

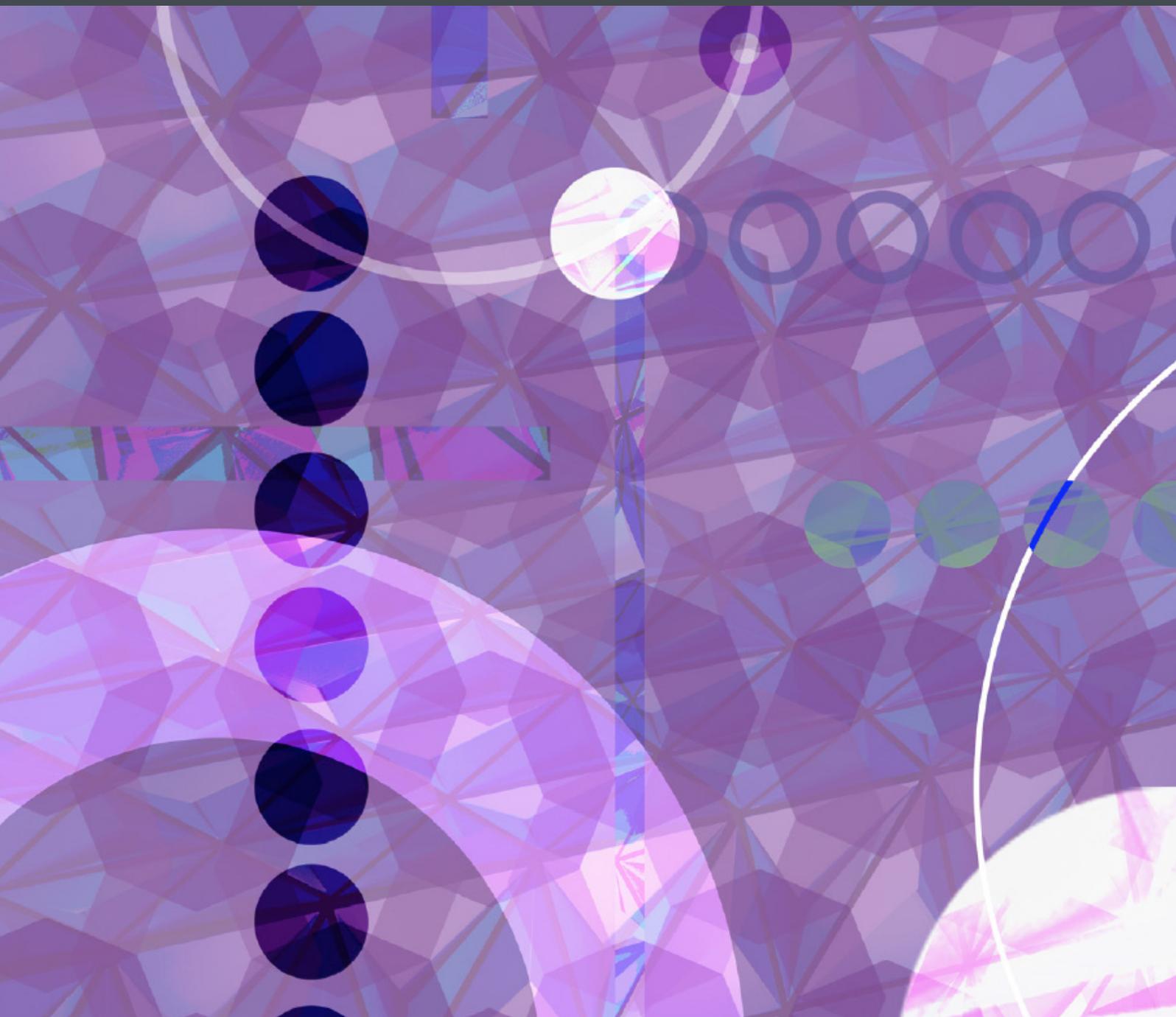
Criminal Justice Project: Drug Interventions Programme

Knowsley DIP Activity Profile (2017/18)

November 2018



Petra Collins, Karen Critchley and Mark Whitfield



Public Health Institute, Faculty of Education, Health and Community, Liverpool John Moores University,
3rd Floor, Exchange Station, Tithebarn Street, Liverpool, L2 2QP

www.ljmu.ac.uk/phi k.a.critchley@ljmu.ac.uk 0151 231 4290 twitter.com/PHI_IMS ISBN: 978-1-912210-54-1 (web)

CONTENTS

Key findings.....	2
Introduction	3
Criminal justice routes in Knowsley.....	4
Demographic profile of clients.....	5
Safeguarding	7
Offending.....	7
Substance use.....	8
Alcohol use.....	10
Recommendations	12
References.....	13
Acknowledgements	13
Appendix	14

KEY FINDINGS

- Between April 2017 and March 2018, there were 114 Drug Interventions Programme (DIP) contacts recorded by Knowsley Integrated Recovery Service, which is similar to the previous year (n=119).
- Over one-third (36%) of DIP contacts in 2017/18 were through Required Assessments, 23% were from other criminal justice routes, 22% were transfers not completed from another Criminal Justice Integrated Team (CJIT) and 19% were successful transfers from another CJIT or prison.
- Of the 114 DIP contacts, 89 (78%) completed full DIP assessments, of which 82% were deemed to require further intervention and 97% of those were taken onto the DIP caseload.
- Over four in five (82%) DIP contacts were men.
- The largest proportion of clients were aged 18-24 years (26%), followed by clients aged 25-29 years (17%).
- The majority were of White British ethnicity (99%).
- More than half (55%) reported their religion as Christian, while 44% reported having no religion.
- Around one in ten (9%) had a disability.
- The majority reported their sexuality as heterosexual/straight (98%).
- While the majority of clients reported no housing problems, 5% overall had some form of housing problem, with 3% stating an urgent housing need due to being of no fixed abode.
- Over one-third (35%) of DIP contacts reported being a parent, while 9% had one or more children under 18 years old living with them at the time of their assessment. Four per cent of DIP contacts had children and/or children living with them who were receiving early help or in contact with children's social care.
- Around one-third (32%) reported Misuse of Drugs Act (MDA) offences which prompted their current or most recent contact with the criminal justice system, followed by offences categorised as 'other' (24%).
- Around three in five (62%) DIP contacts in Knowsley reported non-opiate drugs as their main substance, while 25% reported opiates and 12% reported alcohol.
- Overall, including the main, second and third substances combined, the most common substance used was cocaine (38%). Heroin and cannabis each accounted for 16%, followed by 14% alcohol and 13% crack.
- Around half (49%) reported sniffing their main substance, while 33% smoked their main substance.
- The majority (89%) stated that they had never injected, 8% were currently injecting and 4% had previously injected but were not currently.
- Where clients had reported consumption of alcohol in the 28 days prior to their assessment, the highest proportion drank between one and four days (men=42%; women=20%).
- The most common daily average units of alcohol consumed by men was 7-15 units (29%), followed by 16-24 units (16%). The most common daily average units of alcohol consumed by women was 7-15 units (20%), followed by 25+ units (15%).

