

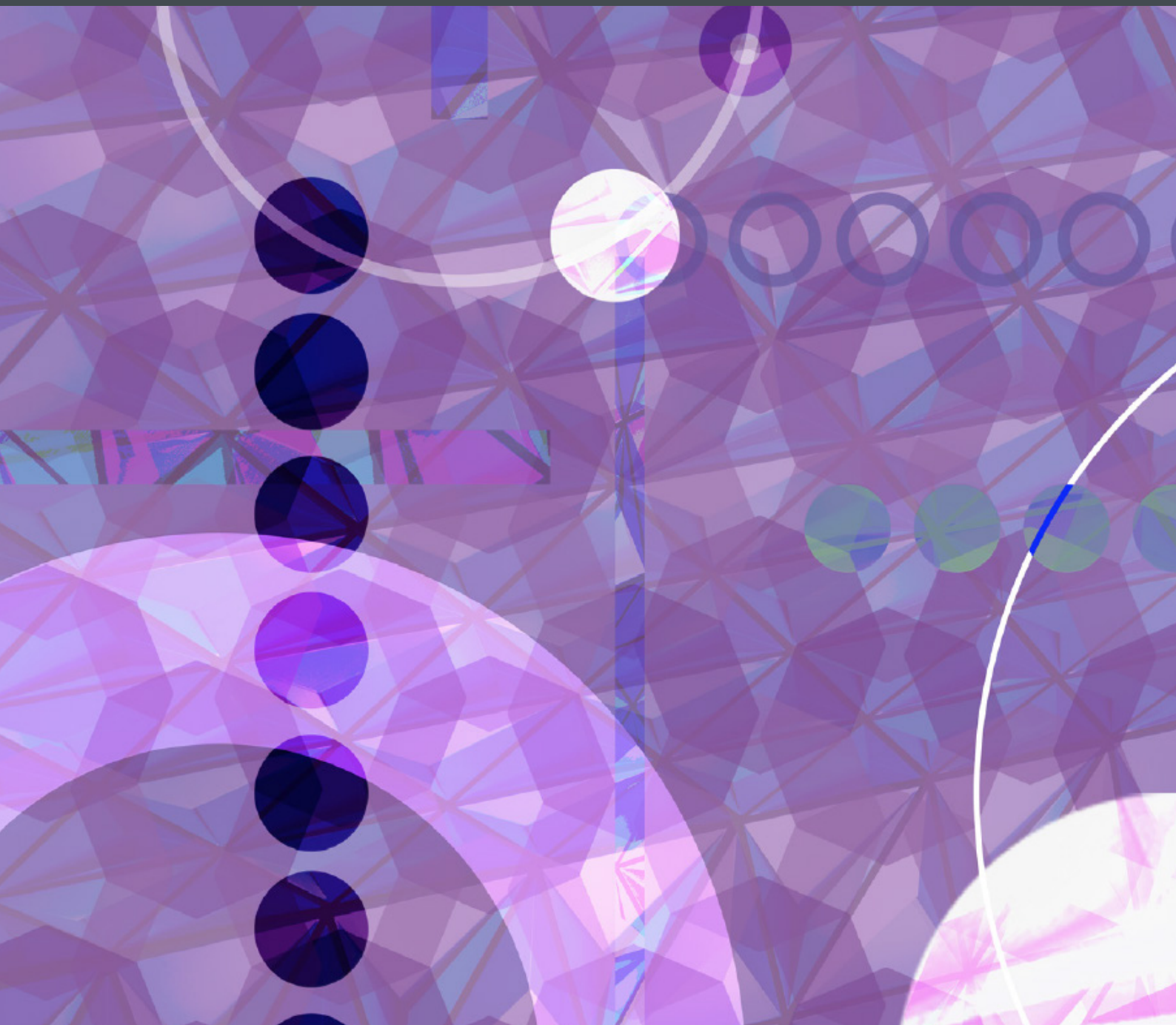
Criminal Justice Project: Drug Interventions Programme

St Helens DIP Activity Profile (2017/18)

November 2018



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KEY FINDINGS

- Between April 2017 and March 2018, there were 158 Drug Interventions Programme (DIP) contacts recorded by St Helens Integrated Recovery Service. The number of DIP contacts in St Helens has decreased year on year; there was a 34% decrease between 2015/16 and 2016/17, and a 28% decrease between 2016/17 and 2017/18.
- Around three-quarters (73%) of DIP contacts in 2017/18 were through Required Assessments, while 21% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 6% were transfers not completed from another CJIT or prison.
- Of the 158 DIP contacts, 149 (94%) completed full DIP assessments, of which 68% were deemed to require further intervention and 55% of those were taken onto the DIP caseload.
- Over four in five (84%) DIP contacts were men.
- The largest proportion of clients were aged 35-39 years (22%), followed by clients aged 18-24 years (18%), and 25-29 years (17%).
- The majority were of White British ethnicity (97%).
- Around three in five (58%) reported having no religion, while 40% reported their religion as Christian.
- Under one-fifth (17%) had a disability.
- The majority reported their sexuality as heterosexual/straight (98%).
- While the majority of clients reported no housing problems, 25% overall had some form of housing problem, with 14% stating an urgent housing need due to being of no fixed abode.
- Under half (47%) of DIP contacts reported being a parent, while 8% had one or more children under 18 years old living with them at the time of their assessment. Twelve per cent of DIP contacts had children and/or children living with them who were receiving early help or in contact with children's social care.
- Three in ten (30%) reported Misuse of Drugs Act (MDA) offences which prompted their current or most recent contact with the criminal justice system, followed by theft - other (20%) and offences categorised as 'other' (17%).
- Under three in five (56%) DIP contacts in St Helens reported opiate drugs as their main substance, while 41% reported non-opiates and 3% reported alcohol.
- Overall, including the main, second and third substances combined, the most common substance used was heroin (32%), followed by cocaine (27%) and crack (22%).
- More than two in five (44%) reported smoking their main substance, while 35% sniffed their main substance.
- Under three in five (56%) stated that they had never injected, 25% had previously injected but were not currently and 19% were currently injecting.
- Where clients had reported consumption of alcohol in the 28 days prior to their assessment, the highest proportion drank between one and four days (men=31%; women=20%).
- The most common daily average units of alcohol consumed by men was 7-15 units (24%), while for women it was 7-15 units and 16-24 units (12% each).

