

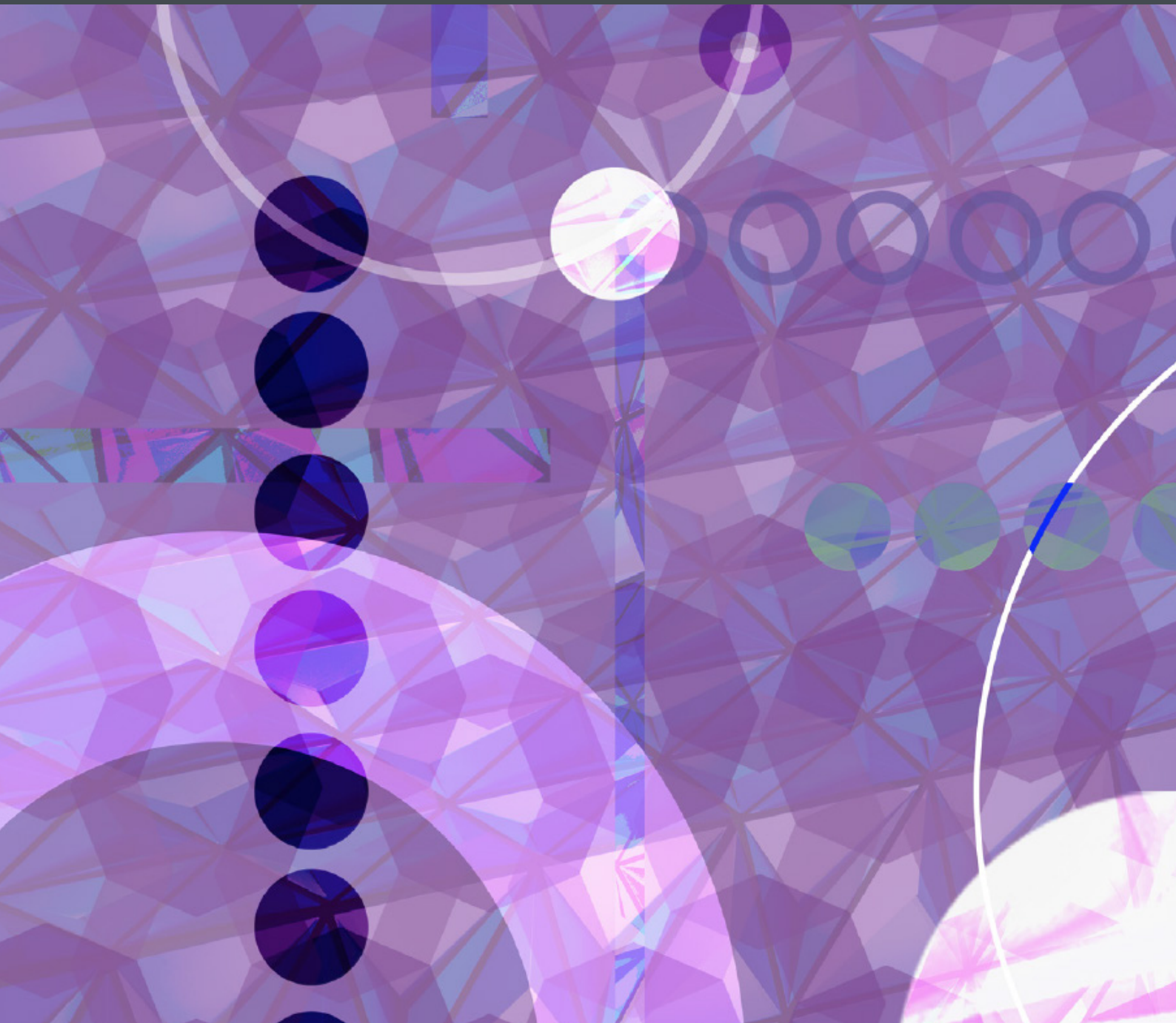
# Criminal Justice Project: Drug Interventions Programme

## Sefton DIP Activity Profile (2017/18)

November 2018



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## KEY FINDINGS

- Between April 2017 and March 2018, there were 365 Drug Interventions Programme (DIP) contacts recorded by Ambition Sefton. The number of DIP contacts in Sefton has decreased year on year; there was a 22% decrease between 2015/16 and 2016/17, and an 8% decrease between 2016/17 and 2017/18.
- Around three in five (61%) DIP contacts in 2017/18 were through Required Assessments, 22% were from other criminal justice routes, 16% were successful transfers from prison and 1% were transfers not completed from prison.
- Of the 365 DIP contacts, 361 (99%) completed full DIP assessments, of which 91% were deemed to require further intervention and 78% of those were taken onto the DIP caseload.
- Over four in five (84%) DIP contacts were men.
- The largest proportion of clients were aged 25-29 years (19%), followed by clients aged 30-34 years and 35-39 years (17% each).
- The majority were of White British ethnicity (97%).
- Two-thirds (67%) reported having no religion, while 30% reported their religion as Christian.
- Seven per cent had a disability.
- The majority reported their sexuality as heterosexual/straight (97%).
- While the majority of clients reported no housing problems, 23% overall had some form of housing problem, with 11% stating an urgent housing need due to being of no fixed abode.
- Three in five (60%) DIP contacts reported being a parent, while 9% had one or more children under 18 years old living with them at the time of their assessment. Five 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.
- Around three in ten (29%) reported Misuse of Drugs Act (MDA) offences which prompted their current or most recent contact with the criminal justice system, followed by offences categorised as 'other' (27%) and theft - shoplifting (16%).
- Around half (49%) of DIP contacts in Sefton reported non-opiate drugs as their main substance, while 41% reported opiates and 10% reported alcohol.
- Overall, including the main, second and third substances combined, the most common substances used were heroin and cocaine (25% each), followed by crack (23%).
- Around two in five (41%) reported smoking their main substance, while 38% sniffed their main substance.
- Around three-quarters (73%) stated that they had never injected, 18% had previously injected but were not currently and 9% 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 for both men and women (30% each).
- The most common daily average units of alcohol consumed was 7-15 units for both men and women (22% 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 Sefton, 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 alcohol 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 Sefton presents data for clients accessing DIP between 1<sup>st</sup> April 2017 and 31<sup>st</sup> 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 Profiles<sup>1</sup> and the Merseyside average have been made. 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.