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

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the Criminal Justice Data Set via the National Drug Treatment Monitoring System (NDTMS). DIP continues to be implemented in Knowsley, 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 in treatment.

The Criminal Justice Data Set captures demographic and key safeguarding information, as well as providing an insight into drug and alcohol use, and offending behaviour. DIP assessments allow drugs workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and based on the decision the worker will then encourage engagement with a range of appropriate treatment options. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships; Home Office [n.d.]).

This DIP Activity Profile for Knowsley presents data for clients accessing DIP between 1st April 2017 and 31st March 2018. This profile will contextualise DIP activity data and provide a demographic overview of the clients. It complements the monthly performance reports by providing an annual snapshot of the Criminal Justice Data Set. Where possible, comparisons to previous years' DIP Activity Profiles¹ and the Merseyside average have been made. This profile also provides recommendations for Knowsley Local Authority and Knowsley service providers, in terms of targeting the efficient use of resources and effective services in Knowsley and across Merseyside.

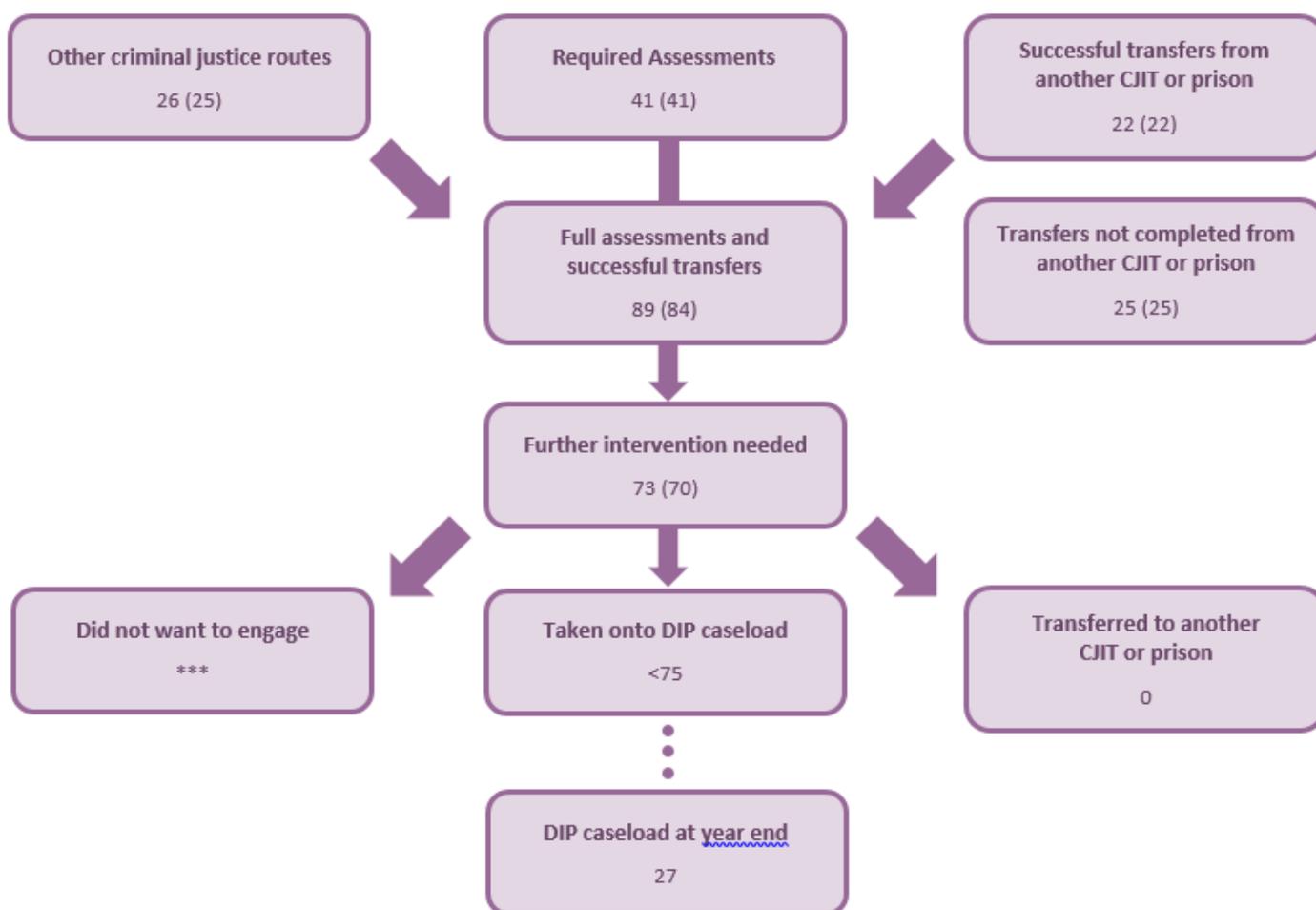
¹ Throughout this report, the references to previous years' profiles are: Knowsley DIP Activity Profile 2015/16 (Critchley and Whitfield, 2017); Knowsley DIP Activity Profile 2016/17 (Collins et al., 2017b).

CRIMINAL JUSTICE ROUTES IN KNOWSLEY

Between April 2017 and March 2018, there were 114 DIP contacts recorded by Knowsley Integrated Recovery Service. The number of DIP contacts in Knowsley in 2017/18 was similar to the previous year (n=119); however they reduced by 34% when compared to 2015/16. All Merseyside areas, except Wirral, have seen a reduction in the number of DIP contacts.

Figure 1 shows the overall DIP activity and criminal justice routes in Knowsley. Over one-third (36%) of DIP contacts in 2017/18 were through Required Assessments (RAs), 23% were from other criminal justice routes, 22% were transfers not completed from another Criminal Justice Integrated Team (CJIT), while 19% were through successful transfers from another CJIT or prison. Of the 89 full DIP assessments and successful transfers, 82% were deemed to require further intervention, with 97% of those taken onto the DIP caseload. The remaining clients not taken onto the caseload who required further intervention, did not want to engage with DIP.

