

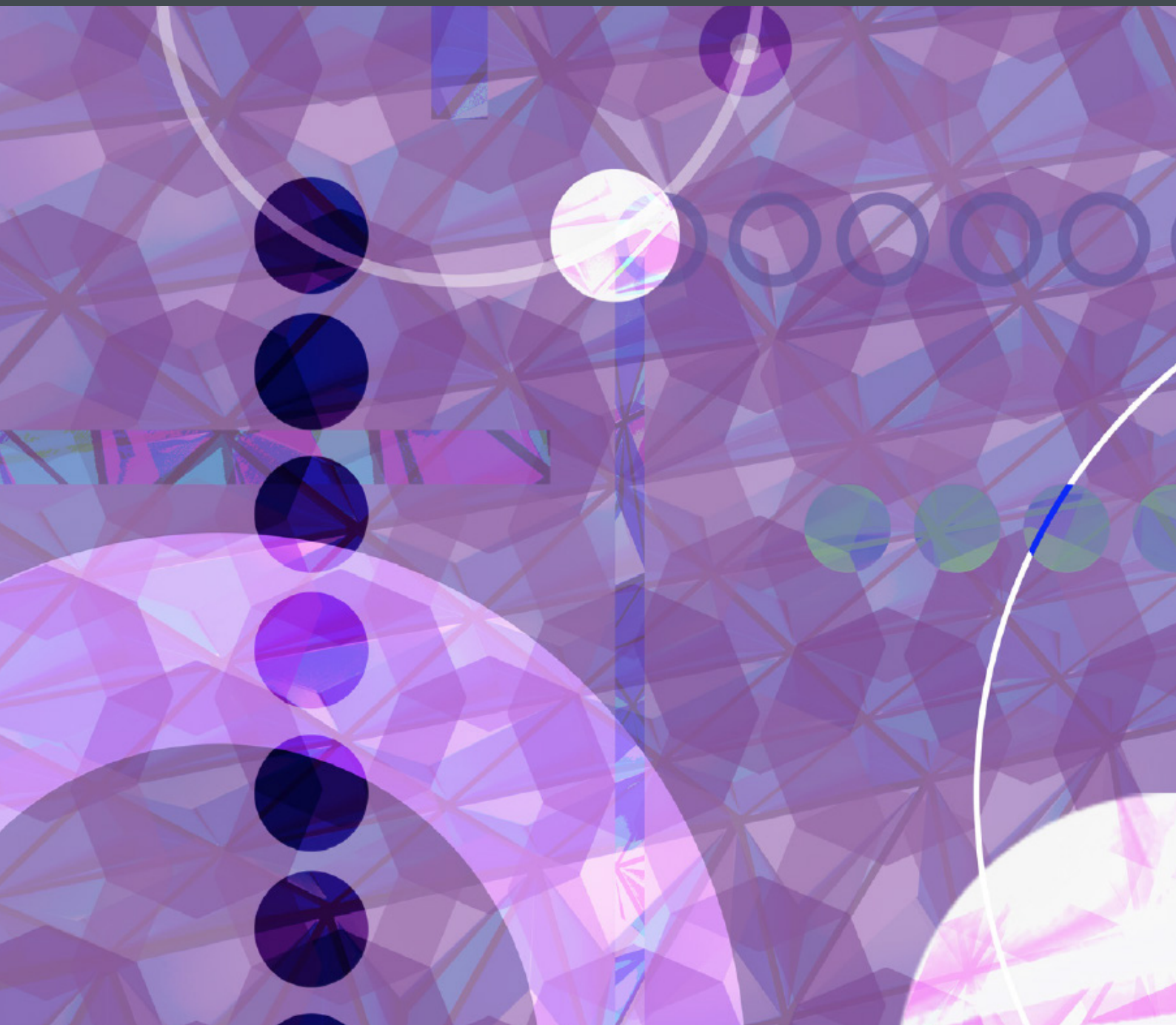
Criminal Justice Project: Drug Interventions Programme

Wirral DIP Activity Profile (2016/17)

December 2017

DIP

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

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

KEY FINDINGS

- Between April 2016 and March 2017, there were a total of 719 Drug Interventions Programme (DIP) contacts recorded by Wirral Ways to Recovery. This is a 12% increase on the number of DIP contacts in the previous year (n=643).
- Just under half (48%) of DIP contacts were made through the Required Assessment process, while 34% were referred through other criminal justice routes, 16% were successful transfers from prison and 1% were transfers not completed from prison.
- Of the 719 DIP contacts, 709 completed full DIP assessments (99%), of which 92% were deemed to require further intervention and 72% were taken onto the DIP caseload. The majority (84%) of those not taken onto the caseload transferred to another Criminal Justice Integrated Team (CJIT) or prison, while 16% did not want to engage with DIP services.
- More than eight in ten (83%) DIP contacts were male.
- The largest proportion were aged between 35 and 39 years and between 40 and 44 years (16% each).
- The majority (94%) were of White British ethnicity.
- The majority (79%) were Wirral residents, while Liverpool residents accounted for 17% of the DIP contacts in the area.
- While the majority of clients reported no housing problems, 25% overall had some form of housing problem, of which 11% stated an urgent problem due to being of no fixed abode.
- The most common drug used by Wirral's DIP contacts in 2016/17 was heroin (28%), followed by 25% who used crack, 15% who used cocaine and equal proportions who used cannabis or alcohol (13% each).
- Fifty-five per cent smoked their main drug, while 21% sniffed it.
- Under three-quarters (72%) had never injected, 19% had previously injected but were not currently and 9% reported they were currently injecting.
- Although many clients reported not consuming alcohol (males = 59%; females = 65%), for those who did, the highest proportion in males was between one and four drinking days in the 28 days prior to their assessment (23%), while for females it was between one and four days and between 25 and 28 days (14% each).
- The most common daily average units of alcohol consumed by males and females was between seven and 15 units (males=24%; females=12%), followed by between 16 and 24 units (males=14%; females=11%).
- All DIP contacts were on an offender management scheme at the time of their assessment (92% on both Integrated Offender Management [IOM] and Multi-Agency Public Protection Arrangement [MAPPA] schemes; 8% on MAPPA only).
- One-third (33%) reported theft offences which prompted their most recent contact with DIP, followed by Misuse of Drugs Act (MDA) offences (22%), offences categorised as 'other' (19%) and wounding or assault (12%).

