

Treatment Outcomes for DIP Clients in Merseyside (January - December 2011)

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EXECUTIVE SUMMARY

The Drug Interventions Programme's (DIP) main objective is to identify and engage with drug users in the criminal justice system in order to channel them into appropriate treatment services. In line with research evidence it is assumed that if this treatment is effective it will result in reduced drug use and therefore reduced offending. This research aimed to investigate outcomes for DIP clients referred to treatment (between 1st January and 30th June 2011) through the combination of DIP and National Drug Treatment Monitoring System (NDTMS) data (including Treatment Outcome Profiles).

Key Findings

- Rates of attendance in structured drug treatment after a DIP referral were generally high although variation across areas suggests the potential for sharing of best practice (operational and data management).
- Findings are influenced by the substantial differences between areas in the operational and monitoring approaches employed with regards to non-opiate and crack using DIP clients (non-OCU) and decisions about their referral to structured treatment.
- Non-OCU were much more likely than opiate and crack users (OCU) to have a successful exit from treatment. OCU are likely to be responsible for a higher volume of crime and therefore work to address lower rates of success among this group should be considered.
- Findings suggest there are issues with treatment providers understanding and appropriate use of NDTMS discharge codes which may be leading to the recording of poorer performance than is actually the case.
- In general, OCU spent longer in treatment than their non-OCU counterparts but length of time engaged was not necessarily associated with better outcomes and there was considerable variation across Merseyside.
- Most areas saw improvements on at least some measures of drug use and well being with indications better for non-OCU than for OCU. Substantial variations in reported outcomes across areas suggest considerable scope for the sharing of best practice.
- In general, and in contrast to previous evidence, treatment outcomes did not vary as a product of a client's successful or unsuccessful treatment completion.

There is evidence of good practice in most areas across Merseyside in terms of DIP clients' initial engagement in structured treatment, treatment completion and outcomes. Whilst the evidence is strong for non-OCU it is less so for OCU (those likely to present with the most challenging issues and be responsible for a greater volume of crime). There are exceptions, with some areas seeing a number of positive outcomes with both groups, suggesting there are benefits to be had from sharing learning around both treatment delivery and data management across the county.

1.0 INTRODUCTION

The 2010/11 British Crime Survey (BCS) estimated that 3.3% of adults aged between 16 and 59 years old in England and Wales have used a Class A drug in the last year (Smith & Flatley, 2011). The main drugs used by this age group were cocaine (any) (2.2%), ecstasy (1.4%) and opiates (0.2%). In 2009/10 there were an estimated 306,150 opiate and crack users (OCU's) in England and around 50,343 in the North West region, just over 16% of the national figure (Hay et al, 2011).

Structured Drug Treatment

The National Treatment Agency (NTA) was set up by the government in 2001 to increase the availability, capacity and effectiveness of drug treatment in England. Models of Care (NTA, 2002, 2006 update) set out to provide national guidance on the commissioning and provision of this drug treatment for adults, including the division of treatment into four tiers. This approach has been reviewed to complement the most recent Drugs Strategy (Home Office, 2010a) and as a result the Building Recovery in Communities (BRIC) framework has been developed (NTA, 2011a).

Of the four tiers of drug treatment, tiers 3 (structured community-based drug treatment services) and 4 (residential and inpatient services for drug and alcohol misusers) are collectively referred to as structured drug treatment. According to NTA guidelines, structured drug treatment follows a client's assessment and is delivered in accordance with a care plan, outlining clear goals that are reviewed regularly. These treatments may run concurrently or in a sequential order (NTA, 2010a). Data on structured drug treatment are collected from all drug treatment agencies in England via NDTMS and it is this data that is the focus of this report.

There is much international research available to support the effectiveness of treatment accessed by drug misusing clients. The Australian Treatment Outcomes Study (ATOS) interviewed clients one year after receiving opiate treatment. It found notable reductions in drug use, criminality, psychopathology and injecting behaviour (Teesson et al, 2005). In the United States, the Drug Abuse Treatment Outcomes Studies (DATOS) reported reductions in the number of weekly heroin and cocaine users, as well as a reduction in illegal activity among those who accessed outpatient methadone treatment. In addition, among those who accessed long-term residential treatment, reductions in numbers of weekly cocaine users, those who drank alcohol at problematic levels, those who were unemployed and those who were involved in illegal activity were also reported (Franey et al, 2002).

In the UK, the largest study on drug treatment outcomes, the National Treatment Outcome Research Study (NTORS) highlighted that clients who had a five year follow up interview reported an increase in abstinence from illicit drugs and a decrease in the frequency of their drug use and crime as well as improvements in their health (Gossop et al, 2001). More recently in England, findings from the Drug Treatment Outcomes Research Study (DTORS) demonstrated reductions in the harmful behaviours associated with problem drug use (injecting, sharing injecting equipment, overdose risk, and poly-substance use) and offending as well as improvements in social functioning (Jones et al, 2009).

TOP

The NTA have developed the Treatment Outcome Profile (TOP) which has been incorporated into the drug treatment system in England since 2007. This is a one page, 20 item measure, that focuses on substance use, injecting risk behaviour and crime as well as health and social functioning. It is completed when a client starts treatment, at regular treatment review stages and when a client exits treatment. This measurement tool has been psychometrically evaluated and has appropriate levels of reliability and validity with a completion rate target set by the NTA (NTA, 2011b).

Drug Interventions Programme

DIP is an initiative set up by the Home Office in 2003 with an overarching aim to break the cycle of drug misuse and crime and as a result reduce acquisitive crime in communities within England and Wales. The most recent drug strategy, Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life, embraces the concept of DIP in assisting with the strategy's aims to support drug using offenders and encourage them to access treatment and recovery whilst in contact with the criminal justice system (CJS) (Home Office, 2010a). DIP represents an important engagement opportunity as many of the clients assessed under the programme can be some of the most difficult to reach problematic drug users (Home Office, 2010b). DIP itself is a multi agency initiative incorporating the police, the Crown Prosecution Service, probation, the Prison service and drug treatment agencies who collaborate to direct Class A drug misusing offenders towards treatment. These treatments and services represent a holistic support system and include harm reduction interventions and overdose management as well as other more generic services relating to housing, health, independent living, managing finances, developing new social support networks and rebuilding relationships with families (Home Office, 2009). Although DIP's traditional focus was on directing opiate and crack misusers into treatment, DIP has also been used as a tool to direct powder cocaine misusers towards suitable stimulant treatments.

The DTORS report (Jones et al, 2009) highlighted that the CJS is a valid route through which clients can receive drug treatment and achieve positive outcomes; between 1996 and 2006 there was an increase in the number of referrals for structured treatment via the CJS. It also indicated that of the 35% of treatment seekers who were referred from the CJS, 17% came from the DIP route. Furthermore the data indicated that CJS referrals were more likely to start a treatment modality compared to non-CJS referrals and both groups demonstrated similar levels of retention once engaged in treatment with few differences in outcomes for the two groups.

Factors Associated with Treatment Outcomes

There are many factors associated with positive and negative treatment outcomes for clients who engage in treatment for their drug use. Teesson et al (2005) and Gossop et al (1999, 2001) highlight how the length of time a client spends in treatment can have a positive impact on their treatment outcome. A report by Beynon et al (2008) which focused on a cohort in the North West of England highlighted that of those in treatment, 74.8% were retained for 12 weeks or more. The report also

warned that in the UK factors that may influence a client to remain in treatment are poorly understood due to lack of research.

The NTA is aware that client retention in treatment can be challenging and may result in unsuccessful discharges and as a result have put guidelines in place to encourage a higher rate of planned outcomes (NTA, 2009). Levels of planned and unplanned discharges are scrutinised by the NTA with treatment reports filtered down to local level regularly. An NDTMS report that focused on the North West of England indicated that of clients who had a discharge reason recorded in 2009/10, 41% had a planned discharge (NTA, 2011c).

A study by Hser et al (2004) reported that being older, male and being involved in the criminal justice system were positively linked with either longer treatment retention or treatment completion. In contrast to this however, Beynon et al (2006) indicated that gender and age group were not significantly related to whether clients dropped out of treatment or were discharged drug free from treatment in Cheshire and Merseyside. In general younger clients were more likely to drop out of treatment and clients were significantly more likely to drop out of treatment if they had been referred via the criminal justice system compared to other referral routes.

Becker and Duffy (2002) commented that female problematic drug users have some specific issues which contribute to poor outcomes:

- Pregnancy and child care
- Sex working – “Women engaging in sex-for-money or sex-for-drugs exchanges are likely to be at greater risks of both negative health and social consequences”
- Sexual health needs, including unwanted pregnancy and sexually transmitted infections
- Past experience of sexual and physical abuse
- Mental health needs

More recently, a report by the NTA (2010b) highlighted that females were proportionally well represented in treatment, more inclined to seek treatment, better at engaging in treatment and tended to have better outcomes from treatment than men. The report indicated that within the previous four years the number of women who successfully completed their treatment drug free had doubled and the number of women who were reported as having dropped out of treatment had almost halved. Although drug treatment remains a male dominated environment, the services on offer to women do tend to reflect their complex requirements.

Bates and Duffy (2009) reported that of the clients who were engaged in DIP in Merseyside, those who had committed Misuse of Drugs Act (MDA) offences were more likely to complete their period of DIP case management. This was in contrast to clients who had committed theft and burglary offences who were less likely to complete their treatment. The authors suggest this may reflect that contrasting nature of the drug use of those clients committing MDA offences (powder cocaine users) and those committing acquisitive crime (opiate and crack users (OCU)).

Beynon et al (2008) highlighted that opiate use was not significantly associated with treatment outcomes, with alcohol being the only substance in the study that was significantly associated with outcomes. Bates and Duffy (2009) highlighted that DIP clients in Merseyside whose main drug was powder cocaine were more likely to complete their treatment compared to their opiate using counterparts and heroin using clients were generally engaged in treatment for a longer period of time compared to a low level cocaine user.

Bates and Duffy (2009) also reported that DIP clients who were in more settled accommodation were only slightly more likely to complete their treatment compared to those in temporary accommodation. However Jones et al (2009) highlighted that problems with accommodation are one of the main potential triggers for relapse for treatment seekers. Unemployment has also been linked to negative outcomes for DIP clients (Bates and Duffy, 2009).

The aim of this report is to investigate treatment outcomes for DIP clients, specifically those who were referred to structured drug treatment as part of their DIP care plan. The report examines the relationship between treatment outcomes, time in treatment and a selection of client characteristics. By highlighting groups of clients for whom treatment outcomes are less positive, treatment providers will gain insight into client groups in need of greater attention or more robust engagement procedures. This information would help to ensure such individuals remain in contact with treatment resulting in the most successful treatment outcomes possible. Findings are presented separately for OCU and non-OCU in order to provide a more detailed understanding for each of these groups.

2.0 METHODOLOGY

Data used for this report included clients referred to structured drug treatment (tier 3 or 4 only) on DIR forms (section 9.4) and Activity forms (sections 3.5, 5.3 and 6.4) between 1st January and 30th June 2011. Where clients had more than one referral recorded, only the earliest referral was included in the analysis. Data were removed for non-Merseyside residents. Each of the five Merseyside areas (Knowsley DAT, Liverpool DAAT, Sefton DAT, St Helens DAT and Wirral DAAT) were analysed separately.

The NDTMS data set included clients engaged in structured drug treatment between 1st January and 31st December 2011 in order to provide a minimum of six months of treatment data post DIP referral.

Comparison of characteristics of clients engaging in treatment and those not

DIP referral data were matched to NDTMS data by client attributor (initials, date of birth and gender) and D(A)AT of residence. Referrals with a triage date recorded on NDTMS within 28 days of the referral date from DIP were considered to have engaged in structured treatment (this complies with the Home Office business rules for DIP performance monitoring). This produced two groups – clients who engaged in structured drug treatment and clients who did not. The characteristics of these groups were compared (age, gender, offending, drug use, injecting status, accommodation and employment). Statistical testing was undertaken to determine associations between referral outcomes and client characteristics (Chi Square tests) and differences between referral outcomes groups (unrelated t-tests). Data for this analysis were taken from DIR and Activity forms. Data regarding offending, drug use, injecting status, accommodation or employment is not collected on Activity forms and so could only be analysed for a sub-set of the cohort.

