

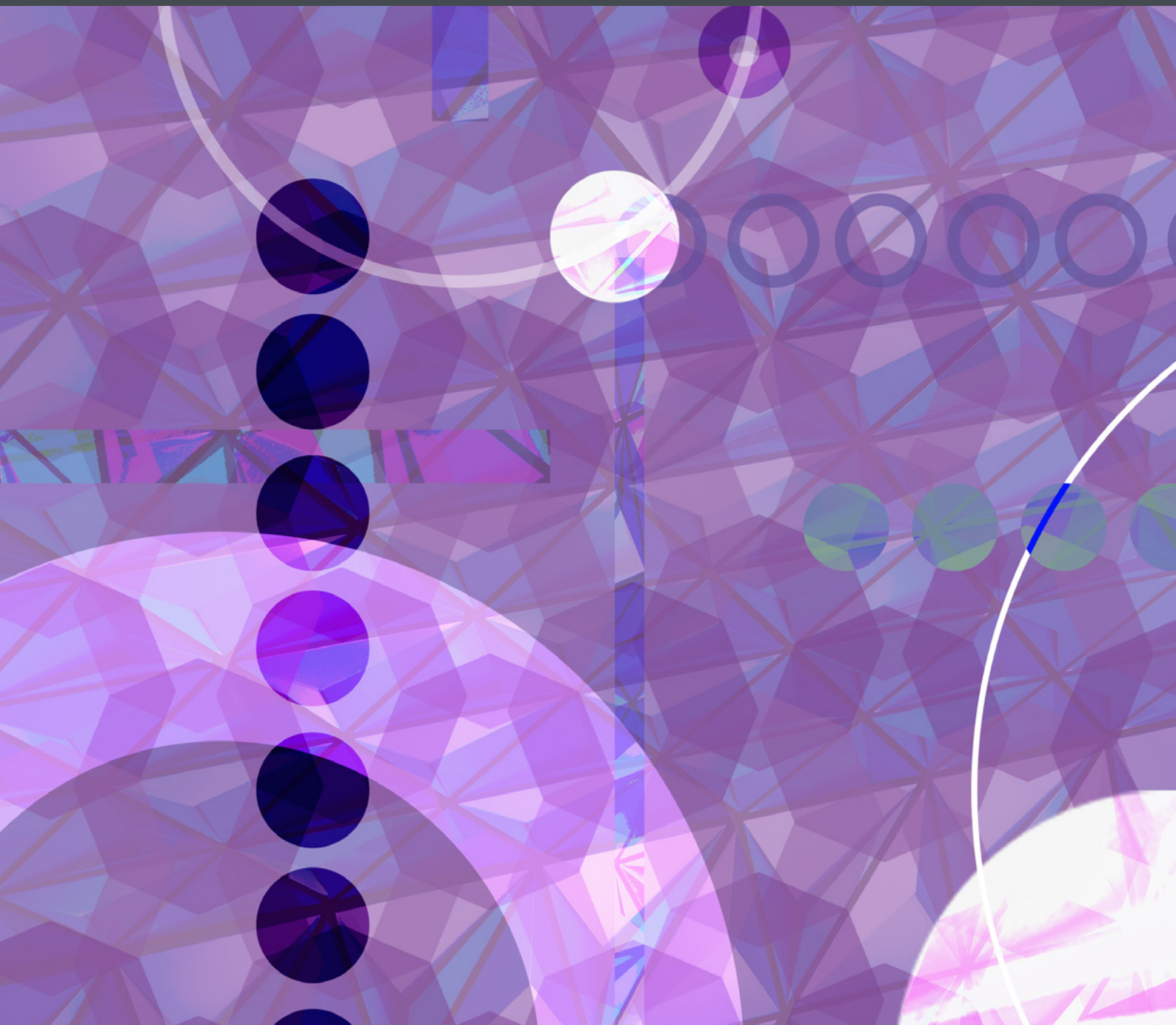
# Criminal Justice Project: Drug Interventions Programme

## Wirral DIP Activity Profile (2015/16)

March 2017

**DIP**

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## KEY FINDINGS

- Between April 2015 and March 2016, there were a total of 643 Drug Interventions Programme (DIP) contacts recorded by Wirral Ways to Recovery. This is a 21% decrease on the number of DIP contacts in the previous year (n=819).
- Just under half (49%) of DIP contacts were made through the Required Assessment process, while 31% referred through other criminal justice routes. Seventeen per cent were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 2% were transfers not completed from another CJIT or prison.
- Of the 643 DIP contacts, 627 were assessed for DIP (98%); of which, 80% were deemed to require further intervention and 67% were taken onto the DIP caseload. The majority of those not taken onto the caseload transferred to another CJIT or prison.
- Under nine in ten (86%) DIP contacts were male; the largest proportion were aged between 40 and 44 years (19%), followed by clients aged between 35 and 39 years (17%) and between 18 and 24 years (16%).
- The majority were of White British ethnicity (95%) and were Wirral residents (89%).
- While the majority of clients reported no housing problems, 21% overall had some form of housing problem; of which, 9% stated an urgent problem due to being of no fixed abode.
- The most common drug used by Wirral's DIP contacts in 2015/16 was heroin (28%), followed by 21% who used crack and 17% who used cocaine.
- Fifty-six per cent smoked their main drug, while 22% sniffed.
- Just under two-thirds (66%) had never injected, 27% had previously injected but were not currently and 6% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 43%; females = 51%), for those who did, the highest proportion reported between one and four drinking days in the 28 days prior to their assessment (males = 24%; females = 19%). Furthermore, 19% of females drank between 25 to 28 days.
- The most common daily average units of alcohol consumed by males was between seven and 15 units (24%), followed by between 16 and 24 units (14%). For females, it was between one and six units (14%), followed by between seven and 15 units and 25 or more units (12% each).
- Only a small proportion were on an offender management scheme at the time of their assessment (14% Integrated Offender Management; <1% Multi-Agency Public Protection Arrangement).
- The main offence which prompted the current or most recent contact with the criminal justice system was theft (31%), followed by offences categorised as 'other' (22%). Wounding or assault and Misuse of Drugs Act offences each accounted for 14%, while 10% were for burglary.

