

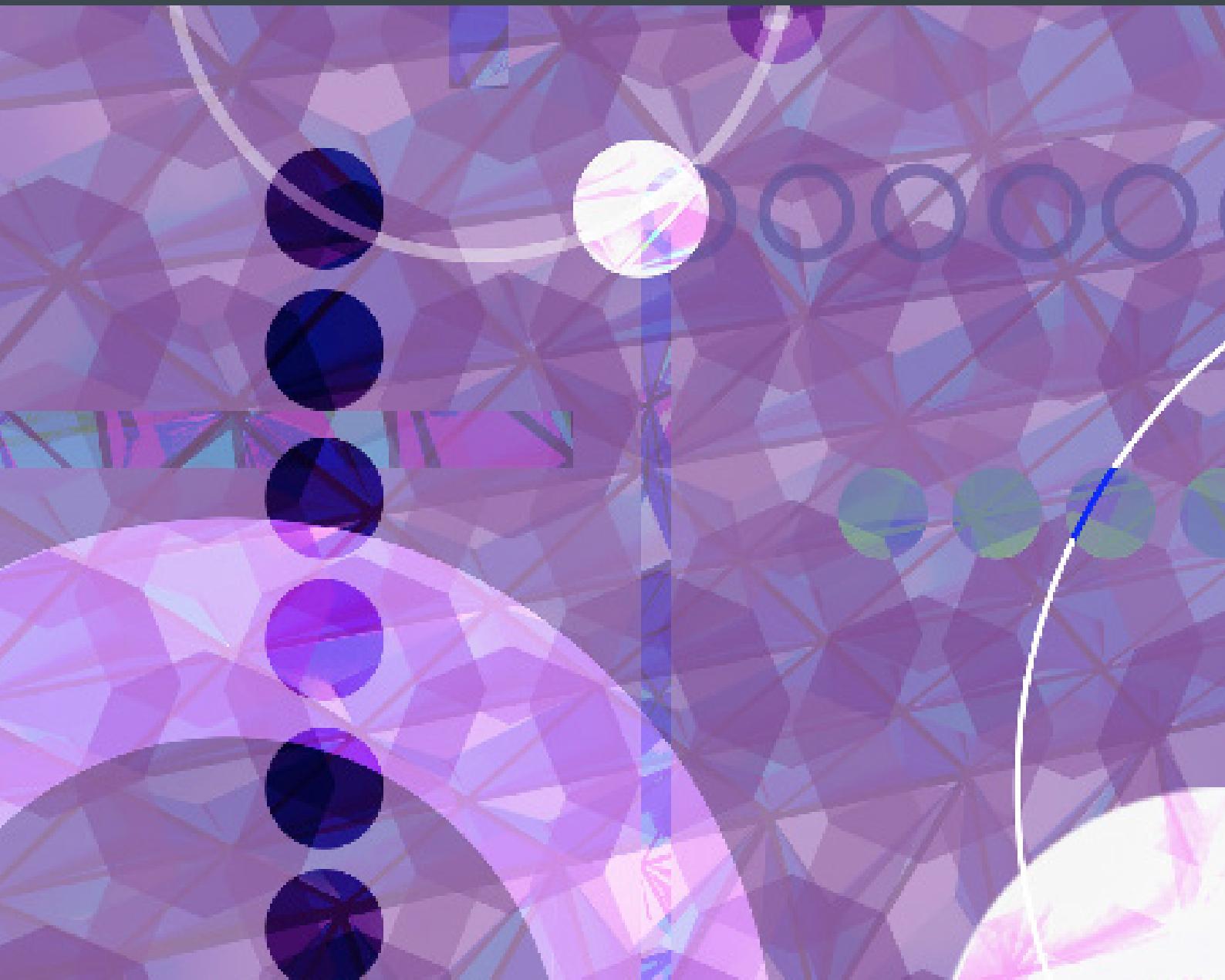
Drug Interventions Programme

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

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Karen Critchley and Mark Whitfield



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

✉ www.ljmu.ac.uk/phi | ✉ k.a.critchley@ljmu.ac.uk | ☎ 0151 231 4290

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- In the year ending March 2025, there were 315 adult contacts (284 individuals) recorded by Sefton Criminal Justice Intervention Team (CJIT), which is a 21% increase on the 260 episodes in the previous year and the highest number since 2019/20 (n=428).
- Just over two in five (42%) of the CJIT episodes in 2024/25 were other criminal justice routes, most of which were referrals made through the client's Offender Manager, while just under two in five (38%) 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.
- Seven in ten (70%) Sefton CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload.

Sefton residents

- In the year ending March 2025, 122.2 individuals per 100,000 adult population in Sefton Local Authority were in contact with Sefton CJIT. The postcode district with the highest number of Sefton CJIT contacts was L20 (33%).
- The average age of individuals assessed in the year ending March 2025 was 39.7 years (men = 40.5, women = 37.1). Around one in three (34%) individuals were aged 30-39 years, while just over a quarter (27%) were aged 40-49 years, just over one in five (22%) were aged 50 years or over and just under one in five (18%) were aged 18-29 years.
- Around four in five (81%) individuals in contact with Sefton CJIT in the year ending March 2025 stated they were men.
- Over nine in ten (94%) Sefton CJIT contacts identified themselves as White British.
- Just over two in five (42%) Sefton residents considered themselves to have a disability; of which, half (50%) were a behaviour and emotional disability, one in five (20%) were mobility and gross motor, and around one in six (16%) were progressive conditions and physical health.
- Four per cent of the Sefton residents stated they were a veteran of the British Armed Forces.
- A quarter (25%) of the clients had parental responsibility for a child aged under 18 years; of which, around two in three (68%) 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, just over a third (35%) had some form of a housing problem, including around one in ten (11%) with an urgent problem due to being of no fixed abode. Furthermore, around one in seven (15%) reported a risk of homelessness in the next eight weeks.
- Of the main substances reported by Sefton residents in the year ending March 2025, around a third (32%) were heroin, followed by alcohol and cocaine (cocaine hydrochloride & cocaine unspecified; both 24%). Around two in five (39%) reported crack cocaine as their second substance, while there were similar proportions who reported alcohol or cannabis as their third substance (27% and 30% respectively).
- Just under half (47%) of the Sefton CJIT contacts smoked their main substance, while around a quarter either administered their main substance orally or intranasally (26% and 24% respectively).

- Just under three-quarters (72%) stated they had never injected, followed by around a quarter (26%) who previously injected but were not currently and 2% who were currently injecting at the time of their assessment.
- Just over a third (35%) of the clients who reported an opioid as their main substance in 2024/25 were issued with naloxone; of which, similar proportions were supplied with either nasal or injectable naloxone (44% and 39% respectively), while 17% were provided with both nasal and injectable naloxone. Of the clients not issued with naloxone, around two-thirds (68%) were already in possession of adequate naloxone and around three ten (29%) were offered but refused naloxone.
- Of the Sefton residents who reported an opioid as their main substance, 12% have at some point been administered with naloxone to reverse the effects of an overdose.
- Around three in five (59%) men consumed alcohol in the 28 days prior to their CJIT assessment. Of these, just over one-third (35%) consumed 7-15 units and three in ten (30%) consumed 25 units or more of alcohol on an average day.
- Just over half (52%) of the women consumed alcohol in the 28 days prior to their CJIT assessment. Of these, over two in five (45%) consumed 7-15 units and around a third (34%) consumed 25 units or more of alcohol on an average day.
- Misuse of Drugs Act offences accounted for a quarter (25%) of the offences that prompted the current or most recent contact with the criminal justice system, while around one in eight were either theft - shoplifting or offences categorised as 'other' (13% and 12% respectively), and wounding or assault and drug driving accounted for one in ten (10%) each.
- Of the clients on the CJIT caseload, there were 194 referrals (173 individuals) to structured treatment in the year ending March 2025.
- Around three in five (61%) discharges in the year ending March 2025 were transfers prior to the completion of treatment, while there were similar proportions who completed treatment or did not complete treatment (21% and 19% respectively).
- Of the Sefton residents who completed treatment successfully, the average time on the CJIT caseload was 216 days.

INTRODUCTION

Through the Drug Interventions Programme (DIP), Sefton 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 Sefton 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 made¹.

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.

