

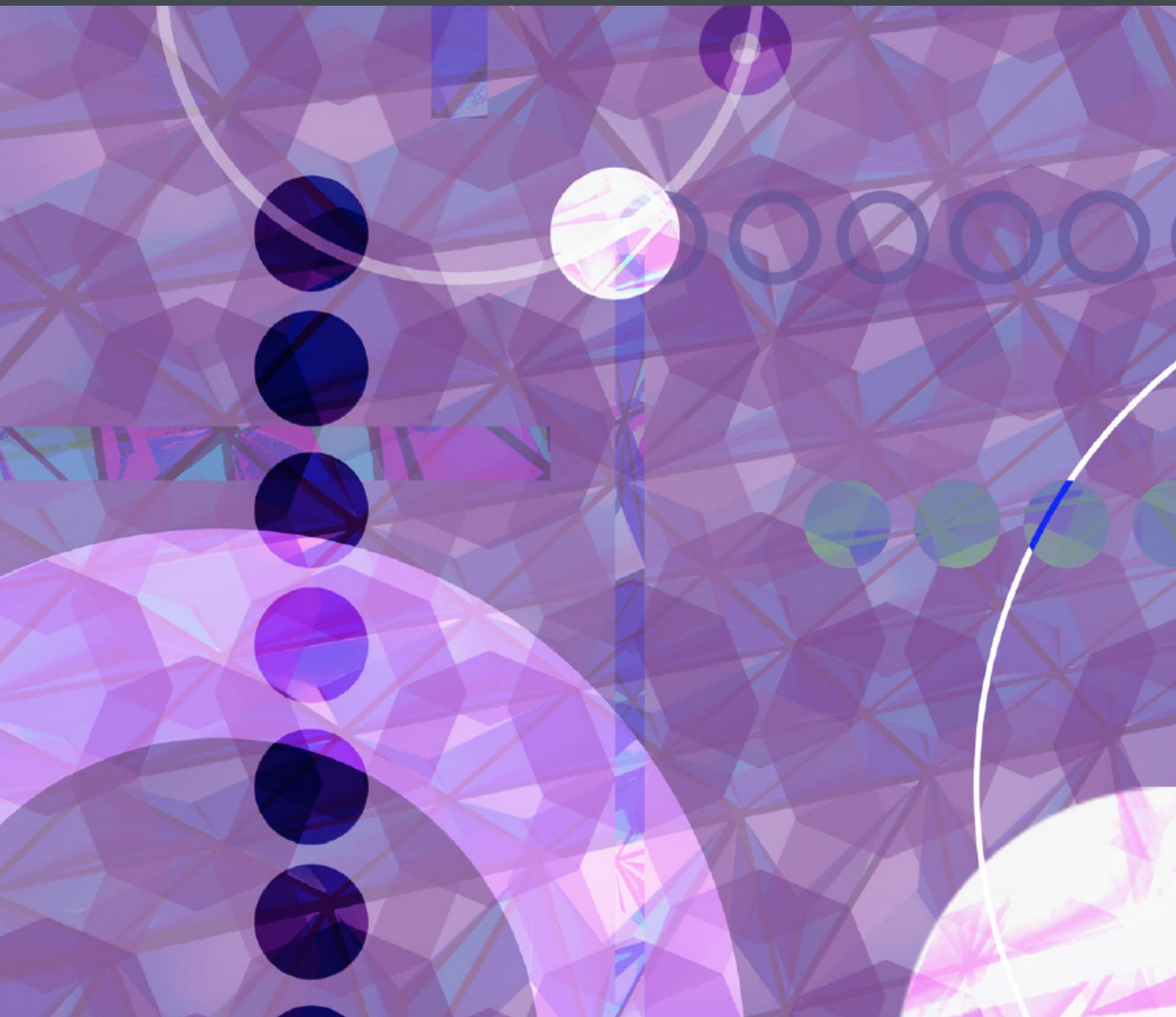
Criminal Justice Project: Drug Interventions Programme

Wirral DIP Activity Profile (2017/18)

November 2018



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KEY FINDINGS

- Between April 2017 and March 2018, there were 846 Drug Interventions Programme (DIP) contacts recorded by Wirral Ways to Recovery. The number of DIP contacts in Wirral has increased year on year; there was a 12% increase between 2015/16 and 2016/17, and an 18% increase between 2016/17 and 2017/18.
- Over half (53%) of the DIP contacts in 2017/18 were through Required Assessments, 29% were from other criminal justice routes, 15% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 2% were transfers not completed from another CJIT or prison.
- Of the 846 DIP contacts, 826 (98%) completed full DIP assessments, of which 81% were deemed to require further intervention and 63% of those were taken onto the DIP caseload.
- Around four in five (81%) DIP contacts were men.
- The largest proportion were aged 45-49 years (17%), followed by clients aged 35-39 years (16%), and 25-29 years (15%).
- The majority were of White British ethnicity (95%).
- Around three-quarters (74%) reported having no religion, while 23% reported their religion as Christian.
- Under half (47%) had a disability.
- The majority reported their sexuality as heterosexual/straight (98%).
- While the majority of clients reported no housing problems, 36% overall had some form of housing problem, with 18% stating an urgent housing need due to being of no fixed abode.
- Under three in five (57%) DIP contacts reported being a parent, while 3% had one or more children under 18 years old living with them at the time of their assessment. Around a quarter (24%) 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 theft - shoplifting as the offence which prompted their current or most recent contact with the criminal justice system, followed by Misuse of Drugs Act (MDA) offences (21%). Burglary and offences categorised as 'other' each accounted for 12%.
- Forty-five per cent of DIP contacts in Wirral reported opiate drugs as their main substance, while 42% reported non-opiates and 12% reported alcohol.
- Overall, including the main, second and third substances combined, the most common substances used were heroin and crack (27% each), followed by cocaine (18%) and cannabis (13%).
- Over half (54%) reported smoking their main substance, while 24% sniffed their main substance.
- Around seven in ten (69%) stated that they had never injected, 21% had previously injected but were not currently and 10% 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 = 21%; women = 15%), followed by between 25 and 28 days (men=11%; women=12%).
- The most common daily average units of alcohol consumed by men and women was 7-15 units (men = 15%; women = 19%) and 16-24 units (men=11%; women=10%).

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 Wirral, 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 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 Wirral 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 Wirral Local Authority and Wirral service providers, in terms of targeting the efficient use of resources and effective services in Wirral and across Merseyside.

