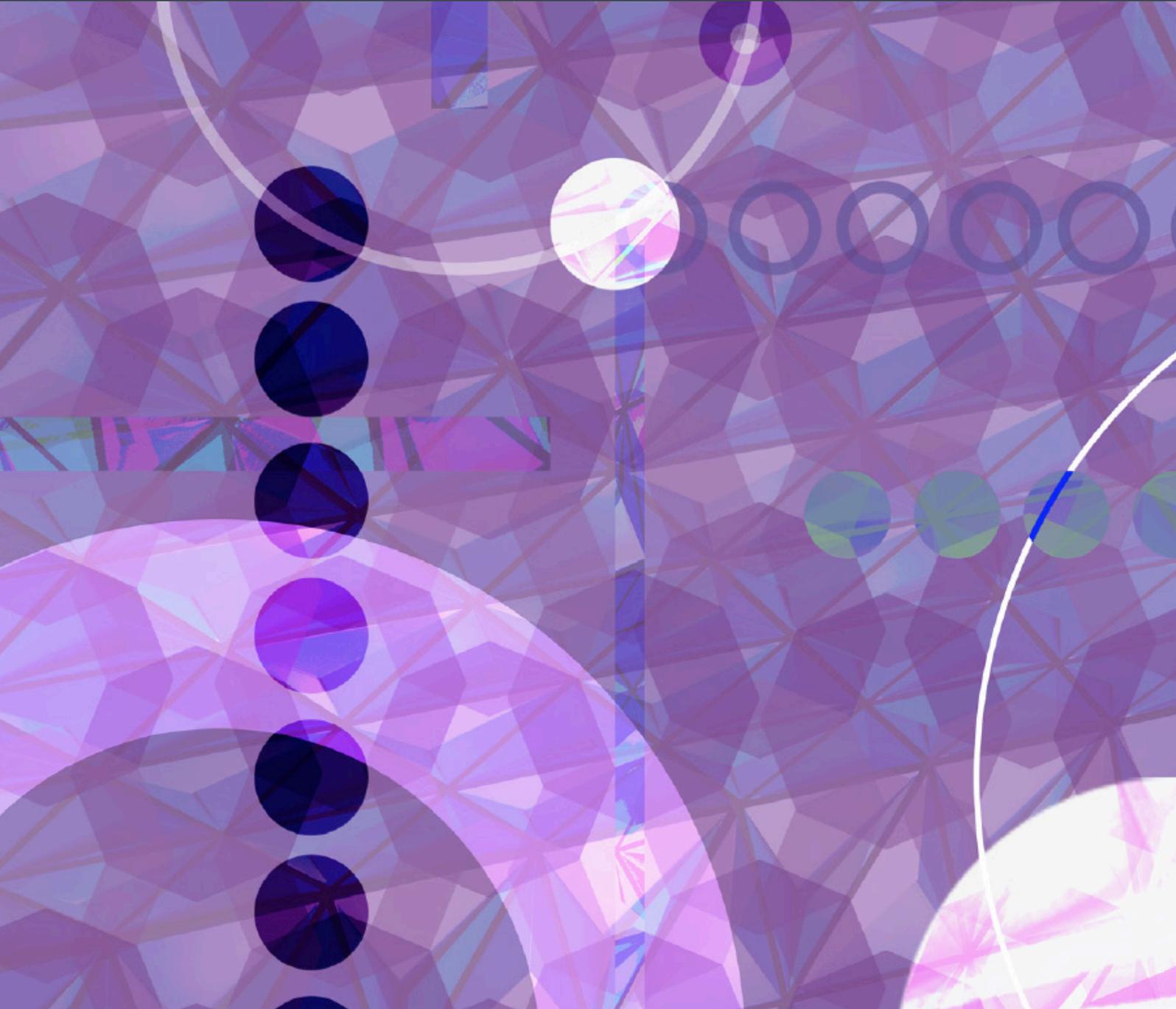


Criminal Justice Project

Criminal Justice Intervention Team Activity in Liverpool (2019/20)

December 2020

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Key findings2

Introduction.....3

Overview4

 Criminal justice routes in Liverpool4

 Outcomes following criminal justice assessment5

 CJIT of residence5

Liverpool residents.....6

 Demographics6

 Housing need8

 Substance use9

 Alcohol consumption12

 Offending14

 Interventions15

 Referrals to structured treatment15

 Recovery support sub-interventions15

Recommendations17

References18

Acknowledgements18

KEY FINDINGS

- Between April 2019 and March 2020, there were 714 Criminal Justice Intervention Team (CJIT) contacts recorded by Liverpool CJIT. Following a considerable decrease in the number of CJIT contacts between 2016/17 and 2017/18 (32% decrease), numbers in 2018/19 increased by 6% when compared to the previous year, followed by a decrease of 4% in 2019/20.
- Over half of the CJIT contacts in 2019/20 were Required Assessments (n=390; 55%), while 215 (30%) were voluntary presentations following release from prison and 101 (14%) were other criminal justice routes.
- Over two in five of the CJIT contacts in 2019/20 were taken onto the CJIT caseload (n=307; 43%), while two in five did not require further intervention (n=286; 40%).
- The majority of the Liverpool CJIT contacts in 2019/20 were Liverpool residents (n=679; 95%).
- Over four in five individuals who were Liverpool residents were men (n=512; 84%).
- Just under one in five individuals were aged 35-39 years (n=107; 18%), followed by clients aged 30-34 years (n=99; 16%).
- Sixteen per cent of the Liverpool residents considered themselves to have a disability (n=104).
- While the majority reported no housing problem, around one in five had some form of a housing problem (n=138; 21%), with 64 (10%) stating an urgent housing need due to being of no fixed abode.
- Just under half of the CJIT contacts in Liverpool reported non-opiate drugs as their main substance (n=323; 48%), followed by opiate drugs (n=275; 41%) and alcohol (n=80; 12%).
- Similar proportions of Liverpool CJIT contacts reported heroin (n=269; 40%) or cocaine (n=264; 39%) as their main substance. Around half reported crack as their second substance (n=224; 51%), followed by alcohol (n=96; 22%), while 43 (45%) reported cannabis and 27 (28%) reported alcohol as their third substance.
- There were similar proportions of clients whose route of administration of their main substance was intranasal (n=273; 41%) or who smoked their main substance (n=266; 40%).
- Three-quarters stated that they had never injected (n=485; 75%), while 117 (18%) had previously injected but were not currently and 43 (7%) were currently injecting.
- Around half of the men reported consuming alcohol in the 28 days prior to their CJIT assessment (n=284; 51%). Of these, just under two in five consumed 7-15 units of alcohol daily (n=107; 38%), while 68 (24%) consumed 1-6 units, 59 (21%) consumed 16-24 units and 50 (18%) consumed 25 units and over.
- Over two in five women reported consuming alcohol in the 28 days prior to their CJIT assessment (n=45; 43%). Of these, just under two in five consumed 7-15 units of alcohol daily (n=17; 38%), followed by just over one-quarter who consumed 25 units and over (n=12; 27%).
- One-third reported Misuse of Drugs Act offences which prompted their current or most recent contact with the criminal justice system (n=212; 33%), while three in ten were offences categorised as 'other' (n=193; 30%).
- Of the clients taken onto the CJIT caseload, 234 were referred to structured treatment in 2019/20 (204 individuals).
- In 2019/20, a total of 109 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (99 individuals), with a total of 127 sub-interventions delivered.

Although the Drug Interventions Programme was decommissioned as a national programme by the Home Office in 2013, Liverpool Criminal Justice Intervention Team (CJIT) continue to collect and submit the criminal justice data set to Public Health England via the National Drug Treatment Monitoring System (NDTMS). The aim of CJITs is to identify and engage with offenders in the criminal justice system who use drugs and/or alcohol, and encourage them towards appropriate treatment services in order to reduce acquisitive crime. There is a body of evidence supporting this process at reducing offending for this population (Collins et al., 2016; Collins et al., 2017; Cuddy et al., 2015; Public Health England and Ministry of Justice, 2017). Under Merseyside Police's targeted drug testing process in the custody suites, if offenders test positive for specified Class A drugs (opiates and/or powder/crack cocaine) they are required to undergo a Required Assessment (RA) with a CJIT worker. There are other routes of contact with a CJIT, including: Conditional Cautioning; requirement by the individual's Offender Manager; court mandated processes, such as Restriction on Bail, pre-sentence reports, Drug Rehabilitation Requirements and Alcohol Treatment Requirements; and voluntary presentations.

The CJIT data set captures client information, episode details (including drug and alcohol use, and offending behaviour), referrals to structured treatment and recovery support sub-interventions. Assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and if necessary, encourage engagement with a range of appropriate treatment options. This is a key element of the work carried out by CJITs, 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 CJIT Activity report for Liverpool presents data for clients accessing the CJIT between 1 April 2019 and 31 March 2020^{1,2,3,4}. Where possible, comparisons to the Merseyside figures and the previous three years' Liverpool CJIT activity have been made. This report also provides recommendations for Liverpool Local Authority and Liverpool CJIT, in terms of targeting the efficient use of resources and effective services in Liverpool and across Merseyside.

