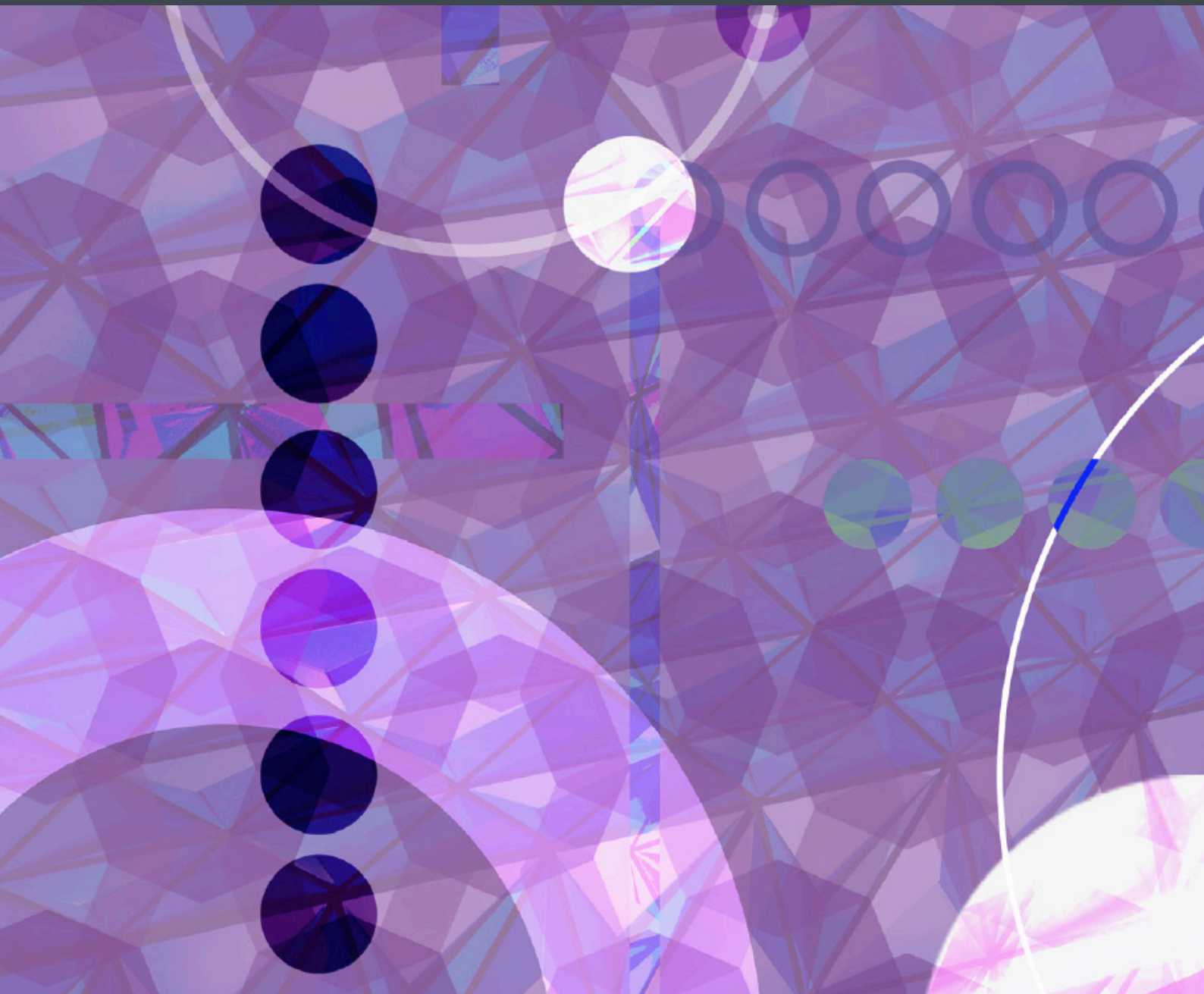


## Criminal Justice Project: Drug Interventions Programme

DIP Activity in St Helens (2021/22)

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- In the year ending March 2022, there were 235 adult contacts (214 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT). This is almost three times more than the 87 CJIT contacts in the previous twelve-month period (170% increase), when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic.
- Around two in five (39%) of the CJIT contacts in the year ending March 2022 were Required Assessments following a positive drug test for specified Class A drugs in a police custody suite, while over one-third (37%) were other criminal justice routes and around one-quarter (24%) were voluntary presentations following release from prison.
- Around seven in ten (69%) St Helens CJIT contacts in the year ending March 2022 were taken onto the CJIT caseload, followed by clients who were already case managed by a structured treatment provider, other CJIT or Offender Manager (14%) and clients who did not want to engage (13%).

### **ST HELENS RESIDENTS**

- The majority (97%) of St Helens CJIT contacts in the year ending March 2022 were residents of St Helens Local Authority area, which equates to 141.8 individuals per 100,000 adult population in St Helens.
- Around two in five (39%) individuals were aged 30-39 years, followed by individuals aged 18-29 years (27%), 40-49 years (23%) and 50 years or over (11%).
- Just over four in five (83%) individuals in contact with St Helens CJIT in the year ending March 2022 were men.
- The majority (99%) identified themselves as White British.
- Just under three in five (58%) St Helens residents in 2021/22 considered themselves to have a disability; of which, over half (56%) were behaviour and emotional, one in five (20%) were progressive conditions and physical health and around one in ten (11%) were mobility and gross motor.
- While the majority reported no housing problem, just over one in five (22%) had some form of a housing problem, with one in eight (13%) stating an urgent housing need due to being of no fixed abode.
- Around one in five (19%) clients had parental responsibility for a child aged under 18 years; of which, seven in ten (70%) had none of the children they are responsible for living with them the majority of the time.
- One-third (33%) of St Helens residents reported heroin as their main substance in the year ending March 2022, followed by around one-quarter (24%) who reported cocaine and one in five (20%) who reported alcohol.
- Just over one-third (35%) of the second substance was recorded as crack, followed by just under one-quarter (23%) recorded as alcohol. While just under two in five (37%) of the third substance was recorded as alcohol, followed by around three in ten (31%) recorded as cannabis.
- Around two in five (39%) St Helens CJIT contacts smoked their main substance, followed by one-quarter (25%) who administered their main substance orally and just over one in five (23%) who administered their main substance intranasally.

- Around seven in ten (69%) stated they had never injected, while just over one in five (22%) had previously injected but were not currently, and around nine in ten (9%) were currently injecting.
- Two in five (40%) clients who reported an opioid as their main substance in 2021/22 were issued with naloxone; of which, just under half (48%) were supplied with injectable naloxone, followed by nasal naloxone (36%), and both nasal and injectable naloxone (15%). Of the clients not issued with naloxone, just over four in five (82%) were already in possession of adequate naloxone.
- Over half (53%) of men consumed alcohol in the 28 days prior to their CJIT assessment. Of these, over two in five (44%) consumed 7-15 units of alcohol daily, followed by around one-quarter (26%) who consumed 1-6 units, one in five (20%) who consumed over 24 units and one in ten (10%) who consumed 16-24 units.
- Around half (49%) of women consumed alcohol in the 28 days prior to their CJIT assessment. Of these, over half (56%) reported to consume 7-15 units of alcohol daily.
- Over two in five (45%) offences were categorised as 'other' as the offence which prompted the current or most recent contact with the criminal justice system, followed by Misuse of Drugs Act offences and wounding or assault (both 14%).
- Of the clients taken onto the CJIT caseload, 154 (138 individuals) were referred to structured treatment in the year ending March 2022.
- There were 114 recovery support sub-intervention assessments (85 individuals), carried out in 2021/22 on clients on the CJIT caseload, with a total 229 sub-interventions delivered. Over one-third (36%) were peer support involvement, followed by around one-quarter (26%) of facilitated access to mutual aid.

## INTRODUCTION

Although the Drug Interventions Programme (DIP) was decommissioned as a national programme by the Home Office in 2013, St Helens Criminal Justice Intervention Team (CJIT) continue to collect and submit the criminal justice data set to the Office of Health Improvement and Disparities (OHID) via the National Drug Treatment Monitoring System (NDTMS). The aim of CJITs is to identify and engage with adult offenders (aged 18 years and over) in the criminal justice system who use drugs and/or alcohol, and encourage them to engage with appropriate treatment services in order to reduce acquisitive crime. There is a body of evidence supporting this process at reducing offending for this population (Collins et al., 2016; Collins et al., 2017; Cuddy et al., 2015; Public Health England and Ministry of Justice, 2017).

Under Merseyside Police's DIP drug testing process in the custody suites, if offenders test positive for specified Class A drugs (opiates and/or powder/crack cocaine) they are required to undergo a Required Assessment (RA) with a CJIT worker. This is a key route into treatment, though there are other routes of contact with a CJIT, including: Conditional Cautioning; requirement by the individual's Offender Manager; court mandated processes, such as Restriction on Bail, pre-sentence reports, Drug Rehabilitation Requirements and Alcohol Treatment Requirements; as well as voluntary presentations.

The CJIT data set captures client information, episode details (including drug and alcohol use, and offending behaviour), referrals to structured treatment and recovery support sub-interventions. Assessments allow CJIT workers to determine whether further intervention is required to address drug and/or alcohol use and offending, and if necessary, encourage engagement with a range of appropriate treatment options. This is a key element of the work carried out by CJITs, as it provides wraparound support across four key areas: drug and alcohol use (harm reduction and overdose management); offending; physical and psychosocial health; and social functioning (housing, employment and relationships; Home Office, 2011).

This DIP Activity report for St Helens shows trends up to the year ending March 2022 for clients accessing the CJIT and where possible, comparisons to the Merseyside figures have been made.<sup>1</sup>

### *From harm to hope: A 10-year drugs plan to cut crime and save lives (HM Government, 2022)*

The latest UK Government drug strategy sets out the need to improve the criminal justice system response, outlining the need for appropriate referral pathways for offenders into treatment, in order to reduce acquisitive crime, re-offending, drug-related violence and drug-related deaths. As recommended by Dame Carol Black, the Government is investing in a range of services, so that a joined-up approach to tackle the issues can be used through the provision of effective treatment, mental and physical healthcare, housing and employment.