The Drug Interventions Programme (DIP) is an initiative with an overarching aim to identify and engage with drug using offenders in the criminal justice system in order to channel them into appropriate treatment services, and as a result reduce acquisitive crime in England and Wales. The link between illicit drug use and crime has been explored by researchers for many years. Extensive evidence suggests that certain crimes are committed by drug users for economic reasons in order to fund their drug use (Seddon, 2000; Bennett et al., 2008; Pierce et al., 2015).

A meta-analysis study highlighted that drug users were between three to four times more likely to offend compared to non-drug users, with users of crack cocaine having much higher odds of offending (about six times greater; Bennett et al., 2008). A more recent statistical study investigating drug spend and acquisitive offending by substance misusers concluded that overall rates of acquisitive crime (offences committed to gain possessions, for example, theft, shoplifting, burglary and robbery) were high among this population group (Hayhurst et al., 2012).

Many of the clients assessed for DIP can be some of the most difficult to reach problematic drug users (Home Office [no date<sup>a</sup>]). The DIP process provides a crucial early engagement opportunity via targeted testing which involves the police arresting and drug testing potential drug using offenders (Critchley and Whitfield, 2016). If offenders test positive for Class A drugs (heroin, cocaine and/or crack) they are required to undergo an assessment with a DIP worker, known as a Required Assessment (RA). There are other referral routes into DIP, including Conditional Cautioning, referrals from secure establishments on release, referrals from other sectors of the criminal justice system (for example court mandated processes such as Restrictions on Bail [RoB]) and also voluntary presentations.

DIP assessments capture demographic information and provide an insight into drug use and offending behaviours. These assessments allow drugs workers to determine whether further intervention is required to address drug use and/or offending, and based on the decision, the worker will then encourage engagement with a range of appropriate treatment options to deal with their aforementioned issues. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol misuse (harm reduction interventions and overdose management; offending; health (physical and psychosocial); and social functioning (housing, employment and relationships; Home Office [no date<sup>b</sup>]).

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting data on criminal justice interventions. There are some limitations as not all data sets can be reported on by PHE, for example drug testing data, but locally teams have more scope to tailor data collection to their local needs. DIP continues to be implemented in Wirral, with the processes which underpinned it originally still remaining in place at all stages of the criminal justice system in order to engage offenders into drug treatment.

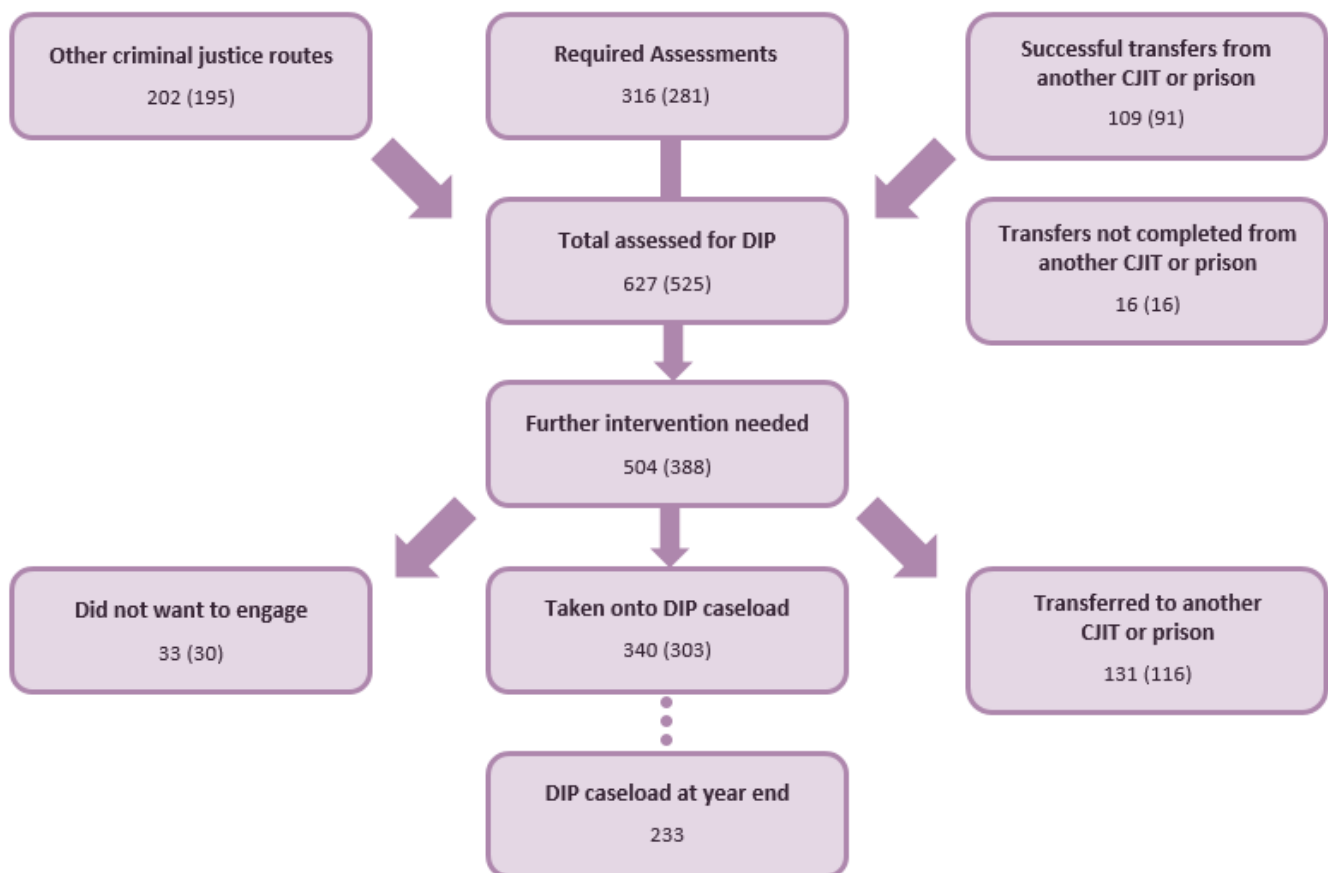
This DIP Activity Profile for Wirral presents data for clients accessing DIP between 1<sup>st</sup> April 2015 and 31<sup>st</sup> March 2016. This profile will contextualise DIP activity data (detailing the route of entry to DIP and assessment outcomes) and provide a demographic overview of the clients. It complements the existing monthly performance reports by providing an annual snapshot of the criminal justice data collected by DIP monitoring forms. Where possible, comparisons have been made with overall figures for Merseyside. This profile also provides recommendations for local government, commissioners and service providers in terms of targeting the efficient use of resources and effective services in Wirral and across Merseyside.