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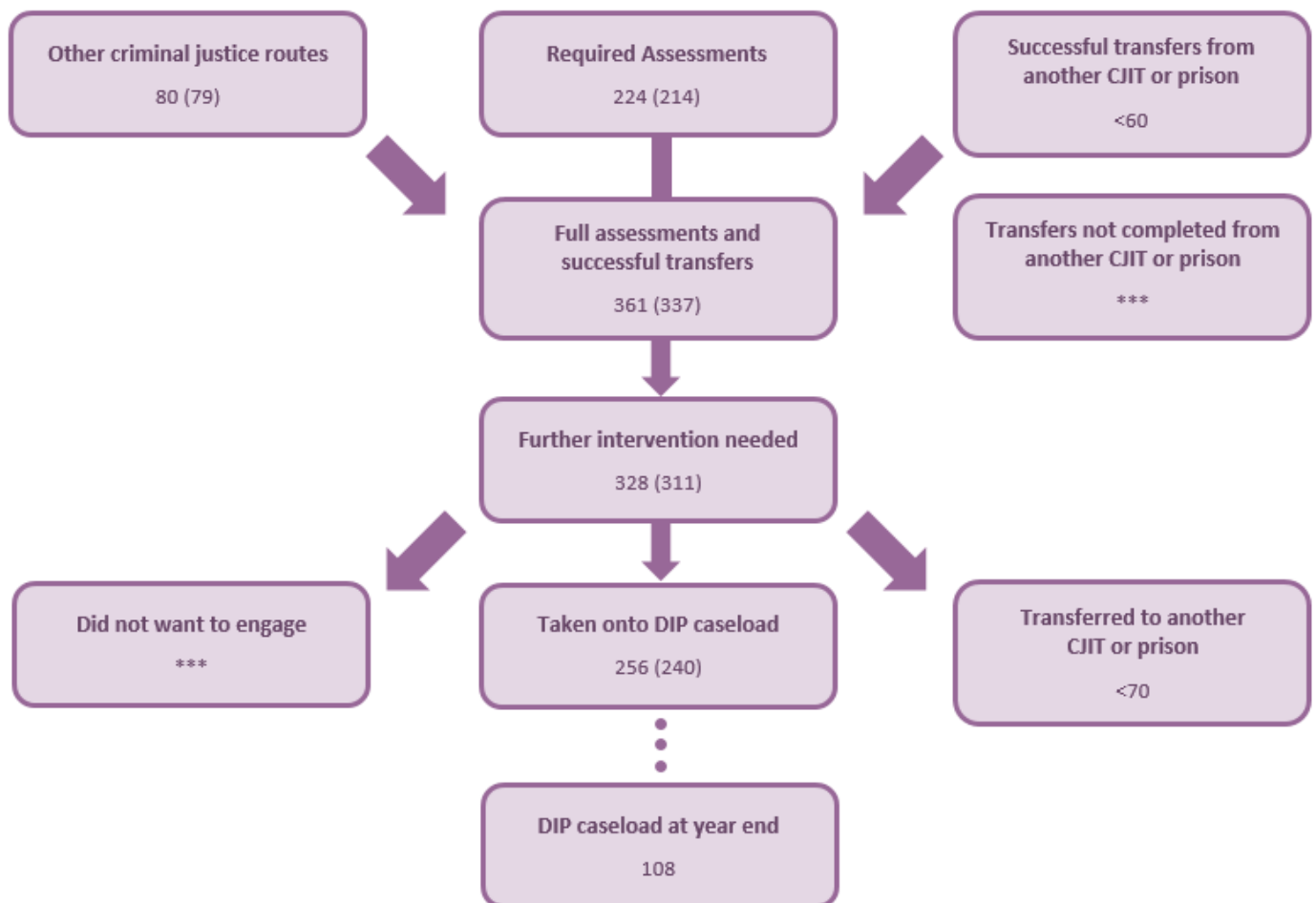
<sup>1</sup> Throughout this report, the references to previous years' profiles are: Sefton DIP Activity Profile 2015/16 (Critchley and Whitfield, 2017); Sefton DIP Activity Profile 2016/17 (Collins et al., 2017b).

## CRIMINAL JUSTICE ROUTES IN SEFTON

Between April 2017 and March 2018, there were 365 DIP contacts recorded by Ambition Sefton. The number of DIP contacts in Sefton has decreased year on year; there was a 22% decrease between 2015/16 and 2016/17, and an 8% 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 Sefton. Around three in five (61%) DIP contacts in 2017/18 were through Required Assessments, 22% were from other criminal justice routes, 16% were successful transfers from prison and 1% were transfers not completed from prison. Of the 361 full DIP assessments and successful transfers, 91% were deemed to require further intervention, with 78% of those taken onto the DIP caseload. The remaining clients not taken onto the caseload who required further intervention, either did not want to engage with DIP or transferred to another Criminal Justice Integrated Team (CJIT) or prison.

**Figure 1: Overall DIP activity and criminal justice routes in Sefton, 2017/18<sup>2,3,4</sup>**



<sup>2</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.

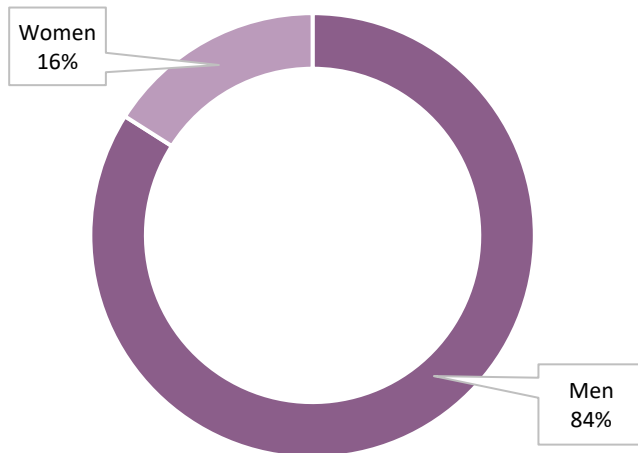
<sup>3</sup> Please note that throughout this report numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g. <10).