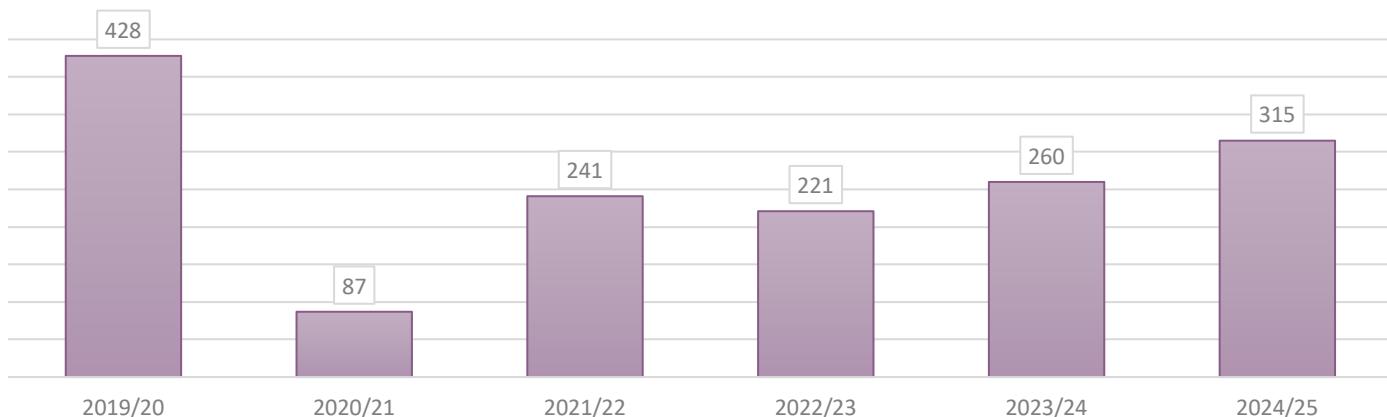
(Bacon, 2024)

¹ 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 315 adult contacts (284 individuals) recorded by Sefton Criminal Justice Intervention Team (CJIT; *Figure 1*). This is a 21% increase on the 260 CJIT episodes in the previous year and the highest number since 2019/20 (n=428).

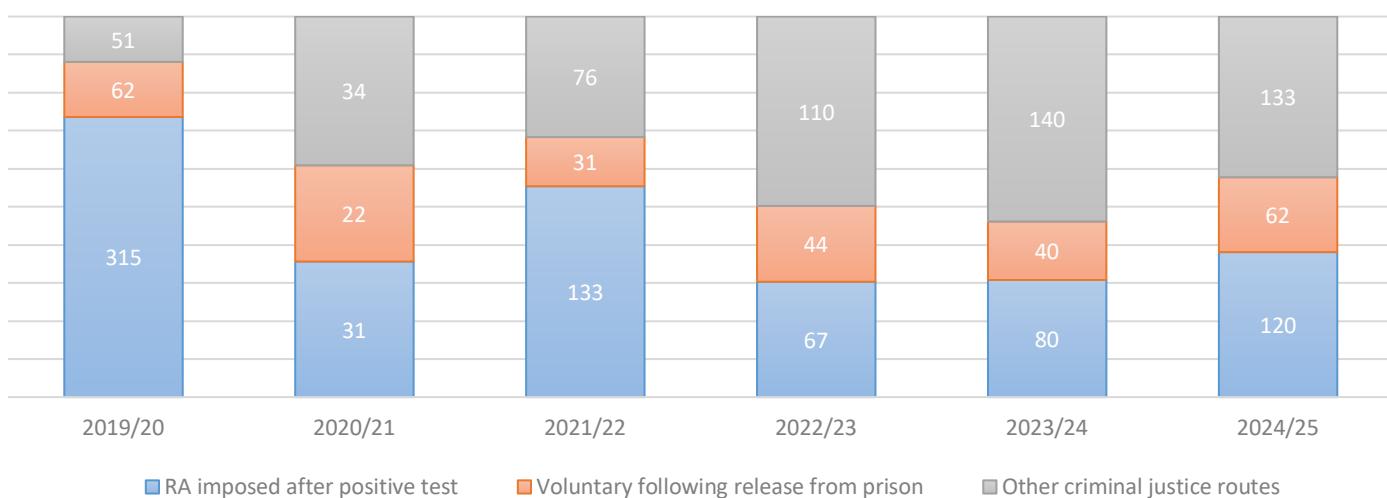
Figure 1: Sefton CJIT episodes (n), 2019/20 - 2024/25



CRIMINAL JUSTICE ROUTES IN SEFTON

Figure 2 shows the criminal justice routes that led to the contact with Sefton CJIT between 2019/20 and 2024/25. Just over two in five (42%) of the CJIT episodes in the year ending March 2025 were other criminal justice routes², while just under two in five (38%) 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, which are similar proportions to the Merseyside figures. The number of RAs and prison releases in 2024/25 increased by 50% and 55% respectively when compared to the previous year, while the number of other criminal justice routes decreased by 5%.

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



² Other criminal justice routes: required by offender management scheme/DRR/ATR/IOM = 94, requested by Offender Manager (post DRR/ATR) = 24, Conditional Cautioning = 10, other = 5. DRR = Drug Rehabilitation Requirement, ATR = Alcohol Treatment Requirement, IOM = Integrated Offender Management.

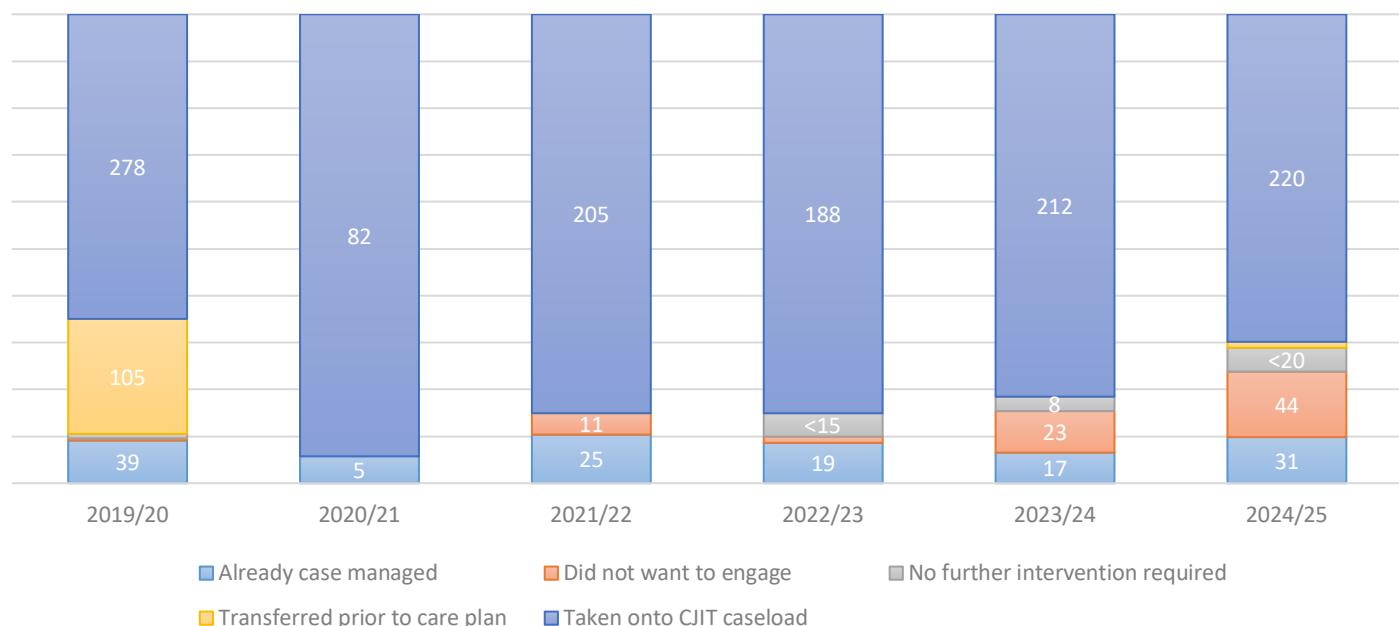
Offender Manager referrals

- In the year ending March 2025, there was a large number of clients who had contact with Sefton CJIT through their Offender Manager, accounting for over a third (37%) of the total CJIT contacts (required by offender management scheme/DRR/ATR/IOM = 94, requested by Offender Manager post DRR/ATR = 24).
- Of the total 118 Sefton CJIT contacts referred by their Offender Manager in the year ending March 2025, just under nine in ten were men (n=100, 87%). The average age was 39.7 years, with similar numbers aged 18-39 years (n=59, 51%) and 40 years or over (n=57, 49%).
- Around two in five clients reported alcohol as their main substance (n=48, 41%).
- Misuse of Drugs Act offences (n=24, 20%) and wounding or assault (n=22, 19%) accounted for the largest number of clients.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Seven in ten (70%) Sefton CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload (*Figure 3*), which is similar to the Merseyside total (71%), though smaller than the average proportion of the six-year average (80%).

