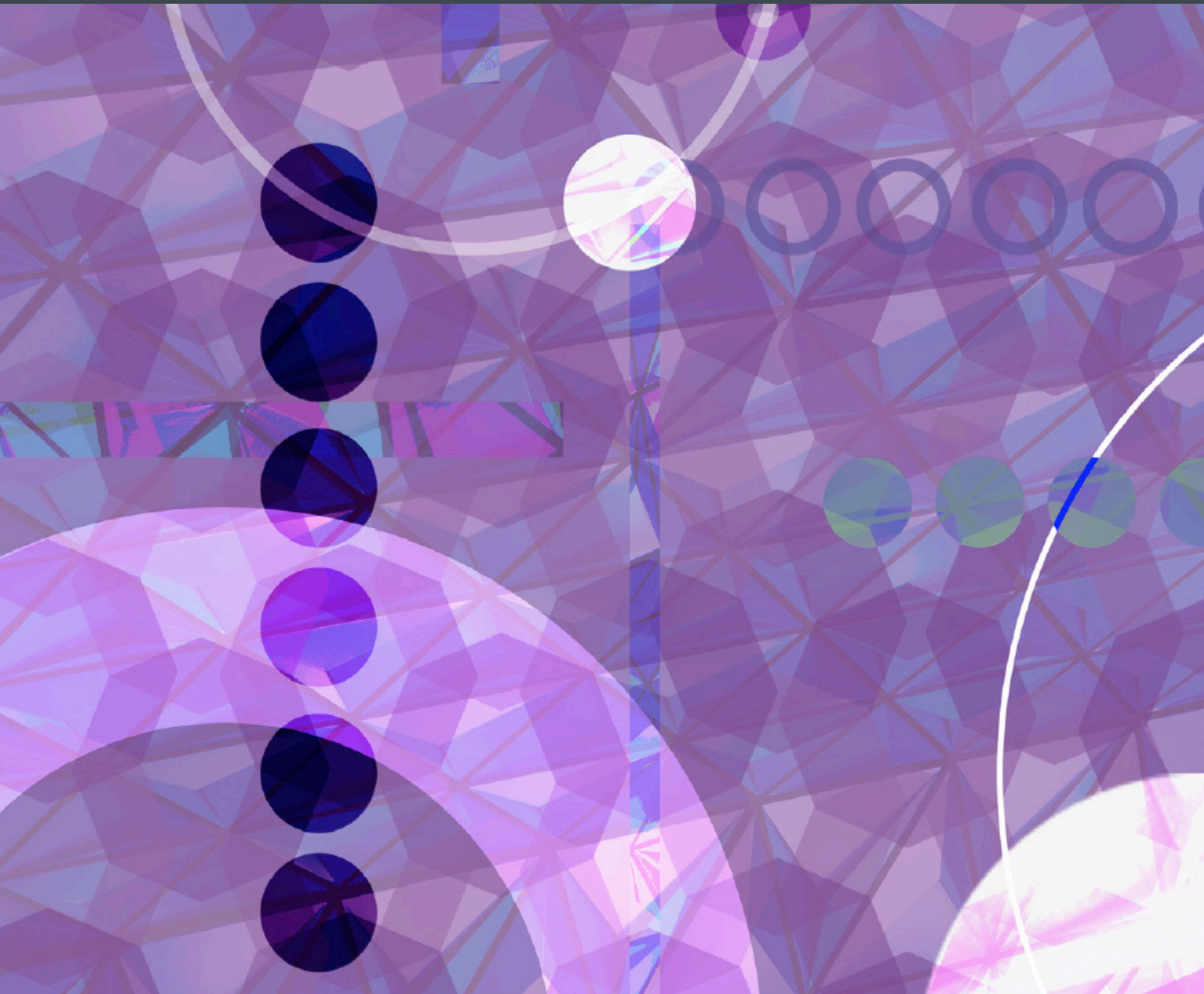


Criminal Justice Project

Criminal Justice Intervention Team Activity in Liverpool (2021/22)

Karen Critchley and Mark Whitfield



March 2023

Public Health Intelligence Unit, Public Health Institute, Faculty of Health, Liverpool John Moores University,
3rd Floor, Exchange Station, Tithebarn Street, Liverpool, L2 2QP

 www.ljmu.ac.uk/phi |  k.a.critchley@ljmu.ac.uk |  0151 231 4290 |  twitter.com/PHI_IMS

Key findings..... 2

Introduction 4

Overview 5

 Criminal justice routes in Liverpool..... 5

 Outcomes following criminal justice assessment..... 6

Liverpool residents..... 7

 Demographics 7

 Age and gender 7

 Ethnicity 8

 Disability 8

 Housing 9

 Safeguarding 9

 Substance use 10

 Substance type 10

 Route of administration..... 12

 Injecting status..... 12

 Naloxone 13

 Alcohol consumption 13

 Offending..... 14

 Interventions 16

 Referrals to structured treatment 16

 Recovery support sub-interventions 17

Appendices 18

 Appendix A 18

 Appendix B 18

References..... 19

Acknowledgements 19

- In the year ending March 2022, there were 512 adult contacts (480 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT). This is a 68% increase on the 304 CJIT contacts in the previous twelve-month period, when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic.
- Just over half (53%) of the CJIT contacts in 2021/22 were Required Assessments following a positive test for specified Class A drugs in a police custody suite, while around three in ten (28%) were voluntary presentations following release from prison and one in five (20%) were other criminal justice routes.
- Just under two-thirds (64%) of the Liverpool CJIT contacts in the year ending March 2022 were taken onto the CJIT caseload, while just over one-quarter (27%) did not want to engage. Four per cent were already case managed by a structured treatment provider, other CJIT or Offender Manager, 3% transferred prior to care plan and 2% did not require further intervention.

LIVERPOOL RESIDENTS

- The majority (98%) of Liverpool CJIT contacts in the year ending March 2022 were residents of Liverpool Local Authority area, which equates to 120.0 individuals per 100,000 adult population in Liverpool.
- Two in five (40%) individuals were aged 30-39 years, followed by individuals aged 40-49 years (28%), 18-29 years (18%) and 50 years or over (14%).
- Over four in five (83%) individuals in contact with Liverpool CJIT in the year ending March 2022 were men.
- Over nine in ten (94%) identified themselves as White British.
- Twenty (4%) Liverpool residents considered themselves to have a disability; of which, around half (48%) were behaviour and emotional and two in five (20%) were progressive conditions and physical health.
- While the majority reported no housing problem, around one in seven (15%) had some form of a housing problem, with around one in ten (9%) stating an urgent housing need due to being of no fixed abode.
- Around one in six (16%) had parental responsibility for a child aged under 18 years; of which, just under two in three (64%) had none of the children living with them the majority of the time.
- Of the main substances reported by Liverpool residents in the year ending March 2022, cocaine and heroin accounted for 36% of clients each, followed by alcohol (15%). Over half (55%) of the second substance was recorded as crack, while two in five (40%) of the third substance was recorded as alcohol.
- Just over two in five (42%) of the Liverpool CJIT contacts smoked their main substance, while just under two in five (38%) administered their main substance intranasally. Around one in six (16%) clients administered their main drug orally, followed by clients who injected their main substance (3%) and those who used other methods of administration (1%).
- Around four in five (79%) stated they had never injected, while just under one in five (18%) had previously injected but were not currently, and less than one in twenty (3%) were currently injecting.

- Around one-third (32%) of clients who reported an opioid as their main substance in 2021/22 were issued with naloxone; of which, just over three-quarters (77%) were supplied with injectable naloxone. Of the clients not issued with naloxone, around seven in ten (71%) were already in possession of adequate naloxone.
- Just over two in five (42%) men consumed alcohol in the 28 days prior to their CJIT assessment. Of these, around two in five (39%) consumed 7-15 units of alcohol daily, while three in ten (30%) consumed 16-24 units daily and around one-quarter (24%) consumed over 24 units daily.
- Around two in five (41%) women consumed alcohol in the 28 days prior to their CJIT assessment. Of these, one-third (33%) reported to consume over 24 units of alcohol daily, followed by around three in ten (31%) who consumed 16-24 units daily.
- Around three in ten (31%) offences were categorised as 'other' as the offence that prompted the current or most recent contact with the criminal justice system, followed by Misuse of Drugs Act offences (27%), wounding or assault (17%) and theft - other (12%).
- Of the clients taken onto the CJIT caseload, 159 (149 individuals) were referred to structured treatment in the year ending March 2022.
- There were 158 recovery support sub-intervention assessments (108 individuals) carried out in 2021/22 on clients on the CJIT caseload, with a total 333 sub-interventions delivered. Evidence-based psychosocial interventions to support relapse prevention and recovery check-ups accounted for the largest proportions of sub-interventions delivered in the twelve months ending March 2022 (36% and 32% respectively).