Between April 2015 and March 2016, there were a total of 643 DIP contacts recorded by Wirral Ways to Recovery (Figure 1), while the average number of contacts across Merseyside was 699. The number of DIP contacts in Wirral has reduced by 21% compared to the previous year (n=819; Critchley et al., 2016). There has been a reduction in all five Merseyside areas, with a 26% reduction overall between 2014/15 and 2015/16. The implementation of targeted drug testing in the custody suites in 2015 is likely to have contributed to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of the targeted testing approach (Critchley and Whitfield, 2016), and as the drug testing process is the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in Wirral. Just under half (49%) of DIP contacts in 2015/16 were through the RA process, while 31% referred through other criminal justice routes. Seventeen per cent were successful transfers from another Criminal Justice Integrated Team (CJIT) or prison and 2% were transfers not completed from another CJIT or prison.

Of the 643 DIP contacts, 98% were assessed for DIP (n=627). The remaining 16 clients transferred into Wirral from another CJIT or prison and were not taken onto the caseload following transfer. Of the 627 clients assessed for DIP in 2015/16, the majority (80%) were deemed to require further intervention (n=504), with 340 taken onto the DIP caseload (67%). The majority of the 164 clients not taken onto the caseload transferred to another CJIT or prison (n=131; 80%).

**Figure 1: Overall DIP activity and criminal justice routes in Wirral (2015/16)<sup>1</sup>**

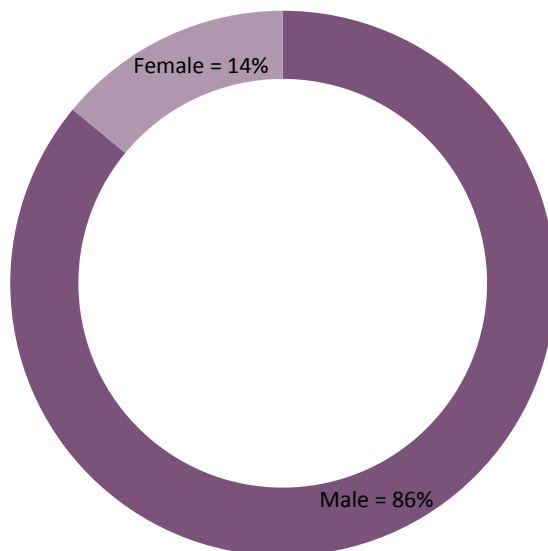


<sup>1</sup> Figures presented are totals with figures in brackets representing numbers of individuals, where applicable. Clients are counted as taken onto the DIP caseload when they have a care plan drawn up after a full assessment or when monitoring forms indicate that they have been taken onto the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

## DEMOGRAPHIC PROFILE OF CLIENTS

Under nine in ten (86%) DIP contacts in 2015/16 were male (Figure 2). The proportion of males in Wirral is similar to the Merseyside average (84%).

Figure 2: Gender of DIP contacts in Wirral (2015/16) [n=643]



The largest proportion of clients were aged between 40 and 44 years (19%), followed by clients aged between 35 and 39 years (17%) and between 18 and 24 years (16%; Figure 3). Comparing figures to the Merseyside average, Wirral had a larger proportion of clients aged between 40 and 44 years, and a lower proportion aged between 30 and 34 years.

Figure 3: Age group of DIP contacts in Wirral (2015/16) [n=643]