INTRODUCTION

The Drug Interventions Programme (DIP) has an overarching aim to identify and engage with drug using offenders in the criminal justice system and encourage them towards appropriate treatment services in order to reduce acquisitive crime in England and Wales. There is a body of evidence supporting the DIP process at reducing offending for this population group who engage in treatment for their drug use and offending (Collins et al., 2017; Public Health England and Ministry of Justice, 2017; Cuddy et al., 2015). Under the current drug testing process in Merseyside (targeted testing), if offenders test positive for Class A drugs they are required to undergo a Required Assessment (RA) with a drugs worker. There are other referral routes into DIP including Conditional Cautioning, transfers from prison establishments on release, transfers from other Criminal Justice Integrated Teams (CJITs), requirement by the client's Offender Manager, and court mandated processes (such as Restrictions on Bail, Drug Rehabilitation Requirement and Alcohol Treatment Requirement), as well as voluntary presentations.

In October 2013, the Home Office decommissioned DIP as a national programme and Public Health England (PHE) took responsibility for collecting and reporting data on interventions for drug and/or alcohol using offenders. DIP continues to be implemented in 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 treatment.

DIP assessments capture demographic information and provide an insight into drug and alcohol use, and offending behaviour. These assessments allow drugs workers to determine whether further intervention is required to address substance use and offending, and based on the decision the worker will then encourage engagement with a range of appropriate treatment options to deal with their aforementioned issues. This is a key element of DIP, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; health (physical and psychosocial); and, social functioning (housing, employment and relationships; Home Office [n.d.]).

This DIP Activity Profile for Wirral presents data for clients accessing DIP between 1st April 2016 and 31st March 2017. This profile will contextualise DIP activity data and provide a demographic overview of the clients. It complements the monthly performance reports by providing an annual snapshot of the Criminal Justice Data Set. Where possible, comparisons have been made with overall figures for Merseyside. This profile also provides recommendations for Wirral Local Authority and Wirral service providers, in terms of targeting the efficient use of resources and effective services in Wirral and across Merseyside.