Although the Drug Interventions Programme (DIP) was decommissioned as a national programme by the Home Office in 2013, Liverpool 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 CJIT Activity report for Liverpool 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.¹

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.

Project ADDER (HM Government, 2021)

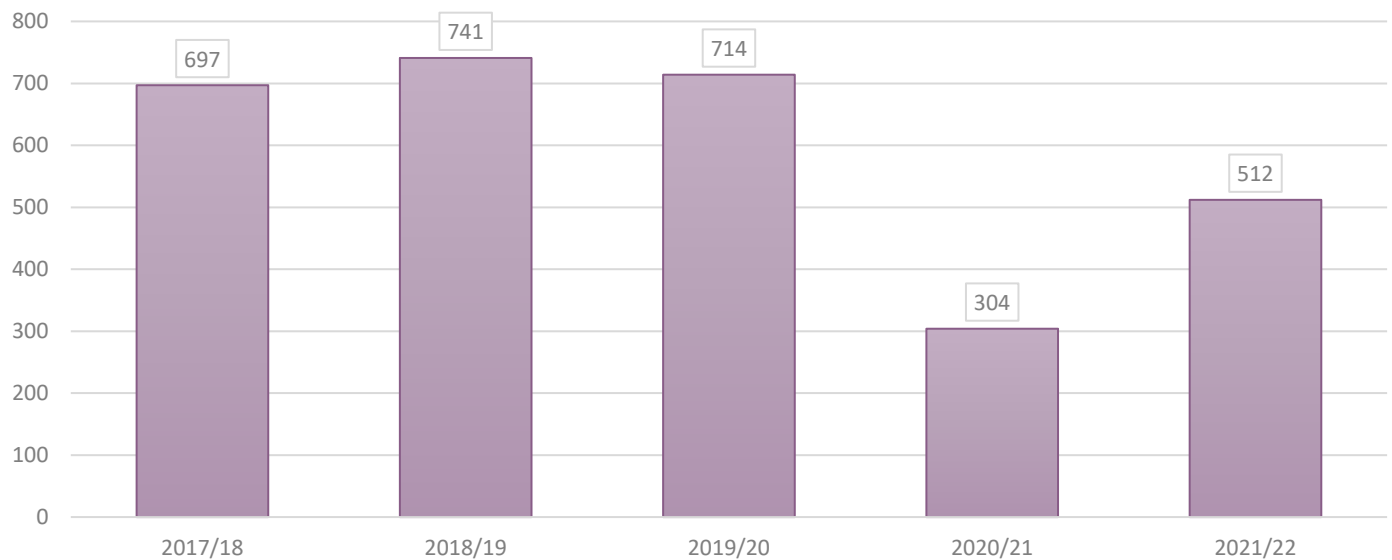
Project ADDER (Addiction, Diversion, Disruption, Enforcement and Recovery) is a joint Home Office and Department for Health and Social Care programme in England and Wales, bringing together partners such as the police, local councils and treatment services. Launched in January 2021 in five of the hardest hit areas, ADDER expanded to Liverpool Local Authority in July 2021. Its overarching aims are to reduce drug-related crime, drug-related deaths and drug prevalence.

¹ 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 512 adult contacts (480 individuals) recorded by Liverpool Criminal Justice Intervention Team (CJIT). This is a 68% increase on the 304 CJIT contacts in the previous twelve-month period (*Figure 1*), when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic. Notably, the number of CJIT contacts in 2021/22 remains below activity recorded pre-COVID-19. Furthermore, all Merseyside CJITs have seen an increase in the number of CJIT contacts in the year ending March 2022 when compared to the previous year.

Figure 1: Liverpool CJIT contacts, 2017/18 - 2021/22



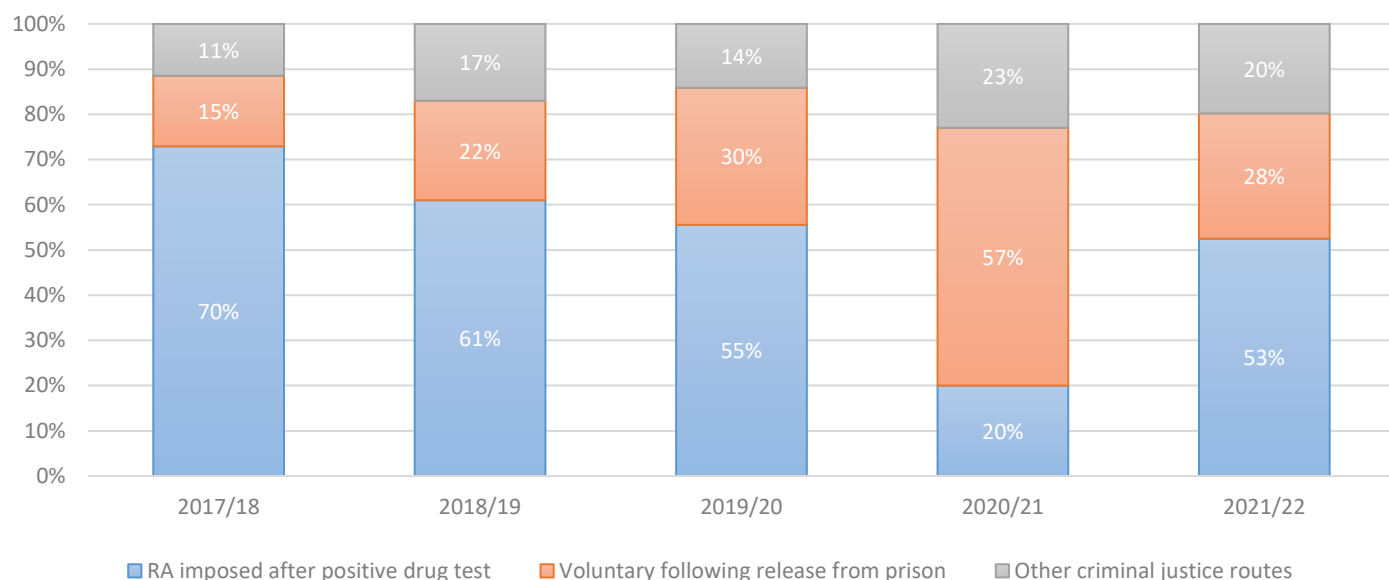
CRIMINAL JUSTICE ROUTES IN LIVERPOOL

Figure 2 shows the criminal justice routes that led to the contact with Liverpool CJIT between 2017/18 and 2021/22. Just over half 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=267, 53%), while around three in ten were voluntary presentations following release from prison (n=140, 28%) and one in five were other criminal justice routes (n=101, 20%)².

The proportion of RAs in the year ending March 2022 is a substantial increase on the previous twelve-month period (20%), when Merseyside Police suspended DIP drug testing in the custody suites for five months in response to the COVID-19 pandemic, though it is below the RA figures between 2017/18 and 2019/20. The proportion of clients who presented voluntarily following release from prison in 2021/22 is a decrease on the previous year (57%), though similar to 2019/20, while those who presented through other criminal justice routes are similar in both 2020/21 and 2021/22 (*Figure 2*). Furthermore, the proportion of clients who came into contact with Liverpool CJIT through the RA process in the year ending March 2022, is somewhat similar to the Merseyside figure (51%), while the proportion of CJIT contacts who presented voluntarily following release from prison is higher than the Merseyside total (22%) and the proportion of other criminal justice routes is lower than the Merseyside total (27%).

² Other criminal justice routes: Required by offender management scheme/DRR/ATR/IOM = 64; voluntary - other 16; Conditional Cautioning = 12; other <10; referred by treatment provider (post treatment) <5.