¹ Please note that this report focuses on Liverpool residents from *Figure 5* onwards. Also note that figures for gender, age and ethnicity are for individuals (*Figures 5-8*); however, this is not the case for other figures, as data may change for clients with more than one CJIT episode during the reporting year.

² Throughout this report, numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g. <10).

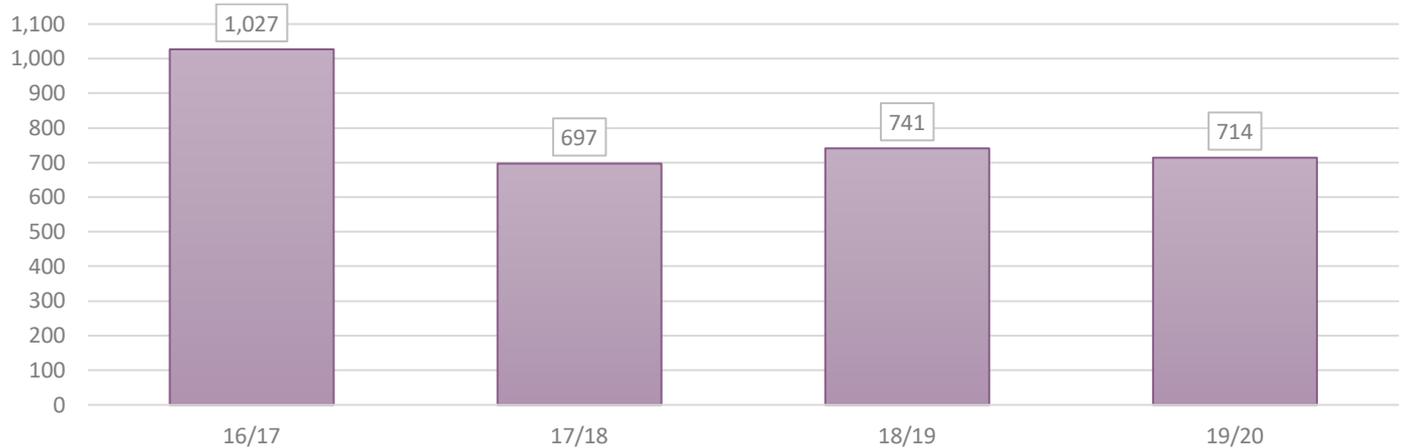
³ Note that in instances where there are blank records, or the client declines to answer, does not know or does not state a response, these have been excluded from the calculations; therefore, totals may not add up to the total number of CJIT contacts or individuals.

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

OVERVIEW

Between April 2019 and March 2020, there were 714 Criminal Justice Intervention Team (CJIT) contacts recorded by Liverpool CJIT (642 individuals). Following a considerable decrease in the number of CJIT contacts between 2016/17 and 2017/18 (32% decrease), numbers have since somewhat fluctuated (*Figure 1*). Numbers in 2018/19 increased by 6% when compared to the previous year, followed by a decrease of 4% in 2019/20. Conversely, three of the other Merseyside CJIT areas have seen an increase in the number of CJIT contacts in 2019/20, which could be attributed to the 22% increase in the number of attempted drug tests carried out by Merseyside Police in the custody suites between 2018/19 and 2019/20 (Critchley and Whitfield, 2020).

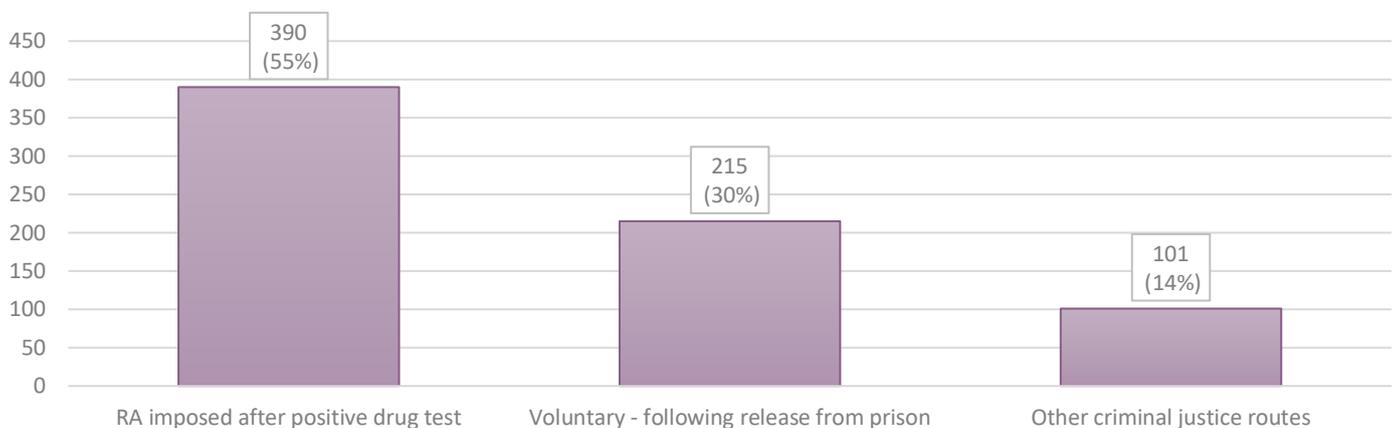
Figure 1: Trends of Liverpool CJIT contacts, 2016/17 - 2019/20



CRIMINAL JUSTICE ROUTES IN LIVERPOOL

Figure 2 shows the criminal justice routes that led to the contact with Liverpool CJIT in 2019/20. Over half of the CJIT contacts were Required Assessments (RAs) imposed after a positive drug test for opiates and/or cocaine in a police custody suite (n=390; 55%), while 215 (30%) were voluntary presentations following release from prison and 101 (14%) were other criminal justice routes⁵. The proportion of RAs in 2019/20 is lower than the previous three years and lower than the Merseyside figure (61%), while the proportion of clients who presented voluntarily following release from prison is higher than the previous three years and higher than the Merseyside figure (24%).

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

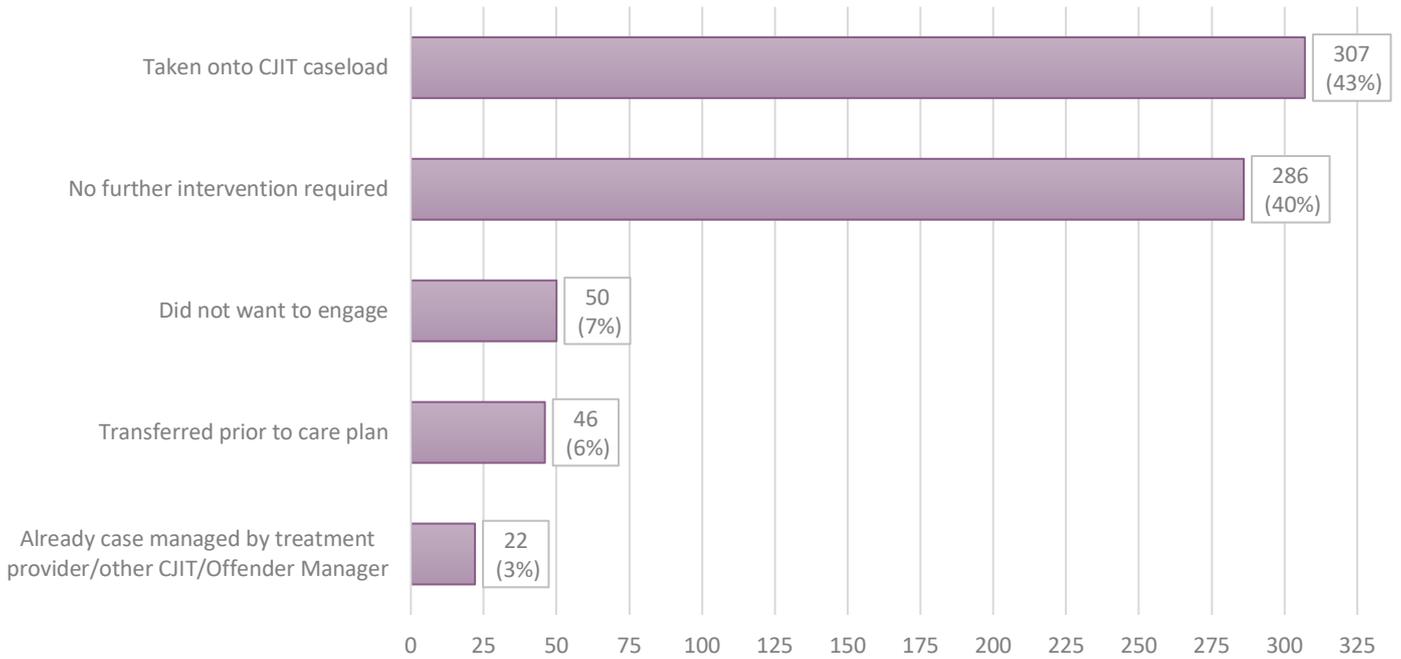


⁵ Other criminal justice routes: Required by offender management scheme/DRR/ATR/IOM = 62; requested by Offender Manager (post DRR/ATR) = 18; voluntary - other = 8; Restriction on Bail = 5; Conditional Cautioning <5; other <5; referred by treatment provider (post treatment) <5.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Of the 714 Liverpool CJIT contacts in 2019/20, over two in five were taken onto the CJIT caseload (n=307; 43%), while two in five did not require further intervention (n=286; 40%) (Figure 3). The proportion of clients taken onto Liverpool CJIT's caseload in 2019/20 is similar to the previous year (41%), though lower than in 2016/17 (59%) and 2017/18 (48%), and notably it is the lowest proportion of the five Merseyside areas in 2019/20 (Merseyside total: 53%). The proportion of clients who did not require further intervention in 2019/20 is an increase on the previous year (33%) and the highest proportion of the Merseyside CJITs (Merseyside total: 21%).