Comparison of characteristics of clients with a successful and unsuccessful treatment exit

Clients engaging in structured drug treatment were placed in three groups – those active, those with a successful exit and those with an unsuccessful exit from structured treatment recorded on NDTMS from 1st January up to and including the 31st of December 2011. This report focuses on treatment outcomes, as such only clients with a successful or unsuccessful treatment exit recorded within NDTMS were used for analysis. Unrelated t-tests, Mann Whitney tests and Chi Square tests for association were used to determine relationships between client characteristics upon entry to structured treatment, treatment journey outcomes and length of time retained in treatment. Client characteristics investigated included:

- Age
- Offending
- Injecting status
- Employment
- Gender
- Drug use
- Accommodation

For NDTMS purposes “the operational definition of a journey is that episodes are considered as linked elements of an ongoing treatment journey if they are concurrent, or if 21 days or less elapses between discharge from one episode and starting the next. If a period of more than 21 days elapses

after discharge from a treatment episode, then the next episode is considered to be the start of a new treatment journey” (NTA, 2010a).

In order to analyse the characteristics the data were re-coded as follows:

Characteristics	Re-code Groups	Source
Outcome	<p>Successful Exit: Treatment complete – drug free Treatment complete – occasional user</p> <p>Unsuccessful Exit: Incomplete – dropped out Incomplete – treatment withdrawn by provider Incomplete – retained in custody Incomplete – treatment commencement declined by the client Incomplete – client died Transferred – in custody (lack of prison data currently available to confirm attendance) Transferred – not in custody (No record of client engaging at another agency within the appropriate NTA timeframe of 21 days)</p>	NDTMS
Offending	<p>Acquisitive Offences: begging, burglary, going equipped, fraud, handling, possession with intent to supply, robbery, shoplifting, soliciting, supply, theft, theft – car</p> <p>Non-Acquisitive Offences: breach, criminal damage, domestic violence, firearms/weapons, motoring offences, possession, public order, warrant, wounding/assault</p>	DIR forms*
Drug Use (The substances the client initially presented with on their first treatment episode)	<p>OCU**: drug 1, 2, or 3 is heroin, methadone, opiates or crack</p> <p>Non OCU: drug 1, 2, or 3 is benzodiazepine, amphetamine, cocaine (excluding crack) hallucinogens, ecstasy, cannabis, solvents or barbiturates.</p>	NDTMS
Injecting status	<p>Currently injecting: injected within the previous 28 days</p> <p>Not currently injecting: previously injected, never injected</p>	NDTMS
Accommodation	<p>Settled: local authority (LA)/registered social landlord (RSL) rented, private rented, approved premises, supported housing/hostel, traveller, own property, settled with friends/family</p> <p>Non-settled: live on streets, use night shelter, sleep on different friends floor each night, staying with friends/family as a short term guest, night winter shelter, direct access short stay hostel, short term B&B or other hotel, squatting</p>	NDTMS
Employment	<p>Employed: regular employment, pupil/student</p> <p>Unemployed: economically inactive, unemployed</p>	NDTMS

*Clients who had their referral to structured drug treatment recorded on an Activity form did not have offence information available for analysis and therefore a reduced set was used for this section of the analysis.

**An individual is considered an OCU if they have stated opiates (heroin, methadone) and/or crack cocaine as their main, secondary or third drug at the first episode during their latest treatment journey.

Note: Episodes where alcohol is cited as the primary substance have been excluded from this report so will not be included in OCU figures irrespective of having opiates and/or crack cocaine as their second or third drug.

Examination of TOP data and impact of treatment exit on outcomes

Treatment Outcome Profile (TOP) data for clients engaging in structured treatment were analysed to investigate changes during a client's treatment journey in substance use, health and social functioning, accommodation status and education/employment status. TOP data on the following were analysed:

- the number of days drugs and alcohol were used in the previous four weeks
- ratings of clients' psychological health status using a 21 measure scale (0=poor and 20=Good)
- ratings of clients' physical health status using a 21 measure scale (0=poor and 20=Good)
- ratings of clients' overall quality of life using a 21 measure scale (0=poor and 20=Good)
- number of paid work days and/or the number of days attended college or school each week
- an indication of an acute housing problem or being at risk of eviction

In instances where treatment exit TOP data were not available (more likely for clients with unsuccessful discharge reasons) the last review TOP in their treatment journey was used. This TOP data are referred to as 'last TOP' throughout the rest of the report. Analysis was carried out to determine overall changes on the measures outlined above (Wilcoxon matched pairs test) and also to examine differences in the magnitude of changes between clients with a successful or unsuccessful exit from treatment (Mann-Whitney test).

Statistically significant values are marked (*) and reported under each table where applicable. In cases where this is not recorded, the findings were not statistically significant. Due to the small number of clients in some subgroups findings around changes in TOP outcomes should be treated with caution for some areas.

Data for OCU and non-OCU were analysed separately. In some instances clients who were non-OCU according to the three listed substances on NDTMS reported opiate or crack use on TOP data. Where this was the case, clients were coded as OCU for the analysis.

Due to the very low numbers of clients reporting any days in work or education the median value in Table 13 for each area are often 0. In order to better illustrate the variance in the numbers of days clients reported, the inter-quartile range has been included in brackets. Although this is the only table that has these figures reported, they can be provided for other tables on request if necessary.

3.0 Knowsley

3.1 Knowsley - Summary

- Of the 116 DIP referrals reported for Knowsley residents between 1st January and 30th June 2011, 82.8% engaged in structured drug treatment. As the number of clients who engaged was much larger than the number who did not engage, robust comparisons between the two groups are difficult.
- Whilst clients who engaged in structured drug treatment had a younger mean age than those who did not, this difference was not statistically significant.
- There were no significant associations between treatment engagement and gender, offence type, drug use type, injecting status, accommodation status or employment status.
- Of the 96 Knowsley residents who engaged in treatment, a quarter were OCU (25%) and three quarters were non-OCU (75%). By the 31st December 2011, 79.2% of OCU and 97.2% of non-OCU had exited treatment. Successful exits were more common among non-OCU (87.1% of all exits) than OCU (42.1% of all exits).
- For both OCU (87.5%) and non-OCU (91.8%) 'treatment complete – occasional user' was the most common successful exit reason. 'Transferred not in custody' (36.4%) and 'incomplete – dropped out' (36.4%) were the most common unsuccessful treatment exit reasons for OCU, whilst for non-OCU it was 'incomplete – dropped out' (55.6%).
- The only association between group characteristics and exit status seen was for accommodation status in the non-OCU group. However, this finding was a product of there only being a single person who was not in settled accommodation in this group.
- Spearman's correlations showed that there was no relationship between OCU clients' age and the length of time they were in treatment ($r_s = -0.118$, $N=19$) but that there was a significant relationship ($r_s = 0.316$, $N=70$, $P < 0.01$) between the age and length of time in treatment for non-OCU i.e. older clients spent longer in treatment.
- There were no significant differences in length of time in treatment when compared across gender, offence type, drug use, injecting status, accommodation status or employment status for OCU or non-OCU.
- Non-OCU with a successful treatment exit spent a significantly shorter period of time in treatment than those with an unsuccessful treatment exit.
- Of the 24 OCU who engaged in treatment, 91.7% had a start TOP completed and 86.4% of these had an exit or last TOP completed. Of the 72 non-OCU who engaged in treatment, 98.6% had a start TOP completed and 91.5% of these had an exit or last TOP completed.
- There was a significant reduction between the first and last TOP in the number of days in the previous four weeks on which cocaine was consumed among the non-OCU group. No significant changes were reported for any other substances, self-reported health (psychological health, physical health and overall quality of life), days in paid work or education. There were no significant changes across any of these domains for OCU. Very low

numbers of clients reported having an accommodation problem at their first and last TOP although numbers of OCU reporting an acute housing problem had reduced.

- Non-OCU with an unsuccessful treatment exit reported a significantly greater reduction than those with a successful exit in numbers of days on which alcohol was consumed.
- OCU with a successful treatment exit reported significantly lower improvements in overall quality of life than those with an unsuccessful exit.

3.2 Data Tables

Treatment Engagement

Table K1: Treatment Engagement of Knowsley Residents after Referral

Number of DIP Referrals	Number of DIP referrals that engaged	Number of DIP referrals that didn't engage
116	96 (82.8%)	20 (17.2%)

A Comparison of clients who engaged in treatment and those who didn't

Table K2: Knowsley Residents - Engagement Status - Age

Group	Mean Age	t-test Value
Engaged in Treatment (n=96)	33.6	-1.043
Not Engaged in Treatment (n=20)	36.0	

Table K3: Knowsley Residents - Engagement Status – Group Characteristics

Groups	Engaged in Treatment	Not Engaged in Treatment	Chi-Square Value
Male (n=106)	89 (84.0%)	17 (16.0%)	1.248
Female (n=10)	7 (70.0%)	3 (30.0%)	
Acquisitive Offences (n=71)	62 (87.3%)	9 (12.7%)	0.058
Non-Acquisitive Offences (n=10)	9 (90.0%)	1 (10.0%)	
OCU (n=12)	11 (91.7%)	1 (8.3%)	0.155
Non-OCU (n=65)	57 (87.7%)	8 (12.3%)	
Currently Injecting (n=0)			
Not Currently Injecting (n=80)	70 (87.5%)	10 (12.5%)	
Settled Accommodation (n=72)	62 (86.1%)	10 (13.9%)	1.426
Non-Settled Accommodation (n=9)	9 (100.0%)	0 (0.0%)	
Employed (n=27)	24 (88.9%)	3 (11.1%)	0.129
Unemployed (n=50)	43 (86.0%)	7 (14.0%)	

Treatment Exits

Table K4: Knowsley Residents - Treatment Status

Area	Active	Successful Exit	Unsuccessful Exit
Knowsley OCU (n=24)	5 (20.8%)	8 (33.3%)	11 (45.8%)
Knowsley Non-OCU (n=72)	2 (2.8%)	61 (84.7%)	9 (12.5%)

Table K5: Knowsley Residents – Treatment Exit Reasons

Treatment Exit Reasons	Number of OCU (n=8)	Number of Non-OCU (n=61)
Successful Exits:		
Treatment Complete		
Treatment Complete Drug Free	1 (12.5%)	5 (8.2%)
Treatment Complete – occasional user	7 (87.5%)	56 (91.8%)
Unsuccessful Exits:		
Incomplete – Client died		
Incomplete – Dropped Out	4 (36.4%)	5 (55.6%)
Incomplete – Retained in Custody		
Incomplete – Treatment commencement declined by client		
Incomplete – Treatment withdrawn by provider		
Transferred in Custody	3 (27.3%)	3 (33.3%)
Transferred not in Custody	4 (36.4%)	1 (11.1%)

Table K6: Knowsley Residents - Treatment Exit Status - Age

Age	Mean Age	t-test Value
OCU Successful Exit (n=8)	41.8	0.536
OCU Unsuccessful Exit (n=11)	39.6	
Non-OCU Successful Exit (n=61)	30.8	-0.894
Non-OCU Unsuccessful Exit (n=9)	33.7	

Table K7: Knowsley Residents - Treatment Exit Status – Group Characteristics

OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=16)	7 (43.8%)	9 (56.3%)	0.112
Female (n=3)	1 (33.3%)	2 (66.7%)	
Acquisitive Offences (n=9)	4 (44.4%)	5 (55.6%)	0.020
Non-Acquisitive Offences (n=2)	1 (50.0%)	1 (50.0%)	
OCU (n=19)	8 (42.1%)	11 (57.9%)	
Non-OCU (n=0)			
Currently Injecting (n=1)	0 (0.0%)	1 (100.0%)	0.768
Not Currently Injecting (n=18)	8 (44.4%)	10 (55.6%)	
Settled Accommodation (n=14)	6 (42.9%)	8 (57.1%)	0.562
Non-Settled Accommodation (n=3)	2 (66.7%)	1 (33.3%)	
Employed (n=1)	1 (100.0%)	0 (0.0%)	1.371
Unemployed (n=15)	6 (40.0%)	9 (60.0%)	
Non-OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=67)	58 (86.6%)	9 (13.4%)	0.462
Female (n=3)	3 (100.0%)	0 (0.0%)	
Acquisitive Offences (n=51)	44 (86.3%)	7 (13.7%)	1.093
Non-Acquisitive Offences (n=7)	7 (100.0%)	0 (0.0%)	
OCU (n=0)			
Non-OCU (n=70)	61 (87.1%)	9 (12.9%)	
Currently Injecting (n=0)			
Not Currently Injecting (n=68)	59 (86.8%)	9 (13.2%)	
Settled Accommodation (n=68)	60 (88.2%)	8 (11.8%)	6.765**
Non-Settled Accommodation (n=1)	0 (0.0%)	1 (100.0%)	
Employed (n=22)	19 (86.4%)	3 (13.6%)	0.096
Unemployed (n=36)	30 (83.3%)	6 (16.7%)	

