

# Merseyside DIP OCU Report (April 2007 - March 2011)

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## 1.0 Executive Summary

The aim of this report was to investigate changes in the characteristics of the OCU population who were assessed for DIP between 1<sup>st</sup> April 2007 and 31<sup>st</sup> March 2011 and who were resident in Merseyside.

In general the profile of OCU coming into contact with DIP has not changed substantially in the four year period. However some trends did emerge across the four year period examined including:

- The prevalence of OCU in the DIP cohort decreased during the four years.
- There was evidence of an ageing OCU cohort coming into contact with DIP.
- The drug use profile of OCU generally remained relatively stable across the period. The exception was Knowsley where rates of powder cocaine use were higher and showed a trend of increasing across the four years examined.
- There was a reduction in the amount of money spend on drugs per week across the four years suggesting a less chaotic lifestyle among the OCU cohort.
- Findings indicate there is a relatively large cohort of OCU coming into contact with DIP who are not in treatment, suggesting DIP's continued usefulness as a route through which to channel drug users with high levels of need into treatment.
- Year on year accommodation stability improved among the OCU cohort.

The consistency in OCU profile across this period indicates that service planning that has been in place for a number of years, if correctly targeted originally, should generally be addressing the correct factors and there is no driver for radical reform of service delivery. Of course this is dependent on evaluations of the outcomes experienced by clients. Outcomes for OCU clients as a group according to NDTMS and TOP data will be examined in a forthcoming report from the Centre for Public Health.

## 2.0 INTRODUCTION

### Drug Interventions Programme

The Drug Interventions Programme (DIP) is an initiative that was set up by the Home Office in 2003 and has an overarching aim to break the cycle of drug misuse and crime and as a result reduce acquisitive crime in communities within England and Wales. The most recent drug strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting people to live a drug free life', embraces the concept of DIP in assisting with the strategy's aims to support drug using offenders and encourage them to access treatment and recovery whilst in contact with the criminal justice system (CJS) (Home Office, 2010a). DIP represents an important engagement opportunity as many of the clients assessed under the programme can be some of the most difficult to reach problematic drug users (Home Office, 2010b). DIP itself is a multi agency initiative incorporating the police, the Crown Prosecution Service, probation, the prison service and drug treatment agencies who collaborate to direct drug misusing offenders towards treatment. Although DIP's traditional focus was to direct opiate and crack users (OCU) into treatment, DIP has also been able to play a role in directing powder cocaine misusers towards suitable stimulant treatments. The DTORS report (Jones et al, 2009) highlighted that the CJS is a valid route through which clients can receive drug treatment and achieve positive outcomes; between 1996 and 2006 there was an increase in the number of referrals for structured treatment via the CJS. The report also indicated that of the 35% of treatment seekers who were referred from the CJS, 17% came from the DIP route.

### OCU and OCU Prevalence

OCU (opiate or crack users) is a relatively new term and previously this population was referred to as PDU (problematic drug users). For clarity and consistency, the term OCU will be used throughout this report and will represent information relating to opiate and crack users only.

UNODC (United Nations Office on Drugs and Crime) (2011) estimates that in 2009 there were between 12 – 21 million opiate users worldwide and that heroin was the most commonly used opiate (75% of global opiate users). About 0.6% (3.1 - 3.5 million) of those aged between 15 – 64 years worldwide were estimated to be using opiates and within West and Central Europe, the UK was reported as having the highest estimated opioid prevalence rate (about 350,000 users). These figures are underestimates for the prevalence of OCU however as equivalent figures for crack use are unavailable.

Hay et al (2011) report estimates of 306,150 OCU for England in 2009/10, corresponding to 8.93 per thousand of the population aged between 15 - 64 years. The North West Government Office Region reported the highest prevalence of OCU (11.08 per thousand population aged 15 - 64 years). This included the second highest estimated prevalence for crack cocaine (6.64 per thousand of population aged between 15 – 64 years) and the third highest estimated prevalence for opiates (9.59 per thousand of population aged between 15 – 64 years) across Government Office Regions in England. The North West also reported the second highest injecting prevalence estimate (3.91 per thousand of population aged between 15 – 64 years). The report highlights that the North West Government Office Region reported the highest prevalence rate of OCU in the 35 - 64 age range (10.06 per thousand of population, 27,724 individuals), a much greater prevalence than any other Government Office Regions.

A report by the National Treatment Agency for Substance Misuse (2011) indicates that 84% of individuals in treatment in England in 2010/11 were OCU (opiates only 49%, opiates/crack 32%, crack only 3%). Among those commencing a new treatment journey the age groups with the highest proportion of OCU were 30 – 34 years (43%, 32%, 4% respectively), 35 – 39 years (44%, 33%, 4% respectively) and over 40 years (45%, 28%, 7% respectively). Around a fifth (18%) of those commencing a new treatment journey indicated that they currently injected drugs while a further 28% had injected previously but didn't currently inject.

### **OCU Characteristics**

The EMCDDA report (2011) highlights that opioid users who entered into specialist drug treatment were on average 34 years old, males outnumbered their female counterparts by about 3:1, had higher rates of unemployment and lower levels of education than clients reporting other primary drugs. Four in ten (40%) reported injecting as their method of drug administration and 60% reported snorting, inhaling or smoking their drugs. Polydrug use was reported as being common among OCU and prevalence figures tended to be much higher in urban areas and among socially excluded groups.

A report by Howarth & Duffy (2010) highlighted some characteristics typical of OCU clients who had been assessed for DIP in Merseyside in 2009/10.

These included:

- a white male on most occasions

- aged between 30 and 44 years old
- mainly using heroin and crack on a daily basis but in some cases may also use powder cocaine, illicit methadone, cannabis and benzodiazepines
- can spend more than £100 a week on drugs but is more likely to spend less than this
- likely to have received treatment for their drug use in the last two years but slightly less likely to currently be receiving treatment
- as likely to have injected in the past as not, but being unlikely to currently be injecting.
- very unlikely to currently be sharing drug taking equipment but slightly more likely to have done so in the past.
- quite likely, if they drink, to do so on a daily basis, at potentially problematic levels
- likely to be arrested for shoplifting
- most likely to be in settled accommodation
- very likely to be unemployed

OCU are considered one of the most problematic of drug using populations as there is such a high risk of drug dependency for individuals using these drugs. There can also be a considerable social impact as their drug use can contribute to drug related crime as well as unemployment and welfare dependency being common within this population (NTA, 2011).

### **Recent Trends**

Across Europe between 2004 and 2009, prevalence estimates for problem opioid use have been relatively stable (EMCDDA, 2011). However changes are emerging in relation to the characteristics of Europe's opioid clients. Those in treatment for opioid use are becoming older on average and proportions of injectors among them have decreased. In contrast the proportions of opioid users using opioids, other than heroin, and who are polydrug users, have increased. Some of these findings correspond to conclusions from the report by Hay et al (2011). Whilst Hay et al reported a statistically significant decrease in the estimated numbers of OCU between 2008/09 and 2009/10, decreases were significant for 15 – 24 and 25 – 34 year olds but not for 35 – 64 year olds. In relation to injecting, the report also highlighted a statistically significant decrease in the national estimates of drug injecting. A study on problematic drug users who accessed agency based syringe-exchange programmes in Cheshire and Merseyside between 1992 and 2004 reported an increase in the ages of those using the service as the median age increased from 27.0 years to 34.9 years signifying an aging population of drug injectors (Beynon et al, 2007).

The aim of this report is to investigate emerging trends in the demographics of the OCU population who were assessed for DIP and resident in Merseyside over a four year period (April 2007 to March 2011). Such information is vital in understanding this population in order to provide an effective and efficient drug treatment service and tackle drug related harms (polydrug use, injecting, sharing equipment, alcohol use etc). This report should not be read in isolation but supplemented with other literature around OCU and DIP (Cuddy & Duffy 2011; Howarth & Duffy, 2010).

### 3.0 METHODOLOGY

The data used for this analysis has been taken from DIR forms completed by DIP staff in Merseyside. The analysis was performed on the basis of which Merseyside D(A)AT clients were residing in at the time of their assessment between 1<sup>st</sup> April 2007 and 31<sup>st</sup> March 2011. Clients who indicated drug use in the month prior to assessment on the DIR form were included in the analysis and those who did not were removed.

Analysis separated the clients into two drug groups:

- Opiate and Crack Users (OCU) - clients who used opiates (including prescribed opiates) and/or crack cocaine
- Other - clients who took any of the remaining combinations of drugs (but not opiates or crack).

The clients in the 'other' group were not part of the focus of this study and have not been included in the analysis.

Using SPSS, the data from the OCU group were analysed and categorised to include:

- Total number of DIP assessments
- Total number of individual residents assessed by DIP
- Ethnicity
- Age
- Gender
- Drug use
- Weekly spend on drugs
- Drug treatment history
- Injecting status
- Sharing equipment
- Alcohol consumption
- Offences committed
- Accommodation
- Employment status

Some fields from the DIR were not mandatory and as a result details were not available for all clients. Where this was the case, these clients were not included for the data analysis on this item and the number that was used is indicated in the table or figure.

Although questions regarding equipment sharing relate to injecting equipment, some teams may have only recently used this interpretation and as a result could have potentially answered these questions to include the sharing of non-injecting related paraphernalia such as bank notes or straws.

As clients could give details of more than one offence committed, the percentage values in the offending table can add up to over 100%.

The Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) highlights daily guidelines for sensible drinking, suggesting a maximum intake of 2 – 3 units per day for women and 3 – 4 units per day for men. It defines “binge drinking” as drinking above double these daily recommended guidelines on at least one occasion during the week. On the DIR forms, one question relating to alcohol unit intake refers directly to this definition (6.20) and in this report, where clients have reported consuming alcohol on at least a weekly basis at or above double the daily guidelines (females: 6 or more units & males: 8 or more units), these are referred to as episodes of “binge drinking”.

The following sections focus on four of the Merseyside D(A)AT areas in turn (Knowsley, Sefton, St Helens and Wirral) with the addition of a Merseyside overall section (which includes Liverpool data). For each section, trends across the four year period were compared.

For each separate area analysis, figures represent one person, per area, per year, with the earliest initial screening/triage assessment date used to decide this per year. For the Merseyside overall analysis, figures represent one person per year again based on the earliest initial screening/triage assessment date.

#### 4.0 KNOWSLEY – Key Points

- The proportion of all DIP assessments that were carried out on OCU decreased year on year over the four years between 07/08 (34%) and 10/11 (23%).
- There was an increase in the proportions of OCU in the older age groups (35 – 39 years and 40 – 44 years) between 07/08 and 10/11, indicating that there was an aging population of OCU.
- There was a decrease in the proportions of OCU reporting use of heroin, crack and methadone but an increase in the proportion reporting use of powder cocaine across the four years.
- Over all across the four years there was a reduction in the amount spent on drugs on a weekly basis, with reductions in weekly spending over £100 being most noticeable.
- There was no change in the proportion of OCU who had received treatment in the two years prior to their DIP assessment between 07/08 and 10/11. There were year on year increases in the proportions of OCU who were receiving treatment at the time of their DIP assessment between 07/08 and 09/10 but this was followed by a substantial drop in 10/11.
- There was no change in the proportion of OCU who reported ever injecting between 07/08 and 09/10. However in 10/11 there was a considerable decrease in the proportion of OCU who reported ever injecting.
- Over the four years there was a decrease in the proportions of OCU who reported ever sharing equipment as well as those who reported having shared equipment in the month prior to their DIP assessment.
- The proportion of OCU who reported “binge drinking” fluctuated considerably across the four years with no clear trend emerging.
- The proportion of OCU who committed MDA offences decreased year on year between 07/08 and 09/10. However this was followed by a sharp increase in 10/11. In addition to this there was a decrease in the proportion of OCU who committed theft – car offences.
- The proportion of OCU who reported having no fixed abode was relatively stable over the four years. The proportion of OCU who reported being in temporary accommodation decreased considerably between 07/08 and 08/09 but remained at a similar level after that. In addition to this the proportion of OCU who reported being in settled accommodation increased across the four years.
- There were no substantial changes reported in the ethnicity, gender or employment profiles of the OCU across the four years.

## 4.1 KNOWSLEY RESIDENTS

### OCU Group

Table K1: DIP Assessments on Knowsley Resident OCU (Apr 2007 – Mar 2011)

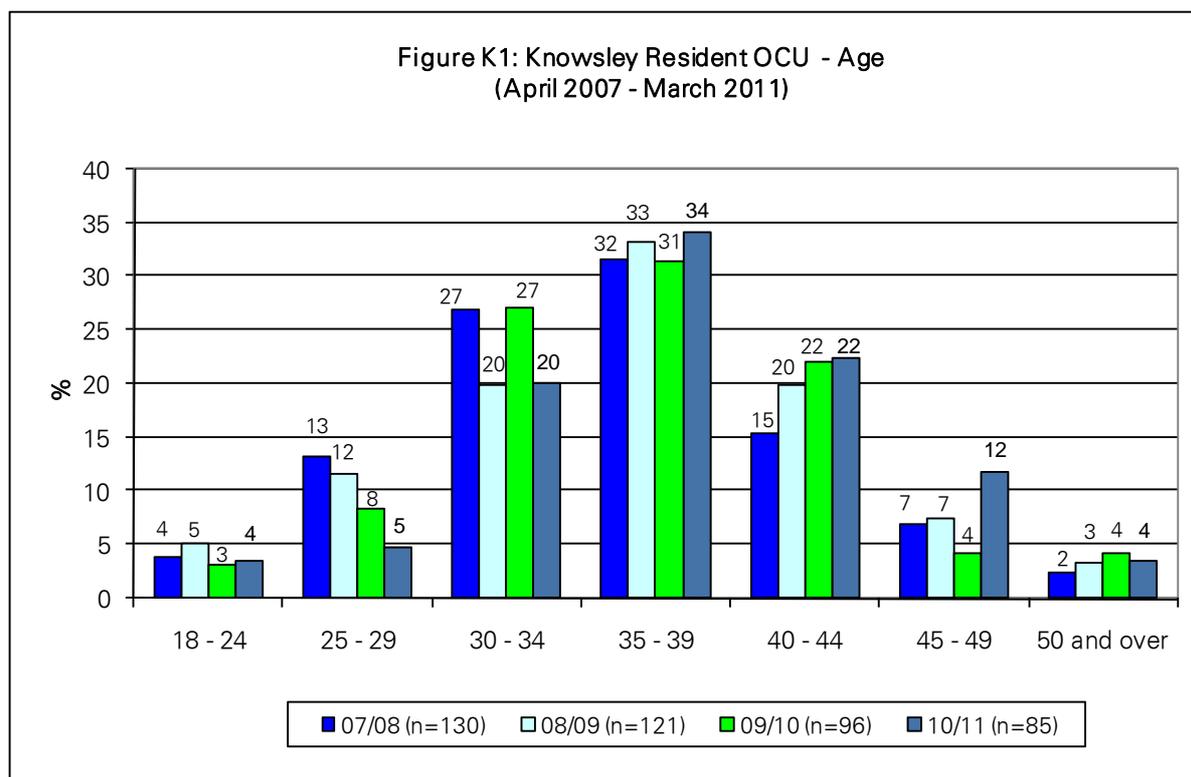
Year	07/08		08/09		09/10		10/11	
	n	%	n	%	n	%	n	%
Total number of DIP Assessments on Knowsley Resident OCU	162	34	142	29	125	27	105	23
Total number of Individual Knowsley Residents Assessed	130	31	121	27	96	24	85	21

### Ethnicity

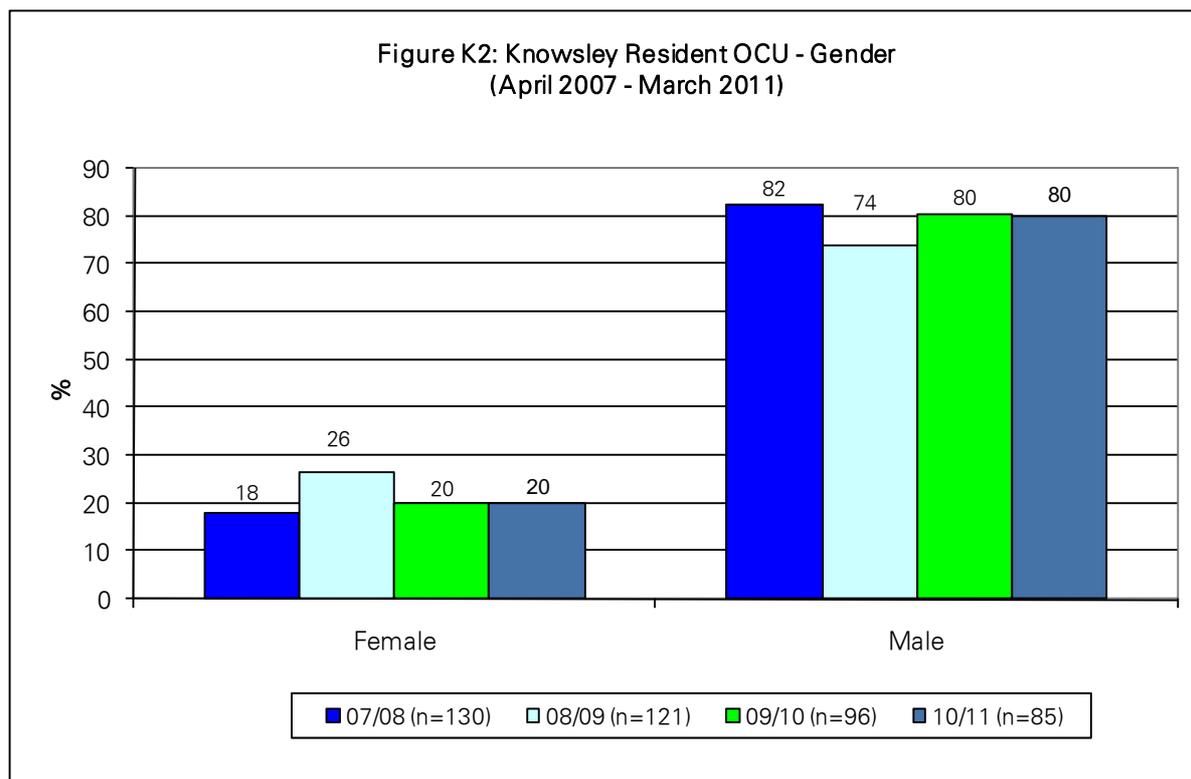
Table K2: Knowsley Resident OCU - Ethnicity (Apr 2007 – Mar 2011)

Year	07/08 (n=130)		08/09 (n=121)		09/10 (n=96)		10/11 (n=85)	
	n	%	n	%	n	%	n	%
Black	1	1	2	2	4	4	2	2
Mixed	1	1			1	1		
White	128	98	119	98	91	95	83	98

