

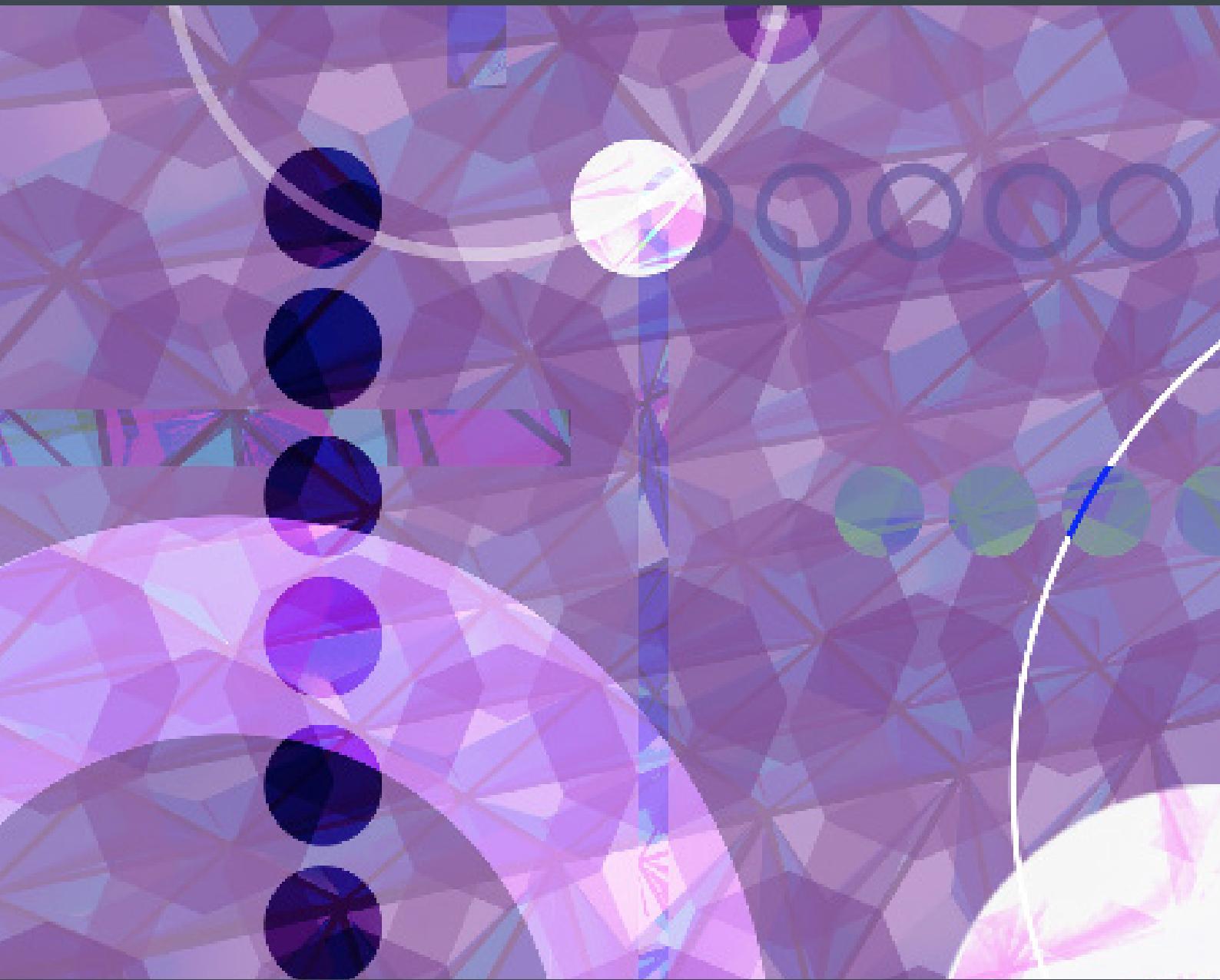
Drug Interventions Programme

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

December 2025



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

CONTENTS

List of figures	ii
Summary of CJIT activity in Wirral	iii
Introduction.....	1
Overview	2
Criminal justice routes in Wirral.....	2
Outcomes following criminal justice assessment	3
Wirral residents	3
Demographics.....	3
Age and sex	4
Ethnicity	5
Disability.....	5
Veteran	6
Parental responsibility.....	6
Housing situation.....	7
Substance use.....	9
Route of administration	11
Injecting status.....	11
Naloxone provision.....	12
Alcohol consumption.....	12
Offending	13
Referrals to structured treatment.....	15
Treatment outcomes	15
Appendices	16
Appendix A: Notes to accompany this report.....	16
Appendix B: Rates of CJIT contacts per 100,000 adult population in Merseyside	17
References	18
Acknowledgements	18

LIST OF FIGURES

Figure 1: Wirral CJIT episodes, 2019/20 - 2024/25	2
Figure 2: Wirral CJIT contacts by referral route, 2019/20 - 2024/25	2
Figure 3: Wirral CJIT contacts by outcome following criminal justice assessment, 2019/20 - 2024/25.....	3
Figure 4: Wirral residents by postcode area of residence, 2024/25	3
Figure 5: Wirral residents by age group (individuals), 2019/20 - 2024/25	4
Figure 6: Wirral residents by sex (individuals), 2019/20 - 2024/25	4
Figure 7: Wirral residents by age group and sex (individuals), 2024/25	5
Figure 8: Wirral residents by ethnicity (individuals), 2024/25.....	5
Figure 9: Wirral residents by disability status, 2024/25	5
Figure 10: Wirral residents by disability type, 2024/25.....	6
Figure 11: Wirral residents by veteran status, 2024/25.....	6
Figure 12: Wirral residents by parental status, 2024/25.....	6
Figure 13: Wirral residents by housing problem, 2019/20 - 2024/25	7
Figure 14: Wirral residents by current housing situation, 2024/25	8
Figure 15: Wirral residents by main substance, 2019/20 - 2024/25	9
Figure 16: Wirral residents by substances 1-3, 2024/25	9
Figure 17: Wirral residents by main substance and sex, 2024/25	10
Figure 18: Wirral residents by main substance and age group, 2024/25.....	10
Figure 19: Wirral residents by route of administration of the main substance, 2019/20 - 2024/25	11
Figure 20: Wirral residents by injecting status, 2019/20 - 2024/25.....	11
Figure 21: Wirral residents administered with naloxone to reverse the effects of an overdose, 2024/25.....	12
Figure 22: Wirral residents by number of drinking days in the 28 days prior to assessment and sex, 2024/25.....	12
Figure 23: Wirral residents by number of units of alcohol consumed on an average day, men & women combined, 2024/25....	13
Figure 24: Wirral residents by offence that prompted current/most recent contact with the criminal justice system, 2024/25... 13	13
Figure 25: Wirral residents by main offences that prompted current/most recent contact with the criminal justice system, 2019/20 - 2024/25	14
Figure 26: Wirral residents by main substance and offence, 2024/25.....	14
Figure 27: Wirral residents by referrals to structured treatment, 2024/25	15
Figure 28: Discharges from the Wirral CJIT caseload, 2024/25	15
Figure 29: Average time on Wirral CJIT caseload for clients who completed treatment, 2024/25	15

- In the year ending March 2025, there were 392 adult contacts (338 individuals) recorded by Wirral Criminal Justice Intervention Team (CJIT), which is a 41% increase on the 278 episodes in the previous year and the highest number since 2019/20 (n=598).
- Just under three in five (57%) CJIT episodes in 2024/25 were Required Assessments following a positive test for specified Class A drugs in a police custody suite, while around three in ten (29%) were voluntary presentations following release from prison and one in seven (14%) were other criminal justice routes; most of which were referrals made through the client's Offender Manager.
- Just under three in five (57%) Wirral CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload.

Wirral residents

- In the year ending March 2025, 125.3 individuals per 100,000 adult population in Wirral Local Authority were in contact with Wirral CJIT. The postcode district with the highest number of Wirral CJIT contacts was CH41 (37%), followed by CH42 (17%) and CH44 (14%).
- The average age of individuals assessed in the year ending March 2025 was 40.2 years (men = 40.3, women = 40.2). One in three (33%) individuals were aged 30-39 years, while just under three in ten (28%) were aged 40-49 years, just over one in five (22%) were aged 50 years or over and one in six (17%) were aged 18-29 years.
- Just over four in five (83%) individuals in contact with Wirral CJIT in the year ending March 2025 stated they were men.
- Over nine in ten (96%) Wirral CJIT contacts identified themselves as White British.
- Around seven in ten (69%) Wirral residents considered themselves to have a disability; of which, two-thirds (67%) were a behaviour and emotional disability, while one in five (20%) were progressive conditions and physical health.
- Four per cent of the Wirral residents stated they were a veteran of the British Armed Forces.
- Around one in seven (15%) of the clients had parental responsibility for a child aged under 18 years; of which, half (50%) had all of the children they are responsible for living with them the majority of the time, while around two in five (41%) had none of their children living with them and the remaining clients had some of their children living with them (9%).
- Just under half (48%) reported some form of a housing problem, including one in six (17%) with an urgent problem due to being of no fixed abode. Furthermore, around one in five (20%) reported being at risk of homelessness in the next eight weeks.
- Of the main substances reported by Wirral residents in the year ending March 2025, cocaine (cocaine hydrochloride & cocaine unspecified) accounted for the largest proportion (35%), followed by heroin (32%). Around two in five (39%) reported crack cocaine as their second substance, followed by alcohol (24%), while just over a third (35%) reported alcohol as their third substance, followed by cannabis and other drugs (20% and 18% respectively).