Figure 1: Overall DIP activity and criminal justice routes in Knowsley, 2017/18^{2,3,4}



² 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.

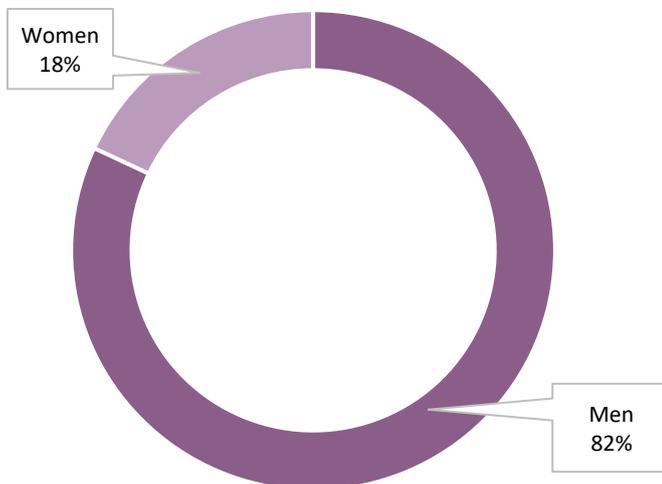
³ Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g. <10).

⁴ Please see the Appendix for further details to accompany Figure 1.

DEMOGRAPHIC PROFILE OF CLIENTS

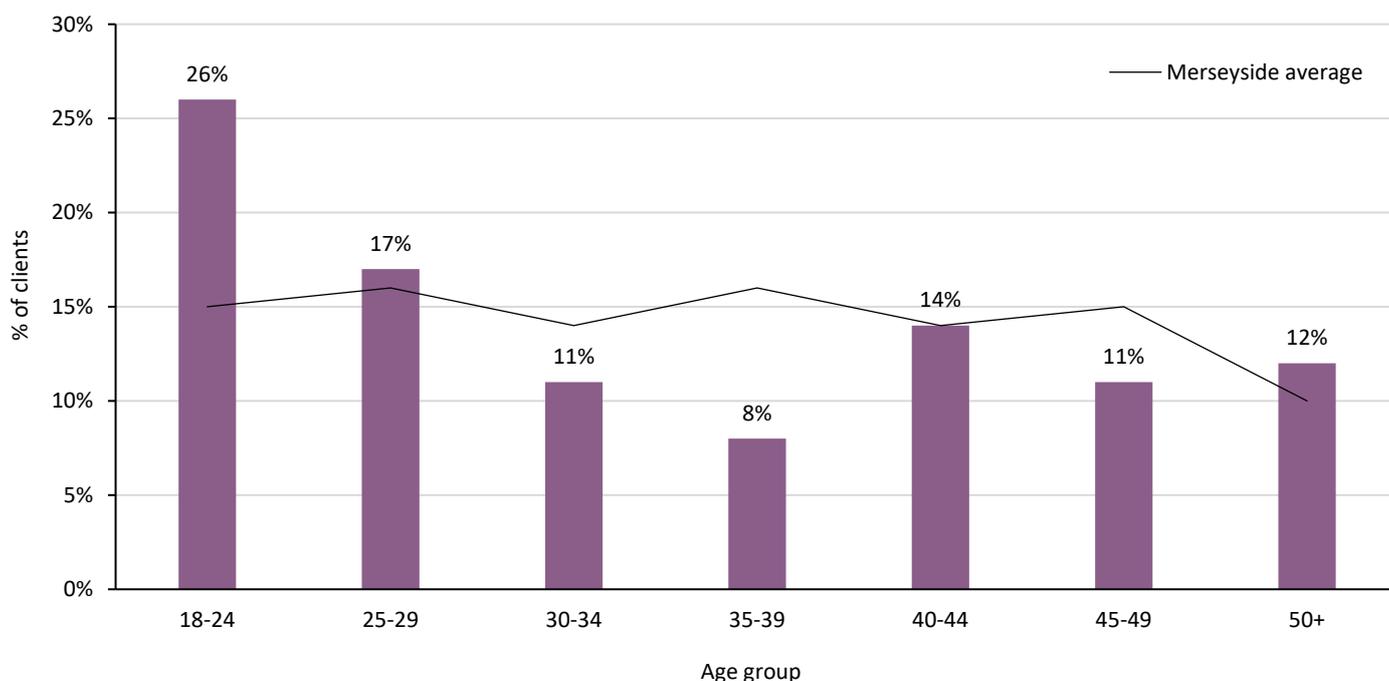
Around eight in ten (82%) DIP contacts in 2017/18 were men (Figure 2), which equals the Merseyside average. Notably, the proportion of women increased year on year, from 10% in 2015/16 to 18% in 2017/18.

Figure 2: Gender of DIP contacts in Knowsley, 2017/18 (n=114)



The largest proportion of DIP clients were aged 18-24 years (26%), followed by clients aged 25-29 years (17%; Figure 3). The proportion of 18-24 year olds in Knowsley has increased considerably from 13% in 2015/16 and 17% in 2016/17. Comparing figures to the Merseyside average, Knowsley had a substantially larger proportion of clients aged 18-24 years in 2017/18, while a lower proportion aged 35-39 years.

Figure 3: Age group of DIP contacts in Knowsley, 2017/18 (n=114)⁵



⁵ Please note, throughout this report percentages may not add up to 100% due to rounding.

Table 1 shows some differences in age group proportions across gender groups in Knowsley. Whilst there are fewer female DIP contacts, there were larger proportions of women aged 25-29 years, 35-39 years and 40-44 years (19% each) when compared to men (16%, 5% and 13% respectively).