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



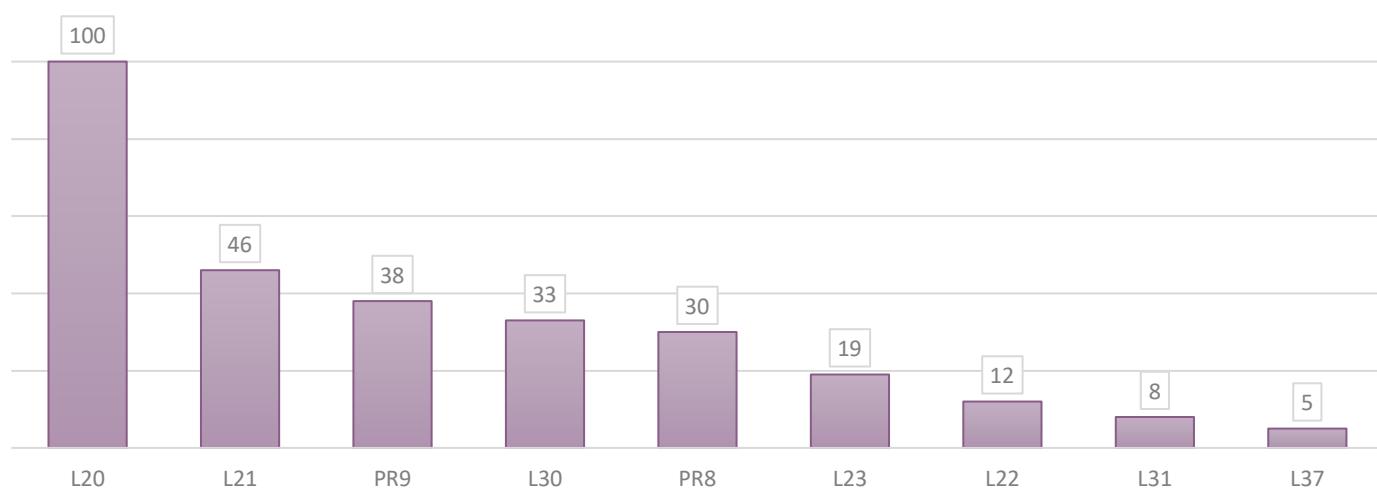
SEFTON RESIDENTS

DEMOGRAPHICS

In the year ending March 2025, 122.2 individuals per 100,000 adult population in Sefton Local Authority (LA) were in contact with Sefton CJIT, compared to 169.4 per 100,000 across Merseyside. Notably, this is the smallest 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=301; excluding those of no fixed abode), the postcode district with the highest number of Sefton CJIT contacts in the year ending March 2025 was L20 (n=100, 33%; *Figure 4*).

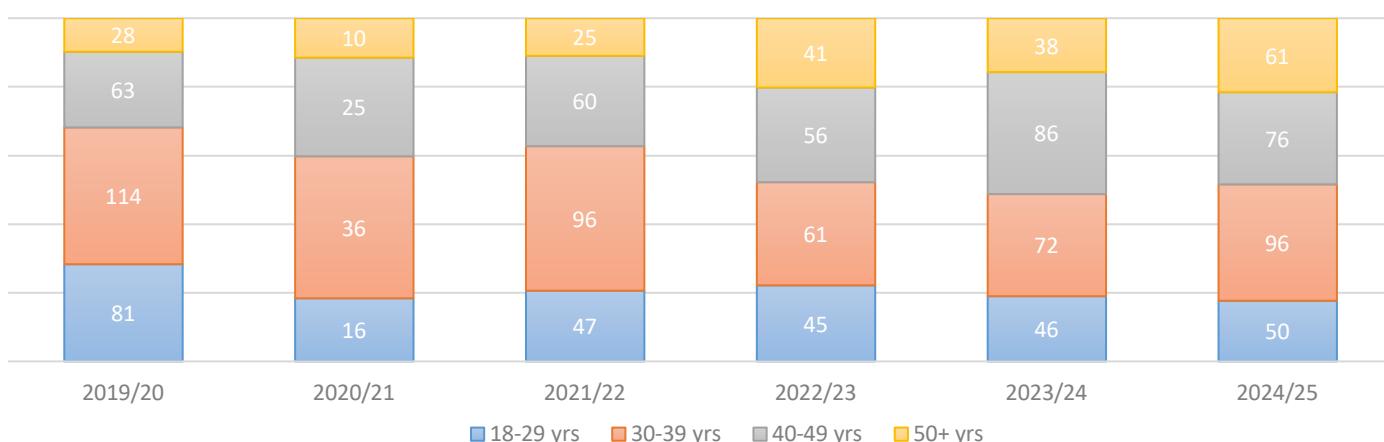
Figure 4: Sefton residents by postcode area of residence (where there are 5+ episodes), 2024/25



AGE AND SEX

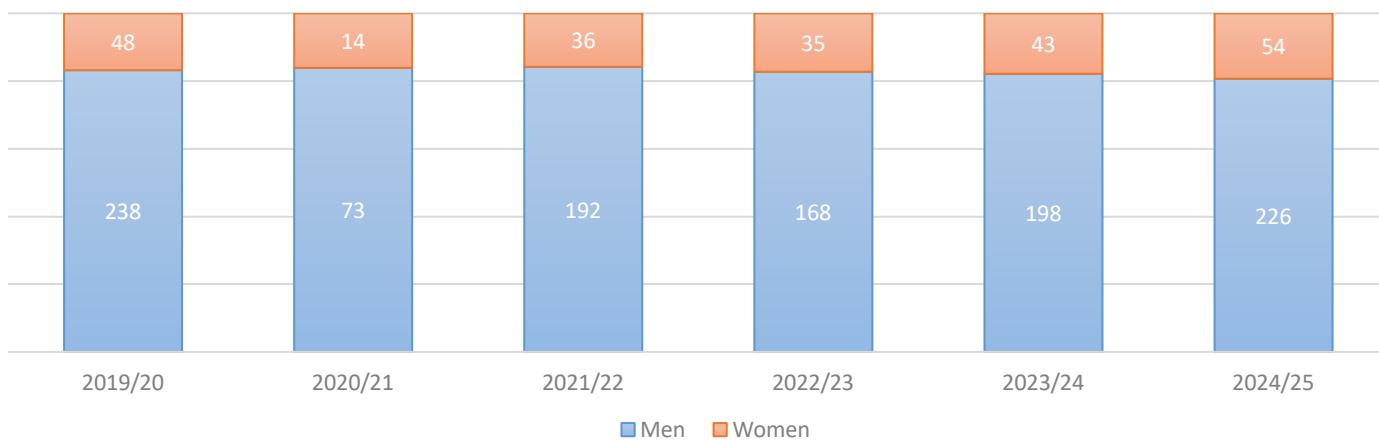
The average age of Sefton residents assessed in the year ending March 2025 was 39.7 years (men = 40.5, women = 37.1). Notably, Sefton had the oldest average age for men and youngest average age for women when compared to the other Merseyside areas. Looking at age groups, around one in three (34%) individuals were aged 30-39 years, while just over a quarter (27%) were aged 40-49 years, just over one in five (22%) were aged 50 years or over and just under one in five (18%) were aged 18-29 years (*Figure 5*). Notably, this is the highest number of individuals aged 50 years or over of the six-year period, with Sefton and another CJIT area having the largest proportion in this age group across Merseyside (Merseyside total: 18%).

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



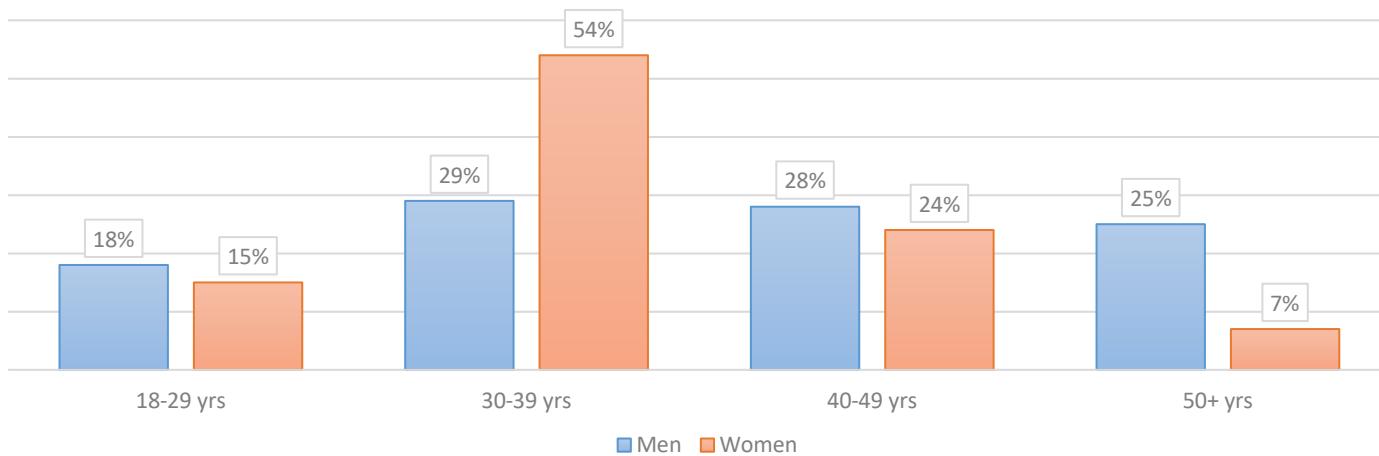
Around four in five (81%) individuals in contact with Sefton CJIT in the year ending March 2025 stated they were men, compared to around one in five (19%) women (Figure 6). Notably, the number of women in 2024/25 is the highest of the six-year period and accounts for the largest proportion across Merseyside (Merseyside total: 14%).

Figure 6: Sefton 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 was a substantially larger proportion of women aged 30-39 years when compared to men (54% and 29% respectively), and a substantially larger proportion of men than women aged 50 years or over (25% and 7% respectively). Proportions of men and women aged 18-29 years and 40-49 year were somewhat similar.

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



ETHNICITY

Where recorded, over nine in ten Sefton CJIT contacts in the year ending March 2025 identified themselves as White British (94%; Figure 8). This is both similar to the previous year's proportion (95%) and the Merseyside total (92%).