The Drug Interventions Programme (DIP) in England and Wales has an overarching aim to identify and engage with offenders in the criminal justice system who use drugs, and encourage them towards appropriate treatment services in order to reduce acquisitive crime. There is a body of evidence supporting the DIP process at reducing offending for this population group who engage in treatment for their drug use and offending (Collins et al., 2017a; Public Health England and Ministry of Justice, 2017; Cuddy et al., 2015). Under the current drug testing process in Merseyside (targeted testing), if offenders test positive for specified Class A drugs (opiates and/or cocaine) they are required to undergo a Required Assessment (RA) with a drugs worker. There are other referral routes into DIP including Conditional Cautioning, transfers from prison establishments on release, transfers from other Criminal Justice Integrated Teams (CJITs), requirement by the client's Offender Manager, and court mandated processes (such as Restriction on Bail, Drug Rehabilitation Requirements and Alcohol Treatment Requirements), as well as voluntary presentations.

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting the Criminal Justice Data Set via the National Drug Treatment Monitoring System (NDTMS). DIP continues to be implemented in St Helens, with the processes that underpinned it originally remaining in place at all stages of the criminal justice system in order to engage offenders who use drugs in treatment.

The Criminal Justice Data Set captures demographic and key safeguarding information, as well as providing an insight into drug and alcohol use, and offending behaviour. DIP assessments allow drugs workers to determine whether further intervention is required to address drug and/or use and offending, and based on the decision the worker will then encourage engagement with a range of appropriate treatment options. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships; Home Office [n.d.]).

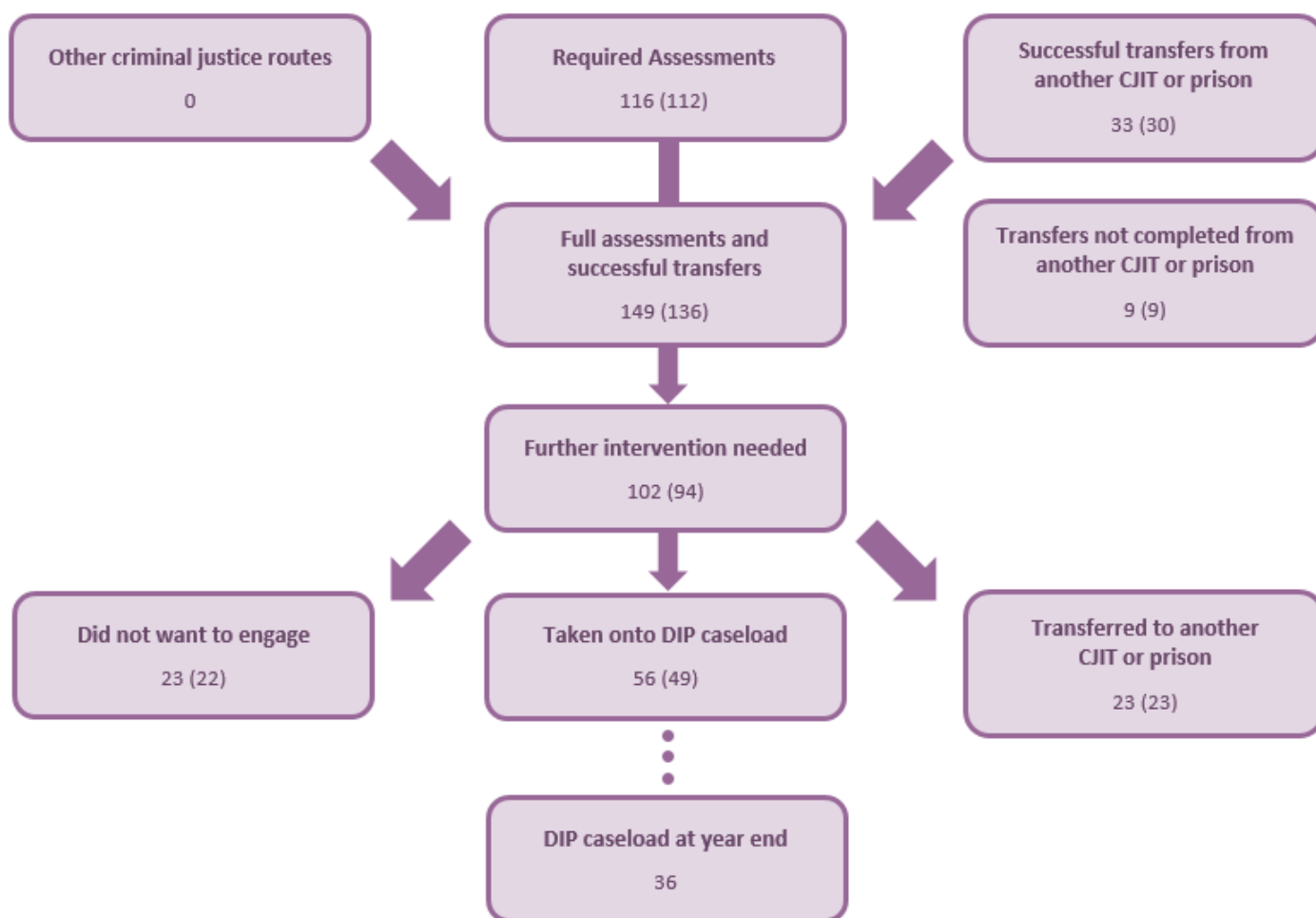
This DIP Activity Profile for St Helens presents data for clients accessing DIP between 1st April 2017 and 31st March 2018. This profile will contextualise DIP activity data and provide a demographic overview of the clients. It complements the monthly performance reports by providing an annual snapshot of the Criminal Justice Data Set. Where possible, comparisons to previous years' DIP Activity Profiles¹ and the Merseyside average have been made. This profile also provides recommendations for St Helens Local Authority and St Helens service providers, in terms of targeting the efficient use of resources and effective services in St Helens and across Merseyside.

¹ Throughout this report, the references to previous years' profiles are: St Helens DIP Activity Profile 2015/16 (Critchley and Whitfield, 2017); St Helens DIP Activity Profile 2016/17 (Collins et al., 2017b).

Between April 2017 and March 2018, there were 158 DIP contacts recorded by St Helens Integrated Recovery Service. The number of DIP contacts in St Helens has decreased year on year; there was a 34% decrease between 2015/16 and 2016/17, and a 28% decrease between 2016/17 and 2017/18. All Merseyside areas, except Wirral, have seen a reduction in the number of DIP contacts.

