

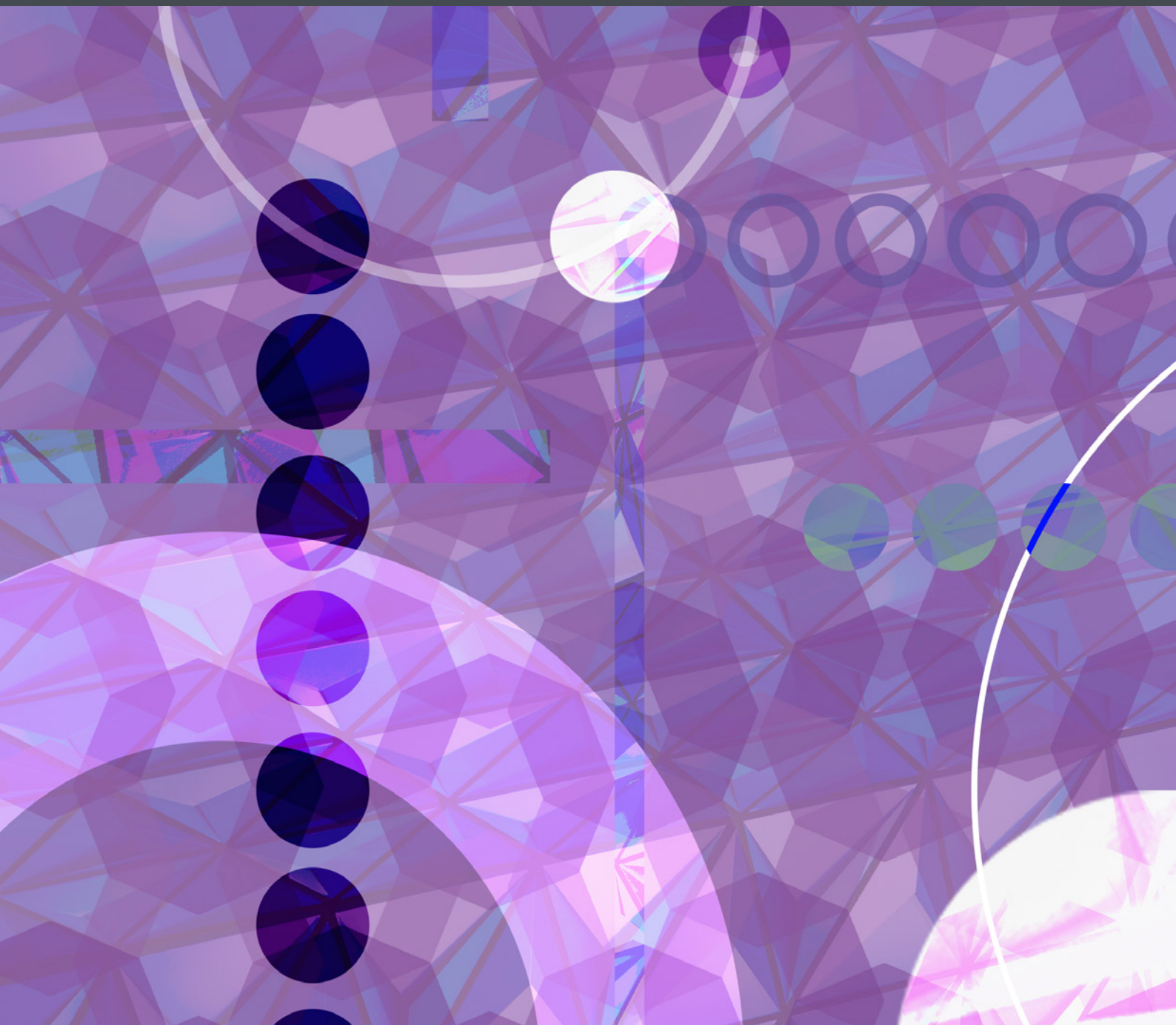
Criminal Justice Project: Drug Interventions Programme

Knowsley DIP Activity Profile (2015/16)

March 2017

DIP

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KEY FINDINGS

- Between April 2015 and March 2016, there were a total of 172 Drug Interventions Programme (DIP) contacts recorded by Knowsley Integrated Recovery Service (KIRS). This is a 42% decrease on the number of DIP contacts in the previous year (n=299).
- Just over one-third (35%) of DIP contacts were made through the Required Assessment process, while 34% were transfers not completed from another Criminal Justice Integrated Team (CJIT) or prison and 26% were successful transfers from another CJIT or prison.
- Of the 172 DIP contacts, 114 were assessed for DIP (66%); of which, 97% were deemed to require further intervention and 92% were taken onto the DIP caseload.
- Nine in ten (90%) DIP contacts were male; the largest proportion were aged between 25 and 29 years (20%), followed by clients aged between 30 and 34 years and between 35 and 39 years (17% each).
- The majority were of White British ethnicity (98%) and were Knowsley residents (99%).
- While the majority of clients reported no housing problems, 8% overall had some form of housing problem; of which, 3% stated an urgent problem due to being of no fixed abode.
- The most common drug used by Knowsley's DIP contacts in 2015/16 was cocaine (52%), while 15% used cannabis, 14% used crack and 13% used heroin.
- Just under three in five (59%) reported to sniff their main drug, while 33% smoked.
- The majority (90%) had never injected, 8% had previously injected but were not currently and 2% were currently injecting.
- Although many clients reported not consuming alcohol (males = 28%; females = 56%), for those who did, the highest proportion reported between one and four drinking days in the 28 days prior to their assessment (males = 48%; females = 39%).
- The most common daily average units of alcohol consumed by both males and females was between seven and 15 units (36% and 28% respectively), followed by between 16 and 24 units for males (21%) and between one and six units for females (11%).
- Only a small proportion were on an offender management scheme at the time of their assessment (4% Multi-Agency Public Protection Arrangement only).
- The main offence which prompted the current or most recent contact with the criminal justice system was Misuse of Drugs Act offences (36%), followed by theft (26%) and wounding or assault (14%).