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



DISABILITY

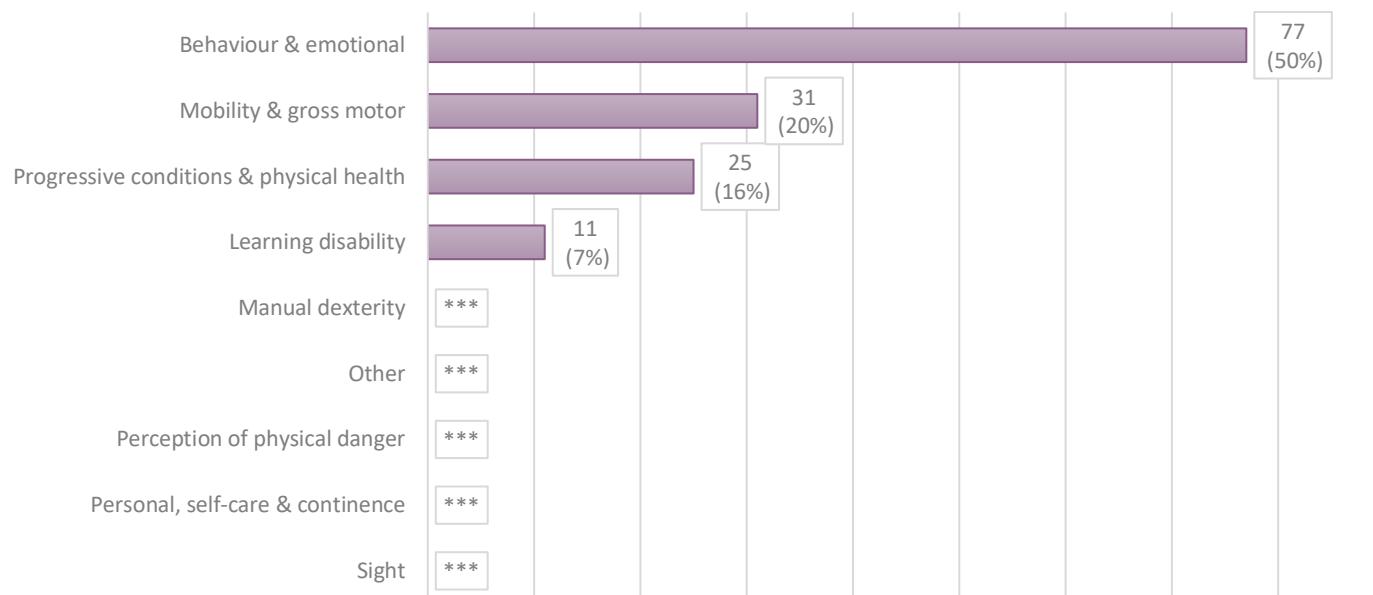
Just over two in five (42%) Sefton residents in the year ending March 2025 considered themselves to have a disability (Figure 9). This is a 57% increase on the 84 episodes in the previous year and the highest number since the recording of disability was introduced to the dataset in April 2017. Furthermore, this is a larger proportion than the Merseyside figure (Merseyside total: 34%).

Figure 9: Sefton residents by disability status, 2024/25



A total of 154 disabilities were recorded³; of which, half (50%) were a behaviour and emotional disability, one in five (20%) were mobility and gross motor, and around one in six (16%) were progressive conditions and physical health (Figure 10).

Figure 10: Sefton residents by disability type, 2024/25



VETERAN

In the year ending March 2025, 4% of the Sefton residents stated they were a veteran of the British Armed Forces (Figure 11), which is the highest number since this was added to the dataset in April 2021 and similar to the Merseyside total (3%).

Figure 11: Sefton residents by veteran status, 2024/25



³ Note that clients may have up to three disabilities recorded.

PARENTAL RESPONSIBILITY

In the year ending March 2025, a quarter (25%) of the Sefton residents had parental responsibility for a child aged under 18 years (*Figure 12*), which is the highest number since this was added to the CJIT dataset in April 2017, though similar to the Merseyside figure (26%).

Figure 12: Sefton residents by parental status, 2024/25

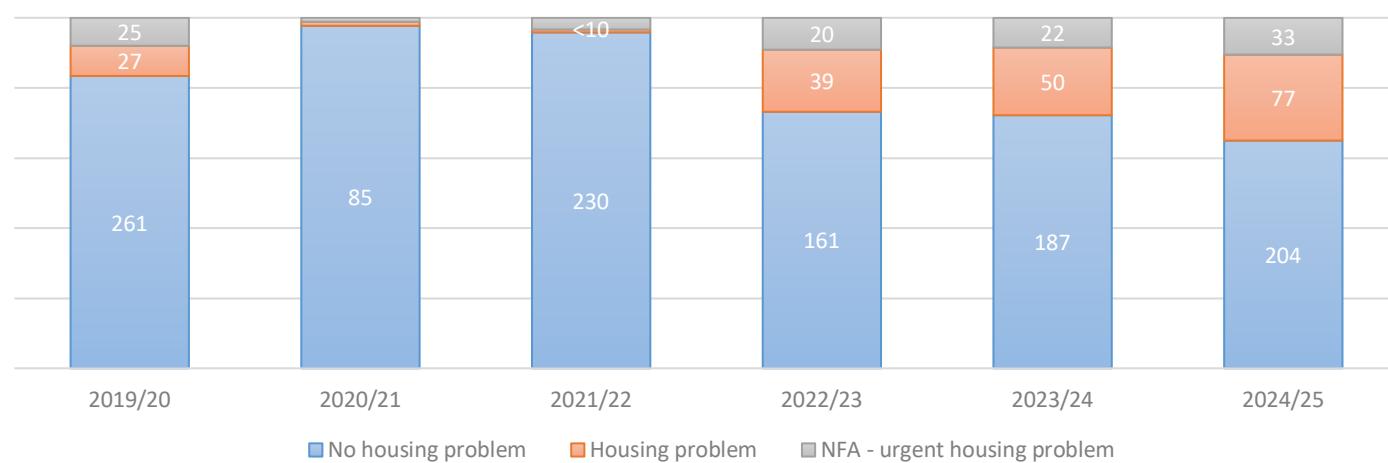


Two-thirds of the Sefton CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=54, 68%). This is the highest number since this was added to the CJIT dataset, though somewhat similar to the Merseyside figure (72%).

HOUSING SITUATION

While the majority of the Sefton CJIT contacts in the year ending March 2025 reported no housing problem, just over a third (35%) had some form of a housing problem (housing problem = 77, NFA = 33; *Figure 13*)⁴. Notably, the number of clients with a housing problem increased year-on-year since 2020/21 and the proportion is larger than the Merseyside total (30%).

Figure 13: Sefton residents by housing problem, 2019/20 - 2024/25



Around one in seven Sefton residents in the year ending March 2025 reported they had a risk of homelessness in the next eight weeks (n=47, 15%). This is a 42% increase on the 33 clients in the previous year and the second largest proportion of the five Merseyside CJITs (Merseyside total: 12%).

⁴ 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 Sefton residents in the year ending March 2025, around a third (32%) were heroin, followed by alcohol and cocaine (cocaine hydrochloride & cocaine unspecified; both 24%; *Figure 14*). The proportions of alcohol and cocaine are smaller than the six-year averages (20% and 29% respectively) and notably, the number of crack cocaine is the largest of the six years. When compared to the other Merseyside areas, Sefton had the largest proportion of alcohol reported as the main substance (Merseyside total: 14%), and along with another CJIT, the largest proportion of heroin (Merseyside total: 27%).

Figure 14: Sefton residents by main substance, 2019/20 - 2024/25

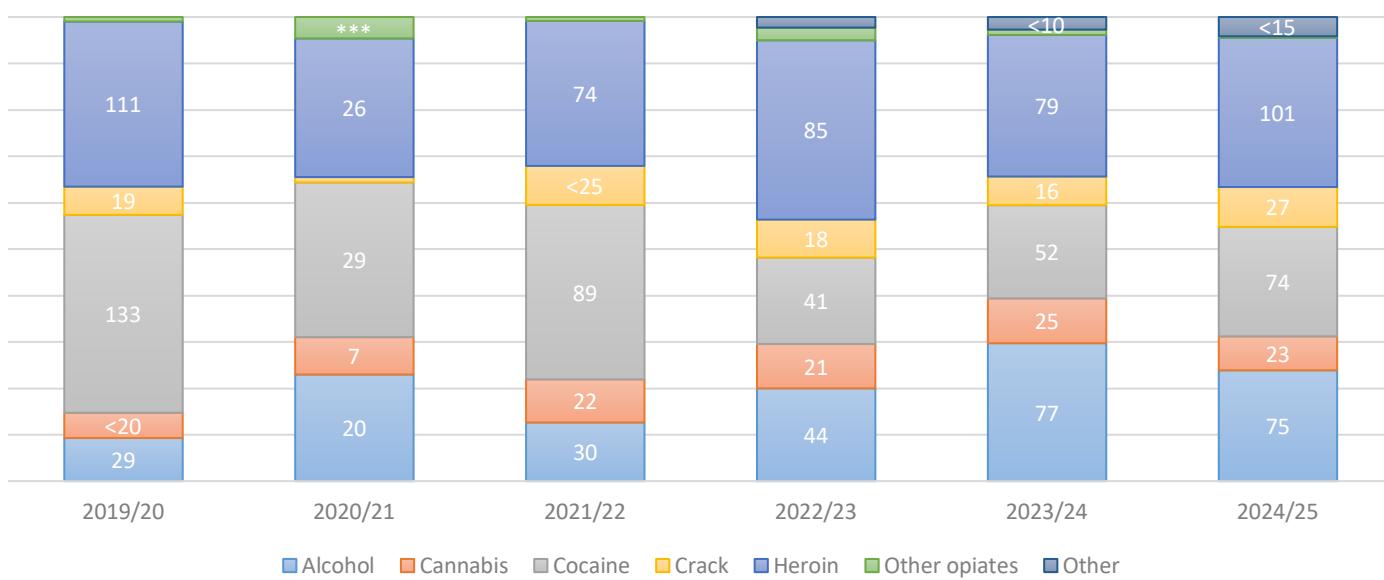


Figure 15 shows 2024/25 figures split by substance one, two and three. Around two in five (39%) reported crack cocaine as their second substance, while there were similar proportions of alcohol or cannabis reported as the third substance (27% and 30% respectively). Notably, the majority (94%) of the episodes with crack cocaine recorded as the second substance had heroin recorded as the main substance.