<sup>4</sup> Please see the Appendix for further details to accompany Figure 1.

## DEMOGRAPHIC PROFILE OF CLIENTS

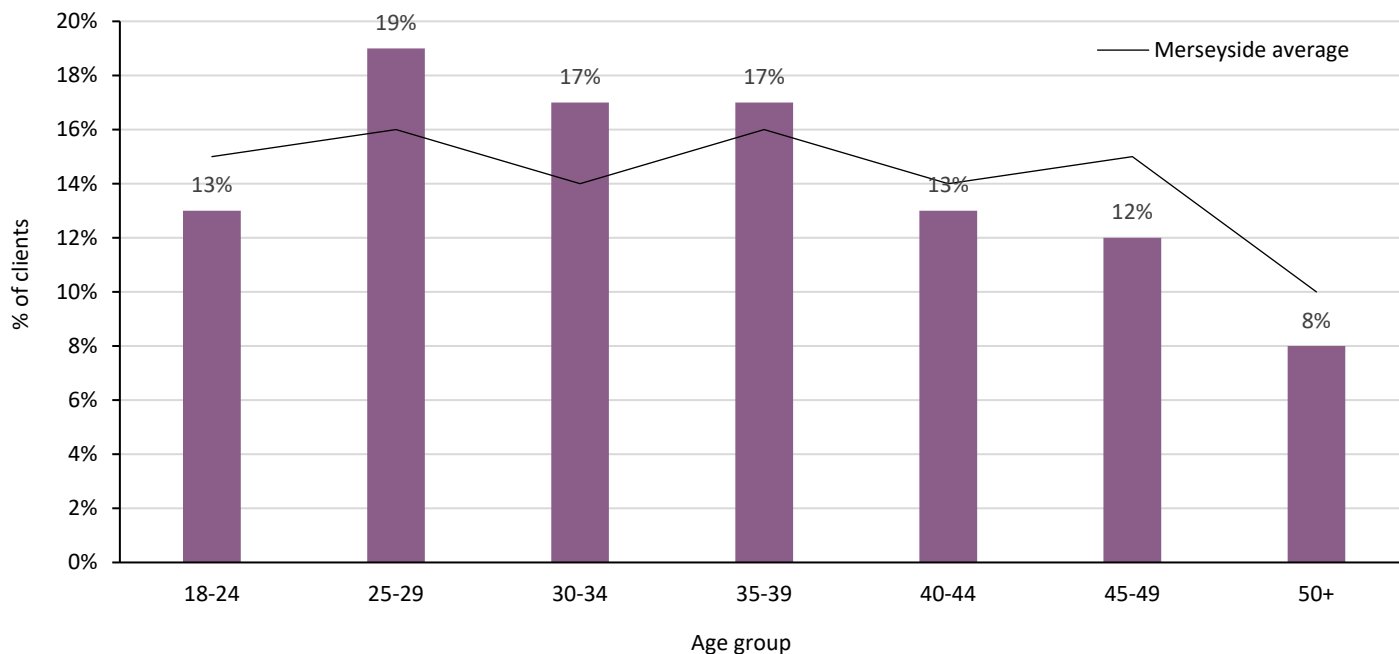
Over four in five (84%) DIP contacts in 2017/18 were men (Figure 2). The proportion of men in Sefton is slightly higher than the Merseyside average (82%).

**Figure 2: Gender of DIP contacts in Sefton, 2017/18 (n=365)**



The largest proportion of clients were aged 25-29 years (19%), followed by clients aged 30-34 years and 35-39 years (17% each; Figure 3). Comparing figures to the Merseyside average, Sefton had a much larger proportion of clients aged 25-34 years.

**Figure 3: Age group of DIP contacts in Sefton, 2017/18 (n=365)<sup>5</sup>**



<sup>5</sup> 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 Sefton. Whilst there are fewer female DIP contacts, there were larger proportions aged 35-39 years and 50 years and over (20% and 15% respectively) when compared to men (17% and 7% respectively).

**Table 1: Age group and gender of DIP contacts in Sefton, 2017/18 (n=365)**

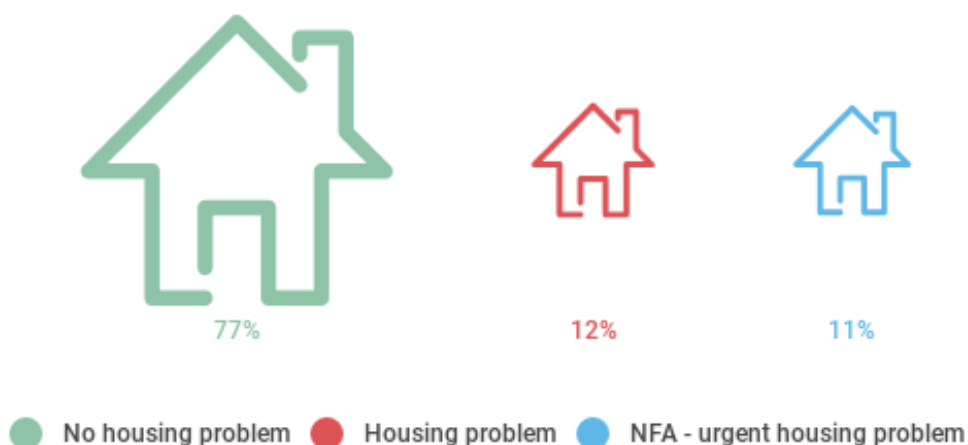
Age group	Men		Women		Total	
18-24	43	14%	5	8%	48	13%
25-29	61	20%	9	15%	70	19%
30-34	51	17%	11	18%	62	17%
35-39	51	17%	12	20%	63	17%
40-44	41	13%	6	10%	47	13%
45-49	36	12%	8	13%	44	12%
50+	22	7%	9	15%	31	8%
<b>Total</b>	<b>305</b>	<b>100%</b>	<b>60</b>	<b>100%</b>	<b>365</b>	<b>100%</b>

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%).
- Two-thirds (67%) reported having no religion, while three in ten (30%) reported their religion as Christian.
- Seven per cent reported having a disability, which is lower than the Merseyside average (15%).
- The majority (97%) reported being heterosexual/straight, which is similar to the Merseyside average (98%).
- Around four in five (79%) DIP contacts in Sefton were Sefton residents.