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

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

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

DIP assessments capture demographic information and provide an insight into drug use and offending behaviours. These assessments allow drugs workers to determine whether further intervention is required to address drug use and/or offending, and based on the decision, the worker will then encourage engagement with a range of appropriate treatment options to deal with their aforementioned issues. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol misuse (harm reduction interventions and overdose management; offending; health (physical and psychosocial); and social functioning (housing, employment and relationships; Home Office [no date^b]).

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting data on criminal justice interventions. There are some limitations as not all data sets can be reported on by PHE, for example drug testing data, but locally teams have more scope to tailor data collection to their local needs. DIP continues to be implemented in Knowsley, with the processes which underpinned it originally still remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

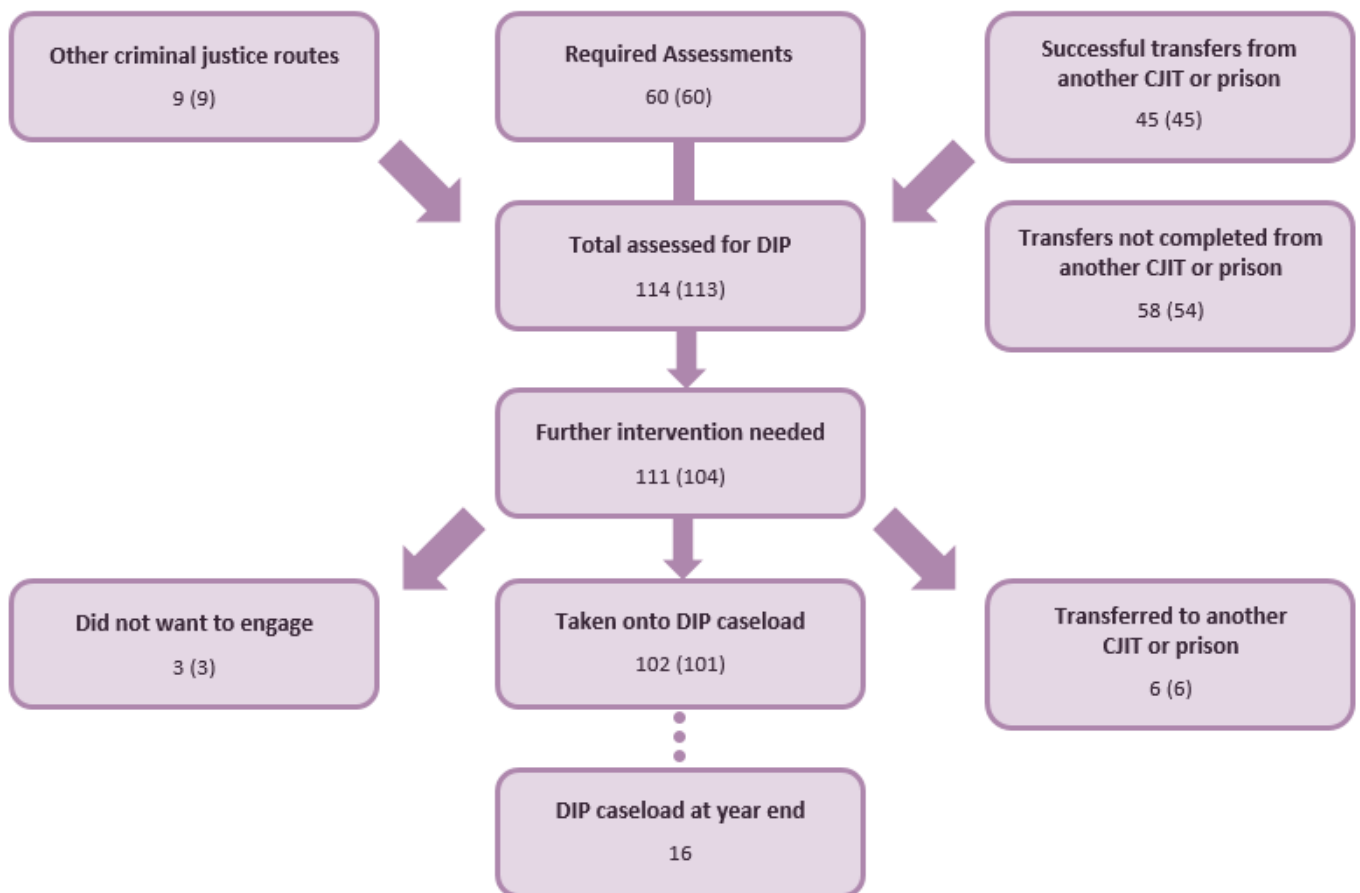
This DIP Activity Profile for Knowsley presents data for clients accessing DIP between 1st April 2015 and 31st March 2016. This profile will contextualise DIP activity data (detailing the route of entry to DIP and assessment outcomes) and provide a demographic overview of the clients. It complements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

