

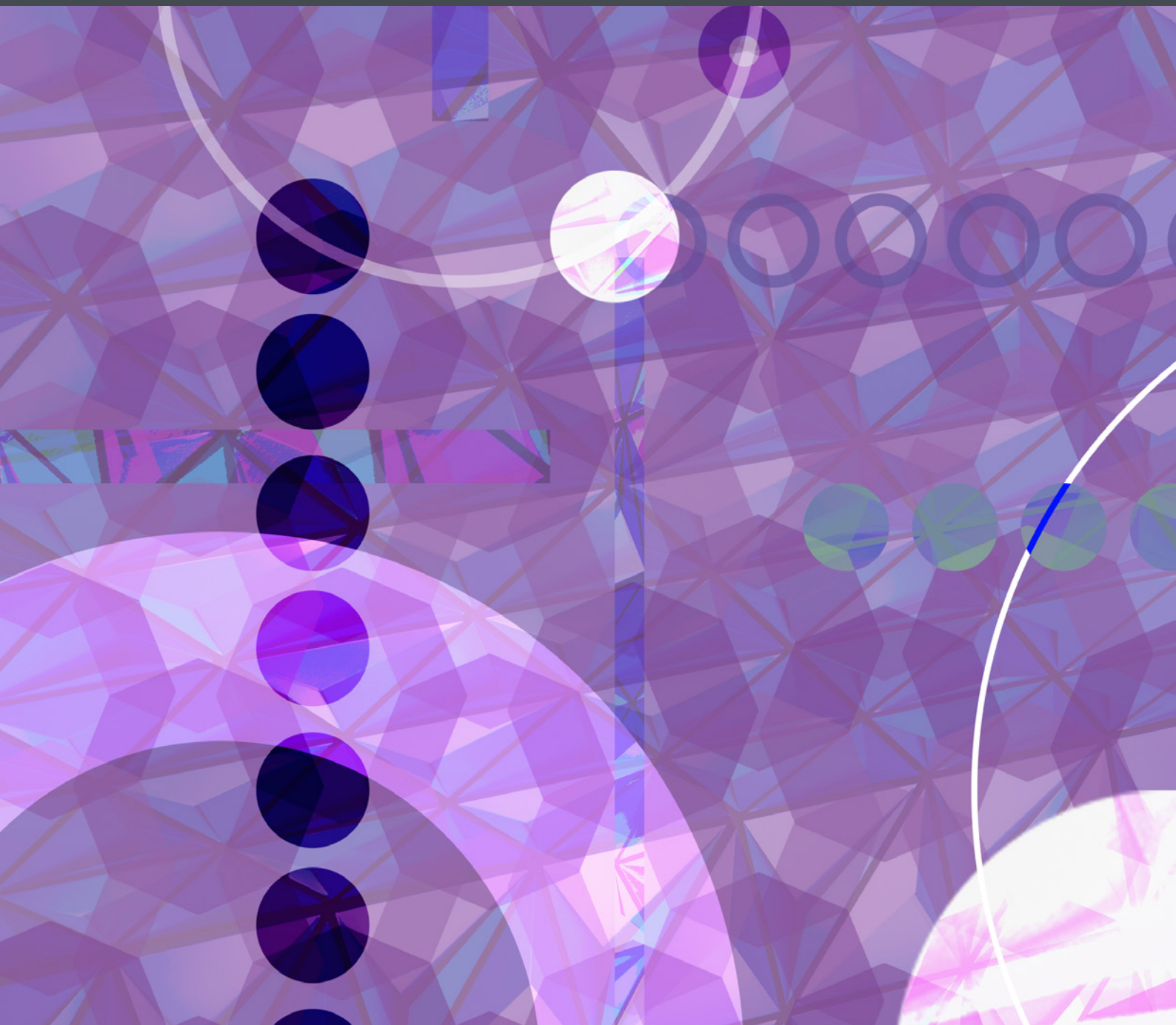
# Criminal Justice Project: Drug Interventions Programme

## Sefton DIP Activity Profile (2015/16)

March 2017

**DIP**

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## KEY FINDINGS

- Between April 2015 and March 2016, there were a total of 510 Drug Interventions Programme (DIP) contacts in Sefton. This is a 24% decrease on the number of DIP contacts in the previous year (n=667).
- Just under three-quarters (74%) of DIP contacts were made through the Required Assessment process, while 16% were through other criminal justice routes. Eight per cent were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 1% were transfers not completed from another CJIT or prison.
- Of the 510 DIP contacts, 504 were assessed for DIP (99%); of which, 75% were deemed to require further intervention and 73% were taken onto the DIP caseload. The majority of those not taken onto the caseload transferred to another CJIT or prison.
- Just under nine in 10 (88%) DIP contacts were male; the largest proportion were aged between 25 and 29 years (19%), followed by clients aged between 18 and 24 years, between 35 and 39 years and between 40 and 44 years (17% each).
- The majority (93%) were of White British ethnicity.
- The majority (78%) were Sefton residents, while Liverpool residents accounted for 13% of the DIP contacts in the area.
- While the majority of clients reported no housing problems, 13% overall had some form of housing problem; of which, 4% stated an urgent problem due to being of no fixed abode.
- The most common drug used by Sefton's DIP contacts in 2015/16 was cocaine (28%), followed by 23% who used heroin and 21% who used crack.
- Similar proportions of clients sniffed or smoked their main drug (43% and 42% respectively).
- Just over three-quarters (76%) had never injected, while 14% had previously injected but were not currently and 10% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 40%; females = 62%), for those who did, the highest proportion reported between one and four drinking days in the 28 days prior to their assessment (males = 35%; females = 21%).
- The most common daily average units of alcohol consumed by males was between seven and 15 units (26%), followed by between 16 and 24 units (13%) and between one and six units (12%). For females, it was between seven and 15 units (18%), followed by between one and six units (13%).
- Only a small proportion were on an offender management scheme at the time of their assessment (<1% Multi-Agency Public Protection Arrangement; <1% Integrated Offender Management).
- The main offence which prompted the current or most recent contact with the criminal justice system was Misuse of Drugs Act offences (32%), followed by theft (30%). Offences categorised as 'other' accounted for 16% and 9% were wounding or assault.