**P<0.01

Length of Time in Treatment

Table K8: Knowsley Residents – Length of Time in Treatment – Group Characteristics

Groups	OCU Median days in Treatment	Z Value	Non-OCU Median days in Treatment	Z Value
Male	42.50 (n=16)	-0.112	47.00 (n=67)	-0.696
Female	40.00 (n=3)		55.00 (n=3)	
Acquisitive Offences	41.00 (n=9)	-0.236	46.00 (n=51)	-0.060
Non-Acquisitive Offences	60.00 (n=2)		61.00 (n=7)	
Currently Injecting	34.00 (n=1)	0.548		
Not Currently Injecting	42.50 (n=18)		47.50 (n=68)	
Settled Accommodation	42.50 (n=14)	-0.504	47.50 (n=68)	-1.356
Non-Settled Accommodation	39.00 (n=3)		114.00 (n=1)	
Employed	41.00 (n=1)	-0.108	61.50 (n=22)	-0.240
Unemployed	40.00 (n=15)		51.50 (n=36)	
TOTAL	41.00 (n=19)		47.50 (n=70)	-0.566

Treatment Exits v Time in Treatment

Table K9: Knowsley Residents - Treatment Exits by Time in Treatment

	Median days in treatment	Z Value
OCU Successful Exits (n=8)	45.00	-1.486
OCU Unsuccessful Exits (n=11)	34.00	
Non-OCU Successful Exits (n=61)	44.00	-2.782**
Non-OCU Unsuccessful Exits (n=9)	93.00	

**P<0.01

TOP Findings

Table K10: Knowsley Residents – TOP Completion

	Number of DIP referrals that engaged	Number of clients who engaged and completed a first TOP	Number of clients who engaged and completed a last TOP
OCU	24	22 (91.7%)	19 (86.4%)
Non-OCU	72	71 (98.6%)	65 (91.5%)

TOP Outcomes

Table K11: Knowsley Residents - TOP Outcomes – Substance Use

Substance Use	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=12)	6.0	15.0	-1.363
Opiates (n=12)	8.0	8.0	-0.59
Crack (n=11)	8.0	8.0	-0.681
Cocaine (n=5)	1.0	2.0	-0.736
Amphetamines (n=0)			
Cannabis (n=4)	0.0	28.0	-1.890
Other (n=4)	14.5	0.0	-1.105
Non-OCU			
Alcohol (n=59)	4.0	4.0	-1.143
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=59)	2.0	1.0	-2.693**
Amphetamines (n=1)	1.0	0.0	
Cannabis (n=15)	8.0	8.0	-0.210
Other (n=1)	28.0	0.0	

**P<0.01

Table K12: Knowsley Residents - TOP Outcomes – Health and Social Functioning

Health and Social Functioning	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=19)	13.00	14.00	-1.297
Physical Health (n=19)	14.00	15.00	-1.500
Overall Quality of Life (n=19)	14.00	16.00	-2.292
Non-OCU			
Psychological Health (n=65)	16.00	16.00	-0.284
Physical Health (n=65)	18.00	18.00	-0.908
Overall Quality of Life (n=65)	18.00	18.00	-0.685

Table K13: Knowsley Residents - TOP Outcomes – Education/Employment

Education/Employment	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=19)	0.0 (0)	0.0 (0)	-1.414
Days in College/School (n=19)	0.0 (0)	0.0 (0)	<0.001
Non-OCU			
Days in Paid Work (n=65)	0.0 (20)	0.0 (20)	-0.982
Days in College/School (n=65)	0.0 (0)	0.0 (0)	-0.447

Table K14: Knowsley Residents - TOP Outcomes – Accommodation

Accommodation	First TOP	Last TOP
OCU	(no. of clients)	(no. of clients)
Acute Housing Problem - Yes	4	2
At Risk of Eviction - Yes		1
Non-OCU		
Acute Housing Problem - Yes		1
At Risk of Eviction - Yes		

Comparison of TOP Outcomes for clients with a Successful and Unsuccessful Treatment Exit

Table K15: Knowsley Residents - TOP Outcomes by Treatment Exit – Substance Use

Substance Use	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=9)	0.0 (n=5)	1.0 (n=4)	-1.073
Opiates (n=9)	0.0 (n=3)	10.0 (n=6)	-0.659
Crack (n=8)	0.0 (n=4)	-0.5 (n=4)	<0.001
Cocaine (n=4)	0.0 (n=3)	16.0 (n=1)	-1.342
Amphetamines (n=0)			
Cannabis (n=3)		28.0 (n=3)	
Other (n=2)		-13.0 (n=2)	
Non-OCU			
Alcohol (n=58)	0.0 (n=52)	-0.5 (n=6)	-2.501*
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=58)	0.0 (n=52)	-0.5 (n=6)	-1.534
Amphetamines (n=1)	-1.0 (n=1)		
Cannabis (n=15)	0.0 (n=11)	0.0 (n=4)	<0.001
Other (n=1)	-28.0 (n=1)		

*P<0.05

Table K16: Knowsley Residents - TOP Outcomes by Treatment Exit – Health and Social Functioning

Health and Social Functioning	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=15)	0.0 (n=7)	-0.5 (n=8)	-0.896
Physical Health (n=15)	0.0 (n=7)	1.0 (n=8)	-0.122
Overall Quality of Life (n=15)	0.0 (n=7)	1.5 (n=8)	-2.700**
Non-OCU			
Psychological Health (n=64)	0.0 (n=58)	0.0 (n=6)	-0.983
Physical Health (n=64)	0.0 (n=58)	0.0 (n=6)	-0.776
Overall Quality of Life (n=64)	0.0 (n=58)	0.0 (n=6)	-1.008

**P<0.01

Table K17: Knowsley Residents - TOP Outcomes by Treatment Exit – Education/Employment

Education/Employment	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=15)	0.0 (n=7)	0.0 (n=8)	-0.988
Days in College/School (n=15)	0.0 (n=7)	0.0 (n=8)	<0.001
Non-OCU			
Days in Paid Work (n=64)	0.0 (n=58)	0.0 (n=6)	-0.315
Days in College/School (n=64)	0.0 (n=58)	0.0 (n=6)	<0.001

4.0 Liverpool

4.1 Liverpool - Summary

- Of the 299 DIP referrals reported for Liverpool residents between 1st January and 30th June 2011, 75.9% engaged in structured drug treatment. As the number of clients who engaged was much larger than the number who did not engage, robust comparisons between the two groups are difficult.
- There was a significant association between treatment engagement and gender with males more likely to engage in treatment than females.
- There were no significant associations between treatment engagement and offence type, drug use, injecting status, accommodation status or employment status.
- Of the 227 Liverpool residents who engaged in treatment, 87.2% were OCU and 12.8% were non-OCU. By the 31st December 2011, 83.8% of OCU and 96.6% of non-OCU had exited treatment. Successful exits were more common among non-OCU (53.6% of all exits) than OCU (5.4% of all exits).
- For both OCU and non-OCU, successful exit reasons were relatively evenly split between 'treatment complete drug free' and 'treatment complete - occasional user'. 'Transferred not in custody' was the most common unsuccessful exit reason for both groups (47.1% for OCU, 61.5% for non-OCU), suggesting a referral on to structured treatment that did not result in further contact.
- There was a significant association between treatment exit (successful/unsuccessful) and offending group for OCU, with acquisitive offenders being more likely to have unsuccessful exits (this was not the case for non-OCU). No other associations between exit type and group characteristics for either OCU or non-OCU were significant.
- Spearman's correlations showed there was no relationship between OCUs' age and the length of time they were in treatment ($r_s=0.071$, $N=166$) but that there was a significant relationship ($r_s=0.433$, $N=28$, $P<0.05$) between the age and length of time in treatment for non-OCU i.e. older clients spent longer in treatment.
- OCU spent significantly longer in treatment than their non-OCU counterparts.
- Of the 198 OCU who engaged in treatment, 86.4% had a start TOP completed and 73.7% of these had an exit or last TOP completed. Of the 29 non-OCU who engaged in treatment, 86.2% had a start TOP completed and 76.0% of these had an exit or last TOP completed.
- For OCU there was a significant increase between the first and last TOP in the number of days on which alcohol was consumed but a significant decrease in the number of days 'other drugs' were consumed. Self reported overall quality of life saw significant increases among OCU. There was also a substantial reduction in the number of OCU reporting having an acute housing problem. Among non OCU there were significant reductions in the number of days on which cocaine was used and significant increases in psychological and physical health and overall quality of life.

- There were no significant differences between clients with a successful exit and those with an unsuccessful exit in terms of changes in substance use, self-reported health (psychological health, physical health, quality of life), education or employment. This was the case for both OCU and non-OCU.

4.2 Data Tables

Treatment Engagement

Table L1: Treatment Engagement of Liverpool Residents after Referral

Number of DIP Referrals	Number of DIP referrals that engaged	Number of DIP referrals that didn't engage
299	227 (75.9%)	72 (24.1%)

A Comparison of clients who engaged in treatment and those who didn't

Table L2: Liverpool Residents - Engagement Status - Age

Group	Mean Age	t-test Value
Engaged in Treatment (n=227)	37.8	0.452
Not Engaged in Treatment (n=72)	37.4	

Table L3: Liverpool Residents - Engagement Status – Group Characteristics

Groups	Engaged in Treatment	Not Engaged in Treatment	Chi-Square Value
Male (n=233)	183 (78.5%)	50 (21.5%)	3.967*
Female (n=66)	44 (66.7%)	22 (33.3%)	
Acquisitive Offences (n=81)	71 (87.7%)	10 (12.3%)	3.600
Non-Acquisitive Offences (n=12)	8 (66.7%)	4 (33.3%)	
OCU (n=71)	62 (87.3%)	9 (12.7%)	0.065
Non-OCU (n=19)	17 (89.5%)	2 (10.5%)	
Currently Injecting (n=7)	6 (85.7%)	1 (14.3%)	0.002
Not Currently Injecting (n=87)	74 (85.1%)	3 (14.9%)	
Settled Accommodation (n=79)	67 (84.8%)	12 (15.2%)	0.517
Non-Settled Accommodation (n=13)	12 (92.3%)	1 (7.7%)	
Employed (n=8)	8 (100.0%)	0 (0.0%)	1.573
Unemployed (n=84)	70 (83.3%)	14 (15.2%)	

*P<0.05

Treatment Exits

Table L4: Liverpool Residents - Treatment Status

Area	Active	Successful Exit	Unsuccessful Exit
Liverpool OCU (n=198)	32 (16.2%)	9 (4.5%)	157 (79.3%)
Liverpool Non-OCU (n=29)	1 (3.4%)	15 (51.7%)	13 (44.8%)

Table L5: Liverpool Residents – Treatment Exit Reasons

Treatment Exit Reasons	Number of OCU (n=9)	Number of Non-OCU (n=15)
Successful Exits:		
Treatment Complete		
Treatment Complete Drug Free	5 (55.6%)	6 (40.0%)
Treatment Complete – occasional user	4 (44.4%)	9 (60.0%)
Unsuccessful Exits:		
Incomplete – Client died		
Incomplete – Dropped Out	41 (26.1%)	4 (30.8%)
Incomplete – Retained in Custody		1 (7.7%)
Incomplete – Treatment commencement declined by client		
Incomplete – Treatment withdrawn by provider	4 (2.5%)	
Transferred in Custody	38 (24.2%)	
Transferred not in Custody	74 (47.1%)	8 (61.5%)

