

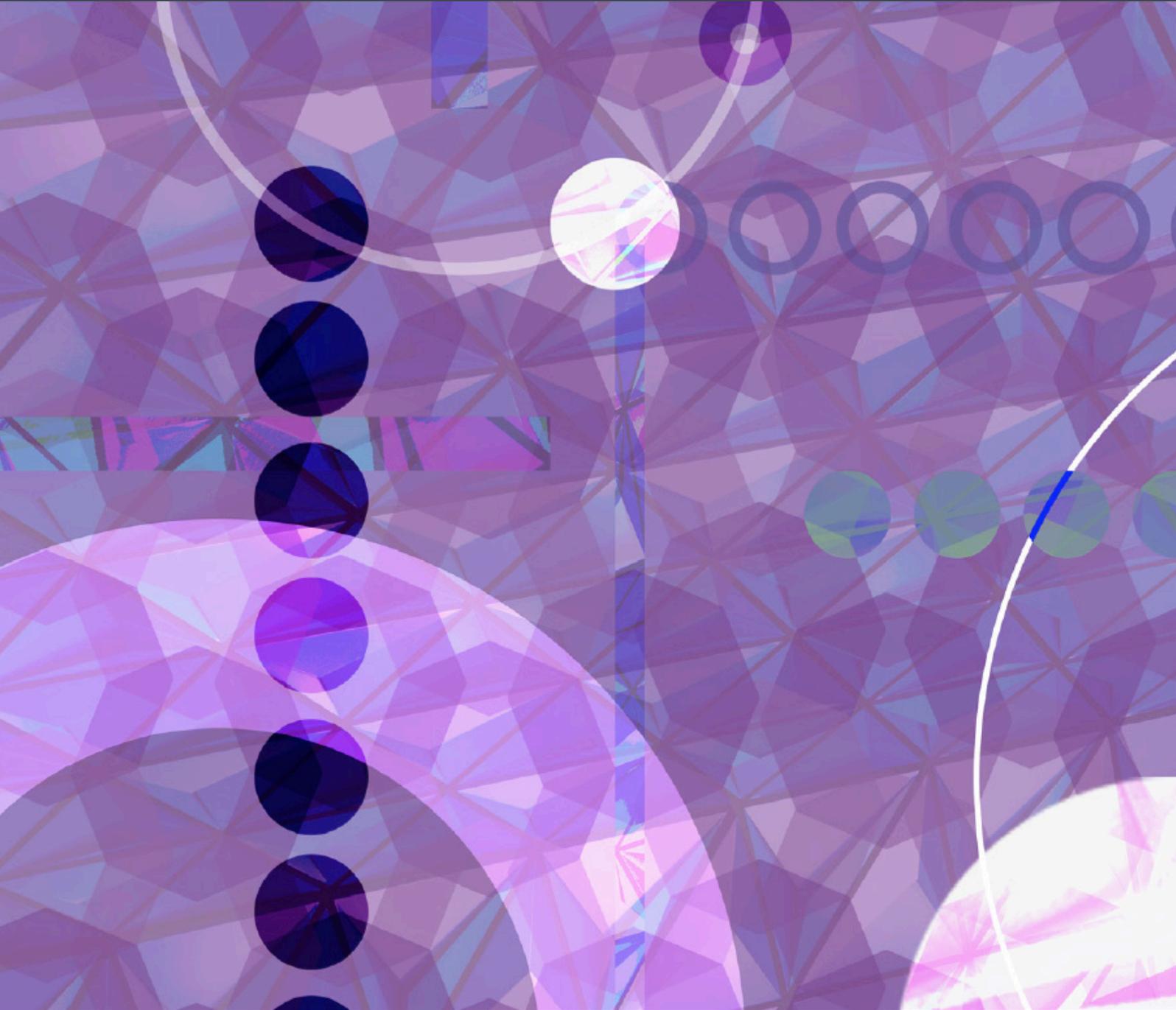
Criminal Justice Project: Drug Interventions Programme

DIP Activity in St Helens (2019/20)

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KEY FINDINGS

- Between April 2019 and March 2020, there were 214 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in St Helens (186 individuals). This is considerably higher than the number of contacts in the previous two years, though similar to 2016/17.
- Three in five CJIT contacts in 2019/20 were Required Assessments (n=129; 60%).
- Just under half of the CJIT contacts in 2019/20 were taken onto the CJIT caseload (n=103; 48%), while over one-third did not want to engage with the CJIT (n=76; 36%).
- Just under nine in ten individuals who were St Helens residents were men (n=162; 88%).
- One-quarter of individuals were aged 18-24 years (n=46; 25%).
- Two in five of the St Helens residents considered themselves to have a disability (n=84; 40%).
- While the majority reported no housing problem, 47 (22%) had some form of a housing problem, with 33 (16%) stating an urgent housing need due to being of no fixed abode.
- Around half of the CJIT contacts in St Helens reported non-opiate drugs as their main substance (n=103; 49%), followed by opiate drugs (n=95; 45%) and alcohol (n=13; 6%).
- Similar proportions of CJIT contacts in St Helens reported heroin (n=93; 44%) or cocaine (n=90; 43%) as their main substance. Half reported crack as their second substance (n=79; 50%), while over one-third reported alcohol as their third substance (n=18; 36%).
- Just over two in five CJIT contacts' route of administration of their main substance was intranasal (n=88; 42%), followed by over one-third who smoked their main substance (n=75; 36%).
- Just over two-thirds stated that they had never injected (n=141; 68%), while 46 (22%) had previously injected but were not currently and 21 (10%) were currently injecting.
- Over half of the men reported consuming alcohol in the 28 days prior to their CJIT assessment (n=106; 56%). Of these, over two in five consumed 7-15 units of alcohol daily (n=46; 43%), followed by around one-quarter who consumed 16-24 units (n=28; 26%) and just under one in five who consumed 25 units and over (n=19; 18%).
- Three in ten women reported consuming alcohol in the 28 days prior to their CJIT assessment (n=7; 30%). Of these, equal proportions consumed 1-6 units, 16-24 units or 25 units and over.
- Around one-third reported Misuse of Drugs Act offences which prompted their current or most recent contact with the criminal justice system (n=72; 34%), while 56 (27%) were offences categorised as 'other' and 33 (16%) were theft - shoplifting.
- Of the clients taken onto the CJIT caseload, 101 were referred to structured treatment in 2019/20 (81 individuals).
- In 2019/20, a total of 161 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (117 individuals), with a total of 226 sub-interventions delivered.

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

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the CJIT data set via the National Drug Treatment Monitoring System (NDTMS). DIP continues to be implemented in St Helens, with the processes that underpinned it originally remaining in place at all stages of the criminal justice system, in order to engage offenders who use drugs and/or alcohol in treatment.

The CJIT data set captures client information, episode details (including drug and alcohol use, and offending behaviour), referrals to structured treatment and recovery support sub-interventions. Assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and if necessary, encourage engagement with a range of appropriate treatment options. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships) (Home Office [n.d.]).

This DIP Activity report for St Helens presents data for clients accessing DIP between 1 April 2019 and 31 March 2020, contextualising CJIT data^{1,2,3,4}. Where possible, comparisons to the Merseyside figures and the previous three years' St Helens CJIT activity have been made. This report also provides recommendations for St Helens Local Authority and St Helens drug and alcohol treatment provider, in terms of targeting the efficient use of resources and effective services in St Helens and across Merseyside.

¹ Please note that this report focuses on St Helens residents from *Figure 4* onwards. Also note that figures for gender, age and ethnicity are for individuals (*Figures 4-7*); 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).

