

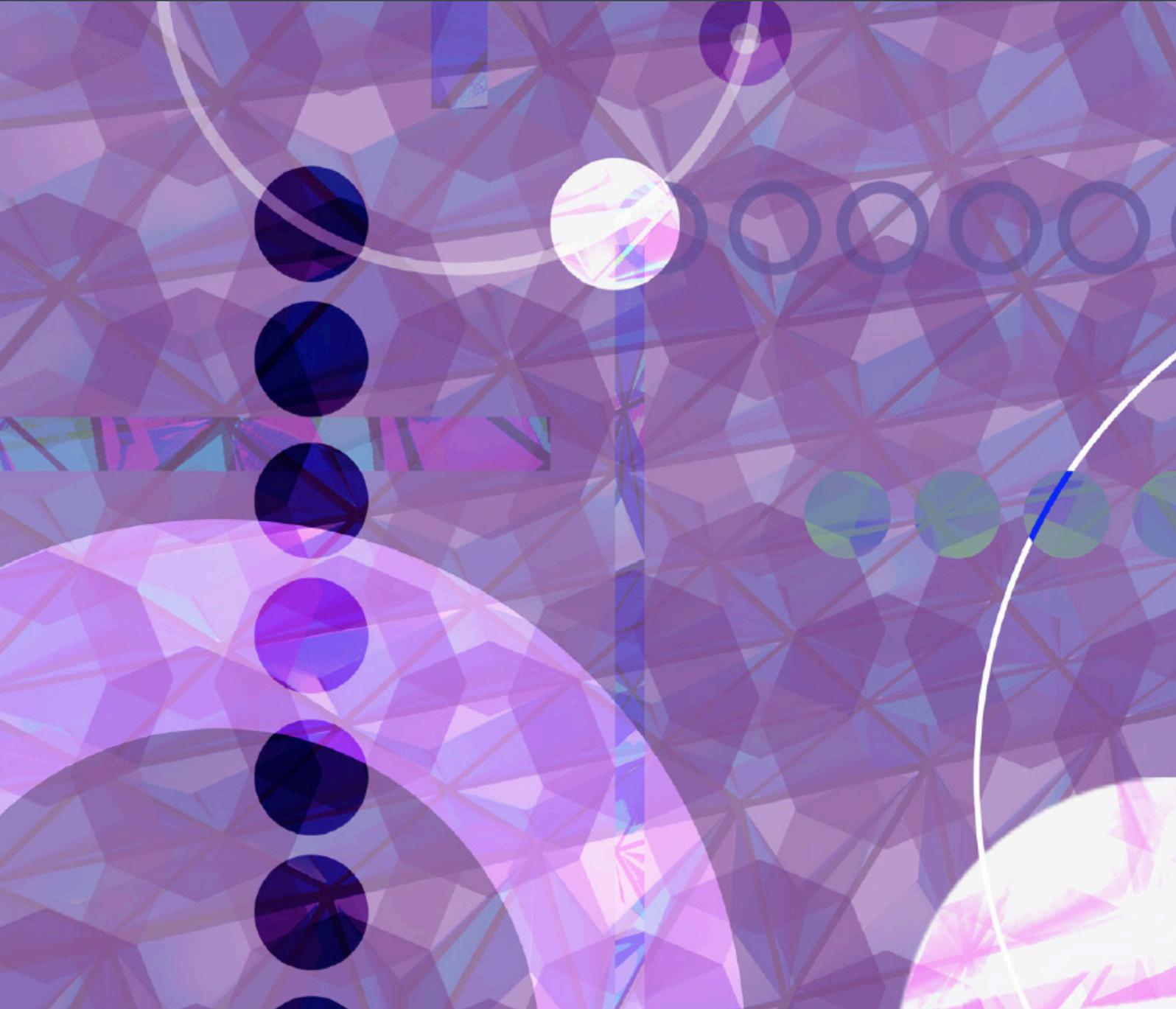
Criminal Justice Project: Drug Interventions Programme

DIP Activity in Sefton (2019/20)

December 2020



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KEY FINDINGS

- Between April 2019 and March 2020, there were 428 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in Sefton. This is a 12% increase on the previous year and the highest number of CJIT contacts between 2016/17 and 2019/20.
- Around three-quarters of the CJIT contacts in 2019/20 were Required Assessments (n=315; 74%), while 62 (14%) were voluntary presentations following release from prison and 51 (12%) were other criminal justice routes.
- Around two-thirds of the CJIT contacts in 2019/20 were taken onto the CJIT caseload (n=278; 65%), while one-quarter transferred prior to care plan (n=105; 25%) and around one in ten were already case managed by the treatment provider, another CJIT or their Offender Manager (n=39; 9%).
- Just under three-quarters of the Sefton CJIT contacts in 2019/20 were Sefton residents (n=313; 73%), while 51 (12%) were St Helens residents.
- Over four in five individuals who were Sefton residents were men (n=238; 83%). Just under one-quarter of individuals were aged 30-34 years (n=66; 23%), followed by clients aged 35-39 years (n=48; 17%).
- Fifteen per cent of the Sefton residents considered themselves to have a disability (n=46).
- While the majority reported no housing problem, 52 (17%) had some form of a housing problem, with 25 (8%) stating an urgent housing need due to being of no fixed abode.
- Over half of the CJIT contacts in Sefton reported non-opiate drugs as their main substance (n=169; 54%), followed by opiate drugs (n=114; 37%) and alcohol (n=29; 9%).
- Over two in five CJIT contacts reported cocaine as their main substance (n=133; 43%), followed by heroin (n=111; 36%). Over half reported crack as their second substance (n=95; 53%), while over one-third reported cannabis (n=16; 35%) and three in ten reported alcohol (n=14; 30%) as their third substance.
- There were similar proportions of clients whose route of administration of their main substance was intranasal (n=134; 43%) or who smoked their main substance (n=132; 42%).
- Around three-quarters stated that they had never injected (n=219; 76%), while 57 (20%) had previously injected but were not currently and 14 (5%) were currently injecting.
- Just under three in five men reported consuming alcohol in the 28 days prior to their CJIT assessment (n=153; 58%). Of these, over two in five consumed 7-15 units of alcohol daily (n=64; 42%), followed by around three in ten who consumed 16-24 units (n=44; 29%) and one in five who consumed 1-6 units (n=31; 20%).
- Over half of the women reported consuming alcohol in the 28 days prior to their CJIT assessment (n=28; 55%). Of these, over half consumed 7-15 units of alcohol daily (n=15; 54%).
- Over one-third reported Misuse of Drugs Act offences which prompted their current or most recent contact with the criminal justice system (n=116; 37%), followed by offences categorised as 'other' (n=83; 27%) and theft - shoplifting (n=53; 17%).
- Of the clients taken onto the CJIT caseload, 269 were referred to structured treatment in 2019/20 (252 individuals).
- In 2019/20, a total of 303 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (260 individuals), with a total of 573 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 (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 powder/crack cocaine) they are required to undergo a Required Assessment (RA) with a Criminal Justice Intervention Team (CJIT) worker. There are other referral routes into DIP, including: Conditional Cautioning; requirement by the individual's Offender Manager; court mandated processes, such as Restriction on Bail, pre-sentence reports, Drug Rehabilitation Requirements and Alcohol Treatment Requirements; and 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. Assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and if necessary, 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 April 2019 and 31 March 2020, contextualising CJIT data^{1,2,3,4}. It complements the monthly DIP Performance Reports by providing an annual snapshot of the CJIT data set, including episode details and client demographics. Where possible, comparisons to the Merseyside figures and the previous three years' Sefton CJIT activity have been made. 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.

¹ Please note that this report focuses on Sefton residents from *Figure 5* onwards. 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 reporting year.

² 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).