Table L6: Liverpool Residents - Treatment Exit Status - Age

Age	Mean Age	t-test Value
OCU Successful Exit (n=9)	39.67	0.351
OCU Unsuccessful Exit (n=157)	38.80	
Non-OCU Successful Exit (n=15)	29.60	-0.438
Non-OCU Unsuccessful Exit (n=13)	31.15	

Table L7: Liverpool Residents - Treatment Exit Status – Group Characteristics

OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=135)	8 (5.9%)	127 (94.1%)	0.358
Female (n=31)	1 (3.2%)	30 (96.8%)	
Acquisitive Offences (n=53)	2 (3.8%)	51 (96.2%)	4.893*
Non-Acquisitive Offences (n=3)	1 (33.3%)	2 (66.7%)	
OCU (n=166)	9 (5.4%)	157 (94.6%)	
Non-OCU (n=0)			
Currently Injecting (n=11)	1 (9.1%)	10 (90.9%)	0.260
Not Currently Injecting (n=148)	8 (5.4%)	140 (94.6%)	
Settled Accommodation (n=144)	8 (5.6%)	136 (94.4%)	0.010
Non-Settled Accommodation (n=20)	1 (5.0%)	19 (95.0%)	
Employed (n=3)		3 (100.0%)	0.155
Unemployed (n=142)	7 (4.9%)	135 (95.1)	
Non-OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=23)	14 (60.9%)	9 (39.1%)	2.758
Female (n=5)	1 (20.0%)	4 (80.0%)	
Acquisitive Offences (n=12)	6 (50.0%)	6 (50.0%)	2.500
Non-Acquisitive Offences (n=3)	0 (0.0%)	3 (100.0%)	
OCU (n=0)			
Non-OCU (n=28)	15 (53.6%)	13 (46.4%)	
Currently Injecting (n=1)	0 (0.0%)	1 (100.0%)	1.197
Not Currently Injecting (n=27)	15 (55.6%)	12 (44.4%)	
Settled Accommodation (n=27)	15 (55.6%)	12 (44.4%)	1.197
Non-Settled Accommodation (n=1)	0 (0.0%)	1 (100.0%)	
Employed (n=6)	3 (50.0%)	3 (50.0%)	0.069
Unemployed (n=16)	9 (56.3%)	7 (43.8%)	

* P<0.05

Length of Time in Treatment

Table L8: Liverpool Residents – Length of Time in Treatment – Group Characteristics

Groups	OCU Median days in Treatment	Z Value	Non-OCU Median days in Treatment	Z Value
Male	97.00 (n=135)	-0.172	21.00 (n=23)	-1.140
Female	87.00 (n=31)		65.00 (n=5)	
Acquisitive Offences	50.00 (n=53)	-0.291	26.00 (n=12)	-0.145
Non-Acquisitive Offences	75.00 (n=3)		18.00 (n=3)	
Currently Injecting	103.00 (n=11)	-0.652	237.00 (n=1)	-1.672
Not Currently Injecting	85.50 (n=148)		31.00 (n=27)	
Settled Accommodation	85.50 (n=144)	-0.817	35.00 (n=27)	-0.062
Non-Settled Accommodation	114.50 (n=20)		31.00 (n=1)	
Employed	69.00 (n=3)	-0.014	40.50 (n=6)	-0.074
Unemployed	103.00 (n=142)		26.00 (n=16)	
TOTAL	95.00 (n=163)		33.00 (n=31)	-2.654**

**P<0.01

Treatment Exits v Time in Treatment

Table L9: Liverpool Residents - Treatment Exits by Time in Treatment

	Median days in treatment	Z Value
OCU Successful Exits (n=9)	84.00	-.128
OCU Unsuccessful Exits (n=157)	96.00	
Non-OCU Successful Exits (n=15)	21.00	-1.429
Non-OCU Unsuccessful Exits (n=13)	46.00	

TOP Findings

Table L10: Liverpool Residents – TOP Completion

	Number of DIP referrals that engaged	Number of clients who engaged and completed a first TOP	Number of clients who engaged and completed a last TOP
OCU	198	171 (86.4%)	126 (73.7%)
Non-OCU	29	25 (86.2%)	19 (76.0%)

TOP Outcomes

Table L11: Liverpool Residents - TOP Outcomes – Substance Use

Substance Use	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=73)	8.6	13.5	-2.718**
Opiates (n=85)	12.2	10.8	-0.863
Crack (n=58)	9.3	8.7	-0.823
Cocaine (n=12)	2.4	2.1	-0.590
Amphetamines (n=1)	7.0	0.0	
Cannabis (n=25)	13.3	9.2	-0.999
Other (n=21)	18.3	6.71	-2.392*
Non-OCU			
Alcohol (n=11)	5.2	5.6	-0.509
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=12)	2.8	1.3	-2.226*
Amphetamines (n=0)			
Cannabis (n=6)	25.3	14.3	-1.633
Other (n=0)			

*P<0.05, **p<0.01

Table L12: Liverpool Residents - TOP Outcomes – Health and Social Functioning

Health and Social Functioning	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=126)	12.00	13.00	-1.437
Physical Health (n=126)	13.50	14.00	-0.855
Overall Quality of Life (n=125)	12.00	14.00	-2.041*
Non-OCU			
Psychological Health (n=19)	10.00	16.00	-3.416**
Physical Health (n=19)	13.00	15.00	-2.328*
Overall Quality of Life (n=18)	13.50	16.50	-3.157**

*P<0.05; **P<0.01

Table L13: Liverpool Residents - TOP Outcomes – Education/Employment

Education/Employment	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=124)	0.0 (0)	0.0 (0)	-1.471
Days in College/School (n=124)	0.0 (0)	0.0 (0)	-1.000
Non-OCU			
Days in Paid Work (n=19)	0.0 (0)	0.0 (0)	-1.841
Days in College/School (n=19)	0.0 (0)	0.0 (0)	-1.000

Table L14: Liverpool Residents - TOP Outcomes – Accommodation

Accommodation	First TOP	Last TOP
OCU	(no. of clients)	(no. of clients)
Acute Housing Problem - Yes	17	8
At Risk of Eviction - Yes	9	2
Non-OCU		
Acute Housing Problem - Yes	2	1
At Risk of Eviction - Yes	1	

Comparison of TOP Outcomes for clients with a Successful and Unsuccessful Treatment Exit

Table L15: Liverpool Residents - TOP Outcomes by Treatment Exit – Substance Use

Substance Use	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=56)	-2.0 (n=3)	0.0 (n=53)	-0.164
Opiates (n=71)	-8.5 (n=6)	0.0 (n=65)	-1.667
Crack (n=48)	-5.0 (n=4)	0.0 (n=44)	-0.918
Cocaine (n=10)	-8.0 (n=1)	1.0 (n=9)	-1.405
Amphetamines (n=1)		-7.0 (n=1)	
Cannabis (n=15)	8.0 (n=1)	-12.0 (n=14)	-0.698
Other (n=16)	-28.0 (n=1)	-28.0 (n=15)	-0.749
Non-OCU			
Alcohol (n=11)	0.0 (n=8)	0.0 (n=3)	-0.104
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=12)	0.0 (n=8)	-2.0 (n=4)	-1.371
Amphetamines (n=0)			
Cannabis (n=6)	-5.0 (n=6)		
Other (n=0)			

Table L16: Liverpool Residents - TOP Outcomes by Treatment Exit – Health and Social Functioning

Health and Social Functioning	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=99)	2.0 (n=6)	1.0 (n=93)	-0.559
Physical Health (n=99)	2.0 (n=6)	0.0 (n=93)	-1.188
Overall Quality of Life (n=98)	2.0 (n=6)	1.0 (n=92)	-0.870
Non-OCU			
Psychological Health (n=19)	3.0 (n=15)	3.0 (n=4)	-0.151
Physical Health (n=19)	3.0 (n=15)	1.0 (n=4)	-1.265
Overall Quality of Life (n=18)	3.0 (n=14)	4.5 (n=4)	-0.918

*P<0.05

Table L17: Liverpool I Residents - TOP Outcomes by Treatment Exit – Education/Employment

Education/Employment	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=97)	0.0 (n=6)	0.0 (n=91)	-1.471
Days in College/School (n=97)	0.0(n=6)	0.0 (n=91)	-0.257
Non-OCU			
Days in Paid Work (n=19)	0.0 (n=15)	0.0 (n=4)	-0.421
Days in College/School (n=19)	0.0 (n=15)	0.0 (n=4)	-1.936

5.0 Sefton

5.1 Sefton - Summary

- Of the 212 DIP referrals reported for Sefton residents between 1st January and 30th June 2011, 92.5% engaged in structured drug treatment. As the number of clients who engaged was much larger than the number who did not engage, robust comparisons between the two groups are difficult.
- There were no significant associations between treatment engagement and offence type, drug use, injecting status, accommodation status or employment status.
- Of the 196 Sefton residents who engaged in treatment, 36.7% were OCU and 63.3% were non-OCU. By the 31st December 2011, 81.9% of OCU and 98.4% of non-OCU had exited treatment. Successful exits were more common among non-OCU (96.7% of all exits) than OCU (18.6% of all exits).
- For both OCU and non-OCU the most common successful exit reason was 'treatment complete drug free'. For OCU there were a large proportion of unsuccessful treatment exits with the reason 'Transferred not in custody', suggesting a referral on to structured treatment that did not result in further contact.
- Non-OCU with a successful treatment exit were significantly younger than their counterparts with an unsuccessful exit.
- There were no significant associations between exit type (successful/unsuccessful) and group characteristics (gender, offence type, injecting status, accommodation status, employment status) for OCU or non-OCU.
- Spearman's correlations showed that there was no relationship between clients' age and the length of time they were in treatment for either OCU ($r_s=0.011$, $N=59$) or non-OCU ($r_s=-0.019$, $N=122$).
- OCU spent significantly longer in treatment than their non-OCU counterparts.
- Of the 72 OCU who engaged in treatment, 66.7% had a start TOP completed and 85.4% of these had an exit or last TOP completed. Of the 124 non-OCU who engaged in treatment, 99.2% had a start TOP completed and 99.2% of these had an exit or last TOP completed.
- For OCU there was a significant decrease between the first and last TOP in the number of days on which crack and opiates were consumed. Among non-OCU there were significant reductions in the number of days on which alcohol, cocaine and cannabis were used and significant increases in psychological and physical health and overall quality of life. Numbers of days in paid work also increased significantly among non-OCU.
- OCU with a successful treatment exit reported significantly larger reductions in alcohol consumption and increases in self reported physical and psychological health than their counterparts with unsuccessful exits.