Figure 1 shows the overall DIP activity and criminal justice routes in St Helens. Around three-quarters (73%) of DIP contacts in 2017/18 were through Required Assessments (RAs), 21% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 6% were transfers not completed from another CJIT or prison. Of the 149 full DIP assessments and successful transfers, 68% were deemed to require further intervention, with 55% of those taken onto the DIP caseload. The remaining clients not taken onto the caseload either did not want to engage with DIP or transferred to another CJIT or prison.

Figure 1: Overall DIP activity and criminal justice routes in St Helens, 2017/18^{2,3}



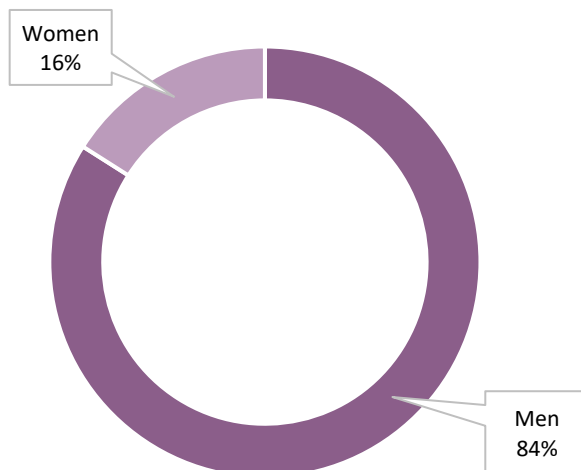
² Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following transfer from another CJIT or prison.

³ Please see the Appendix for further details to accompany Figure 1.

DEMOGRAPHIC PROFILE OF CLIENTS

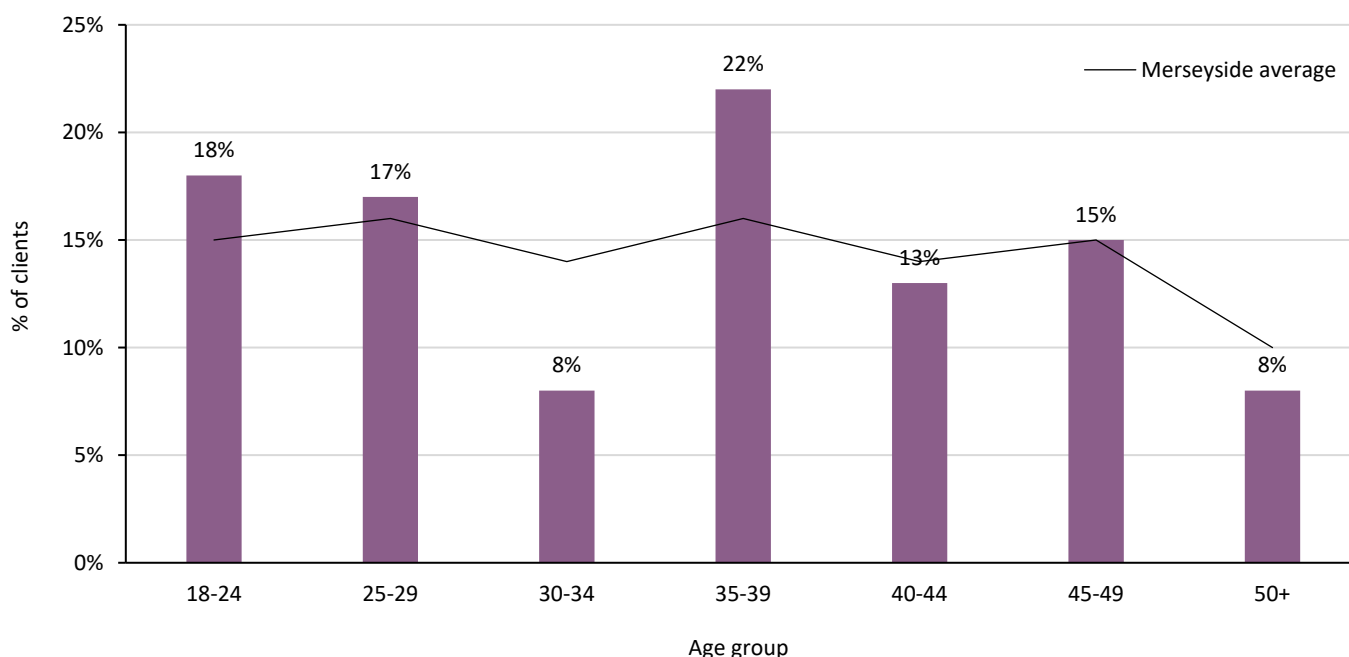
Over four in five (84%) DIP contacts in 2017/18 were men (Figure 2). The proportion of men in St Helens is slightly higher than the Merseyside average (82%).

Figure 2: Gender of DIP contacts in St Helens, 2017/18 (n=158)



The largest proportion of clients were aged 35-39 years (22%), followed by clients aged 18-24 years (18%), and 25-29 years (17%; Figure 3). Comparing figures to the Merseyside average, St Helens had a larger proportion of clients aged 18-24 years and 35-39 years, but a lower proportion aged 30-34 years. Notably, the proportion of 30-34 year old DIP contacts in St Helens has decreased considerably from 19% in 2016/17 to 8% in 2017/18.

Figure 3: Age group of DIP contacts in St Helens, 2017/18 (n=158)⁴



⁴ Please note, throughout this report percentages may not add up to 100% due to rounding.

Table 1 shows some differences in age group proportions across gender groups in St Helens. Whilst there are fewer female DIP contacts, there were larger proportions of women aged 18-24 years, 25-29 years and 35-39 years (20%, 20% and 32% respectively) when compared to men (17%, 17% and 20% respectively).