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

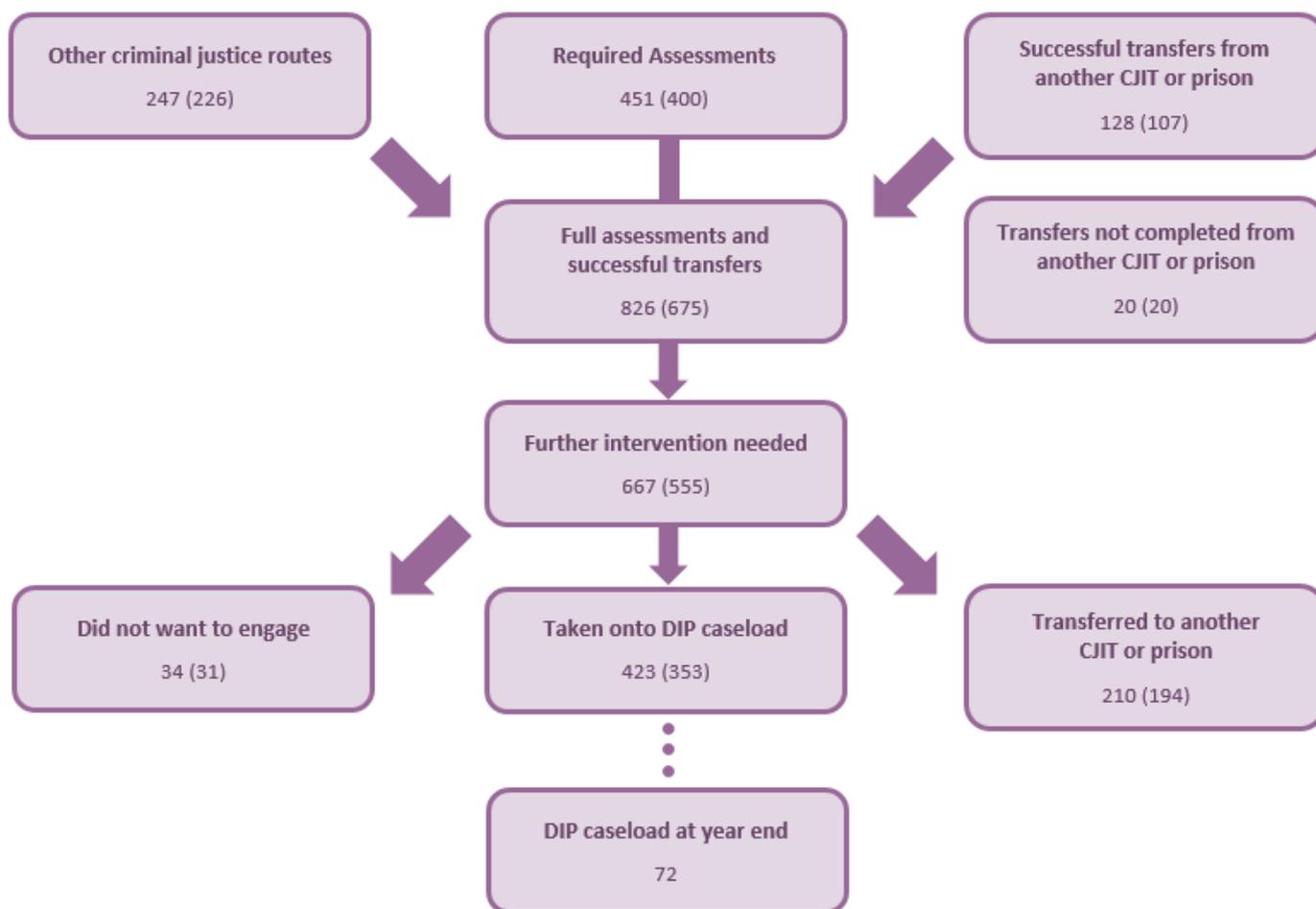
CRIMINAL JUSTICE ROUTES IN WIRRAL

Between April 2017 and March 2018, there were 846 DIP contacts recorded by Wirral Ways to Recovery. The number of DIP contacts in Wirral has increased year on year; there was a 12% increase between 2015/16 and 2016/17, and an 18% increase between 2016/17 and 2017/18. Conversely, all other Merseyside areas have seen a decline in DIP contacts.

Figure 1 shows the overall DIP activity and criminal justice routes in Wirral. Over half (53%) of DIP contacts in 2017/18 were through Required Assessments (RAs), 29% were from other criminal justice routes, 15% were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 2% were transfers not completed from another CJIT or prison.

Of the 826 full DIP assessments and successful transfers, 81% were deemed to require further intervention, with 63% 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 Wirral, 2017/18^{2,3}



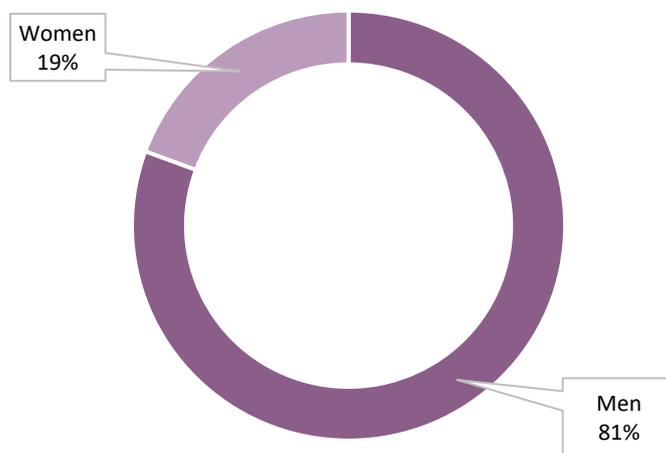
² Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the caseload following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