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

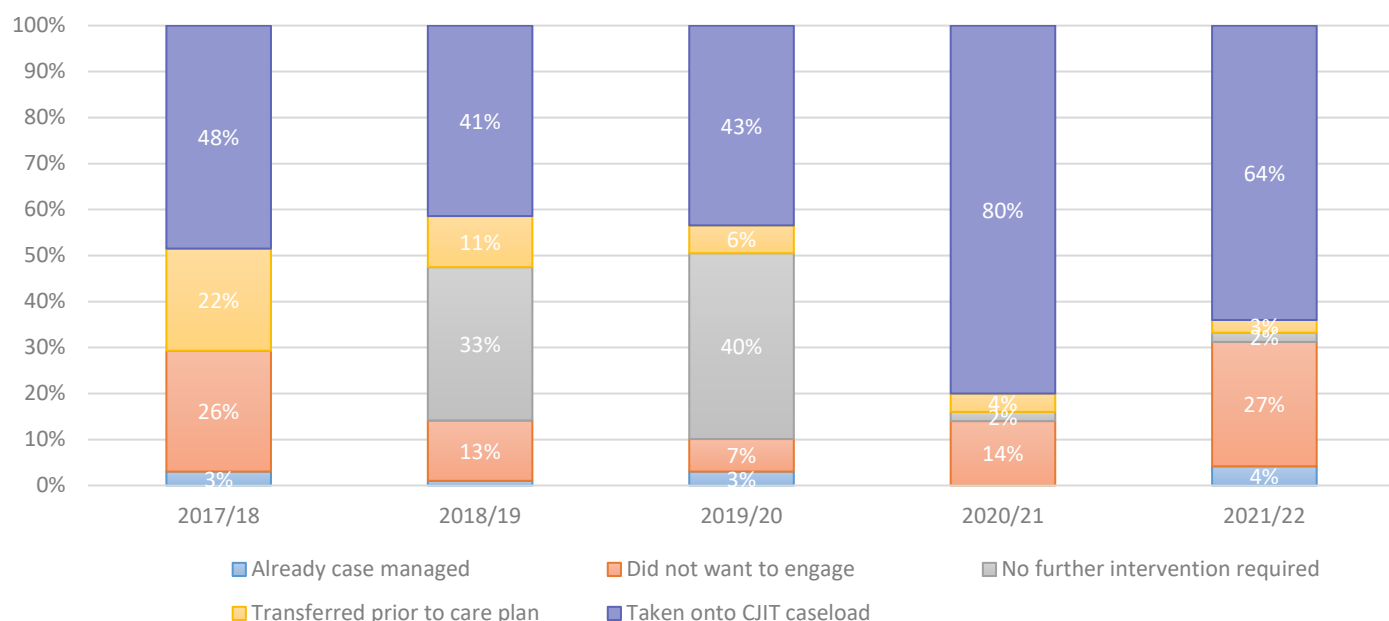


OUTCOMES FOLLOWING CRIMINAL JUSTICE ASSESSMENT

Just under two-thirds of the Liverpool CJIT contacts in the year ending March 2022 were taken onto the CJIT caseload (n=322, 64%), while just over one-quarter did not want to engage with the CJIT (n=136, 27%), 4% were already case managed by a structured treatment provider, other CJIT or Offender Manager (n=21), 3% transferred prior to care plan (n=14) and 2% did not require further intervention (n=10; *Figure 3*).

Although the proportion of clients taken onto Liverpool CJIT’s caseload in 2021/22 is a decrease on the previous year, it is the second largest proportion of clients taken onto the caseload of the five-year period (*Figure 3*) and is just above the Merseyside figure (61%). Notably, the proportion of clients who did not want to engage following an assessment in the year ending March 2022 has substantially increased when compared to the previous twelve-month period and is the largest proportion of the five-year period, as well as the largest of all the Merseyside areas (Merseyside total: 15%).

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



DEMOGRAPHICS

Of the 512 Liverpool CJIT contacts in the year ending March 2022, 501 (98%) were residents of Liverpool Local Authority (LA) area. The remainder of this report presents figures for Liverpool residents only.

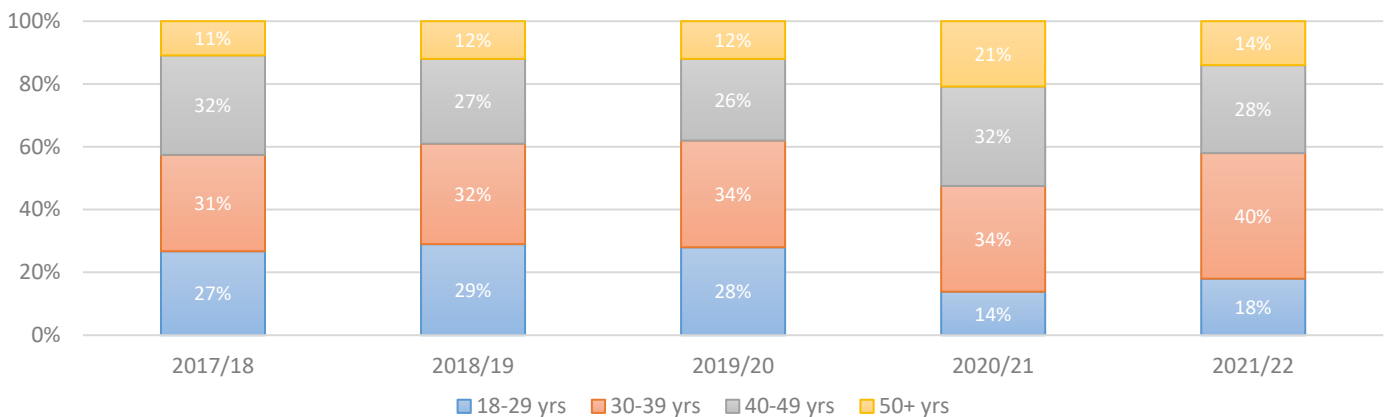
In the year ending March 2022, 120.0 individuals per 100,000 adult population in Liverpool LA were in contact with Liverpool CJIT, compared to 117.7 per 100,000 across Merseyside. This is the third largest rate of individuals in contact with a Merseyside CJIT of the five Merseyside areas (*Appendix B*).

AGE AND GENDER

Of the 501 Liverpool residents, there were 470 individuals. The median age was 37 years, which is similar to the previous two years (both 36 years). Looking at age groups, two in five individuals were aged 30-39 years (n=189, 40%), followed by individuals aged 40-49 years (n=130, 28%), 18-29 years (n=84, 18%) and 50 years or over (n=67, 14%; *Figure 4*).

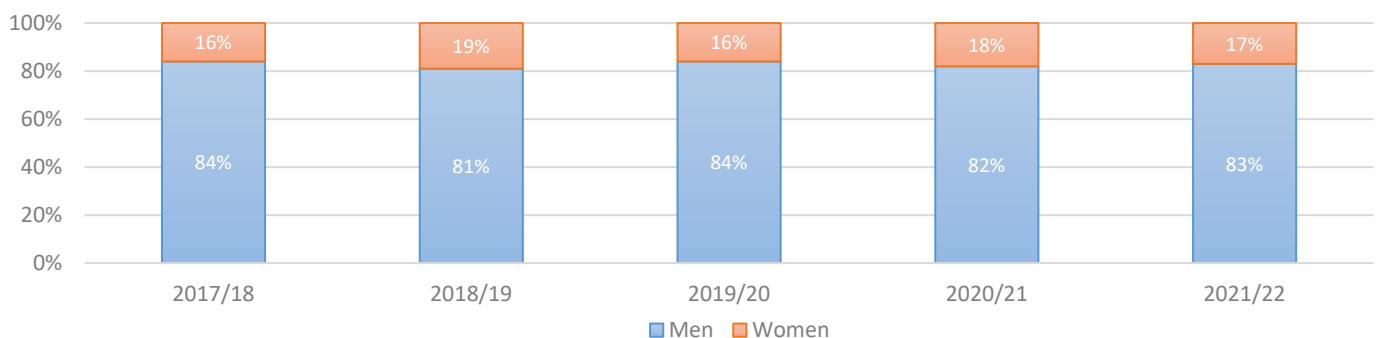
The proportion of individuals aged 30-39 years in 2021/22 is the largest of the five-year period and the second largest of the five Merseyside CJITs (Merseyside total: 39%), while the proportion of Liverpool residents aged 18-29 years in 2021/22 is the smallest across Merseyside (Merseyside total: 22%).

