

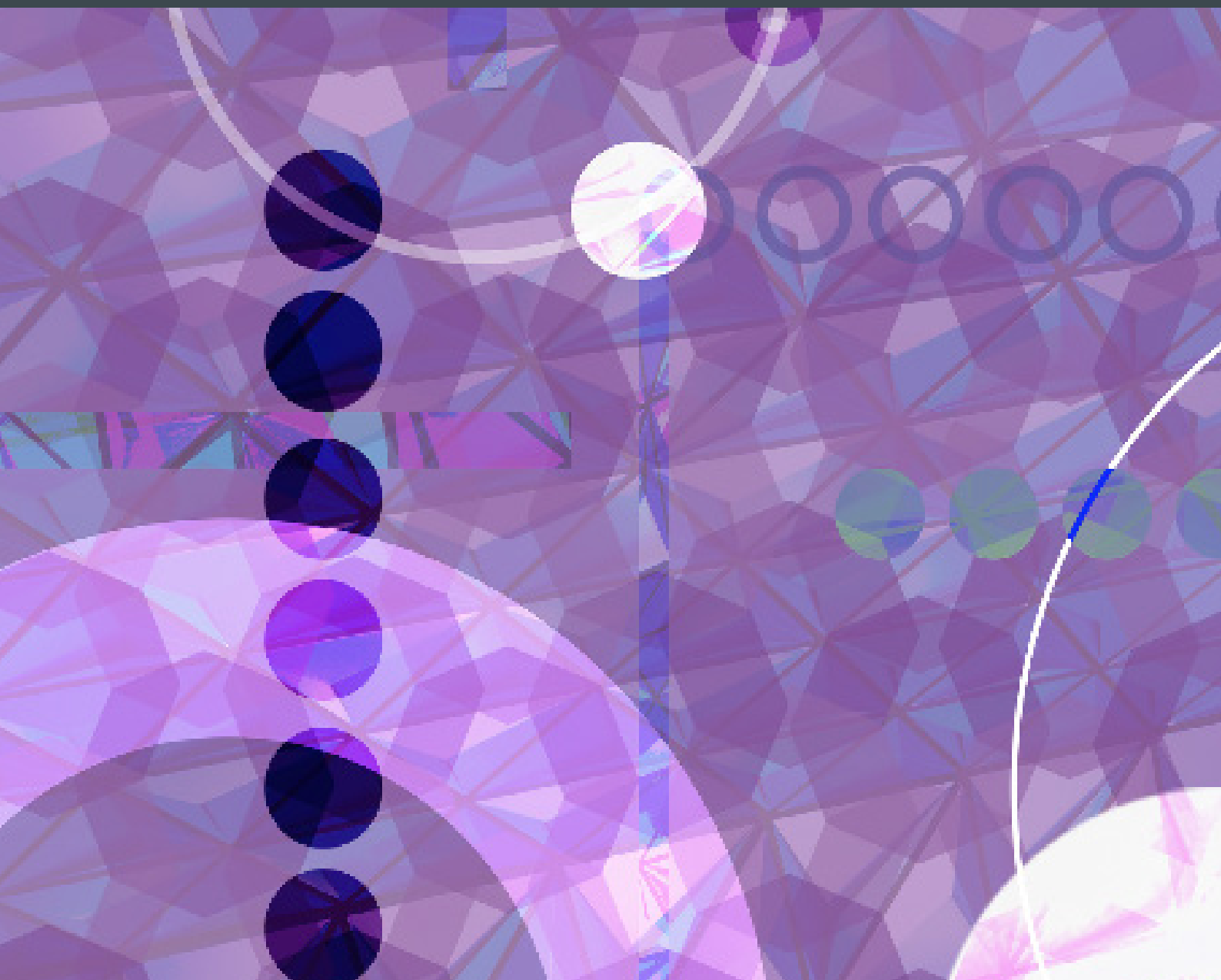
# Drug Interventions Programme

Criminal Justice Intervention Team Activity in Liverpool  
(2024/25)

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- In the year ending March 2025, there were 973 adult contacts (933 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT), which is a 33% increase on the 733 episodes in the previous year and the highest number since 2016/17 (n=1,027).
- Just under half (47%) of the CJIT episodes in 2024/25 were other criminal justice routes, most of which were Conditional Cautions, while one in three (33%) were Required Assessments following a positive test for specified Class A drugs in a police custody suite and one in five (20%) were voluntary presentations following release from prison.
- Around four in five (81%) Liverpool CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload.

### *Liverpool residents*

- In the year ending March 2025, 225.5 individuals per 100,000 adult population in Liverpool Local Authority were in contact with Liverpool CJIT. The postcode district with the highest number of Liverpool CJIT contacts was L4 (13%), followed by L8 and L6 (11% and 10% respectively).
- The average age of individuals assessed in the year ending March 2025 was 37.9 years (men = 37.7, women = 39.5). Three in ten (30%) individuals were aged 30-39 years, while there were similar proportions aged 18-29 years and 40-49 years (27% and 25% respectively), and just under one in five (18%) aged 50 years or over.
- Around nine in ten (89%) individuals in contact with Liverpool CJIT in the year ending March 2025 stated they were men.
- Just under nine in ten (88%) Liverpool CJIT contacts identified themselves as White British.
- Around one in ten (11%) Liverpool residents considered themselves to have a disability; of which around two in five (39%) were a behaviour and emotional disability, while just under a quarter (23%) were mobility and gross motor.
- A quarter (25%) of the clients had parental responsibility for a child aged under 18 years; of which, around three-quarters (74%) had none of the children they are responsible for living with them the majority of the time.
- While the majority reported no housing problem at the time of their assessment, around one in five (21%) had some form of a housing problem, including one in ten (10%) with an urgent problem due to being of no fixed abode. Furthermore, around one in ten (11%) reported a risk of homelessness in the next eight weeks.
- Of the main substances reported by Liverpool residents in the year ending March 2025, just under two in five (38%) were cocaine (cocaine hydrochloride & cocaine unspecified), while around one-quarter (24%) were heroin. Around two in five (39%) reported crack cocaine as their second substance, while just under two in five (38%) reported cannabis as their third substance, followed by alcohol (33%).
- Just under half (46%) of the Liverpool CJIT contacts smoked their main substance, while two in five (40%) administered their main substance intranasally and around one in ten (12%) administered their main substance orally.
- Over four in five (84%) stated they had never injected, while one in seven (14%) previously injected but were not currently and 2% who were currently injecting at the time of their assessment.

- A third (33%) of the clients who reported an opioid as their main substance in 2024/25 were issued with naloxone; of which, just over three in five (62%) were supplied with nasal naloxone. Of the clients not issued with naloxone, just under three in five (58%) were offered but refused naloxone and around a third (32%) were already in possession of adequate naloxone.
- Of the Liverpool residents who reported an opioid as their main substance, 4% have at some point been administered with naloxone to reverse the effects of an overdose.
- Around two in five clients consumed alcohol in the 28 days prior to their CJIT assessment (men = 38%; women = 41%). Of these 42% of men and 40% of women consumed 7-15 units of alcohol on an average day.
- Misuse of Drugs Act offences accounted for over half (53%) of the offences that prompted the current or most recent contact with the criminal justice system; of which, the majority (93%) were possession.
- Of the clients on the CJIT caseload, there were 533 referrals (517 individuals) to structured treatment in the year ending March 2025.
- Just under half (47%) of the discharges in the year ending March 2025 were due to incomplete treatment, while there were similar proportions of clients who completed treatment or transferred prior to the completion of treatment (27% and 26% respectively).
- Of the Liverpool residents who completed treatment successfully, the average time on the CJIT caseload was 61 days.

Through the Drug Interventions Programme (DIP), Liverpool Criminal Justice Intervention Team (CJIT) works with adults (aged 18 years or over) in the criminal justice system who use drugs and/or alcohol in order to reduce acquisitive crime (Collins et al., 2016; Collins et al., 2017; Cuddy et al., 2015; Public Health England and Ministry of Justice, 2017).

A key route in identifying people for DIP is Drug Testing on Arrest, whereby under certain criteria, adults are tested for specified Class A drugs (opiates and/or powder/crack cocaine) in police custody following an arrest. Those who test positive for specified Class A drugs are required to undergo a Required Assessment (RA) with their local CJIT. There are other sources of referral into DIP, including: Conditional Cautioning; court mandated processes, such as Restriction on Bail and pre-sentence reports; requirement by the Offender Manager for those with a community sentence (Drug Rehabilitation Requirements and Alcohol Treatment Requirements); following release from prison; as well as voluntary presentations.

CJIT assessments determine whether further intervention is required to address substance use and offending, and if necessary, encourage engagement with a range of appropriate interventions. CJITs provides wraparound

support across four key areas (Home Office, 2011): drug and alcohol use (harm reduction and overdose management); offending; physical and psychosocial health; and social functioning (housing, employment and relationships). The CJIT dataset captures client information, episode details and referrals to structured treatment, which is submitted to the Office of Health Improvement and Disparities (OHID) via the National Drug Treatment Monitoring System (NDTMS).

This CJIT Activity report for Liverpool shows trends over a six-year period up to the year ending March 2025 for clients accessing the CJIT and where possible, comparisons to the Merseyside figures have been made<sup>1</sup>.

### *From criminalisation to harm reduction?*

While traditional drugs policing has focused on enforcement and criminal sanctions, there's a growing shift towards diversion strategies, aiming to steer individuals away from the criminal justice system and into treatment, especially for offences including possession or those related to substance use.

A qualitative study of police-led diversion schemes in England and Wales highlighted that police are increasingly motivated by the harmful impacts of criminal sanctions and view diversion as a way to reduce these harms. This shift reflects a broader move towards harm reduction policing, which prioritises minimising the negative consequences of substance use and enforcement.

This research places drug diversion within a wider organisational transformation in policing, towards public health-oriented approaches that aim to prevent crime and improve community safety.