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

DEMOGRAPHIC PROFILE OF CLIENTS

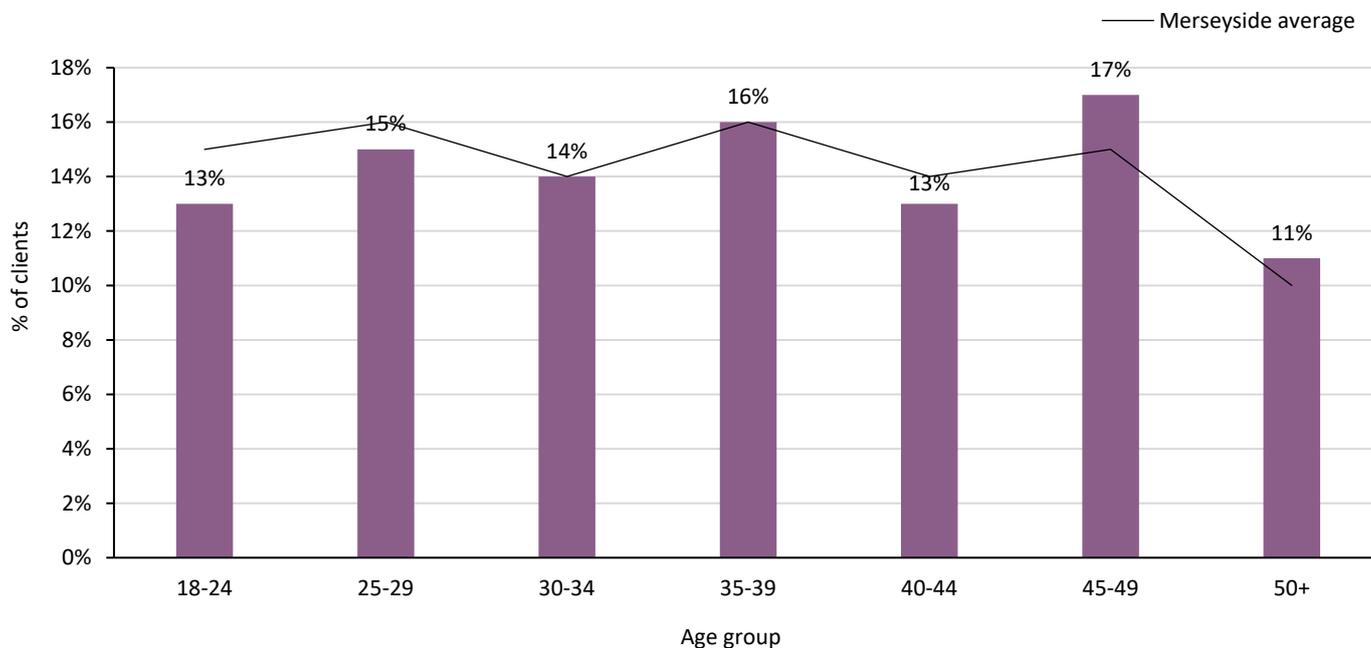
Around four in five (81%) DIP contacts in 2017/18 were men (Figure 2), which is similar to the Merseyside average (82%). Notably, the proportion of women has increased year on year from 14% in 2015/16 to 19% in 2017/18.

Figure 2: Gender of DIP contacts in Wirral, 2017/18 (n=846)



The largest proportion of clients assessed for DIP were aged 45-49 years (17%), followed by clients aged 35-39 years (16%), and 25-29 years (15%; Figure 3). These proportions are similar to the Merseyside averages.

Figure 3: Age group of DIP contacts in Wirra, 2017/18 (n=846)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 Wirral. Whilst there are fewer female DIP contacts, there were larger proportions aged 30-34 years, 35-39 years, 40-44 years and 45-49 years (16%, 20%, 15% and 20% respectively), when compared to men (13%, 16%, 12% and 17% respectively).

Table 1: Age group and gender of DIP contacts in Wirral, 2017/18 (n=846)

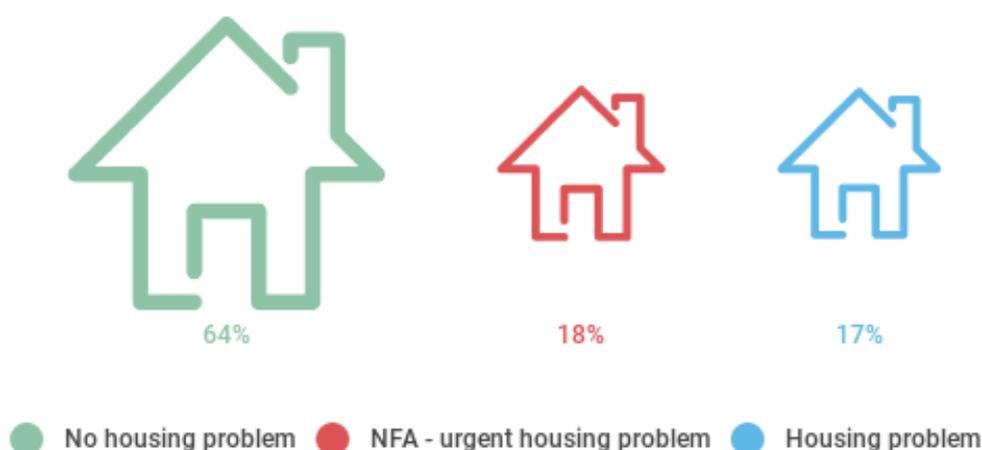
Age group	Men		Women		Total	Total
18-24	100	15%	12	7%	112	13%
25-29	104	15%	24	15%	128	15%
30-34	91	13%	26	16%	117	14%
35-39	106	16%	32	20%	138	16%
40-44	82	12%	24	15%	106	13%
45-49	116	17%	32	20%	148	17%
50+	83	12%	14	9%	97	11%
Total	682	100%	164	100%	846	100%

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

- The majority (95%) of DIP contacts were of White British ethnicity, which is similar to the Merseyside average (94%).
- Around three-quarters (74%) reported having no religion, while just under a quarter (23%) reported their religion as Christian.
- Under half (47%) reported having a disability, which is substantially higher than the Merseyside average (15%). However, this information was missing for a high number of records⁵.
- The majority (98%) reported being heterosexual/straight, which is the same as the Merseyside average.
- Over three-quarters (77%) of DIP contacts in Wirral were Wirral residents, followed by 14% who were Liverpool residents.

While many clients reported no housing problems, 36% overall had some form of housing problem, with 18% stating an urgent housing need due to being of no fixed abode (NFA; Figure 4). The proportion of Wirral clients stating a housing problem is much higher than the Merseyside average (25%), and has increased from 21% in 2015/16 to 36% in 2017/18.

Figure 4: Accommodation need of DIP contacts in Wirral, 2017/18 (n=846)



⁵ Blank records have been omitted from the denominator in the calculations. Also, note that the recording of disability has now substantially improved.