The Drug Interventions Programme (DIP) is an initiative with an overarching aim to identify and engage with drug using offenders in the criminal justice system in order to channel them into appropriate treatment services, and as a result reduce acquisitive crime in England and Wales. The link between illicit drug use and crime has been explored by researchers for many years. Extensive evidence suggests that certain crimes are committed by drug users for economic reasons in order to fund their drug use (Seddon, 2000; Bennett et al., 2008; Pierce et al., 2015).

A meta-analysis study highlighted that drug users were between three to four times more likely to offend compared to non-drug users, with users of crack cocaine having much higher odds of offending (about six times greater; Bennett et al., 2008). A more recent statistical study investigating drug spend and acquisitive offending by substance misusers concluded that overall rates of acquisitive crime (offences committed to gain possessions, for example, theft, shoplifting, burglary and robbery) were high among this population group (Hayhurst et al., 2012).

Many of the clients assessed for DIP can be some of the most difficult to reach problematic drug users (Home Office [no date<sup>a</sup>]). The DIP process provides a crucial early engagement opportunity via targeted testing which involves the police arresting and drug testing potential drug using offenders (Critchley and Whitfield, 2016). If offenders test positive for Class A drugs (heroin, cocaine and/or crack) they are required to undergo an assessment with a DIP worker, known as a Required Assessment (RA). There are other referral routes into DIP, including Conditional Cautioning, referrals from secure establishments on release, referrals from other sectors of the criminal justice system (for example court mandated processes such as Restrictions on Bail [RoB]) and also voluntary presentations.

DIP assessments capture demographic information and provide an insight into drug use and offending behaviours. These assessments allow drugs workers to determine whether further intervention is required to address drug use and/or offending, and based on the decision, the worker will then encourage engagement with a range of appropriate treatment options to deal with their aforementioned issues. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol misuse (harm reduction interventions and overdose management; offending; health (physical and psychosocial); and social functioning (housing, employment and relationships; Home Office [no date<sup>b</sup>]).

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting data on criminal justice interventions. There are some limitations as not all data sets can be reported on by PHE, for example drug testing data, but locally teams have more scope to tailor data collection to their local needs. DIP continues to be implemented in Sefton, with the processes which underpinned it originally still remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

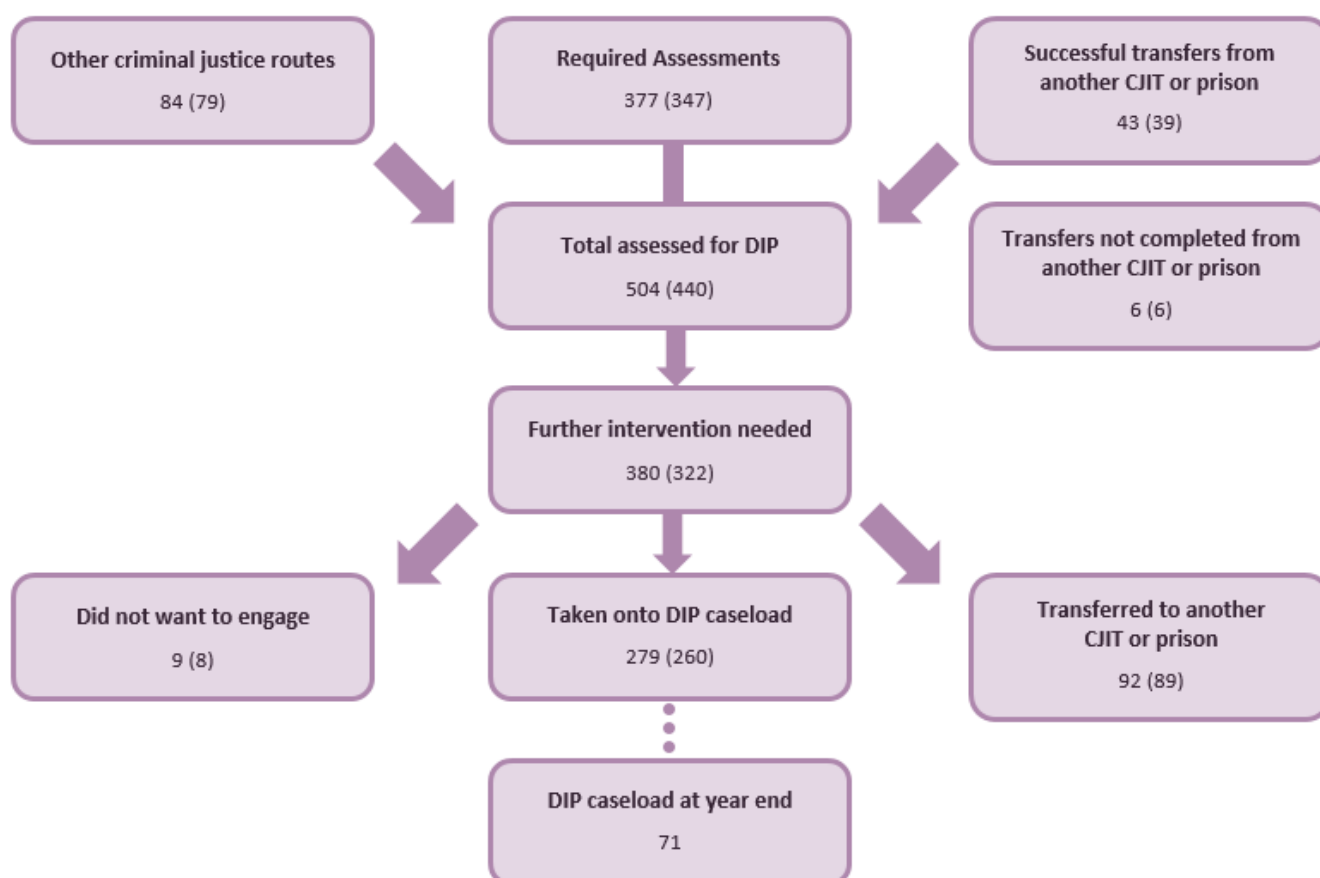
This DIP Activity Profile for Sefton presents data for clients accessing DIP between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016. This profile will contextualise DIP activity data (detailing the route of entry to DIP and assessment outcomes) and provide a demographic overview of the clients. It complements the existing monthly performance reports by providing an annual snapshot of the criminal justice data collected by DIP monitoring forms. Where possible, comparisons have been made with overall figures for Merseyside. This profile also provides recommendations for local government, commissioners and service providers in terms of targeting the efficient use of resources and effective services in Sefton and across Merseyside.

