Powder Cocaine & Opiate/Crack Users: A comparative study of the characteristics of DIP clients in Merseyside (April 12 - March 13)

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1.0 EXECUTIVE SUMMARY

The aim of the report is to quantify powder cocaine use and the number of opiate and/or crack users (OCU) within the Drug Interventions Programme (DIP) population in Merseyside, highlight any emerging or changing trends within this drug using population and to indicate any differences in characteristics between the two drug groups. This report supplements the two previous editions covering 2008/09 and 2009/10 and includes information helpful to treatment providers wishing to gain insight into the requirements of clients entering treatment services and encourage successful treatment outcomes.

The data used for this analysis has been taken from the Drug Interventions Record forms (DIR) completed by DIP staff in Merseyside between 1st April 2012 and 31st March 2013. The analysis was performed on the basis of which Merseyside Drug and Alcohol Action Teams D(A)AT the clients were residing in at the time of their assessment and, as previously mentioned, clients were split into two main drug groups depending on their reported drug use – powder cocaine group and OCU group. Data were analysed covering - drug groups, ethnicity, age, gender, drug use, injecting status, alcohol consumption and offences committed. The results were documented separately for four of the five Merseyside areas along with an overall Merseyside section.

The main trends emerging from the 2012/13 data include there being a greater proportion of clients from the powder cocaine group who were assessed for DIP than OCU – the first time this has been the case. There was an increase in monthly powder cocaine use by the powder cocaine group as well as a general decrease in daily heroin use by OCU when compared to findings from the previous reports. There was also an increase in the proportion of clients in the powder cocaine groups who “binge drink” at reasonably high levels on a typical drinking day when compared to previous findings. Although every client has a unique set of characteristics a typical client from each group is outlined below:

Table ES1: Merseyside Residents – Key Findings (Apr 12 – Mar 13)

	A Typical Powder Cocaine User	**A Typical OCU**
Ethnicity / Gender	white male on most occasions	white male on most occasions
Age	between 18 and 24 years old	between 30 and 49 years old
Drug Use	mainly uses powder cocaine only and on a monthly or weekly basis, may also use cannabis on a daily basis	mainly uses heroin and crack on a daily basis but in some cases may also use powder cocaine, illicit methadone, cannabis and benzodiazepines
Injecting	is unlikely to have previously injected	is as likely to have injected in the past as not, but is unlikely to currently be injecting.
Alcohol	is very likely to drink alcohol on a weekly or monthly basis which can be at high "binge drinking" levels on a typical drinking day	is quite likely, if they drink, to do so on a daily basis, at potentially problematic levels
Offending	most likely to be arrested for MDA offences but may be arrested for wounding or assault, theft – car and/or public order offences	is likely to be arrested for shoplifting

2.0 INTRODUCTION

Drug Interventions Programme

The Drug Interventions Programme (DIP) is an initiative set up by the Home Office in 2003 with an overarching aim to break the cycle of drug misuse, crime and prison and as a result reduce acquisitive crime in communities within England and Wales. DIP is a multi-agency initiative incorporating the police, criminal justice system, the crown prosecution service, probation and treatment agencies who unite and direct class A drug misusing offenders towards treatment. DIP plays an important role in the Government's most recent drug strategy, Drugs: Protecting Families and Communities (Home Office, 2008) and many of the clients who are assessed for DIP can be some of the most difficult to reach problematic drug users (Home Office, 2010a). DIP also supports the Public Health Outcomes Framework (PHOF) Healthy lives, healthy people: improving outcomes and supporting transparency. This is a Department of Health policy paper which sets out desired outcomes for public health and how these will be measured with crime included as one of its social determinants of health (Department of Health, 2013).

It is estimated that more than 1,900 drug misusing offenders are currently entering treatment on a monthly basis through DIP and this is suggested to have contributed to drop of about 55% in drug-related crime between 1997 and 2007 (Home Office, 2010b). It is documented that clients who enter treatment, through routes other than through DIP, can have an overall cost benefit and according to the 2009 Drug Treatment Outcomes Research Study (DTORS) report, for every £1 spent on drug treatment at least £2.50 is saved (Home Office, 2009a). Although corresponding figures are not available for DIP specifically it does suggest that engaging such clients into treatment can have cost saving benefits.

There are a wide range of treatments and services available to individuals who engage with DIP which help give them a holistic support system. Such services include harm reduction interventions, overdose management as well as other more generic services relating to housing, health, independent living, managing finances, developing new social support networks and rebuilding relationships with families (Home Office, 2009b).

Individuals who enter DIP for the first time or re-enter after a period of absence, are assessed and the information is recorded using the Drug Interventions Record (DIR). This form details a wide variety of information about each individual including date of birth, gender, ethnicity, offence(s) committed that prompted the assessment, drug use, alcohol use and treatment details.

Drug Use

Although DIP's main focus is to target opiate and / or crack users, more recently it has also facilitated engaging clients who present with potential problematic powder cocaine use and can be steered towards suitable interventions either within or outside of DIP. As trends on opiate use are widely available, the purpose of this section is to outline the trends and characteristics within the powder cocaine group.

Cocaine Prevalence

Cocaine, a natural product which is extracted from the leaves of the coco plant (*Erythroxylon coca Lam),* is grown on the Andean ridge in South America and is the only known natural source of cocaine (EMCDDA, 2010). Cocaine is a stimulant and is generally consumed in two main forms - powder cocaine (cocaine hydrochloride) and crack cocaine (small rocks or lumps). Powder cocaine is mainly taken by sniffing the powder through the nasal cavity or by injecting, whereas crack cocaine is predominantly smoked but can also be injected (EMCDDA, 2007).

Today cocaine still remains a global commodity with about 155,600 hectares estimated being under coca cultivation in 2011 and yielding between 776 – 1051 tonnes of the drug in the same year (UNODC, 2013). Cocaine is the most trafficked drug in the world after herbal cannabis and cannabis resin and UK estimates report that between 25-30 tonnes of cocaine are imported into the country each year (EMCDDA, 2012).

It is estimated that around 17 million people had used the drug at least once in the last year (around 0.37% of the global population) (UNODC, 2013). In terms of numbers, cocaine still remained the most widely used illicit stimulant in Europe with some 4 million estimated to have used the drug in the past year (about 1.2% of all European adults) (EMCDDA, 2012). In the UK, estimates are that powder cocaine continues to be the second most commonly used illicit drug among 16 to 59 year olds after cannabis, with 1.9% of adults (627,000) having reported using powder cocaine in the past year. This was a decrease from 2.2% in 2011/12 and lower than its peak usage of 3.0% in 2008/9 (Home Office, 2013). The average purity in UK ranged between 5 – 40% (typical purity of 26%) with a retail value of between US$48.2 – $104.4 (typically US$64.3) per gram during 2011 (UNODC, 2013). In addition to this, males were much more likely to use powder cocaine than females (Home Office, 2013; EMCDDA, 2012).

In Europe, cocaine was reported as being the principal reason for entering treatment by 15% of all reported drug users entering drug treatment in 2010 (EMCDDA, 2012). By way of comparison, in England this figure was about 11% and included 7,372 people who started a new treatment journey during the year 2012/13, a small increase from 7,059 in 2011/12 (PHE, 2013b).

Cocaine, young people and alcohol

There is still a clear trend with regard to the prevalence of young adults using cocaine. In Europe, an estimated 2.1% (about 3 million users) of 15 – 34 year olds used cocaine in the last year (EMCDDA, 2012). In the UK 3.0% of 16-24 year olds (201,000) have used cocaine within the last year. However this figure does highlight a continued decrease from its peak of 6.6% in 2008/09. With regards to age range, powder cocaine use peaked among 25 – 29 year olds at 4.4% during 2012/13 (Home Office, 2013).

It is well documented that powder cocaine can be linked to particular lifestyle patterns, in particular alcohol consumption in pubs, clubs and wine bars, the night-time economy and urban areas. The powder cocaine user can be seen as socially integrated, using the drug at weekends, parties and special occasions. There have been higher levels of cocaine use reported among regular attendees in clubs and other recreational settings (EMCDDA, 2012). In the UK, of those who used the drug in the last year, powder cocaine use was 11 times higher among those who had visited a pub or wine bar nine or more times in the past month (8.1%) compared to those who had not visited either in the same time frame (0.7%) (Home Office, 2013).

Powder cocaine use and alcohol use can be closely linked and on many occasions taken together (Gossop et al, 2006). Although the combination of both cocaine and alcohol creates a greater and longer euphoric experience, cocaethylene, a cocaine metabolite, can be produced and can have some very harmful physical effects (McCance-Katz et al, 1998; Gossop et al, 2006). In addition to this, combining both alcohol and cocaine is also reported to have a pharmacological link to violent behaviours (Fagan, 1993; Chermack & Blow, 2001). However this link is currently still being debated and new evidence suggests that this could more likely be the case for crack cocaine and alcohol than powder cocaine and alcohol (Vaughn at al, 2010).

Report

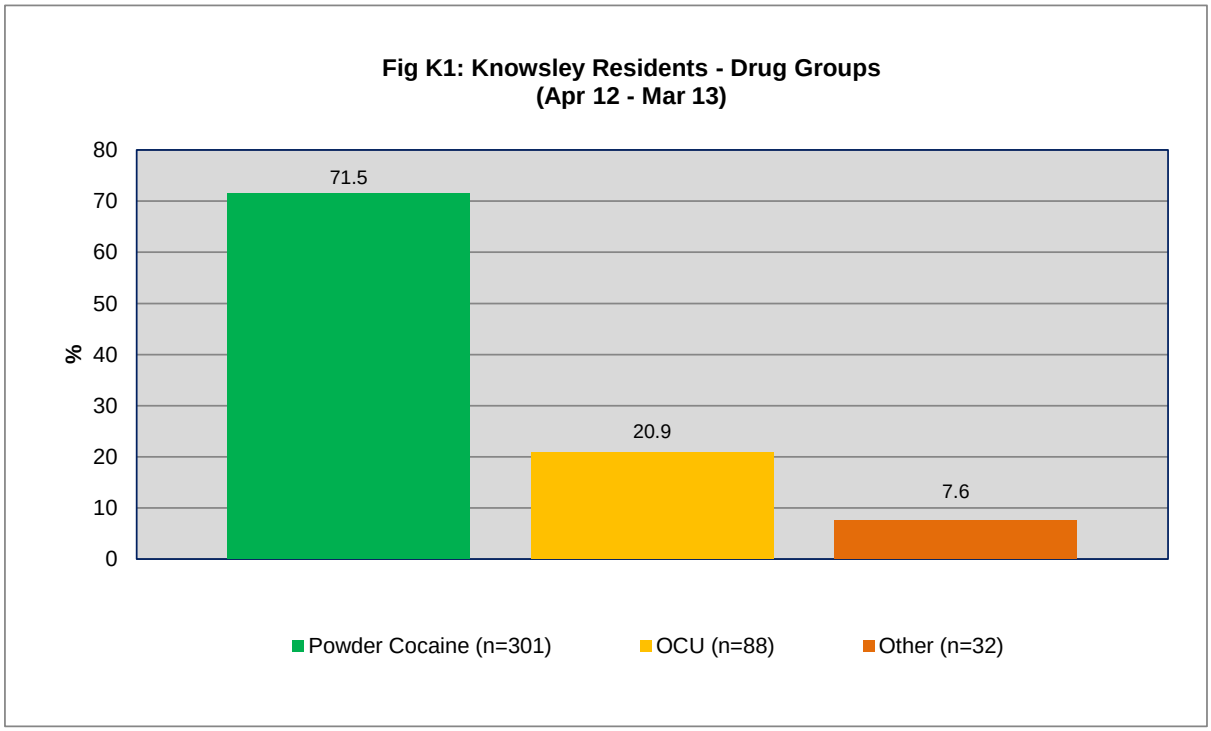
The report focuses on Merseyside residents who have been assessed through DIP in Merseyside between April 2012 and March 2013, comparing the characteristics of clients by separating them into two groups - powder cocaine group and opiate and / or crack user (OCU) group. As previous evidence reports a high prevalence of powder cocaine use among the general population as well as DIP clients in Merseyside, the aim of the report is to quantify powder cocaine use within the DIP population in Merseyside and highlight any emerging or changing trends within this drug using population and to indicate any differences in characteristics between the two drug groups. This report supplements the two previous editions covering 2008/09 and 2009/2010 which can be used for comparison of trends. Such information could be helpful to treatment providers in order to gain insight into the requirements of clients entering treatment services and encourage successful treatment outcomes.

3.0 KNOWSLEY – Key Points

- There were more than treble the proportion of Knowsley resident powder cocaine users assessed by DIP compared to OCU in 12/13.
- Clients in the powder cocaine group tended to be much younger than those in the OCU group.
- A greater proportion of the powder cocaine group were male compared to the OCU group. In contrast a greater proportion of females were in the OCU group compared to those in the powder cocaine group.
- The powder cocaine group tended to use powder cocaine on a monthly basis. In addition to this, cannabis use was also relatively common among this group. In contrast, the OCU group tended to use both crack and heroin on a daily basis but they also used a variety of opiates and stimulants in addition to these drugs which included powder cocaine (used mostly weekly or monthly), cannabis (used mostly daily or weekly) and methadone (used mostly daily).
- A small proportion of both drug groups reported currently injecting (within the last 28 days) but a much greater proportion of the OCU drug group reported having previously injected compared to the powder cocaine group.
- A large proportion of powder cocaine users drank alcohol on a weekly or monthly basis and, of those who drank alcohol, over nine in ten of this drug group reported “binge drinking” on a typical day. Although just over half the OCU group did not drink any alcohol, those who did were considerably more likely than powder cocaine users to report potentially problematic daily drinking and as likely to report “binge drinking” on a typical day.
- The most commonly committed group of offences for the powder cocaine group was Misuse of Drugs Act (MDA) offences, while shoplifting was the most common for the OCU group. In addition to this, the powder cocaine group also had a much greater prevalence of committing wounding or assault and theft-car compared to the OCU group while the OCU group reported a much greater prevalence of committing theft offences compared to the powder cocaine group.

