DIP Attrition: An Examination of Client Characteristics

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1.0 Introduction

According to the National Drug Strategy, investing in treatment reduces the overall cost of drug use to society (Home Office, 2004a). Research has suggested that for every £1 spent on treatment an estimated £9.50 is saved in crime and health costs (Godfrey et al, 2004).

The Drug Interventions Programme (DIP), formerly known as the Criminal Justice Interventions Programme, began in 2003 as a programme to develop and integrate measures - known as "interventions" - for helping adult drug-misusing offenders out of crime and into treatment. It is a critical part of the Government's strategy for reducing drug-related crime and involves the criminal justice system, treatment agencies and other services working in collaboration.

Once an offender begins the passage through the criminal justice system, there are several interventions for moving them away from drug misuse and into treatment. Some of the key interventions within DIP are:

Arrest Referral

Arrest Referral schemes (AR) are partnership initiatives between the police, local treatment agencies and D(A)ATs. The aim of AR is to reduce drug-related crime by encouraging problem drug users who are arrested to take up appropriate treatment or other effective programmes of help. Involvement with the scheme by arrestees can be voluntary or mandatory and it is not an alternative to prosecution or to the judicial process (Home Office, 2004b). The scheme employs drugs workers to make contact with arrestees, usually in police cells and/or courts in order to assess and refer drug using offenders to specialist treatment services or other interventions.

Drug Testing

If a suspect is arrested or charged with what is known as a 'trigger offence' including theft, robbery, deception, burglary, taking a vehicle without consent, going equipped for stealing, Class A drugs offences, begging or handling stolen goods, they are then drug tested for heroin, cocaine or crack via a saliva swab. Those who test positive will be required to attend a drug assessment, even if they are not charged. The assessment, carried out by specialist drug workers, will aim to determine the extent of their drug problem and help them into treatment and other support. Those who fail to provide a sample or comply with the required assessment face a fine of up to £2,500 and/or up to three months in prison.

Courts and Probation

When a drug-misusing offender tests positive for heroin, cocaine or crack, the positive result will not be used to bring a prosecution for unlawful possession or consumption, or support further police investigation into the offence. However, it will be used in court to aid sentencing. One relatively new court based scheme is 'Restriction on Bail'. This scheme is a new opportunity to engage drug-misusing defendants in treatment. It restricts access to court bail if they refuse to participate in a drug assessment and any follow-up treatment proposed. The scheme was initially introduced in Nottingham, Salford and Manchester in May 2004. It was extended to a further 11 D(A)AT areas at the end of January 2005 and is now available nationally.

Community Orders

Historically there have been a number of community orders that offenders with drug issues can be placed on. These were consolidated in 2005/06 into the Drug Rehabilitation Requirement (DRR). These orders can be tailored to the specific circumstances of the individual with high, medium and low supervision levels. DRRs have replaced the more stringent Drug Treatment and Testing Orders (DTTO).

Prison

Prison offers a prime opportunity for encouraging drug misusers to engage in treatment and support processes. The Prison Service has in place a framework of treatment and support to address a wide range of drug misuse problems. The foundations of the prison drug treatment framework are the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) services (Home Office, 2004b). These teams meet the non-clinical needs of the great majority of prisoners, providing low threshold, and low intensity drug services. They also act as the case managers for all clients with drug use issues engaging with services whilst incarcerated. There are also Intensive Treatment Programmes to meet the needs of prisoners with moderate to severe drug misuse problems and related offending behaviour. Other prison-based services include voluntary drug testing and detoxification services, which are available in all local and remand prisons.

Aftercare

"Aftercare" is the term used to describe what happens after offenders are released from custodial sentences, complete community sentences or leave treatment. Structured Drug Treatment plays only one part in supporting rehabilitation and re-integration. Appropriate aftercare support greatly increases the likelihood that offenders will not relapse into drug misuse and re-offending (Home Office, 2004b).

Aftercare is not one simple discreet process and can involve several important factors, such as housing, support with benefits, managing finances, employment, education and training opportunities, access to mental health services, rebuilding family relationships and so on. CJIT workers will provide, or broker the provision of, appropriate services in relation to each of these factors.

As well as being a key part of reducing drug-related crime the DIP was also introduced to combat the lack of communication between the criminal justice system, treatment agencies, Drug and Alcohol Action Teams (D(A)ATs) and other services. In many instances, lack of co-ordination between these services leads to inconsistency of care, inefficient working practices and failure to effectively engage and retain offenders in treatment. This is particularly true of offenders who are released from prison without adequate aftercare arrangements.

It was envisaged that this issue would be tackled through the DIP and its monitoring forms, known as Drug Intervention Records (DIRs). It was suggested that joining up teams involved in DIP through standard paperwork would develop a more effective 'end to end' approach from arrest through to sentence and beyond.

Since DIP began, there has been a lack of focus on the effectiveness of the system. The main focus to date has been on the movement through the DIP process without identifying where individuals are dropping out. This report aims to identify the stages at which the individuals are leaving this process.

The report focuses on attrition between the assessment process and care planning, the rate of attrition at this stage and the reasons why. It also looks at the characteristics of clients who drop out after assessment and those that do not. The aim of the report was to provide the Merseyside D(A)ATs with information to inform post assessment DIP activity and through this increase engagement.

2.0 Methodology

This analysis has been performed on the basis of D(A)AT of contact, rather than D(A)AT of residence, for all clients who went on to complete a full assessment with DIP staff in Merseyside between May 2005 and April 2006. The DIR is split into three stages; initial contact, assessment and care plan. Initial contact is the first stage of engagement with the DIP team. Contact can be made in a range of settings, mainly police custody suites, court premises, DIP team offices or in prison through the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) Teams. The assessment stage examines the client's needs holistically covering for example, health and social issues as well as substance misuse. The care plan is a structured plan developed with and for the client, it sets out goals and milestones to be achieved. Both structured support and generic support are available through the care plan. Structured support incorporates harm minimisation, overdose management and rapid prescribing etc.. Generic support includes housing & financial support, peer support and access to primary healthcare.

This report looks at the outcomes for clients once they have completed the assessment stage of the DIP process. In order to do this, outcomes for clients were split into seven separate categories:

No Further Intervention Required (No FI)

When a DIP worker on the basis of the assessment decides that the client does not require additional support from the DIP team.

Further Intervention Refused (FI Refused)

When a client refuses further intervention despite the fact that the DIP worker believes that they require it.

Referred to D(A)AT of Residence (D(A)AT)

This outcome occurs when a client is assessed in a different D(A)AT area to the one in which they are resident. The D(A)AT completing the assessment is then required to refer the client to their D(A)AT of residence for care plan completion.

Transferred to Prison (Prison)

When a client is assessed in a court or custody suite but is then sent to prison: as a result meaning a care plan cannot be completed in the community. In this case a referral is made to the relevant CARAT team.

An Appointment was not made (No Appointment)

The DIP worker has decided that Further Intervention is needed and the client has accepted this but no appointment has been made to draw up a care plan.

Where Appointment was made for a Care Plan but Client did not attend (Did not Attend)

This outcome indicates that the CJIT worker has arranged for a care plan to be drawn up but the client has failed to attend.

When a Care Plan is Completed (Care Plan)

CJIT worker arranges an appointment for the care plan to be drawn up, the client turns up for this appointment and the care plan is agreed. At this point the client is taken onto the DIP caseload.

The following sections of this report will examine the rates of occurrence of each of these specified outcomes. Each D(A)AT area will be examined in turn followed by the final section that will detail the summary and comparison across Merseyside D(A)ATs. In addition the characteristics of clients in each outcome category will be examined. The client's characteristics to be examined will be age, gender, drug use and accommodation status.

Drug Use

In addition to basic analysis, drug use will be split into four types; Opiates Only (Heroin and Methadone, non-prescribed), Stimulants Only (Crack and Cocaine), both Stimulants & Opiates and Neither Stimulants nor Opiates. A control for drugs in last month will be used in all sections.

In this report, 'Care Plan' and 'Did not Attend', have been selected for further analysis, as this has been highlighted as a key area of concern for the Merseyside D(A)ATs.

Accommodation

The accommodation of each DIP client has been categorised into stable or unstable. Stable accommodation was defined as renting, owned housing or supported housing as recorded on the DIR. Unstable accommodation was defined as traveller, NFA (roofless), hostel and temporary.

3.0 Knowsley D(A)AT

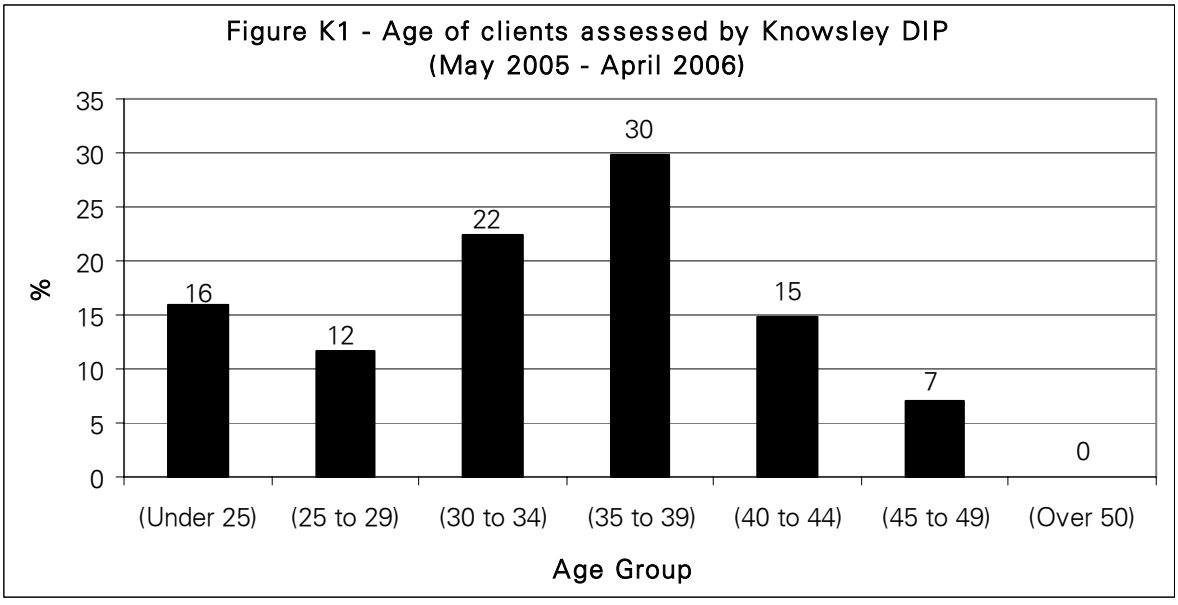
Due to the small numbers of clients in some groups conclusions have not been drawn on all points of further analysis.

Table K1 – Assessment Outcomes (May 2005 – April 2006)

Outcomes	Knowsley
No FI	5 (5%)
FI Refused	1 (1%)
D(A)AT	8 (9%)
Prison	20 (21%)
No Appointment	8 (9%)
Did not Attend	9 (10%)
Care Plan	43 (46%)
Total	94

Figure K1 shows the recorded outcomes for individuals assessed by Knowsley DIP between May 2005 and April 2006. In total 94 assessments were completed in this period. The most common outcome for clients after assessment was to be taken onto the caseload (46%). This was followed by referral to prison which was the outcome in 21% of cases.

3.1 Demographic Information – Age



Around a third of clients (30%) assessed by Knowsley DIP were between 35 and 39. The next most common age group of clients assessed were between 30 and 34 (22%).

Table K2 - Outcome by Age (May 2005 – April 2006)

Outcome	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49
No FI (n=5)	3 (60%)	1 (20%)		1 (20%)		
FI Refused (n=1)			1 (100%)			
D(A)AT (n=8)	1 (13%)	1 (13%)	1 (13%)	3 (38%)	1 (13%)	1 (13%)
Prison (n=20)	3 (15%)	3 (15%)	6 (30%)	5 (25%)	2 (10%)	1 (5%)
No Appointment (n=8)	2 (25%)			4 (50%)	2 (25%)	
Did not Attend (n=9)	3 (33%)		1 (11%)	3 (33%)	2 (22%)	
Care Plan (n=43)	3 (7%)	6 (14%)	12 (28%)	12 (28%)	7 (16%)	3 (7%)

More than half of the clients who had a care plan completed with Knowsley DIP (56%) were between 30 and 39 years old.

3.2 Gender

Table K3 – Outcome by Gender (May 2005 - April 2006)

	No FI (n=5)	FI Refused (n=1)	D(A)AT (n=8)	Prison (n=20)	No Appointment (n=8)	Did not Attend (n=9)	Care Plan (n=43)	Total
Female	1 (6%)		3 (17%)	3 (17%)	1 (6%)	1 (6%)	9 (50%)	18 (19%)
Male	4 (5%)	1 (1%)	5 (7%)	17 (22%)	7 (9%)	8 (11%)	34 (45%)	76 (81%)

Clients assessed by Knowsley DIP between May 2005 and April 2006 were predominantly male (81%). A slightly higher proportion of females (50%) had a care plan completed with Knowsley DIP than males (45%). Due to small numbers of individuals in other outcome groups it was impossible to draw any further conclusions.