Between April 2015 and March 2016, there were a total of 510 DIP contacts in Sefton (Figure 1), while the average number of contacts across Merseyside was 699. The number of DIP contacts in Sefton has reduced by 24% when compared to the previous year (n=667; Critchley et al., 2016). All Merseyside areas have seen a reduction in numbers, with a 26% reduction overall between 2014/15 and 2015/16, which is per chance caused by the implementation of targeted drug testing in the custody suites in 2015. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of the targeted testing approach (Critchley and Whitfield, 2016), and as the drug testing process is the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in Sefton. Just under three-quarters (74%) of DIP contacts in 2015/16 were through the RA process, while 16% were through other criminal justice routes. Just under one in ten (8%) were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 1% were transfers not completed from another CJIT or prison.

Of the 510 DIP contacts, 99% were assessed for DIP (n=504). The remaining six clients transferred into Sefton from another CJIT or prison and were not taken onto the caseload following transfer. Of the 504 clients assessed for DIP in 2015/16, three-quarters (75%) were deemed to require further intervention (n=380), with 279 taken onto the DIP caseload (73%). The majority of the 101 clients not taken onto the caseload transferred to another CJIT or prison (n=92; 91%).

**Figure 1: Overall DIP activity and criminal justice routes in Sefton (2015/16)<sup>1</sup>**

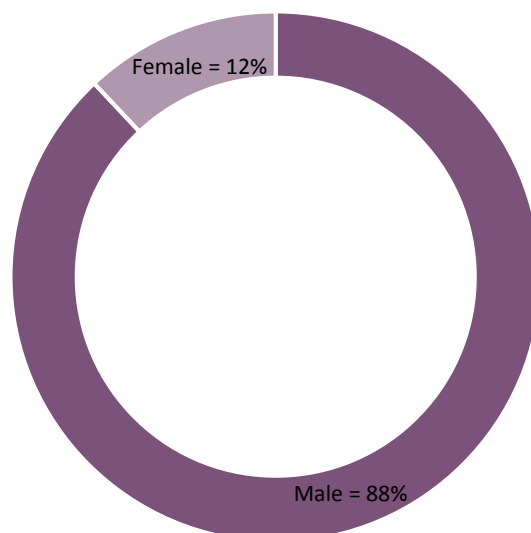


<sup>1</sup> Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following transfer from another CJIT or prison. Please see the Appendix for further details relating to this figure.

## DEMOGRAPHIC PROFILE OF CLIENTS

Just under nine in ten (88%) DIP contacts in 2015/16 were male (Figure 2). The proportion of males in Sefton is slightly higher than the Merseyside average (84%).

**Figure 2: Gender of DIP contacts in Sefton (2015/16) [n=510]**



The largest proportion of clients were aged between 25 and 29 years (19%), followed by clients aged between 18 and 24 years, between 35 and 39 years and between 40 and 44 years (17% each), and between 30 and 34 years (16%; Figure 3). Comparing figures to the Merseyside average, Sefton had a larger proportion of clients aged between 25 and 29 years and lower proportions aged 45 years and over.