While the majority of clients reported no housing problems, 23% overall had some form of housing problem, with 11% stating an urgent housing need due to being of no fixed abode (NFA; Figure 4). The proportion of Sefton clients that stated a housing problem is similar to the Merseyside average (25%) and has increased from 13% in 2015/16 to 23% in 2017/18.

**Figure 4: Accommodation need of DIP contacts in Sefton, 2017/18 (n=364)**



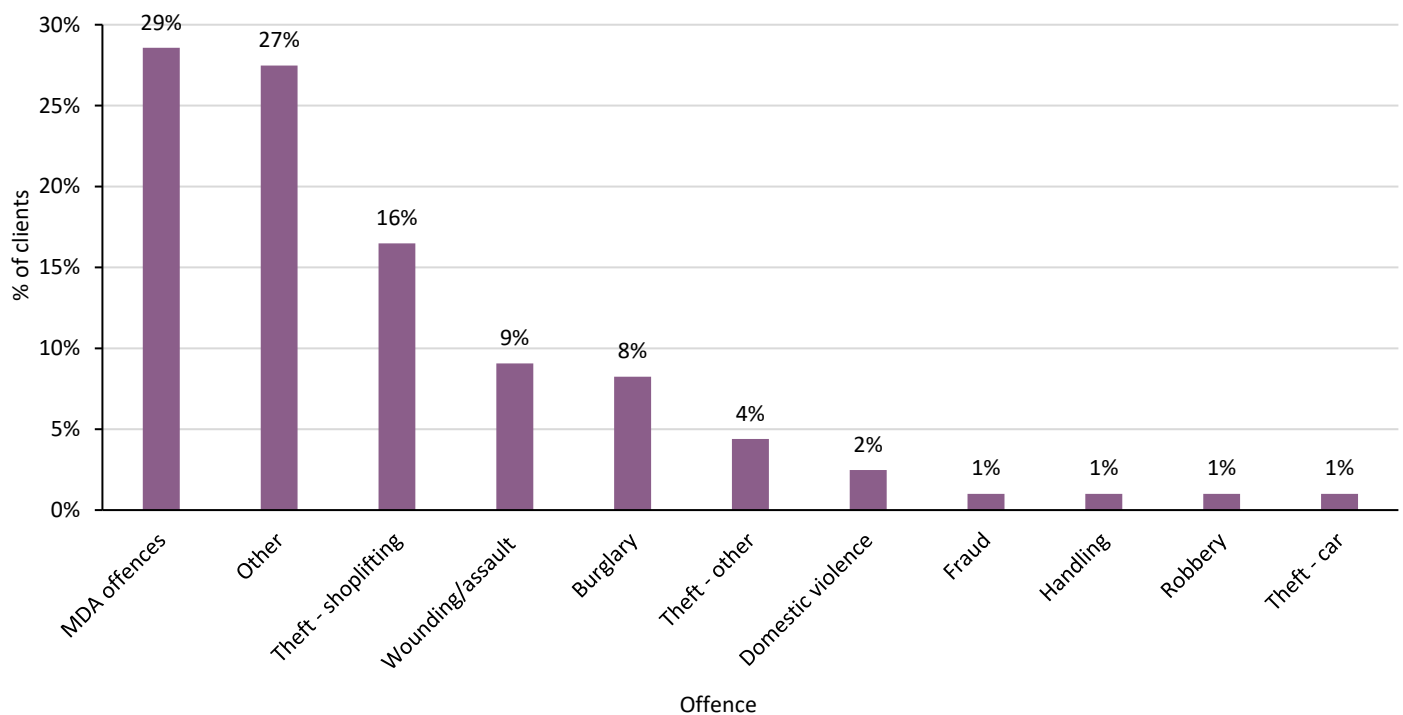
## SAFEGUARDING

Three in five (60%) Sefton DIP contacts reported being a parent, which is higher than the Merseyside average (49%). Around one in ten (9%) Sefton clients had one or more children under 18 years old living with them at the time of their assessment, while 5% 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 Sefton DIP clients' current or most recent contact with the criminal justice system is shown in Figure 5. Around three in ten (29%) were Misuse of Drugs Act (MDA) offences, while 27% were offences categorised as 'other'. Theft - shoplifting accounted for 16%, followed by wounding or assault (9%) and burglary (8%). The proportion of offences categorised as 'other' has increased year on year, from 16% in 2015/16 to 27% in 2017/18, and is higher than the Merseyside average in 2017/18 (18%).

**Figure 5: Offence that prompted current or most recent DIP contact in Sefton, 2017/18 (n=364)**





## SUBSTANCE USE

In 2017/18, around half (49%) of DIP contacts in Sefton reported non-opiate drugs as their main substance, while 41% reported opiates and 10% reported alcohol. These proportions are similar to the Merseyside averages (non-opiates = 46%; opiates = 43%; alcohol = 10%). The proportion of Sefton clients with opiate drugs recorded as the main substance in 2017/18 is the same as the previous year, while there was a slight increase in non-opiate drugs and a slight decrease in alcohol.

Taking into account the main, second and third substances combined, as reported by Sefton DIP contacts in 2017/18, equal proportions reported to use heroin or cocaine (25% each), while 23% used crack (Figure 6). The proportions who used heroin and/or crack are the same as the Merseyside averages, while it is slightly higher for cocaine (Merseyside average = 22%). Furthermore, the proportion of Sefton DIP clients reporting heroin and/or crack have increased slightly when compared to previous years.