Table 1: Age group and gender of DIP contacts in Knowsley, 2017/18 (n=114)

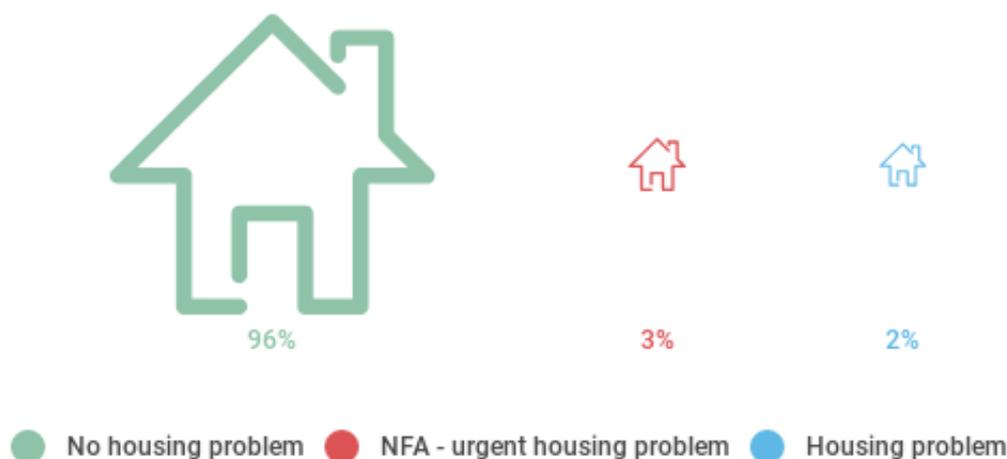
Age group	Men	Women	Total
18-24	<30 29% ***	14%	30 26%
25-29	<20 16% ***	19%	19 17%
30-34	<15 13% ***	5%	13 11%
35-39	<10 5% ***	19%	9 8%
40-44	<15 13% ***	19%	16 14%
45-49	<15 12% ***	10%	13 11%
50+	<15 12% ***	14%	14 12%
Total	93 100%	21 100%	114 100%

Other client information captured by the Criminal Justice Data Set showed (where recorded):

- The majority (99%) of DIP contacts were of White British ethnicity, which is greater than the Merseyside average (94%).
- More than half (55%) of clients reported their religion as Christian, while 44% reported having no religion.
- Around one in ten (9%) reported having a disability, which is lower than the Merseyside average (15%).
- The majority (98%) reported being heterosexual/straight, which is the same as the Merseyside average.
- Almost all DIP contacts in Knowsley were Knowsley residents (99%).

While the majority of clients reported no housing problems, 5% overall had some form of housing problem, with 3% stating an urgent housing need due to being of no fixed abode (NFA; Figure 4). The proportion of Knowsley clients stating a housing problem is substantially lower than the average for Merseyside (25%).

Figure 4: Accommodation need of DIP contacts in Knowsley, 2017/18 (n=114)



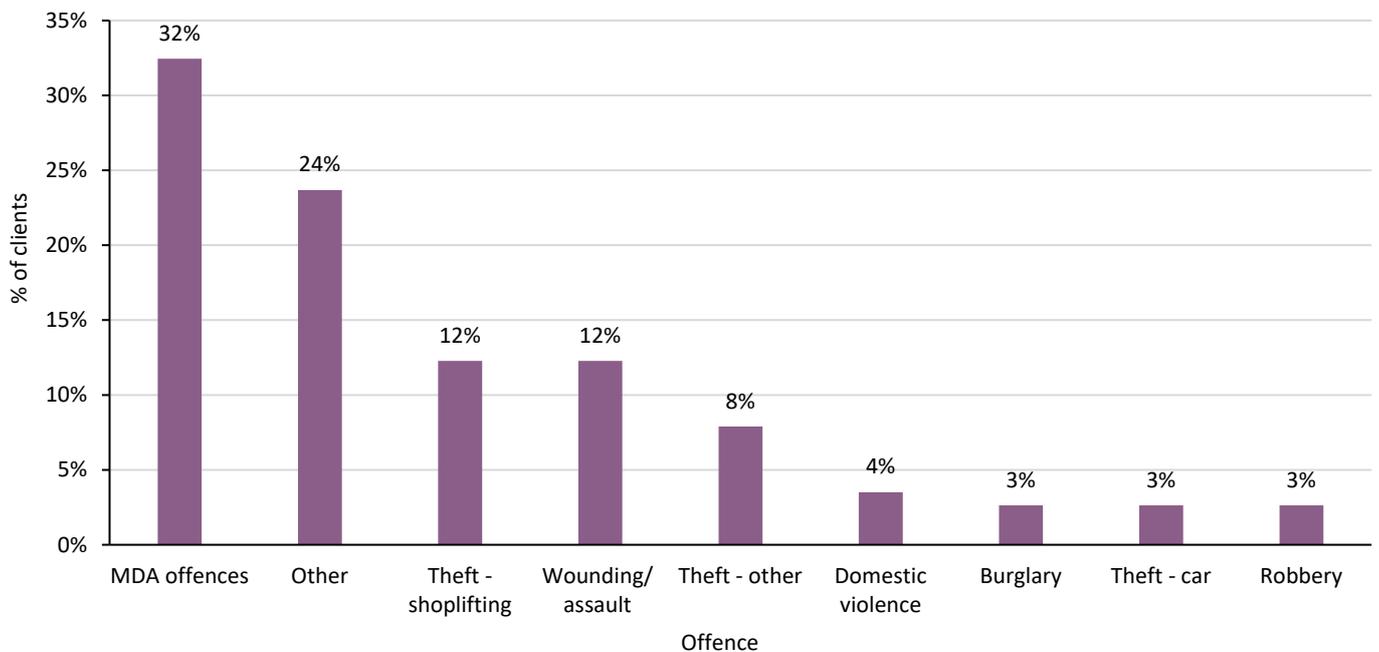
SAFEGUARDING

More than one-third (35%) of Knowsley DIP contacts reported being a parent, which is lower than the Merseyside average (49%). Around one in ten (9%) Knowsley clients had one or more children under 18 years old living with them at the time of their assessment, while 4% had children and/or children living with them who were receiving early help or in contact with children's social care.

OFFENDING

The offence that prompted Knowsley DIP clients' current or most recent contact with the criminal justice system is shown in Figure 5. Around a third (32%) were Misuse of Drugs Act (MDA) offences, while 24% were offences categorised as 'other'. Theft - shoplifting and wounding or assault each accounted for 12%. The proportion of offences categorised as 'other' has increased year on year, from 13% in 2015/16 to 24% in 2017/18. Furthermore, the proportions of MDA offences and 'other' offences are higher than the Merseyside averages in 2017/18 (27% and 18% respectively).

Figure 5: Offence that prompted current or most recent DIP contact in Knowsley, 2017/18 (n=114)



SUBSTANCE USE

In 2017/18, over three in five (62%) DIP contacts in Knowsley reported non-opiate drugs as their main substance, while 25% reported opiate drugs and 12% reported alcohol. The proportion of opiates recorded as the main substance in Knowsley is much lower than the Merseyside average (43%); however it has increased in Knowsley since 2015/16 (16%). Furthermore, the proportion of DIP contacts reporting alcohol as the main substance has increased year on year, from 2% in 2015/16 to 12% in 2017/18.