**Figure 3: Age group of DIP contacts in Sefton (2015/16) [n=510]**

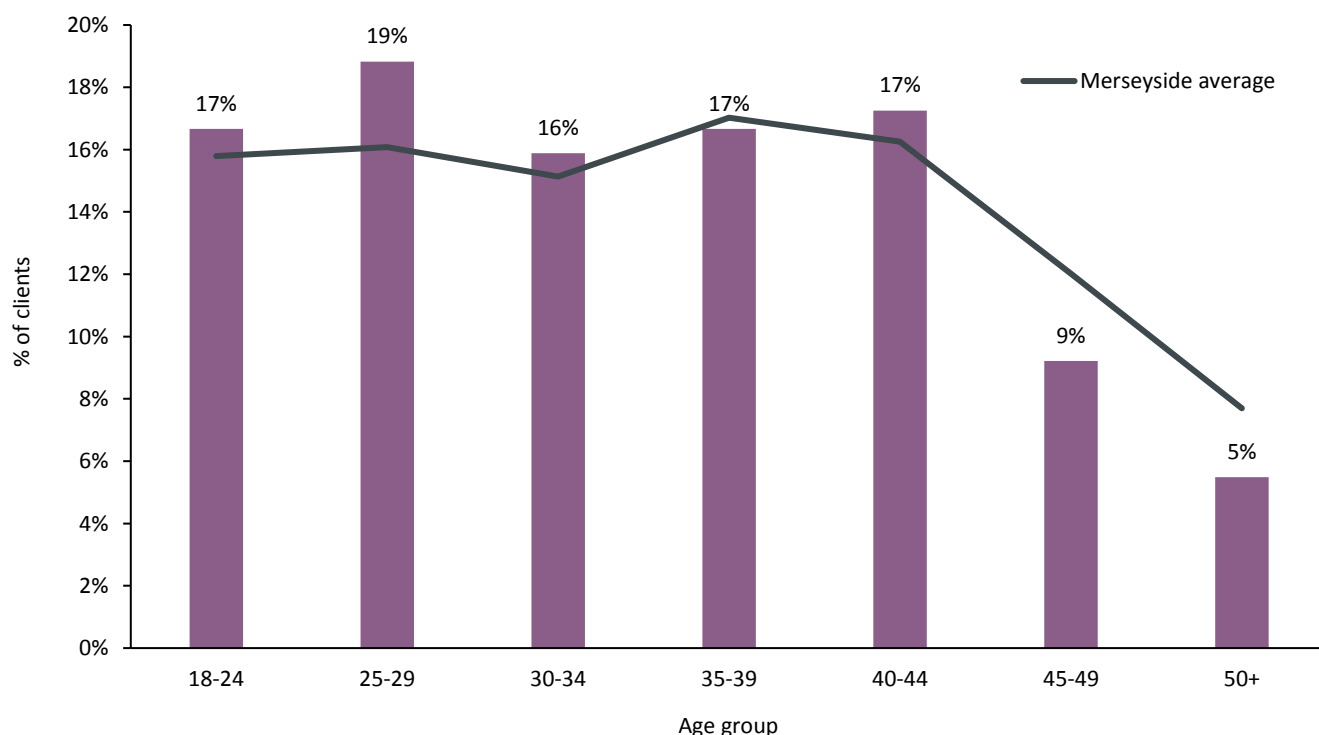


Table 1 shows some differences in age group proportions across gender groups in Sefton. Although numbers of females are much smaller, there were larger proportions aged between 25 and 29 years, between 30 and 34 years and between 40 and 44 years (20% each) when compared to males.

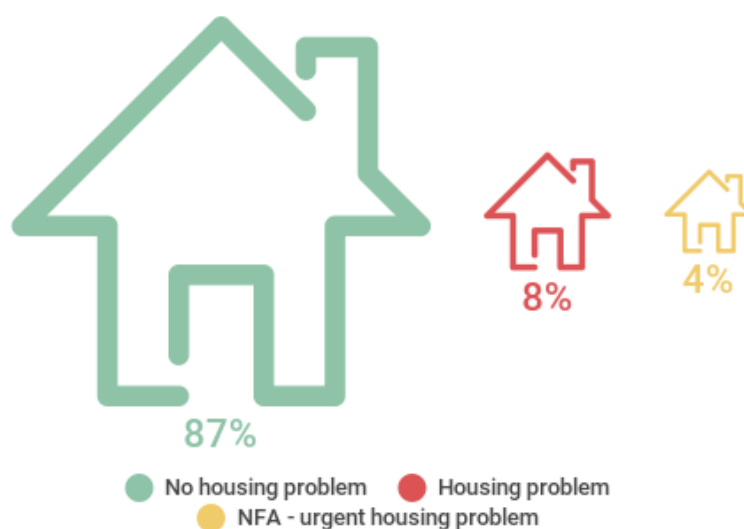
**Table 1: Age group and gender of DIP contacts in Sefton (2015/16) [n=510]<sup>2</sup>**

Age group		Female		Male
18-24	***	7%	<85	18%
25-29	12	20%	84	19%
30-34	12	20%	69	15%
35-39	10	16%	75	17%
40-44	12	20%	76	17%
45-49	6	10%	41	9%
50+	<10	8%	<25	5%
<b>Total</b>	<b>61</b>	<b>100%</b>	<b>449</b>	<b>100%</b>

The majority (93%) of DIP contacts in 2015/16 were of White British ethnicity which is equal to the Merseyside average. As expected, the majority (78%) of clients were Sefton residents, with Liverpool residents accounting for 13% of the DIP contacts in the area.

While the majority of clients reported no housing problems, 13% overall had some form of housing problem; of which, 4% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of Sefton clients stating a housing problem is just below the average for Merseyside (16%).

**Figure 4: Accommodation need of DIP contacts in Sefton (2015/16) [n=490]<sup>3</sup>**



<sup>2</sup> Numbers less than five have been suppressed to maintain patient confidentiality.

<sup>3</sup> Please note, throughout this report percentages may not add up to 100% due to rounding.



## DRUG USE

In 2015/16, just under three in 10 (28%) DIP contacts in Sefton reported to use cocaine, followed by 23% who used heroin and 21% who used crack (Figure 5). The proportion of cocaine use in Sefton is slightly higher than the Merseyside average (24%), while heroin use is slightly lower and crack use is the same (Merseyside = 27% and 21% respectively).