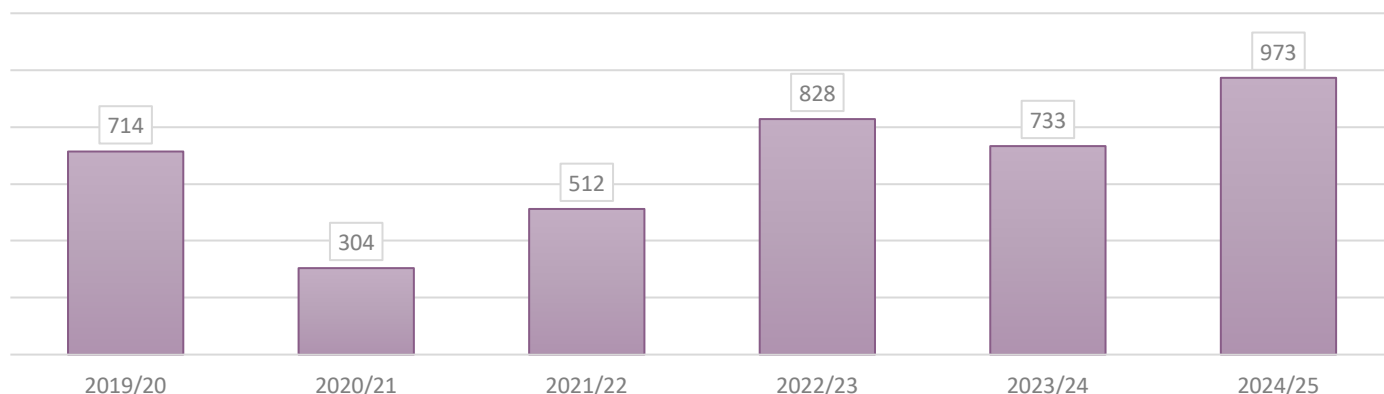
(Bacon, 2024)

<sup>1</sup> Notes to accompany this report are available in [Appendix A](#). Supplementary data to support this report can be accessed here: [CJIT Activity in Merseyside: supplementary tables & charts \(end 2024/25\)](#).

## OVERVIEW

In the year ending March 2025, there were 973 adult contacts (933 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT; *Figure 1*). This is a 33% increase on the 733 CJIT episodes in the previous year and the highest number since 2016/17 (n=1,027).

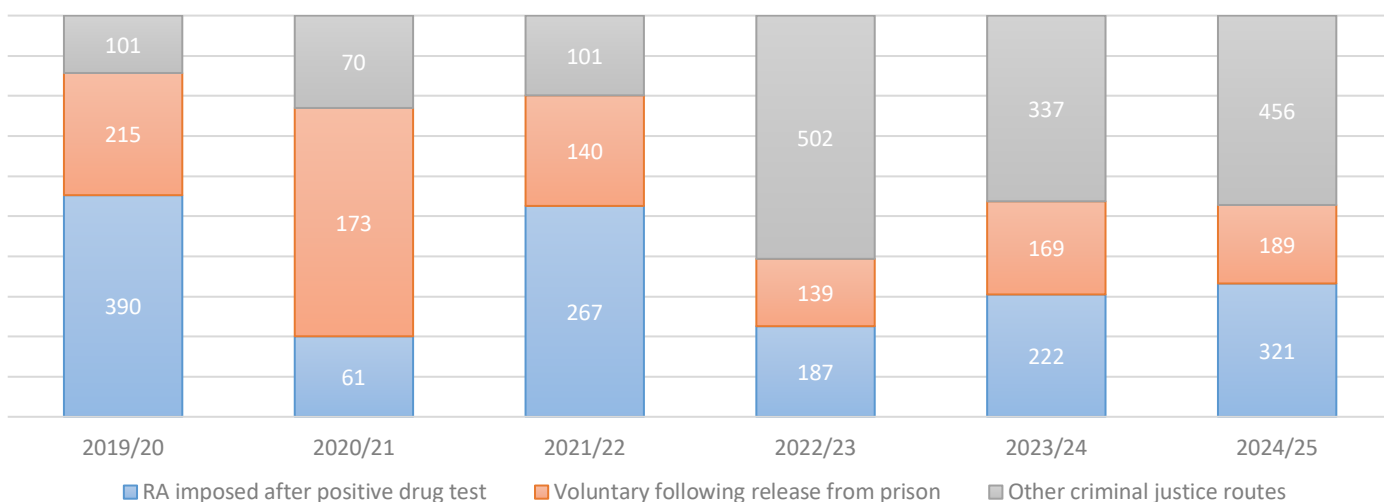
*Figure 1: Liverpool CJIT episodes, 2019/20 - 2024/25*



## CRIMINAL JUSTICE ROUTES IN LIVERPOOL

*Figure 2* shows the criminal justice routes that led to the contact with Liverpool CJIT between 2019/20 and 2024/25. Just under half (47%) of the CJIT episodes in the year ending March 2025 were other criminal justice routes<sup>2</sup>, while one in three (33%) were Required Assessments (RA) following a positive test for specified Class A drugs in a police custody suite and one in five (20%) were voluntary presentations following release from prison. These proportions are similar to the previous year, though notably, numbers of RAs and other criminal justice routes increased by 45% and 35% respectively. When compared to the Merseyside figures, the proportion of RAs is smaller, the proportion of other criminal justice routes is larger and the proportion of prison referrals is similar (Merseyside totals: 39%, 39% and 22% respectively).

*Figure 2: Liverpool CJIT contacts by referral route, 2019/20 - 2024/25*



<sup>2</sup> Other criminal justice routes: Conditional Cautioning = 311, required by offender management scheme/DRR/ATR/IOM = 79, voluntary - other = 58, requested by Offender Manager (post DRR/ATR) <5, other <5, Restrictions on Bail <5, voluntary - following cell sweep <5. DRR = Drug Rehabilitation Requirement, ATR = Alcohol Treatment Requirement, IOM = Integrated Offender Management.

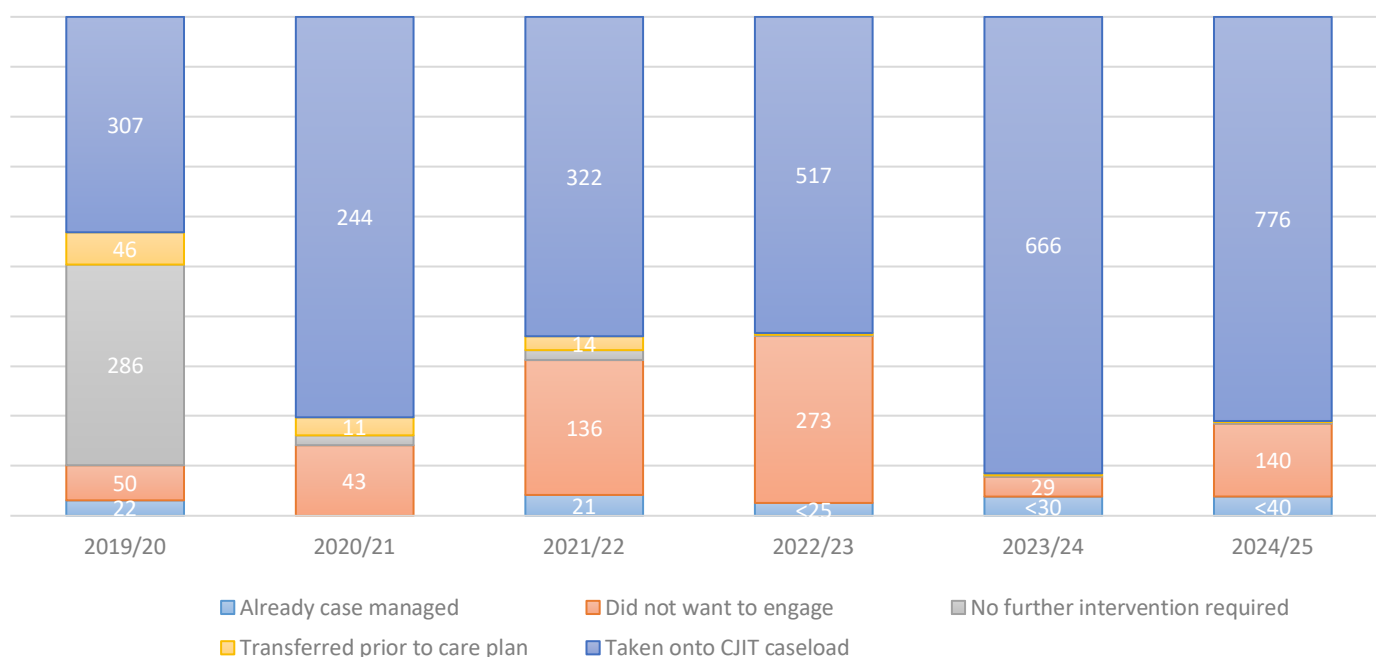
### Conditional Cautions

- There were 311 Conditional Cautions recorded in the year ending March 2025, which account for around one-third (32%) of all Liverpool CJIT contacts, and represent an 82% increase on the 171 Conditional Cautions in the previous year.
- Almost all of the clients were men (n=298, 96%), while the average age was 33.1 years, with just under half aged 18-29 years (n=144, 47%).
- The majority of clients reported either cocaine (n=135, 44%) or cannabis (n=121, 39%) as their main substance.
- Around two in five clients consumed alcohol in the 28 days prior to their CJIT assessment (n=114, 39%); of which, just under half consumed 7-15 units on an average day (n=53, 46%).
- The majority of clients were given a Conditional Caution following a Misuse of Drugs Act offence (n=291, 94%); most of which were possession.
- Following their assessment, three-quarters were taken onto the CJIT caseload (n=230, 75%).

## OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Around four in five (81%) Liverpool CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload (*Figure 3*), which is the largest proportion of the five Merseyside CJITs (Merseyside total: 71%) and larger than the six-year average (70%). Notably, the number of clients who did not want to engage following their assessment in 2024/25 is a 383% increase on the previous year.