Figure 15: Sefton residents by substances 1-3, 2024/25

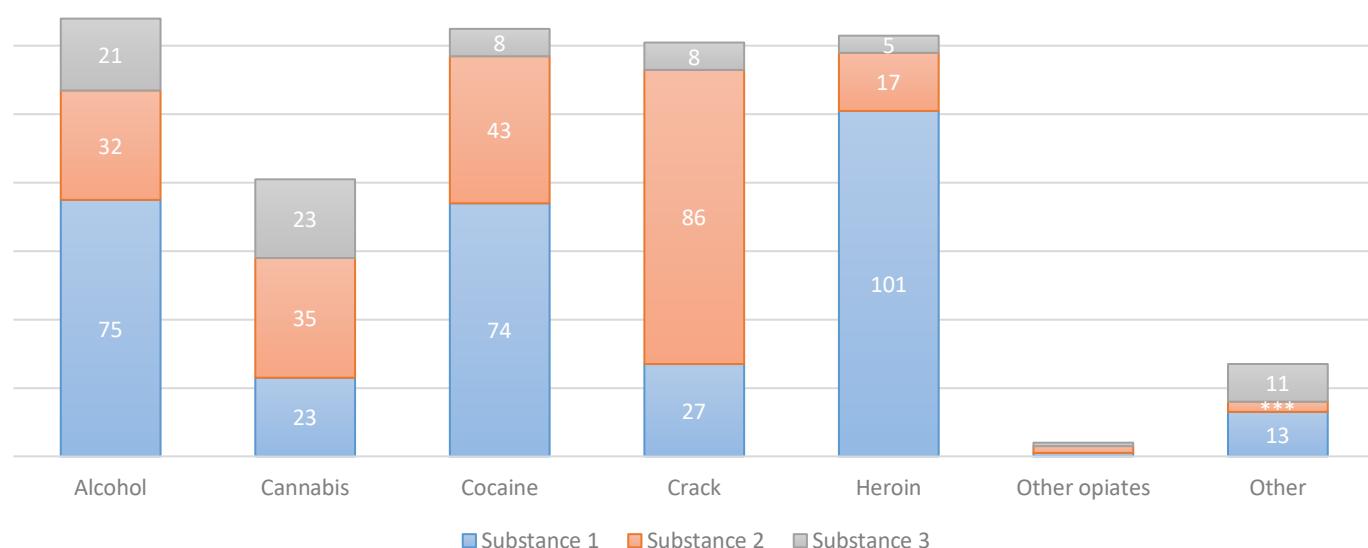


Figure 16 shows the proportions of the main substance by sex in the year ending March 2025. There were larger proportions of alcohol, cannabis and cocaine recorded as the main substance by men (24%, 8% and 24% respectively) when compared to women (21%, 4% and 18% respectively), while there were larger proportions of crack cocaine, heroin and other drugs recorded by women (11%, 39% and 7% respectively) than men (8%, 31% and 4% respectively).

Figure 16: Sefton residents by main substance and sex, 2024/25

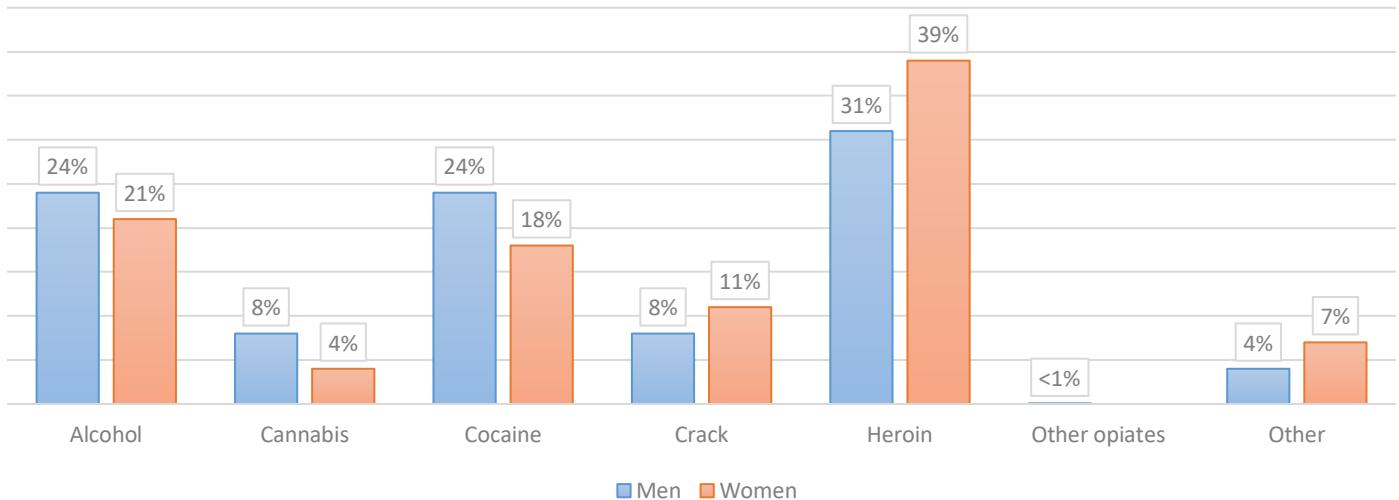
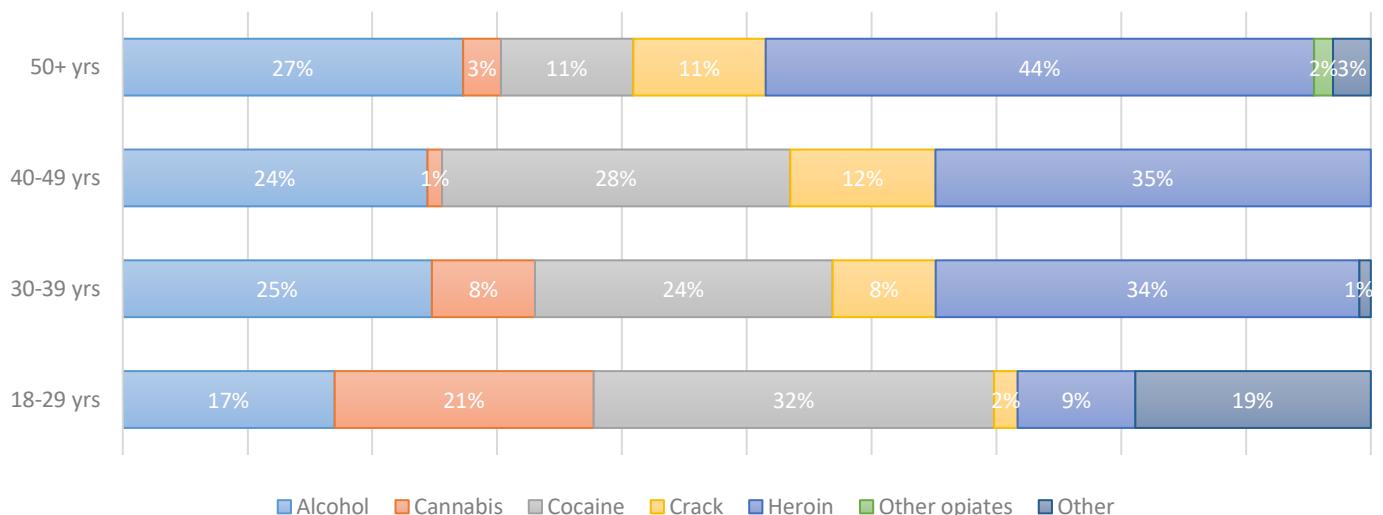


Figure 17 shows the proportions of the main substance for each age group in the year ending March 2025. Clients who reported cannabis or cocaine as their main substance were generally younger, while those who reported crack cocaine or heroin were generally older. Specifically, around a third (32%) of 18-29-year-olds reported cocaine as their main substance, followed by 21% who reported cannabis. Similar proportions of clients aged 30-39 years and 40-49 years reported heroin as their main substance (34% and 35% respectively), which increased to 44% for those aged 50 years or over. Furthermore, alcohol peaked for those 50 years or over (27%) and crack cocaine peaked for those aged 40-49 years and 50 years or over (12% and 11% respectively).