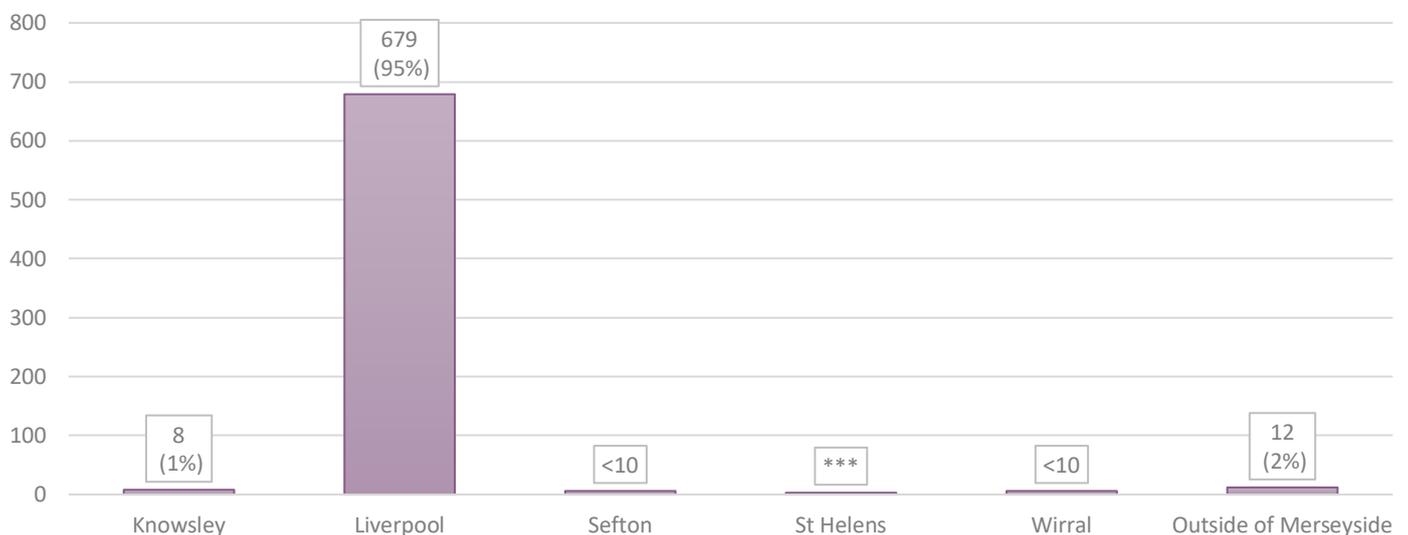
Figure 3: Outcomes following criminal justice assessment of Liverpool CJIT contacts, 2019/20



CJIT OF RESIDENCE

The majority of the Liverpool CJIT contacts in 2019/20 were Liverpool residents (n=679; 95%) (Figure 4).

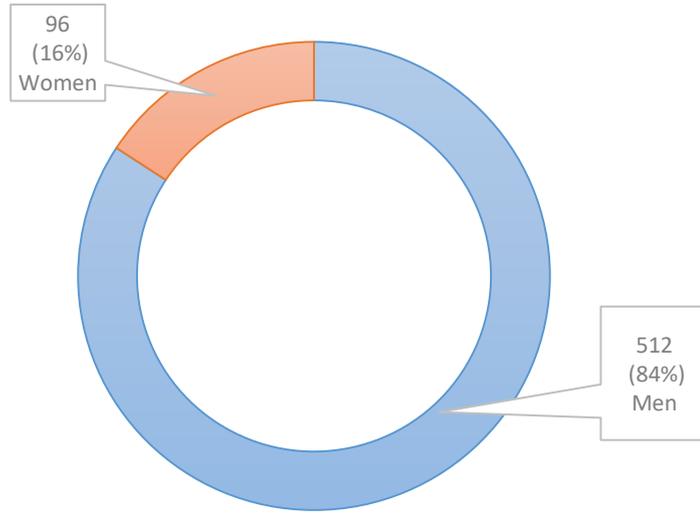
Figure 4: CJIT of residence of Liverpool CJIT contacts, 2019/20



DEMOGRAPHICS

Of the 679 CJIT contacts who were Liverpool residents, there were 608 individuals. Over four in five individuals in contact with Liverpool CJIT in 2019/20 were men (n=512; 84%) (Figure 5). This is the same as the Merseyside figure and although it is an increase on the previous year's proportion (81%), it is the same as the proportion in 2017/18.

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



The average age of the CJIT contacts in 2019/20 was 37 years, which is the same as the previous year. Looking at age groups, just under one in five individuals were aged 35-39 years (n=107; 18%), followed by clients aged 30-34 years (n=99; 16%) (Figure 6). Proportions are similar to previous years and the Merseyside figures.

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

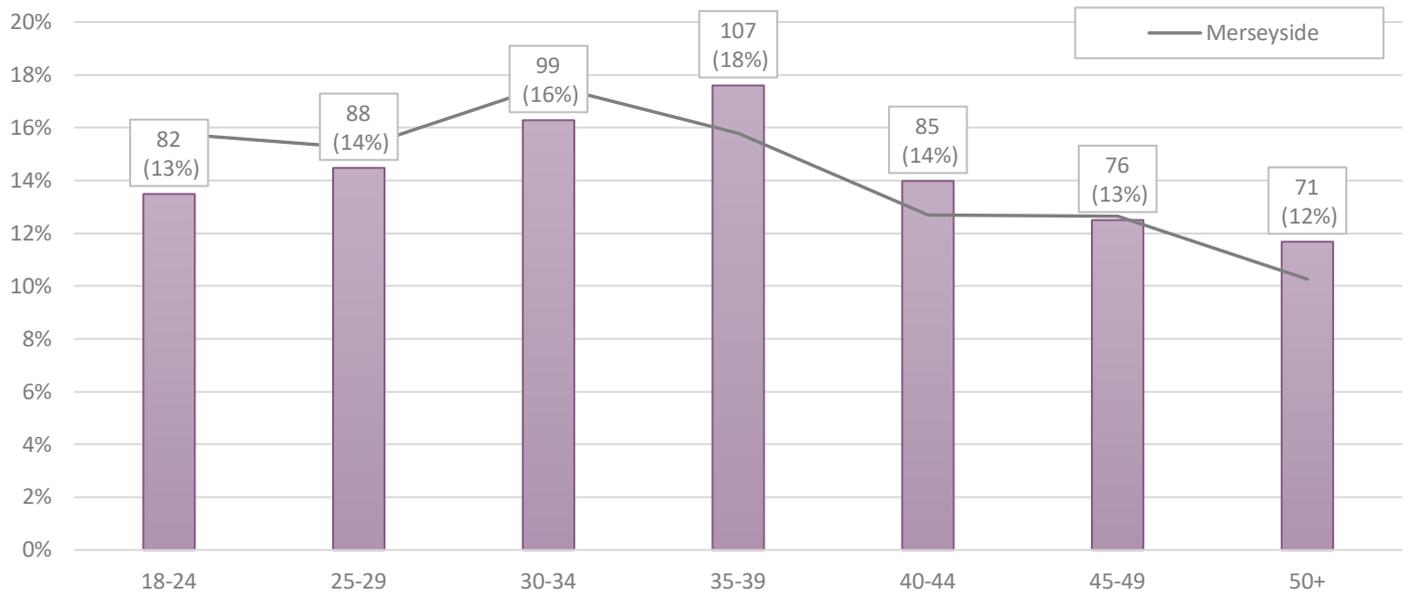
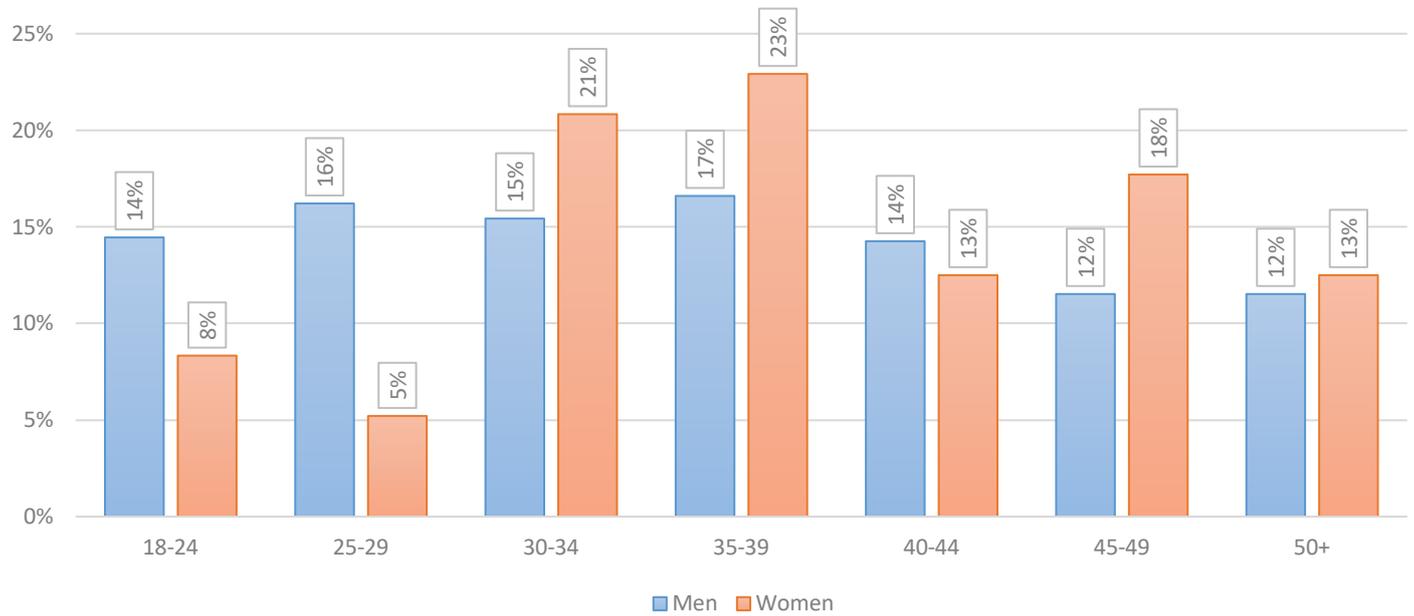