Taking into account the main, second and third substances combined, as reported by Knowsley DIP contacts in 2017/18, just under two in five (38%) reported cocaine (Figure 6), which is substantially higher than the Merseyside average (22%). Heroin and cannabis each accounted for 16%, followed by 14% who used alcohol and 13% who used crack. Although there is a high proportion of cocaine use reported by Knowsley DIP contacts, this has reduced from 52% in 2015/16.

Figure 6: Main, second and third substances combined, as used by DIP contacts in Knowsley, 2017/18 (n=188)

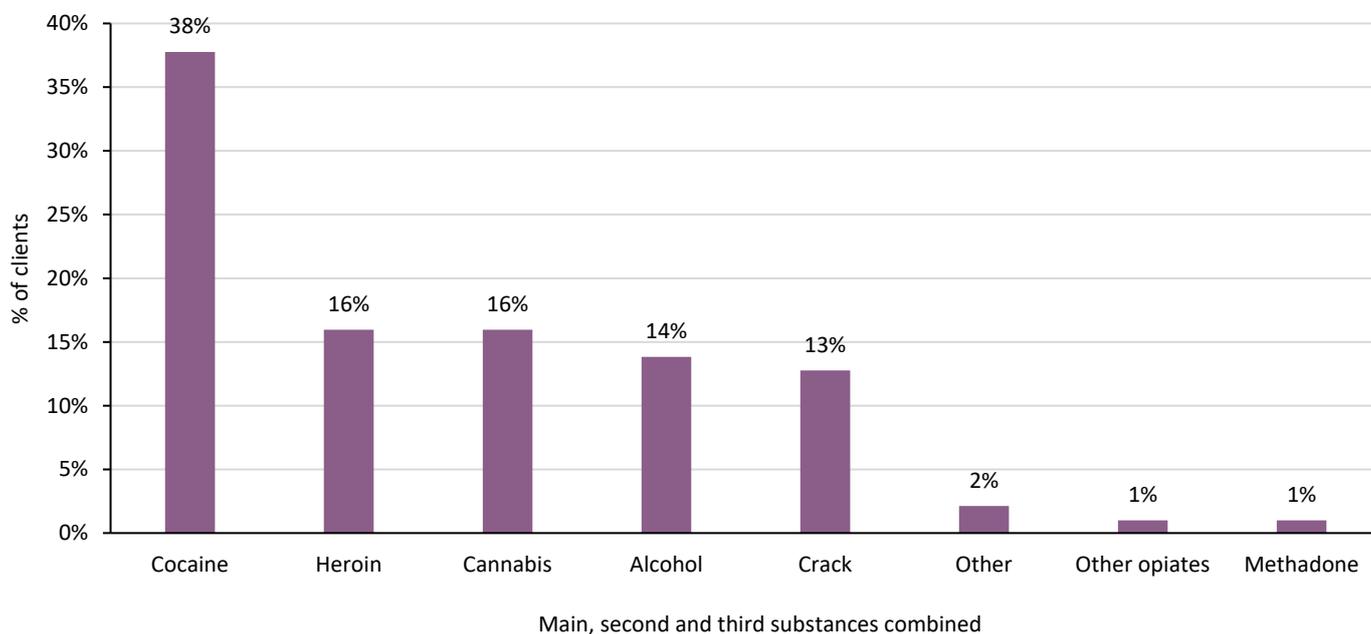


Table 2 shows the proportions of the main substance by gender. There was a larger proportion of cocaine use reported by men (54%) when compared to women (19%), while there were larger proportions of women who reported to use heroin or alcohol (48% and 19% respectively) when compared to men (19% and 11% respectively).

Table 2: Main substance and gender of DIP contacts in Knowsley, 2017/18 (n=114)

Gender	Main substance at DIP assessment						
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Other opiates	Other
Men	11%	13%	54%	1%	19%	1%	1%
Women	19%	14%	19%	-	48%	-	-

Table 3 shows the proportions of the main substance by age group. In general, there were larger proportions of cannabis and cocaine use across the younger age groups and larger proportions of crack and heroin use across the older age groups. Four in five (80%) clients who reported cannabis as their main substance and three-quarters (75%) who reported cocaine were aged 18-34 years. All clients who reported crack as their main substance were aged 50 years and over (100%), and 79% of clients who reported heroin as their main substance were aged 40 years and over.

Table 3: Main substance and age group of DIP contacts in Knowsley, 2017/18 (n=114)

Age group	Main substance at DIP assessment						
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Other opiates	Other
18-24	21%	20%	41%	-	4%	100%	100%
25-29	21%	40%	19%	-	-	-	-
30-34	7%	20%	15%	-	4%	-	-
35-39	7%	0%	7%	-	14%	-	-
40-44	7%	13%	11%	-	25%	-	-
45-49	14%	7%	4%	-	29%	-	-
50+	21%	-	4%	100%	25%	-	-

The route of administration of clients' main substance is shown in Figure 7. Around half (49%) reported sniffing their main substance, followed by one-third (33%) who smoked their main substance. In comparison, average Merseyside figures reported a lower proportion who sniffed their main substance (32%) and a higher proportion who smoked it (46%).

Figure 7: Route of administration of the main substance used by DIP contacts in Knowsley, 2017/18 (n=114)

