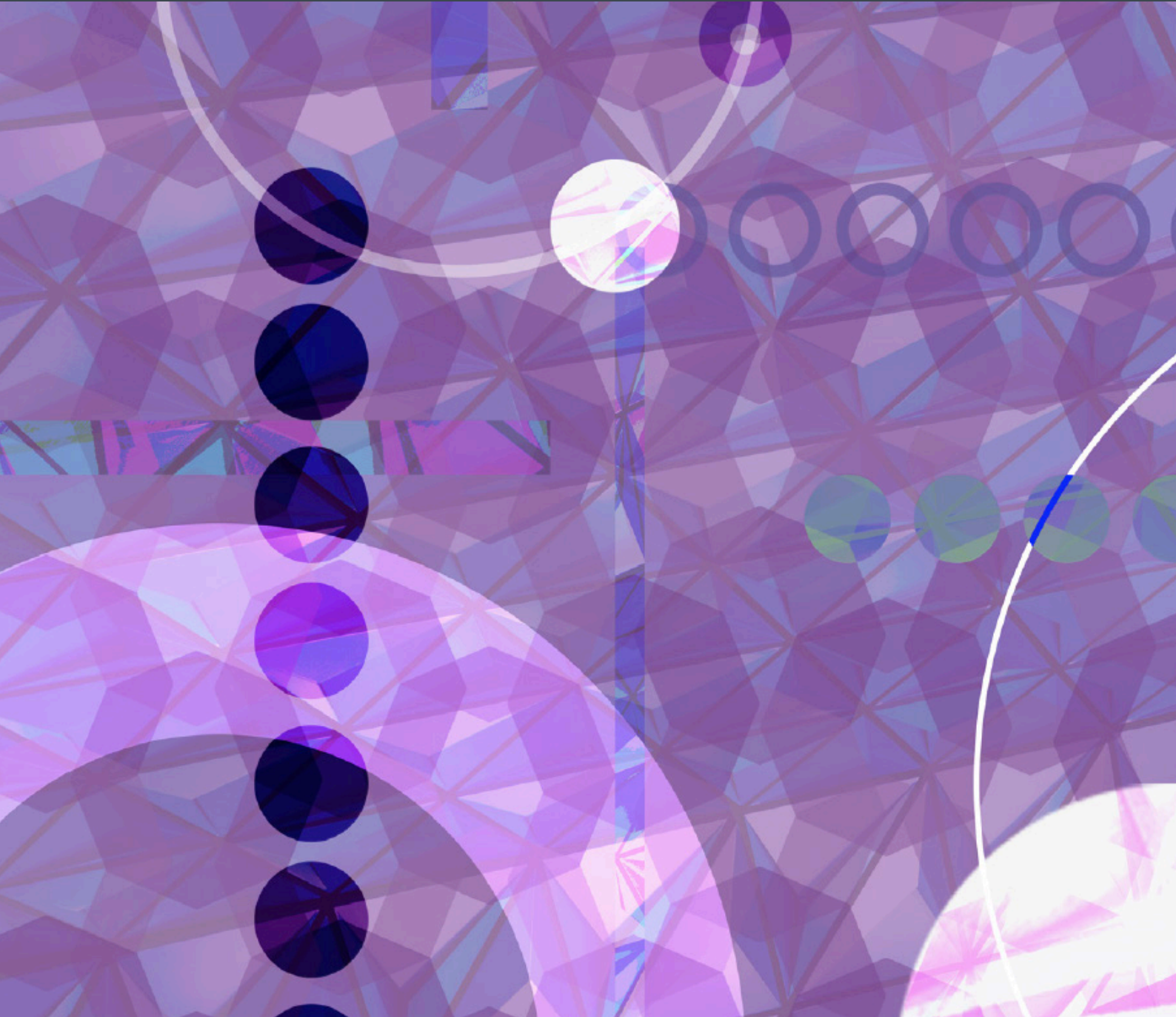


Criminal Justice Project: Drug Interventions Programme DIP Activity in St Helens (2018/19)

November 2019

DIP

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KEY FINDINGS

- Between April 2018 and March 2019, there were 172 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in St Helens. This is a 9% increase when compared to the previous year.
- Around half of the CJIT contacts were voluntary presentations following release from prison (n=85; 49%) and around half were Required Assessments (n=84; 49%).
- Of the 172 CJIT contacts in 2018/19, 107 (62%) were taken onto the CJIT caseload, while 47 (27%) did not want to engage with the CJIT.
- Just under nine in ten individuals were men (n=125; 88%).
- Just over one in five individuals were aged 18-24 years (n=31; 22%) and then numbers decreased by age group.
- All clients were of White British ethnicity (n=142; 100%).
- Over two in five St Helens CJIT contacts considered themselves to have a disability (n=72; 42%).
- While the majority of clients reported no housing problems, 49 (29%) had some form of housing problem, with 42 (25%) stating an urgent housing need due to being of no fixed abode.
- Over half of the CJIT contacts in St Helens reported opiate drugs as their main substance (n=89; 52%), followed by non-opiate drugs (n=68; 40%) and alcohol (n=14; 8%).
- Around half of the CJIT contacts in St Helens reported heroin (n=87; 51%) and around three in ten reported cocaine (n=50; 29%) as their main substance. Around three in five reported crack as their second substance (n=79; 61%), while just under half reported alcohol as their third substance (n=16; 46%).
- Two in five smoked their main substance (n=69; 40%), while 50 (29%) sniffed their main substance and 37 (22%) injected their main substance.
- Over half stated that they had never injected (n=90; 54%), while 45 (27%) had previously injected but were not currently and 33 (20%) were currently injecting.
- Less than three in five men reported consuming alcohol in the 28 days prior to their CJIT assessment (n=85; 56%). Of these, around half consumed 7-15 units of alcohol daily (n=41; 48%), while just over one in five consumed 16-24 units daily (n=19; 22%).
- One in five women reported consuming alcohol in the 28 days prior to their CJIT assessment (<5; 20%). Of these, three-quarters consumed 7-15 units of alcohol daily (75%).
- Just under three in ten reported Misuse of Drugs Act offences which prompted their current or most recent contact with the criminal justice system (n=48; 28%), followed by offences categorised as 'other' (n=38; 22%). Theft - shoplifting accounted for 17% (n=29) and theft - other accounted for 12% (n=21).
- There were 107 referrals to structured treatment in 2018/19 (80 individuals).
- In 2018/19, a total of 139 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (89 individuals), with a total of 229 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 St Helens, 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.]).

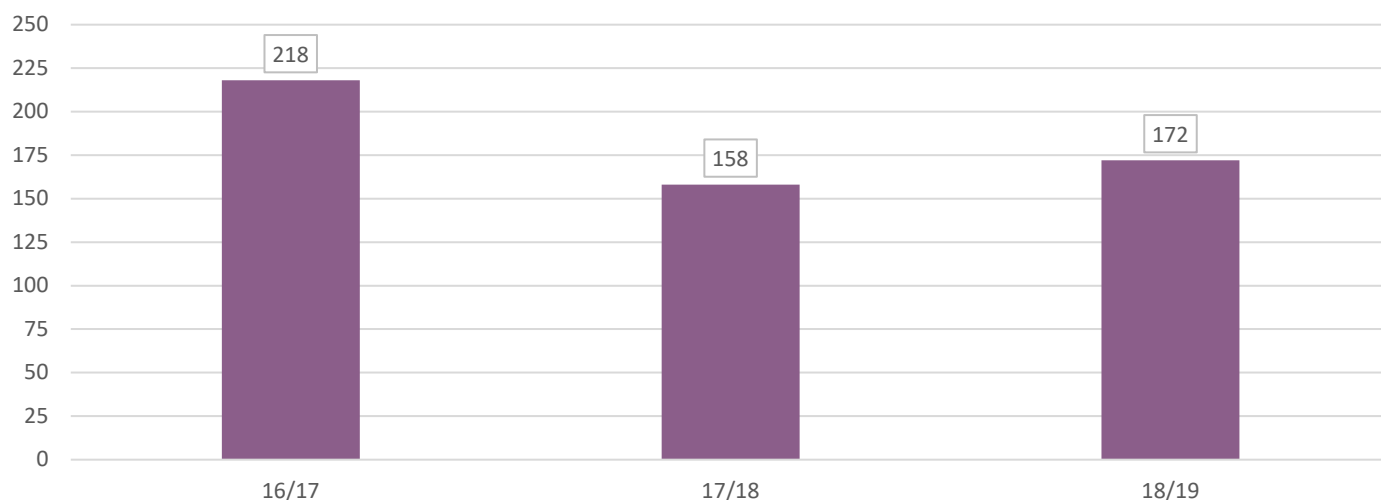
This DIP Activity report for St Helens presents data for clients accessing DIP between 1st April 2018 and 31st March 2019, contextualising CJIT data. It complements the monthly DIP Performance Reports by providing an annual snapshot of the CJIT data set. Where possible, comparisons to the Merseyside figures and the previous two years' St Helens CJIT activity have been made¹. This report also provides recommendations for St Helens Local Authority and St Helens' drug and alcohol treatment provider, in terms of targeting the efficient use of resources and effective services in St Helens and across Merseyside.