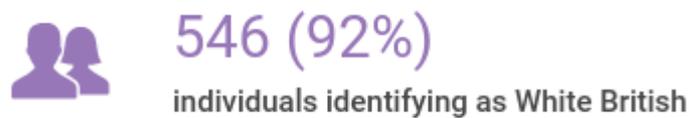
Figure 7 shows some differences in age group proportions across gender groups in Liverpool. Whilst there are fewer female CJIT contacts, there were considerably larger proportions aged 30-34 years, 35-39 years and 45-49 years (21%, 23% and 18% respectively) when compared to men (15%, 17% and 12% respectively). Conversely, there were substantially lower proportions of women aged 18-24 years and 25-29 years (8% and 5% respectively) when compared to men (14% and 16% respectively).

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



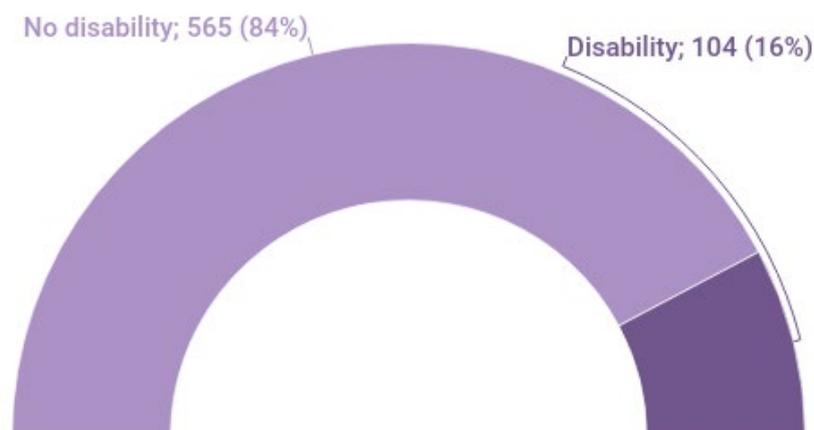
Just over nine in ten of the Liverpool CJIT contacts identified themselves as White British (n=546; 92%) (Figure 8), which is lower than the Merseyside proportion (95%).

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



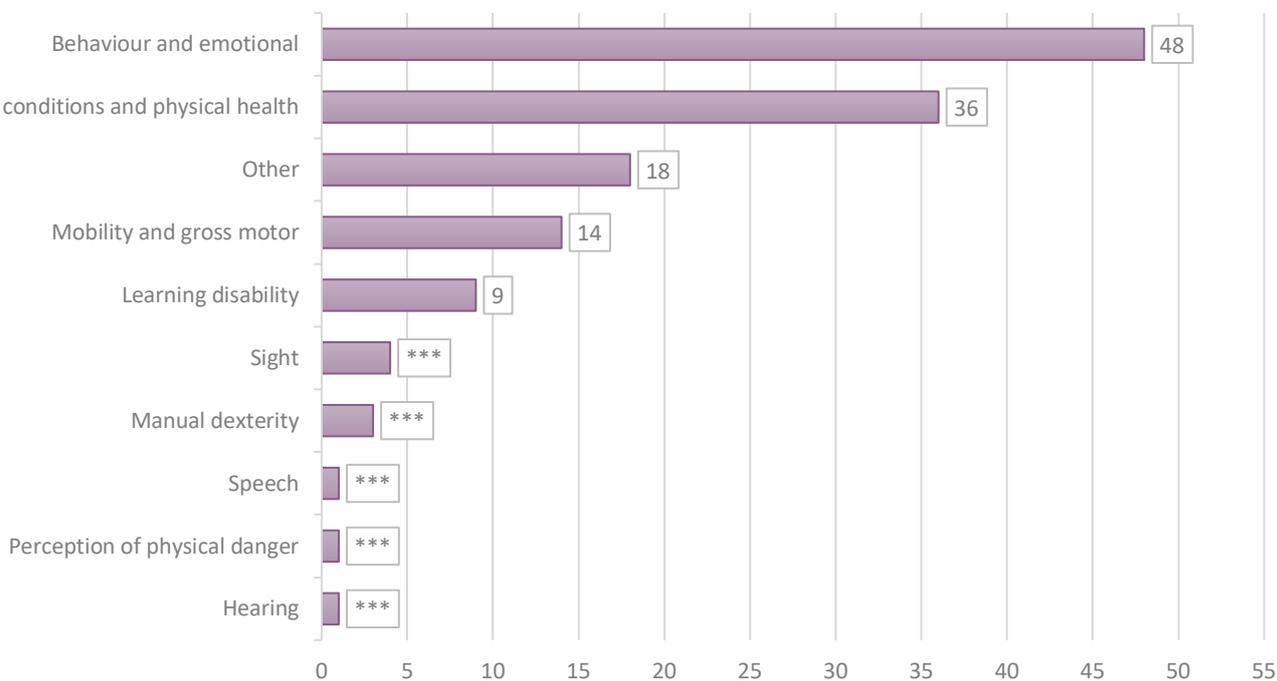
Sixteen per cent of the Liverpool residents considered themselves to have a disability (n=104) (Figure 9), which is considerably lower than the Merseyside proportion (25%).

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



The 104 clients who considered themselves to have a disability reported a total 135 disabilities⁶. Over one-third of the disabilities were behaviour and emotional (n=48; 36%), followed by progressive conditions and physical health (n=36; 27%), other disabilities (n=18; 13%), and mobility and gross motor (n=14; 10%) (Figure 10).

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



HOUSING NEED

While the majority of the Liverpool CJIT contacts reported no housing problem, around one in five had some form of a housing problem (n=138; 21%) (Figure 11), with 64 (10%) stating an urgent housing need due to being of no fixed abode. The proportion of Liverpool residents who stated some form of a housing problem has increased year-on-year (from 15% in 2016/17), though it is lower than the Merseyside figure (25%).