**Figure 6: Main, second and third substances combined, as used by DIP contacts in Sefton, 2017/18 (n=634)**

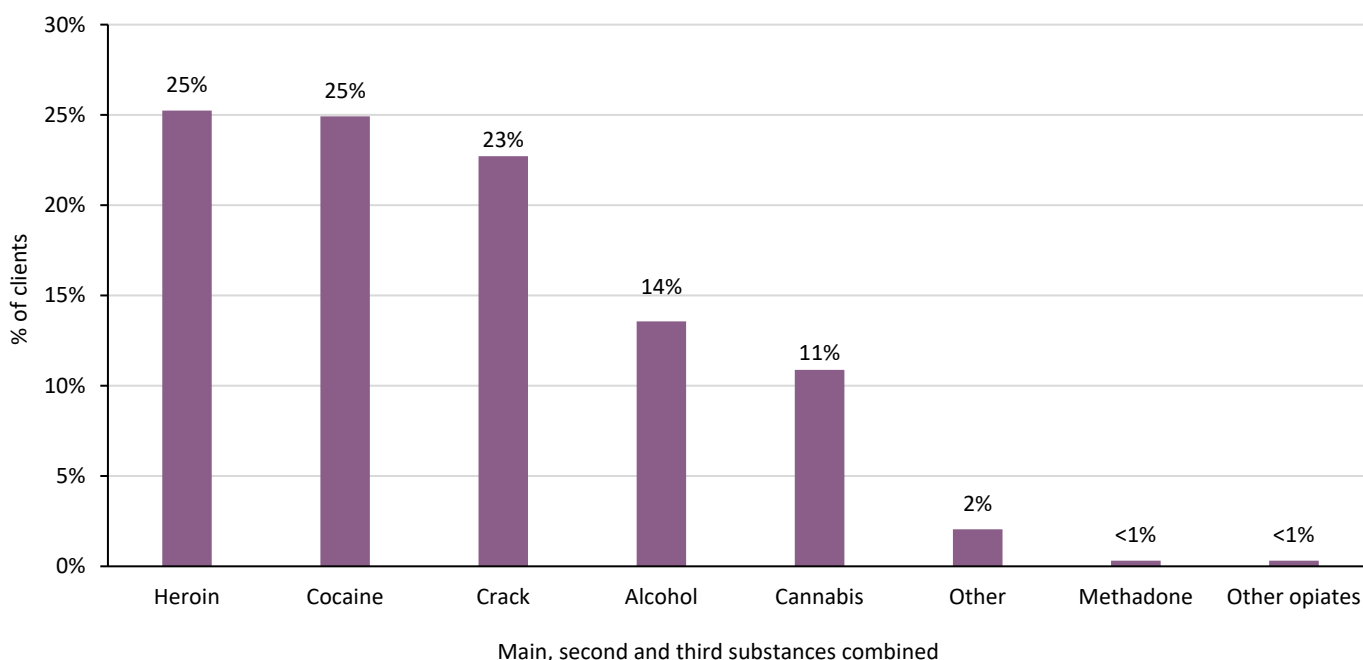


Table 2 shows the proportions of the main substance by gender. There was a larger proportion of cocaine use reported by men (42%) when compared to women (27%), while there were larger proportions of women who reported to use heroin or alcohol (48% and 15% respectively) when compared to men (39% and 9% respectively).

**Table 2: Main substance and gender of DIP contacts in Sefton, 2017/18 (n=365)**

Gender	Main substance at DIP assessment							
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other opiates	Other
<b>Men</b>	9%	8%	42%	2%	39%	<1%	1%	-
<b>Women</b>	15%	-	27%	8%	48%	-	-	2%

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 and larger proportions of alcohol and heroin use across the older age groups. Around seven in ten (69%) clients who reported cannabis as their main substance were aged 18-29 years, while 89% who reported cocaine as their main substance were aged 18-39 years. The majority of those who reported alcohol or heroin as their main substance were aged 30 years and over (85% and 88% respectively).

**Table 3: Main substance and age group of DIP contacts in Sefton, 2017/18 (n=365)**

Age group	Main substance at DIP assessment							
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other opiates	Other
18-24	9%	17%	24%	8%	4%	-	-	-
25-29	6%	52%	28%	17%	8%	100%	-	-
30-34	20%	4%	20%	8%	16%	-	-	-
35-39	14%	-	17%	17%	20%	-	100%	100%
40-44	20%	9%	6%	17%	19%	-	-	-
45-49	14%	9%	4%	17%	20%	-	-	-
50+	17%	9%	1%	17%	13%	-	-	-

The route of administration of clients’ main substance is shown in Figure 7. Around two-fifths (41%) smoked their main substance, followed by 38% who sniffed their main substance. In comparison, the averages for Merseyside reported a higher proportion who smoked their main substance (46%) and a lower proportion who sniffed their main substance (32%).