¹ Please note that this report focuses on St Helens residents from *Figure 4* onwards, while previous annual reports provided figures for all residents in contact with St Helens 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 St Helens residents throughout this report. Also, note that figures for gender, age and ethnicity are for individuals (*Figures 4-7*); 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 172 CJIT contacts (143 individuals) recorded by the drug and alcohol treatment provider in St Helens, up from 158 CJIT contacts in the previous year, representing a 9% 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).

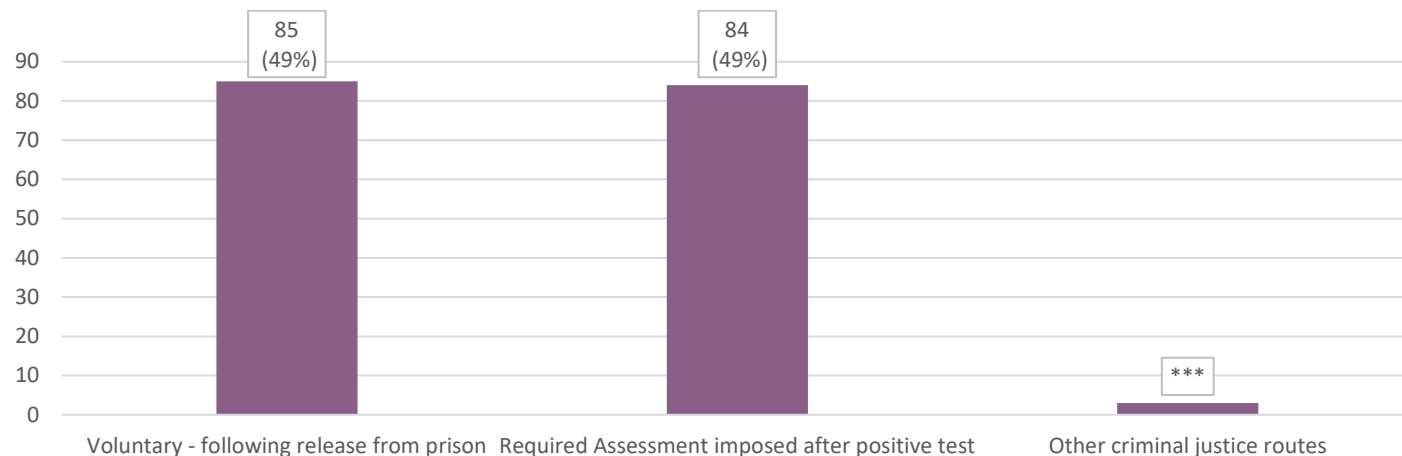
Figure 1: Trends of St Helens CJIT contacts, 16/17-18/19



CRIMINAL JUSTICE ROUTES IN ST HELENS

Figure 2 shows the criminal justice routes that led to the contact with St Helens CJIT in 2018/19. Around half of the CJIT contacts were voluntary following release from prison (n=85; 49%) and around half were Required Assessments imposed after a positive drug test for opiates and/or cocaine in the custody suite (n=84; 49%). The proportion of CJIT contacts who were voluntary presentations following release from prison is substantially higher than the other Merseyside areas (Merseyside total: 18%) and figures have increased substantially from 15% in 2016/17. The proportion of Required Assessments in 2018/19 is lower than the other Merseyside areas (Merseyside total: 63%) and is a substantial decrease on the previous two years (80% in both years).

Figure 2: Referral routes of St Helens CJIT contacts, 18/19²

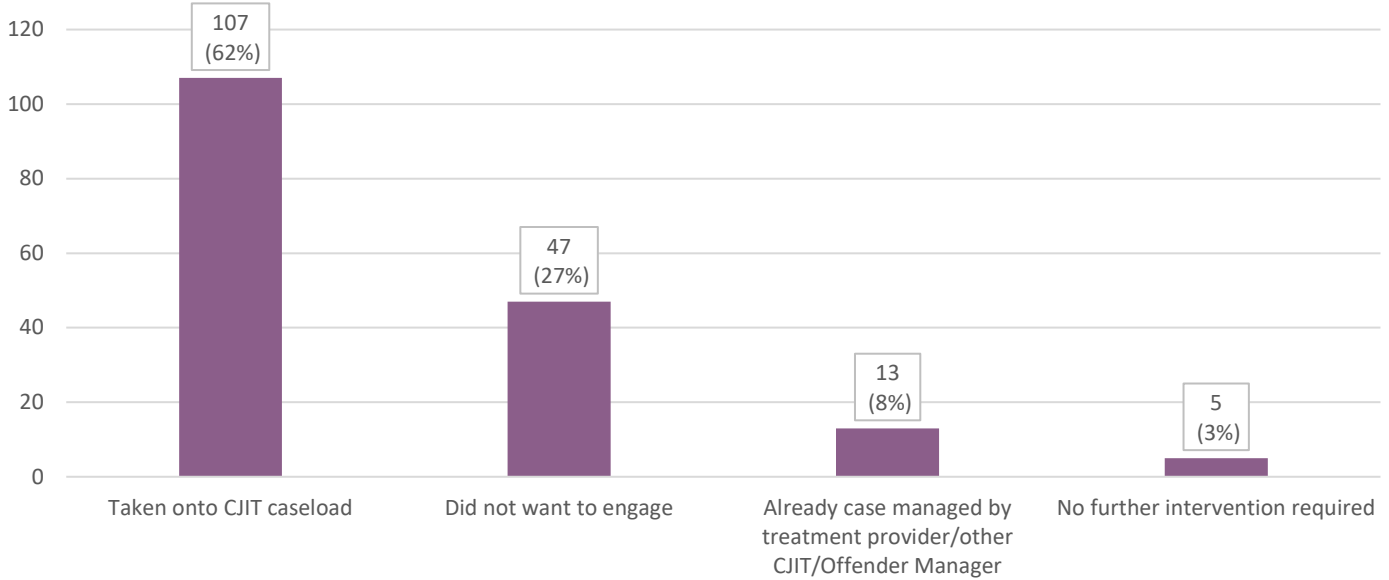


² Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Of the 172 St Helens CJIT contacts in 2018/19, 107 (62%) were taken onto the CJIT caseload, while 47 (27%) did not want to engage with the CJIT (Figure 3). The proportion of clients taken onto the caseload is somewhat higher than the Merseyside figure (48%) and has increased from 25% in 2016/17. Furthermore, the proportion of clients who did not want to engage is the highest of the five Merseyside areas (Merseyside total: 9%) and has increased from 10% in 2016/17.

Figure 3: Outcomes following criminal justice assessment of St Helens CJIT contacts, 18/19



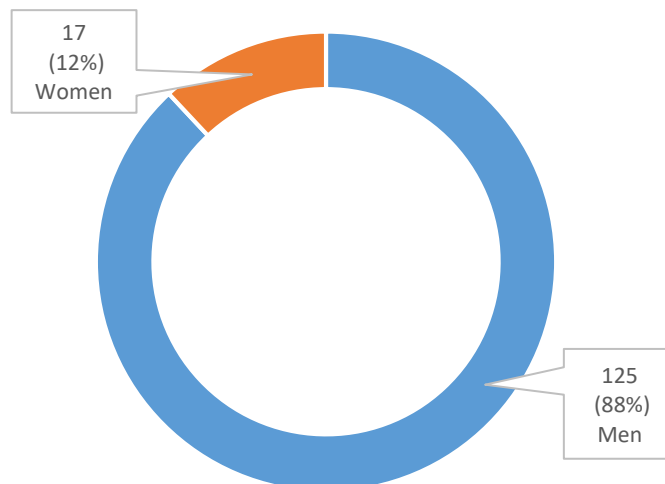
ST HELENS RESIDENTS

All but one of the St Helens CJIT contacts in 2018/19 were St Helens residents (n=171 [142 individuals]; 99%). Figures presented in the remainder of this report are for St Helens residents only.

DEMOGRAPHICS

Just under nine in ten individuals in contact with St Helens CJIT in 2018/19 were men (n=125; 88%; Figure 4). This proportion is higher than the Merseyside figure (84%) and is higher than the previous two years (16/17: 87%; 17/18: 85%).