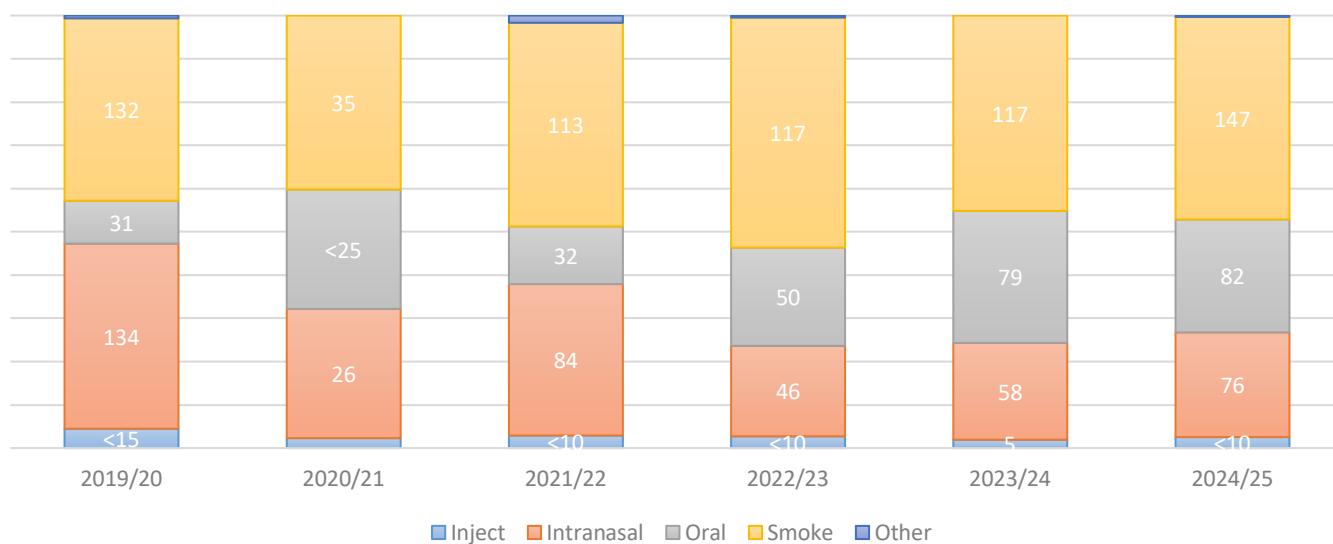
Figure 17: Sefton residents by main substance and age group, 2024/25



ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in *Figure 18*. In the year ending March 2025, just under half (47%) of the Sefton CJIT contacts smoked their main substance, while around a quarter either administered their main substance orally or intranasally (26% and 24% respectively). These are similar proportions to the previous year, though the numbers of clients who administered their main substance orally or smoked their main substance are the highest of the six-year period. Furthermore, Sefton residents reported the largest proportion of clients who administered their drug orally in 2024/25 of the five Merseyside CJITs (Merseyside total: 16%).

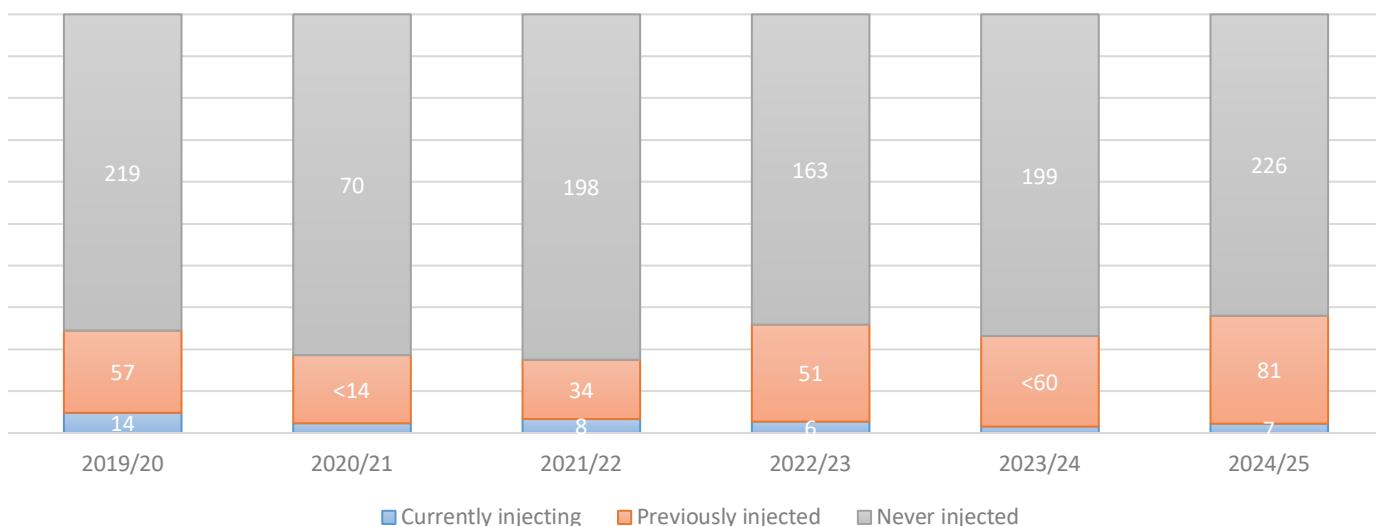
Figure 18: Sefton residents by route of administration of the main substance, 2019/20 - 2024/25



INJECTING STATUS

Just under three-quarters (72%) of the Sefton CJIT contacts in the year ending March 2025 stated they had never injected, followed by around a quarter (26%) who previously injected but were not currently and 2% who were currently injecting at the time of their assessment (*Figure 19*). Notably, Sefton had the largest proportion of clients who had previously injected of the five Merseyside CJITs (Merseyside total: 18%).

Figure 19: Sefton residents by injecting status, 2019/20 - 2024/25

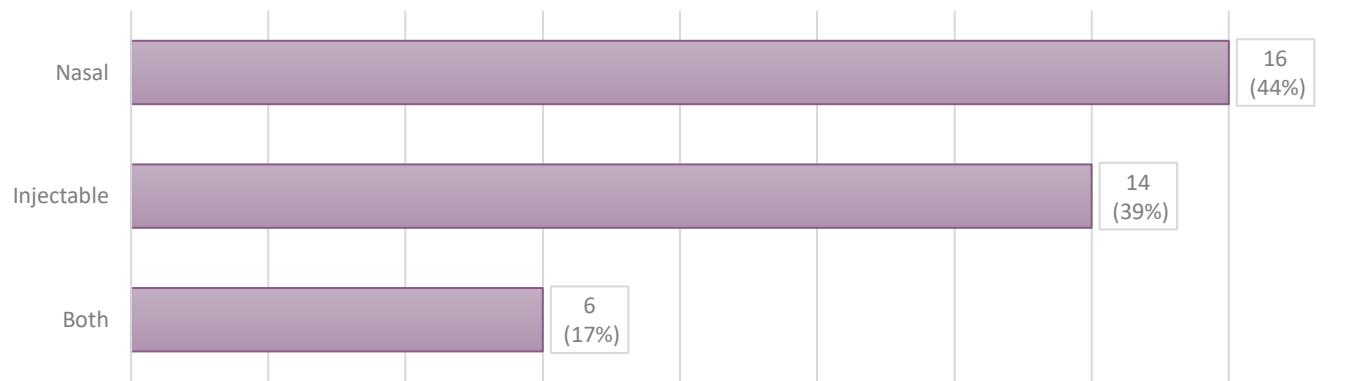


NALOXONE PROVISION

Just over 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=36, 35%), which is a slight increase on the previous year (32%) and similar to the Merseyside figure (34%).

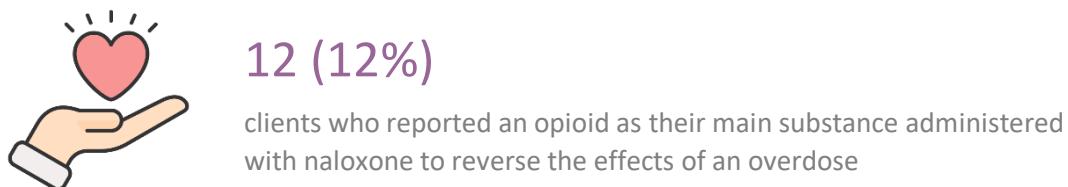
Of the clients issued with naloxone in 2024/25, similar numbers were supplied with either nasal or injectable naloxone (44% and 39% respectively), while the remaining clients were provided with both nasal and injectable (17%; *Figure 20*). Compared to the Merseyside totals, Sefton had larger proportions issued with nasal naloxone and both (Merseyside totals: 39% and 12% respectively), and a smaller proportion supplied with injectable naloxone (Merseyside total: 50%). While of the clients who were not issued with naloxone, around two-thirds were already in possession of adequate naloxone (n=45, 68%), which is the largest proportion reported by the five Merseyside areas (Merseyside total: 49%), and around three ten (29%) were offered but refused naloxone.

Figure 20: Sefton residents who reported an opioid as their main substance by type of naloxone issued, 2024/25



Furthermore, of the Sefton residents who reported an opioid as their main substance in the year ending March 2025, 12% have at some point been administered with naloxone to reverse the effects of an overdose (*Figure 21*), which is similar to the Merseyside total (11%).