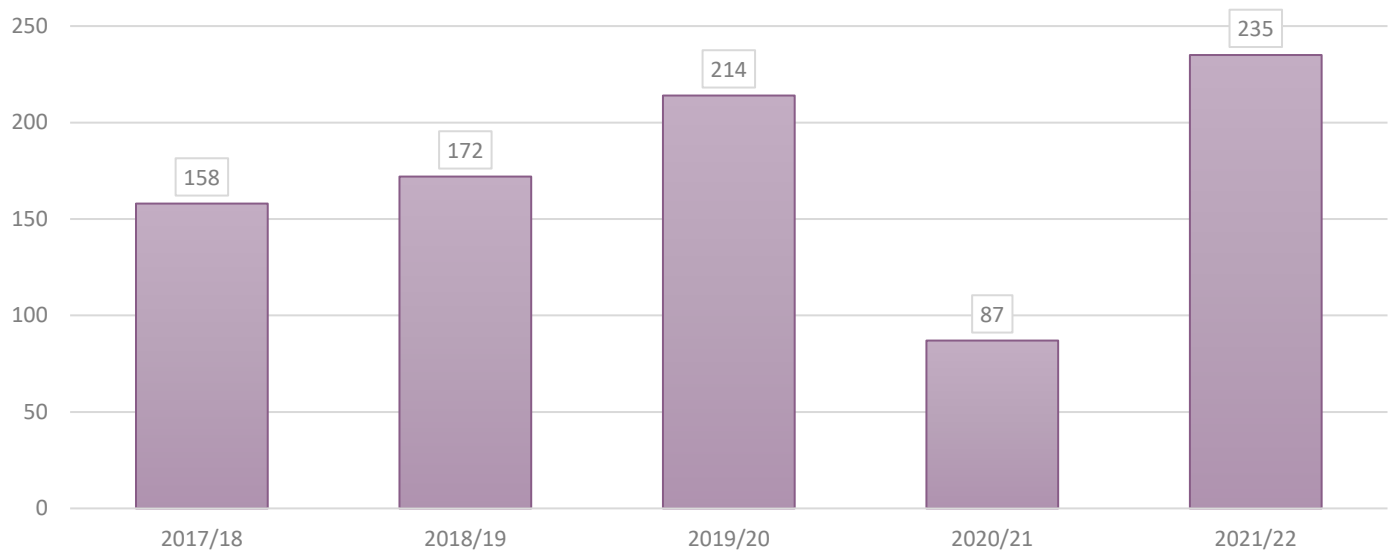
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<sup>1</sup> Notes to accompany this report are available in *Appendix A* (page 18). Supplementary data tables and charts to support this report are available here: [CJIT Activity 2021/22: Supplementary data](#).

## OVERVIEW

In the year ending March 2022, there were 235 adult contacts (214 individuals) recorded by St Helens Criminal Justice Intervention Team (CJIT). This is almost three times more than the 87 CJIT contacts in the previous twelve-month period (170% increase; *Figure 1*), when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic. Notably, this is also a considerable increase on the number of CJIT contacts prior to the pandemic, while the other Merseyside CJITs reported a lower number of CJIT contacts in the year ending March 2022 than pre-COVID-19.

*Figure 1: St Helens CJIT contacts, 2017/18 - 2021/22*



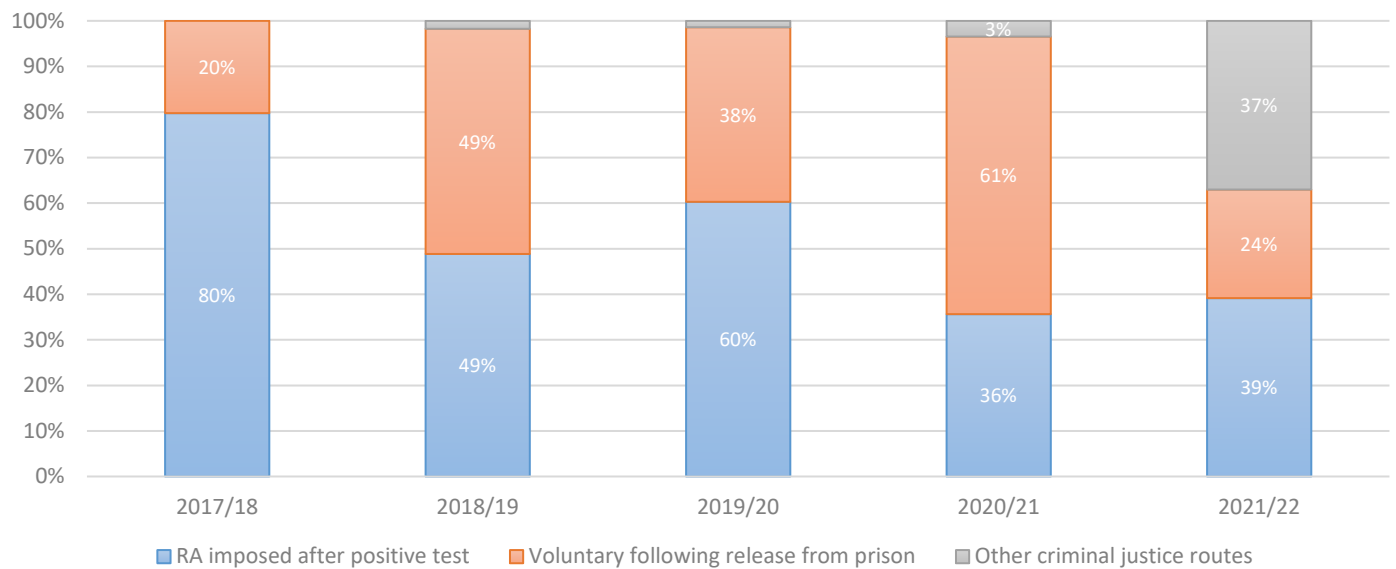
## CRIMINAL JUSTICE ROUTES IN ST HELENS

*Figure 2* shows the criminal justice routes that led to the contact with St Helens CJIT between 2017/18 and 2021/22. Around two in five of the CJIT contacts in the year ending March 2022 were Required Assessments (RAs) following a positive drug test for opiates and/or crack/cocaine in a police custody suite (n=92, 39%), while over one-third were other criminal justice routes (n=87, 37%)<sup>2</sup> and around one-quarter were voluntary presentations following release from prison (n=56, 24%).

Although the proportion of RAs in the year ending March 2022 is a slight increase on the previous twelve-month period (36%), when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic, it is the second lowest proportion of the five-year period (*Figure 2*). The proportion of clients who presented voluntarily following release from prison in 2021/22 is a substantial decrease on the previous year (61%) and the second lowest proportion of the five-year period, while those who presented through other criminal justice routes showed a substantial increase on the previous year (3%) and the largest proportion of the five-year period. Furthermore, the proportion of clients who came into contact with St Helens CJIT through the RA process in the year ending March 2022 is the lowest of the five Merseyside CJITs (Merseyside total: 51%), while proportions of CJIT contacts who presented voluntarily following release from prison and through other criminal justice routes are above the Merseyside figures (22% and 27% respectively).

<sup>2</sup> Other criminal justice routes: Required by offender management scheme/DRR/ATR/IOM = 79; Conditional Cautioning <5; other <5; referred by treatment provider (post treatment) <5; requested by Offender Manager (post DRR/ATR) <5; voluntary - other <5.

Figure 2: Referral routes of St Helens CJIT contacts, 2017/18 - 2021/22

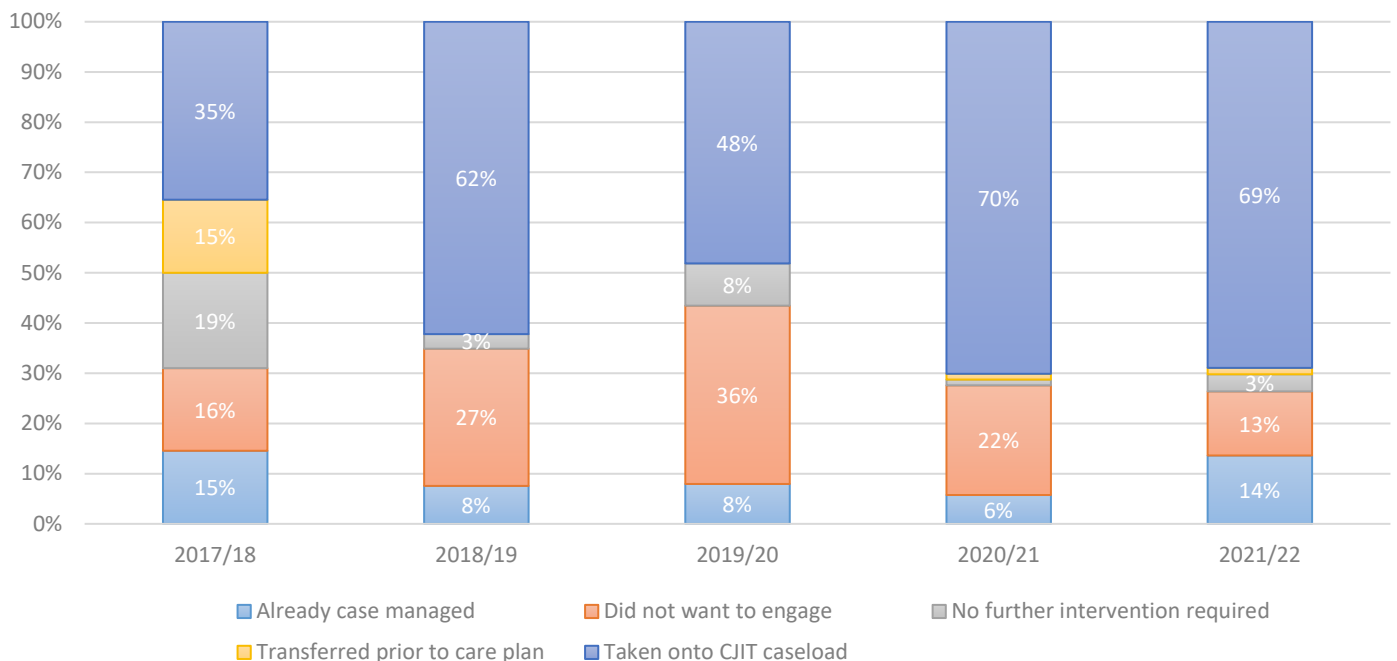


## OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Around seven in ten St Helens CJIT contacts in the year ending March 2022 were taken onto the CJIT caseload (n=162, 69%), followed by clients who were already case managed by a structured treatment provider, other CJIT or Offender Manager (n=32, 14%) and clients who did not want to engage (n=30, 13%; *Figure 3*).