Figure 4: Gender of St Helens CJIT contacts (individuals), 18/19



The average age of the CJIT contacts in 2018/19 was 34 years. Looking at age groups, just over one in five individuals were aged 18-24 years (n=31; 22%) and then numbers decreased by age group (Figure 5). The proportion of 18-24 year olds is the highest of the five Merseyside areas (Merseyside total: 17%) and an increase on the previous year's proportion (20%), though below the figure reported in 2016/17 (25%).

Figure 5: Age group of St Helens CJIT contacts (individuals), 18/19

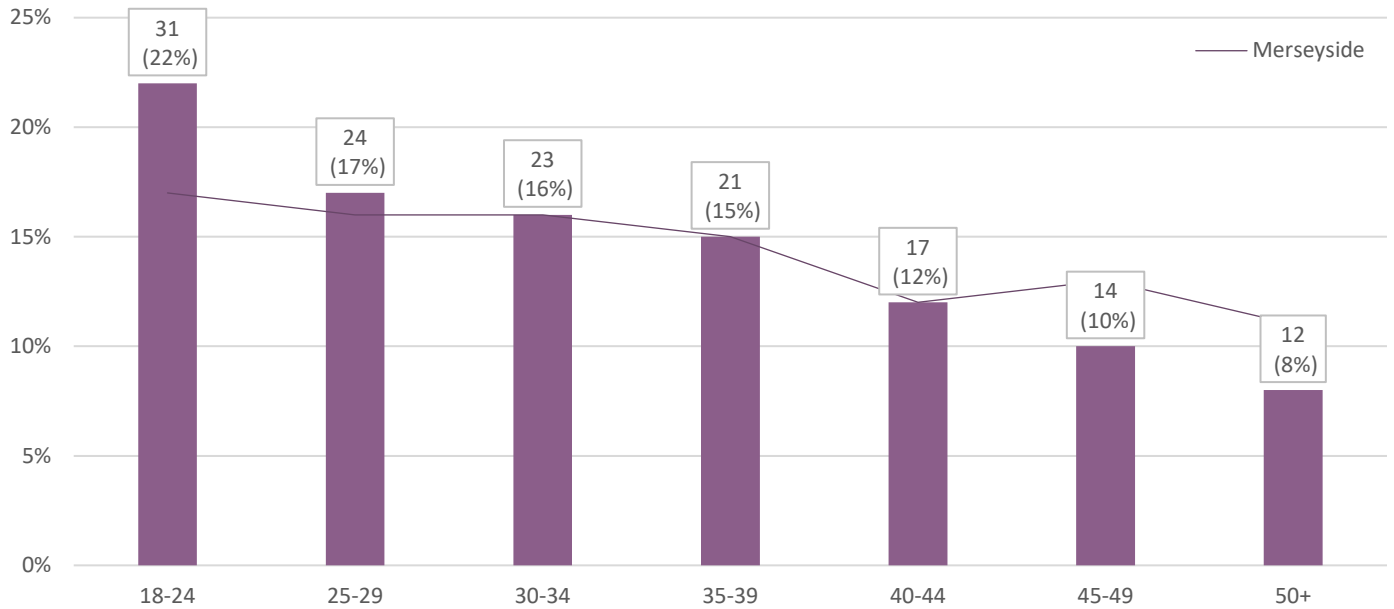
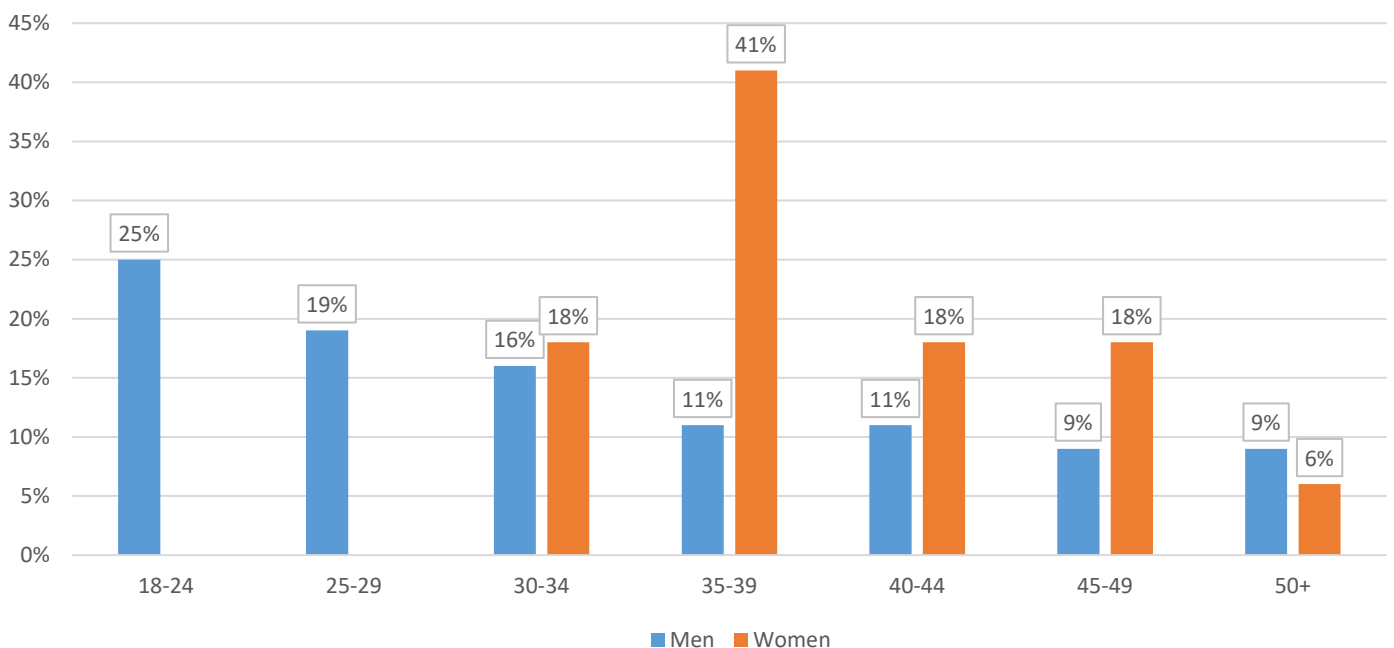


Figure 6 shows some differences in age group proportions across gender groups in St Helens. Whilst there are fewer female CJIT contacts, there was a substantially larger proportion aged 35-39 years (41%) when compared to men (11%). Notably, there were no women aged 18-29 years.

Figure 6: Age group and gender of St Helens CJIT contacts (individuals), 18/19



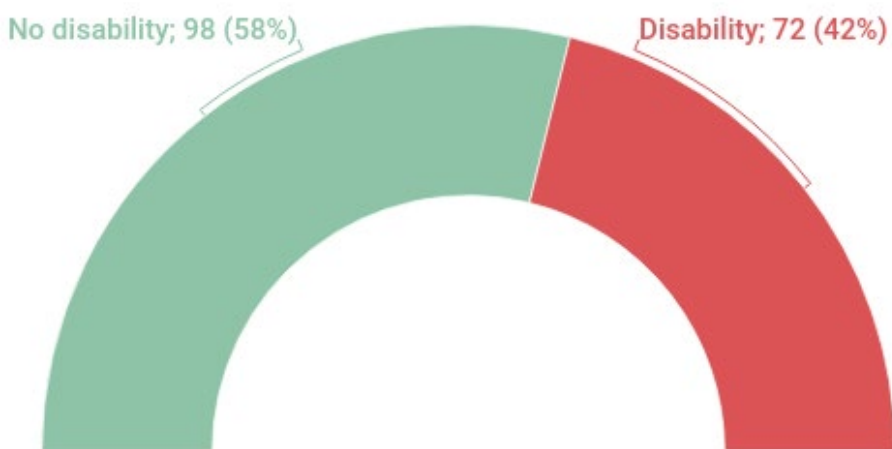
All St Helens CJIT contacts identified themselves as White British (n=142; 100%; *Figure 7*), which is higher than the Merseyside proportion (95%).