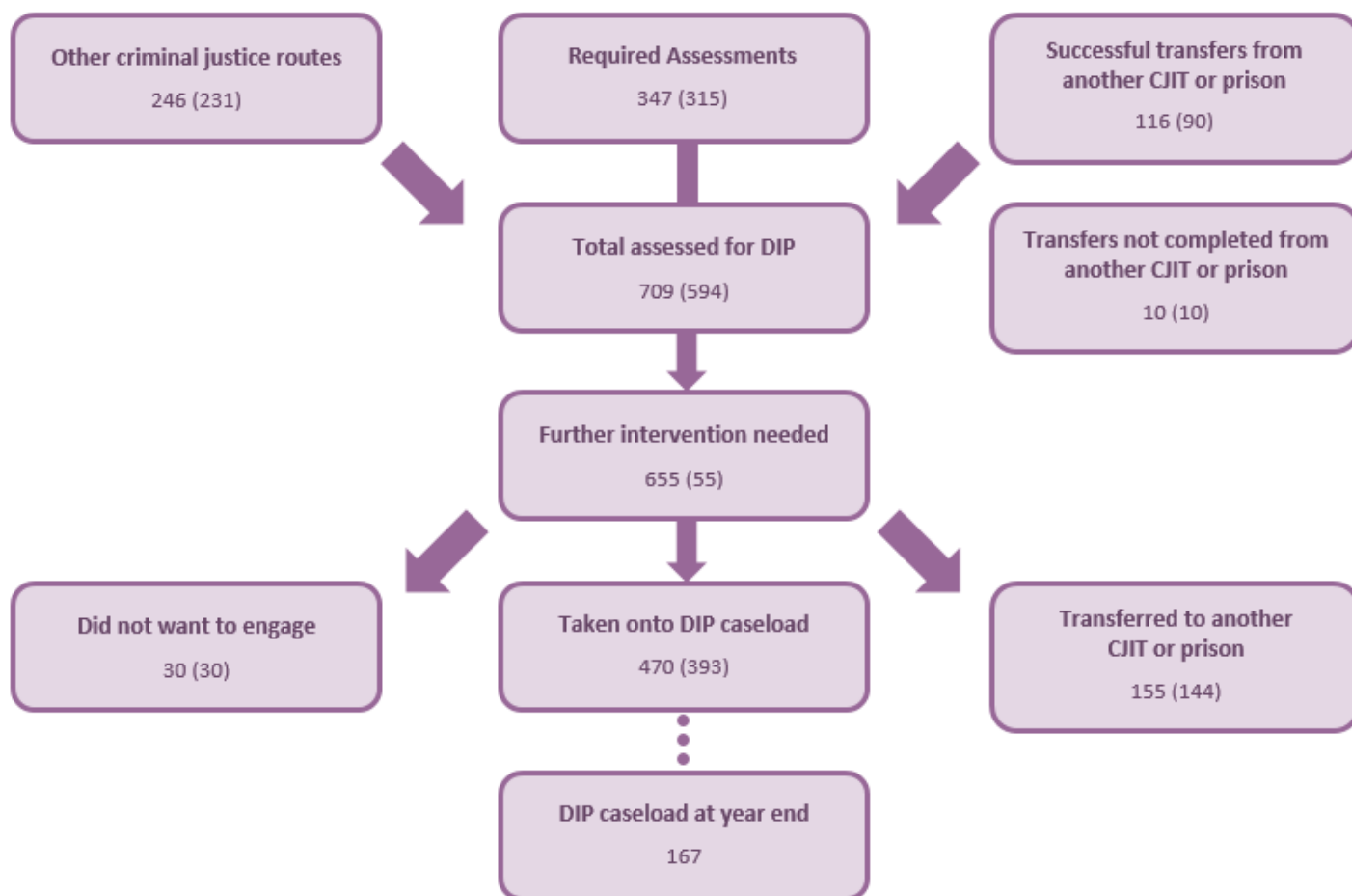
CRIMINAL JUSTICE ROUTES IN WIRRAL

Between April 2016 and March 2016, there were a total of 719 DIP contacts recorded by Wirral Ways to Recovery (Figure 1), while the average number of contacts across Merseyside was 496. The number of DIP contacts in Wirral has increased by 12% compared to the previous year (n=643; Critchley and Whitfield, 2017). All other Merseyside areas have seen a reduction in numbers; the number of DIP contacts across Merseyside reduced by 29% between 2015/16 and 2016/17. It is worth noting that the implementation of targeted drug testing in the custody suites in 2015 is likely to contribute to this reduction. Analysis of drug testing data shows a reduction in the number of drug tests since the introduction of targeted testing (Collins et al., 2017; Critchley and Whitfield, 2016), and as the drug testing process is usually the main criminal justice route into DIP via Required Assessments (RAs), it is possible that targeted testing has reduced the number of clients identified and assessed for DIP treatment.

Figure 1 shows the overall DIP activity and criminal justice routes in Wirral. Just under half (48%) of DIP contacts in 2016/17 were through RAs, while 34% referred through other criminal justice routes, 16% were successful transfers from prison and 1% were transfers not completed from prison¹.

Of the 719 DIP contacts, 99% had a full DIP assessment (n=709). The remaining 10 clients transferred into Wirral from prison and were not taken onto the caseload following transfer. Of the 709 clients assessed for DIP in 2016/17, the majority (92%) were deemed to require further intervention (n=655), with 470 taken onto the DIP caseload (72%). The majority (84%) of the 185 clients not taken onto the caseload transferred to another Criminal Justice Integrated Team (CJIT) or prison (n=155), while 16% did not want to engage with DIP services (n=30).

Figure 1: Overall DIP activity and criminal justice routes in Wirral (2016/17)²



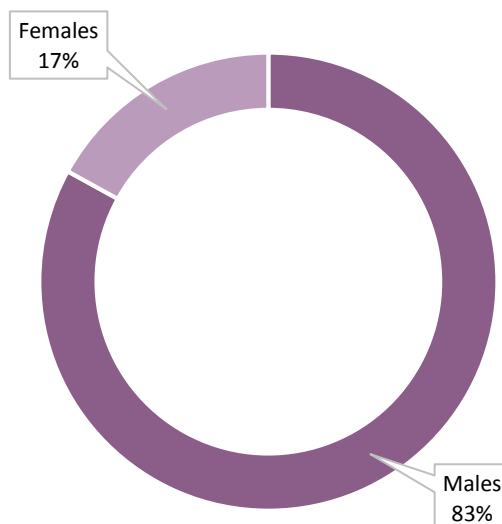
¹ Please note, throughout this report percentages may not add up to 100% due to rounding.

² 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

Over eight in ten (83%) DIP contacts in 2016/17 were male (Figure 2) and this proportion of males in Wirral matches the Merseyside average.

Figure 2: Gender of DIP contacts in Wirral (2016/17) [n=719]



The largest proportion of clients were aged between 35 and 39 years and between 40 and 44 years (16% each; Figure 3). Comparing figures to the Merseyside average, Wirral had a larger proportion of clients aged between 45 and 49 years, and a lower proportion aged between 18 and 24 years.

Figure 3: Age group of DIP contacts in Wirral (2016/17) [n=719]

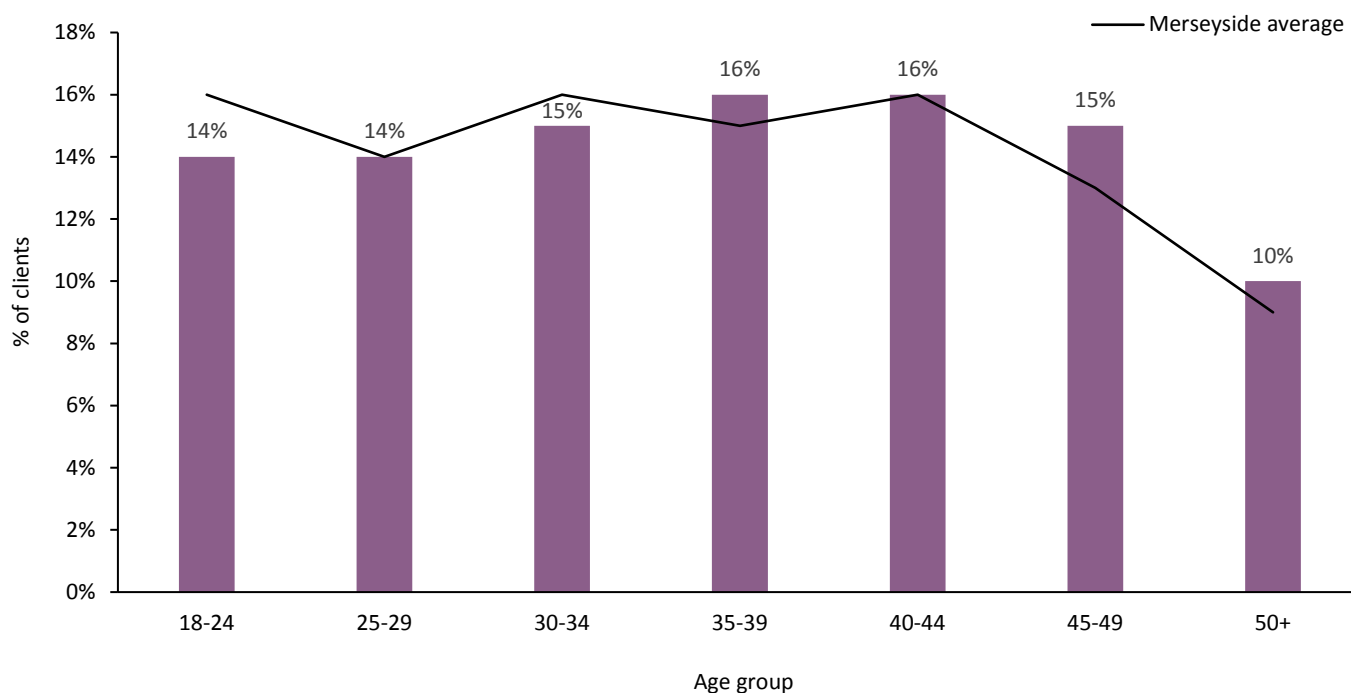


Table 1 shows some differences in age group proportions across gender groups in Wirral. Although numbers of females are much lower, there were larger proportions in the older age groups (35 years and over) when compared to males.