3.3 Drug Use

Table K4 - Drug Use in the past month by Outcome (May 2005 – April 2006)

	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet.	Benzos.
No FI (n=3)	1 (33%)	1 (33%)	1 (33%)	2 (67%)	2 (67%)		2 (67%)
FI Refused (n=0)							
D(A)AT (n=7)	3 (43%)	3 (43%)	5 (71%)				1 (14%)
Prison (n=17)	5 (29%)	7 (41%)	9 (53%)	1 (6%)	2 (12%)	1 (6%)	1 (6%)
No Appointment (n=6)	2 (33%)	2 (33%)	4 (67%)		1 (17%)		
Did not Attend (n=8)	1 (13%)	3 (38%)	5 (63%)		3 (38%)		
Care Plan (n=40)	5 (13%)	22 (55%)	34 (85%)	1 (3%)	4 (10%)	1 (3%)	1 (3%)
Total (n=81)	17 (21%)	38 (47%)	58 (72%)	4 (5%)	12 (15%)	2 (2%)	5 (6%)

N.B As clients are able to indicate more than one drug of use, figures will add up to more than 100%.

Heroin was the drug most commonly used by clients (72%). More than eight in ten clients (85%) who went on to receive a care plan used heroin and more than half used crack (55%). Clients who were referred to prison were less likely to use heroin and crack than those who had a care plan completed but were more likely to be cocaine users (29% compared to 13%).

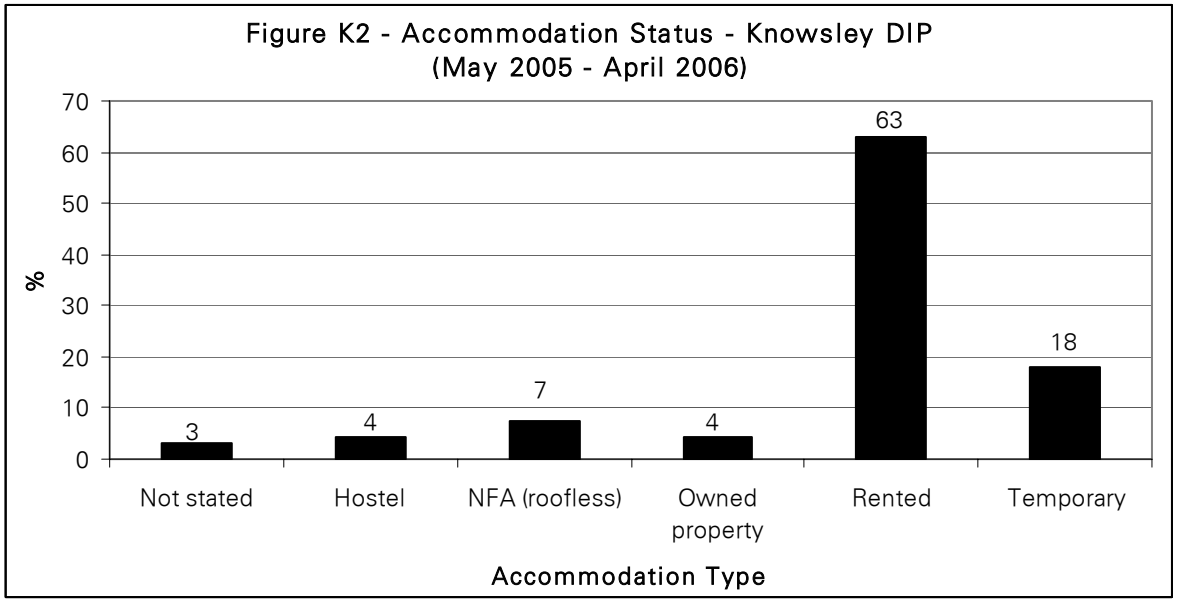
Table K5- The Combination of Drugs Used (May 2005 - April 2006)

Drug Use	Care Plan (n=40)	Did not Attend (n=8)
Opiates (No Crack or Cocaine)	11 (28%)	2 (25%)
Stimulants (No Opiates)	4 (10%)	1 (13%)
Both Stimulants and Opiates	23 (58%)	3 (38%)
Neither Stimulants nor Opiates	2 (5%)	2 (25%)

N.B. Please note that *opiates* include Heroin and Methadone (Illicit) and *stimulants* includes crack and cocaine. However, individuals in either group could also use other drugs.

Of the clients who had a care plan completed by Knowsley DIP, 58% were using stimulants and opiates concurrently.

3.4 Accommodation



The largest proportion of clients who were assessed by Knowsley DIP between May 2005 and April 2006 were in rented accommodation (63%). In addition, a low proportion of clients assessed were NFA (7%) (Figure K2).

Table K6 – Outcome by Accommodation Stability (May 2005 – April 2006)

	Not Stated	Unstable	Stable
No FI (n=5)		2 (40%)	3 (60%)
FI Refused (n=1)		1 (100%)	
D(A)AT (n=8)		4 (50%)	4 (50%)
Prison (n=20)		3 (15%)	17 (85%)
No Appointment (n=8)		3 (38%)	5 (62%)
Did not Attend (n=9)		4 (44%)	5 (56%)
Care Plan (n=43)	3 (7%)	11 (26%)	29 (67%)
Total	**3 (3%)**	**28 (30%)**	**63 (67%)**

Just under a third of clients (30%) assessed were in unstable accommodation. Of the clients who had a care plan completed, just over a quarter (26%) were in unstable accommodation.

Summary of Knowsley D(A)AT Findings

- There were 94 clients assessed by Knowsley DIP between May 2005 and April 2006. Of these almost half (46%) went on to have a care plan, the most common outcome.

- Just under a third of clients assessed were between 35 and 39 years old (30%). More than half of clients that had a care plan completed were between 30 and 39 years old (56%).

- Of the clients assessed, 81% were male. A higher proportion of females assessed attended a care plan appointment than males.

- Heroin was the drug most commonly used by clients (72%). Clients who were referred to prison were less likely to use heroin and crack than those who were care planned but were more likely to be cocaine users (29% compared to 13%).

- Just over six in ten clients assessed (63%) were in rented accommodation.

- Just over a quarter of clients (26%) who were care planned were in unstable accommodation.

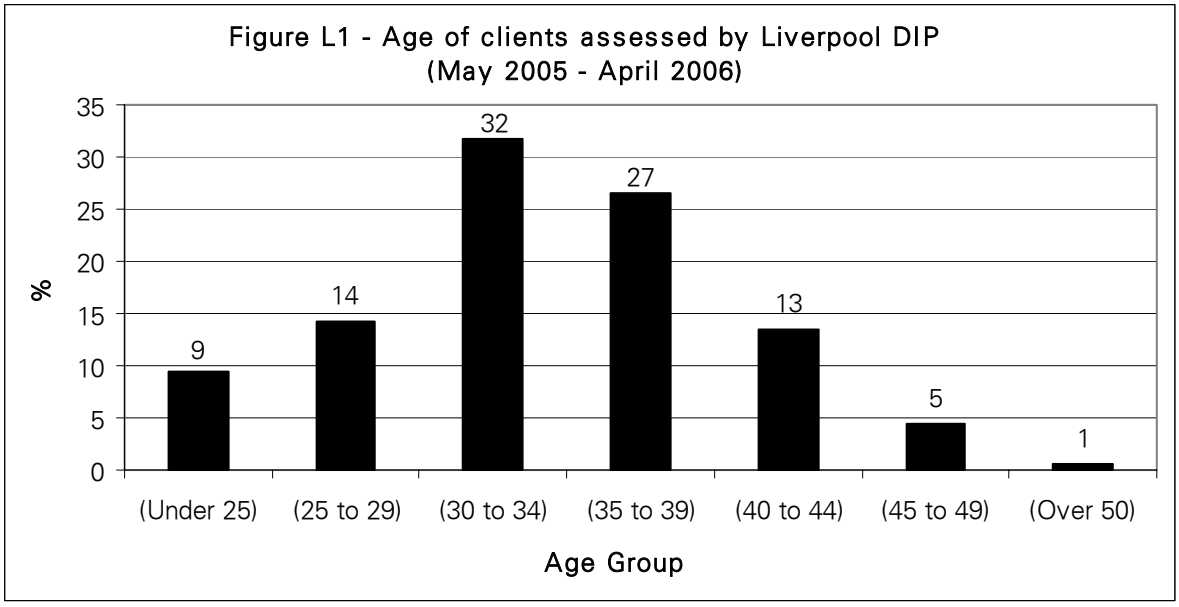
4.0 Liverpool D(A)AT

Table L1 – Assessment Outcomes (May 2005 – April 2006)

Outcomes	Liverpool
No FI	55 (5%)
FI Refused	99 (8%)
D(A)AT	51 (4%)
Prison	191 (16%)
No Appointment	170 (14%)
Did not Attend	265 (22%)
Care Plan	377 (31%)
Total	1208

There were 1208 clients assessed by Liverpool DIP over the 12-month period (Table L1). The most common outcome for clients after assessment was to have a care plan completed (31%). However, it is of concern that the second most common outcome was that clients did not turn up after an appointment had been made for them to be care planned (22%, Table L1).

4.1 Demographic Information – Age



A third of clients assessed by Liverpool DIP were between 30 and 34 years old (32%).

Table L2 – Outcome by Age (May 2005 – April 2006)

Outcome	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 and over
No FI (n=55)	8 (15%)	8 (15%)	19 (35%)	10 (18%)	6 (11%)	2 (4%)	2 (4%)
FI Refused (n=99)	8 (8%)	14 (14%)	35 (35%)	27 (27%)	11 (11%)	3 (3%)	1 (1%)
D(A)AT (n=51)	5 (10%)	5 (10%)	12 (24%)	16 (31%)	11 (22%)	2 (4%)	
Prison (n=191)	7 (4%)	30 (16%)	80 (42%)	47 (25%)	19 (10%)	6 (3%)	2 (1%)
No Appointment (n=170)	21 (12%)	26 (15%)	52 (31%)	48 (28%)	16 (9%)	5 (3%)	2 (1%)
Did not Attend (n=265)	29 (11%)	32 (12%)	77 (29%)	71 (27%)	44 (17%)	12 (5%)	
Care Plan (n=377)	35 (9%)	57 (15%)	108 (29%)	102 (27%)	56 (15%)	17 (5%)	2 (1%)

More than half of clients that had a care plan completed were between the ages of 30 and 39 (56%). The same percentage of clients who did not turn up for a care plan after an appointment had been made for them were within this age group. Clients who were deemed to not need further intervention were slightly younger than those in other outcome groups with 30% under the age of 30 compared to 27% or less in all other groups. Four in ten clients who were referred to prison were between 30 and 34 (42%), a higher proportion than in any other outcome groups.

4.2 Gender

Table L3 - Outcome by Gender (May 2005 – April 2006)

	No FI (n=55)	FI Refused (n=99)	D(A)AT (n=51)	Prison (n=191)	No Appointment (n=170)	Did not Attend (n=265)	Care Plan (n=377)	Total
Female	12 (3%)	31 (8%)	9 (2%)	63 (17%)	45 (12%)	87 (23%)	125 (34%)	372 (31%)
Male	43 (5%)	68 (8%)	42 (5%)	128 (15%)	125 (15%)	178 (21%)	252 (30%)	836 (69%)

Almost seven in ten clients (69%) assessed by Liverpool DIP were male. A slightly higher percentage of females (34%) than males (30%) had a care plan completed with Liverpool DIP. There were also a greater proportion of females compared to males who failed to turn up to their care plan appointment.

4.3 Drug Use

Table L4 - Drug Use in the past month by Outcome (May 2005 – April 2006)

Outcome	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet	Benzos	Ecstasy	Other
No FI (n=50)	7 (14 %)	27 (54%)	31 (62%)	14 (28%)	5 (10%)		3 (6%)		
FI Refused (n=85)	6 (7%)	53 (62%)	66 (78%)	13 (15%)	4 (5%)		1 (1%)		
D(A)AT (n=48)	2 (4%)	33 (69%)	41 (85%)	1 (2%)	4 (8%)		1 (2%)		
Prison (n=181)	12 (7%)	127 (70%)	158 (87%)	22 (12%)	2 (1%)		10 (6%)		1 (<1%)
No Appointment (n=155)	10 (6%)	96 (62%)	119 (77%)	21 (14%)	13 (8%)	1 (1%)	5 (3%)		1 (1%)
Did not Attend (n=249)	24 (10%)	173 (69%)	202 (81%)	26 (10%)	22 (9%)	3 (1%)	7 (3%)	3 (1%)	1 (<1%)
Care Plan (n=365)	23 (6%)	263 (72%)	312 (85%)	54 (15%)	24 (7%)	2 (1%)	17 (5%)		3 (1%)
Total (n=1133)	84 (7%)	772 (68%)	929 (82%)	151 (13%)	74 (7%)	6 (1%)	44 (4%)	3 (<1%)	6 (1%)

NB: As clients are able to indicate more than one drug of use, figures will add up to more than 100% in each outcome group.