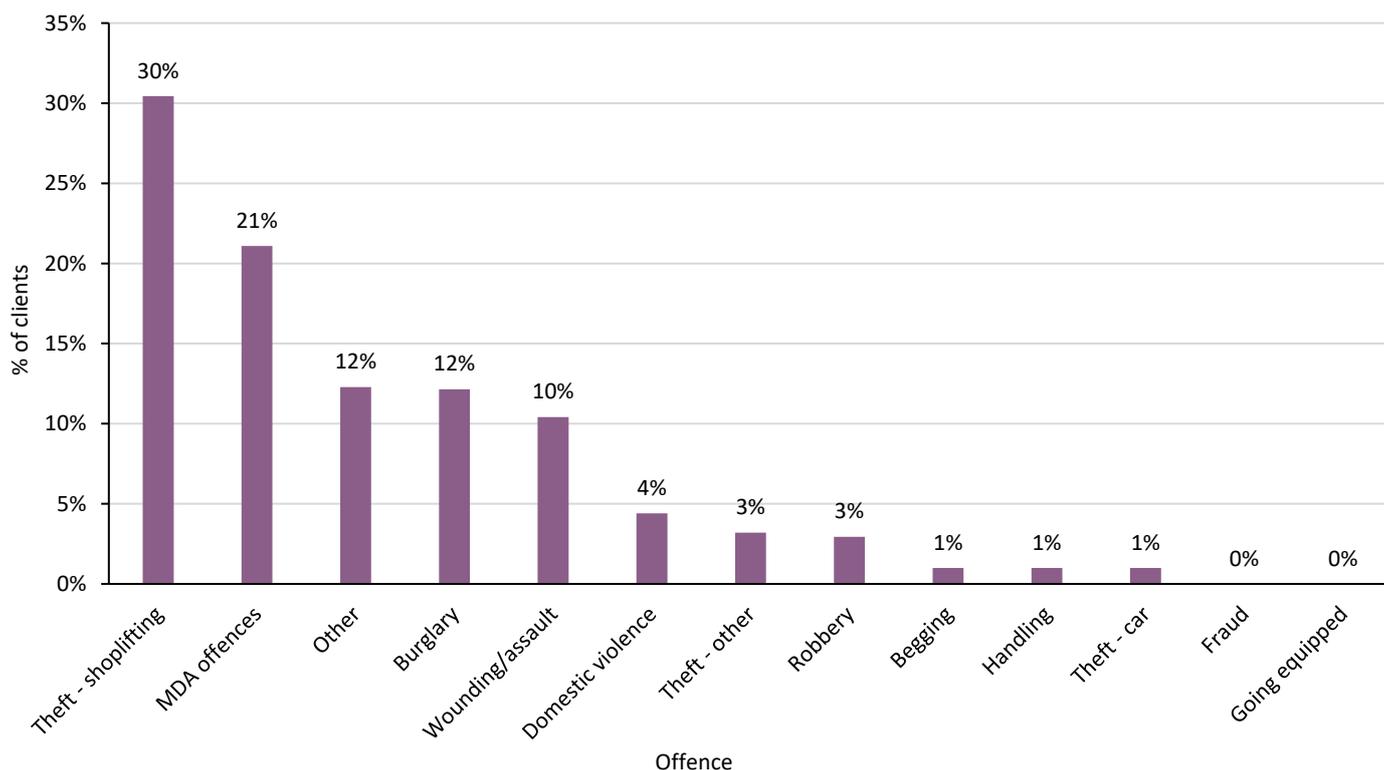
SAFEGUARDING

Under three in five (57%) Wirral DIP contacts reported being a parent, which is higher than the Merseyside average (49%). Three per cent of Wirral clients had one or more children under 18 years old living with them at the time of their assessment, which is lower than the average for Merseyside (15%). Around a quarter (24%) had children and/or children living with them who were receiving early help or in contact with children’s social care. The proportion of children receiving early help or in contact with children’s social care is substantially higher than the Merseyside average (7%).⁶

OFFENDING

The offence that prompted Wirral clients’ current or most recent contact with the criminal justice system is shown in Figure 5. Theft - shoplifting accounted for three in ten (30%) DIP contacts, while one-fifth (21%) were Misuse of Drugs Act (MDA) offences. Offences categorised as ‘other’ and burglary each accounted for 12%. The proportion of theft - shoplifting is higher than the Merseyside average (22%), and notably, all other Merseyside areas had MDA offences accounting for the largest proportion of DIP contacts.

Figure 5: Offence that prompted current or most recent DIP contact in Wirral, 2017/18 (n=749)



⁶ Please note that there was a low number of records with parental status recorded and whether their children and/or children living with them were receiving early help or in contact with children’s social care, which could affect reporting (blank records have been omitted from the denominator in the calculations). Reporting on these data items have now substantially improved.

SUBSTANCE USE

In 2017/18, 45% of DIP contacts in Wirral reported opiate drugs as their main substance, while 42% reported non-opiates and 12% reported alcohol. Proportions for opiates and alcohol are slightly higher than the Merseyside averages (43% and 10% respectively). In comparison to the previous year, opiates remain the same, while non-opiates have increased from 40% to 42%, and alcohol has decreased from 15% to 12%.

Taking into account the main, second and third substances combined, as reported by Wirral DIP contacts in 2017/18, equal proportions reported to use heroin or crack (27% each), followed by cocaine (18%) and cannabis (13%; Figure 6). The proportions who used heroin and/or crack are slightly higher than the averages for Merseyside (25% and 23% respectively), and are similar to the previous year (28% and 25% respectively). Notably, there is a slight decrease in the proportion of clients reporting alcohol since 2016/17 (13%).