The proportion of clients taken onto St Helens CJIT’s caseload in 2021/22 is similar to the previous year and the second largest proportion of clients taken onto the caseload of the five-year period (*Figure 3*). Moreover, St Helens had the second largest proportion of clients taken onto the caseload of the five Merseyside CJITs in 2021/22 (Merseyside total: 61%). The proportion of St Helens clients already case managed is larger than the Merseyside figure (9%), while proportions of those who did not want to engage, did not require further intervention or transferred prior to agreeing a care plan are lower than the Merseyside figures (15%, 10% and 4% respectively).

Figure 3: Outcomes following criminal justice assessment of St Helens CJIT contacts, 2017/18 - 2021/22



DEMOGRAPHICS

Of the 235 St Helens CJIT contacts in the year ending March 2022, 229 (97%) were residents of St Helens Local Authority (LA) area. The remainder of this report presents figures for St Helens residents only.

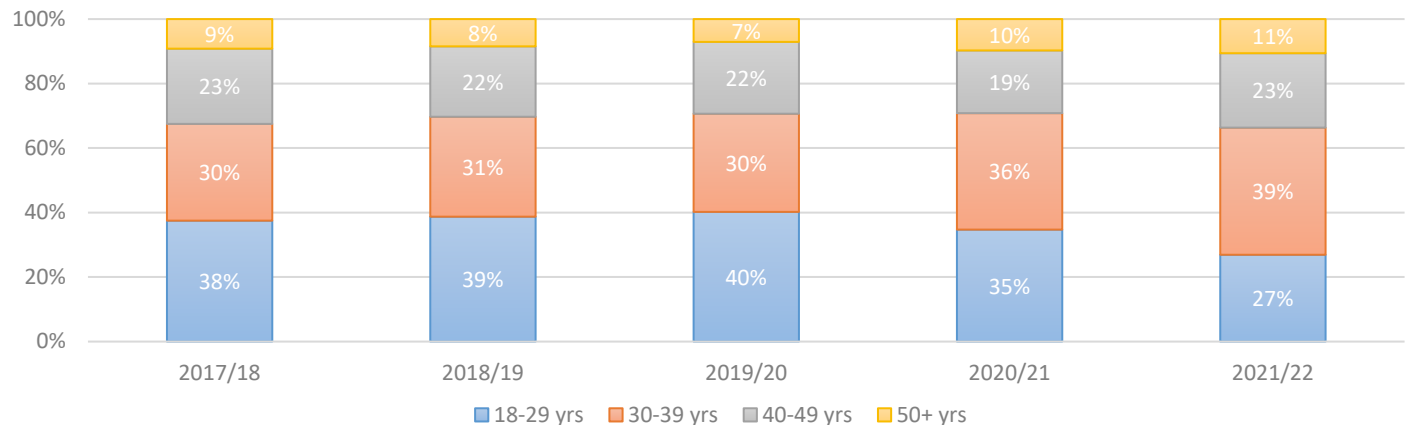
In the year ending March 2022, 141.8 individuals per 100,000 adult population in St Helens LA were in contact with St Helens CJIT, compared to 117.7 per 100,000 across Merseyside. This is the largest rate of individuals in contact with a Merseyside CJIT of the five Merseyside areas (*Appendix B*).

AGE AND GENDER

Of the 229 St Helens residents, there were 208 individuals. The median age was 35 years, which is a slight increase on the previous three twelve-month periods (all 33 years). Looking at age groups, around two in five individuals were aged 30-39 years (n=82, 39%), followed by individuals aged 18-29 years (n=56, 27%), 40-49 years (n=48, 23%) and 50 years or over (n=22, 11%; *Figure 4*).

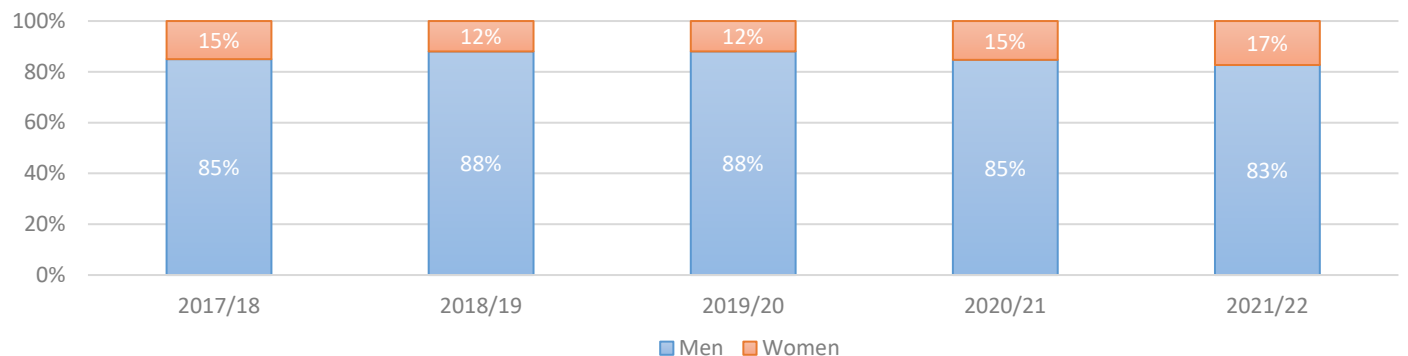
The proportion of individuals aged 30-39 years in 2021/22 is the largest of the five-year period, though the same as the Merseyside total. While the proportion of St Helens residents aged 18-29 years in 2021/22 is a decrease on the previous year and the smallest proportion of the five-year period, it is the second largest proportion of the five Merseyside areas (Merseyside total: 22%).

Figure 4: Age group of St Helens CJIT contacts (individuals), 2017/18 - 2021/22



Just over four in five individuals in contact with St Helens CJIT in the year ending March 2022 were men (n=172, 83%), which is a decrease on the previous four years (*Figure 5*), though similar to the 2021/22 Merseyside figure (84%).

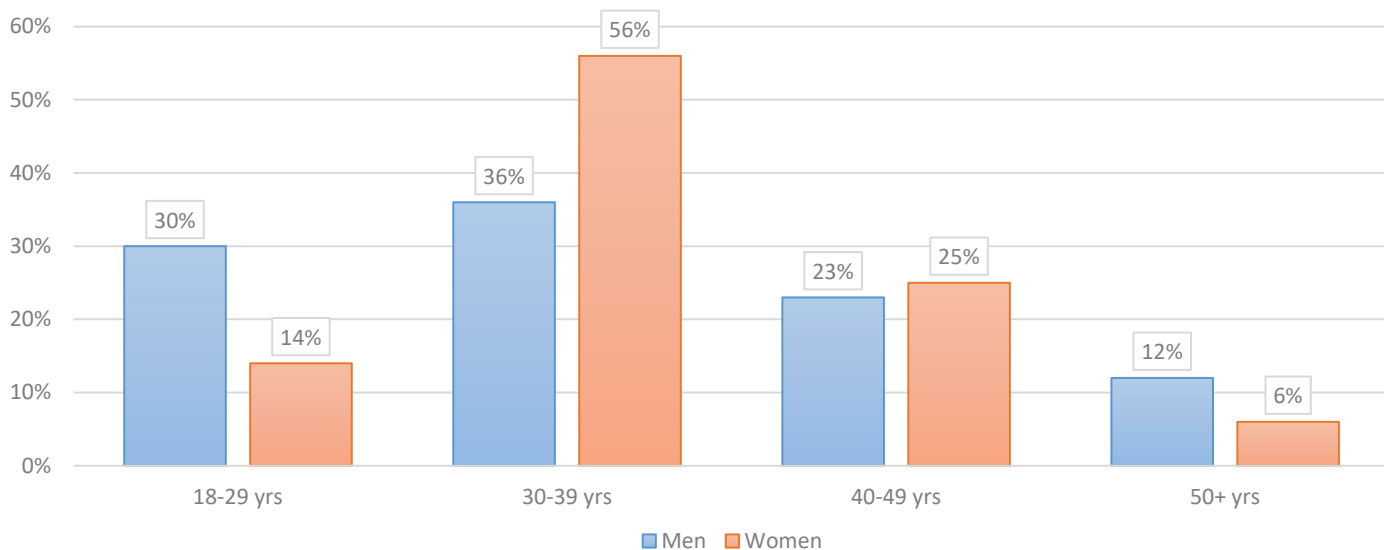
Figure 5: Gender of St Helens CJIT contacts (individuals), 2017/18 - 2021/22





When comparing age group with gender in the year ending March 2022, there are some notable differences (*Figure 6*). There were larger proportions of men than women aged 18-39 years (30% and 14% respectively) and aged 50 years or over (12% and 6% respectively), while there was a substantially larger proportion of women aged 30-39 years when compared to men (56% and 36% respectively).

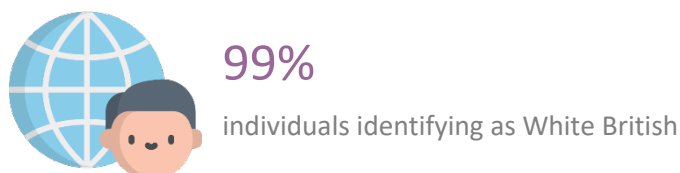
Figure 6: Age group and gender of St Helens CJIT contacts (individuals), 2021/22



## ETHNICITY

The majority (99%) of St Helens CJIT contacts in the year ending March 2022 identified themselves as White British (*Figure 7*). This is the same as the previous year and the largest proportion of the five Merseyside areas (Merseyside total: 97%).