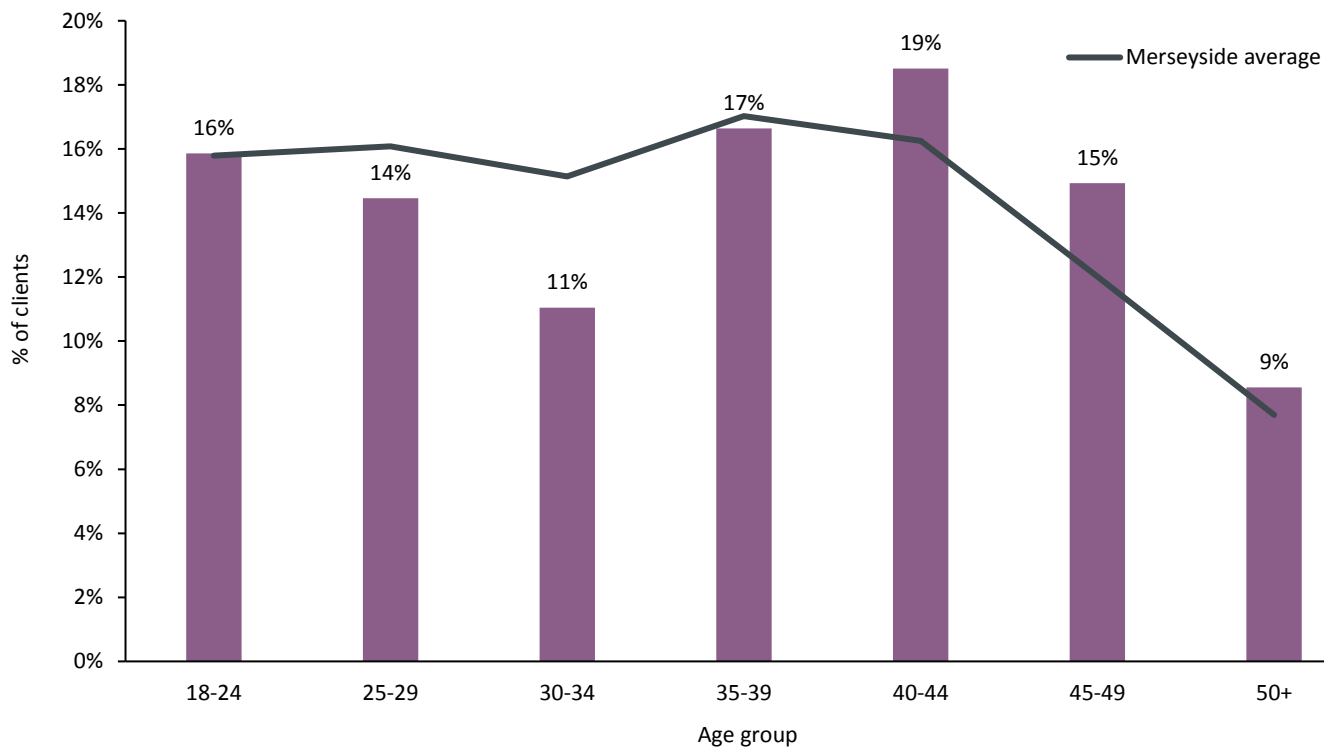


Table 1 shows some differences in age group proportions across gender groups in Wirral. Although numbers of females are much smaller, there was a smaller proportion aged between 40 and 44 years (11%) compared to males (20%). There were also larger proportions of females aged between 30 and 34 years, between 35 and 39 years and between 45 and 49 years (15%, 20% and 25% respectively) when compared to males.

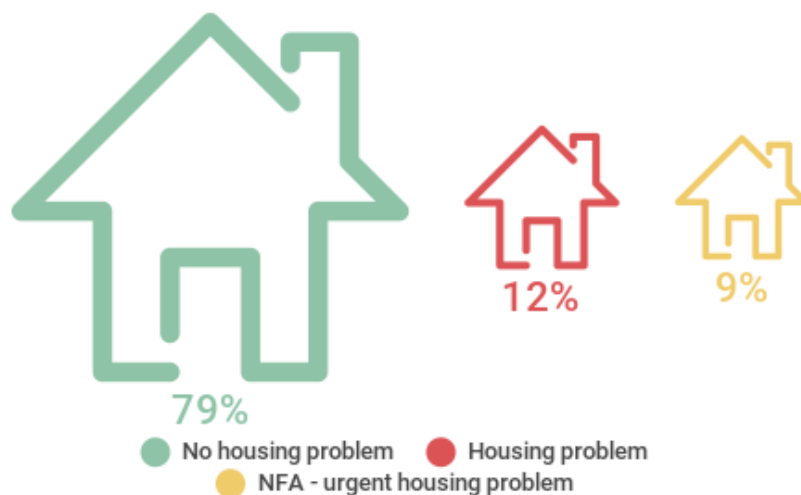
**Table 1: Age group and gender of DIP contacts in Wirral (2015/16) [n=643]<sup>2</sup>**

Age group	Female		Male	
	Count	Percentage	Count	Percentage
18-24	7	8%	95	17%
25-29	10	11%	83	15%
30-34	13	15%	58	10%
35-39	18	20%	89	16%
40-44	10	11%	109	20%
45-49	22	25%	74	13%
50+	8	9%	47	8%
<b>Total</b>	<b>88</b>	<b>100%</b>	<b>555</b>	<b>100%</b>

The majority (95%) of DIP contacts in 2015/16 were of White British ethnicity which is similar to the Merseyside average (93%). As expected, the majority (89%) of clients were Wirral residents.

While the majority of clients reported no housing problems, 21% overall had some form of housing problem; of which, 9% stated an urgent problem due to being of no fixed abode (NFA; Figure 4). The proportion of Wirral clients stating a housing problem is somewhat higher than the average for Merseyside (16%).

**Figure 4: Accommodation need of DIP contacts in Wirral (2015/16) [n=636]**



<sup>2</sup> Please note, throughout this report percentages may not add up to 100% due to rounding.

## DRUG USE

In 2015/16, almost three in 10 (28%) DIP contacts in Wirral reported to use heroin, followed by over two in 10 (21%) who used crack and 17% who used cocaine (Figure 5). The proportion of heroin use in Wirral is slightly higher than the Merseyside average (27%), while crack use is the same (21%) and cocaine use is lower (Merseyside = 24%).

Figure 5: Drugs used by DIP contacts in Wirral (2015/16) [n=1,122]

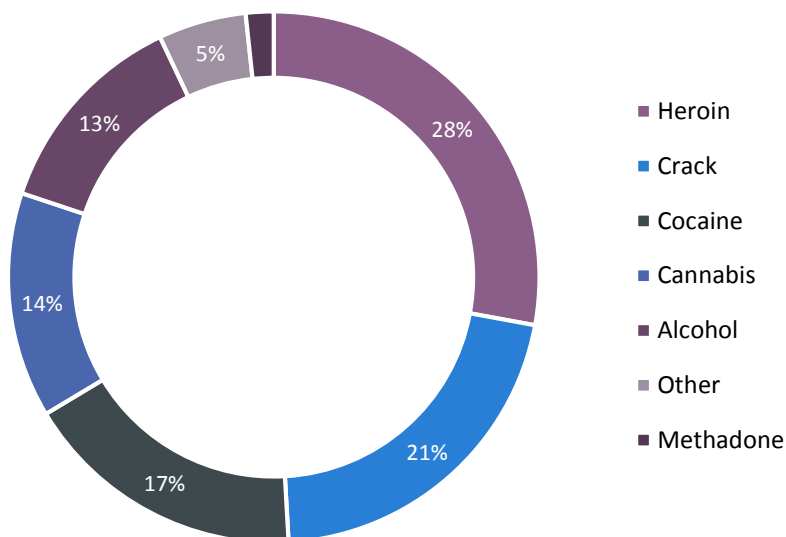


Figure 6 displays the route of administration of clients' most problematic substance (main drug). Fifty-six per cent of clients smoked their main drug and 22% sniffed. In comparison, overall figures for Merseyside reported 46% smoked and 32% sniffed.