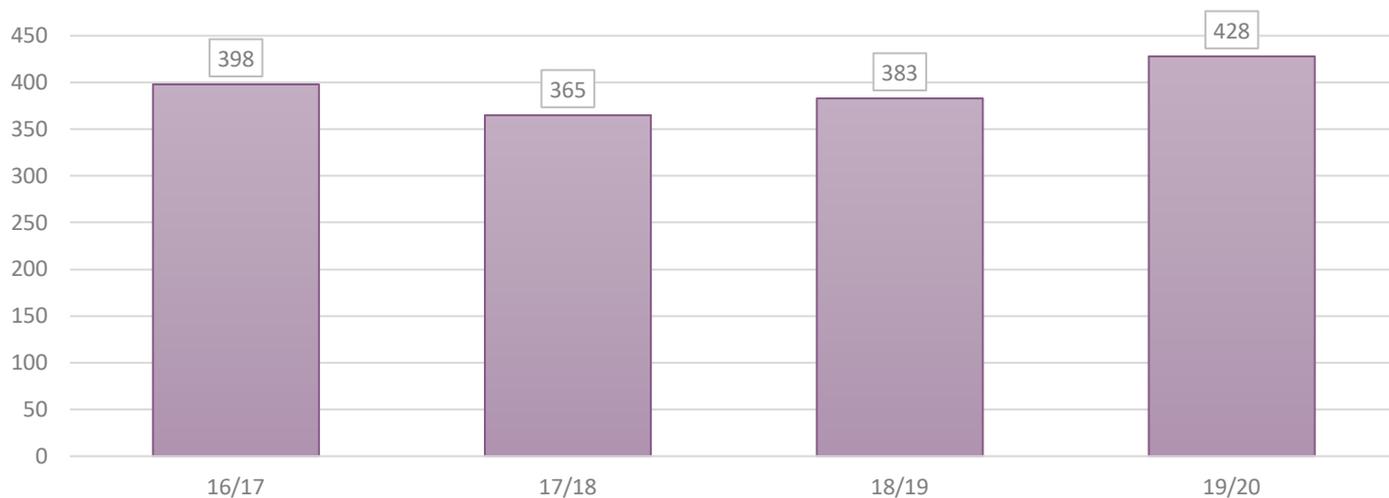
³ Note that in instances where there are blank records, or the client declines to answer, does not know or does not state a response, these have been excluded from the calculations; therefore, totals may not add up to the total number of CJIT contacts or individuals.

⁴ Note that percentages may not add up to 100% due to rounding.

OVERVIEW

Between April 2019 and March 2020, there were 428 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in Sefton (397 individuals). This is a 12% increase on the previous year and the highest number of CJIT contacts between 2016/17 and 2019/20 (Figure 1). This increase could be attributed to the 22% increase in the number of attempted drug tests carried out by Merseyside Police in the custody suites between 2018/19 and 2019/20 (Critchley and Whitfield, 2020).

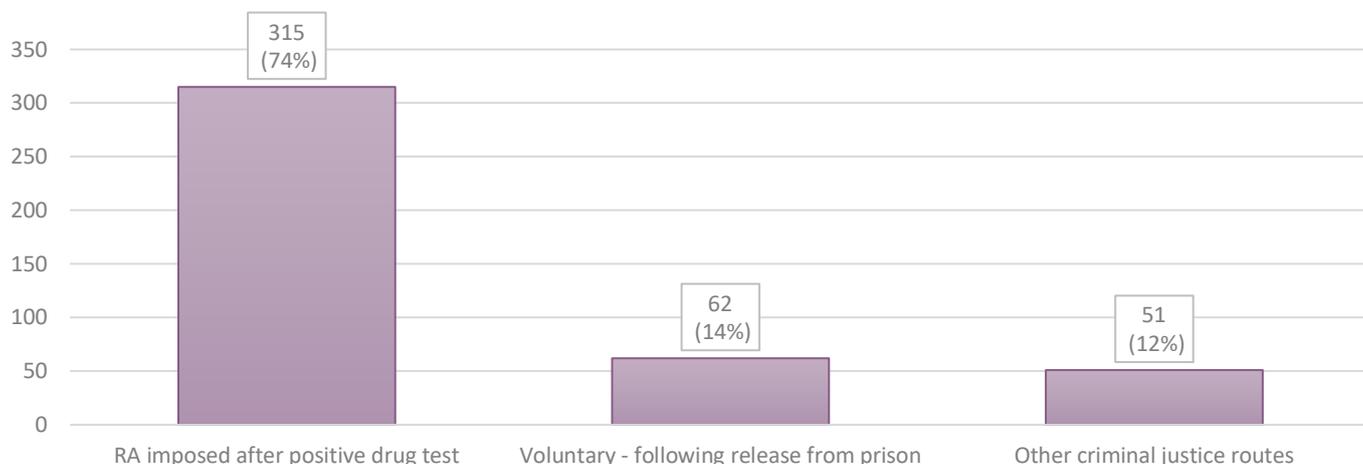
Figure 1: Trends of Sefton CJIT contacts, 2016/17 - 2019/20



CRIMINAL JUSTICE ROUTES IN SEFTON

Figure 2 shows the criminal justice routes that led to the contact with Sefton CJIT in 2019/20. Around three-quarters of the CJIT contacts were Required Assessments (RAs) imposed after a positive drug test for opiates and/or cocaine in a police custody suite (n=315; 74%), while 62 (14%) were voluntary presentations following release from prison and 51 (12%) were other criminal justice routes⁵. The proportion of RAs in 2019/20 increased year-on-year (from 60% in 2016/17) and is the highest proportion of all five Merseyside areas (Merseyside total: 61%).

Figure 2: Referral routes of Sefton CJIT contacts, 2019/20

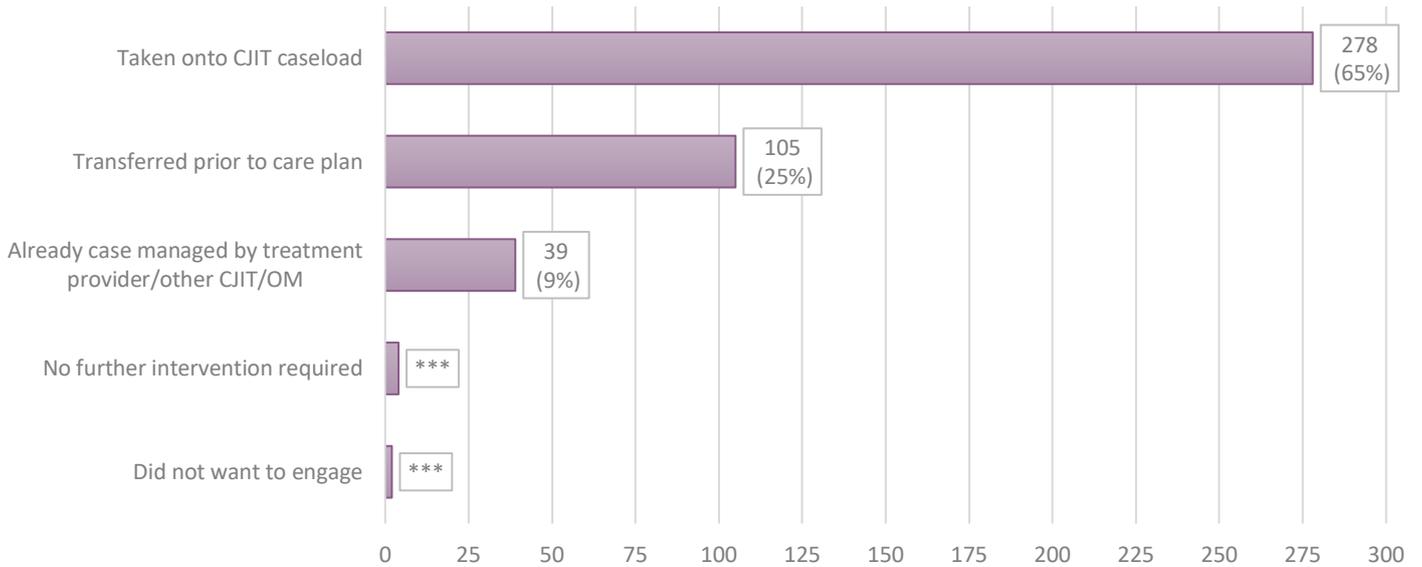


⁵ Other criminal justice routes: Requested by Offender Manager (post DRR/ATR) = 27; required by offender management scheme/DRR/ATR/IOM = 21; referred by treatment provider (post treatment) <5; Restriction on Bail <5; voluntary - other <5.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Of the 428 Sefton CJIT contacts in 2019/20, just under two-thirds were taken onto the CJIT caseload (n=278; 65%), while one-quarter transferred prior to care plan (n=105; 25%) and around one in ten were already case managed by the treatment provider, another CJIT or their Offender Manager (n=39; 9%) (Figure 3). The proportion of clients taken onto Sefton’s CJIT caseload in 2019/20 is lower than the previous three years, while the proportion of clients transferred prior to care plan is similar to the previous year (27%). Notably, proportions for clients taken onto the CJIT caseload and clients transferred prior to care plan are higher than the other four Merseyside areas (Merseyside totals: 53% and 8% respectively).