5.2 Data Tables

Treatment Engagement

Table S1: Treatment Engagement of Sefton Residents after Referral

Number of DIP Referrals	Number of DIP referrals that engaged	Number of DIP referrals that didn't engage
212	196 (92.5%)	16 (7.5%)

A Comparison of clients who engaged in treatment and those who didn't

Table S2: Sefton Residents - Engagement Status - Age

Group	Mean Age	t-test Value
Engaged in Treatment (n=196)	31.6	0.032
Not Engaged in Treatment (n=16)	31.5	

Table S3: Sefton Residents - Engagement Status – Group Characteristics

Groups	Engaged in Treatment	Not Engaged in Treatment	Chi-Square Value
Male (n=183)	170 (92.9%)	13 (7.1%)	0.377
Female (n=29)	26 (89.7%)	3 (10.3%)	
Acquisitive Offences (n=140)	130 (92.9%)	10 (7.1%)	0.037
Non-Acquisitive Offences (n=17)	16 (94.1%)	1 (5.9%)	
OCU (n=39)	34 (87.2%)	5 (12.8%)	2.692
Non-OCU (n=118)	112 (94.9%)	6 (5.1%)	
Currently Injecting (n=3)	3 (100.0%)	0 (0.0%)	0.230
Not Currently Injecting (n=154)	143 (92.9%)	11 (7.1%)	
Settled Accommodation (n=131)	121 (92.4%)	10 (7.6%)	1.878
Non-Settled Accommodation (n=23)	23 (100.0%)	0 (0.0%)	
Employed (n=60)	54 (90.0%)	6 (10.0%)	1.786
Unemployed (n=90)	86 (95.6%)	4 (4.4%)	

Treatment Exits

Table S4: Sefton Residents - Treatment Status

Area	Active	Successful Exit	Unsuccessful Exit
Sefton OCU (n=72)	13 (18.1%)	11 (15.3%)	48 (66.7%)
Sefton Non-OCU (n=124)	2 (1.6%)	118 (95.2%)	4 (3.2%)

Table S5: Sefton Residents – Treatment Exit Reasons

Treatment Exit Reasons	Number of OCU (n=11)	Number of Non-OCU (n=118)
Successful Exits:		
Treatment Complete		
Treatment Complete Drug Free	11 (100.0%)	95 (80.5%)
Treatment Complete – occasional user		23 (19.5%)
Unsuccessful Exits:	(n=48)	(n=4)
Incomplete – Client died		
Incomplete – Dropped Out		
Incomplete – Retained in Custody		
Incomplete – Treatment commencement declined by client		
Incomplete – Treatment withdrawn by provider		
Transferred in Custody	11 (22.9%)	3 (75.0%)
Transferred not in Custody	37 (77.1%)	1 (25.0%)

Table S6: Sefton Residents - Treatment Exit Status - Age

Age	Mean Age	t-test Value
OCU Successful Exit (n=11)	38.7	0.164
OCU Unsuccessful Exit (n=48)	38.3	
Non-OCU Successful Exit (n=118)	27.4	-2.804**
Non-OCU Unsuccessful Exit (n=4)	37.3	

**P<0.01

Table S7: Sefton Residents - Treatment Exit Status – Group Characteristics

OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=46)	10 (21.7%)	36 (78.3%)	1.318
Female (n=13)	1 (7.7%)	12 (92.3%)	
Acquisitive Offences (n=27)	6 (22.2%)	21 (77.8%)	0.283
Non-Acquisitive Offences (n=1)	0 (0.0%)	1 (100.0%)	
OCU (n=59)	11 (18.6%)	48 (81.4%)	
Non-OCU (n=0)			
Currently Injecting (n=1)	0 (0.0%)	1 (100.0%)	0.233
Not Currently Injecting (n=58)	11 (19.0%)	47 (81.0%)	
Settled Accommodation (n=45)	10 (22.2%)	35 (77.8%)	1.601
Non-Settled Accommodation (n=14)	1 (7.1%)	13 (92.9%)	
Employed (n=2)	0 (0.0%)	2 (100.0%)	0.485
Unemployed (n=56)	11 (19.6%)	45 (80.4%)	
Non-OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=115)	111 (96.5%)	4 (3.5%)	0.252
Female (n=7)	7 (100.0%)	0 (0.0%)	
Acquisitive Offences (n=97)	95 (97.9%)	2 (2.1%)	0.315
Non-Acquisitive Offences (n=15)	15 (100.0%)	0 (0.0%)	
OCU (n=0)			
Non-OCU (n=122)	118 (96.7%)	4 (3.3%)	
Currently Injecting (n=0)			
Not Currently Injecting (n=122)	118 (96.7%)	4 (3.3%)	
Settled Accommodation (n=105)	102 (97.1%)	3 (2.9%)	0.422
Non-Settled Accommodation (n=17)	16 (94.1%)	1 (5.9%)	
Employed (n=47)	47 (100.0%)	0 (0.0%)	2.664
Unemployed (n=73)	69 (94.5%)	4 (5.5%)	

Length of Time in Treatment

Table S8: Sefton Residents – Length of Time in Treatment – Group Characteristics

Groups	OCU Median days in Treatment	Z Value	Non-OCU Median days in Treatment	Z Value
Male	57.00 (n=46)	-0.238	27.00 (n=115)	-1.378
Female	69.00 (n=13)		36.00 (n=7)	
Acquisitive Offences	29.00 (n=27)	-0.186	27.00 (n=97)	-0.629
Non-Acquisitive Offences	35.00 (n=1)		27.00 (n=15)	
Currently Injecting	107.00 (n=1)	-0.764		
Not Currently Injecting	57.00 (n=58)		27.00 (n=122)	
Settled Accommodation	60.00 (n=45)	-0.713	27.00 (n=105)	-0.337
Non-Settled Accommodation	38.50 (n=14)		27.00 (n=17)	
Employed	31.00 (n=2)	-1.172	27.00 (n=47)	-0.509
Unemployed	59.00 (n=56)		27.00 (n=73)	
TOTAL	58.00 (n=59)		27.00 (n=122)	-5.567***

***P<0.001

Treatment Exits v Time in Treatment

Table S9: Sefton Residents - Treatment Exits by Time in Treatment

	Median days in treatment	Z Value
OCU Successful Exits (n=11)	41.00	-1.441
OCU Unsuccessful Exits (n=48)	65.50	
Non-OCU Successful Exits (n=118)	27.00	-0.144
Non-OCU Unsuccessful Exits (n=4)	51.50	

TOP Findings

Table S10: Sefton Residents – TOP Completion

	Number of DIP referrals that engaged	Number of clients who engaged and completed a first TOP	Number of clients who engaged and completed a last TOP
OCU	72	48 (66.7%)	41 (85.4%)
Non-OCU	124	123 (99.2%)	122 (99.2%)

TOP Outcomes

Table S11: Sefton Residents - TOP Outcomes – Substance Use

Substance Use	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=26)	28.0	12.0	-1.615
Opiates (n=32)	9.5	0.0	-3.273**
Crack (n=23)	10.	0.0	-2.669**
Cocaine (n=4)	1.0	0.0	-0.736
Amphetamines (n=1)	2.0	0.0	
Cannabis (n=16)	6.0	7.5	-0.70
Other (n=2)	0.0	16.0	-1.342
Non-OCU			
Alcohol (n=94)	4.0	2.0	-5.613***
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=118)	2.0	0.0	-8.731***
Amphetamines (n=2)	5.0	0.0	-1.342
Cannabis (n=35)	28.0	1.0	-3.897***
Other (n=4)	1.0	0.0	-1.890

P<0.01, *P<0.001

Table S12: Sefton Residents - TOP Outcomes – Health and Social Functioning

Health and Social Functioning	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=41)	9.0	10.0	-1.868
Physical Health (n=41)	10.0	11.0	-2.378
Overall Quality of Life (n=41)	9.0	10.0	-2.169
Non-OCU			
Psychological Health (n=122)	12.0	17.5	-8.017***
Physical Health (n=122)	13.5	18.0	-7.894***
Overall Quality of Life (n=122)	13.0	18.0	-8.030***

***P<0.001

Table S13: Sefton Residents - TOP Outcomes – Education/Employment

Education/Employment	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=41)	0.0 (0)	0.0 (0)	-0.674
Days in College/School (n=41)	0.0 (0)	0.0 (0)	-1.000
Non-OCU			
Days in Paid Work (n=122)	0.0 (20)	10.0 (20)	-3.029**
Days in College/School (n=122)	0.0 (0)	0.0 (0)	-0.813

**p<0.01

Table S14: Sefton Residents - TOP Outcomes – Accommodation

Accommodation	First TOP	Last TOP
OCU	(no. of clients)	(no. of clients)
Acute Housing Problem - Yes	8	7
At Risk of Eviction - Yes	5	4
Non-OCU		
Acute Housing Problem - Yes	8	3
At Risk of Eviction - Yes	3	2

Comparison of TOP Outcomes for clients with a Successful and Unsuccessful Treatment Exit

Table S15: Sefton Residents - TOP Outcomes by Treatment Exit – Substance Use

Substance Use	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=20)	-15.0 (n=5)	0.0 (n=15)	-2.216*
Opiates (n=27)	-4.0 (n=7)	-8.0 (n=20)	-0.780
Crack (n=20)	-10.0 (n=5)	-4.0 (n=15)	-0.973
Cocaine (n=4)	-1.0 (n=1)	-1.0 (n=3)	0.000
Amphetamines (n=1)		-2.0 (n=1)	
Cannabis (n=12)	0.5 (n=2)	0.5 (n=10)	-0.219
Other (n=2)		16.0 (n=2)	
Non-OCU			
Alcohol (n=92)	-1.0 (n=90)	-14.0 (n=2)	-0.598
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=116)	-1.0 (n=115)	0.0 (n=1)	-1.548
Amphetamines (n=1)	-8.0 (n=1)		
Cannabis (n=34)	-12.0 (n=33)	-6.0 (n=1)	-0.261
Other (n=3)	-1.0 (n=3)		

*P<0.05

Table S16: Sefton Residents - TOP Outcomes by Treatment Exit – Health and Social Functioning

Health and Social Functioning	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=32)	4.5 (n=8)	1.0 (n=24)	-1.702
Physical Health (n=32)	4.5 (n=8)	1.0 (n=24)	-2.316*
Overall Quality of Life (n=32)	4.0 (n=8)	0.5 (n=32)	-2.051*
Non-OCU			
Psychological Health (n=120)	4.0 (n=118)	-1.0 (n=2)	-0.958
Physical Health (n=120)	3.0 (n=118)	-2.0 (n=2)	-0.775
Overall Quality of Life (n=120)	3.0 (n=118)	-3.5 (n=2)	-0.846

*P<0.05

Table S17: Sefton Residents - TOP Outcomes by Treatment Exit – Education/Employment

Education/Employment	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=32)	0.0 (n=8)	0.0 (n=24)	-1.032
Days in College/School (n=32)	0.0 (n=8)	0.0 (n=24)	-0.577
Non-OCU			
Days in Paid Work (n=120)	0.0 (n=118)	0.0 (n=2)	-0.379
Days in College/School (n=120)	0.0 (n=118)	0.0 (n=2)	-0.178

**P<0.01

6.0 St Helens

6.1 St Helens - Summary

- Of the 90 DIP referrals reported for St Helens residents between 1st January and 30th June 2011, 85.6% engaged in structured drug treatment. As the number of clients who engaged was much larger than the number who did not engage, robust comparisons between the two groups are difficult.
- There was a significant association between drug group (OCU/non-OCU) and engagement in treatment. OCU were more likely to engage in treatment than their non-OCU counterparts. However, this finding should be treated with caution as there were only 3 clients in this analysis who did not engage in treatment (all non-OCU). There were no associations between engagement and any other group characteristics.
- Of the 77 St Helens residents who engaged in treatment, 81.8% were OCU and 18.2% were non-OCU. By the 31st December 2011, 77.8% of OCU and 92.9% of non-OCU had exited treatment. Successful exits were more common among non-OCU (38.5% of all exits) than OCU (2.0% of all exits).
- For OCU 'Transferred not in custody' was the most common reason for an unsuccessful treatment exit, suggesting a referral on to structured treatment that did not result in further contact. All non-OCU who had an unsuccessful exit 'dropped out' of treatment.
- Due to low numbers of successful exits, in many cases comparisons could not be run between client characteristics and exit status (successful/unsuccessful). Comparisons that were run produced no significant findings.
- There were no significant associations between exit type (successful/unsuccessful) and group characteristics (gender, offence type, injecting status, accommodation status, employment status) for OCU or non-OCU.
- Spearman's correlations showed that there was no relationship between clients' age and the length of time they were in treatment for either OCU ($r_s=0.041$, $N=49$) or non-OCU ($r_s=-0.190$, $N=13$).
- Non-OCU with successful exits spent a significantly longer period of time in treatment than their counterparts with unsuccessful exits.
- Of the 63 OCU who engaged in treatment, 98.4% had a start TOP completed and 62.9% of these had an exit or last TOP completed. Of the 14 non-OCU who engaged in treatment, 92.9% had a start TOP completed and 53.8% of these had an exit or last TOP completed.
- Due to the low proportions of exit or last TOP completion, further analysis examining TOP outcome cannot be considered robust particularly for non-OCU. Analysis for OCU revealed significant changes on days in paid work only of the TOP domains examined.

