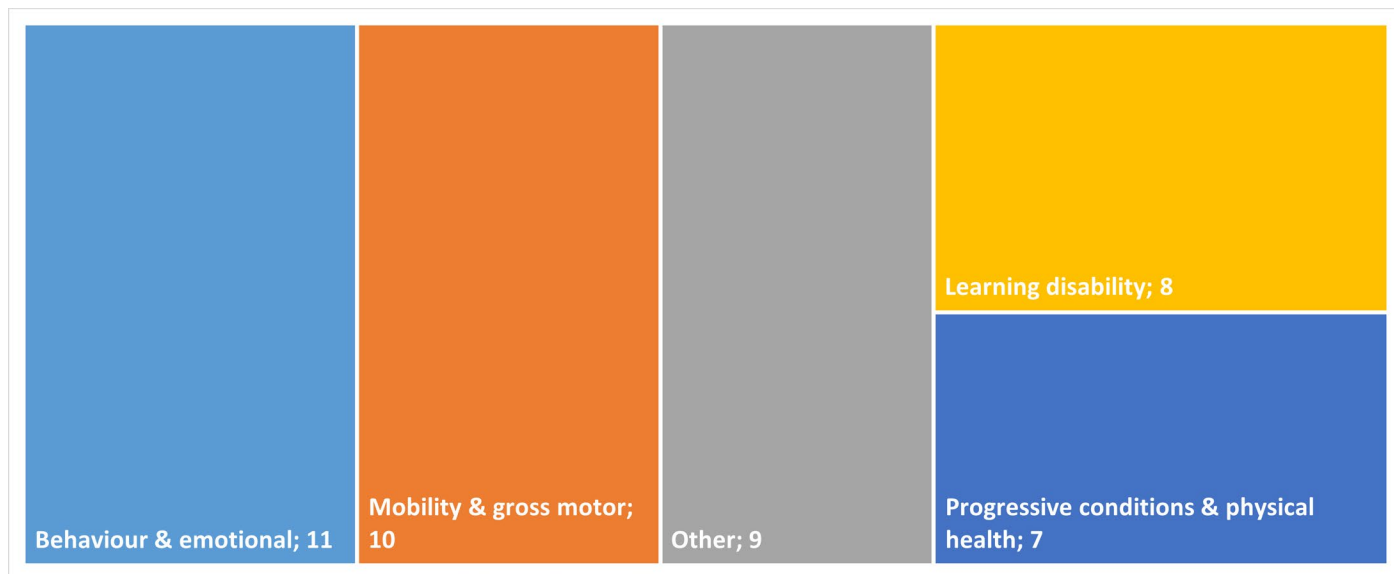
Just over one in ten of the total 275 Sefton residents considered themselves to have a disability (n=33; 12%; *Figure 9*), which is considerably less than the Merseyside proportion (22%).

**Figure 9: Disability of Sefton CJIT contacts, 18/19**



The 33 clients who considered themselves to have a disability reported a total of 48 disabilities. Just under one-quarter of the disabilities were behaviour and emotional (n=11; 23%), followed by mobility and gross motor (n=10; 21%), other (n=9; 19%), learning disability (n=8; 17%), and progressive conditions and physical health (n=7; 15%; *Figure 10*)<sup>5</sup>.

**Figure 10: Disability type of Sefton CJIT contacts, 18/19**

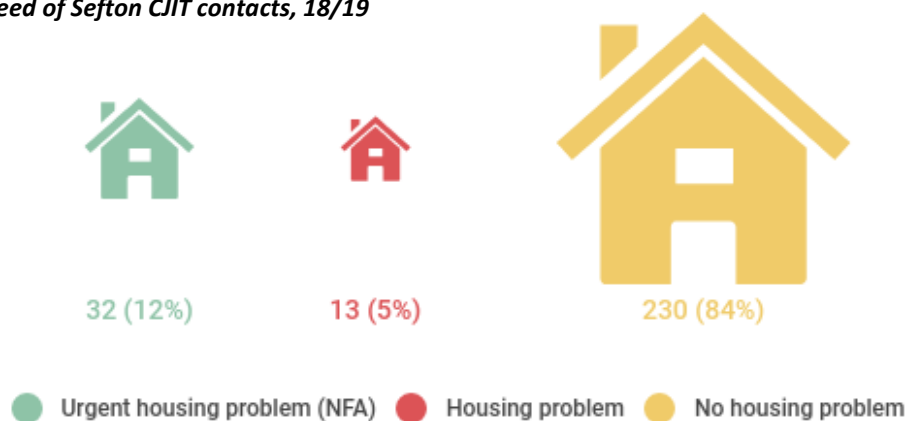


<sup>5</sup> Please note that clients may have up to three disabilities recorded. Also, note that other disabilities were reported but have not been included in the figure due to low numbers.

## HOUSING NEED

While the majority of the 275 Sefton CJIT contacts reported no housing problems, 45 (16%) had some form of a housing problem, with 32 (12%) stating an urgent housing need due to being of no fixed abode (NFA; *Figure 11*). The proportion of Sefton clients that stated a housing problem is somewhat lower than the Merseyside figure (25%); however, the proportion of Sefton clients with an urgent housing need is the same as the Merseyside figure. Furthermore, the overall proportion of Sefton clients with a housing problem in 2018/19 is lower than the previous year (25%) and similar to 2016/17 (17%), while the proportion with an urgent housing need is the same as the previous year.