**Figure 7: Route of administration of the main substance used by DIP contacts in Sefton, 2017/18 (n=365)**

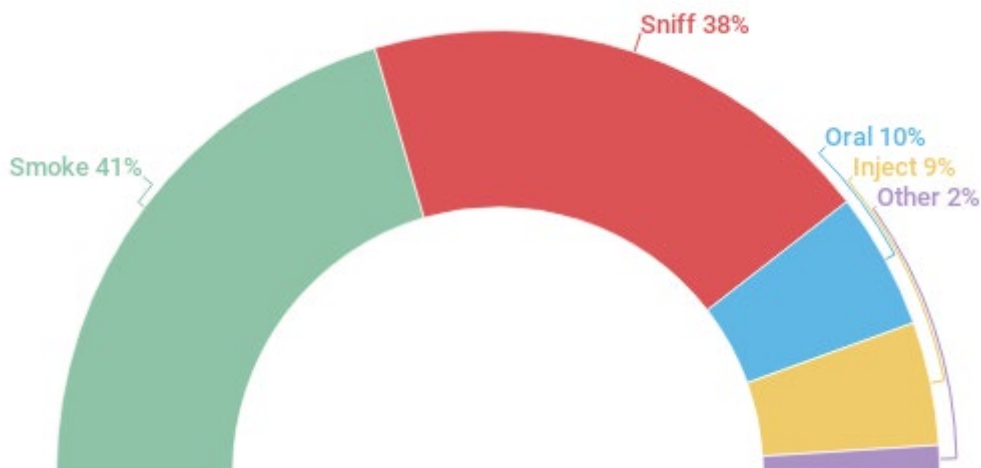
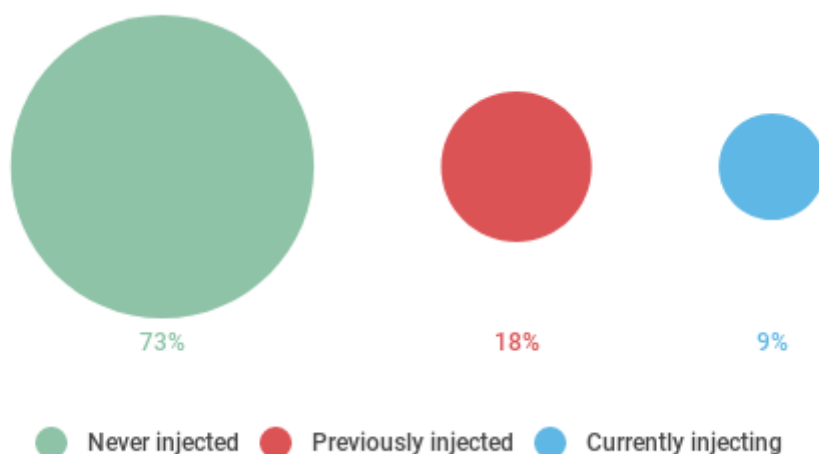


Figure 8 shows that just under three-quarters (73%) of DIP contacts in Sefton in 2017/18 stated that they had never injected, while 18% had previously injected but were not currently and 9% were currently injecting. These proportions are similar to the Merseyside averages.

**Figure 8: Injecting status of DIP contacts in Sefton, 2017/18 (n=342)**

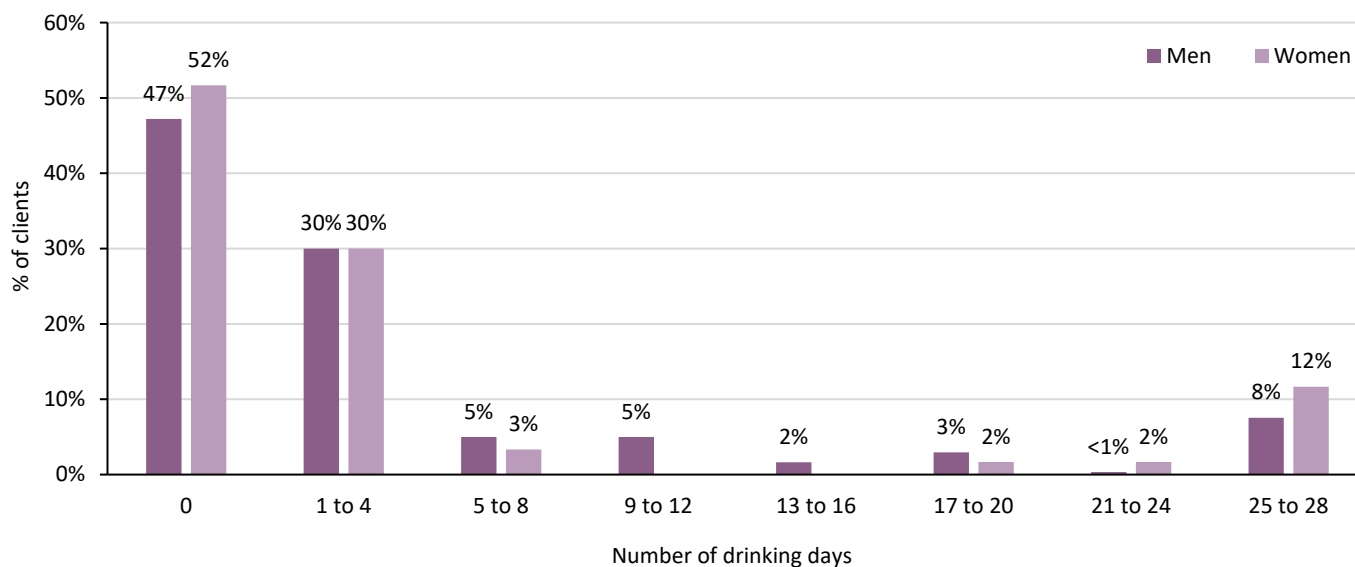


## ALCOHOL USE

Figure 9 shows the number of days alcohol was consumed by Sefton clients in the 28 days prior to their DIP assessment. Just under half (47%) of men consumed no alcohol in the 28 days prior to their assessment, while 30% reported consuming alcohol between one and four days. The proportion of men in Sefton who reported not drinking in the 28 days prior to their DIP assessment has increased year on year from 40% in 2015/16 to 47% in 2017/18; however this is below the Merseyside average for 2017/18 (54%).

For women, more than half (52%) consumed no alcohol in the 28 days prior to their assessment, 30% consumed alcohol between one and four days, and 12% between 25 and 28 days. Compared to the previous year, the proportion of women in Sefton who reported not drinking or drinking between one and four days in the 28 days prior to their DIP assessment increased in 2017/18, while it decreased for women drinking between 25 to 28 days. The proportion of women in 2017/18 who did not drink alcohol is just below the Merseyside average (59%).

**Figure 9: Number of drinking days for DIP contacts in Sefton, 2017/18 (men=305; women=60)**



The daily average number of units of alcohol consumed by Sefton clients in the 28 days prior to assessment are shown in Figure 10. For men, 22% consumed 7-15 units of alcohol daily and 14% consumed 16-24 units. These proportions are slightly higher than the Merseyside averages (17% and 12% respectively).