3.1 KNOWSLEY - Data

Drug Groups:



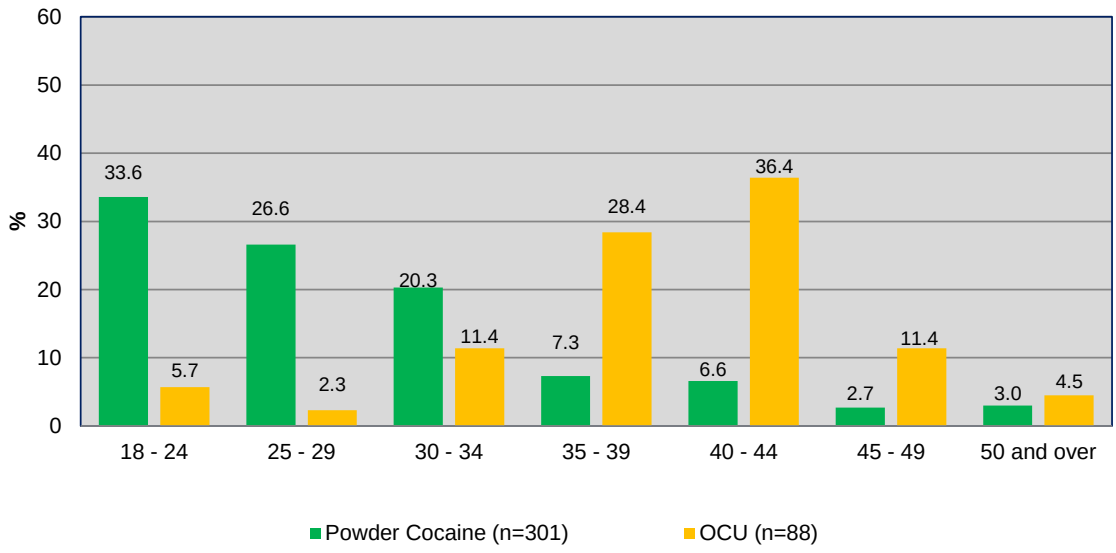
Ethnicity:

Table K1: Knowsley Residents - Ethnic background (Apr 12 – Mar 13)

Ethnicity	Powder Cocaine (n=301)		OCU (n=88)	
	Number	%	Number	%
Asian or Asian British				
Black or Black British	1	0.3	2	2.3
Chinese or other Ethnic Group				
Mixed	2	0.7	3	3.4
White	285	94.7	69	78.4
Not stated	13	4.3	14	15.9

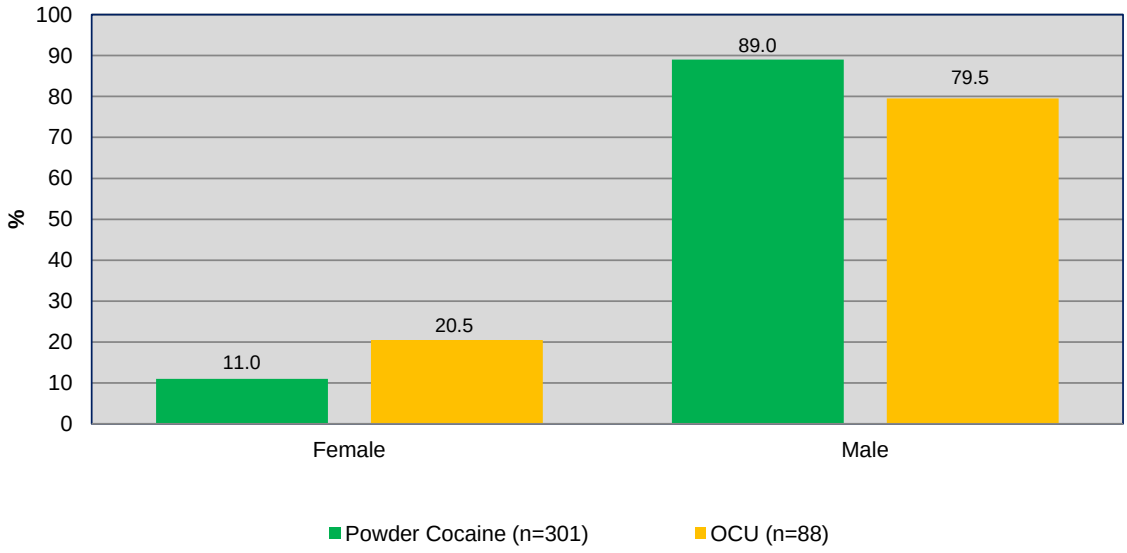
Age

Fig K2: Knowsley Residents - Age
(Apr 12 - Mar 13)



Gender

Fig K3: Knowsley Residents - Gender
(Apr 12- Mar 13)



Drug Use

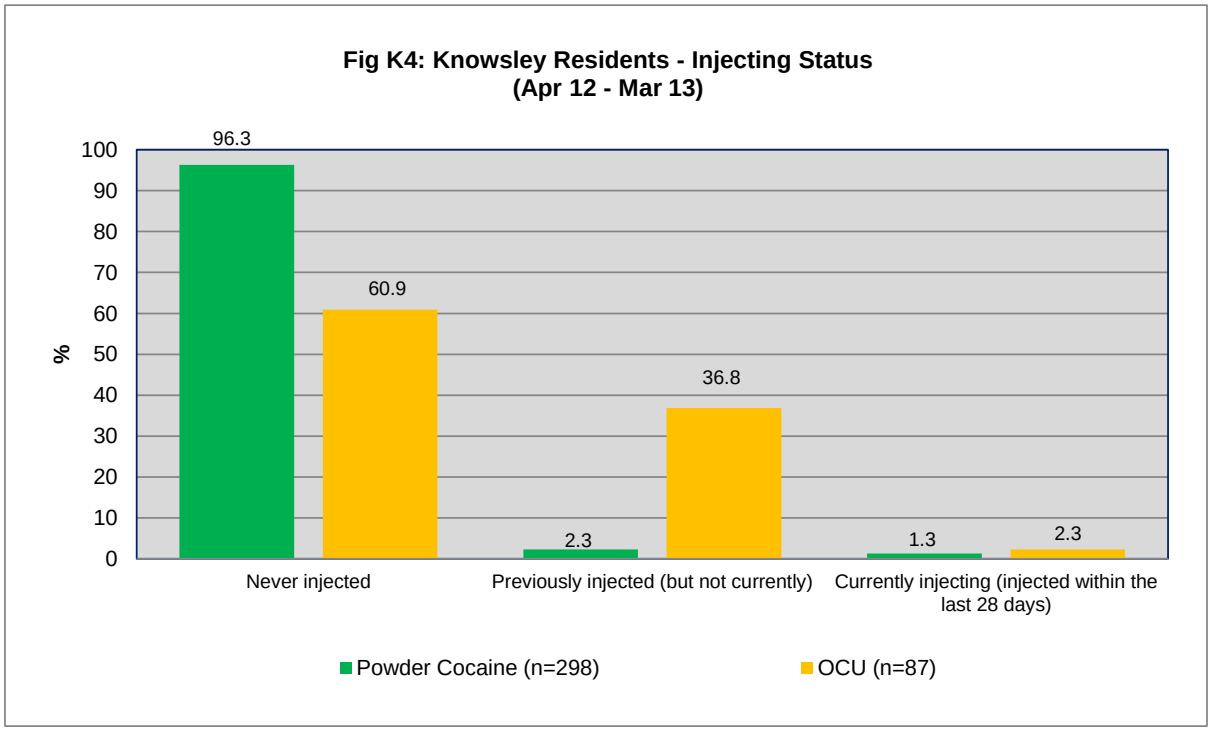
Table K2: Knowsley Residents - Drugs used by the powder cocaine group (Apr 12 – Mar 13)

Drug use by Powder Cocaine group (n = 301)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	30 (10.0%)	88 (29.2%)	193 (64.1%)	**301 (100%)**
Crack				
Heroin				
Methadone				
Cannabis	65 (21.6%)	13 (4.3%)	5 (1.7%)	**83 (27.6%)**
Amphetamines				
Benzodiazepines				
Ecstasy			2 (0.7%)	**2 (0.7%)**
Methamphetamines				

Table K3: Knowsley Residents - Drugs used by the OCU group (Apr 12 – Mar 13)

Drug use by OCU group (n = 88)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	3 (3.4%)	6 (6.8%)	9 (10.2%)	**18 (20.5%)**
Crack	39 (44.3%)	11 (12.5%)	3 (3.4%)	**53 (60.2%)**
Heroin	39 (44.3%)	17 (19.3%)	8 (9.1%)	**64 (72.7%)**
Methadone	5 (5.7%)		1 (1.1%)	**6 (6.8%)**
Cannabis	4 (4.5%)	6 (6.8%)	3 (3.4%)	**13 (14.8%)**
Amphetamines	1 (1.1%)			**1 (1.1%)**
Benzodiazepines	1 (1.1%)		1 (1.1%)	**2 (2.3%)**
Ecstasy				
Methamphetamines				

Injecting Status



Alcohol Consumption

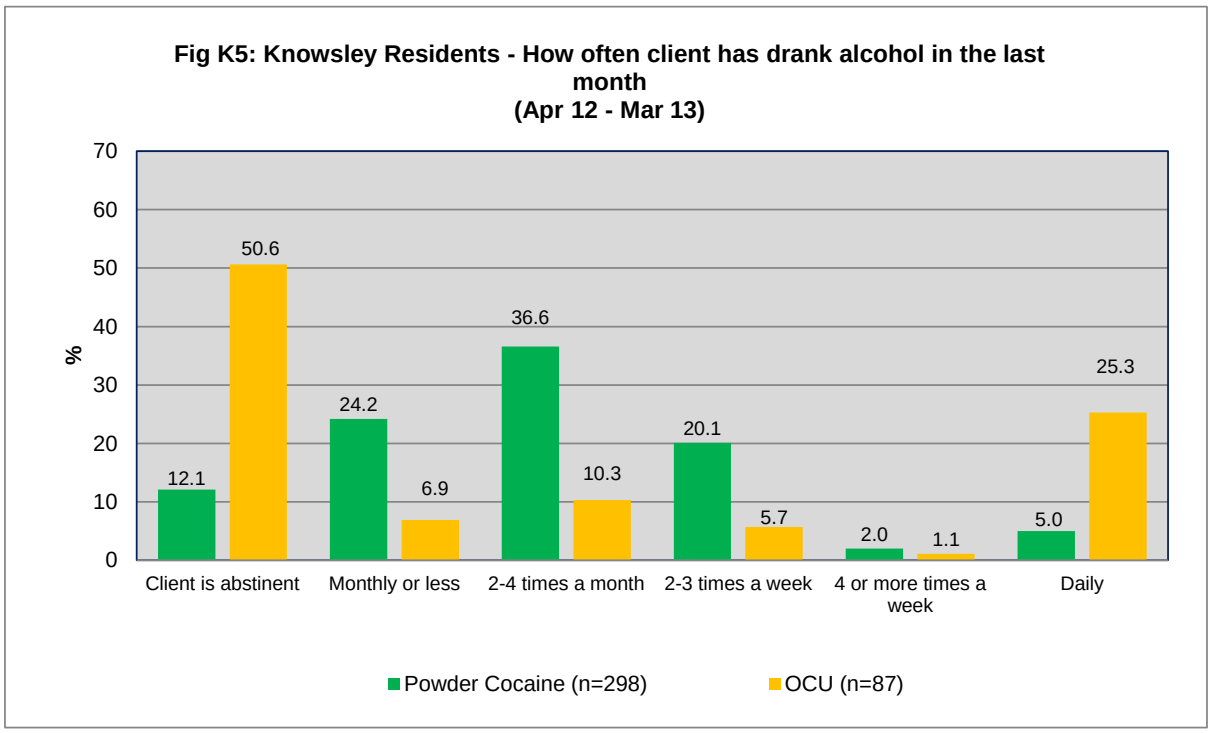
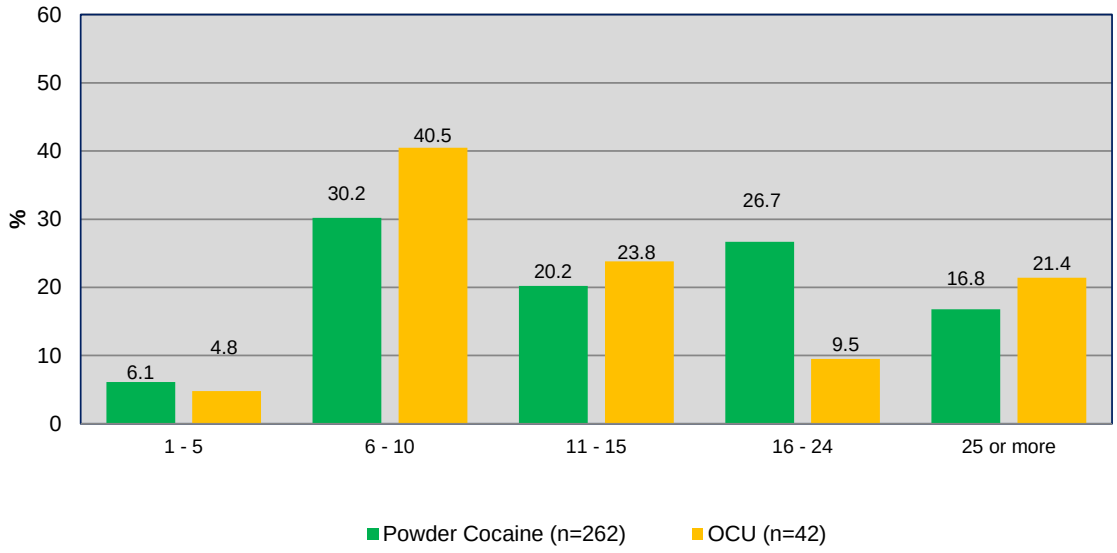


Fig K6: Knowsley Residents - How many units of alcohol does the client drink on a typical day? (Apr 12 - Mar 13)



Offences Committed

Table K4: Knowsley Residents - Offending that lead to contact with DIP (Apr 12 – Mar 13)

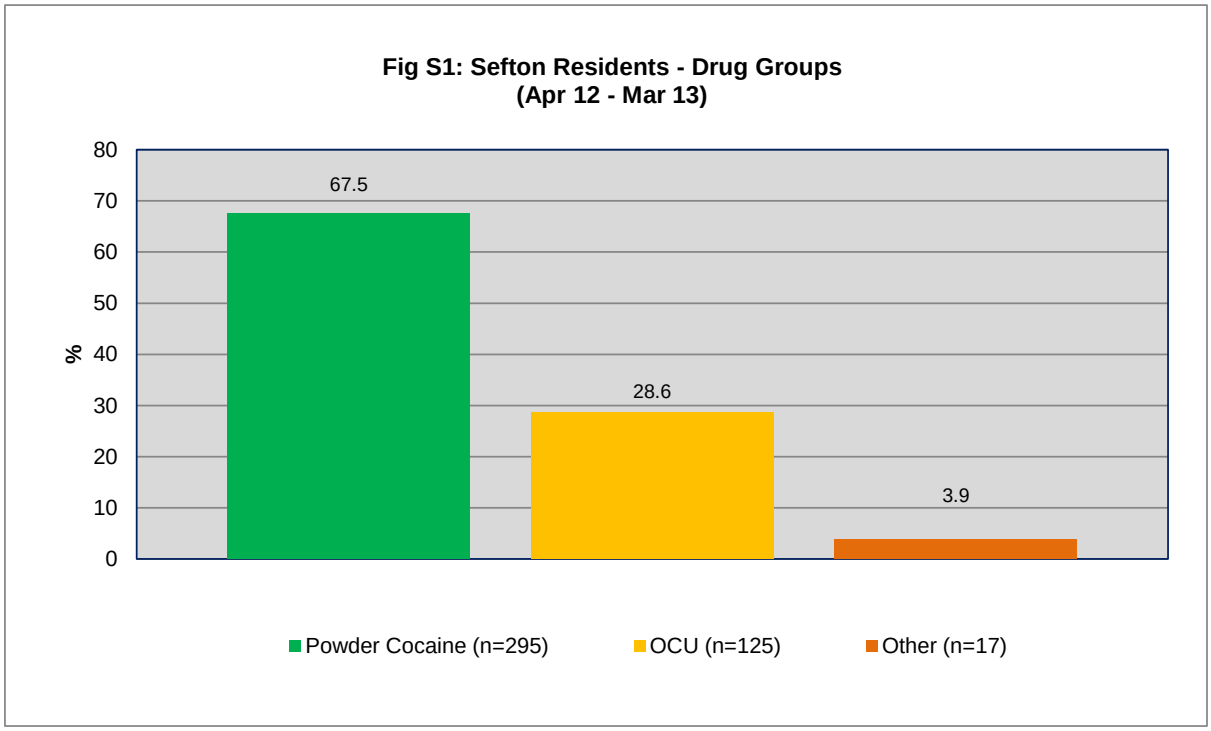
Offence	Total Offending Powder Cocaine (n=287)		Total Offending OCU (n=83)	
	Number	%	Number	%
Breach	2	0.7	2	2.4
Burglary	12	4.2	3	3.6
Criminal Damage	5	1.7	2	2.4
Firearms/Weapons	4	1.4	1	1.2
Fraud	7	2.4	2	2.4
Going Equipped			3	3.6
Handling	3	1.0		
MDA Offences	161	56.1	20	24.1
Motoring Offences	9	3.1	1	1.2
Soliciting				
Public Order Offences	5	1.7	1	1.2
Robbery	2	0.7	1	1.2
Shoplifting	28	9.8	44	53.0
Theft	19	6.6	6	7.2
Theft-Car	27	9.4		
Wounding or Assault	23	8.0	5	6.0
Other			1	1.2

4.0 SEFTON - Key Points

- Over two thirds of Sefton residents assessed for DIP in 2012/13 were powder cocaine users compared to just over a quarter who were OCU.
- Clients in the powder cocaine group tended to be much younger than those in the OCU group.
- Clients from the powder cocaine group were more likely to be male compared to the OCU group.
- The powder cocaine group tended to use powder cocaine on a monthly basis and in addition to this cannabis use was also relatively common among this group. In contrast, the OCU group tended to use both crack and heroin on a daily or weekly basis but as a group they also used a greater range of drugs compared to the powder cocaine users including some monthly and weekly use of powder cocaine and daily use of methadone.
- A greater proportion of the OCU drug group reported having previously injected or being current injectors compared to the powder cocaine group. None of the powder cocaine group were current injectors.
- A large proportion of powder cocaine users drank alcohol on a weekly or monthly basis and, of those who drank, almost nine in ten reported “binge drinking” on a typical day. Although just over half of the OCU group did not drink any alcohol, those that did were more likely than the powder cocaine users to report potentially problematic daily drinking. In general OCU were as likely to report “binge drinking” on a typical day compared to powder cocaine users.
- The most commonly committed group of offences for the powder cocaine group were MDA offences and burglary and powder cocaine users were more likely to commit these offences than OCU. In addition to this the powder cocaine group also reported a much greater prevalence of public order offences, theft – car and wounding or assault offences compared to the OCU group. By contrast the most common offence committed by the OCU group was shoplifting.

