

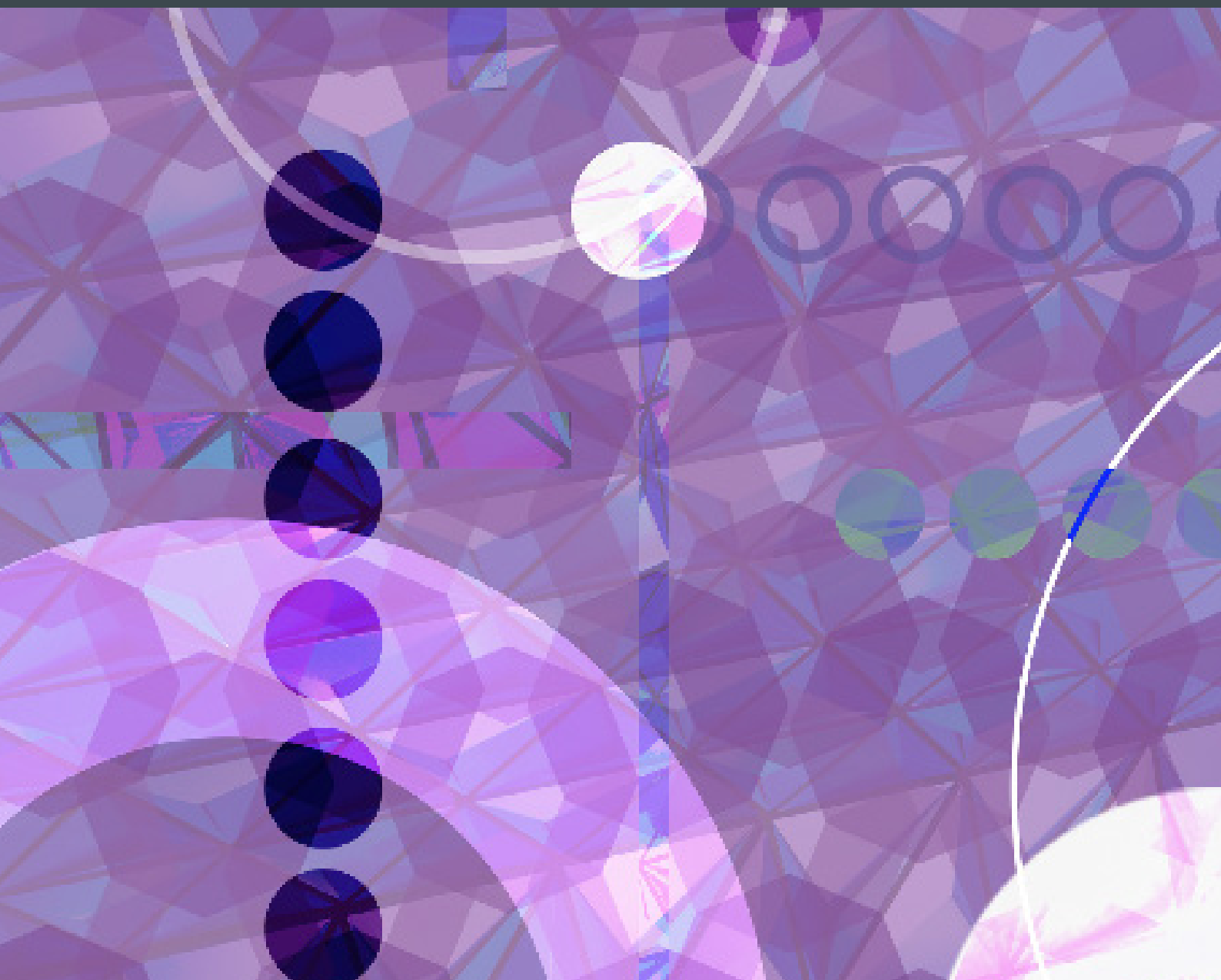
Drug Interventions Programme

Criminal Justice Intervention Team Activity in St Helens
(2024/25)

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- In the year ending March 2025, there were 383 adult contacts (328 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT), which is a 33% increase on the 287 episodes in the previous year and the highest number since 2014/15 (n=431).
- Over two in five (44%) of the CJIT episodes in 2024/25 were Required Assessments following a positive test for specified Class A drugs in a police custody suite, while three in ten (30%) other criminal justice routes, all of which were referrals made through the client's Offender Manager, and a quarter (25%) were voluntary presentations following release from prison.
- Three in five (60%) St Helens CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload, while just over one in five (22%) did not want to engage.

St Helens residents

- In the year ending March 2025, 215.5 individuals per 100,000 adult population in St Helens Local Authority were in contact with St Helens CJIT. The postcode districts with the highest number of St Helens CJIT contacts were WA9 and WA10 (38% and 31% respectively).
- The average age of individuals assessed in the year ending March 2025 was 36.3 years (men = 36.1, women = 37.8). Around two in five (41%) individuals were aged 30-39 years, while around a quarter were 18-29 years or 40-49 years (24% and 23% respectively), and just over one in ten (12%) were aged 50 years or over.
- Over four in five (84%) individuals in contact with St Helens CJIT in the year ending March 2025 stated they were men.
- Over nine in ten (96%) St Helens CJIT contacts identified themselves as White British.
- Just over half (52%) of the St Helens residents considered themselves to have a disability; of which, around seven in ten (71%) were a behaviour and emotional disability.
- Four per cent of the St Helens residents stated they were a veteran of the British Armed Forces.
- Over a third (36%) of the clients had parental responsibility for a child aged under 18 years; of which, four in five (80%) 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, over a third (36%) had some form of a housing problem, including around one in seven (15%) with an urgent problem due to being of no fixed abode. Furthermore, one in ten (10%) reported a risk of homelessness in the next eight weeks.
- Of the main substances reported by St Helens residents in the year ending March 2025, just under three in ten (27%) were heroin, while around a quarter (24%) were cocaine (cocaine hydrochloride & cocaine unspecified) and around one in five (21%) were alcohol. Over a third (37%) reported crack cocaine as their second substance, while 30% reported cannabis as their third substance, followed by alcohol (22%).
- Just over two in five (43%) of the St Helens CJIT contacts smoked their main substance, followed by clients who either administered their main substance intranasally or orally (27% and 24% respectively).

- Just over three-quarters (77%) stated they had never injected, followed by just under one in five (18%) who previously injected but were not currently and 4% who were currently injecting at the time of their assessment.
- Around a third (34%) of the clients who reported an opioid as their main substance in 2024/25 were issued with naloxone; of which, over half (57%) were supplied with injectable naloxone, followed by both nasal and injectable naloxone (30%) and nasal naloxone only (14%). Of the clients not issued with naloxone, over half (55%) were already in possession of adequate naloxone and around a third (32%) were offered but refused naloxone.
- Of the St Helens residents who reported an opioid as their main substance, 16% have at some point been administered with naloxone to reverse the effects of an overdose.
- Two in five (40%) men and around a third (34%) of women consumed alcohol in the 28 days prior to their CJIT assessment. Of the men and women combined, around two in five (39%) consumed 7-15 units of alcohol on an average day, followed by just over a quarter (27%) who consumed 25 units or more.
- Offences categorised as 'other' accounted for half (50%) of the offences that prompted the current or most recent contact with the criminal justice system, while one in six (17%) were Misuse of Drugs Act offences and just over one in ten (12%) were wounding or assault.
- Of the clients on the CJIT caseload, there were 231 referrals (190 individuals) to structured treatment in the year ending March 2025.
- Of the discharges in the year ending March 2025, there were similar numbers of clients who transferred prior to the completion of treatment or did not complete treatment (40% and 39% respectively), while around one in five (21%) completed treatment.
- Of the St Helens residents who completed treatment successfully, the average time on the CJIT caseload was 144 days.

Through the Drug Interventions Programme (DIP), St Helens 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 St Helens 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.