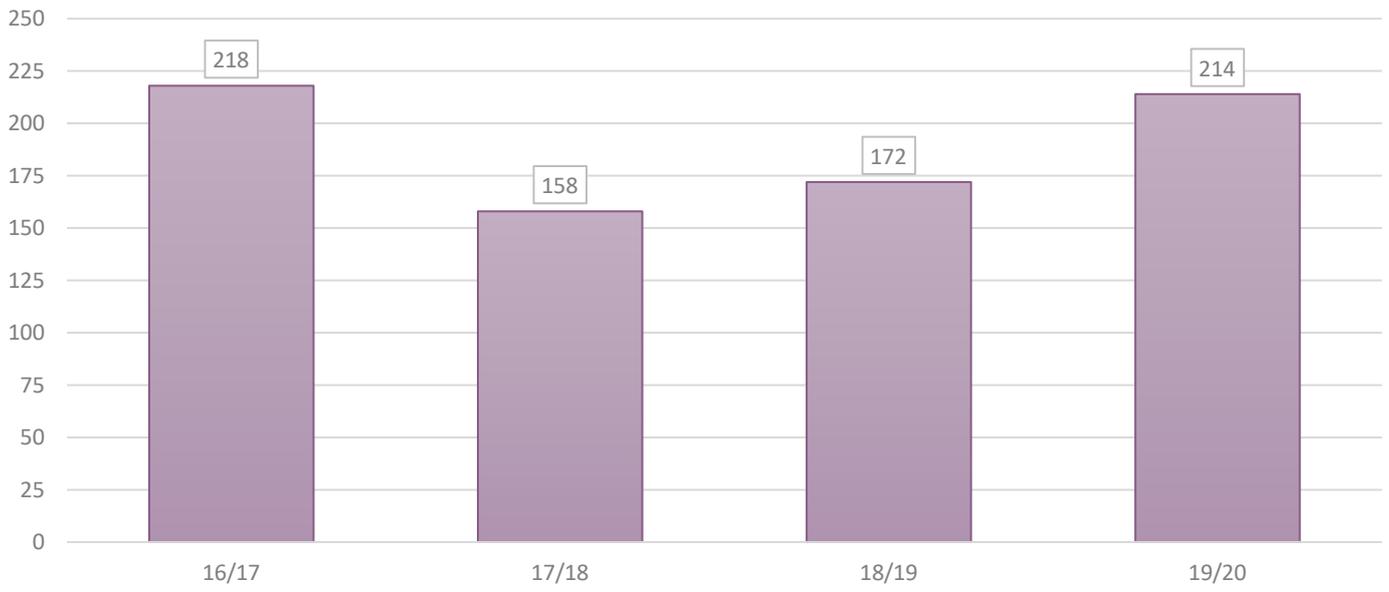
³ Note that in instances where there are blank records, or the client declines to answer, does not know or does not state a response, these have been excluded from the calculations; therefore, totals may not add up to the total number of CJIT contacts or individuals.

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

OVERVIEW

Between April 2019 and March 2020, there were 214 Criminal Justice Intervention Team (CJIT) contacts recorded by the drug and alcohol treatment provider in St Helens (186 individuals). This is considerably higher than the number of contacts in the previous two years, though similar to 2016/17 (Figure 1). The increase in 2019/20 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).

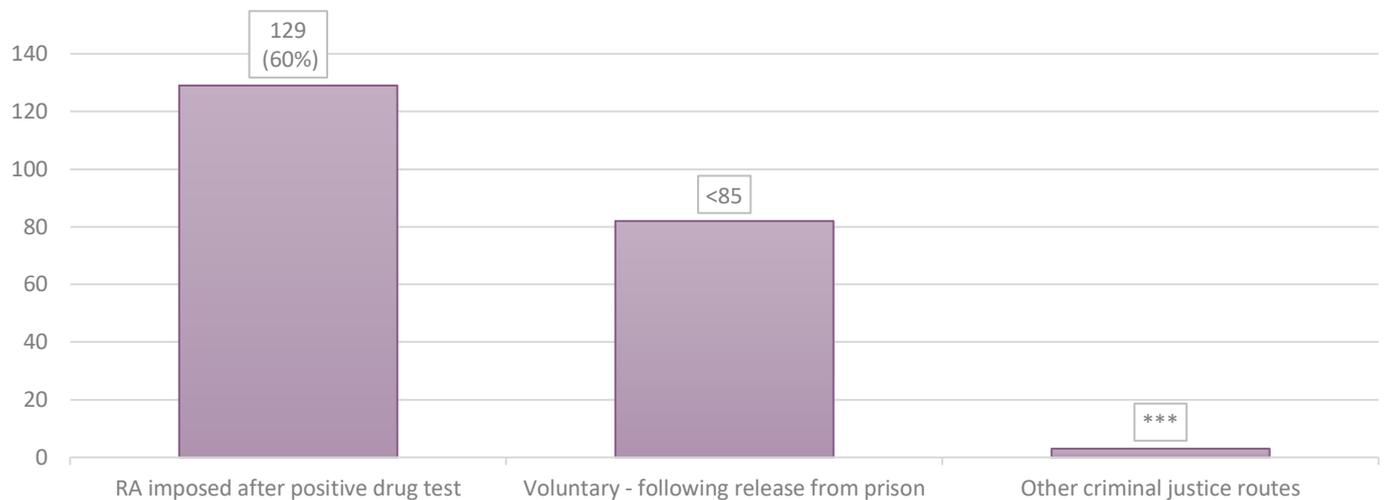
Figure 1: Trends of St Helens CJIT contacts, 2016/17 - 2019/20



CRIMINAL JUSTICE ROUTES IN ST HELENS

Figure 2 shows the criminal justice routes that led to the contact with St Helens CJIT in 2019/20. Three in five CJIT contacts were Required Assessments (RAs) imposed after a positive drug test for opiates and/or cocaine in a police custody suite (n=129; 60%). The proportion of RAs in 2019/20 is an increase on the previous year (49%), though it is lower than in 2016/17 and 2017/18 (80% each year), and is similar to the Merseyside figure (61%).

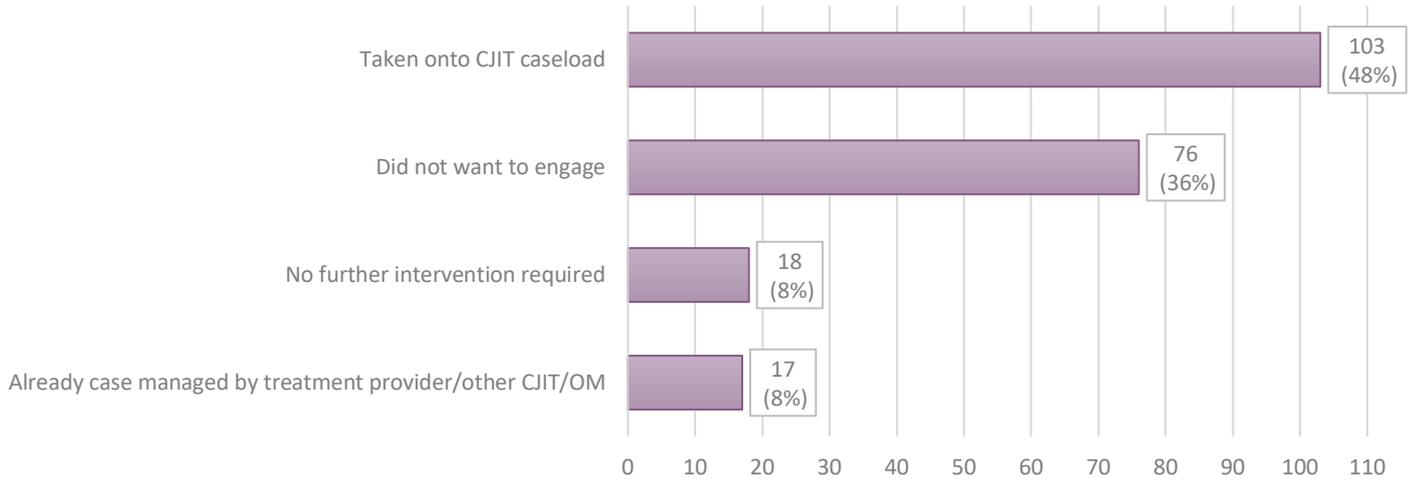
Figure 2: Referral routes of St Helens CJIT contacts, 2019/20



OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Of the 214 St Helens CJIT contacts in 2019/20, just under half were taken onto the CJIT caseload (n=103; 48%), while over one-third did not want to engage with the CJIT (n=76; 36%) (Figure 3). The proportion of clients taken onto the St Helens CJIT caseload in 2019/20 is a decrease on the previous year (62%), though it is higher than in 2016/17 and 2017/18 (25% and 35% respectively). Notably, the proportion of clients that did not want to engage with St Helens CJIT has increased year-on-year (from 10% in 2016/17 to 36% in 2019/20) and is considerably higher than the other five Merseyside areas (Merseyside total 2019/20: 9%).