### Age



## Gender

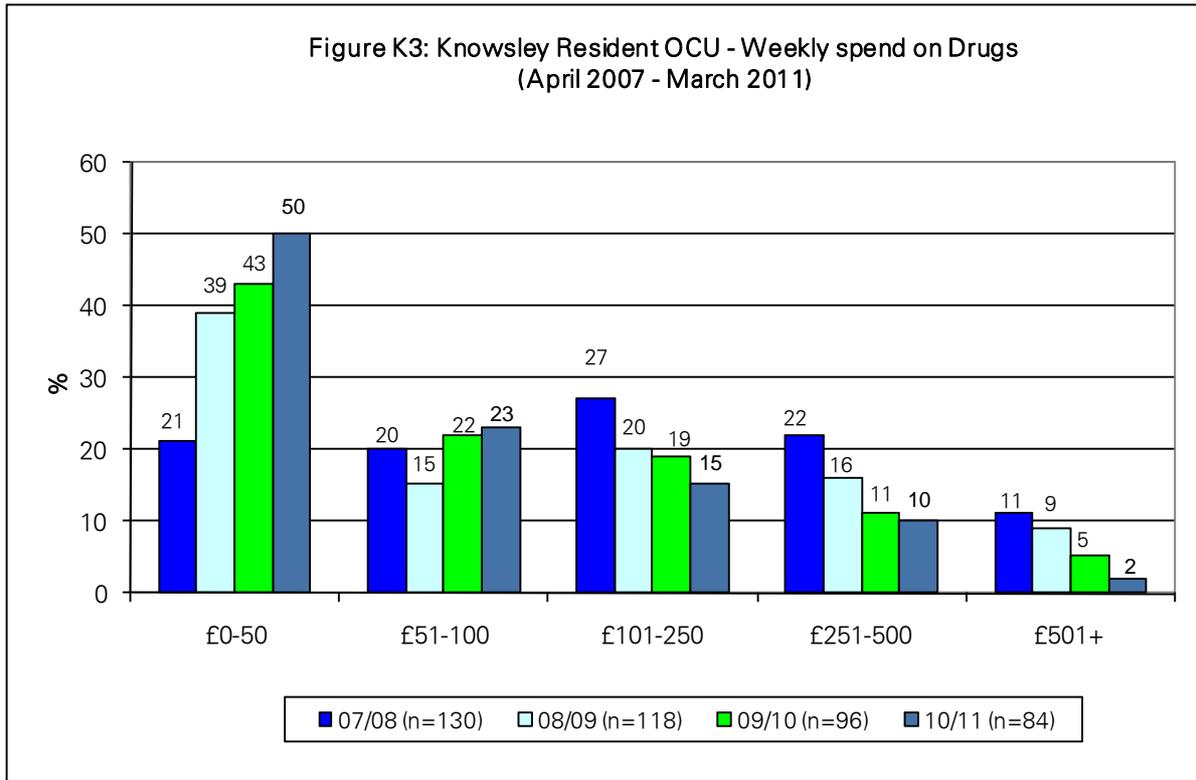


## Drug Use

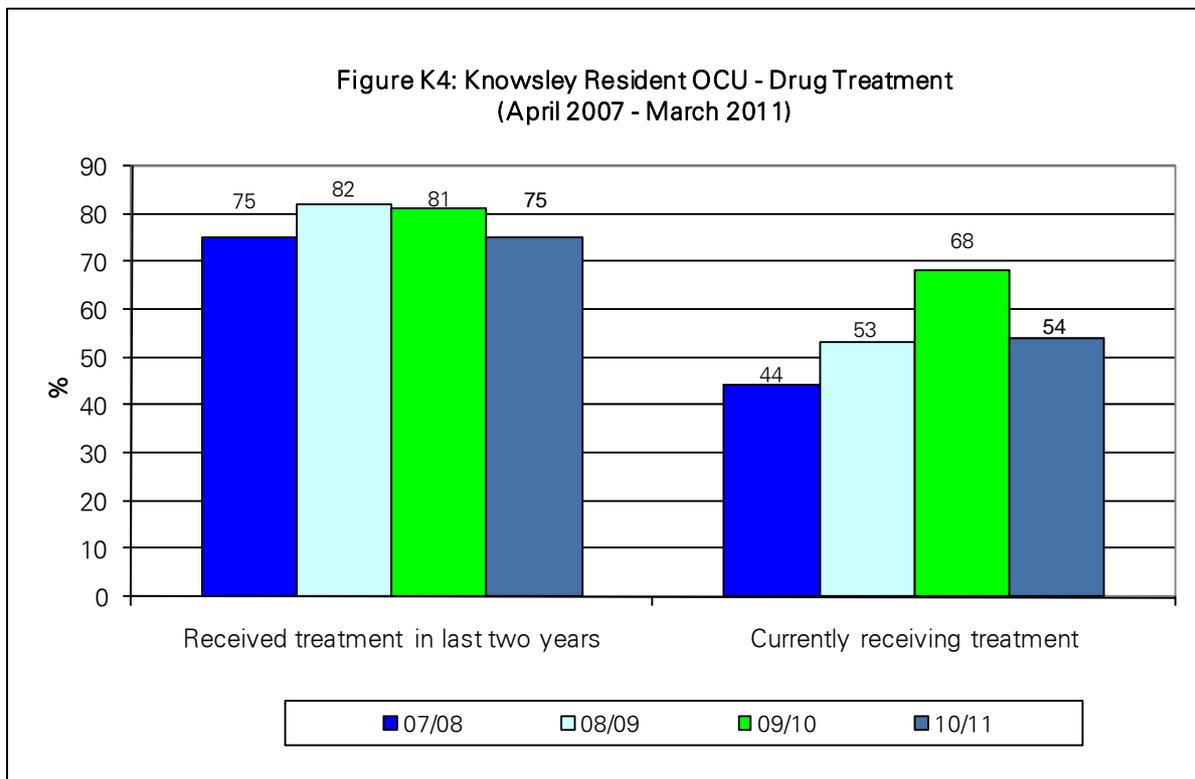
Table K3: Knowsley Resident OCU - Drug use (Apr 2007 – Mar 2011)

Year	07/08 (n=130)		08/09 (n=121)		09/10 (n=96)		10/11 (n=85)	
	n	%	n	%	n	%	n	%
Amphetamines			2	2	2	8		
Benzodiazepines	10	8	4	3	3	3	3	4
Cannabis	10	8	8	7	12	13	8	9
Cocaine	17	13	18	15	22	23	22	26
Crack	96	74	92	76	58	60	54	64
Ecstasy	1	1						
Heroin	116	89	102	84	84	88	65	76
Methadone	26	20	24	20	18	19	10	12
Subutex	2	2	7	6	1	1	1	1
Other	1	1	2	2	1	1		

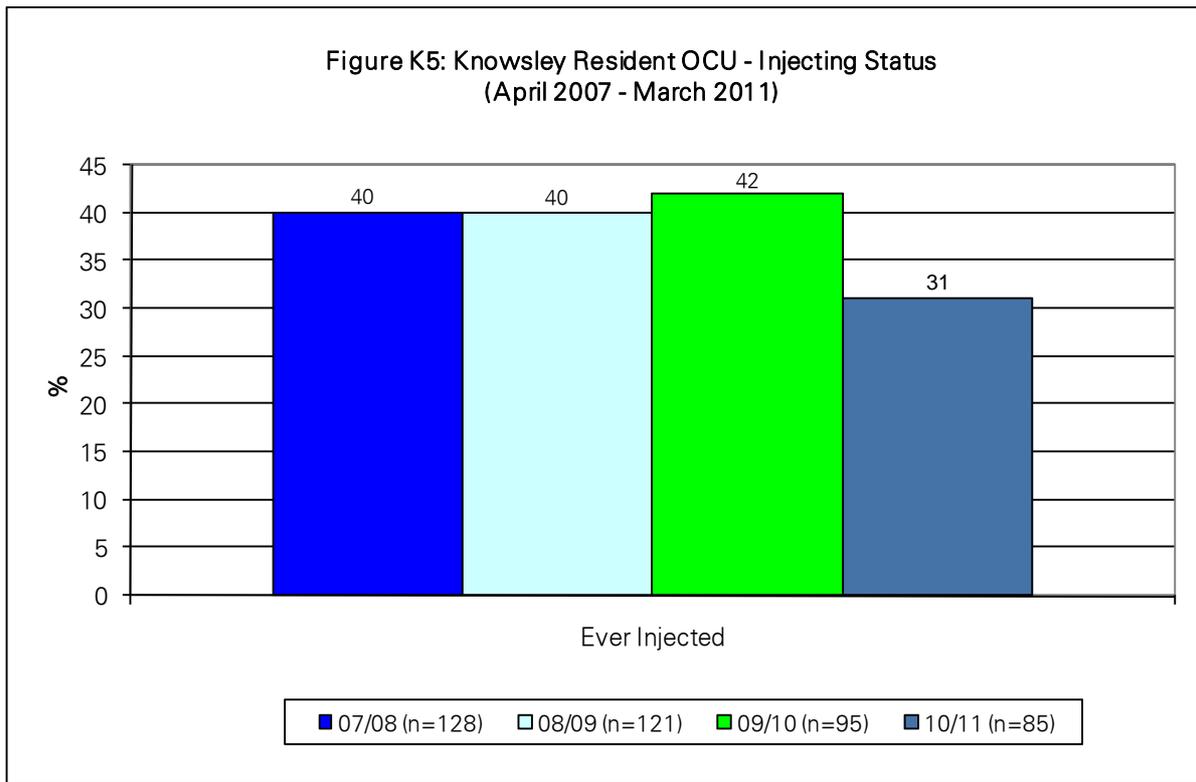
Weekly Spend on Drugs



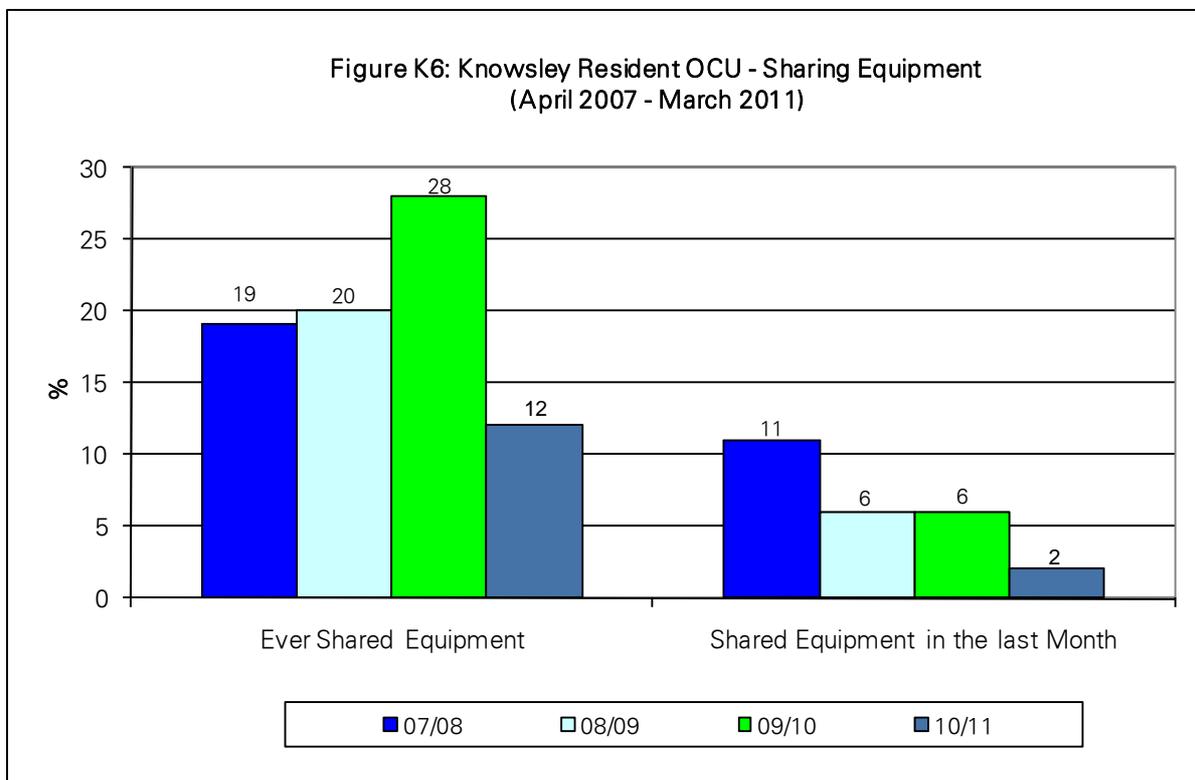
Drug Treatment



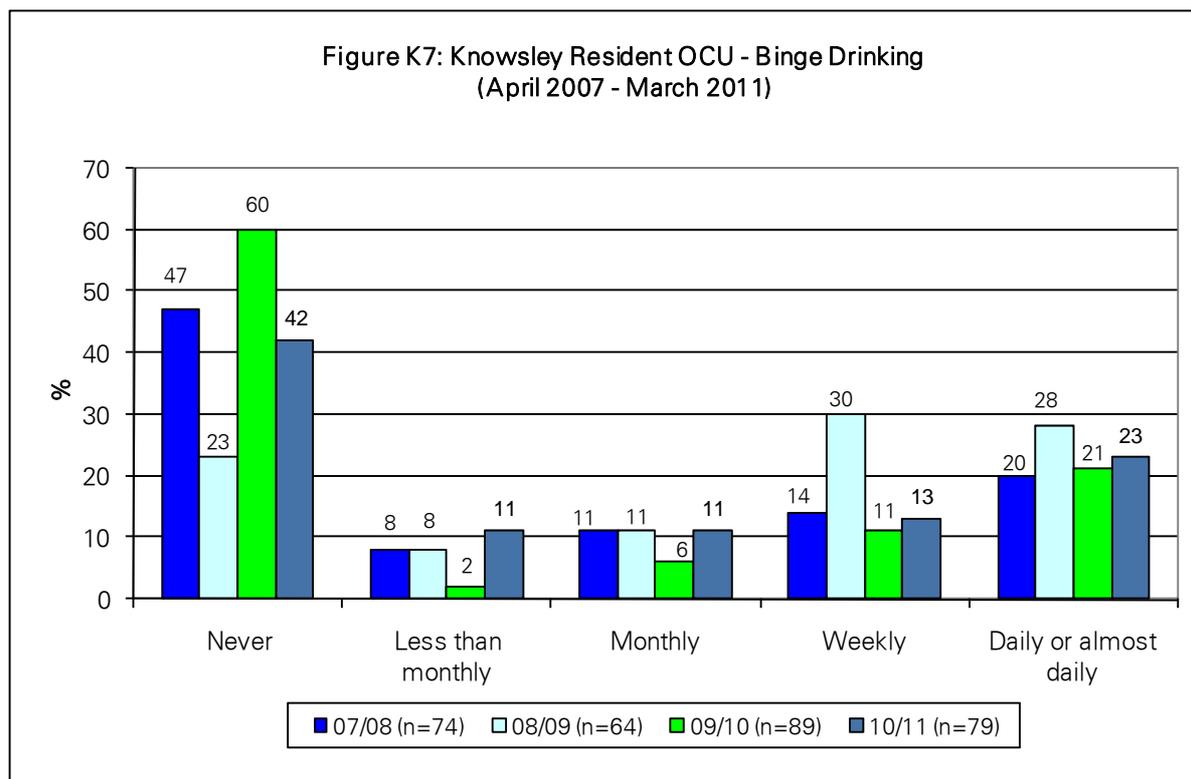
**Injecting Status**



**Sharing Equipment**



## Alcohol Consumption

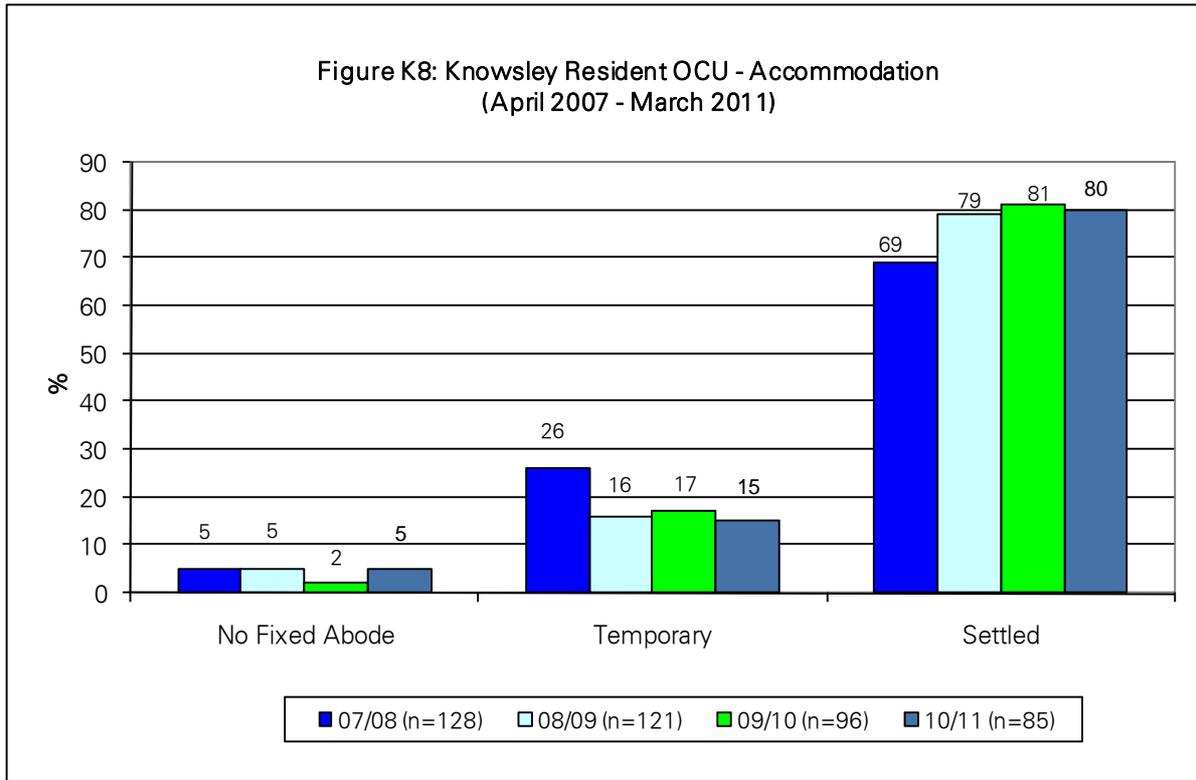


## Offences Committed

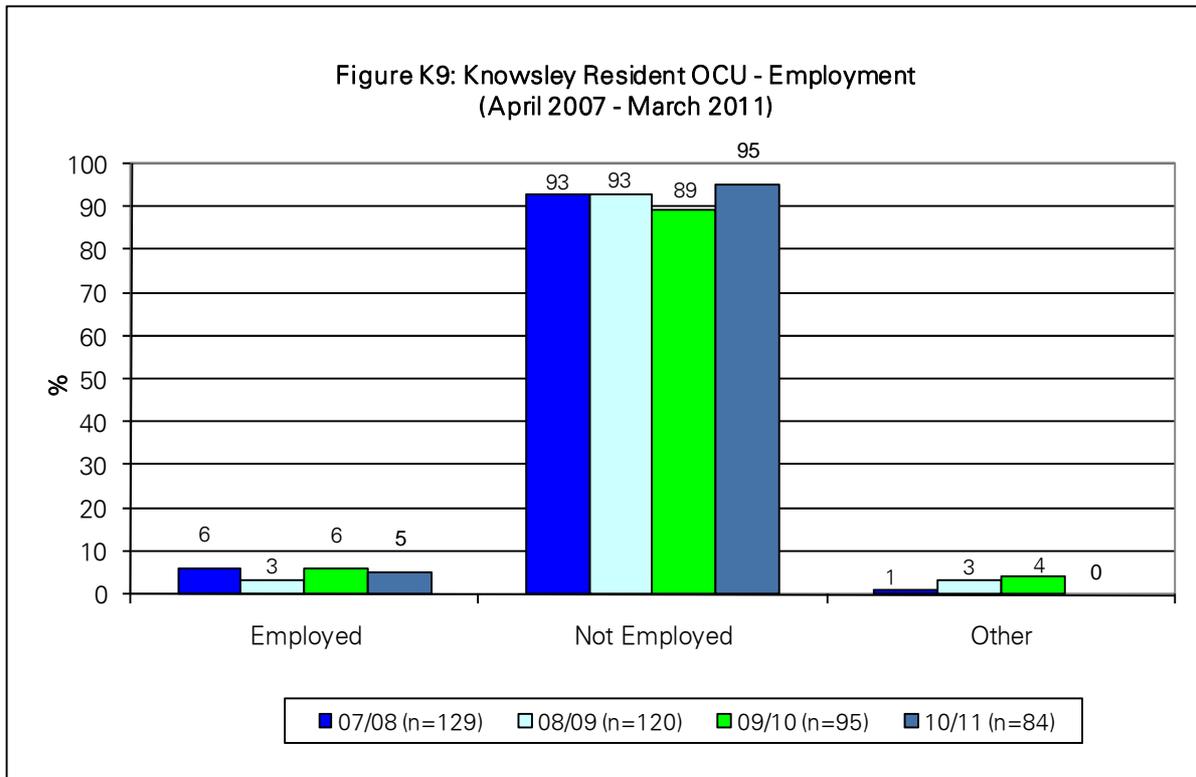
Table K4: Knowsley Resident OCU - Offending that lead to contact with DIP (Apr 2007 – Mar 2011)

Offence	07/08 (n=128)		08/09 (n=120)		09/10 (n=95)		10/11 (n=84)	
	n	%	n	%	n	%	n	%
Begging	1	1	1	1	3	3		
Breach/Warrant	16	13	6	5	2	2	2	2
Burglary	11	9	11	9	9	9	5	6
Fraud	3	2	1	1			1	1
MDA Offences	22	17	17	14	12	13	19	23
Public Order	1	1	1	1	4	4	1	1
Robbery	4	3	4	3	3	3	1	1
Shoplifting	55	43	53	44	45	47	39	46
Theft- other	13	10	10	8	11	12	8	10
Theft - Car	11	9	9	8	3	3	4	5
Wounding/Assault	2	2	8	7	3	3	3	4
Other	8	6	6	5	5	5	3	4

Accommodation



Employment



## 5.0 SEFTON – Key Points

- The proportion of all DIP assessments that were carried out on OCU decreased year on year over the four years between 07/08 (56%) and 10/11 (32%). With actual numbers of OCU clients contacted reducing substantially.
- There was an increase in the proportion of OCU in the older age groups (40 – 44 years and 45 - 49 years) across the four years indicating an aging population of OCU.
- There were decreases in the proportions of OCU who reported using crack, methadone or cocaine but a slight increase in the proportion of OCU who reported using heroin between 07/08 and 10/11.
- Across the four years there was a reduction in the amount spent on drugs on a weekly basis, with reductions in weekly spending over £100 being most noticeable.
- Between 07/08 and 10/11 there was a slight increase in the proportion of OCU who had received treatment in the two years prior to their DIP assessment. There was also an increase in the proportion of OCU who were receiving treatment at the time of their DIP assessment during this timeframe.
- Although there were fluctuations in the proportions of OCU who reported ever sharing equipment, overall the proportion decreased across the four years. The proportion of OCU who reported having shared their equipment in the month prior to their DIP assessment increased slightly between 07/08 and 08/09 but then saw a considerable decrease between 09/10 and 10/11.
- The proportion of OCU who committed a shoplifting offence decreased slightly year on year across the four years. The proportion of OCU who committed MDA offences increased year on year between 07/08 and 09/10 but was followed by a sharp decrease in 10/11. In addition to this the proportion of OCU who committed burglary offences was relatively stable between 07/08 and 09/10 but increased considerably in 10/11.
- The proportion of OCU who reported having no fixed abode was relatively stable between 07/08 and 10/11. The proportion of OCU who reported being in temporary accommodation decreased steadily across the four years. In addition to this the proportions of OCU who reported being in settled accommodation increased each year.
- There were no substantial changes reported in the ethnicity, gender, ever injecting, “binge drinking” or employment profiles of OCU across the four years.