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



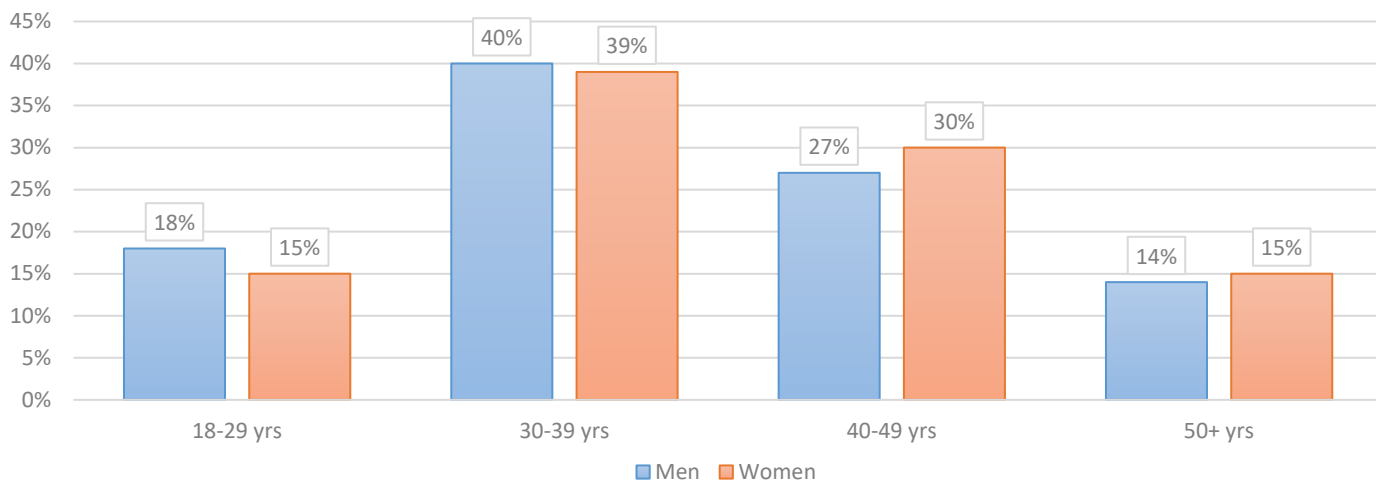
Over four in five individuals in contact with Liverpool CJIT in the year ending March 2022 were men (n=391, 83%; *Figure 5*). This is a slight increase on the previous twelve months and is the lowest proportion of men across Merseyside, joint with another CJIT (Merseyside total: 84%).

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



When comparing age group with gender, proportions in the year ending March 2022 are somewhat similar (*Figure 6*). However, there was a larger proportion of men than women aged 18-39 years (59% and 54% respectively), compared to a larger proportion of women than men aged 40 years or over (46% and 41% respectively).

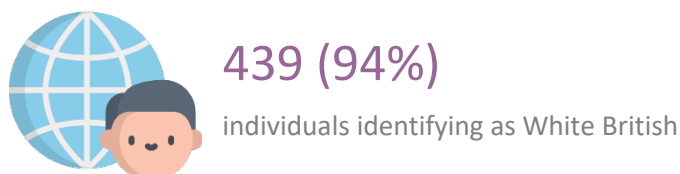
Figure 6: Age group and gender of Liverpool CJIT contacts (individuals), 2021/22



ETHNICITY

Over nine in ten Liverpool CJIT contacts in the year ending March 2022 identified themselves as White British (n=439, 94%; *Figure 7*). Although this is an increase on the previous three years, it is the lowest proportion of the five Merseyside CJIT areas (Merseyside total: 97%).

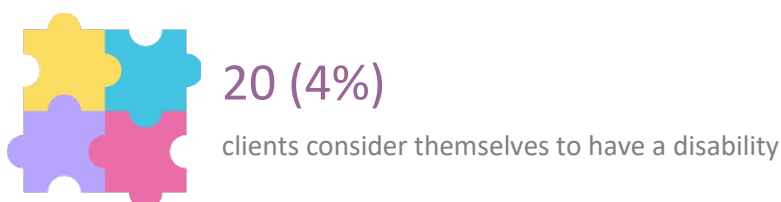
Figure 7: Ethnicity of Liverpool CJIT contacts (individuals), 2021/22



DISABILITY

Twenty (4%) Liverpool residents in 2021/22 considered themselves to have a disability (*Figure 8*). This is a lower proportion than the previous three years and is substantially lower than the Merseyside figure (28%). A total of 25 disabilities were recorded³; of which, around half were behaviour and emotional (n=12, 48%) and two in five were progressive conditions and physical health (n=5, 20%).

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

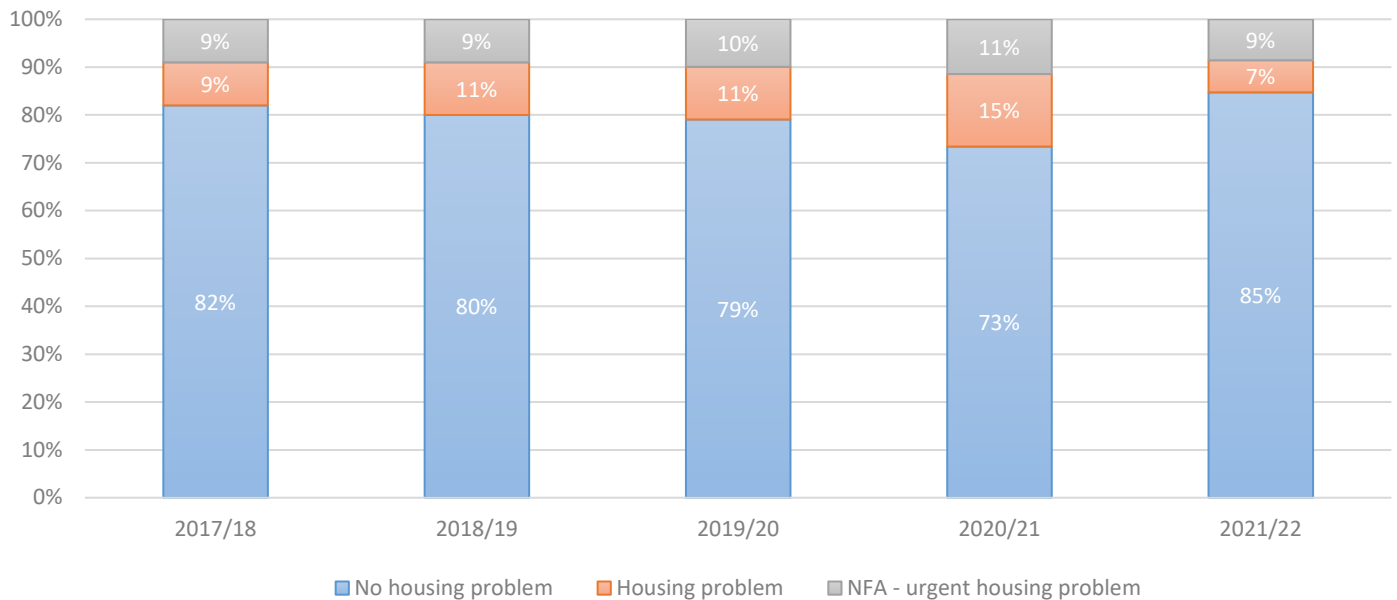


³ Please note that clients may have up to three disabilities recorded.

HOUSING

While the majority of the Liverpool CJIT contacts in the year ending March 2022 reported no housing problem, around one in seven had some form of a housing problem (n=66, 15%; *Figure 9*). This is the lowest proportion of clients reporting a housing problem of the five-year period, though it is similar to the Merseyside figure (17%). Meanwhile, the proportion of clients stating an urgent housing need due to being of no fixed abode (NFA)⁴ in 2021/22 (n=37, 9%) is similar to previous years and the Merseyside total (7%).

Figure 9: Housing need of Liverpool CJIT contacts, 2017/18 - 2021/22



SAFEGUARDING

In the year ending March 2022, 79 (16%) clients had parental responsibility for a child aged under 18 years (*Figure 10*). Although this is an increase on the previous twelve-month period (5%), it is lower than the Merseyside figure (20%). Just under two in three Liverpool CJIT contacts with parental responsibility had none of the children they are responsible for living with them the majority of the time (n=50, 64%), which is higher than the Merseyside figure (59%).

Figure 10: Parental status of Liverpool CJIT contacts, 2021/22



79 (16%)

clients with parental responsibility

⁴ 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.

SUBSTANCE USE

SUBSTANCE TYPE

Of the main substances reported by Liverpool residents in the year ending March 2022, cocaine and heroin accounted for 36% (n=179) each, followed by alcohol (n=73, 15%; *Figure 11*). There have been some changes in these proportions when compared to the previous year: the proportion of cocaine has increased, while the proportions of alcohol and heroin have decreased; however, these proportions are somewhat similar to earlier years. Notably, the proportions of alcohol and cocaine in 2021/22 are similar to the Merseyside figures (14% and 34% respectively), though the proportion of heroin is larger than the Merseyside figure (32%).