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



138 (21%)

with some form of a housing problem

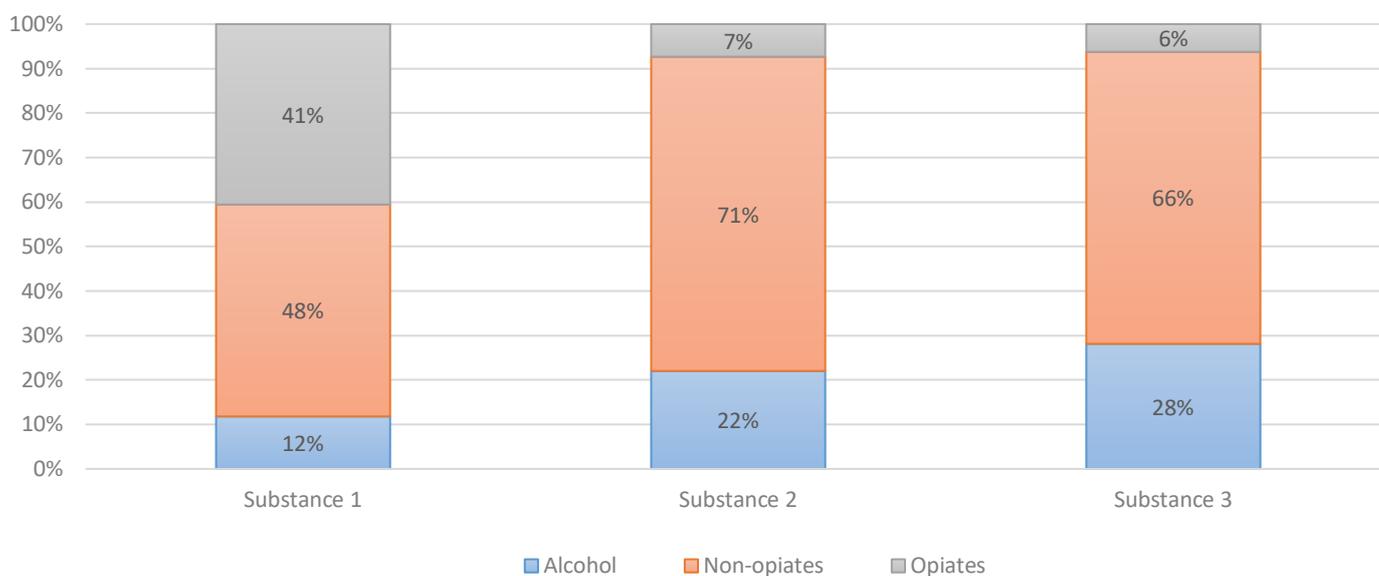
⁶ Please note that clients may have up to three disabilities recorded.

SUBSTANCE USE

In 2019/20, just under half of the CJIT contacts in Liverpool reported non-opiate drugs as their main substance (n=323; 48%), followed by opiate drugs (n=275; 41%) and alcohol (n=80; 12%) (Figure 12). Although the proportion of non-opiates recorded as the main substance has increased year-on-year (from 38% in 2016/17), it is slightly lower than the Merseyside figure (51%), while the proportion of opiates recorded as the main substance is similar to the previous year (40%) and slightly higher than the Merseyside figure (39%).

The main substance had the highest proportion of opiate drugs (n=275; 41%), while non-opiate drugs were highest for the second substance (n=308; 71%) (Figure 12).

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



When the main, second and third substances are combined (n=1,210), equal proportions reported use of cocaine (n=301; 25%) and heroin (n=300; 25%), followed by crack (n=269; 22%) and alcohol (n=203; 17%). The proportion of Liverpool CJIT contacts who reported cocaine has increased year-on-year (from 20% in 2016/17), though it is similar to the Merseyside figure (24%), while the proportion of heroin is slightly higher than the previous two years (23% in both 2017/18 and 2018/19) and slightly higher than the Merseyside figure (23%).

Figure 13 shows figures split by substance one, two and three. Similar proportions of Liverpool CJIT contacts reported use of heroin (n=269; 40%) or cocaine (n=264; 39%) as their main substance. These proportions are the same as the previous year and the proportion of cocaine is the same as the Merseyside figure, while the proportion of heroin is slightly higher than the Merseyside figure (38%). Around half of the Liverpool CJIT contacts in 2019/20 reported crack as their second substance (n=224; 51%), followed by alcohol (n=96; 22%), while 43 (45%) reported cannabis and 27 (28%) reported alcohol as their third substance (Figure 13).

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

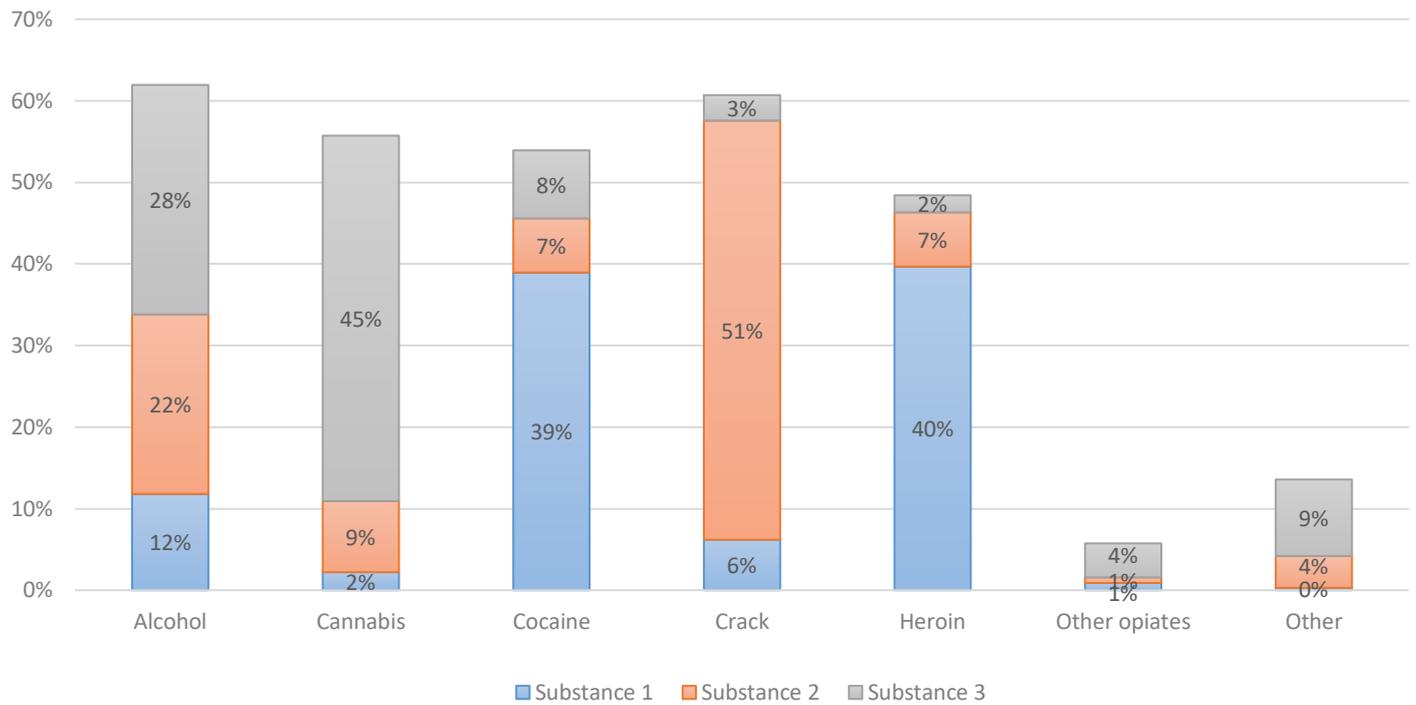


Figure 14 shows the proportions of the main substance by gender. There was a substantially larger proportion of cocaine recorded as the main substance by men (42%) when compared to women (20%), while there were larger proportions of women who reported using alcohol, crack or heroin (21%, 9% and 47% respectively) when compared to men (10%, 6% and 38% respectively).