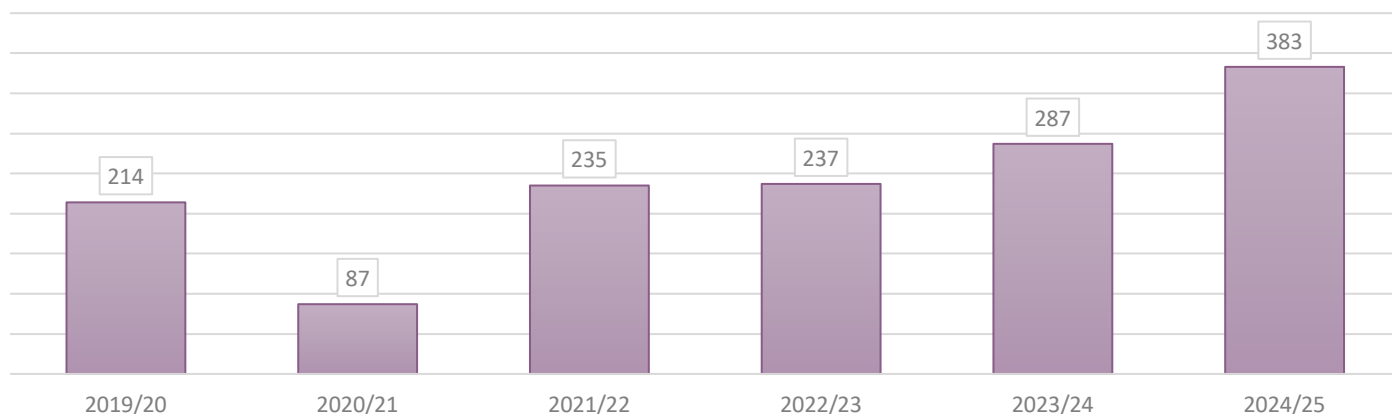
(Bacon, 2024)

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 383 adult contacts (328 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT). This is a 33% increase on the 287 CJIT episodes in the previous year (*Figure 1*) and the highest number since 2014/15 (n=431).

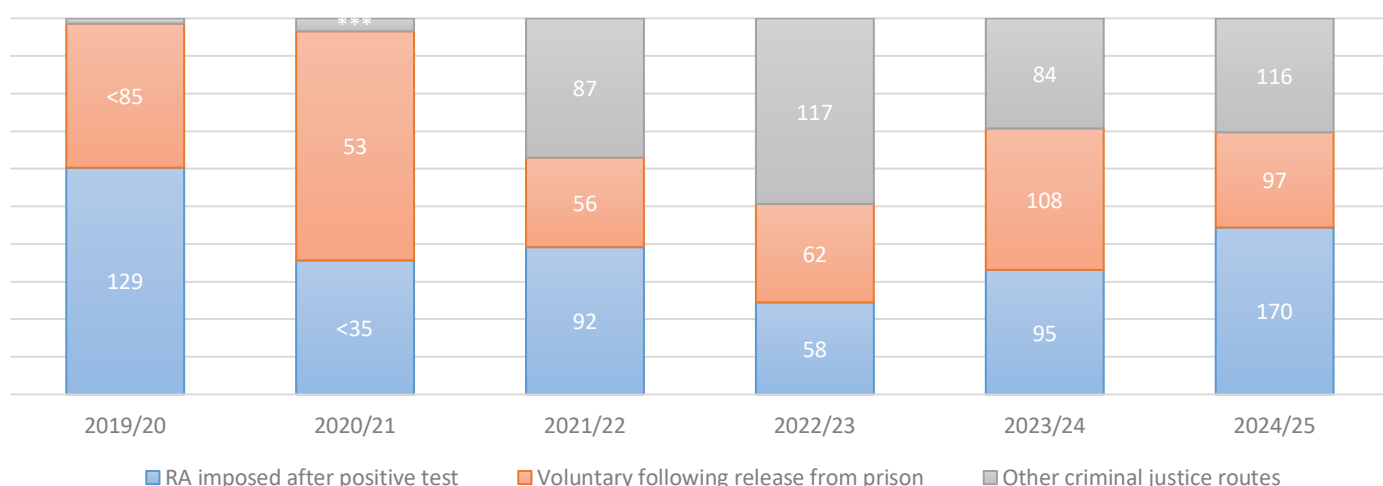
Figure 1: St Helens CJIT episodes, 2019/20 - 2024/25



CRIMINAL JUSTICE ROUTES IN ST HELENS

Figure 2 shows the criminal justice routes that led to the contact with St Helens CJIT between 2019/20 and 2024/25. Over two in five (44%) of the CJIT episodes in the year ending March 2025 were Required Assessments (RA) following a positive test for specified Class A drugs in a police custody suite, while three in ten (30%) were other criminal justice routes² and a quarter (25%) were voluntary presentations following release from prison. Notably, the number of RAs in 2024/25 almost doubled on the previous year (79% increase) and is the highest number recorded of the six-year period. Furthermore, the numbers of prison releases and other criminal justice routes are the second highest of the six years. Compared to the Merseyside figures, St Helens had slightly larger proportions of RAs and prison releases recorded (Merseyside totals: 39% and 22% respectively).

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

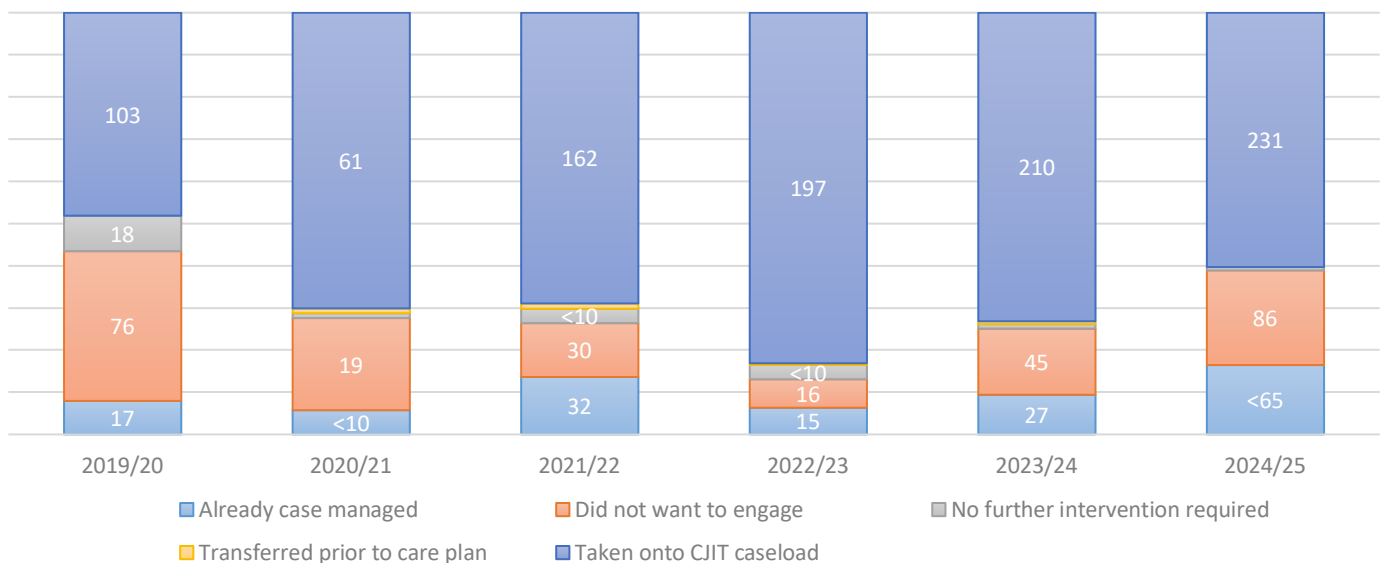


² All of the other criminal justice routes were either required by the offender management scheme/DRR/ATR/IOM or requested by Offender Manager (post DRR/ATR). DRR = Drug Rehabilitation Requirement, ATR = Alcohol Treatment Requirement, IOM = Integrated Offender Management.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Three in five (60%) St Helens CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload (*Figure 3*), which is the highest number of the six-year period, though both smaller than the Merseyside total (71%) and the six-year average (67%). Furthermore, the number of clients who were not taken onto the caseload in 2024/25 as they were already case managed by a structured treatment provider, other CJIT or Offender Manager, or did not want to engage are the highest of the six-year period, representing 133% and 91% increases on the previous year respectively. Notably, St Helens had the largest proportion of clients who did not want to engage when compared the other Merseyside areas (Merseyside total: 16%).

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



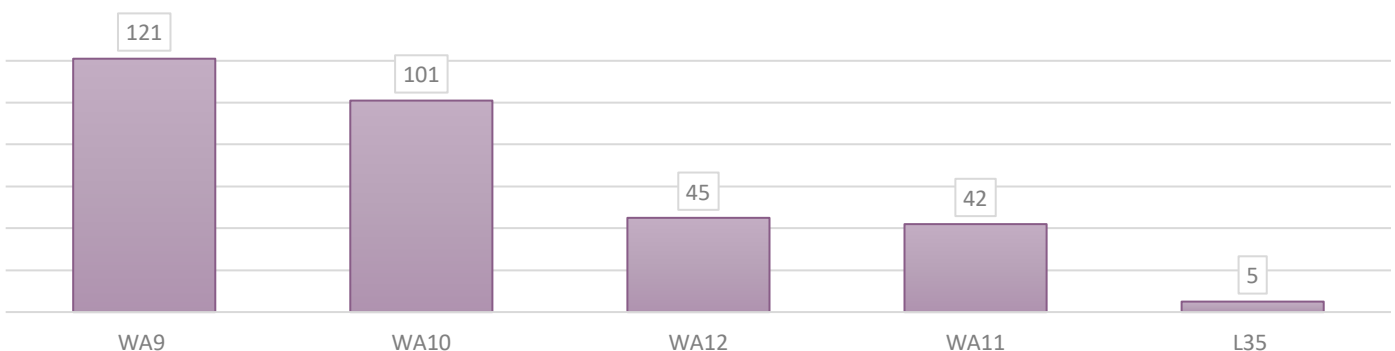
ST HELENS RESIDENTS

DEMOGRAPHICS

In the year ending March 2025, 215.5 individuals per 100,000 adult population in St Helens Local Authority (LA) were in contact with St Helens CJIT, compared to 169.4 per 100,000 across Merseyside. Notably, this is the second 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).