*Figure 3: Liverpool CJIT contacts by outcome following criminal justice assessment, 2019/20 - 2024/25*



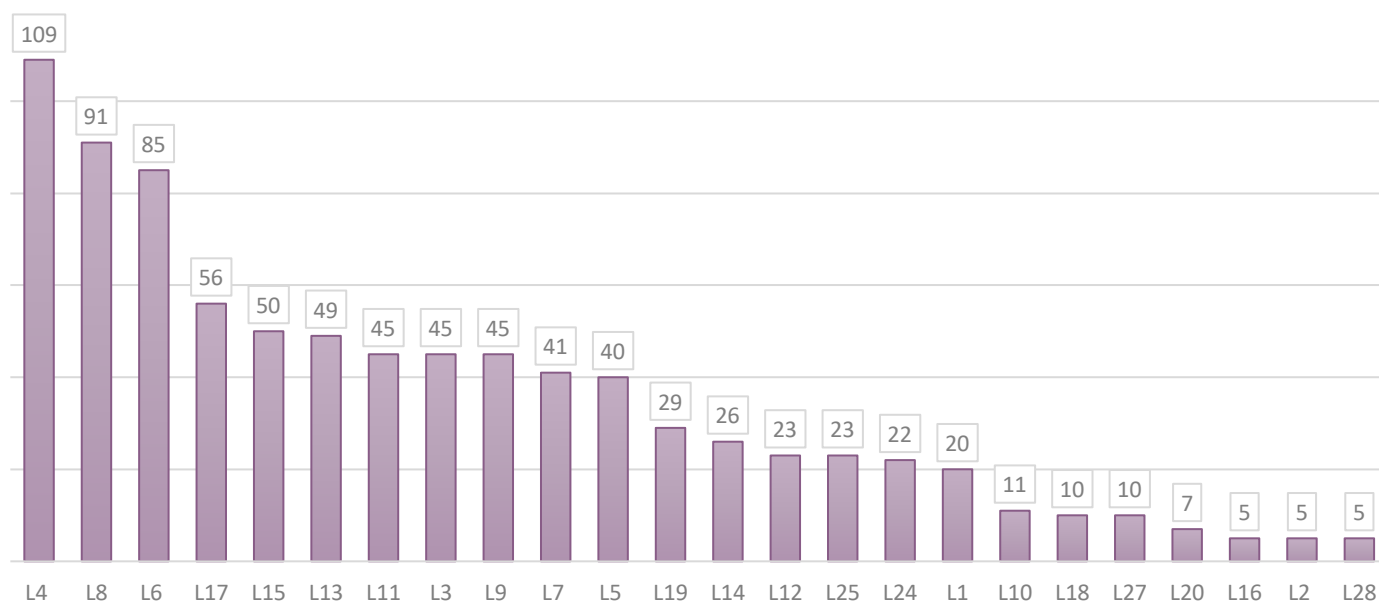


## DEMOGRAPHICS

In the year ending March 2025, 225.5 individuals per 100,000 adult population in Liverpool Local Authority (LA) were in contact with Liverpool CJIT, compared to 169.4 per 100,000 across Merseyside. Notably, this is the largest rate of individuals in contact with a Merseyside CJIT of the five Merseyside areas (see [Appendix B](#) for a table and map of all Merseyside areas).

Where recorded (n=854; excluding those of no fixed abode), the postcode district with the highest number of Liverpool CJIT contacts in the year ending March 2025 was L4 (n=109, 13%), followed by L8 (n=91, 11%) and L6 (n=85, 10%; *Figure 4*).

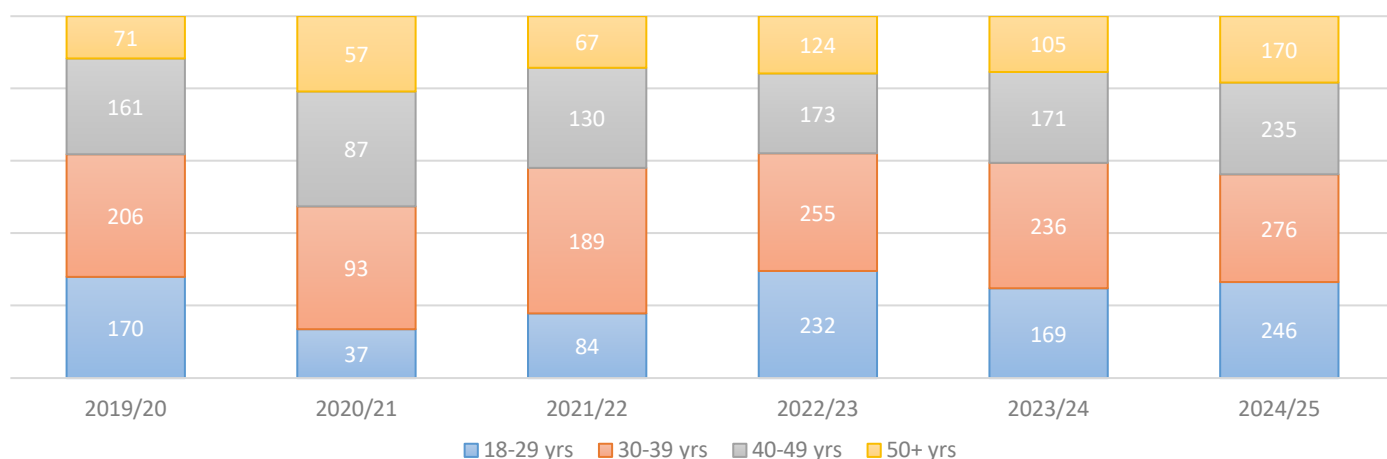
*Figure 4: Liverpool residents by postcode area of residence (where there are 5+ episodes), 2024/25*



## AGE AND SEX

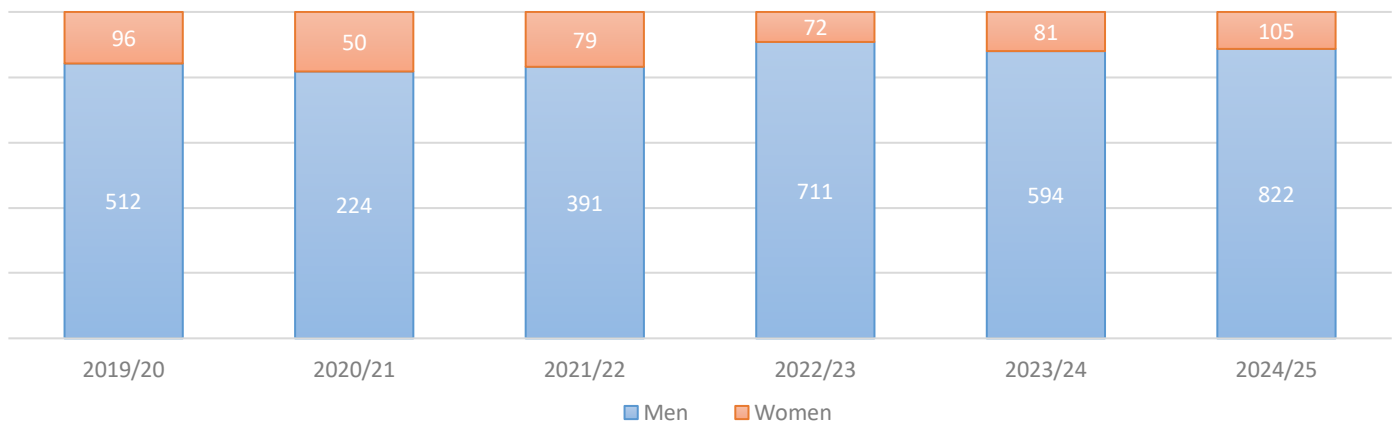
The average age of Liverpool residents assessed in the year ending March 2025 was 37.9 years (men = 37.7, women = 39.5). Looking at age groups, three in ten (30%) individuals were aged 30-39 years, while there were similar proportions aged 18-29 years and 40-49 years (27% and 25% respectively), and just under one in five (18%) aged 50 years or over (*Figure 5*). These proportions are similar to the previous year and the Merseyside figures.

*Figure 5: Liverpool residents by age group (individuals), 2019/20 - 2024/25*



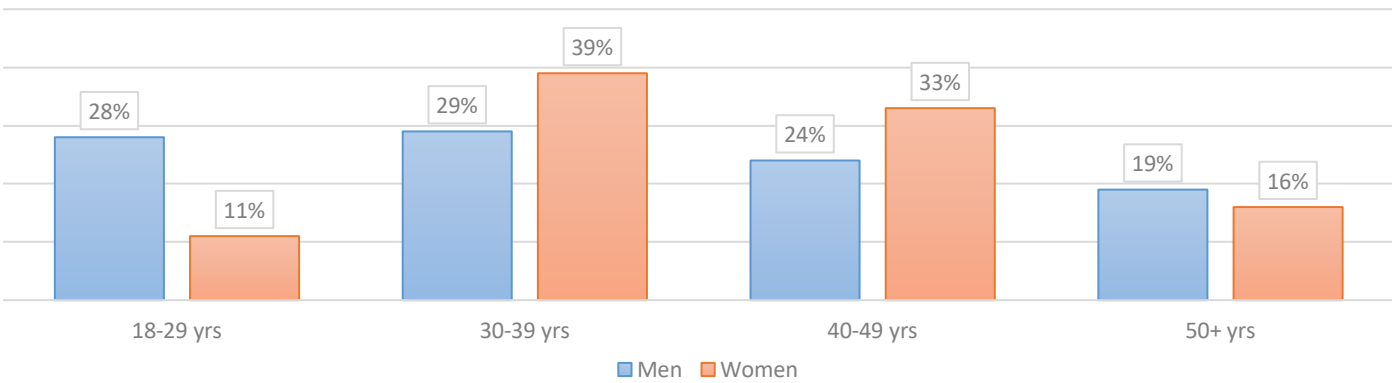
Around nine in ten (89%) individuals in contact with Liverpool CJIT in the year ending March 2025 stated they were men, which is just above the six-year average (86%; *Figure 6*). Notably, Liverpool reported the largest proportion of men across Merseyside (Merseyside total: 86%).

Figure 6: Liverpool residents by sex (individuals), 2019/20 - 2024/25



When comparing age group with sex in the year ending March 2025, there are some notable differences (*Figure 7*). There were larger proportions of men aged 18-29 years and 50 years or over (28% and 19% respectively) when compared to women (11% and 16% respectively), while there were larger proportions of women aged 30-39 years and 40-49 years (39% and 33% respectively) than men (29% and 24% respectively).

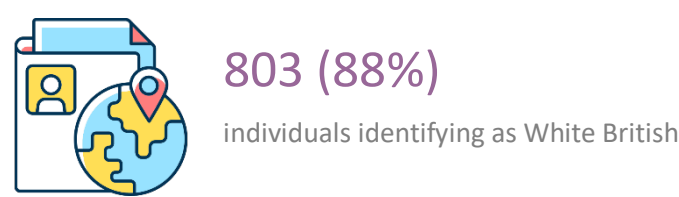
Figure 7: Liverpool residents by age group and sex (individuals), 2024/25



ETHNICITY

Where recorded, just under nine in ten Liverpool CJIT contacts in the year ending March 2025 identified themselves as White British (88%; *Figure 8*). This is the same as the previous year’s proportion, though below the six-year average (91%). Furthermore, this is the smallest proportion of individuals identifying as White British of the five Merseyside areas (Merseyside total: 92%).