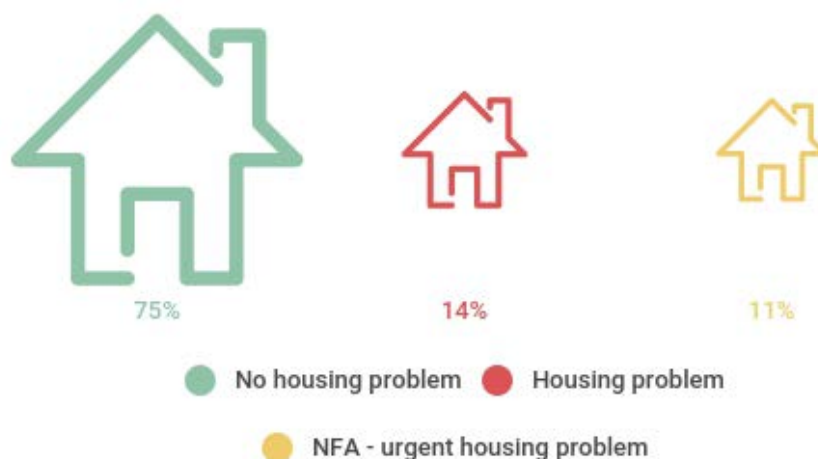
Table 1: Age group and gender of DIP contacts in Wirral (2016/17) [n=719]

Age group	Females		Males		Total	
18-24	12	10%	86	14%	98	14%
25-29	8	7%	93	16%	101	14%
30-34	16	13%	88	15%	104	14%
35-39	25	21%	90	15%	115	16%
40-44	23	19%	93	16%	116	16%
45-49	21	18%	89	15%	110	15%
50+	14	12%	61	10%	75	10%
Total	119	100%	600	100%	719	100%

The majority (94%) of DIP contacts in 2016/17 were of White British ethnicity which is similar to the Merseyside average (92%). The majority (79%) of clients were Wirral residents, while Liverpool residents accounted for 17% of DIP contacts in the area.

While the majority of clients reported no housing problems, 25% overall had some form of housing problem, of which 11% 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 (18%).

Figure 4: Accommodation need of DIP contacts in Wirral (2016/17) [n=719]



DRUG USE

In 2016/17, just under three in ten (28%) DIP contacts in Wirral reported to use heroin, followed by a one-quarter (25%) who used crack, 15% who used cocaine and equal proportions who used cannabis or alcohol (13% each; Figure 5). The proportion of heroin and crack use in Wirral is slightly higher than the Merseyside average (26% and 23% respectively), while cocaine use is considerably lower (Merseyside = 23%).

Figure 5: Drugs used by DIP contacts in Wirral (2016/17) [n=1,262]³

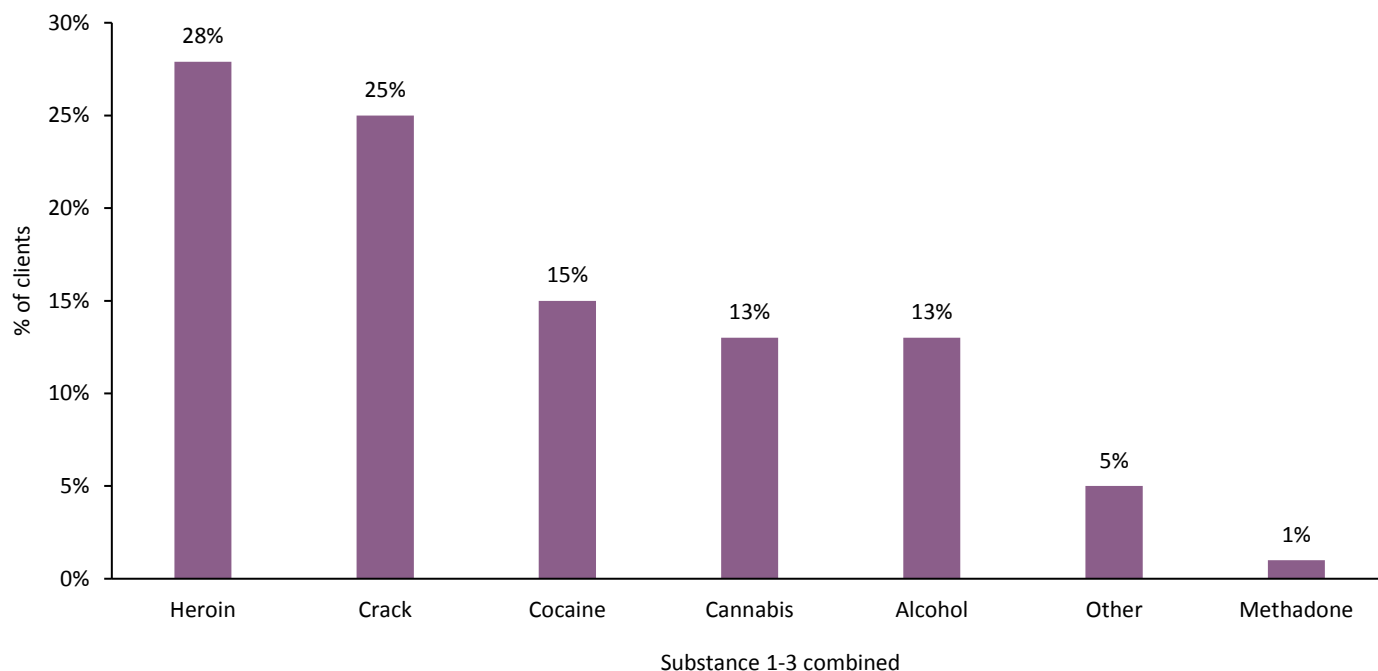


Table 2 shows the proportions of the main drug used by age group. In general, there were larger proportions of cannabis and cocaine users across the younger age groups and larger proportions of crack and heroin users in the older age groups. Around four-fifths (81%) who reported cannabis as the main drug used and around three-quarters (74%) who reported cocaine as the main drug used were aged between 18 and 34 years, while 63% who reported crack as the main drug used and 77% of those who reported heroin as the main drug used were aged 35 years and over. Furthermore, the largest proportion of clients who reported alcohol as the main drug used were aged between 45 and 49 years, followed by clients aged 50 years and over (19%).