Figure 11: Main substances used by Liverpool CJIT contacts, 2017/18 - 2021/22

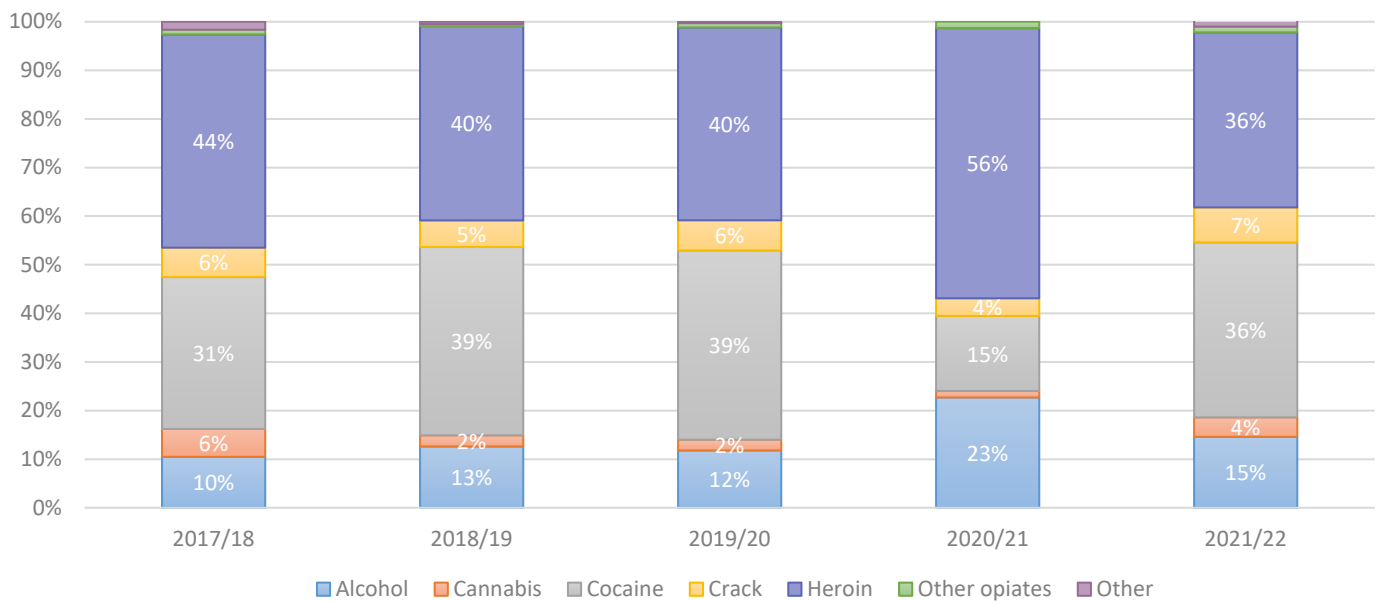


Figure 12 shows 2021/22 figures split by substance one, two and three. Over half of the second substance was recorded as crack (n=162, 55%), while two in five of the third substance was recorded as alcohol (n=23, 40%).

Figure 12: Substances 1-3 used by Liverpool CJIT contacts, 2021/22

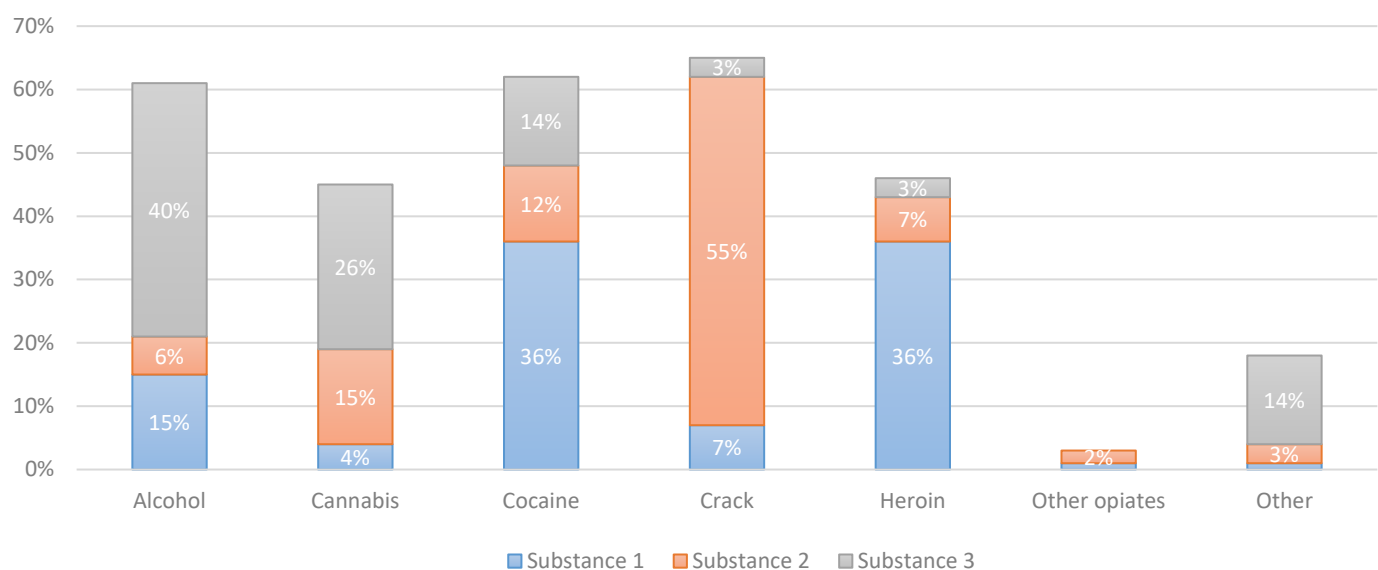


Figure 13 shows the proportions of the main substance by gender in the year ending March 2022. There was a larger proportion of alcohol recorded as the main substance by women (23%) when compared to men (13%), while there was a larger proportion of men who reported cocaine (38%) when compared to women (25%). Notably, proportions were similar between men and women for cannabis, crack, heroin and other opiates.

Figure 13: Main substance and gender of Liverpool CJIT contacts, 2021/22

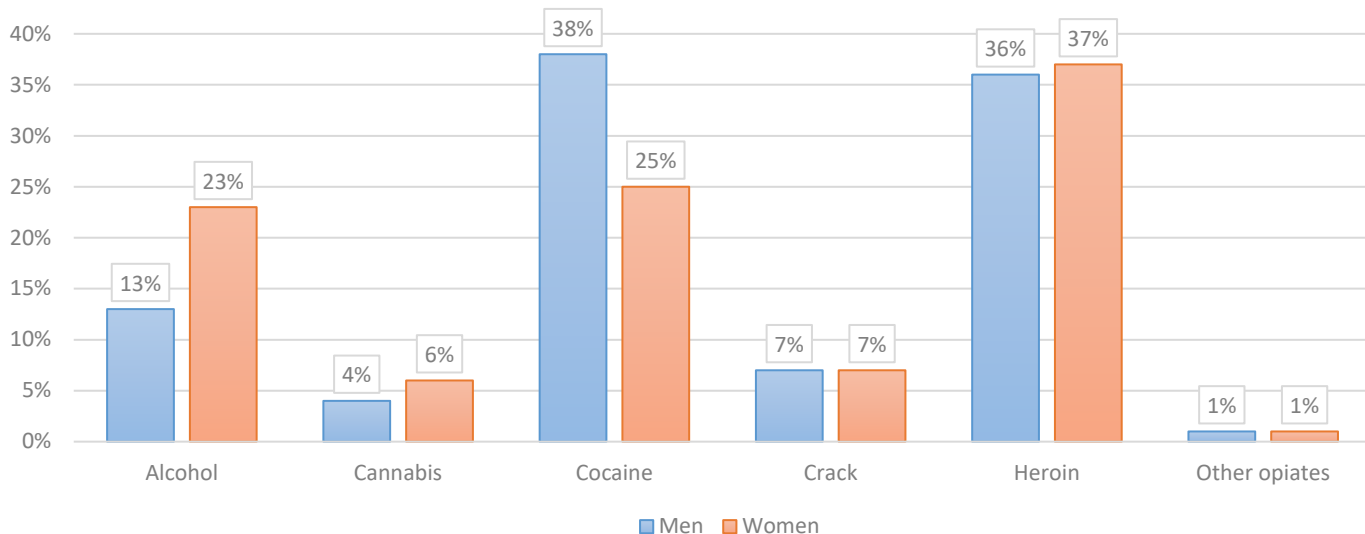
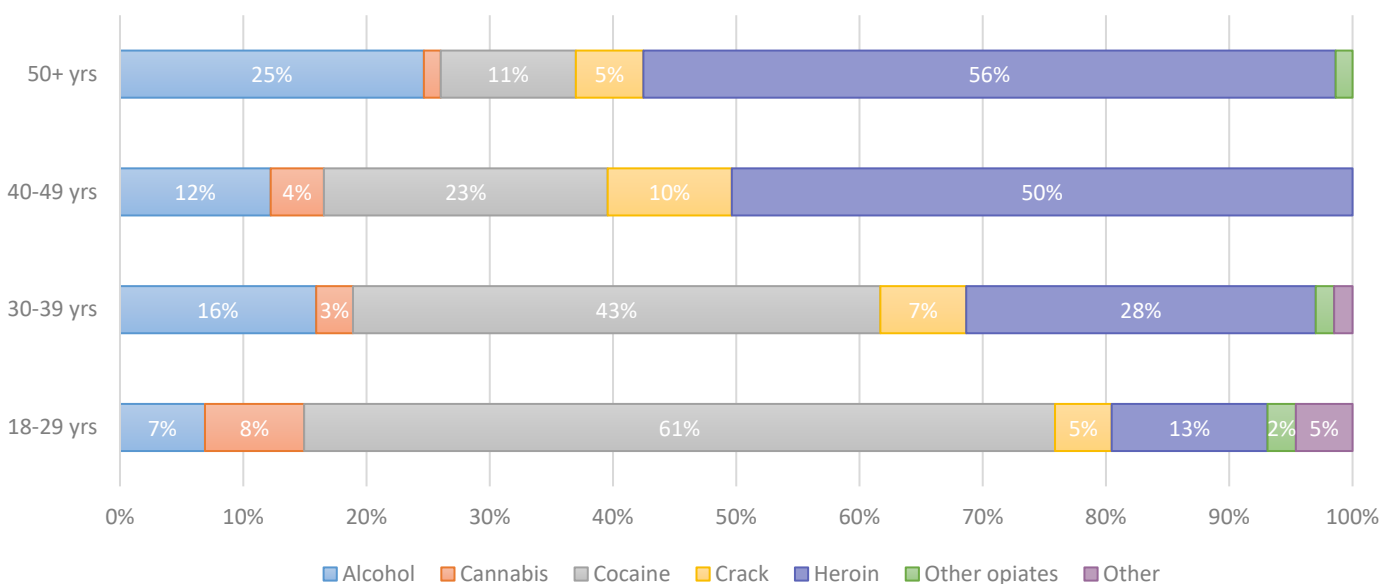