Table 1: Age group and gender of DIP contacts in St Helens, 2017/18 (n=158)⁵

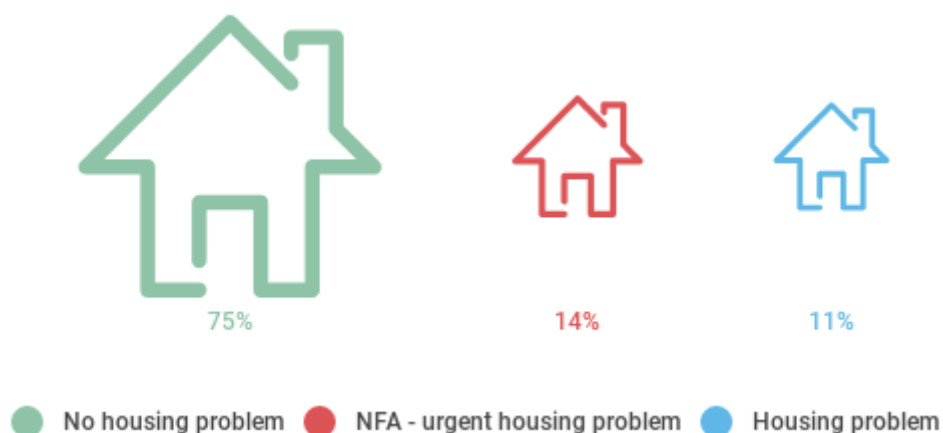
| Age group | Men | | Women | | Total | |
|--------------|------------|-------------|-----------|-------------|------------|-------------|
| 18-24 | 23 | 17% | 5 | 20% | 28 | 18% |
| 25-29 | 22 | 17% | 5 | 20% | 27 | 17% |
| 30-34 | <15 | 9% | *** | 4% | 13 | 8% |
| 35-39 | 26 | 20% | 8 | 32% | 34 | 22% |
| 40-44 | <20 | 14% | *** | 4% | 20 | 13% |
| 45-49 | <20 | 14% | *** | 16% | 23 | 15% |
| 50+ | <15 | 9% | *** | 4% | 13 | 8% |
| Total | 133 | 100% | 25 | 100% | 158 | 100% |

Other client information captured by the Criminal Justice Data Set showed (where recorded):

- The majority (97%) of DIP contacts were of White British ethnicity, which is greater than the Merseyside average (94%).
- Just under three in five (58%) clients reported having no religion, while two in five (40%) reported their religion as Christian.
- Under two in five (17%) reported having a disability, which is slightly higher than the Merseyside average (15%).
- The majority (98%) reported being heterosexual/straight, which is the same as the Merseyside average.
- The majority of DIP contacts in St Helens were St Helens residents (85%).

While the majority of clients reported no housing problems, 25% overall had some form of housing problem, with 14% stating an urgent housing need due to being of no fixed abode (NFA; Figure 4). The proportion of St Helens clients stating a housing problem is the same as the Merseyside average, and has increased from 20% in 2016/17.

Figure 4: Accommodation need of DIP contacts in St Helens, 2017/18 (n=158)



⁵ Please note that throughout this report 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).

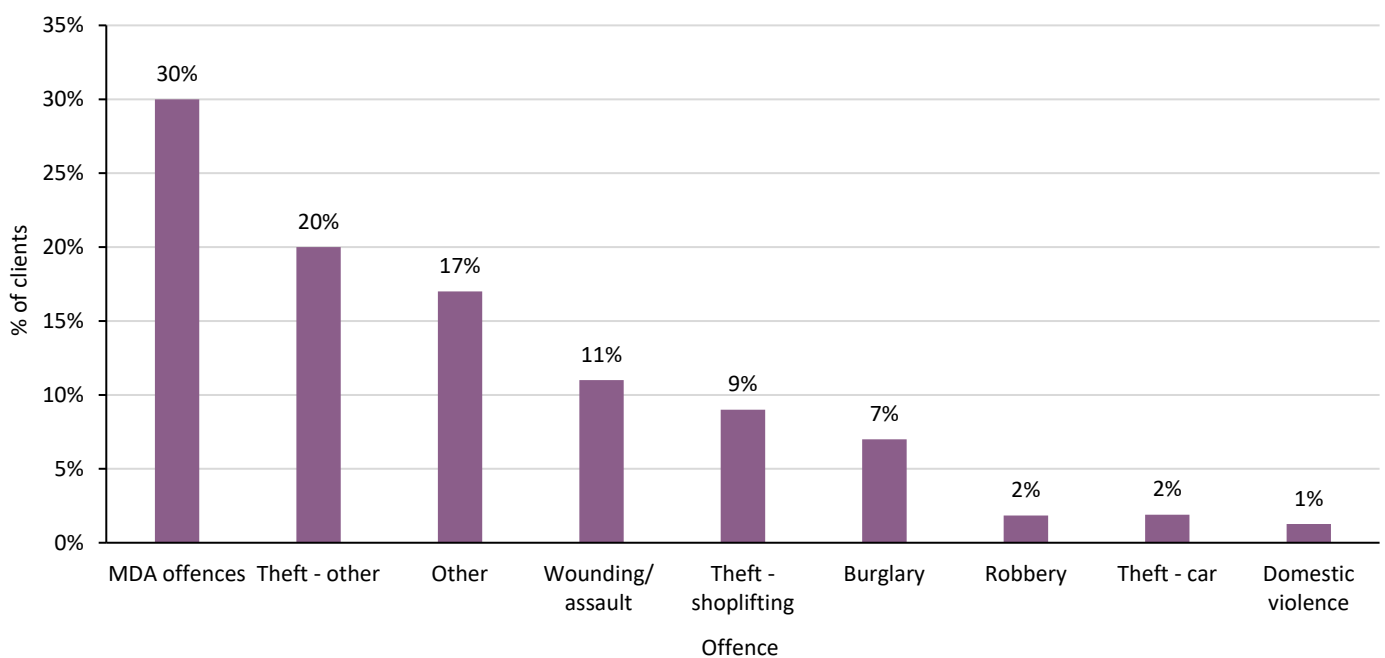
SAFEGUARDING

Under half (47%) of St Helens DIP contacts reported being a parent, which is similar to the Merseyside average (49%). Just under one in ten (8%) St Helens clients had one or more children under 18 years old living with them at the time of their assessment, while 12% had children and/or children living with them who were receiving early help or in contact with children's social care.

OFFENDING

The offence that prompted St Helens DIP contacts' current or most recent contact with the criminal justice system is shown in Figure 5. Three in ten (30%) were Misuse of Drugs Act (MDA) offences, while theft - other accounted for two in ten (20%) and offences categorised as 'other' accounted for 17%. The proportion of MDA offences in 2017/18 have decreased from 38% in the previous year; however this is above the Merseyside average in 2017/18 (27%). Furthermore, the proportion of offences categorised as 'other' in 2017/18 has increased from 9% in the previous year, though the proportion in 2017/18 is similar to the Merseyside average (18%).

Figure 5: Offence that prompted current or most recent DIP contact in St Helens, 2017/18 (n=158)⁶



⁶ Please note, throughout this report percentages may not add up to 100% due to rounding.