**Figure 5: Drugs used by DIP contacts in Sefton (2015/16) [n=906]**

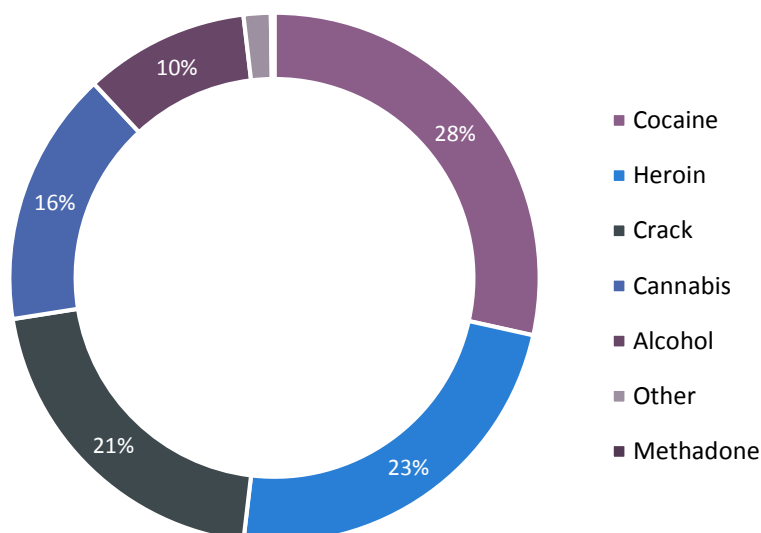


Figure 6 displays the route of administration of clients' most problematic substance (main drug). Similar proportions of clients sniffed or smoked their main drug (43% and 42% respectively). In comparison, the averages for Merseyside reported 32% sniffed and 46% smoked.

**Figure 6: Route of administration of the main drug used by DIP contacts in Sefton (2015/16) [n=508]**

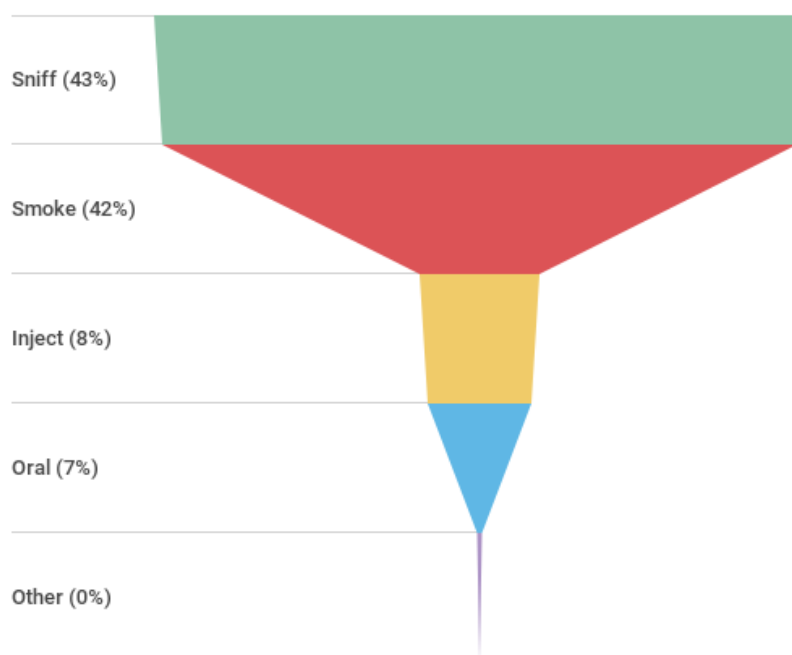
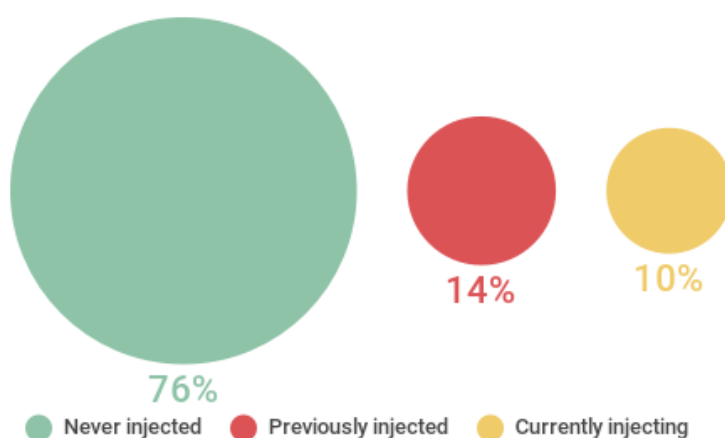




Figure 7 shows just over three-quarters (76%) of DIP contacts in Sefton in 2015/16 had never injected, while 14% had previously injected but were not currently and 10% reported they were currently injecting. Comparatively, across Merseyside 71% had never injected, 21% had previously injected and 8% reported to be currently injecting.