Figure 7: Ethnicity of St Helens CJIT contacts (individuals), 18/19



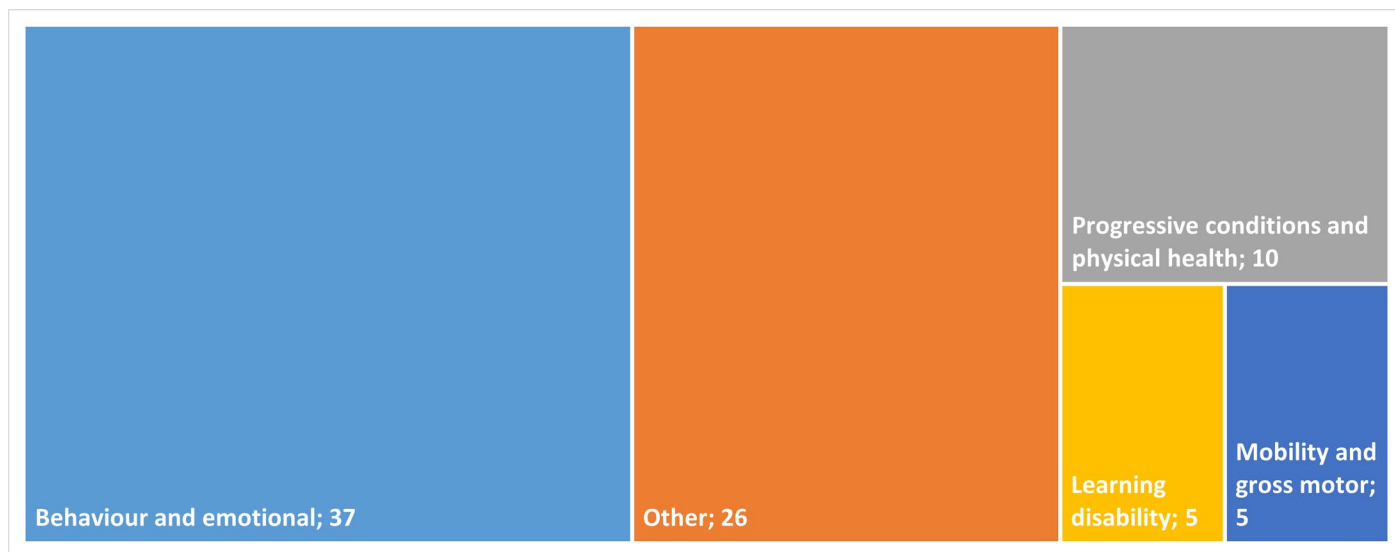
Where recorded, over two in five St Helens residents considered themselves to have a disability (n=72; 42%; *Figure 8*), which is the highest proportion of all Merseyside areas (Merseyside total: 22%).

Figure 8: Disability of St Helens CJIT contacts, 18/19



The 72 clients who considered themselves to have a disability reported a total of 89 disabilities. Over two in five disabilities were behaviour and emotional (n=37; 42%), followed by other (n=26; 29%), and progressive conditions and physical health (n=10; 11%; *Figure 9*)³.

Figure 9: Disability type of St Helens CJIT contacts, 18/19

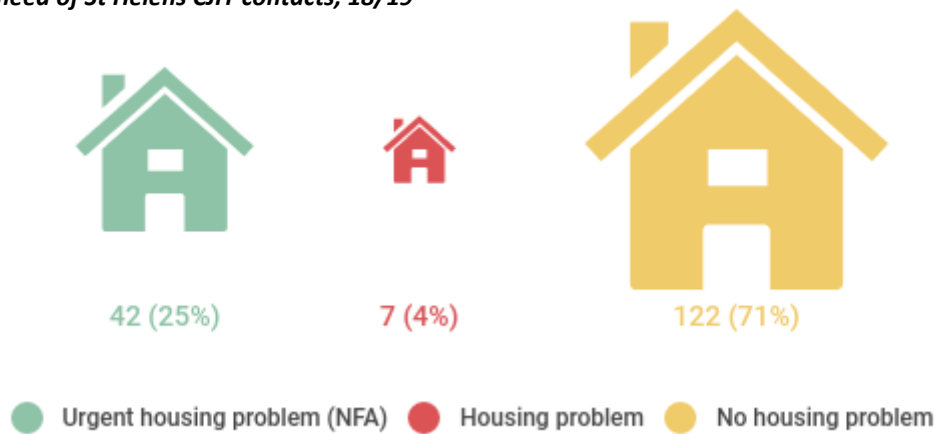


³ Please note that clients may have up to three disabilities recorded. Also, note that other disabilities were reported but have not been included in the figure due to low numbers.

HOUSING NEED

While the majority of the 171 St Helens CJIT contacts reported no housing problems, 49 (29%) had some form of a housing problem, with 42 (25%) stating an urgent housing need due to being of no fixed abode (NFA; *Figure 10*). The proportion of St Helens clients that stated a housing problem is higher than the Merseyside figure (25%) and notably, the proportion of St Helens clients with an urgent housing need is the highest of all five Merseyside areas (Merseyside total: 12%). The overall proportion of St Helens clients with a housing problem in 2018/19 is similar to the previous year (30%), though the proportion with an urgent housing need has increased from 10% in 2016/17.

Figure 10: Housing need of St Helens CJIT contacts, 18/19

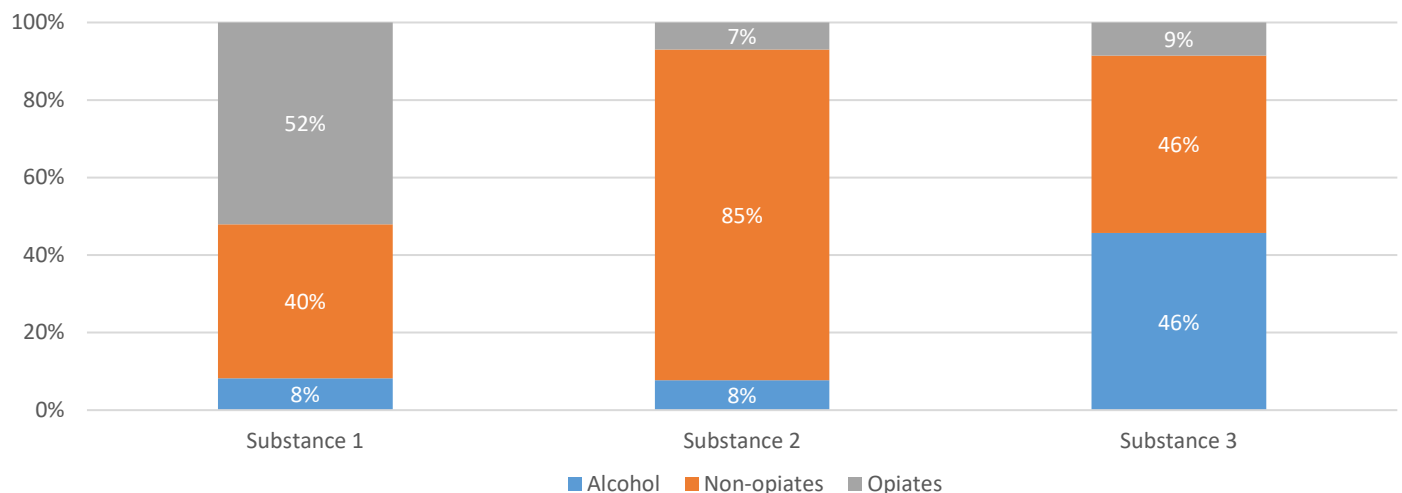


SUBSTANCE USE

In 2018/19, over half of the CJIT contacts in St Helens reported opiate drugs as their main substance (n=89; 52%), followed by non-opiate drugs (n=68; 40%) and alcohol (n=14; 8%; *Figure 11*). The proportion of opiates recorded as the main substance is the highest of all five Merseyside areas (Merseyside total: 41%); though is lower than the proportion of opiates in the previous year (56%).

The main substance had the highest proportion of opiate drugs (n=89; 52%), while non-opiate drugs was highest for the second substance (n=110; 85%) and alcohol was highest for the third substance (n=16; 46%; *Figure 11*)⁴.

Figure 11: Substance type of St Helens CJIT contacts, 18/19



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

Taking into account the main, second and third substances combined, just under three in ten reported heroin (n=94; 28%), followed by crack (n=89; 27%) and cocaine (n=72; 21%). The proportions of St Helens CJIT contacts who reported heroin and/or crack are the highest of all five Merseyside areas, with the Merseyside figures for heroin and crack being 24% and 23% respectively, while the proportion of cocaine is the same as the Merseyside figure. The proportion of heroin has decreased when compared to the previous year (32%), though it is similar to the proportion in 2016/17 (29%). The proportion of crack has increased from 19% in 2016/17, while the proportion of cocaine has decreased from 34% in 2016/17.