Between April 2015 and March 2016, there were a total of 172 DIP contacts recorded by Knowsley Integrated Recovery Service (KIRS; Figure 1), while the average number of contacts across Merseyside was 699. The number of DIP contacts in Knowsley has reduced by 42% when compared to the previous year (n=299; Critchley et al., 2016). All Merseyside areas have seen a reduction in numbers, with a 26% reduction overall between 2014/15 and 2015/16, which is per chance caused by the implementation of targeted drug testing in the custody suites in 2015. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of the targeted testing approach (Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in Knowsley. Just over one-third (35%) of DIP contacts in 2015/16 were through the RA process, while 34% were transfers not completed from another Criminal Justice Integrated Team (CJIT) or prison and 26% were successful transfers from another CJIT or prison.

Of the 172 DIP contacts, 66% were assessed for DIP (n=114). The remaining 58 clients transferred into Knowsley from another CJIT or prison and were not taken onto the caseload following transfer. Of the 114 clients assessed for DIP in 2015/16, 97% were deemed to require further intervention (n=111), with 102 taken onto the DIP caseload (92%).

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

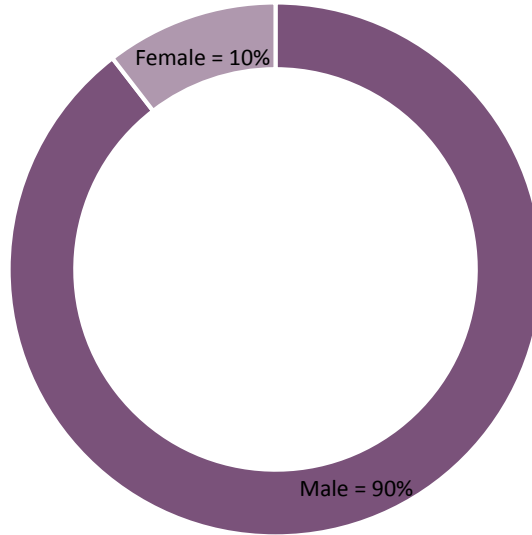


¹ Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following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

DEMOGRAPHIC PROFILE OF CLIENTS

Nine in ten (90%) DIP contacts in 2015/16 were male (Figure 2). The proportion of males in Knowsley is slightly higher than the Merseyside average (84%).

Figure 2: Gender of DIP contacts in Knowsley (2015/16) [n=172]



The largest proportion of clients were aged between 25 and 29 years (20%), followed by clients aged between 30 and 34 years and between 35 and 39 years (17% each), and between 40 and 44 years (16%; Figure 3). Comparing figures to the Merseyside average, Knowsley had larger proportions of clients aged between 25 and 34 years, and lower proportions aged between 18 and 24 years and between 45 and 49 years.

Figure 3: Age group of DIP contacts in Knowsley (2015/16) [n=172]