Around eight in ten clients (82%) assessed indicated they used heroin, while just below seven in ten clients (68%) indicated crack use. Around a quarter of clients (28%) assessed who did not require further DIP intervention reported the 'illicit' use of methadone. It is suspected that a number of these clients were already in treatment and that the methadone use is actually prescribed methadone, recorded incorrectly as illicit. Proportions of clients using crack and heroin were also lower within this group that in any other. Of those that had a care plan completed, 85% reported heroin use, while 72% reported using crack.

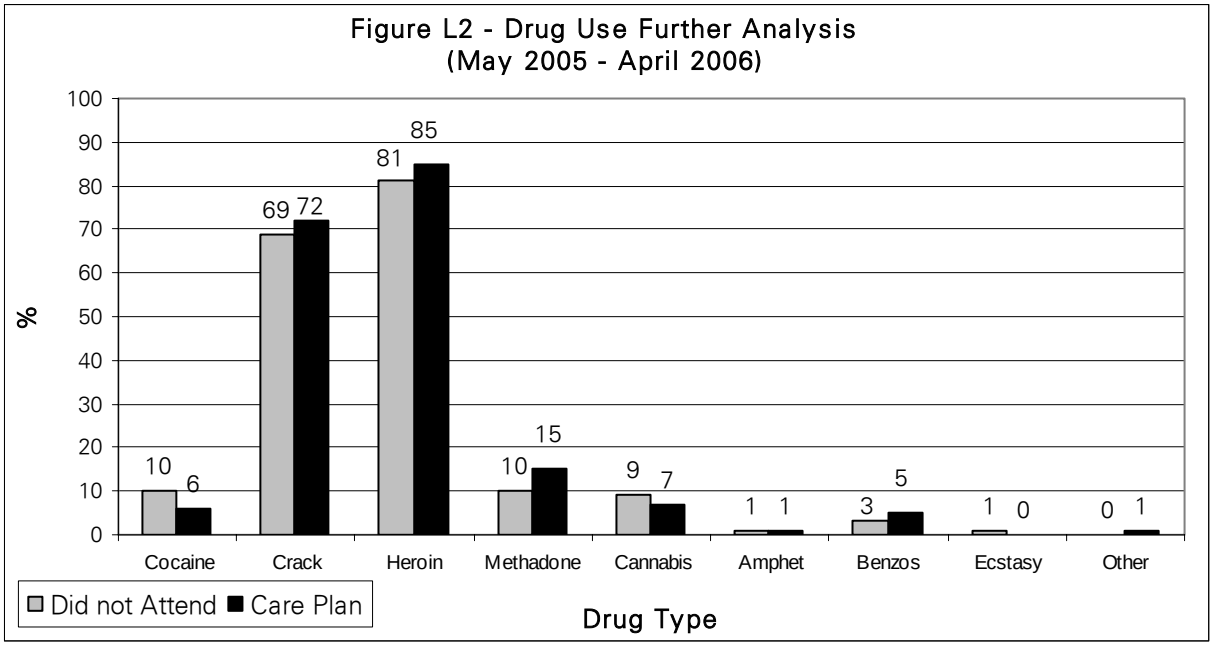


Figure L2 shows that there is a similar pattern of drug use for clients who had a care plan completed and those that did not attend their care plan appointment. Clients receiving a care plan were more likely to report use of methadone than clients who did not attend. A higher proportion of clients who did not attend used cocaine than those who had a care plan completed.

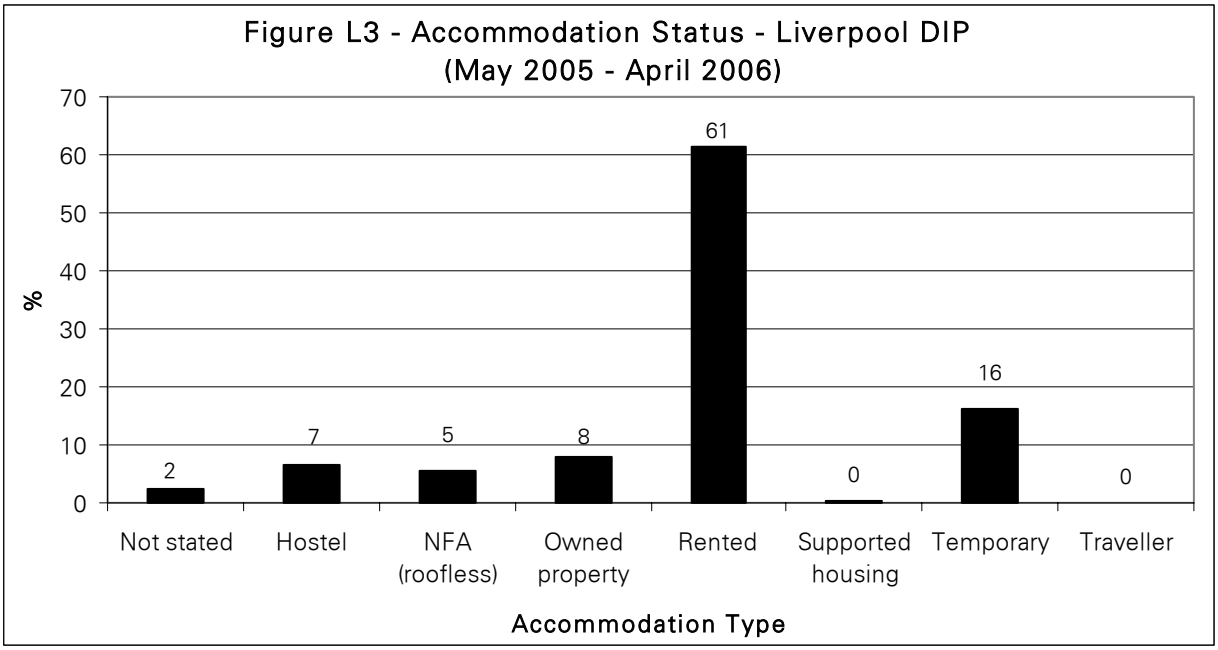
Table L5 - The Combination of Drugs Used (May 2005 - April 2006)

Drug Use	Care Plan (n=365)	Did not Attend (n=249)
Opiates (No Crack or Cocaine)	65 (18%)	40 (16%)
Stimulants (No Opiates)	29 (8%)	25 (10%)
Both Stimulants and Opiates	254 (70%)	170 (68%)
Neither Stimulants nor Opiates	17 (5%)	14 (6%)

NB. Please note that *opiates* include Heroin and Methadone (illicit) and *stimulants* include crack and cocaine. However, individuals in either group could also use other drugs.

Almost seven in ten clients (68%) who had a care plan completed used both stimulant and opiate users. There were very few clients over the twelve month period who used neither. Patterns of use were similar for those receiving a care plan and those who did not attend for their appointment.

4.4 Accommodation



Six in ten clients (61%) assessed by Liverpool DIP in this period were in rented accommodation. The next most commonly reported category was temporary accommodation (16%).

Table L6 – Outcome by Accommodation Stability (May 2005 – April 2006)

	Not Stated	Unstable	Stable
No FI (n=55)	1 (2%)	17 (31%)	37 (69%)
FI refused (n=99)	2 (2%)	23 (24%)	74 (75%)
D(A)AT (n=51)	1 (2%)	11 (22%)	39 (76%)
Prison (n=191)	3 (2%)	56 (30%)	132 (70%)
No Appointment (n=170)	9 (5%)	45 (26%)	116 (68%)
Did not Attend (n=265)	5 (2%)	80 (30%)	180 (68%)
Care Plan (n=377)	7 (2%)	108 (29%)	262 (69%)
Total	**28 (2%)**	**340 (28%)**	**840 (70%)**

Just over a quarter of clients (28%) assessed were in unstable accommodation at the time of assessment. Clients in all outcome groups reported similar levels of accommodation stability, apart from clients who refused further intervention and those who were referred to their D(A)AT of residence, who reported slightly higher levels of stability.

Summary of Liverpool D(A)AT Findings

- There were 1208 clients assessed by Liverpool DIP between May 2005 and April 2006. Of those, a third (31%) went on to have a care plan completed but 22% did not attend their care plan appointment.

- More than half of the clients (56%) who had a care plan completed were between the ages of 30 and 39.

- Just over two in five prison referrals were for clients between the ages of 30 and 34, a greater proportion than in the other outcome groups.

- Seven in ten clients assessed by Liverpool DIP were male (69%). Females assessed were more likely than males to progress through to care planning.

- Just over a quarter of clients (28%) who did not require further DIP intervention reported illegal methadone use. It is suspected that a number of clients who reported methadone use were already in Structured Drug Treatment and DIP workers may have incorrectly recorded prescribed methadone use as illicit. Proportions of clients using crack and heroin were also lower in this group than in any other.

- Seven in ten clients (70%) who had a care plan completed were both stimulant and opiate users. This demonstrates the complex treatment needs of DIP clients.

- Of the clients assessed, six in ten clients (61%) assessed by Liverpool DIP were in rented accommodation.

- Just over a quarter of clients (28%) assessed were in unstable accommodation.

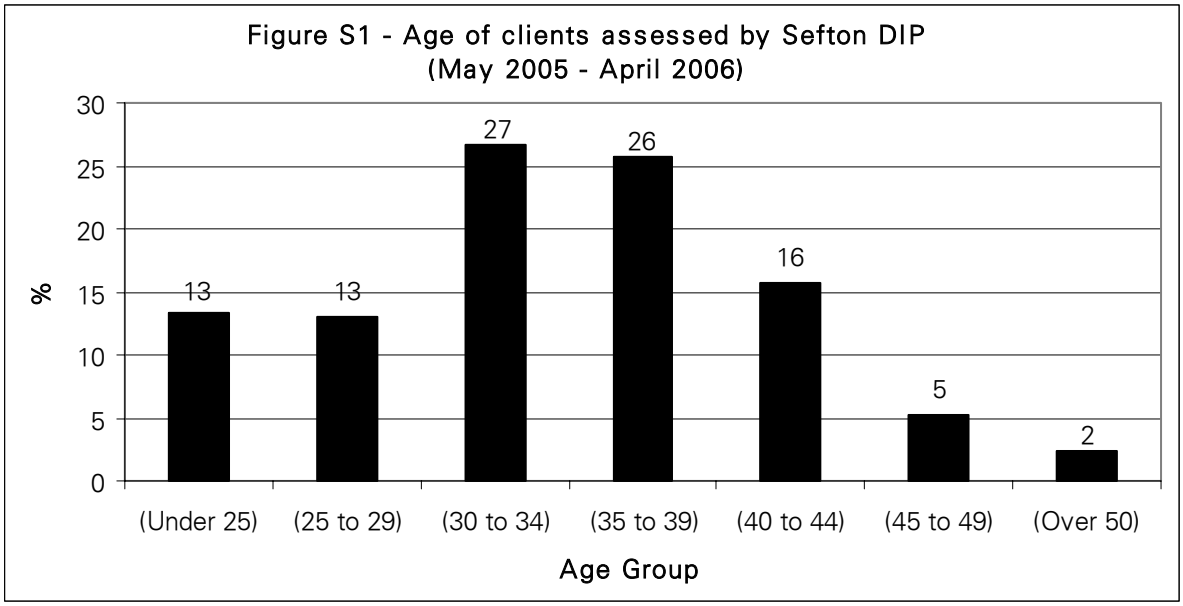
5.0 Sefton D(A)AT

Table S1 – Assessment Outcomes (May 2005 – April 2006)

Outcomes	Sefton
No FI	16 (5%)
FI Refused	4 (1%)
D(A)AT	35 (11%)
Prison	32 (10%)
No Appointment	16 (5%)
Did not Attend	16 (5%)
Care Plan	211 (64%)
Total	330

There were 330 clients assessed by Sefton DIP over the 12-month period. Almost two-thirds of individuals assessed (64%) had a care plan completed by Sefton DIP.

5.1 Demographic Information - Age



Just over half of clients (53%) assessed by Sefton DIP were between 30 and 39 years of age, distributed evenly across the two age groups (30 to 34 and 25 to 39).