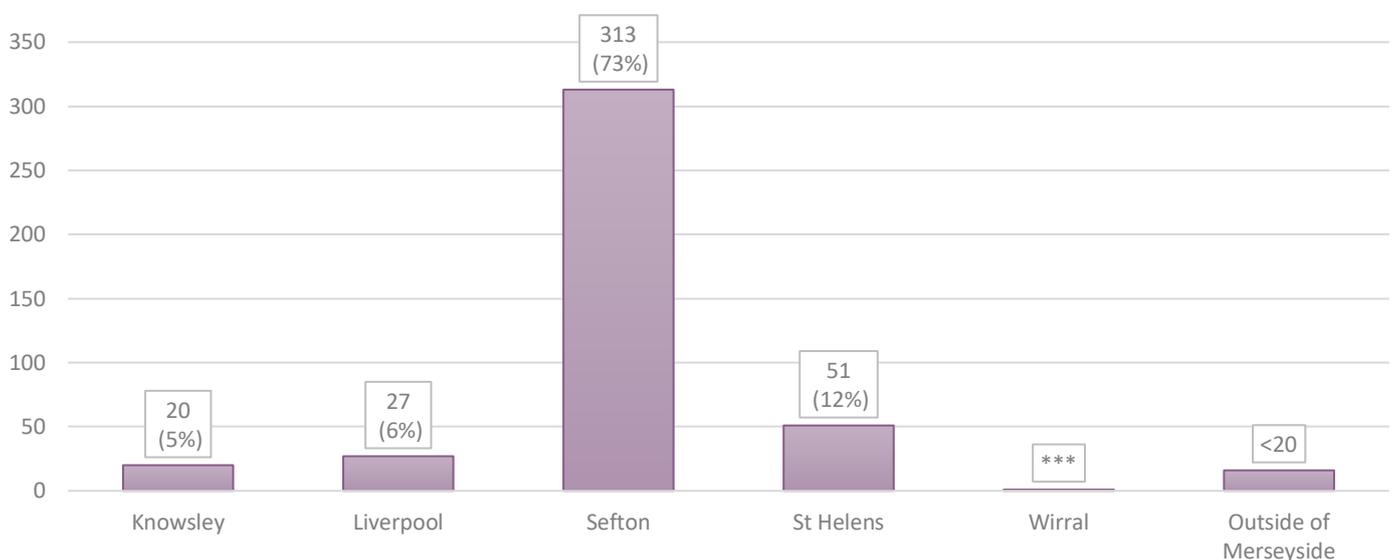
Figure 3: Outcomes following criminal justice assessment of Sefton CJIT contacts, 2019/20



CJIT OF RESIDENCE

Just under three-quarters of the Sefton CJIT contacts in 2019/20 were Sefton residents (n=313; 73%), while 51 (12%) were St Helens residents (Figure 4).

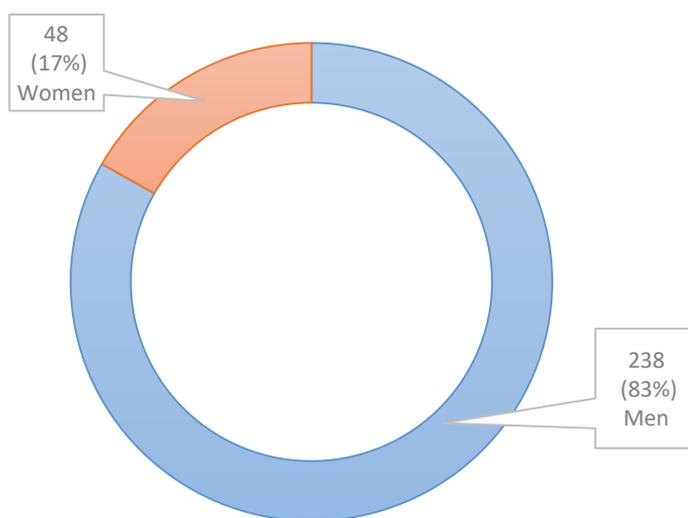
Figure 4: CJIT of residence of Sefton CJIT contacts, 2019/20



DEMOGRAPHICS

Of the 313 CJIT contacts who were Sefton residents, there were 286 individuals. Just over four in five individuals in contact with Sefton CJIT in 2019/20 were men (n=238; 83%) (Figure 5). This is a slight decrease on the previous year’s proportion (86%) and is similar to the Merseyside figure (84%).

Figure 5: Gender of Sefton CJIT contacts (individuals), 2019/20



The average age of the CJIT contacts in 2019/20 was 36 years, which is similar to the previous year (35 years). Looking at age groups, just under one-quarter of individuals were aged 30-34 years (n=66; 23%), followed by clients aged 35-39 years (n=48; 17%) (Figure 6). The proportion of 30-34 year olds has increased from 18% in the previous year and is higher than the Merseyside figure (18%). The proportion of 35-39 year olds has also increased, from 14% in 2018/19, and the proportion of individuals aged 50 years and over is higher than the previous three years. Notably, the proportion of 18-24 year olds in contact with Sefton CJIT has decreased considerably from 21% in 2018/19 to 14% in 2019/20.

Figure 6: Age group of Sefton CJIT contacts (individuals), 2019/20

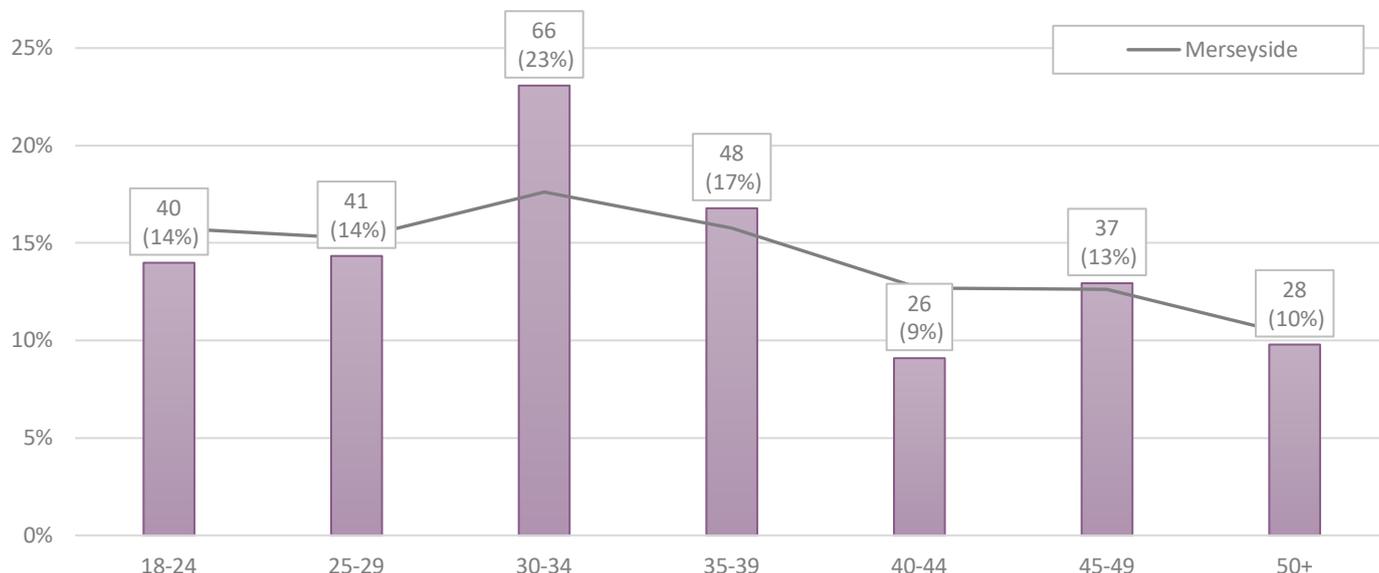
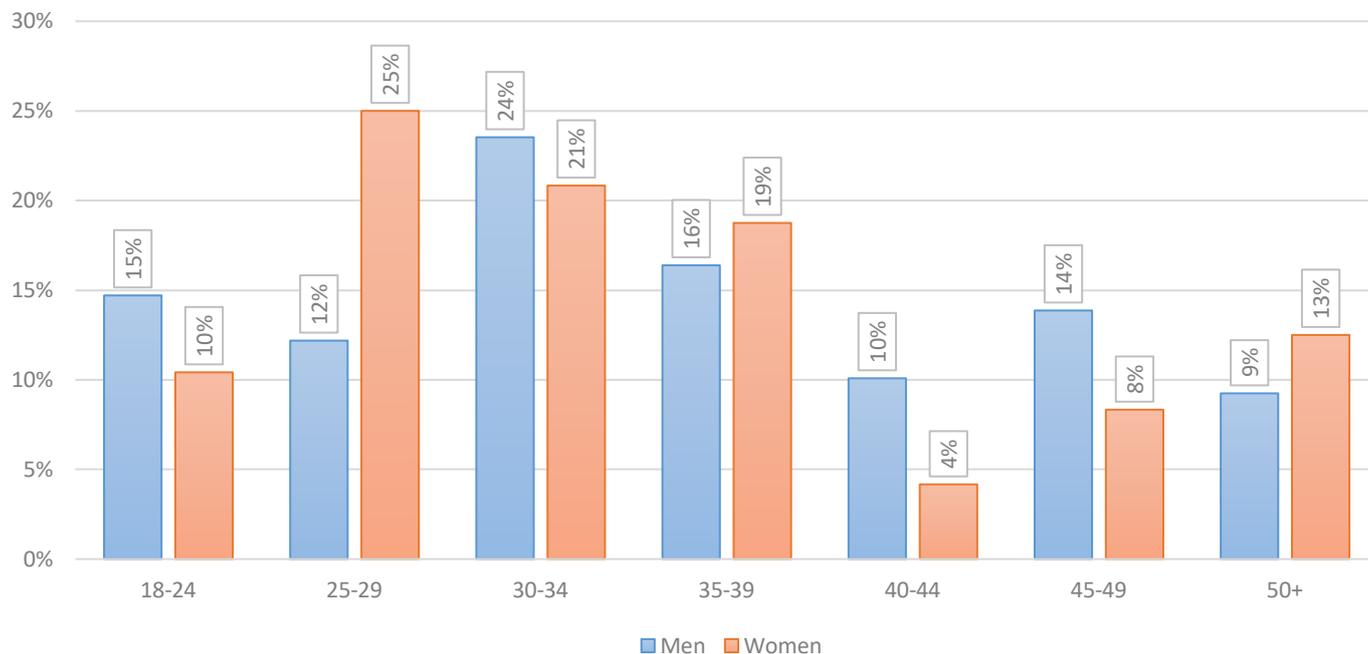