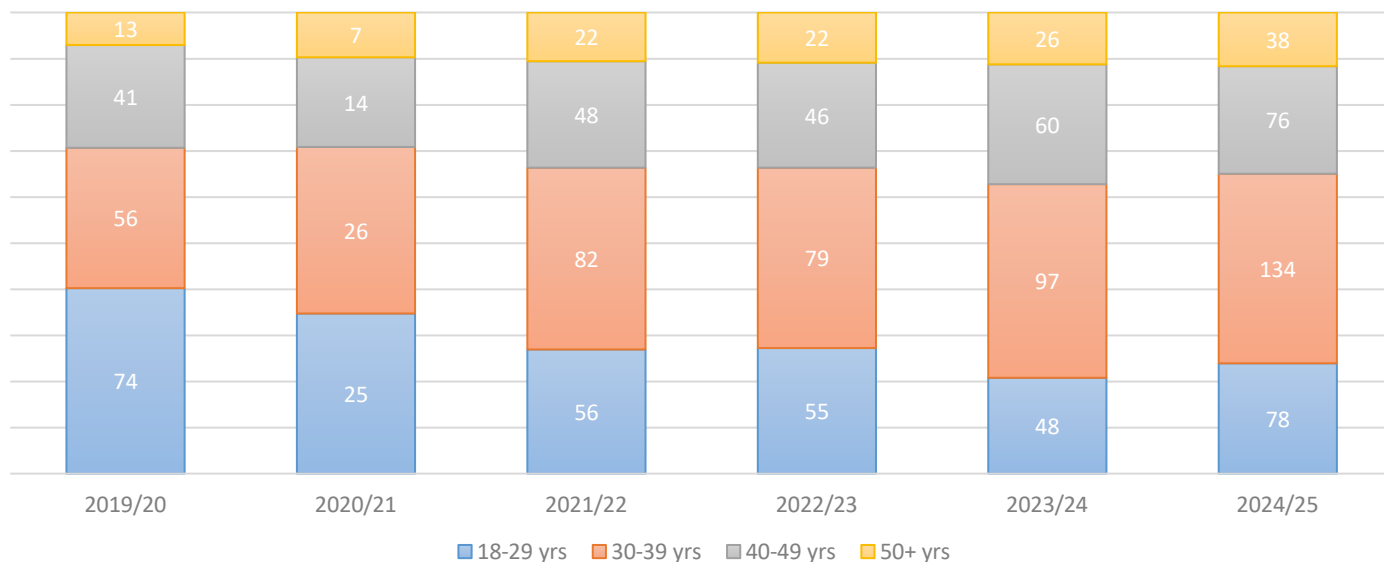
Where recorded (n=321; excluding those of no fixed abode), the postcode districts with the highest number of St Helens CJIT contacts in the year ending March 2025 were WA9 (n=121, 38%) and WA10 (n=101, 31%; *Figure 4*).

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



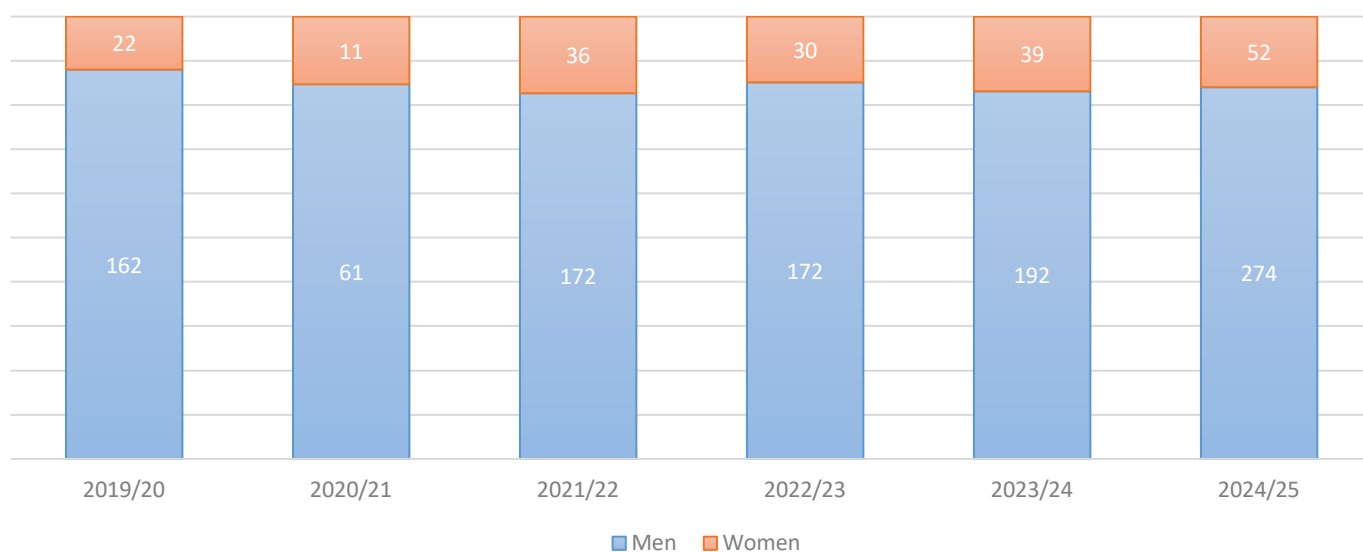
The average age of St Helens residents assessed in the year ending March 2025 was 36.3 years (men = 36.1, women = 37.8). Looking at age groups, around two in five (41%) individuals were aged 30-39 years, while around a quarter were 18-29 years or 40-49 years (24% and 23% respectively), and just over one in ten (12%) were aged 50 years or over (*Figure 5*). Notably, these proportions are similar to the six-year averages, though when compared to the other Merseyside areas, St Helens had the largest proportion of clients aged 40-49 years and the smallest proportion aged 50 years or over.

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



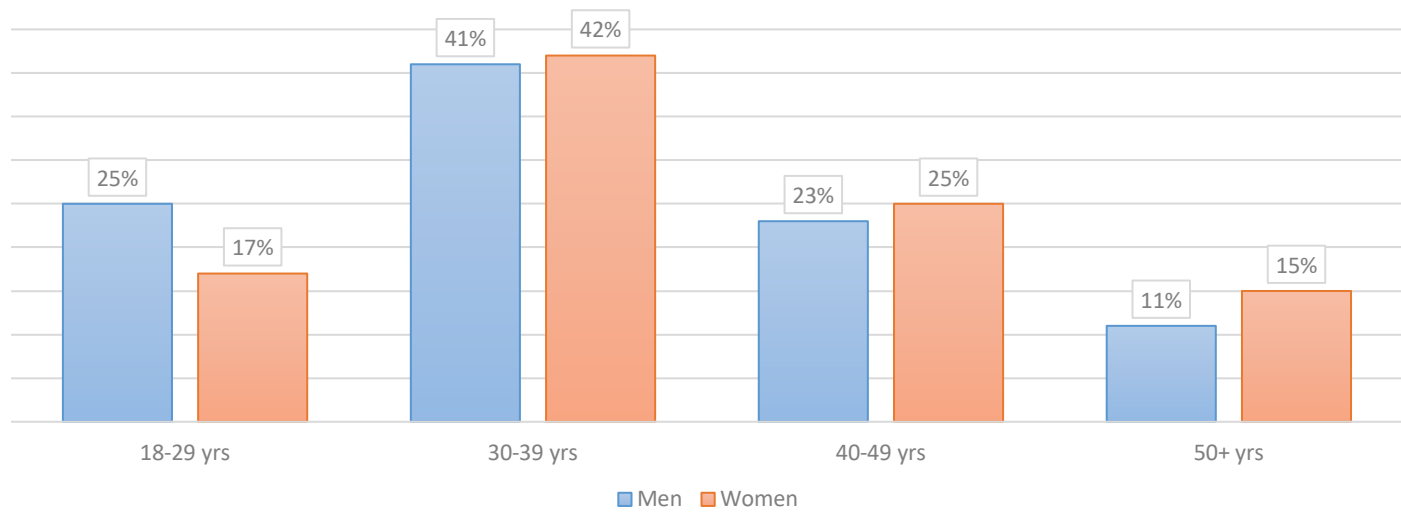
Over four in five (84%) individuals in contact with St Helens CJIT in the year ending March 2025 stated they were men (*Figure 6*), which is both similar to the six-year average (85%) and the Merseyside figure (86%).