## 5.1 SEFTON RESIDENTS

### OCU Group

Table S1: DIP Assessments on Sefton Resident OCU (Apr 2007 – Mar 2011)

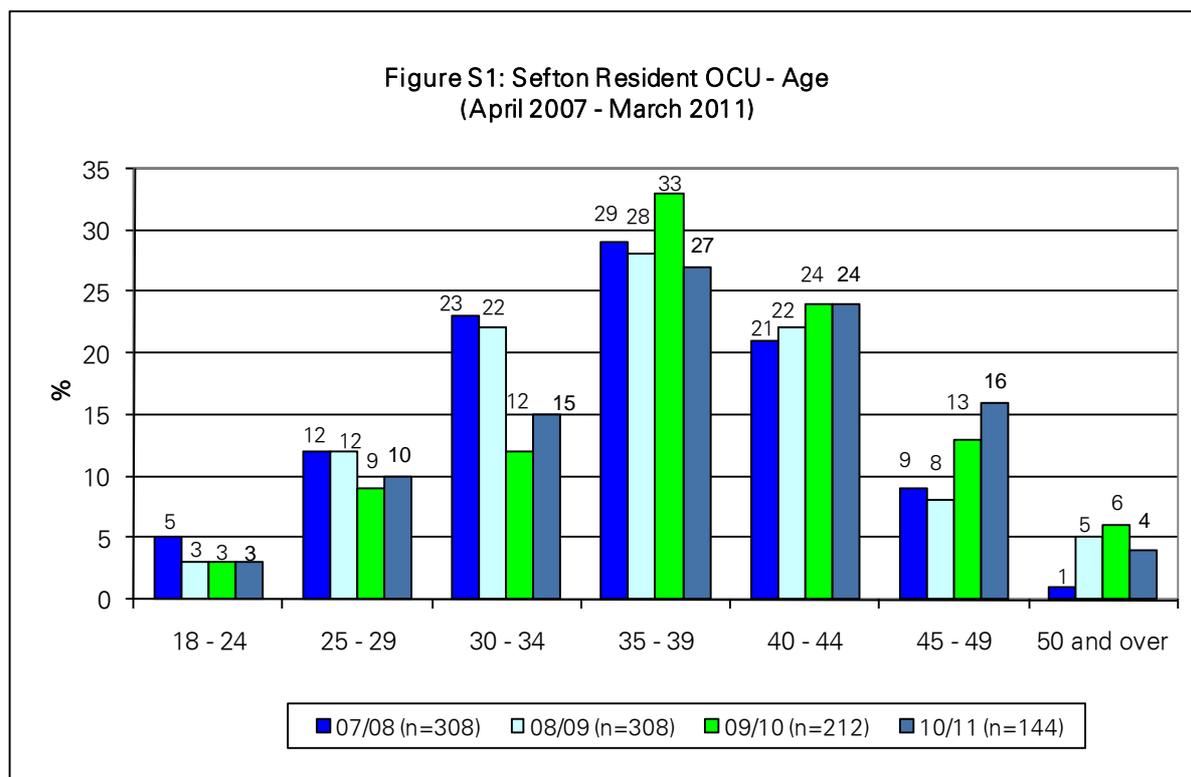
Year	07/08		08/09		09/10		10/11	
	n	%	n	%	n	%	n	%
Total number of DIP Assessments on Sefton Resident OCU	409	56	431	53	245	40	160	32
Total number of Individual Sefton Residents Assessed	308	51	308	46	212	38	144	31

### Ethnicity

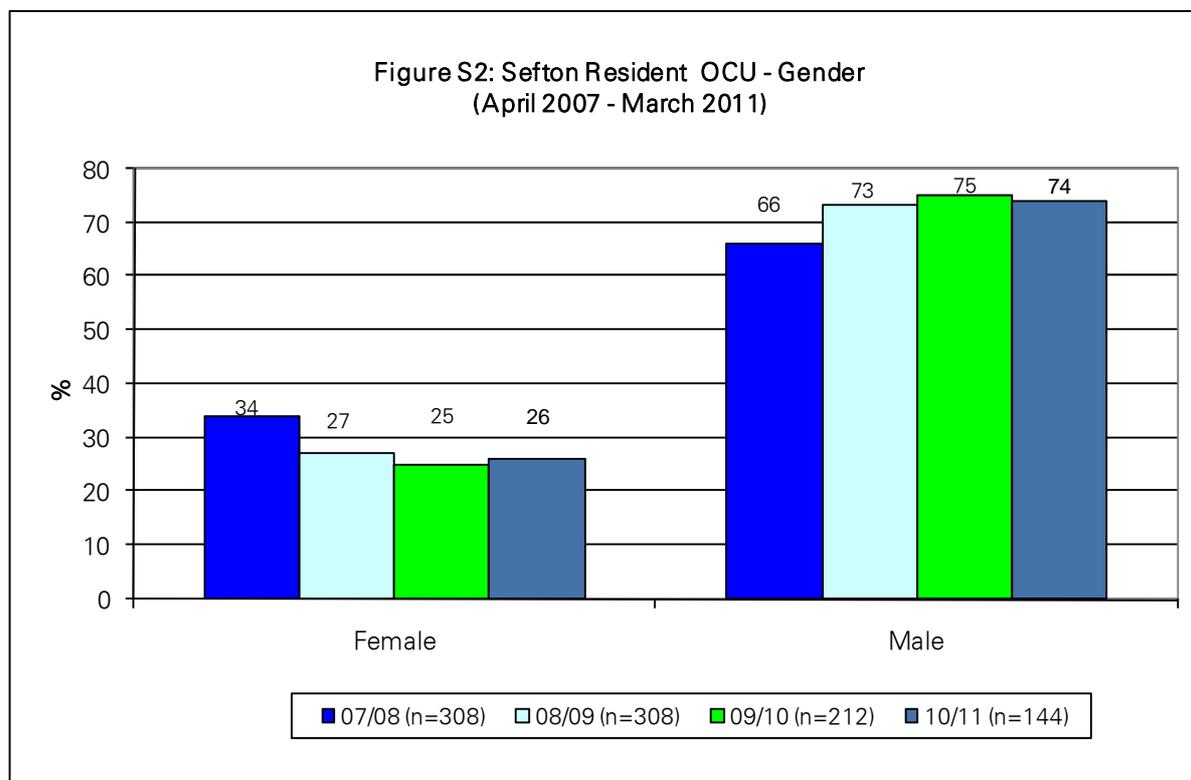
Table S2: Sefton Resident OCU – Ethnicity (Apr 2007 – Mar 2011)

Year	07/08 (n=306)		08/09 (n=306)		09/10 (n=212)		10/11 (n=144)	
	n	%	n	%	n	%	n	%
Asian					1	<1		
Black	2	1	1	<1			1	1
Mixed			1	<1				
White	304	99	304	99	211	100	143	99

### Age



## Gender

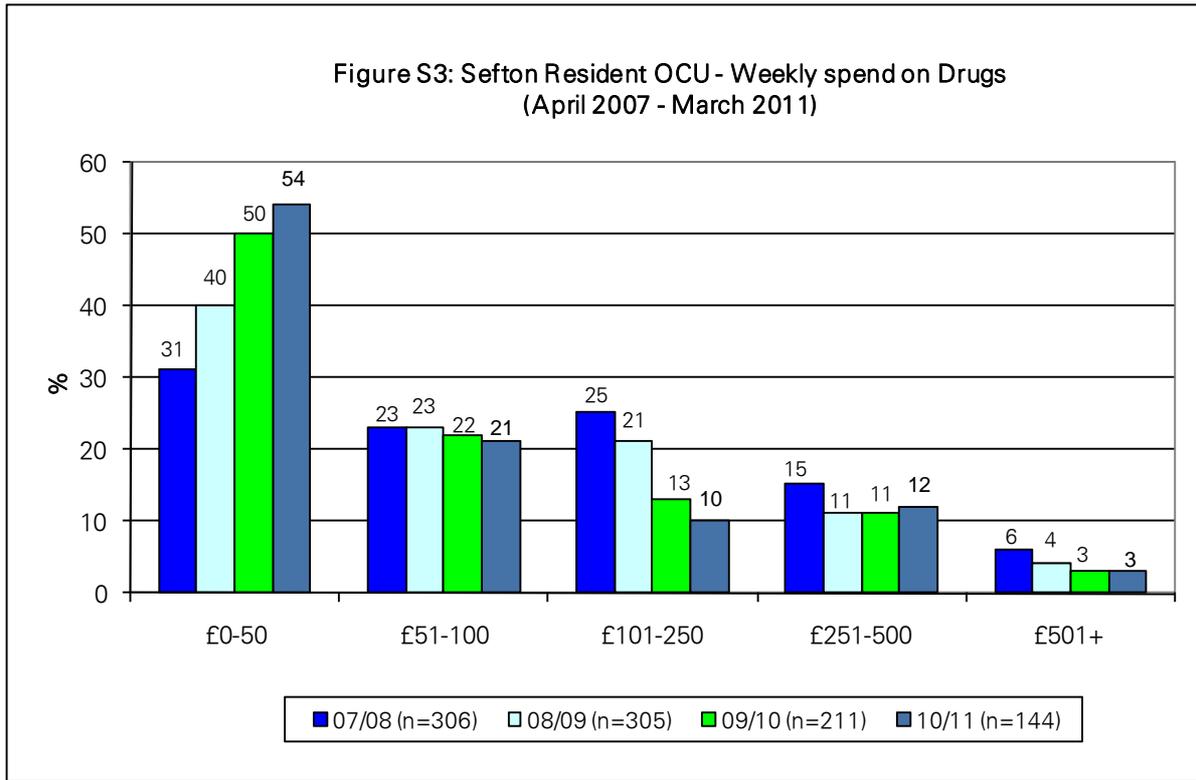


## Drug Use

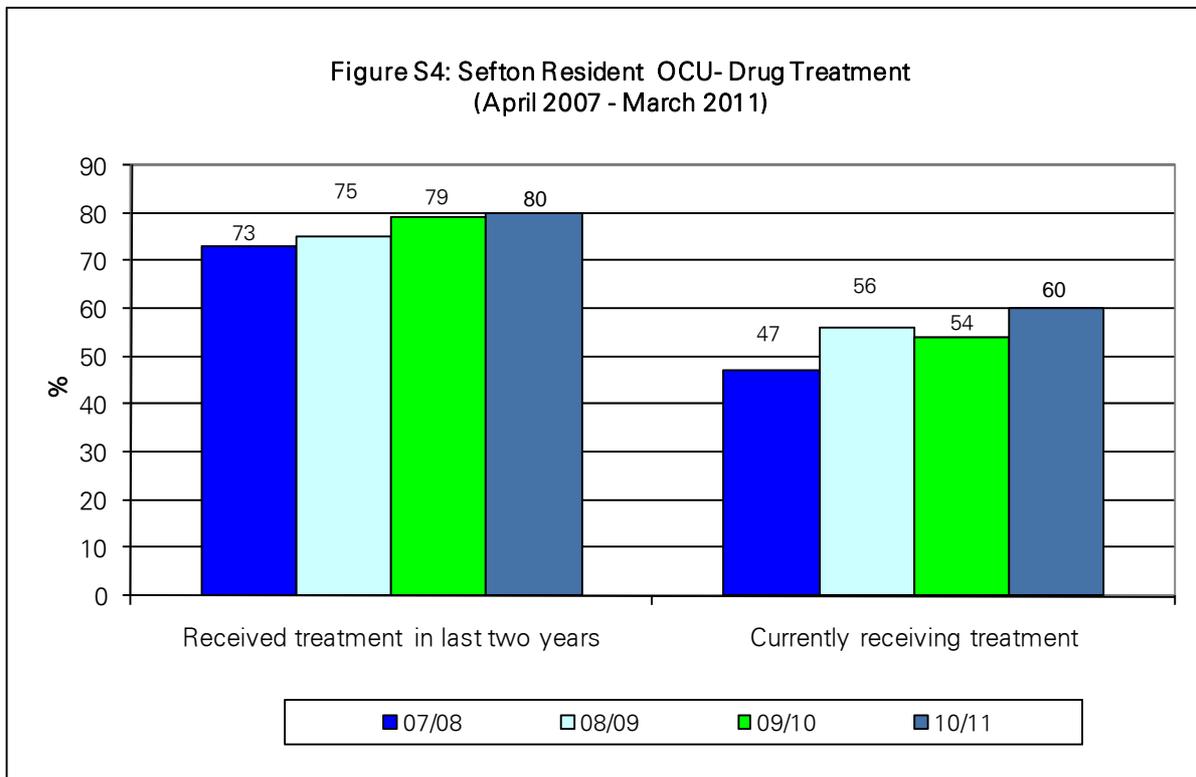
Table S3: Sefton Resident OCU - Drug use (Apr 2007 – Mar 2011)

Year	07/08 (n=308)		08/09 (n=308)		09/10 (n=212)		10/11 (n=144)	
	n	%	n	%	n	%	n	%
Amphetamines	2	1	2	1	2	1	2	1
Benzodiazepines	18	6	29	9	20	9	5	3
Cannabis	15	5	27	9	19	9	5	3
Cocaine	36	12	34	11	18	8	12	8
Crack	220	71	220	71	129	61	94	65
Ecstasy	1	<1						
Heroin	277	90	269	87	195	92	134	93
Methadone	33	11	30	10	17	8	3	2
Subutex			6	2	1	<1		
Other	5	2	2	1			2	1