4.1 SEFTON - Data

Drug Groups



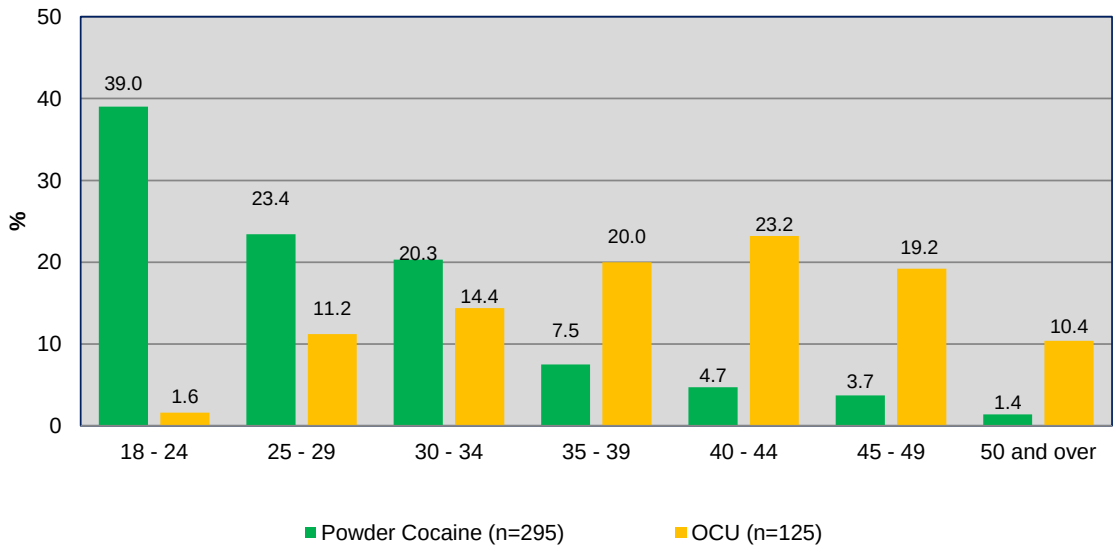
Ethnicity

Table S1: Sefton Residents - Ethnic background (Apr 12 – Mar 13)

Ethnicity	Powder Cocaine (n=269)		OCU (n=106)	
	Number	%	Number	%
Asian or Asian British				
Black or Black British			1	0.9
Mixed			1	0.9
White	269	100	104	98.1

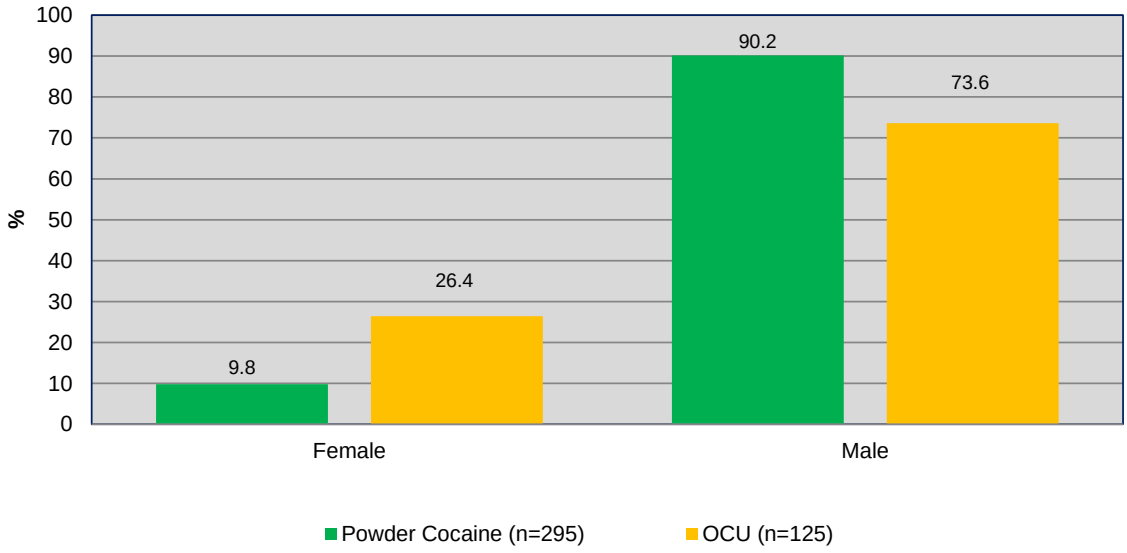
Age

Fig S2: Sefton Residents - Age
(Apr 12 - Mar 13)



Gender

Fig S3:Sefton Residents - Gender
(Apr 12- Mar 13)



Drug Use

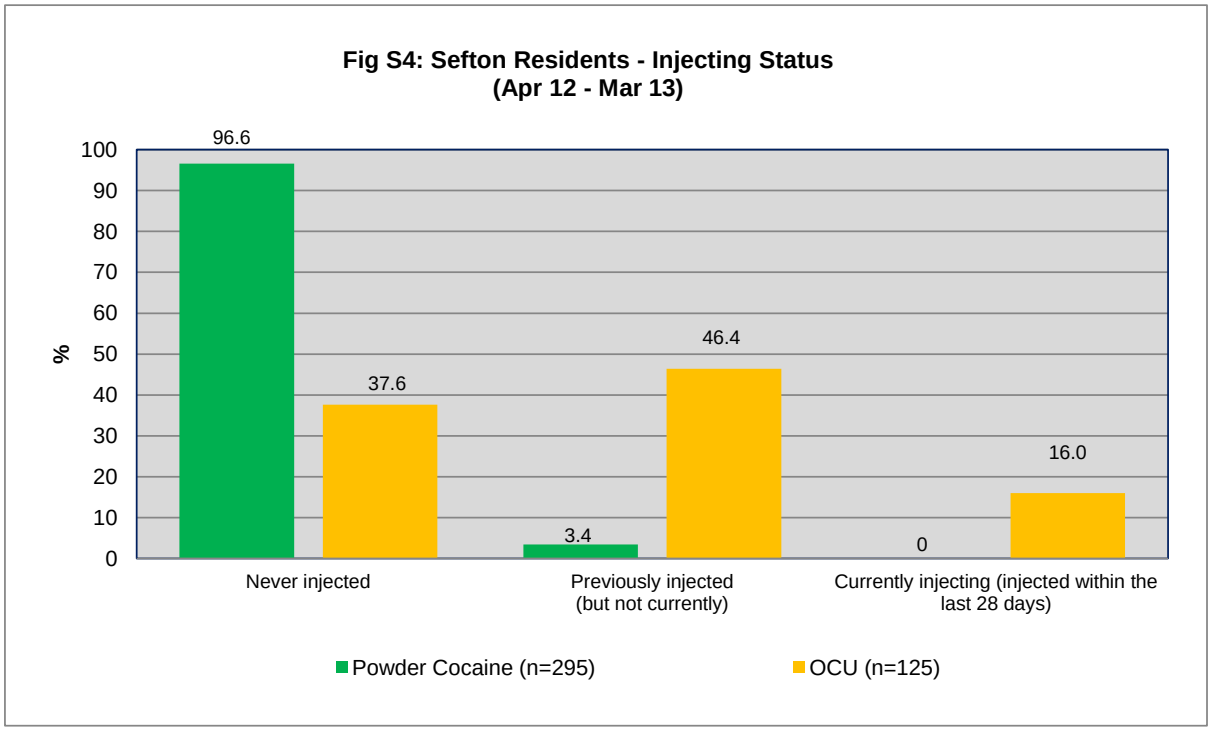
Table S2: Sefton Residents - Drugs used by the powder cocaine group (Apr 12 – Mar 13)

Drug use by Powder Cocaine group (n=295)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	20 (6.8%)	87 (29.5%)	188 (63.7%)	**295 (100%)**
Crack				
Heroin				
Methadone				
Cannabis	61 (20.7%)	27 (9.2%)	13 (4.4%)	**101 (34.2%)**
Amphetamines				
Benzodiazepines				
Ecstasy				
Methamphetamines				

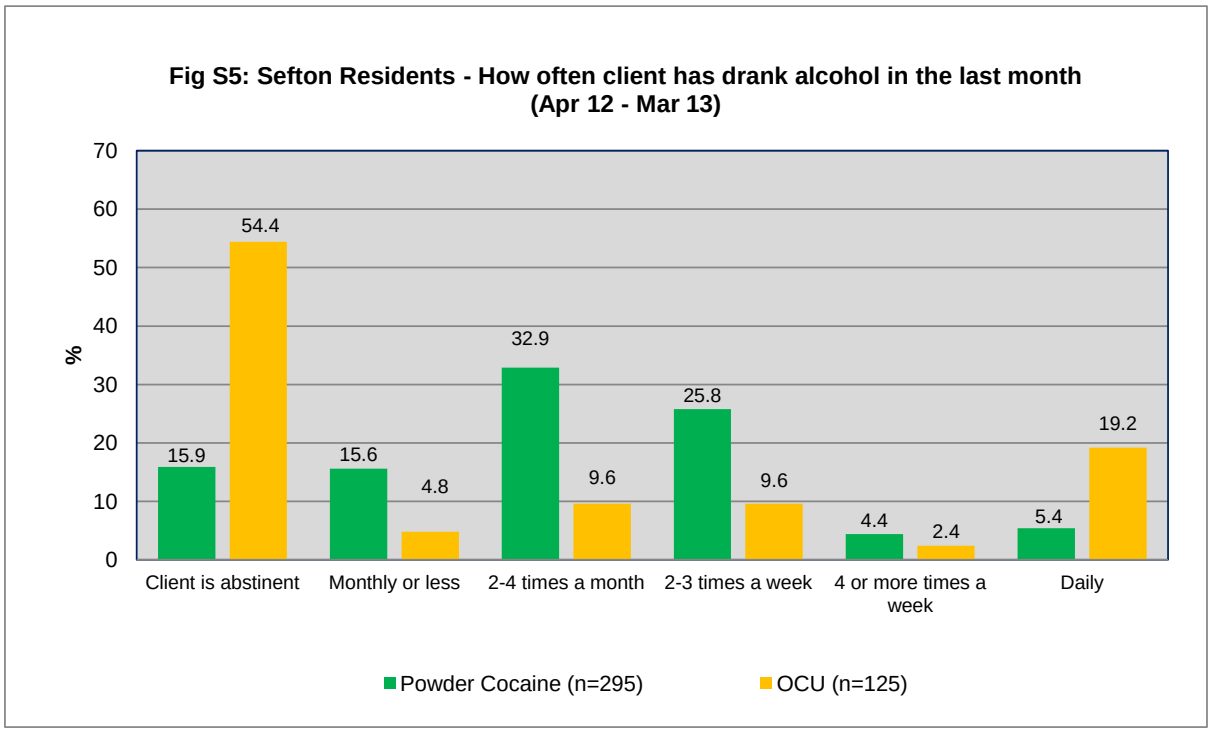
Table S3: Sefton Residents - Drugs used by the OCU group (Apr 12 – Mar 13)

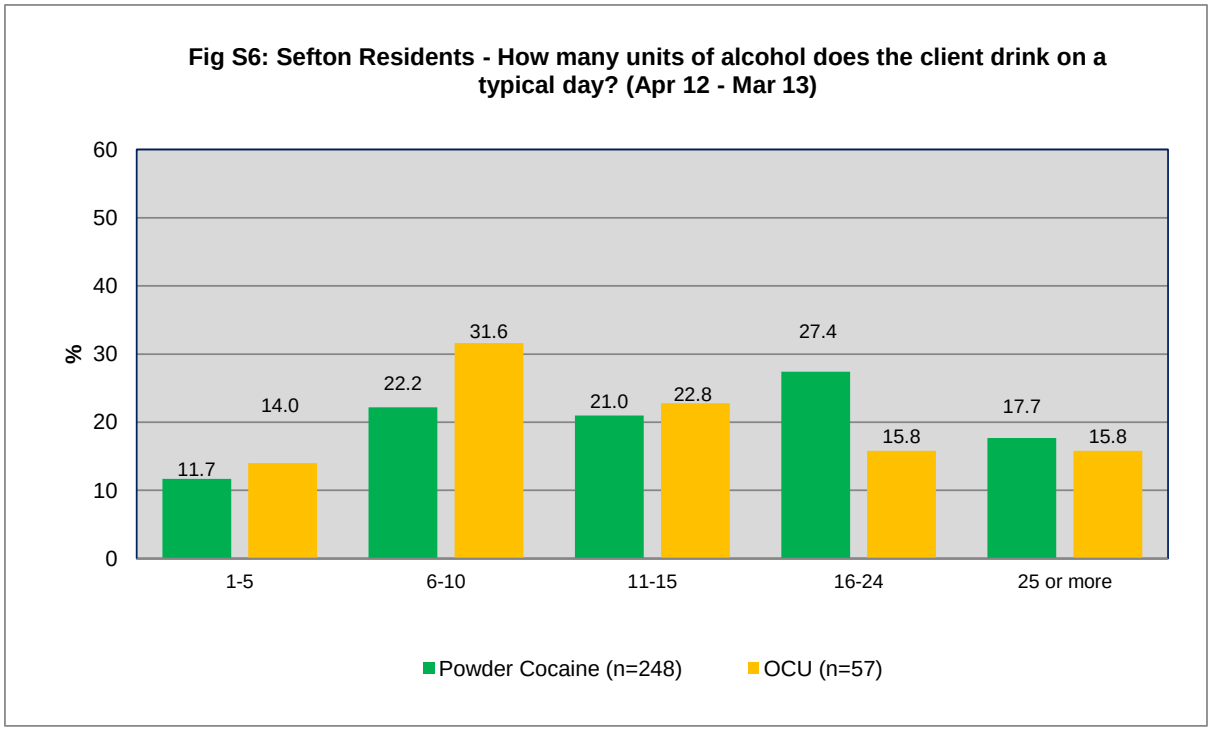
Drug use by OCU group (n=125)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	7 (5.6%)	10 (8.0%)	11 (8.8%)	**28 (22.4)**
Crack	31 (24.8%)	35 (28.0%)	7 (5.6%)	**75 (60.0%)**
Heroin	50 (40.0%)	41 (32.8%)	18 (14.4%)	**109 (87.2%)**
Methadone	3 (2.4%)		1 (0.8%)	**4 (3.2%)**
Cannabis	5 (4.0%)	4 (3.2%)	2 (1.6%)	**11 (8.8%)**
Amphetamines				
Benzodiazepines				
Ecstasy				
Methamphetamines				

Injecting Status



Alcohol Consumption





Offences Committed

Table S4: Sefton Residents - Offending that lead to contact with DIP (Apr 12 – Mar 13)