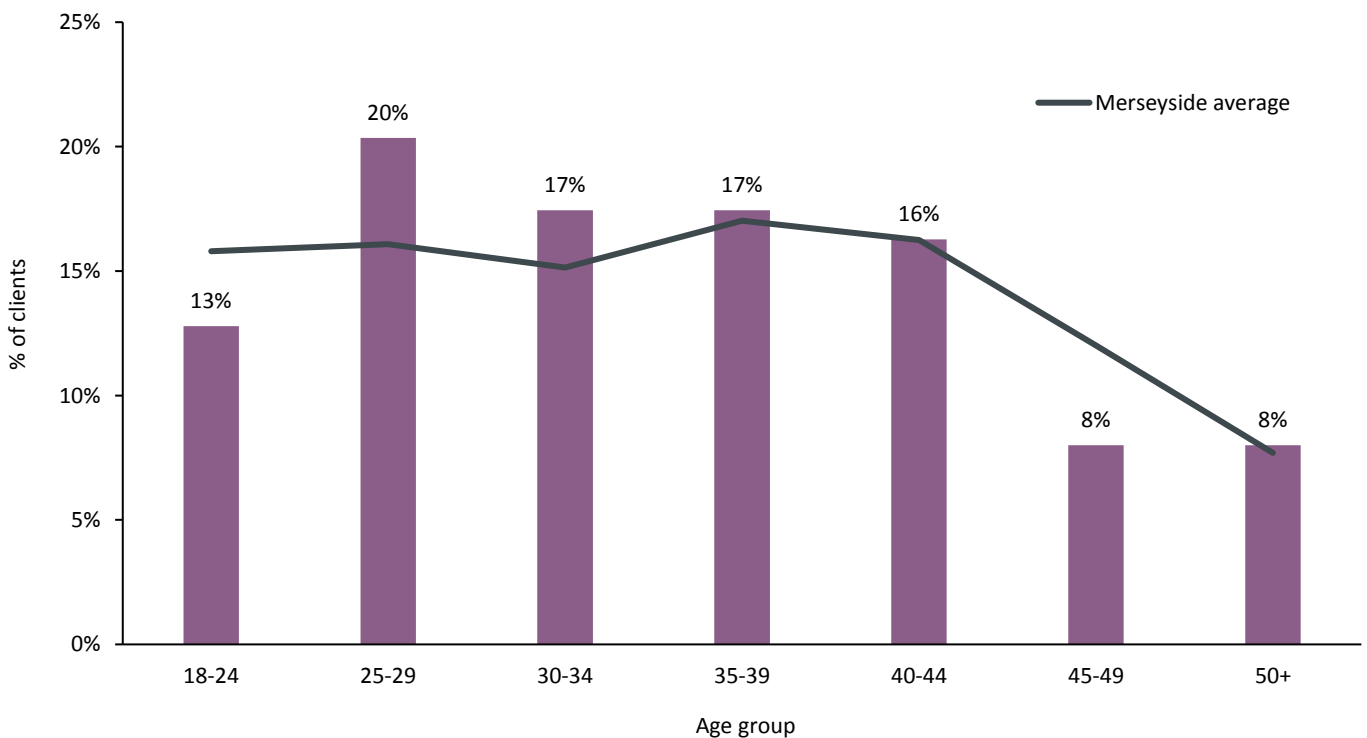


Table 1 shows some differences in age group proportions across gender groups in Knowsley. Although numbers are small, there was a smaller proportion of females aged between 25 and 29 years (11%) compared to males (21%). There were also larger proportions of females aged between 30 and 34 years and between 35 and 39 years (22% and 28% respectively) when compared to males (17% and 16% respectively).

Table 1: Age group and gender of DIP contacts in Knowsley (2015/16) [n=172]²

Age group		Female		Male	
18-24	***	6%	<25	14%	
25-29	***	11%	<35	21%	
30-34	***	22%	<30	17%	
35-39	5	28%	25	16%	
40-44	***	17%	<30	16%	
45-49	***	6%	<15	8%	
50+	***	11%	<15	7%	
Total	18	100%	154	100%	

The majority (98%) of DIP contacts in Knowsley between April 2015 and March 2016 were of White British ethnicity which is slightly more than the Merseyside average (93%). All but two of the 172 contacts were Knowsley residents (99%).

While the majority of clients reported no housing problems, 8% overall had some form of housing problem; of which, 3% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of Knowsley clients stating a housing problem is somewhat lower than the average for Merseyside (16%).

Figure 4: Accommodation need of DIP contacts in Knowsley (2015/16) [n=172]³



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

³ Please note, throughout this report percentages may not add up to 100% due to rounding.

DRUG USE

In 2015/16, over half (52%) of DIP contacts in Knowsley reported to use cocaine (Figure 5) which is substantially higher than the Merseyside average (24%). Fifteen per cent reported to use cannabis, followed by 14% crack and 13% heroin, all of which were less than the averages for Merseyside (10%, 21% and 27% respectively).

Figure 5: Drugs used by DIP contacts in Knowsley (2015/16) [n=242]

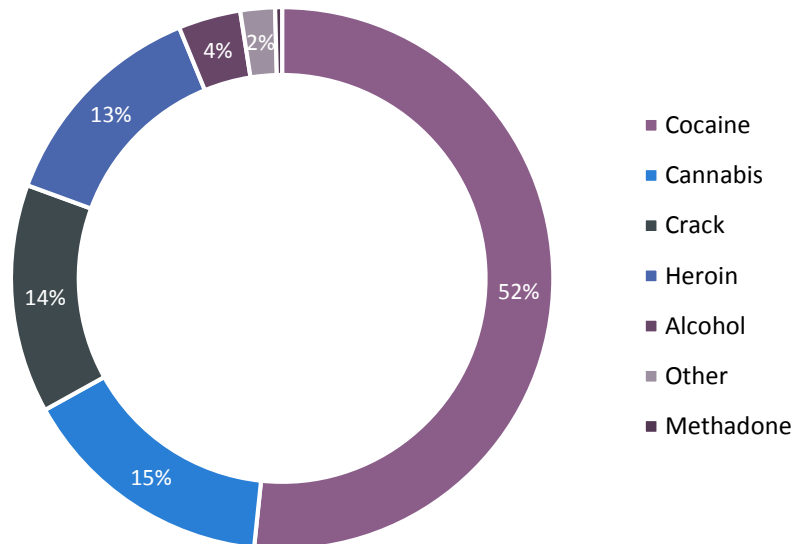


Figure 6 displays the route of administration of clients' most problematic substance (main drug). Just under three in five (59%) reported to sniff their main drug, followed by one-third (33%) who smoked. In comparison, the averages for Merseyside reported 32% sniffed and 46% smoked.