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

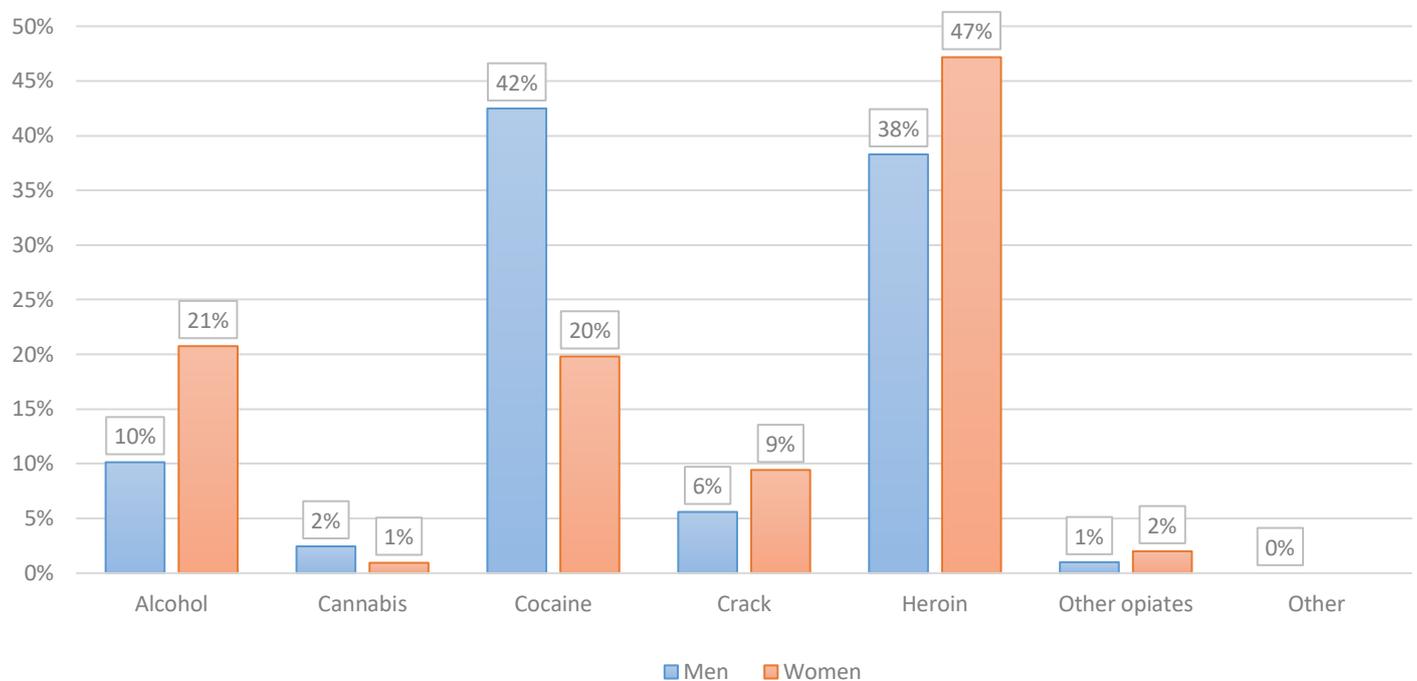
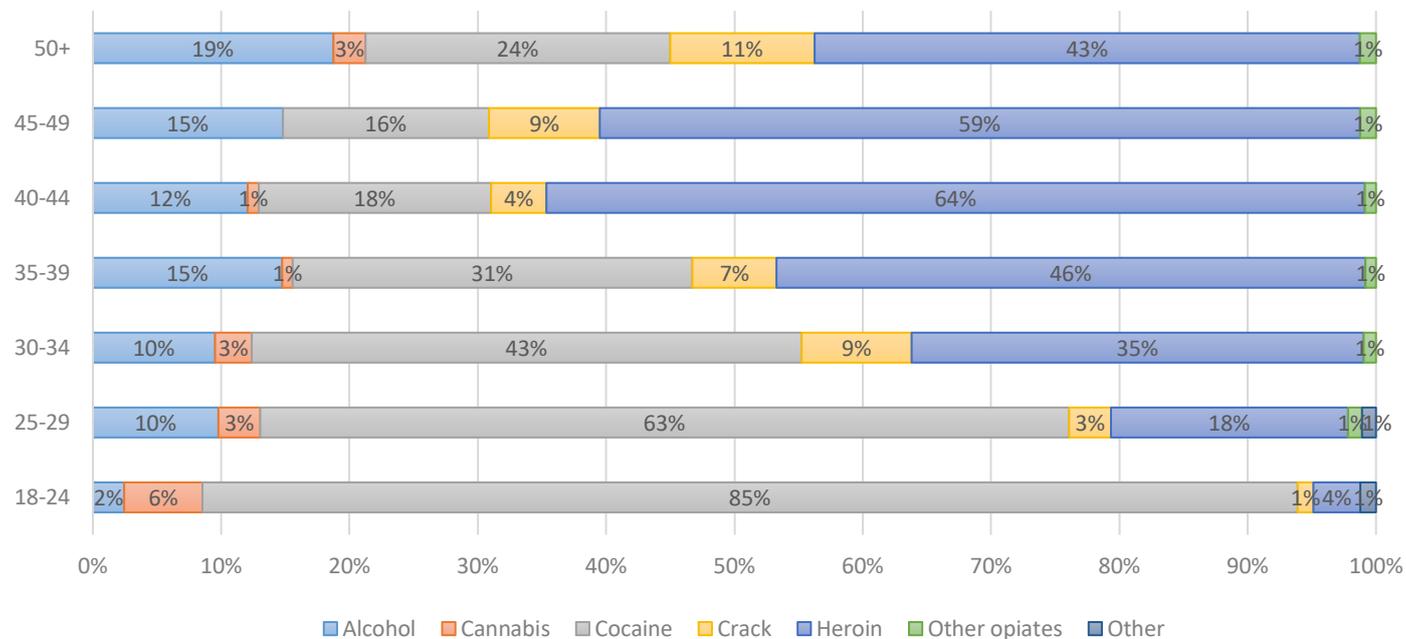


Figure 15 shows the proportions of the main substance for each age group. In general, there were larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin across the older age groups. The majority of 18-24 year olds (85%) and over three in five 25-29 year olds (63%) reported cocaine as their main substance. Meanwhile, just under two-thirds of 40-44 year olds (64%) and around three in five 45-49 year olds (59%) reported heroin as their main substance. Furthermore, proportions for alcohol and crack were highest for clients aged 50 years and over (19% and 11% respectively).

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



There were similar proportions of clients whose route of administration of their main substance was intranasal (n=273; 41%) or who smoked their main substance (n=266; 40%) (Figure 16). The proportion whose route of administration of their main substance was intranasal has increased year-on-year (from 28% in 2016/17) and is slightly higher than the Merseyside figure (39%), while the proportion who smoked their main substance is lower than the previous three years and slightly lower than the Merseyside figure (42%).

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

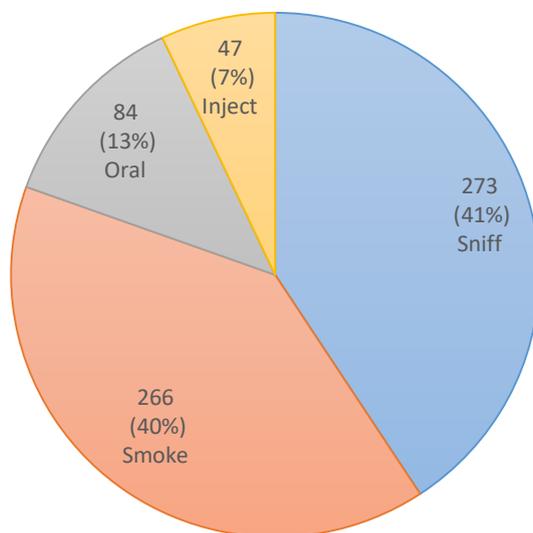
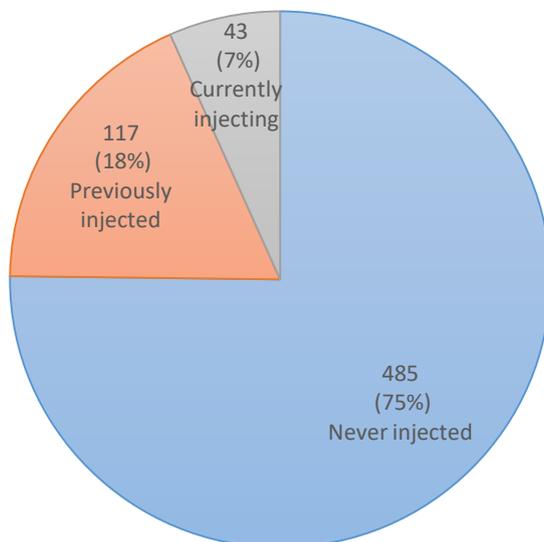


Figure 17 shows that three-quarters of Liverpool CJIT contacts in 2019/20 stated that they had never injected (n=485; 75%), while 117 (18%) had previously injected but were not currently and 43 (7%) were currently injecting. The proportion of clients who previously injected is higher than the previous year (15%), though lower than in 2016/17 and 2017/18 (22% and 20% respectively), and lower than the Merseyside figure in 2019/20 (21%). The proportion of clients currently injecting is the same as the previous year, though lower than in 2016/17 and 2017/18 (11% in both years), and the same as the 2019/20 Merseyside figure.