Figure 6: Route of administration of the main drug used by DIP contacts in Wirral (2015/16) [n=639]

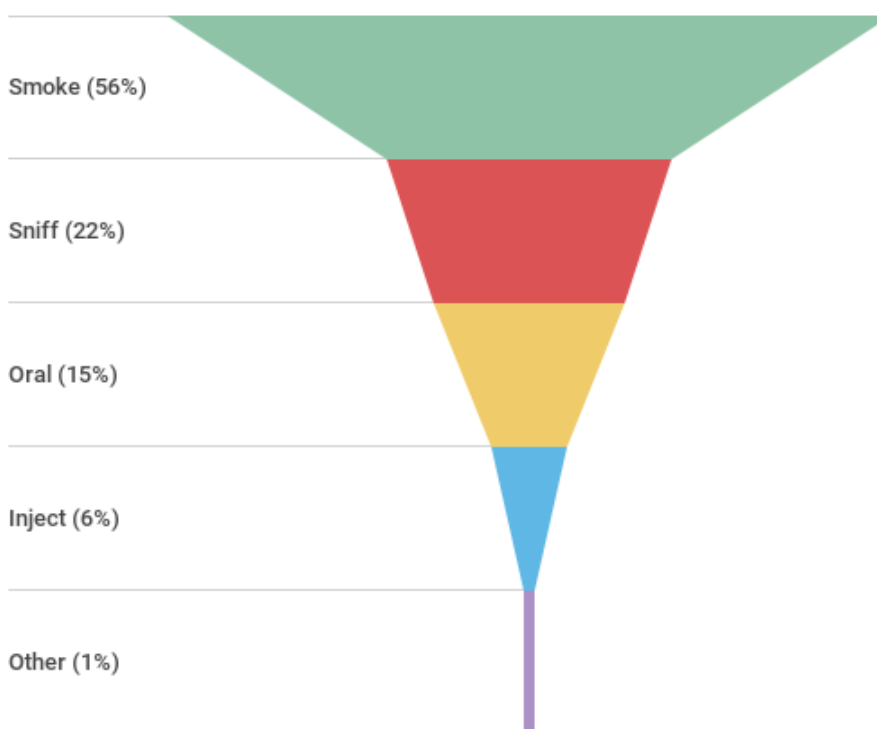
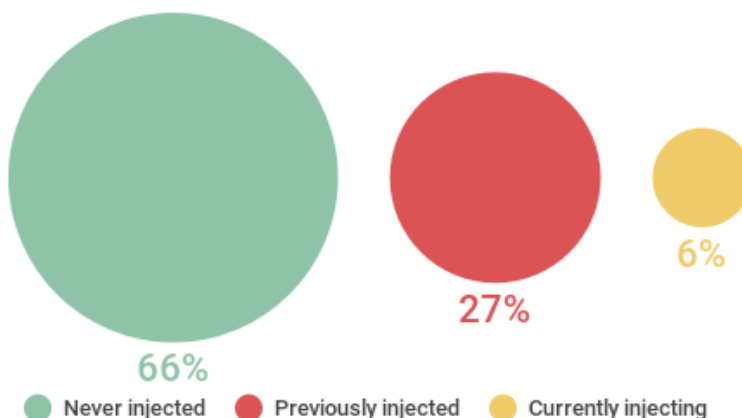




Figure 7 shows just under two-thirds (66%) of DIP contacts in Wirral in 2015/16 had never injected, while 27% had previously injected but were not currently and 6% reported they were currently injecting. Comparatively, across Merseyside 71% had never injected, 21% had previously injected and 8% reported to be currently injecting.