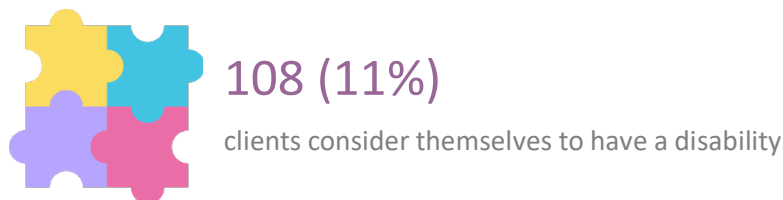
Figure 8: Liverpool residents by ethnicity (individuals), 2024/25



## DISABILITY

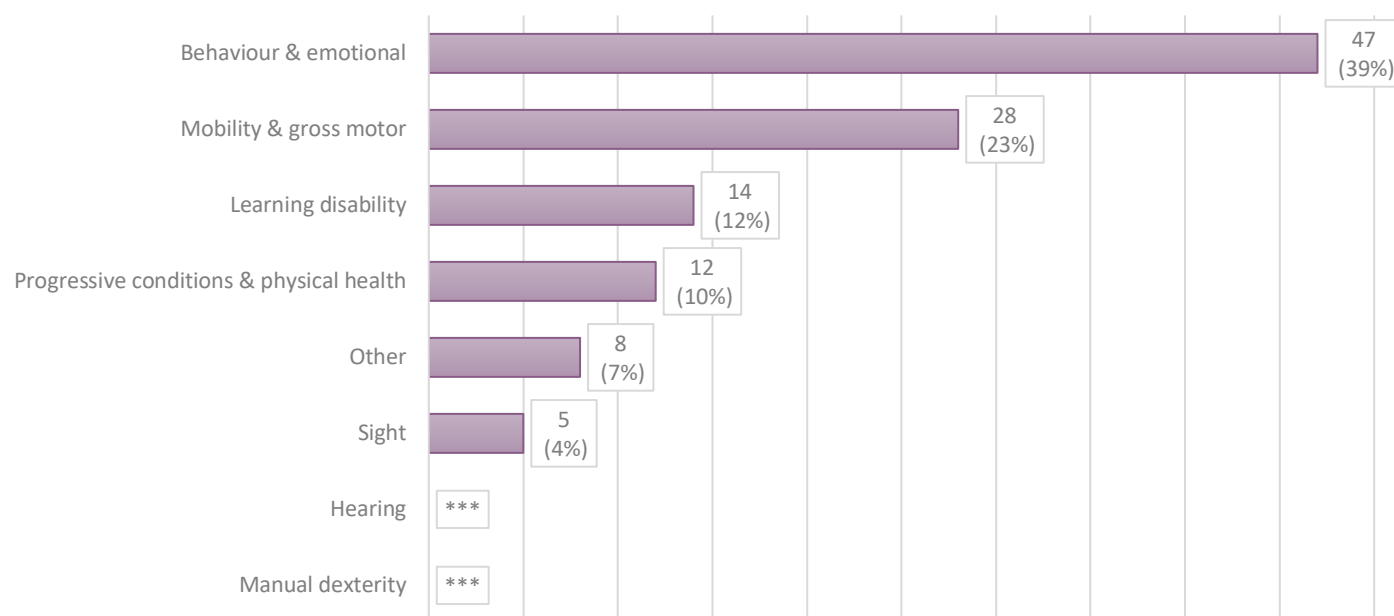
Around one in ten (11%) Liverpool residents in the year ending March 2025 considered themselves to have a disability (*Figure 9*). This is a slight decrease on the previous year's proportion (15%), though the same as the six-year average, and notably, the smallest proportion reported by the Merseyside CJITs (Merseyside total: 34%).

*Figure 9: Liverpool residents by disability status, 2024/25*



A total of 120 disabilities were recorded<sup>3</sup>; of which, around two in five (39%) were a behaviour and emotional disability, while just under a quarter (23%) were mobility and gross motor (*Figure 10*).

*Figure 10: Liverpool residents by disability type, 2024/25*

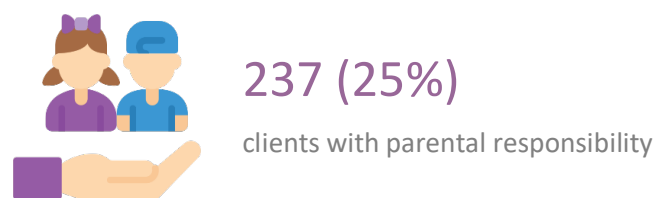


<sup>3</sup> Note that clients may have up to three disabilities recorded.

## PARENTAL RESPONSIBILITY

In the year ending March 2025, a quarter (25%) of the Liverpool residents had parental responsibility for a child aged under 18 years (*Figure 11*), which is the largest proportion since this was added to the CJIT dataset in 2020, though similar to the Merseyside figure (26%).

Figure 11: Liverpool residents by parental status, 2024/25

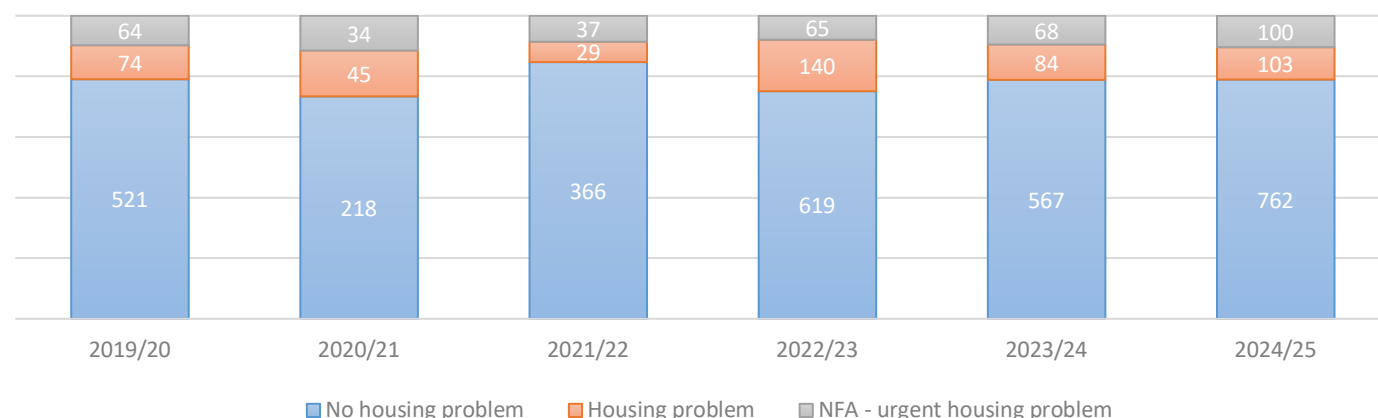


Around three-quarters of the Liverpool CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=178, 74%). This is the largest proportion of the past five years since this was added to the CJIT dataset, though similar to the Merseyside figure (72%).

## HOUSING SITUATION

While the majority of the Liverpool CJIT contacts in the year ending March 2025 reported no housing problem, around one in five (21%) had some form of a housing problem (housing problem = 103, NFA = 100; *Figure 12*)<sup>4</sup>. As proportions of CJIT episodes, these are similar to the previous year and notably, Liverpool had the smallest proportion of clients with a housing problem reported across Merseyside (Merseyside total: 30%).

Figure 12: Liverpool residents by housing problem, 2019/20 - 2024/25



Around one in ten Liverpool residents in the year ending March 2025 reported they had a risk of homelessness in the next eight weeks (n=104, 11%). This is a slight increase on the previous year's proportion (13%), though similar to the Merseyside figure (12%).

<sup>4</sup> NFA = no fixed abode. Note that the recording of housing was updated in the CJIT dataset in April 2022 to capture details of clients' current housing situation (e.g., no home of their own - hostel, rented home only - self-contained - rents from a private landlord). These have been recoded as no housing problem, housing problem and NFA - urgent housing problem, in order to make comparisons to preceding years. Non-urgent housing need includes: staying with friends/family short term, short stay hostel, short term B&B/hotel, placed in temporary accommodation by LA. Urgent housing need (NFA) includes: lives on streets/rough sleeper, sofa surfing, squatting, use of night shelter (night-by-night basis)/emergency hostels.

## SUBSTANCE USE

Of the main substances reported by Liverpool residents in the year ending March 2025, just under two in five (38%) were cocaine (cocaine hydrochloride & cocaine unspecified), while around one-quarter (24%) were heroin (Figure 13). The proportions in 2024/25 are somewhat similar to the previous year, though notably, the number of episodes with cocaine, crack cocaine and other drugs<sup>5</sup> recorded as the main substance in the year ending March 2025 are the highest of the six-year period. Furthermore, when compared to the other Merseyside areas, Liverpool had the largest proportion of cocaine (Merseyside total: 32%).