Figure 12 shows figures broken down by substance one, two and three. Around half of CJIT contacts in St Helens reported heroin (n=87; 51%) and around three in ten reported cocaine (n=50; 29%) as their main substance. The proportion of heroin recorded as the main substance is higher than the other four Merseyside areas (Merseyside total: 40%), while the proportion of cocaine is below the Merseyside figure (34%). The proportion of heroin recorded as the main substance for St Helens CJIT contacts in 2018/19 is similar to the previous year (53%), though this is an increase from 46% in 2016/17. Notably, the proportion of cocaine has decreased from 43% in 2016/17. Around three in five CJIT contacts in St Helens reported crack as their second substance in 2018/19 (n=79; 61%), while just under half reported alcohol as their third substance (n=16; 46%) (Figure 12).

Figure 12: Substances used by St Helens CJIT contacts, 18/19

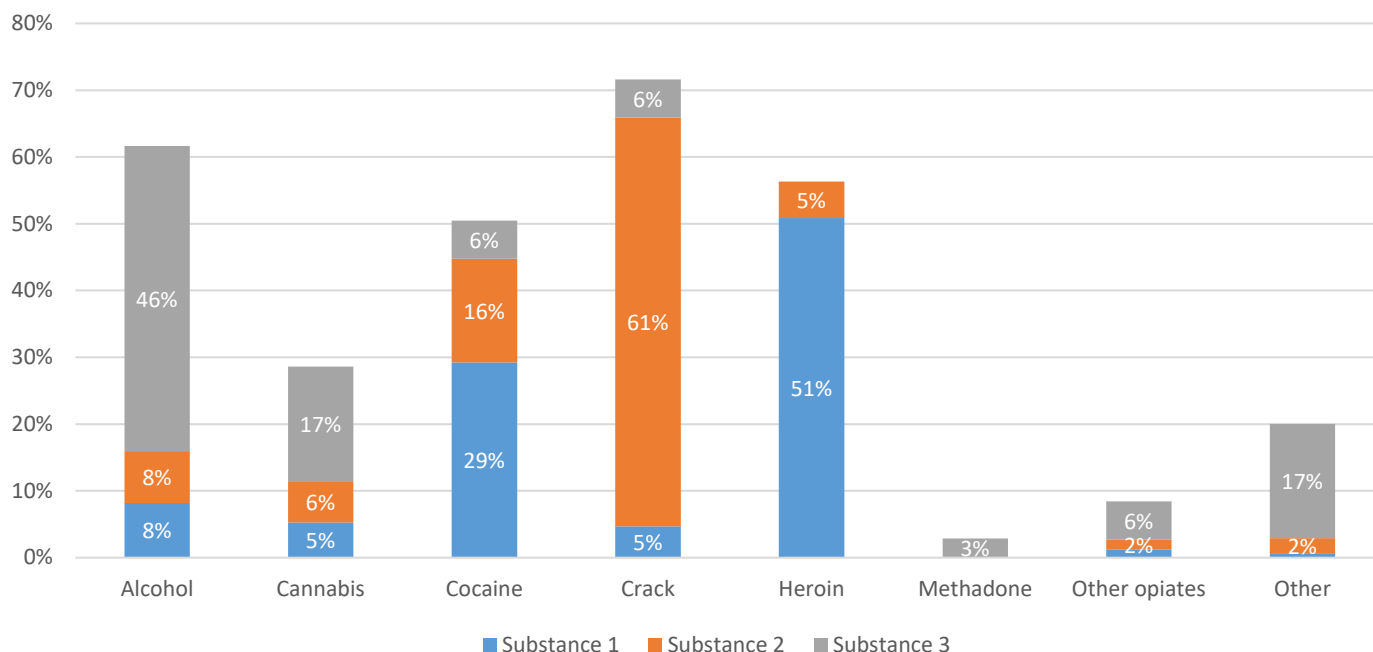


Figure 13 shows the proportions of the main substance by gender. One-third of men reported cocaine as their main substance (33%), while no women reported cocaine. Conversely, there was a larger proportion of heroin use reported by women (75%) when compared to men (48%).

Figure 13: Main substance and gender of St Helens CJIT contacts, 18/19

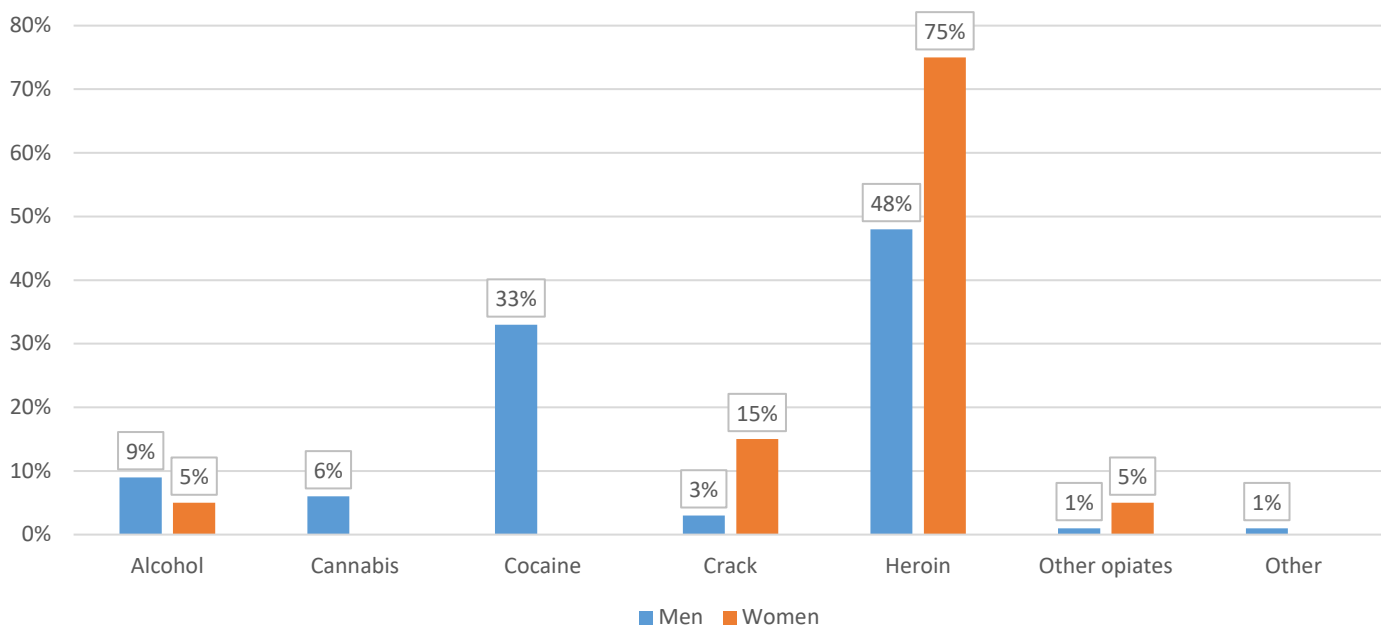
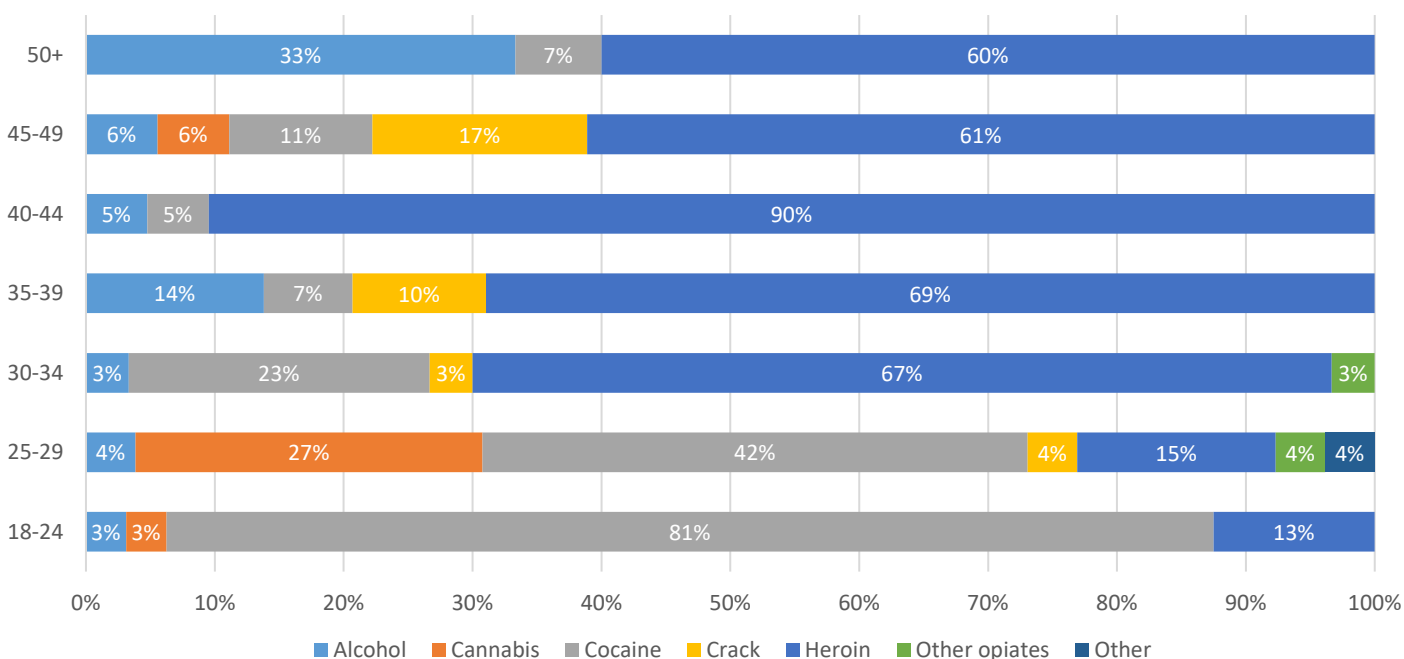