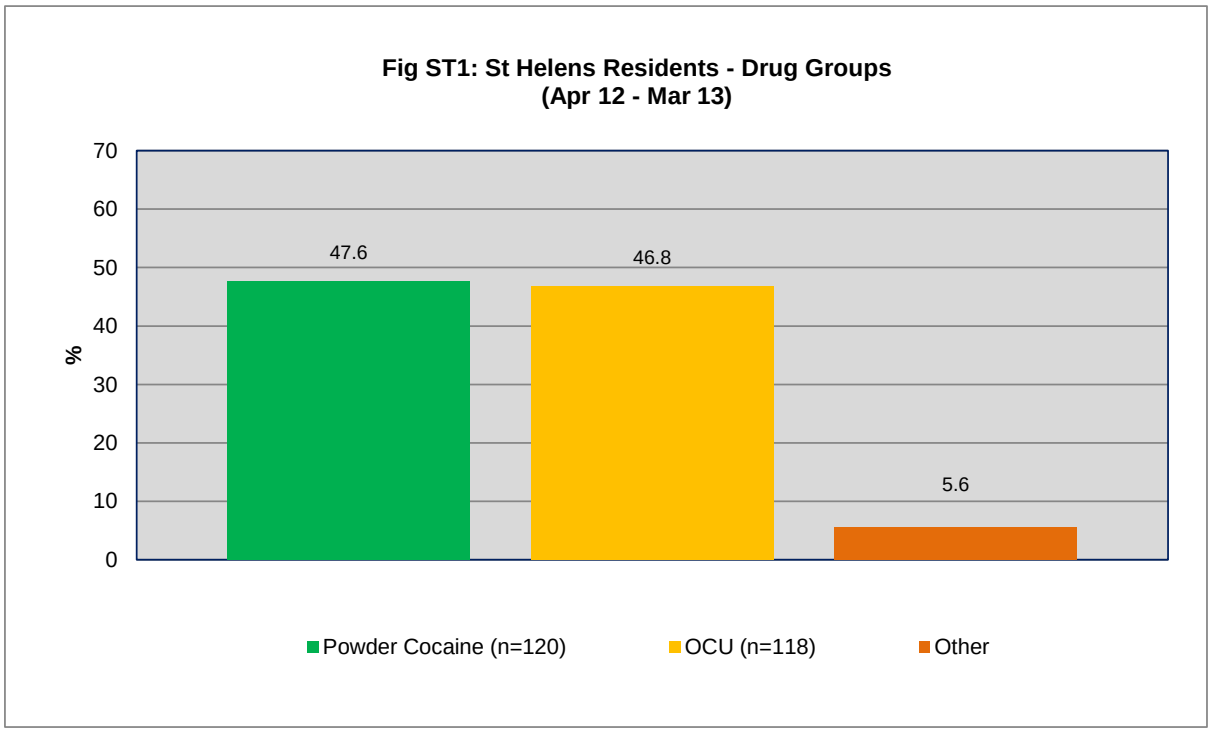
Offence	Total Offending Powder Cocaine (n=286)		Total Offending OCU (n=123)	
	Number	%	Number	%
Begging			2	1.6
Breach	4	1.4		
Burglary	37	12.9	4	3.3
Criminal Damage	7	2.4		
Firearms/Weapons			1	0.8
Fraud	6	2.1	2	1.6
Going Equipped	3	1.0	2	1.6
Handling				
MDA Offences	162	56.6	23	18.7
Motoring Offences	7	2.4		
Soliciting				
Public Order Offences	8	2.8	1	0.8
Robbery	6	2.1		
Shoplifting	14	4.9	69	56.1
Theft	16	5.6	19	15.4
Theft-Car	11	3.8	2	1.6
Warrant				
Wounding or Assault	19	6.6	5	4.1
Other	5	1.7		

5.0 ST HELENS – Key Points

- Similar proportions of St Helens residents who were either powder cocaine users or OCU were assessed by DIP in 2012/13.
- Clients in the powder cocaine group tended to be much younger than those in the OCU group.
- A greater proportion of the powder cocaine group were male compared to the OCU group.
- The powder cocaine group tended to use powder cocaine on a monthly basis and in addition to this cannabis was also relatively common among this group. In contrast, the OCU group tended to use both crack and heroin on a daily basis but as a group they also used a greater range of drugs compared to the powder cocaine users including some monthly use of powder cocaine and daily use of methadone.
- A greater proportion of the OCU group reported having previously injected as well as being current injectors compared to the powder cocaine group.
- A large proportion of the powder cocaine group drank alcohol on a weekly or monthly basis and, of those who drank, over eight in ten of this group reported “binge drinking” on a typical day. Although nearly six in ten of the OCU group did not drink any alcohol, those who did were more likely to report potentially problematic daily drinking than powder cocaine users but slightly less likely to report “binge drinking” on a typical day.
- The most common groups of offences committed by the powder cocaine group were MDA offences and wounding or assault. These offences were committed by a much lower proportion of the OCU group. In addition to this the powder cocaine group also reported a much greater prevalence of public order and theft – car offences compared to the OCU group. By contrast the most common offence committed by the OCU group was shoplifting, an offence committed by a much smaller proportion of the powder cocaine group.

5.1 ST HELENS - Data

Drug Groups



Ethnicity

Table ST1: St Helens Residents - Ethnic background (Apr 12 – Mar 13)

Ethnicity	Powder Cocaine (n=120)		OCU (n=118)	
	Number	%	Number	%
Black or Black British				
Mixed				
White	110	91.7	93	78.8
Not Stated	10	8.3	25	21.2

Age

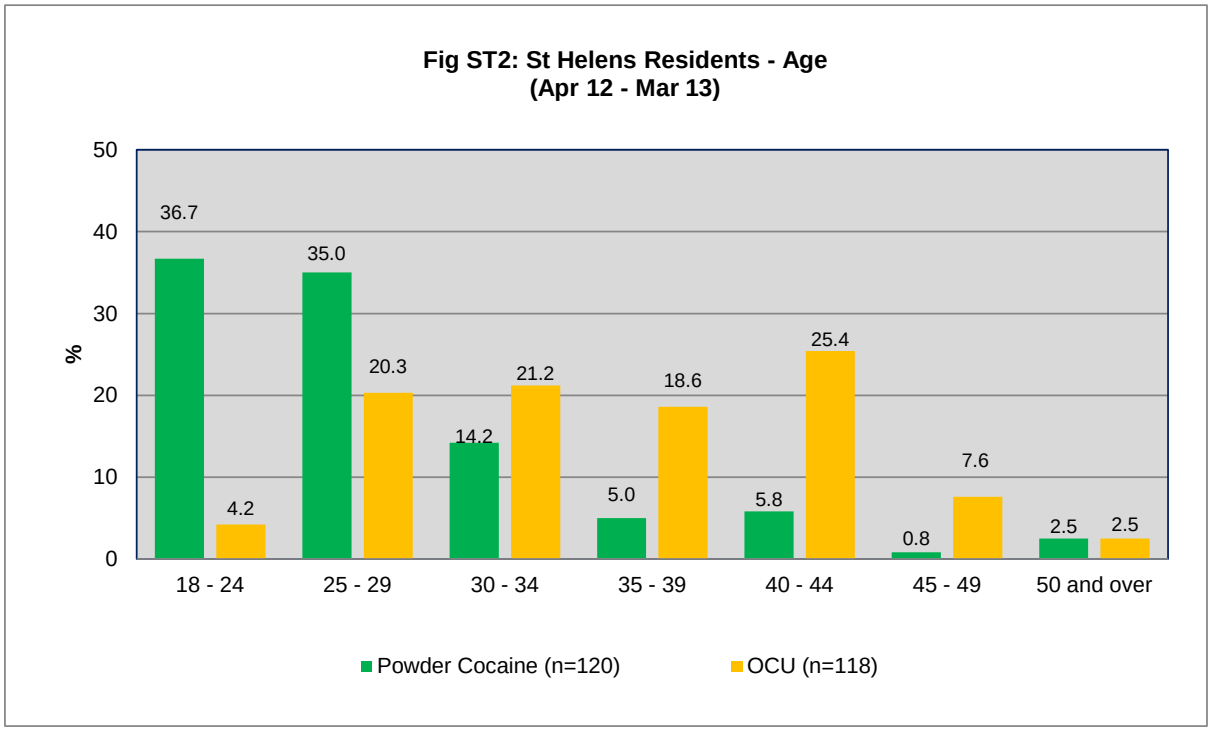


Fig ST2: St Helens Residents - Age
(Apr 12 - Mar 13)
%
50
40
30
20
10
0
36.7
4.2
35.0
20.3
14.2
21.2
5.0
18.6
5.8
25.4
0.8
7.6
2.5
2.5
18 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 and over
Powder Cocaine (n=120)
OCU (n=118)

Gender

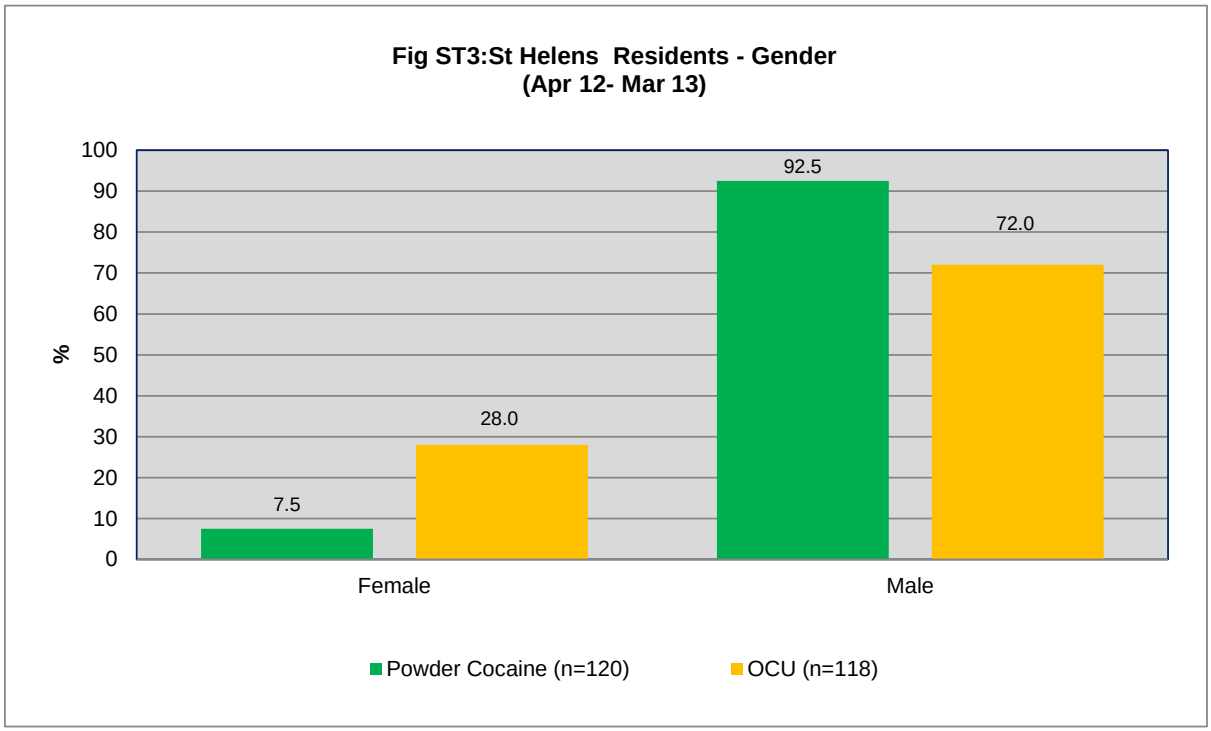


Fig ST3:St Helens Residents - Gender
(Apr 12- Mar 13)
%
100
90
80
70
60
50
40
30
20
10
0
7.5
28.0
92.5
72.0
Female
Male
Powder Cocaine (n=120)
OCU (n=118)

Drug Use

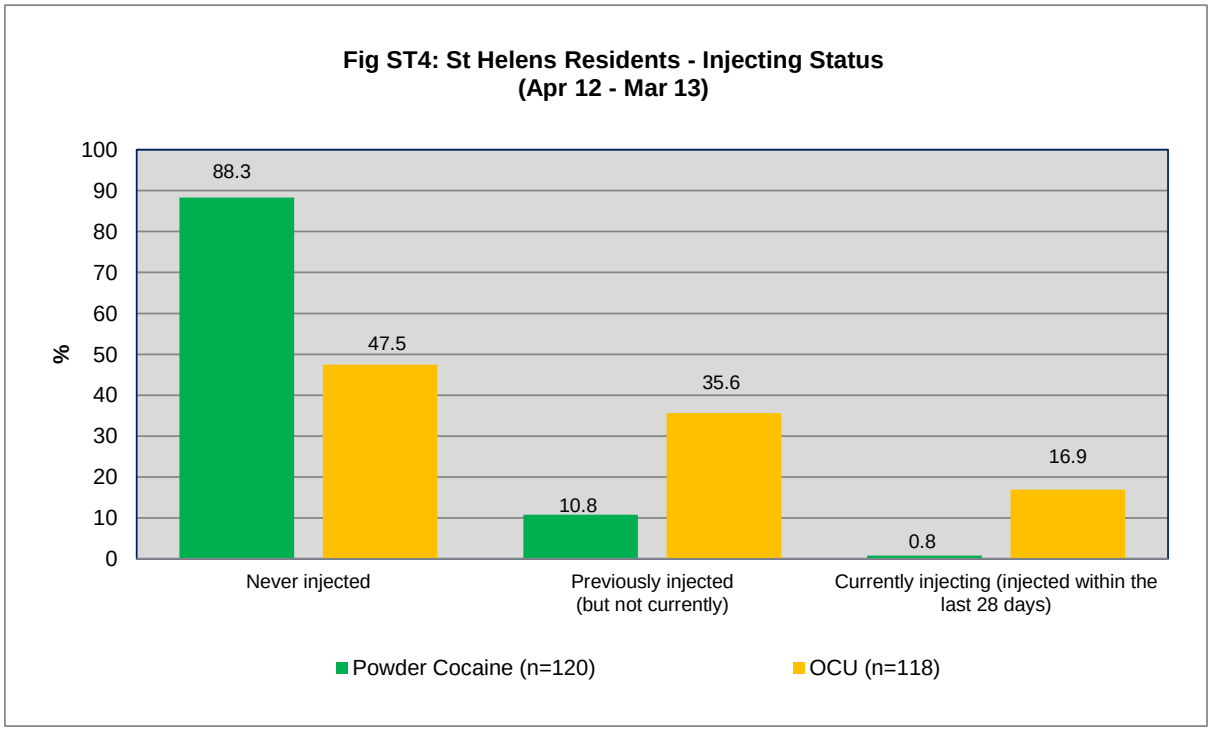
Table ST2: St Helens Residents - Drugs used by the powder cocaine group (Apr 12 – Mar 13)

Drug use by Powder Cocaine group (n=120)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	6 (5.0%)	13 (10.8%)	101 (84.2%)	**120 (100%)**
Crack				
Heroin				
Methadone				
Cannabis	21 (17.5%)	6 (5.0%)	7 (5.8%)	**34 (28.3%)**
Amphetamines				
Benzodiazepines	1 (0.8%)			**1 (0.8%)**
Ecstasy				
Methamphetamines				

Table ST3: St Helens Residents - Drugs used by the OCU group (Apr 12 – Mar 13)

Drug use by OCU group (n=118)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	2 (1.7%)	5 (4.2%)	9 (7.6%)	**16 (13.6)**
Crack	25 (21.2%)	14 (11.9%)	9 (7.6%)	**48 (40.7%)**
Heroin	74 (62.7%)	17 (14.4%)	11 (9.3%)	**102 (86.4%)**
Methadone	12 (10.2%)	6 (5.1%)	1 (0.8%)	**19 (16.1%)**
Cannabis	3 (2.5%)	2 (1.7%)		**5 (4.2%)**
Amphetamines				
Benzodiazepines	3 (2.5%)	2 (1.7%)		**5 (4.2%)**
Ecstasy				
Methamphetamines				