- Over half (54%) of the Wirral CJIT contacts smoked their main substance, while a third (33%) administered their main substance intranasally and around one in ten (9%) administered their main substance orally.
- Just under three-quarters (72%) stated they had never injected, while around a quarter (24%) had previously injected but were not currently and 3% were currently injecting at the time of their assessment.
- Over a quarter (29%) of the clients who reported an opioid as their main substance in 2024/25 were issued with naloxone; of which, all were supplied with injectable naloxone. While of the clients not issued with naloxone, just over two in five (63%) were already in possession of adequate naloxone and around three in ten (29%) were offered but refused naloxone.
- Of the Wirral residents who reported an opioid as their main substance, 15% have at some point been administered with naloxone to reverse the effects of an overdose.
- Just over half (52%) of the men and over two in five (44%) women consumed alcohol in the 28 days prior to their CJIT assessment. Just over two in five (42%) men and women combined consumed 7-15 units of alcohol on an average day.
- Misuse of Drugs Act offences and offences categorised as 'other' accounted for the largest proportions of offences that prompted the current or most recent contact with the criminal justice system (26% and 23% respectively).
- Of the clients on the CJIT caseload, there were 161 referrals (135 individuals) to structured treatment in the year ending March 2025.
- Just under nine in ten (87%) discharges in the year ending March 2025 were transfers prior to the completion of treatment.
- Of the Wirral residents who completed treatment successfully, the average time on the CJIT caseload was 256 days.

INTRODUCTION

Through the Drug Interventions Programme (DIP), Wirral 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 Wirral 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.

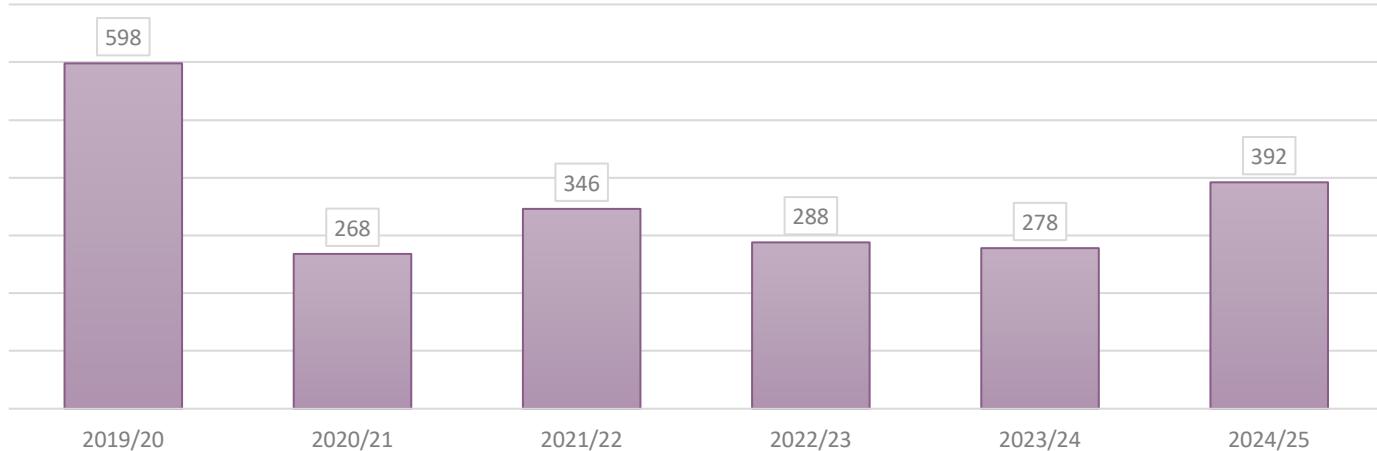
(Bacon, 2024)

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 392 adult contacts (338 individuals) recorded by Wirral Criminal Justice Intervention Team (CJIT; *Figure 1*). This is a 41% increase on the 278 CJIT episodes in the previous year and the highest number since 2019/20 (n=598).

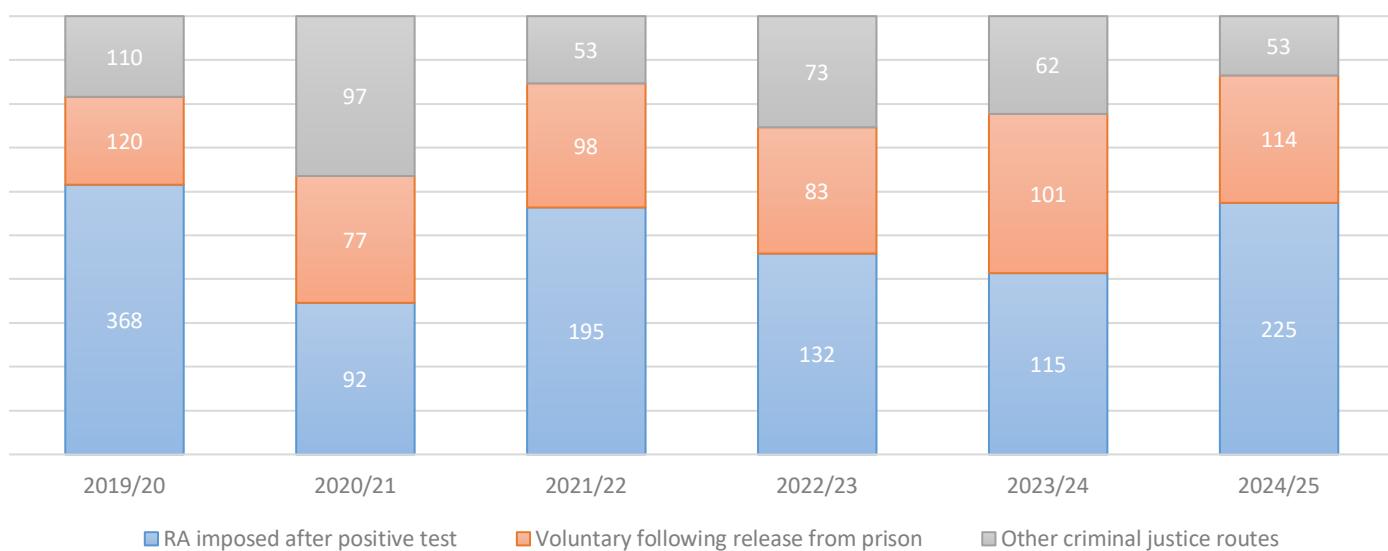
Figure 1: Wirral CJIT episodes, 2019/20 - 2024/25



CRIMINAL JUSTICE ROUTES IN WIRRAL

Figure 2 shows the criminal justice routes that led to the contact with Wirral CJIT between 2019/20 and 2024/25. Just under three in five (57%) 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 around three in ten (29%) were voluntary presentations following release from prison and one in seven (14%) were other criminal justice routes². The numbers of RAs and prison releases in 2024/25 are the highest since 2019/20 and are the largest proportions recorded by the five Merseyside CJITs (Merseyside totals: 39% and 22% respectively).

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

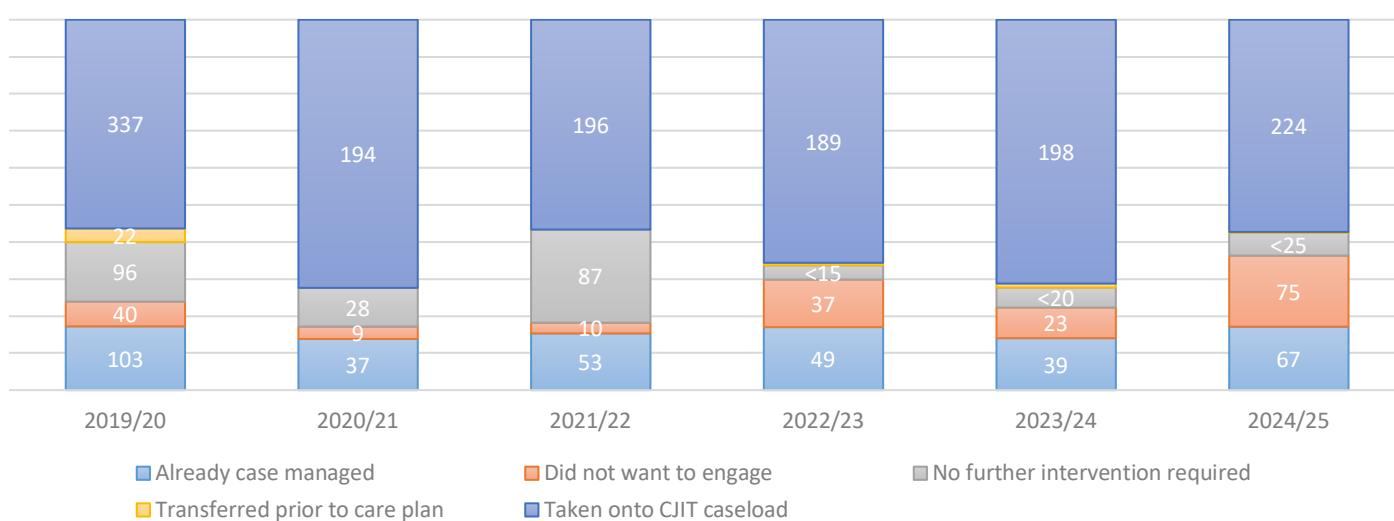


² Most of which were required by the offender management scheme / Drug Rehabilitation Requirement / Alcohol Treatment Requirement / Integrated Offender Management.

OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Just under three in five (57%) Wirral CJIT contacts in the year ending March 2025 were taken onto the CJIT caseload (*Figure 3*), while around one in five (19%) did not want to engage with the CJIT and one in six (17%) were already case managed by a structured treatment provider, other CJIT or Offender Manager. The proportion of clients taken onto the CJIT caseload is below the six-year average (63%) and the smallest proportion reported by the five Merseyside areas (Merseyside total: 71%). Notably, there was a 226% increase in the number of clients who did not want to engage in 2024/25.

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



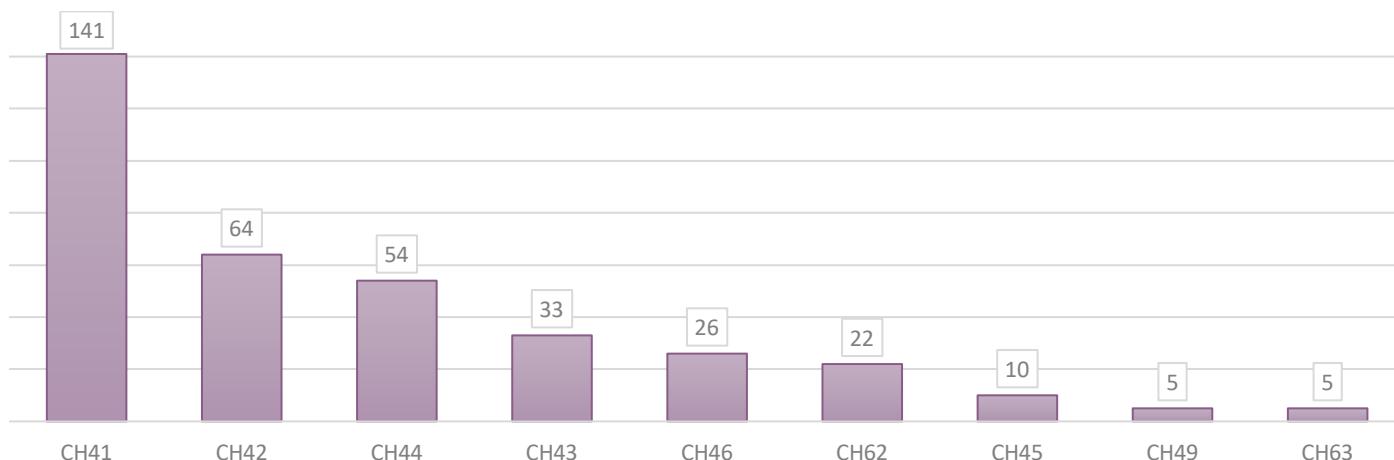
WIRRAL RESIDENTS

DEMOGRAPHICS

In the year ending March 2025, 125.3 individuals per 100,000 adult population in Wirral Local Authority (LA) were in contact with Wirral CJIT, compared to 169.4 per 100,000 across Merseyside. Notably, this is the second 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).

The postcode district with the highest number of Wirral CJIT contacts in the year ending March 2025 was CH41 (n=141, 37%), followed by CH42 (n=64, 17%) and CH44 (n=54, 14%; *Figure 4*).

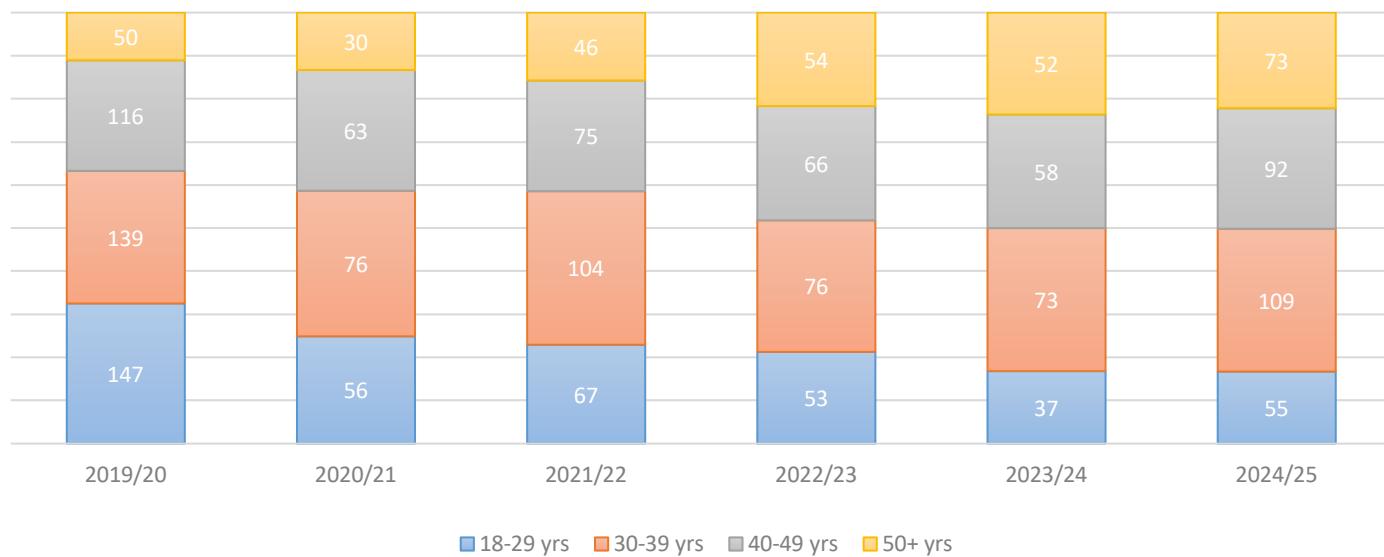
Figure 4: Wirral residents by postcode area of residence (where there are 5+ episodes), 2024/25



AGE AND SEX

The average age of Wirral residents assessed in the year ending March 2025 was 40.2 years (men = 40.3, women = 40.2), which is the oldest average age reported across Merseyside (Merseyside average 38.3 years). Looking at age groups, one in three (33%) individuals were aged 30-39 years, while just under three in ten (28%) were aged 40-49 years, just over one in five (22%) were aged 50 years or over and one in six (17%) 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 Wirral and another CJIT area having the largest proportion in this age group across Merseyside (Merseyside total: 18%).

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



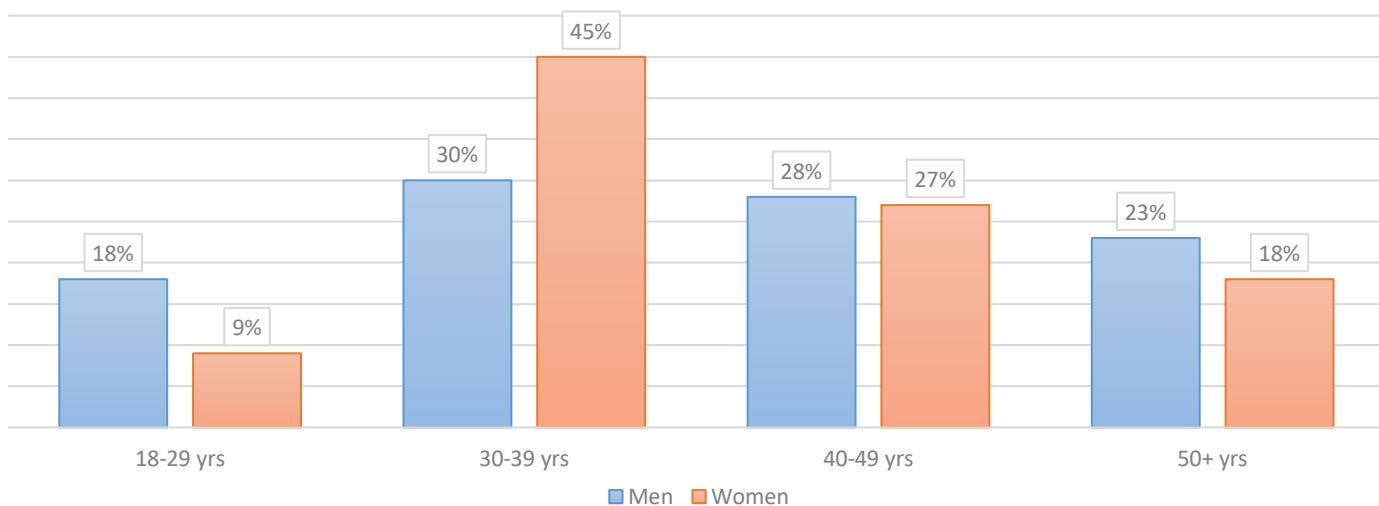
Just over four in five (83%) individuals in contact with Wirral CJIT in the year ending March 2025 stated they were men (Figure 6), which is somewhat similar to the Merseyside total (86%). Notably, the number of women in 2024/25 is a 112% increase on the previous year and the second highest of the six-year period.

Figure 6: Wirral 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 (18% and 23% respectively) when compared to women (9% and 18% respectively), while proportions of men and women aged 40-49 years were similar (28% and 27% respectively). Notably, there was a substantially larger proportion of women aged 30-39 years than men (45% and 30% respectively).

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



ETHNICITY

Where recorded, over nine in ten (96%) Wirral CJIT contacts in the year ending March 2025 identified themselves as White British (Figure 8). This is similar to the previous year's proportion (95%), though larger than the Merseyside figure (92%).