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



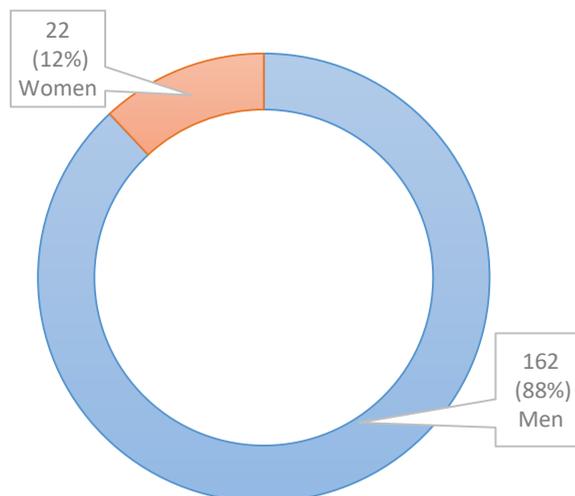
ST HELENS RESIDENTS

All but three of the St Helens CJIT contacts in 2019/20 were St Helens residents (n=211 [184 individuals]; 99%). Figures presented in the remainder of this report are for St Helens residents only.

DEMOGRAPHICS

Just under nine in ten individuals in contact with St Helens CJIT in 2019/20 were men (n=162; 88%) (Figure 4). This is the same as the previous year's proportion and is higher than the Merseyside figure (84%).

Figure 4: Gender of St Helens CJIT contacts (individuals), 2019/20



The average age of the CJIT contacts in 2019/20 was 34 years, which is the same as the previous year. Looking at age groups, one-quarter of individuals were aged 18-24 years (n=46; 25%) (Figure 5). This the highest proportion of 18-24 year olds across the five Merseyside CJITs (Merseyside total: 16%) and an increase on the previous two years' proportions, though the same as 2016/17.

Figure 5: Age group of St Helens CJIT contacts (individuals), 2019/20

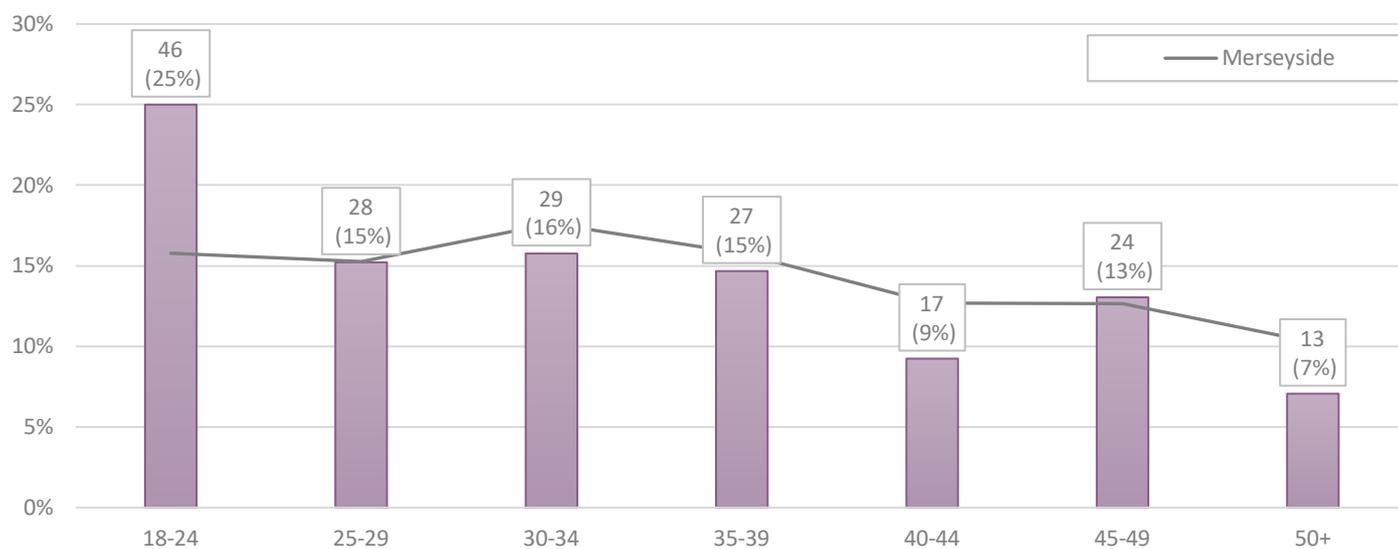
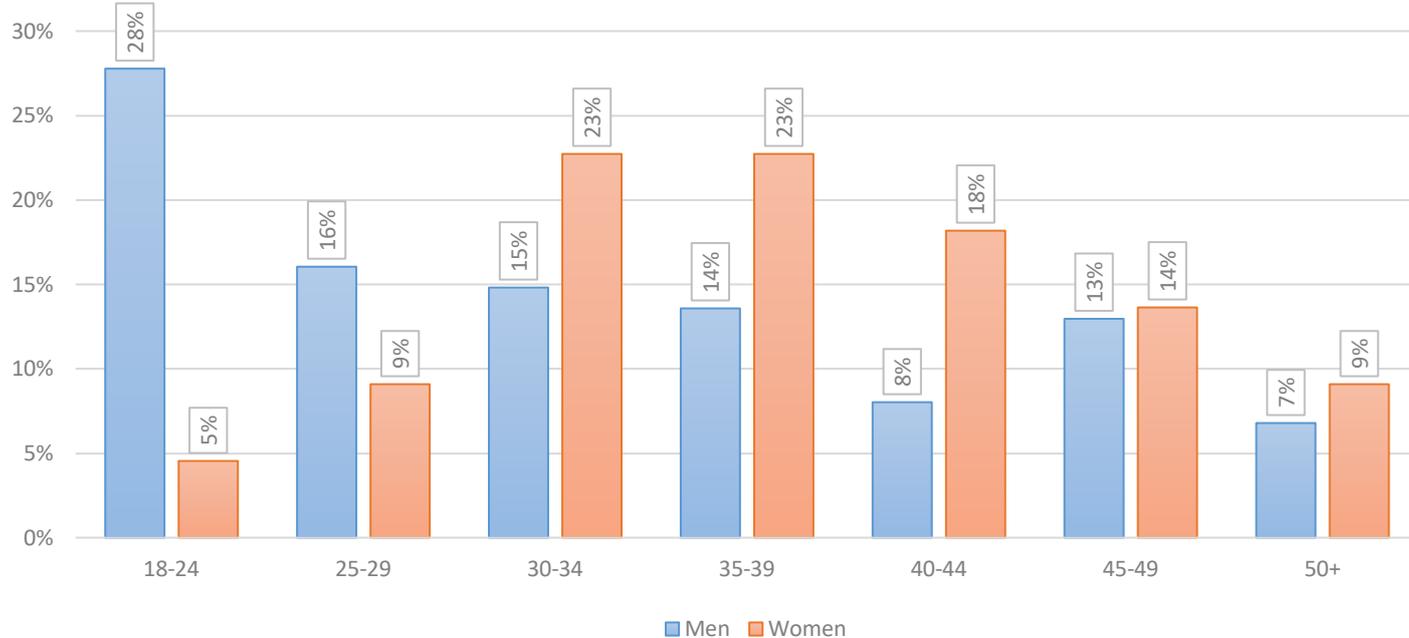


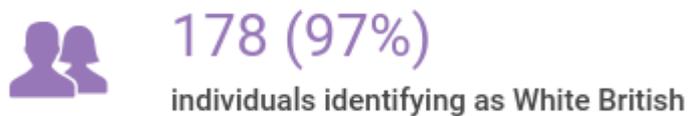
Figure 6 shows some differences in age group proportions across gender groups in St Helens. Whilst there are fewer female CJIT contacts, there were larger proportions aged 30-34 years, 35-39 years and 40-44 years (23%, 23% and 18% respectively) when compared to men (15%, 14% and 8% respectively). Notably, there was a considerably lower proportion of women aged 18-24 years (5%) when compared to men (28%).