**Figure 7: Injecting status of DIP contacts in Wirral (2015/16) [n=527]**

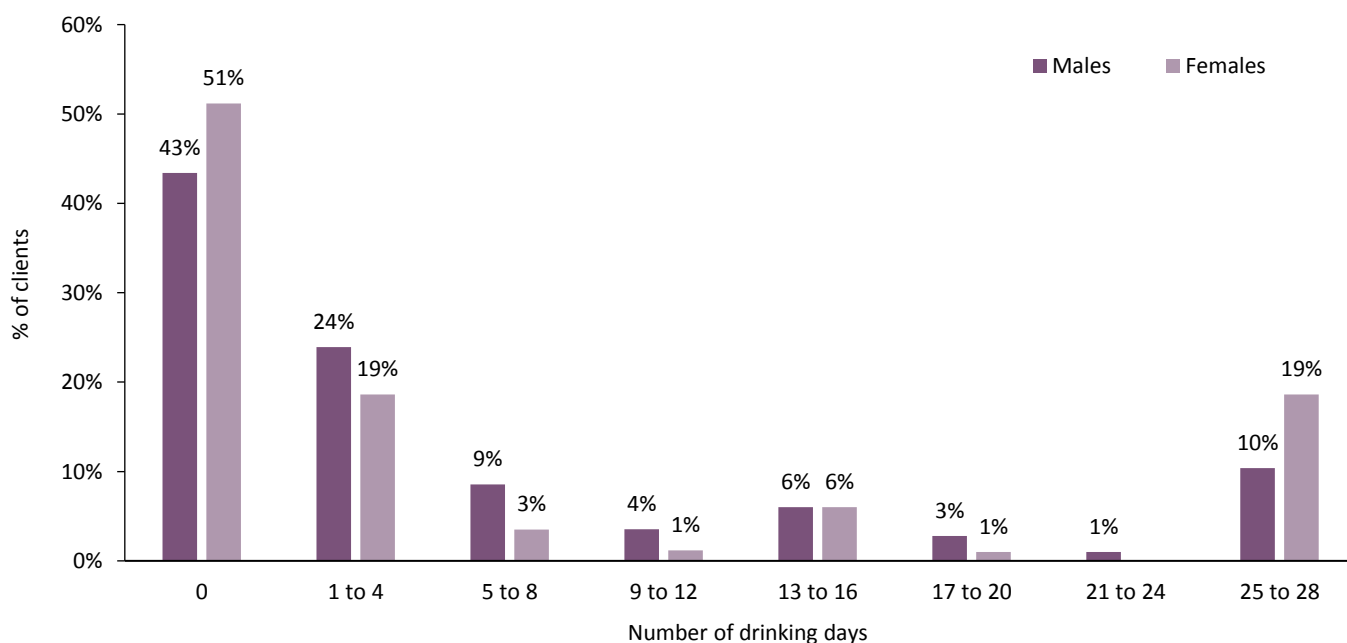


## ALCOHOL USE

Figure 8 shows the number of days alcohol was consumed by Wirral clients in the 28 days prior to their DIP assessment. Over two in five (43%) males did not consume alcohol in the 28 days prior to their assessment, while just under one-quarter (24%) reported to have consumed alcohol between one and four days, 10% between 25 and 28 days and 9% between five and eight days. Across Merseyside, 46% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, just over half (51%) reported to have not consumed alcohol in the 28 days prior to their assessment, while equal proportions consumed alcohol between one and four days and between 25 and 28 days (19% each). Figures for Merseyside reported 59% of females did not consume alcohol, while 21% drank between one and four days and 11% drank between 25 and 28 days.

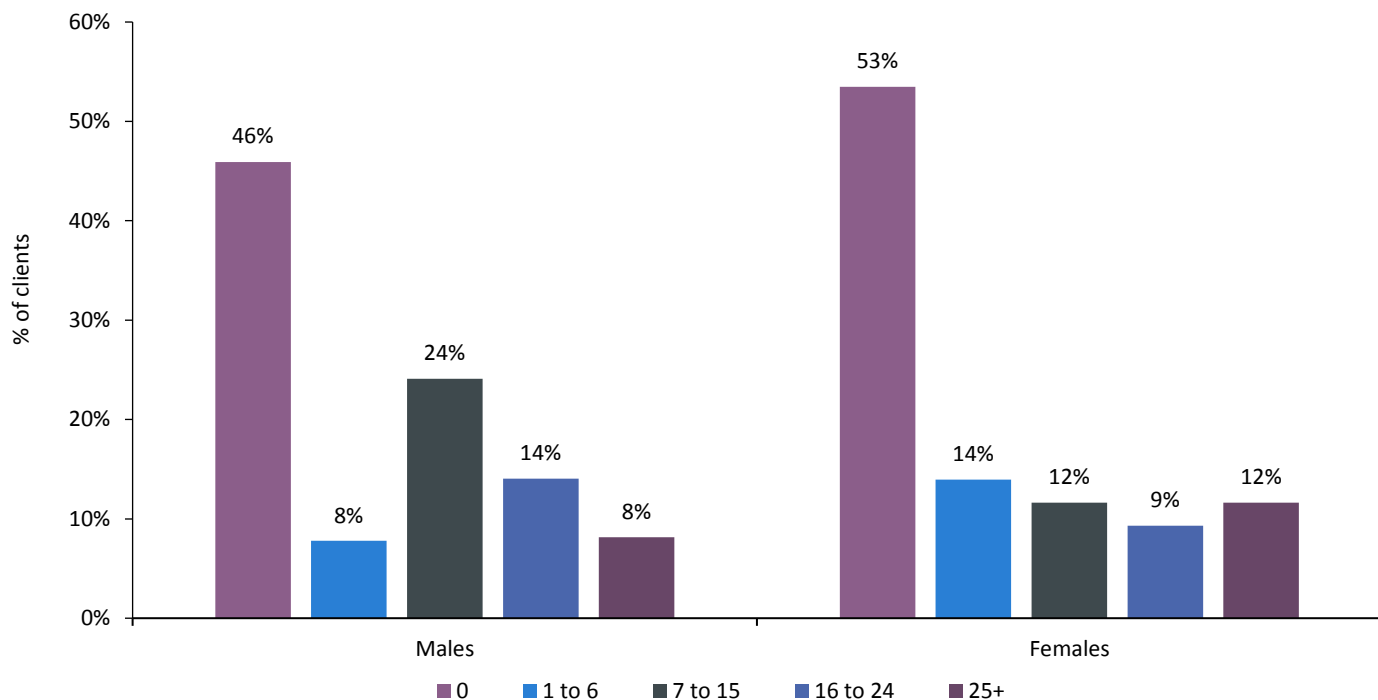
**Figure 8: Number of drinking days for DIP contacts in Wirral (2015/16) [males=539; females=86]**



The daily average number of units of alcohol consumed by Wirral clients in the 28 days prior to assessment are presented in Figure 9. For males, under half (46%) consumed no units of alcohol, while just under one-quarter (24%) consumed between seven and 15 units and 14% consumed between 16 and 24 units daily. Across Merseyside, 47% of males consumed no units of alcohol, while 21% drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, over half (53%) consumed no units of alcohol, while 14% consumed between one and six units daily and equal proportions consumed between seven and 15 units and 25 units or more (12% each). Across Merseyside, 59% of females consumed no units of alcohol, while 14% drank between seven and 15 units, 10% drank between 16 and 24 units, 9% drank between one and six units and 8% drank 25 units or more daily.