Injecting Status



Alcohol Consumption

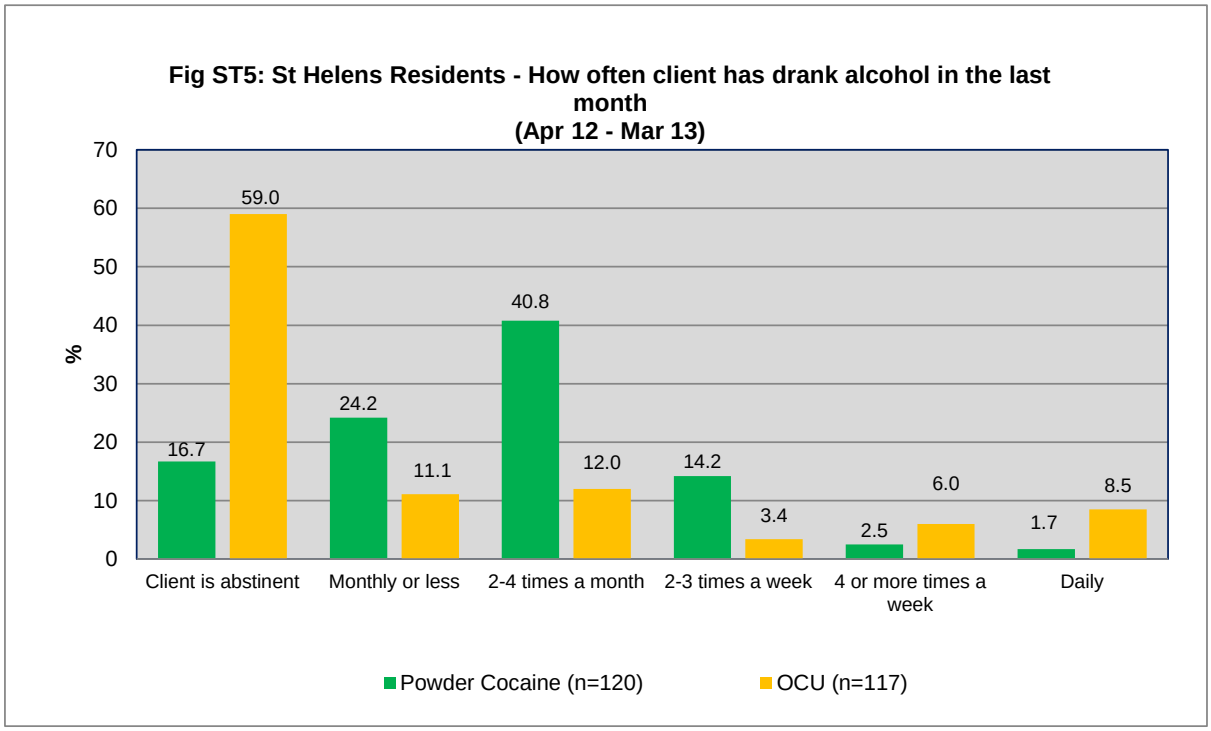
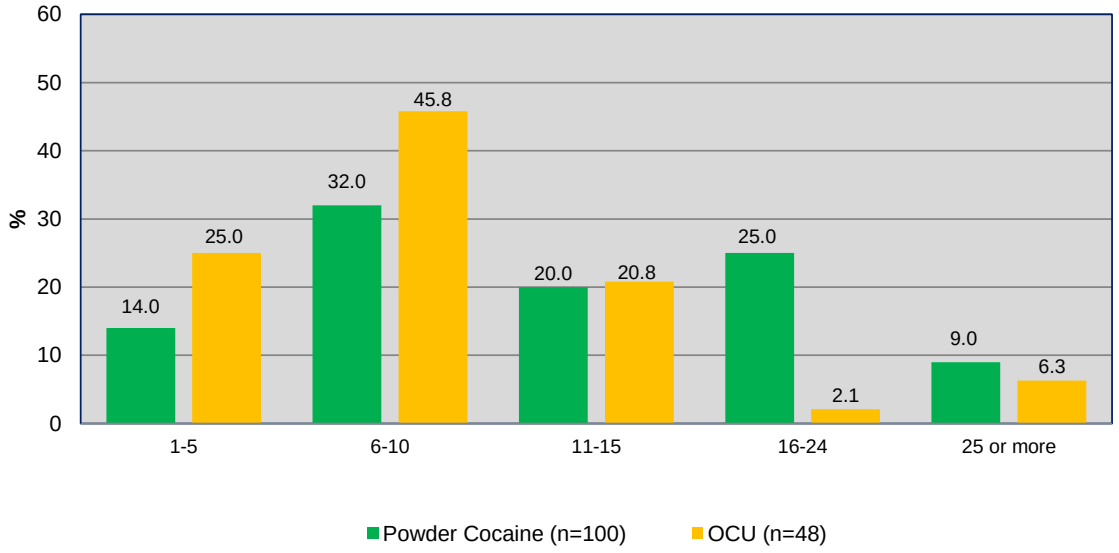


Fig ST6: St Helens Residents - How many units of alcohol does the client drink on a typical day? (Apr 12 - Mar 13)



Offences Committed

Table ST4: St Helens Residents - Offending that lead to contact with DIP (Apr 12 – Mar 13)

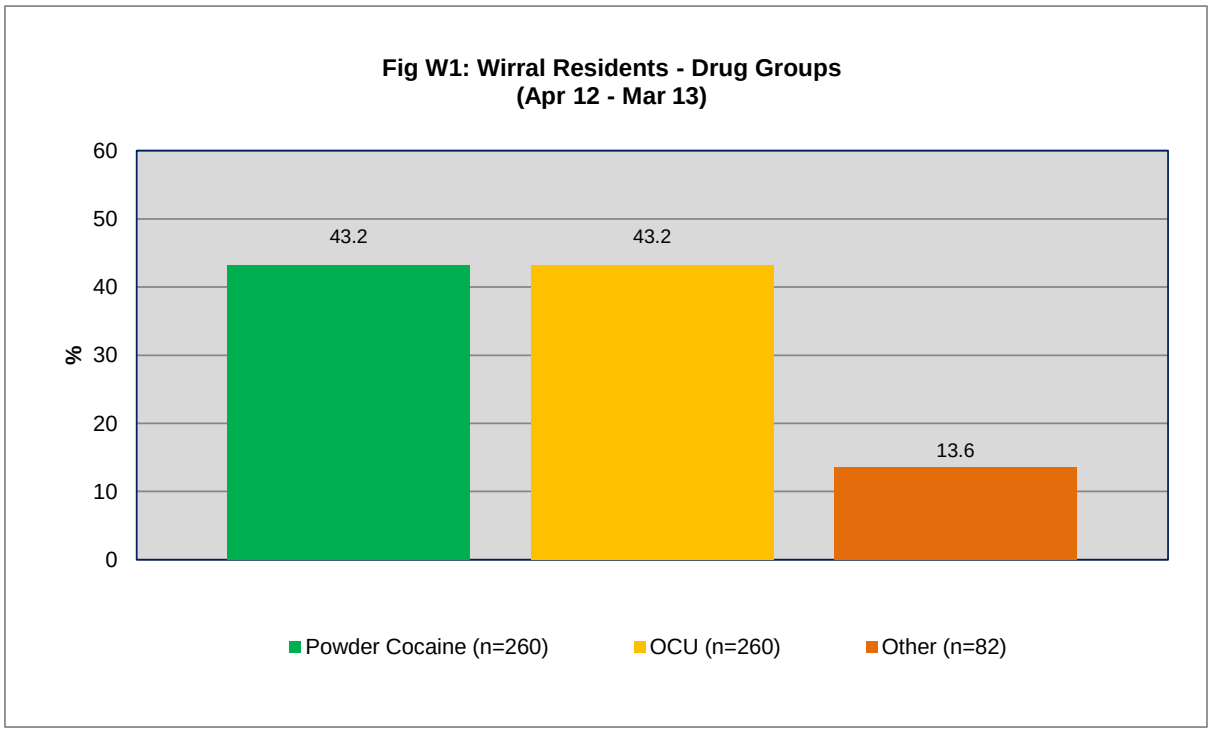
Offence	Total Offending Powder Cocaine (n=117)		Total Offending OCU (n=115)	
	Number	%	Number	%
Begging				
Breach	3	2.6	4	3.5
Burglary	5	4.3	5	4.3
Criminal Damage	7	6.0		
Firearms/Weapons	1	0.9	1	0.9
Fraud				
Going Equipped	1	0.9	1	0.9
Handling	1	0.9		
MDA Offences	62	53.0	31	27.0
Motoring Offences	2	1.7		
Soliciting				
Public Order Offences	9	7.7	1	0.9
Robbery			1	0.9
Shoplifting	7	6.0	54	47.0
Theft	9	7.7	12	10.4
Theft-Car	5	4.3	1	0.9
Warrant	1	0.9		
Wounding or Assault	13	11.1	8	7.0
Other	1	0.9	5	4.3

6.0 WIRRAL – Key Points

- There were equal proportions of Wirral residents who were either powder cocaine users or OCU assessed by DIP in 2012/13.
- Clients in the powder cocaine group tended to be much younger than those in the OCU group.
- A greater proportion of the powder cocaine group were male compared to the OCU group.
- The powder cocaine group tended to use powder cocaine mainly on a monthly basis and in addition to this cannabis use was also relatively common among this group. In contrast, the OCU group tended to use both crack and heroin on a daily or weekly basis but as a group they also used a greater range of drugs compared to the powder cocaine users including cannabis (daily use), methadone (daily use) and powder cocaine (monthly use).
- A greater proportion of the OCU group reported having previously injected as well as being current injectors compared to the powder cocaine group.
- A large proportion of powder cocaine users drank alcohol on a weekly or monthly basis and of those who drank, just less than nine in ten of this group reported “binge drinking” on a typical day. Although over half of the OCU group did not drink any alcohol, a higher proportion of the remaining OCU reported potentially problematic daily drinking compared to those of the powder cocaine group. In contrast the OCU group reported lower proportions of “binge drinking” on a typical day compared to that among the powder cocaine group.
- The most commonly committed group of offences for the powder cocaine group were MDA offences, an offence committed by a much lower proportion of the OCU group. In addition to this the powder cocaine group reported a much greater prevalence of public order, theft - car and wounding or assault offences compared to the OCU group. The most common offence committed by the OCU group was shoplifting, an offence committed by a smaller proportion of the powder cocaine group by comparison.

6.1 WIRRAL - Data

Drug Groups



Ethnicity

Table W1: Wirral Residents - Ethnic background (Apr 12 – Mar 13)

Ethnicity	Powder Cocaine (n=260)		OCU (n=260)	
	Number	%	Number	%
Asian or Asian British				
Black or Black British	2	0.8	2	0.8
Mixed	2	0.8	1	0.4
White	247	95.0	255	98.1
Not Stated	9	3.5	2	0.8

Age

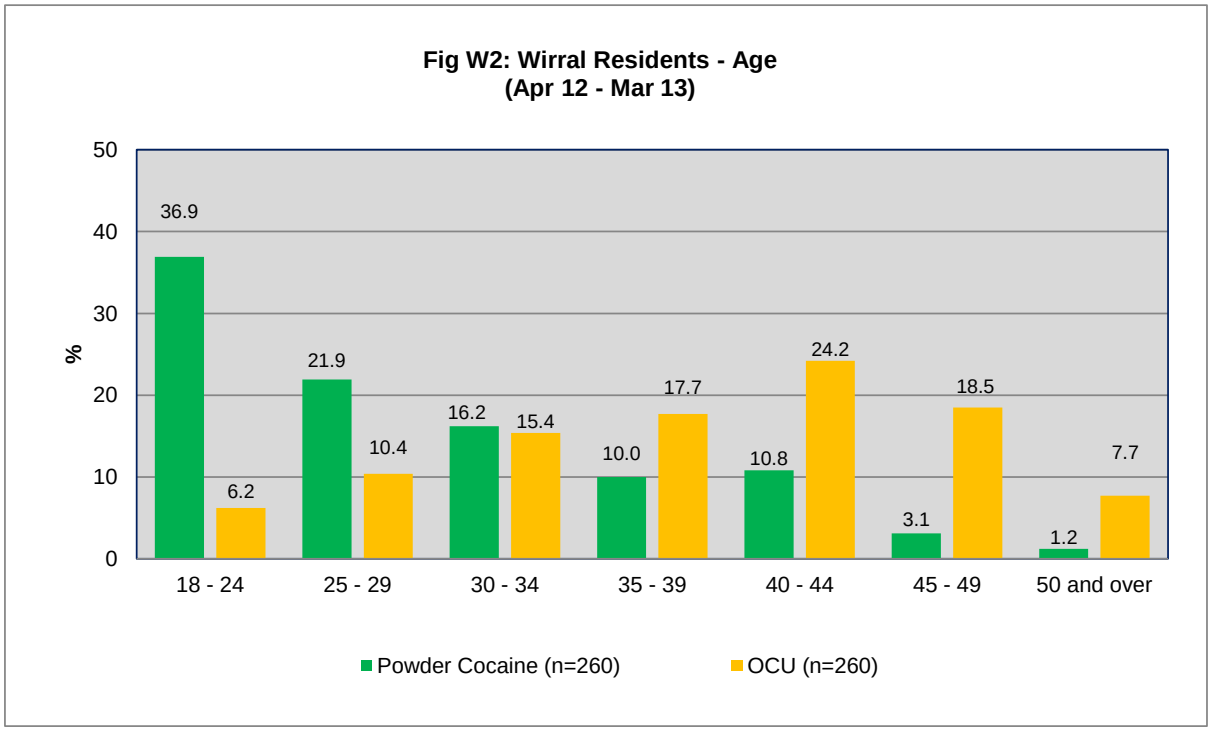


Fig W2: Wirral Residents - Age
(Apr 12 - Mar 13)
%
50
40
30
20
10
0
36.9
6.2
21.9
10.4
16.2
15.4
10.0
17.7
10.8
24.2
3.1
18.5
1.2
7.7
18 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 and over
Powder Cocaine (n=260)
OCU (n=260)

Gender

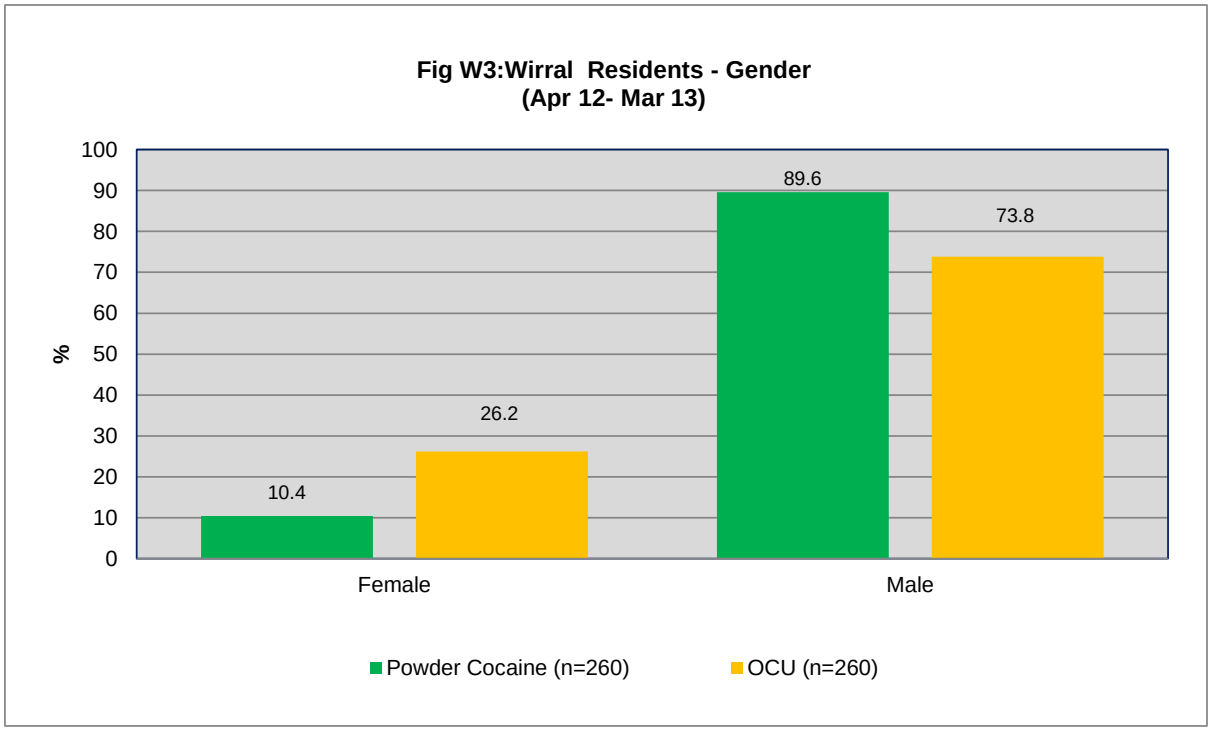


Fig W3:Wirral Residents - Gender
(Apr 12- Mar 13)
%
100
90
80
70
60
50
40
30
20
10
0
10.4
26.2
89.6
73.8
Female
Male
Powder Cocaine (n=260)
OCU (n=260)

