

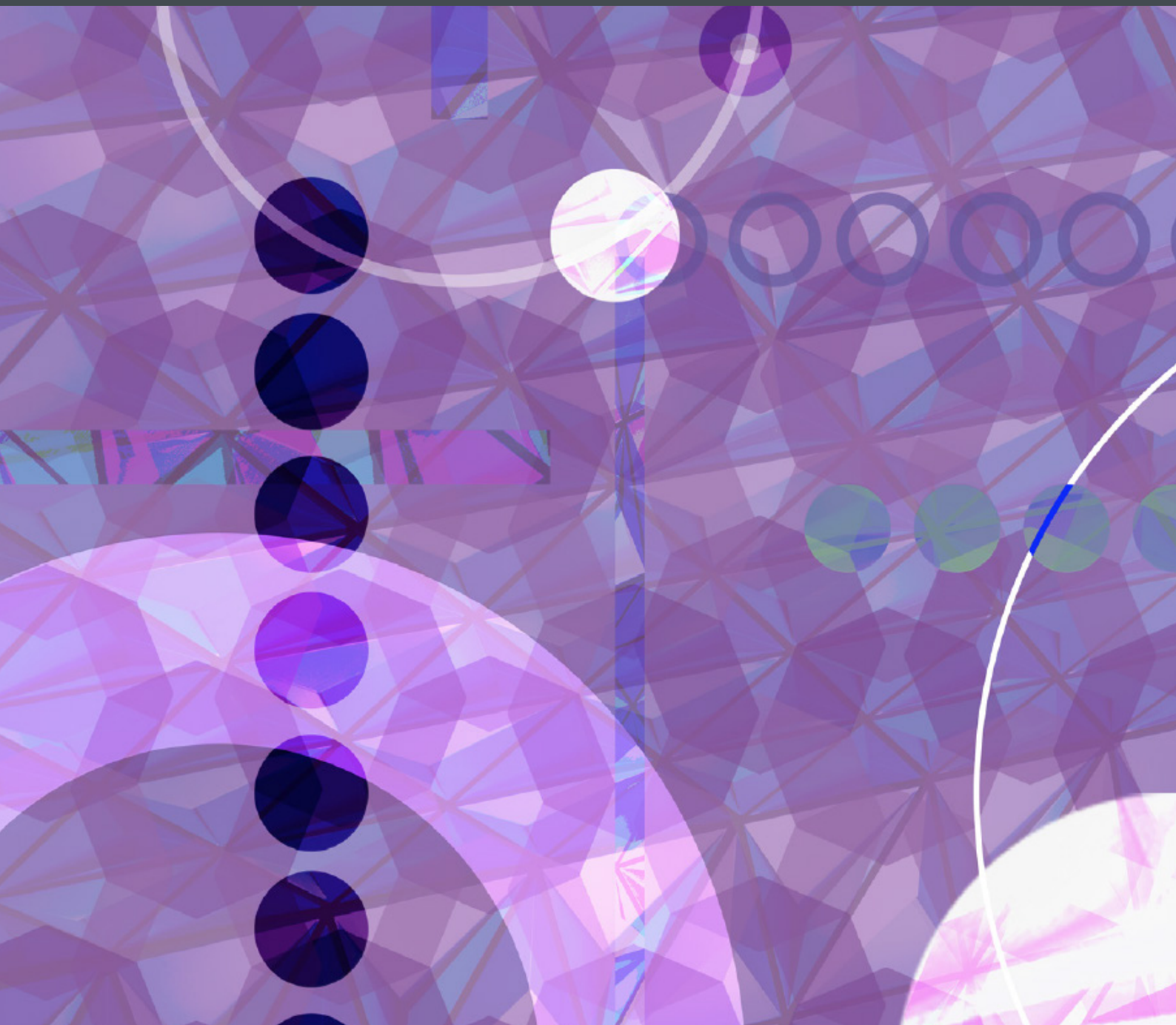
# Criminal Justice Project: Drug Interventions Programme

## Sefton DIP Activity Profile (2016/17)

December 2017

**DIP**

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## CONTENTS

Key findings.....	2
Introduction .....	3
Criminal justice routes in Sefton .....	3
Demographic profile of clients.....	5
Drug use .....	7
Alcohol use .....	9
Offending .....	10
Summary .....	11
Recommendations .....	11
References .....	13
Acknowledgements .....	13
Appendix .....	14

Please note that this is a revised version of the report (updated February 2018). The following have been updated due to changes in the calculation of age groups:

- Figure 3 – page 5
- Table 1 – page 6
- Table 2 – page 7

## KEY FINDINGS

- Between April 2016 and March 2017, there were a total of 398 Drug Interventions Programme (DIP) contacts in Sefton. This is a 22% decrease on the number of DIP contacts in the previous year (n=510).
- Three in five (60%) DIP contacts were made through the Required Assessment process, while 26% were through other criminal justice routes. Ten per cent were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 4% were transfers not completed from prison.
- Of the 398 DIP contacts, 381 completed full DIP assessments (96%), of which 84% were deemed to require further intervention and 80% were taken onto the DIP caseload. The majority of those not taken onto the caseload transferred to another CJIT or prison.
- Over four-fifths (83%) of DIP contacts were male.
- The largest proportion were aged between 35 and 39 years (18%), followed by clients aged between 30 and 34 years (17%).
- The majority (91%) were of White British ethnicity.
- The majority (83%) were Sefton residents, while Liverpool residents accounted for 9% of the DIP contacts in the area.
- While the majority of clients reported no housing problems, 17% overall had some form of housing problem, of which 7% stated an urgent problem due to being of no fixed abode.
- The most common drugs used by Sefton's DIP contacts in 2016/17 was cocaine and heroin (24% each), followed by 21% who used crack.
- Around half (48%) of clients reported having smoked their main drug, followed by 31% who sniffed their main drug.
- Just under three-quarters (73%) had never injected, while 17% had previously injected but were not currently and 10% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 43%; females = 47%), for those who did, the highest proportion reported was between one and four drinking days in the 28 days prior to their assessment for males (36%), but for females this was between 25 and 28 days (23%), followed by one to four days (21%).
- The most common daily average units of alcohol consumed by males and females was between seven and 15 units (27% and 20% respectively), followed by between 16 and 24 units (12% and 15% respectively) and between one and six units (10% and 11% respectively).
- Over one in ten (12%) were reported to be on an offender management scheme at the time of their assessment (11% both Integrated Offender Management [IOM] and Multi-Agency Public Protection Arrangement [MAPPA]; 1% involved in just one of the two schemes).
- Just under three in ten (28%) reported Misuse of Drugs Act offences which prompted their most recent contact with DIP, followed by theft (25%), offences categorised as 'other' (22%) and wounding or assault (11%).