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



DISABILITY

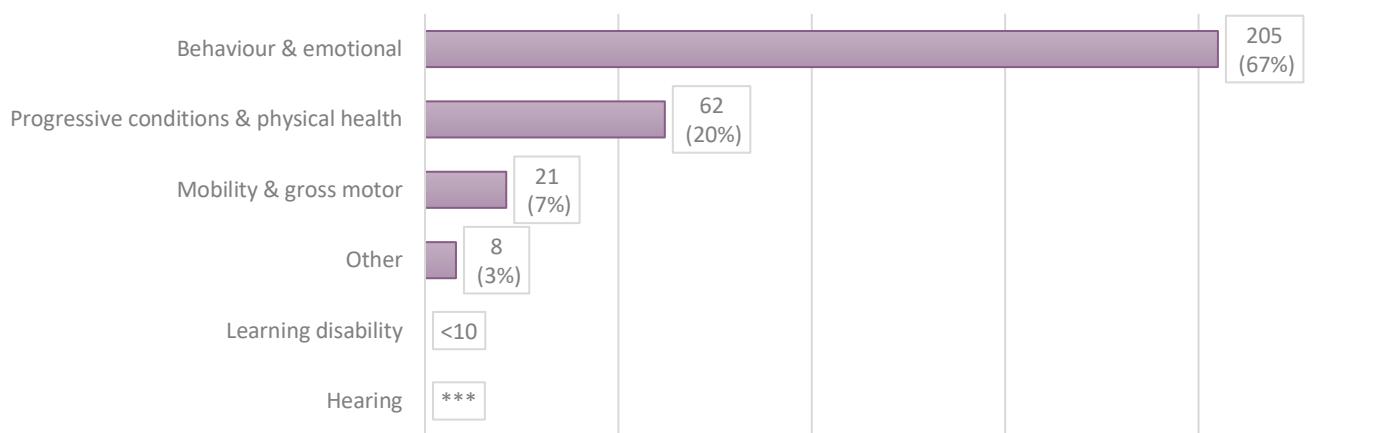
Around seven in ten (69%) Wirral residents in the year ending March 2025 considered themselves to have a disability (Figure 9). This is a 65% increase on the 150 episodes in the previous year and the highest number since the recording of disability was introduced to the dataset in April 2017. Furthermore, this is the largest proportion of the five Merseyside areas (Merseyside total: 34%).

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



A total of 304 disabilities were recorded³; of which, two-thirds (67%) were a behaviour and emotional disability, while one in five (20%) were progressive conditions and physical health (Figure 10).

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



VETERAN

In the year ending March 2025, seventeen (4%) Wirral residents stated they were a veteran of the British Armed Forces (Figure 11), which is similar to the Merseyside total (3%). This is a 325% increase on the previous year and the highest number since this was added to the dataset in April 2021.

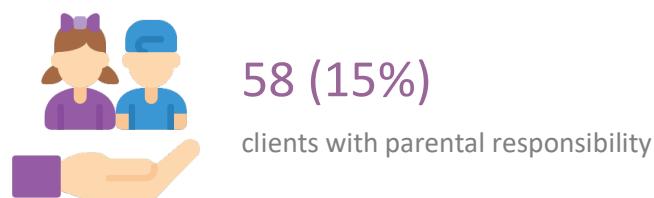
Figure 11: Wirral residents by veteran status, 2024/25



PARENTAL RESPONSIBILITY

In the year ending March 2025, around one in seven (15%) Wirral residents had parental responsibility for a child aged under 18 years (Figure 12). Although this is a 142% increase on the 58 clients in the previous year, it is similar to the average since this was added to the CJIT dataset in April 2017 (17%). Furthermore, it is the smallest proportion of clients with parental responsibility reported across Merseyside (Merseyside total: 26%).

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



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

Half of the Wirral CJIT contacts with parental responsibility had all of their children they are responsible for living with them the majority of the time (n=29, 50%), while around two in five who had none of their children living with them (n=24, 41%) and the remaining clients had some of their children living with them (n=5, 9%). Notably, this is the highest number of clients who had all their children living with them the majority of the time since this was added to the CJIT dataset and the largest proportion of the Merseyside areas (Merseyside total: 25%).

HOUSING SITUATION

Just under half (48%) of the Wirral CJIT contacts in the year ending March 2025 reported some form of a housing problem, including one in six (17%) reporting an urgent problem due to being of no fixed abode (NFA; *Figure 13*) ⁴. The proportion of Wirral residents with some form of a housing problem is similar to the previous year (50%), though larger than the six-year average (40%). Notably, Wirral reported the largest proportions of clients with some form of a housing problem and an urgent problem across Merseyside (Merseyside totals: 30% and 12% respectively).

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



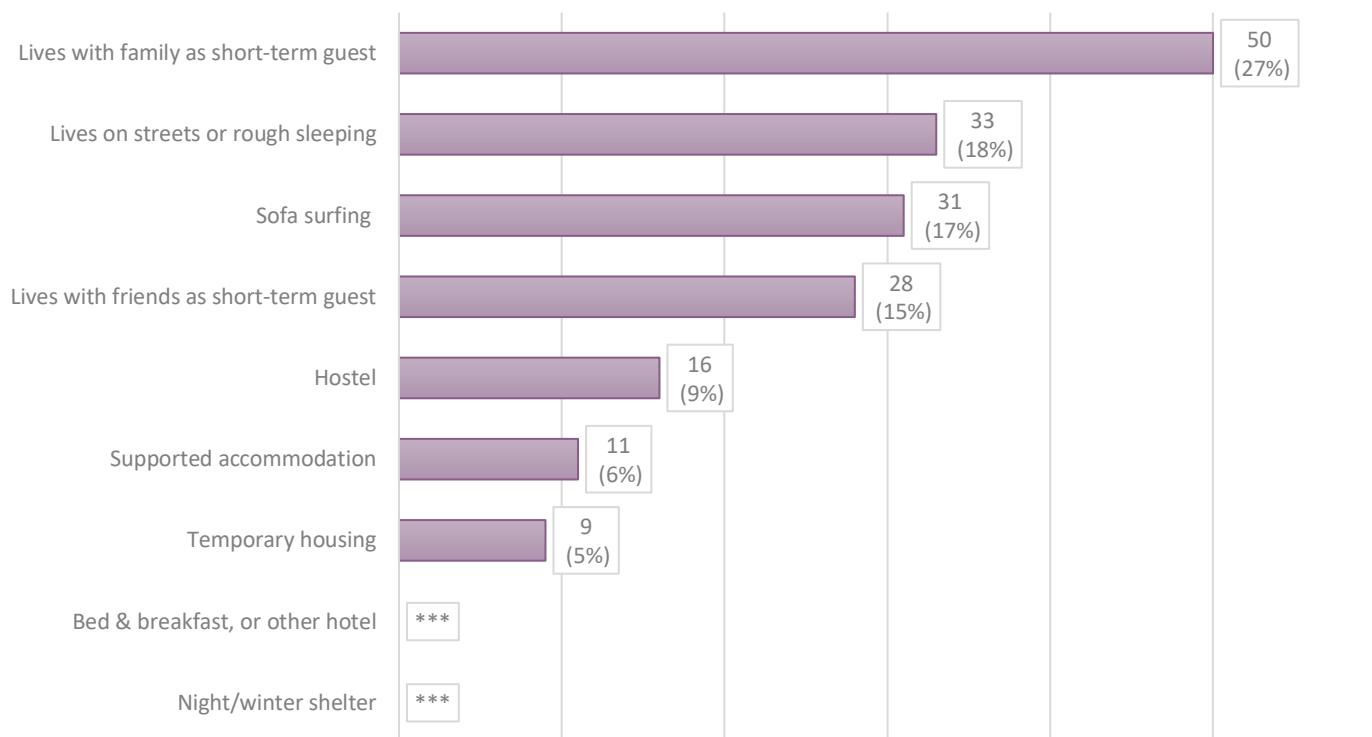
One in five Wirral residents in the year ending March 2025 reported they had a risk of homelessness in the next eight weeks (n=76, 20%). Although this is somewhat similar to the previous year (n=65, 24%), it is the largest proportion of the five Merseyside CJITs (Merseyside total: 12%).

⁴ 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.

Housing problem

- In the year ending March 2025, of the 182 Wirral residents who had some form of a housing problem (housing problem = 116, NFA - urgent housing problem = 66), just over one-quarter (27%) were living with family as a short-term guest, followed by those living on the streets or rough sleeping (18%), sofa surfing (17%) or living with friends as a short-term guest (15%; *Figure 14*).
- Around half came into contact with Wirral CJIT following release from prison (n=89, 49%), while two in five were RAs following a positive test for specified Class A drugs (n=73, 40%) and around one in ten were other criminal justice routes (n=20, 11%).
- Over four in five individuals were men (n=127, 86%) and the average age was 39.8 years.
- Just over two in five reported heroin as their main substance (n=79, 43%), while around a quarter reported crack cocaine (n=44, 24%) and one in six reported cocaine (cocaine hydrochloride & cocaine unspecified; n=31, 17%). Furthermore, crack cocaine accounted for half of those with a second substance recorded (n=72, 50%).
- A third of the Wirral residents with some form of a housing problem in the year ending March 2025 came into contact with Wirral CJIT due to other offences (n=60, 33%), while just over one in five were Misuse of Drugs Act offences (n=40, 22%) and around one in seven were theft - shoplifting (n=28, 15%).

Figure 14: Wirral residents by current housing situation, 2024/25



SUBSTANCE USE

Cocaine (cocaine hydrochloride & cocaine unspecified) accounted for the largest proportion of the main substances reported by Wirral residents in the year ending March 2025 (35%), closely followed by heroin (32%; *Figure 15*). Notably, the number of clients reporting cocaine as their main substance more than doubled in 2024/25 when compared to the previous year (129% increase) and is the highest number since 2019/20. Furthermore, the number of clients reporting crack cocaine as their main substance is the highest of the six-year period and the largest proportion when compared to the other Merseyside areas (Merseyside total: 10%). Moreover, Wirral and another CJIT had the largest proportion of heroin in 2024/25 (Merseyside total: 27%).