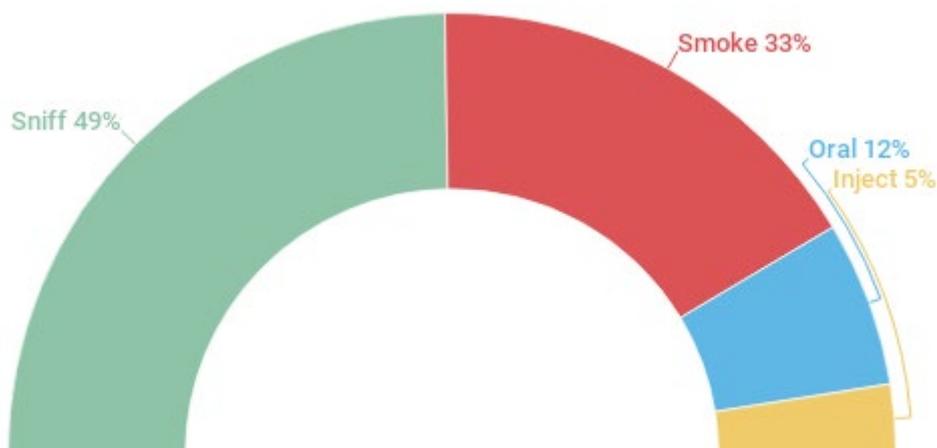
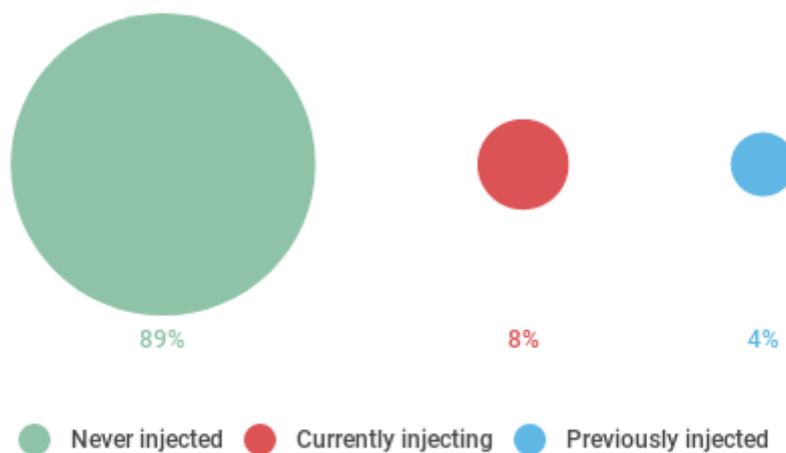


Figure 8 shows that the majority (89%) of DIP contacts in Knowsley in 2017/18 stated that they had never injected, 8% were currently injecting while 4% had previously injected but were not currently. The Merseyside averages for DIP contacts who were currently injecting or previously injecting (10% and 19% respectively) are higher when compared to Knowsley DIP contacts.

Figure 8: Injecting status of DIP contacts in Knowsley, 2017/18 (n=106)

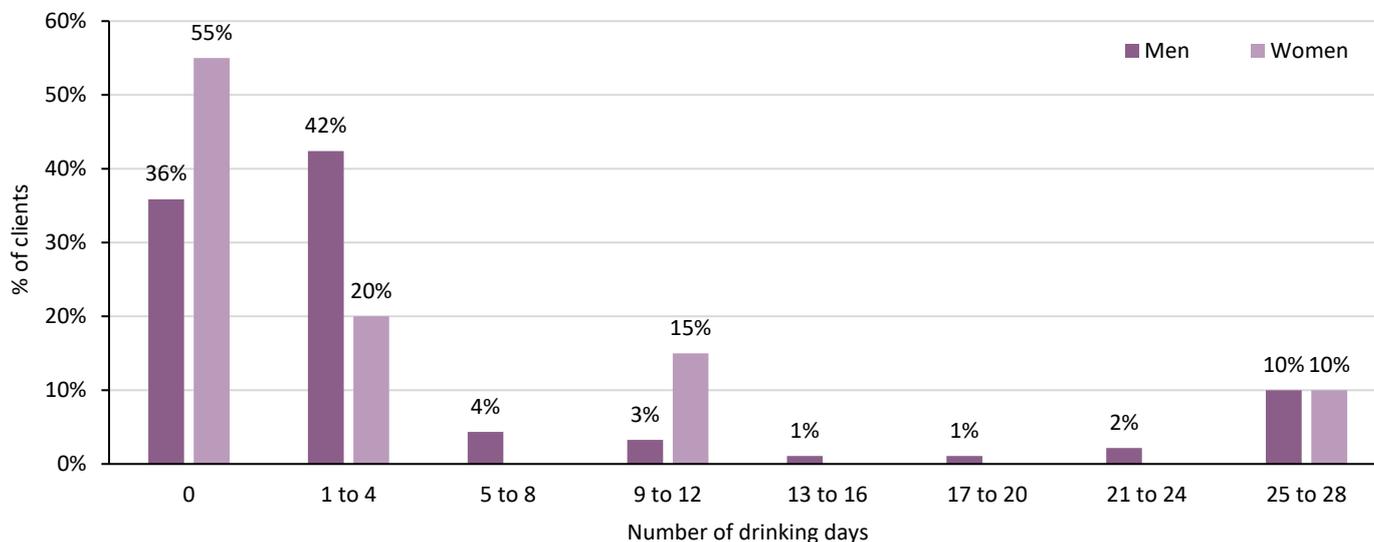


ALCOHOL USE

Figure 9 shows the number of days alcohol was consumed by Knowsley clients in the 28 days prior to their DIP assessment. Over two in five (42%) men consumed alcohol between one and four days in the 28 days prior to their assessment, while 36% reported consuming no alcohol. Although the proportion of men in Knowsley who reported not drinking in the 28 days prior to their DIP assessment has increased year on year from 28% in 2015/16 to 36% in 2017/18, the proportion who did drink is higher than the Merseyside average.

For women, over half (55%) did not consume alcohol in the 28 days prior to their DIP assessment, while one in five (20%) consumed alcohol between one and four days. The proportion of women in Knowsley who reported not drinking alcohol in the 28 days prior to their DIP assessment has increased from 20% in 2016/17 to 55% in 2017/18, while it decreased for women who drank one to four days (from 40% in 2016/17 to 20% in 2017/18) and 25 to 28 days (from 20% in 2015/17 to 10% in 2017/18).

Figure 9: Number of drinking days for DIP contacts in Knowsley, 2017/18 (men=92; women=20)



The daily average number of units of alcohol consumed by Knowsley clients in the 28 days prior to DIP assessment are shown in Figure 10. For men, 29% consumed 7-15 units of alcohol daily and 16% consumed 16-24 units daily. These proportions are higher than the Merseyside averages (17% and 12% respectively).

One in five (20%) women consumed 7-15 units of alcohol daily and 15% consumed 25+ units daily. The proportion of women who drank 25 units or more is somewhat higher than the Merseyside average (7%).