Table S2- Outcome by Age (May 2005 – April 2006)

Outcome	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 and above
No FI (n=16)	10 (63%)	1 (6%)	4 (25%)		1 (6%)		
FI Refused (n=4)		2 (50%)	1 (25%)	1 (25%)			
D(A)AT (n=35)	5 (14%)	6 (17%)	12 (34%)	4 (11%)	8 (23%)		
Prison (n=32)	5 (16%)	2 (6%)	12 (38%)	10 (31%)	2 (6%)	1 (3%)	
No Appointment (n=16)	4 (25%)	2 (13%)	3 (19%)	3 (19%)	3 (19%)	1 (6%)	
Did not Attend (n=16)	4 (25%)	3 (19%)	3 (19%)	4 (25%)	2 (13%)		
Care Plan (n=211)	16 (8%)	27 (13%)	53 (25%)	63 (30%)	36 (17%)	11 (5%)	5 (2%)

Just under a third of clients (30%) who had a care plan completed were between 35 and 39 years of age. More than four in ten clients (44%) who did not turn up for their care plan appointment were under the age of 30, a greater proportion than any other group apart from those refusing further intervention. This point should be treated with caution however as numbers in this outcome group were relatively small. Just over six in ten clients (63%) who did not require further DIP intervention after being assessed were under the age of 25.

5.2 Gender

Table S3 - Outcome by Gender (May 2005 – April 2006)

	No FI (n=16)	FI Refused (n=4)	D(A)AT (n=35)	Prison (n=32)	No Appointment (n=16)	Did not Attend (n=16)	Care Plan (n=211)	Total
Female	5 (6%)		9 (10%)	5 (6%)	3 (3%)	3 (3%)	63 (72%)	88 (27%)
Male	11 (5%)	4 (2%)	26 (11%)	27 (11%)	13 (5%)	13 (5%)	148 (61%)	242 (73%)

Seven in ten clients (73%) assessed by Sefton DIP were male. A higher percentage of females (72%) than males (61%) assessed had a care plan completed with Sefton DIP. The proportion of clients referred to prison was higher for males (11%) than it was for females (6%).

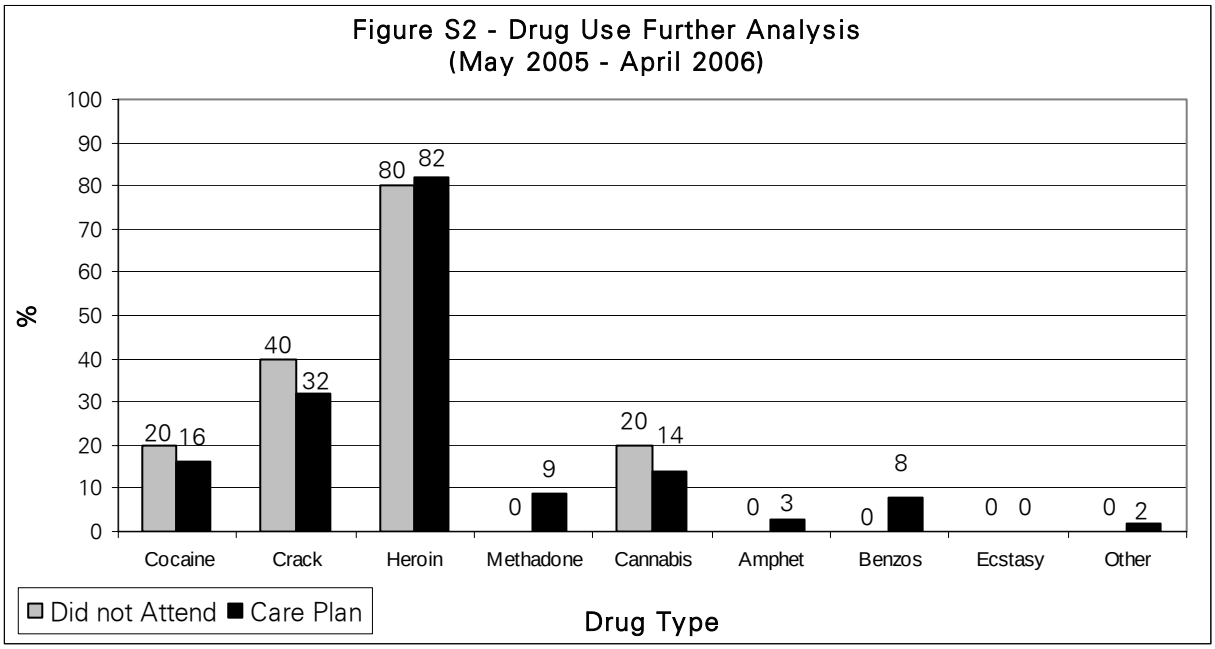
5.3 Drug Use

Table S4 - Drug Use in the past month by Outcome (May 2005 – April 2006)

	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet	Benzos	Ecstasy	Other
No FI (n=14)	9 (64%)	4 (29%)	4 (29%)		4 (29%)				
FI Refused (n=3)	2 (67%)	1 (33%)	1 (33%)						
D(A)AT (n=33)	5 (15%)	20 (61%)	28 (85%)	2 (6%)	4 (12%)		3 (9%)	1 (3%)	
Prison (n=32)	9 (28%)	20 (63%)	27 (84%)	4 (13%)	4 (13%)	1 (3%)	5 (16%)	1 (3%)	1 (3%)
No Appointment (n=11)	4 (36%)	3 (27%)	5 (45%)	1 (9%)	4 (36%)				
Did not Attend (n=15)	3 (20%)	6 (40%)	12 (80%)		3 (20%)				
Care Plan (n=197)	32 (16%)	117 (59%)	161 (82%)	17 (9%)	28 (14%)	5 (3%)	15 (8%)		3 (2%)
Total (n=305)	64 (21%)	177 (56%)	238 (78%)	24 (8%)	47 (15%)	6 (2%)	23 (8%)	2 (1%)	4 (1%)

NB: As clients are able to indicate more than one drug of use, figures will add up to more than 100%.

Around eight in ten clients (78%) assessed indicated they used heroin, while just below six in ten clients (56%) indicated crack. A fifth of clients assessed (21%) indicated cocaine use. Of those clients who went on to have a care plan completed, 82% were heroin users, while 59% used crack. It should also be noted that of those who did not turn up for their care plan appointment, 80% were heroin users. Clients who were deemed to not require further intervention or who refused further intervention were more likely to use cocaine than individuals in any other outcome group. This point should be treated with caution however as numbers in the further intervention refused outcome group were small.



Clients who did not turn up for their care plan were slightly more likely to use cocaine, crack and cannabis than those that did. However, as only 15 clients did not turn for their care plan conclusions should be drawn with caution.

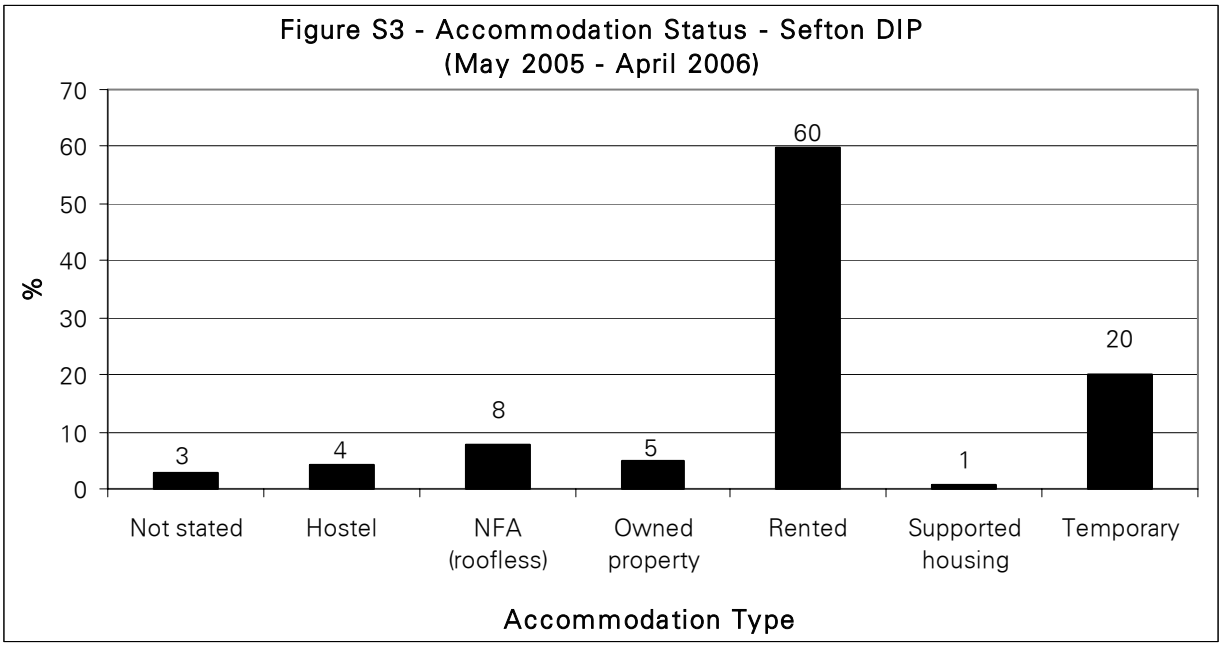
Table S5 - The Combination of Drugs Used (May 2005 - April 2006)

Drug Use	Care Plan (n=197)	Did not Attend (n=15)
Opiates (No Crack or Cocaine)	43 (22%)	6 (40%)
Stimulants (No Opiates)	26 (13%)	3 (20%)
Both Stimulants and Opiates	120 (61%)	6 (40%)
Neither Stimulants nor Opiates	8 (4%)	

NB. Please note that *opiates* include Heroin and Methadone (illicit) and *stimulants* include crack and cocaine. However, individuals in either group could also use other drugs.

Of the 212 clients proposed for care planning, 126 used both stimulants and opiates (56%). Just over six in ten clients (61%) who had a care plan completed used a combination of opiates and stimulants. Very few clients proposed for care planning (4%) did not use either stimulants or opiates.

5.4 Accommodation



Six in ten of clients assessed were in rented accommodation (60%). A further fifth were in temporary accommodation (20%).

Table S6 – Outcome by Accommodation Stability (May 2005 – April 2006)

	Not Stated	Unstable	Stable
No FI (n=16)	1 (6%)	3 (19%)	12 (75%)
FI Refused (n=4)		2 (50%)	2 (50%)
D(A)AT (n=35)	2 (6%)	17 (49%)	16 (46%)
Prison (n=32)		13 (41%)	19 (59%)
No Appointment (n=16)		5 (31%)	11 (69%)
Did not Attend (n=16)	2 (13%)	5 (31%)	9 (56%)
Care Plan (n=211)	4 (2%)	61 (29%)	146 (69%)
Total	**9 (3%)**	**106 (32%)**	**215 (65%)**

Almost a third of clients (32%) assessed were in unstable accommodation at the time of assessment. Three in ten clients (29%) who had a care plan completed were in unstable accommodation at the time of their care plan appointment. A greater proportion of clients who were referred back to their D(A)AT of residence, to prison and those who refused further intervention reported being in unstable accommodation at the time of their assessment than individuals in any other outcome group. This point should be treated with caution however as numbers in the further intervention refused outcome group were small.

Summary of Sefton D(A)AT Findings

- There were 330 clients assessed by Sefton DIP between May 2005 and April 2006. Around two-thirds of these clients (64%) had a care plan completed.

- More than half of the clients assessed by Sefton DIP (53%) were between 30 and 39 years old. Of the clients who did not require further intervention, 63% were under the age of 25, a greater proportion than in any other outcome group. This may be due to the nature of their drug use, which may not have yet progressed to a level that the DIP team felt would benefit from intervention provided by Sefton DIP.

- Just over seven in ten (73%) clients assessed by Sefton DIP were male.

- Females were more likely than males to go on to have a care plan with Sefton DIP after assessment, whilst males were more likely to be transferred to prison.

- Eight in ten clients (78%) assessed indicated heroin use, whilst six in ten clients (56%) specified crack use.

- Clients who were deemed not to need or who refused further intervention were more likely to use cocaine than individuals in any other outcome group.

- Six in ten clients (61%) who completed a care plan used both stimulants and opiates at the time of assessment.

- Six in ten of clients assessed were in rented accommodation (60%). Just under a third of clients (32%) assessed were in unstable accommodation.

- Clients who were referred back to their D(A)AT of residence, those transferred to prison and those who did not attend their care plan appointment were less likely to be in unstable accommodation than those from any other outcome groups.