Figure 15: Wirral residents by main substance, 2019/20 - 2024/25

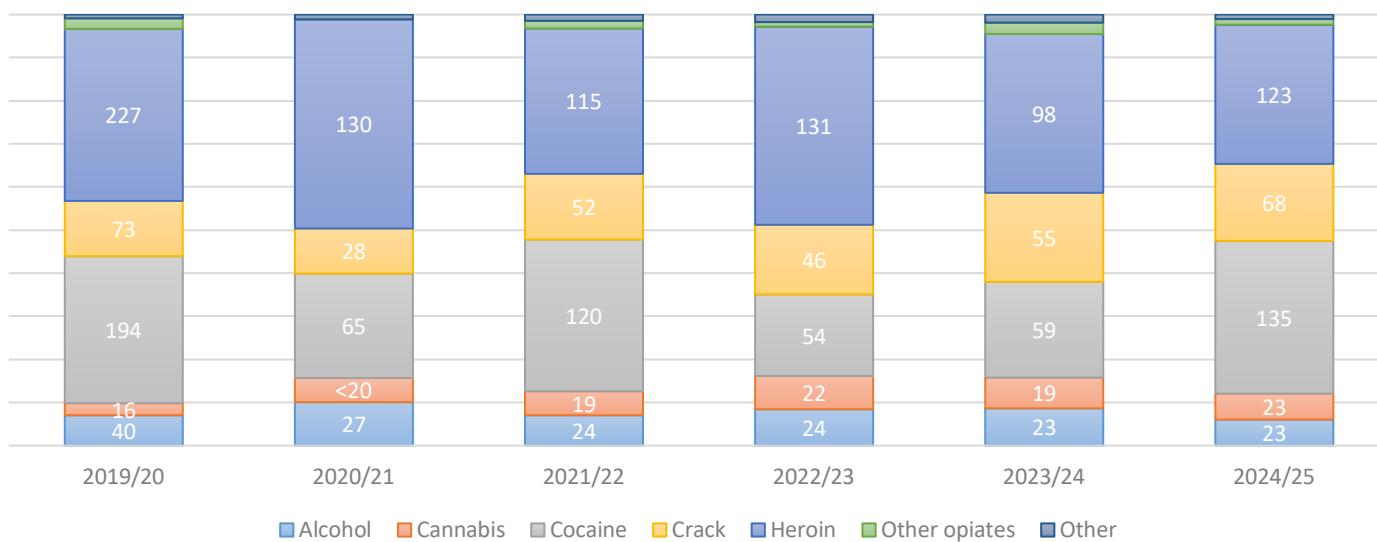


Figure 16 shows 2024/25 figures split by substance one, two and three. Around two in five (39%) reported crack cocaine as their second substance, followed by around a quarter (24%) who reported alcohol, while just over a third (35%) reported alcohol as their third substance, followed by cannabis and other drugs (20% and 18% respectively). Notably, the majority (91%) of the episodes with crack cocaine recorded as the second substance had heroin recorded as the main substance and just under half (47%) of all other drugs reported (substances 1-3 combined) were benzodiazepines.

Figure 16: Wirral residents by substances 1-3, 2024/25

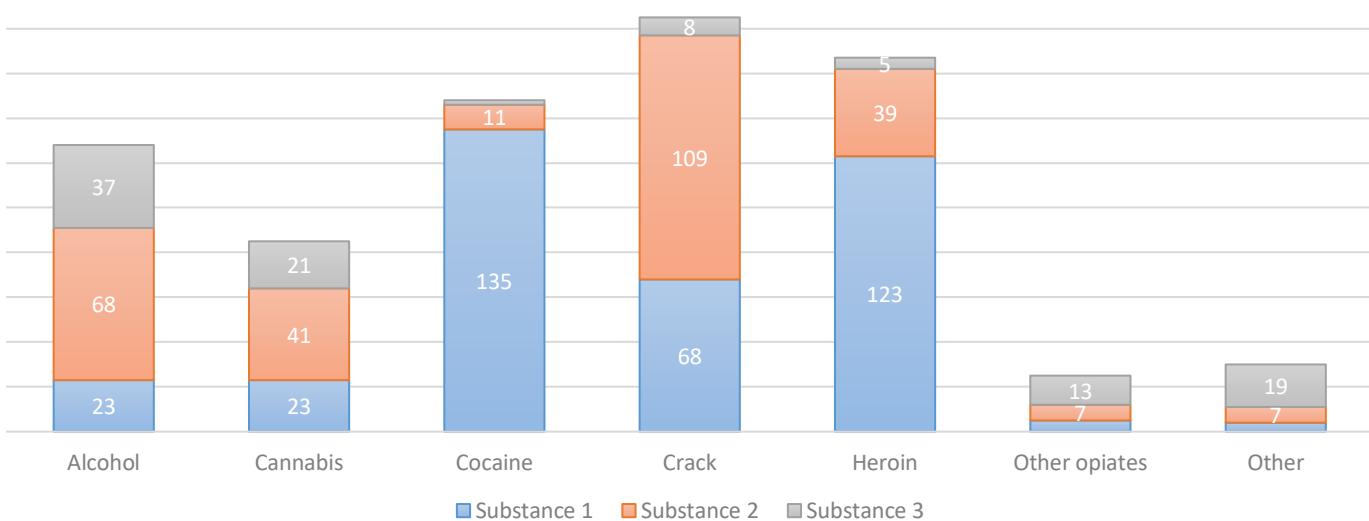


Figure 17 shows the proportions of the main substance by sex in the year ending March 2025. There were slightly larger proportions of alcohol, cannabis and cocaine recorded as the main substance by men (6%, 7% and 36% respectively) when compared to women (3%, 3% and 31% respectively), while there were larger proportions of crack cocaine and heroin recorded by women (24% and 35% respectively) than men (17% and 32% respectively).

Figure 17: Wirral residents by main substance and sex, 2024/25

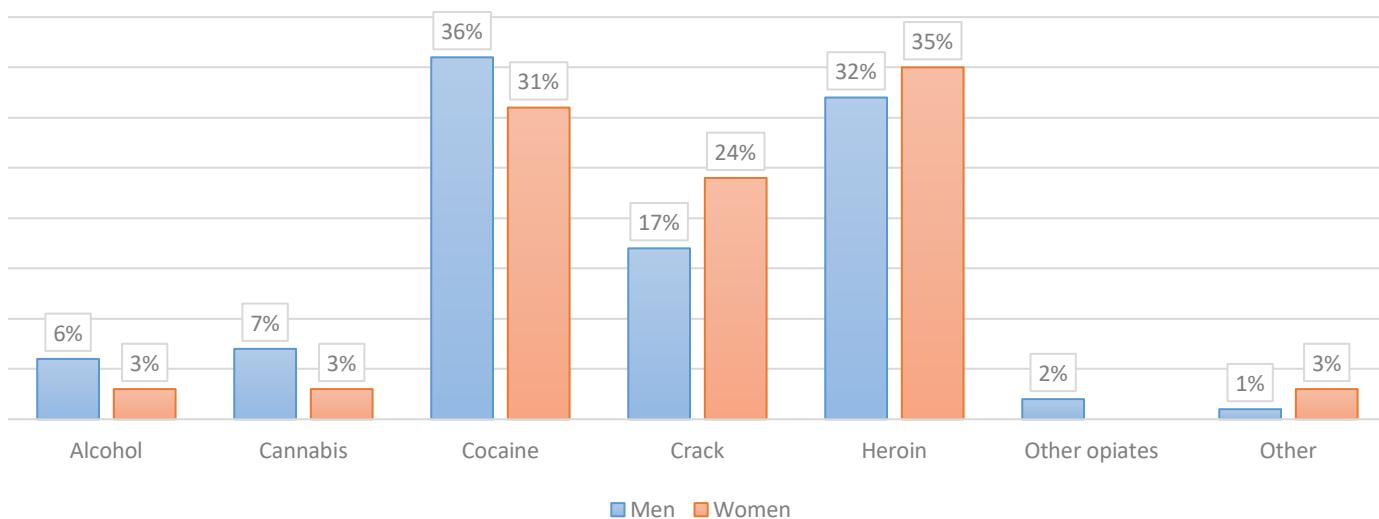
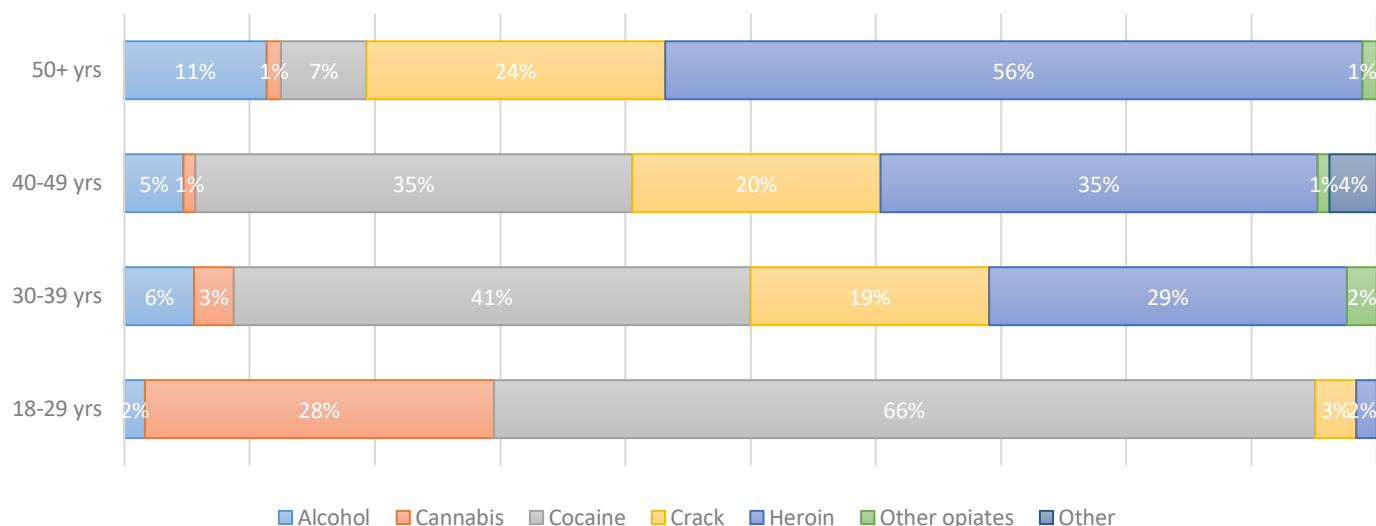