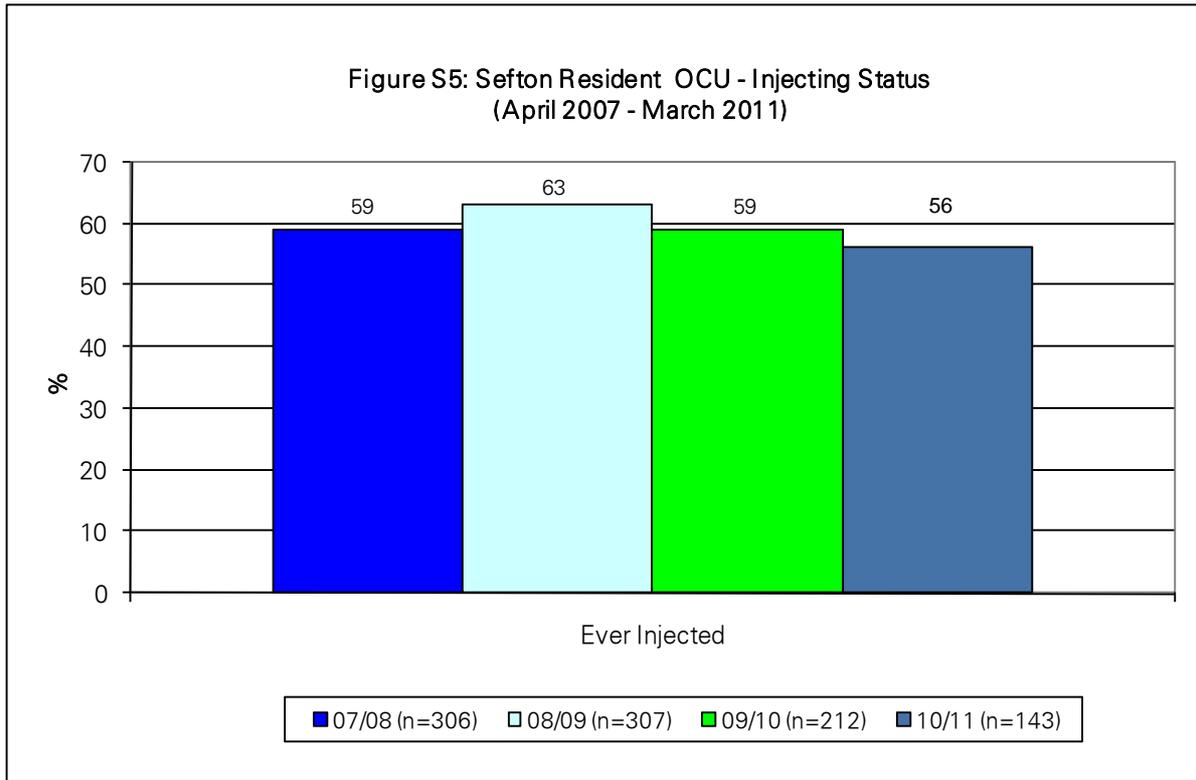
Weekly Spend on Drugs



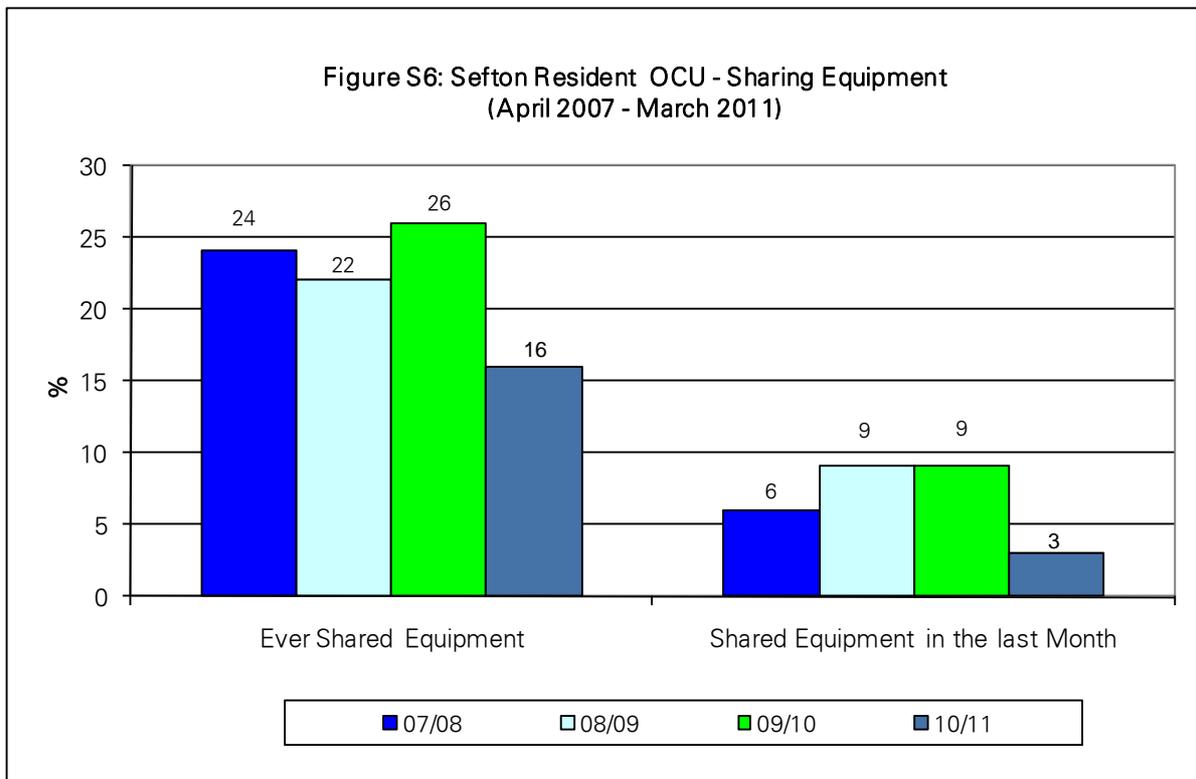
Drug Treatment



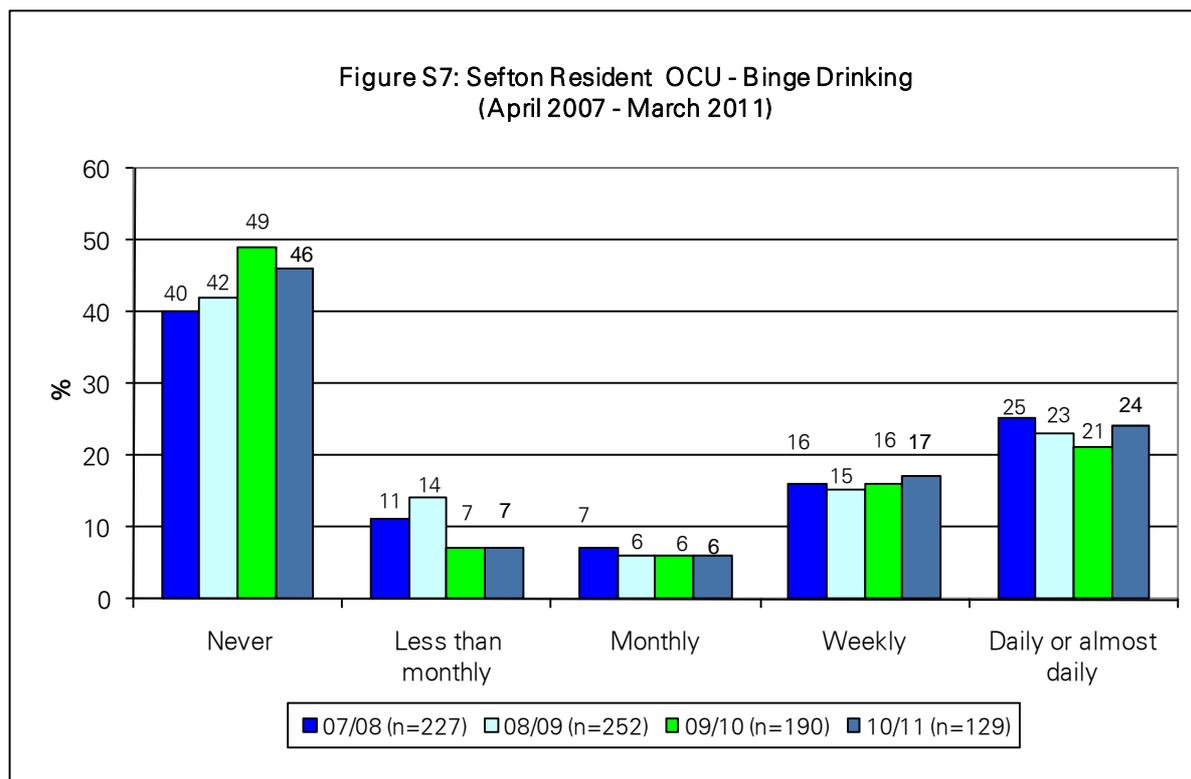
**Injecting Status**



**Sharing Equipment**



## Alcohol Consumption

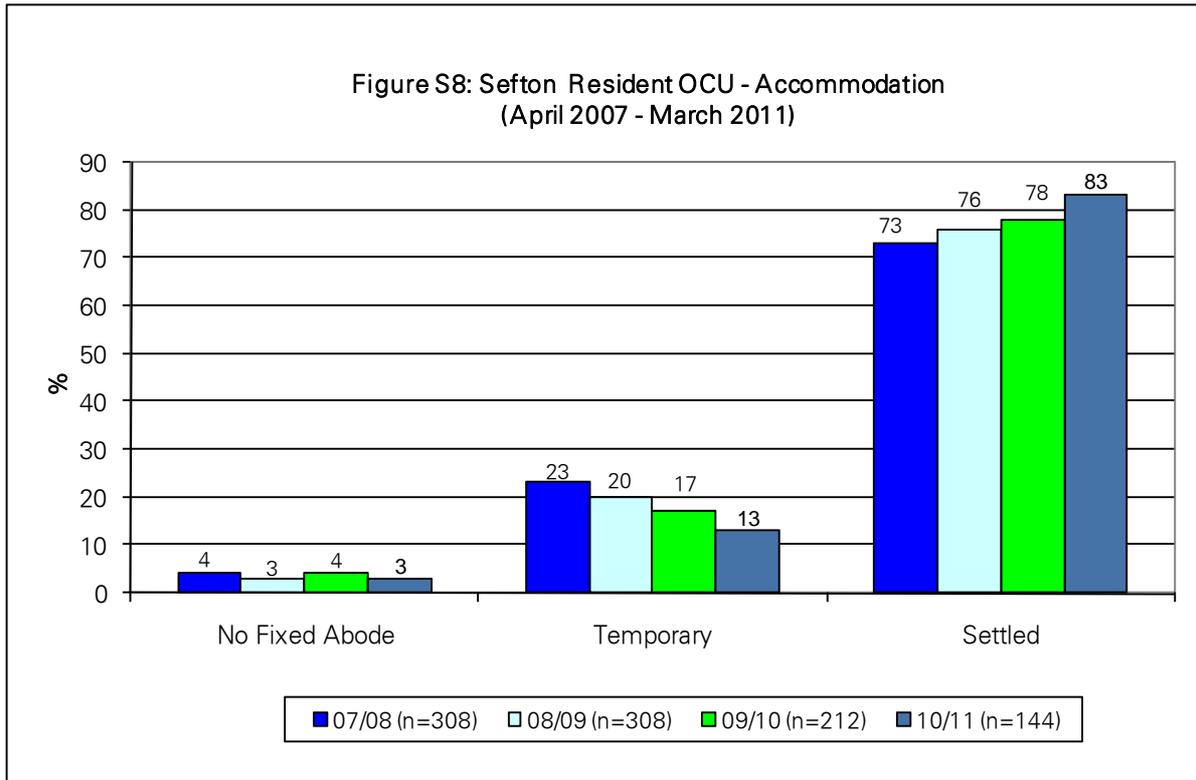


## Offences Committed

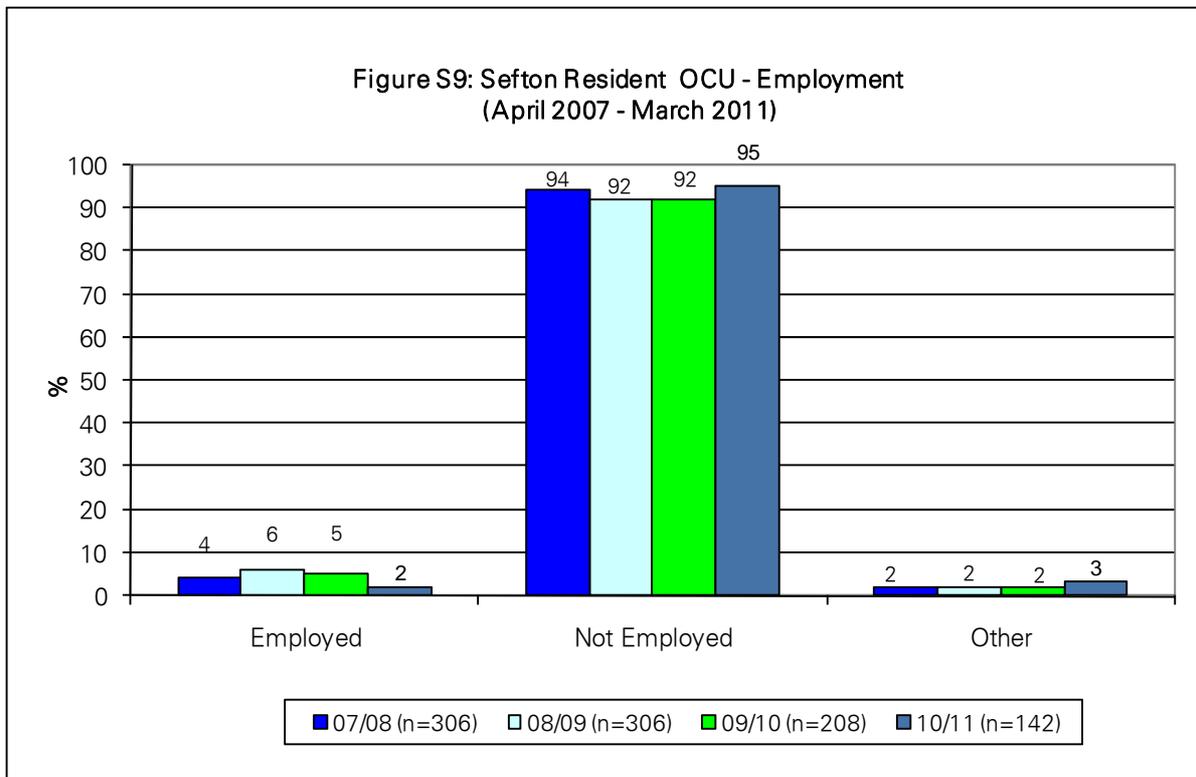
Table S4: Sefton Resident OCU - Offending that lead to contact with DIP (Apr 2007 – Mar 2011)

Offence	07/08 (n=303)		08/09 (n=305)		09/10 (n=212)		10/11 (n=143)	
	n	%	n	%	n	%	n	%
Begging	6	2	11	4	5	2	1	1
Breach/Warrant	19	6	4	1	2	1	3	2
Burglary	25	8	32	10	16	8	23	16
Fraud	7	2	5	2	3	1	3	2
MDA Offences	44	15	50	16	47	22	20	14
Public Order	2	1	8	3	4	2	1	1
Robbery	2	1	4	1	1	<1	7	5
Shoplifting	155	51	137	45	94	44	60	42
Theft- other	30	10	40	13	21	10	15	10
Theft - Car	8	3	8	3	5	2	4	3
Wounding/Assault	5	2	8	3	7	3	7	5
Other	11	4	15	5	16	8	5	3

Accommodation



Employment Status



## 6.0 ST HELENS – Key Points

- The proportion of all DIP assessments that were carried out on OCU decreased considerably between 07/08 (63%) and 09/10 (46%) but remained at a more stable level after that.
- There was an increase in the proportions of OCU in the older age groups (40 – 44 years and 45 - 49 years) between 07/08 and 10/11 indicating that there was an aging population of OCU. There was also a substantial decrease in the proportion of OCU aged between 25 – 29 years across the four years.
- The proportion of OCU reporting use of heroin decreased substantially in 08/09 but otherwise remained at a similar level across the four years. There was a continuous decrease in the proportion of OCU reporting use of crack between 07/08 and 09/10 but an increase in 10/11. In addition to this increases in the proportions of OCU reporting use of cocaine between 07/08 and 08/09 were followed by year on year decreases during 09/10 and 10/11.
- Overall across the four years there was a reduction in the amount spent on drugs on a weekly basis, with an increase in weekly spending under £50 being most noticeable.
- There was little change in the proportion of OCU who had received treatment in the two years prior to their DIP assessment between 07/08 and 10/11. However there was a considerable increase in the proportion of OCU who were receiving treatment at the time of their DIP assessment between 08/09 and 09/10 but was followed by a substantial decrease in 10/11 to a lower level than that of 07/08.
- There was a slight decrease in the proportion of OCU who reported ever injecting across the four years.
- There was a substantial increase in the proportion of OCU who reported ever sharing their equipment between 08/09 and 09/10 but this was followed by a considerable decrease in 10/11. There were slight year on year increases in the proportions of OCU who reported having shared equipment in the month prior to their DIP assessment between 07/008 and 09/10 but this was followed by a decrease in 10/11.
- The proportion of OCU who reported “binge drinking” fluctuated across the four years but overall across the four year period greater proportions of clients reported abstaining from alcohol.

- The proportion of OCU who committed burglary or MDA offences decreased across the four years. Whilst the proportion of OCU who committed Theft – other offences was relatively stable between 07/08 and 09/10 it increased considerably in 10/11.
- There were no substantial changes in the ethnicity, gender, accommodation or employment profiles of OCU across the four years.

## 6.1 ST HELENS RESIDENTS

### OCU Group

Table ST1: DIP assessments on St Helens Resident OCU (Apr 2007 – Mar 2011)

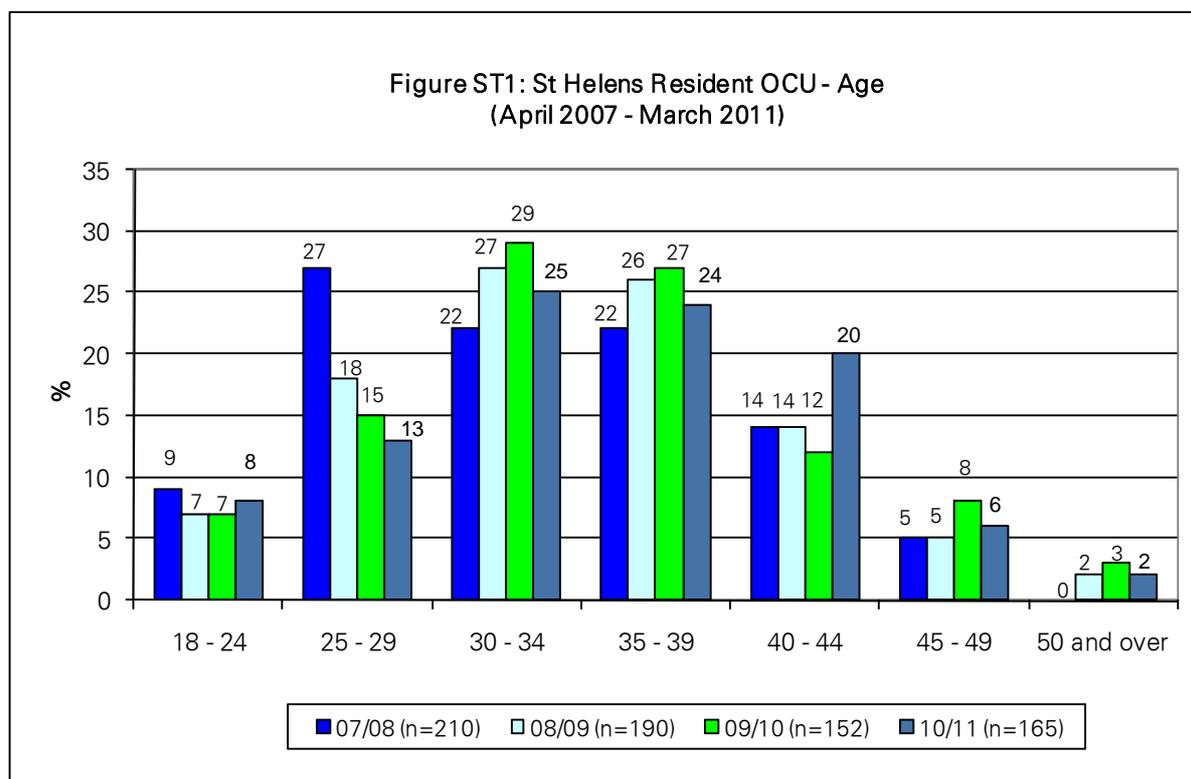
Year	07/08		08/09		09/10		10/11	
	n	%	n	%	n	%	n	%
Total number of DIP Assessments on St Helens Resident OCU	312	63	274	46	186	44	218	44
Total number of Individual St Helens Residents Assessed	210	56	190	40	152	41	165	39

### Ethnicity

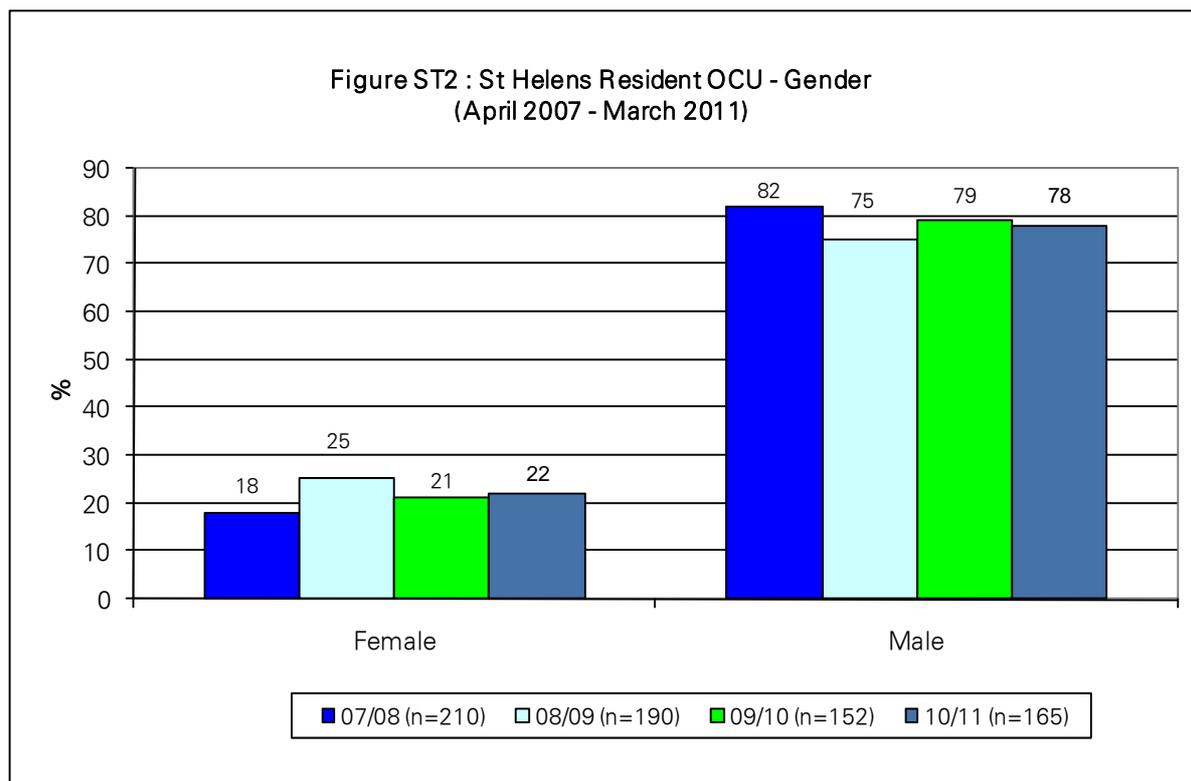
Table ST2: St Helens Resident OCU - Ethnicity (Apr 2007 – Mar 2011)

Year	07/08 (n=210)		08/09 (n=190)		09/10 (n=152)		10/11 (n=165)	
	n	%	n	%	n	%	n	%
Black	1	<1					1	1
Mixed					1	1		
White	209	100	190	100	151	99	164	99

### Age



## Gender

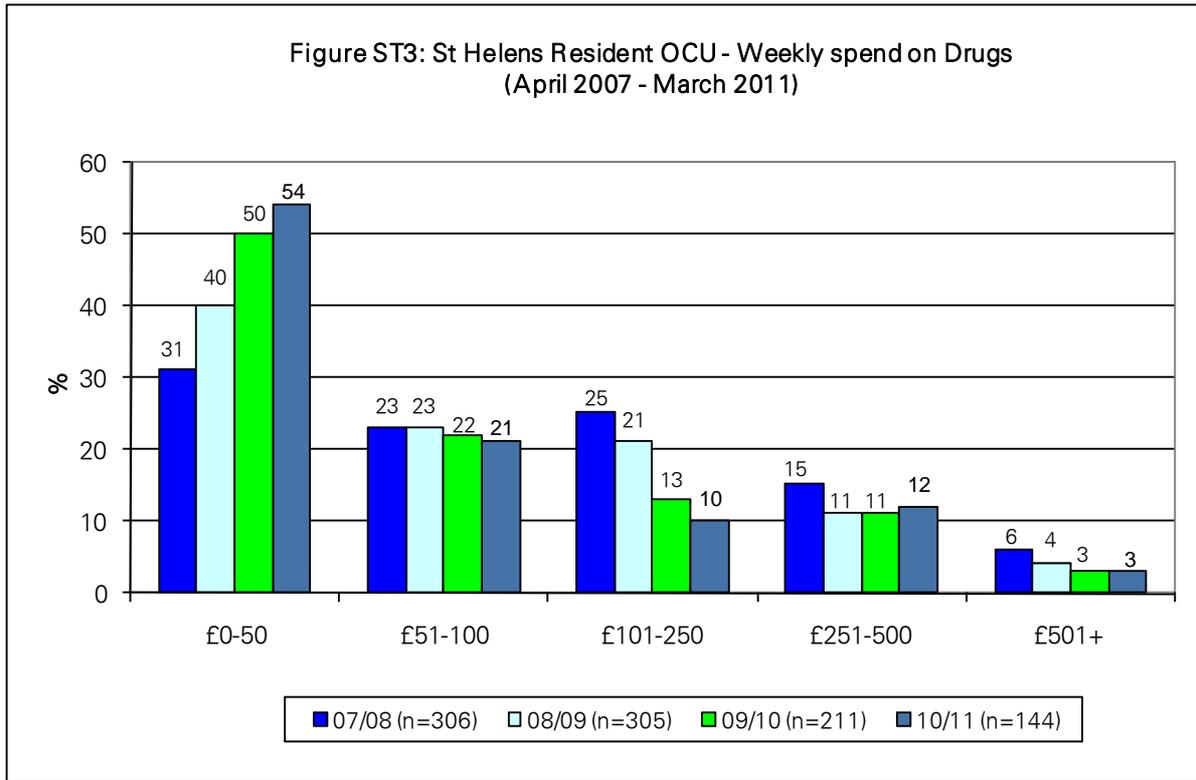


## Drug Use

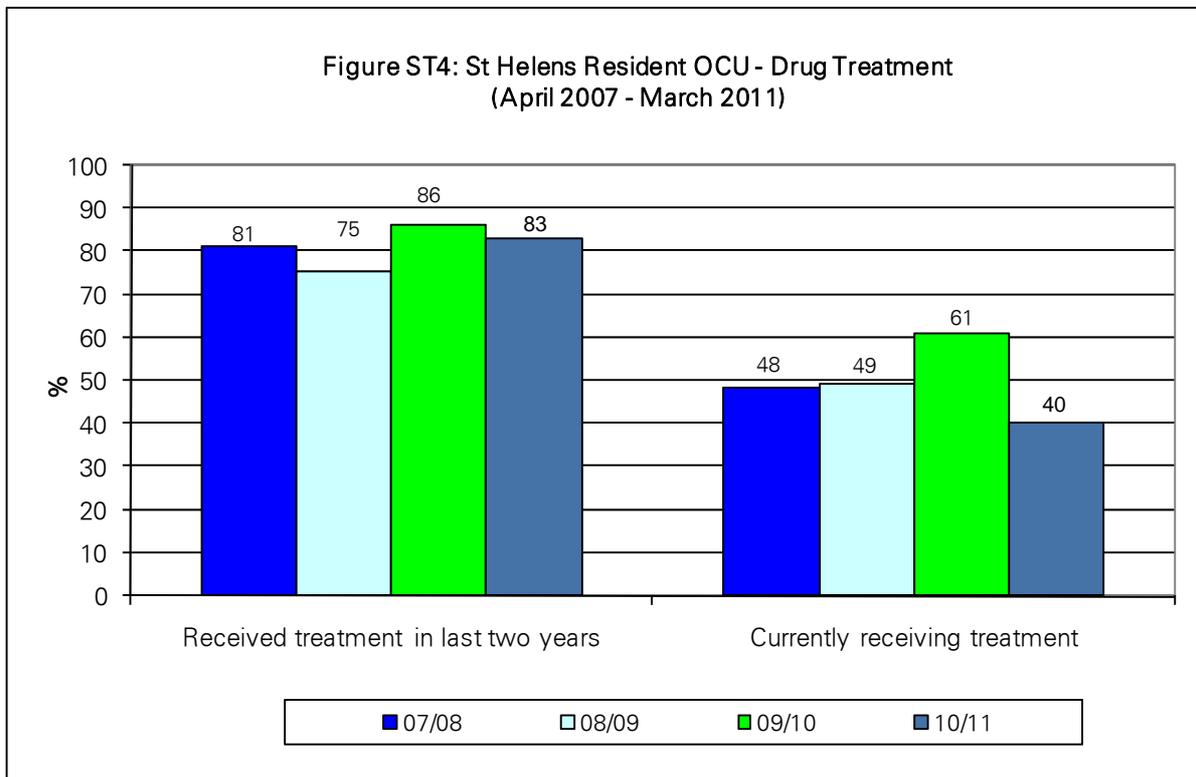
Table ST3: St Helens Resident OCU - Drug use (Apr 2007 – Mar 2011)