6.2 Data Tables

Treatment Engagement

Table ST1: Treatment Engagement of St Helens Residents after Referral

Number of DIP Referrals	Number of DIP referrals that engaged	Number of DIP referrals that didn't engage
90	77 (85.6%)	13 (14.4%)

A Comparison of clients who engaged in treatment and those who didn't

Table ST2: St Helens Residents - Engagement Status - Age

Group	Mean Age	t-test Value
Engaged in Treatment (n=77)	33.58	-0.840
Not Engaged in Treatment (n=13)	35.64	

Table ST3: St Helens Residents - Engagement Status – Group Characteristics

Groups	Engaged in Treatment	Not Engaged in Treatment	Chi-Square Value
Male (n=73)	63 (86.3%)	10 (13.7%)	0.174
Female (n=17)	14 (82.4%)	3 (17.6%)	
Acquisitive Offences (n=50)	48 (96.0%)	2 (4.0%)	0.799
Non-Acquisitive Offences (n=9)	8 (88.9%)	1 (11.1%)	
OCU (n=42)	42 (100.0%)	0 (0.0%)	8.867**
Non-OCU (n=15)	12 (80.0%)	3 (20.0%)	
Currently Injecting (n=13)	13 (100.0%)	0 (0.0%)	0.893
Not Currently Injecting (n=46)	43 (93.5%)	3 (6.5%)	
Settled Accommodation (n=46)	45 (97.8%)	1 (2.2%)	3.665
Non-Settled Accommodation (n=13)	11 (84.6%)	2 (15.4%)	
Employed (n=8)	7 (87.5%)	1 (12.5%)	0.713
Unemployed (n=42)	40 (95.2%)	2 (4.8%)	

**p<0.01

Treatment Exits

Table ST4: St Helens Residents - Treatment Status

Area	Active	Successful Exit	Unsuccessful Exit
St Helens OCU (n=63)	12 (19.0%)	1 (1.6%)	50 (79.4%)
St Helens Non-OCU (n=14)	1 (7.1%)	5 (35.7%)	8 (57.1%)

Table ST5: St Helens Residents – Treatment Exit Reasons

Treatment Exit Reasons	Number of OCU (n=1)	Number of Non-OCU (n=5)
Successful Exits:		
Treatment Complete		
Treatment Complete Drug Free	1 (100.0%)	2 (40.0%)
Treatment Complete – occasional user		3 (60.0%)
Unsuccessful Exits:		
Incomplete – Client died	2 (4.0%)	
Incomplete – Dropped Out	14 (28.0%)	8 (100.0%)
Incomplete – Retained in Custody		
Incomplete – Treatment commencement declined by client		
Incomplete – Treatment withdrawn by provider		
Transferred in Custody	14 (28.0%)	
Transferred not in Custody	20 (40.0%)	

Table ST6: St Helens Residents - Treatment Exit Status - Age

Age	Mean Age	t-test Value
OCU Successful Exit (n=1)	35.00	0.039
OCU Unsuccessful Exit (n=50)	34.68	
Non-OCU Successful Exit (n=5)	27.60	-0.807
Non-OCU Unsuccessful Exit (n=8)	31.50	

Table ST7: St Helens Residents - Treatment Exit Status – Group Characteristics

OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=40)	1 (2.5%)	39 (97.5%)	0.280
Female (n=11)	0 (0.0%)	11 (100.0%)	
Acquisitive Offences (n=31)	1 (3.2%)	30 (96.8%)	0.133
Non-Acquisitive Offences (n=4)	0 (0.0%)	4 (100.0%)	
OCU (n=51)	1 (2.0%)	50 (98.0%)	
Non-OCU (n=0)			
Currently Injecting (n=9)	0 (0.0%)	9 (100.0%)	0.219
Not Currently Injecting (n=42)	1 (2.4%)	41 (97.6%)	
Settled Accommodation (n=41)	1 (2.4%)	40 (97.6%)	0.249
Non-Settled Accommodation (n=10)	0 (0.0%)	10 (100.0%)	
Employed (n=1)	0 (0.0%)	1 (100.0%)	0.021
Unemployed (n=49)	1 (2.0%)	48 (98.0%)	
Non-OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=13)	5 (38.5%)	8 (61.5%)	
Female (n=0)			
Acquisitive Offences (n=10)	3 (30.0%)	7 (70.0%)	0.300
Non-Acquisitive Offences (n=2)	1 (50.0%)	1 (50.0%)	
OCU (n=0)			
Non-OCU (n=13)	5 (38.5%)	8 (61.5%)	
Currently Injecting (n=2)	0 (0.0%)	2 (100.0%)	1.477
Not Currently Injecting (n=11)	5 (45.5%)	6 (54.5%)	
Settled Accommodation (n=13)	5 (38.5%)	8 (61.5%)	
Non-Settled Accommodation (n=0)			
Employed (n=5)	2 (40.0%)	3 (60.0%)	0.008
Unemployed (n=8)	3 (37.5%)	5 (62.5%)	

Length of Time in Treatment

Table ST8: St Helens Residents – Length of Time in Treatment – Group Characteristics

Groups	OCU Median days in Treatment	Z Value	Non-OCU Median days in Treatment	Z Value
Male	66.50 (n=40)	-1.432	62.00 (n=13)	
Female	29.00 (n=11)			
Acquisitive Offences	28.00 (n=31)	-0.519	45.00 (n=10)	-1.074
Non-Acquisitive Offences	85.50 (n=4)		195.00 (n=2)	
Currently Injecting	70.00 (n=9)	-0.037	192.50(n=2)	-1.184
Not Currently Injecting	53.50(n=42)		40.00 (n=11)	
Settled Accommodation	53.00 (n=41)	-0.190	62.00 (n=13)	
Non-Settled Accommodation	58.50 (n=10)			
Employed	1.00 (n=1)	0.111	62.00 (n=5)	-0.293
Unemployed	60.00 (n=49)		57.00 (n=8)	
Total	54.00 (n=51)		62.00 (n=13)	-0.415

Treatment Exits v Time in Treatment

Table ST9: St Helens Residents - Treatment Exits by Time in Treatment

	Median days in treatment	Z Value
OCU Successful Exits (n=1)	245.00	2.300*
OCU Unsuccessful Exits (n=50)	53.50	
Non-OCU Successful Exits (n=5)	131.00	-2.196*
Non-OCU Unsuccessful Exits (n=8)	25.00	

*P<0.05

TOP Findings

Table ST10: St Helens Residents – TOP Completion

	Number of DIP referrals that engaged	Number of clients who engaged and completed a first TOP	Number of clients who engaged and completed a last TOP
OCU	63	62 (98.4%)	39 (62.9%)
Non-OCU	14	13 (92.9%)	7 (53.8%)

TOP Outcomes

Table ST11: St Helens Residents - TOP Outcomes – Substance Use

Substance Use	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=26)	2.5	8.0	-0.867
Opiates (n=31)	12.0	4.0	-1.791
Crack (n=22)	2.0	1.5	-0.488
Cocaine (n=4)	0.5	0.5	-0.378
Amphetamines (n=0)			
Cannabis (n=10)	0.5	4.0	-1.175
Other (n=8)	0.5	0.5	-0.071
Non-OCU			
Alcohol (n=6)	1.5	2.5	-0.742
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=4)	1.5	2.0	-0.368
Amphetamines (n=1)	1.0	12.0	
Cannabis (n=2)	5.5	20.0	-1.342
Other (n=0)			

Table ST12: St Helens Residents - TOP Outcomes – Health and Social Functioning

Health and Social Functioning	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=39)	12.00	15.00	-0.510
Physical Health (n=39)	12.00	14.00	-1.418
Overall Quality of Life (n=39)	12.00	13.00	-0.795
Non-OCU			
Psychological Health (n=7)	14.00	17.00	-1.612
Physical Health (n=7)	16.00	17.00	-0.962
Overall Quality of Life (n=7)	14.00	15.00	-1.214

Table ST13: St Helens Residents - TOP Outcomes – Education/Employment

Education/Employment	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=37)	0.0 (0)	0.0 (0)	-1.761
Days in College/School (n=37)	0.0 (0)	0.0 (0)	-1.000
Non-OCU			
Days in Paid Work (n=7)	0.0 (16)	0.0 (18)	0.000
Days in College/School (n=7)	0.0 (0)	0.0 (0)	0.000

Table ST14: St Helens Residents - TOP Outcomes – Accommodation

Accommodation	First TOP	Last TOP
OCU	(no. of clients)	(no. of clients)
Acute Housing Problem - Yes	8	9
At Risk of Eviction - Yes	2	2
Non-OCU		
Acute Housing Problem - Yes		
At Risk of Eviction - Yes		

Comparison of TOP Outcomes for clients with a Successful and Unsuccessful Treatment Exit

Table ST15: St Helens Residents - TOP Outcomes by Treatment Exit – Substance Use

Substance Use	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=17)		3.0 (n=17)	
Opiates (n=22)		-2.5 (n=22)	
Crack (n=14)		2.0 (n=14)	
Cocaine (n=2)		1.0 (n=2)	
Amphetamines (n=0)			
Cannabis (n=9)	-12.0 (n=1)	4.0 (n=8)	-1.576
Other (n=5)	28.0 (n=1)	-2.0 (n=4)	-1.088
Non-OCU			
Alcohol (n=5)	-1.0 (n=5)		
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=4)	1.0 (n=3)	1.0 (n=4)	<0.001
Amphetamines (n=1)	11.0 (n=1)		
Cannabis (n=1)	27.0 (n=1)		
Other (n=0)			

Table ST16: St Helens Residents - TOP Outcomes by Treatment Exit – Health and Social Functioning

Health and Social Functioning	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=27)	-2.0 (n=1)	1.0 (n=26)	-0.644
Physical Health (n=27)	4.0 (n=1)	0.5 (n=26)	-0.839
Overall Quality of Life (n=27)	2.0 (n=1)	2.0 (n=26)	0.000
Non-OCU			
Psychological Health (n=6)	3.0 (n=5)	2.0 (n=1)	-0.594
Physical Health (n=6)	2.0 (n=5)	0.0 (n=1)	0.594
Overall Quality of Life (n=6)	0.0 (n=5)	3.0 (n=1)	-0.891

Table ST17: St Helens Residents - TOP Outcomes by Treatment Exit – Education/Employment

Education/Employment	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=26)	20.0 (n=1)	0.0 (n=25)	-3.464**
Days in College/School (n=26)	0.0 (n=1)	0.0 (n=25)	-0.200
Non-OCU			
Days in Paid Work (n=6)	0.0 (n=5)	-16.0 (n=1)	-1.555
Days in College/School (n=6)	0.0 (n=5)	0.0 (n=1)	<0.001

**P<0.01

7.0 Wirral

7.1 Wirral – Key Points

- Of the 99 DIP referrals reported for Wirral residents between 1st January and 30th June 2011, 89.9% engaged in structured drug treatment. As the number of clients who engaged was much larger than the number who did not engage, robust comparisons between the two groups are difficult.
- There were no significant associations between treatment engagement and offence type, drug use, injecting status, accommodation status or employment status.
- Of the 89 Wirral residents who engaged in treatment, 62.9% were OCU and 37.1% were non-OCU. By the 31st December 2011, 67.9% of OCU and 97.0% of non-OCU had exited treatment. Successful exits were more common among non-OCU (43.8% of all exits) than OCU (7.9% of all exits).
- For both OCU and Non-OCU, successful exit reasons were relatively evenly split between 'treatment complete drug free' and 'treatment complete - occasional user'. For OCU there were a large proportion of unsuccessful treatment exits with the reason 'Transferred not in custody', suggesting a referral on to structured treatment that did not result in further contact. For non-OCU 'transferred in custody' was the most common unsuccessful exit reason.
- Non-OCU with a successful treatment exit were significantly younger than their counterparts with an unsuccessful exit.
- There were no significant associations between exit type (successful/unsuccessful) and group characteristics (gender, offence type, injecting status, accommodation status, employment status) for OCU or non-OCU.
- Spearman's correlations showed that there was no relationship between clients' age and the length of time they were in treatment for either OCU ($r_s = -0.072$, $N=38$) or non-OCU ($r_s = 0.150$, $N=32$).
- OCU with unsuccessful exits spent significantly longer in treatment than their counterparts with successful exits.
- Of the 56 OCU who engaged in treatment, 98.2% had a start TOP completed and 83.6% of these had an exit or last TOP completed. Of the 33 non-OCU who engaged in treatment, 100.0% had a start TOP completed but only 57.6% of these had an exit or last TOP completed.
- For OCU there was a significant decrease between the first and last TOP in the number of days on which opiates were consumed. Among non-OCU there were significant reductions in the number of days on which cocaine and cannabis were used and significant increases in psychological and physical health and overall quality of life.
- There were generally no significant differences between clients with a successful exit and those with an unsuccessful exit in terms of changes in substance use, self-reported health (psychological health, physical health, quality of life) or employment. This was the case for both OCU and non-OCU. Findings did suggest a significantly greater reduction in days in

college/school among successfully exiting OCU than among those exiting unsuccessfully but as this finding was based on one individual it should not be considered robust.