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



When comparing age group with sex in the year ending March 2025, proportions were somewhat similar, particularly for men and women aged 30-39 years (41% and 42% respectively) and 40-49 years (23% and 25% respectively; *Figure 7*). However, there was a larger proportion of men aged 18-29 years when compared to women (25% and 17% respectively), and a slightly larger proportion of women aged 50 years or over than men (15% and 11% respectively).

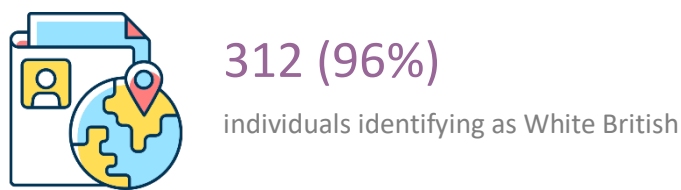
Figure 7: St Helens residents by age group and sex (individuals), 2024/25



ETHNICITY

Where recorded, over nine in ten St Helens CJIT contacts in the year ending March 2025 identified themselves as White British (96%; *Figure 8*). Notably, this is the smallest proportion of the six-year period, though larger than the Merseyside total in 2024/25 (92%).

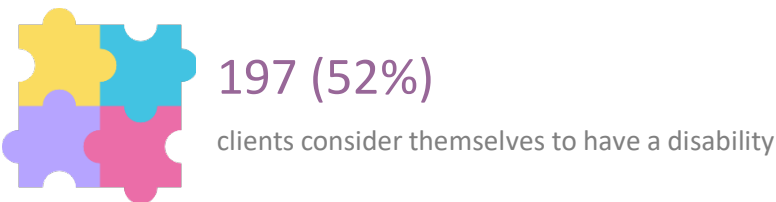
Figure 8: St Helens residents by ethnicity (individuals), 2024/25



DISABILITY

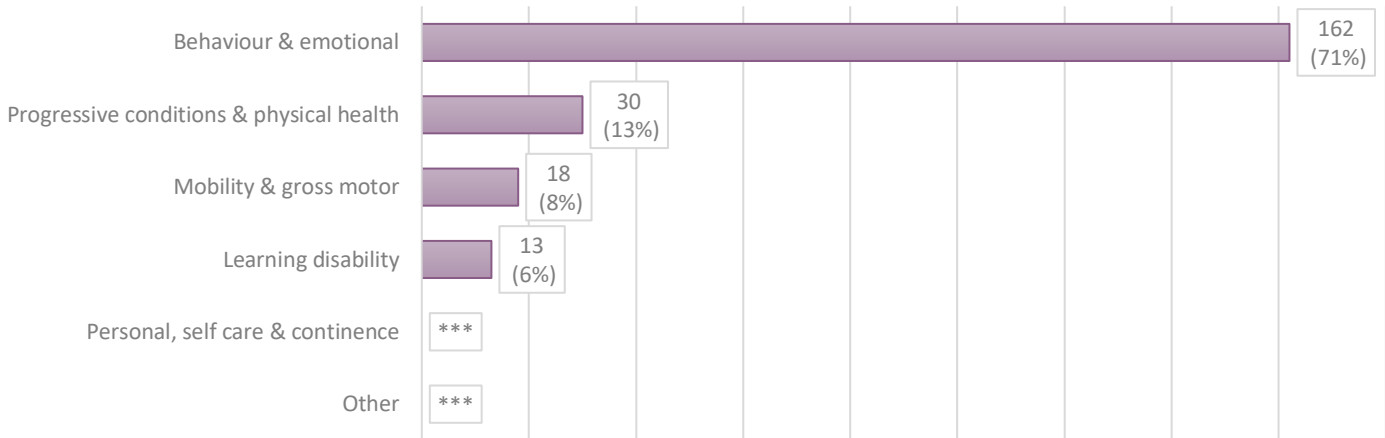
Just over half (52%) of the St Helens residents in the year ending March 2025 considered themselves to have a disability (*Figure 9*), which is a 9% increase on the 180 episodes in the previous year and is a larger proportion than the Merseyside figure (34%).

Figure 9: St Helens residents by disability status, 2024/25



A total of 228 disabilities were recorded³; of which, around seven in ten (71%) were a behaviour and emotional disability (*Figure 10*).

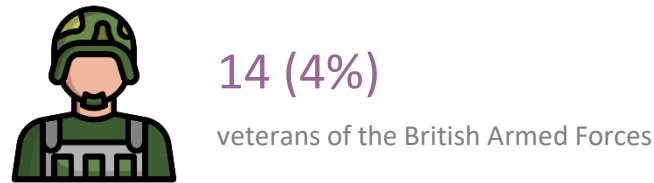
Figure 10: St Helens residents by disability type, 2024/25



VETERAN

In the year ending March 2025, 4% of the St Helens 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: St Helens residents by veteran status, 2024/25



PARENTAL RESPONSIBILITY

In the year ending March 2025, over a third (36%) of the St Helens residents had parental responsibility for a child aged under 18 years (*Figure 12*), which is a similar proportion to the previous two years, though larger than the Merseyside total (26%).

Figure 12: St Helens residents by parental status, 2024/25



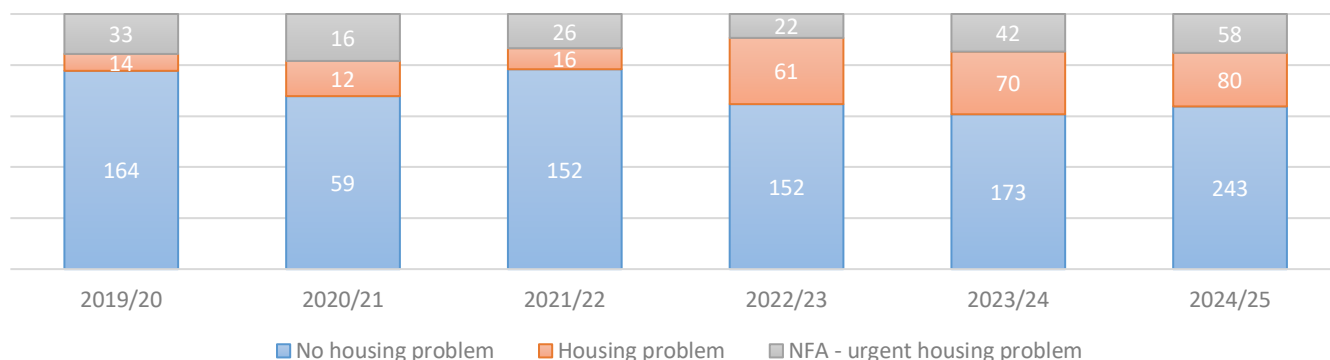
Four in five of the St Helens CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=109, 80%). Although this is a similar proportion to the previous year (82%), it is the largest proportion reported by the five Merseyside CJITs (Merseyside total: 72%).

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

HOUSING SITUATION

While the majority of the St Helens CJIT contacts in the year ending March 2025 reported no housing problem, over a third (36%) had some form of a housing problem (housing problem = 80, NFA = 58; *Figure 13*)⁴. Although this is a decrease on the previous year's proportion (39%), it is both larger than the six-year average (31%) and the Merseyside total (30%).

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

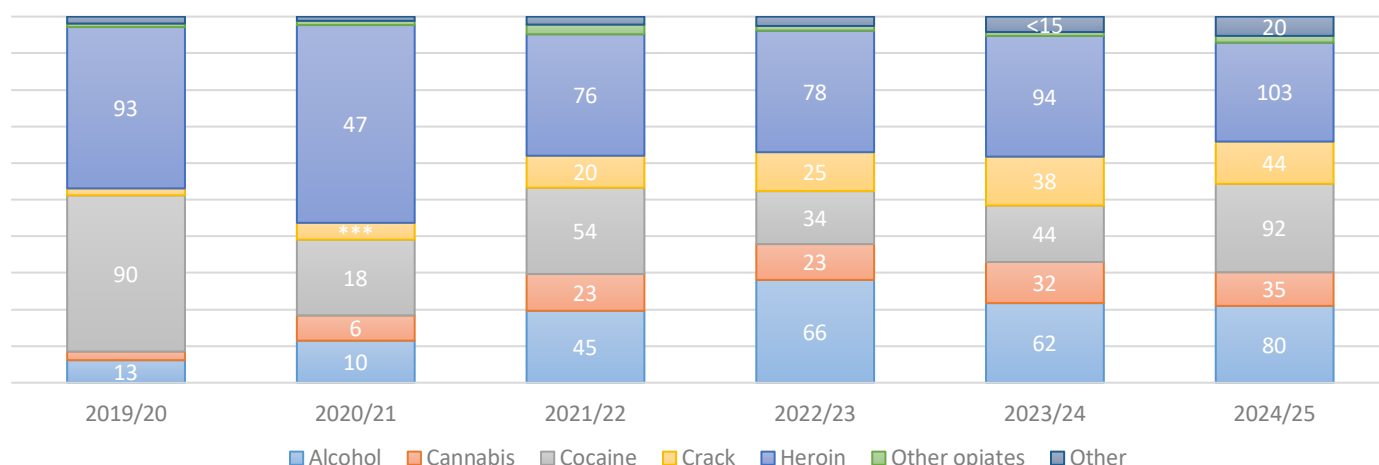


One in ten St Helens residents in the year ending March 2025 reported they had a risk of homelessness in the next eight weeks (n=40, 10%). This is a 15% decrease on the 47 clients in the previous year and similar to the Merseyside figure (12%).