**Figure 11: Housing need of Sefton CJIT contacts, 18/19**

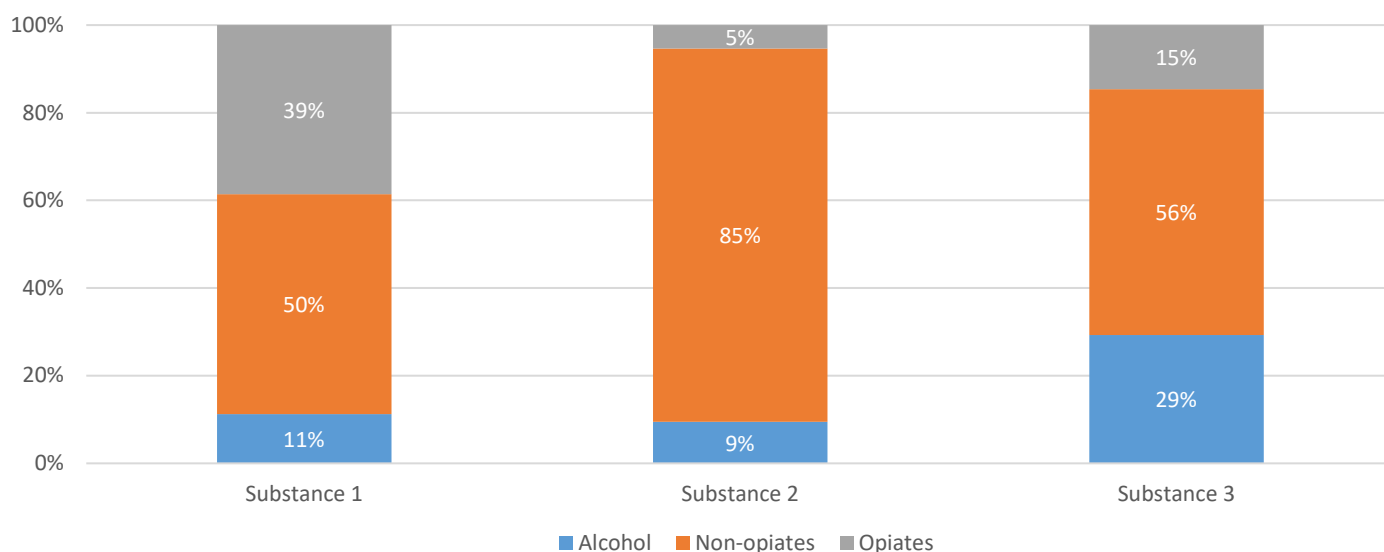


## SUBSTANCE USE

In 2018/19, half of the CJIT contacts in Sefton reported non-opiate drugs as their main substance (n=138; 50%), followed by opiate drugs (n=106; 39%) and alcohol (n=31; 11%; *Figure 12*). The proportion of non-opiates recorded as the main substance is slightly higher than the Merseyside figure (47%). Notably, the proportion of non-opiates has increased from 45% in 2016/17, while it has decreased year-on-year for alcohol and opiates.

The main substance had the highest proportion of opiate drugs (n=106; 39%), while non-opiate drugs was highest for the second substance (n=144; 85%) and alcohol was highest for the third substance (n=12; 29%; *Figure 12*).

**Figure 12: Substance type of Sefton CJIT contacts, 18/19**



Taking into account the main, second and third substances combined, one-quarter reported cocaine (n=119; 25%), followed by heroin (n=113; 23%) and crack (n=112; 23%). The proportion of Sefton CJIT contacts who reported cocaine is slightly higher than the Merseyside figure (21%), while proportions for heroin and crack are similar to the Merseyside figures (24% and 23% respectively). These proportions are similar to the previous two years, though crack has increased from 21% in 2016/17.

Figure 13 shows figures broken down by substance one, two and three. Over one-third of CJIT contacts in Sefton reported heroin (n=102; 37%) or cocaine (n=100; 36%) as their main substance. The proportion of heroin is just below the Merseyside figure (40%), while the proportion of cocaine is just over the Merseyside figure (34%). The proportion of cocaine recorded as the main substance for Sefton CJIT contacts in 2018/19 is similar to the previous year (37%), though this is an increase from 31% in 2016/17. Notably, the proportion of heroin has decreased from 40% in 2016/17. Just under three in five CJIT contacts in Sefton reported crack as their second substance in 2018/19 (n=96; 57%), while around three in ten reported cannabis (n=13; 32%) or alcohol (n=12; 29%) as their third substance (Figure 13).