Year	07/08 (n=210)		08/09 (n=190)		09/10 (n=152)		10/11 (n=165)	
	n	%	n	%	n	%	n	%
Amphetamines	4	2	1	1	2	1	2	1
Benzodiazepines	25	12	16	8	17	11	13	8
Cannabis	20	10	35	18	17	11	14	8
Cocaine	39	19	48	25	18	12	17	10
Crack	134	64	98	52	59	39	86	52
Ecstasy								
Heroin	195	93	156	82	140	92	156	95
Methadone	30	14	24	13	20	13	23	14
Subutex			5	3			3	2
Other	2	1	4	2	2	1	1	1

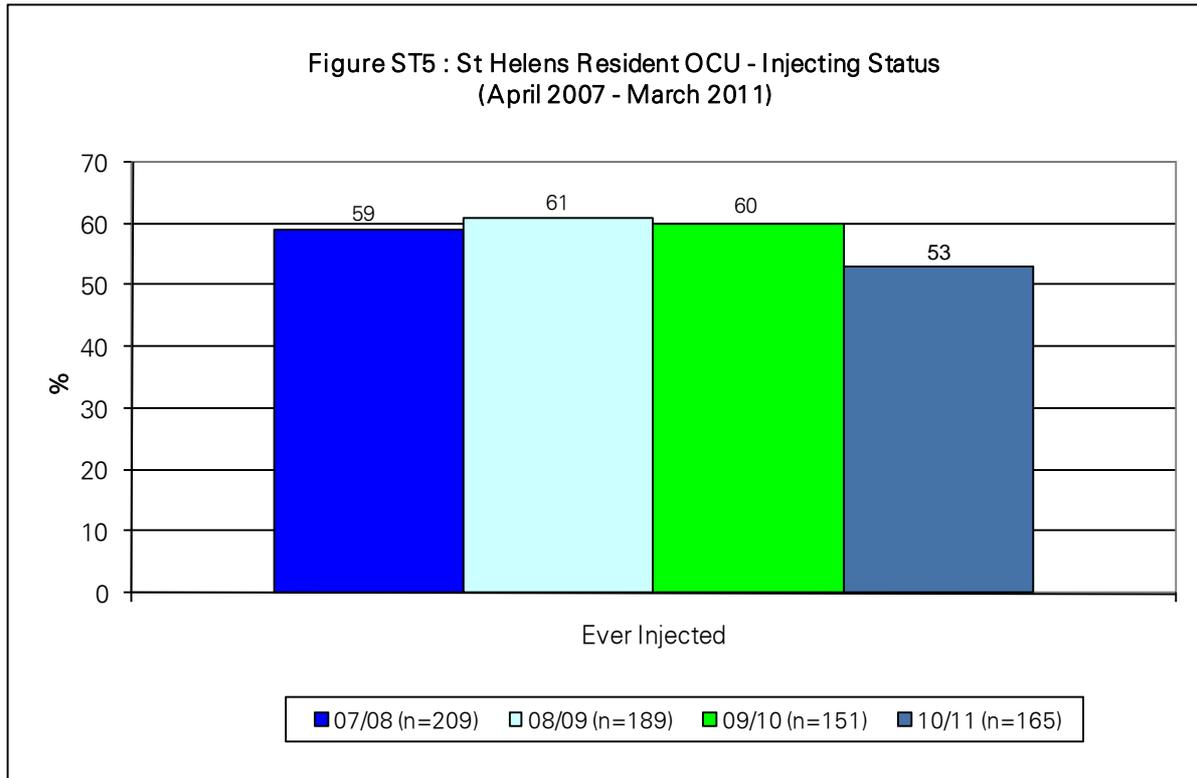
Weekly Spend on Drugs



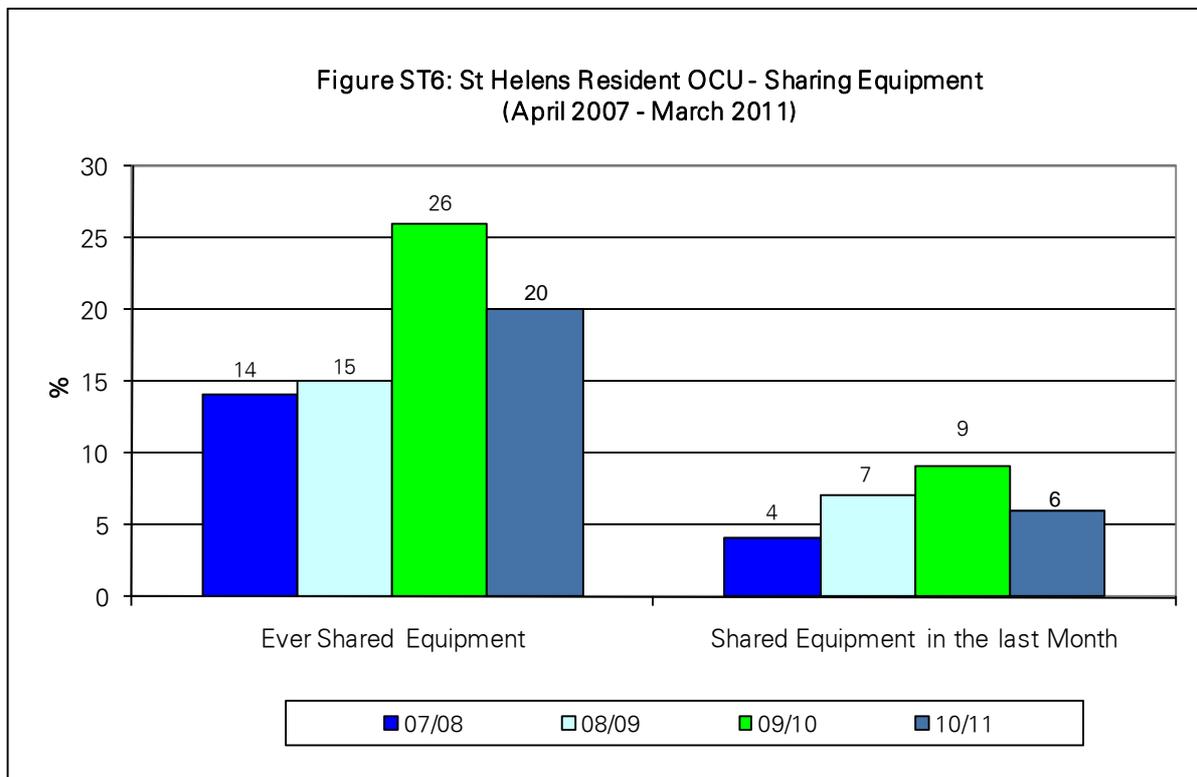
Drug Treatment



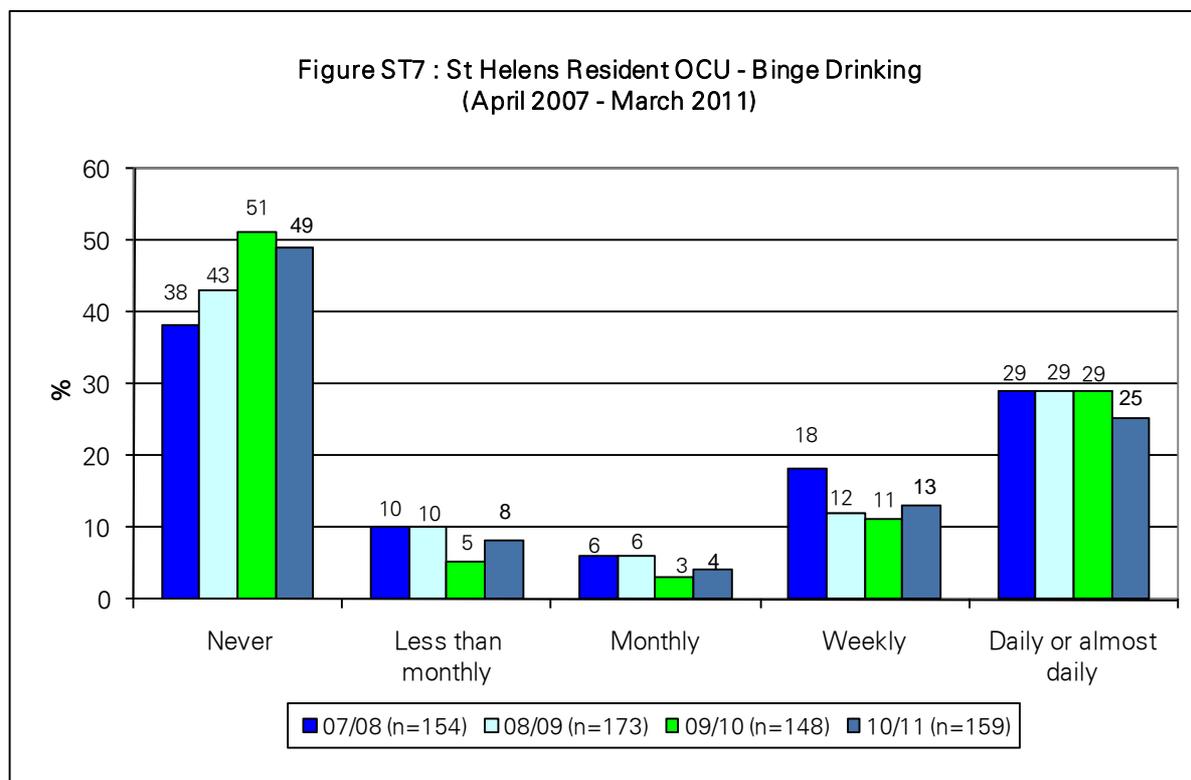
## Injecting Status



## Sharing Equipment



## Alcohol Consumption

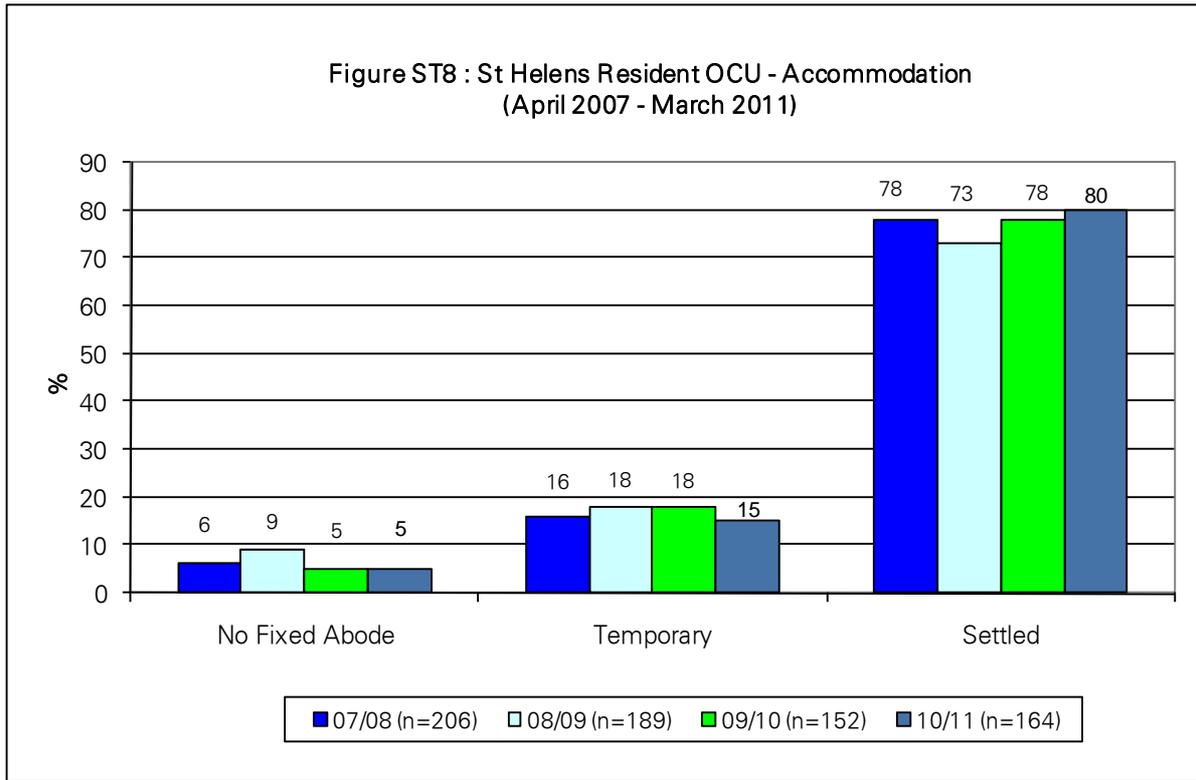


## Offences Committed

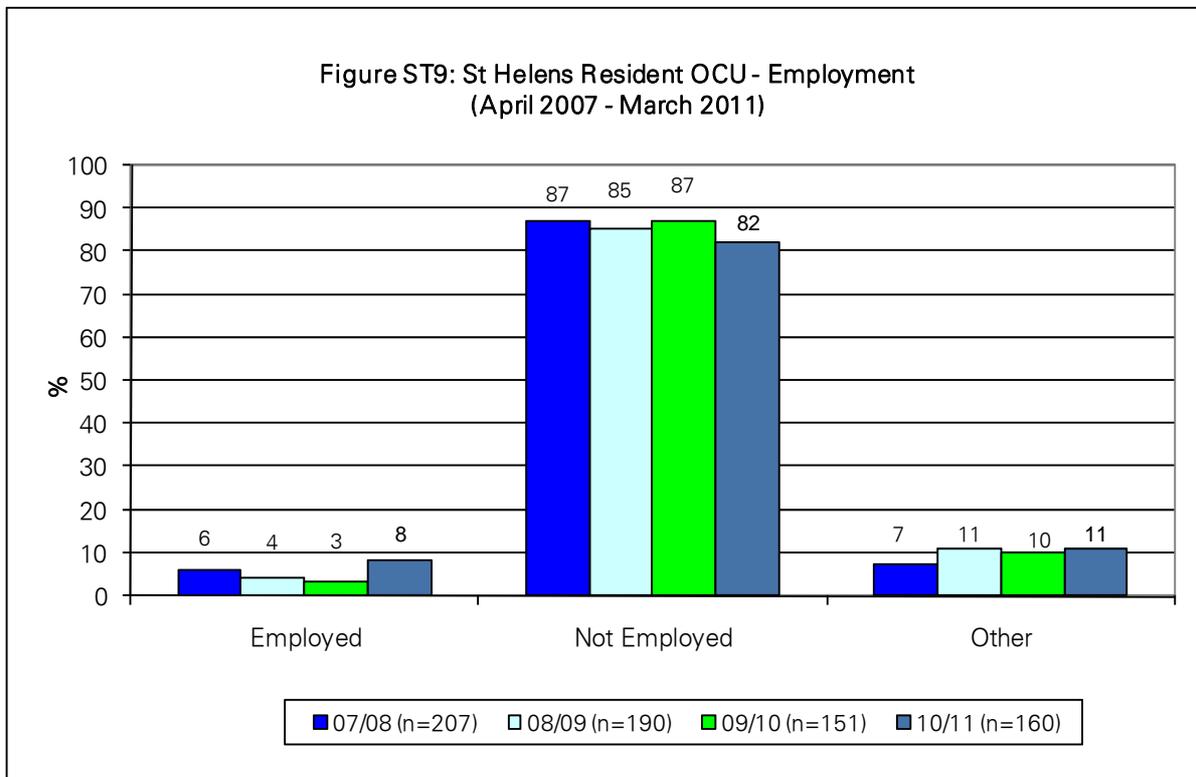
Table ST4: St Helens Resident OCU - Offending that lead to contact with DIP (Apr 2007 – Mar 2011)

Offence	07/08 (n=207)		08/09 (n=188)		09/10 (n=151)		10/11 (n=165)	
	n	%	n	%	n	%	n	%
Begging	1	<1	2	1	1	1	2	1
Breach/Warrant	16	8	9	5	9	6	6	4
Burglary	21	10	22	12	9	6	7	4
Fraud	4	2					2	1
MDA Offences	52	25	38	20	31	21	32	19
Public Order	5	2	2	1	10	7	5	3
Robbery	8	4	2	1	4	3		
Shoplifting	81	39	83	44	66	44	70	42
Theft- other	25	12	24	13	16	11	31	19
Theft - Car	3	1	6	3	5	3	4	2
Wounding/Assault	7	3	5	3	6	4	6	4
Other	11	5	12	6	8	5	9	5

Accommodation



Employment Status



## 7.0 WIRRAL – Key Points

- The proportion of all DIP assessments that were carried out on OCU decreased slightly between 07/08 (47%) and 10/11 (42%).
- There was an increase in the proportion of OCU in the older age groups (45 – 49 years and 50 and over) across the four years indicating an aging population of OCU.
- The proportion of OCU who reported use of crack decreased year on year across the four years, with a substantial decrease reported between 08/09 and 09/10. There was also a decrease in the proportion of OCU who used illicit methadone or cocaine. In contrast to this there was a slight increase on the proportion of OCU who reported use of heroin between 2007/08 and 2009/10 but this remained relatively stable in 2010/11.
- Overall across the four years there was a reduction in the amount spent on drugs on a weekly basis, with reductions in weekly spending over £100 being most noticeable.
- The proportion of OCU who had received treatment in the two years prior to their DIP assessment increased considerably between 2007/08 and 2008/09 but remained relatively stable after this. The same pattern was evident for proportions of OCU receiving treatment at the time of their DIP assessment.
- The proportion of OCU who ever shared their equipment fluctuated across the four years, but in general, decreased during that time. In contrast to this the proportion of OCU who shared their equipment in the month prior to their DIP assessment was stable between 2007/08 and 2009/10 but increased suddenly in 2010/11.
- Frequency of 'binge drinking' among OCU fluctuated considerably across the four years but in general the proportion of OCU who reported never 'binge drinking' increased.
- The proportion of OCU who committed MDA offences decreased year on year. The proportion of OCU who committed shoplifting offences dropped substantially in 08/09 but increased again in 09/10 and 10/11 to similar levels to those in 07/08.
- There was no change in the proportion of OCU who reported having no fixed abode across the four years. However the proportion of OCU in temporary accommodation decreased year on year whilst the proportion of those in settled accommodation increased year on year between 07/08 and 10/11.
- There were no substantial changes in the ethnicity, gender, ever injecting, sharing of injecting equipment or employment profiles of OCU across the four years.