SUBSTANCE USE

In 2017/18, under three in five (56%) DIP contacts in St Helens reported opiate drugs as their main substance, while 41% reported non-opiate drugs and 3% reported alcohol. The proportion of clients with opiates recorded as the main substance has increased from 49% in 2016/17 to 56% in 2017/18. Moreover, this is greater than the Merseyside average in 2017/18 (43%), with St Helens reporting the highest proportion of opiates as the main substance across all Merseyside areas.

Taking into account the main, second and third substances combined, as reported by St Helens DIP contacts in 2017/18, around one-third (32%) reported heroin, followed by cocaine (27%) and crack (22%; Figure 6). The proportions who used heroin and/or cocaine are higher than the Merseyside averages (25% and 22% respectively), whilst proportions are similar for crack (Merseyside average = 23%). Heroin and crack use reported by St Helens DIP contacts in 2017/18 has increased when compared to the previous year, while it has decreased for cocaine.

Figure 6: Main, second and third substances combined, as used by DIP contacts in St Helens, 2017/18 (n=275)

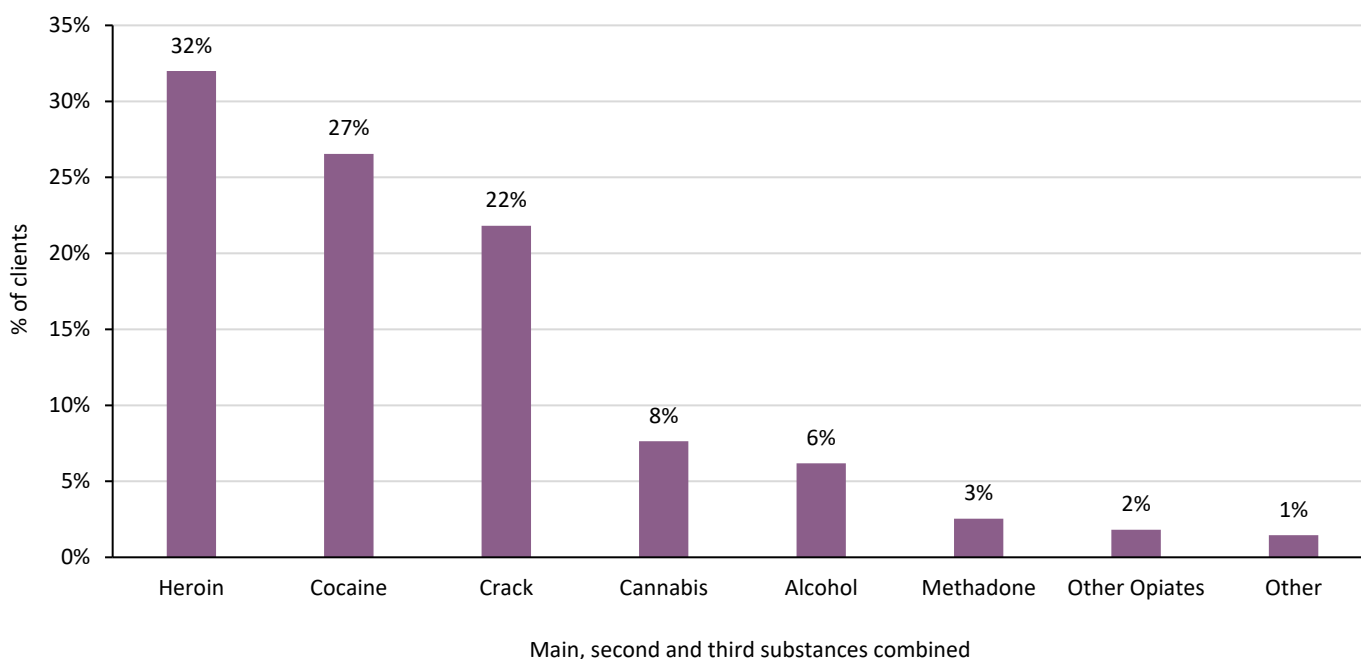


Table 2 shows the proportions of the main substance by gender. There was a larger proportion of cocaine use reported by men (37%) when compared to women (28%), while there was a larger proportion of women who reported heroin use (60%) when compared to men (51%).

Table 2: Main substance and gender of DIP contacts in St Helens, 2017/18 (n=158)

| Gender | Main substance at DIP assessment | | | | | | |
|--------|----------------------------------|----------|---------|-------|--------|-----------|---------------|
| | Alcohol | Cannabis | Cocaine | Crack | Heroin | Methadone | Other opiates |
| Men | 2% | 4% | 37% | 3% | 51% | 1% | 3% |
| Women | 8% | - | 28% | - | 60% | - | 4% |

Table 3 shows the proportions of the main substance by age group. In general, there were larger proportions of cocaine and cannabis use across the younger age groups and larger proportions of crack and heroin use across the older age groups. Four in five (80%) clients who reported cannabis as their main substance and 67% of clients who reported cocaine as their main substance were aged 18-29 years. All clients who reported crack as their main substance and 80% of clients who reported heroin as their main substance were aged 35 years or older.

Table 3: Main substance and age group of DIP contacts in St Helens, 2017/18 (n=158)

| Age group | Main substance at DIP assessment | | | | | | |
|-----------|----------------------------------|----------|---------|-------|--------|-----------|---------------|
| | Alcohol | Cannabis | Cocaine | Crack | Heroin | Methodone | Other opiates |
| 18-24 | 50% | 20% | 38% | - | 5% | - | - |
| 25-29 | - | 60% | 29% | - | 7% | - | 40% |
| 30-34 | - | 20% | 9% | - | 8% | - | - |
| 35-39 | 25% | - | 14% | 25% | 28% | - | 20% |
| 40-44 | - | - | 4% | 25% | 20% | - | - |
| 45-49 | - | - | 5% | 25% | 22% | - | 20% |
| 50+ | 25% | - | 2% | 25% | 10% | 100% | 20% |

The route of administration of clients' main substance is shown in Figure 7. More than two in five (44%) reported smoking their main substance, while 35% sniffed their main substance. These proportions are similar to the Merseyside averages (46% and 32% respectively).