Figure 14 shows the proportions of the main substance for each age group in the year ending March 2022. Generally, there were larger proportions of cocaine recorded as the main substance in the younger age groups and larger proportions of heroin across the older age groups. Around three in five (61%) 18-29 year olds and just over two in five (43%) 30-39 year olds reported cocaine as their main substance, while proportions of heroin were highest for clients aged 40-49 years and 50 years or over (50% and 56% respectively). Furthermore, one-quarter (25%) of clients aged 50 years or over reported alcohol as their main substance.

Figure 14: Main substance and age group of Liverpool CJIT contacts, 2021/22

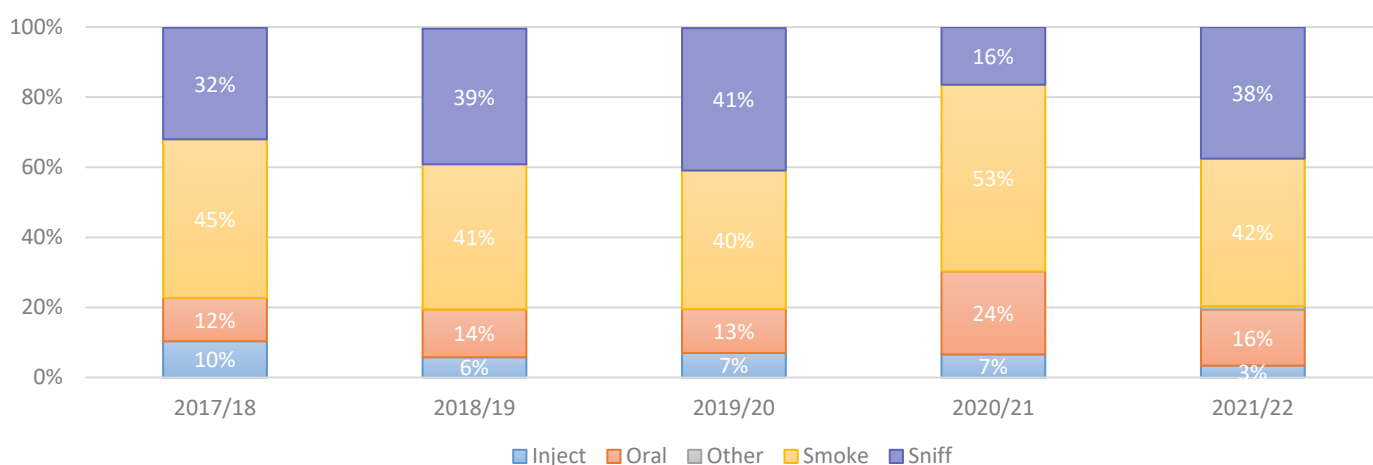


ROUTE OF ADMINISTRATION

The route of administration of the main substance is shown in *Figure 15*. In the year ending March 2022, just over two in five of the Liverpool CJIT contacts smoked their main substance (n=211, 42%), while just under two in five administered their main substance intranasally (n=188, 38%). Around one in six clients administered their main drug orally (n=80, 16%), followed by clients who injected their main substance (n=17, 3%) and those who used other methods of administration (n=5, 1%).

The proportion of clients in 2021/22 who smoked their main substance is a decrease on the previous year, though the same as the Merseyside figure, while the proportion who administered their main substance intranasally increased substantially on the previous year and is the largest proportion of clients who used this method of administration across Merseyside in 2021/22 (Merseyside total: 35%). Furthermore, the proportion of Liverpool residents who injected their main substance in the year ending March 2022 is the lowest of the five years presented in *Figure 15*.

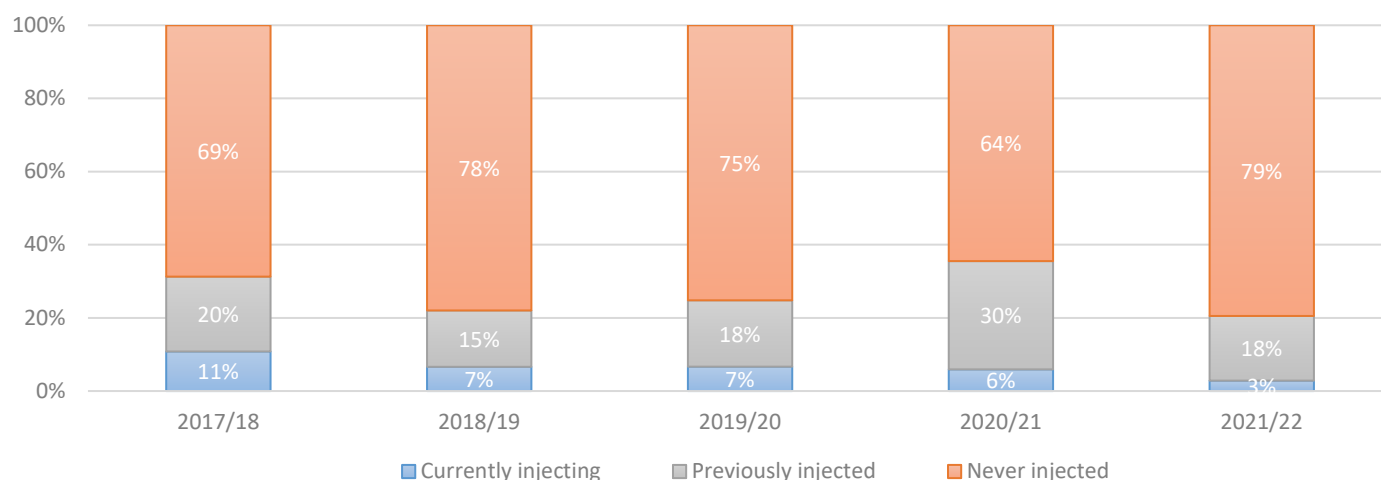
Figure 15: Route of administration of the main substance used by Liverpool CJIT contacts, 2017/18 - 2021/22



INJECTING STATUS

Around four in five Liverpool CJIT contacts in the year ending March 2022 stated they had never injected (n=391, 79%), while just under one in five had previously injected but were not currently (n=87, 18%), and less than one in twenty were currently injecting (n=14, 3%; *Figure 16*). The proportion of clients in 2021/22 who reported that they had never injected is the largest of the five-year period and higher than the Merseyside figure (76%).