Figure 13: Liverpool residents by main substance, 2019/20 - 2024/25

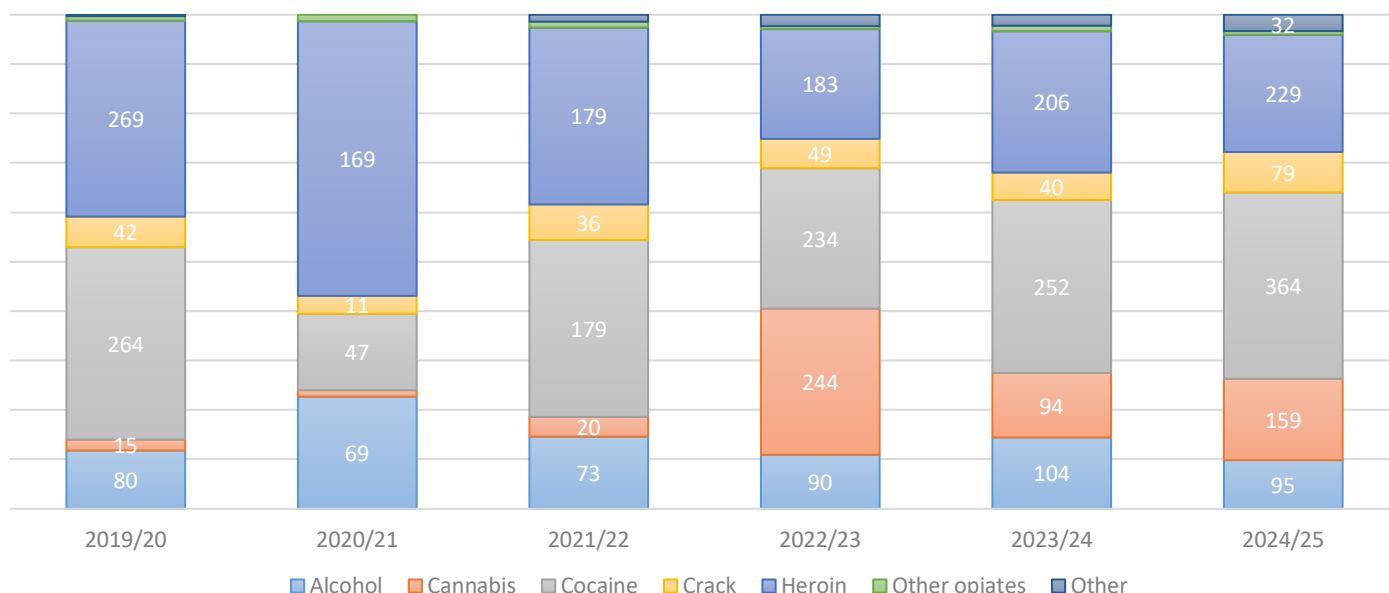
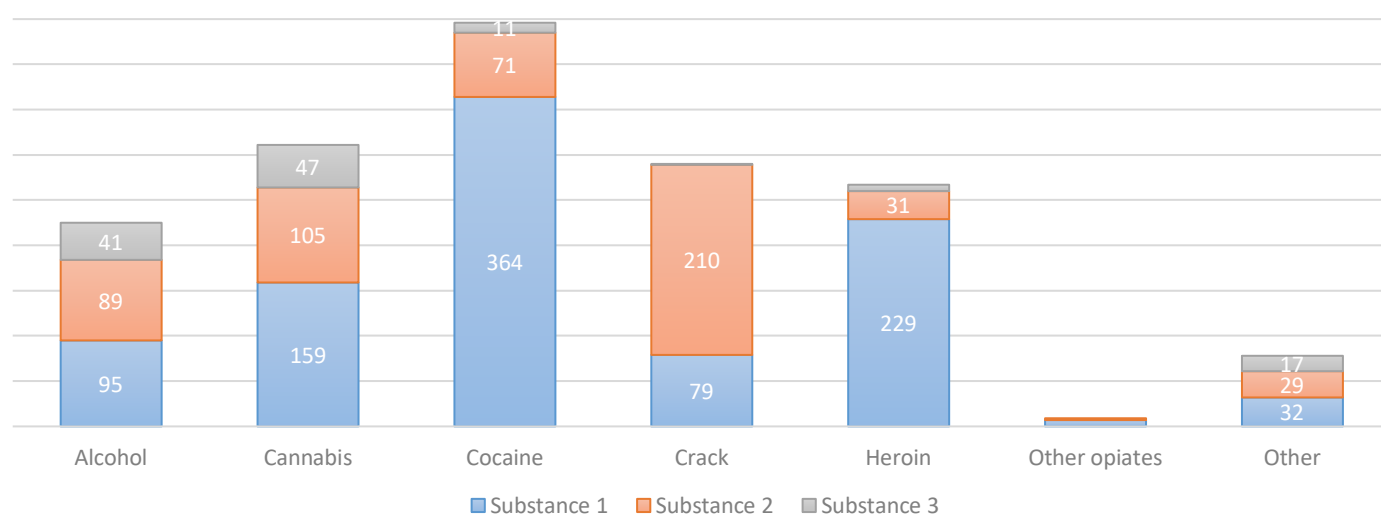


Figure 14 shows 2024/25 figures split by substance one, two and three. Around two in five (39%) reported crack cocaine as their second substance, while just under two in five (38%) reported cannabis as their third substance, followed by alcohol (33%). Notably, the majority (97%) of the episodes with crack cocaine recorded as the second substance had heroin recorded as the main substance.

Figure 14: Liverpool residents by substances 1-3, 2024/25



<sup>5</sup> Of the 32 other drugs recorded as the main substance, 14 were ketamine.

Figure 15 shows the proportions of the main substance by sex in the year ending March 2025. There were substantially larger proportions of cannabis and cocaine recorded as the main substance by men (18% and 38% respectively) than women (4% and 32% respectively), while there were substantially larger proportions of alcohol and crack cocaine recorded by women (21% and 16% respectively) than men (8% and 7% respectively). Proportions of heroin recorded as the main substance by men and women were similar (24% and 25% respectively), and the same for other drugs (both 3%).

Figure 15: Liverpool residents by main substance and sex, 2024/25

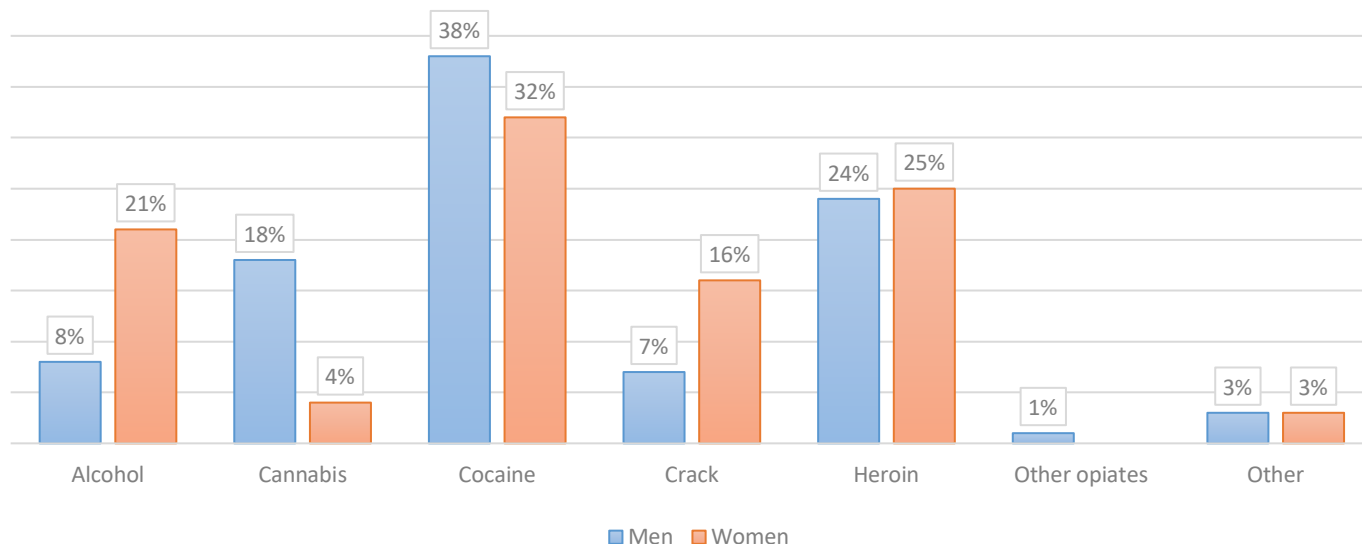
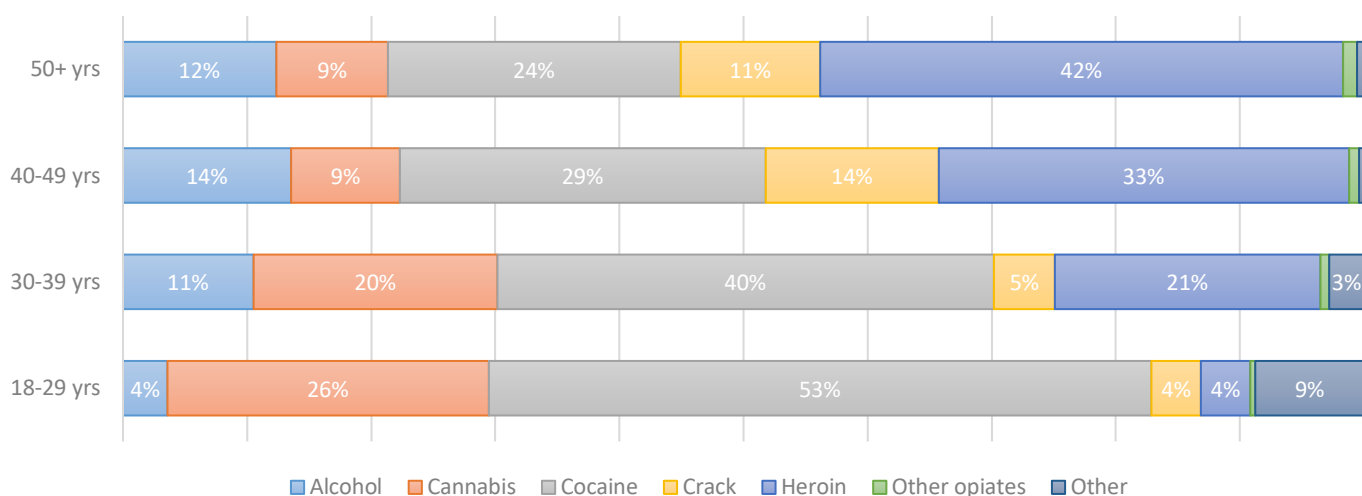


Figure 16 shows the proportions of the main substance for each age group in the year ending March 2025. Clients who reported cannabis or cocaine as their main substance were generally younger, while those who reported crack cocaine or heroin were generally older. Specifically, over half (53%) of 18–29-year-olds reported cocaine as their main substance, followed by around a quarter (26%) who reported cannabis, while two in five (40%) 30–39-year-olds reported cocaine. A third (33%) of 40–49-year-olds and just over two in five (42%) clients aged 50 years or over reported heroin as their main substance. Furthermore, alcohol and crack cocaine peaked for those aged 40–49 years (both 14%).