**Figure 13: Substances used by Sefton CJIT contacts, 18/19**

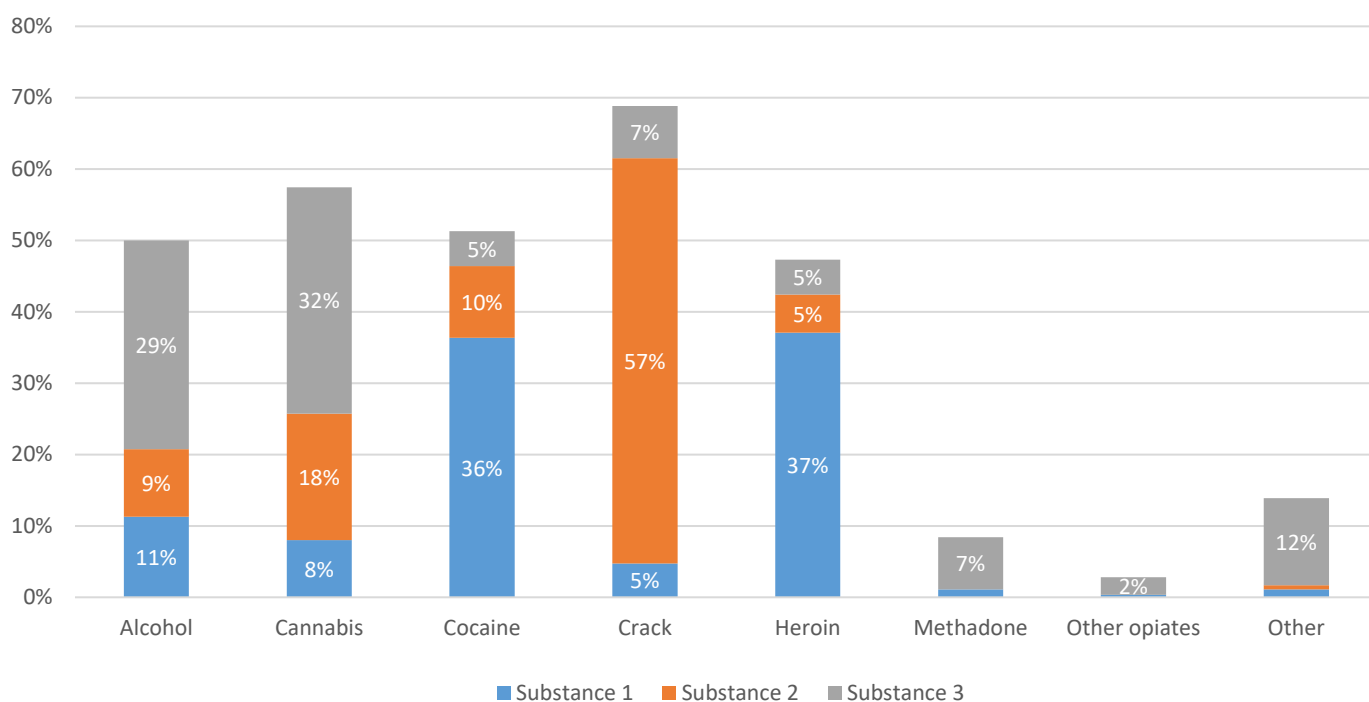


Figure 14 shows the proportions of the main substance by gender. There was a larger proportion of cocaine use reported by men (38%) when compared to women (26%), while there were larger proportions of women who reported to use alcohol or heroin (18% and 49% respectively) when compared to men (10% and 35% respectively).