Figure 10: Number of units of alcohol (daily average) consumed by DIP contacts in Knowsley, 2017/18 (men=92; women=20)

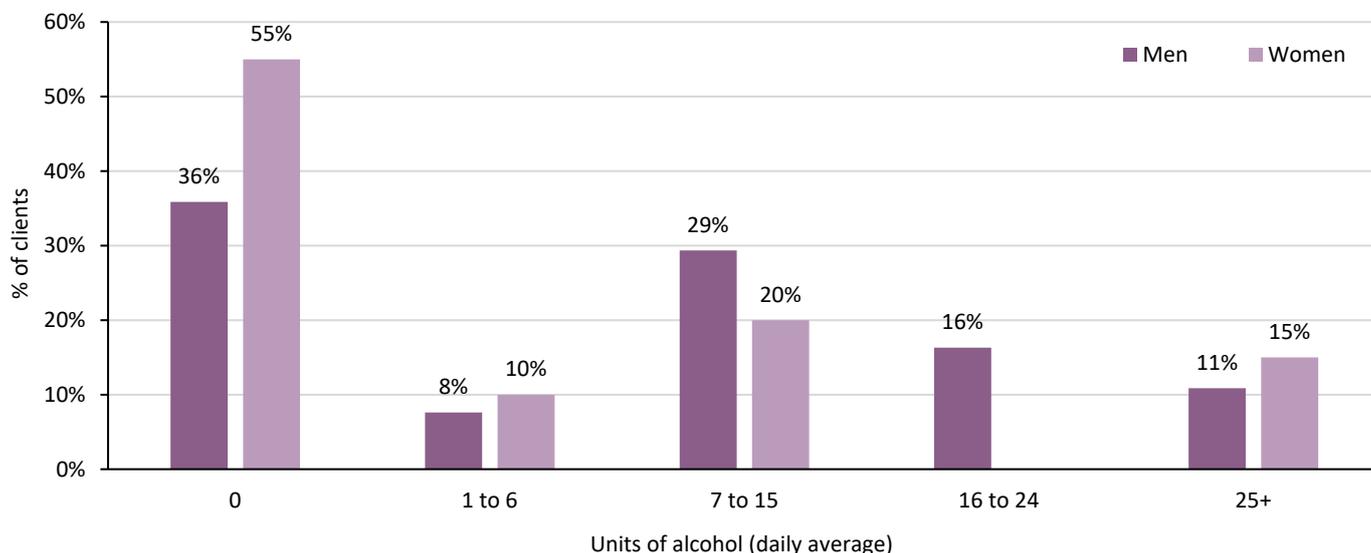
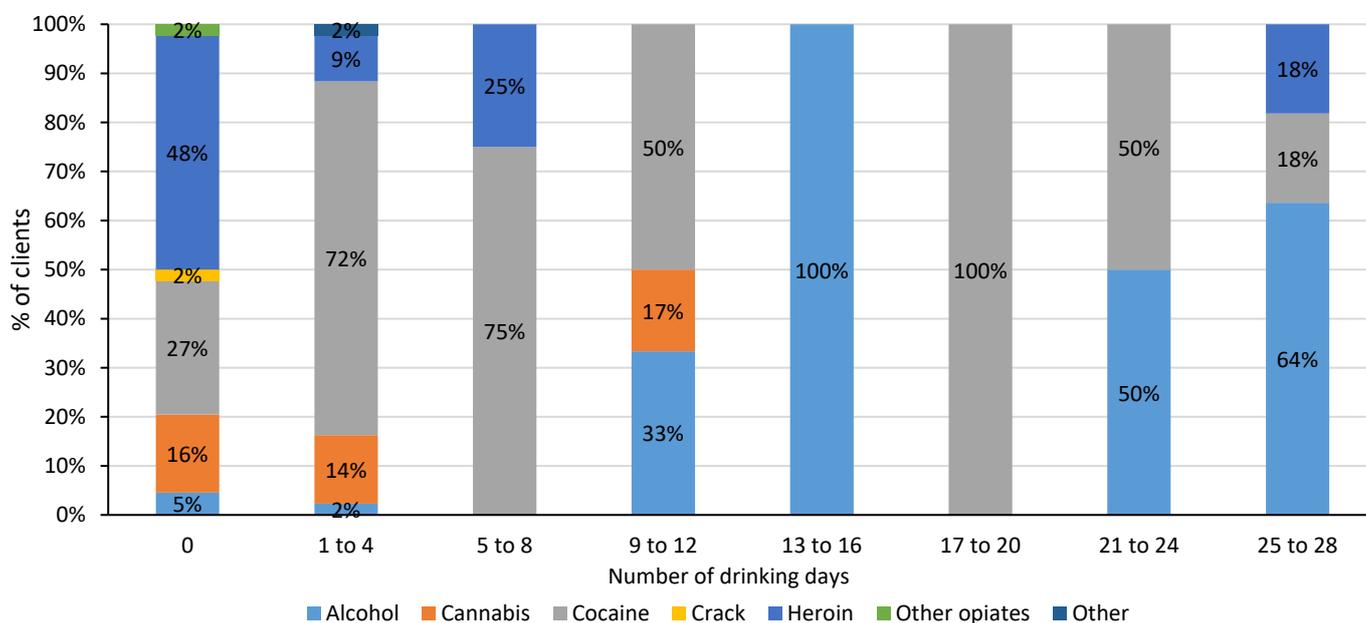


Figure 11 shows the main substance and the number of days alcohol was consumed by DIP contacts in Knowsley in the 28 days prior to their assessment. There was a greater variety of substances recorded for those who did not drink, or drank on a small number of days. For clients who did not drink in the 28 days prior to their assessment, around half (48%) reported heroin as their main substance, followed by 27% who reported cocaine. Cocaine accounted for the largest proportions for clients who drank one to four days (72%), five to eight days (75%), nine to 12 days (50%) and 17 to 20 days (100%). Alcohol accounted for all clients who drank 13 to 16 days and 64% of clients who drank 25 to 28 days, while alcohol and cocaine each accounted for half of the clients who drank 21 to 24 days.

Figure 11: Main substance and number of drinking days for DIP contacts in Knowsley, 2017/18 (n=112)



RECOMMENDATIONS

- In order to have a comprehensive understanding of substance use 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 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 Knowsley 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 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 that may prevent these clients from engaging with treatment services.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, religion, disability, sexuality, residency, parental status, safeguarding, 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. In keeping with the Government's Drug Strategy (HM Government, 2017), clients need to be assessed on a person-by-person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, this information should be used regularly to ensure that these individuals receive effective treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- Knowsley 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 Knowsley, reflecting the differences in service specifications when procuring services.
- In May 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. There is an expectation that the data quality reports are accessed routinely and that treatment providers address any data quality issues.