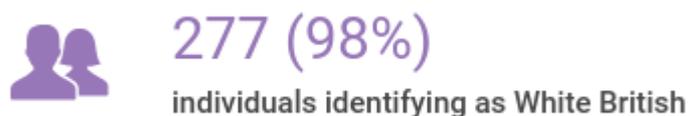
Figure 7 shows some differences in age group proportions across gender groups in Sefton. Whilst there are fewer female CJIT contacts, there was a considerably larger proportion aged 25-29 years (25%) when compared to men (12%). There were also larger proportions of women aged 35-39 years and 50 years and over (19% and 13% respectively) when compared to men (16% and 9% respectively).

Figure 7: Age group and gender of Sefton CJIT contacts (individuals), 2019/20



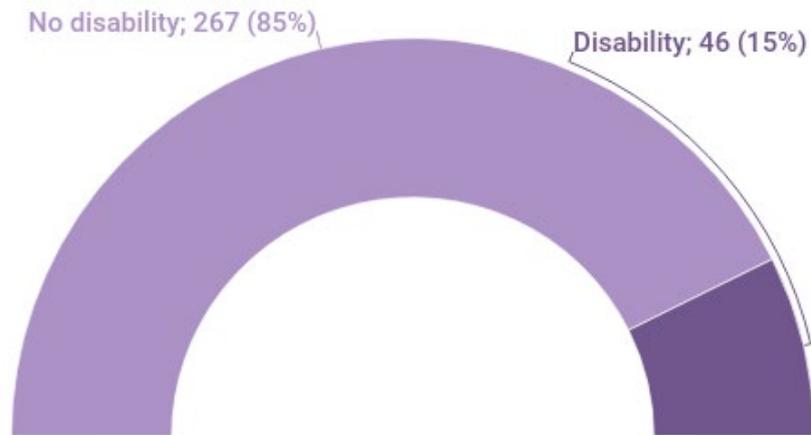
Almost all of the Sefton CJIT contacts identified themselves as White British (n=277; 98%) (Figure 8), which is higher than the Merseyside proportion (95%).

Figure 8: Ethnicity of Sefton CJIT contacts (individuals), 2019/20



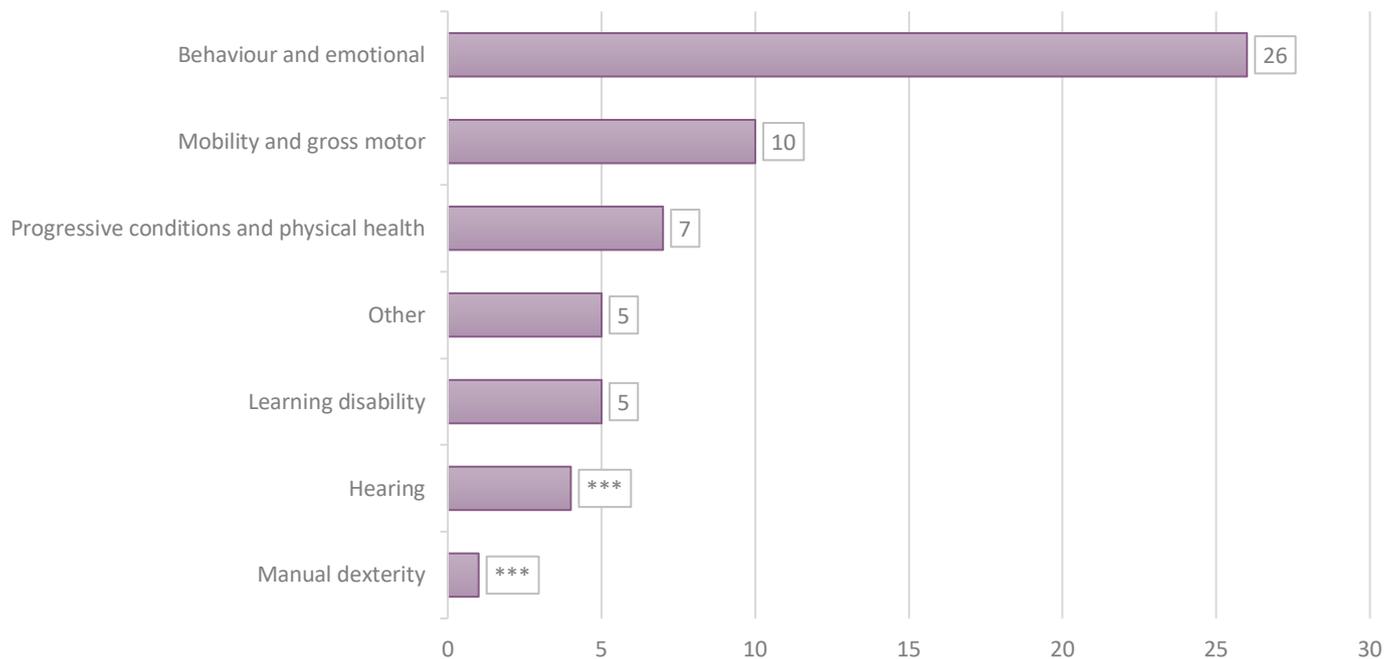
Fifteen per cent of the total 313 Sefton residents considered themselves to have a disability (Figure 9), which is considerably lower than the Merseyside proportion (25%).

Figure 9: Sefton CJIT contacts with a disability, 2019/20



The 46 clients who considered themselves to have a disability reported a total 58 disabilities⁶. Over two in five of the disabilities were behaviour and emotional (n=26; 45%), followed by mobility and gross motor (n=10; 17%), progressive conditions and physical health (n=7; 12%) (Figure 10).

Figure 10: Disability type of Sefton CJIT contacts, 2019/20

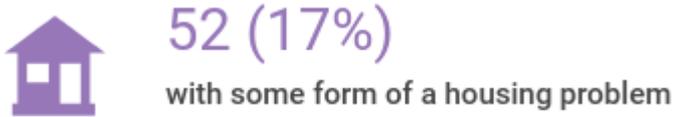


⁶ Please note that clients may have up to three disabilities recorded.

HOUSING NEED

While the majority of the 313 Sefton CJIT contacts reported no housing problem, 52 (17%) had some form of a housing problem (Figure 11), with 25 (8%) stating an urgent housing need due to being of no fixed abode. The proportion of Sefton residents who stated some form of a housing problem is similar to the previous year (16%) and is somewhat lower than the Merseyside figure (25%).