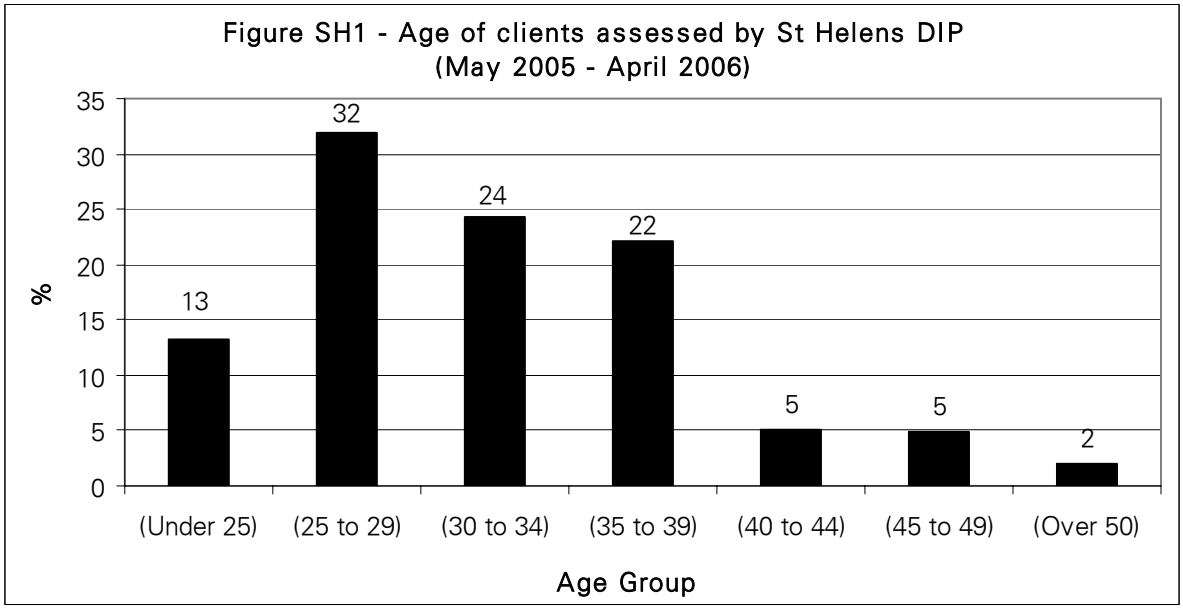
6.0 St Helens D(A)AT

Table SH1 – Assessment Outcomes (May 2005 – April 2006)

Outcomes	St Helens
No FI	7 (3%)
FI Refused	8 (3%)
D(A)AT	10 (4%)
Prison	64 (27%)
No Appointment	23 (10%)
Did not Attend	19 (8%)
Care Plan	104 (44%)
Total	235

There were 235 clients assessed by St Helens DIP over the 12-month period. Of these, 44% went on to have a care plan completed. The second most common outcome was referral to prison (27% of clients assessed).

6.1 Demographic Information – Age



Around a third of clients assessed (32%) were between the age of 25 and 29. The second most common age group was 30 to 34.

Table SH2 – Outcome by Age (May 2005 – April 2006)

Outcome	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 and above
No FI (n=7)		3 (43%)	2 (29%)	2 (29%)			
FI Refused (n=8)	2 (25%)		4 (50%)	2 (25%)			
D(A)AT(n=10)	1 (10%)	3 (30%)	3 (30%)	2 (20%)	1 (10%)		
Prison (n=64)	7 (11%)	25 (39%)	16 (25%)	11 (17%)	4 (6%)		1 (2%)
No Appointment (n=23)	3 (13%)	11 (48%)	5 (22%)	3 (13%)	1 (4%)		
Did not Attend (n=19)	3 (16%)	8 (42%)	2 (11%)	6 (32%)			
Care Plan (n=104)	15 (14%)	25 (24%)	25 (24%)	26 (25%)	6 (6%)	5 (5%)	2 (2%)

Clients that received a care plan were relatively evenly spread between the ages of 25 and 39. Clients who had a care plan completed were generally older than those in most other outcome groups. Just over six in ten (62%) care planned clients were over 30 compared to 43% of those clients who did not turn up for their care plan and 39% of clients who were not given an appointment for care planning.

6.2 Gender

Table SH3 – Outcome by Gender (May 2005 – April 2006)

	No FI (n=7)	FI Refused (n=8)	D(A)AT (n=10)	Prison (n=64)	No Appointment (n=23)	Did not Attend (n=19)	Care Plan (n=104)	Total
Female	1 (2%)	1 (2%)	1 (2%)	12 (25%)	5 (10%)	5 (10%)	24 (49%)	49 (21%)
Male	6 (3%)	7 (4%)	9 (5%)	52 (28%)	18 (10%)	14 (8%)	80 (43%)	186 (79%)

Almost eight in ten clients assessed by St Helens DIP team over the 12-month period were male (79%). Of the clients assessed there were a higher proportion of clients who completed a care plan who were female (49%) than male (43%).

6.3 Drug Use

Table SH4 – Drug Use in the past month by Outcome (May 2005 – April 2006)

Outcome	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet	Benzos	Ecstasy	Other
No FI (n=7)			6 (86%)	7 (100%)	1 (14%)		1 (14%)		
FI Refused (n=7)		3 (43%)	4 (57%)	4 (57%)			1 (14%)		
D(A)AT (n=10)		3 (30%)	6 (60%)	2 (20%)		1 (10%)	2 (20%)		
Prison (n=57)	13 (23%)	25 (44%)	34 (60%)	19 (33%)	1 (2%)	2 (4%)	8 (14%)		
No Appointment (n=23)		10 (43%)	18 (78%)	10 (43%)	1 (4%)		2 (9%)	1 (4%)	
Did not Attend (n=18)		9 (50%)	17 (94%)	3 (17%)	1 (6%)	2 (11%)	3 (17%)		
Care Plan (n=94)	8 (9%)	41 (44%)	77 (82%)	24 (26%)	7 (7%)	4 (4%)	16 (17%)	1 (1%)	4 (4%)
Total (n=216)	21 (10%)	91 (42%)	162 (75%)	69 (32%)	11 (5%)	9 (4%)	33 (15%)	2 (1%)	4 (2%)

NB: As clients are able to indicate more than one drug of use, figures will add up to more than 100%.

Three-quarters of clients assessed (75%) indicated they used heroin, whilst just over four in ten (42%) indicated crack. Just under a third of clients assessed (32%) specified methadone. It can be seen that all clients who did not require further DIP intervention reported using illicit methadone. It is suspected that a number of these clients were already in treatment and the methadone use is actually prescribed methadone recorded incorrectly as 'illicit'. It should be noted that the majority of these clients also reported the use of heroin. It can also be seen that just over a quarter of clients (26%) who received a care plan reported using 'illicit' methadone. Clients who were referred to prison (23%) were more likely than those in any other outcome group to report the use of cocaine.

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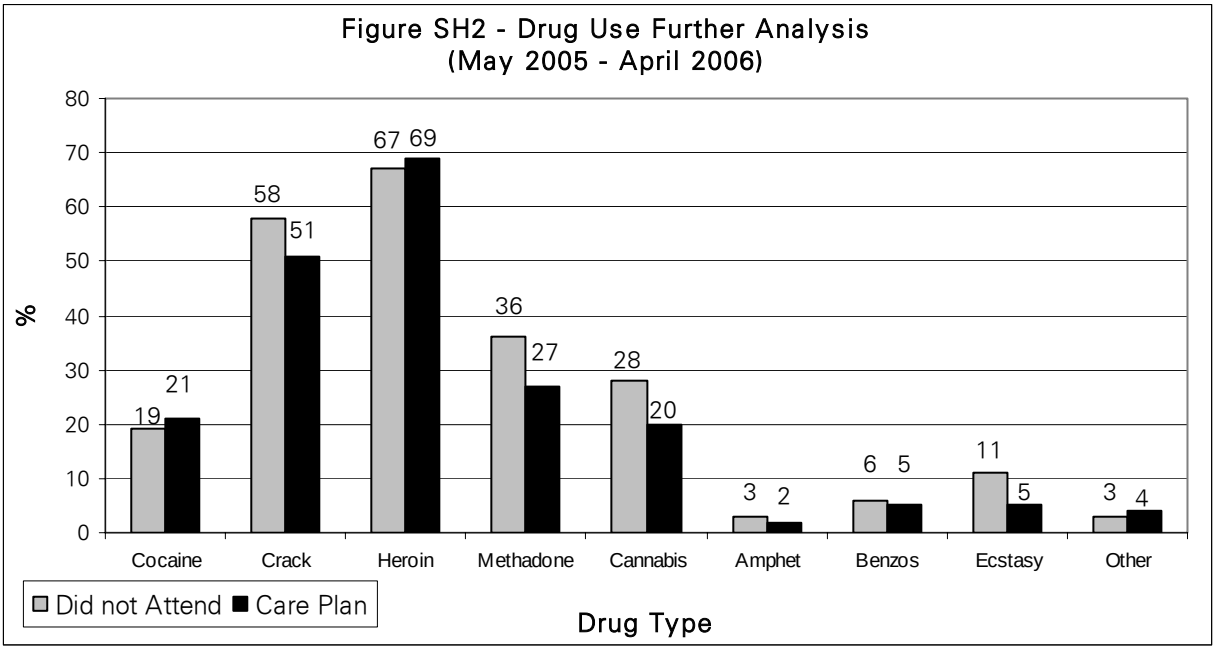


Clients who did not turn up for their care plan appointment were more likely than those who did to use crack, methadone and cannabis. Due to the relatively small number of clients in the group that did not turn up for their care plan appointment conclusions should be drawn with caution.

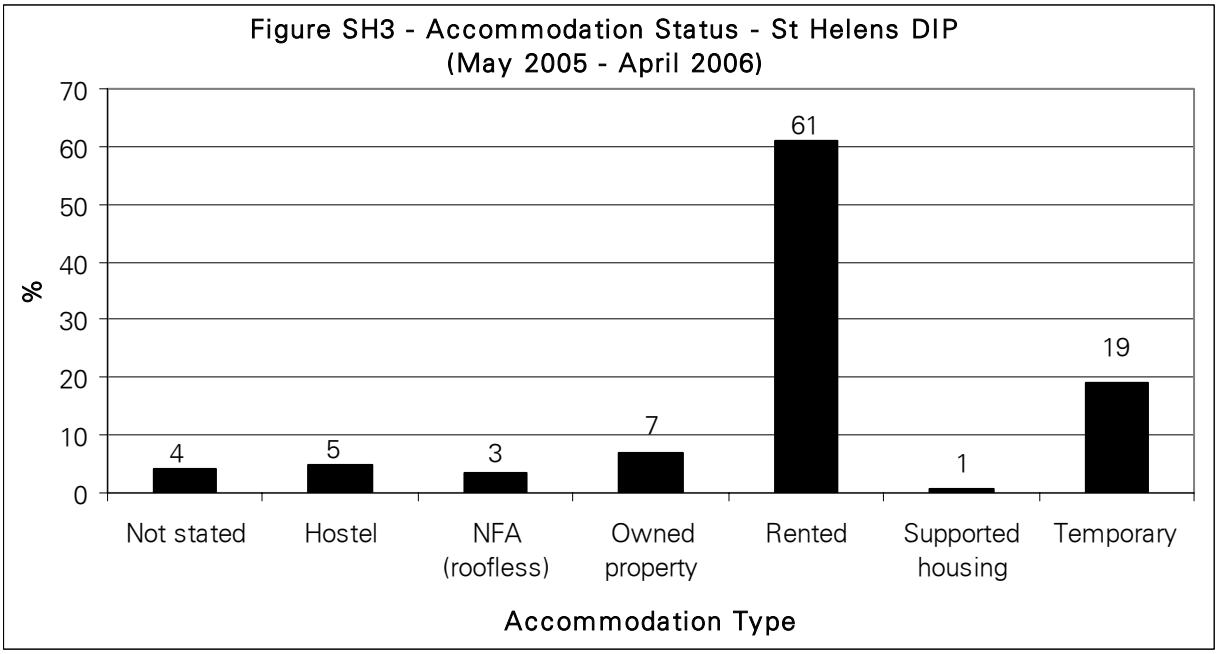
Table SH5 – The Combination of Drugs Used (May 2005 - April 2006)

Drug Use	Care Plan (n=94)	Did not Attend (n=18)
Opiates (No Crack or Cocaine)	39 (41%)	8 (44%)
Stimulants (No Opiates)	5 (5%)	
Both Stimulants and Opiates	42 (45%)	9 (50%)
Neither Stimulants nor Opiates	8 (9%)	1 (6%)

NB. Please note that *opiates* include Heroin and Methadone (illicit) and *stimulants* include crack and cocaine. However, individuals in either group could also use other drugs.

The majority of clients (86%) assessed that received a care plan used either opiates only or a combination of stimulants and opiates. There is a similar pattern for those who did not turn up for their care plan (94%).

6.4 Accommodation



Six in ten clients (61%) assessed by St Helen DIP were in rented accommodation at the time of assessment. The second most commonly reported category was temporary accommodation (19%).