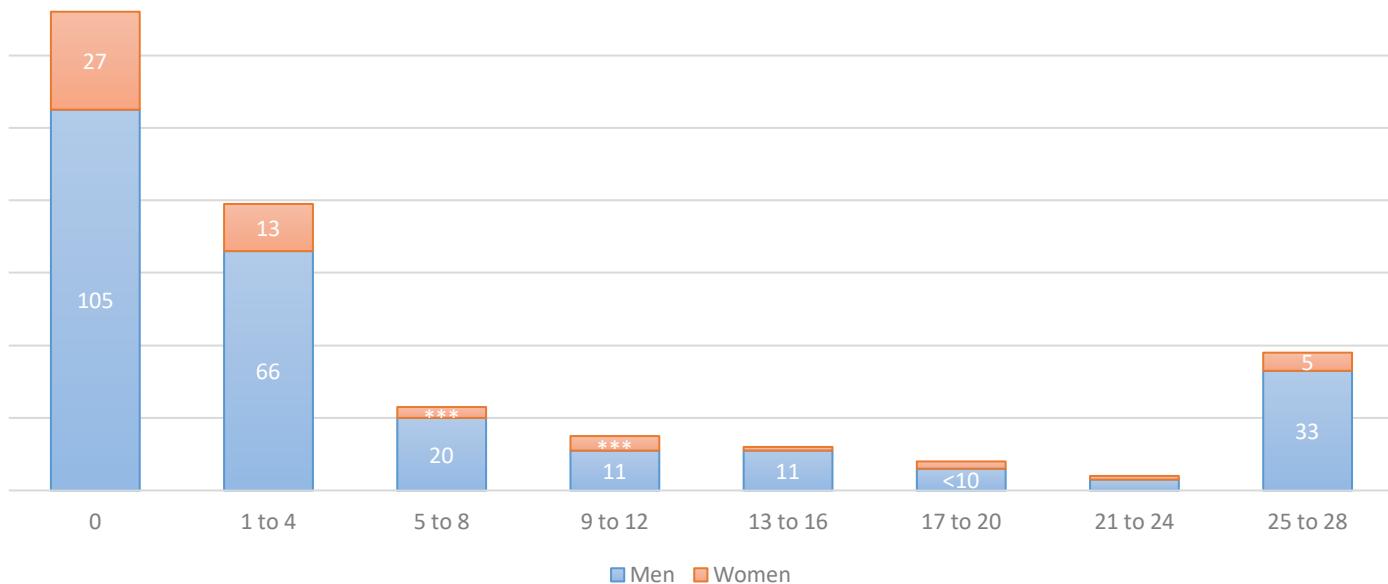
Figure 21: Sefton residents administered with naloxone to reverse the effects of an overdose, 2024/25



ALCOHOL CONSUMPTION

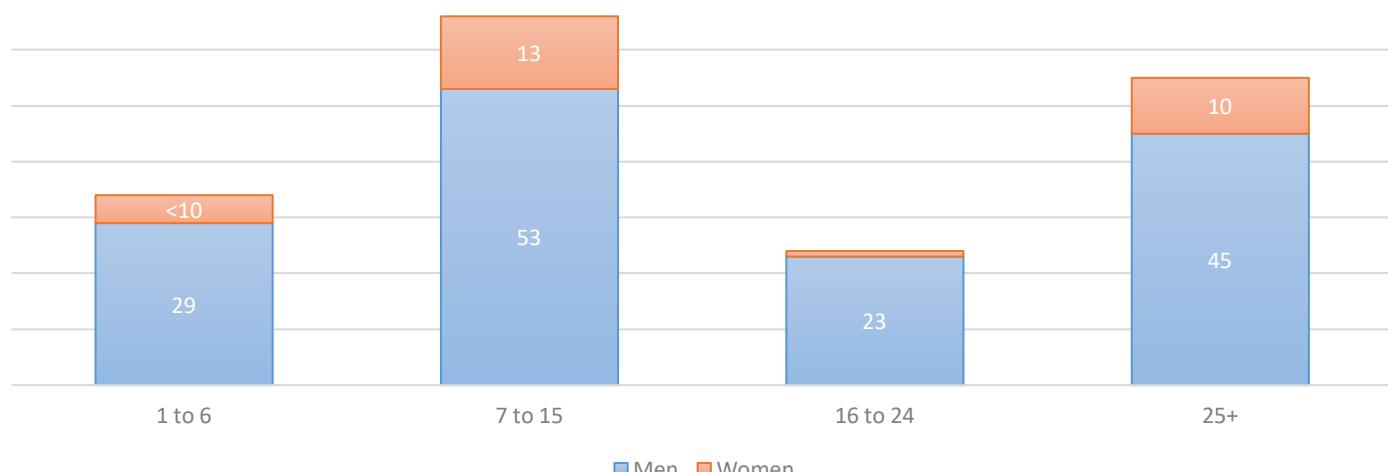
Figure 22 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their CJIT contact in the year ending March 2025. Around three in five men consumed alcohol (n=150, 59%), which is the same as the previous year's proportion, while just over half of the women consumed alcohol (n=29, 52%), which is a decrease on the previous year's proportion (56%). Furthermore, Sefton had the largest proportions of both men and women who consumed alcohol in the 28 days prior to their assessment when compared to the other Merseyside areas (Merseyside totals: 45% and 42% respectively).

Figure 22: Sefton 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 23. Those who consumed 7-15 units of alcohol on an average day accounted for the largest proportions for both men and women (35% and 45% respectively), followed by 25 units or more (30% and 34% respectively). Notably, men in Sefton had the largest proportion who consumed 25 units of alcohol or more on an average day across Merseyside (Merseyside total: 21%).

Figure 23: Sefton residents by number of units of alcohol consumed on an average day and sex, 2024/25



OFFENDING

The offence that prompted Sefton CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2025 is shown in *Figure 24*. A quarter (25%) of the Sefton residents reported Misuse of Drugs Act (MDA) offences as the offence that brought them into contact with DIP in 2024/25 (possession = 60, 75%; supply = 20, 25%), while around one in eight were either theft - shoplifting or offences categorised as 'other' (13% and 12% respectively), and wounding or assault and drug driving accounted for one in ten (10%) each. Notably, Sefton had the largest proportions of episodes reporting drug driving and theft - shoplifting of the Merseyside CJITs (Merseyside totals: 6% and 9% respectively). Furthermore, Sefton had a slightly larger proportion of supply-related MDA offences than the Merseyside total (19%).

Figure 24: Sefton residents by offence that prompted current/most recent contact with the criminal justice system, 2024/25

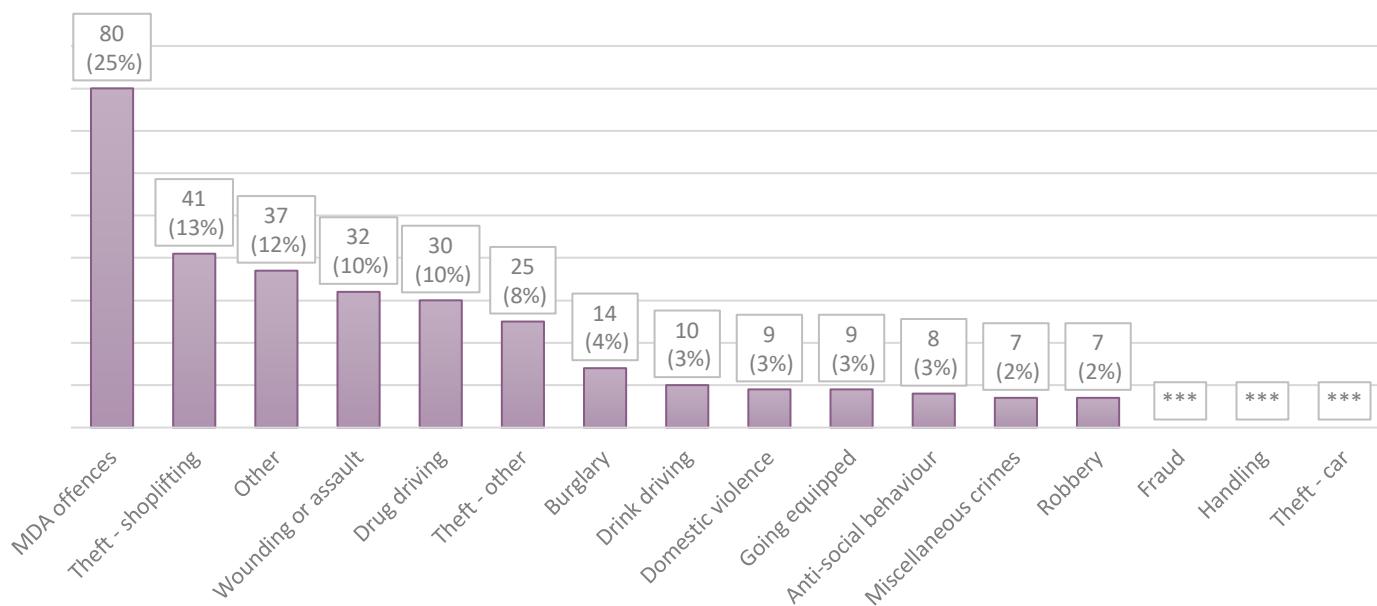


Figure 25 shows six-year trends of the main offending categories for Sefton residents. There were substantial increases in the numbers of drug driving and theft - other in 2024/25 when compared to the previous year (150% and 525% increases respectively), accounting for the highest numbers of the six-year period. Furthermore, the number of wounding or assault in the latest year is the highest of the six years.