## 7.1 WIRRAL RESIDENTS

### OCU Group

Table W1: DIP Assessments on Wirral Resident OCU (Apr 2007 – Mar 2011)

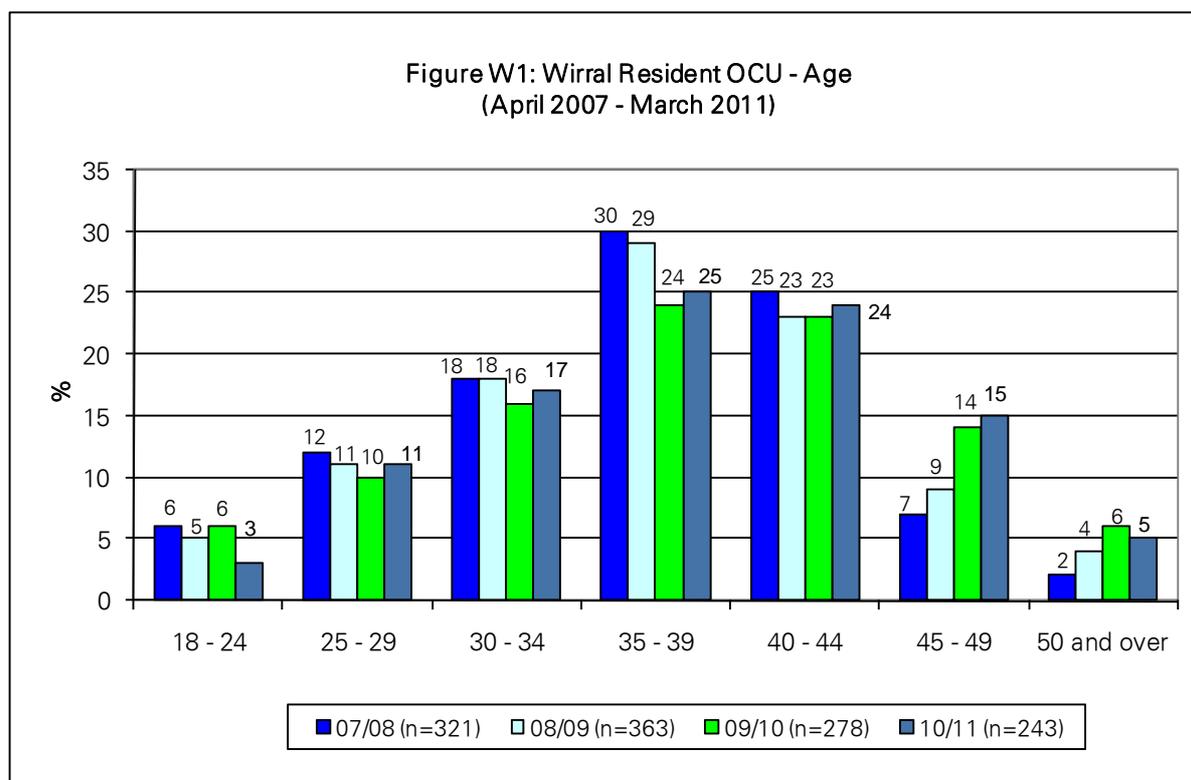
Year	07/08		08/09		09/10		10/11	
	N	%	n	%	n	%	n	%
Total number of DIP Assessments on Wirral Resident OCU	383	47	500	47	355	46	307	42
Total number of Individual Wirral Residents Assessed	321	46	363	44	278	43	243	39

### Ethnicity

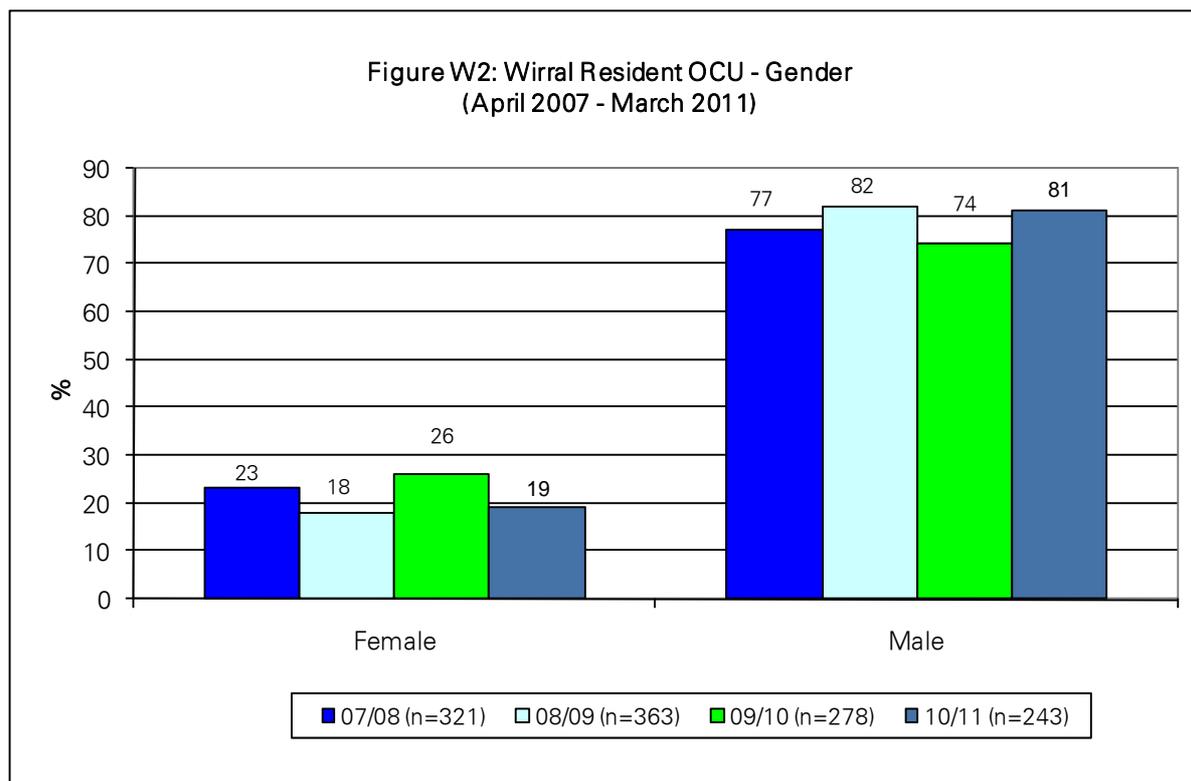
Table W2: Wirral Resident OCU - Ethnicity (Apr 2007 – Mar 2011)

Year	07/08 (n=321)		08/09 (n=361)		09/10 (n=278)		10/11 (n=241)	
	n	%	N	%	N	%	n	%
Asian					2	1	2	1
Black	2	1	1	<1	2	1	1	<1
Mixed	2	1	1	<1	2	1	2	1
White	317	99	359	99	272	98	236	98

### Age



## Gender

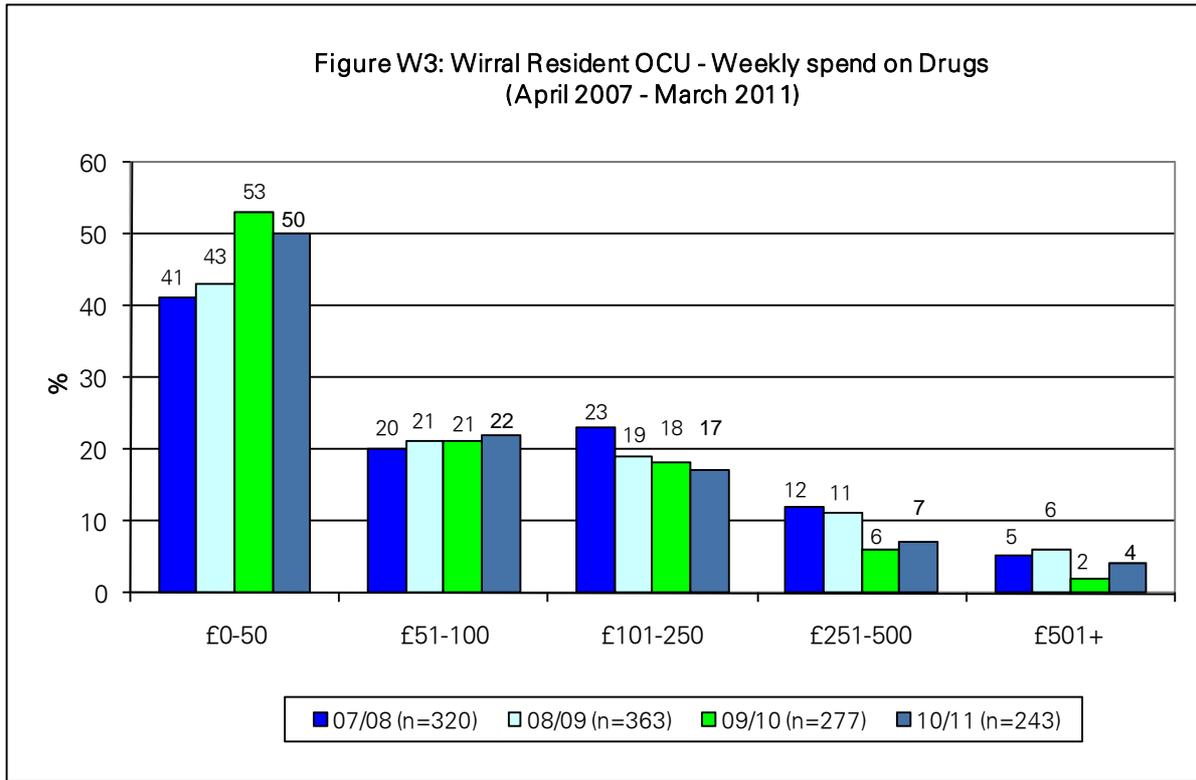


## Drug Use

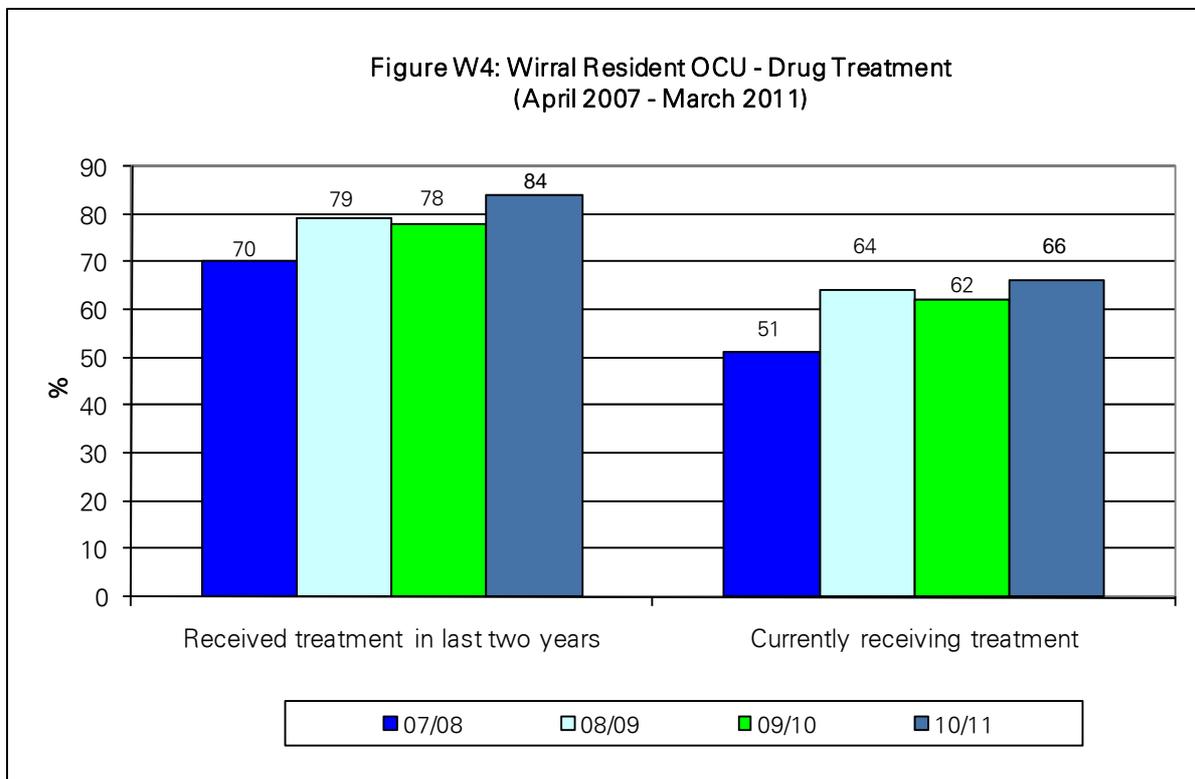
Table W3: Wirral Resident OCU - Drug use (Apr 2007 – Mar 2011)

Year	07/08 (n=321)		08/09 (n=363)		09/10 (n=278)		10/11 (n=243)	
	n	%	N	%	n	%	n	%
Amphetamines	10	3	4	1	4	1	3	1
Benzodiazepines	26	8	26	7	18	6	24	10
Cannabis	75	23	69	19	45	16	45	19
Cocaine	52	16	49	13	29	10	26	11
Crack	225	70	230	63	102	37	106	44
Ecstasy	1	<1	3	1	2	1		
Heroin	265	83	309	85	241	87	212	87
Methadone	45	14	48	13	28	10	23	9
Subutex	1	<1	1	<1	1	<1	1	<1
Other	2	1	6	2	4	1	4	2