Figure SH6 – Outcome by Accommodation Stability (May 2005 – April 2006)

	Not Stated	Unstable	Stable
No FI (n=7)		3 (43%)	4 (57%)
FI refused (n=8)	2 (25%)		6 (75%)
D(A)AT (n=10)	1 (10%)	2 (20%)	7 (70%)
Prison (n=64)	2 (3%)	18 (28%)	44 (69%)
No Appointment (n=23)	1 (4%)	6 (26%)	16 (70%)
Did not Attend (n=19)		7 (37%)	12 (63%)
Care Plan (n=104)	4 (4%)	28 (27%)	72 (69%)
Total	10 (4%)	64 (27%)	161 (69%)

Just over a quarter of clients (27%) assessed were in unstable accommodation. Just over a quarter of clients who had a care plan completed were in unstable accommodation at the time of assessment (27%).

Summary of St Helens D(A)AT Findings

- There were 235 clients assessed by St Helens DIP between May 2005 and April 2006. Of those, just over four in ten clients (44%) had a care plan completed. The second most common outcome group was referral to prison (27% of clients assessed).

- Around a third of clients (32%) assessed were between 25 and 29 years old.

- Six in ten care planned clients were over 30 compared to 43% of those clients who did not turn up for their care plan.

- Eight in ten (79%) clients assessed were male.

- Females assessed by St Helens DIP were more likely to go on to receive a care plan than males.

- All clients who did not require further DIP intervention reported the use of 'illicit' methadone. It is suspected that a number of these clients were already in treatment and the methadone use is actually prescribed methadone recorded incorrectly as illicit. Most clients also reported the use of heroin, suggesting that many were using methadone (whether prescribed or illicit) whilst continuing illicit use of heroin.

- Clients who were referred to prison were more likely than those in any other outcome group to report the use of cocaine.

- The majority of clients that received a care plan used either opiates only or a combination of stimulants and opiates.

- Six in ten clients (61%) assessed by St Helens DIP were in rented accommodation. Just over a quarter of clients (27%) assessed were in unstable accommodation. Just over a quarter of clients (27%) who had a care plan completed were in unstable accommodation at the time of their assessment.

7.0 Wirral D(A)AT

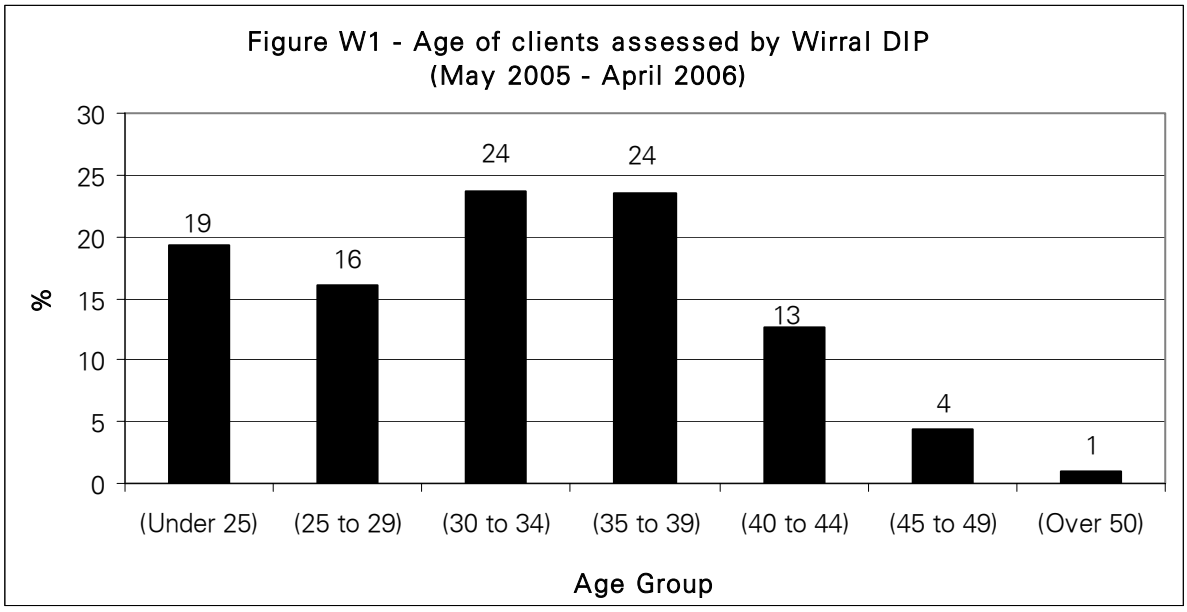
Table W1 – Assessment Outcomes (May 2005 – April 2006)

Outcomes	Wirral
No FI	80 (14%)
FI Refused	89 (16%)
D(A)AT	31 (6%)
Prison	51 (9%)
No Appointment	53 (10%)
Did not attend	44 (8%)
Care Plan	208 (37%)
Total	556

There were 556 clients assessed by Wirral DIP over the 12-month period. Almost four in ten clients (37%) went on to receive a care plan. The second most common outcome group was for clients to refuse any further intervention (16% of clients assessed).

7.1 Demographic Information – Age

Figure W1 - Age of clients assessed by Wirral DIP (May 2005 - April 2006)



Almost half of the clients (48%) assessed were between 30 and 39 years of age, distributed evenly across the two age groups.

Table W2 – Outcome by Age (May 2005 – April 2006)

	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 and above
No FI (n=80)	26 (33%)	14 (18%)	14 (18%)	11 (14%)	13 (16%)		2 (3%)
FI Refused (n=89)	20 (23%)	19 (21%)	18 (20%)	21 (24%)	8 (9%)	2 (2%)	1 (1%)
D(A)AT (n=31)	3 (10%)	6 (19%)	6 (19%)	10 (32%)	4 (13%)	1 (3%)	1 (3%)
Prison (n=51)	11 (22%)	6 (12%)	21 (41%)	5 (10%)	5 (10%)	3 (6%)	
No Appointment (n=53)	9 (17%)	5 (9%)	12 (23%)	14 (26%)	8 (15%)	2 (4%)	3 (6%)
Did not Attend (n=44)	5 (11%)	9 (21%)	15 (34%)	6 (14%)	8 (18%)		1 (2%)
Care Plan (n=208)	33 (16%)	30 (14%)	46 (22%)	64 (31%)	24 (12%)	9 (4%)	2 (1%)

Clients judged by DIP workers to no require further intervention were more likely to be under 25 than clients in any other outcome group. Clients who did and did not attend for care planning had a similar age profile, with around half of the clients in each case being between 30 and 39 years old (53% and 48% respectively).

7.2 Gender

Table W3 – Outcome by Gender (May 2005 – April 2006)

	No FI (n=80)	FI Refused (n=89)	D(A)AT (n=31)	Prison (n=51)	No Appointment (n=53)	Did not Attend (n=44)	Care Plan (n=208)	Total
Female	5 (6%)	9 (11%)	6 (7%)	8 (10%)	10 (12%)	4 (5%)	42 (50%)	**84 (15%)**
Male	75 (16%)	80 (17%)	25 (5%)	43 (9%)	43 (9%)	40 (8%)	166 (35%)	**472 (85%)**

The majority of clients assessed by Wirral DIP were male (85%). A much greater proportion of females assessed had a care plan completed than males (50% compared to 35%). In addition, a greater proportion of males (16%) were deemed to not require or accept further DIP intervention than females (6%).

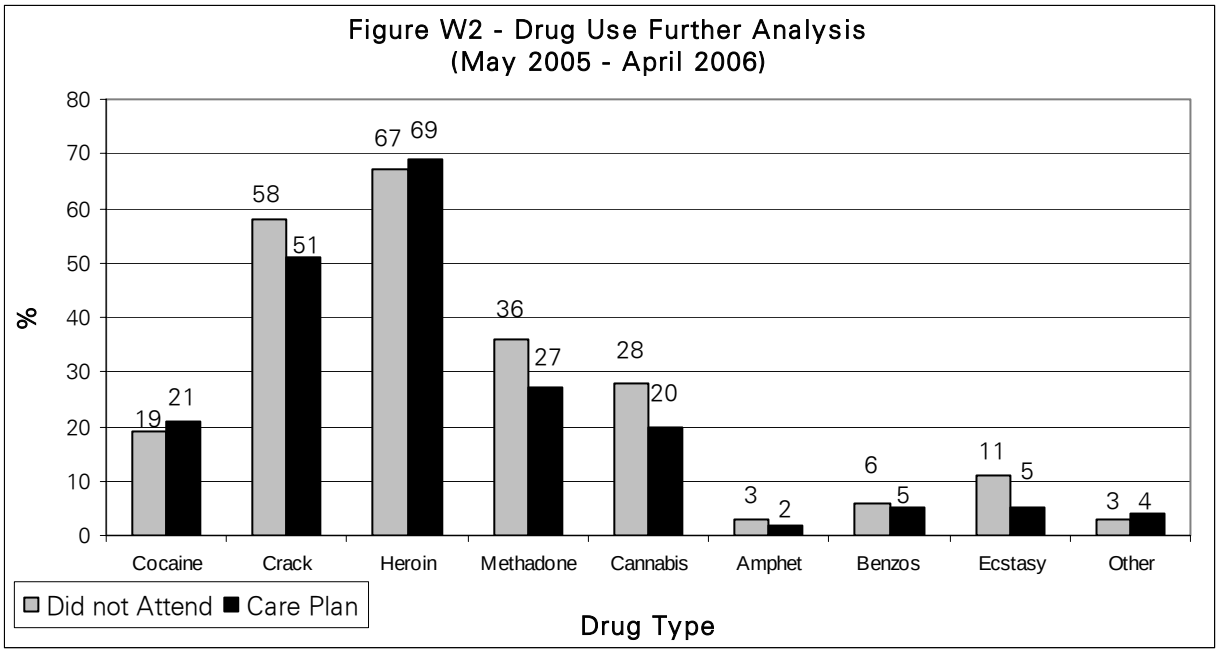
7.3 Drug Use

Table W4 – Drug Use in the past month by Outcome (May 2005 – April 2006)

Outcome	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet	Benzos	Ecstasy	Other
No FI (n=54)	37 (69%)	11 (20%)	16 (30%)	7 (13%)	16 (30%)	1 (2%)	3 (6%)	2 (4%)	
FI Refused (n=74)	26 (35%)	25 (34%)	31 (42%)	17 (23%)	26 (35%)	6 (8%)	2 (3%)	4 (5%)	
D(A)AT (n=30)	5 (17%)	21 (70%)	21 (70%)	3 (10%)	2 (7%)		1 (3%)	1 (3%)	
Prison (n=50)	15 (30%)	28 (56%)	33 (66%)	16 (32%)	9 (18%)	1 (2%)	2 (4%)	1 (2%)	
No Appointment (n=41)	12 (29%)	17 (41%)	24 (59%)	14 (34%)	9 (22%)	2 (5%)		1 (2%)	
Did not Attend (n=36)	7 (19%)	21 (58%)	24 (67%)	13 (36%)	10 (28%)	1 (3%)	2 (6%)	4 (11%)	1 (3%)
Care Plan (n=193)	41 (21%)	98 (51%)	134 (69%)	53 (27%)	38 (20%)	4 (2%)	9 (5%)	10 (5%)	7 (4%)
Total (n=473)	143 (30%)	221 (47%)	283 (60%)	123 (26%)	110 (23%)	15 (3%)	19 (4%)	23 (5%)	8 (2%)

NB: As clients are able to indicate more than one drug of use, figures will add up to more than 100%

Six in ten clients (60%) who used drugs in the last month, indicated heroin use at the time of assessment, whilst almost half (47%) indicated crack use. Of those who went on to have a care plan completed, 69% reported using heroin. A further 27% reported using illicit methadone. It is suspected that a number of these clients were already in treatment and the methadone use is actually prescribed methadone recorded incorrectly as illicit. Clients judged not to require further intervention (69%) were more likely to report the use of cocaine than clients in any other outcome group. Clients who were referred back to their D(A)AT of residence had higher levels of crack use (70%) than those in any other outcome group.



A larger proportion of clients who did not attend their care plan appointment, used crack (58%), methadone (36%) and cannabis (28%) than those who completed a care plan.