Figure 6: Age group and gender of St Helens CJIT contacts (individuals), 2019/20



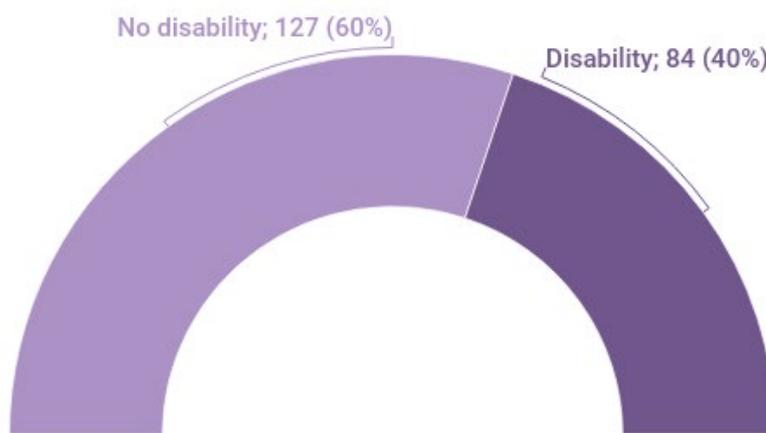
The majority of the St Helens CJIT contacts identified themselves as White British (n=178; 97%) (Figure 7), which is higher than the Merseyside proportion (95%).

Figure 7: Ethnicity of St Helens CJIT contacts (individuals), 2019/20



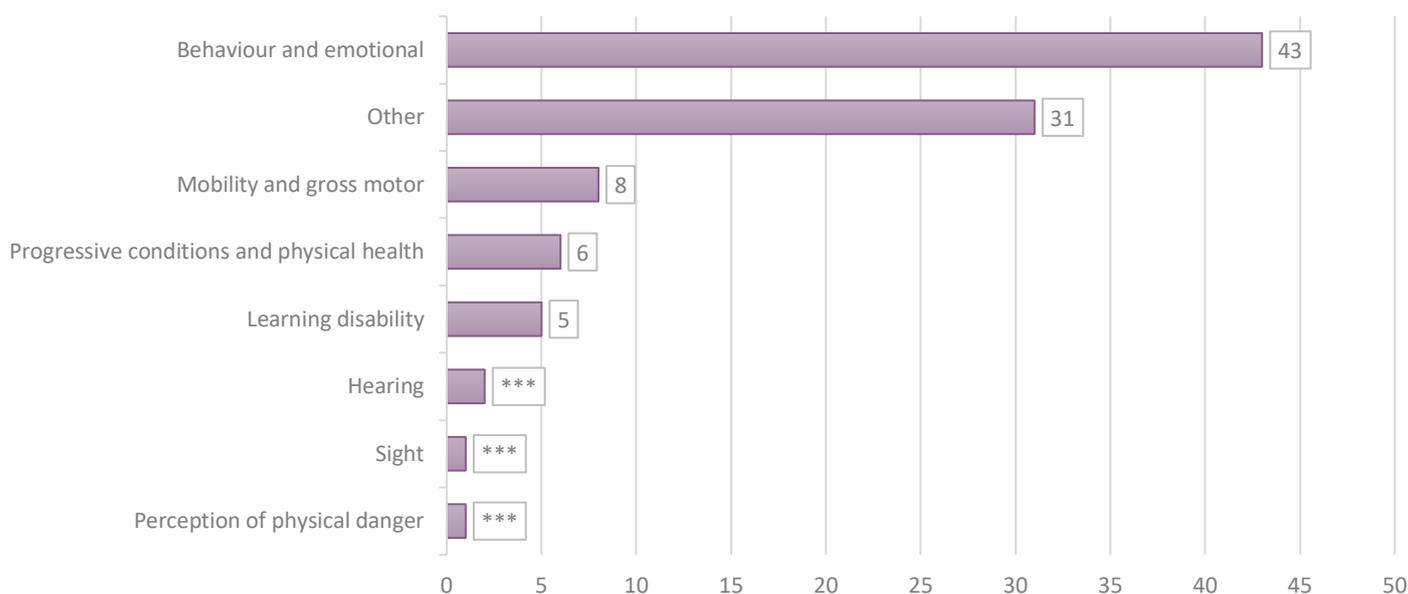
Two in five of the total 211 St Helens residents considered themselves to have a disability (n=84; 40%) (Figure 8). This is the highest proportion of clients with a disability across the five Merseyside CJITs (Merseyside total: 25%).

Figure 8: St Helens CJIT contacts with a disability, 2019/20



The 84 clients who considered themselves to have a disability reported a total 97 disabilities⁵. Over two in five of the disabilities were behaviour and emotional (n=43; 44%), followed by other disabilities (n=31; 32%) (Figure 9).

Figure 9: Disability type of St Helens CJIT contacts, 2019/20

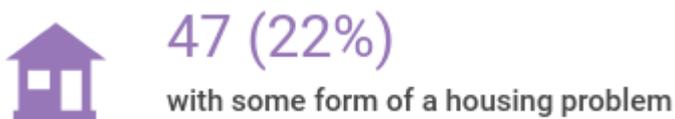


⁵ Please note that clients may have up to three disabilities recorded.

HOUSING NEED

While the majority of the 211 St Helens CJIT contacts reported no housing problem, 47 (22%) had some form of a housing problem (Figure 10), with 33 (16%) stating an urgent housing need due to being of no fixed abode. The proportion of St Helens residents who stated some form of a housing problem is a decrease on the previous two years and is slightly lower than the Merseyside figure (25%); however, the proportion with an urgent housing need due to being of no fixed abode (16%) is higher than the Merseyside figure (11%).

Figure 10: St Helens CJIT contacts with a housing problem, 2019/20

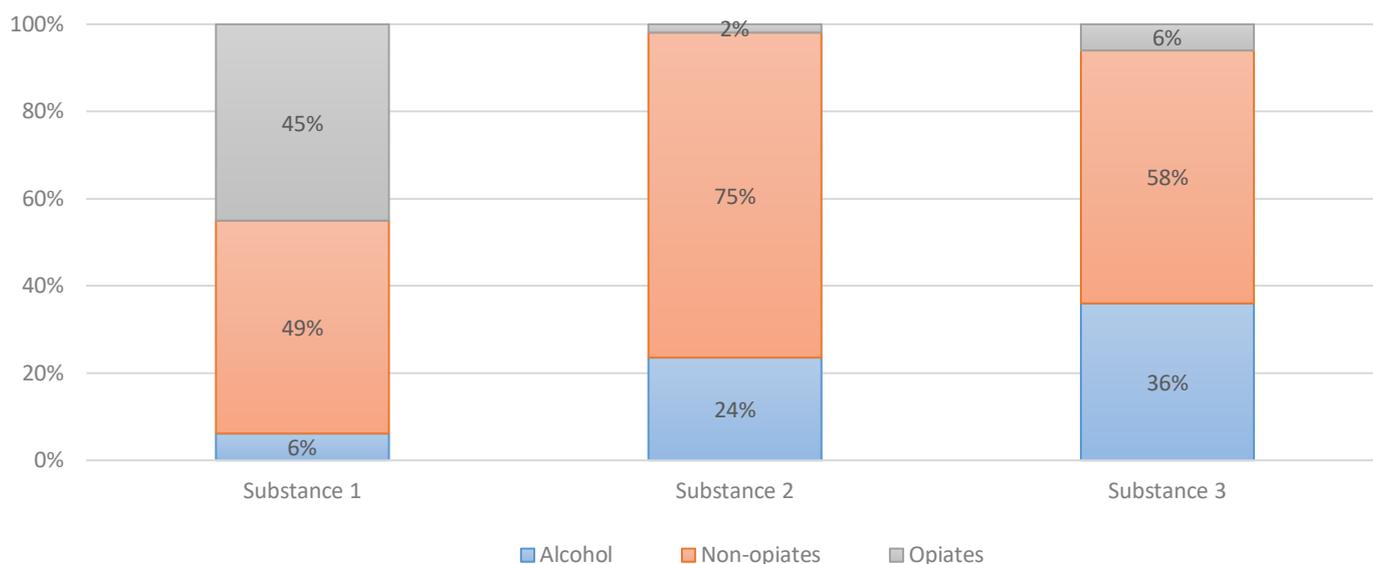


SUBSTANCE USE

In 2019/20, around half of the St Helens CJIT contacts reported non-opiate drugs as their main substance (n=103; 49%), followed by opiate drugs (n=95; 45%) and alcohol (n=13; 6%) (Figure 11). Although the proportion of opiates recorded as the main substance is higher than the other Merseyside areas (Merseyside total: 39%), it is a lower proportion than St Helens CJIT's previous three years. The proportion of non-opiates recorded as the main substance is higher than the previous two years, though the same as 2016/17.