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

REFERENCES

- Collins, P., Critchley, K. and Whitfield, M. (2017a). *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/10/Re-offending-of-arrestees-testing-positive-for-class-A-drugs-across-Merseyside.pdf> [Accessed 18th September 2018].
- Collins, P., Critchley, K. and Whitfield, M. (2017b). *Criminal Justice Project: Drug Interventions Programme - Knowsley DIP Activity Profile (2016/17)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/12/Knowsley-DIP-Activity-Profile-1617.pdf> [Accessed 24th September 2018].
- Critchley, K. and Whitfield, M. (2017). *Criminal Justice Project: Drug Interventions Programme - Knowsley DIP Activity Profile (2015/16)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/03/Knowsley-DIP-Activity-Profile-2015-16.pdf> [Accessed 18th September 2018].
- Cuddy, K., Collins, P., Whitfield, M. and McVeigh, J. (2015). *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2015/09/An-Evaluation-of-DIPs-Impact-on-Offending-in-Merseyside.pdf> [Accessed 18th September 2018].
- HM Government (2017). *2017 Drug Strategy*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF [Accessed 26th September 2018].
- Home Office [no date]. *Drug Interventions Programme Operational Handbook*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf [Accessed 18th September 2018].
- Howarth, P., Duffy, P., Hurst, A. and Marr, A. (2012). *Treatment Outcomes for DIP Clients in Merseyside (January - December 2011)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/monitoringreports/dip/Treatment-Outcomes-for-DIP-clients-in-Merseyside-2012.pdf> [Accessed 18th September 2018].
- Public Health England and Ministry of Justice (2017). *The impact of community-based drug and alcohol treatment on re-offending*. London: Public Health England and Ministry of Justice. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf [Accessed 26th September 2018].

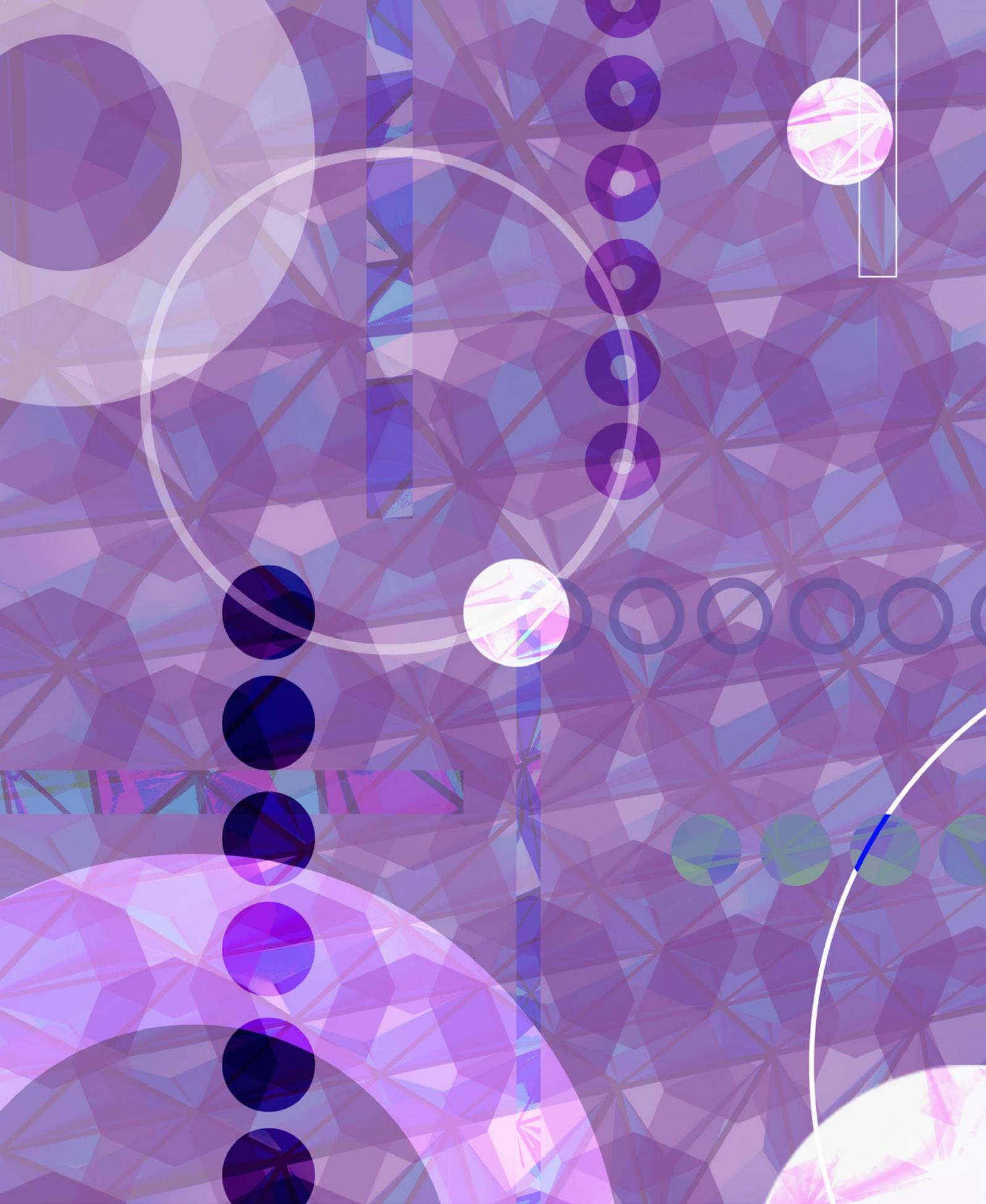
ACKNOWLEDGEMENTS

With thanks to Knowsley Integrated Recovery Service and the commissioners at Knowsley Council for their continued support. Thanks also to Laura Heeks at the Public Health Institute for designing the report covers, and to Jane Webster for her help in proof reading this report.

Details to accompany Figure 1⁶

Other criminal justice routes	26
Required by offender management scheme/DRR/ATR/IOM	<25
Requested by offender manager (post DRR/ATR)	***
Successful transfers from another CJIT or prison	22
Liverpool CJIT	7
HMP Liverpool	***
HMP Styal	***
HMP unknown	***
Salford CJIT	***
Sefton CJIT	***
St Helens CJIT	***
Stoke-on-Trent CJIT	***
Transfers not completed from another CJIT	25
St Helens CJIT	9
Liverpool CJIT	7
Sefton CJIT	<10
Wirral CJIT	***

⁶ DRR = Drug Rehabilitation Requirement; ATR = Alcohol Treatment Requirement; IOM = Integrated Offender Management.



DIP