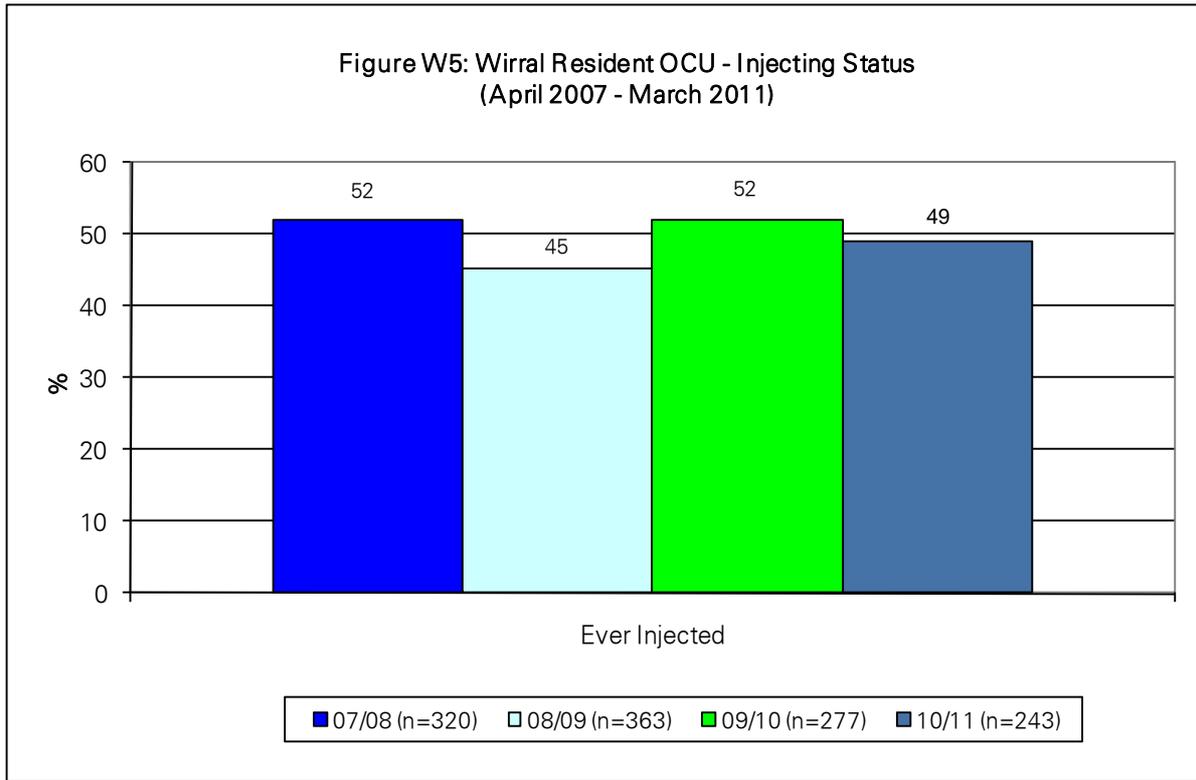
Weekly Spend on Drugs



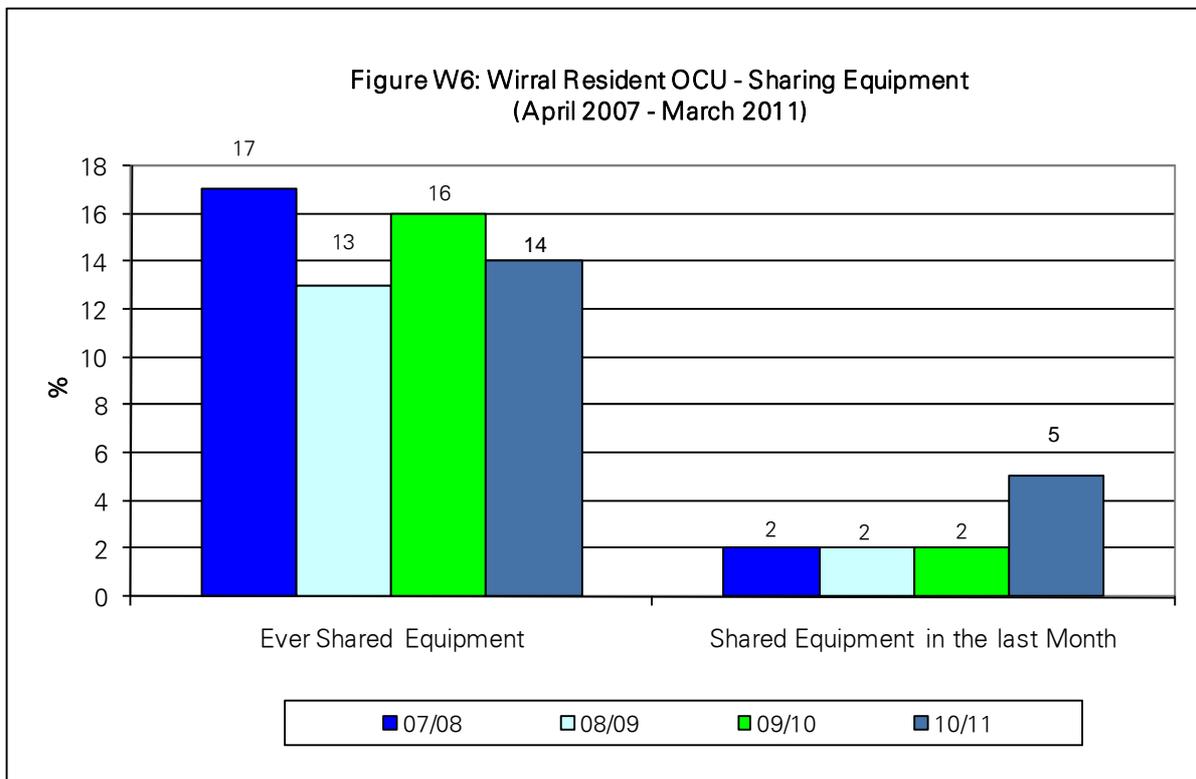
Drug Treatment



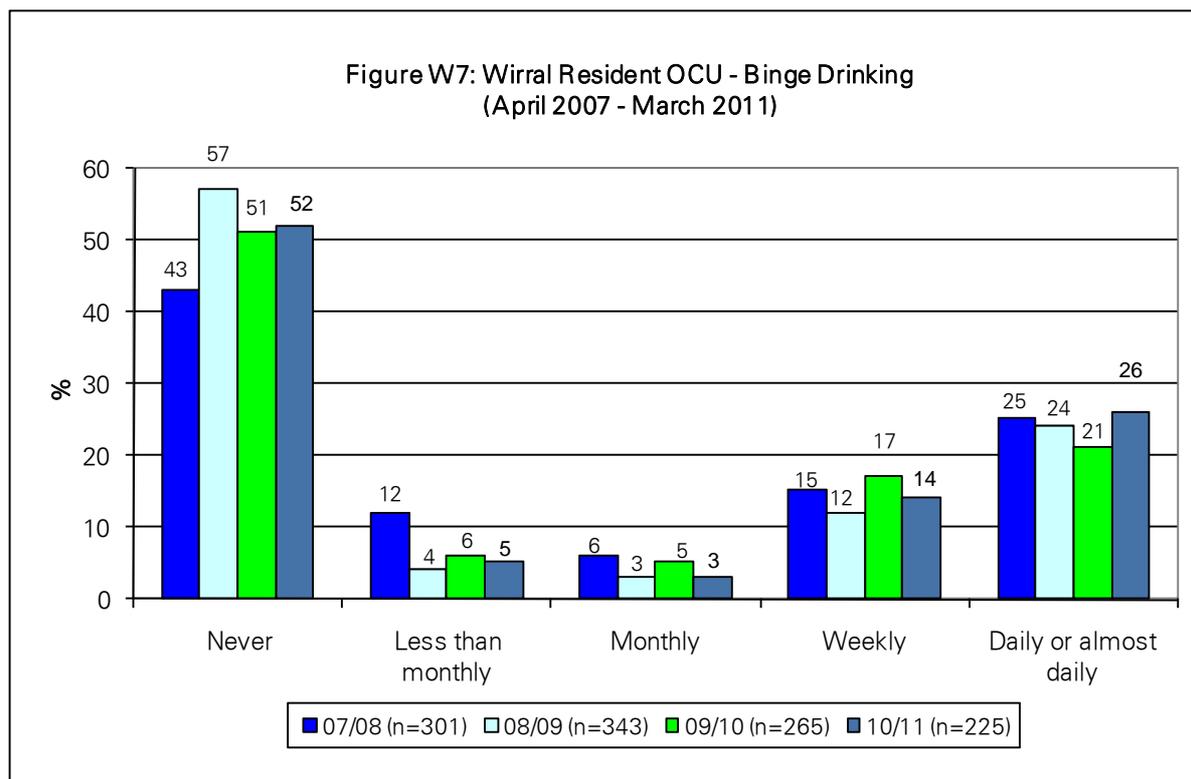
Injecting Status



Sharing Equipment



## Alcohol Consumption

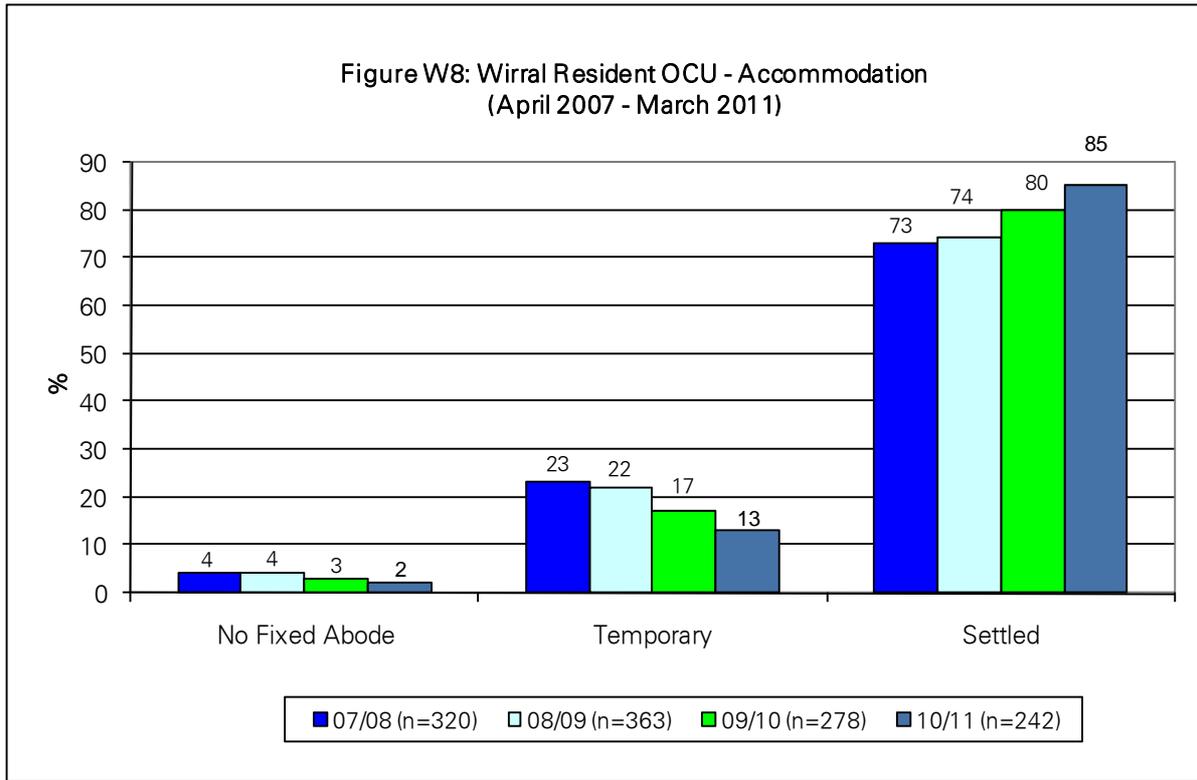


## Offences Committed

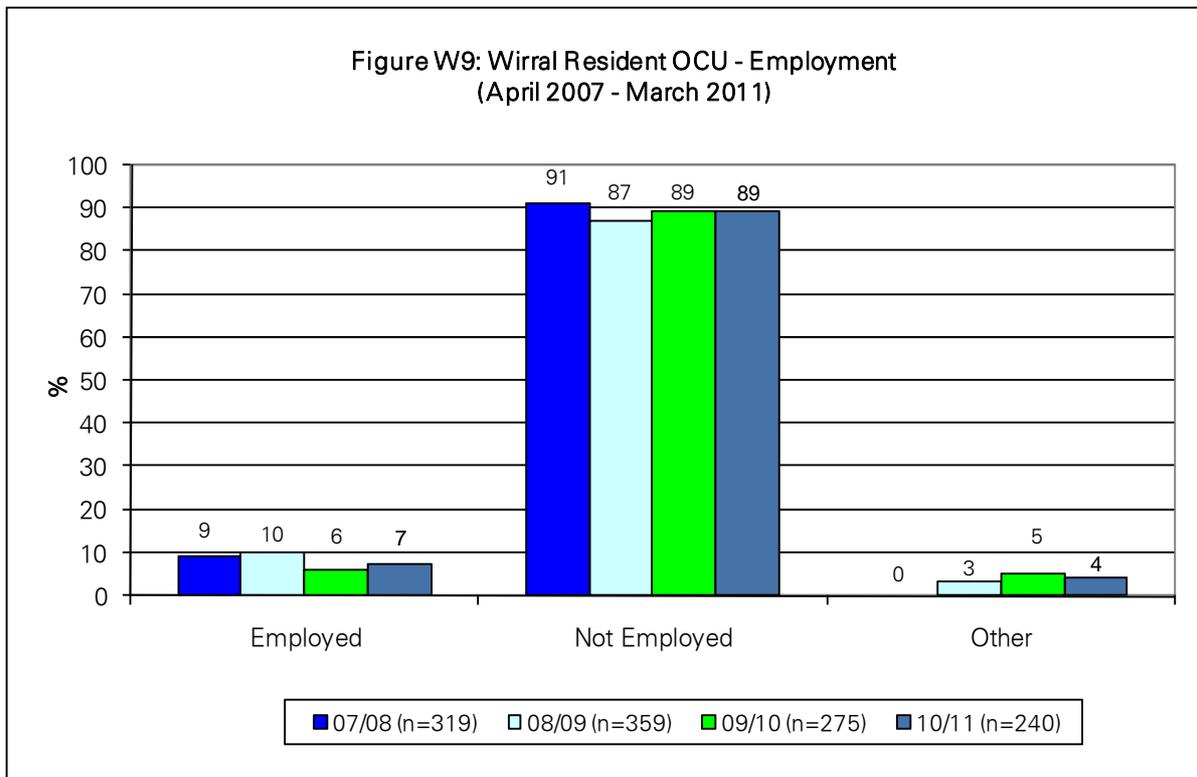
Table W4: Wirral Resident OCU - Offending that lead to contact with DIP (Apr 2007 – Mar 2011)

Offence	07/08 (n=319)		08/09 (n=362)		09/10 (n=278)		10/11 (n=240)	
	n	%	N	%	N	%	n	%
Begging	2	1	3	1	1	<1	1	<1
Breach/Warrant	4	1	9	2	6	2	1	<1
Burglary	39	12	38	10	26	9	27	11
Fraud	6	2	6	2	5	2	5	2
MDA Offences	123	39	117	32	84	30	70	29
Public Order	1	<1	9	2	8	3	8	3
Robbery	6	2	13	4	4	1	9	4
Shoplifting	95	30	85	23	101	36	81	34
Theft- other	49	15	64	18	43	15	30	13
Theft - Car	7	2	16	4	7	3	3	1
Wounding/Assault	5	2	23	6	13	5	11	5
Other	9	3	17	5	9	3	12	5

Accommodation



Employment Status



## 8.0 MERSEYSIDE – Key Points

- The proportion of all DIP assessments that were carried out on OCU decreased year on year between 07/08 (54%) and 10/11 (37%).
- There was a decrease in the proportion of OCU in the 25 – 34 years age group across the four years. In addition to this there was an increase in the proportion of OCU in the older age groups (40 – 44 years and 45 – 49 years) across the four years, indicating an aging population of OCU.
- The proportion of OCU who reported use of crack decreased across the four years, with a substantial decrease between 08/09 and 09/10. While the proportions of OCU who reported using heroin, methadone, cocaine or cannabis fluctuated across the four years, in general they remained at similar levels at the end of the period as at the beginning.
- Overall across the four years there was a reduction in the amount spent on drugs on a weekly basis, with reductions in weekly spending over £100 and increases in spending under £50.
- The proportion of OCU who had received treatment in the two years prior to their DIP assessment increased slightly across the four years as did the proportions of OCU who were receiving treatment at the time of their DIP assessment.
- The proportion of OCU who reported ever sharing their equipment remained at a similar level across the four years except for an increase between 08/09 and 09/10. There was no change in the proportion of OCU who reported having shared their equipment in the month prior to their DIP assessment across the four years.
- There was an increase in proportions of clients who never engaged in “binge drinking” between 07/08 and 08/09 although levels remained stable from 08/09 to 10/11.
- There was no change in the proportion of OCU who reported having no fixed abode across the four years. However the proportion of OCU who reported being in temporary accommodation decreased whilst the proportion of those who reported being in settled accommodation increased year on year.
- There were no substantial changes in the ethnicity, gender, ever injecting, offending or employment profiles of the OCU across the four years in Merseyside.

## 8.1 MERSEYSIDE RESIDENTS

### OCU Group

Table M1: DIP Assessments on Merseyside Resident OCU (Apr 2007 – Mar 2011)

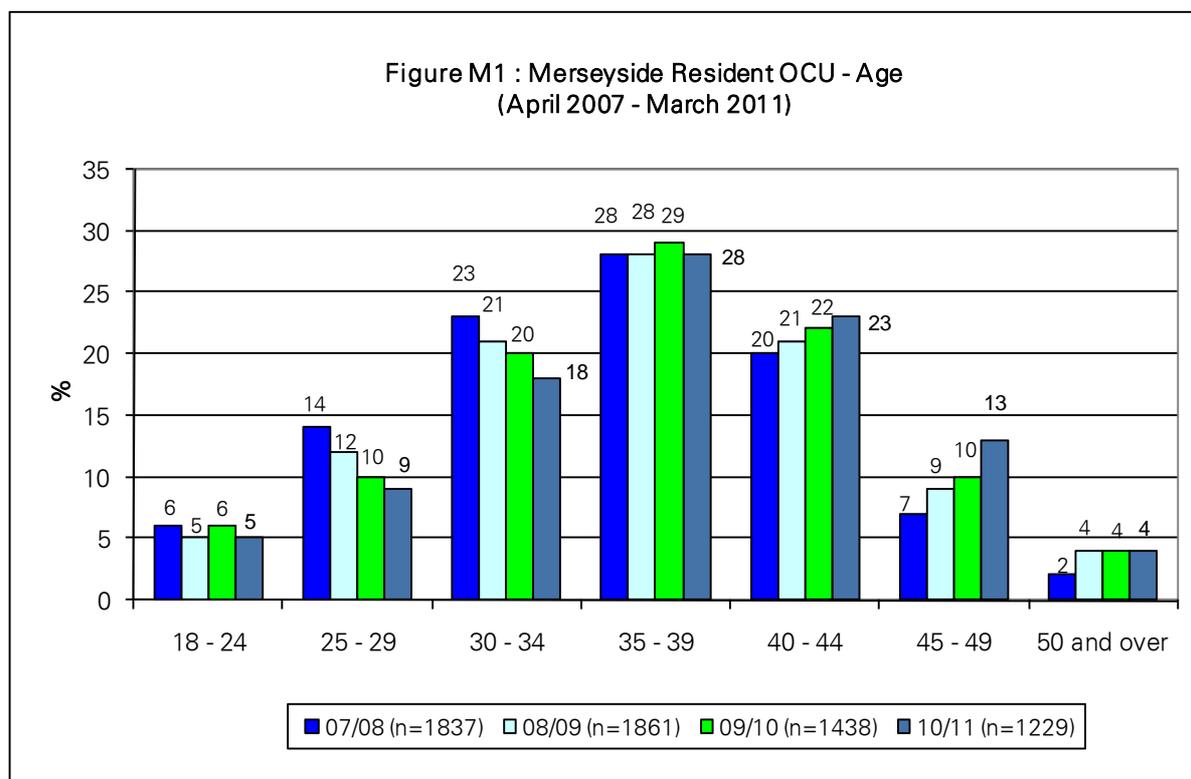
Year	07/08		08/09		09/10		10/11	
	n	%	n	%	n	%	n	%
Total number of DIP Assessments on Merseyside Resident OCU	2787	54	2896	49	1985	44	1591	37
Total number of Individual Merseyside Residents Assessed	1837	46	1861	42	1438	38	1229	33

### Ethnicity

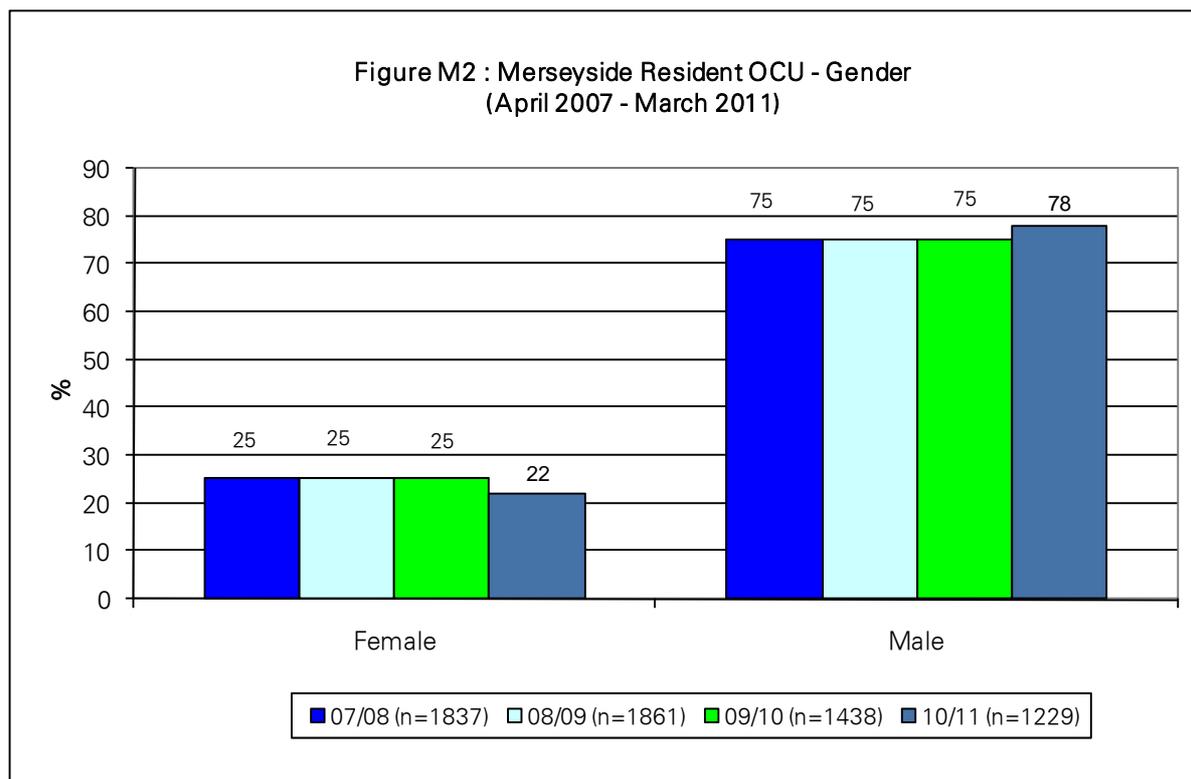
Table M2: Merseyside Resident OCU - Ethnicity (Apr 2007 – Mar 2011)

Year	07/08 (n=1830)		08/09 (n=1852)		09/10 (n=1433)		10/11 (n=1225)	
	n	%	n	%	n	%	n	%
Asian	2	<1	2	<1	6	<1	3	<1
Black	30	2	41	2	28	2	23	2
Mixed	34	2	22	1	22	2	19	2
White	1762	96	1787	96	1375	96	1178	96

### Age



## Gender

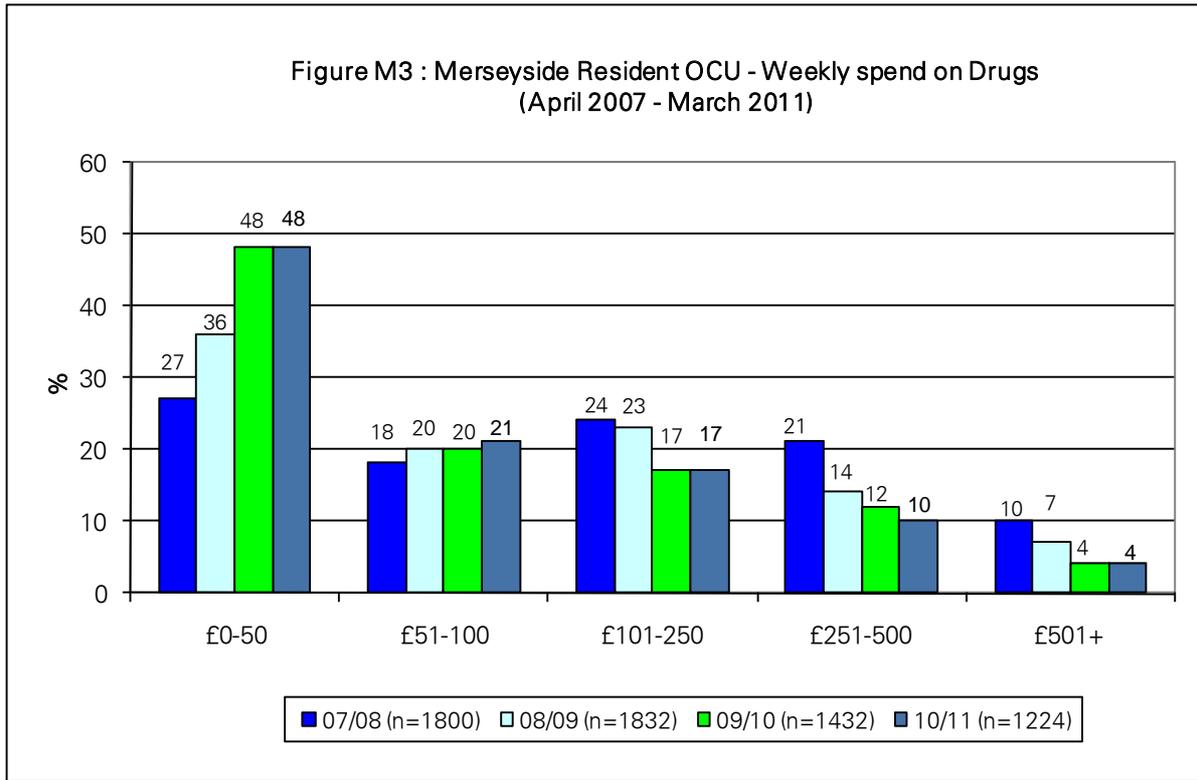


## Drug Use

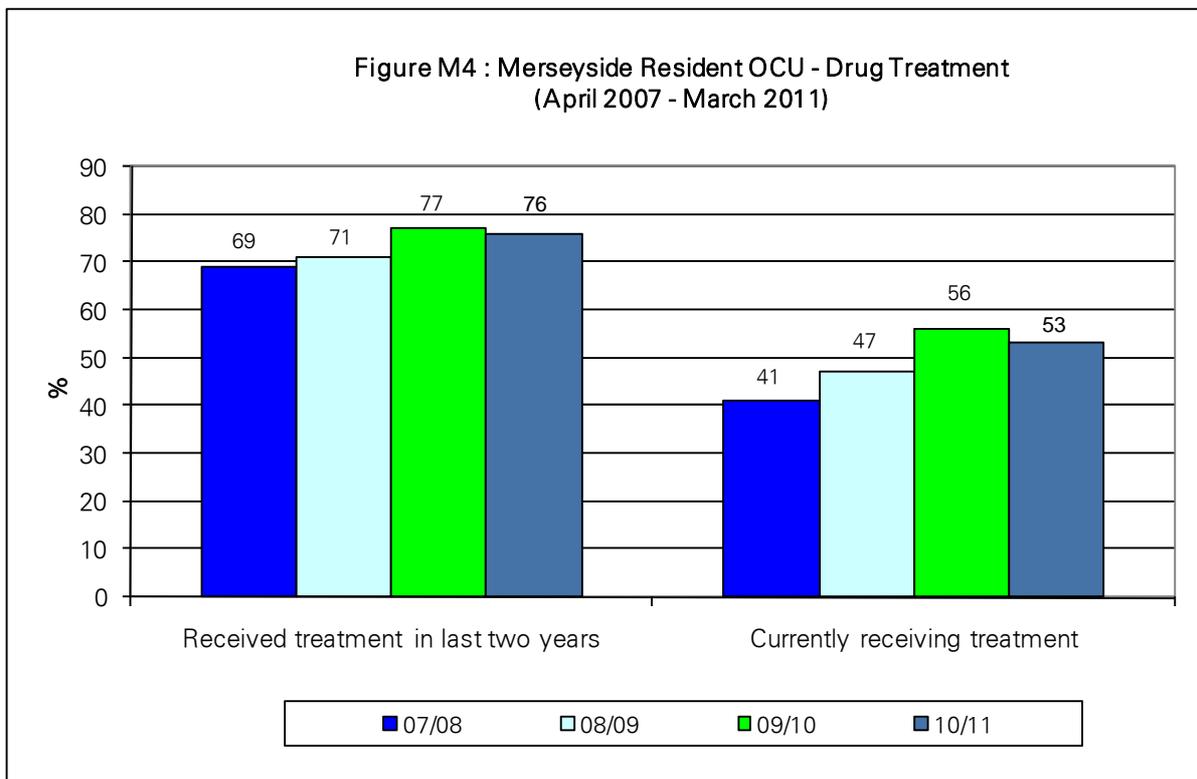
Table M3: Merseyside Resident OCU - Drug use (Apr 2007–Mar 2011)

Year	07/08 (n=1837)		08/09 (n=1861)		09/10 (n=1438)		10/11 (n=1229)	
	n	%	n	%	n	%	n	%
Amphetamines	19	1	13	1	11	1	8	1
Benzodiazepines	125	7	107	6	83	6	60	5
Cannabis	179	10	206	11	133	9	116	9
Cocaine	231	13	229	12	157	11	154	13
Crack	1385	75	1316	71	758	53	679	55
Ecstasy	4	<1	4	<1	3	<1	1	<1
Heroin	1638	89	1635	88	1302	91	1097	89
Methadone	219	12	247	13	153	11	98	8
Subutex	4	<1	25	1	10	1	8	1
Other	20	1	14	1	11	1	11	1