Drug Use

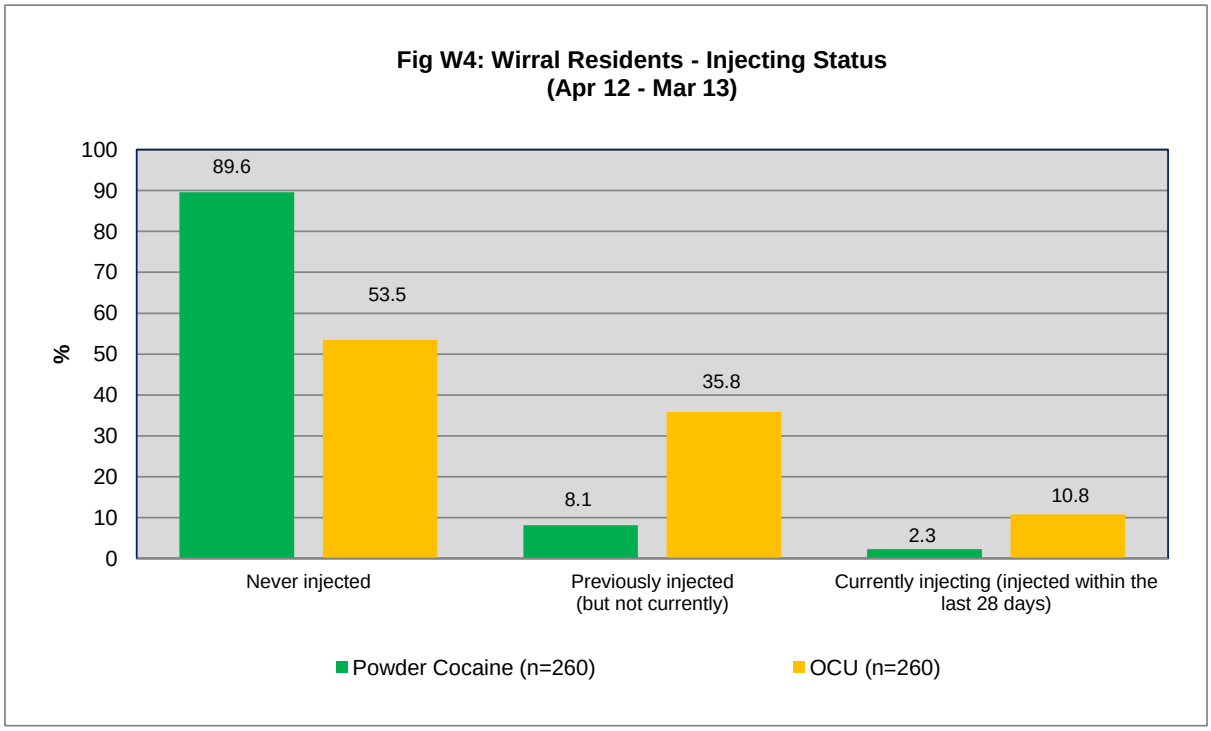
Table W2: Wirral Residents - Drugs used by the powder cocaine group (Apr 12 – Mar 13)

Drug use by Powder Cocaine (n=260)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	23 (8.8%)	56 (21.5%)	181 (69.6%)	**260 (100%)**
Crack				
Heroin				
Methadone				
Cannabis	63 (24.2%)	16 (6.2%)	9 (3.5%)	**88 (33.8%)**
Amphetamines			1 (0.4%)	**1 (0.4%)**
Benzodiazepines	3 (1.2%)	1 (0.4%)		**4 (1.5%)**
Ecstasy			2 (0.8%)	**2 (0.8%)**
Methamphetamines				

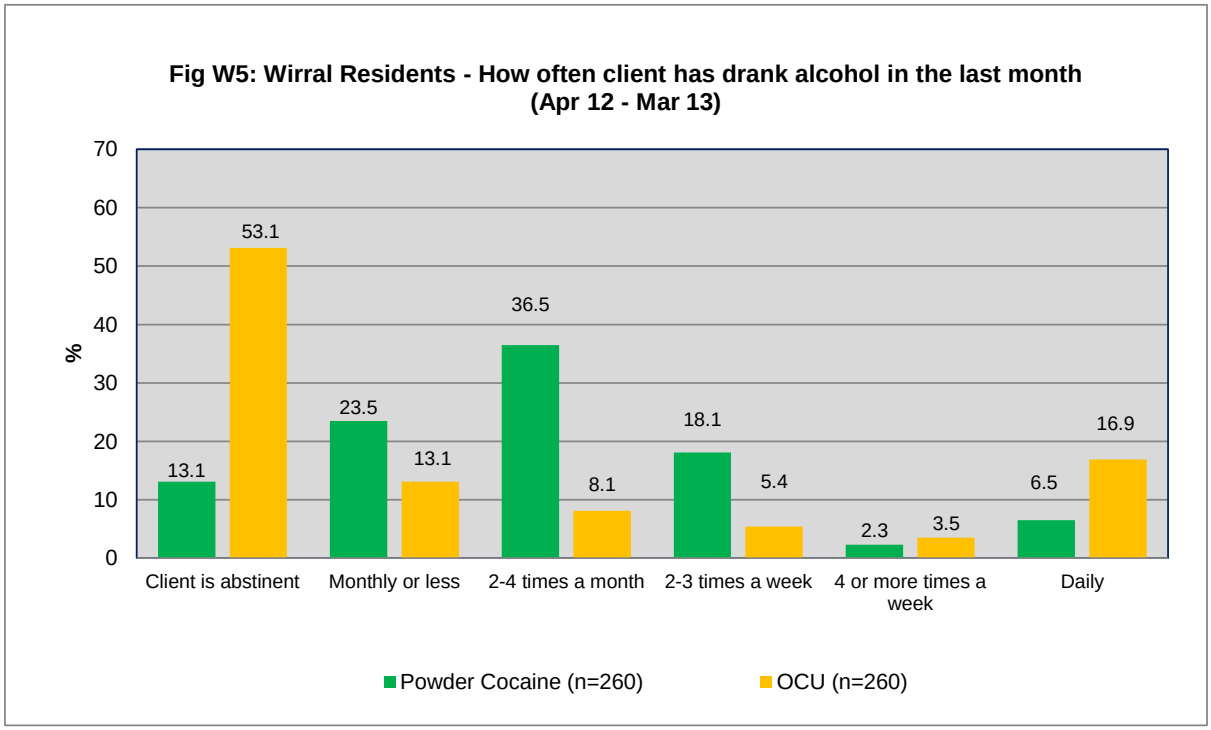
Table W3: Wirral Residents - Drugs used by the OCU group (Apr 12 – Mar 13)

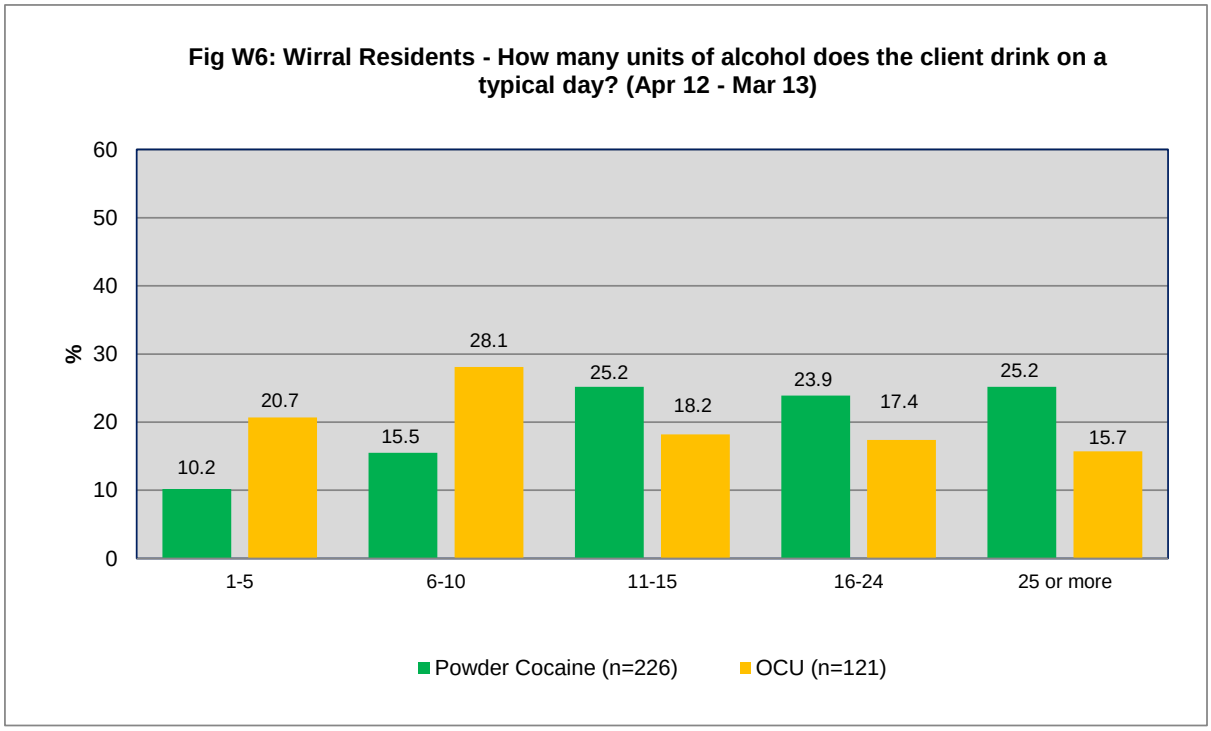
Drug use by OCU group (n=260)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	4 (1.5%)	3 (1.2%)	10 (3.8%)	**17 (6.5%)**
Crack	70 (26.9%)	45 (17.3%)	22 (8.5%)	**137 (52.7%)**
Heroin	118 (45.4%)	66 (25.4%)	22 (8.5%)	**206 (79.2%)**
Methadone	30 (11.5%)	2 (0.8%)		**32 (12.3%)**
Cannabis	15 (5.8%)	10 (3.8%)	3 (1.2%)	**28 (10.8%)**
Amphetamines	1 (0.4%)			**1 (0.4%)**
Benzodiazepines	7 (2.7%)	5 (1.9%)	1 (0.4%)	**13 (5.0%)**
Ecstasy			1 (0.4%)	**1 (0.4%)**
Methamphetamines				

Injecting Status



Alcohol Consumption





Offences Committed

Table W4: Wirral Residents - Offending that lead to contact with DIP (Apr 12 – Mar 13)

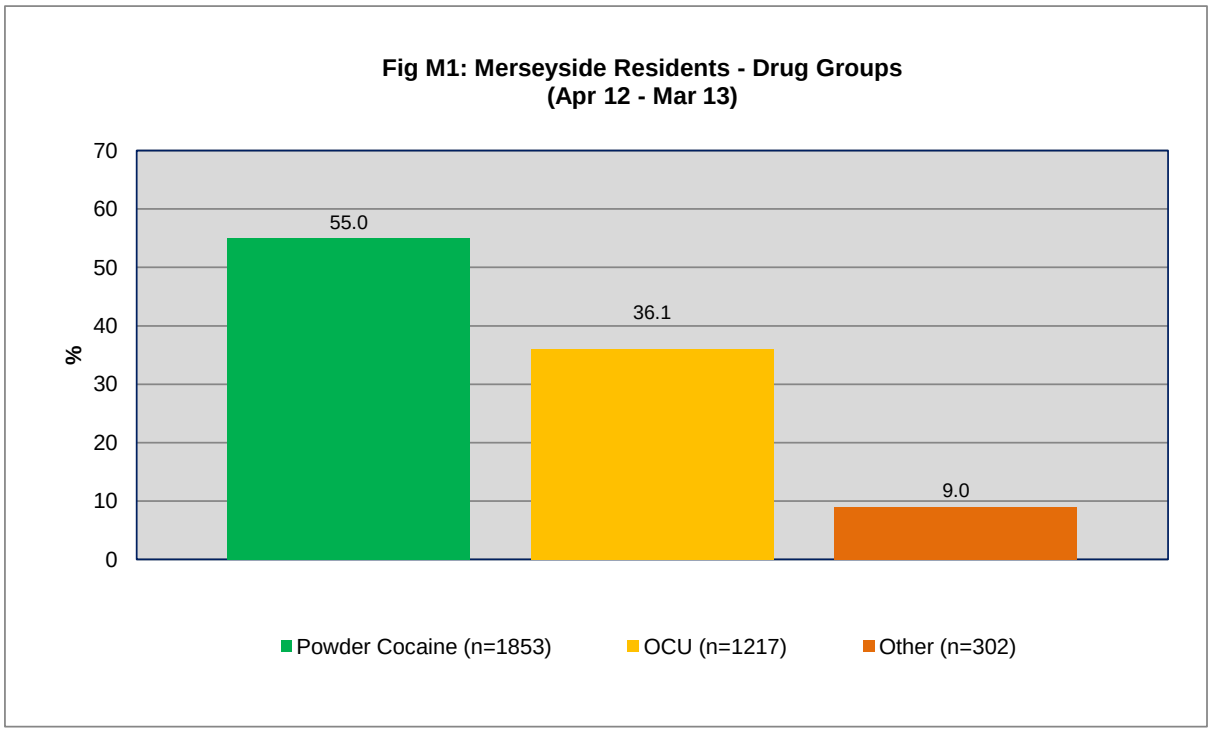
Offences	Total Offending Powder Cocaine (n=248)		Total Offending OCU (n=251)	
	Number	%	Number	%
Begging			6	2.4
Breach	1	0.4	2	0.8
Burglary	23	9.3	26	10.4
Criminal Damage	7	2.8	3	1.2
Firearms/Weapons	2	0.8		
Fraud	4	1.6		
Going Equipped	1	0.4	4	1.6
Handling			1	0.4
MDA Offences	95	38.3	46	18.3
Motoring Offences	5	2.0		
Soliciting				
Public Order Offences	17	6.9	3	1.2
Robbery	10	4.0	8	3.2
Shoplifting	36	14.5	132	52.6
Theft	23	9.3	25	10.0
Theft-Car	16	6.5	1	0.4
Warrant			1	0.4
Wounding or Assault	18	7.3	7	2.8
Other	8	3.2	8	3.2

7.0 MERSEYSIDE – Key Points

- Overall there was a greater proportion of Merseyside resident powder cocaine users than OCU assessed by DIP teams in 2012/13.
- Clients in the powder cocaine group tended to be much younger than those in the OCU group.
- A greater proportion of the powder cocaine group were male compared to the OCU group.
- The powder cocaine group tended to use powder cocaine on a monthly or weekly basis and in addition to this cannabis use was also relatively common among this group. In contrast, the OCU drug group tended to use both crack and heroin on a daily basis but as a group they also used small proportions of a greater range of drugs compared to the powder cocaine group including powder cocaine (most often monthly use), methadone (most often daily use) and cannabis (most often daily use).
- A greater proportion of the OCU drug group reported having previously injected as well as being current injectors compared to the powder cocaine group.
- A large proportion of powder cocaine users drank alcohol on a weekly or monthly basis and, of those who drank, more than eight in ten of this group reported “binge drinking” on a typical day. Although over half the OCU group did not drink any alcohol, nearly a fifth of the remaining clients reported problematic daily drinking. In addition, a greater proportion of this group reported “binge drinking” on a typical day compared to the powder cocaine group.
- The most commonly committed groups of offences for the powder cocaine group were MDA offences, burglary and wounding or assault and by comparison these were all committed by much lower proportions of the OCU group. In contrast the most common offence committed by the OCU group was shoplifting, an offence committed by a much smaller proportion of the powder cocaine group.