Figure 7: Ethnicity of St Helens CJIT contacts (individuals), 2021/22



## DISABILITY

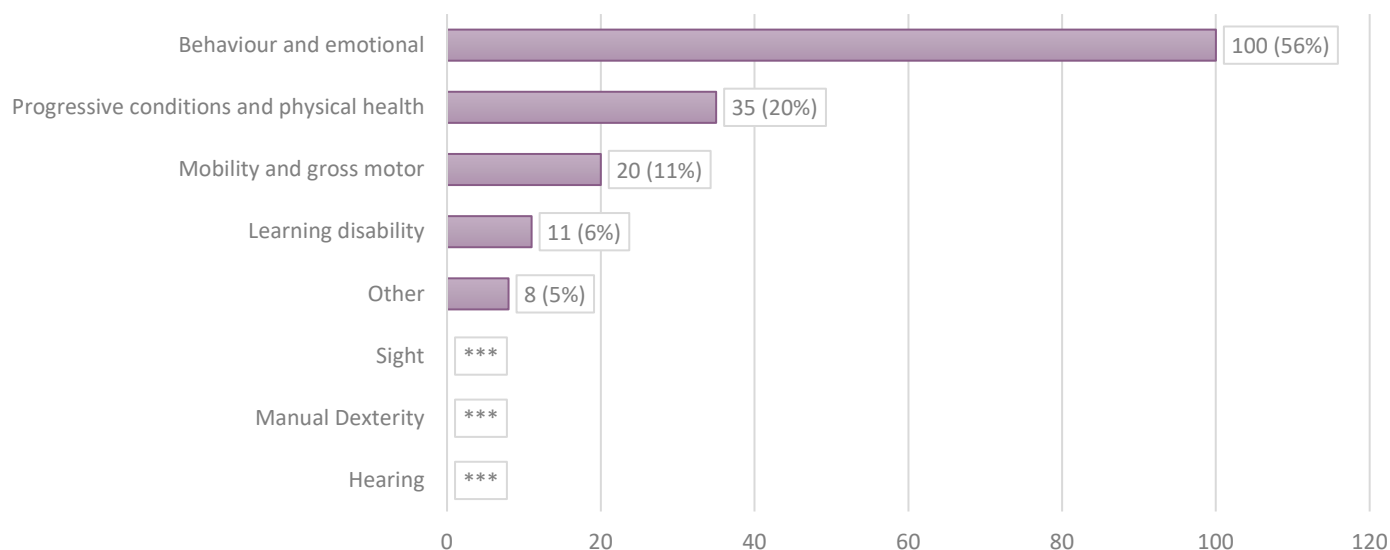
Just under three in five St Helens residents in 2021/22 considered themselves to have a disability (n=132, 58%; *Figure 8*). This is somewhat similar to the previous year (61%), though larger than proportions in 2018/19 and 2019/20 (42% and 40% respectively). Notably, this is the largest proportion recorded across Merseyside in the year ending March 2022 (Merseyside total: 28%).

Figure 8: Disability status of St Helens CJIT contacts, 2021/22



A total of 177 disabilities were recorded<sup>3</sup>; of which, over half were behaviour and emotional (n=100, 56%), followed by one in five progressive conditions and physical health (n=35, 20%) and around one in ten mobility and gross motor (n=20, 11%; *Figure 9*).

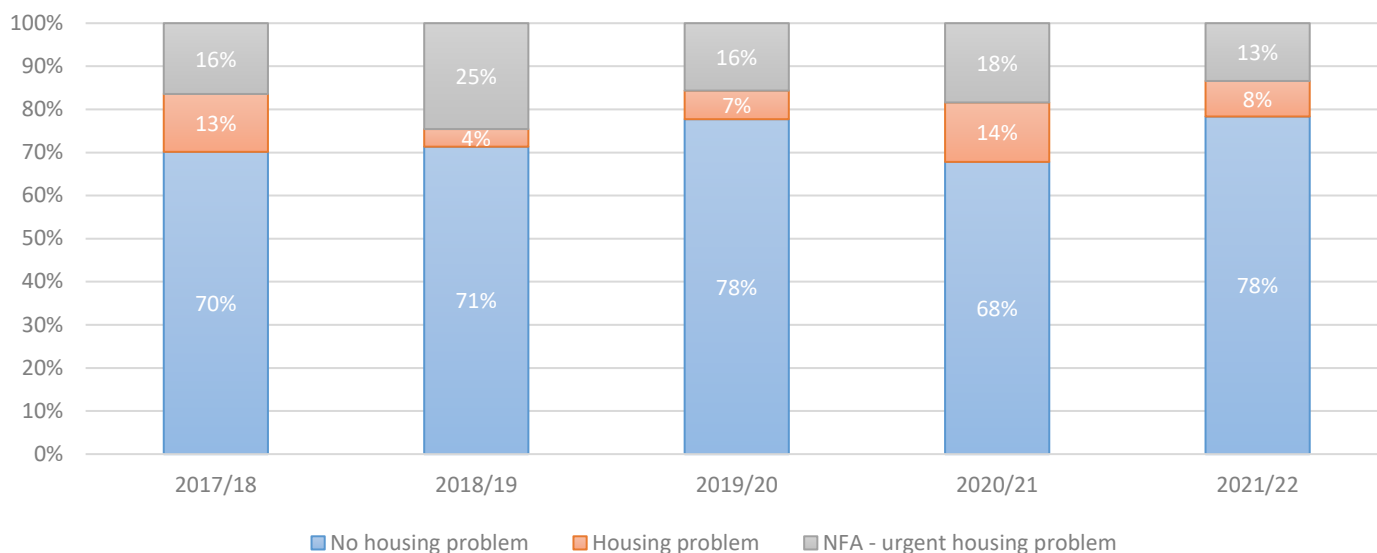
*Figure 9: Disabilities of St Helens CJIT contacts, 2021/22*



## HOUSING

While the majority of the St Helens CJIT contacts in the year ending March 2022 reported no housing problem, just over one in five had some form of a housing problem (n=42, 22%; *Figure 10*). Although this is a decrease on the previous year's proportion, it is the same as 2019/20 and a larger proportion than Merseyside's 2021/22 figure (Merseyside total: 17%). Notably, although St Helens residents stating an urgent housing need due to being of no fixed abode (NFA)<sup>4</sup> in 2021/22 (n=26, 13%) is the smallest proportion of the five-year period, it is the largest proportion of the Merseyside CJIT areas (Merseyside total: 7%).

*Figure 10: Housing need of St Helens CJIT contacts, 2017/18 - 2021/22*



<sup>3</sup> Please note that clients may have up to three disabilities recorded.

<sup>4</sup> Non-urgent housing need includes: staying with friends/family short term, short stay hostel, short term B&B/hotel, placed in temporary accommodation by LA Squatting. Urgent housing need (NFA) includes: lives on streets/rough sleeper, uses night shelter (night-by-night basis)/emergency hostels, sofa surfing/sleeps on different friend's floor each night.

## SAFEGUARDING

In the year ending March 2022, around one in five clients had parental responsibility for a child aged under 18 years (n=43, 19%; *Figure 11*). This is a considerable increase on the previous twelve-month period (7%), though similar to the Merseyside figure (20%). Seven in ten St Helens CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=30, 70%), which is the largest proportion across Merseyside (Merseyside total: 59%).

Figure 11: Parental status of St Helens CJIT contacts, 2021/22



## SUBSTANCE USE

### SUBSTANCE TYPE

One-third of St Helens residents reported heroin as their main substance in the year ending March 2022 (n=76, 33%), followed by around one-quarter who reported cocaine (n=54, 24%) and one in five who reported alcohol (n=45, 20%; *Figure 12*). The proportion of heroin in 2021/22 is the smallest proportion recorded of the five-year period, though it is similar to the Merseyside figure (32%). Although the proportion of cocaine in 2021/22 is a slight increase when compared to the previous year, it is the second smallest proportion of the five-year period and the smallest of the five Merseyside areas (Merseyside total: 34%). Notably, the proportions of alcohol and crack recorded as the main substance in the year ending March 2022 are larger than the previous four years.

Figure 12: Main substances used by St Helens CJIT contacts, 2017/18 - 2021/22

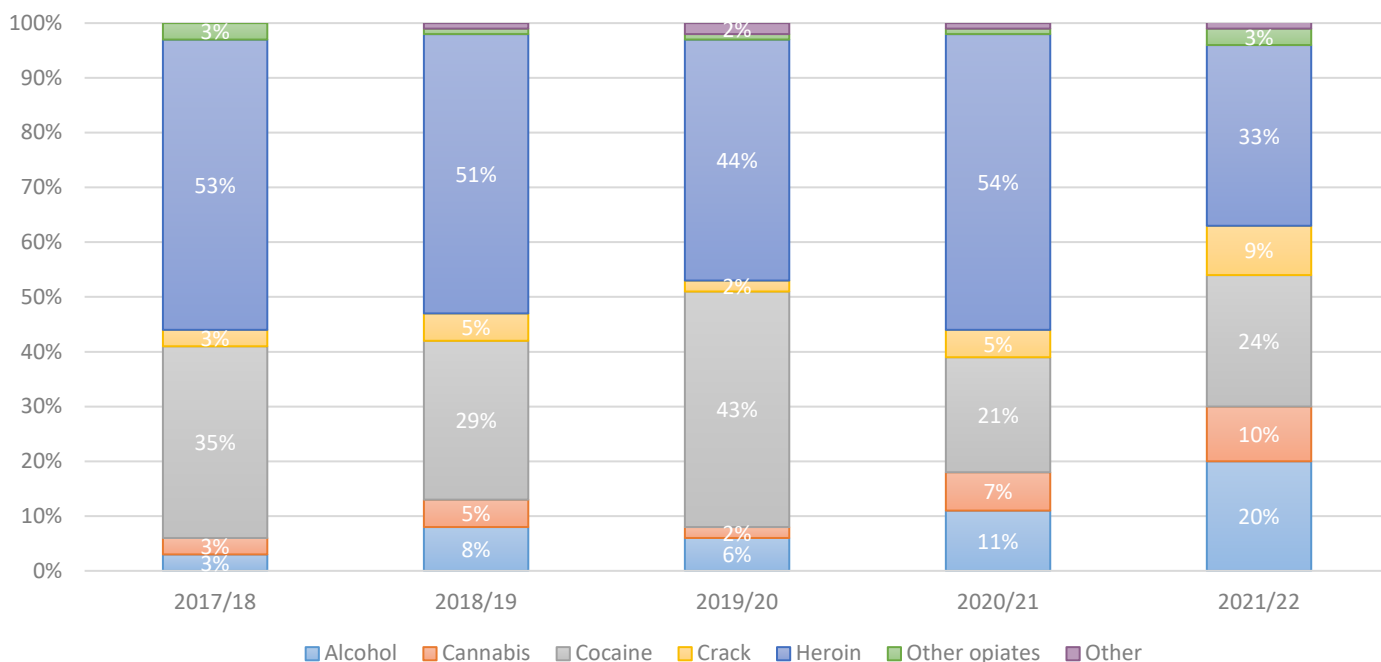


Figure 13 shows 2021/22 figures split by substance one, two and three. Just over one-third of the second substance was recorded as crack (n=63, 35%), followed by just under one-quarter recorded as alcohol (n=42, 23%). While just under two in five of the third substance was recorded as alcohol (n=30, 37%), followed by around three in ten recorded as cannabis (n=25, 31%).