**Figure 14: Main substance and gender of Sefton CJIT contacts, 18/19**

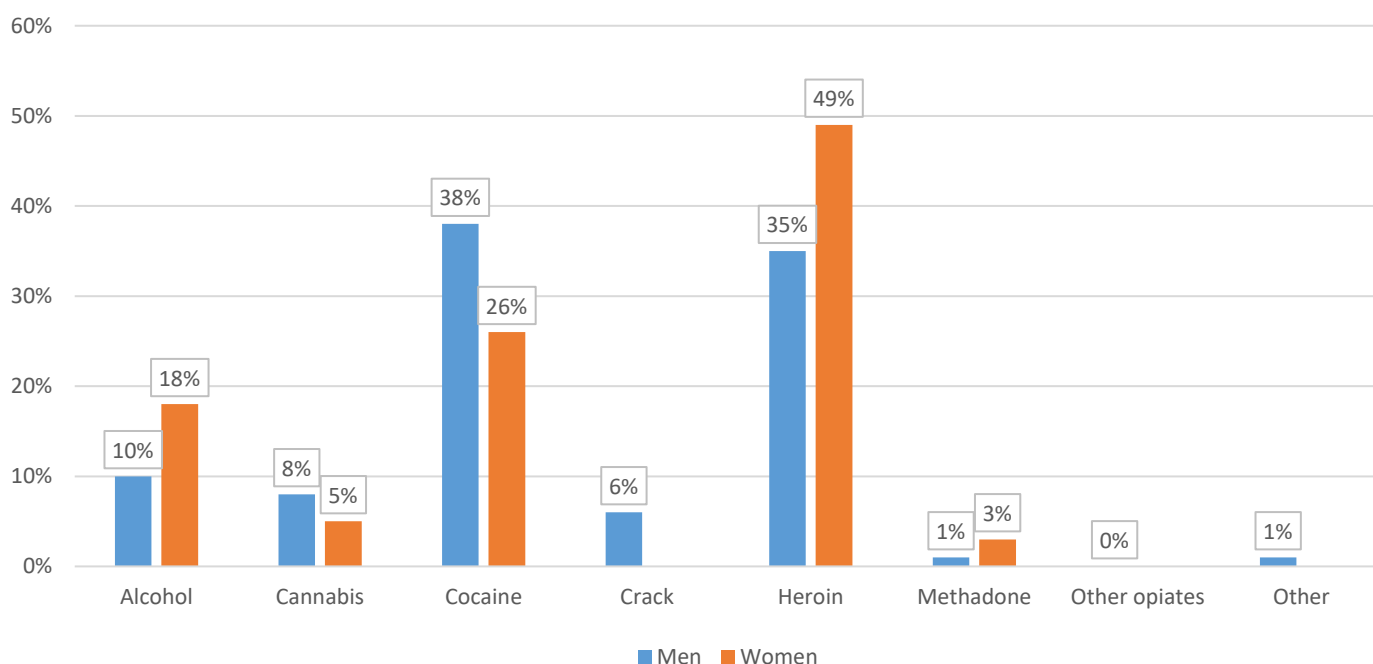
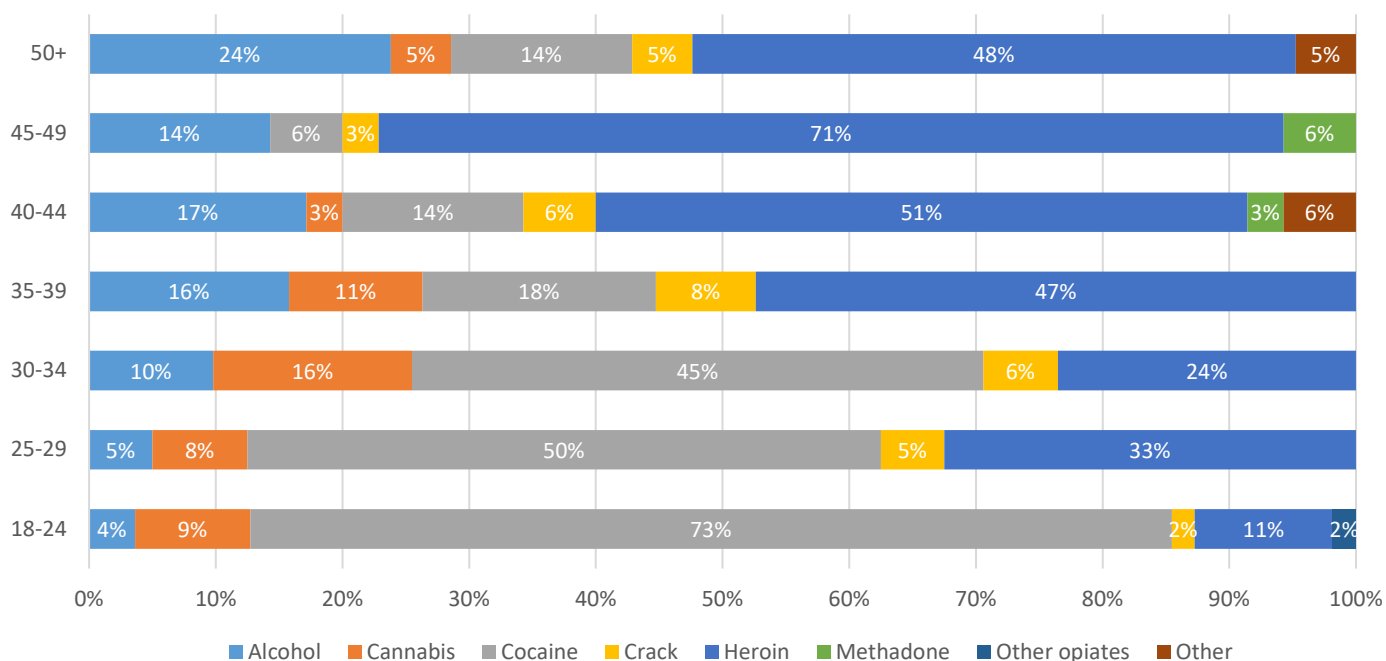


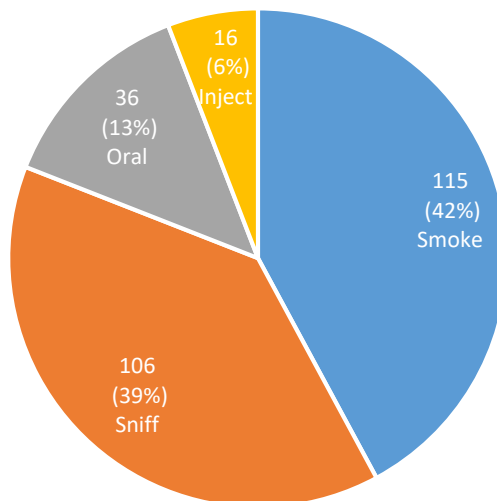
Figure 15 shows the proportions of the main substance for each age group. In general, there were larger proportions of cocaine use recorded as the main substance in the younger age groups and larger proportions of heroin use across the older age groups. Just under three-quarters of 18-24 year olds (73%) and half of 25-29 year olds (50%) reported cocaine as their main substance. Meanwhile, around seven in ten 45-49 year olds reported heroin as their main substance (71%), while around half of the clients aged 35-39 years (47%), 40-44 years (51%) and 50 years and over (48%) also reported heroin as their main substance.