Figure 11: Sefton CJIT contacts with a housing problem, 2019/20

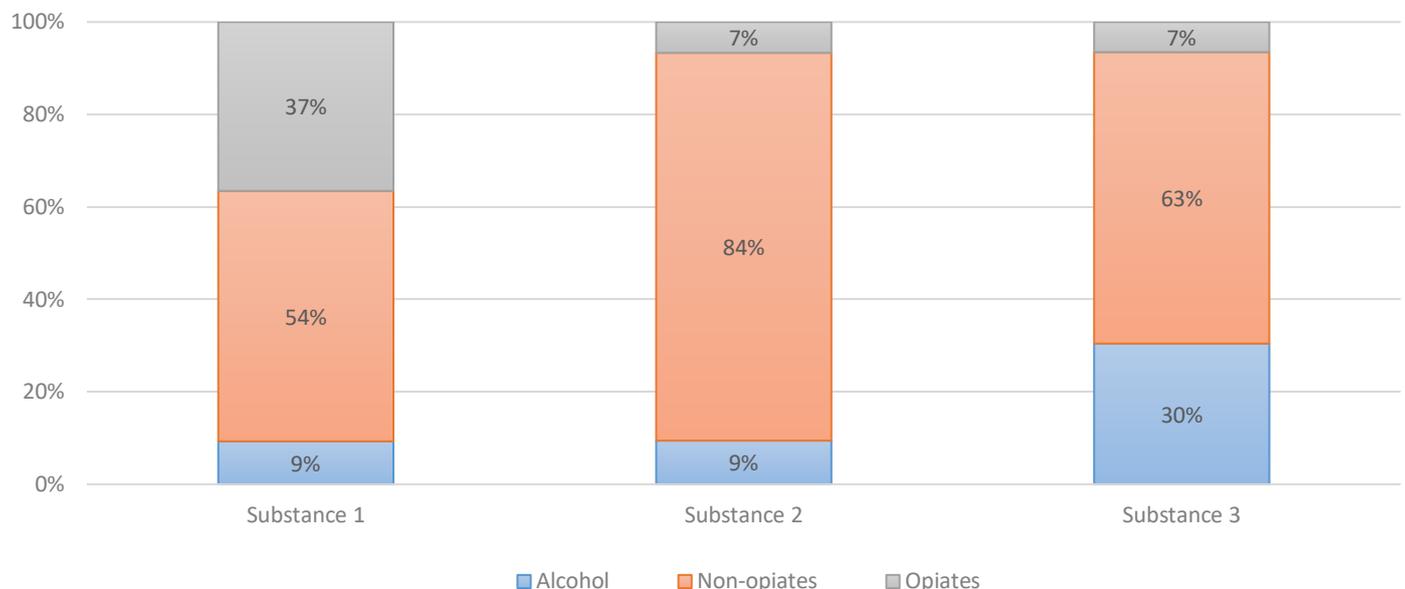


SUBSTANCE USE

In 2019/20, over half of the CJIT contacts in Sefton reported non-opiate drugs as their main substance (n=169; 54%), followed by opiate drugs (n=114; 37%) and alcohol (n=29; 9%) (Figure 12). The proportion of non-opiates recorded as the main substance is slightly higher than the Merseyside figure (51%). Notably, the proportion of non-opiates increased year-on-year (from 45% in 2016/17), while it decreased year-on-year for both alcohol and opiates.

The main substance had the highest proportion of opiate drugs (n=114; 37%), while non-opiate drugs were highest for the second substance (n=151; 84%) (Figure 12).

Figure 12: Substance type of Sefton CJIT contacts, 2019/20



When the main, second and third substances are combined (n=538), just under three in ten reported use of cocaine (n=153; 28%), followed by heroin (n=123; 23%) and crack (n=119; 22%). The proportion of Sefton CJIT contacts who reported cocaine is higher than the previous three years and is slightly higher than the Merseyside figure (24%), while proportions for heroin and crack are the same as the Merseyside figures.

Figure 13 shows figures split by substance one, two and three. Over two in five Sefton CJIT contacts reported use of cocaine as their main substance (n=133; 43%), followed by heroin (n=111; 36%). The proportion of cocaine recorded as the main substance is higher than the Merseyside figure (39%) and has increased year-on-year (from 31% in 2016/17), while the proportion of heroin recorded as the main substance is slightly lower than the Merseyside figure (38%) and has decreased year-on-year (from 40% in 2016/17). Over half of the Sefton CJIT contacts in 2019/20 reported crack as their second substance (n=95; 53%), while over one-third reported cannabis (n=16; 35%) and three in ten reported alcohol (n=14; 30%) as their third substance (Figure 13).

Figure 13: Substances used by Sefton CJIT contacts, 2019/20

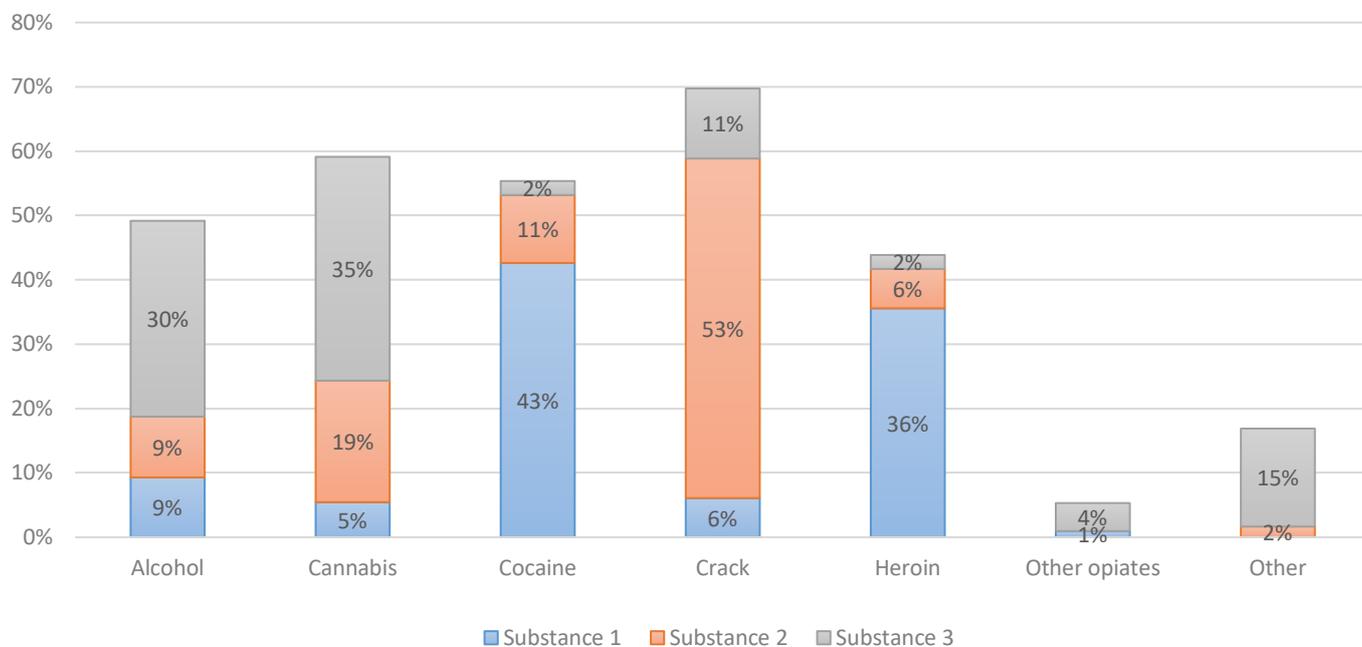


Figure 14 shows the proportions of the main substance by gender. There was a larger proportion of cocaine recorded as the main substance by men (45%) when compared to women (29%), while there were slightly larger proportions of women who reported using alcohol, crack or heroin (12%, 12% and 39% respectively) when compared to men (9%, 5% and 35% respectively).