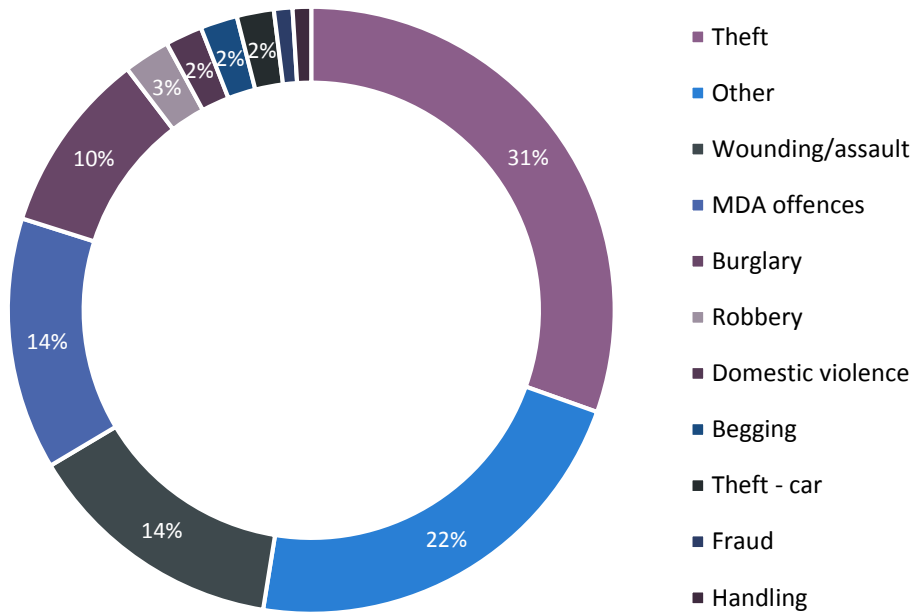
**Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Wirral (2015/16) [males=527; females=86]**



The majority (86%) of DIP contacts in Wirral in 2015/16 were not on an offender management scheme at the time of their assessment. Fourteen per cent were on an Integrated Offender Management (IOM) scheme and less than 1% were on a Multi-Agency Public Protection Arrangement (MAPPA).

The offences which prompted Wirral clients' current or most recent contact with the criminal justice system are shown in Figure 10. Just over three in 10 (31%) were theft and just over two in 10 (22%) were categorised as 'other' offences. Wounding or assault and Misuse of Drugs Act (MDA) offences each accounted for 14%, while 10% were for burglary. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (30% and 25% respectively), while offences categorised as 'other' accounted for 18%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in Wirral (2015/16) [n=639]



## SUMMARY

- Across Merseyside, the number of DIP contacts in 2015/16 reduced by 26% compared to the previous year. The number reduced by 21% in Wirral.
- The majority of DIP contacts in Merseyside presented via the RA route, while around half in Wirral presented via this route.
- In general, DIP contacts across Merseyside in 2015/16 were male and aged between 18 and 44 years and of White British ethnicity. Wirral had a similar proportion of male clients, and a larger proportion of clients aged between 40 and 44 years when compared to Merseyside.
- The proportion of Wirral clients reporting housing problems was slightly higher than the Merseyside average.
- Across Merseyside, heroin accounted for the largest proportion of drugs used, followed by cocaine and crack. The proportion of DIP contacts in Wirral who used heroin was similar to the Merseyside average, which was also the case for crack.
- DIP contacts across Merseyside who smoked their most problematic substance accounted for the largest proportion, as they did in Wirral, though by a larger proportion than the average for Merseyside.
- The majority of DIP contacts in Merseyside between April 2015 and March 2016 had never injected, while the percentage for Wirral clients was slightly lower.
- Almost half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment, with a similar proportion recorded for males in Wirral. For females across Merseyside, those who did not drink in the 28 days prior to their DIP assessment accounted for the largest proportion, with a slightly smaller proportion reported for females in Wirral, though a larger proportion who drank between 25 and 28 days.
- Across Merseyside, the most common daily average of units of alcohol consumed was between seven and 15 units for both males and females. This was also the case for males in Wirral; however females who drank between one and six days accounted for the largest proportion.
- Across Merseyside, theft accounted for the largest proportion of offences, followed by MDA offences. In Wirral, the largest proportion was also theft, though MDA offences accounted for a smaller proportion when compared to other Merseyside areas.

## RECOMMENDATIONS

- All partners in the DIP process should utilise available data which allow us to look at trends over time. This information will enable stakeholders to observe any changes and/or trends within Wirral and across Merseyside, as well as investigating the reasons for these trends. This could help to evidence any process changes that may be needed, in addition to highlighting potential gaps or barriers which may affect these clients from engaging with treatment services.
- In order to have a comprehensive understanding of drugs and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from the National Drug

Treatment Monitoring Service and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment.

- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, residency, drug use, alcohol use and offending behaviour. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. The profile of DIP clients make it difficult for services to focus their resources on specific pathways tailored to the needs of a specific client group. In keeping with the Government's Drug Strategy (Home Office, 2010), clients need to be assessed on a person by person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and budgets constantly under scrutiny, it is vital that this information is used to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).
- Wirral should identify that there are differences between the local area and Merseyside overall. Key stakeholders should consider these differences and assess whether the approaches, treatment availability, health improvement and community safety campaigns are appropriate for Wirral, reflecting the differences in service specifications when procuring services.
- There has been a reduction in the number of DIP contacts across Merseyside. Likewise, there has been a reduction in the number of drug tests since the introduction of targeted testing in its custody suites in 2015 (Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via RAs, it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment. All stakeholders involved with DIP need to ensure drug using offenders are not being missed from this vital engagement opportunity.
- It is imperative that there are effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across Merseyside. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents, who do not have a local custody suite. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.

These recommendations are unlikely to be achieved without sustained working between all stakeholders; however their implementation would likely aid drug using offenders being referred to treatment services appropriately and having an effective drug treatment experience with sustainable outcomes.