Figure 6: Route of administration of the main drug used by DIP contacts in Knowsley (2015/16) [n=172]

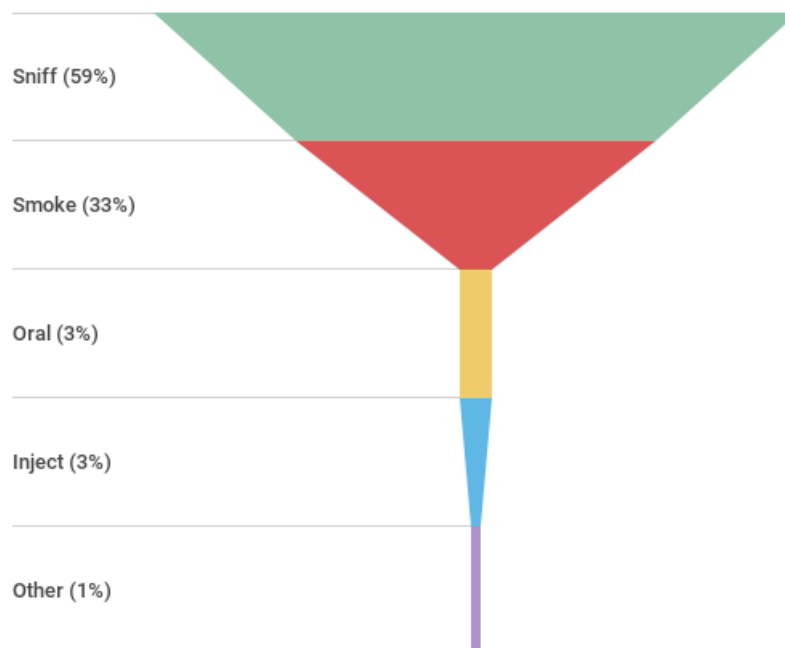
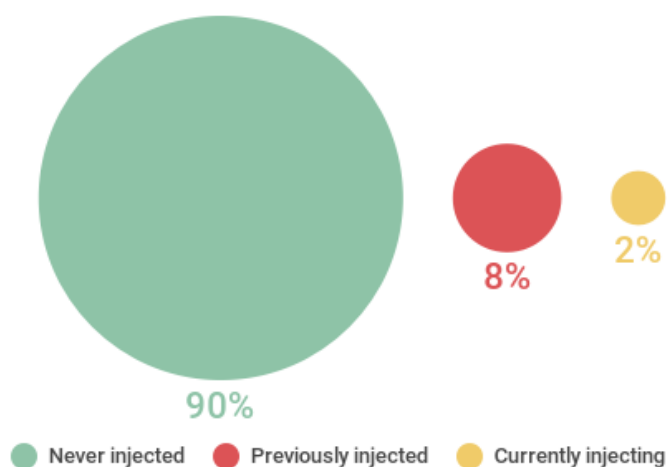


Figure 7 shows that the majority (90%) of DIP contacts in Knowsley in 2015/16 had never injected, while 8% had previously injected but were not currently. Comparatively, across Merseyside 71% had never injected and 21% had previously injected.

Figure 7: Injecting status of DIP contacts in Knowsley (2015/16) [n=172]