## INTRODUCTION

The Drug Interventions Programme (DIP) has an overarching aim to identify and engage with drug using offenders in the criminal justice system and encourage them towards appropriate treatment services in order to reduce acquisitive crime in England and Wales. 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., 2017; 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 Class A drugs 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 Restrictions on Bail, Drug Rehabilitation Requirement and Alcohol Treatment Requirement), 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 data on interventions for drug and/or alcohol using offenders. 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 treatment.

DIP assessments capture demographic information and provide an insight into drug and alcohol use, and offending behaviour. These assessments allow drugs workers to determine whether further intervention is required to address substance use and 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 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 Sefton presents data for clients accessing DIP between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2017. 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 have been made with overall figures for Merseyside. This profile also provides recommendations for Sefton Local Authority and Sefton service providers, in terms of targeting the efficient use of resources and effective services in Sefton and across Merseyside.

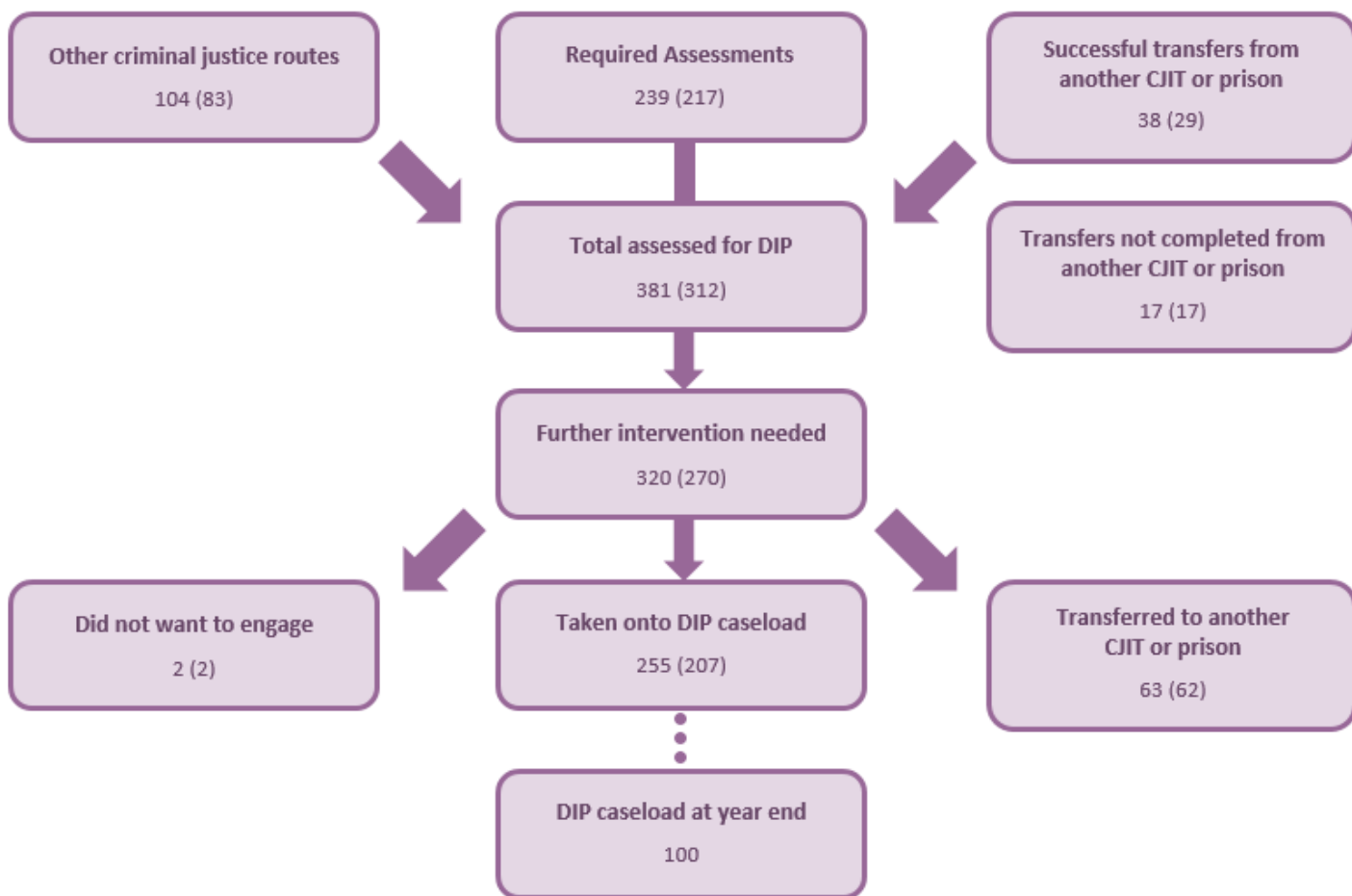
## CRIMINAL JUSTICE ROUTES IN SEFTON

Between April 2016 and March 2017, there were a total of 398 DIP contacts in Sefton (Figure 1), while the average number of contacts across Merseyside was 496. The number of DIP contacts in Sefton has reduced by 22% when compared to the previous year (n=510; Critchley and Whitfield, 2017). All Merseyside areas, except Wirral, have seen a reduction in numbers. Notably, the number of DIP contacts across Merseyside reduced by 29% between 2015/16 and 2016/17. It is worth noting that the implementation of targeted drug testing in the custody suites in 2015 is likely to contribute to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of targeted testing (Collins et al., 2017; Critchley and Whitfield, 2016), and as the drug testing process is usually 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. Three in five (60%) DIP contacts in 2016/17 were through RAs, while 26% were through other criminal justice routes. One in ten (10%) were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 4% were transfers not completed from prison.