Figure 13: Substances 1-3 used by St Helens CJIT contacts, 2021/22

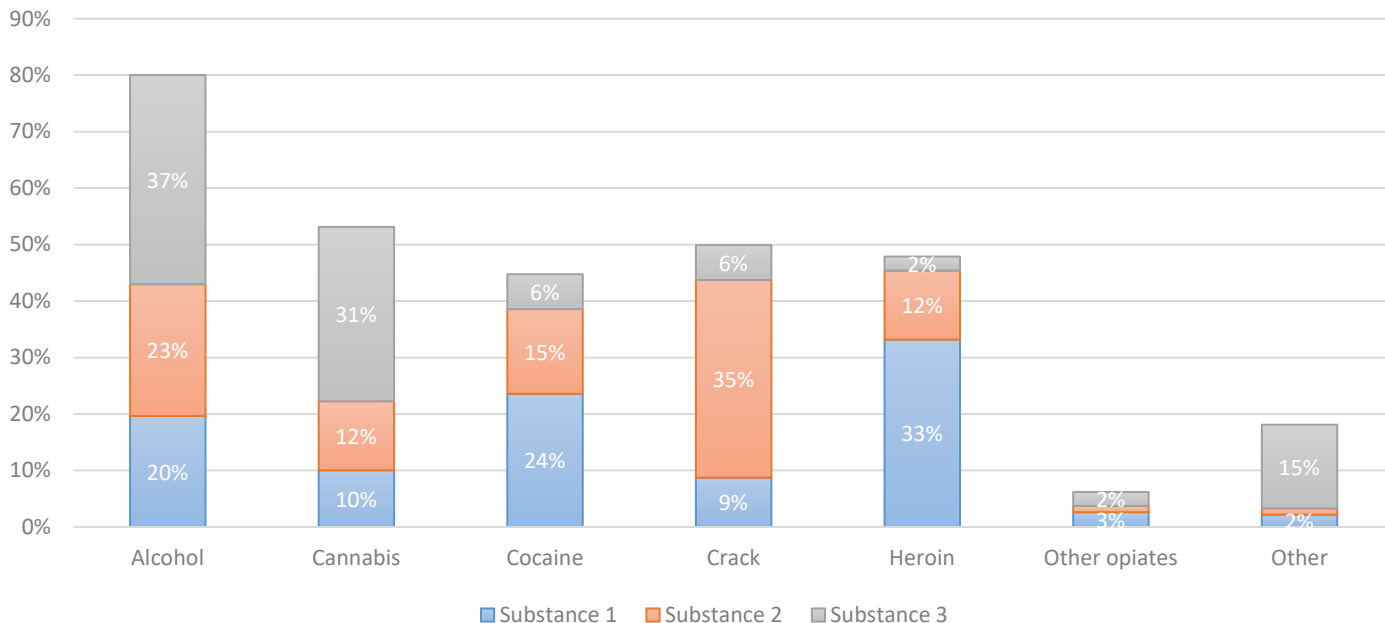


Figure 14 shows the proportions of the main substance by gender in the year ending March 2022. There were larger proportions of alcohol, crack, heroin and other opiates recorded as the main substance by women (24%, 14%, 38% and 8% respectively) when compared to men (19%, 8%, 32% and 2% respectively), while there were larger proportions of men who reported cannabis and cocaine (11% and 27% respectively) when compared to women (5% and 8% respectively).

Figure 14: Main substance and gender of St Helens CJIT contacts, 2021/22

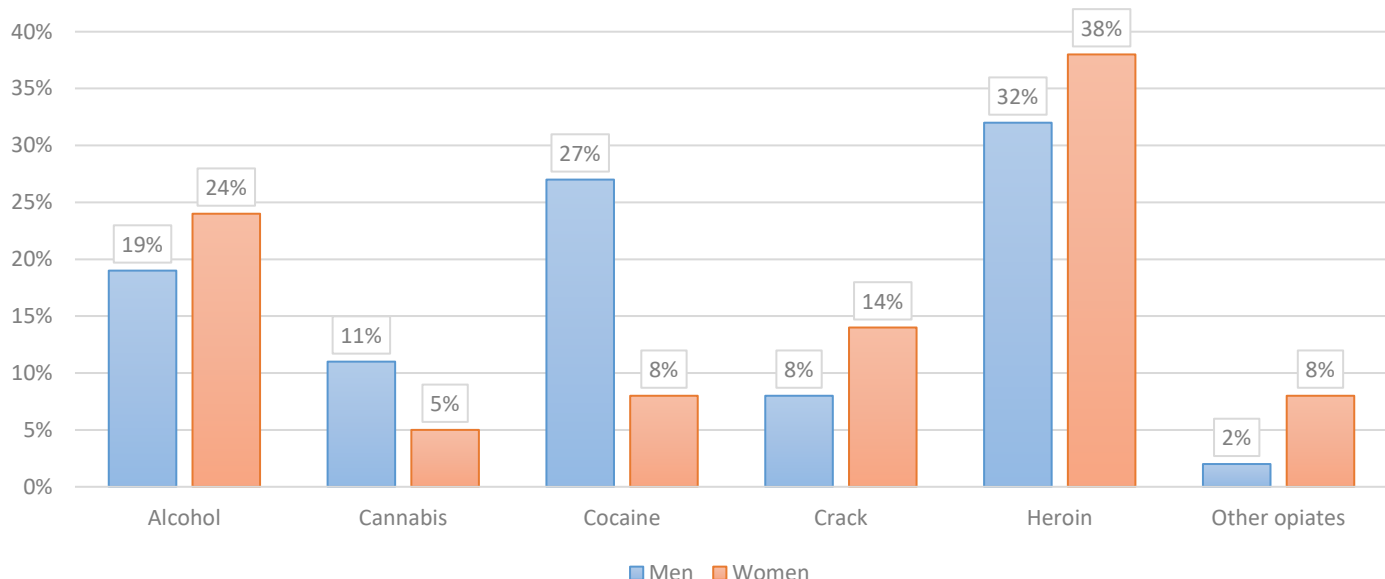
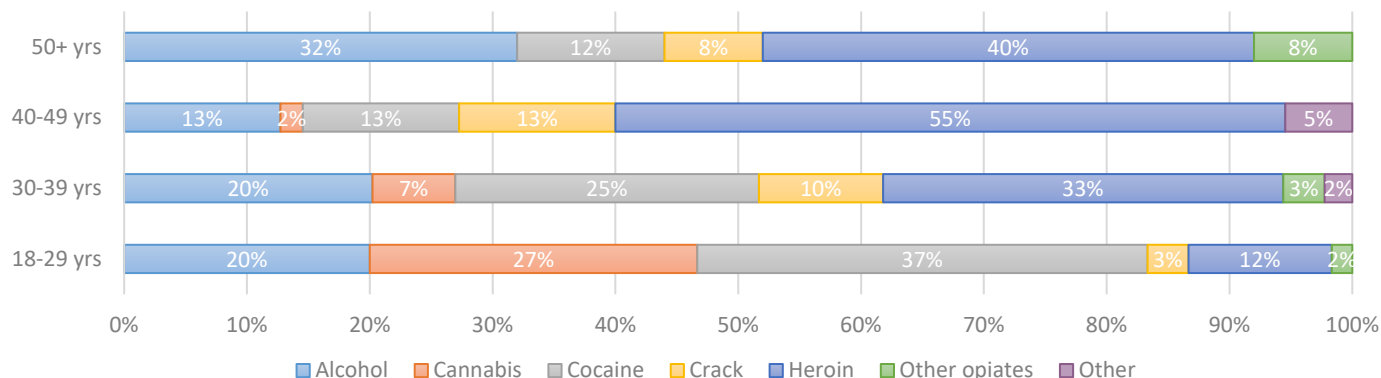


Figure 15 shows the proportions of the main substance for each age group in the year ending March 2022. There were generally larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin across the older age groups. Just under two in five (37%) 18-29 year olds reported cocaine as their main substance, which then decreased as the age group increased, while clients aged 40-49 years and 50 years or over had the largest proportions who reported heroin as their main substance (55% and 40% respectively). Furthermore, heroin accounted for the largest proportion of 30-39 year olds (33%). Just over one-quarter (27%) of 18-29 year olds reported cannabis as their main substance and around one-third (32%) of clients aged 50 years or over reported alcohol as their main substance.

Figure 15: Main substance and age group of St Helens CJIT contacts, 2021/22

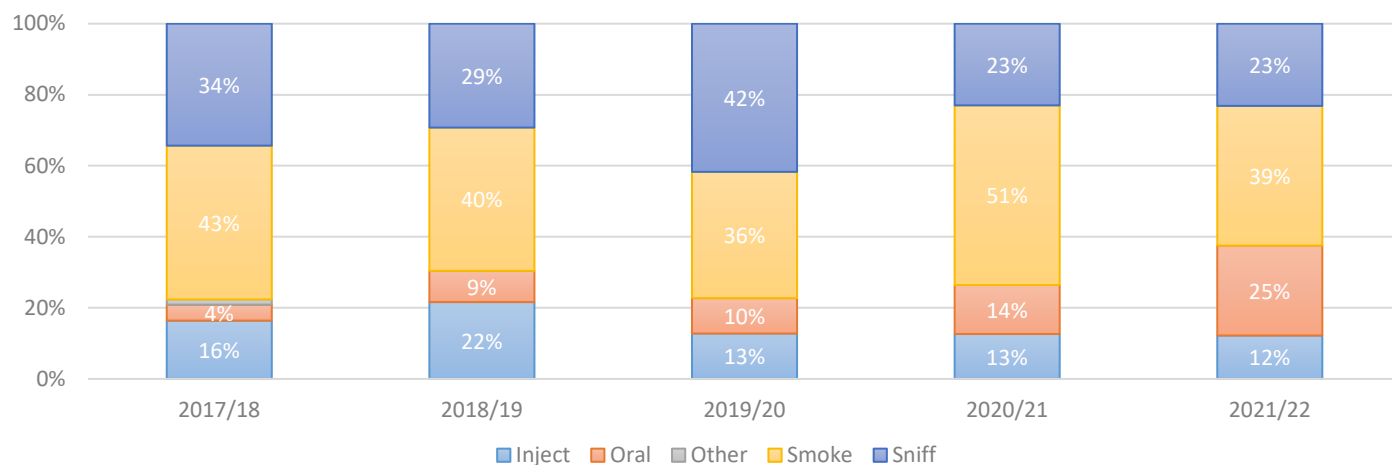


## ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in Figure 16. In the year ending March 2022, around two in five St Helens CJIT contacts smoked their main substance (n=90, 39%), followed by one-quarter who administered their main substance orally (n=58, 25%) and just over one in five who administered their main substance intranasally (n=53, 23%).