Figure 6: Main, second and third substances combined, as used by DIP contacts in Wirral, 2017/18 (n=1,547)

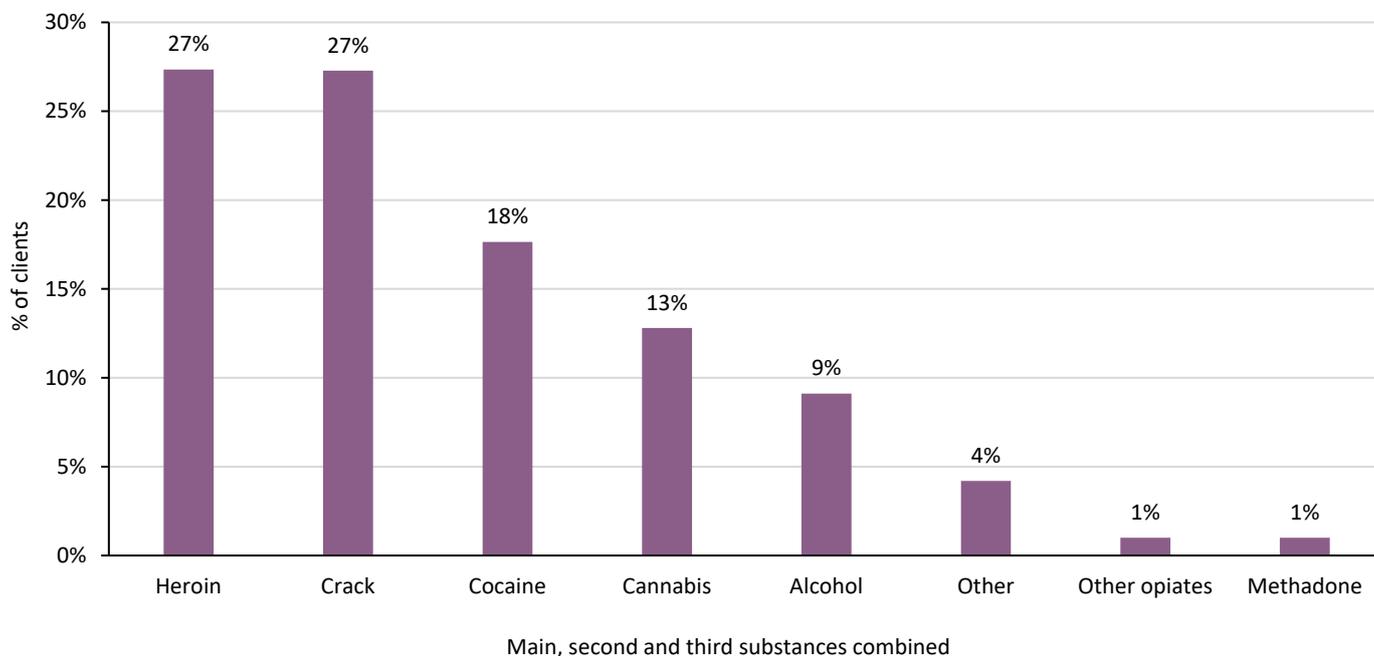


Table 2 shows the proportions of the main substance by gender. There were larger proportions of crack and heroin use reported by women (15% and 53% respectively) when compared to men (9% and 42% respectively), while there were larger proportions of men who reported cocaine use (27%) when compared to women (13%).

Table 2: Main substance and gender of DIP contacts in Wirral, 2017/18 (n=846)

Gender	Main substance at DIP assessment							
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other opiates	Other
Men	12%	9%	27%	9%	42%	0%	1%	0%
Women	15%	4%	13%	15%	53%	-	1%	1%

Table 3 shows the proportions of the main substance by age group. In general, there were larger proportions of cannabis and cocaine use across the younger age groups. Under half (45%) of the clients who reported cannabis as their main substance were aged 18-24 years, while three in five (60%) of those who reported cocaine as their main substance were aged 18-29 years. However, there were some variations in the other substance categories. Around three in ten (29%) of those who reported alcohol as the main substance were aged 45-49 years, while proportions for crack were highest in 25-29 year olds and 35-39 year olds (21% and 26% respectively). For heroin, proportions were highest in those aged 45-49 years (23%), followed by 35-39 years (18%), 40-44 years (17%) and 50 years and over (16%).

Table 3: Main substance and age group of DIP contacts in Wirral, 2017/18 (n=846)

Age group	Main substance at DIP assessment							
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other opiates	Other
18-24	7%	45%	32%	4%	2%	-	-	-
25-29	13%	15%	28%	21%	7%	-	17%	-
30-34	10%	9%	16%	12%	15%	-	-	-
35-39	12%	18%	9%	26%	18%	33%	33%	-
40-44	11%	8%	7%	8%	17%	33%	17%	-
45-49	29%	3%	7%	13%	23%	33%	33%	33%
50+	17%	2%	1%	15%	16%	-	-	67%

The route of administration of clients’ main substance is shown in Figure 7. Over half (54%) reported smoking their main substance, followed by around one-quarter (24%) who sniffed their main substance. The proportion who smoked their main substance is higher than the Merseyside average (46%).

Figure 7: Route of administration of the main substance used by DIP contacts in Wirral, 2017/18 (n=846)

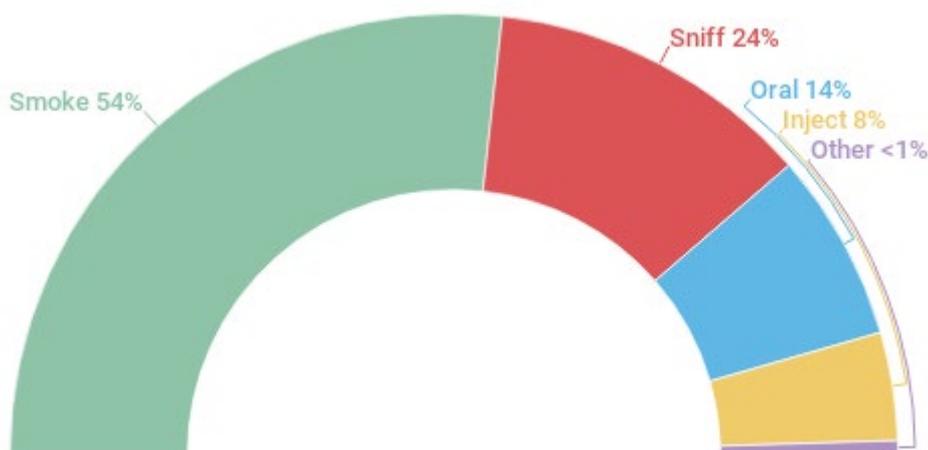
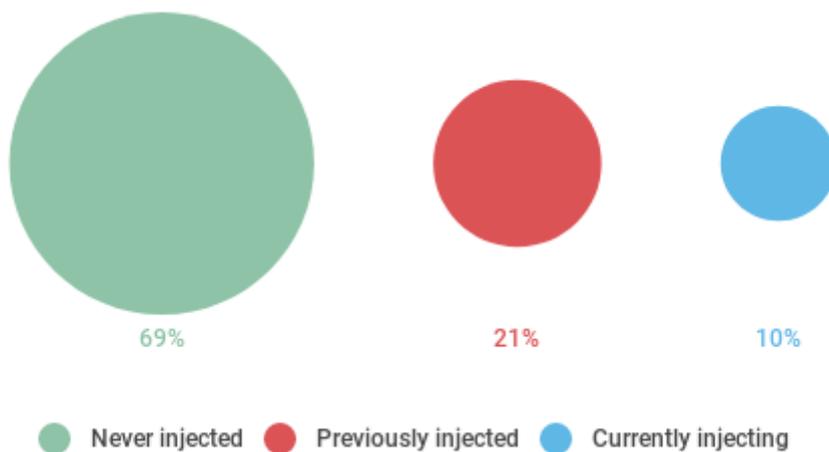