Of the 398 DIP contacts, 96% had a full DIP assessment (n=381). The remaining 17 clients transferred into Sefton from another CJIT or prison and were not taken onto the caseload following transfer. Of the 381 clients assessed for DIP in 2016/17, 84% were deemed to require further intervention (n=320), with 80% taken onto the DIP caseload (n=255). The majority of the 65 clients not taken onto the caseload transferred to another CJIT or prison (n=63; 97%).

**Figure 1: Overall DIP activity and criminal justice routes in Sefton (2016/17)<sup>1</sup>**

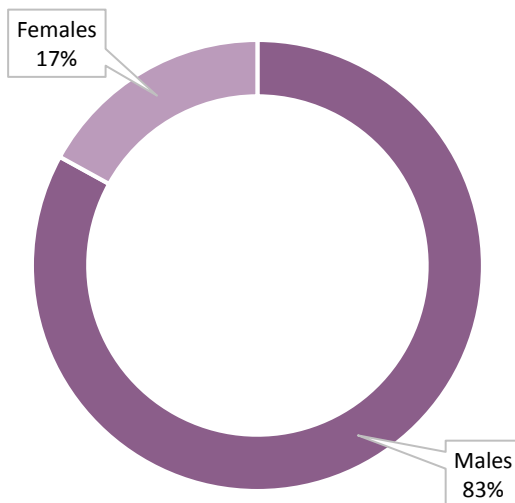


<sup>1</sup> Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the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

## DEMOGRAPHIC PROFILE OF CLIENTS

More than eight in ten (83%) DIP contacts in 2016/17 were male (Figure 2). The proportion of males in Sefton matches the Merseyside average (83%).

**Figure 2: Gender of DIP contacts in Sefton (2016/17) [n=398]**



The largest proportion of clients were aged between 35 and 39 years (18%), followed by clients aged between 30 and 34 years (17%; Figure 3). Comparing figures to the Merseyside average, Sefton had a larger proportion of clients aged between 35 and 39 years and a lower proportion aged 50 years and over.

**Figure 3: Age group of DIP contacts in Sefton (2016/17) [n=398]**

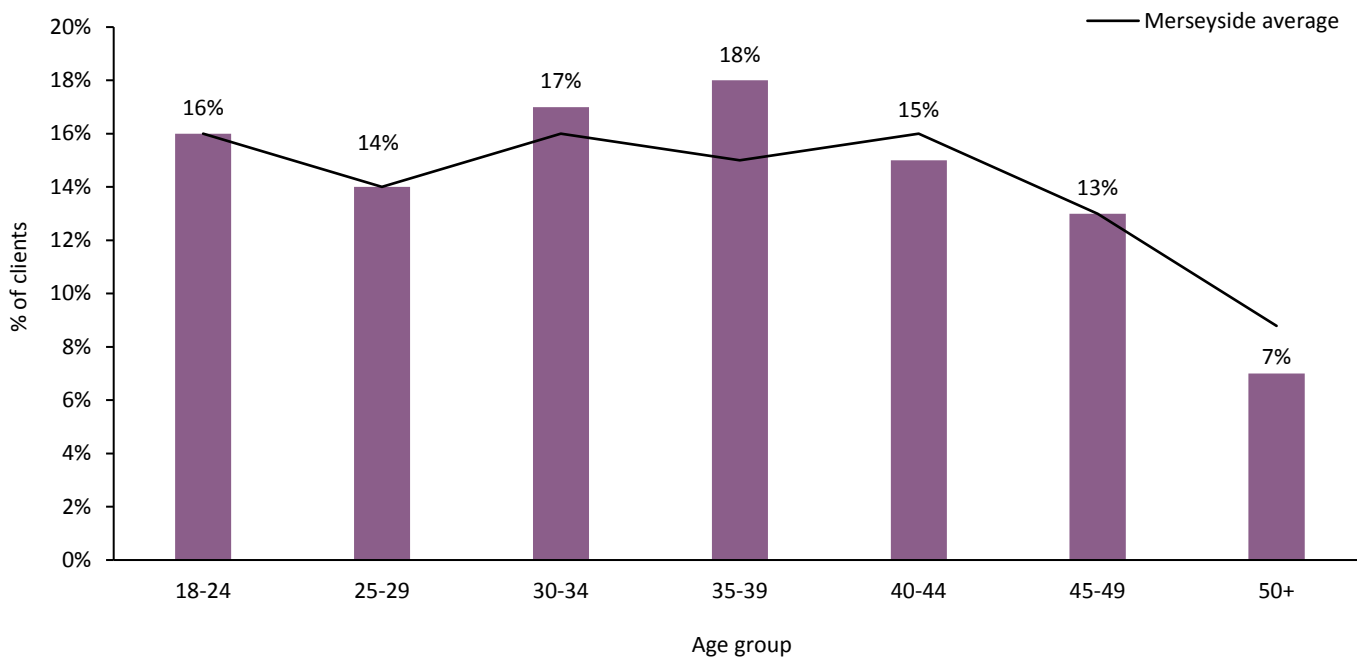


Table 1 shows some differences in age group proportions across gender groups in Sefton. Although numbers of females are small, there were larger proportions aged between 35 and 39 years and between 40 and 44 years (26% and 20% respectively) when compared to males (16% and 14% respectively).