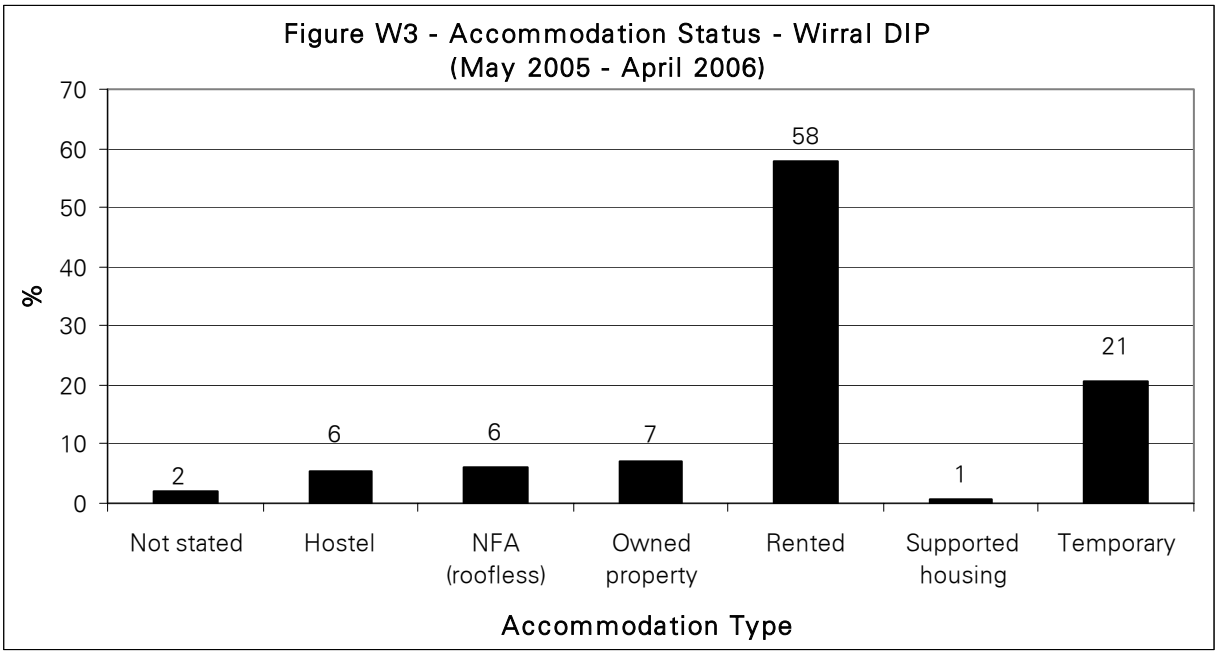
Table W5 – The Combination of Drugs Used (May 2005 - April 2006)

Drug Use	Care Plan (n=193)	Did not Attend (n=36)
Opiates (No Crack or Cocaine)	45 (23%)	6 (17%)
Stimulants (No Opiates)	39 (20%)	7 (19%)
Both Stimulants and Opiates	96 (50%)	20 (56%)
Neither Stimulants nor Opiates	13 (7%)	3 (8%)

NB. Please note that *opiates* include Heroin and Methadone (illicit) and *stimulants* include crack and cocaine. However, individuals in either group could also use other drugs.

Almost a quarter of clients (23%) who had a care plan completed used opiates only compared to 17% of those clients who did not attend for their care plan appointment. Of those who did not attend their care plan appointment, 56% were using both stimulants and opiates at the time of assessment compared to 50% of clients who had a care plan completed. There was no difference in the levels of stimulants only use between the two outcome groups.

7.4 Accommodation



Almost six in ten clients assessed (58%) were in rented accommodation (58%). The second most common type of accommodation was temporary accommodation (21%).

Table W6 – Outcome by Accommodation Stability (May 2005 – April 2006)

	Not Stated	Unstable	Stable
No FI (n=80)	2 (3%)	25 (31%)	53 (66%)
FI Refused (n=89)	1 (1%)	29 (33%)	59 (66%)
D(A)AT (n=31)		14 (45%)	17 (55%)
Prison (n=51)	2 (4%)	18 (35%)	31 (61%)
No Appointment (n=53)	1 (2%)	11 (21%)	41 (77%)
Did not Attend (n=44)	1 (2%)	19 (43%)	24 (55%)
Care Plan (n=208)	4 (2%)	64 (31%)	140 (67%)
Total	11 (2%)	180 (32%)	365 (66%)

Almost a third of clients assessed (32%) were in unstable accommodation. Almost eight in ten clients (77%) who did not have an appointment drawn up for them were in stable accommodation at the time of assessment, a higher proportion than in any other outcome group. Two-thirds of clients (67%) who had a care plan drawn up were in stable accommodation at the time of their assessment. Clients who were referred back to their D(A)AT of residence, transferred to prison or who did not attend their care plan appointment were less likely to be in stable accommodation than clients in any other outcome group.

Summary of Wirral D(A)AT Findings

- There were 556 clients assessed by Wirral DIP between May 2005 and April 2006. Almost four in ten clients (37%) went on to have a care plan completed. The second most common outcome was for clients to refuse any further intervention (16%).

- Almost half of clients (48%) assessed were between 30 and 39 years old.

- Clients who did not require further intervention were more likely to be under 25 than those in any other outcome group. Around half of clients who did not attend their care plan appointment and those that did were between 30 and 39 (53% and 48% respectively).

- The majority of clients assessed by Wirral DIP were male (85%). Proportionally more females than males had a care plan completed (50% compared to 35%).

- Crack use was more common among clients referred back to their D(A)AT of residence than among any other outcome group. In addition, clients who did not require further intervention had higher levels of cocaine use than any other outcome group.

- Just over a quarter of clients (27%) who had a care plan completed reported illicit methadone use. It is suspected that a number of these clients were already in treatment and the methadone use is actually prescribed methadone recorded incorrectly as illicit.

- Of the clients who had a care plan completed the levels of opiate only use were higher than those who did not attend their care plan appointment. Of those who did not attend their care plan appointment, 56% were using both stimulants and opiates at the time of assessment.

- Of the clients assessed, almost six in ten (58%) were in rented accommodation. Clients who were referred back to their D(A)AT of residence, transferred to prison or who did not attend were less likely to be in stable accommodation.

8.0 Merseyside Summary and Comparison

The following section focuses on summarising data across Merseyside and comparing the five D(A)AT areas.

Table M1 – Outcomes for Clients Assessed in each D(A)AT (May 2005 - April 2006)

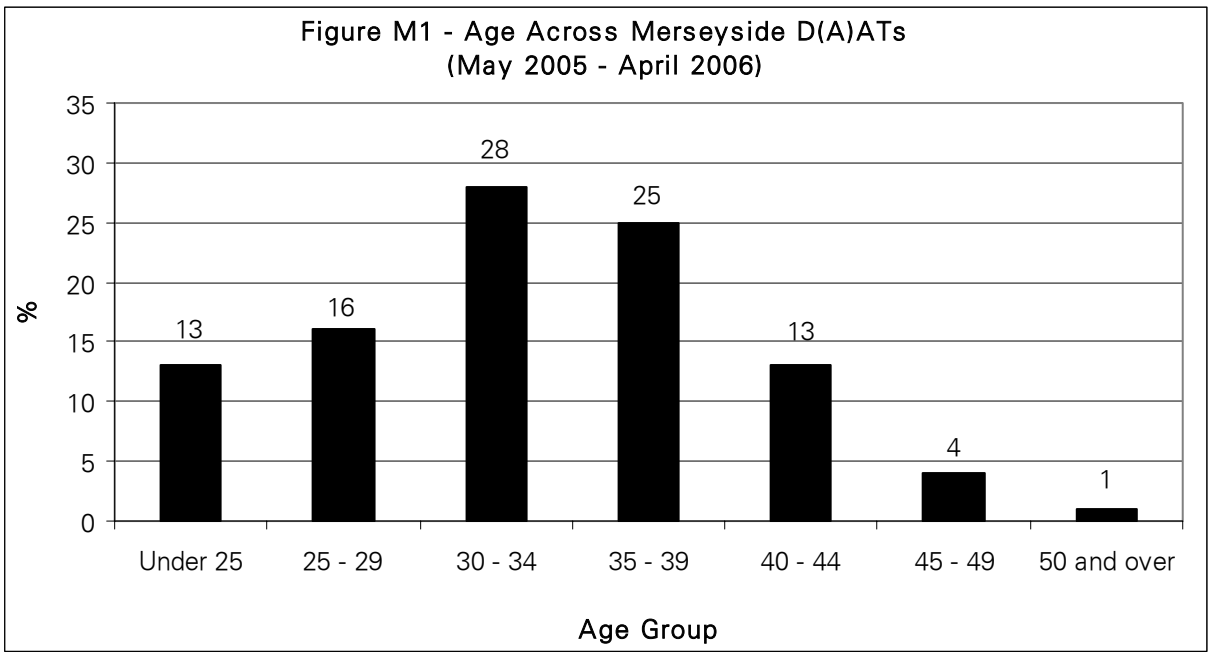
	Knowsley	Liverpool	Sefton	St Helens	Wirral	Total
No FI	5 (5%)	55 (5%)	16 (5%)	7 (3%)	80 (14%)	163 (7%)
FI Refused	1 (1%)	99 (8%)	4 (1%)	8 (3%)	89 (16%)	201 (8%)
D(A)AT	8 (9%)	51 (4%)	35 (11%)	10 (4%)	31 (6%)	135 (6%)
Prison	20 (21%)	191 (16%)	32 (10%)	64 (27%)	51 (9%)	358 (15%)
No Appointment	8 (9%)	170 (14%)	16 (5%)	23 (10%)	53 (10%)	270 (11%)
Did not attend	9 (10%)	265 (22%)	16 (5%)	19 (8%)	44 (8%)	353 (15%)
Care Plan	43 (46%)	377 (31%)	211 (64%)	104 (44%)	208 (37%)	943 (39%)
Total	94	1208	330	235	556	2423

Across Merseyside the most common outcome after assessment was for clients to go on to have a care plan. Just over three in ten assessments (31%) resulted in this outcome. Of the 1296 clients who had a care plan appointment made for them, 27% did not turn up for that appointment. Overall the second most common outcome was for clients to be referred to prison (15% of those assessed). Liverpool DIP had the greatest number of clients assessed between May 2005 and April 2006 but they had the lowest proportion of care plans completed. They also had the greatest proportion of clients who failed to turn up to their care plan appointment (22%).

Between May 2005 and April 2006 Sefton DIP completed a greater proportion of care plans (64%) than the four other Merseyside D(A)ATs and also had the lowest proportion of clients who did not turn up for their care plan appointment (5%). Wirral DIP had the greatest proportion of clients who did not require (14%) and accept (16%) further intervention. St Helens DIP had the highest proportion of clients who were transferred to prison after assessment (27%) when compared to the other Merseyside D(A)ATs. This outcome was also relatively common for clients assessed by Knowsley D(A)AT (22%).

All of the Merseyside DIP teams had a number of clients who were not offered a care plan appointment according to DIRs returned. Despite the fact that numbers of clients in this outcome category were generally low, the fact that there were any at all should be examined by D(A)ATs.

8.1 Demographic Information – Age



Around three in ten clients (28%) assessed were between 30 to 34 years of age. A further quarter was aged between 35 and 39 (25%). Only 13% were under 25.

Table M2 – Age of Clients who had a Care Plan Completed (May 2005 - April 2006)

D(A)AT	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 and above
Knowsley (n=43)	3 (7%)	6 (14%)	12 (28%)	12 (28%)	7 (16%)	3 (7%)	
Liverpool (n=377)	35 (9%)	57 (15%)	108 (29%)	102 (27%)	56 (15%)	17 (5%)	2 (1%)
Sefton (n=211)	16 (8%)	27 (13%)	53 (25%)	63 (30%)	36 (17%)	11 (5%)	5 (2%)
St Helens (n=104)	15 (14%)	25 (24%)	25 (24%)	26 (25%)	6 (6%)	5 (5%)	2 (2%)
Wirral (n=208)	33 (16%)	30 (14%)	46 (22%)	64 (31%)	24 (12%)	9 (4%)	2 (1%)

St Helens and Wirral DIP care planned a higher proportion of under 25 years olds than the other D(A)ATs. Generally clients who had a care plan completed in these two areas were younger than in other areas. Almost a quarter of clients (24%) who had a care plan completed by St Helens DIP were between 25 and 29 years of age. This was a much higher proportion than any of the other D(A)ATs. St Helens and Wirral DIP also care planned a lower proportion of clients over 40 than the other three areas.

8.2 Gender

Table M3 – Area by Gender

Area	Female	Male
Knowsley (n=94)	18 (19%)	76 (81%)
Liverpool (n=1208)	372 (31%)	836 (69%)
Sefton (n=330)	88 (27%)	242 (73%)
St Helens (n=235)	49 (21%)	186 (79%)
Wirral (n=556)	84 (15%)	472 (85%)
Total	611 (25%)	1812 (75%)

Three-quarters of clients (75%) assessed across the Merseyside D(A)ATs were male. Wirral and Knowsley DIP had the lowest proportion of females (15% and 19% respectively), whereas Liverpool DIP had the highest (31%).

Table M4 – Outcome by Gender

	Female	Male
FI (n=163)	24 (4%)	139 (8%)
FI Refused (n=201)	41 (7%)	160 (9%)
D(A)AT (n=135)	28 (5%)	107 (6%)
Prison (n=358)	91 (15%)	267 (15%)
No Appointment (n=270)	64 (10%)	206 (11%)
Did not Attend (n=353)	100 (16%)	253 (14%)
Care Plan (n=943)	263 (43%)	680 (38%)
Total	611 (25%)	1812 (75%)

A quarter of all clients who had a care plan completed across Merseyside were female. There a higher proportion of females (43%) who had a care plan completed than males (38%). There was no great difference in gender across the other outcome groups.