**Figure 7: Injecting status of DIP contacts in Sefton (2015/16) [n=391]**

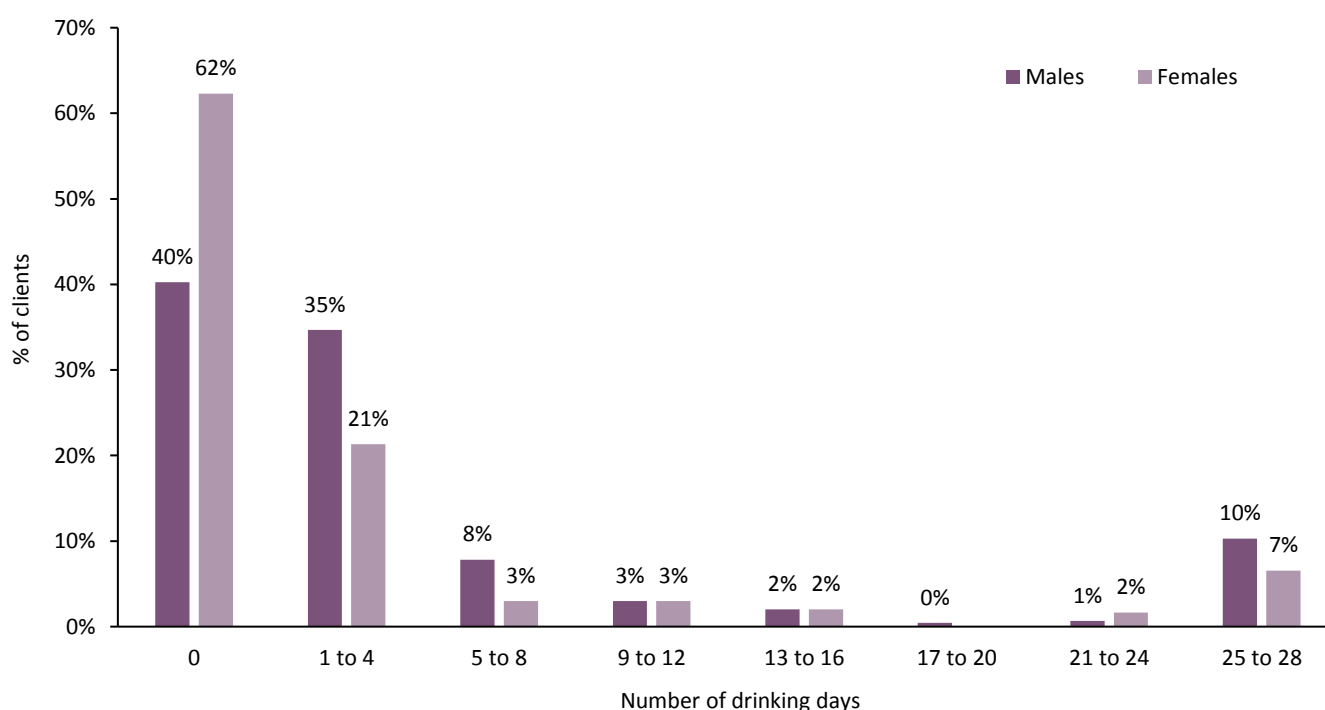


## ALCOHOL USE

Figure 8 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their DIP assessment. Two in five (40%) males consumed no alcohol in the 28 days prior to their assessment, while 35% reported to have consumed alcohol between one and four days and 10% between 25 and 28 days. Across Merseyside, 46% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, over three in five (62%) reported to have not consumed alcohol in the 28 days prior to their assessment, while 21% consumed alcohol between one and four days and 7% between 25 and 28 days. Figures for Merseyside reported 59% of females did not consume alcohol, while 21% drank between one and four days and 11% drank between 25 and 28 days.

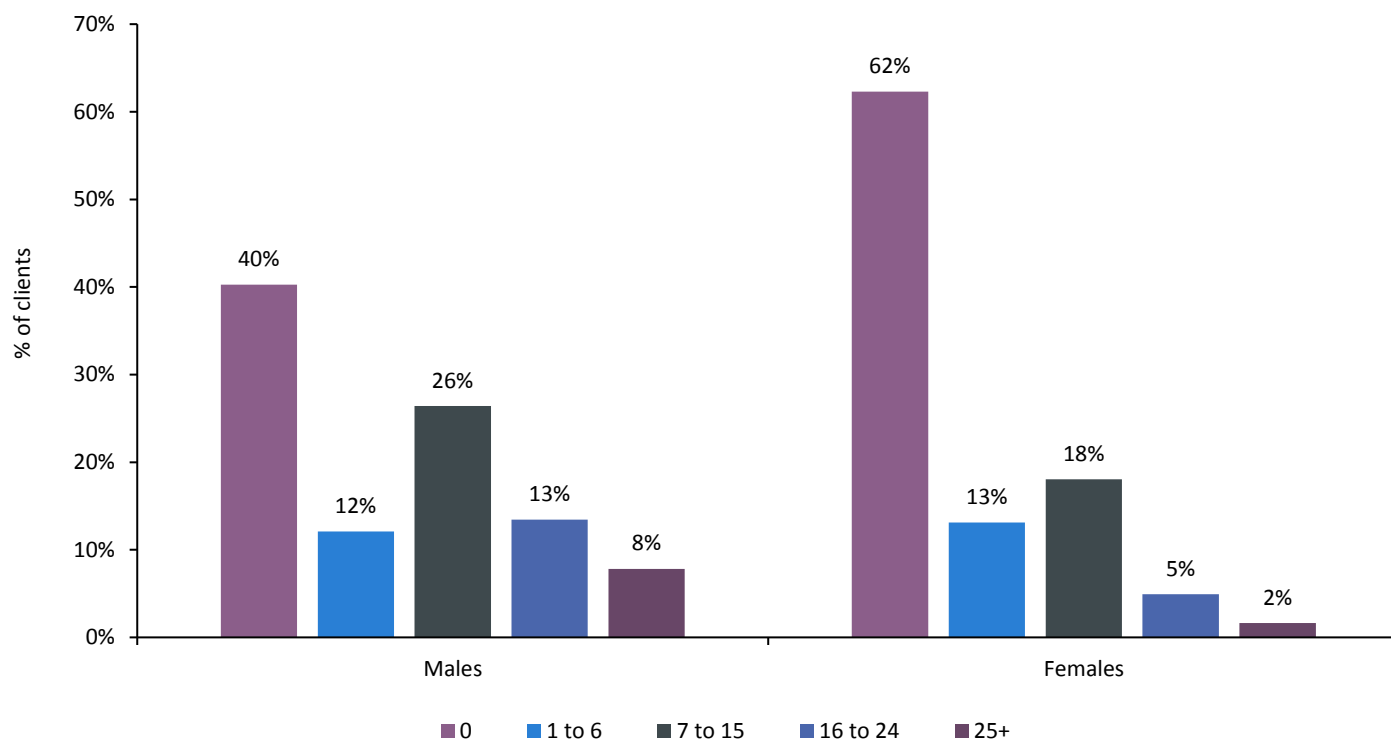
**Figure 8: Number of drinking days for DIP contacts in Sefton (2015/16) [males=447; females=61]**



The daily average number of units of alcohol consumed by Sefton clients in the 28 days prior to assessment are presented in Figure 9. For males, two in five (40%) consumed no units of alcohol, while over one-quarter (26%) consumed between seven and 15 units daily. Across Merseyside, 47% of males consumed no units of alcohol, while 21% drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, over three in five (62%) consumed no units of alcohol, while 18% consumed between seven and 15 units and 13% consumed between one and six units daily. Across Merseyside, 59% of females consumed no units of alcohol, while 14% drank between seven and 15 units, 10% drank between 16 and 24 units, 9% drank between one and six units and 8% drank 25 units or more daily.