**Table 1: Age group and gender of DIP contacts in Sefton (2016/17) [n=398]<sup>2</sup>**

Age group	Females		Males		Total	
18-24	6	9%	59	18%	65	16%
25-29	***	6%	<55	15%	54	14%
30-34	12	18%	54	16%	66	17%
35-39	17	26%	54	16%	71	18%
40-44	13	20%	47	14%	60	15%
45-49	9	14%	44	13%	53	13%
50+	<10	8%	<25	7%	29	7%
<b>Total</b>	<b>66</b>	<b>100%</b>	<b>332</b>	<b>100%</b>	<b>398</b>	<b>100%</b>

The majority (91%) of DIP contacts in 2016/17 were of White British ethnicity which is comparable to the Merseyside average (92%). The majority (83%) of clients were Sefton residents, while Liverpool residents accounted for 9% of DIP contacts in the area.

While the majority of clients reported no housing problems, 17% overall had some form of housing problem, of which 7% 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 (18%).

**Figure 4: Accommodation need of DIP contacts in Sefton (2016/17) [n=397]<sup>3</sup>**



<sup>2</sup> Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality.

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



In 2016/17, equal proportions (24% each) of DIP contacts in Sefton reported to use cocaine and heroin, followed by 21% who used crack (Figure 5). The proportion of cocaine use in Sefton is similar to the Merseyside average (23%), while heroin use and crack use is slightly lower than the Merseyside average (26% and 23% respectively).

**Figure 5: Drugs used by DIP contacts in Sefton (2016/17) [n=721]<sup>4</sup>**

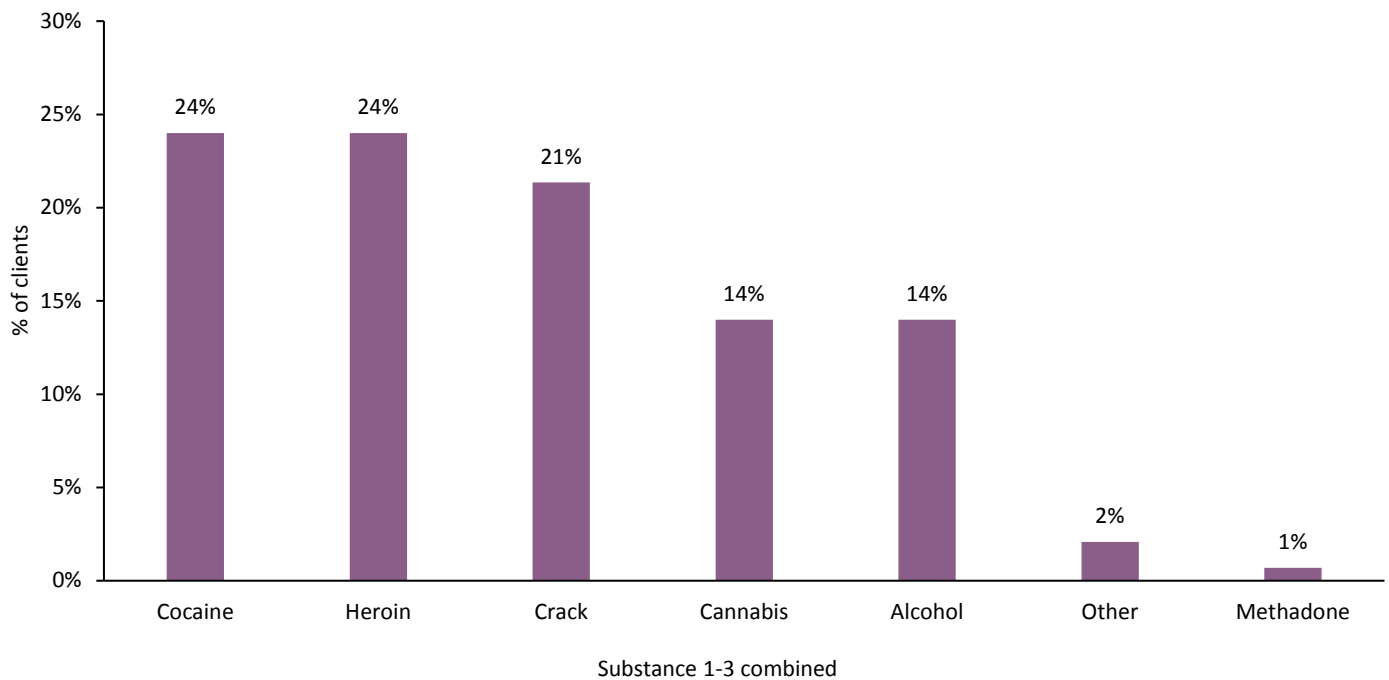


Table 2 shows the proportions of the main drug used by age group. In general, there were larger proportions of cannabis and cocaine users across the younger age groups. Seven in ten (70%) clients who reported cannabis as the main drug used and around half (51%) of clients who reported cocaine as the main drug used were aged between 18 and 29 years. Those who reported alcohol, heroin or methadone as the main drug used were generally older; 87%, 90% and 100% respectively were aged 30 years and over. Proportions varied across age groups for crack, but was highest in clients aged between 30 and 34 years (35%).

**Table 2: Age group and main drug used by DIP contacts in Sefton (2016/17) [n=398]**

Age group	Main drug at DIP assessment						
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other
<b>18-24</b>	6%	46%	28%	12%	4%	-	20%
<b>25-29</b>	8%	24%	23%	12%	6%	-	-
<b>30-34</b>	23%	8%	17%	35%	13%	50%	40%
<b>35-39</b>	21%	8%	10%	12%	27%	-	-
<b>40-44</b>	13%	5%	13%	12%	20%	50%	20%
<b>45-49</b>	15%	5%	5%	12%	22%	-	-
<b>50+</b>	15%	3%	3%	6%	9%	-	20%

<sup>4</sup> This is a combined figure for all substances recorded in the main drug, second drug and third drug fields.