SUBSTANCE USE

Of the main substances reported by St Helens residents in the year ending March 2025, just under three in ten (27%) were heroin, while around a quarter (24%) were cocaine (cocaine hydrochloride & cocaine unspecified) and around one in five (21%) were alcohol (*Figure 14*). The proportions of alcohol and crack cocaine in 2024/25 are larger than the six-year averages, while the proportion of cocaine is the same and the proportion of heroin is smaller.

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



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.

Figure 15 shows 2024/25 figures split by substance one, two and three. Over a third (37%) reported crack cocaine as their second substance, while 30% reported cannabis as their third substance, followed by alcohol (22%). Notably, the majority (94%) of the episodes with crack cocaine recorded as the second substance had heroin recorded as the main substance.

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

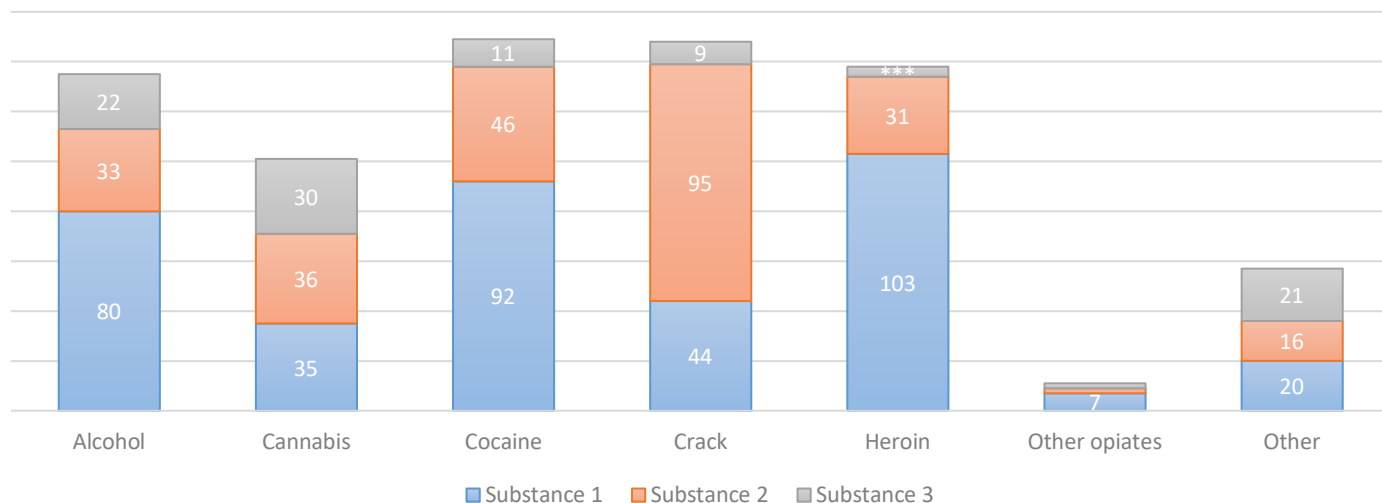


Figure 16 shows the proportions of the main substance by sex in the year ending March 2025. There were larger proportions of cannabis and cocaine recorded as the main substance by men (11% and 25% respectively) when compared to women (2% and 17% respectively), while there were larger proportions of crack cocaine and heroin recorded by women (17% and 38% respectively) than men (11% and 25% respectively). Proportions of men and women were somewhat similar for alcohol (21% and 19% respectively), other opiates (2% and 3% respectively) and other drugs (6% and 3% respectively).

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

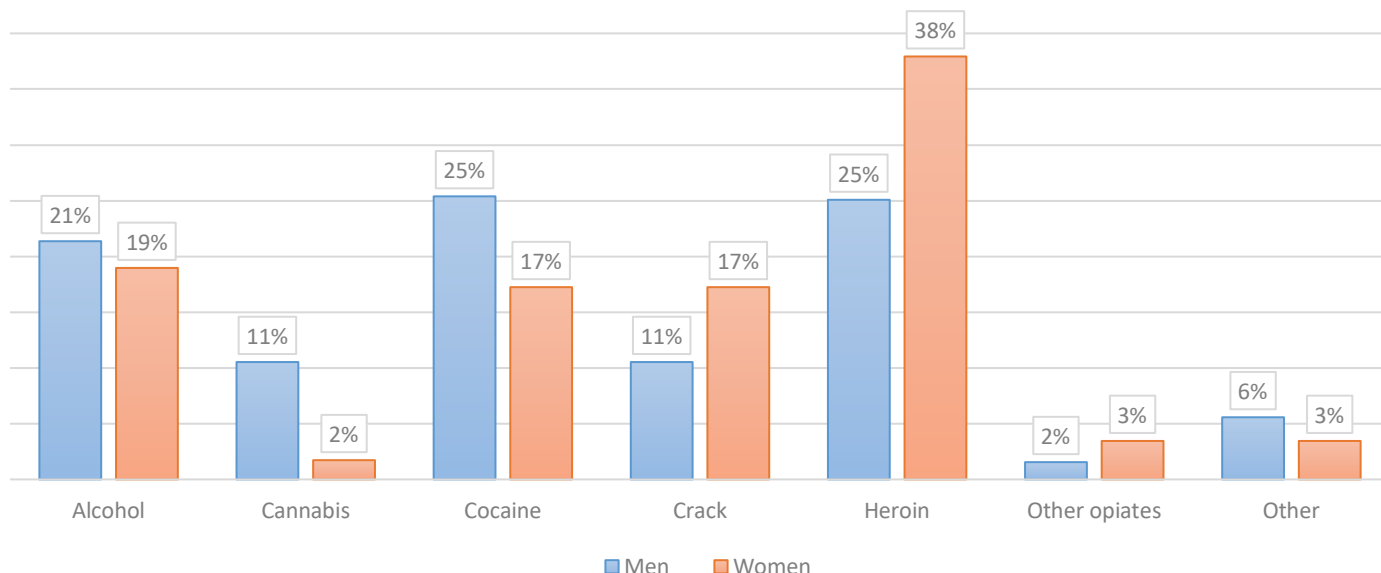
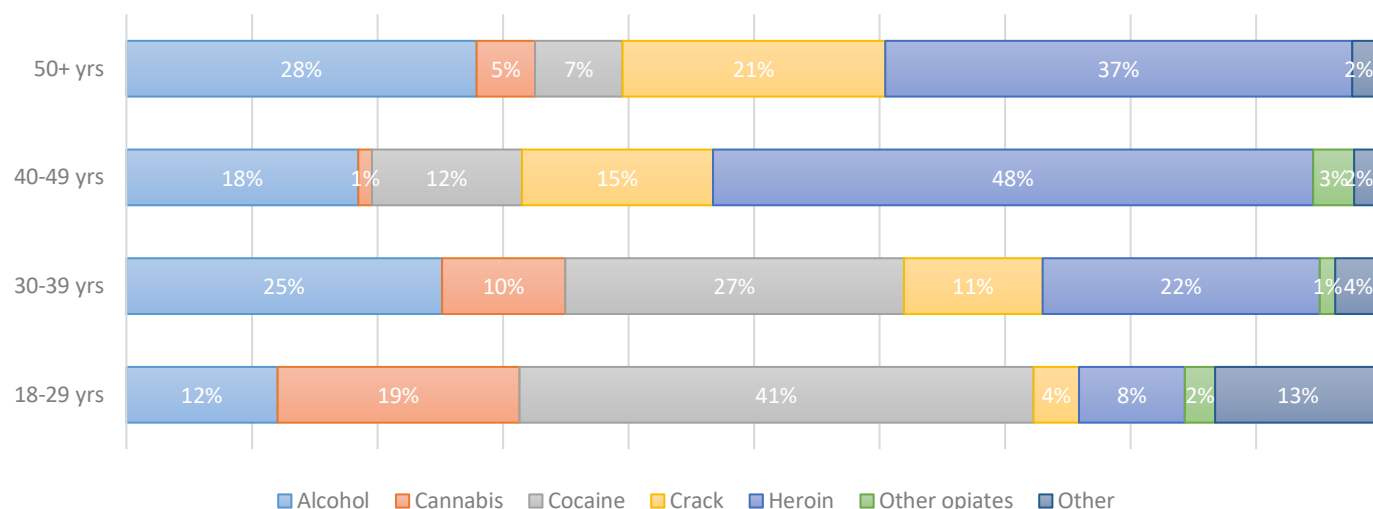


Figure 17 shows the proportions of the main substance for each age group in the year ending March 2025. Clients who reported cannabis or cocaine as their main substance were generally younger, while those who reported crack cocaine or heroin were generally older. Specifically, around two in five (41%) 18–29-year-olds reported cocaine as their main substance, while 19% reported cannabis. Just under half (48%) of 40–49 years olds and over a third (37%) of clients aged 50 years or over reported heroin as their main substance. Alcohol and crack cocaine peaked for clients aged 50 years or over (28% and 21% respectively), and other drugs peaked in 18–29-year-olds (13%).