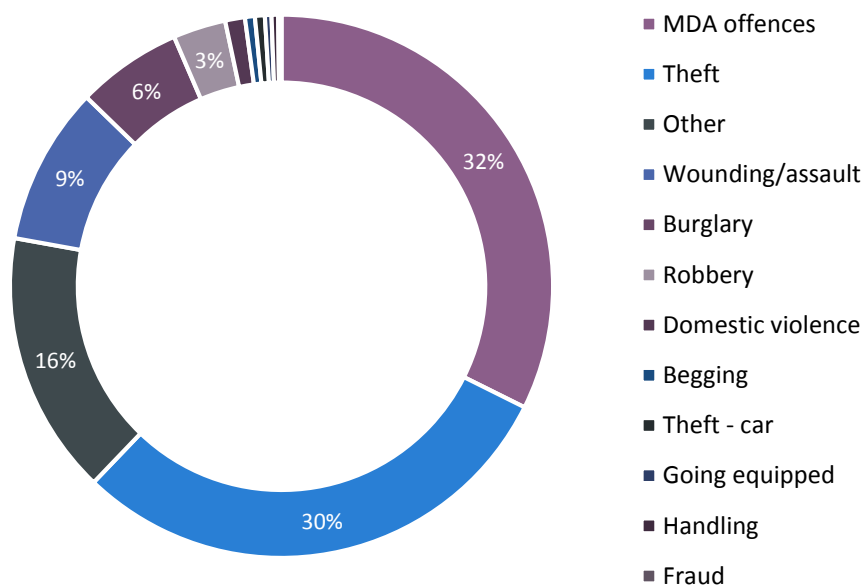
**Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Sefton (2015/16) [males=447; females=61]**



Almost all (99%) DIP contacts in Sefton in 2015/16 were not on an offender management scheme at the time of their assessment. Less than 1% was on an Integrated Offender Management (IOM) scheme and less than 1% was on a Multi-Agency Public Protection Arrangement (MAPPA).

The offences which prompted Sefton clients' current or most recent contact with the criminal justice system are shown in Figure 10. Just under one-third (32%) were Misuse of Drugs Act (MDA) offences and three in 10 (30%) were theft. Offences categorised as 'other' accounted for 16% and 9% were wounding or assault. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (30% and 25% respectively), while offences categorised as 'other' accounted for 18%, and wounding or assault accounted for 11%.

**Figure 10: Offence which prompted current or most recent DIP contact in Sefton (2015/16) [n=510]**



## SUMMARY

- Across Merseyside, the number of DIP contacts in 2015/16 reduced by 26% compared to the previous year. Similarly, the number reduced by 24% in Sefton.
- The majority of DIP contacts in Merseyside presented via the RA route, likewise in Sefton.
- In general, DIP contacts across Merseyside in 2015/16 were male and aged between 18 and 44 years and of White British ethnicity. Sefton had a slightly larger proportion of male clients, and a larger proportion of clients aged between 25 and 29 years when compared to Merseyside.
- The proportion of Sefton clients reporting housing problems was just below the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by cocaine and crack. The proportion of DIP contacts in Sefton who used cocaine was slightly higher than the Merseyside average.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, though in Sefton similar proportions were seen for clients who sniffed and smoked their main drug.
- The majority of DIP contacts in Merseyside between April 2015 and March 2016 had never injected, while the percentage for Sefton clients was slightly higher. There was a slightly larger proportion of Sefton clients currently injecting when compared to the Merseyside average.
- Almost half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment. For males in Sefton, a slightly smaller proportion had not consumed alcohol while a slightly larger proportion drank between one and four days in the 28 days prior to assessment. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion, with a slightly larger proportion reported for females in Sefton.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. This was also the case for DIP contacts in Sefton.
- Across Merseyside, theft accounted for the largest proportion of offences, followed by MDA offences. In Sefton, the largest proportion was for MDA offences, followed by theft.

## RECOMMENDATIONS

- All partners in the DIP process should utilise available data which allow us to look at trends over time. This information will enable stakeholders to observe any changes and/or trends within Sefton and across Merseyside, as well as investigating the reasons for these trends. This could help to evidence any process changes that may be needed, in addition to highlighting potential gaps or barriers which may affect these clients from engaging with treatment services.
- In order to have a comprehensive understanding of drugs and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from the National Drug Treatment Monitoring Service and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment.

- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, residency, drug use, alcohol use and offending behaviour. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. The profile of DIP clients make it difficult for services to focus their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Government's Drug Strategy (Home Office, 2010), clients need to be assessed on a person by person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, it is vital that this information is used to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- Sefton should identify that there are differences between the local area and Merseyside overall. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Sefton, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts across Merseyside. Likewise, there has been a reduction in the number of drug tests since the introduction of targeted testing in its custody suites in 2015 (Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via RAs, it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment. All stakeholders involved with DIP need to ensure drug using offenders are not being missed from this vital engagement opportunity.
- It is imperative that there are effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across Merseyside. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents, who do not have a local custody suite. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.

These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid drug using offenders being referred to treatment services appropriately and having an effective drug treatment experience with sustainable outcomes.