**Figure 15: Main substance and age group of Sefton CJIT contacts, 18/19**



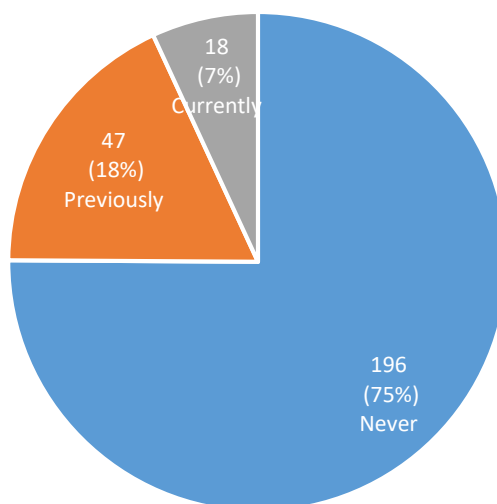
The route of administration of Sefton clients' main substance is shown in *Figure 16*. Just over two in five smoked their main substance (n=115; 42%), followed by just under two in five who sniffed their main substance (n=106; 39%). In comparison, Merseyside figures reported a higher proportion who smoked their main substance (45%) and a lower proportion who sniffed their main substance (34%). The proportion of Sefton CJIT contacts in 2018/19 who smoked their main substance was the same as the previous year, but lower than in 2016/17 (50%), while the proportion of clients who sniffed their main substance increased from 28% in 2016/17.

**Figure 16: Route of administration of the main substance used by Sefton CJIT contacts, 18/19**



*Figure 17* shows that three-quarters of CJIT contacts in Sefton in 2018/19 stated that they had never injected (n=196; 75%), while 47 (18%) had previously injected but were not currently and 18 (7%) were currently injecting<sup>6</sup>. These proportions are similar to the Merseyside figures and previous two years.

**Figure 17: Injecting status of Sefton CJIT contacts, 18/19**



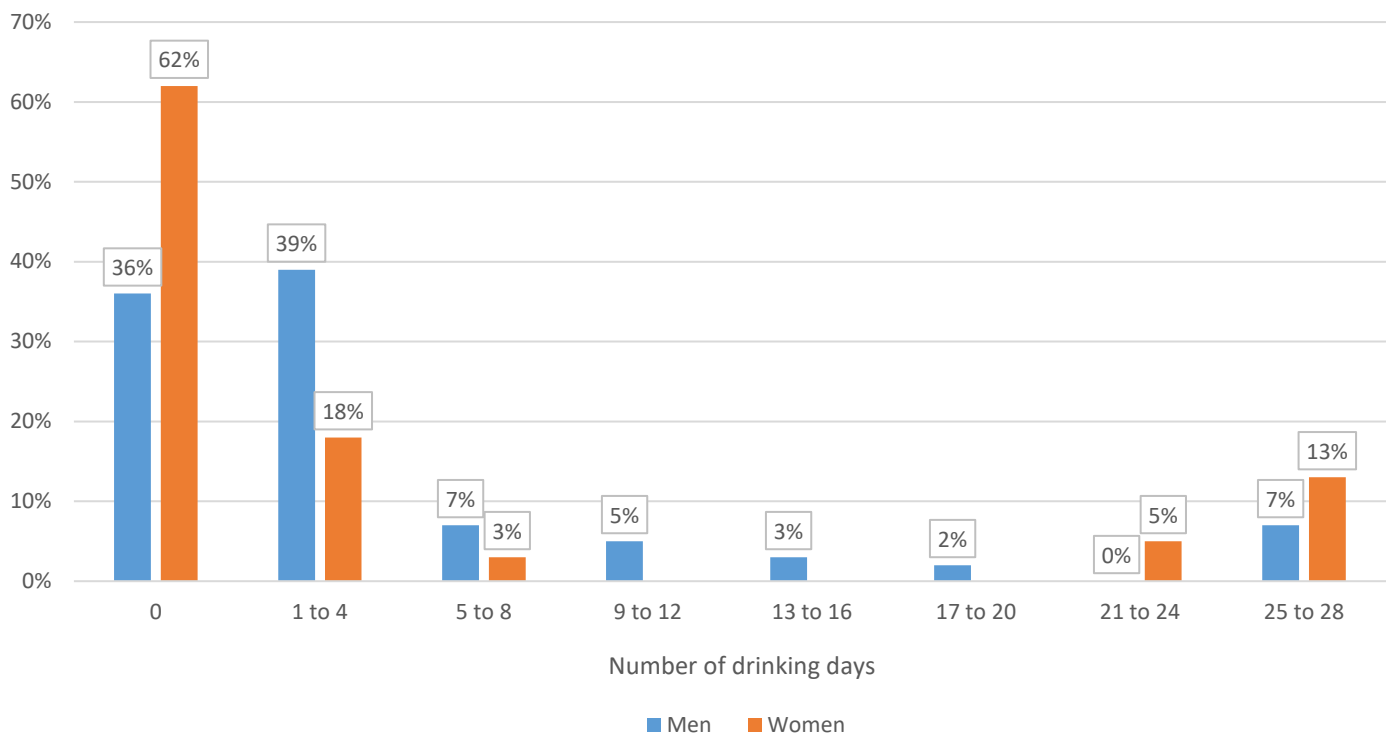
<sup>6</sup> Please note that there were 14 clients who declined to answer and have been excluded from the calculations.

## ALCOHOL CONSUMPTION

Figure 18 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their CJIT contact. Around two in five men reported to drink alcohol between one and four days (n=93; 39%), followed by just over one-third who did not consume alcohol in the 28 days prior to their assessment (n=86; 36%). Overall, 150 (64%) men reported to consume alcohol in the 28 days prior to their assessment, which is the highest proportion of the five Merseyside areas (Merseyside total: 51%), and higher than in 2016/17 and 2017/18 (58% and 54% respectively).

For women, over two in five did not consume alcohol in the 28 days prior to their CJIT contact (n=24; 62%; Figure 18). This proportion is slightly higher than the Merseyside figure (59%) and has increased from 45% in 2016/17.