Table 2: Age group and main drug used by DIP contacts in Wirral (2016/17) [n=719]

Age group	Main drug at DIP assessment						
	Alcohol	Cannabis	Cocaine	Crack	Heroin	Methadone	Other
18-24	5%	40%	31%	13%	4%	-	13%
25-29	15%	26%	25%	6%	5%	-	44%
30-34	12%	15%	18%	18%	14%	29%	6%
35-39	15%	9%	16%	11%	19%	14%	13%
40-44	13%	7%	3%	18%	26%	-	-
45-49	23%	3%	5%	18%	20%	29%	13%
50+	19%	-	1%	16%	12%	29%	13%

³ This is a combined figure for all drug use recorded in the drug 1, drug 2 and drug 3 fields.

The route of administration of clients' most problematic substance (main drug) is shown in Figure 6. Fifty-five per cent of clients smoked their main drug and 21% sniffed it. In comparison, overall figures for Merseyside reported 46% smoked and 31% sniffed.

Figure 6: Route of administration of the main drug used by DIP contacts in Wirral (2016/17) [n=719]

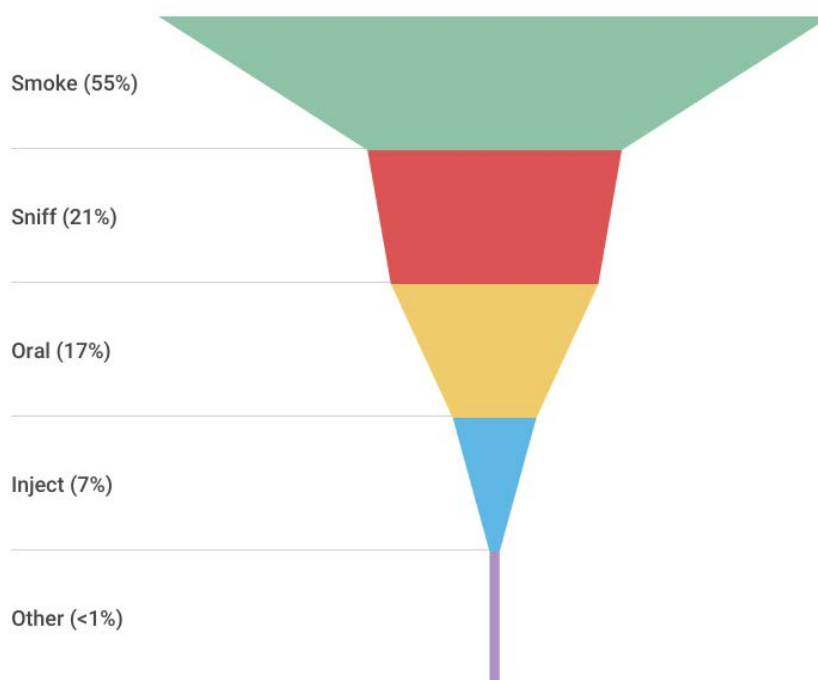
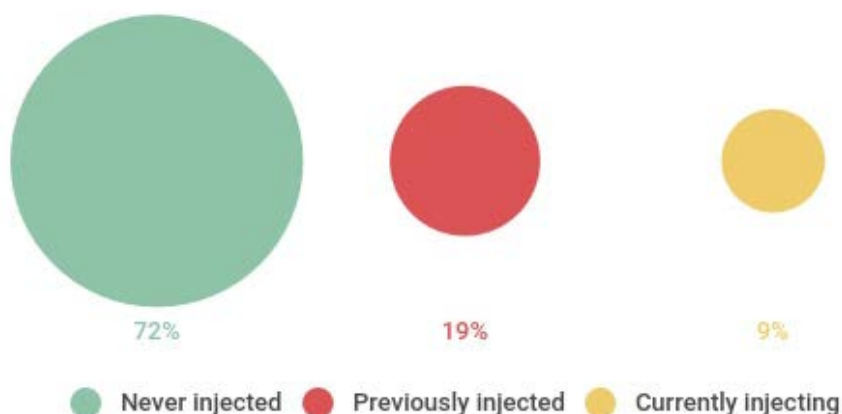


Figure 7 shows under three-quarters (72%) of DIP contacts in Wirral in 2016/17 had never injected, while 19% had previously injected but were not currently and 9% reported they were currently injecting. Comparatively, across Merseyside 72% had never injected, 19% had previously injected and 10% were currently injecting.