The main substance had the highest proportion of opiate drugs (n=95; 45%), while non-opiate drugs were highest for the second substance (n=117; 75%) (Figure 11).

Figure 11: Substance type of St Helens CJIT contacts, 2019/20



When the main, second and third substances are combined (n=418), around one-quarter reported use of cocaine (n=107; 26%), followed by heroin (n=97; 23%), crack (n=85; 20%) and alcohol (n=68; 16%). The proportion of St Helens CJIT contacts who reported

cocaine is higher than the previous year (21%), though the same as 2017/18, and is slightly higher than the Merseyside figure (24%). The proportions of heroin and crack are lower than the previous three years and two years respectively.

Figure 12 shows figures split by substance one, two and three. Similar proportions of St Helens CJIT contacts reported use of heroin (n=93; 44%) or cocaine (n=90; 43%) as their main substance. Although the proportion of heroin recorded as the main substance is the highest of all the Merseyside CJITs (Merseyside total: 38%), it is lower than the previous three years. The proportion of cocaine recorded as the main substance is higher than the Merseyside figure (39%) and is higher than the previous two years, though the same as 2016/17. Half of the St Helens CJIT contacts in 2019/20 reported crack as their second substance (n=79; 50%), while over one-third reported alcohol as their third substance (n=18; 36%) (Figure 12).

Figure 12: Substances used by St Helens CJIT contacts, 2019/20

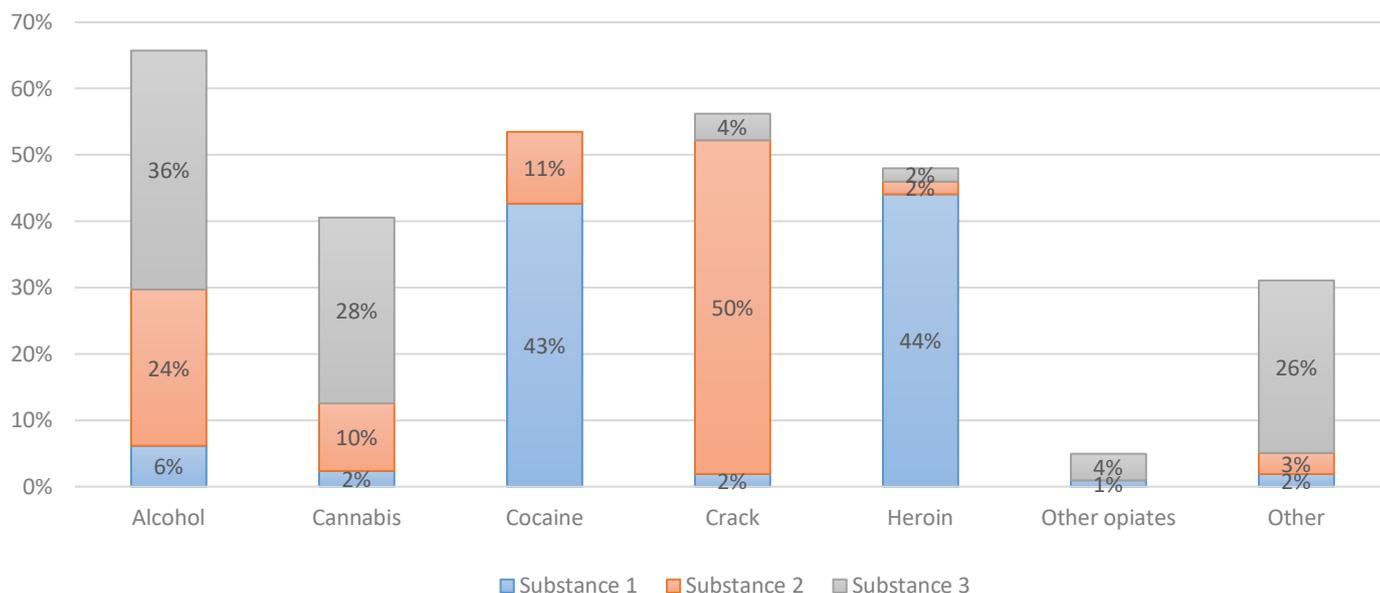


Figure 13 shows the proportions of the main substance by gender. There was a larger proportion of cocaine recorded as the main substance by men (46%) when compared to women (13%) and a larger proportion of heroin reported by women (70%) when compared to men (41%).

Figure 13: Main substance and gender of St Helens CJIT contacts, 2019/20

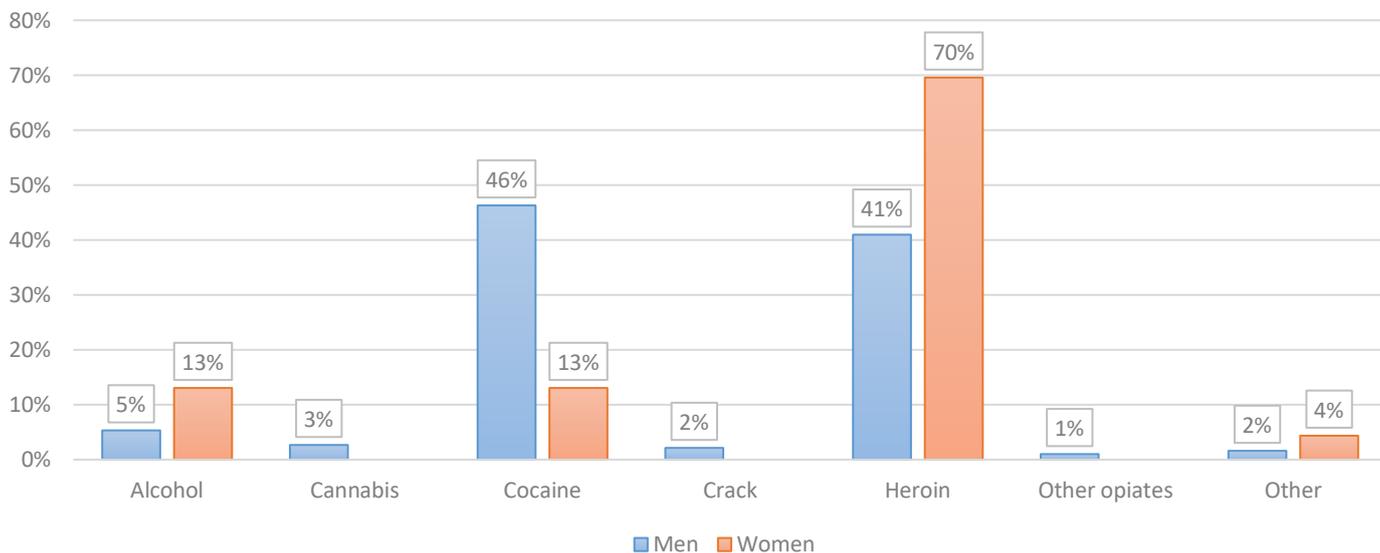
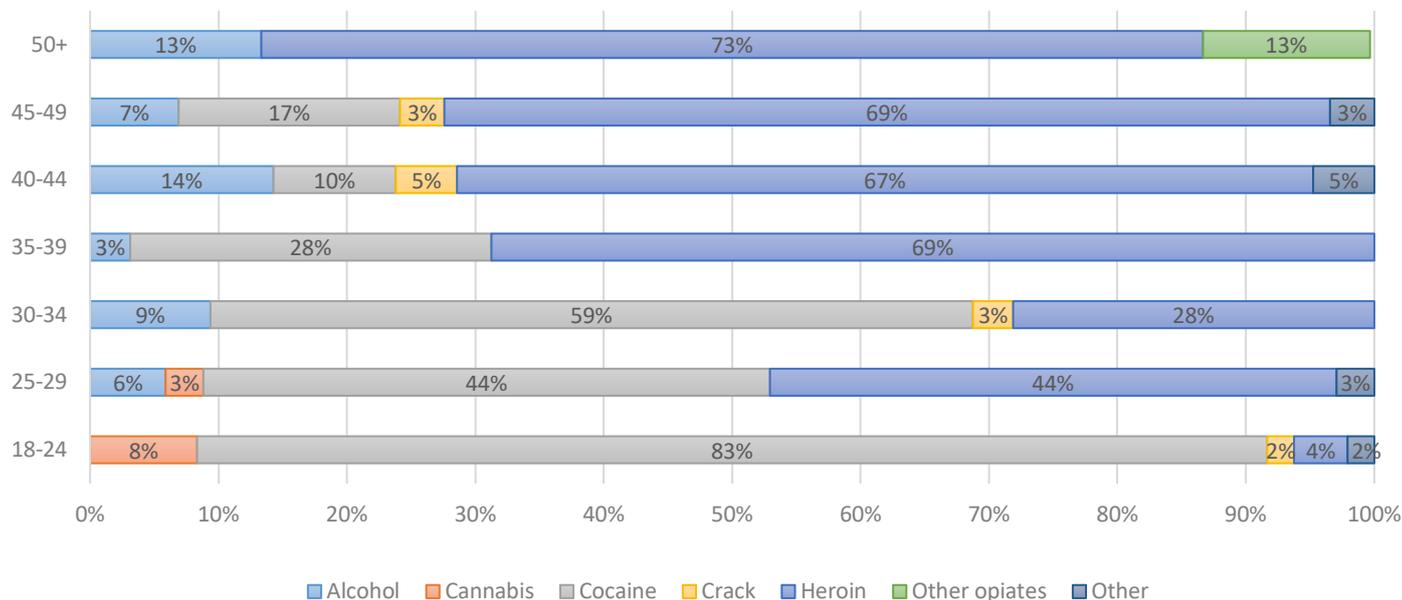