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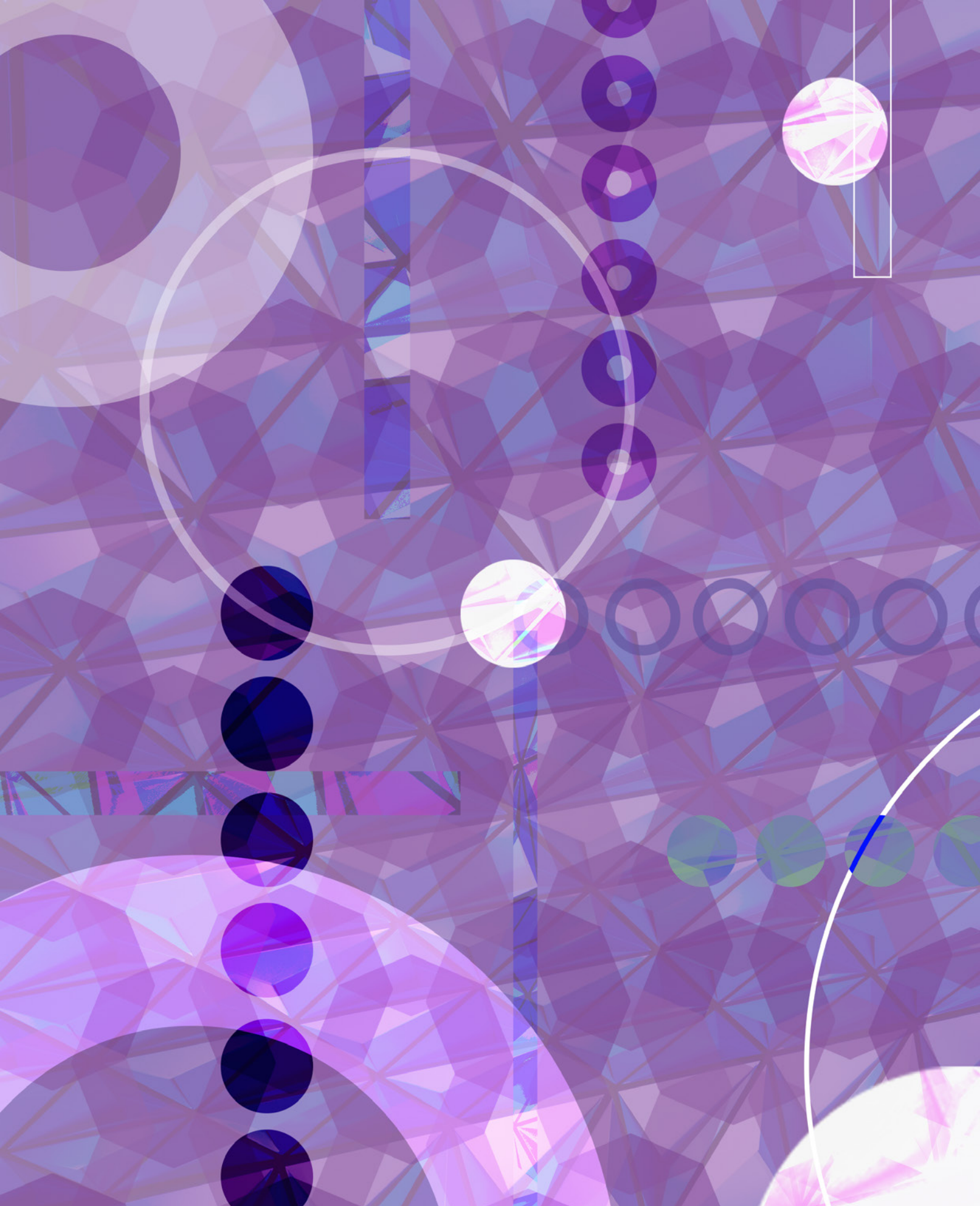
## Details to accompany Figure 1

<b>Other criminal justice routes</b>	<b>202</b>
<i>Pre-sentence report</i>	1
<i>Referred by treatment provider (post treatment)</i>	1
<i>Requested by Offender Manager (post DRR/ATR)</i>	8
<i>Required by offender management scheme/DRR/ATR</i>	172
<i>Restriction on Bail</i>	3
<i>Voluntary - following cell sweep</i>	13
<i>Voluntary - other</i>	3
<i>Other</i>	1
<b>Successful transfers from another CJIT or prison</b>	<b>109</b>
<i>Cambridgeshire CJIT</i>	1
<i>City of Edinburgh CJIT</i>	1
<i>Liverpool CJIT</i>	2
<i>HMP Altcourse</i>	3
<i>HMP Hindley</i>	2
<i>HMP Kennet</i>	5
<i>HMP Lancaster Farms</i>	1
<i>HMP Liverpool</i>	71
<i>HMP Manchester</i>	2
<i>HMP Preston</i>	2
<i>HMP Risley</i>	3
<i>HMP Stoke Heath</i>	1
<i>HMP Styal</i>	15
<b>Transfers not completed from another CJIT or prison</b>	<b>16</b>
<i>Cheshire West CJIT</i>	1
<i>Liverpool CJIT</i>	8
<i>HMP Liverpool</i>	6
<i>HMP Wymott</i>	1
<b>Transferred to another CJIT or prison</b>	<b>131</b>
<i>Bradford CJIT</i>	1
<i>Halton CJIT</i>	1
<i>Hampshire CJIT</i>	1
<i>Knowsley CJIT</i>	2
<i>Liverpool CJIT</i>	44
<i>Manchester CJIT</i>	1
<i>Sefton CJIT</i>	5
<i>HMP Altcourse</i>	3
<i>HMP Birmingham</i>	1
<i>HMP Forest Bank</i>	1
<i>HMP Leeds</i>	1
<i>HMP Liverpool</i>	63
<i>HMP Manchester</i>	1
<i>HMP Styal</i>	6

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**DIP**