Figure 18 shows the proportions of the main substance for each age group in the year ending March 2025. Clients who reported cannabis or cocaine as their main substance were generally younger, while those who reported crack cocaine or heroin were generally older. Specifically, around two-thirds (66%) of 18–29-year-olds reported cocaine as their main substance, followed by around three in ten (28%) who reported cannabis, while for 30–39-year-olds, around two in five reported cocaine, around three in ten (29%) reported heroin and around one in five (19%) reported crack cocaine. There were equal proportions who reported cocaine and heroin as the main substance for clients aged 40–49 years (both 35%), and one in five (20%) who reported crack cocaine. Finally, for clients aged 50 years or over, over half (56%) reported heroin as their main substance and around a quarter (24%) reported crack cocaine.

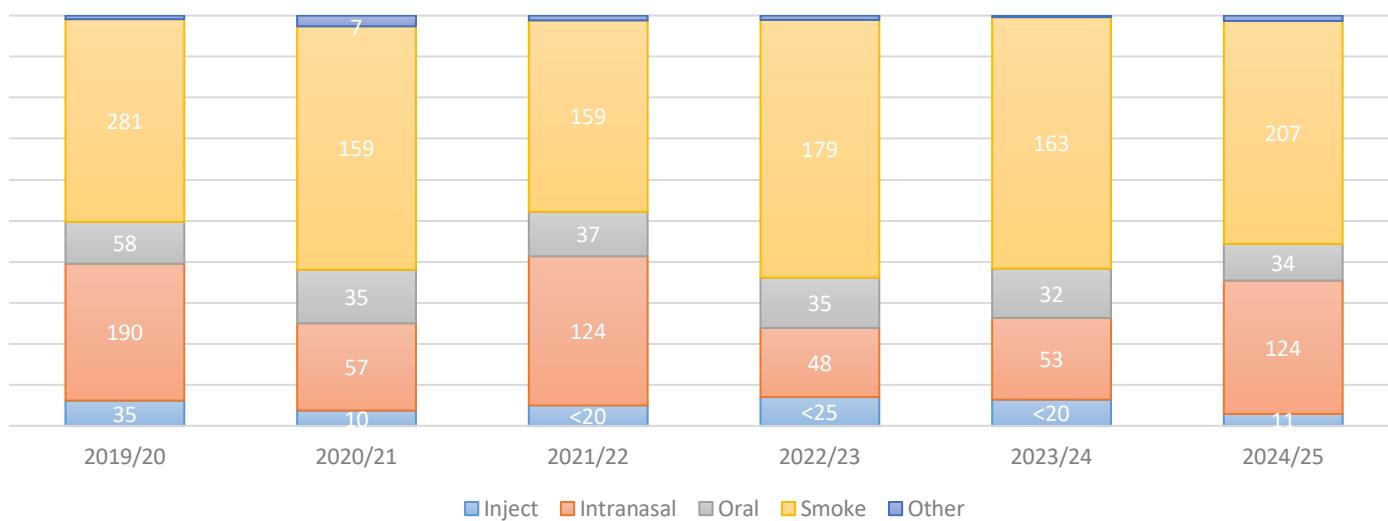
Figure 18: Wirral residents by main substance and age group, 2024/25



ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in *Figure 19*. In the year ending March 2025, over half (54%) of the Wirral CJIT contacts smoked their main substance, while a third (33%) administered their main substance intranasally and around one in ten (9%) administered their main substance orally. The number of clients who administered their main substance intranasally in 2024/25 more than doubled when compared to the previous year (134% increase) and equals the number in 2021/22, though it is similar to the Merseyside figure (34%). Notably, the proportion of clients who smoked their main substance in 2024/25 is the largest of the five Merseyside CJITs (Merseyside total: 47%).

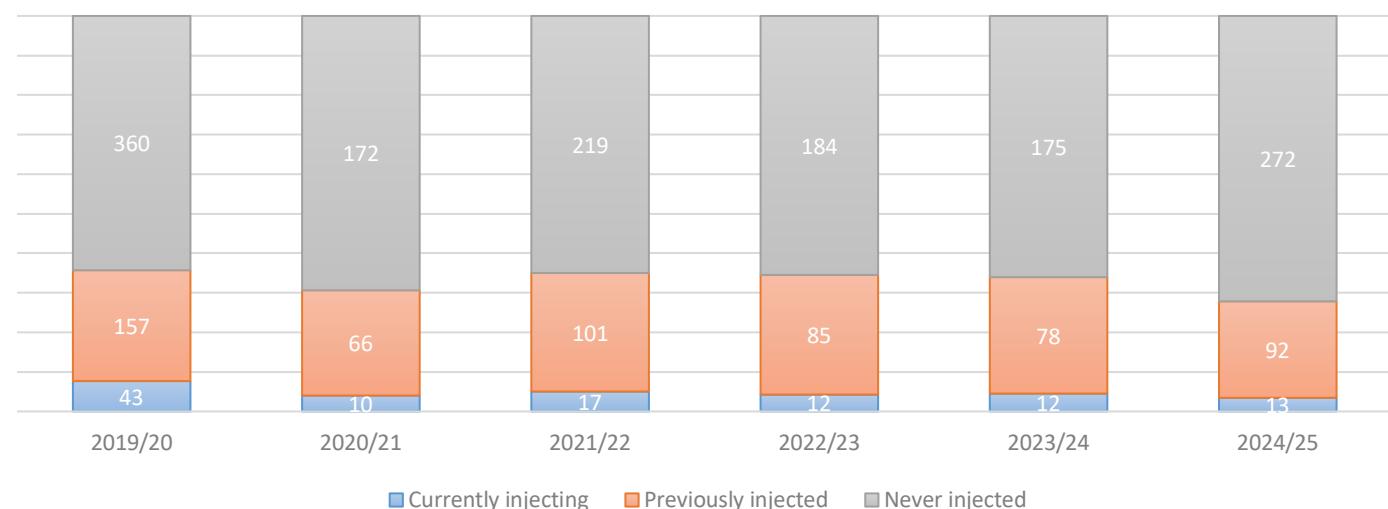
Figure 19: Wirral residents by route of administration of the main substance, 2019/20 - 2024/25



INJECTING STATUS

Just under three-quarters (72%) of the Wirral CJIT contacts in the year ending March 2025 stated they had never injected, while around a quarter (24%) had previously injected but were not currently and 3% were currently injecting at the time of their assessment (*Figure 20*). The proportions who were currently injecting or had previously injected are just below the six-year averages (5% and 28% respectively), and compared to the Merseyside figures, Wirral had a larger proportion who previously injected and a smaller proportion who had never injected (Merseyside totals: 18% and 80% respectively).

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

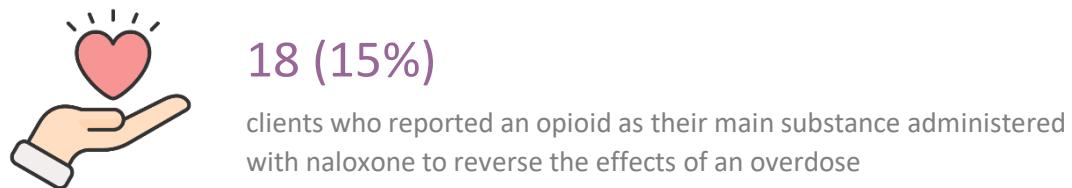


NALOXONE PROVISION

Over a quarter 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, 29%), which is a 26% decrease on the 50 clients in the previous year and the smallest proportion across Merseyside (Merseyside total: 34%). Notably, all of the clients issued with naloxone in 2024/25 were provided with injectable naloxone, compared to 50% of all Merseyside CJITs combined. While of the clients who were not issued with naloxone, just over three in five were already in possession of adequate naloxone (n=57, 63%), which is larger than the Merseyside figure (49%), and around three ten were offered but refused naloxone (n=26, 29%), which is a smaller proportion than the Merseyside total (41%).

Furthermore, of the Wirral residents who reported an opioid as their main substance in the year ending March 2025, 15% have at some point been administered with naloxone to reverse the effects of an overdose (*Figure 21*), which is above the Merseyside total (11%).