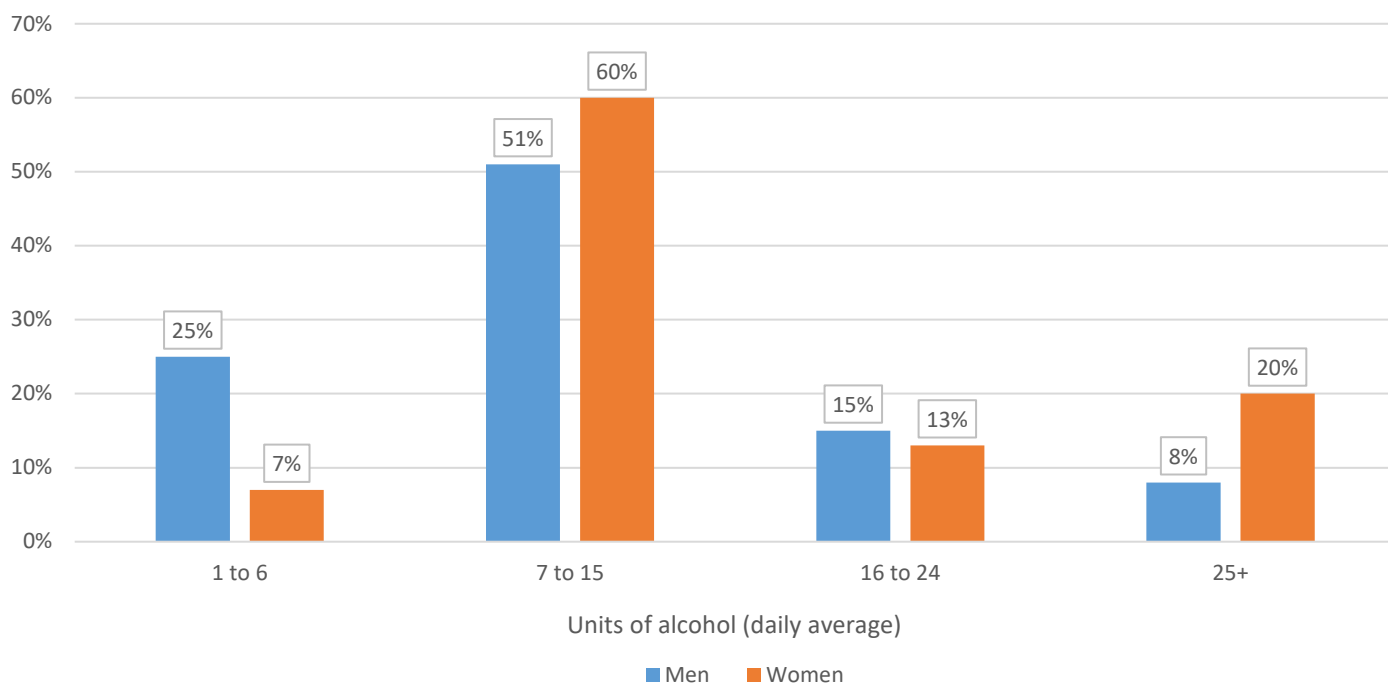
**Figure 18: Number of drinking days in the 28 days prior to assessment for Sefton CJIT contacts, 18/19**



The daily average number of units of alcohol consumed by Sefton clients in the 28 days prior to CJIT contact are shown in Figure 19. Of the 150 men who did drink in the 28 days prior to their assessment, around half consumed 7-15 units of alcohol daily (n=77; 51%), followed by one-quarter who consumed 1-6 units (n=38; 25%). These proportions are higher than the Merseyside figures (40% and 17% respectively). When compared to the previous year, proportions for men in Sefton who drank 1-15 units daily have increased, while proportions for men who drank 16 units or more have decreased.

Of the 15 women who did drink in the 28 days prior to their CJIT contact, three in five consumed 7-15 units of alcohol daily (n=9; 60%; Figure 19). This proportion is higher than the Merseyside figure (42%) and has increased from 36% in 2017/18.

**Figure 19: Number of units of alcohol (daily average) consumed by Sefton CJIT contacts, 18/19**



## OFFENDING

The offence that prompted Sefton CJIT clients' current or most recent contact with the criminal justice system is shown in *Figure 20*. Just over one-third were Misuse of Drugs Act (MDA) offences (n=96; 35%), while 62 (23%) were offences categorised as 'other'. Wounding or assault (n=38; 14%) and theft - shoplifting (n=34; 12%) each accounted for just over one in ten clients. The proportion of MDA offences and offences categorised as 'other' are higher than the Merseyside figures (28% and 16% respectively). MDA offences have increased year-on-year from 27% in 2016/17, while the proportion of other offences in 2018/19 is lower than the previous year (29%), though the same as 2016/17. Notably, the proportion of theft - shoplifting is considerably lower than the Merseyside figure (22%) and has decreased from 16% in 2016/17.

**Figure 20: Offence that prompted current or most recent contact with the criminal justice system for Sefton CJIT contacts, 18/19**



## INTERVENTIONS

### REFERRALS TO STRUCTURED TREATMENT

There were 250 referrals to structured treatment in 2018/19 (245 individuals; *Figure 21*)<sup>7</sup>.