Figure 14 shows the proportions of the main substance for each age group. In general, there were larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin use in those aged 30 years and over. Around four in five 18-24 year olds reported cocaine as their main substance (81%). Meanwhile, nine in ten 40-44 year olds reported heroin as their main substance (90%), with large proportions also for clients aged 30-34 years (67%), 35-39 years (69%), 45-49 years (61%) and 50 years and over (60%). Furthermore, just over one-quarter of 25-29 year olds reported cannabis as their main substance (27%) and one-third of clients aged 50 years and over reported alcohol as their main substance (33%).

Figure 14: Main substance and age group of St Helens CJIT contacts, 18/19



The route of administration of St Helens clients' main substance is shown in *Figure 15*. Two in five smoked their main substance (n=69; 40%), while 50 (29%) sniffed their main substance and 37 (22%) injected their main substance. In comparison, Merseyside figures reported higher proportions who smoked (45%) or sniffed (34%) their main substance. The proportion of St Helens CJIT contacts in 2018/19 who smoked their main substance is similar to the previous two years (16/17: 42%; 17/18: 43%), while the proportion of clients who sniffed their main substance has decreased from 42% in 2016/17. Notably, the proportion of St Helens residents who injected their main substance is substantially higher than the other four Merseyside areas (Merseyside total: 8%) and has increased from 11% in 2016/17.

Figure 15: Route of administration of the main substance used by St Helens CJIT contacts, 18/19

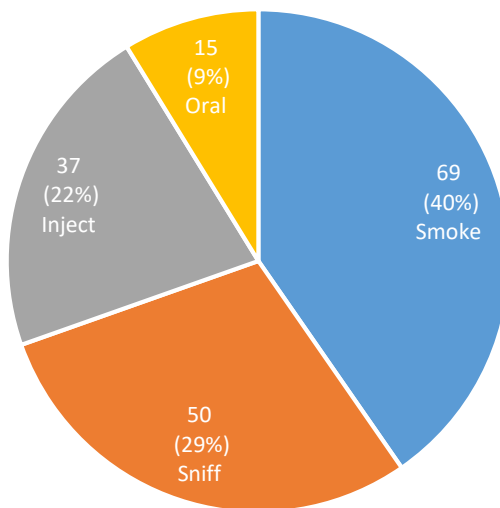
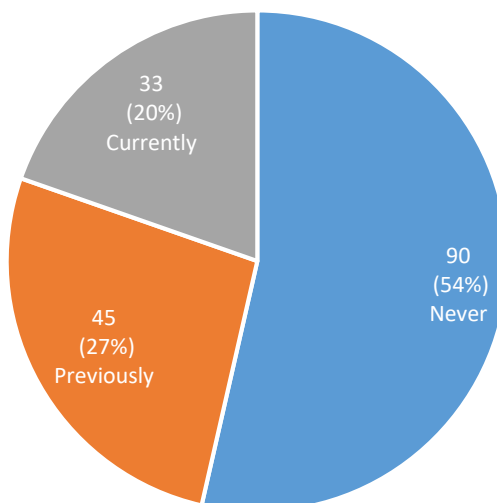


Figure 16 shows that over half of CJIT contacts in St Helens in 2018/19 stated that they had never injected (n=90; 54%), while 45 (27%) had previously injected but were not currently and 33 (20%) were currently injecting⁵. The proportions of St Helens clients who previously injected and who are currently injecting are higher than the other Merseyside areas (Merseyside totals: 18% and 8% respectively). Furthermore, proportions are similar to the previous year.

Figure 16: Injecting status of St Helens CJIT contacts, 18/19



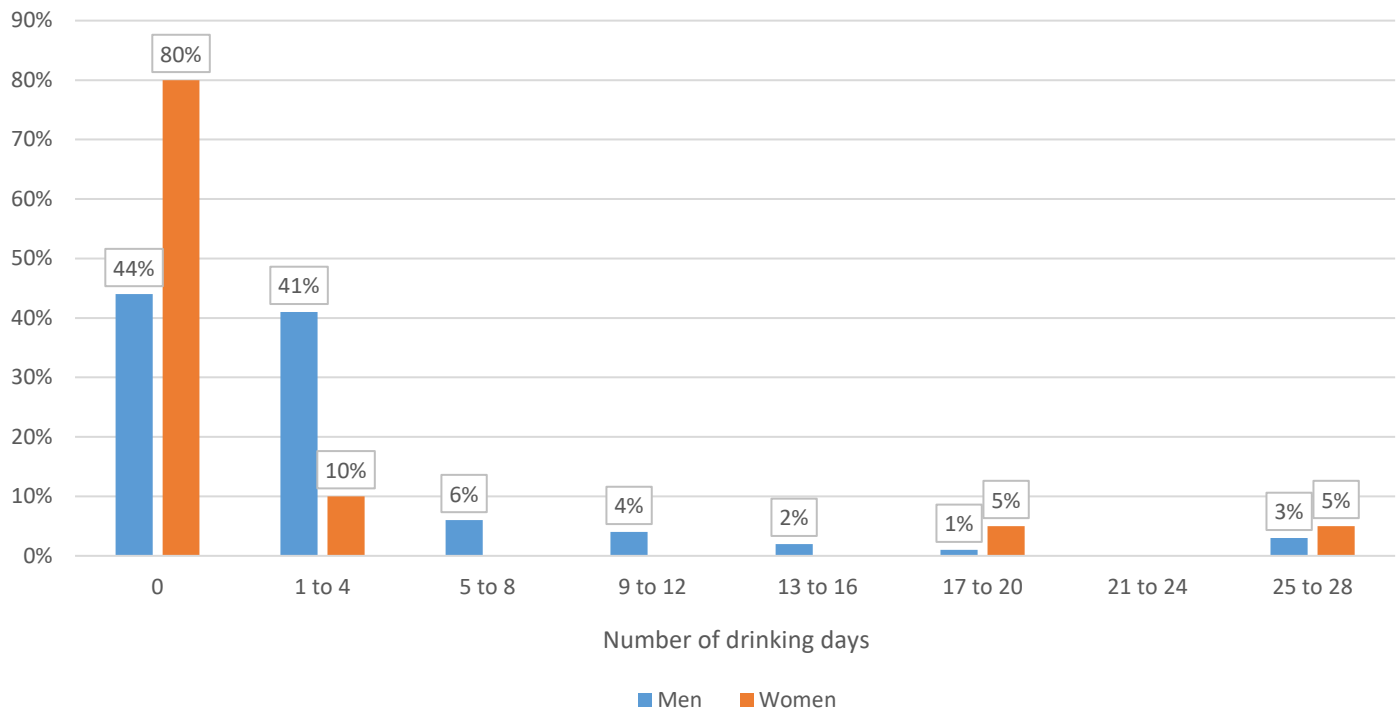
⁵ Please note that there were <5 clients who declined to answer and have been excluded from the calculations.

ALCOHOL CONSUMPTION

Figure 17 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their CJIT contact. Over two in five men did not consume alcohol in the 28 days prior to their assessment (n=66; 44%), followed by 41% who drank between one and four days (n=62). Overall, 85 (56%) men reported to consume alcohol in the 28 days prior to their assessment, which is a slightly higher proportion than the Merseyside figure (51%), and similar to the previous two years (54% in each year).

For women, four in five did not consume alcohol in the 28 days prior to their CJIT contact (n=16; 80%; Figure 17). This proportion is higher than the Merseyside figure (59%) and is similar to the previous year (81%), though it is higher than in 2016/17 (64%).