Figure 7: Injecting status of DIP contacts in Wirral (2016/17) [n=566]⁴

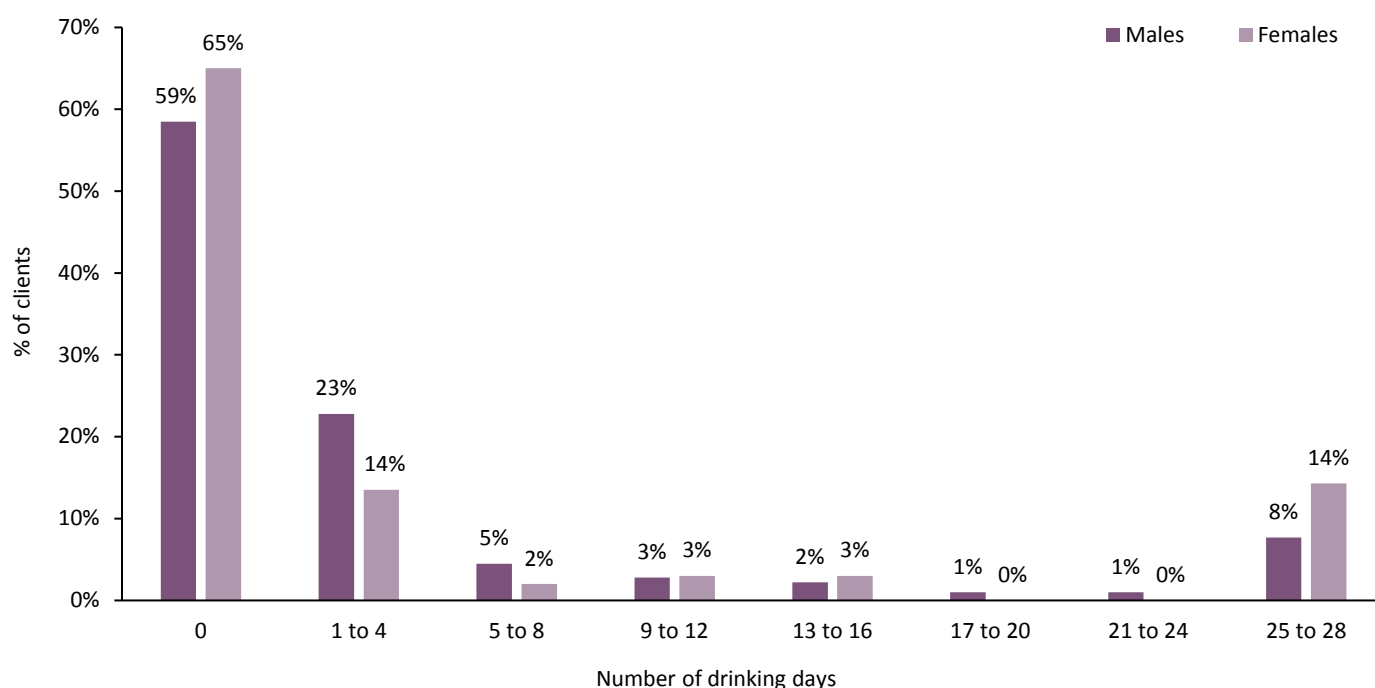


⁴ Please note injecting status was missing for 153 records.

Figure 8 shows the number of days alcohol was consumed by Wirral clients in the 28 days prior to their DIP assessment. Around three in five (59%) males did not consume alcohol in the 28 days prior to their assessment, while just under one-quarter (23%) reported consuming alcohol between one and four days and 8% between 25 and 28 days. Across Merseyside, 51% of males did not consume alcohol, while 27% drank one to four days and 10% drank 25 to 28 days.

For females, just under two-thirds (65%) reported not having 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 (14% each). Figures for Merseyside reported 56% of females did not consume alcohol, while 17% drank between 25 and 28 days and 16% drank between one and four days.

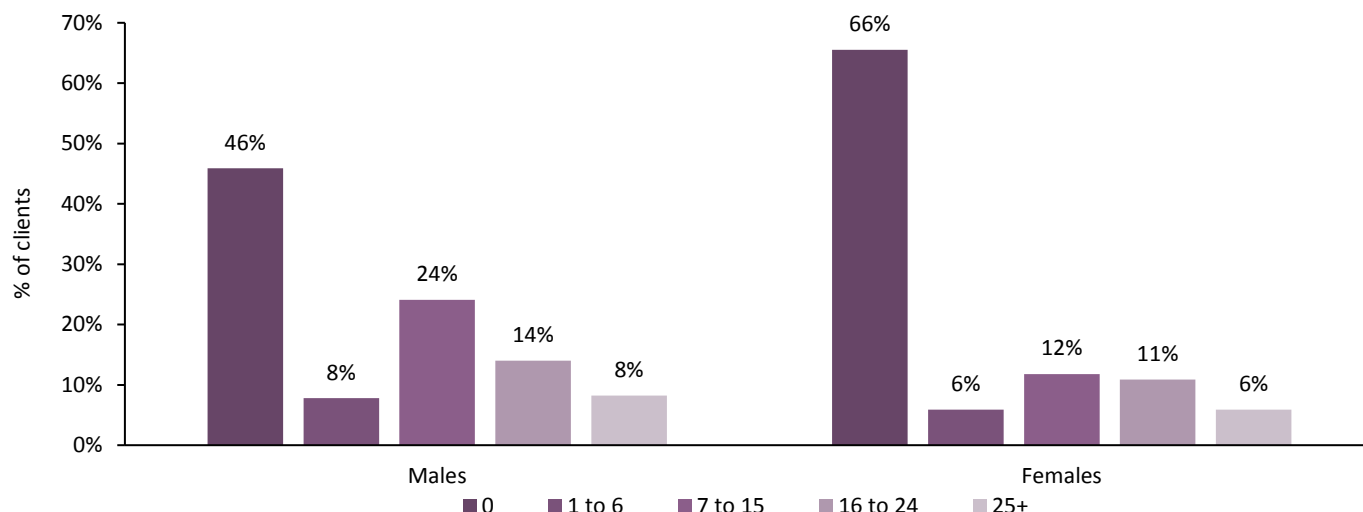
Figure 8: Number of drinking days for DIP contacts in Wirral (2016/17) [males=600; females=119]



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, around one-quarter (24%) consumed between seven and 15 units and 14% consumed between 16 and 24 units daily. Across Merseyside, 19% of males drank between seven and 15 units and 14% drank between 16 and 24 units daily.

For females, 12% consumed between seven and 15 units daily and 11% consumed between 16 units and 24 units. Across Merseyside, 17% of females drank between seven and 15 units and 12% drank between 16 and 24 units daily.