The route of administration of clients' most problematic substance (main drug) is shown in Figure 6. Almost half (48%) of clients smoked their main drug, followed by around three in ten (31%) who sniffed it. Similarly, the averages for Merseyside reported 46% smoked and 31% sniffed.

**Figure 6: Route of administration of the main drug used by DIP contacts in Sefton (2016/17) [n=397]**

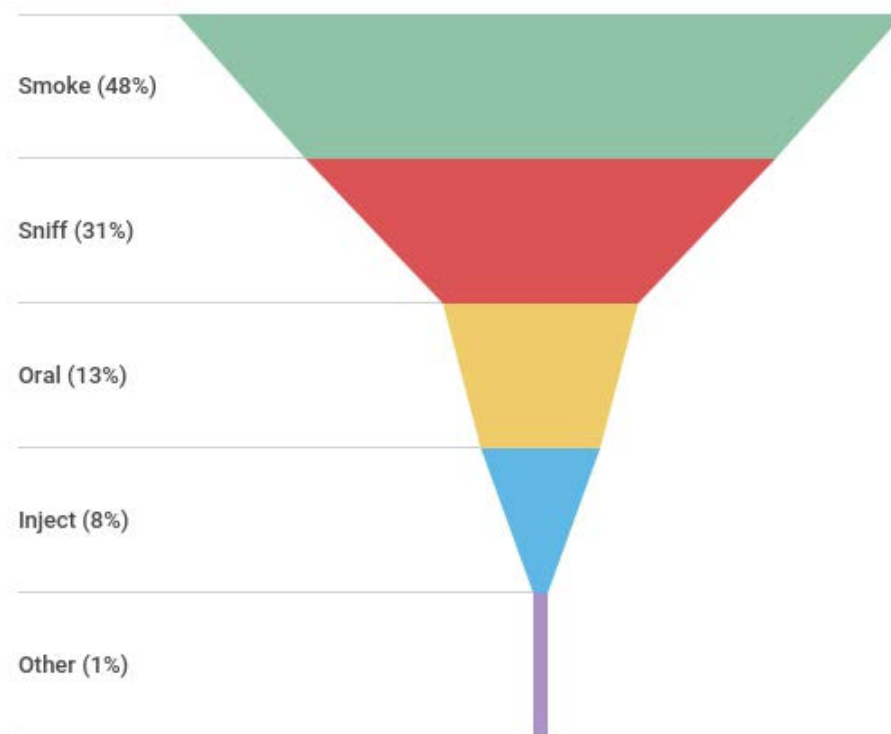
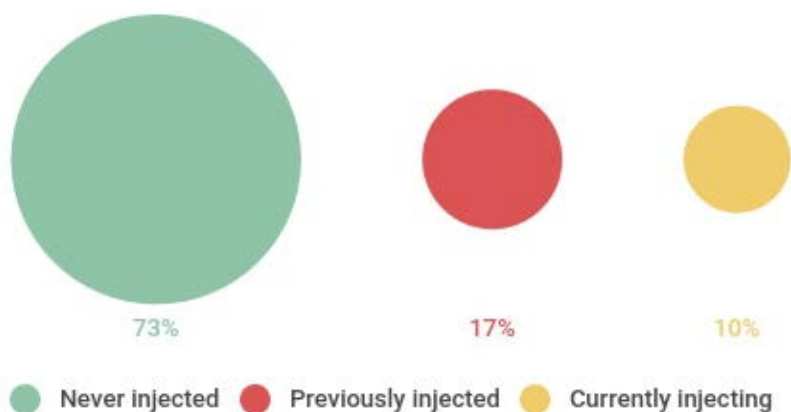


Figure 7 shows that just under three-quarters (73%) of DIP contacts in Sefton in 2016/17 had never injected, while 17% had previously injected but were not currently and 10% reported they were currently injecting. Comparatively, across Merseyside 72% had never injected, 19% had previously injected and 10% were currently injecting.