8.3 Drug Use

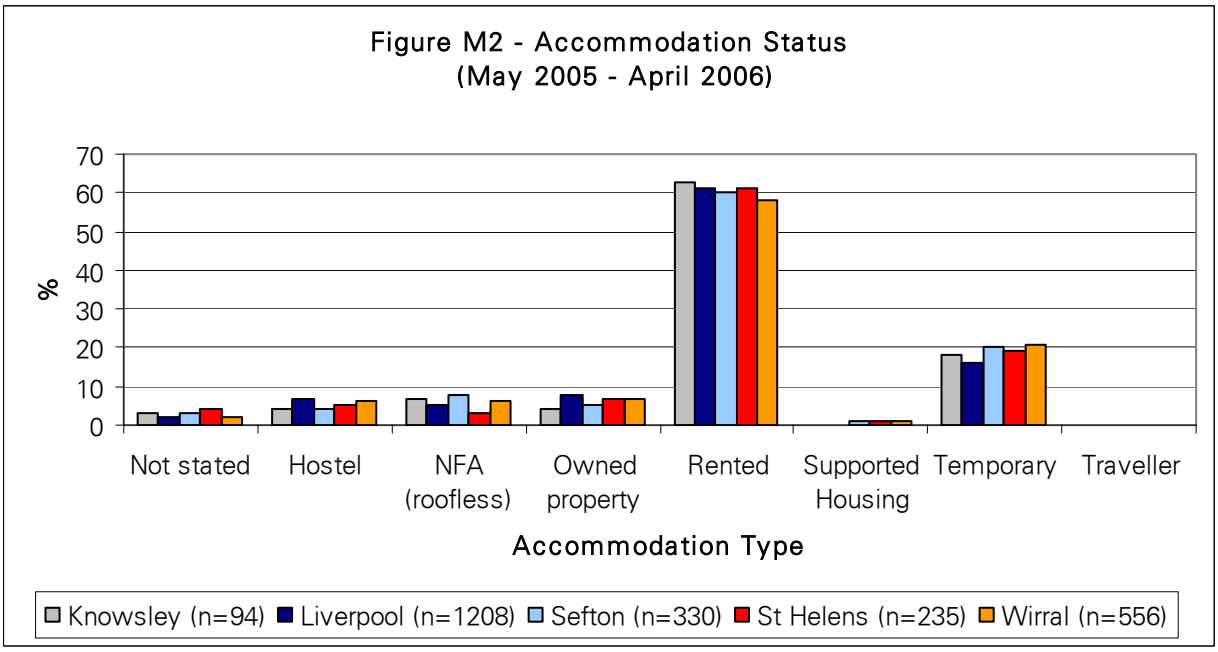
Table M5 – Drug Use in the past month by Outcome by D(A)AT of Contact (May 2005 – April 2006)

	Outcome	Cocaine	Crack	Heroin	Methadone	Cannabis	Amphet	Benzos	Ecstasy	Other
Knowsley	Did not Attend (n=8)	1 (13%)	3 (38%)	5 (63%)		3 (38%)				
	Care Plan (n=40)	5 (13%)	22 (55%)	34 (85%)	1 (3%)	4 (10%)	1 (3%)	1 (3%)		
Liverpool	Did not Attend (n=249)	24 (10%)	173 (69%)	202 (81%)	26 (10%)	22 (9%)	3 (1%)	7 (3%)	3 (1%)	1 (<1%)
	Care Plan (n=365)	23 (6%)	263 (72%)	312 (85%)	54 (15%)	24 (7%)	2 (1%)	17 (5%)		3 (1%)
Sefton	Did not Attend (n=15)	3 (20%)	6 (40%)	12 (80%)		3 (20%)				
	Care Plan (n=197)	32 (16%)	117 (59%)	161 (82%)	17 (9%)	28 (14%)	5 (3%)	15 (8%)		3 (2%)
St Helens	Did not Attend (n=18)		9 (50%)	17 (94%)	3 (17%)	1 (6%)	2 (11%)	(3 (17%)		
	Care Plan (n=94)	8 (9%)	41 (44%)	77 (82%)	24 (26%)	7 (7%)	4 (4%)	16 (17%)	1 (1%)	4 (4%)
Wirral	Did not Attend (n=36)	7 (19%)	21 (58%)	24 (67%)	13 (36%)	10 (28%)	1 (3%)	2 (6%)	4 (11%)	1 (3%)
	Care Plan (n=193)	41 (21%)	98 (51%)	134 (69%)	53 (27%)	38 (20%)	4 (2%)	9 (5%)	10 (5%)	7 (4%)

NB: As clients are able to indicate more than one drug of use, figures will add up to more than 100% in each outcome group.

It can be seen that of the clients who had a care plan appointment made for them, Liverpool DIP's potential clients had high levels of crack use compared to the other DIPs. Among clients who had a care plan completed, St Helens DIP clients were less likely than those from other areas to report the use of crack. Clients care planned by Wirral DIP were less likely to report the use of heroin than those from other DIP teams. The level of methadone use for clients assessed in Wirral DIP who did not attend their care plan appointment was high (36%) compared to use in the other D(A)ATs.

8.4 Accommodation



The accommodation status of clients assessed was similar across all five Merseyside D(A)AT areas with rented accommodation being the most common category.

Table M6 - Area by Accommodation Stability (May 2005 – April 2006)

Area	Not Stated	Stable	Unstable
Knowsley (n=94)	3 (3%)	28 (30%)	63 (67%)
Liverpool (n=1208)	28 (2%)	340 (28%)	840 (70%)
Sefton (n=330)	9 (3%)	106 (32%)	215 (65%)
St Helens (n=235)	10 (4%)	64 (27%)	161 (69%)
Wirral (n=556)	11 (2%)	180 (32%)	365 (66%)

There was no great difference in accommodation stability across the Merseyside D(A)ATs.

Table M7 - Outcome Overall by Accommodation Stability (May 2005 – April 2006)

Outcome	Not Stated	Unstable	Stable
FI (n=163)	4 (2%)	50 (31%)	109 (67%)
FI Refused (n=201)	5 (2%)	55 (27%)	141 (70%)
D(A)AT (n=135)	4 (3%)	48 (36%)	83 (61%)
Prison (n=358)	7 (2%)	108 (30%)	243 (68%)
No Appointment (n=270)	11 (4%)	70 (26%)	189 (70%)
Did not Attend (n=353)	8 (2%)	115 (33%)	230 (65%)
Care Plan (n=943)	22 (2%)	272 (29%)	649 (69%)
Total	**61 (3%)**	**718 (30%)**	**1644 (68%)**

Accommodation stability was similar across the Merseyside D(A)ATs when compared across the outcome groups. Clients referred to other D(A)ATs were slightly more likely to be in unstable accommodation than those from other outcome groups.

9.0 Conclusions

The aim of this report was to provide information regarding the outcomes for clients after their initial assessment with Merseyside DIP teams. It was hoped that the findings would provide each team with an insight into the types of clients 'dropping out' of the DIP process between assessment and care planning. This insight should provide the teams with information that they can utilise to improve client engagement. The conclusions detailed below summarise the key findings and provide some recommendations for future action and investigation.

Outcomes

The most common outcome for clients assessed by all five Merseyside DIP teams was to have a care plan completed in their D(A)AT of residence.

One point for concern for the D(A)ATs was that across all areas there were a number of clients who despite needing and accepting further intervention, not going to prison and not being transferred to their D(A)AT of residence were not offered an appointment for care planning. Each area may wish to examine whether this purely a recording issue or whether there is an operational problem.

There was variation in the level of success with which each DIP team moved clients through to care planning. Proportionally Liverpool DIP moved fewer clients from assessment to care plan, whilst Sefton DIP were the most successful team in this area. Liverpool DIP may wish to examine the working practices in the other Merseyside DIP teams to see whether any elements of best practice can be incorporated. Most of the Merseyside DIP teams have begun to examine the nature of the clients dropping out of the DIP process and this ongoing work may assist in identifying gaps in provision and the reasons why clients fail to turn up at care planning. This sort of in-depth examination of clients will assist in improving the engagement of clients in the DIP case management process.

Other areas for DIP teams to consider include:
Why higher proportions of clients on the Wirral were deemed to not require or refused further intervention than those in other areas?
Why clients assessed in St Helens and Knowsley were more likely to be sent to prison than those in other areas? Is prison the best option for these clients or would they benefit from, if possible, being kept in the community on Bail Support in the short term and then maybe a Drug Rehabilitation Requirement in the longer term?

Age

The age profiles of clients assessed across Merseyside were relatively similar. However, clients assessed by St Helens DIP were slightly younger than those assessed in other areas. In addition, alongside Wirral DIP, St Helens DIP care planned a higher proportion of under 25 year olds than the other Merseyside DIP teams. It may be that this reflects the younger age profile of offending drug users in these two areas or maybe these teams are more effective at engaging this younger age group. Other areas need to consider this point to determine whether their proportionally lower engagement of under 25 year olds accurately represents their target population or if there are difficulties in encouraging this group of clients into DIP services.

Gender

Three-quarters of clients (75%) assessed across Merseyside in this period were male. Findings have shown that despite the much higher numbers of males moving through the process, females assessed were more likely than their male counterparts to receive a care plan. This is a positive finding and is in concordance with National Treatment Agency's focus on women drug users as a vulnerable group (National Treatment Agency, 2002). However, it should also be considered why male clients are less likely to progress through the process to the care planning stage. One potential reason is that they may be more likely to be sent to prison as is the case in some areas across Merseyside (Knowsley and St Helens).

Drug Use

As would be expected heroin and crack were the drugs most commonly used by clients assessed by DIP teams across Merseyside. Clients assessed by Liverpool DIP were more likely than those assessed by other teams to report the use of these substances. Clients assessed on the Wirral were the least likely group to report the use of heroin and those in St Helens were the least likely group to report the use of crack.

Previous reports by the Centre for Public Health have highlighted issues around the use of and recording of the use of methadone by individuals assessed by DIP teams across Merseyside (Duffy, 2006). This issue has again come to the fore in this report. According to information on DIRs illicit methadone use was relatively common among clients assessed by most teams but in particular those seen by Wirral, St Helens and Liverpool. The question, which has been raised before, is whether this methadone is in fact prescribed methadone recorded incorrectly as illicit. If this is the case then findings here which reveal relatively high levels of methadone use among clients assessed suggest they are already actively engaged in treatment with a prescribing service. This would be supported by the proportions of clients

using methadone among the 'did not require further intervention' group in Liverpool and St Helens. If a client is already in treatment, DIP workers, during the period examined, may have deemed that to be sufficient intervention unless a court order required a client to engage in the DIP process. Some detailed examination has already started across Merseyside to ensure that clients in treatment re-entering the criminal justice system, are dealt with appropriately, whether through engagement in the DIP process or through a re-evaluation of their status within the mainstream treatment service. Of course it should not be ignored that this methadone use may not be prescribed, in which case D(A)ATs may wish to examine potential problems with 'leakage'.

Some patterns specific to the use of cocaine emerged. For example, in Sefton clients who did not require further intervention or who refused this intervention were more likely to use cocaine than clients in any other outcome group. This links in with other findings which revealed that clients in these outcome groups in Sefton were also younger than their counterparts in other groups. Whilst many of these clients may not be considered problematic currently, DIP teams need to consider carefully whether early intervention with some of these individuals might be of benefit. This may not be through the existing, more opiate focused, treatment services, but through stimulant specific services that exist or need further development. Clients assessed by Knowsley DIP who went to prison after assessment were more likely to use cocaine than heroin possibly suggesting that a different client group were being contacted in these cases.

Accommodation

Whilst the majority of clients assessed in each area were in stable accommodation, across Merseyside around three in ten were not. This highlights the importance of having appropriate housing in which to place drug users if they are to be encouraged to engage with the DIP process. Whilst levels of accommodation stability were similar across outcomes, clients who were referred back to their DAT of residence were more likely to be in unstable accommodation. The fact that they were assessed in a DAAT they did not reside in is possibly indicative of this instability.

Clients in Liverpool and Sefton who did not attend for their care plan appointment were less likely than their counterparts who did attend to be in unstable accommodation. It is possible that the extra level of stability provided by these individuals' accommodation affected their decision about whether to turn up for care planning.

Conclusion

Despite the key points highlighted above, findings from this report suggest that there was little difference between clients in each outcome group in terms of their age, gender, drug use or accommodation status. This was particularly true for clients who did or did not attend for care planning.

The Merseyside DIP teams need to consider more general and novel ways of encouraging clients into DIP case management whether through voluntary or coercive routes.

10.0 References

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