Figure 7: Route of administration of the main substance used by DIP contacts in St Helens, 2017/18 (n=158)

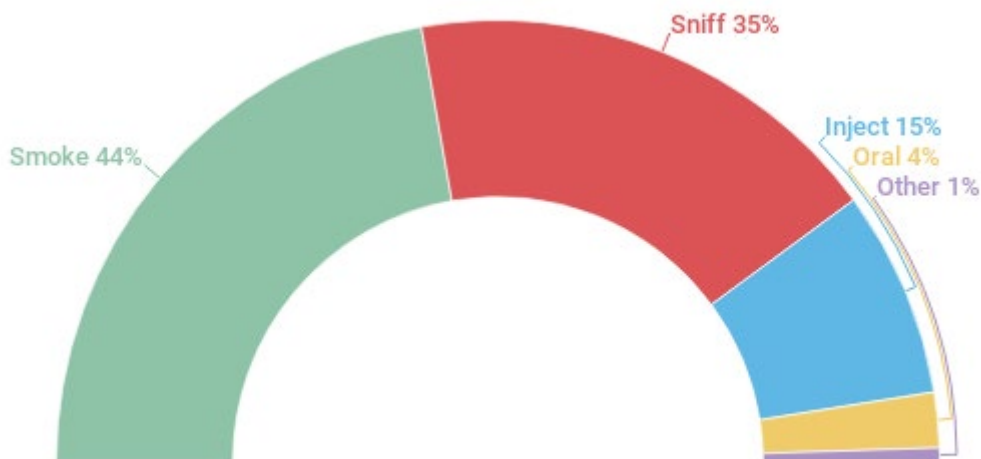
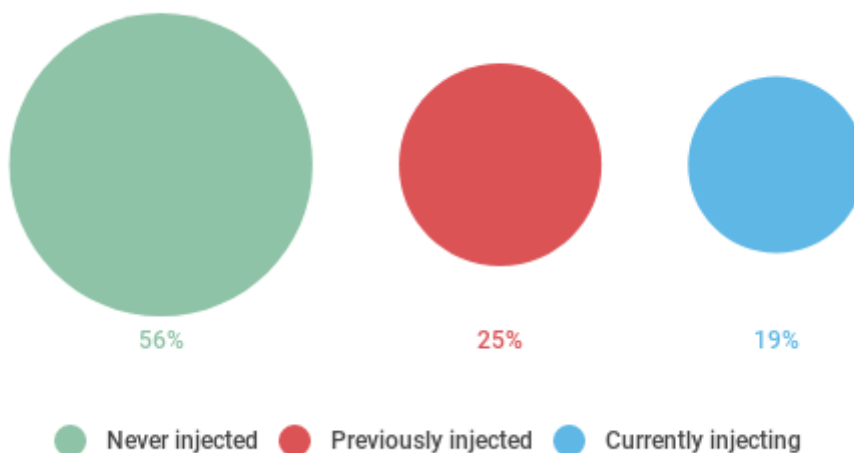


Figure 8 shows that under three in five (56%) DIP contacts in St Helens in 2017/18 stated that they had never injected, while 25% had previously injected but were not currently and 19% were currently injecting. The proportion of clients currently injecting in 2017/18 is higher than the Merseyside average (10%), and has increased from 11% in the previous year.

Figure 8: Injecting status of DIP contacts in St Helens, 2017/18 (n=149)

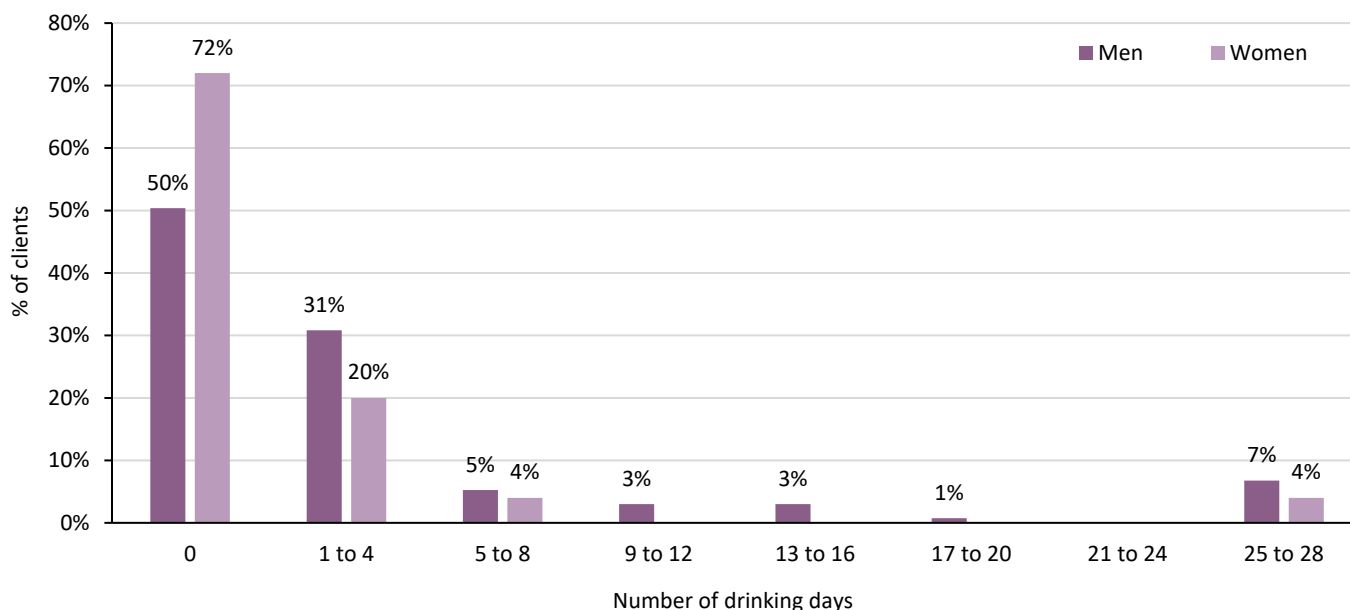


ALCOHOL USE

Figure 9 shows the number of days alcohol was consumed by St Helens clients in the 28 days prior to their DIP assessment. Half of men consumed no alcohol in the 28 days prior to their assessment, while around three in ten (31%) consumed alcohol between one and four days. Although there have been no substantial changes in trends, the proportion of men who consumed alcohol between one and four days in the 28 days prior to their assessment is slightly higher than the Merseyside average (23%).

For women, over seven in ten (72%) consumed no alcohol in the 28 days prior to their assessment, while 20% consumed alcohol between one and four days. This is a considerable increase in the number of women who did not drink when compared to the previous year, and is higher than the Merseyside average (59%).