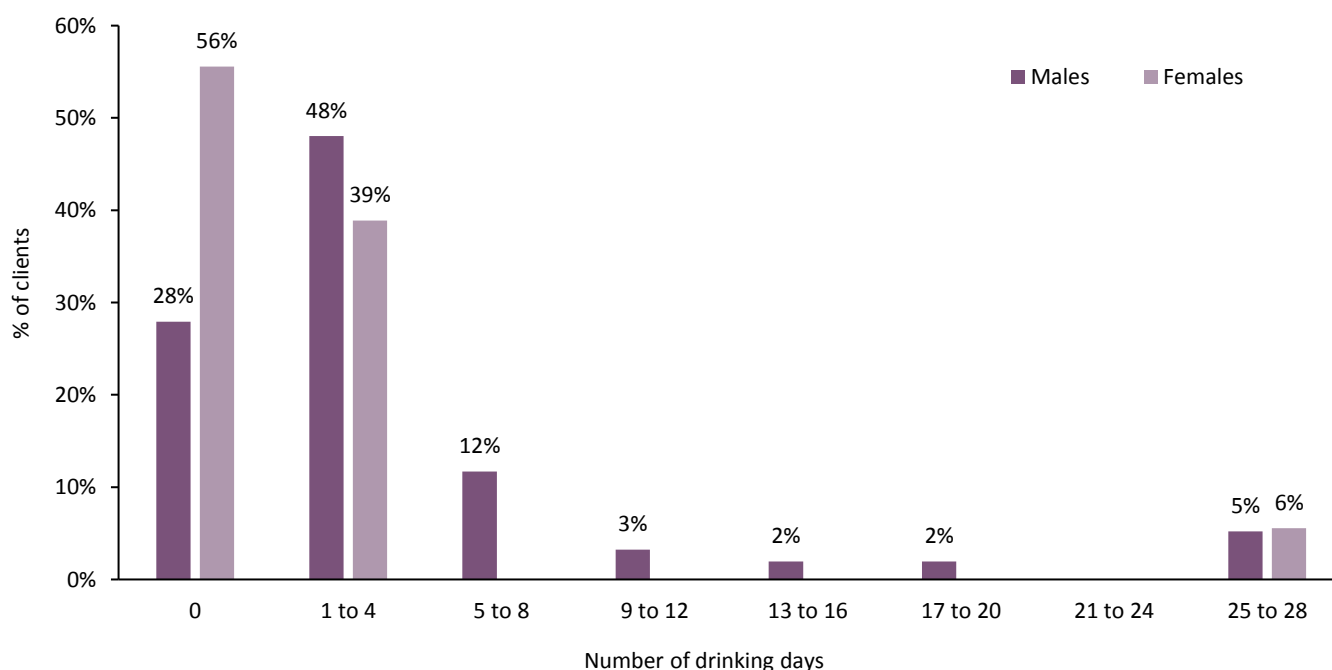


ALCOHOL USE

Figure 8 shows the number of days alcohol was consumed by Knowsley clients in the 28 days prior to their DIP assessment. Just under half (48%) of males consumed alcohol between one and four days in the 28 days prior to their assessment, while 28% reported to have consumed no alcohol and 12% reported five to eight days. Across Merseyside, 46% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, over half (56%) reported to have not consumed alcohol in the 28 days prior to their assessment, while 39% consumed alcohol between one and four days and 6% between 25 and 28 days. Figures for Merseyside reported 59% of females did not consume alcohol, while 21% drank between one and four days and 11% drank between 25 and 28 days.

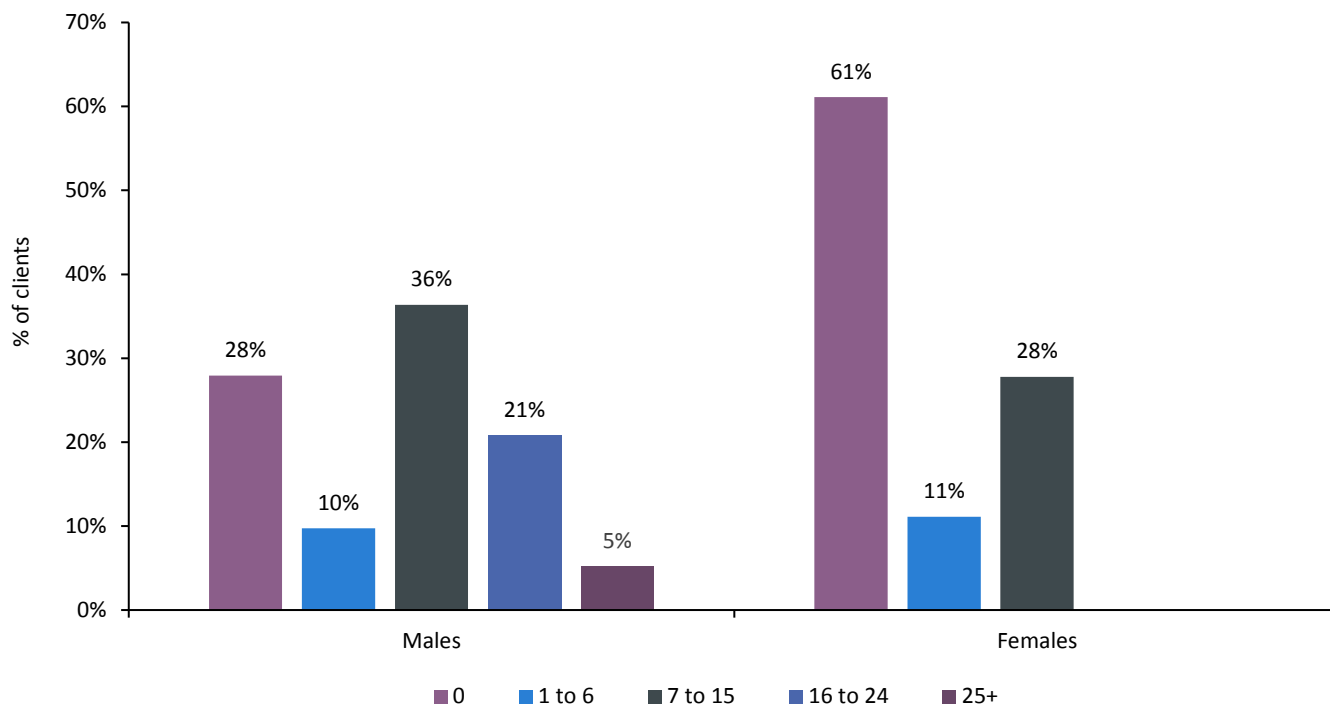
Figure 8: Number of drinking days for DIP contacts in Knowsley (2015/16) [males=154; females=18]



The daily average number of units of alcohol consumed by Knowsley clients in the 28 days prior to assessment are presented in Figure 9. For males, over one-third (36%) consumed between seven and 15 units of alcohol daily, while 28% consumed no units and 21% consumed between 16 and 24 units. Across Merseyside, 47% of males consumed no units of alcohol, while 21% drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, over three in five (61%) consumed no units of alcohol, while 28% consumed between seven and 15 units and 11% between one and six units daily. Across Merseyside, 59% of females consumed no units of alcohol, while 14% drank between seven and 15 units, 10% drank between 16 and 24 units, 9% drank between one and six units and 8% drank 25 units or more daily.