Figure 8 shows that around seven in ten (69%) DIP contacts in Wirral in 2017/18 stated that they had never injected, while 21% had previously injected but were not currently and 10% were currently injecting. These proportions are somewhat similar to the Merseyside averages; however, the proportion of Wirral DIP clients currently injecting has increased from 6% in 2015/16.

Figure 8: Injecting status of DIP contacts in Wirral, 2017/18 (n=760)

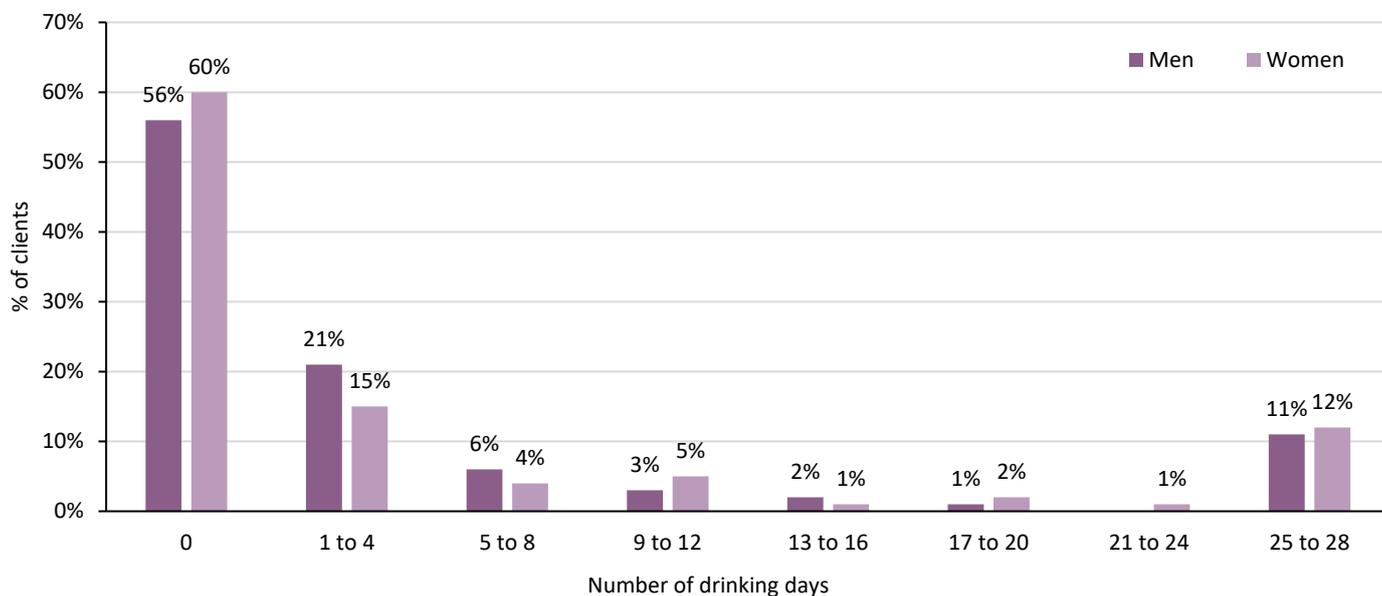


ALCOHOL USE

Figure 9 shows the number of days alcohol was consumed by Wirral clients in the 28 days prior to their DIP assessment. Under three in five (56%) men consumed no alcohol in the 28 days prior to their assessment, while 21% consumed alcohol between one and four days and 11% between 25 and 28 days. These proportions are similar to the averages for Merseyside. Furthermore, in comparison to the previous year, the proportion of men drinking 25 to 28 days has increased slightly from 8% to 11%.

For women, three in five (60%) did not consume alcohol in the 28 days prior to their DIP assessment, while 15% consumed alcohol between one and four days and 12% consumed alcohol between 25 and 28 days. These proportions are similar to the averages for Merseyside, and notably, the proportion of women who did not drink in the 28 days prior to assessment has decreased from 65% in 2016/17.

Figure 9: Number of drinking days for DIP contacts in Wirral, 2017/18 (men=682; women=164)



The daily average number of units of alcohol consumed by Wirral clients in the 28 days prior to assessment are shown in Figure 10. For men, 15% consumed 7-15 units of alcohol daily, followed by 11% who consumed 16-24 units. These proportions are somewhat similar to the Merseyside averages (17% and 12% respectively).

For women, around one in five (19%) consumed 7-15 units of alcohol daily, followed by 10% who consumed 16-24 units. The proportion of women consuming 7-15 units of alcohol daily is higher than the average for Merseyside (16%), and has increased when compared to the previous year (12%).

Figure 10: Number of units of alcohol (daily average) consumed by DIP contacts in Wirral, 2017/18 (men=682; women=164)