Figure 9: Number of drinking days for DIP contacts in St Helens, 2017/18 (men=133; women=25)



The daily average number of units of alcohol consumed by St Helens clients in the 28 days prior to assessment are shown in Figure 10. For men, 24% consumed 7-15 units of alcohol daily. This is an increase on the previous two years (18% and 22% respectively), and a higher proportion than the Merseyside average (17%).

For women, equal proportions consumed 7-15 units or 16-24 units of alcohol daily (12% each), compared to 16% and 11% across Merseyside respectively.

Figure 10: Number of units of alcohol (daily average) consumed by DIP contacts in St Helens, 2017/18 (men=133; women=25)

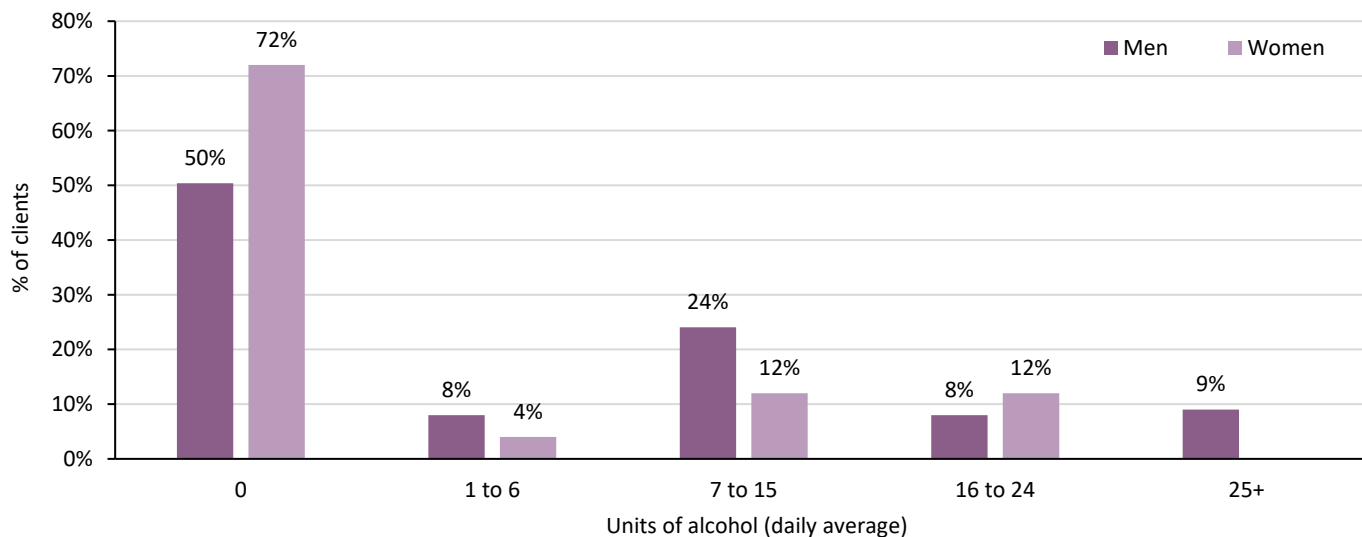
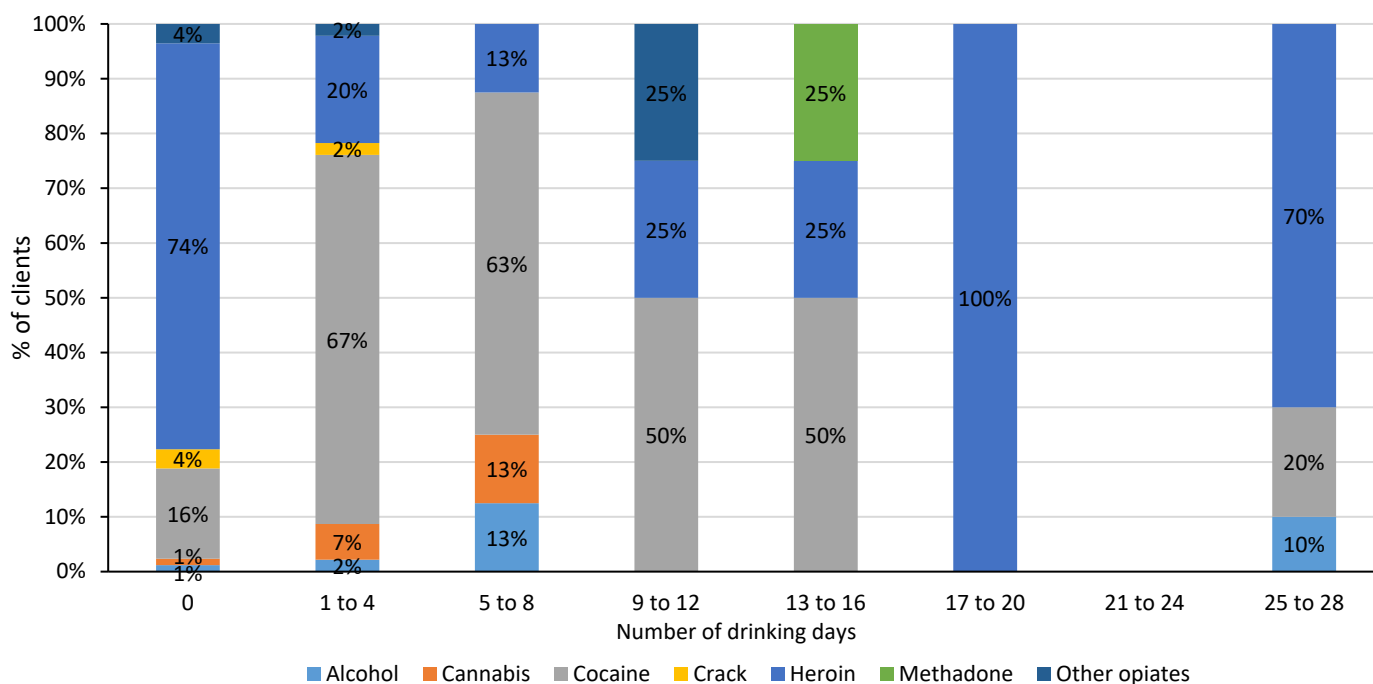


Figure 11 shows the main substance and the number of days alcohol was consumed by DIP contacts in St Helens in the 28 days prior to their assessment. There was a greater variety of substances recorded for those who did not drink, or drank on a small number of days. For clients who did not drink in the 28 days prior to their assessment, around three-quarters (74%) reported heroin as their main substance, followed by 16% who reported cocaine. Cocaine accounted for the largest proportions for clients who drank one to four days (67%) and five to eight days (63%), and for half of clients who drank nine to 12 days and 13 to 16 days. Heroin accounted for all clients who drank 17 to 20 days and 70% of clients who drank 25 to 28 days.