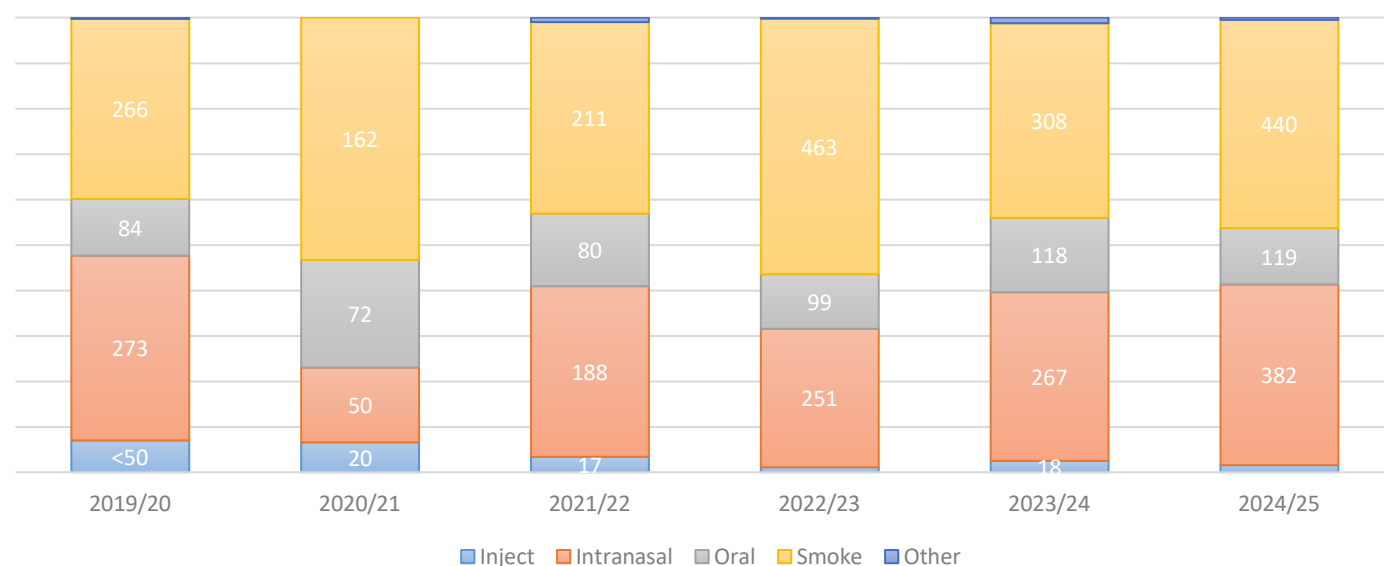
Figure 16: Liverpool residents by main substance and age group, 2024/25



## ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in *Figure 17*. In the year ending March 2025, just under half (46%) of the Liverpool CJIT contacts smoked their main substance, while two in five (40%) administered their main substance intranasally and around one in ten (12%) administered their main substance orally. These are similar proportions to the previous year, though the numbers of clients who administered their main substance intranasally or orally are the highest of the six-year period. Furthermore, Liverpool residents reported the largest proportion of clients who administered their drug intranasally in 2024/25 of the five Merseyside CJITs (Merseyside total: 34%).

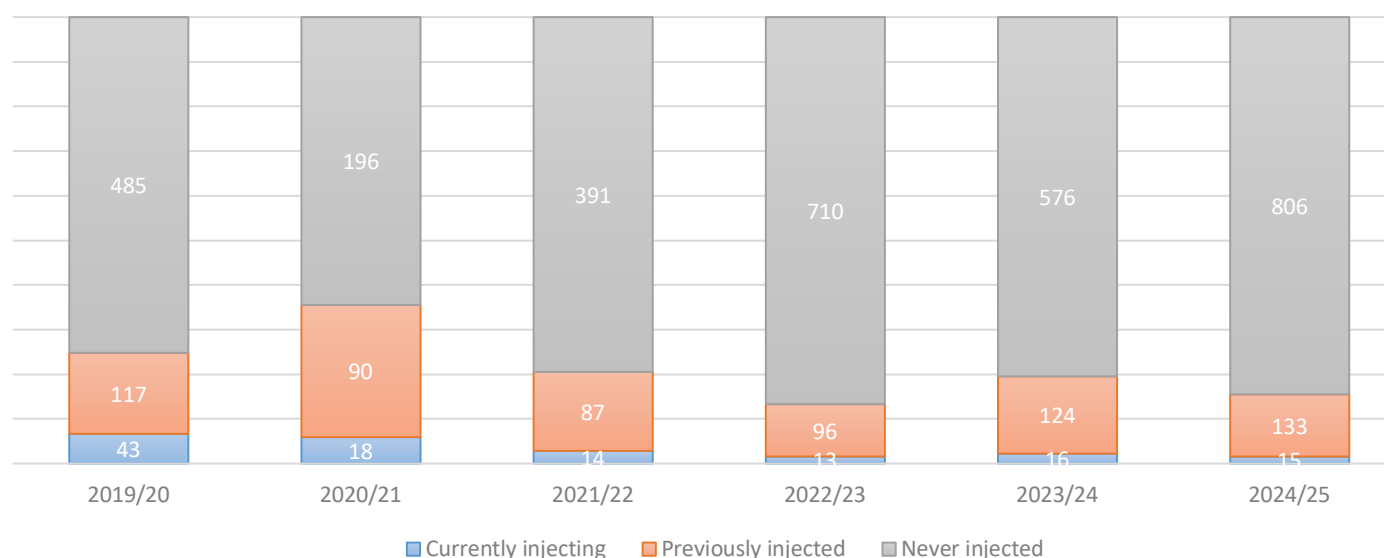
*Figure 17: Liverpool residents by route of administration of the main substance, 2019/20 - 2024/25*



## INJECTING STATUS

Over four in five (84%) Liverpool CJIT contacts in the year ending March 2025 stated they had never injected, followed by one in seven (14%) who previously injected but were not currently and 2% who were currently injecting at the time of their assessment (*Figure 18*), which are similar proportions to the Merseyside figures.

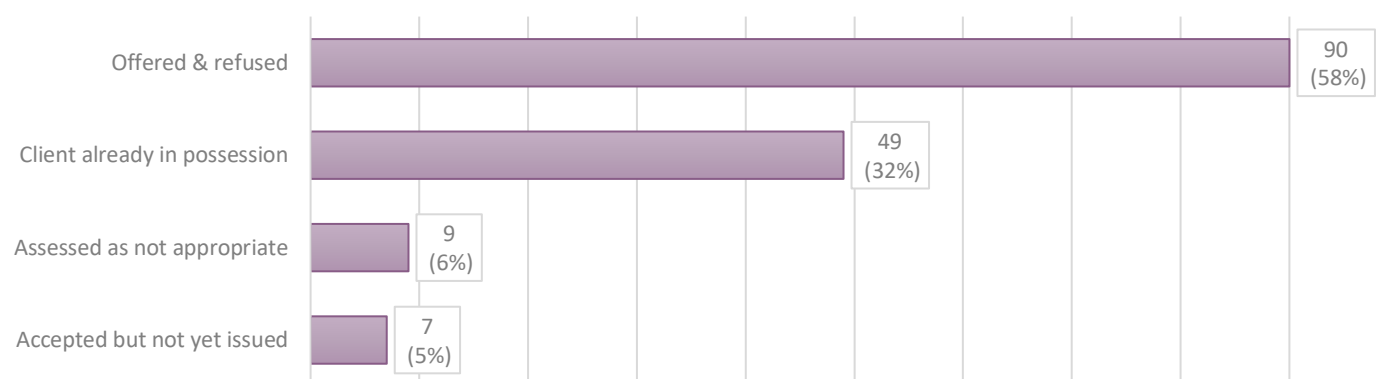
*Figure 18: Liverpool residents by injecting status, 2019/20 - 2024/25*



A third of the clients who reported an opioid as their main substance in the year ending March 2025 were issued with naloxone at the start of the current episode (n=77, 33%), which is a slight increase on the previous year (29%) and similar to the Merseyside figure (34%).

Of the clients issued with naloxone in 2024/25, just over three in five were supplied with nasal naloxone (n=48, 62%), which is the largest proportion across Merseyside (Merseyside total: 39%). While of the clients who were not issued with naloxone, just under three in five (58%) were offered but refused naloxone and around a third (32%) were already in possession of adequate naloxone (*Figure 19*). Notably, Liverpool residents accounted for the largest proportion of clients who refused naloxone of the Merseyside areas (Merseyside total: 41%).

*Figure 19: Liverpool residents who reported an opioid as their main substance by reasons not issued with naloxone, 2024/25*



Furthermore, of the Liverpool residents who reported an opioid as their main substance in the year ending March 2025, eight (4%) have at some point been administered with naloxone to reverse the effects of an overdose (*Figure 20*), which is the smallest proportion of the Merseyside areas (Merseyside total: 11%).

*Figure 20: Liverpool residents administered with naloxone to reverse the effects of an overdose, 2024/25*



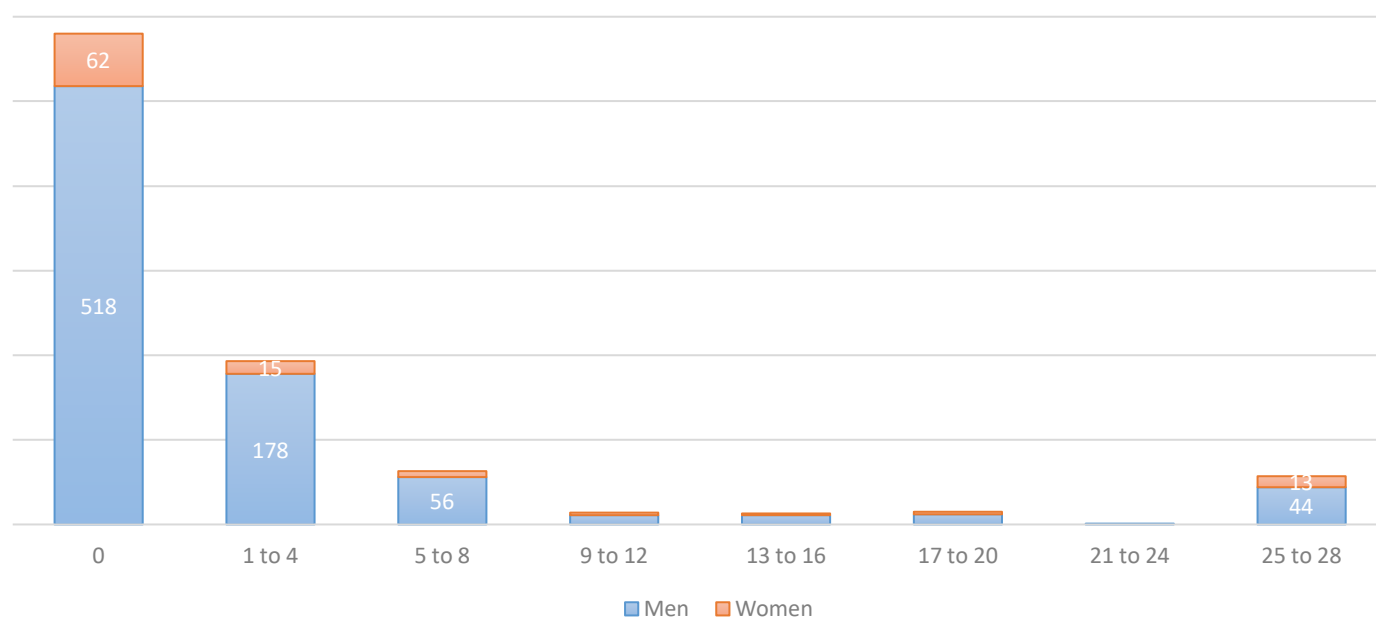
8 (4%)

clients who reported an opioid as their main substance administered with naloxone to reverse the effects of an overdose