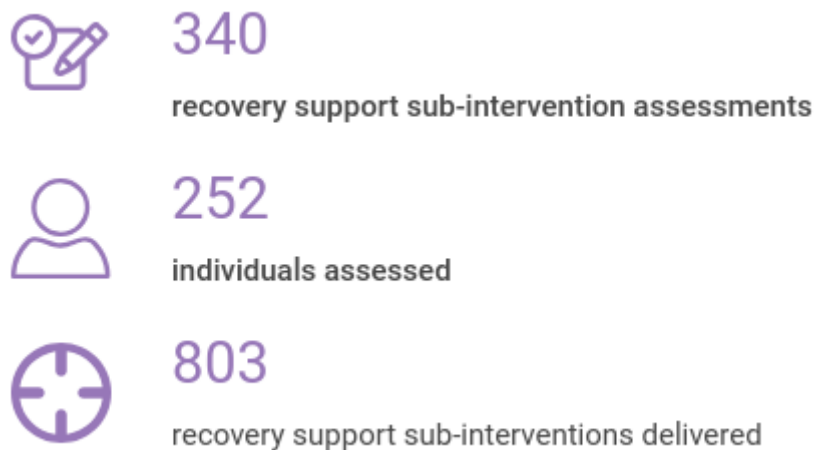
**Figure 21: Referrals to structured treatment for Sefton CJIT contacts, 18/19**



### RECOVERY SUPPORT SUB-INTERVENTIONS

In 2018/19, a total of 340 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (252 individuals), with a total of 803 sub-interventions delivered (*Figure 22*)<sup>7</sup>.

**Figure 22: Recovery support sub-intervention assessments for Sefton CJIT contacts, 18/19**

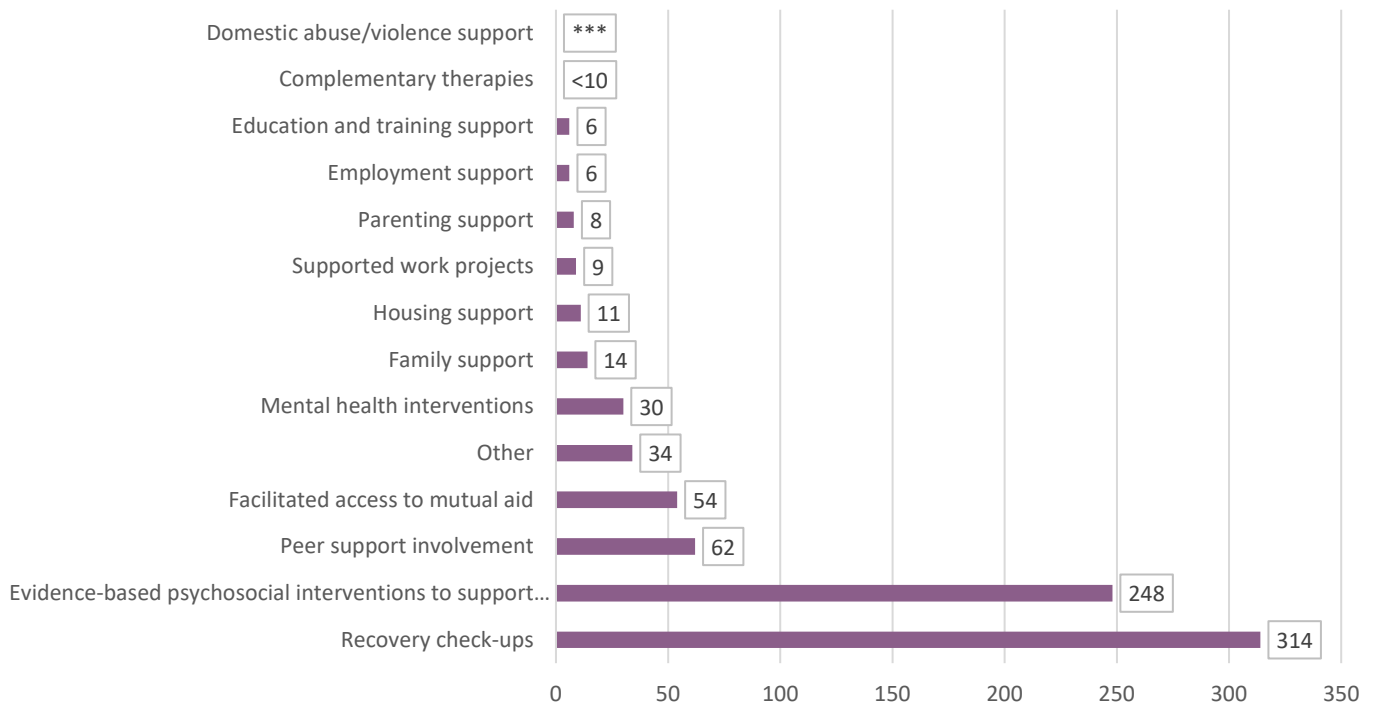


<sup>7</sup> Clients not taken onto the CJIT caseload have been excluded from these figures.



Of the total recovery support sub-interventions delivered, around two in five were recovery check-ups (n=314; 39%), followed by around three in ten evidence-based psychosocial interventions to support relapse prevention (n=248; 31%; *Figure 23*).