Figure 9: Number of units of alcohol (daily average) consumed by DIP contacts in Wirral (2016/17) [males=600; females=119]

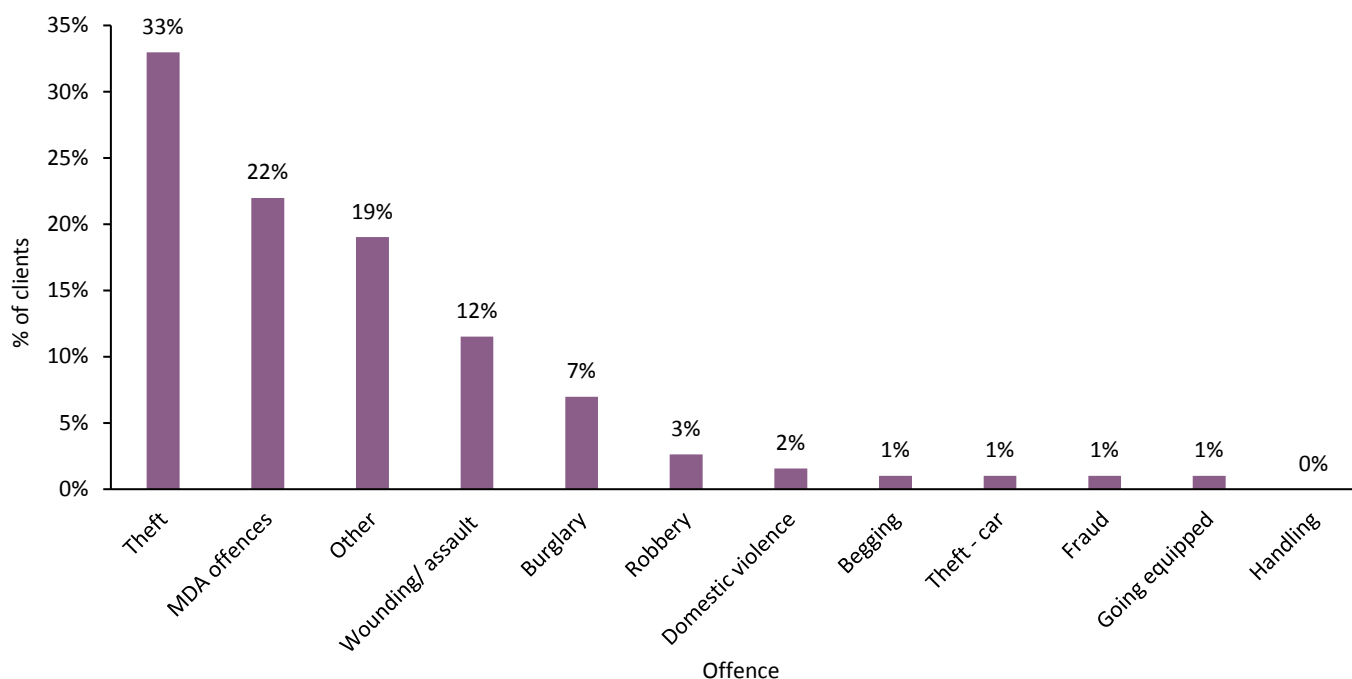


OFFENDING

All (100%) DIP contacts in Wirral in 2016/17 were on an offender management scheme at the time of their assessment (92% on both Integrated Offender Management [IOM] and Multi-Agency Public Protection Arrangement [MAPPA] schemes; 8% on MAPPA only).

The offences which prompted Wirral clients' current or most recent contact with the criminal justice system are shown in Figure 10. One-third (33%) were theft offences, 22% were Misuse of Drugs Act (MDA) offences, 19% were categorised as 'other' offences and 12% were wounding or assault. Across Merseyside, theft and MDA offences accounted for the largest proportions of offences committed (29% and 28% respectively), while offences categorised as 'other' accounted for 19%, and wounding or assault accounted for 11%.

Figure 10: Offence which prompted current or most recent DIP contact in Wirral (2016/17) [n=573]⁵



⁵ Please note offence was missing for 146 records.

SUMMARY

- Across Merseyside, the number of DIP contacts in 2016/17 reduced by 29% compared to the previous year; however, the number of DIP contacts increased by 12% in Wirral.
- Over half (57%) of DIP contacts in Merseyside presented via the RA route, while just under a half in Wirral presented via this route (48%).
- In general, DIP contacts across Merseyside in 2016/17 were male, aged between 18 and 49 years and of White British ethnicity. Wirral had the same proportion of male clients and a similar distribution across age groups when compared to Merseyside.
- The proportion of Wirral clients reporting housing problems was 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 and crack was slightly larger than the Merseyside average, but lower for those who used cocaine.
- 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 2016 and March 2017 had never injected, which also matched the percentage for Wirral clients.
- Just over half of males across Merseyside did not consume alcohol in the 28 days prior to their DIP assessment, with a slightly higher 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 higher proportion reported for females in Wirral.
- 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 and females in Wirral.
- Across Merseyside, theft and MDA offences accounted for the largest proportion of offences, followed by offences categorised as 'other' and wounding or assault offences. This was also the case in Wirral.

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.
- As well as identifying clients' routes into DIP, the dataset enables client profiling; including gender, age, ethnicity, residency, drug use, alcohol use and offending behaviour. This information is key to identifying likely presenters to DIP and can influence resources and services required to cater for the needs of these individuals. In keeping with the Government's Drug Strategy (Home Office, 2017), clients need to be assessed on a person by person basis and such information should inform decisions relating to the most appropriate treatment for that individual. With resources and

budgets constantly under scrutiny, this information should be used regularly to ensure that these individuals receive effective drug treatment and interventions are demonstrated to provide appropriate support with quality outcomes (Howarth et al., 2012).

- 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 in four of the five Merseyside areas, and across Merseyside as a whole. As the drug testing process is usually the main criminal justice route into DIP via RAs, the reduction in the number of drug tests carried out in the custody suites across Merseyside, as a result of the implementation of targeted testing, could have attributed to the reduction in DIP contacts. All stakeholders involved with DIP need to be aware of the effect of this process and should ensure that alternative routes into DIP are available and strengthened in order to identify and assess clients for DIP treatment.
- It is imperative that there continues to be effective and prompt communication channels between the police in the custody suites, the local drug treatment agency and all other relevant drug treatment agencies across the Merseyside DIP partnership. Although organisational operations may differ considerably, an overarching aim of assisting drug using offenders towards treatment should be shared by all involved with DIP and facilitated as much as possible. High levels of communication are particularly relevant when dealing with Knowsley residents who have been drug tested in Wirral. Regular feedback of any issues arising should be encouraged, as well as adequate training where and when required.
- In order to have a comprehensive understanding of drug use and the criminal justice system in the local area, it is recommended that stakeholders use this report and other DIP reports alongside data available from other Public Health Institute monitoring systems (i.e. drug-related deaths, Integrated Monitoring System), as well as Public Health England data sets (i.e. the National Drug Treatment Monitoring System) and local treatment services. Such information can be used as part of the local health needs assessment, and potentially contribute to the Joint Strategic Needs Assessment, and be used collaboratively to help improve the lives of drug using offenders in Wirral and Merseyside.