For women, 22% consumed 7-15 units of alcohol daily, 13% consumed 1-6 units and 12% consumed 16-24 units. These proportions are higher than the Merseyside averages (16%, 6% and 11% respectively), although to varying degrees.

**Figure 10: Number of units of alcohol (daily average) consumed by DIP contacts in Sefton, 2017/18 (men=305; women=60)**

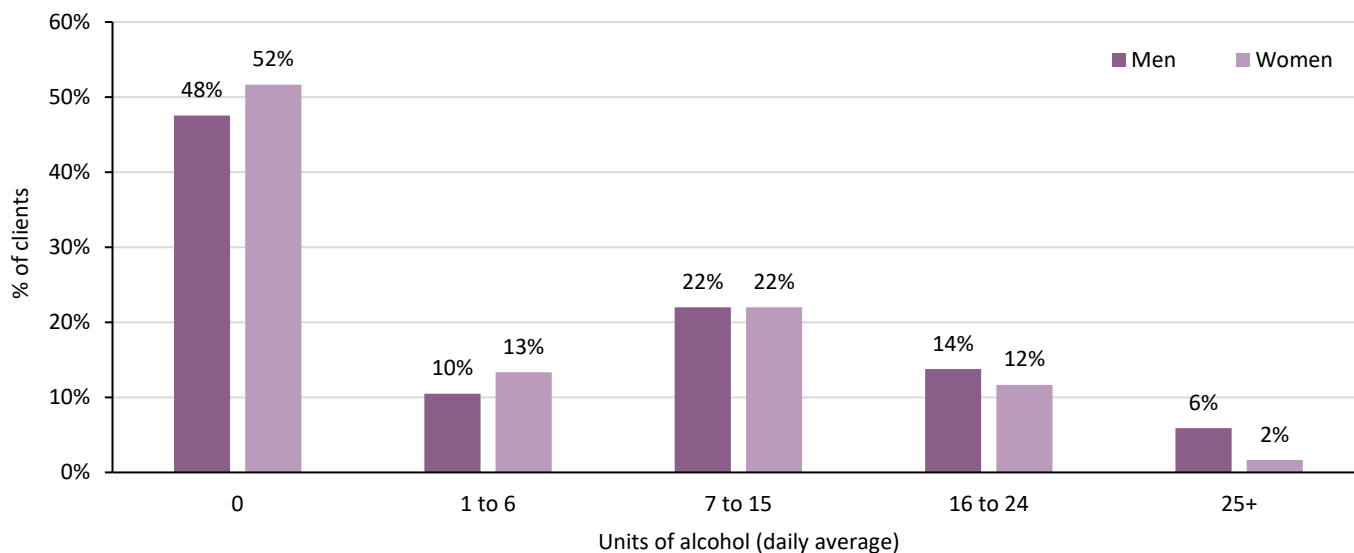
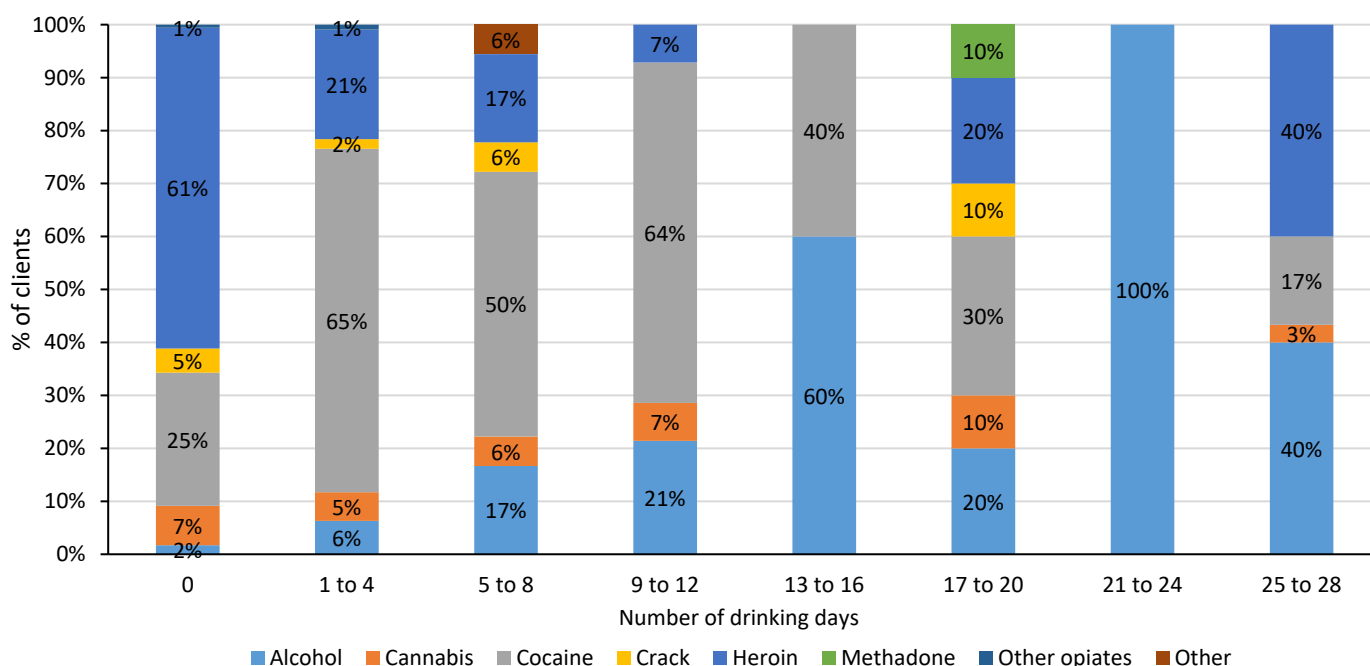


Figure 11 shows the main substance and the number of days alcohol was consumed by DIP contacts in Sefton in the 28 days prior to their assessment. For clients who did not drink in the 28 days prior to their assessment, around three in five (61%) reported heroin as their main substance, followed by 25% who reported cocaine. Cocaine accounted for the largest proportions for clients who drank one to four days (65%), five to eight days (50%), nine to 12 days (64%) and 17 to 20 days (30%). Alcohol accounted for 60% of clients who drank 13 to 16 days and all clients who drank 21 to 24 days. Alcohol and heroin each accounted for 40% of clients who drank 25 to 28 days.