7.1 MERSEYSIDE - Data

Drug Groups



Ethnicity

Table M1: Merseyside Residents - Ethnic background (Apr 12 – Mar 13)

Ethnicity	Powder Cocaine (n=1853)		OCU (n=1217)	
	Number	%	Number	%
Asian or Asian British	5	0.3	1	0.1
Black or Black British	21	1.1	13	1.1
Chinese or Other Ethnic Group			1	0.1
Mixed	29	1.6	11	0.9
White	1648	88.9	999	82.1
Not Stated	150	8.1	192	15.8

Age

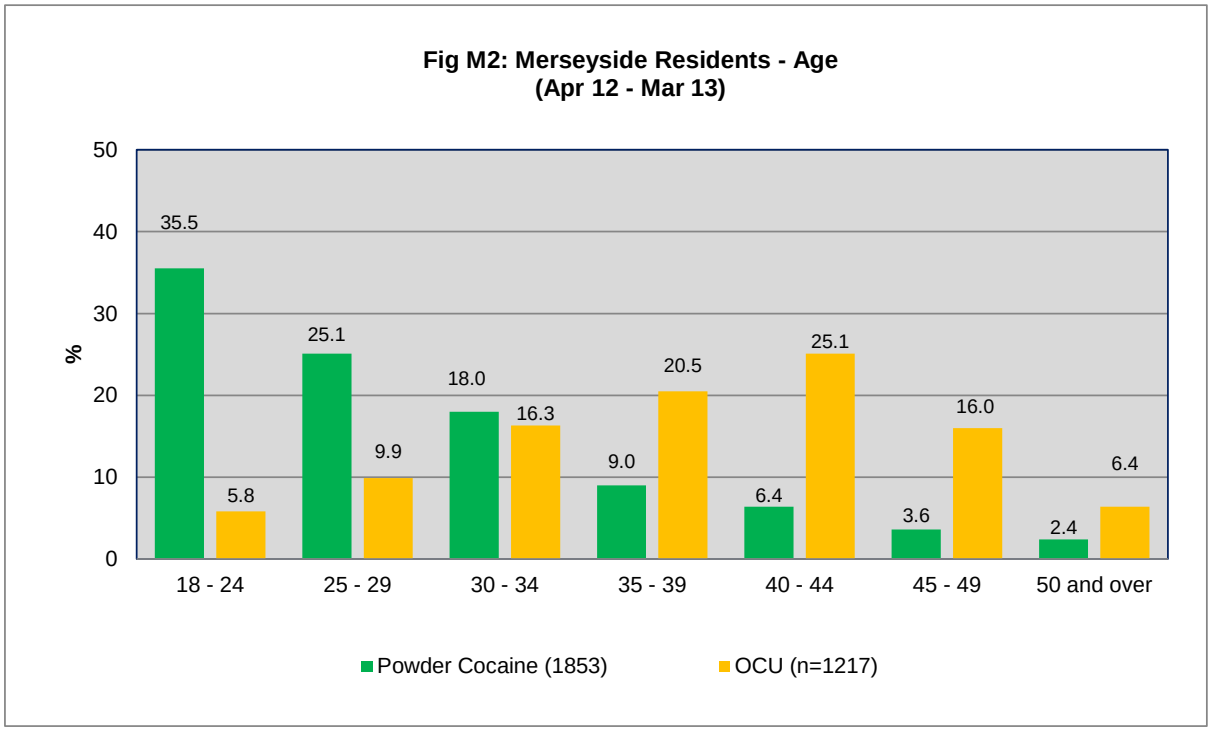


Fig M2: Merseyside Residents - Age
(Apr 12 - Mar 13)
%
50
40
30
20
10
0
35.5
5.8
25.1
9.9
18.0
16.3
9.0
20.5
6.4
25.1
3.6
16.0
2.4
6.4
18 - 24
25 - 29
30 - 34
35 - 39
40 - 44
45 - 49
50 and over
Powder Cocaine (1853)
OCU (n=1217)

Gender

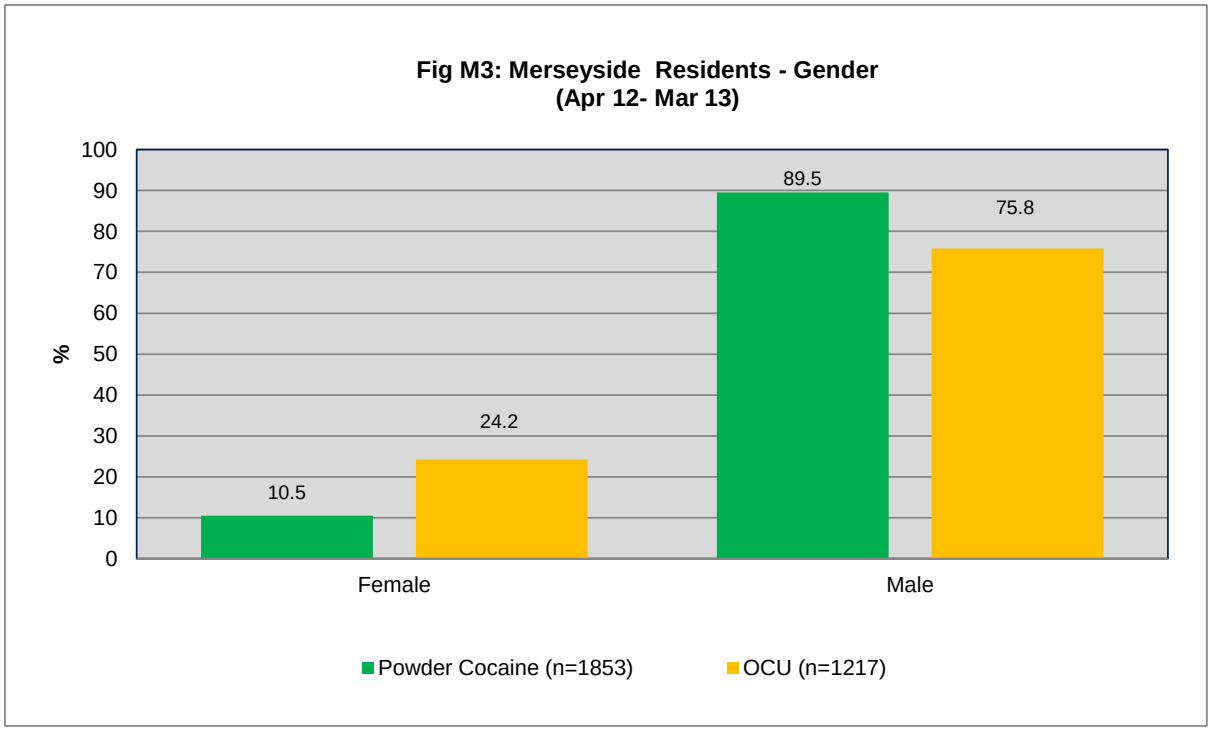


Fig M3: Merseyside Residents - Gender
(Apr 12- Mar 13)
%
100
90
80
70
60
50
40
30
20
10
0
10.5
24.2
89.5
75.8
Female
Male
Powder Cocaine (n=1853)
OCU (n=1217)

Drug Use

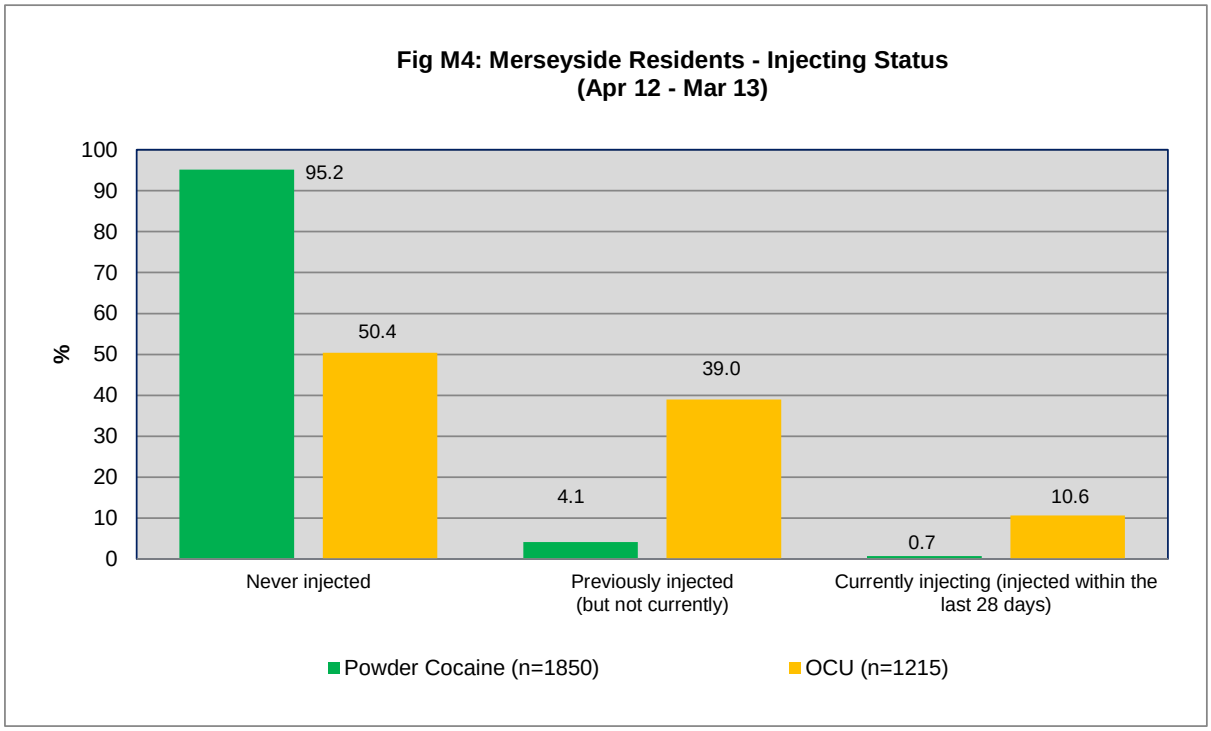
Table M2: Merseyside Residents - Drugs used by the powder Cocaine group (Apr 12 – Mar 13)

Drug use by powder cocaine group (n=1853)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	130 (7.0%)	430 (23.2%)	1293 (69.8%)	**1853 (100%)**
Crack				
Heroin				
Methadone				
Cannabis	330 (17.8%)	100 (5.4%)	50 (2.7%)	**480 (25.9%)**
Amphetamines	1 (0.1%)	2 (0.1%)		**5 (0.3%)**
Benzodiazepines	5 (0.3%)	1 (0.1%)		**6 (0.3%)**
Ecstasy			8 (0.4%)	**8 (0.4%)**
Methamphetamines			2 (0.1%)	**2 (0.1%)**

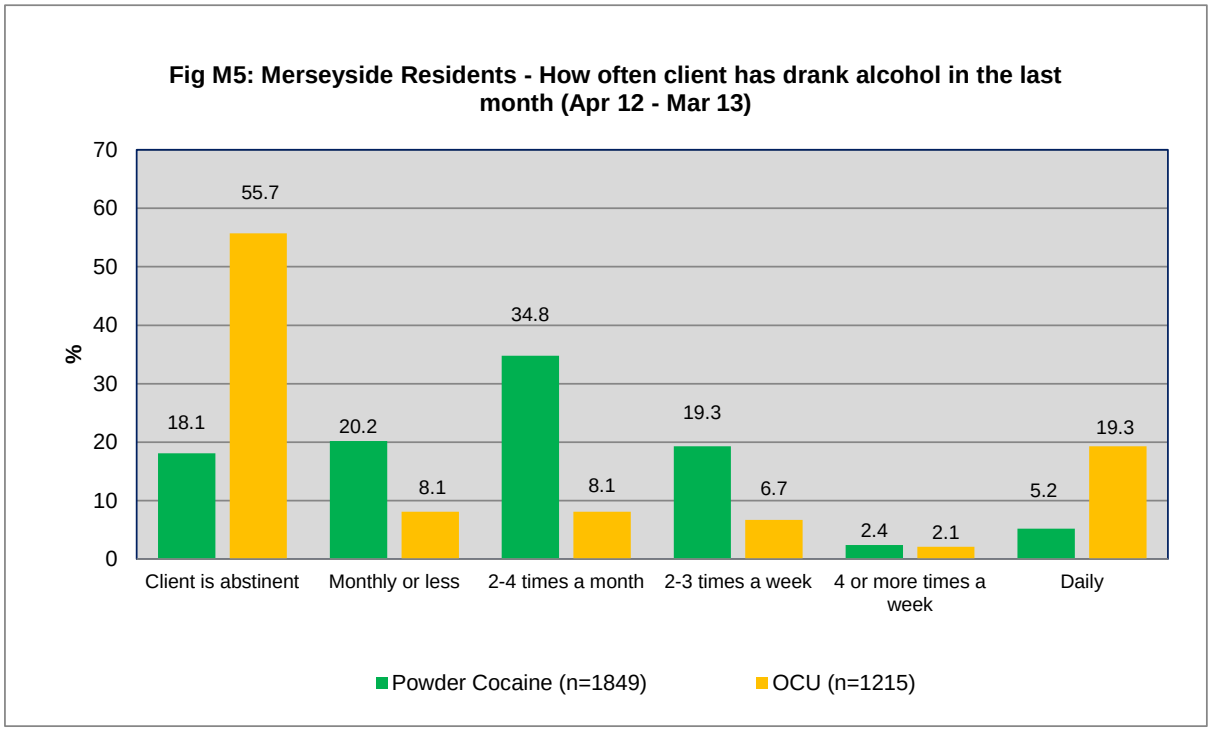
Table M3: Merseyside Residents - Drugs used by the OCU group (Apr 12 – Mar 13)

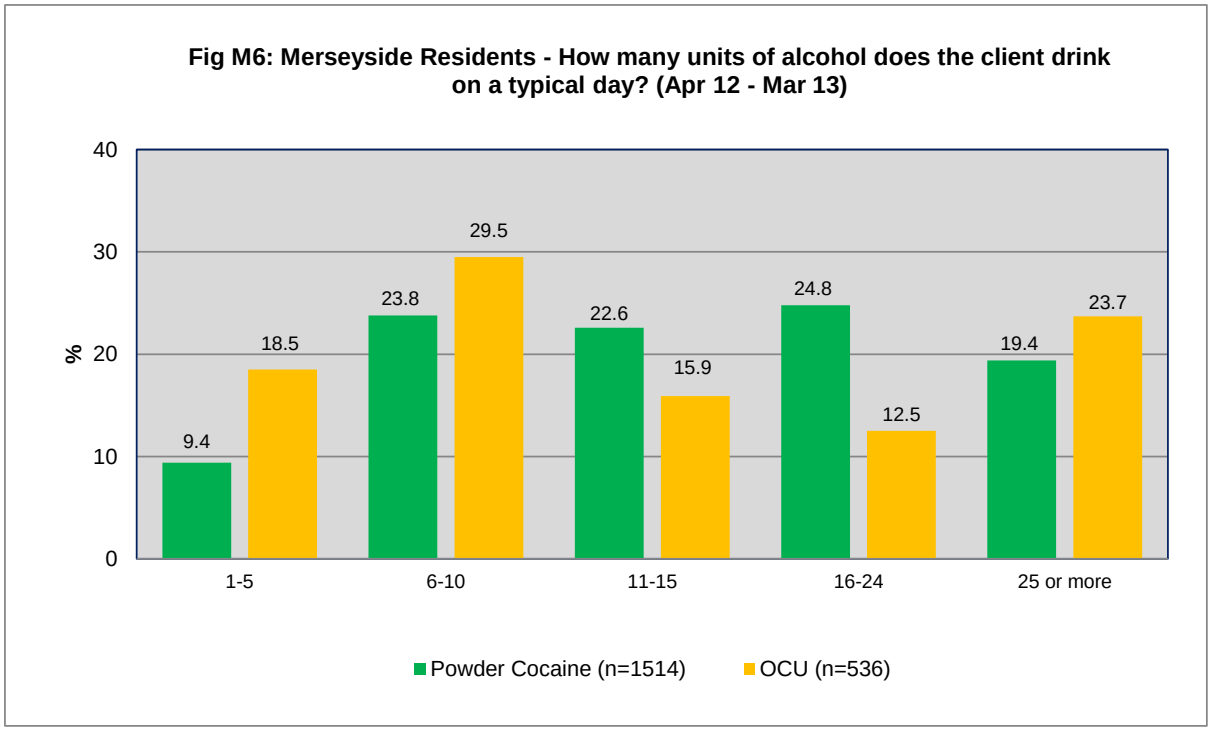
Drug use by OCU group (n=1217)				
Drug	**Daily**	**Weekly**	**Monthly**	**Total**
Cocaine	32 (2.6%)	52 (4.3%)	65 (5.3%)	**149 (12.2%)**
Crack	360 (29.6%)	239 (19.6%)	73 (6.0)	**672 (55.2%)**
Heroin	640 (52.6%)	276 (22.7%)	98 (8.1%)	**1014 (83.3%)**
Methadone	98 (8.1%)	13 (1.1%)	4 (0.3%)	**115 (9.4%)**
Cannabis	54 (4.4%)	39 (3.2%)	12 (1.0%)	**105 (8.6%)**
Amphetamines	3 (0.2%)			**3 (0.2%)**
Benzodiazepines	20 (1.6%)	10 (0.8%)	8 (0.7%)	**38 (3.1%)**
Ecstasy			1 (0.1%)	**1 (0.1%)**
Methamphetamines				