Figure 25: Sefton residents by main offences that prompted current/most recent contact with the criminal justice system, 2019/20 - 2024/25

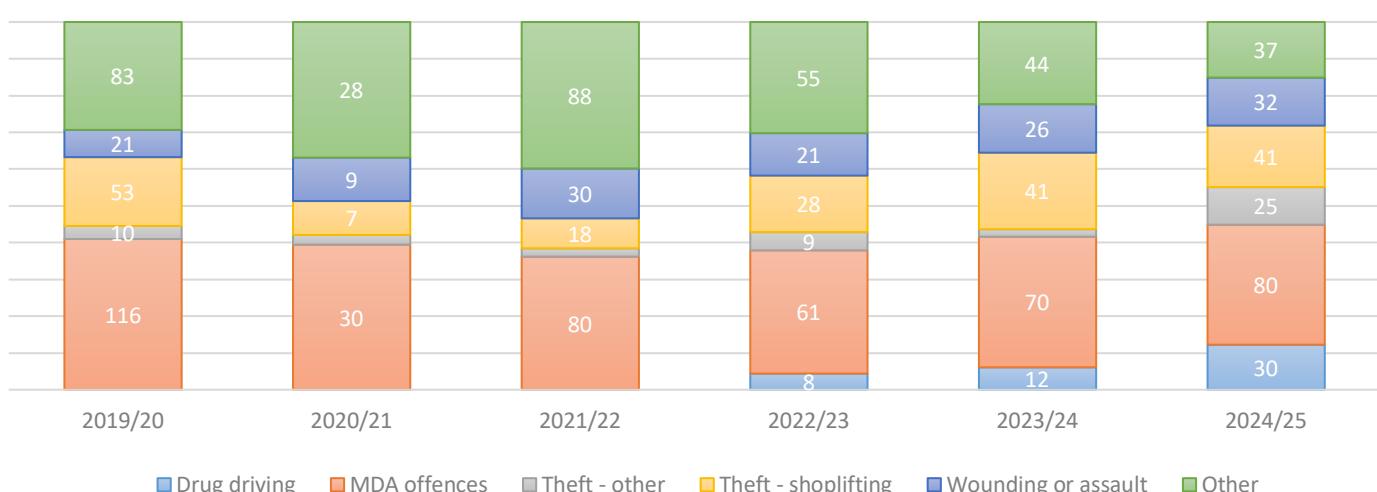
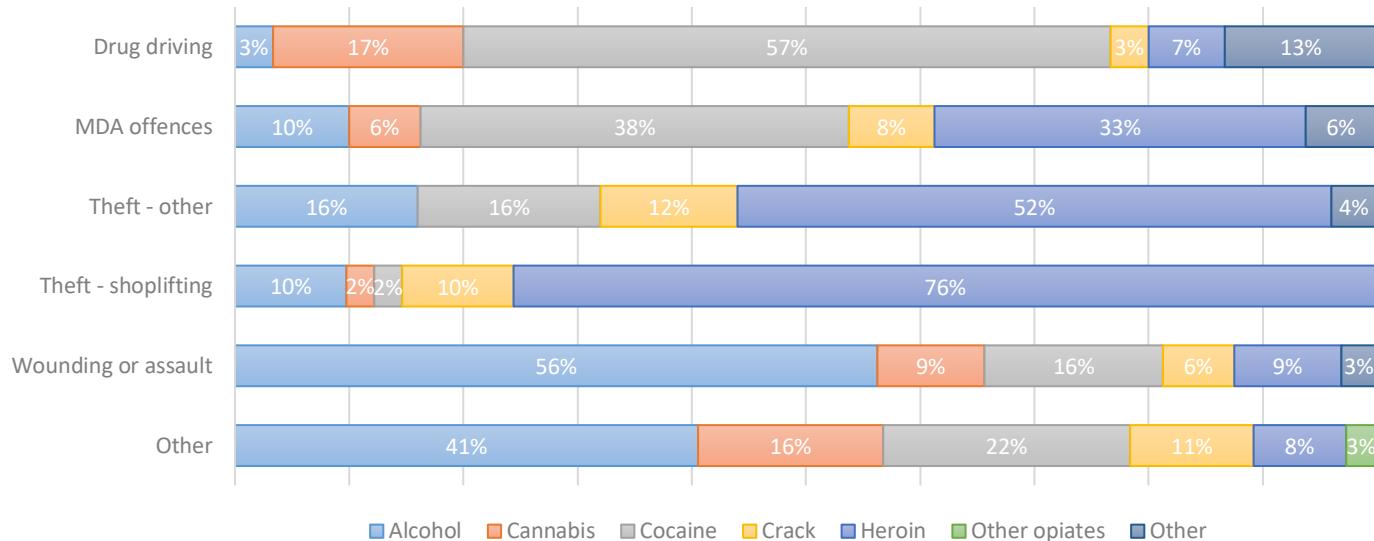


Figure 26 shows the proportions of the main substance for the most common offences recorded for Sefton CJIT contacts assessed in the year ending March 2025. Alcohol accounted for over half (56%) of the wounding or assault offences and around two in five (41%) of other offences, while cannabis peaked for drug driving and other offences (17% and 16% respectively). Over half (57%) of the drug driving episodes reported cocaine as the main substance, while there were somewhat similar proportions of cocaine and heroin recorded for MDA offences (38% and 33% respectively). Finally, just over half (52%) of theft - other and around three-quarters (76%) of theft - shoplifting had heroin recorded as the main substance.

Figure 26: Sefton residents by main substance and offence, 2024/25



REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, there were 194 referrals (173 individuals) to structured treatment in 2024/25 (Figure 27)⁵, which is similar to the 199 referrals in the previous year.

Figure 27: Sefton residents by referrals to structured treatment, 2024/25



194 (173 individuals)

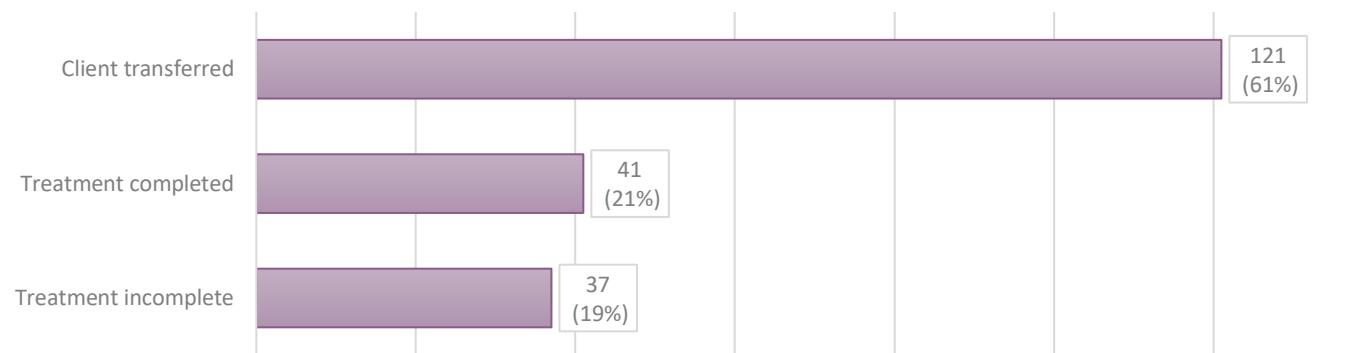
referrals to structured treatment

⁵ 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 199 discharges (183 individuals) in the year ending March 2025⁶. Around three in five (61%) clients transferred prior to the completion of treatment, while there were similar proportions who completed treatment or did not complete treatment (21% and 19% respectively; *Figure 28*). When compared to the Merseyside figures, Sefton had smaller proportions who completed and did not complete treatment (Merseyside totals: 27% and 34% respectively), though a larger proportion who transferred prior to the completion of treatment (Merseyside total: 39%). Of the episodes where the client transferred, around three in five (59%) transferred not in custody⁷, while around a third (34%) transferred to prison custody and 7% transferred to another CJIT area.

Figure 28: Discharges from the Sefton CJIT caseload, 2024/25



Of the 41 Sefton residents who completed treatment successfully in the year ending March 2025, the average time on the CJIT caseload was 216 days (*Figure 29*), which is longer than the Merseyside average (172 days).

Figure 29: Average time on Sefton CJIT caseload for clients who completed treatment, 2024/25



⁶ 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.

⁷ This should only include clients transferred to a structured treatment provider.

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 Sefton CJIT contacts in the year, while all other figures are for residents of Sefton LA only, recorded by Sefton 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 \(end 2024/25\)](#).

In the year ending March 2025, 169.4 individuals per 100,000 adult population in Merseyside were assessed by one of the local CJITs. Sefton had the second lowest number of individuals in contact with the CJIT of the five Merseyside areas and the smallest rate (122.2 per 100,000)⁸.

CJIT/LA	CJIT contacts (individuals)	
	Number	Rate (per 100,000 adult population)
Knowsley	164	129.6
Liverpool	927	225.5
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>



⁸ 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., Sefton residents recorded by Sefton 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 Sefton 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.