**Figure 7: Injecting status of DIP contacts in Sefton (2016/17) [n=302]<sup>5</sup>**

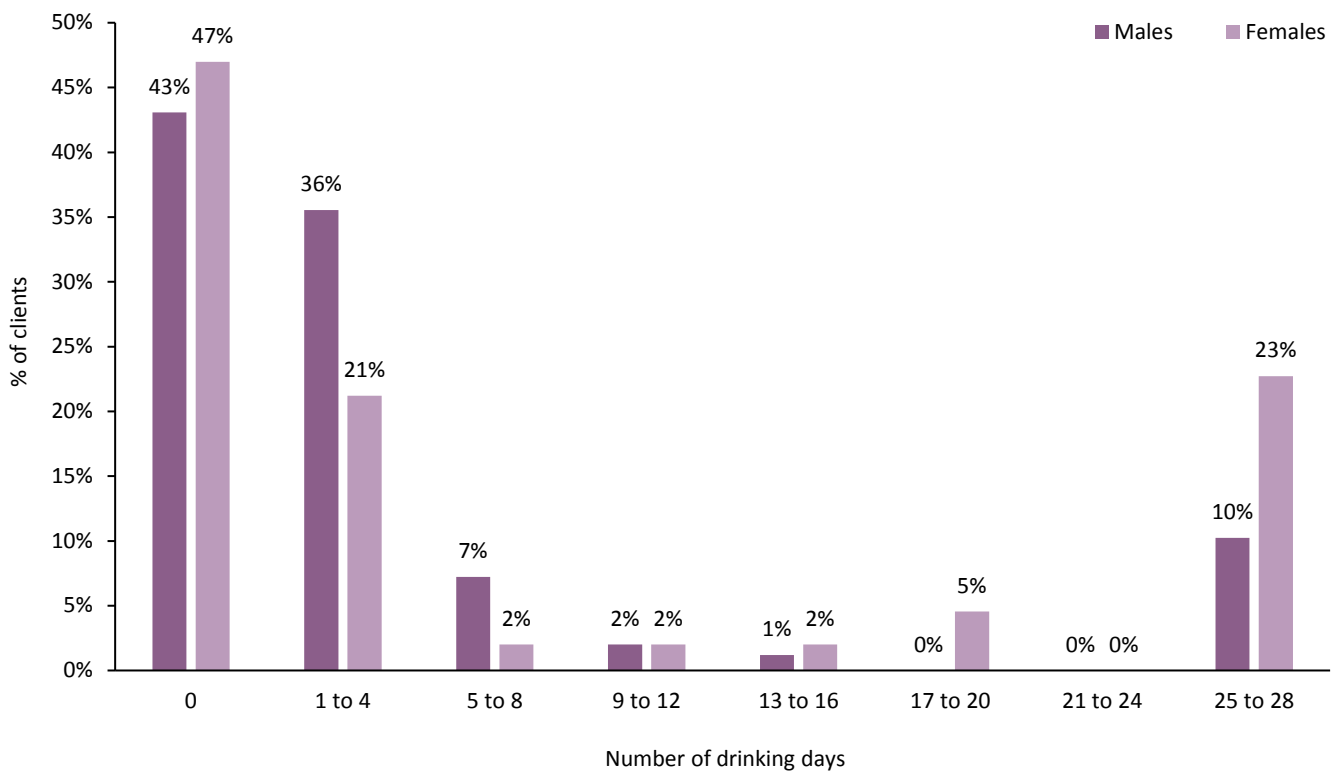


<sup>5</sup> Please note that for 85 records the client declined to answer, while a further 11 records did not have the injecting status recorded.

Figure 8 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their DIP assessment. More than two in five (43%) males consumed no alcohol in the 28 days prior to their assessment, while 36% reported consuming alcohol between one and four days and 10% between 25 and 28 days. Across Merseyside, 51% of males did not consume alcohol, while 21% drank one to four days and 10% drank 25 to 28 days.

For females, under half (47%) reported not having consumed alcohol in the 28 days prior to their assessment, while 23% consumed alcohol between 25 and 28 days and 21% between one and four days. Figures for Merseyside reported 56% of females did not consume alcohol, while 17% drank between 25 and 28 days and 16% drank between one and four days.

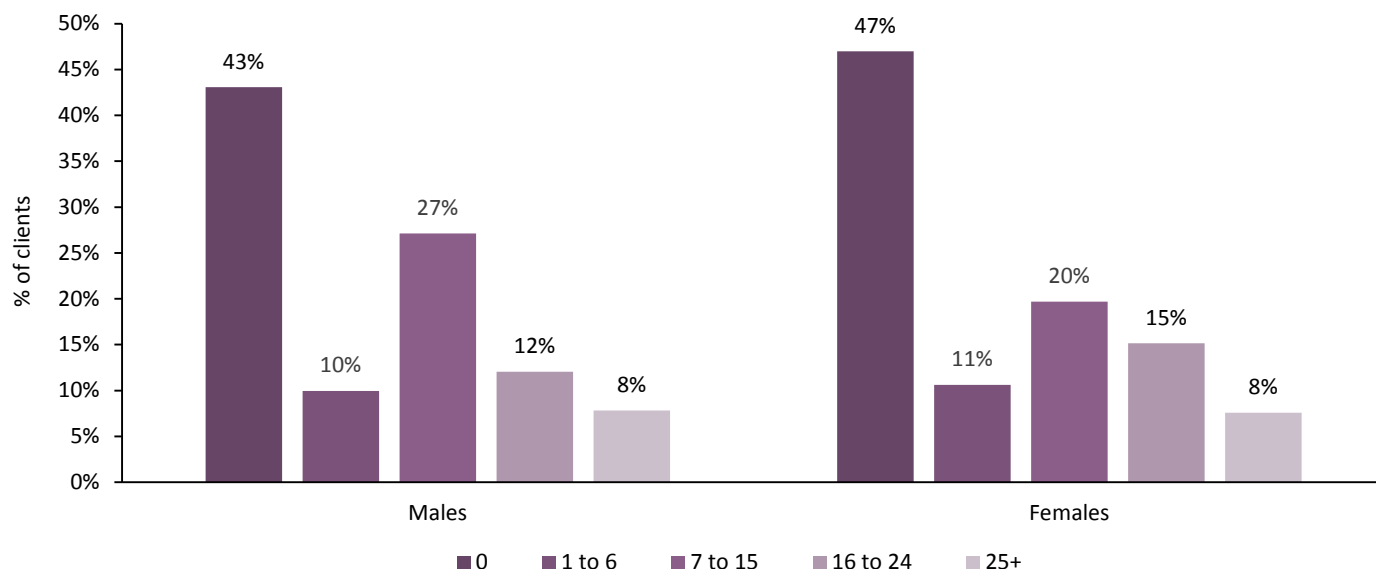
**Figure 8: Number of drinking days for DIP contacts in Sefton (2016/17) [males=332; females=66]**



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, over one-quarter (27%) consumed between seven and 15 units daily, while across Merseyside 19% drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, one in five (20%) consumed between seven and 15 units and 15% consumed between 16 and 24 units daily. Across Merseyside, 17% of females drank between seven and 15 units and 12% drank between 16 and 24 units daily.

**Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Sefton (2016/17) [males=332; females=66]**

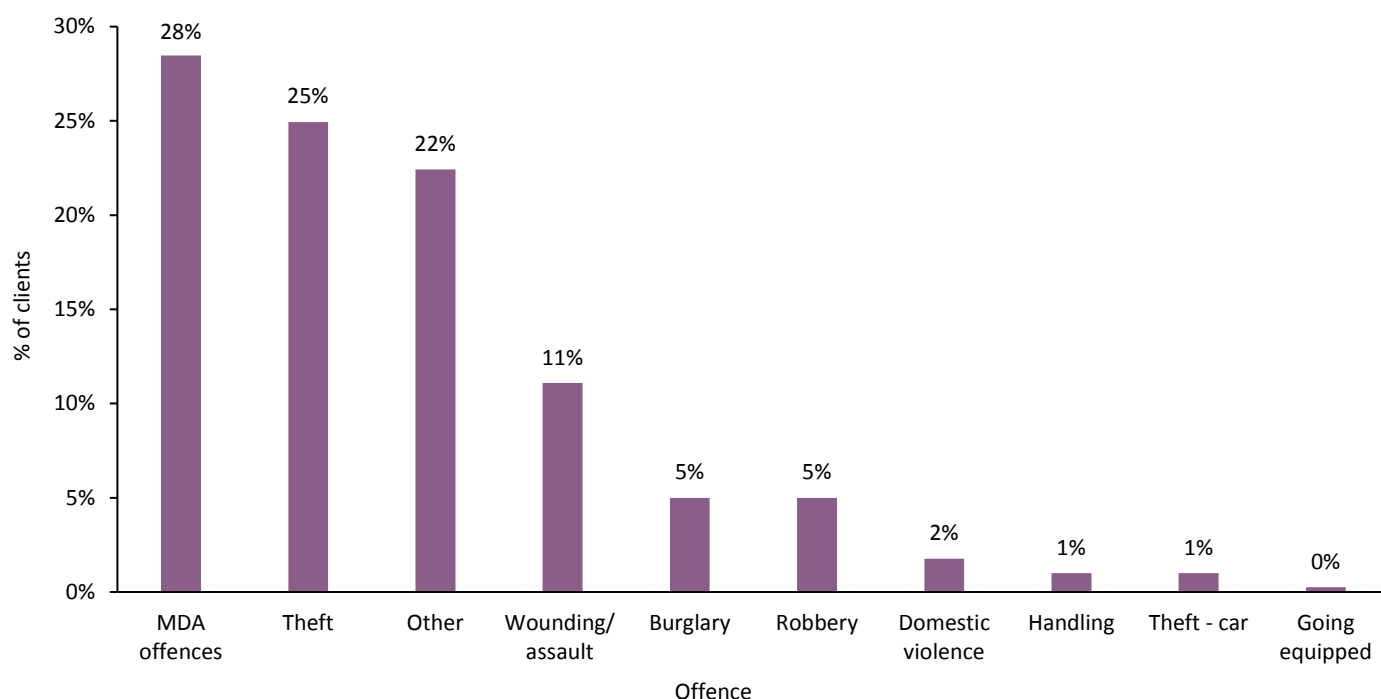


## OFFENDING

The majority (88%) of DIP contacts in Sefton in 2016/17 were not reported to be on an offender management scheme at the time of their assessment. Eleven per cent were on both Integrated Offender Management (IOM) and Multi-Agency Public Protection Arrangement (MAPPA) schemes, while the remaining clients were on just one of the two schemes.

The offences which prompted Sefton clients' current or most recent contact with the criminal justice system are shown in Figure 10. Over one-quarter (28%) were Misuse of Drugs Act (MDA) offences, followed by theft (25%), offences categorised as 'other' (22%) and wounding or assault (11%). Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (29% and 28% respectively), while offences categorised as 'other' accounted for 19%, and wounding or assault accounted for 11%.

**Figure 10: Offence which prompted current or most recent DIP contact in Sefton (2016/17) [n=397]**



## SUMMARY

- Across Merseyside, the number of DIP contacts in 2016/17 reduced by 29% compared to the previous year. In Sefton, the number reduced by 22%.
- Over half (57%) of DIP contacts in Merseyside presented via the RA route. Similarly, 60% of DIP contacts in Sefton presented via this route.
- In general, DIP contacts across Merseyside in 2016/17 were male, aged between 18 and 49 years and of White British ethnicity. Sefton had the same proportion of male clients, but a larger proportion of clients aged between 35 and 39 years when compared to Merseyside.
- The proportion of Sefton clients reporting housing problems was 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 similar to the Merseyside average, while the proportions of heroin and crack use were slightly lower.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, as they did in Sefton, though by a slightly higher proportion.
- The majority of DIP contacts in Merseyside between April 2016 and March 2017 had never injected, while the percentage for Sefton clients was slightly higher.
- Just over 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 their DIP assessment. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion. The proportion for females in Sefton was lower than the Merseyside average, though higher for females who drank between one and four days and between 25 and 28 days.
- 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 and MDA offences accounted for the largest proportion. In Sefton, the proportion of MDA offences was the same as the Merseyside average, but lower for 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.
- 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. In keeping with the

Government's Drug Strategy (Home Office, 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 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 in four of the five Merseyside areas, and across Merseyside as a whole. As the drug testing process is usually the main criminal justice route into DIP via RAs, the reduction in the number of drug tests carried out in the custody suites across Merseyside, as a result of the implementation of targeted testing, could have attributed to the reduction in DIP contacts. All stakeholders involved with DIP need to be aware of the effect of this process and should ensure that alternative routes into DIP are available and strengthened in order to identify and assess clients for DIP treatment.
- It is imperative that there continues to be 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 the Merseyside DIP partnership. 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 have been drug tested in Sefton. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.
- In order to have a comprehensive understanding of drug 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 (i.e. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (i.e. the National Drug Treatment Monitoring System) 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, and be used collaboratively to help improve the lives of drug using offenders in Sefton and Merseyside.