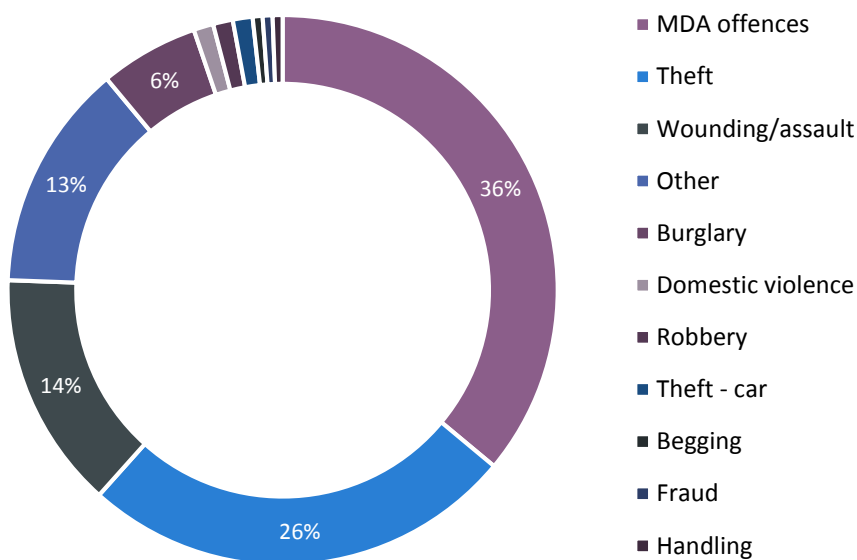
Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Knowsley (2015/16) [males=154; females=18]



The majority (96%) of DIP contacts in Knowsley in 2015/16 were not on an offender management scheme at the time of their assessment. All seven clients on a scheme were on a Multi-Agency Public Protection Arrangement (MAPPA).

The offences which prompted Knowsley clients' current or most recent contact with the criminal justice system are shown in Figure 10. Over one-third (36%) were Misuse of Drugs Act (MDA) offences, while just over one-quarter (26%) were theft and 14% were wounding or assault. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (30% and 25% respectively), while offences categorised as 'other' accounted for 18%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in Knowsley (2015/16) [n=172]



SUMMARY

- Across Merseyside, the number of DIP contacts in 2015/16 reduced by 26% compared to the previous year. In Knowsley, the number reduced by 42%.
- The majority of DIP contacts in Merseyside presented via the RA route, while around one-third in Knowsley presented via this route.
- In general, DIP contacts across Merseyside in 2015/16 were male and aged between 18 and 44 years and of White British ethnicity. Knowsley had a slightly larger proportion of male clients, a larger proportion of clients aged between 25 and 34 years, and lower proportions aged between 18 and 24 years and between 45 and 49 years when compared to Merseyside. Knowsley also saw a slightly larger proportion of clients who stated they were of White British ethnicity.
- The proportion of Knowsley clients reporting housing problems was somewhat lower than the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by cocaine and crack. The proportion of DIP contacts in Knowsley who used cocaine was more than double the proportion across Merseyside.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, though in Knowsley it was for clients who sniffed.
- The majority of DIP contacts in Merseyside between April 2015 and March 2016 had never injected, while the percentage for Knowsley clients was even higher.
- Almost half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment; however, in Knowsley just under half drank between one and four days. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion, with a similar percentage reported for females in Knowsley.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. This was also the case for DIP contacts in Knowsley.
- Across Merseyside, theft accounted for the largest proportion of offences, followed by MDA offences. In Knowsley, the largest proportion was for MDA offences, followed by theft.

RECOMMENDATIONS

- All partners in the DIP process should utilise available data which allow us to look at trends over time. This information will enable stakeholders to observe any changes and/or trends within Knowsley and across Merseyside, as well as investigating the reasons for these trends. This could help to evidence any process changes that may be needed, in addition to highlighting potential gaps or barriers which may affect these clients from engaging with treatment services.
- In order to have a comprehensive understanding of drugs and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from the National Drug Treatment Monitoring Service and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, residency, drug use, alcohol use and offending behaviour. This information is key to identifying likely presenters to DIP

and can influence resources and services required to cater for the needs of these individuals. The profile of DIP clients make it difficult for services to focus their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Government's Drug Strategy (Home Office, 2010), clients need to be assessed on a person by person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, it is vital that this information is used to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).

- Knowsley should identify that there are differences between the local area and Merseyside overall. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Knowsley, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts across Merseyside. Likewise, there has been a reduction in the number of drug tests since the introduction of targeted testing in its custody suites in 2015 (Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via RAs, it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment. All stakeholders involved with DIP need to ensure drug using offenders are not being missed from this vital engagement opportunity.
- It is imperative that there are effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across Merseyside. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents, who do not have a local custody suite. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.