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

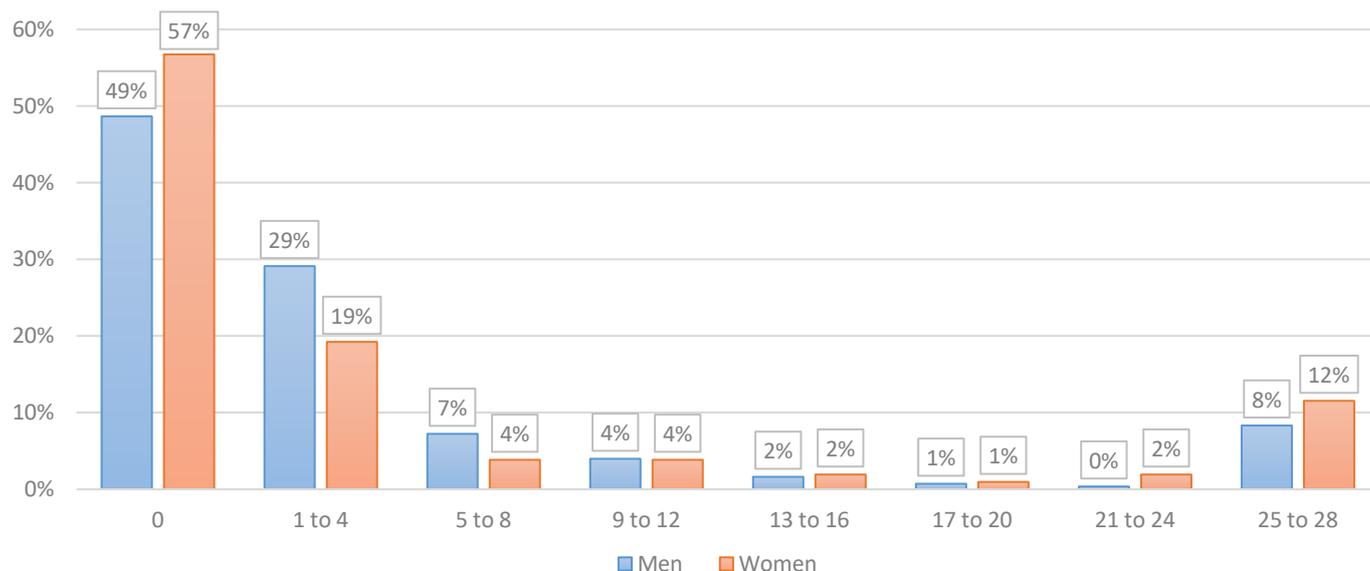


ALCOHOL CONSUMPTION

Figure 18 shows the number of days alcohol was consumed by Liverpool clients in the 28 days prior to their CJIT contact. Around half of the men did not consume alcohol in the 28 days prior to their assessment (n=269; 49%), while around three in ten reported drinking alcohol 1-4 days (n=161; 29%). Overall, 284 (51%) men reported to consume alcohol in the 28 days prior to their assessment, which is similar to the previous year (52%) and slightly higher than the Merseyside figure (49%).

For women, less than three in five did not consume alcohol in the 28 days prior to their CJIT contact (n=59; 57%), while 20 (19%) reported drinking alcohol 1-4 days and 12 (12%) reported drinking 25-28 days (Figure 18). Overall, 45 (43%) women reported to consume alcohol in the 28 days prior to their assessment, which is a higher proportion than the previous three years and the same as the Merseyside figure (43%).

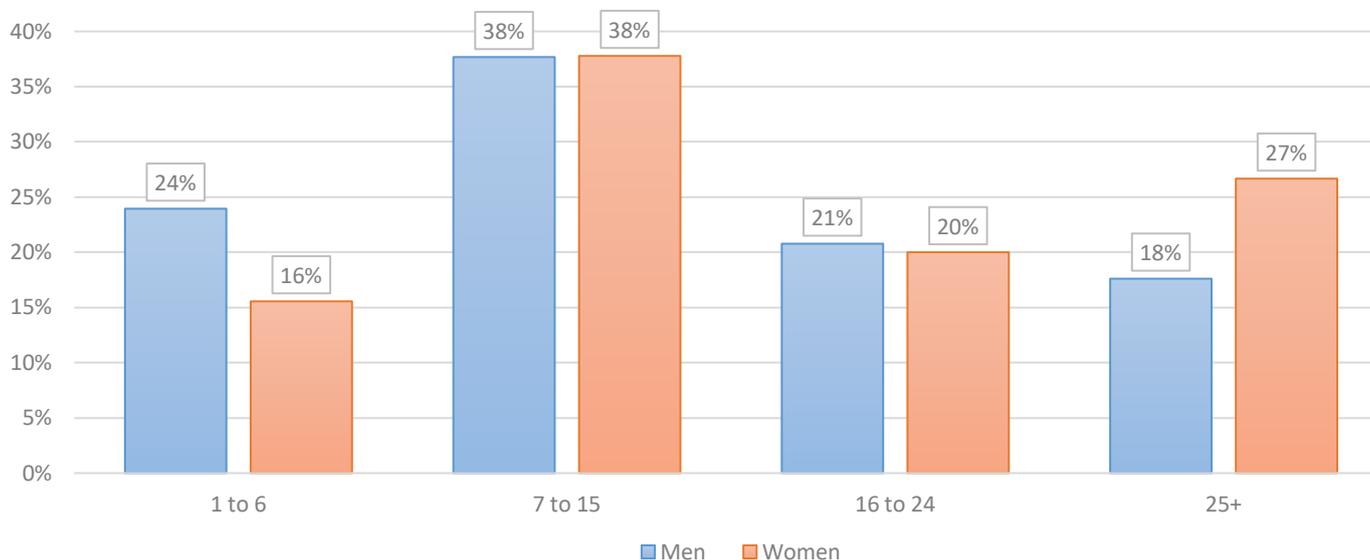
Figure 18: Number of drinking days in the 28 days prior to assessment for Liverpool CJIT contacts, 2019/20



The daily average number of units of alcohol consumed by Liverpool clients in the 28 days prior to CJIT contact are shown in Figure 19. Of the 284 men who did drink in the 28 days prior to their assessment, just under two in five consumed 7-15 units of alcohol daily (n=107; 38%), followed by around one-quarter who consumed 1-6 units (n=68; 24%). Around one in five consumed 16-24 units daily (n=59; 21%) and just under one in five reported drinking 25 units and over (n=50; 18%). The proportion of men who consumed 1-6 units of alcohol daily is higher than the previous three years and higher than the Merseyside figure (20%), while for those who drank 7-15 units it is the same as the previous year, though higher than in 2016/17 and 2017/18, and slightly lower than the Merseyside figure (40%). The proportion of men who reported to consume 16-24 units of alcohol daily is lower than the previous three years and lower than the Merseyside figure (24%), while the proportion who consumed 25 units and over is also lower than the previous three years, though slightly higher than the Merseyside figure (16%).

Of the 45 women who did drink in the 28 days prior to their CJIT contact, just under two in five consumed 7-15 units of alcohol daily (n=17; 38%), followed by just over one-quarter who consumed 25 units and over (n=12; 27%) (Figure 19). Notably, the proportion of women who consumed 25 units or more of alcohol daily is higher than the previous three years and higher than the Merseyside figure (21%).

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



OFFENDING

The offence that prompted Liverpool CJIT clients' current or most recent contact with the criminal justice system is shown in *Figure 20*. One-third were Misuse of Drugs Act (MDA) offences (n=212; 33%)⁷, while three in ten were offences categorised as 'other' (n=193; 30%). Over one in ten were theft - shoplifting (n=81; 13%) and around one in ten were wounding or assault (n=69; 11%). The proportion of MDA offences is slightly higher than the Merseyside figure (31%) and has increased year-on-year (from 24% in 2016/17), while the proportion of 'other' offences is also higher than the Merseyside figure (25%) and higher than the previous three years.