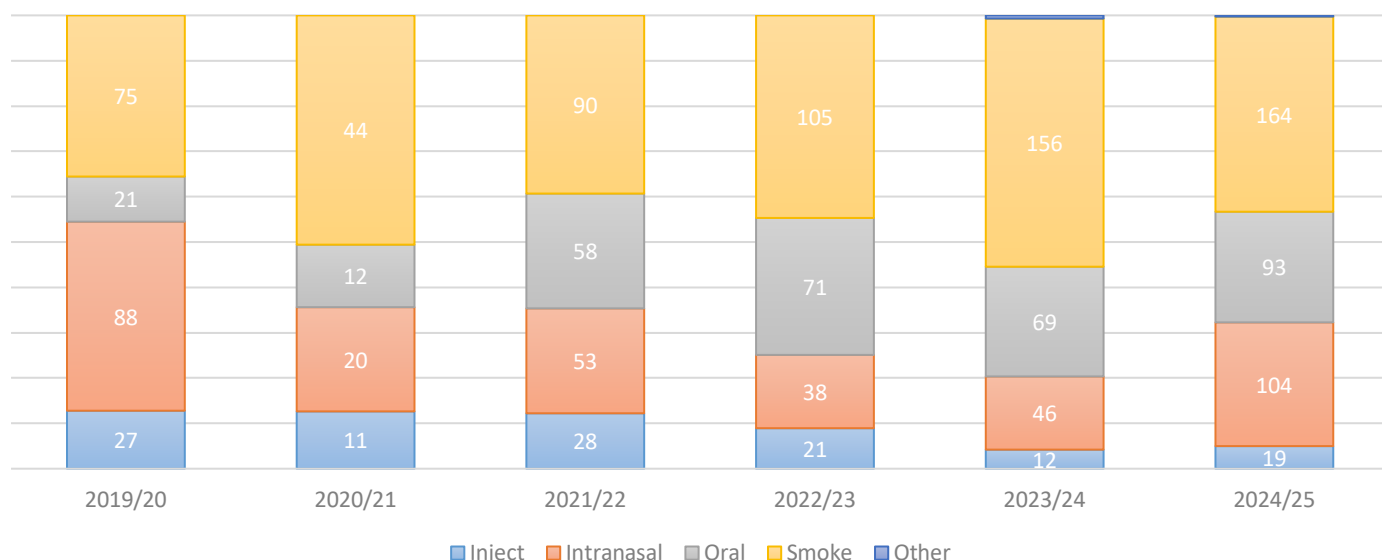
Figure 17: St Helens residents by main substance and age group, 2024/25



ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in Figure 18. In the year ending March 2025, just over two in five (43%) of the St Helens CJIT contacts smoked their main substance, followed by clients who either administered their main substance intranasally or orally (27% and 24% respectively). The number of clients who administered their main substance intranasally accounted for the largest increase (126%) when compared to the previous year, though overall, the proportions are somewhat similar to the six-year averages.

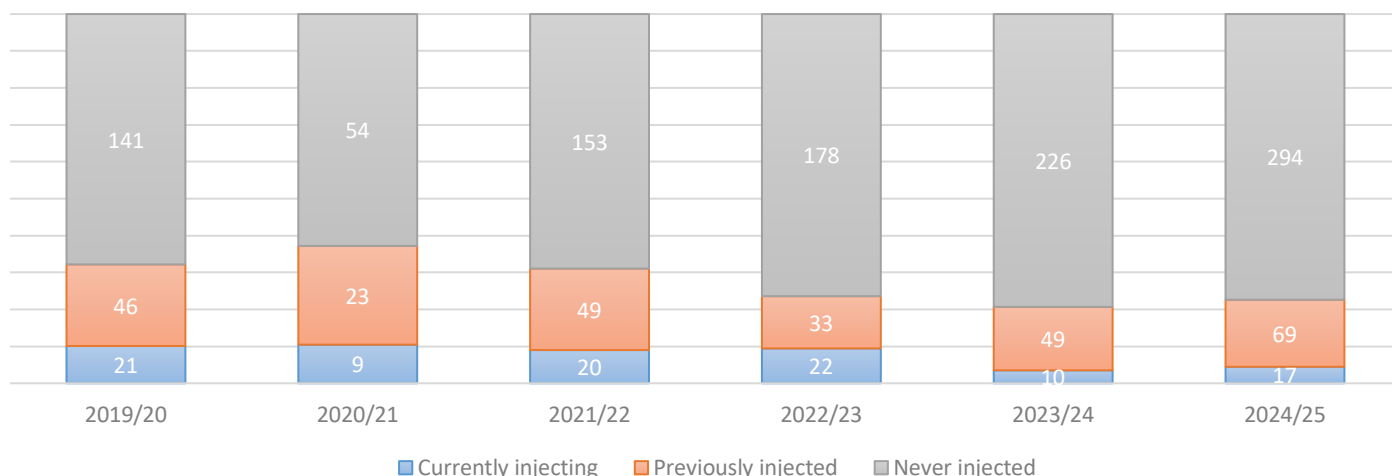
Figure 18: St Helens residents by route of administration of the main substance, 2019/20 - 2024/25



INJECTING STATUS

Just over three-quarters (77%) of the St Helens CJIT contacts in the year ending March 2025 stated they had never injected, followed by just under one in five (18%) who previously injected but were not currently and 4% who were currently injecting at the time of their assessment (*Figure 19*). Although the number of clients currently injecting is a 70% increase on the previous year and the largest proportion reported across Merseyside (Merseyside total: 2%), it is a smaller proportion than the six-year average (8%).

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

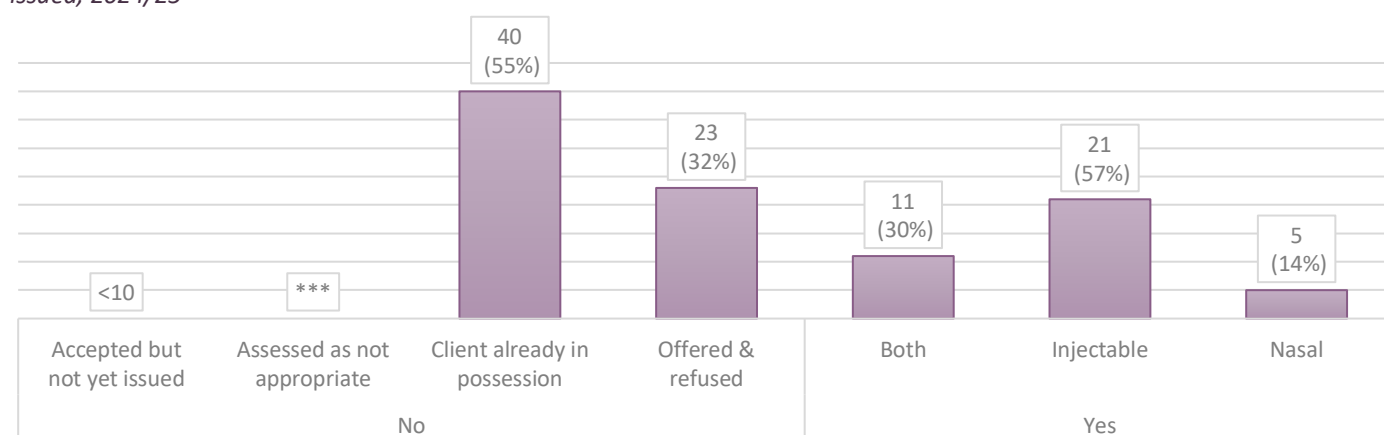


NALOXONE PROVISION

Around 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=37, 34%), which is a slight increase on the previous year (31%) and the same as the Merseyside figure.