Figure 14: Main substance and gender of Sefton CJIT contacts, 2019/20

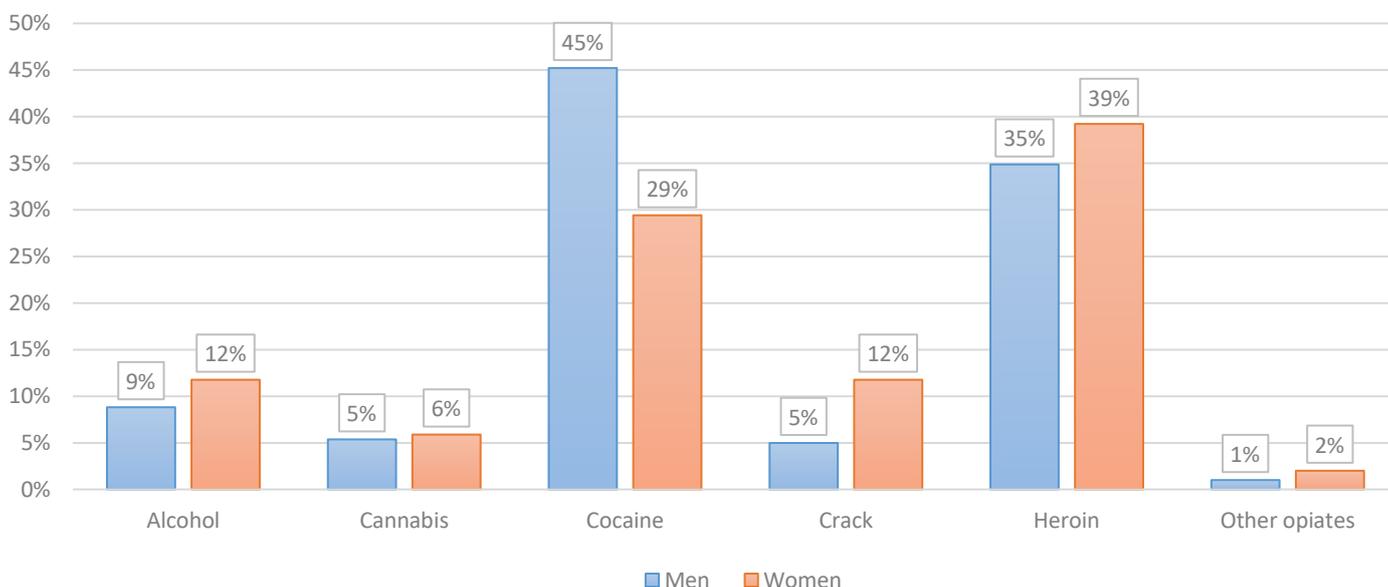
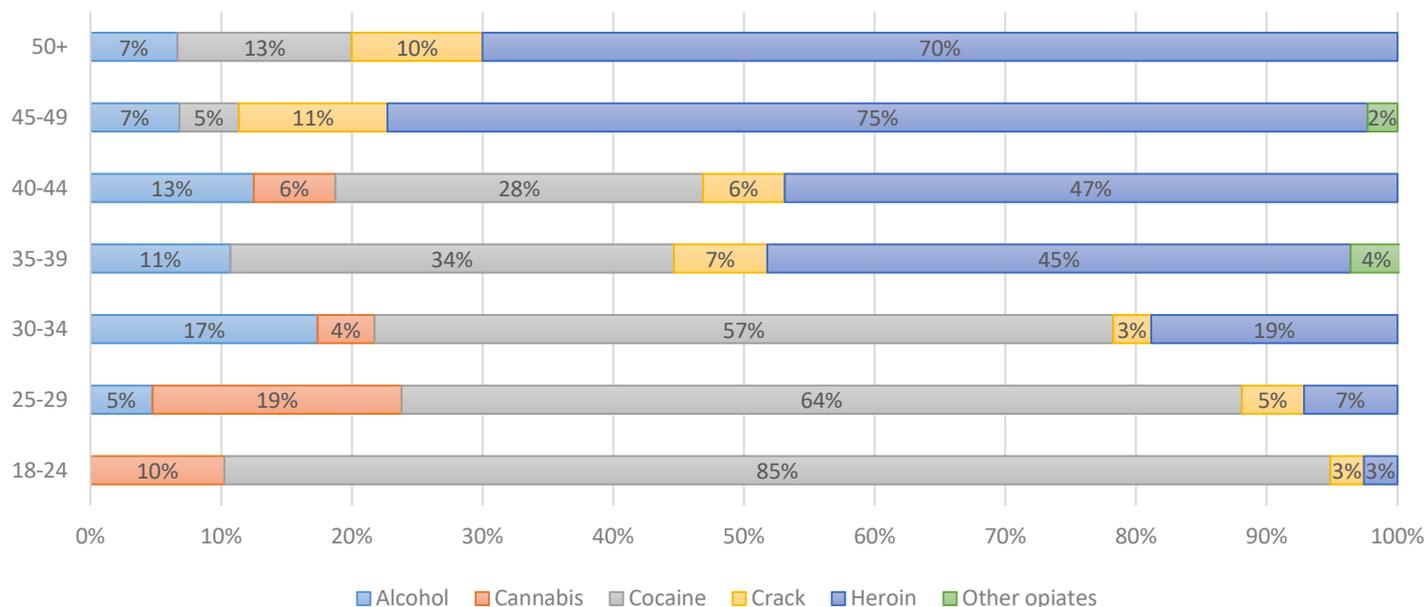


Figure 15 shows the proportions of the main substance for each age group. In general, there were larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin across the older age groups. The majority of 18-24 year olds (85%), 64% of 25-29 year olds and 57% of 30-34 year olds reported cocaine as their main substance. Meanwhile, three-quarters of 45-49 year olds (75%) and seven in ten aged 50 years and over (70%) reported heroin as their main substance.

Figure 15: Main substance and age group of Sefton CJIT contacts, 2019/20



There were similar proportions of clients whose route of administration of their main substance was intranasal (n=134; 43%) or who smoked their main substance (n=132; 42%) (Figure 16). The proportion who smoked their main substance is the same as the Merseyside figure and the same as the previous year; however, the proportion whose route of administration was intranasal is higher than the Merseyside figure (39%) and has increased year-on-year (from 28% in 2016/17).

Figure 16: Route of administration of the main substance used by Sefton CJIT contacts, 2019/20

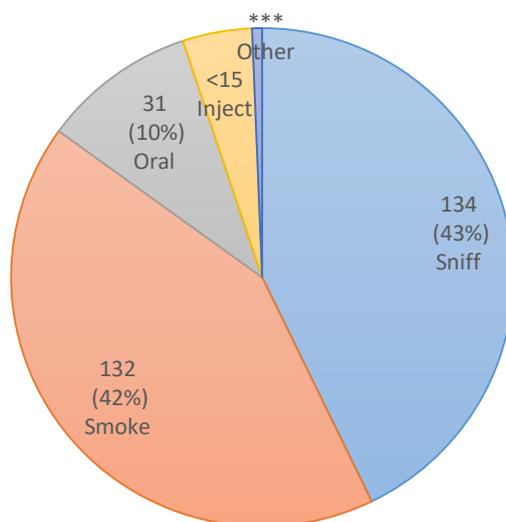
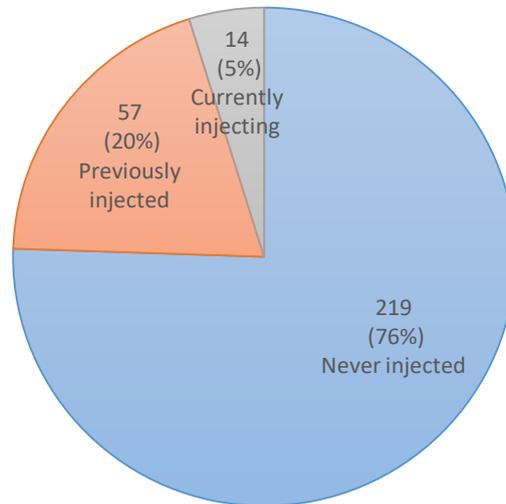


Figure 17 shows that around three-quarters of Sefton CJIT contacts in 2019/20 stated that they had never injected (n=219; 76%), while 57 (20%) had previously injected but were not currently and 14 (5%) were currently injecting. The proportion who have never injected is slightly higher than the Merseyside figure (72%); however, the proportion who previously injected has increased from 18% in the three previous years to 20% in 2019/20.