Although the proportion of clients who smoked their main substance is a decrease on the previous year, it is similar to figures between 2017/18 and 2019/20, and similar to the 2021/22 Merseyside total (42%). The proportion who administered their main substance orally in the year ending March 2022 is the largest of the five-year period and somewhat higher than the Merseyside figure (17%), while the proportion of clients who administered their main substance intranasally is the same as the preceding twelve-month period, though the smallest proportion of the five Merseyside CJITs (Merseyside total: 35%). Furthermore, just over one in ten CJIT contacts in the year ending March 2022 injected their main substance (n=28, 12%), which is similar to the previous two years (both 13%; Figure 16) and notably, the largest proportion recorded across Merseyside (Merseyside total: 5%).

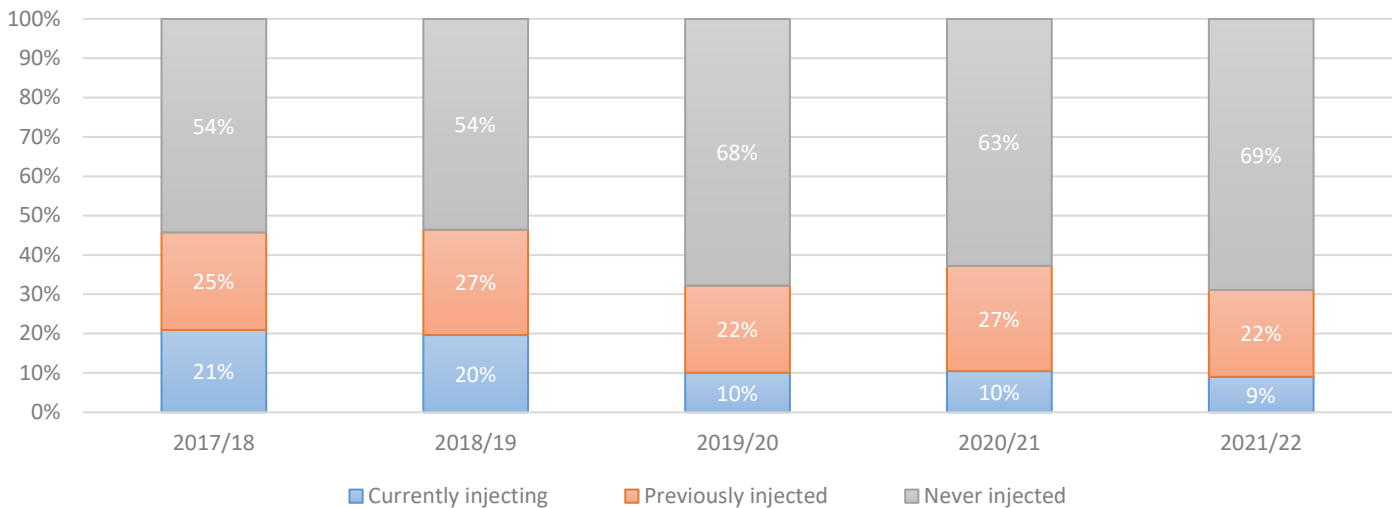
Figure 16: Route of administration of the main substance used by St Helens CJIT contacts, 2017/18 - 2021/22



## INJECTING STATUS

Around seven in ten St Helens CJIT contacts in the year ending March 2022 stated they had never injected (n=153, 69%), while just over one in five had previously injected but were not currently (n=49, 22%), and around one in ten were currently injecting (n=20, 9%; *Figure 17*). The proportion of clients who reported in 2021/22 that they had never injected is the largest of the five-year period, though the second lowest recorded by the five Merseyside CJITs (Merseyside total: 76%). Notably, when compared to the other Merseyside areas, St Helens CJIT had the largest proportion of clients currently injecting at the time of their assessment in the year ending March 2022 (Merseyside total: 4%).

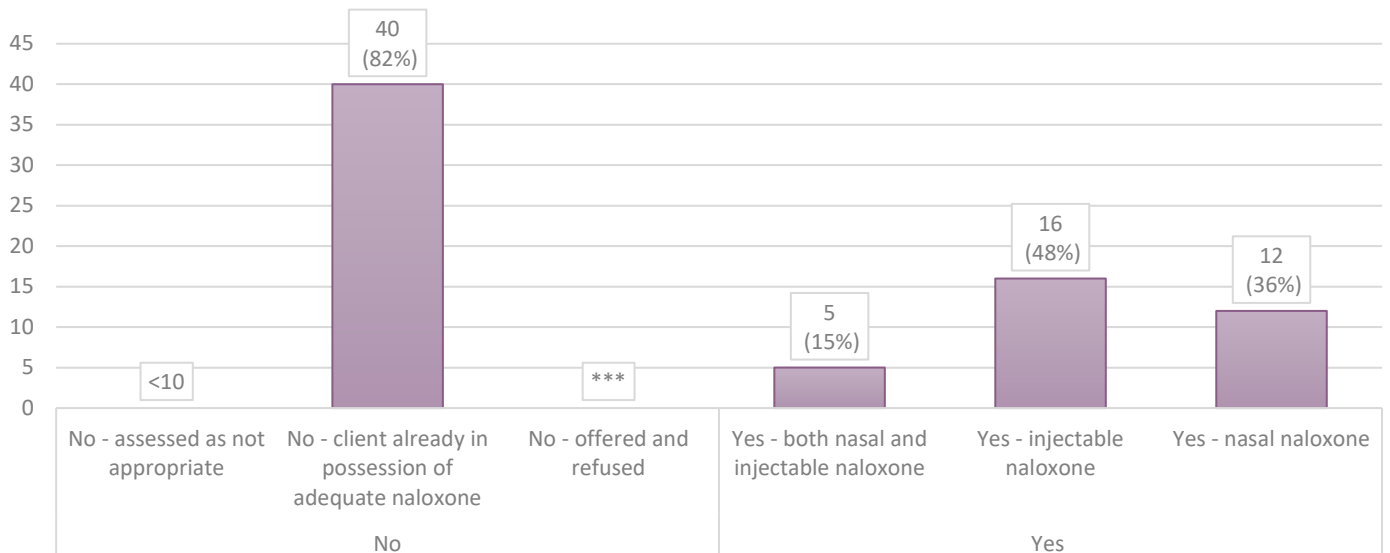
*Figure 17: Injecting status of St Helens CJIT contacts, 2017/18 - 2021/22*



## NALOXONE

Where recorded, two in five clients who reported an opioid as their main substance in 2021/22 were issued with naloxone (n=33, 40%) which is over the Merseyside figure (37%). Of the 33 clients issued with naloxone, just under half were supplied with injectable naloxone (n=16, 48%), followed by nasal naloxone (n=12, 36%), and both nasal and injectable naloxone (n=5, 15%; *Figure 18*). Of the 49 clients who were not issued with naloxone, just over four in five were already in possession of adequate naloxone (n=40, 82%).

*Figure 18: Issue of naloxone to St Helens CJIT contacts who reported opiates as their main substance, 2021/22*

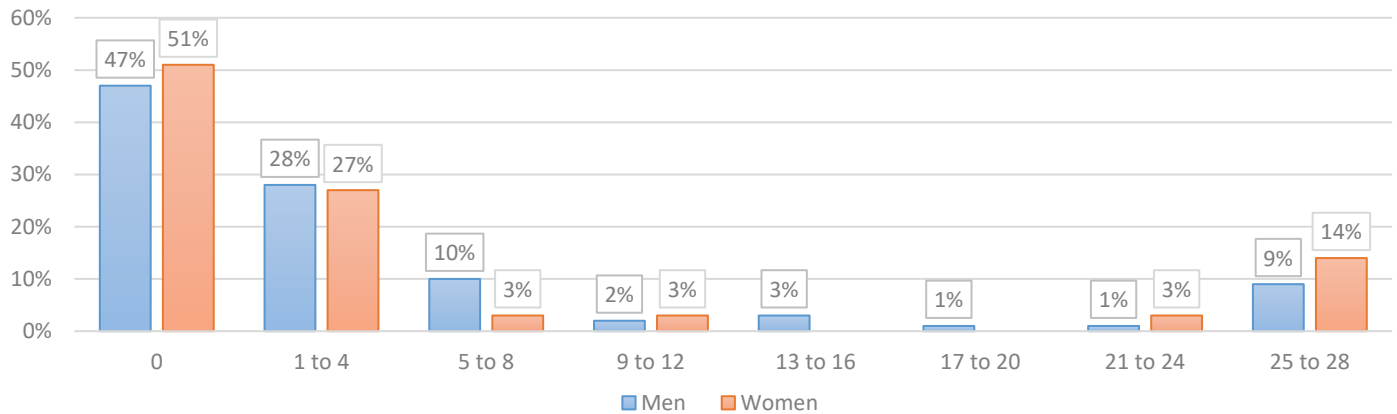


## ALCOHOL CONSUMPTION

Over half of the men assessed in the year ending March 2022 consumed alcohol in the 28 days prior to their CJIT contact (n=102, 53%; *Figure 19*), which is an increase on the previous year (45%), though similar to earlier years. Furthermore, this is a larger proportion than the Merseyside figure (49%).

While for women, around half consumed alcohol in the previous 28 days in the year ending March 2022 (n=18, 49%; *Figure 19*). This is a substantial increase on the previous twelve-month period (27%) and the largest proportion of women who consumed alcohol of the five-year period, though it is similar to the Merseyside figure (50%).