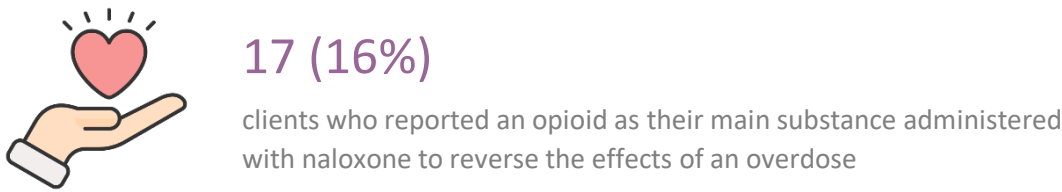
Of the clients issued with naloxone in 2024/25, over half (57%) were supplied with injectable naloxone, followed by both nasal and injectable naloxone (30%) and nasal naloxone only (14%; *Figure 20*). Compared to the other Merseyside areas, St Helens had the largest proportion of clients provided with both nasal and injectable naloxone (Merseyside total: 12%). While of the clients who were not issued with naloxone, over half (55%) were already in possession of adequate naloxone and around a third (32%) were offered but refused naloxone (*Figure 20*).

Figure 20: St Helens residents who reported opiates as their main substance by reasons naloxone not issued and type of naloxone issued, 2024/25



Furthermore, of the St Helens residents who reported an opioid as their main substance in the year ending March 2025, 16% have at some point been administered with naloxone to reverse the effects of an overdose (Figure 21), which is larger than the Merseyside figure (11%).

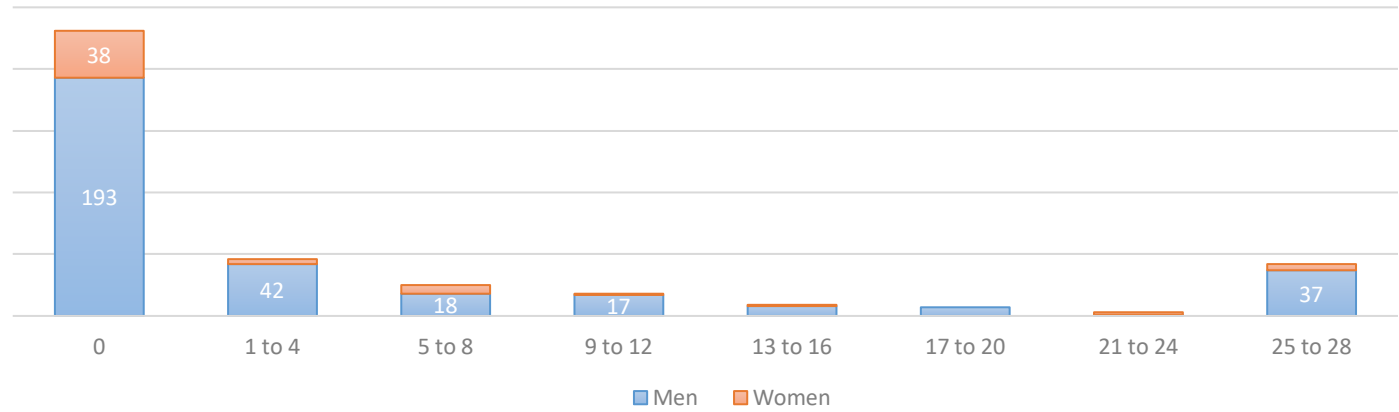
Figure 21: St Helens residents administered with naloxone to reverse the effects of an overdose, 2024/25



ALCOHOL CONSUMPTION

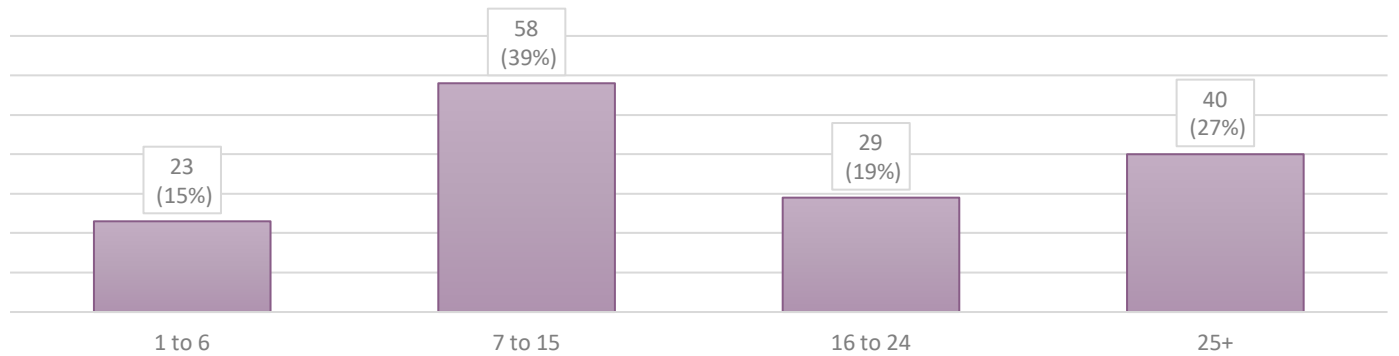
Figure 22 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their CJIT contact in the year ending March 2025. Two in five men (n=130, 40%) and around a third of women (n=20, 34%) consumed alcohol, which is an increase on the previous year’s proportions (47% and 26% respectively). Furthermore, these proportions are somewhat similar to the Merseyside figures (45% and 42% respectively).

Figure 22: St Helens 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. Around two in five (39%) St Helens residents consumed 7-15 units of alcohol daily, followed by just over a quarter (27%) who consumed 25 units or more.

Figure 23: St Helens residents by number of units of alcohol consumed on an average day, men & women combined, 2024/25



OFFENDING

The offence that prompted St Helens CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2025 is shown in *Figure 24*. Half (50%) of the St Helens residents reported offences categorised as 'other', while one in six (17%) reported Misuse of Drugs Act (MDA) offences (possession = 54, 83%; supply = 11, 17%), while just over one in ten (12%) reported wounding or assault. Notably, St Helens had the largest proportions of episodes reporting other offences and wounding or assault of the Merseyside CJITs (Merseyside totals: 22% and 9% respectively).

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

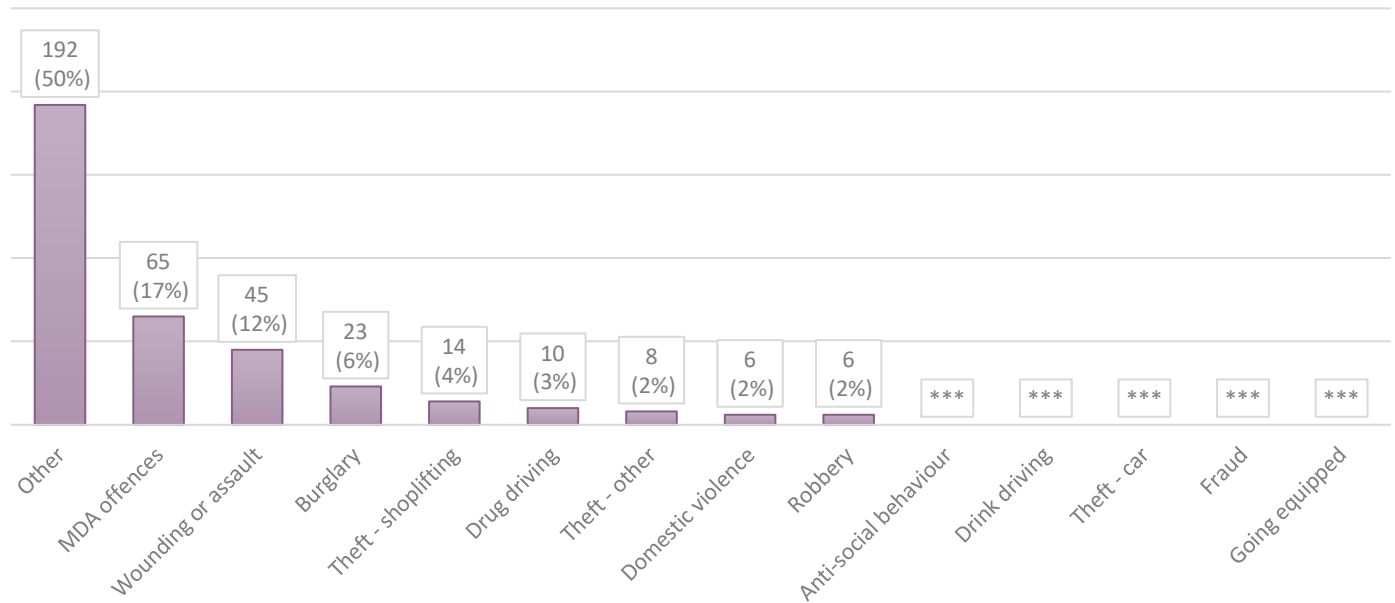


Figure 25 shows six-year trends of the main offending categories for St Helens residents. Proportions were similar in the latest two years, though notably, the number of other offences in 2024/25 is over three times more than the number recorded in 2019/20 (243% increase). Furthermore, while there has been an overall increase in the number CJIT episodes recorded in 2024/25, the number of theft - shoplifting decreased by 26% to the lowest number of the six-year period.