Figure 17: Injecting status of Sefton CJIT contacts, 2019/20

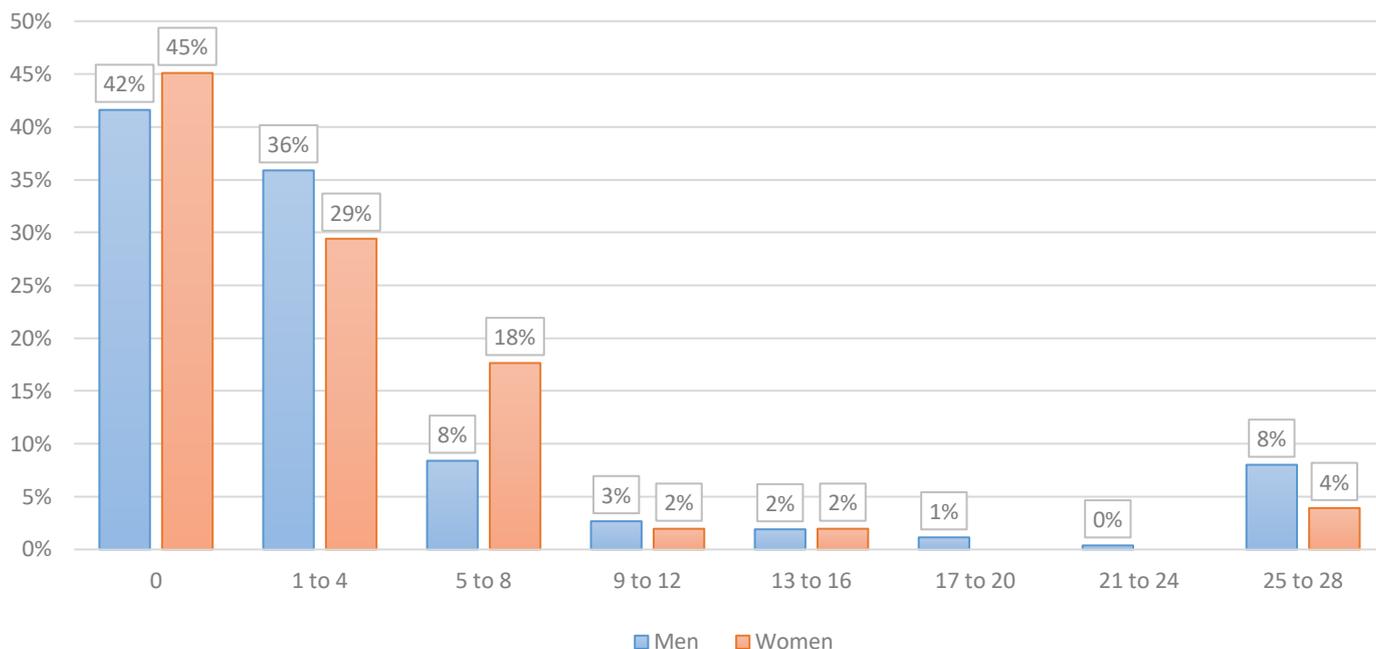


ALCOHOL CONSUMPTION

Figure 18 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their CJIT contact. Just over two in five men did not consume alcohol in the 28 days prior to their assessment (n=109; 42%), while over one-third reported drinking alcohol 1-4 days (n=94; 36%). Overall, 153 (58%) men reported to consume alcohol in the 28 days prior to their assessment and although this is a decrease on the previous year (64%), it is the highest proportion of the five Merseyside areas (Merseyside total: 49%).

For women, less than half did not consume alcohol in the 28 days prior to their CJIT contact (n=23; 45%), while 15 (29%) reported drinking alcohol 1-4 days and nine (18%) reported drinking 5-8 days (Figure 18). Overall, 28 (55%) women reported to consume alcohol in the 28 days prior to their assessment, which is a higher proportion than the previous two years, though the same as 2016/17, and it is the highest proportion of the five Merseyside areas in 2019/20 (Merseyside total: 43%).

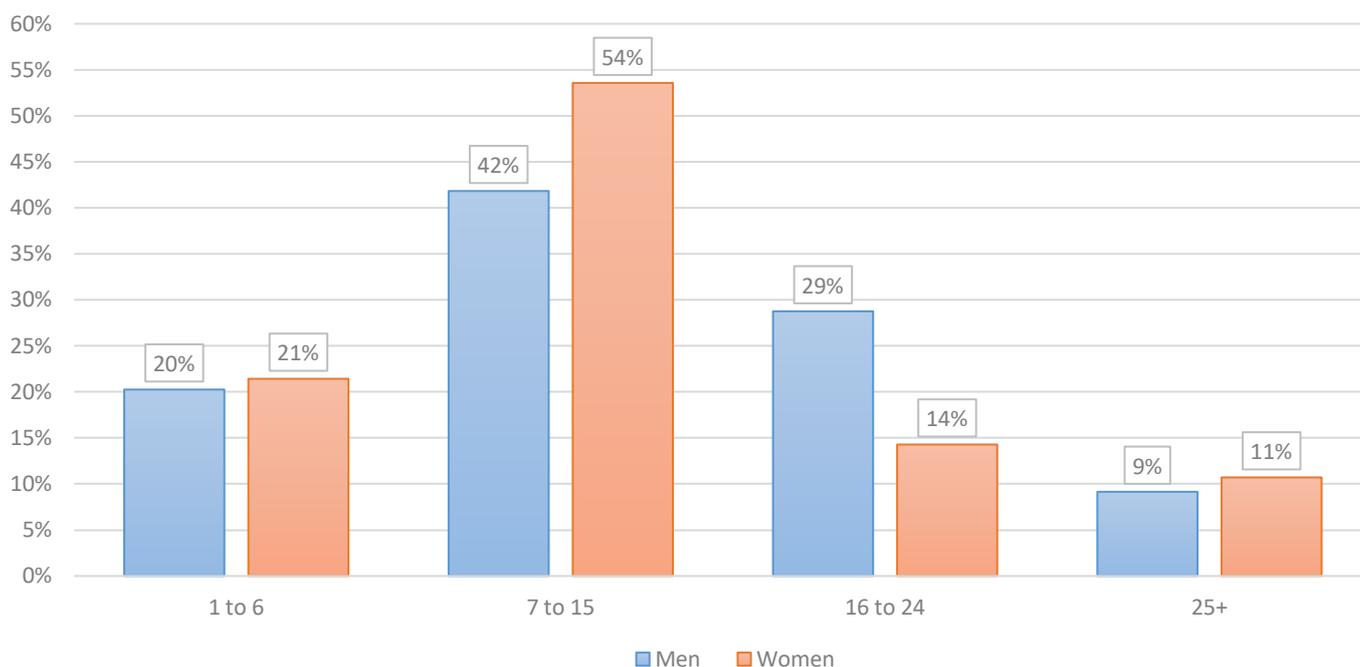
Figure 18: Number of drinking days in the 28 days prior to assessment for Sefton CJIT contacts, 2019/20



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 153 men who did drink in the 28 days prior to their assessment, just over two in five consumed 7-15 units of alcohol daily (n=64; 42%), followed by around three in ten who consumed 16-24 units (n=44; 29%) and one in five who consumed 1-6 units (n=31; 20%). The proportion of men who consumed 7-15 and 16-24 units of alcohol daily are higher than the Merseyside figures (40% and 24% respectively) and notably, the proportion who drank 16-24 units is considerably higher than the previous year (15%).

Of the 28 women who did drink in the 28 days prior to their CJIT contact, over half consumed 7-15 units of alcohol daily (n=15; 54%) (Figure 19). Although this is a decrease on the previous year’s proportion (60%), it is higher than the Merseyside figure (41%).

Figure 19: Number of units of alcohol (daily average) consumed by Sefton CJIT contacts, 2019/20



OFFENDING

The offence that prompted Sefton CJIT clients' current or most recent contact with the criminal justice system is shown in *Figure 20*. Over one-third were Misuse of Drugs Act (MDA) offences (n=116; 37%)⁷, while 83 (27%) were offences categorised as 'other' and 53 (17%) were theft - shoplifting. The proportions for these three offences have increased when compared to the previous year. Notably, the proportion of MDA offences increased from 27% in 2016/17 and is the highest across Merseyside (Merseyside: 31%).

Figure 20: Offence that prompted current or most recent contact with the criminal justice system for Sefton CJIT contacts, 2019/20