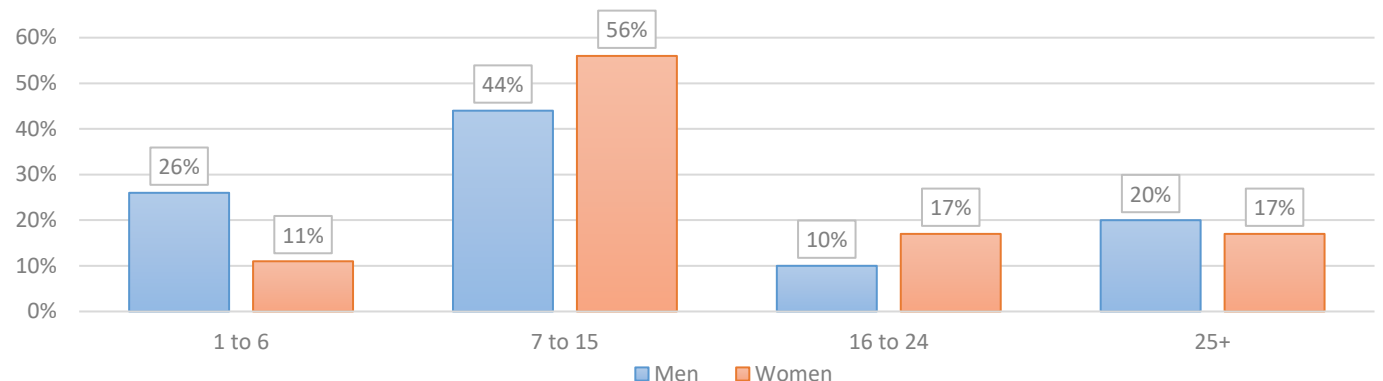
*Figure 19: Number of drinking days in the 28 days prior to assessment for St Helens CJIT contacts, 2021/22*



The daily average number of units of alcohol by St Helens residents in the 28 days prior to CJIT contact in the year ending March 2022 are shown in *Figure 20*. Of the 102 men who consumed alcohol in the 28 days prior to their assessment, over two in five consumed 7-15 units of alcohol daily (n=45, 44%), followed by around one-quarter who consumed 1-6 units (n=27, 26%), one in five who consumed over 24 units (n=20, 20%) and one in ten who consumed 16-24 units (n=10, 10%). The proportions who consumed 1-6 units and 16-24 units of alcohol daily in the 28 days prior to their CJIT assessment in 2021/22 have increased when compared to the previous year, while proportions who consumed 7-15 units and over 24 units have decreased. Notably, the proportion of men who consumed 1-6 units of alcohol is the largest of the five Merseyside areas (Merseyside total: 18%), while the proportion who consumed 16-24 units is the lowest proportion across Merseyside (Merseyside total: 21%). St Helens' men who consumed 7-15 units and over 24 units are similar to the Merseyside figures (40% and 21% respectively).

Of the 18 women who consumed alcohol in the 28 days prior to their assessment in 2021/22, over half consumed 7-15 units of alcohol daily (n=10; 56%; *Figure 20*). It is not possible to compare this figure to previous years due to low numbers, though notably, this is a larger proportion than the Merseyside figure (43%).

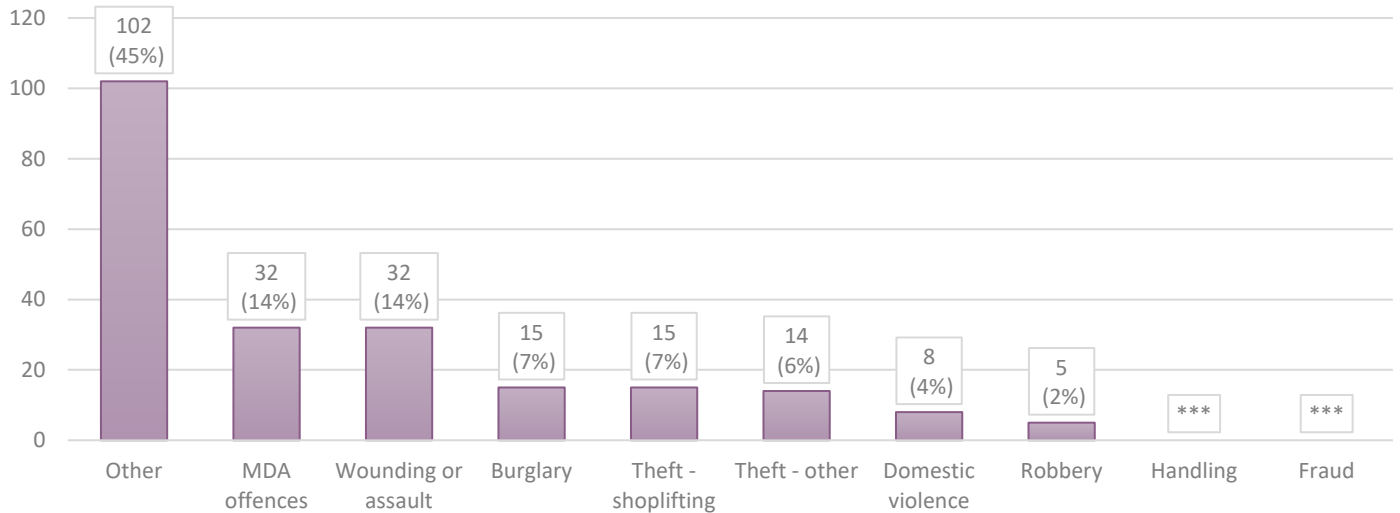
*Figure 20: Number of units of alcohol (daily average) consumed by St Helens CJIT contacts, 2021/22*



## OFFENDING

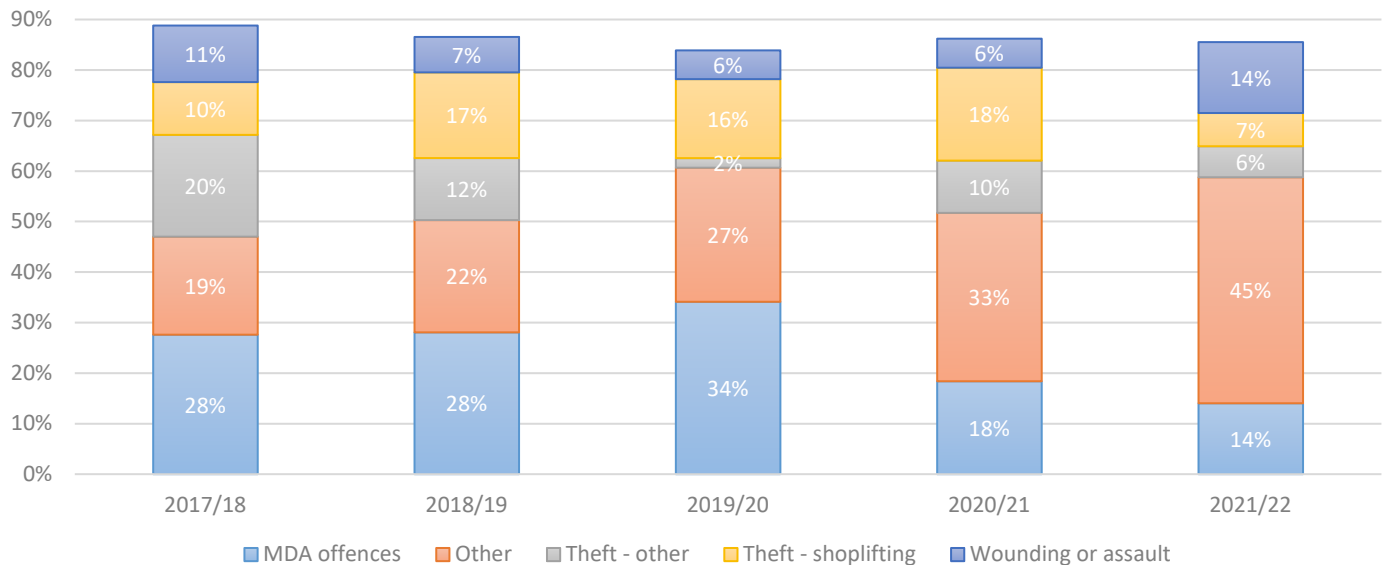
The offence that prompted St Helens CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2022 is shown in *Figure 21*. Over two in five offences were categorised as 'other' (n=102, 45%), followed by Misuse of Drugs Act (MDA) offences<sup>5</sup> and wounding or assault (both n=32, 14%). The proportion of other offences is the largest of the five Merseyside CJITs (Merseyside total: 34%), while the proportion of MDA offences is the lowest (Merseyside total: 23%). Furthermore, the proportion of wounding or assault is similar to the Merseyside figure (15%).

*Figure 21: Offence that prompted current or most recent contact with the criminal justice system for St Helens CJIT contacts, 2021/22*



*Figure 22* shows five-year trends of the main offending categories for St Helens residents. The proportion of other offences has increased year-on-year during the five year-period, and wounding or assault in the year ending March 2022 is a larger proportion than the previous four years. Furthermore, proportions of MDA offences and theft - shoplifting in 2021/22 are the smallest of the five-year period.

*Figure 22: Main offences that prompted current or most recent contact with the criminal justice system for St Helens CJIT contacts, 2017/18 - 2021/22*

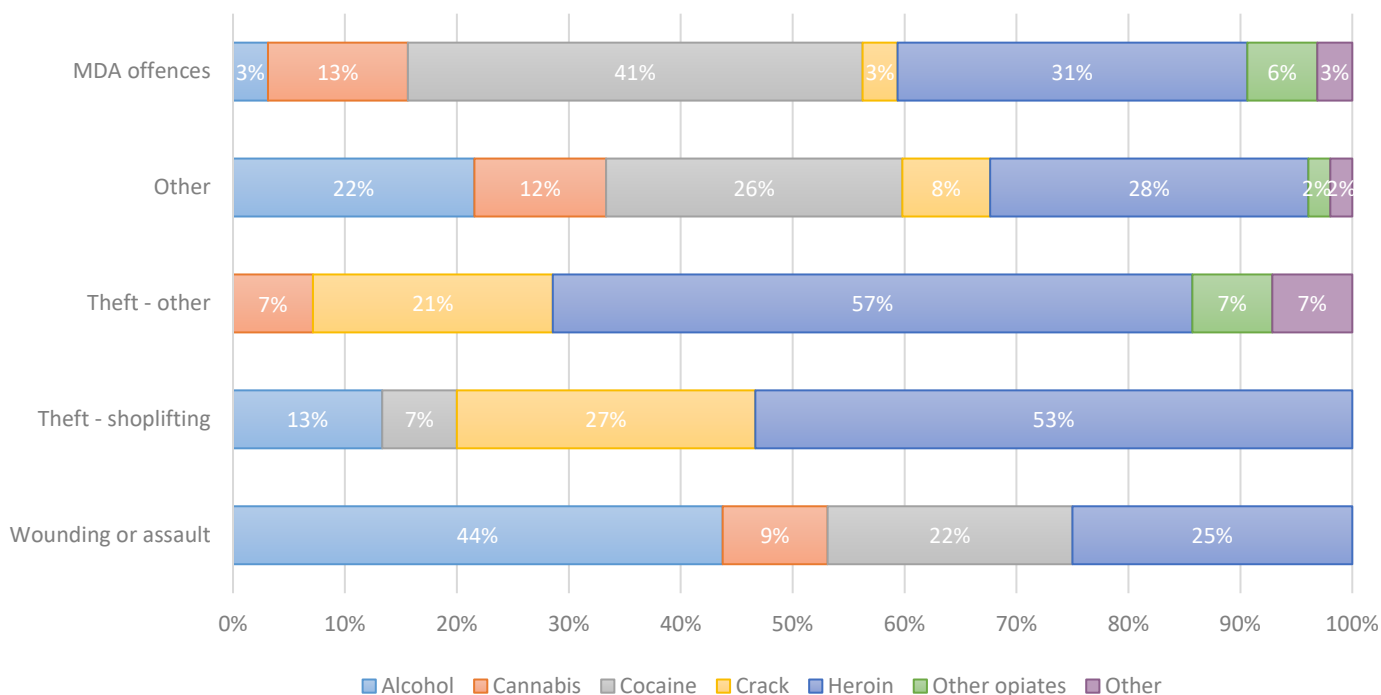


<sup>5</sup> Over four in five of the MDA offences were possession (n=27, 84%), while the remainder were supply (n=5, 16%).