Figure 14 shows the proportions of the main substance for each age group. In general, there were larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin across the older age groups. The majority of 18-24 year olds reported cocaine as their main substance (83%), while around three-quarters of clients aged 50 years and over reported heroin as their main substance (73%). Notably, there were equal proportions of clients aged 25-29 years who reported cocaine or heroin as their main substance.

Figure 14: Main substance and age group of St Helens CJIT contacts, 2019/20



Just over two in five St Helens CJIT contacts' route of administration of their main substance was intranasal (n=88; 42%), followed by over one-third who smoked their main substance (n=75; 36%) (Figure 15). The proportion whose route of administration of their main substance was intranasal is slightly higher than the Merseyside figure (39%) and is an increase on the previous year (29%), while the proportion who smoked their main substance is lower than the Merseyside figure (42%) and is lower than the previous three years. Furthermore, the proportion of CJIT contacts who injected their main substance is the highest of all five Merseyside areas (Merseyside total: 7%); however, it has decreased from 22% in 2018/19 to 13% in 2019/20.

Figure 15: Route of administration of the main substance used by St Helens CJIT contacts, 2019/20

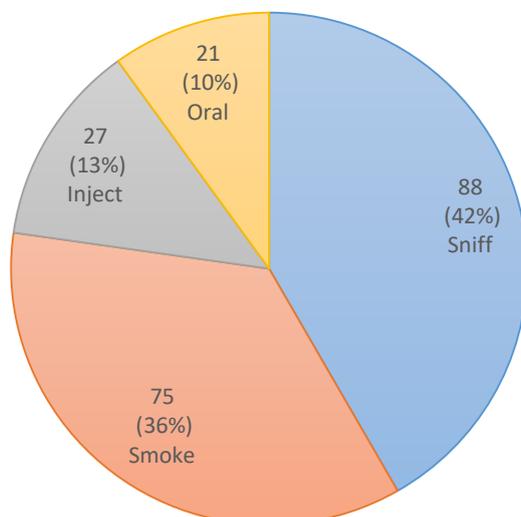
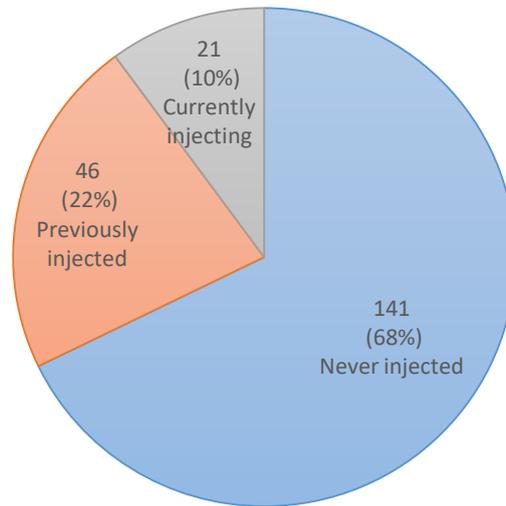


Figure 16 shows that just over two-thirds of St Helens CJIT contacts in 2019/20 stated that they had never injected (n=141; 68%), while 46 (22%) had previously injected but were not currently and 21 (10%) were currently injecting. The proportion who never injected is lower than the Merseyside figure (72%); however, it is higher than the previous three years. The proportion who previously injected is similar to the Merseyside figure (21%) and lower than the previous three years, while the proportion of clients currently injecting is the highest of all Merseyside areas (Merseyside total: 7%), though a lower proportion when compared to the previous three years.

Figure 16: Injecting status of St Helens CJIT contacts, 2019/20

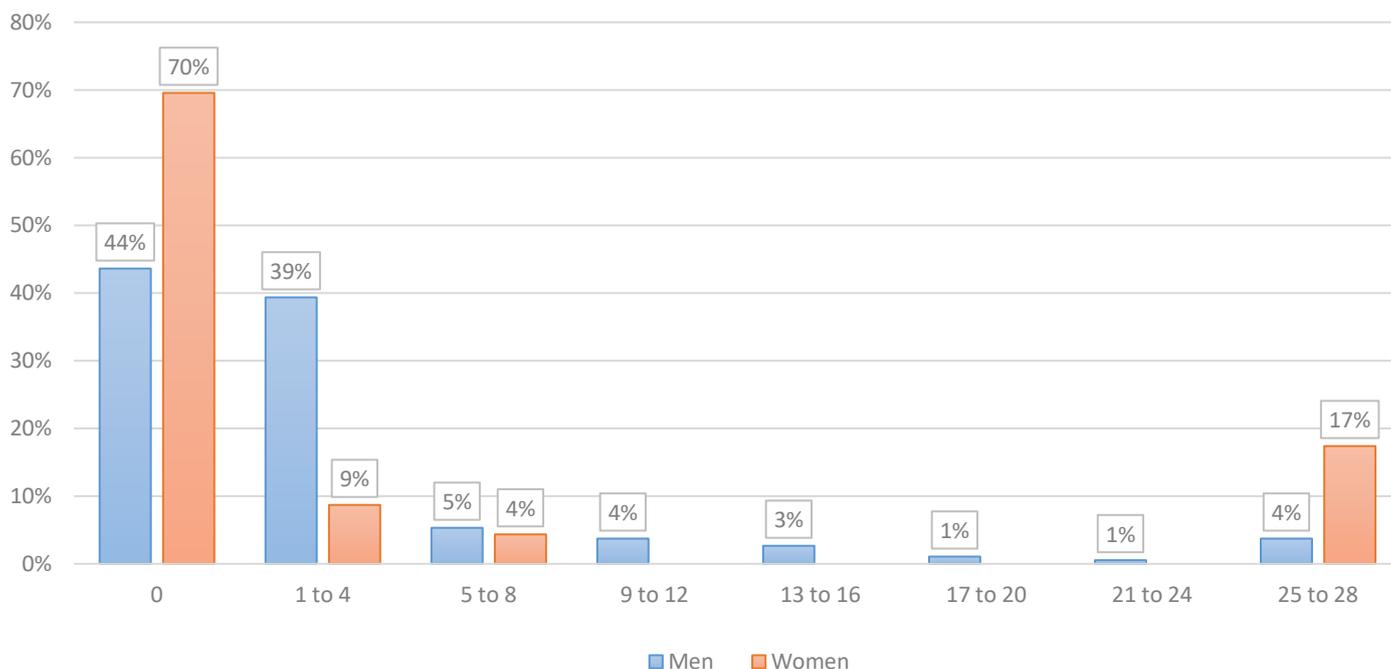


ALCOHOL CONSUMPTION

Figure 17 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their CJIT contact. Over two in five men did not consume alcohol in the 28 days prior to their assessment (n=82; 44%), while 74 (39%) reported drinking alcohol 1-4 days. Overall, 106 (56%) men reported to consume alcohol in the 28 days prior to their assessment. This is higher than the Merseyside figure (49%), though the same proportion as the previous year.