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

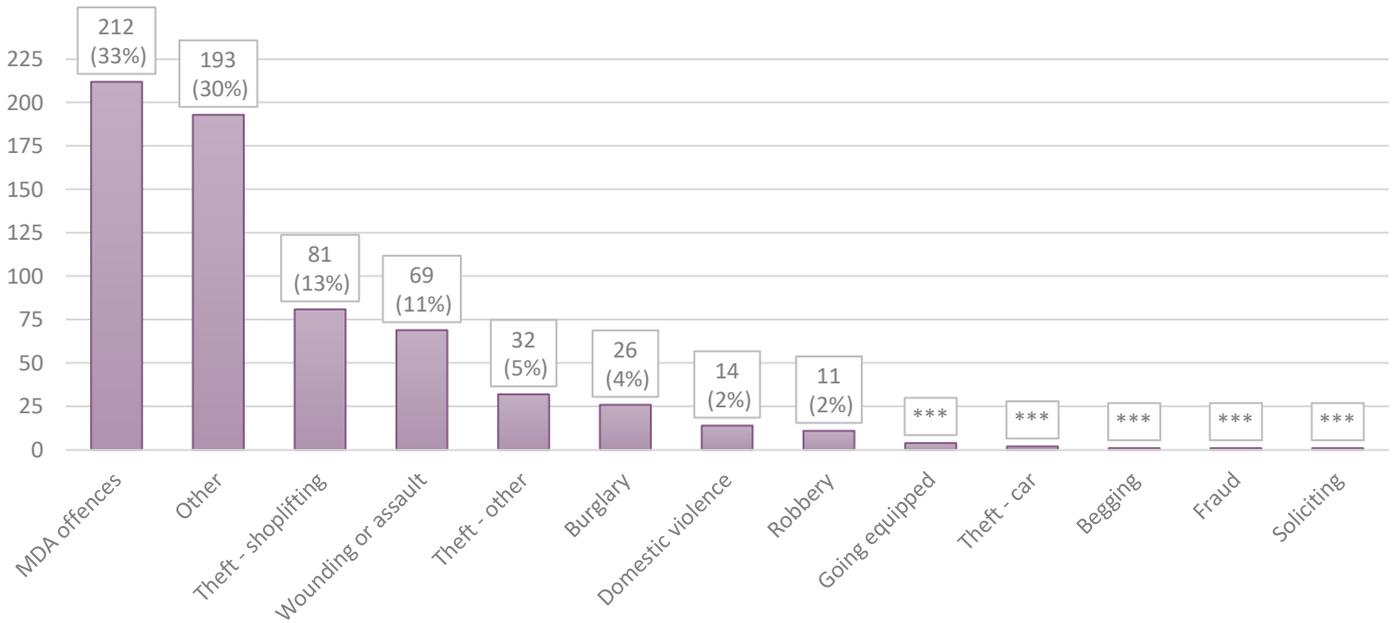
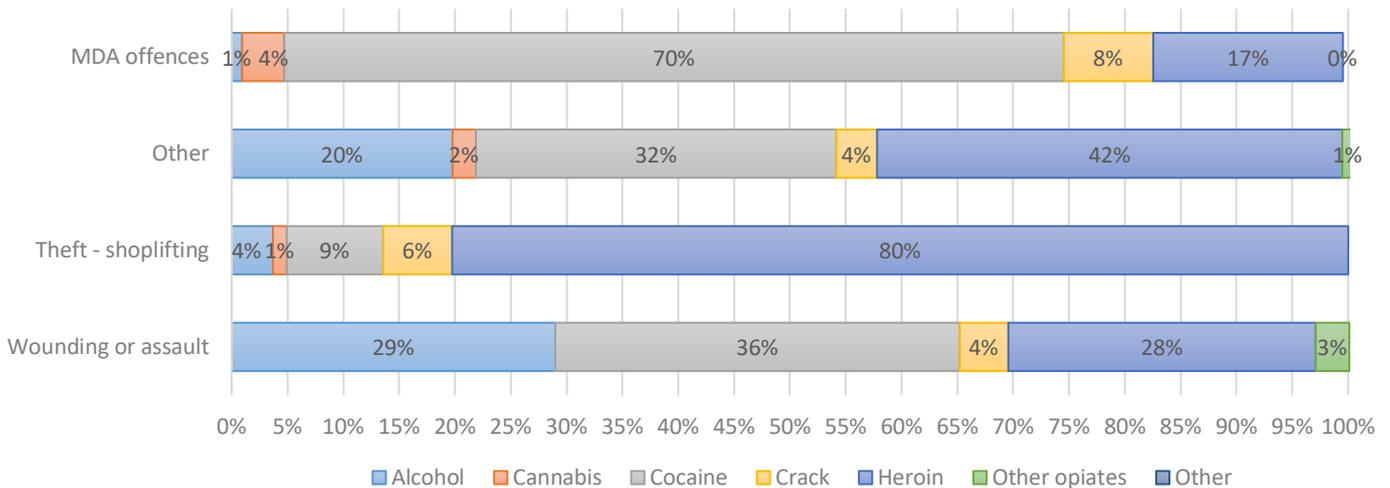


Figure 21 shows the proportions of the main substance for the most common offences. Heroin recorded as the main substance was most prominent for those whose contact with Liverpool CJIT was prompted by theft - shoplifting (80%), while for cocaine, it was MDA offences (70%).

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



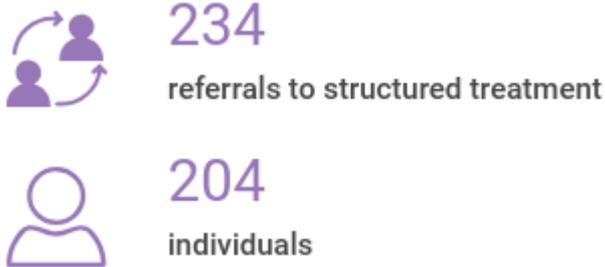
⁷ Around nine in ten of the MDA offences were possession (n=193; 91%), while the remainder were supply (n=19; 9%).

INTERVENTIONS

REFERRALS TO STRUCTURED TREATMENT

Of the clients taken onto the CJIT caseload, 234 were referred to structured treatment in 2019/20 (204 individuals) (Figure 22)⁸.

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



RECOVERY SUPPORT SUB-INTERVENTIONS

In 2019/20, a total of 109 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (99 individuals), with a total of 127 sub-interventions delivered (Figure 23)⁸.

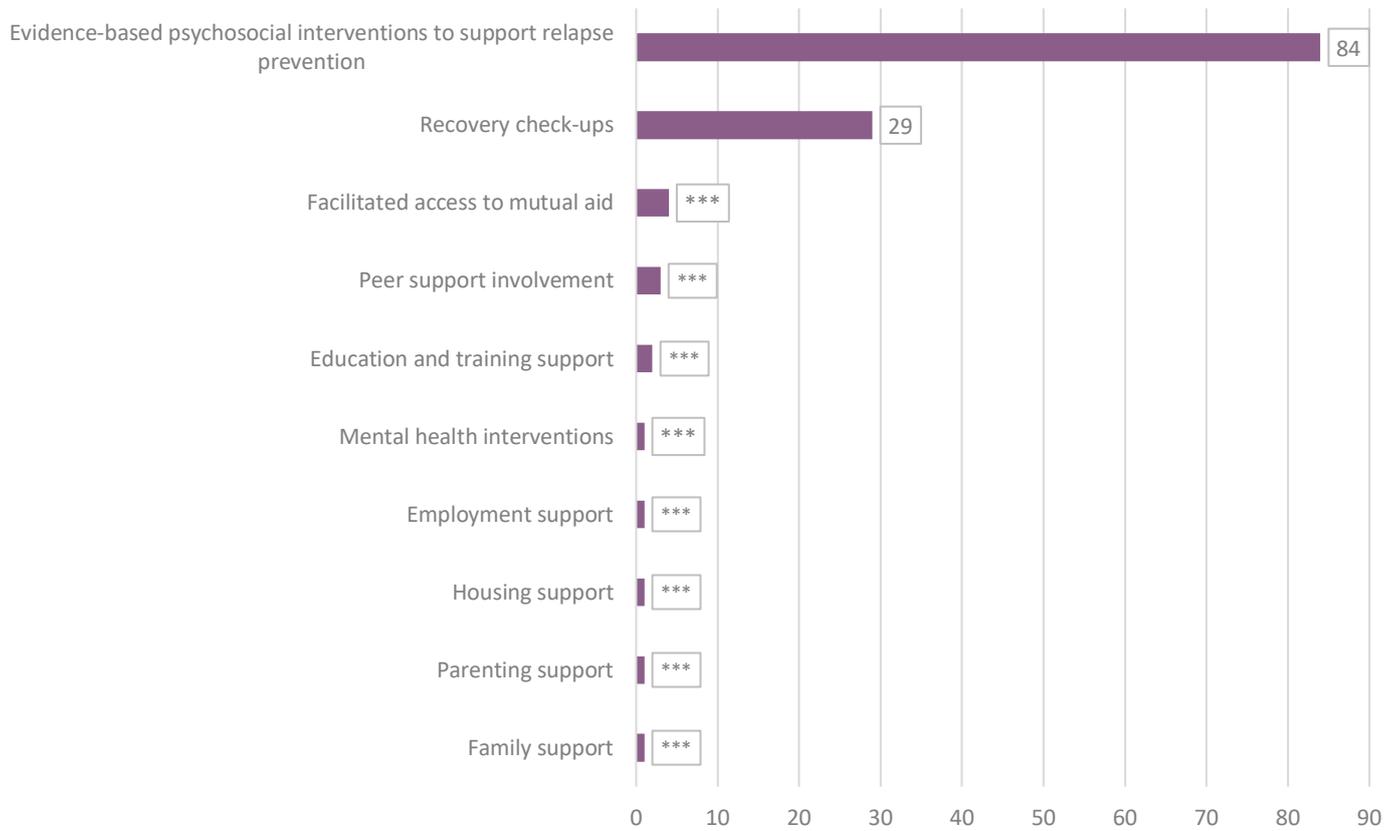
Figure 23: Recovery support sub-intervention assessments for Liverpool CJIT contacts, 2019/20



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

Of the total recovery support sub-interventions delivered, around two-thirds were evidence-based psychosocial interventions to support relapse prevention (n=84; 66%), followed by just under one-quarter being recovery check-ups (n=29; 23%) (Figure 24).

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



RECOMMENDATIONS

- In order to have a comprehensive understanding of substance use and the criminal justice system in the local area, stakeholders should use this report and other Criminal Justice Project 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 Liverpool and Merseyside.
- All partners in the CJIT 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 Liverpool Local Authority 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 the routes that led to contact with the CJIT, the data set enables client profiling; including gender, age, ethnicity, disability, housing need, substance use, alcohol consumption and offending. This information is key to identifying likely presenters to Liverpool CJIT 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.
- Liverpool CJIT and the commissioners should identify and monitor the differences between the local area and the other Merseyside areas. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Liverpool Local Authority, reflecting the differences in service specifications when procuring services.
- In 2018, PHE introduced data quality metrics, accessible via CJIT reporting on NDTMS. The purpose of the metrics is to assist treatment providers in improving data quality of submitted data, with each metric highlighting incomplete or anomalous data. Data quality reports should be accessed routinely and any data quality issues should be addressed.

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

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