Injecting Status



Alcohol Consumption





Offences Committed

Table M3: Merseyside Residents - Offending that lead to contact with DIP (Apr 12 – Mar 13)

Offence	Total Offending Powder Cocaine (n=1818)		Total Offending OCU (n=1165)	
	Number	%	Number	%
Begging	1	0.1	28	2.4
Breach	11	0.6	18	1.5
Burglary	161	8.9	88	7.6
Criminal Damage	34	1.9	6	0.5
Firearms/Weapons	16	0.9	2	0.2
Fraud	26	1.4	12	1.0
Going Equipped	12	0.7	15	1.3
Handling	5	0.3	5	0.4
MDA Offences	931	51.2	255	21.9
Motoring Offences	34	1.9	3	0.3
Public Order Offences	77	4.2	7	0.6
Robbery	44	2.4	24	2.1
Shoplifting	178	9.8	582	50.0
Theft	126	6.9	128	11.0
Theft-Car	96	5.3	12	1.0
Warrant	2	0.1	3	0.3
Wounding or Assault	128	7.0	35	3.0
Other	30	1.7	21	1.8

8.0 Conclusions and Recommendations

The main aim of this report was to compare the characteristics of two different Merseyside resident drug user groups - the powder cocaine group and the OCU group – assessed through DIP in Merseyside between April 2012 and March 2013. The findings from this report again confirm the different profiles of these two groups of clients. However, it should be pointed out that for the most part, findings in 2012/13 replicate those from 2008/09 and 2009/10.

Drug Groups

Overall in Merseyside in 2012/13, proportions of clients in the powder cocaine group (55.0%) were considerably greater than those in the OCU group (36.1%), the first time this was the case in the three editions of this report. This suggests a shift in the overall pattern of drug use in Merseyside from opiate and / or crack use to powder cocaine and is mainly attributable to Knowsley and Sefton D(A)AT's both reporting increases in the proportions of clients in the powder cocaine group in 2012/13 compared to the previous two cohorts. This may be due to an increase in the proportion of offences committed by this new cohort that may be linked to powder cocaine use, in particular MDA offences and this will discussed further in the report.

Recommendation: Traditionally powder cocaine has not been the focus of DIP due to the lack of evidence connecting it to acquisitive crime. Recently, however, teams have adapted and been working with this group more and more as powder cocaine using clients are beginning to make up greater proportions of clients assessed through DIP. Teams should continue to assess the success of attempts to engage this group of clients. In particular they may wish to examine the outcomes achieved with these clients and whether engagement is cost effective. Previous research on DIP clients suggests that a greater proportion of clients who present with cocaine use do not require further intervention through DIP than those who do go on to the DIP caseload (Howarth & Duffy, 2009). If such clients are assessed as being unsuitable for DIP then a clear referral route should be considered, particularly as the actual proportion of clients from the powder cocaine group is quite high.

Age

There continues to be a clear difference between the two groups in terms of age profile with more than a third of the powder cocaine group tending to be between 18 and 24 years old and the greatest proportion of the OCU drug group being over 35 years old. These findings are very similar to those from the 2009/10 and 2008/09 reports as well as other research undertaken in Merseyside (Cuddy & Duffy, 2008), the UK (Home Office, 2013; Hoare & Moon, 2010) and Europe (EMCDDA, 2012, 2009)

that demonstrated that under 25 year olds are much more likely to use powder cocaine than their older counterparts.

Recommendation: It is important for all areas to continue to understand the age profile of each of these two drug groups in order to provide appropriate services for clients when they present for treatment. This is particularly the case for the large proportion of clients from the powder cocaine group who are under 25 years old and could potentially engage with DIP. Systems should be in place to channel such clients into appropriate treatment which may need to be different to the treatment provision for the older OCU and non-OCU clients. It is important to take into account the drivers for use among this younger cohort as these may be the key to behaviour change rather than simply focusing on their cocaine use in isolation.

Gender

Across all areas in Merseyside clients from the powder cocaine using group were more likely to be male than their OCU counterparts, a finding slightly more evident in St Helens (92.5%) than any of the other areas. These findings also correspond to other recent reports (Hoare, 2009; EMCDDA, 2012, 2010; Howarth & Duffy 2010; Howarth & Duffy, 2009).

Recommendation: DIP teams in Merseyside should continue to be aware that clients accessing services due to their powder cocaine use are considerably more likely to be male than female and this imbalance is more pronounced than among OCU clients. Whilst services must be designed with this gender split in mind it is still important to encourage females from both drug groups to attend treatment and prevent services becoming male dominated which may discourage females from attending. A balance must continue to be struck and provisions made for female clients who may wish to attend at different times to their male counterparts or may not wish to take part in group work sessions that are male dominated.

Drug Use

In 2012/13 similar trends have emerged between the two drug groups with regards to patterns of drug use during the month prior to assessment compared to the cohorts in 2009/10 and 2008/09. The powder cocaine group continued to mainly use the drug on a weekly or monthly basis; daily use did occur but on a much smaller scale. There was a year on year increase in monthly cocaine use reported in 2012/13 (69.8%) compared to that of 2009/10 (65.0%) and 2008/09 (61.0%). Knowsley reported having the greatest proportion of clients who used the drug on a daily basis (10.0%), Sefton had the greatest proportion of clients who had used the drug on a weekly basis (29.5%) and St Helens had by far the greatest proportion of clients who had used the drug on a monthly basis

(84.2%). There continues to be a cohort from all areas that use cannabis, most often on a daily basis, with Wirral having the greatest proportion of daily cannabis users (20.7%). Clients from the OCU group continued to be more likely to use heroin than crack and tended to use both mainly on a daily basis. Although this higher frequency of use suggests that the drug use of this group was more problematic than that of the powder cocaine group, there were year on year reductions in overall daily heroin use across the three cohorts and also a reduction in daily crack use reported in 2012/13 compared to 2009/10. Sefton reported the greatest reduction in daily heroin use with a reduction of 16% between 2009/10 and 2012/13. In addition to this, there were instances of increases in the frequency of heroin and crack use when compared to the cohorts from the previous reports. This was particularly the case for crack using clients from Wirral who reported the greatest increase in proportions of daily crack use over the last two cohorts, increasing from 9.3% in 2009/10 to 26.9% in 2012/13. In all five areas relatively small proportions of OCU continued to report using powder cocaine also.

Recommendation: The reduction in frequency of drug use of powder cocaine, crack, heroin and cannabis suggests that the clients who came into contact with DIP in 2012/13 may have had slightly less chaotic patterns of drug use than the previous cohort. As most of the clients in the powder cocaine group tended to have used powder cocaine on a monthly basis it still implies that use had not reached problematic levels. For clients who were daily cannabis users, the impact of the frequency of use should be assessed and where necessary addressed in treatment interventions. With large proportions of OCU clients still demonstrating stimulant use, services will still need to maintain a focus on the complex issues presented by concurrent opiate and stimulant use.

Injecting Status

As expected, OCU clients were again substantially more likely to inject compared to their powder cocaine using counterparts in 2012/13. Sefton reported the highest proportion of OCU who had previously injected (46.4%) and St Helens reported the highest proportion of OCU who were currently injecting (16.9%). In contrast the majority of the powder cocaine group (95.2%) in Merseyside reported never having injected in 2012/13.

Recommendation: The harms of injecting are well documented and although clients from the powder cocaine group indicated very low levels of current injecting, a greater proportion reported having previously injected. This suggests there is potential for these clients to contract hepatitis C or other blood borne infections related to injecting and these risks should not be ignored. Such clients should be encouraged to get screened for these viruses with information about these procedures being highly visible in drug treatment services.

Alcohol Consumption

In 2012/13 a greater proportion of the powder cocaine group reported high drinking levels compared to the OCU group and relatively high proportions of OCU clients in all areas reported never consuming alcohol. Overall in Merseyside, those who did drink from the OCU group were more likely than their powder cocaine using counterparts to "binge drink" at high levels (25 or more units), potentially indicating problematic alcohol use which could also indicate dependency. However this trend was most prominent in Knowsley. The highest proportion of "binge drinking" at high levels by the powder cocaine group was reported to be between 11 and 24 units on a typical drinking day. The highest proportions of "binge drinking" on this scale were reported in Wirral and Sefton. Such trends with alcohol consumption are similar to those previously reported (NTA, 2010).

Recommendation: Service providers need to ensure that they have services in place to address potentially problematic drinking among some OCU and also "binge drinking" tendencies among the powder cocaine using group if such clients become engaged in treatment. Problematic drinking is a substantial barrier when delivering treatment for illicit drug use and workers must have necessary skills to address this or have access to appropriate
resources outside the team.

Offences Committed

The powder cocaine group were most likely to have been arrested for Misuse of Drugs Act (MDA) offences but also for public order offences, wounding or assault and theft – car. Generally the offences reported by the powder cocaine group in 2012/13 were similar to those from 2009/10 and 2008/09. However the proportions of clients reporting having committed MDA offences increased from 46.0% in 08/09 to 47.5% in 09/10 and again to 51.5% in 2012/13. However, the proportions of clients reporting having committed public order offences and wounding or assault decreased between 2008/09 and 2012/13. Offences such as MDA, public order and wounding or assault, suggest a link with the night time economy as perhaps would be expected given previous research regarding the prevalence of cocaine use among people in bars and clubs (Hoare, 2009; Gossop et al, 2006). It is worth noting that such offending is not thought to be funding drug use. As in 2008/09 and 2009/10 the OCU group remained most likely to have been arrested for shoplifting in 2012/13 with proportions increasing slightly year on year (40.5%, 41.5% and 50.0% respectively). In addition to this, OCU also committed other common acquisitive offences and this overall pattern suggests that such clients were offending to fund their drug use.

Recommendation: DIP staff need to continue to be aware that these two groups of clients may have different motivating factors for committing crime. These need to continuously be considered and discussed with the client in order to make sure that their specific needs can be catered for and that negative impacts for them and the community are reduced. The motivation behind offending among

the powder cocaine group is not yet clear and further investigation of the role of cocaine in their offending is required.

Conclusion

Previous analysis from past reports revealed two relatively distinct client profiles between powder cocaine users and OCU. These two groups are still very much evident from the 2012/13 analysis and whilst every client has a unique set of characteristics a typical client from each group is outlined below:

The typical powder cocaine user:

- is a white male on most occasions
- is aged mainly between 18 and 24 years old
- mainly uses powder cocaine only and on a monthly or weekly basis, may also use cannabis on a daily basis
- is unlikely to have previously injected
- is very likely to drink alcohol on a weekly or monthly basis which can be at high “binge drinking” levels on a typical drinking day
- is most likely to be arrested for MDA offences but may be arrested for wounding or assault, theft – car and/or public order offences

A typical OCU:

- is a white male on most occasions
- is aged between 30 and 49 years old
- mainly uses heroin and crack on a daily basis but in some cases may also use powder cocaine, illicit methadone, cannabis and benzodiazepines
- is as likely to have injected in the past as not, but is unlikely to currently be injecting.
- is quite likely, if they drink, to do so on a daily basis, at potentially problematic levels
- is likely to be arrested for shoplifting

9.0 METHODOLOGY

The data used for this analysis have been taken from DIR forms completed by DIP staff in Merseyside. The analysis was performed on the basis of which Merseyside D(A)AT the clients were residing in at the time of their assessment by DIP staff between 1st April 2012 and 31st March 2013. Clients who indicated drug use within the previous month on the DIR form were included in the analysis and those who did not were removed.

Analysis separated the clients into three drug groups:

- Powder cocaine users - clients who used powder cocaine and did not use crack or opiates but may also have taken other drugs
- Opiate and / or crack Users (OCU) - clients who used opiates (including prescribed opiates) and / or crack cocaine (potentially in addition to powder cocaine)
- Other - clients who took any of the remaining combinations of drugs.

The term opiate and / or crack user (OCU) used in this report replaces what was previously referred to as problematic drug user (PDU). Public Health England (previously the NTA) defines that an opiate and/or crack cocaine user "has a main, second or third substance of drug group heroin, methadone, other opiates or crack, can be any age but excludes clients with a primary substance of alcohol" (PHE, 2013). This definition is not intended to suggest that the powder cocaine group has less of a problem with their drug use than the OCU group. The clients in the 'other' group were not part of the focus of this study and have not been included in the analysis.

Using SPSS, the data from the two drug groups were analysed and categorised to include:

- Drug Groups
- Ethnicity
- Age
- Gender
- Drug use
- Injecting status
- Alcohol consumption
- Offences committed

Four of the five Merseyside D(A)AT areas have been analysed separately as well as Merseyside as a whole. A separate Liverpool DAAT section was not produced due to different reporting protocols decided by Liverpool DAAT and LJMU for 2013/14. However the data is included in the Merseyside section which does represent all five Merseyside areas.

It should also be noted that some fields from the DIR are not mandatory and as a result details may not be available for all clients. Where this was the case, these clients were not included for the data

analysis on this item and the number that was used is indicated in the table or figure or noted under the figure.

Due to the introduction of new DIP paperwork in January 2012 some data fields are no longer included in the minimum data set form collection. Therefore certain data reported on in previous reports is no longer able to be captured within this report. This includes clients weekly spend on drugs, whether the client was previously in treatment, the sharing of equipment as well as the client's accommodation and employment status information.

Please note that as clients could give details of more than one offence committed, the percentage values in the offending table can add up to over 100%.

The Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) highlights daily guidelines for sensible drinking, suggesting a maximum intake of 2 – 3 units per day for women and 3 – 4 units per day for men. It defines "binge drinking" as drinking above double these daily recommended guidelines on at least one occasion during the week. On the DIR forms, one question relating to alcohol unit intake is linked to this definition (6.2) and in this report, where clients have reported having consumed alcohol from 6 -10 units upwards on a typical drinking day, these are referred to as episodes of "binge drinking".

This document should not be read in isolation but combined with other literature about this drug group population (Collins & McVeigh, 2013; Cuddy & Duffy, 2012; Howarth & Duffy, 2010; Howarth & Duffy, 2009, Cuddy & Duffy, 2009; Cuddy & Duffy, 2008; Hurst et al, 2009). Although the report highlights information regarding the characteristics of drug users within the five Merseyside D(A)ATs, it should also be used to encourage further investigation in order to fully explain emerging trends.

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