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

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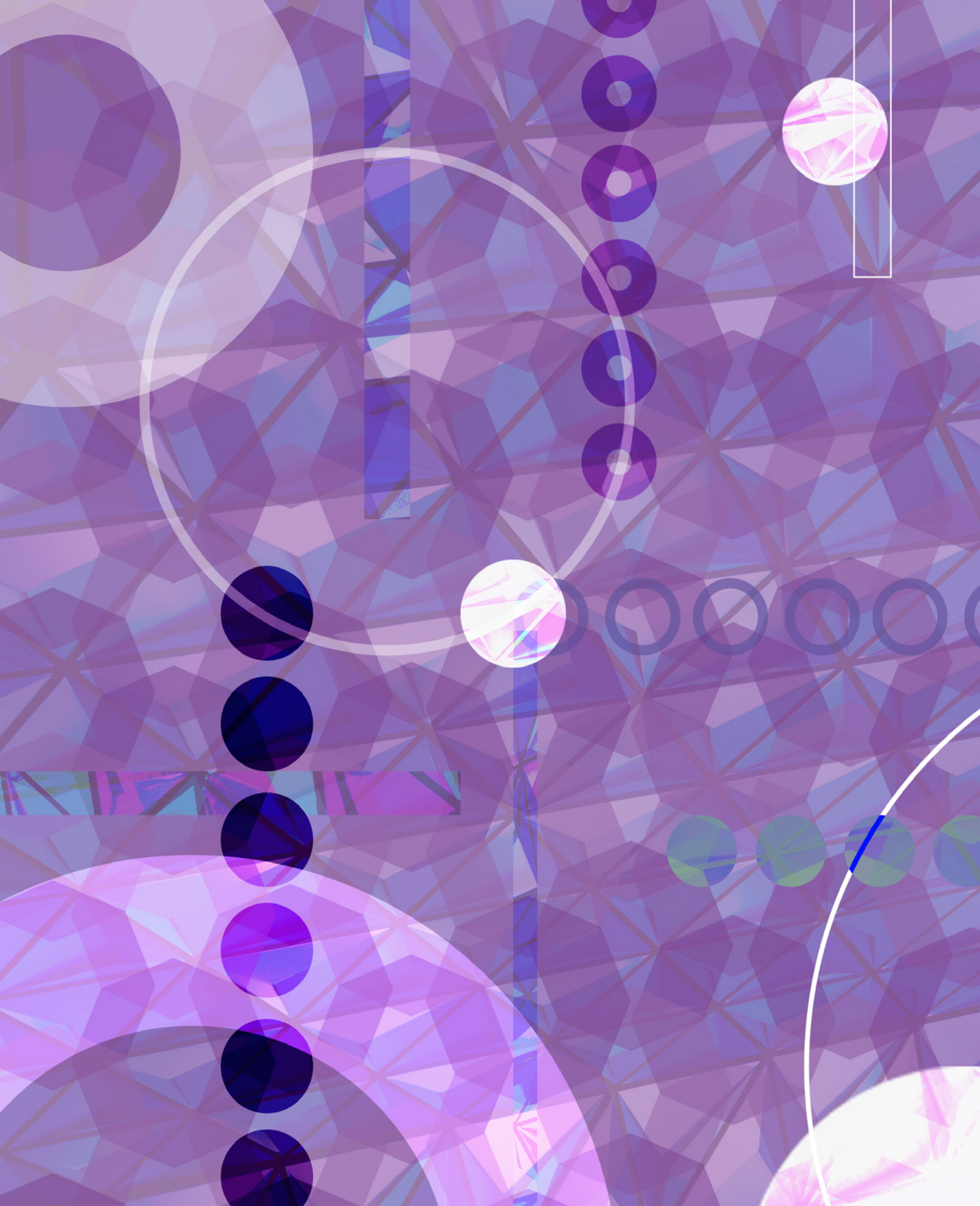
ACKNOWLEDGEMENTS

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Details to accompany Figure 1⁶

Other criminal justice routes	246
<i>Pre-sentence report</i>	10
<i>Referred by treatment provider (post treatment)</i>	***
<i>Requested by Offender Manager (post DRR/ATR)</i>	***
<i>Required by offender management scheme/DRR/ATR</i>	134
<i>Voluntary - following cell sweep</i>	88
<i>Voluntary - other</i>	10
Successful transfers from another CJIT or prison	116
<i>HMP Altcourse</i>	10
<i>HMP Forest Bank</i>	***
<i>HMP Hindley</i>	***
<i>HMP Kennet</i>	9
<i>HMP Liverpool</i>	65
<i>HMP Manchester</i>	***
<i>HMP Preston</i>	***
<i>HMP Styal</i>	14
<i>Unknown Prison</i>	13
Transfers not completed from another CJIT or prison	10
<i>HMP Kennet</i>	***
<i>HMP Liverpool</i>	***
<i>HMP Styal</i>	***
<i>Unknown Prison</i>	***
Transferred to another CJIT or prison	155
<i>Barnsley CJIT</i>	***
<i>Bradford CJIT</i>	***
<i>Cheshire West CJIT</i>	***
<i>Dyfed Powys CJIT</i>	***
<i>Knowsley CJIT</i>	6
<i>Liverpool CJIT</i>	104
<i>Manchester CJIT</i>	***
<i>Sefton CJIT</i>	12
<i>Stoke on Trent CJIT</i>	***
<i>Warrington CJIT</i>	***
<i>HMP Liverpool</i>	19
<i>HMP Styal</i>	***

⁶ Please note that numbers less than five have been suppressed to maintain client confidentiality.



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