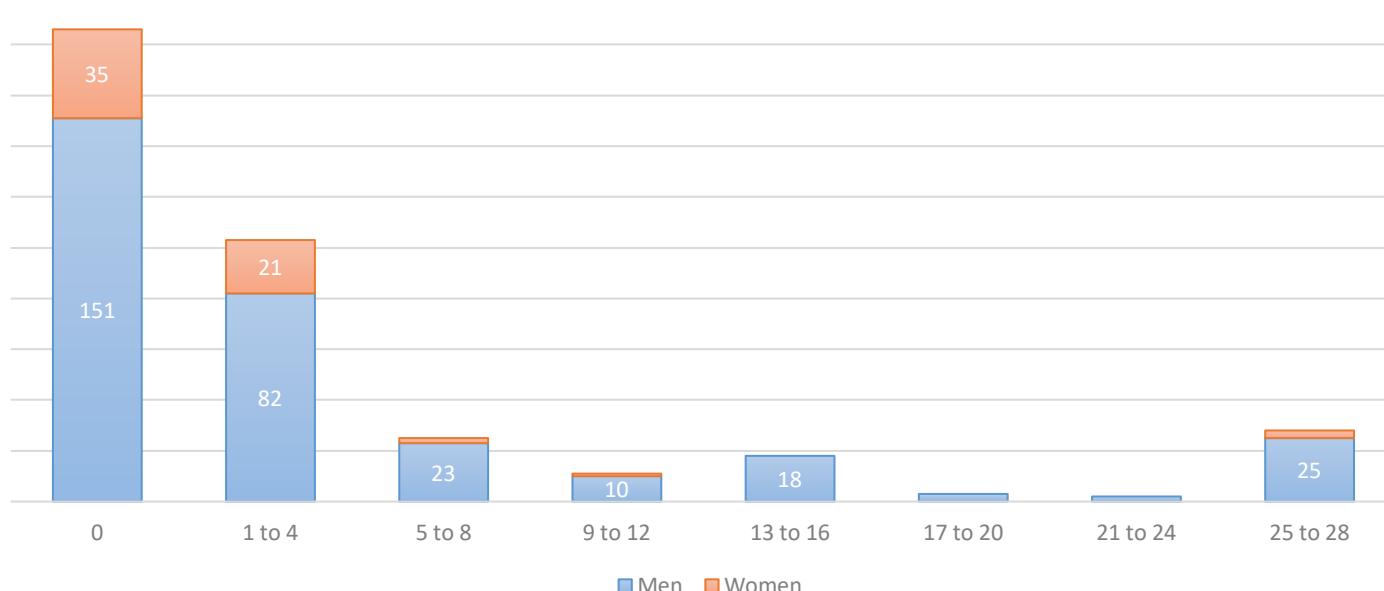
Figure 21: Wirral residents administered with naloxone to reverse the effects of an overdose, 2024/25



ALCOHOL CONSUMPTION

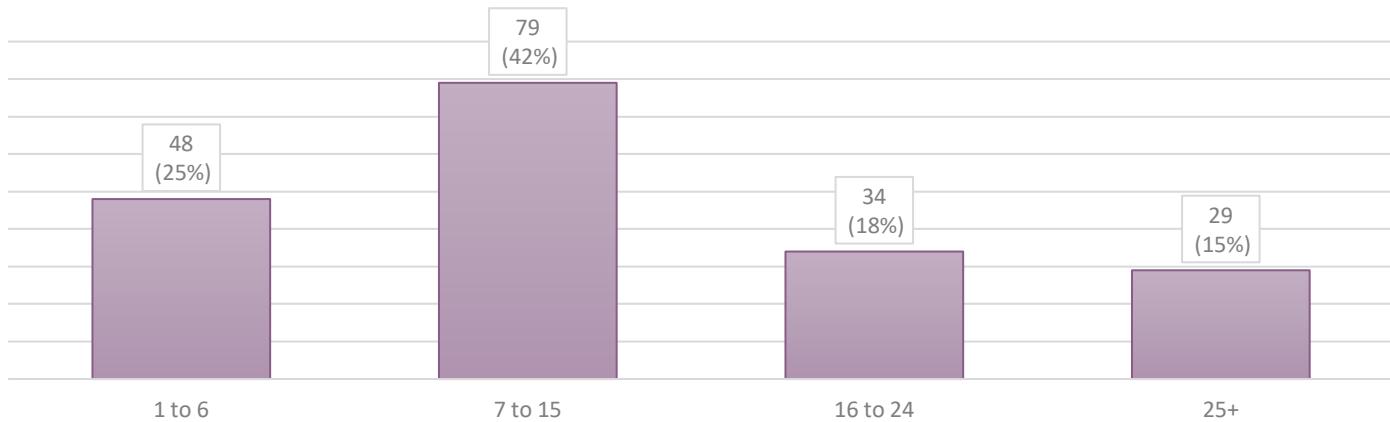
Figure 22 shows the number of days alcohol was consumed by Wirral clients in the 28 days prior to their CJIT contact in the year ending March 2025. Just over half of the men consumed alcohol (n=163, 52%), which is an increase on the previous year's proportion (41%) and larger than the Merseyside total (45%). While over two in five women consumed alcohol (n=27, 44%), which is an increase on the previous year (27%), though similar to the Merseyside figure (42%).

Figure 22: Wirral 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*. Just over two in five (42%) Wirral residents consumed 7-15 units of alcohol daily, which is similar to the Merseyside figure (40%).

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



OFFENDING

The offence that prompted Wirral CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2025 is shown in *Figure 24*. Around a quarter (26%) of the Wirral residents reported Misuse of Drugs Act (MDA) offences as the offence that brought them into contact with DIP in 2024/25 (supply = 65, 66%; possession = 33, 34%), while just under a quarter (23%) were offences categorised as 'other'. When compared to the Merseyside figures, Wirral had larger proportions of episodes reporting burglary, drug driving and theft - shoplifting (Merseyside totals: 4%, 6% and 9% respectively), while a considerably smaller proportion of MDA offences (Merseyside total: 37%). Furthermore, Wirral had the largest proportion of supply-related MDA offences by a considerable margin (Merseyside total: 19%).

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

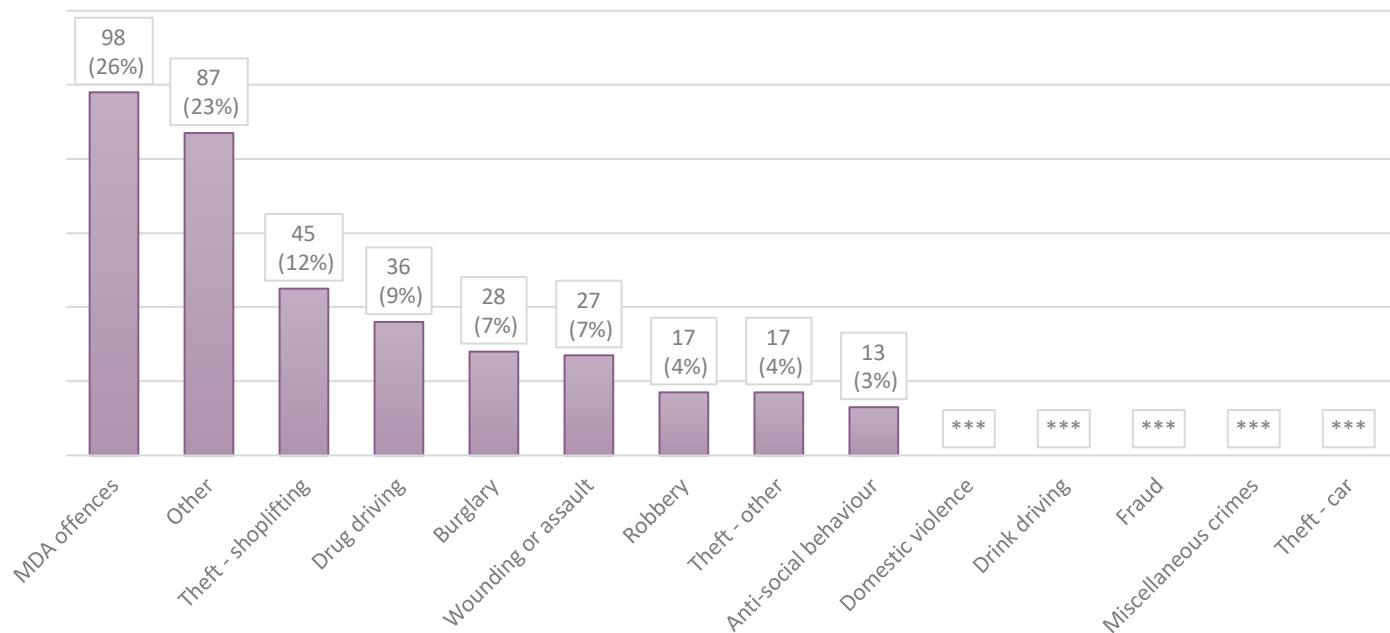


Figure 25 shows six-year trends of the main offending categories for Wirral residents. There was a substantial increase in the number of drug driving-related episodes in 2024/25 (125% increase), while proportions of the other offending categories were similar to the six-year averages.