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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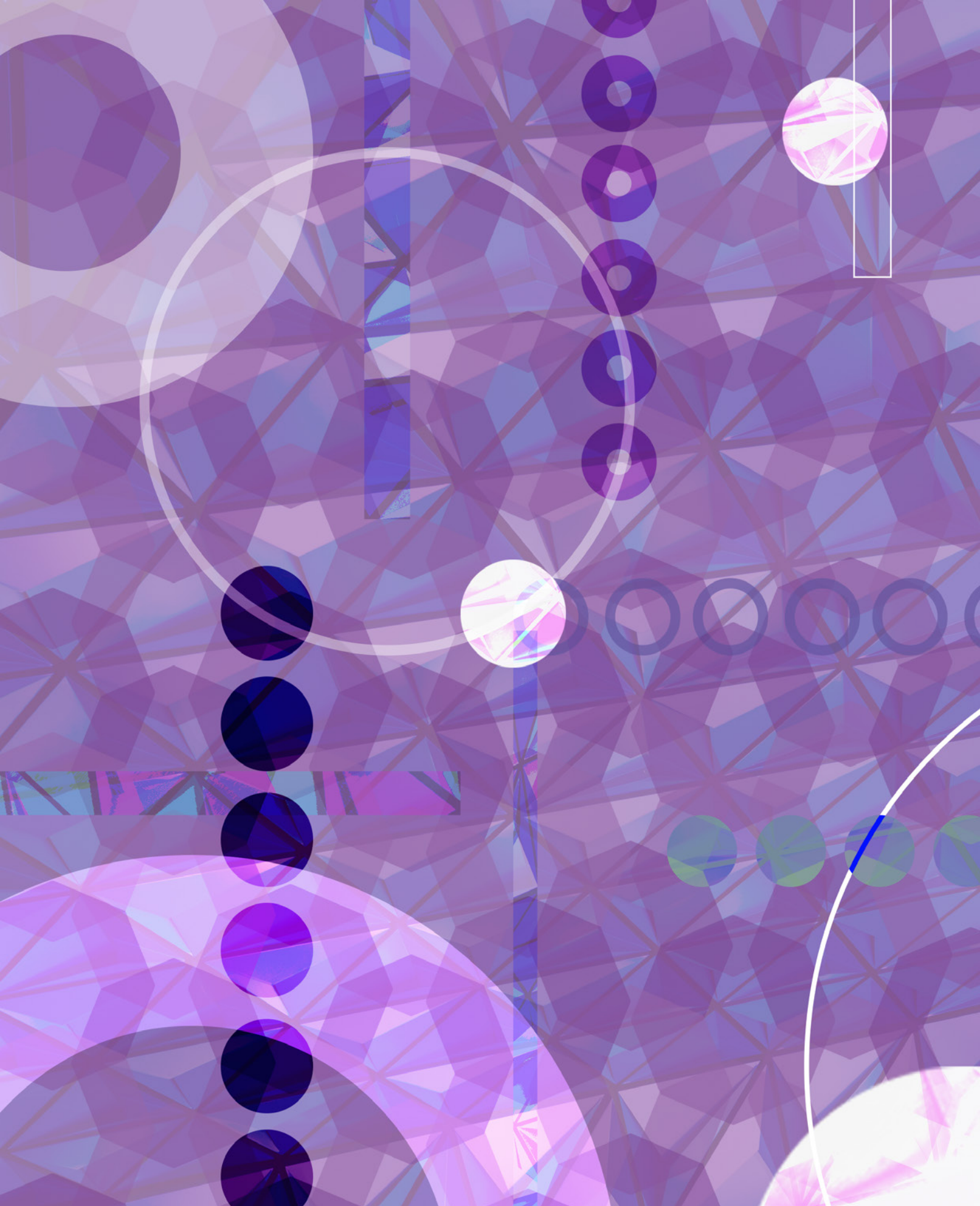
## ACKNOWLEDGEMENTS

With thanks to the service providers and the commissioners at Sefton Council for their continued support. Thanks also to Laura Heeks at the Public Health Institute for designing the report covers.

## Details to accompany Figure 1

<b>Other criminal justice routes</b>	<b>104</b>
<i>Conditional Cautioning</i>	***
<i>Referred by treatment provider (post treatment)</i>	***
<i>Requested by Offender Manager (post DRR/ATR)</i>	33
<i>Required by offender management scheme/DRR/ATR/IOM</i>	55
<i>Restriction on Bail</i>	***
<i>Voluntary - other</i>	***
<i>Other</i>	10
<b>Successful transfers from another CJIT or prison</b>	<b>38</b>
<i>HMP Kennet</i>	***
<i>HMP Kirkham</i>	***
<i>HMP Liverpool</i>	17
<i>HMP Styal</i>	10
<i>Liverpool CJIT</i>	***
<i>Unknown Prison</i>	6
<b>Transfers not completed from another CJIT or prison</b>	<b>17</b>
<i>HMP Kennet</i>	***
<i>HMP Liverpool</i>	9
<i>HMP Manchester</i>	***
<i>HMP Styal</i>	***
<i>Unknown Prison</i>	***
<b>Transferred to another CJIT or prison</b>	<b>63</b>
<i>Blackburn and Darwen CJIT</i>	***
<i>Hampshire CJIT</i>	***
<i>HMP Liverpool</i>	***
<i>HMP Styal</i>	***
<i>Knowsley CJIT</i>	11
<i>Lancashire CJIT</i>	***
<i>Leeds CJIT</i>	***
<i>Liverpool CJIT</i>	32
<i>Manchester CJIT</i>	***
<i>St Helens CJIT</i>	***
<i>Warrington CJIT</i>	5
<i>Wirral CJIT</i>	***
<i>Unknown CJIT or Prison</i>	***





**DIP**