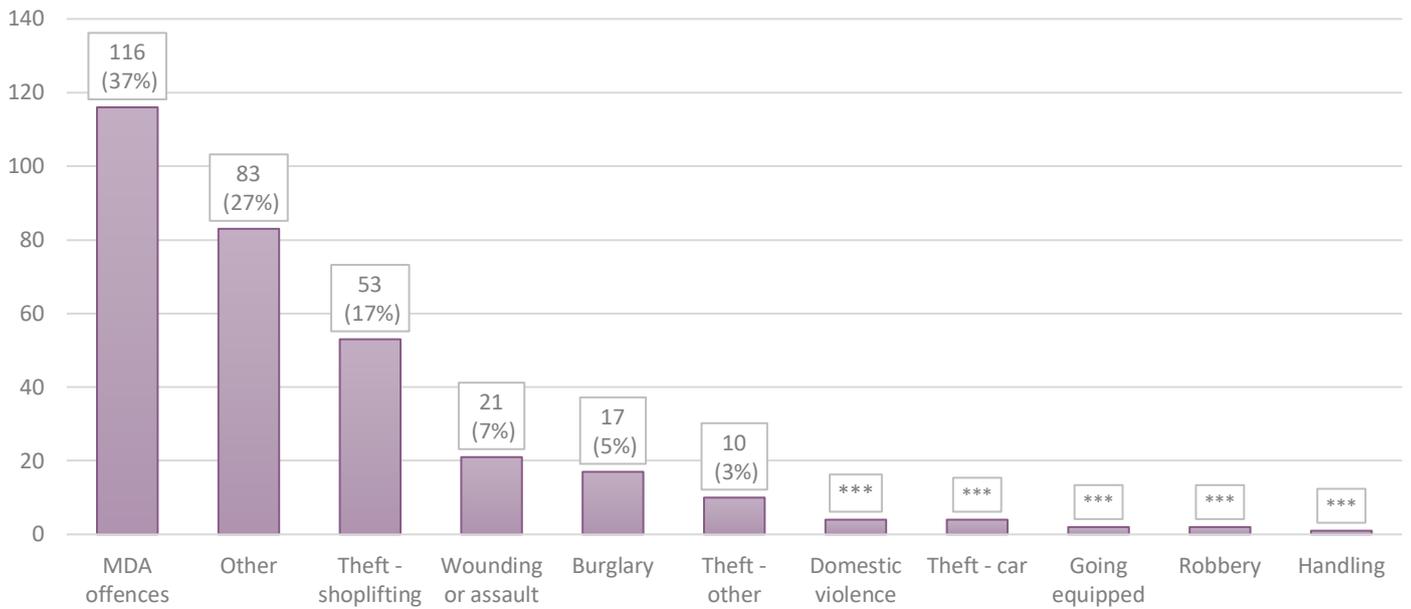
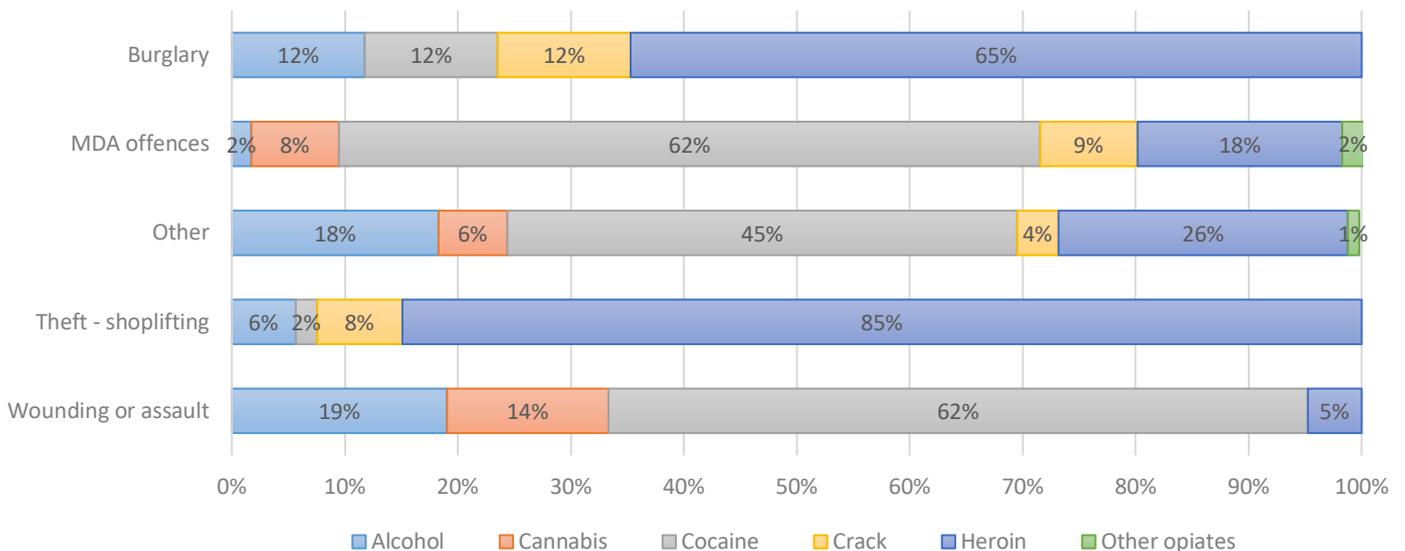


Figure 21 shows the proportions of the main substance for the most common offences. Heroin recorded as the main substance was most prominent for those whose contact with Sefton CJIT was prompted by theft - shoplifting (85%) and burglary (65%). While for cocaine, it was MDA offences (62%), wounding and assault (62%) and offences categorised as 'other' (45%).

Figure 21: Main substance and offence of Sefton CJIT contacts, 2019/20



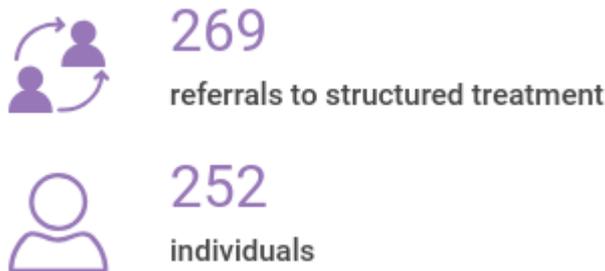
⁷ Notably, the majority of MDA offences were possession (97%), while the remainder were supply.

INTERVENTIONS

REFERRALS TO STRUCTURED TREATMENT

Of the clients taken onto the CJIT caseload, 269 were referred to structured treatment in 2019/20 (252 individuals) (Figure 22)⁸.

Figure 22: Referrals to structured treatment for Sefton CJIT contacts, 2019/20



RECOVERY SUPPORT SUB-INTERVENTIONS

In 2019/20, a total of 303 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (260 individuals), with a total of 573 sub-interventions delivered (Figure 23)⁸.

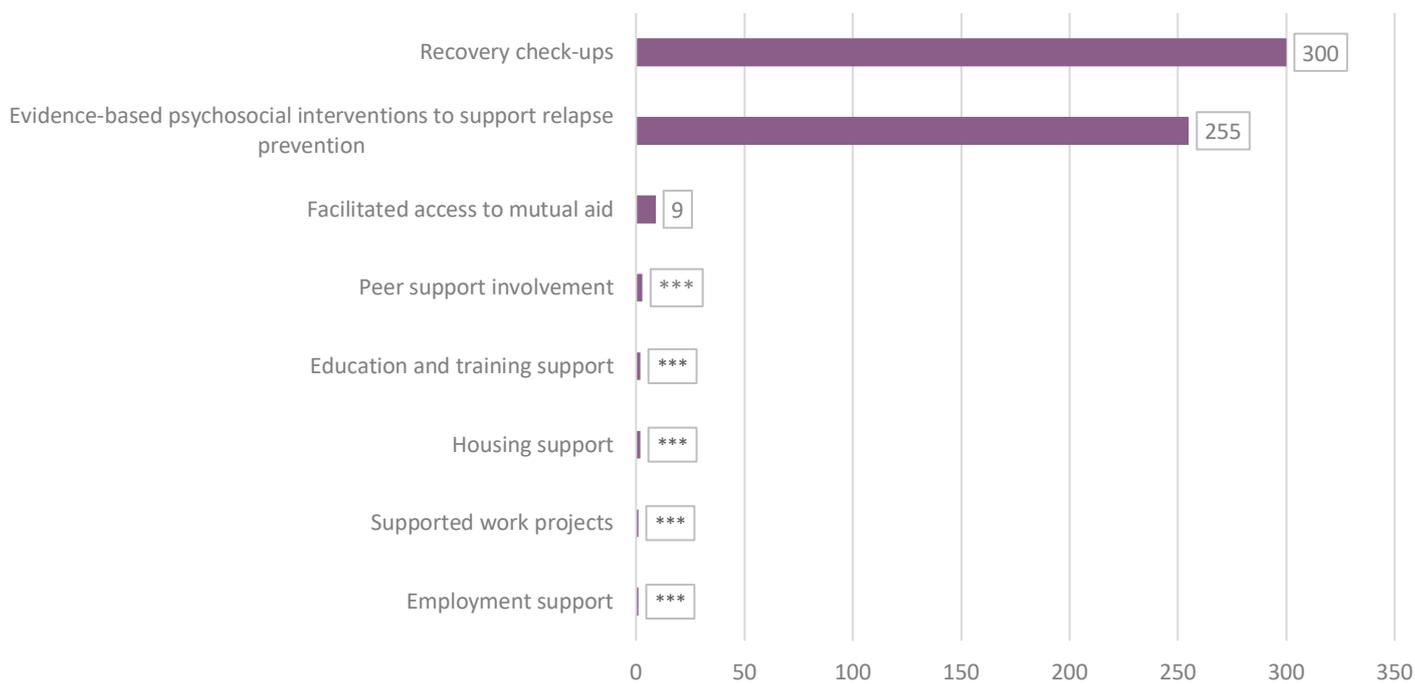
Figure 23: Recovery support sub-intervention assessments for Sefton CJIT contacts, 2019/20



⁸ Clients not taken onto the CJIT caseload, and clients with the same caseload start date and discharge date (as these are deemed to have not been taken onto the CJIT caseload), have been excluded from these figures. Figures include referrals to structured treatment or recovery support sub-intervention assessments where the date was between 1 April 2019 and 31 March 2020, regardless of when the client was taken onto the CJIT caseload.

Of the total recovery support sub-interventions delivered, just over half were recovery check-ups (n=300; 52%), followed by evidence-based psychosocial interventions to support relapse prevention (n=255; 45%) (Figure 24).

Figure 24: Recovery support sub-intervention delivered to Sefton CJIT contacts, 2019/20



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 data set enables client profiling; including gender, age, ethnicity, disability, housing need, substance use, alcohol consumption and offending. 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.
- 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.

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