These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid drug using offenders being referred to treatment services appropriately and having an effective drug treatment experience with sustainable outcomes.

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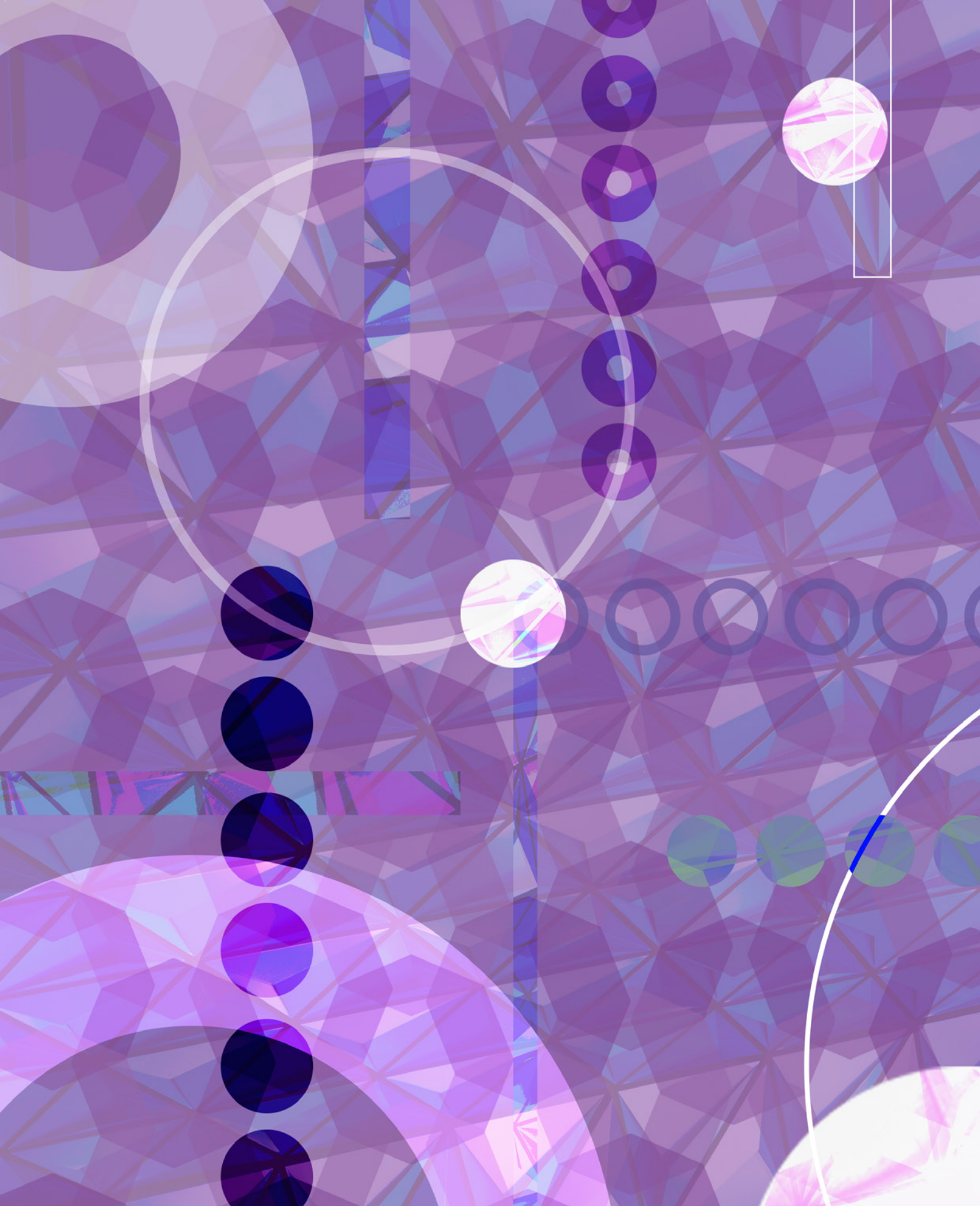
APPENDIX

Details to accompany Figure 1

Other criminal justice routes	9
<i>Required by offender management scheme/DRR/ATR</i>	6
<i>Other</i>	3
Successful transfers from another CJIT or prison	45
<i>Birmingham CJIT</i>	1
<i>Liverpool CJIT</i>	10
<i>Sefton CJIT</i>	13
<i>St Helens CJIT</i>	18
<i>HMP Liverpool</i>	3
Transfers not completed from another CJIT or prison	58
<i>Halton CJIT</i>	3
<i>Liverpool CJIT</i>	16
<i>Sefton CJIT</i>	14
<i>St Helens CJIT</i>	21
<i>Wirral CJIT</i>	3
<i>HMP Kennet</i>	1
Transferred to another CJIT or prison	6
<i>Liverpool CJIT</i>	2
<i>HMP Liverpool</i>	3
<i>HMP Styal</i>	1

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DIP