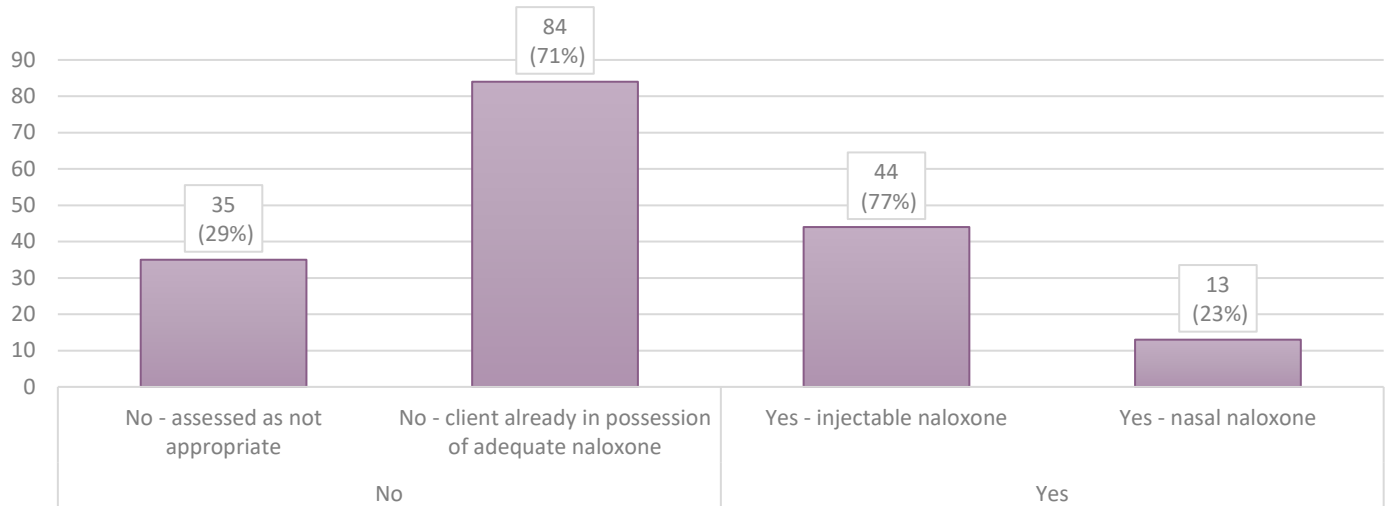
Figure 16: Injecting status of Liverpool CJIT contacts, 2017/18 - 2021/22



NALOXONE

Where recorded, around one-third of clients who reported an opioid as their main substance in 2021/22 were issued with naloxone (n=57, 32%) which is a smaller proportion than the Merseyside figure (37%). Of the 57 clients issued with naloxone, just over three-quarters were supplied with injectable naloxone (n=44, 77%), while of the 119 clients who were not issued with naloxone, around seven in ten were already in possession of adequate naloxone (n=84, 71%; *Figure 17*).

Figure 17: Issue of naloxone to Liverpool CJIT contacts who reported opiates as their main substance, 2021/22

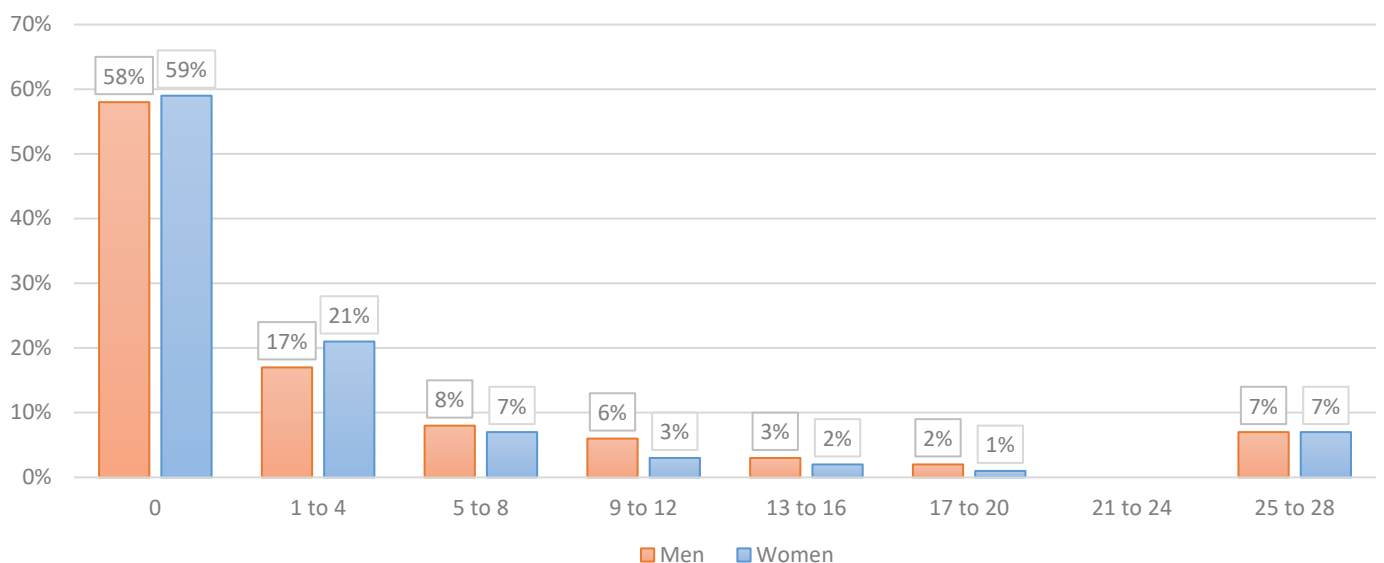


ALCOHOL CONSUMPTION

Figure 18 shows the number of days alcohol was consumed by Liverpool clients in the 28 days prior to their CJIT contact in the year ending March 2022. Just under three in five men did not consume alcohol (n=240, 58%), which is a decrease on the previous twelve-month period (66%), though the largest proportion of the five Merseyside areas (Merseyside total: 51%).

For women, around three in five did not consume alcohol in the 28 days prior to their CJIT contact in 2021/22 (n=51, 59%; *Figure 18*). Although this is a decrease on the previous year (61%), it is the largest proportion of women of the Merseyside CJITs who did not consume alcohol in the 28 days prior to their CJIT assessment in 2020/21 (Merseyside total: 50%).

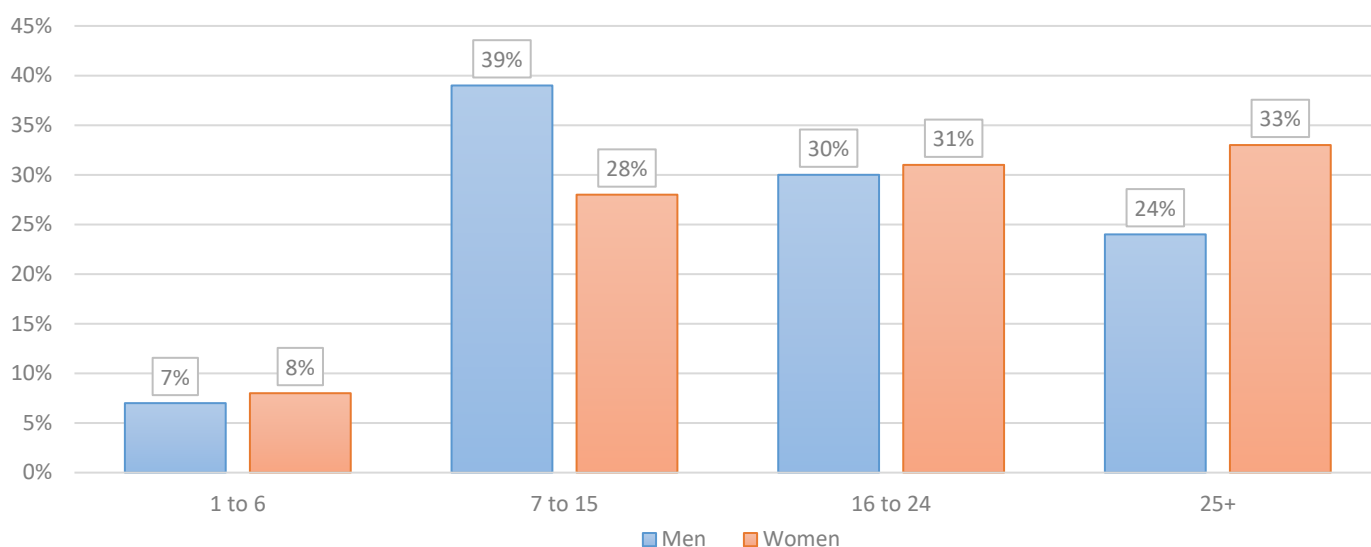
Figure 18: Number of drinking days in the 28 days prior to assessment for Liverpool CJIT contacts, 2021/22



The daily average number of units of alcohol consumed by Liverpool residents in the 28 days prior to CJIT contact in the year ending March 2022 are shown in *Figure 19*. Of the 174 men who consumed alcohol in the 28 days prior to their assessment, around two in five consumed 7-15 units of alcohol daily (n=67, 39%), while three in ten consumed 16-24 units daily (n=53, 30%) and around one-quarter consumed over 24 units daily (n=42, 24%). Just 7% of clients reported to consume 1-6 units of alcohol daily in 2021/22 (n=12), which is a lower proportion than the previous four years and the lowest proportion recorded by the five Merseyside CJITs (Merseyside total: 18%). Notably, the proportion of Liverpool residents who consumed over 24 units of alcohol daily in the year ending March 2022 is the second largest across Merseyside (Merseyside total: 21%).