**Figure 11: Main substance and number of drinking days for DIP contacts in Sefton, 2017/18 (n=365)**



## 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 Sefton 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 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 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).
- Sefton 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 Sefton, 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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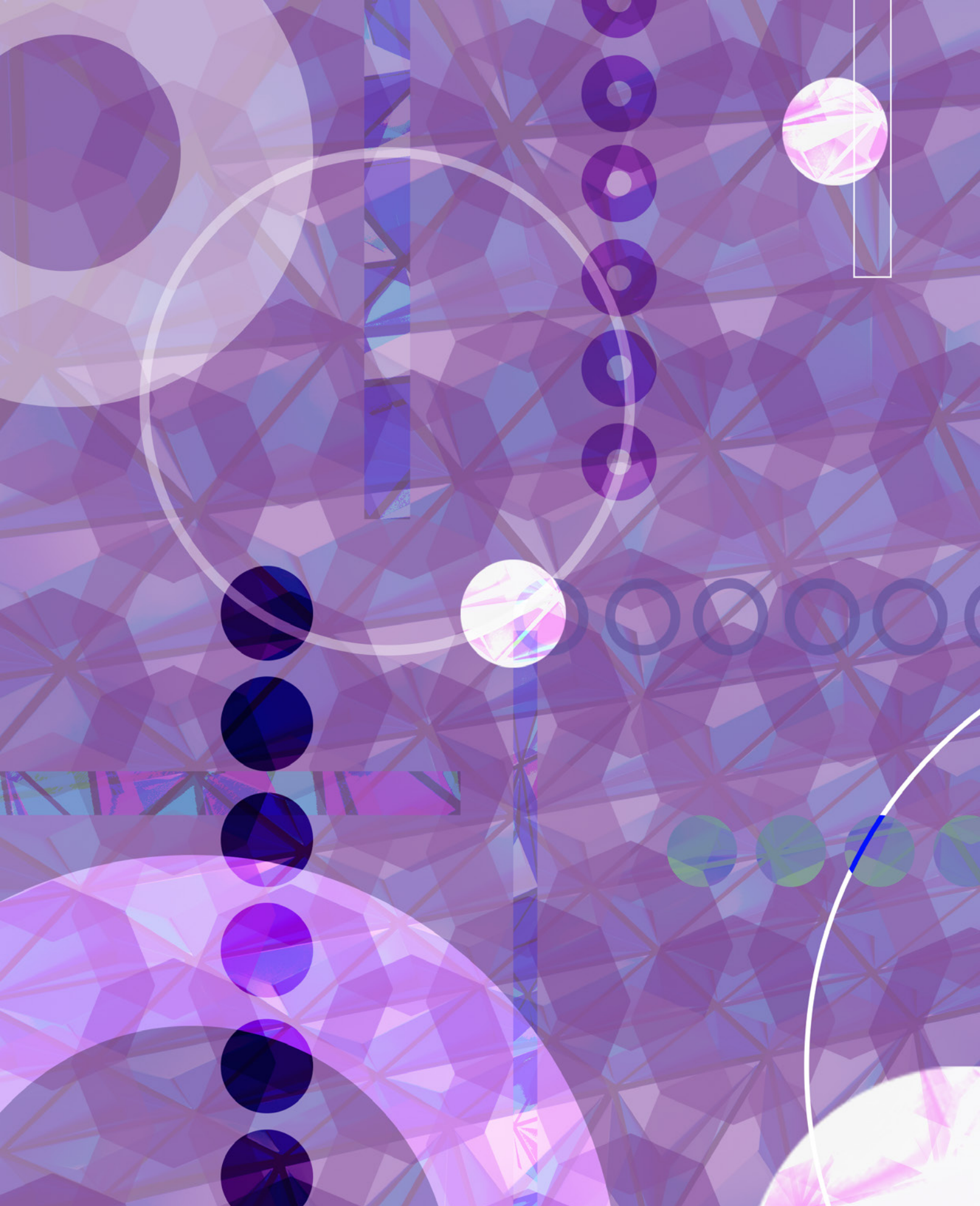
## ACKNOWLEDGEMENTS

With thanks to Ambition Sefton 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, and to Howard Reed for his help in proof reading this report.

Details to accompany Figure 1<sup>6</sup>

<b>Other criminal justice routes</b>	<b>80</b>
Required by offender management scheme/DRR/ATR/IOM	36
Requested by offender manager (post DRR/ATR)	18
Other	18
Voluntary - other	8
<b>Successful transfers from prison</b>	<b>&lt;60</b>
HMP Liverpool	34
HMP Styal	10
HMP unknown	5
HMP Altcourse	***
HMP Hindley	***
HMP Kirkham	***
HMP Leeds	***
HMP Manchester	***
HMP Onley	***
HMP Wymott	***
<b>Transfers not completed from prison</b>	<b>***</b>
HMP Altcourse	***
HMP Liverpool	***
HMP Styal	***
<b>Transfers to another CJIT or prison</b>	<b>65</b>
St Helens CJIT	26
Liverpool CJIT	20
Knowsley CJIT	7
HMP Liverpool	***
HMP Styal	***
Bolton CJIT	***
Doncaster CJIT	***
Lancashire CJIT	***
Manchester CJIT	***
Warrington CJIT	***
Wigan CJIT	***

<sup>6</sup> DRR = Drug Rehabilitation Requirement; ATR = Alcohol Treatment Requirement; IOM = Integrated Offender Management.



**DIP**