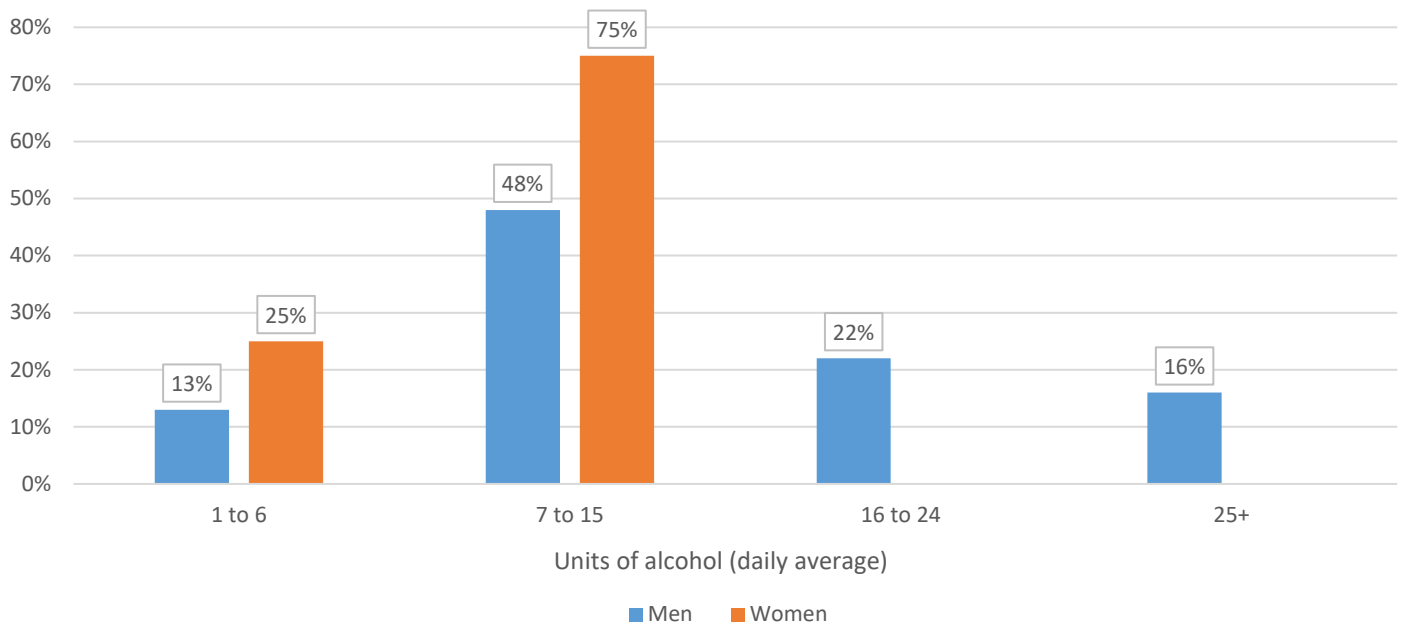
Figure 17: Number of drinking days in the 28 days prior to assessment for St Helens CJIT contacts, 18/19



The daily average number of units of alcohol consumed by St Helens clients in the 28 days prior to CJIT contact are shown in Figure 18. Of the 85 men who did drink in the 28 days prior to their assessment, just under half consumed 7-15 units of alcohol daily (n=41; 48%), while just over one in five consumed 16-24 units daily (n=19; 22%). The proportion who consumed 7-15 units daily is higher than the Merseyside figure (40%) and is similar to the previous year (51%), though higher than in 2016/17 (44%).

Of the women who did drink in the 28 days prior to their CJIT contact (<5), three-quarters consumed 7-15 units of alcohol daily (75%; Figure 18). Though numbers are low, this proportion is substantially higher than the Merseyside figure (42%) and has increased from 25% in 2017/18.

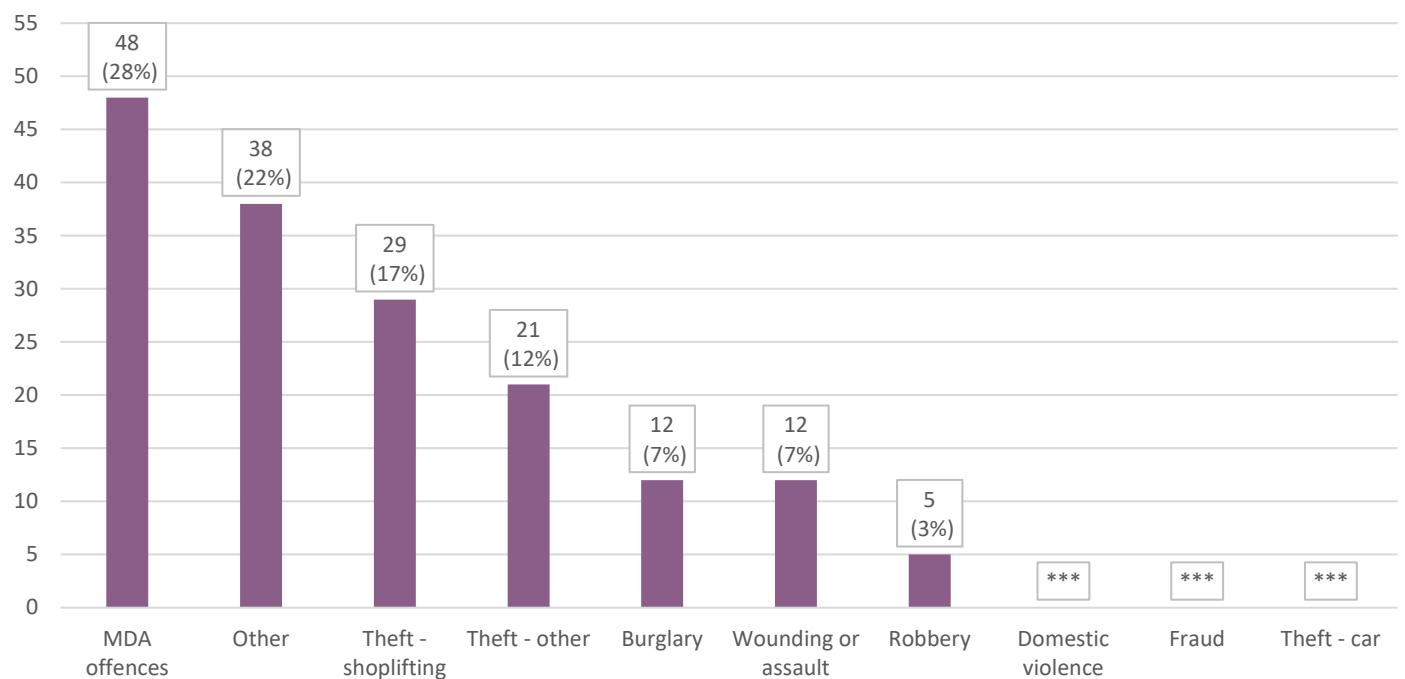
Figure 18: Number of units of alcohol (daily average) consumed by St Helens CJIT contacts, 18/19



OFFENDING

The offence that prompted St Helens CJIT clients' current or most recent contact with the criminal justice system is shown in *Figure 19*. Just under three in ten were Misuse of Drugs Act (MDA) offences (n=48; 28%), while 38 (22%) were offences categorised as 'other'. Theft - shoplifting accounted for 17% (n=29) and theft - other accounted for 12% (n=21). The proportion of MDA offences is the same as the Merseyside figure and the same as the previous year, though lower than the proportion reported in 2016/17 (39%). The proportion of other offences is higher than the Merseyside figure (16%) and has increased from 10% in 2016/17.

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

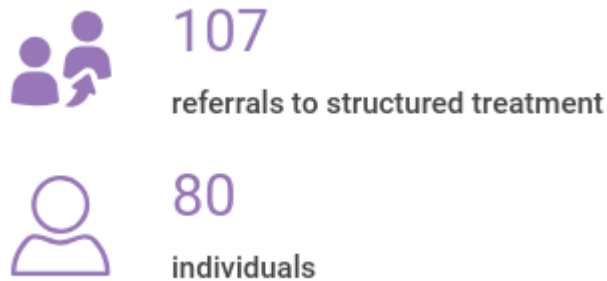


INTERVENTIONS

REFERRALS TO STRUCTURED TREATMENT

There were 107 referrals to structured treatment in 2018/19 (80 individuals; *Figure 20*)⁶.