For women, seven in ten did not consume alcohol in the 28 days prior to their CJIT contact (n=16; 70%) (Figure 17). The proportion of women who reported to consume alcohol in the 28 days prior to their assessment (30%) is the lowest of the five Merseyside areas (Merseyside total: 43%), though this is an increase on the previous two years' proportions.

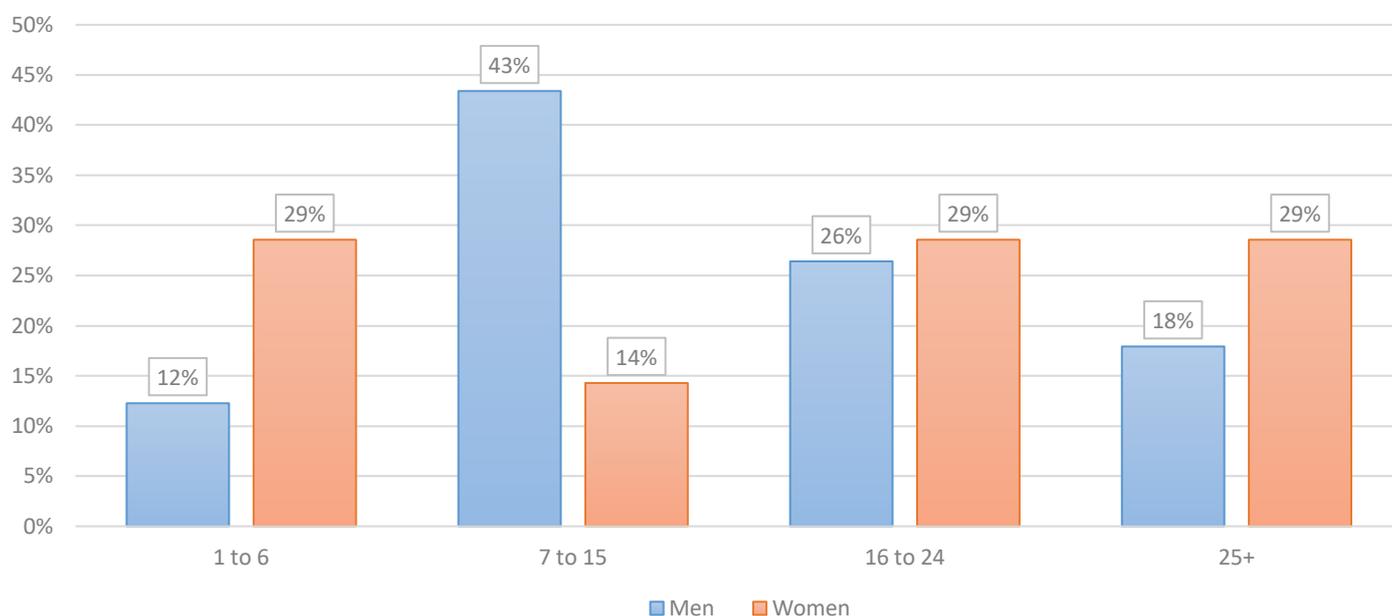
Figure 17: Number of drinking days in the 28 days prior to assessment for St Helens CJIT contacts, 2019/20



The daily average number of units of alcohol consumed by St Helens clients in the 28 days prior to CJIT contact are shown in Figure 18. Of the 106 men who did drink in the 28 days prior to their assessment, over two in five consumed 7-15 units of alcohol daily (n=46; 43%), followed by around one-quarter who consumed 16-24 units (n=28; 26%) and just under one in five who consumed 25 units and over (n=19; 18%). The proportion of men who consumed 7-15 units of alcohol is higher than the other Merseyside CJITs (Merseyside figure: 40%), though it is a decrease on the previous year’s proportion (48%). The proportion of men who consumed 16-24 units, and 25 units and over, are slightly higher than the Merseyside figures and a slight increase on the previous year’s proportions.

Of the seven women who did drink in the 28 days prior to their CJIT contact, equal proportions consumed 1-6 units, 16-24 units or 25 units and over (Figure 18).

Figure 18: Number of units of alcohol (daily average) consumed by St Helens CJIT contacts, 2019/20



OFFENDING

The offence that prompted St Helens CJIT clients' current or most recent contact with the criminal justice system is shown in *Figure 19*. Around one-third were Misuse of Drugs Act (MDA) offences (n=72; 34%)⁶, while 56 (27%) were offences categorised as 'other' and 33 (16%) were theft - shoplifting. The proportions of MDA offences and 'other' offences are slightly higher than the Merseyside figures (31% and 25% respectively), while the proportion of theft - shoplifting is slightly lower than the Merseyside figure (18%). MDA offences increased from 28% in both 2017/18 and 2018/19 and 'other' offences have increased year-on-year (from 10% in 2016/17), while theft - shoplifting is similar to the previous year (17%).

Figure 19: Offence that prompted current or most recent contact with the criminal justice system for St Helens CJIT contacts, 2019/20

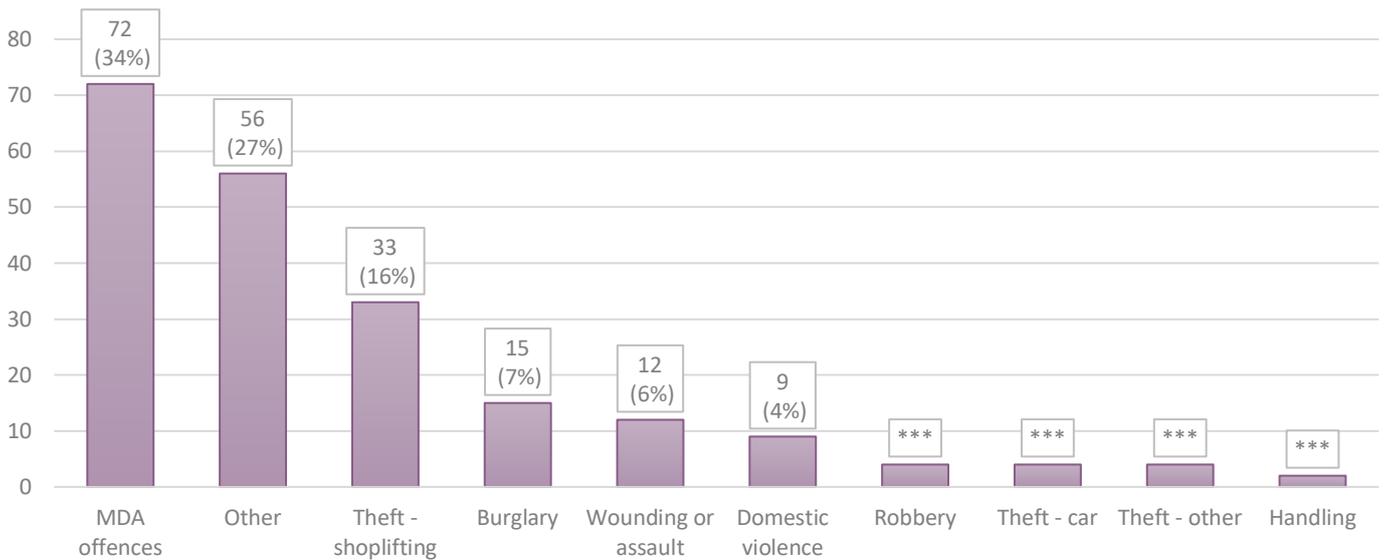
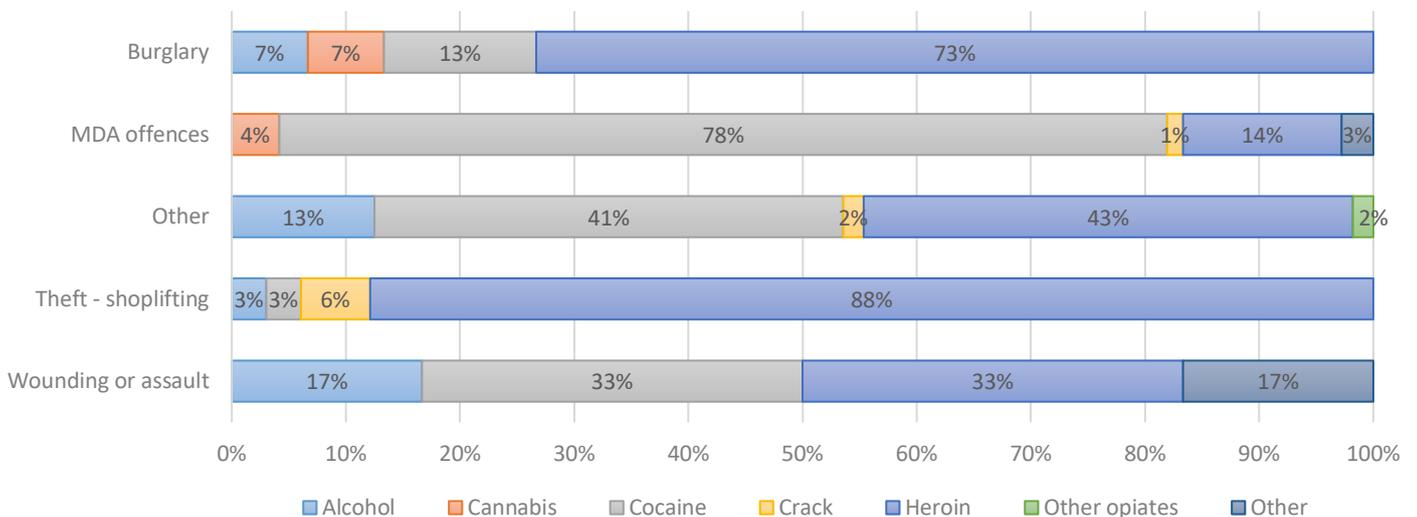