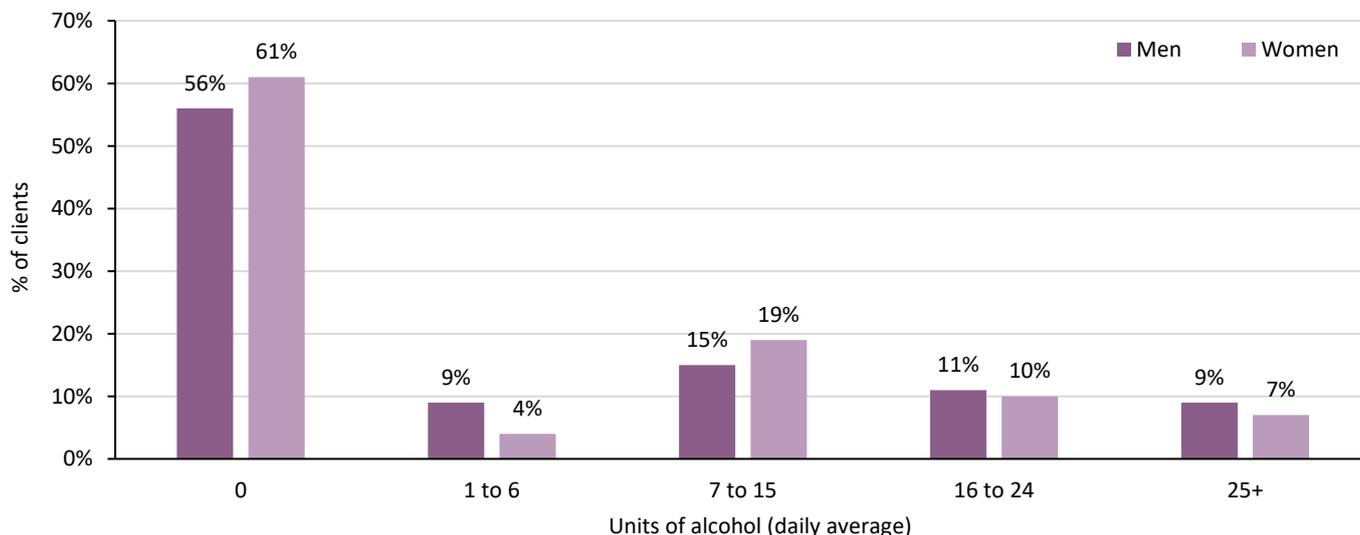
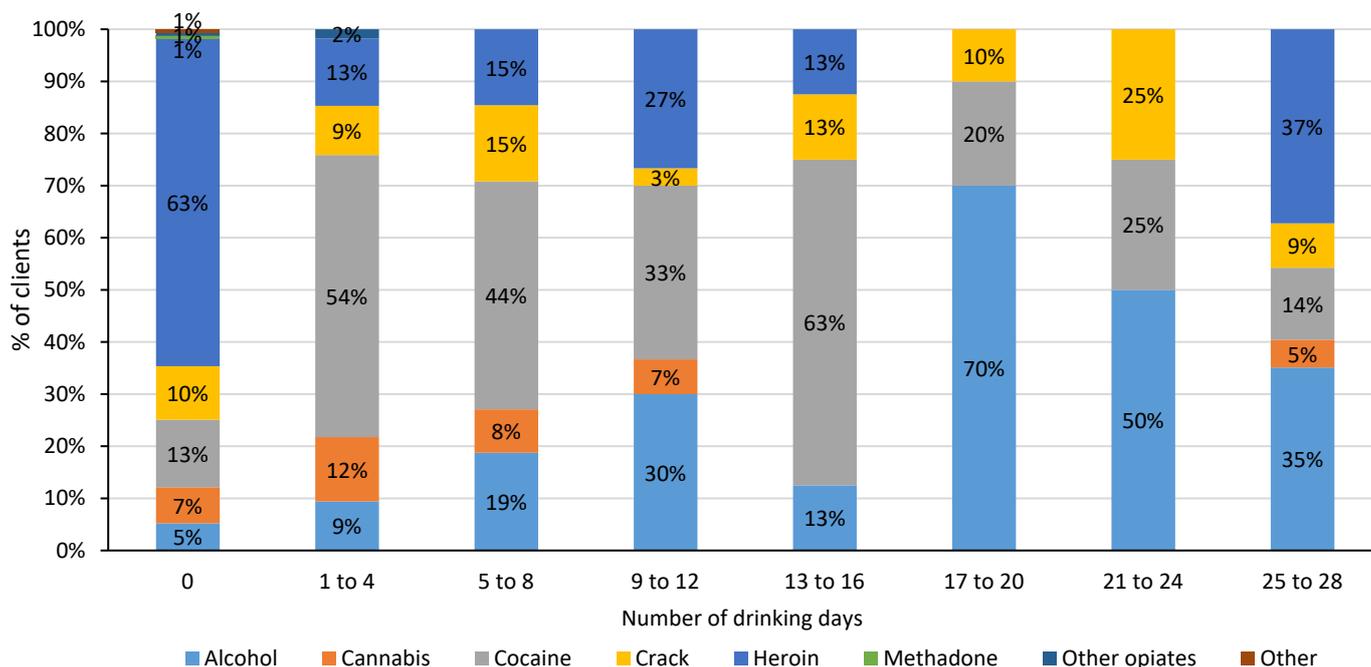


Figure 11 shows the main substance and the number of days alcohol was consumed by DIP contacts in Wirral in the 28 days prior to their assessment. For clients who did not drink in the 28 days prior to their assessment, 63% reported heroin as the main substance, followed by 13% who reported cocaine and 10% who reported crack. Cocaine accounted for the largest proportions for clients who drank one to four days (54%), five to eight days (44%), nine to 12 days (33%) and 13 to 16 days (63%). Alcohol accounted for the largest proportions for clients who drank 17 to 20 days (70%) and half of clients who drank 21 to 24 days. For those who drank 25 to 28 days, 37% reported heroin as their main substance, followed by 35% who reported alcohol.

Figure 11: Main substance and number of drinking days for DIP contacts in Wirral, 2017/18 (n=846)



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 in Wirral 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 Wirral 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).
- Wirral 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 Wirral, 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.

REFERENCES

- Collins, P., Critchley, K. and Whitfield, M. (2017a). *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/10/Re-offending-of-arrestees-testing-positive-for-class-A-drugs-across-Merseyside.pdf> [Accessed 18th September 2018].
- Collins, P., Critchley, K. and Whitfield, M. (2017b). *Criminal Justice Project: Drug Interventions Programme - Wirral DIP Activity Profile (2016/17)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/12/Wirral-DIP-Activity-Profile-1617.pdf> [Accessed 15th October 2018].
- Critchley, K. and Whitfield, M. (2017). *Criminal Justice Project: Drug Interventions Programme - Wirral DIP Activity Profile (2015/16)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2017/03/Wirral-DIP-Activity-Profile-2015-16.pdf> Accessed 15th October 2018].
- Cuddy, K., Collins, P., Whitfield, M. and McVeigh, J. (2015). *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/wp-content/uploads/2015/09/An-Evaluation-of-DIPs-Impact-on-Offending-in-Merseyside.pdf> [Accessed 18th September 2018].
- HM Government (2017). *2017 Drug Strategy*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF [Accessed 26th September 2018].
- Home Office [no date]. *Drug Interventions Programme Operational Handbook*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf [Accessed 18th September 2018].
- Howarth, P., Duffy, P., Hurst, A. and Marr, A. (2012). *Treatment Outcomes for DIP Clients in Merseyside (January - December 2011)*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: <https://phi.ljmu.ac.uk/monitoringreports/dip/Treatment-Outcomes-for-DIP-clients-in-Merseyside-2012.pdf> [Accessed 18th September 2018].
- Public Health England and Ministry of Justice (2017). *The impact of community-based drug and alcohol treatment on re-offending*. London: Public Health England and Ministry of Justice. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf [Accessed 26th September 2018].