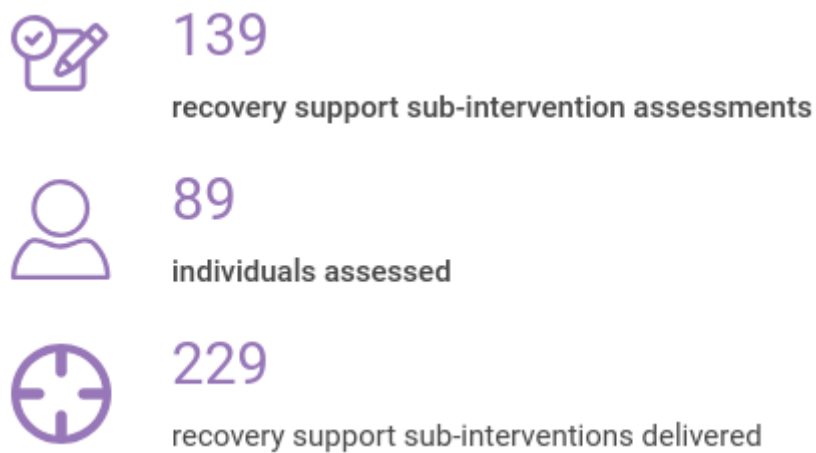
Figure 20: Referrals to structured treatment for St Helens CJIT contacts, 18/19



RECOVERY SUPPORT SUB-INTERVENTIONS

In 2018/19, a total of 139 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (89 individuals; *Figure 21*)⁶.

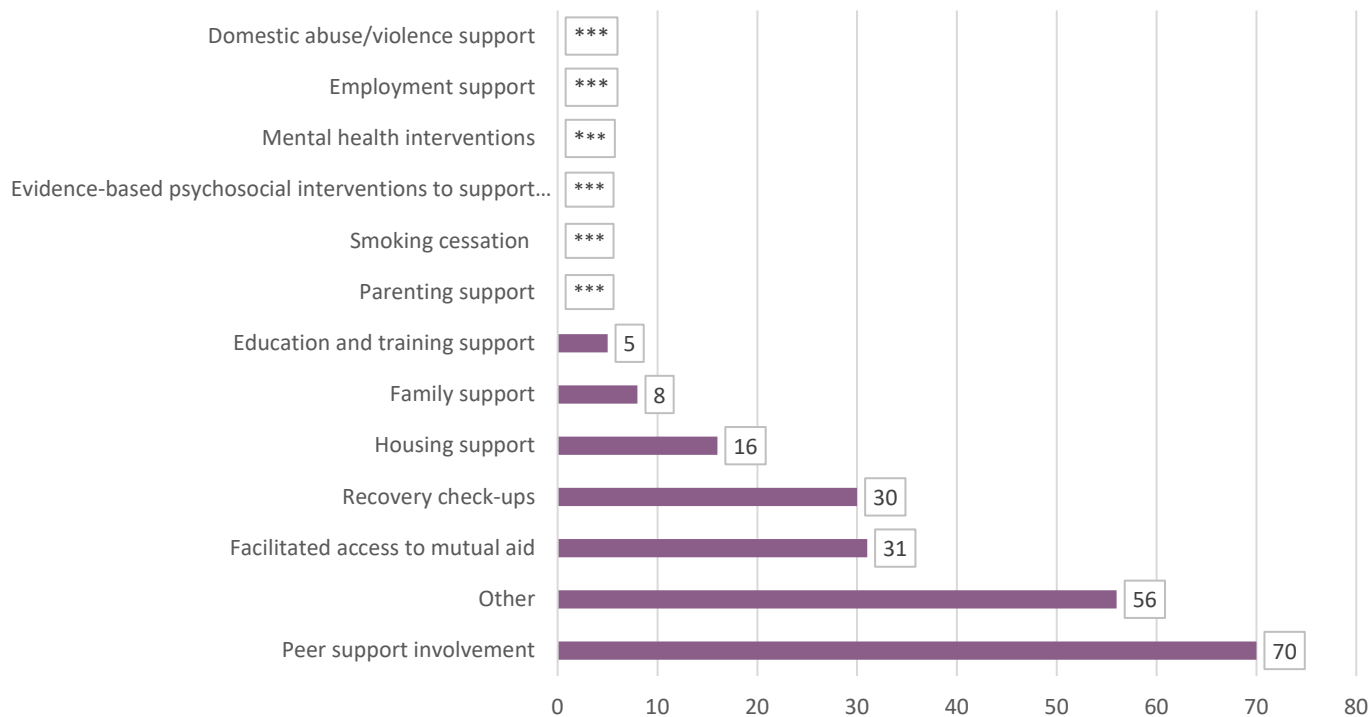
Figure 21: Recovery support sub-intervention assessments for St Helens CJIT contacts, 18/19



⁶ Clients not taken onto the CJIT caseload have been excluded from these figures.

Of the total recovery support sub-interventions delivered, around three in ten were peer support involvement (n=70; 31%), followed by around one-quarter which were other interventions (n=56; 24%; *Figure 22*).

Figure 22: Recovery support sub-intervention delivered to St Helens 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 St Helens 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 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 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).
- St Helens 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 St Helens, 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.

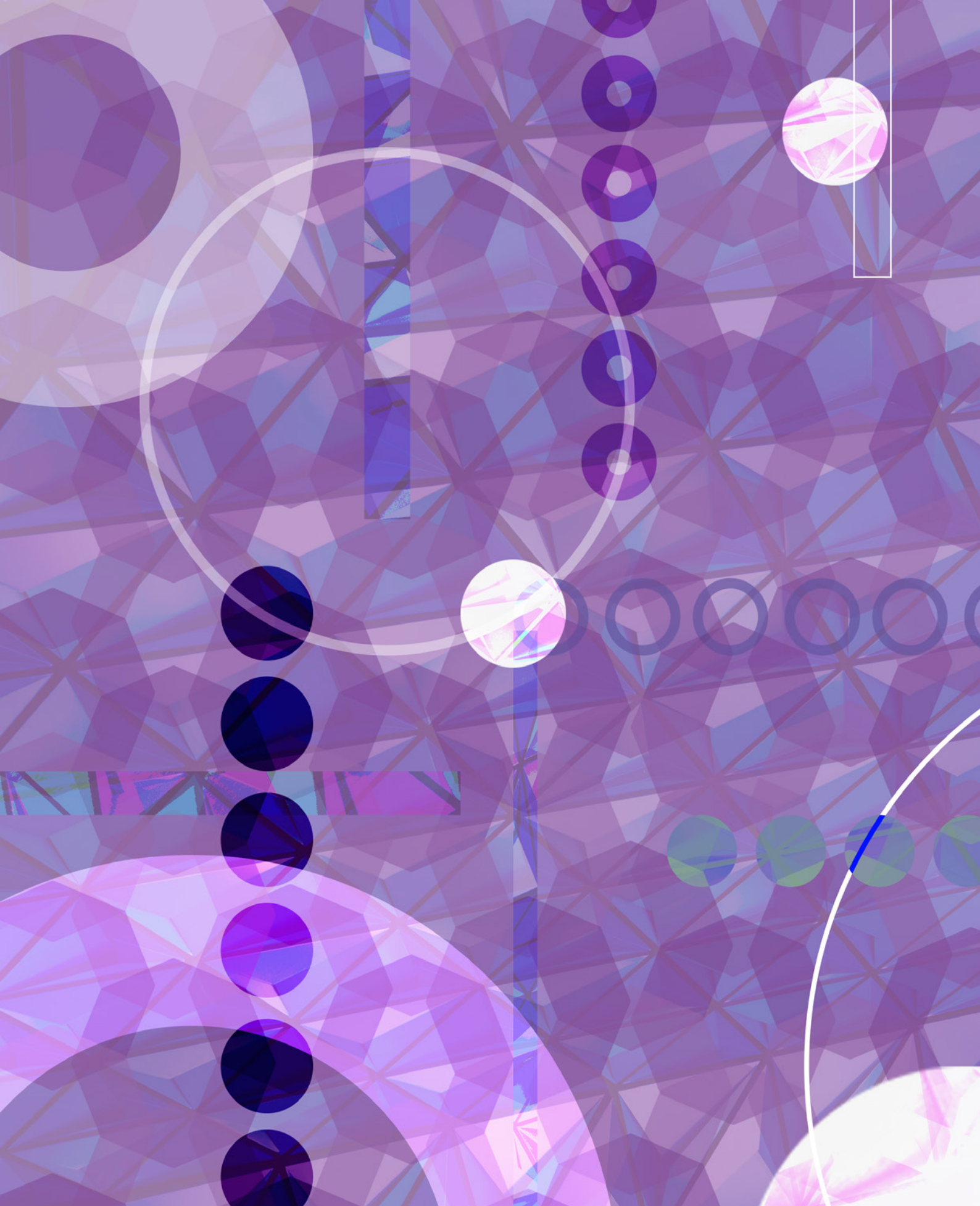
These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid offenders who use drugs and/or alcohol in being referred to treatment services appropriately and having an effective treatment experience with sustainable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

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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 Jane Webster at the Public Health Institute for her help in proof reading this report.



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