Figure 20 shows the proportions of the main substance for the most common offences. Heroin recorded as the main substance was most prominent for those whose contact with St Helens CJIT was prompted by theft - shoplifting (88%) and burglary (73%), while for cocaine, it was MDA offences (78%).

Figure 20: Main substance and offence of St Helens CJIT contacts, 2019/20



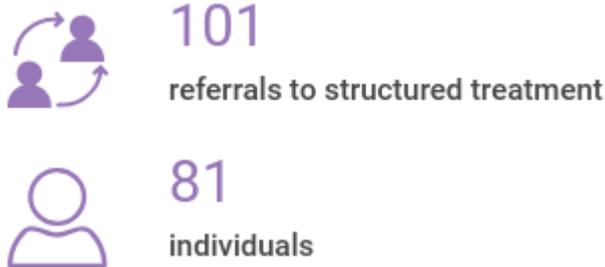
⁶ Notably, the majority of MDA offences were possession (99%).

INTERVENTIONS

REFERRALS TO STRUCTURED TREATMENT

Of the clients taken onto the CJIT caseload, 101 were referred to structured treatment in 2019/20 (81 individuals) (Figure 21)⁷.

Figure 21: Referrals to structured treatment for St Helens CJIT contacts, 2019/20



RECOVERY SUPPORT SUB-INTERVENTIONS

In 2019/20, a total of 161 recovery support sub-intervention assessments were carried out on clients on the CJIT caseload (117 individuals), with a total of 226 sub-interventions delivered (Figure 22)⁷.

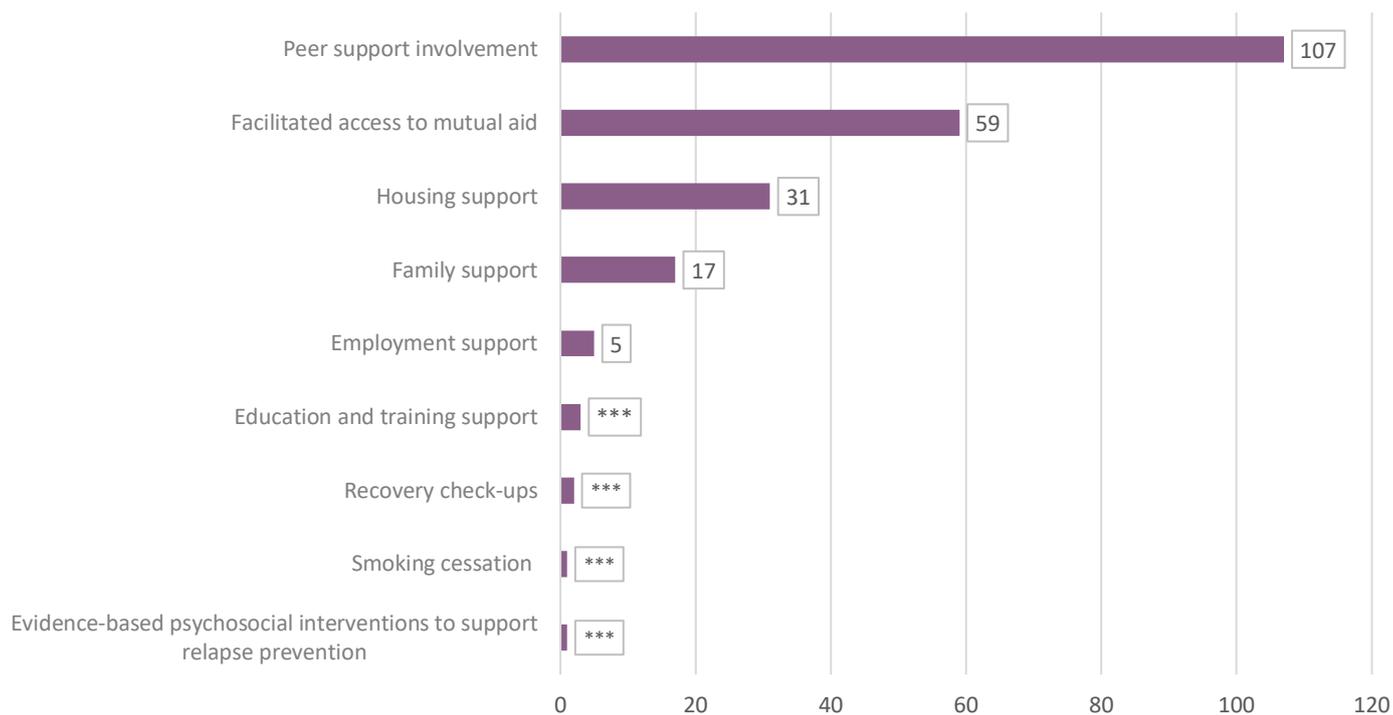
Figure 22: Recovery support sub-intervention assessments for St Helens CJIT contacts, 2019/20



⁷ Clients not taken onto the CJIT caseload have been excluded from these figures. Figures include referrals to structured treatment or recovery support sub-intervention assessments where the date was between 1 April 2019 and 31 March 2020, regardless of when the client was taken onto the CJIT caseload.

Of the total recovery support sub-interventions delivered, just under half were peer support involvement (n=107; 47%), followed by facilitated access to mutual aid (n=59; 26%), housing support (n=31; 14%) and family support (n=17; 8%) (Figure 23).

Figure 23: Recovery support sub-intervention delivered to St Helens CJIT contacts, 2019/20



RECOMMENDATIONS

- In order to have a comprehensive understanding of substance use and the criminal justice system in the local area, stakeholders should use this report and other DIP reports alongside data available from other Public Health Institute monitoring systems (e.g. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (e.g. NDTMS) and local treatment services. Such information can be used as part of the local health needs assessment, potentially contribute to the Joint Strategic Needs Assessment and be used collaboratively to help improve the lives of offenders who use drugs and/or alcohol in St Helens 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 St Helens and across Merseyside, as well as investigating the reasons for these trends. This could help to evidence any process changes that may be needed, in addition to highlighting potential gaps or barriers that may prevent these clients from engaging with treatment services.
- As well as identifying clients' routes into DIP, the data set enables client profiling; including gender, age, ethnicity, disability, housing need, substance use, alcohol consumption and offending. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. In keeping with the Government's Drug Strategy (HM Government, 2017), clients need to be assessed on a person-by-person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, this information should be used regularly to ensure that these individuals receive effective treatment and interventions are demonstrated to provide appropriate support with quality outcomes.
- St Helens 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 St Helens, 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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