Figure 11: Main substance and number of drinking days for DIP contacts in St Helens, 2017/18 (n=158)



RECOMMENDATIONS

- In order to have a comprehensive understanding of substance use 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 other Public Health Institute monitoring systems (e.g. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (e.g. NDTMS) and local treatment services. Such information can be used as part of the local health needs assessment, potentially contribute to the Joint Strategic Needs Assessment, and be used collaboratively to help improve the lives of offenders who use drugs and/or alcohol in St Helens and Merseyside.
- All partners in the DIP process should utilise all available data which allow us to look at trends over time. This information will enable stakeholders to stay informed, up to date and observe any changes and/or trends within St Helens 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 that may prevent these clients from engaging with treatment services.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, religion, disability, sexuality, residency, parental status, safeguarding, 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. In keeping with the Government's Drug Strategy (HM Government, 2017), 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, this information should be used regularly to ensure that these individuals receive effective treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- St Helens should identify and monitor the differences between the local area and the other Merseyside areas. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for St Helens, reflecting the differences in service specifications when procuring services.
- In May 2018, PHE introduced data quality metrics, accessible via CJIT reporting on NDTMS. The purpose of the metrics is to assist treatment providers in improving data quality of submitted data, with each metric highlighting incomplete or anomalous data. There is an expectation that the data quality reports are accessed routinely and that treatment providers address any data quality issues.

These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid offenders who use drugs and/or alcohol in being referred to treatment services appropriately and having an effective treatment experience with sustainable outcomes.

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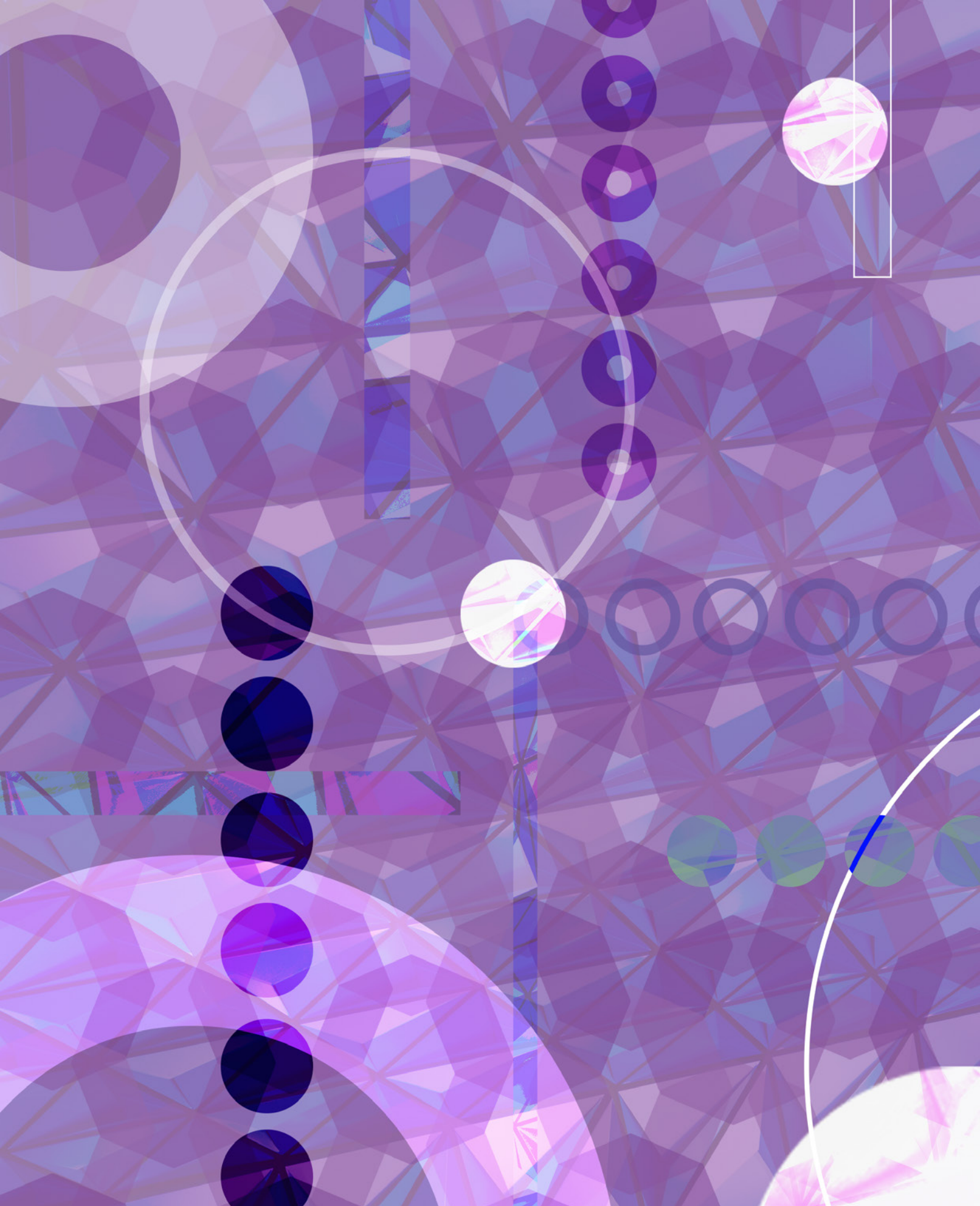
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Details to accompany Figure 1

| | |
|--|-----------|
| Successful transfers from another CJIT or prison | 33 |
| HMP Liverpool | 20 |
| HMP Altcourse | *** |
| HMP Hindley | *** |
| HMP Nottingham | *** |
| HMP Styal | *** |
| Liverpool CJIT | *** |
| Transfers not completed from another CJIT or prison | 9 |
| HMP Liverpool | 6 |
| HMP Styal | *** |
| Newham CJIT | *** |
| Sefton CJIT | *** |
| Transfers to another CJIT | 23 |
| Liverpool CJIT | 15 |
| Blackburn with Darwin CJIT | *** |
| Cumbria CJIT | *** |
| Knowsley CJIT | *** |
| Sefton CJIT | *** |
| Wigan CJIT | *** |



DIP



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