**Figure 23: Recovery support sub-intervention delivered to Sefton CJIT contacts, 18/19**



## RECOMMENDATIONS

- In order to have a comprehensive understanding of substance use and the criminal justice system in the local area, stakeholders should use this report and other DIP reports alongside data available from other Public Health Institute monitoring systems (e.g. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (e.g. NDTMS) and local treatment services. Such information can be used as part of the local health needs assessment, potentially contribute to the Joint Strategic Needs Assessment and be used collaboratively to help improve the lives of offenders who use drugs and/or alcohol in Sefton and Merseyside.
- All partners in the DIP process should utilise all available data, which allow us to look at trends over time. This information will enable stakeholders to stay informed, up to date and observe any changes and/or trends within Sefton 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 that may prevent these clients from engaging with treatment services.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, disability, residency and housing need, substance use, alcohol consumption and offending behaviour. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. In keeping with the Government's Drug Strategy (HM Government, 2017), clients need to be assessed on a person-by-person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, this information should be used regularly to ensure that these individuals receive effective treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- Sefton CJIT and the commissioners should identify and monitor the differences between the local area and the other Merseyside areas. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Sefton, reflecting the differences in service specifications when procuring services.
- In 2018, PHE introduced data quality metrics, accessible via CJIT reporting on NDTMS. The purpose of the metrics is to assist treatment providers in improving data quality of submitted data, with each metric highlighting incomplete or anomalous data. Data quality reports should be accessed routinely and any data quality issues should be addressed.

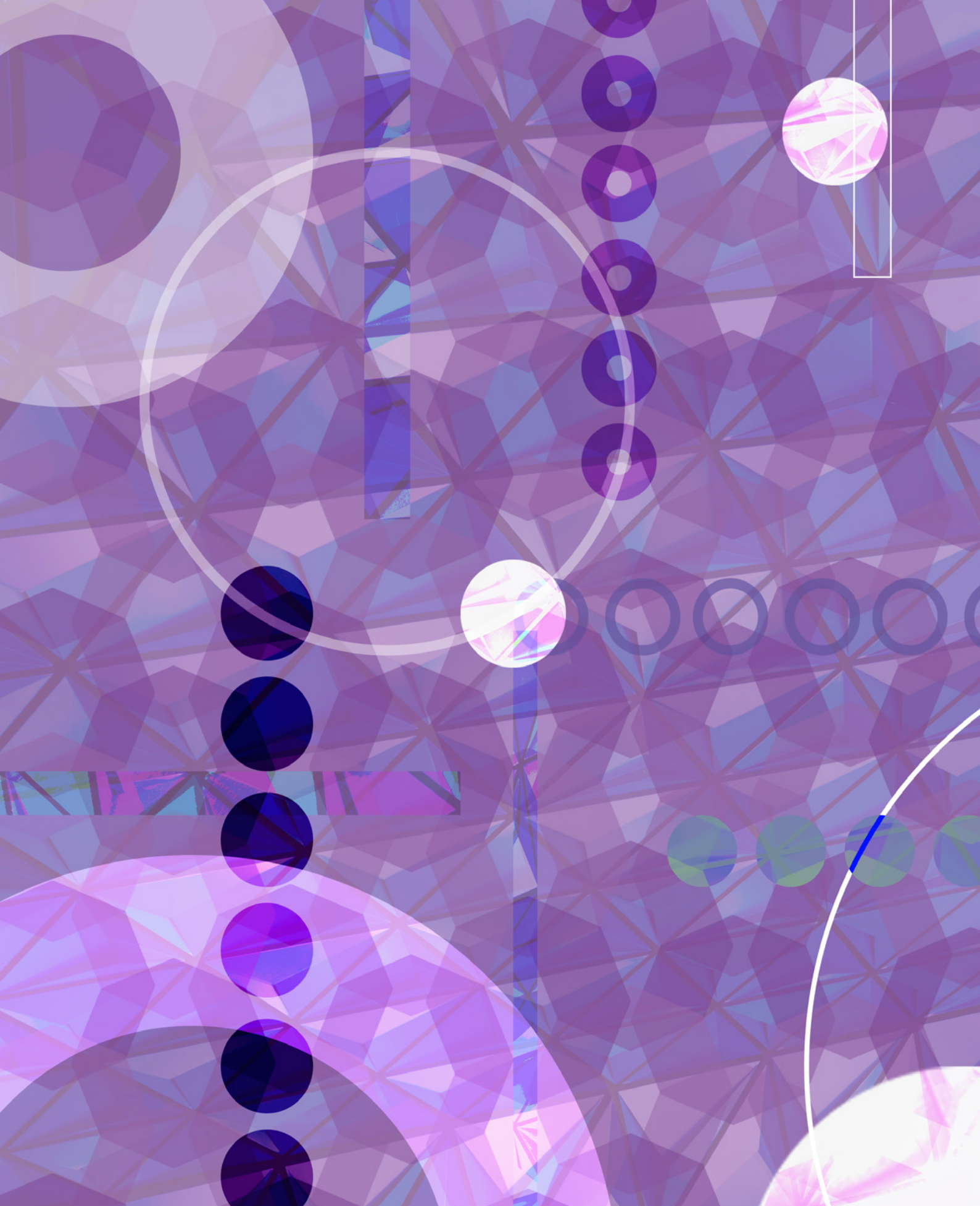
These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid offenders who use drugs and/or alcohol in being referred to treatment services appropriately and having an effective treatment experience with sustainable outcomes.

## REFERENCES

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## ACKNOWLEDGEMENTS

With thanks to the drug and alcohol treatment provider in Sefton and the commissioner at Sefton Council for their continued support. Thanks also to Jennifer Germain at the Public Health Institute for her help in proof reading this report.



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