7.2 Data Tables

Treatment Engagement

Table W1: Treatment Engagement of Wirral Residents after Referral

Number of DIP Referrals	Number of DIP referrals that engaged	Number of DIP referrals that didn't engage
99	89 (89.9%)	10 (10.1%)

A Comparison of clients who engaged in treatment and those who didn't

Table W2: Wirral Residents - Engagement Status - Age

Group	Mean Age	t-test Value
Engaged in Treatment (n=89)	35.3	-0.968
Not Engaged in Treatment (n=10)	38.2	

Table W3: Wirral Residents - Engagement Status – Group Characteristics

Groups	Engaged in Treatment	Not Engaged in Treatment	Chi-Square Value
Male (n=86)	77 (89.5%)	9 (10.5%)	0.096
Female (n=13)	12 (92.3%)	1 (7.7%)	
Acquisitive Offences (n=53)	51 (96.2%)	2 (3.8%)	1.856
Non-Acquisitive Offences (n=6)	5 (83.3%)	1 (16.7%)	
OCU (n=32)	30 (93.8%)	2 (6.3%)	0.197
Non-OCU (n=27)	26 (96.3%)	1 (3.7%)	
Currently Injecting (n=6)	6 (100.0%)	0 (0.0%)	0.351
Not Currently Injecting (n=54)	51 (94.4%)	3 (5.6%)	
Settled Accommodation (n=52)	50 (96.2%)	2 (3.8%)	1.093
Non-Settled Accommodation (n=8)	7 (87.5%)	1 (12.5%)	
Employed (n=11)	11 (100.0%)	0 (0.0%)	0.757
Unemployed (n=46)	43 (93.5%)	3 (6.5%)	

Treatment Exits

Table W4: Wirral Residents - Treatment Status

Area	Active	Successful Exit	Unsuccessful Exit
Wirral OCU (n=56)	18 (32.1%)	3 (5.4%)	35 (62.5%)
Wirral Non-OCU (n=33)	1 (3.0%)	14 (42.4%)	18 (54.5%)

Table W5: Wirral Residents – Treatment Exit Reasons

Treatment Exit Reasons	Number of OCU	Number of Non-OCU
Successful Exits:	(n=3)	(n=14)
Treatment Complete		
Treatment Complete Drug Free	1 (33.3%)	8 (57.1%)
Treatment Complete – occasional user	2 (66.7%)	6 (42.9%)
Unsuccessful Exits:	(n=35)	(n=18)
Incomplete – Client died		1 (5.6%)
Incomplete – Dropped Out	6 (17.1%)	3 (16.7%)
Incomplete – Retained in Custody	1 (2.9%)	
Incomplete – Treatment commencement declined by client	2 (5.7%)	3 (16.7%)
Incomplete – Treatment withdrawn by provider		
Transferred in Custody	12 (34.3%)	8 (44.4%)
Transferred not in Custody	14 (40.0%)	3 (16.7%)

Table W6: Wirral Residents - Treatment Exit Status - Age

Age	Mean Age	t-test Value
OCU Successful Exit (n=3)	33.7	-1.318
OCU Unsuccessful Exit (n=35)	39.5	
Non-OCU Successful Exit (n=14)	26.0	-2.288*
Non-OCU Unsuccessful Exit (n=18)	31.2	

*P<0.05

Table W7: Wirral Residents - Treatment Exit Status – Group Characteristics

OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=33)	2 (6.1%)	31 (93.9%)	1.160
Female (n=5)	1 (20.0%)	4 (80.0%)	
Acquisitive Offences (n=18)		18 (100.0%)	
Non-Acquisitive Offences (n=0)			
OCU (n=38)	3 (7.9%)	35 (92.1%)	
Non-OCU (n=0)			
Currently Injecting (n=6)	0 (0.0%)	6 (100.0%)	0.611
Not Currently Injecting (n=32)	3 (9.4%)	29 (90.6%)	
Settled Accommodation (n=34)	2 (5.9%)	32 (94.1%)	0.125
Non-Settled Accommodation (n=2)	0 (0.0%)	2 (100.0%)	
Employed (n=2)	0 (0.0%)	2 (100.0%)	0.083
Unemployed (n=25)	1 (4.0%)	24 (96.0%)	
Non-OCU Group	Successful Exit	Unsuccessful Exit	Chi-Square Value
Male (n=30)	14 (46.7%)	16 (53.3%)	1.659
Female (n=2)	0 (0.0%)	2 (100.0%)	
Acquisitive Offences (n=22)	9 (40.9%)	13 (59.1%)	0.115
Non-Acquisitive Offences (n=4)	2 (50.0%)	2 (50.0%)	
OCU (n=0)			
Non-OCU (n=32)	14 (43.8%)	18 (56.3%)	
Currently Injecting (n=0)			
Not Currently Injecting (n=32)	14 (43.8%)	18 (56.3%)	
Settled Accommodation (n=30)	14 (46.7%)	16 (53.3%)	1.659
Non-Settled Accommodation (n=2)	0 (0.0%)	2 (100.0%)	
Employed (n=8)	5 (62.5%)	3 (37.5%)	1.099
Unemployed (n=22)	9 (40.9%)	13 (59.1%)	

Length of Time in Treatment

Table W8: Wirral Residents – Length of Time in Treatment – Group Characteristics

Groups	OCU Median days in Treatment	Z Value	Non-OCU Median days in Treatment	Z Value
Male	128.00 (n=33)	-1.058	72.00 (n=30)	-0.701
Female	189.00 (n=5)		115.50 (n=2)	
Acquisitive Offences	145.50 (n=18)		72.50 (n=22)	-0.427
Non-Acquisitive Offences			72.00 (n=4)	
Currently Injecting	118.50 (n=6)	-0.040		
Not Currently Injecting	145.50 (n=32)		72.50 (n=32)	
Settled Accommodation	150.00 (n=34)	-1.658	67.50 (n=30)	-1.090
Non-Settled Accommodation	48.50 (n=2)		141.50 (n=2)	
Employed	156.00 (n=2)	-0.2780	103.00 (n=8)	-0.657
Unemployed	146.00 (n=25)		66.50 (n=22)	
TOTAL	136.50 (n=38)		72.50 (n=32)	-1.863

Treatment Exits v Time in Treatment

Table W9: Wirral Residents - Treatment Exits by Time in Treatment

	Median days in treatment	Z Value
OCU Successful Exits (n=3)	29.00	-2.084
OCU Unsuccessful Exits (n=35)	146.00	
Non-OCU Successful Exits (n=14)	92.00	-1.311*
Non-OCU Unsuccessful Exits (n=18)	72.50	

*P<0.05

TOP Findings

Table W10: Wirral Residents – TOP Completion

	Number of DIP referrals that engaged	Number of clients who engaged and completed a first TOP	Number of clients who engaged and completed a last TOP
OCU	56	55 (98.2%)	46 (83.6%)
Non-OCU	33	33 (100.0%)	19 (57.6%)

TOP Outcomes

Table W11: Wirral Residents - TOP Outcomes – Substance Use

Substance Use	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=19)	3.00	16.00	-1.562
Opiates (n=34)	14.00	1.00	-2.749**
Crack (n=22)	1.50	1.50	-0.575
Cocaine (n=3)	0.00	1.00	-0.816
Amphetamines (n=1)	28.00	0.00	
Cannabis (n=13)	4.00	1.00	-0.550
Other (n=27)	0.00	28.00	-1.356
Non-OCU			
Alcohol (n=9)	4.00	1.00	-1.379
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=5)	2.00	0.00	-2.041*
Amphetamines (n=0)			
Cannabis (n=10)	28.00	13.00	-2.389*
Other (n=2)	6.00	1.50	-0.447

*P<0.05; **P<0.01

Table W12: Wirral Residents - TOP Outcomes – Health and Social Functioning

Health and Social Functioning	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=45)	12.00	14.00	-0.436
Physical Health (n=46)	13.00	14.00	-0.484
Overall Quality of Life (n=46)	11.00	12.00	-1.154
Non-OCU			
Psychological Health (n=19)	14.00	17.00	-2.286*
Physical Health (n=19)	15.00	18.00	-2.704**
Overall Quality of Life (n=18)	15.00	16.00	-2.018*

*P<0.05; **P<0.01

Table W13: Wirral Residents - TOP Outcomes – Education/Employment

Education/Employment	Median Start TOP Value	Median Last TOP Value	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=25)	0.0 (0)	0.0 (0)	-1.342
Days in College/School (n=24)	0.0 (0)	0.0 (0)	-1.095
Non-OCU			
Days in Paid Work (n=13)	0.0 (18)	0.0 (14)	-0.365
Days in College/School (n=9)	0.0 (0)	0.0 (0)	<0.001

Table W14: Wirral Residents - TOP Outcomes – Accommodation

Accommodation	First TOP	Last TOP
OCU	(no. of clients)	(no. of clients)
Acute Housing Problem - Yes	7	7
At Risk of Eviction - Yes	4	2
Non-OCU		
Acute Housing Problem - Yes	3	
At Risk of Eviction - Yes	1	

Comparison of TOP Outcomes for clients with a Successful and Unsuccessful Treatment Exit

Table W15: Wirral Residents - TOP Outcomes by Treatment Exit – Substance Use

Substance Use	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Alcohol (n=12)	3.00 (n=1)	3.00 (n=11)	<0.001
Opiates (n=20)	-1.00 (n=1)	0.00 (n=19)	-0.349
Crack (n=15)		0.00 (n=15)	
Cocaine (n=2)		0.50 (n=2)	
Amphetamines (n=1)		-28.00 (n=1)	
Cannabis (n=10)		-1.50 (n=10)	
Other (n=17)	-28.00 (n=1)	-5.00 (n=16)	-1.174
Non-OCU			
Alcohol (n=9)	-4.00 (n=6)	1.00 (n=3)	-0.813
Opiates (n=0)			
Crack (n=0)			
Cocaine (n=5)	-2.00 (n=5)		
Amphetamines (n=0)			
Cannabis (n=9)	-8.00 (n=7)	-7.50 (n=2)	-0.296
Other (n=2)	2.00 (n=1)	-11.00 (n=1)	-1.000

Table W16: Wirral Residents - TOP Outcomes by Treatment Exit – Health and Social Functioning

Health and Social Functioning	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(Self-rating scale 1-20)	(Self-rating scale 1-20)	
Psychological Health (n=27)	0.00 (n=2)	0.00 (n=25)	-0.280
Physical Health (n=27)	1.50 (n=2)	0.00 (n=25)	-0.654
Overall Quality of Life (n=27)	1.50 (n=2)	1.0 (n=25)	-0.093
Non-OCU			
Psychological Health (n=18)	2.00 (n=14)	1.00 (n=4)	-1.180
Physical Health (n=18)	1.50 (n=14)	3.50 (n=4)	-0.706
Overall Quality of Life (n=17)	2.00 (n=13)	1.00 (n=4)	-0.917

Table W17: Wirral Residents - TOP Outcomes by Treatment Exit – Education/Employment

Education/Employment	Median Difference Successful Exit	Median Difference Unsuccessful Exit	Z Value
OCU	(no. of days)	(no. of days)	
Days in Paid Work (n=11)		0.00 (n=11)	
Days in College/School (n=11)	-8.00 (n=1)	0.00 (n=10)	-2.011*
Non-OCU			
Days in Paid Work (n=12)	0.00 (n=10)	-5.50 (n=2)	-0.895
Days in College/School (n=8)	0.00 (n=7)	0.00 (n=1)	<0.001

*P<0.05

8.0 Discussion and Conclusion

The aim of this work was to investigate treatment outcomes for DIP clients referred to structured drug treatment as part of their DIP care plan. The report examines the relationship between treatment outcomes, time in treatment and a selection of client characteristics. The following section summarises key points from the analysis along with resulting recommendations.