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

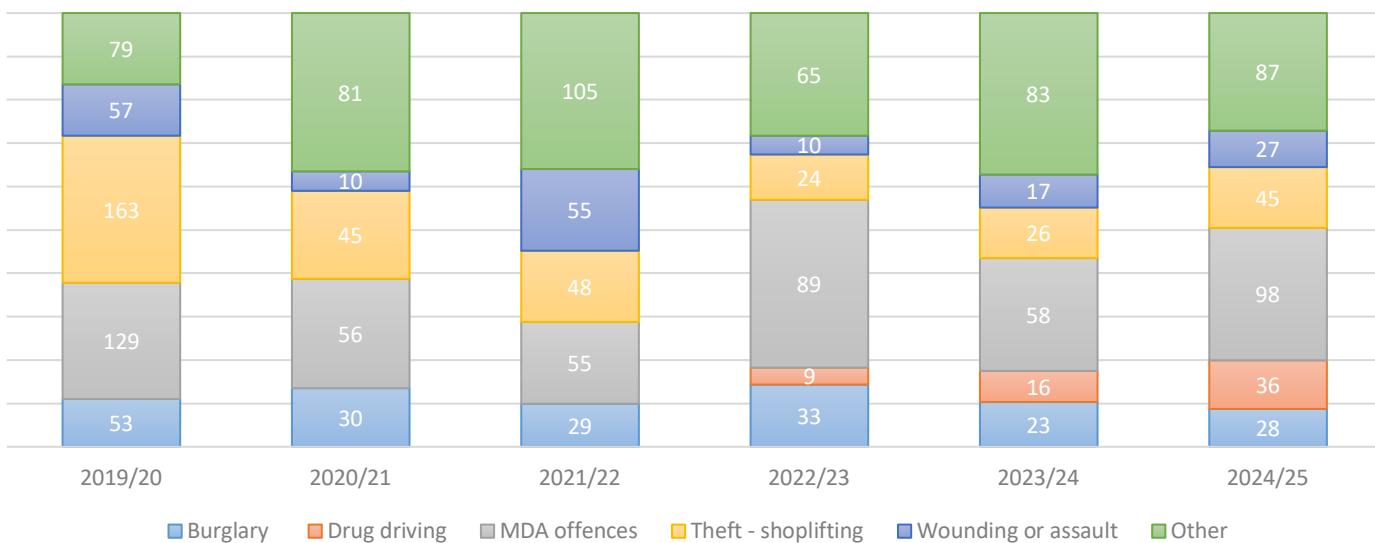
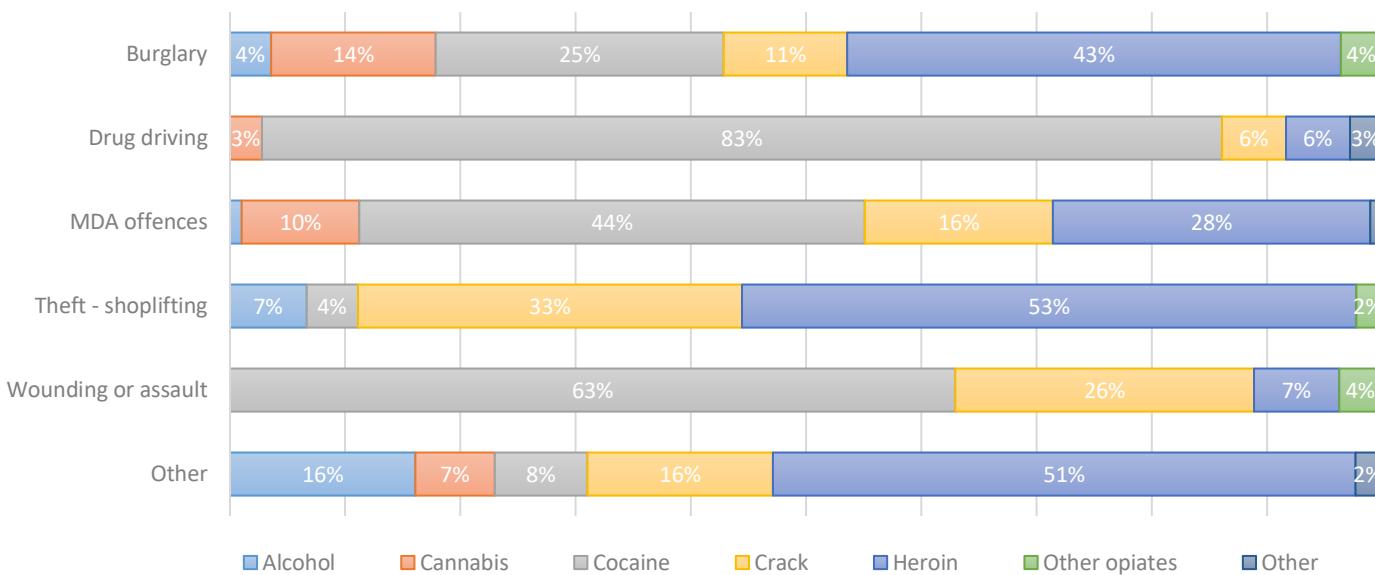


Figure 26 shows the proportions of the main substance for the most common offences recorded for Wirral CJIT contacts assessed in the year ending March 2025. Heroin accounted for the largest proportions of burglary, theft - shoplifting and other offences (43%, 53% and 51%), while cocaine accounted for the largest proportions of drug driving, MDA offences and wounding or assault (83%, 44% and 63% respectively). Furthermore, crack cocaine accounted for a third (33%) of theft - shoplifting and around a quarter (26%) of wounding or assault.

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



REFERRALS TO STRUCTURED TREATMENT

Of the clients on the CJIT caseload, there were 161 referrals (135 individuals) to structured treatment in 2024/25 (*Figure 27*)⁵, which is a 16% increase on the 139 referrals in the previous year.

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

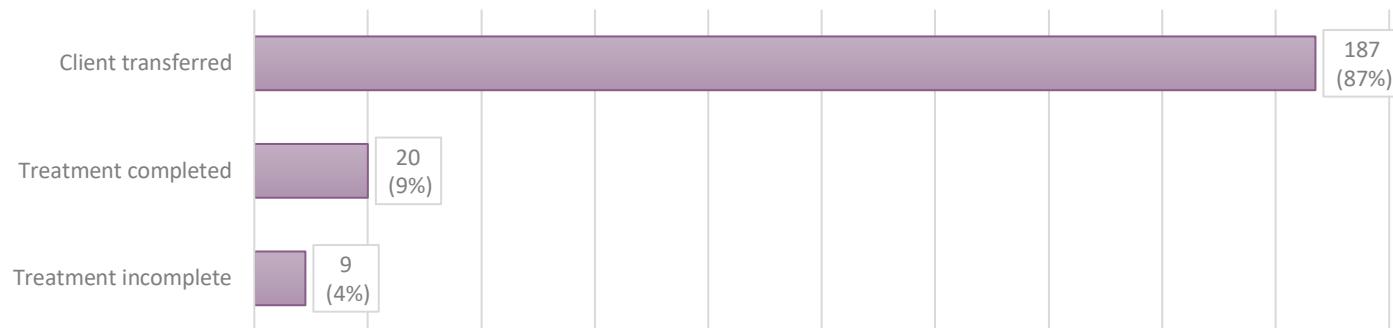


161 (135 individuals)
referrals to structured treatment

TREATMENT OUTCOMES

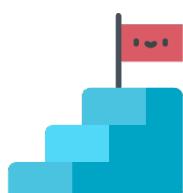
There were 216 discharges (182 individuals) in the year ending March 2025⁶. Just under nine in ten (87%) clients transferred prior to the completion of treatment (*Figure 28*), which is the largest proportion recorded by the five Merseyside CJITs by a considerable margin (Merseyside total: 39%). Of these, around two in five (41%) went into prison custody, while just under two in five (38%) transferred not in custody⁶, one in six (17%) transferred to another CJIT area, and 4% transferred to the offender manager team and are no longer case managed by Wirral CJIT. Furthermore, Wirral had the smallest proportion of clients who did not complete treatment (4%) reported across Merseyside and is substantially smaller than the Merseyside total (34%).

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



Of the 20 Wirral residents who completed treatment successfully in the year ending March 2025, the average time on the CJIT caseload was 256 days (*Figure 29*), which is the longest time on the caseload of the five Merseyside CJITs (Merseyside average: 172 days).

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



On average, clients successfully completed CJIT treatment in
256 days

⁵ Figures include referrals to structured treatment / discharges 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.

⁶ 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 Wirral CJIT contacts in the year, while all other figures are for residents of Wirral LA only, recorded by Wirral 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. Wirral had the second highest number of individuals in contact with the CJIT of the five Merseyside areas and the second smallest rate (125.3 per 100,000)⁷.

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>



⁷ 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., Wirral residents recorded by Wirral CJIT.

REFERENCES

Bacon, M. (2024) 'From criminalisation to harm reduction? The forms and functions of police drug diversion in England and Wales', *Policing and Society*, 34(3), pp. 105-123. Available at: <https://doi.org/10.1080/10439463.2023.2267729> (Accessed September 2025).

Collins, B.J., Cuddy, K. and Martin, A.P. (2016) 'Assessing the effectiveness and cost-effectiveness of drug intervention programmes: UK case study', *Journal of Addictive Diseases*, 36(1), pp. 5-13. Available at: <https://doi.org/10.1080/10550887.2016.1182299> (Accessed September 2025).

Collins, P., Critchley, K. and Whitfield, M. (2017) *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2017_10_criminal_justice_project_drug_interventions_programme_re_offending_of_clients_test.pdf (Accessed September 2025).

Cuddy, K., Collins, P., Whitfield, M. and McVeigh, J. (2015) *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2015_09_dip_merseyside_an_evaluation_of_dips_impact_on_offending.pdf (Accessed September 2025).

Home Office (2011) *Drug Interventions Programme Operational Handbook*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf (Accessed September 2025).

Public Health England and Ministry of Justice (2017) *The impact of community-based drug and alcohol treatment on re-offending*. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf (Accessed September 2025).

ACKNOWLEDGEMENTS

With thanks to the drug and alcohol treatment provider in Wirral and the commissioners at Wirral City Council for their continued support. Thanks also to Nicky Mawdsley at the Public Health Institute for their help in proof reading this report.

About the Public Health Institute

The Public Health Institute (PHI) within the Faculty of Health, Innovation, Technology and Science at Wirral 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.