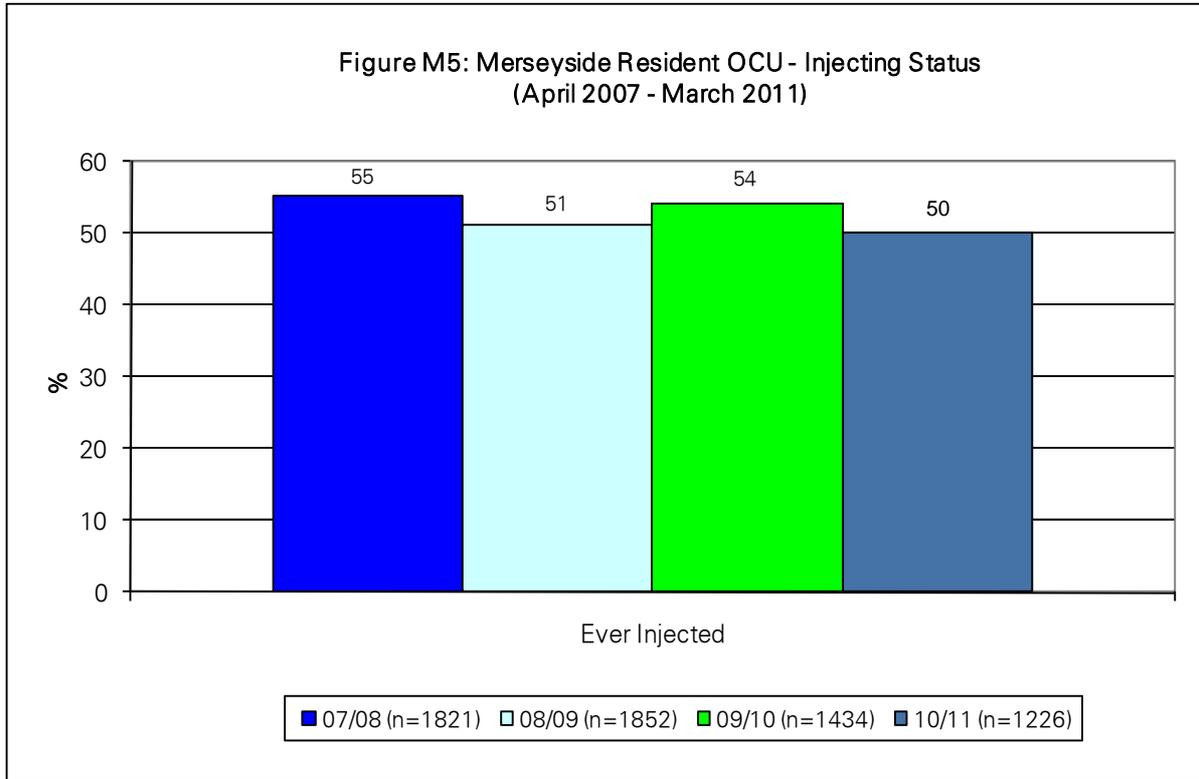
Weekly Spend on Drugs



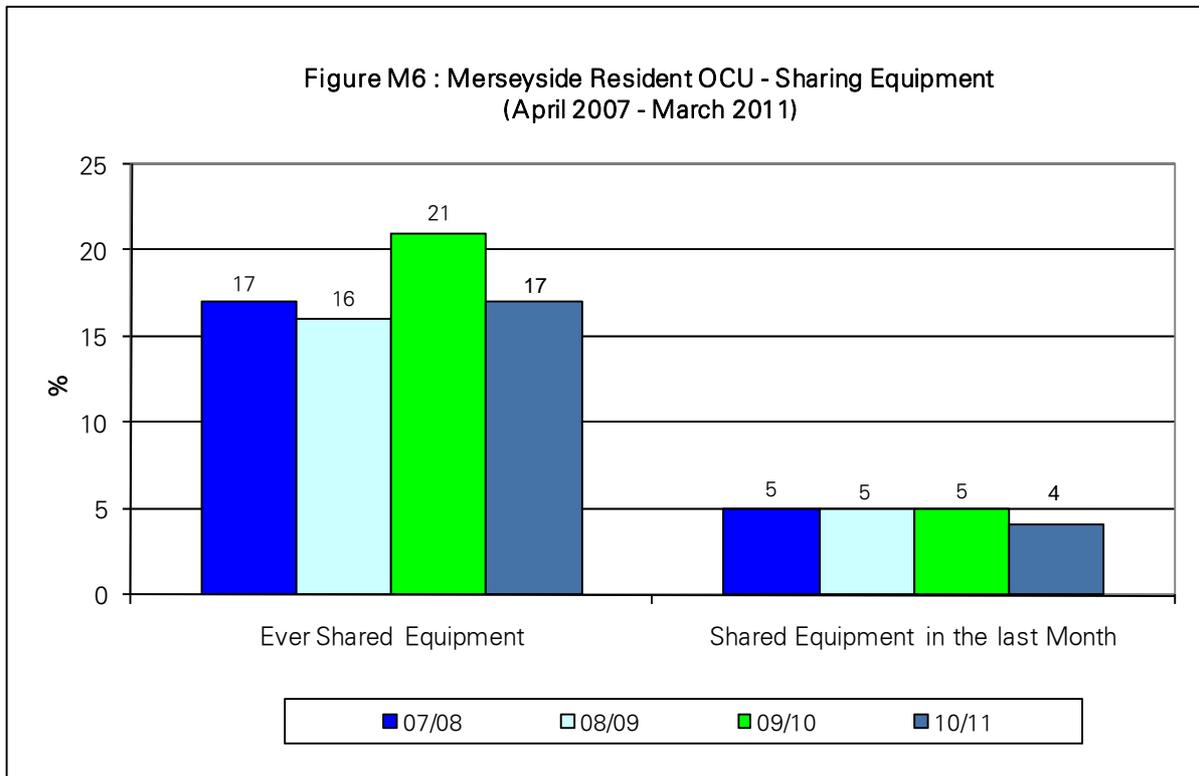
Drug Treatment



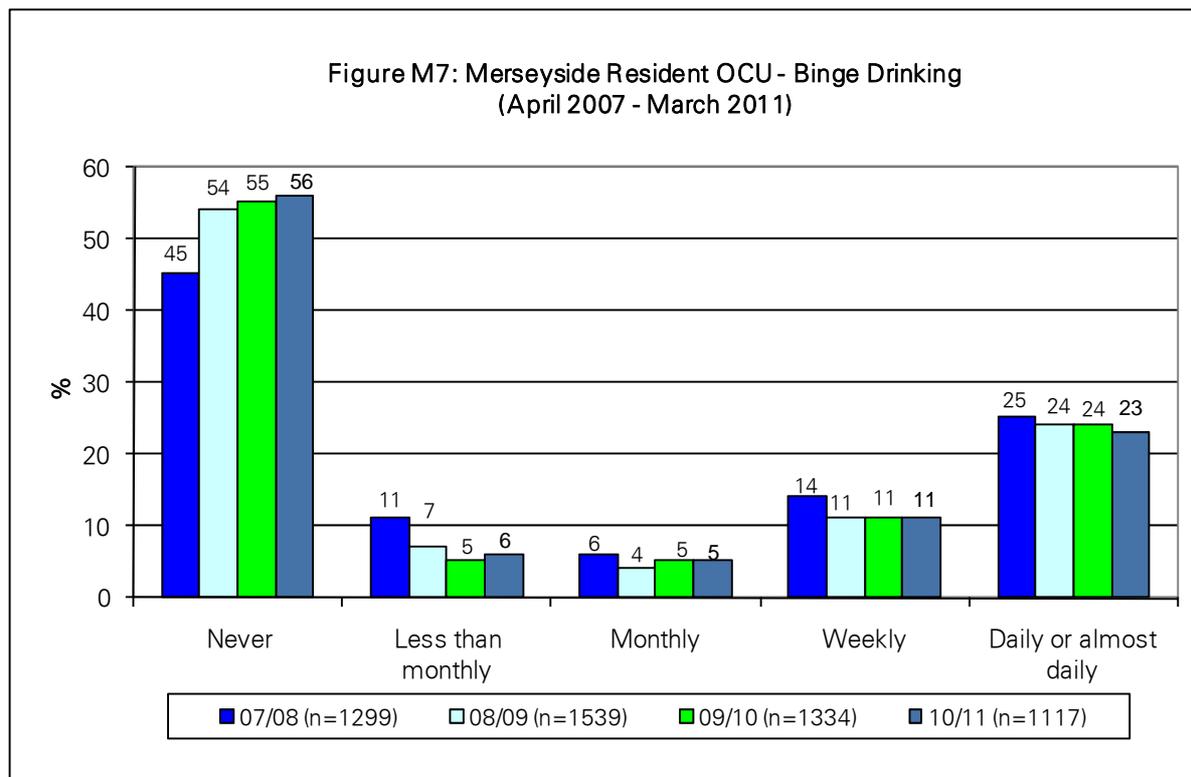
Injecting Status



Sharing Equipment



## Alcohol Consumption

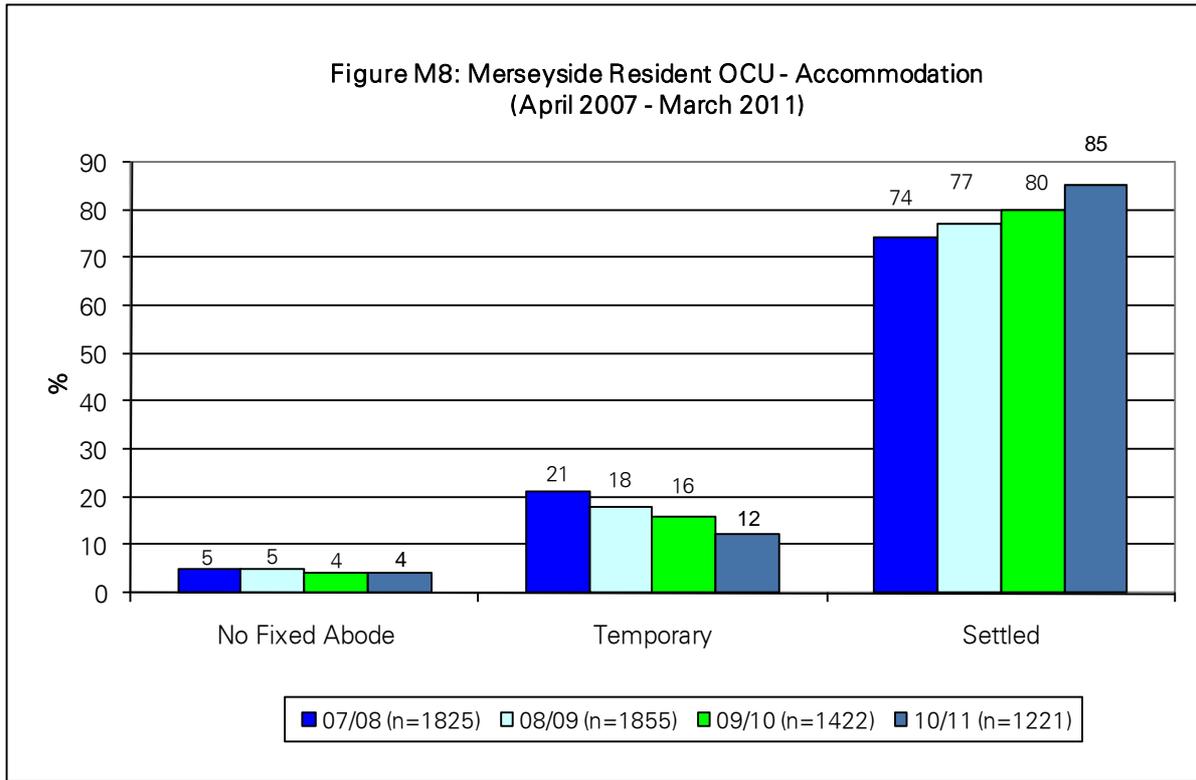


## Offences Committed

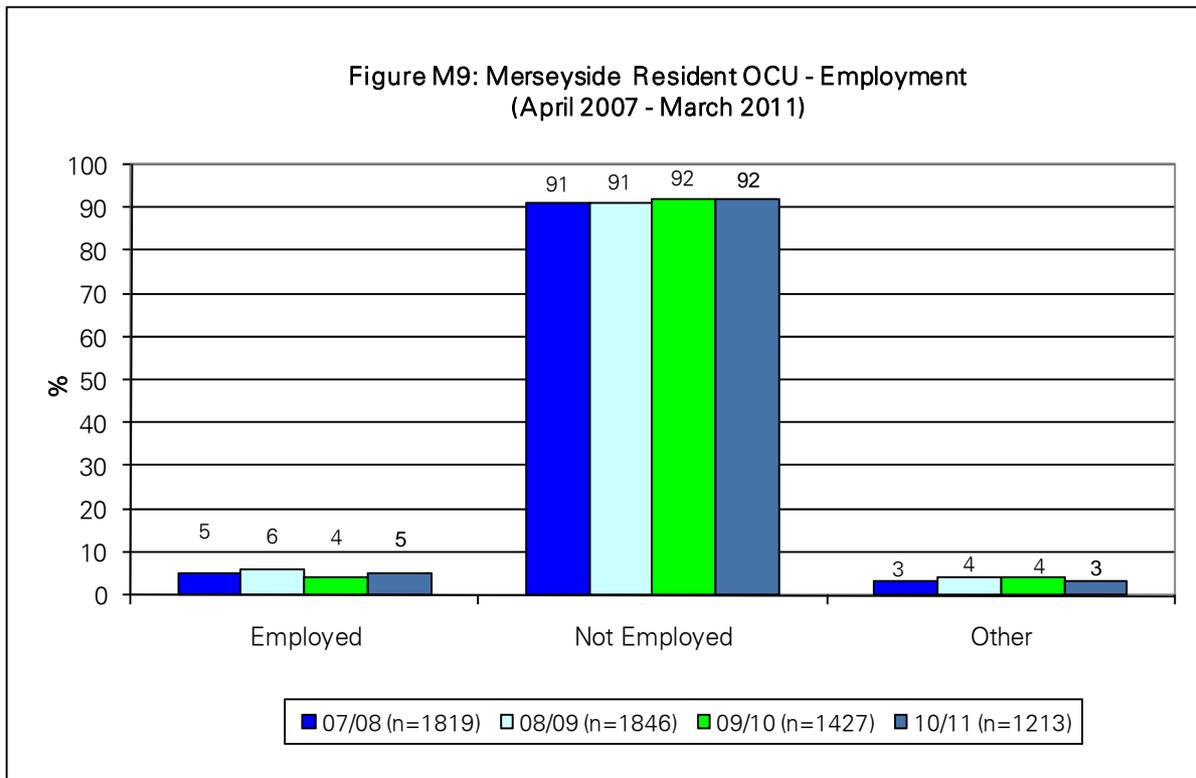
Table M4: Merseyside Resident OCU - Offending that lead to contact with DIP (Apr 09 – Mar 2011)

Offence	07/08 (n=1821)		08/09 (n=1852)		09/10 (n=1428)		10/11 (n=1216)	
	n	%	n	%	n	%	n	%
Begging	42	2	66	4	42	3	32	3
Breach/Warrant	161	9	100	5	60	4	21	2
Burglary	170	9	164	9	119	8	115	9
Fraud	30	2	21	1	21	1	32	3
MDA Offences	407	22	435	23	317	22	282	23
Public Order	18	1	36	2	54	4	25	2
Robbery	69	4	60	3	43	3	32	3
Shoplifting	665	37	641	35	538	38	458	38
Theft- other	227	12	234	13	157	11	141	12
Theft - Car	63	3	63	3	43	3	29	2
Wounding/Assault	34	2	69	4	56	4	48	4
Other	78	4	93	5	73	5	63	5

Accommodation



Employment Status



## 9.0 DISCUSSION AND CONCLUSION

The aim of this report is to investigate emerging trends in the characteristics of the Merseyside resident OCU assessed for DIP between 1<sup>st</sup> April 2007 and 31<sup>st</sup> March 2011. The data indicated that the characteristics, typical of OCU as outlined by Howarth and Duffy (2010), were evident across the four years and that there were no substantial changes reported in the ethnicity, gender, alcohol consumption and employment profiles of OCU during this time. However, some trends did emerge:

### Numbers Assessed

The proportion of OCU who were assessed for DIP decreased across the four years in all four D(A)AT areas examined within Merseyside. It is likely that this reflects the pattern that powder cocaine users began to represent a larger proportion of DIP business across this time period. OCU clients make up a much smaller proportion of the DIP cohort than the general treatment cohort (NTA, 2011). Decreases in Sefton were particularly pronounced with overall numbers dropping considerably rather than just OCU as a proportion of the overall DIP cohort. This suggests that OCU in Sefton may be offending less and of those who do offend OCU now make up a much smaller proportion.

### Recommendation:

Although powder cocaine is reported as being one of the more prevalent illicit drugs being used currently (EMCDDA, 2011; Smith & Flatley, 2011), it remains vital that DIP does not lose focus on OCU who present for treatment, often with demanding needs and long term requirements. The traditional focus of DIP was to cater for these needs in order to reduce illicit drug use as well as offending rates for these individuals. As heroin and crack use is still a major issue for clients in many communities, OCU should still remain the priority in DIP.

### Age

Findings highlighted a trend of an ageing OCU population. This was evident throughout Merseyside and corresponds to previous research from both Europe and England (EMCDDA, 2011, Hay et al, 2011 & NTA, 2011).

### Recommendation:

As there is growing evidence of an increase in the proportion of older drug users (Beynon et al, 2009; NTA, 2011, Ayres et al 2012) drug treatment services should ensure that this population of drug users are catered for appropriately. The physical and mental health needs of such individuals can be more complex than that of the non-drug using population of a similar age and younger drug users.

## Drug Use

Trends in drug use differed considerably across areas in the four years examined. There was an increase in heroin use reported by OCU in Sefton and Wirral, a recent increase in crack use by OCU in St Helens as well as an increase in powder cocaine use by OCU in Knowsley. In general, drug use reported by OCU assessed in St Helens fluctuated the most across the four years compared to the other Merseyside areas. The drivers for these changes in drug use profile are not known although increases in cocaine use may simply reflect national trends. It should be noted that across Merseyside the proportion of OCU who used crack decreased across the four years and this corresponded with recent findings from Hay et al (2011).

### Recommendation:

Fluctuations in drug use need to be monitored in order to effectively provide suitable drug treatment services for clients. Drug use information helps identify any potential health implications which OCU may present to services with. This is particularly important for clients from the older age groups who may also have been using illicit drugs for a number of years and as a result, have some long term health requirements.

### Recommendation:

In St Helens there is a pattern of recent increases in the use of stimulants among the OCU population. Work is need to investigate why this might be the case and teams should ensure that their interventions have a focus on stimulants and the additional complexities their use in combination with opiates presents. The Wirral has seen substantial decreases in stimulant use among DIP clients over the four years and there may be some best practice that can be shared.

## Weekly Spend on Drugs

The reduction in the amount spent on drugs on a weekly basis across each of the Merseyside areas may suggest that OCU are becoming less chaotic in their patterns of drug use. This indicates that clients may now be more stable and corresponds with previous research on this issue (EMCDDA, 2011).

## Drug Treatment

There was little change in the proportion of OCU who had received treatment in the two years prior to their DIP assessment across the four years in Merseyside. There were, however, increases seen in the proportions of OCU who were in treatment at the time of their DIP assessment in most areas in Merseyside suggesting that the treatment system

overall is getting better at retaining drug using offenders in treatment. However, it does suggest that these individuals are still offending. Also in 2010/11 there were substantial decreases reported in the proportions of OCU who were in treatment at the time of their assessment in Knowsley and St Helens. This suggests in this year the treatment system in these two areas was not as effective at retaining this client group in treatment but that DIP continues to provide a valuable mechanism through which to re-engage these clients.

**Recommendation:**

St Helens and Knowsley should investigate through consultation with re-engaging clients the reasons why they disengaged from treatment previously to identify barriers that may exist for their continued engagement in treatment

**Recommendation:**

Drug treatment services should also investigate why OCU are re-presenting through DIP when they are receiving treatment. The data suggests that the needs of these OCU may not be fully addressed under their current treatment plan and this gap should be explored in more detail during care plan reviews.

### **Injecting**

In general the proportion of OCU who had ever injected changed very little across the four years in Merseyside, with the exceptions of Knowsley and St Helens who reported decreases between 2009/10 and 2010/11.

**Recommendation:**

Sefton and Wirral should investigate why lifetime injecting rates did not decrease as in Knowsley and St Helens across the four years. These changes may reflect differences in the drug using population in those areas or may indicate the success of a specific set of harm reduction measures. As up to a fifth of clients commencing a new treatment journey indicated that they are current injectors and another 28% having injected previously (NTA, 2011) specific up to date harm reduction interventions should be standard for drug treatment services within Merseyside with the aim of reducing injecting throughout the County.

### **Sharing Equipment**

Across Merseyside there were fluctuations in the proportion of OCU who reported sharing equipment ever in their lifetime or in the month prior to their DIP assessment. The proportions of OCU who were assessed in Knowsley and Sefton both reported decreases in lifetime sharing of equipment and in the month prior to their DIP assessment. However, the

proportion of OCU who were assessed in Wirral reported an increase in the proportion of sharing equipment in the month prior to their DIP assessment between 2009/10 and 2010/11, the only area to do so. It should be noted that the interpretation of this question on the DIR form did change during the four years and may have influenced some of the fluctuations. The question should relate to the sharing of injecting equipment only but may have included other drug using paraphernalia (i.e. bank notes).

**Recommendation:**

Wirral DAAT should examine whether their data portrays an accurate reflection of drug consumption behaviours and if so further investigation should be undertaken to understand why harm reduction measures have recently been less effective.

**Offending**

The types of offences committed by OCU across the four years in all areas remained relatively similar. The key trend to emerge was an increase in the proportion of Sefton resident OCU who had committed burglary particularly between 2009/10 and 2010/11.

**Recommendation:**

Sefton DAAT should investigate whether the increase in proportions of OCU committing burglaries reflects a general increase in rates of burglary within the area or is particular to the OCU group and work with that group to identify the drivers for them engaging in this higher risk criminal activity. As this is a higher tariff offence some of these clients may be suitable for further focus in conjunction with partner agencies as part of Integrated Offender Management and possible the Prolific and Priority Offenders Scheme.

**Accommodation**

Findings indicate an increasing level of housing stability among OCU clients in all areas during the period examined.

**Conclusion:**

OCU continue to represent a considerable part of the DIP cohort in Merseyside, although in general over time they have begun to represent a slightly smaller proportion of DIP activity in most areas. Generally the profile of the OCU cohort has remained relatively stable suggesting that there is no need for a substantial change in the focus of services. In fact, increasing levels of housing stability and lower expenditure on drugs may point to a less chaotic cohort of clients. However, a generally ageing OCU population, increased crack use, recent spikes in risky drug consumption behaviour and more serious offending in certain

areas present some additional challenges. Findings suggest that DIP remains a valuable mechanism through which to contact OCU who have dropped out of treatment and that there is still work to be done in some areas on the effectiveness of treatment in preventing OCU offending whilst engaged. There remains a need for additional work to assess the success of DIP in producing positive outcomes for OCU clients, work which will be undertaken by the Centre for Public Health in upcoming reports.

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