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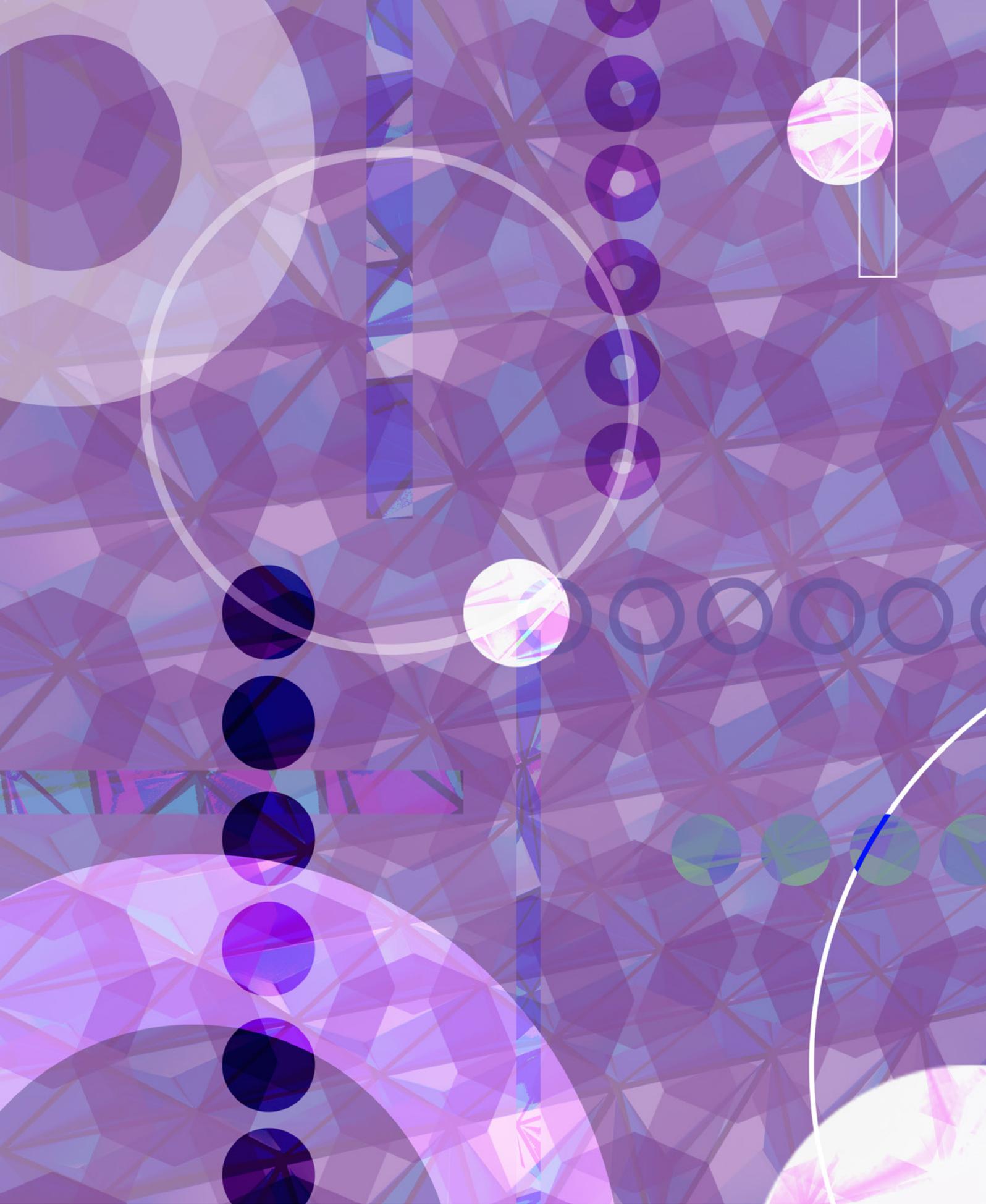
With thanks to Wirral Ways to Recovery and the commissioners at Wirral Council for their continued support. Thanks also to Laura Heeks at the Public Health Institute for designing the report covers, and to Jenny Germain for her help in proof reading this report.

Details to accompany Figure 1^{7,8}

Other criminal justice routes	247
Required by offender management scheme/DRR/ATR/IOM	101
Voluntary - following cell sweep	100
Pre-sentence report	39
Requested by offender manager (post DRR/ATR)	***
RoB	***
Voluntary - other	***
Successful transfers from another CJIT or prison	128
HMP Liverpool	73
HMP Styal	15
HMP unknown	14
Liverpool CJIT	12
HMP Altcourse	6
HMP Channing Wood	***
HMP Forest Bank	***
HMP Hindley	***
HMP Manchester	***
HMP Preston	***
Warrington CJIT	***
Transfers not completed from another CJIT or prison	20
Liverpool CJIT	11
HMP Liverpool	***
HMP Styal	***
HMP unknown	***
Transfers to another CJIT or prison	210
Liverpool CJIT	96
Sefton CJIT	46
HMP Liverpool	35
Knowsley CJIT	8
HMP Styal	7
HMP Manchester	***
HMP Preston	***
Bradford CJIT	***
Cheshire West and Chester CJIT	***
Darlington CJIT	***
Halton CJIT	***
Manchester CJIT	***
Middlesborough CJIT	***
North Wales CJIT	***
Oldham CJIT	***
St Helens CJIT	***
Warrington CJIT	***

⁷ DRR = Drug Rehabilitation Requirement; ATR = Alcohol Treatment Requirement; IOM = Integrated Offender Management.

⁸ Please note that numbers less than five have been suppressed to maintain client confidentiality.



DIP



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