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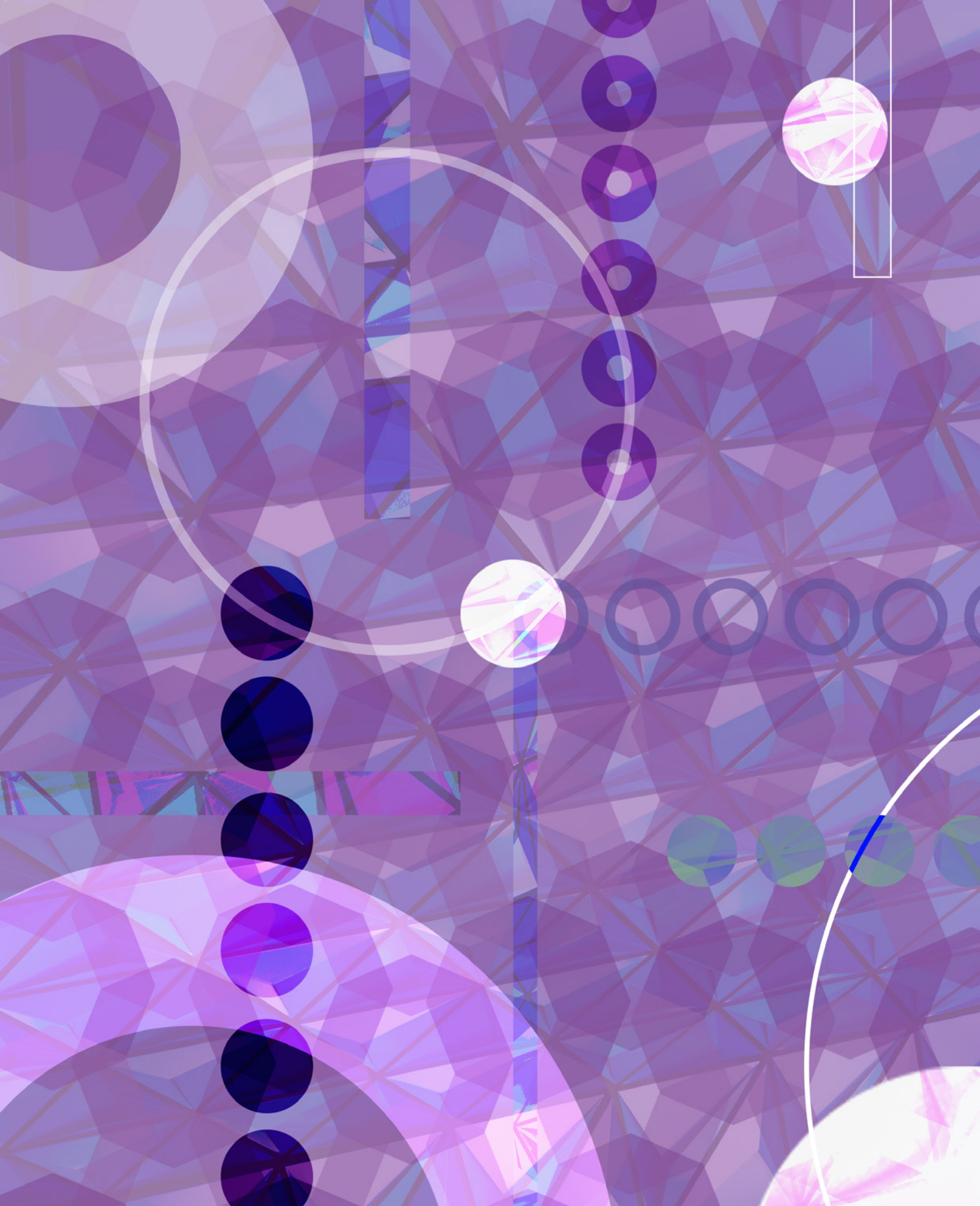
## Details to accompany Figure 1

<b>Other criminal justice routes</b>	<b>84</b>
<i>Conditional Cautioning</i>	1
<i>Referred by treatment provider (post treatment)</i>	3
<i>Requested by Offender Manager (post DRR/ATR)</i>	26
<i>Required by offender management scheme/DRR/ATR</i>	31
<i>Restriction on Bail</i>	11
<i>Voluntary - other</i>	4
<i>Other</i>	8
<b>Successful transfers from another CJIT or prison</b>	<b>43</b>
<i>Hammersmith and Fulham CJIT</i>	1
<i>Lancashire CJIT</i>	1
<i>Liverpool CJIT</i>	3
<i>St Helens CJIT</i>	1
<i>HMP Drake Hall</i>	1
<i>HMP Forest Bank</i>	1
<i>HMP Liverpool</i>	29
<i>HMP Stoke Heath</i>	1
<i>HMP Styal</i>	5
<b>Transfers not completed from another CJIT or prison</b>	<b>6</b>
<i>Liverpool CJIT</i>	2
<i>Newham CJIT</i>	1
<i>St Helens CJIT</i>	1
<i>HMP Liverpool</i>	2
<b>Transferred to another CJIT or prison</b>	<b>92</b>
<i>Cheshire East CJIT</i>	1
<i>Halton CJIT</i>	1
<i>Hertfordshire CJIT</i>	1
<i>Knowsley CJIT</i>	13
<i>Lancashire CJIT</i>	2
<i>Liverpool CJIT</i>	31
<i>Salford CJIT</i>	1
<i>Somerset CJIT</i>	1
<i>St Helens CJIT</i>	5
<i>Wigan CJIT</i>	1
<i>Wirral CJIT</i>	3
<i>HMP Forest Bank</i>	1
<i>HMP Liverpool</i>	30
<i>HMP Styal</i>	1



## ACKNOWLEDGEMENTS

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