Figure 23 shows the proportions of the main substance for the most common offences recorded for St Helens CJIT contacts assessed in the year ending March 2022. Alcohol recorded as the main substance was most prominent for those whose contact with St Helens CJIT was prompted by wounding or assault (44%), while for cocaine it was MDA offences (41%). Of the St Helens residents whose contact with the CJIT was prompted by theft - other and theft - shoplifting, 57% and 53% respectively reported heroin as their main substance and 21% and 27% respectively reported crack. Furthermore, just under three in ten (28%) CJIT contacts prompted by other offences reported heroin as their main substance, followed by cocaine (26%).

Figure 23: Main substance and offence of St Helens CJIT contacts, 2021/22



## INTERVENTIONS

### REFERRALS TO STRUCTURED TREATMENT

Of the clients taken onto the CJIT caseload, 154 (138 individuals) were referred to structured treatment in the year ending March 2022 (Figure 24)<sup>6</sup>.

Figure 24: Referrals to structured treatment for St Helens CJIT contacts, 2021/22

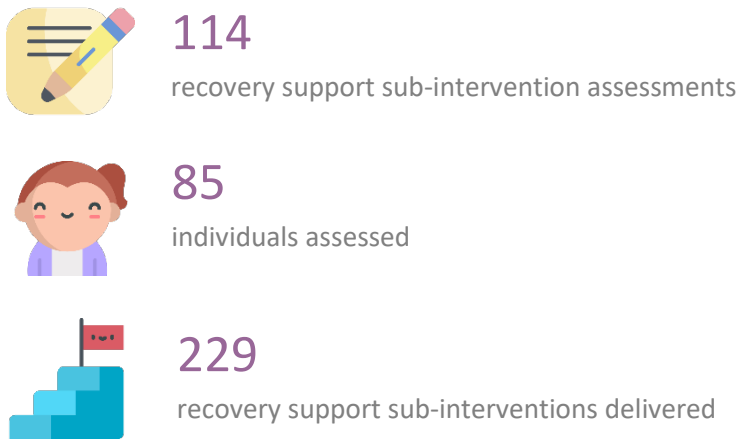


<sup>6</sup> Clients not taken onto the CJIT caseload, and clients with the same caseload start date and discharge date as well as a 'prior to caseload' discharge reason (as these are deemed to have not been taken onto the CJIT caseload), have been excluded from these figures. Figures include referrals to structured treatment (Figure 24) or recovery support sub-intervention assessments (Figure 25 & 26) where the date was between 1 April 2021 and 31 March 2022, regardless of when the client was taken onto the CJIT caseload.

## RECOVERY SUPPORT SUB-INTERVENTIONS

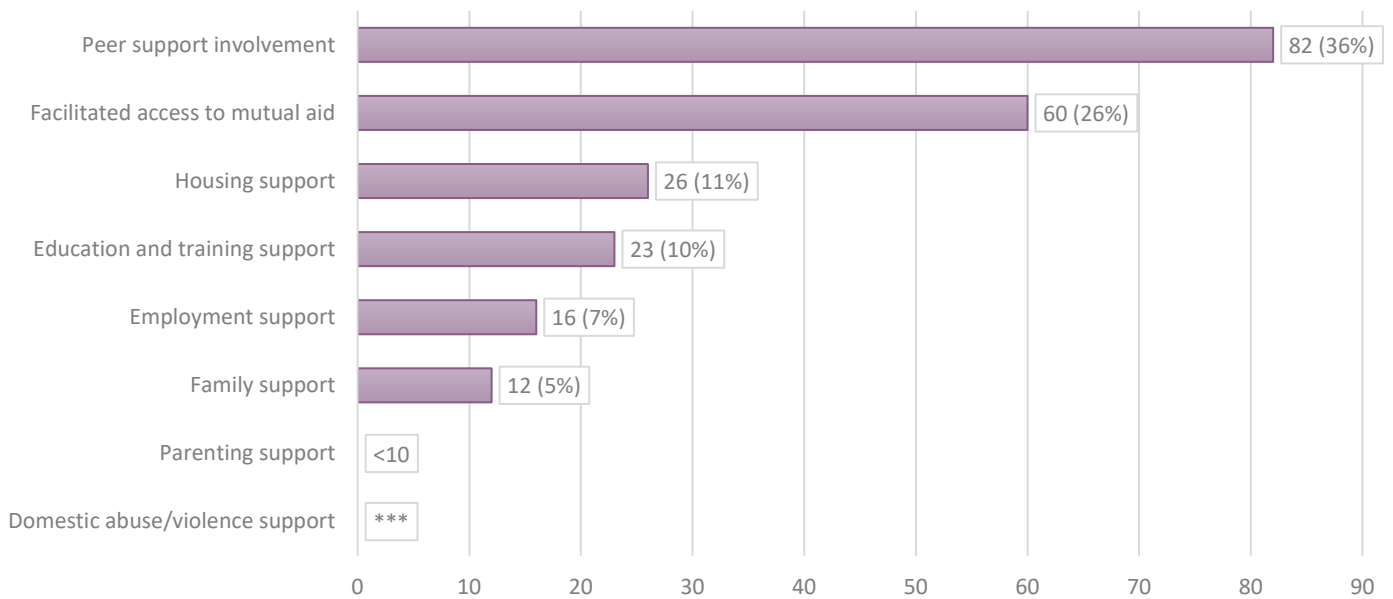
In the year ending March 2022, 114 recovery support sub-intervention assessments (85 individuals) were carried out on St Helens residents on the CJIT caseload, with a total 229 sub-interventions delivered (*Figure 25*)<sup>6</sup>.

*Figure 25: Recovery support sub-intervention assessments for St Helens CJIT contacts, 2021/22*



Of the total 229 recovery support sub-interventions delivered, over one-third were peer support involvement (n=82, 36%), followed by around one-quarter of facilitated access to mutual aid (n=60, 26%; *Figure 26*).

*Figure 26: Recovery support sub-interventions delivered to St Helens CJIT contacts, 2021/22*



APPENDIX A: NOTES TO ACCOMPANY THIS REPORT

1. The overview chapter (*Figures 1-3*) are for all St Helens CJIT contacts in the year, while all other figures (page 6 onwards) are for residents of St Helens LA only, recorded by St Helens CJIT.
2. Figures for gender, age and ethnicity are for individuals (*Figures 4-7*); however, this is not the case for other figures, as data may change for clients with more than one CJIT episode during the reporting year.
3. For instances where there are blank records or the client declines to answer, does not know or does not state a response, these have been excluded from the calculations; therefore, totals may not add up to the total number of CJIT contacts or individuals.
4. Percentages may not add up to 100% due to rounding.
5. Numbers less than five have been suppressed to maintain client confidentiality. Where there is only one number less than five in a category then two numbers have been suppressed to prevent back calculations from totals (e.g., <10).
6. Supporting data tables and charts can be accessed here: [CJIT Activity 2021/22: Supplementary data](#).

APPENDIX B: RATES OF CJIT CONTACTS PER 100,000 ADULT POPULATION IN MERSEYSIDE, 2021/22

In the year ending March 2022, 117.7 individuals per 100,000 adult population in Merseyside were assessed by one of the local CJITs. Of the five Merseyside LAs, St Helens had the second lowest number of individuals in contact with the CJIT in 2021/22, though the largest rate (141.8 per 100,000)<sup>7</sup>.



CJIT/LA	CJIT contacts (individuals)	
	Number	Rate (per 100,000 adult population)
Knowsley	146	120.5
Liverpool	470	120.0
Sefton	228	100.6
St Helens	208	141.8
Wirral	292	114.5
<b>Total Merseyside residents</b>	<b>1,344</b>	<b>117.7</b>

<sup>7</sup> Rates have been calculated using [mid-2021 population estimates](#) for each LA for adults aged 18 years or over. Figures show the residents of each of the CJIT areas (individuals only) i.e., St Helens residents recorded by St Helens CJIT.

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### ***About the Public Health Institute***

The Public Health Institute (PHI) specialises in applied research and educational programmes addressing health issues at all levels from policy development to service delivery. PHI is committed to a multidisciplinary approach to public health and works in partnership with health services, local authorities, judicial bodies, environmental services and community groups.

Influencing health service design and delivery, as well as health related policy, PHI's research has been at the forefront of the development of multi-agency strategies to promote and protect public health. PHI turns information and data into meaningful and timely intelligence.

### ***Public Health Intelligence Unit***

The Public Health Intelligence Unit (PHIU), based at PHI, provides data collection and monitoring systems to support public health reporting, evidence review, evaluation and research. The team have extensive experience across various data sets which contribute to the surveillance systems developed and managed by PHIU.

### ***DIP and criminal justice monitoring***

PHIU has been monitoring criminal justice interventions for offenders who use drugs and/or alcohol since the implementation of the Drug Interventions Programme (DIP) in 2003. The Institute is commissioned to deliver the intelligence and surveillance of data collected for clients in contact with DIP across Merseyside.

PHIU has access to Merseyside Police records for drug tests carried out for specified Class A drugs in the custody suites and the criminal justice data set, which collects information on clients in contact with the Criminal Justice Intervention Teams (CJIT) across Merseyside's treatment providers. PHIU matches the criminal justice data set with drug testing records across the five Merseyside local authority areas, using a client attributor. This enables the monitoring of performance, identifying when individuals have attended their Required Assessment and engaged with DIP, and highlight any issues with the DIP process.

PHIU collates and presents information through monthly and annual reports, and provides ad-hoc reporting in response to data requests. In partnership with commissioners, treatment providers and Merseyside Police, DIP monitoring in Merseyside has been continually developing to meet local needs.