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

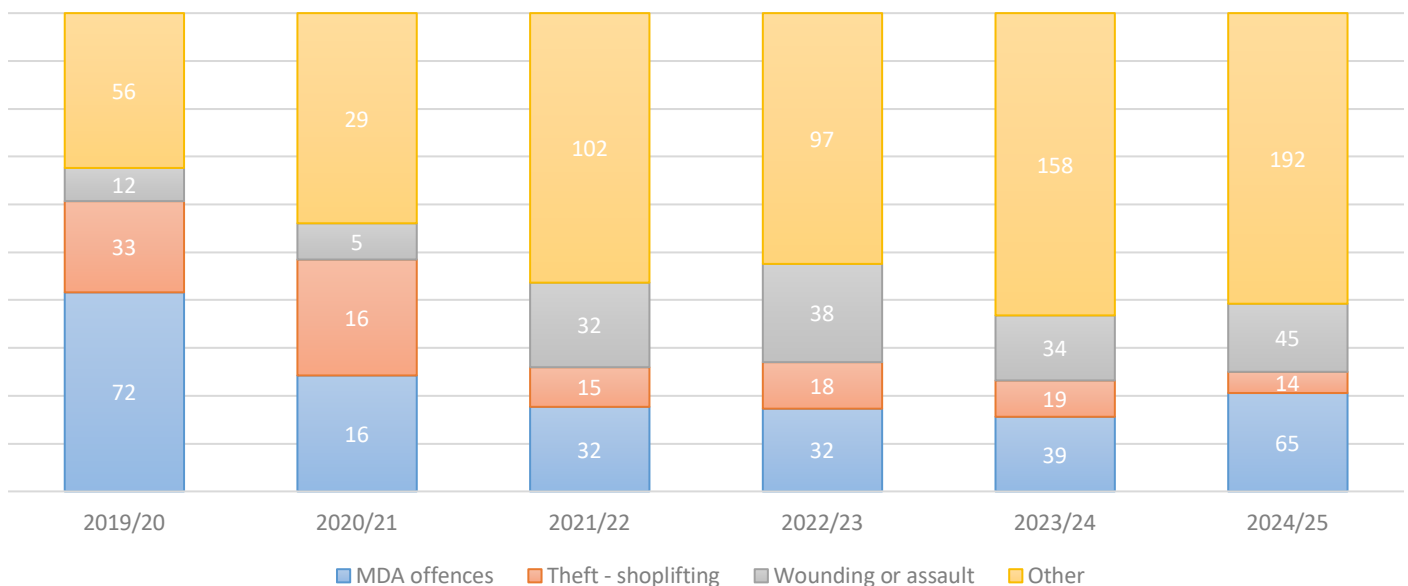
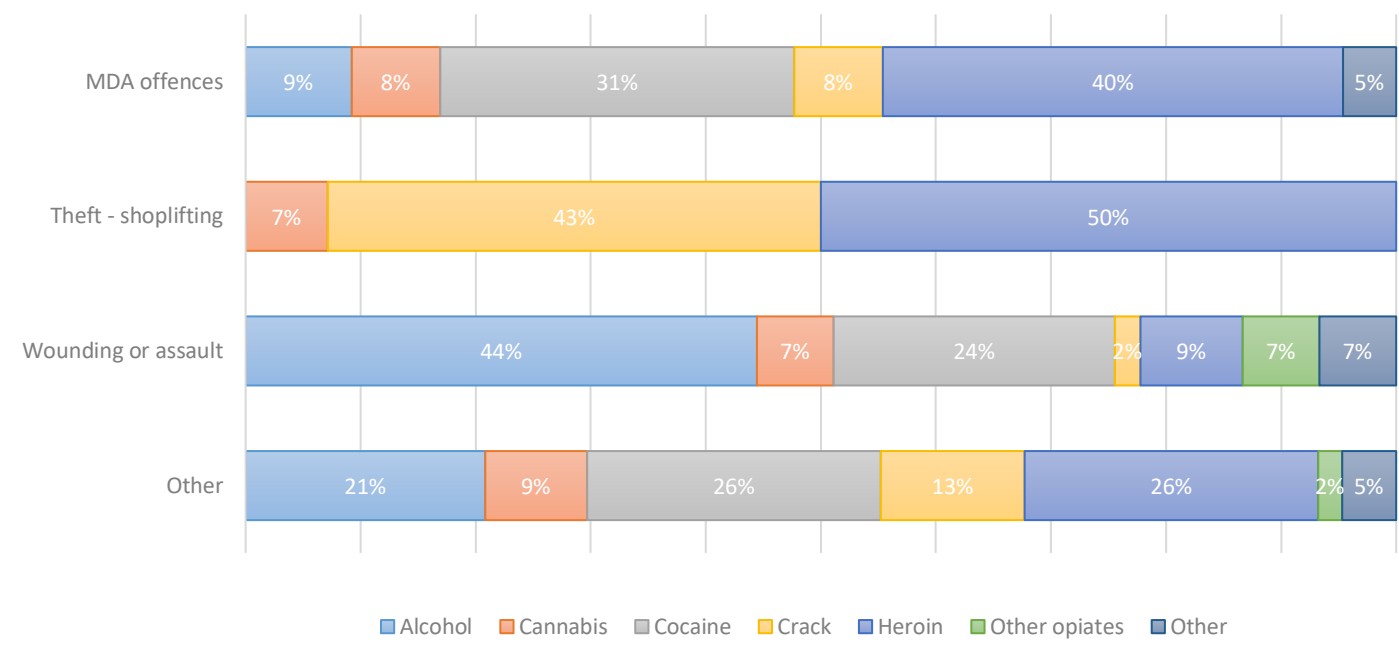


Figure 26 shows the main substances for the most common offences recorded for St Helens CJIT contacts assessed in the year ending March 2025. Two in five (40%) of the MDA offences had heroin recorded as the main substance, while just under a third (31%) were cocaine, and of the wounding or assault episodes, over two in five (44%) had alcohol and around a quarter (24%) had cocaine recorded as the main substance. Finally, cocaine and heroin each accounted for around a quarter (26%) of the CJIT contacts prompted by other offences, followed by alcohol (21%).

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



REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, there were 231 referrals (190 individuals) to structured treatment in 2024/25 (Figure 27)⁵, which is an 11% increase on the 209 referrals in the previous year.

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

231 (190 individuals)

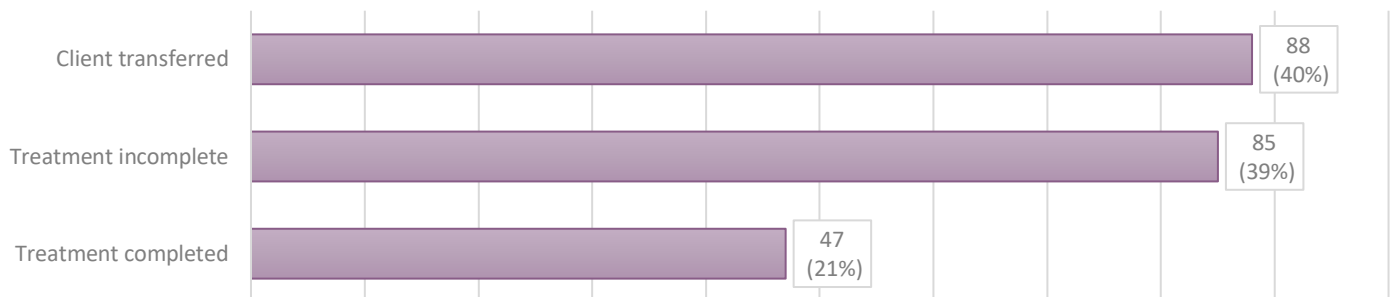
referrals to structured treatment

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 220 discharges (184 individuals) in the year ending March 2025⁶. There were similar proportions of clients who transferred prior to the completion of treatment or did not complete treatment (40% and 39% respectively), while around one in five (21%) completed treatment (*Figure 28*), which are similar proportions to the Merseyside figures. Of the episodes where the client transferred, just over half (53%) transferred not in custody⁷, while 45% transferred to prison custody, and of the clients who did not complete treatment, almost all were due to the client dropping out of treatment.

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



Of the 47 St Helens residents who completed treatment successfully in the year ending March 2025, the average time on the CJIT caseload was 144 days (*Figure 29*), which is shorter than the Merseyside average (172 days).

Figure 29: Average time on St Helens 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 St Helens CJIT contacts in the year, while all other figures are for residents of St Helens LA only, recorded by St Helens 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. St Helens had the third highest number of individuals in contact with the CJIT of the five Merseyside areas and the second largest rate (215.5 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., St Helens residents recorded by St Helens 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 St Helens 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.