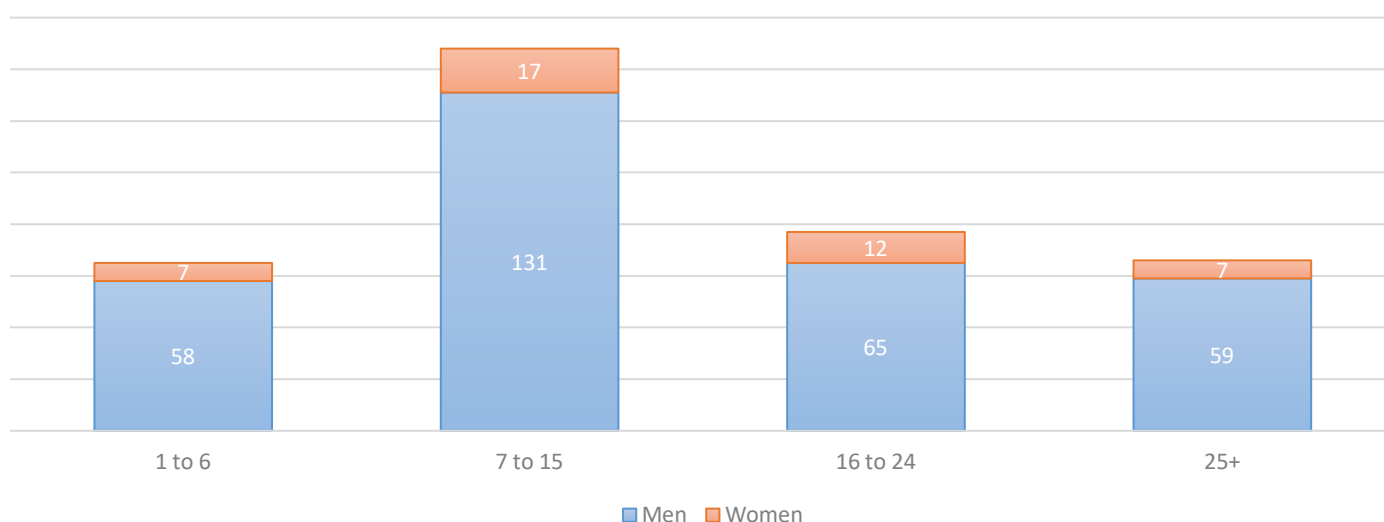
Figure 21 shows the number of days alcohol was consumed by Liverpool clients in the 28 days prior to their CJIT contact in the year ending March 2025. Just under two in five men consumed alcohol (n=313, 38%), which is a decrease on the previous year's proportion (45%), and the smallest proportion of the five Merseyside CJITs (Merseyside total: 45%). While around two in five women consumed alcohol in the 28 days prior to their CJIT contact in 2024/25 (n=43, 41%; Figure 21), which is an increase on the previous year's proportion (34%), though similar to the Merseyside total (42%).

Figure 21: Liverpool residents by number of drinking days in the 28 days prior to assessment and sex, 2024/25



The daily average number of units of alcohol consumed in the 28 days prior to CJIT contact in the year ending March 2025 are shown in Figure 22. There were similar proportions of men and women who consumed 7-15 units of alcohol on an average day in the 28 days prior to their assessment (42% and 40% respectively).

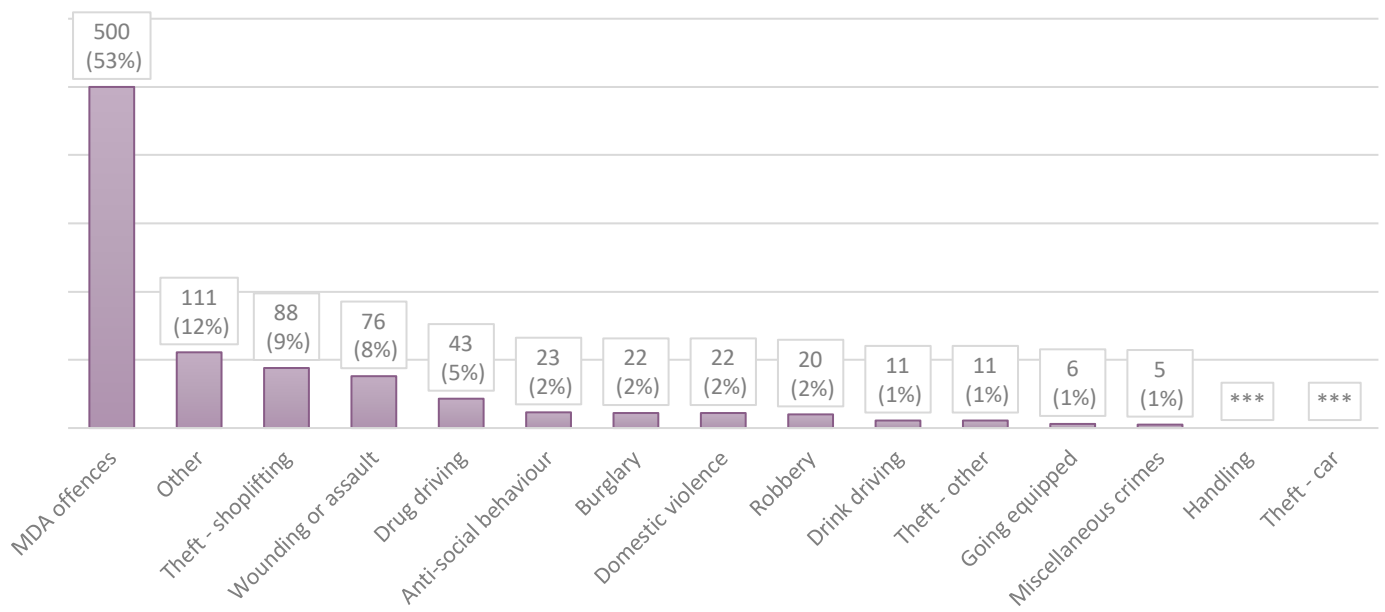
Figure 22: Liverpool residents by number of units of alcohol consumed on an average day and sex, 2024/25



## OFFENDING

The offence that prompted Liverpool CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2025 is shown in *Figure 23*. Over half (53%) of the Liverpool residents reported Misuse of Drugs Act (MDA) offences as the offence that brought them into contact with DIP in 2024/25 (possession = 463, 93%; supply = 37, 7%), which is the largest proportion of MDA offences of the five Merseyside areas (Merseyside total: 37%). Furthermore, the proportion of possession-related MDA offences is the largest of the Merseyside areas (Merseyside total: 81%).

*Figure 23: Liverpool residents by offence that prompted current/most recent contact with the criminal justice system, 2024/25*



*Figure 24* shows six-year trends of the main offending categories for Liverpool residents. Numbers of drug driving, MDA offences and theft - shoplifting in the year ending March 2025 are the highest of the six-year period, with theft - shoplifting showing the largest increase (of 151%) when compared to the previous year, followed by drug driving (115% increase). Furthermore, of the MDA offences in 2024/25, the numbers of possession and supply increased by 55% and 185% respectively when compared to the previous year.

*Figure 24: Liverpool residents by main offences that prompted current/most recent contact with the criminal justice system (n), 2019/20 - 2024/25*

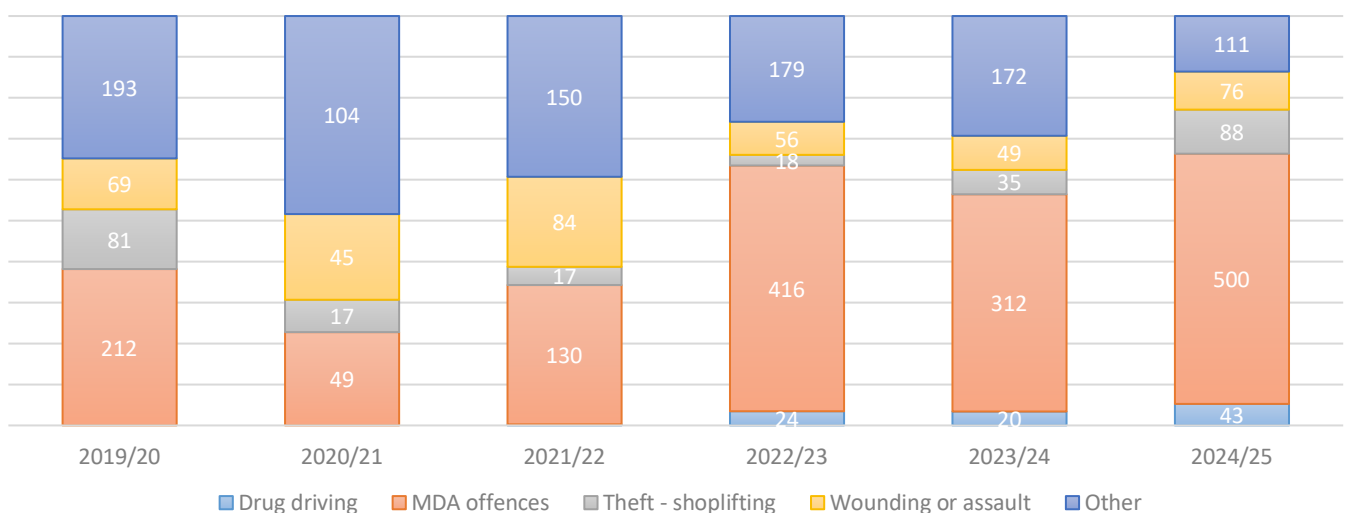
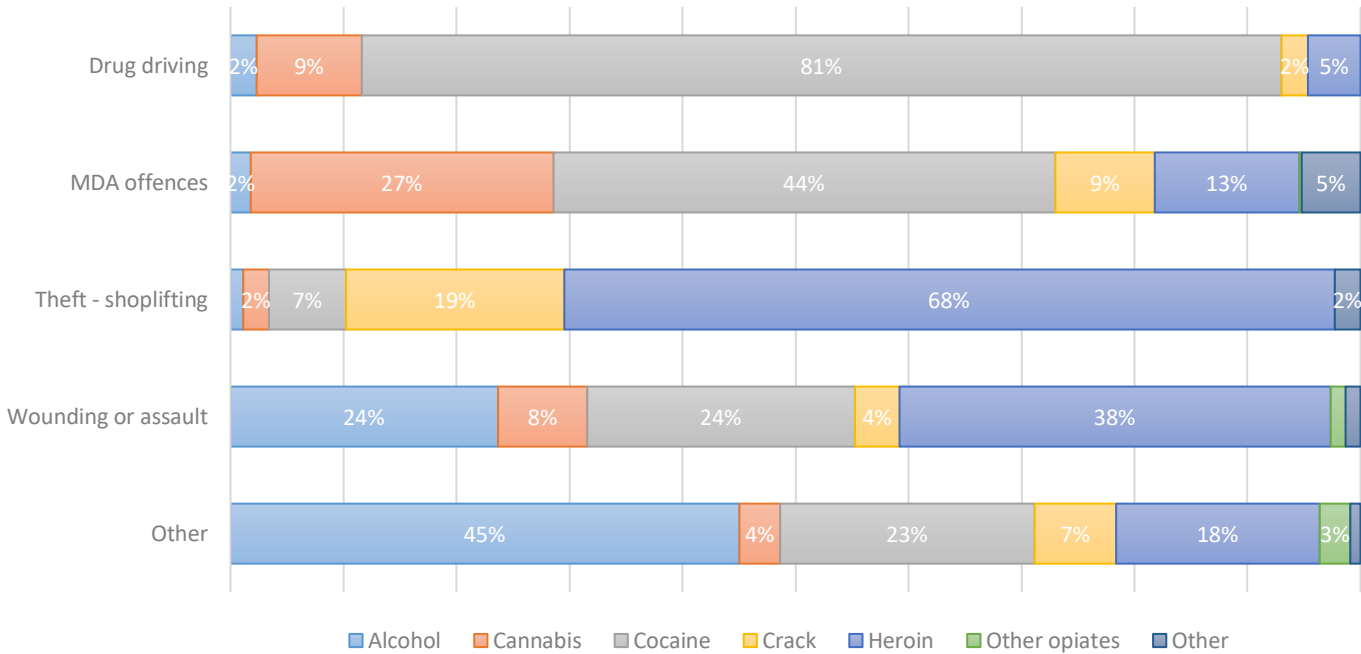