DIP referrals to treatment

Rates of attendance in structured drug treatment after a DIP referral varied across areas but were generally high. Engagement was highest in Sefton (92.5%) and lowest in Liverpool (75.9%) with Wirral and Liverpool seeing increases in engagement rates compared to the previous release of this report (Howarth et al, 2011). Lower levels of engagement in certain areas may suggest either issues with ensuring engagement in treatment within the approved time frame (28 days) or that the recording of the client's attendance at treatment wasn't adequate at the time the data for this report was produced.

Recommendation

All teams should have robust protocols in place for actions taken when a client does not attend for their initial treatment appointment post DIP referral, including the use of outreach.

Recommendation

Liverpool's rate of attendance is lower than that of other areas. As data used in this report is historical, Liverpool should ascertain whether this continues to be the case and if so determine whether clients' actual rate of non-attendance at treatment continues to be high or if inadequate recording of treatment attendances is the problem. As other areas in Merseyside have higher rates of attendance, best practice examples could be sought from colleagues in these areas as to monitoring or operational processes.

As very low numbers of clients did not attend treatment, analyses examining differences in characteristics between clients who engaged and those who did not, often lacked robustness due to large differences in the numbers in groups being compared. Compared to the previous run of this analysis (Howarth et al, 2011), a longer time period was examined to attempt to produce a large 'did not engage' group for comparison but numbers of clients referred did not increase as expected. Figures for Liverpool were larger allowing for robust comparison which revealed that males were more likely to attend treatment than females.

Recommendation

The lower rates of initial treatment engagement seen among women in Liverpool are contrary to national trends (NTA, 2010a) and warrant further investigation to determine whether there are any specific reasons why women are less likely to attend after referral from DIP to structured treatment.

Substantially different proportions of OCU and non-OCU clients engaging in treatment reflect the divergence of DIP operational and monitoring policy that continues to take place within Merseyside.

Knowsley and Sefton generally refer all non-OCU (who are primarily powder cocaine users) into structured treatment whilst this process is more selective in other areas leading to lower numbers of non-OCU engaged and therefore lower numbers of treatment exits for this group. Substantial differences seen in Merseyside are likely to be replicated nationally.

Recommendation

Care should be taken when interpreting DIP related performance information. Area to area comparisons are likely to lack validity due to the differing delivery models employed.

Treatment exits and client characteristics

In all areas OCU were more likely to still be engaged in treatment on the 31st December 2011 than their non-OCU counterparts, reflecting the more complex nature of this group's addiction and related health and social issues (lower levels of recovery capital) (Cloud & Granfield, 2008, Howarth and Duffy, 2010). Wirral had the highest rate of ongoing treatment retention of OCU clients whilst Liverpool had the lowest.

Overall rates of successful treatment exits varied substantially across areas although consistently OCU were much less likely to have a positive treatment exit than their non-OCU counterparts, with this difference particularly marked in Sefton (although successful exits for OCU were still higher here than in most other areas). This is in contrast to previous findings for the treatment system in general that suggest opiate use did not significantly influence treatment outcomes (Beynon et al, 2008) but is in line with previous work examining DIP engagement specifically (Bates and Duffy, 2009). St Helens had the lowest rate of successful exits for both OCU and non-OCU. Sefton had the highest proportion of successful exits for non-OCU with Knowsley having the highest rate for OCU. For OCU, unsuccessful exits outweighed successful exits, whilst for non-OCU this trend was reversed, except in St Helens where unsuccessful exits were more common for both groups.

Compared to other areas Knowsley had a higher proportion of clients who exited treatment 'treatment complete - occasional user' and a lower proportion of clients who exited treatment as 'treatment complete – drug free'. This may reflect different recording practices in Knowsley or a variation in operational policy regarding the times at which clients are discharged i.e. when completely abstinent or not. However, according to NTA guidelines the 'treatment complete- occasional user' exit code cannot be used for OCU, so there would appear to be some issues with mis-recording in all areas.

All areas apart from Knowsley had very high proportions of clients exiting with the reason 'transferred not in custody', particularly for OCU. This was categorised as an unsuccessful exit as it was the last contact in their treatment journey (i.e. there was no further record of a contact on NDTMS). This may reflect a failure to ensure that the client attended their onward referral within the appropriate time frame (21 days) or that there are issues with monitoring; either in recording the attendance at the follow on agency or using this exit code when clients have actually been referred to receive Tier 2

treatment. In addition to this clients may have been legitimately referred to a D(A)AT outside of the North West and as a result their attendance at treatment would be outside the scope of this report. Clients may have also been referred through a route not captured by NDTMS such as general practice prescribing which did not involve the provision of structured support. This issue was highlighted in the previous release of this report (Howarth et al, 2011)

Recommendation

Drug treatment agencies should ensure that staff have a clear understanding of NDTMS discharge definitions particularly when transferring to other agencies. An audit of discharge reasons should highlight any inaccuracies helping to ensure that accurate discharge data is recorded. Data sharing and/or referrals between agencies may also need to be improved to ensure data (client initials, date of birth, gender) are recorded correctly on NDTMS compliant systems.

Recommendation

Detailed consideration needs to be given to the reason why there is such a large disparity in most areas between treatment outcomes for OCU and non-OCU. It is critical that it is determined whether this is an operational or recording issue or a combination of both. This will inform future work to ensure that services offered to OCU entering the treatment system through DIP are appropriate and can maintain engagement.

In line with previous findings for Merseyside and Cheshire (Beynon et al, 2006) few significant associations between client characteristics and treatment exit status emerged. In part this may be due to the relatively small numbers of clients included in analysis once they had been categorised by exit status, characteristic and drug use type (OCU/non-OCU). The two significant findings to emerge were that in Liverpool OCU who had committed acquisitive offences were more likely to have an unsuccessful treatment exit, whilst non-OCU in Sefton with a successful discharge were significantly younger than those with an unsuccessful exit.

Client characteristics, exit status and length of time in treatment

In most areas length of time in treatment did not vary significantly across client characteristics. However, the interaction of time in treatment, treatment exit status and drug use type (OCU/non-OCU) provided a number of significant findings. OCU in Liverpool and Sefton spent significantly longer in treatment than their non-OCU counterparts possibly reflecting the relative complexity of issues experienced by OCU and non-OCU. In Knowsley non-OCU with successful treatment exits spent less time in treatment than those with unsuccessful exits, while St Helens saw the opposite trend (longer periods in treatment for those with successful exits). OCU in Wirral with unsuccessful exits spent longer in treatment than those with successful exits.

Recommendation

Services should be aware that the interaction between length of time in treatment and successful outcome is not necessarily straightforward. Clients' characteristics, in particular drug use, are likely to influence the optimum engagement period. However, as patterns varied between areas and generally

length of time in treatment and exit status did not vary significantly across client characteristics other than drug use type, consideration should also be given to what treatment or data collection variables may be influencing recorded outcomes.

TOP completion

Most areas had good rates of initial TOP completion for this cohort although rates were low for OCU in Sefton. This may not reflect poor monitoring practice as it may be that a proportion of clients were already receiving treatment at the point that they were referred by DIP. The agency already engaged with (in Sefton's case likely to be CRI's non-DIP provision) may have retained responsibility for TOP completion, so there would not be a start TOP on which to base findings. As Sefton's TOP compliance reported on NTA outputs is generally good, this is the most likely explanation. In all areas completion of a last TOP was somewhat lower, weakening the strength of analysis that could be conducted. It may be that unsuccessful exits took place before clients' review dates and therefore a second TOP could not be completed with them.

Recommendation

Treatment agencies need to ensure that TOP records are completed in a timely manner during the clients' treatment journey in order to obtain an accurate overview of the clients' treatment outcomes.

Outcomes according to TOP

The extent to which treatment had a positive impact on DIP clients varied substantially between areas and across drug use type (OCU/non-OCU). The only area where no significant changes were seen for both OCU and non-OCU was St Helens. In all other areas there was evidence of positive progress, among non-OCU in particular, with significant reductions in cocaine use (all areas), cannabis use (Sefton, Wirral) and alcohol use (Sefton). Improvements in all measures of health and well being among non-OCU were also seen in Liverpool, Sefton and Wirral and Sefton saw increases in paid work among this group. Generally, outcomes for OCU were less encouraging although some positive trends emerged including reduced use of heroin and crack in Sefton and reduced use of heroin in Wirral. Findings for Liverpool were somewhat contradictory as despite improvements in quality of life, substantial reductions in the number of clients with acute housing problems and reductions in the use of 'other' drugs, the number of days on which OCU consumed alcohol increased significantly.

Better outcomes for non-OCU tally with findings for treatment contacts nationally which showed that clients who left treatment having originally presented for cocaine or cannabis use were less likely than OCU to re-present for treatment or re-enter the criminal justice system (NTA, 2010c). As stated in the previous iteration of this report (Howarth et al, 2011), better outcomes for non-OCU than OCU are perhaps unsurprising given the greater recovery enablers (Best et al, 2011) they possess. Enablers include abstinence from heroin/crack, stability of housing and engagement in activities e.g. employment. DIP clients who use cocaine (the majority of the non-OCU group) tend not to use heroin/crack, are in settled accommodation and are employed (Howarth and Duffy, 2010) which puts them in a better position to complete their treatment and have a successful outcome. Also starting rates of cocaine use among non-OCU were relatively low in all areas with average days on which

cocaine was consumed in the past month generally being low (around two), indicating a lack of addiction. Nonetheless, improvements in well being indicate that whatever changes clients are making in their lives are having substantial perceived benefits despite their relatively positive starting point.

Recommendation

All areas need to consider how they can adapt treatment approaches to produce better outcomes for OCU referred through DIP. These clients are those that are likely to be responsible for the greater volume of crime (compared to non-OCU) and so improvements in their treatment outcomes should result in a greater contribution to DIP's main aim of reducing drug related offending.

Recommendation

Liverpool need to take special consideration of the impact that increased alcohol consumption may be having on OCU. Appropriate treatment regimes or referral pathways need to be put in place so that escalating alcohol use can be identified and addressed quickly.

Recommendation

Given the lack of positive outcomes recorded, St Helens should look to the other areas in Merseyside for examples of best practice in delivering treatment to clients engaging via DIP.

TOP scores and treatment exit status

In contrast to previous work suggesting successful exits are associated with improved treatment outcomes (NTA, 2010), outcomes as measured through TOP did not vary significantly by clients' exit status (successful/unsuccessful). One exception to this was Sefton where OCU with successful treatment exits reported larger decreases in alcohol consumption and greater improvements in psychological and physical health than those with unsuccessful exits. Paradoxically, OCU in Knowsley with unsuccessful exits reported greater improvements in quality of life than their counterparts with successful exits.

Recommendations

Knowsley should seek to further investigate the reasons behind the contradictory finding with regards to quality of life. This could be done through increased scrutiny of TOP feedback on this domain.

Conclusion

The aim of this report was to investigate treatment outcomes for DIP clients. Engagement with DIP often represents only the first stage of a client's 'journey' and other agencies will play a substantial role in treatment outcomes. As such, any work to address points raised in this report will need to consider the whole treatment system. Positive outcomes for non-OCU seen in most areas are encouraging and suggest there are examples of best practice that could be shared with other areas across the country. There is also some evidence of positive progress with OCU but there is still some way to go before recorded outcomes for this group can be considered a success. The segregation of

findings between OCU and non-OCU undertaken in this report allows more detailed examination and provides treatment commissioners and deliverers with a better understanding of their relative success with these groups. As always, trends identified in this report may require further investigation before prompting action.

Report Limitations

There were some limitations with the analysis for this report:

- The data used in the analysis ranged between 1st January 2011 and 31st December 2011. This allowed a six month overview of the clients' DIP treatment journeys, but some data is now over 12 months old and may not reflect current treatment outcomes.
- TOP data was not available for all clients due to non-completion of last TOP and also non-completion of specific fields within both initial and last TOP. As such the robustness of the TOP findings were reduced.
- Some group sizes were very different in the analysis i.e. those who engaged in treatment and those who didn't, those who had a successful or unsuccessful treatment exit etc., reducing the robustness of the comparisons being made between the groups.
- Data on TOP relied on clients' reporting face to face to their key worker which may have created a bias due to clients wanting to please their key worker or to show an improvement in their behaviour.
- The timeframes between the first and last TOP completions may have been quite different for each client and as a result the timeframe within which behaviour change took place or perception of wellbeing altered could be different for each client.

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