Figure 25 shows the proportions of the main substance reported for the most common offences for Liverpool CJIT contacts assessed in the year ending March 2025. Around four in five (81%) drug driving episodes had cocaine recorded as the main substance, while of the MDA offences, over two in five (44%) reported cocaine and just over a quarter (27%) reported cannabis. Heroin accounted for just over two-thirds (68%) of theft - shoplifting, followed by crack cocaine (19%), while 38% of wounding or assault had heroin recorded as the main substance, followed by alcohol and cocaine (both 24%). Finally, alcohol accounted for over two in five (45%) other offences.

Figure 25: Liverpool residents by main substance and offence, 2024/25



## REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, there were 533 referrals (517 individuals) to structured treatment in 2024/25 (Figure 26)<sup>6</sup>. This is almost triple the 118 referrals in the previous year (352% increase).

Figure 26: Liverpool residents by referrals to structured treatment, 2024/25



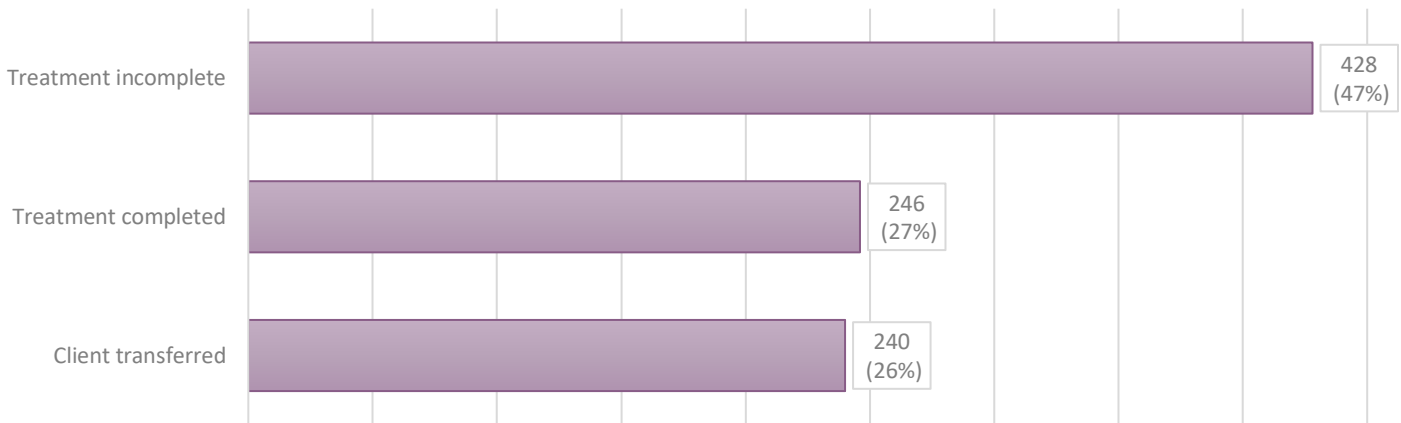
**533 (517 individuals)**  
referrals to structured treatment

<sup>6</sup> Figures include referrals to structured treatment where the date was between 1 April 2024 and 31 March 2025, regardless of when the client was taken onto the CJIT caseload. Clients not taken onto the CJIT caseload are excluded from these figures.

## TREATMENT OUTCOMES

There were 939 discharges (898 individuals) in the year ending March 2025<sup>7</sup>. Of the 914 episodes with a valid 'from caseload' discharge reason recorded, just under half (47%) of the clients did not complete treatment, while there were similar proportions who completed treatment or transferred prior to the completion of treatment (27% and 26% respectively; *Figure 27*). Of the episodes where treatment was not completed, the majority of clients dropped out (n=353, 82%) and notably, Liverpool had the largest proportion when compared to the other Merseyside areas (Merseyside total: 34%).

*Figure 27: Discharges from the Liverpool CJIT caseload, 2024/25*



Of the 246 Liverpool residents who completed treatment successfully in the year ending March 2025, the average time on the CJIT caseload was 61 days (*Figure 28*). This is the shortest length of time on the caseload of the Merseyside areas and substantially shorter than the Merseyside average (172 days).

*Figure 28: Average time on Liverpool CJIT caseload for clients who completed treatment, 2024/25*



<sup>7</sup> Figures include discharges from the CJIT caseload where the date was between 1 April 2024 and 31 March 2025, regardless of when the client was taken onto the caseload. Clients not taken onto the CJIT caseload are excluded from these figures.

## APPENDIX A: NOTES TO ACCOMPANY THIS REPORT

1. In 2020, Merseyside Police suspended drug testing in the custody suites for five months due to the COVID-19 pandemic. This affected the number of Required Assessments carried out following a positive test for specified Class A drugs in the year ending March 2021.
2. The overview chapter (*Figures 1-3*) are for all Liverpool CJIT contacts in the year, while all other figures are for residents of Liverpool LA only, recorded by Liverpool CJIT.
3. Figures for age, sex 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.
4. For 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.
5. Percentages may not add up to 100% due to rounding.
6. 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).
7. The Merseyside figures are the totals recorded by all five Merseyside CJITs (Knowsley, Liverpool, Sefton, St Helens and Wirral).
8. Throughout this report, cocaine includes cocaine hydrochloride and cocaine unspecified.
9. Supplementary data to support this report can be accessed here: [CJIT Activity in Merseyside: supplementary tables & charts \(end 2024/25\)](#).

APPENDIX B: RATES OF CJIT CONTACTS PER 100,000 ADULT POPULATION IN MERSEYSIDE, 2024/25

In the year ending March 2025, 169.4 individuals per 100,000 adult population in Merseyside were assessed by one of the local CJITs. Liverpool had the highest number of individuals in contact with the CJIT of the five Merseyside areas and the largest rate (225.5 per 100,000)<sup>8</sup>.

CJIT/LA	CJIT contacts (individuals)	
	Number	Rate (per 100,000 adult population)
Knowsley	164	129.6
<b>Liverpool</b>	<b>927</b>	<b>225.5</b>
Sefton	283	122.2
St Helens	326	215.5
Wirral	329	125.3
<i>Total Merseyside residents (individuals)</i>	<i>2,004</i>	<i>169.4</i>



<sup>8</sup> Rates have been calculated using [mid-2024 population estimates](#) for each LA for adults aged 18 years or over. Figures show the residents of each of the CJIT areas (individuals only) i.e., Liverpool residents recorded by Liverpool CJIT.

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### ***About the Public Health Institute***

The Public Health Institute (PHI) within the Faculty of Health, Innovation, Technology and Science at Liverpool John Moores University, specialises in applied research and educational programmes addressing health issues at all levels from policy development to service delivery. PHI is committed to a multidisciplinary approach to public health and works in partnership with health services, local authorities, judicial bodies, environmental services and community groups.

Influencing health service design and delivery, as well as health related policy, PHI's research has been at the forefront of the development of multi-agency strategies to promote and protect public health. PHI turns information and data into meaningful and timely intelligence.

### ***Intelligence and Surveillance Team***

The Intelligence and Surveillance Team provides data collection and monitoring systems to support public health reporting, evidence review, evaluation and research. The team has extensive experience across various large-scale data sets which contribute to the surveillance systems developed and managed by PHI.

### ***DIP monitoring***

PHI has been monitoring criminal justice interventions for people in the criminal justice system who use drugs and/or alcohol since the implementation of the Drug Interventions Programme (DIP) in 2003. The Institute is commissioned to deliver the intelligence and surveillance of data collected for clients in contact with DIP across Merseyside.

The Intelligence and Surveillance Team has access to Merseyside Police records for drug tests carried out for specified Class A drugs in the custody suites and the criminal justice data set, which collects information on clients in contact with the Criminal Justice Intervention Teams (CJITs) across Merseyside's treatment providers. Drug testing records are matched with the criminal justice data set across the five Merseyside Local Authority areas, using a client attributor. This enables the monitoring of performance, identifying when individuals have attended their Required Assessment (RA) and engaged with DIP, and highlight any issues with the RA, and wider DIP, processes.

Intelligence is collated and presented through monthly and annual reports, and ad-hoc reporting in response to data requests. In partnership with commissioners, treatment providers and Merseyside Police, DIP monitoring in Merseyside is continually developing to meet local needs.