Of the 36 women who consumed alcohol in the 28 days prior to their assessment in 2021/22, one-third reported to consume over 24 units of alcohol daily (n=12, 33%), while around three in ten consumed 16-24 units daily (n=11, 31%; *Figure 19*). Notably, the proportion of women who consumed over 24 units of alcohol daily is the largest of the five-year period and the largest proportion of the Merseyside CJITs (Merseyside total: 22%).

Figure 19: Number of units of alcohol (daily average) consumed by Liverpool CJIT contacts, 2021/22



OFFENDING

The offence that prompted Liverpool CJIT clients' current or most recent contact with the criminal justice system in the year ending March 2022 is shown in *Figure 20*. Around three in ten offences were categorised as 'other' (n=150, 31%), followed by Misuse of Drugs Act (MDA) offences (n=130, 27%)⁵, wounding or assault (n=84, 17%) and theft - other (n=59, 12%). The proportion of other offences is the lowest of the five Merseyside areas, joint with another CJIT (Merseyside total: 34%), while the proportion of MDA offences is higher than the Merseyside figure (23%). Notably, the proportions of theft - other and wounding or assault are the highest of the Merseyside CJITs (Merseyside totals: 7% and 15% respectively).

⁵ Just under nine in ten of the MDA offences were possession (n=114, 88%), while the remainder were supply (n=16, 12%).

Figure 20: Offence that prompted current or most recent contact with the criminal justice system for Liverpool CJIT contacts, 2021/22

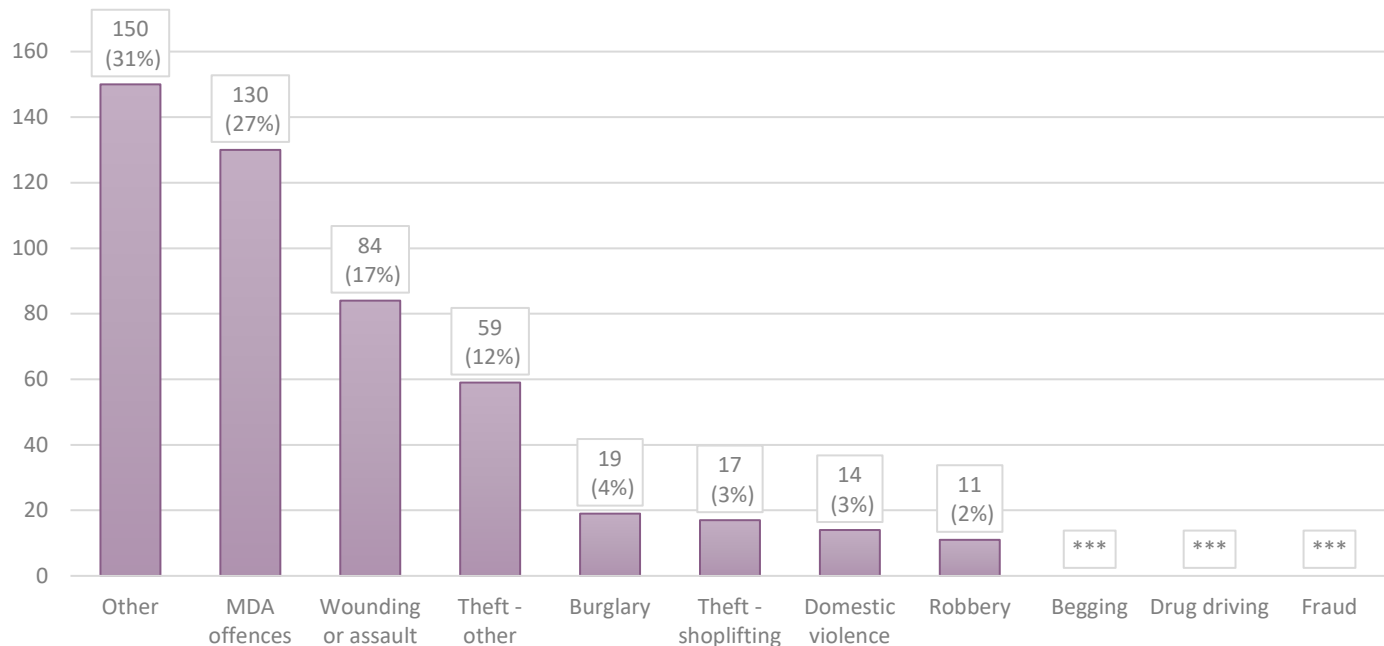


Figure 21 shows five-year trends of the main offending categories for Liverpool residents. In the year ending March 2022, the proportion of MDA offences increased on the previous year, though it is similar to earlier years, while other offences and theft - other are slight decreases when compared to the previous twelve-month period. The proportion of theft - shoplifting in 2021/22 is the lowest of the five-year period, while the proportion of wounding or assault is the largest.

Figure 21: Main offences that prompted current or most recent contact with the criminal justice system for Liverpool CJIT contacts, 2017/18 - 2021/22

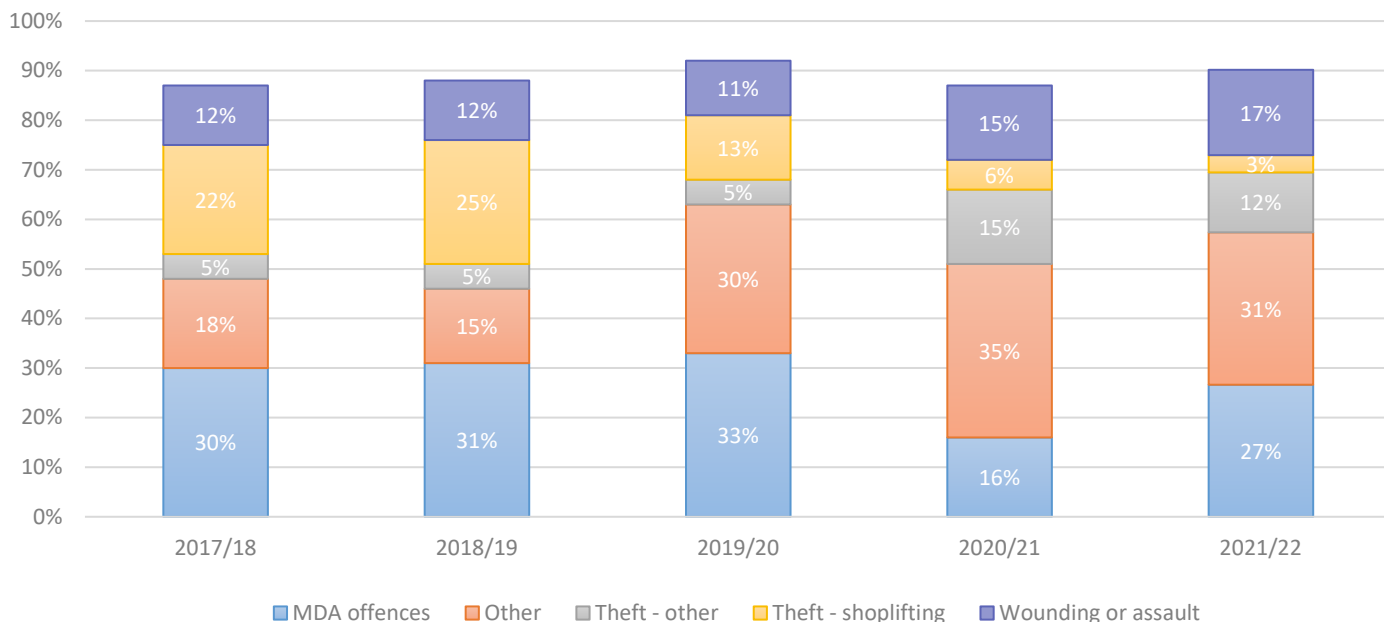
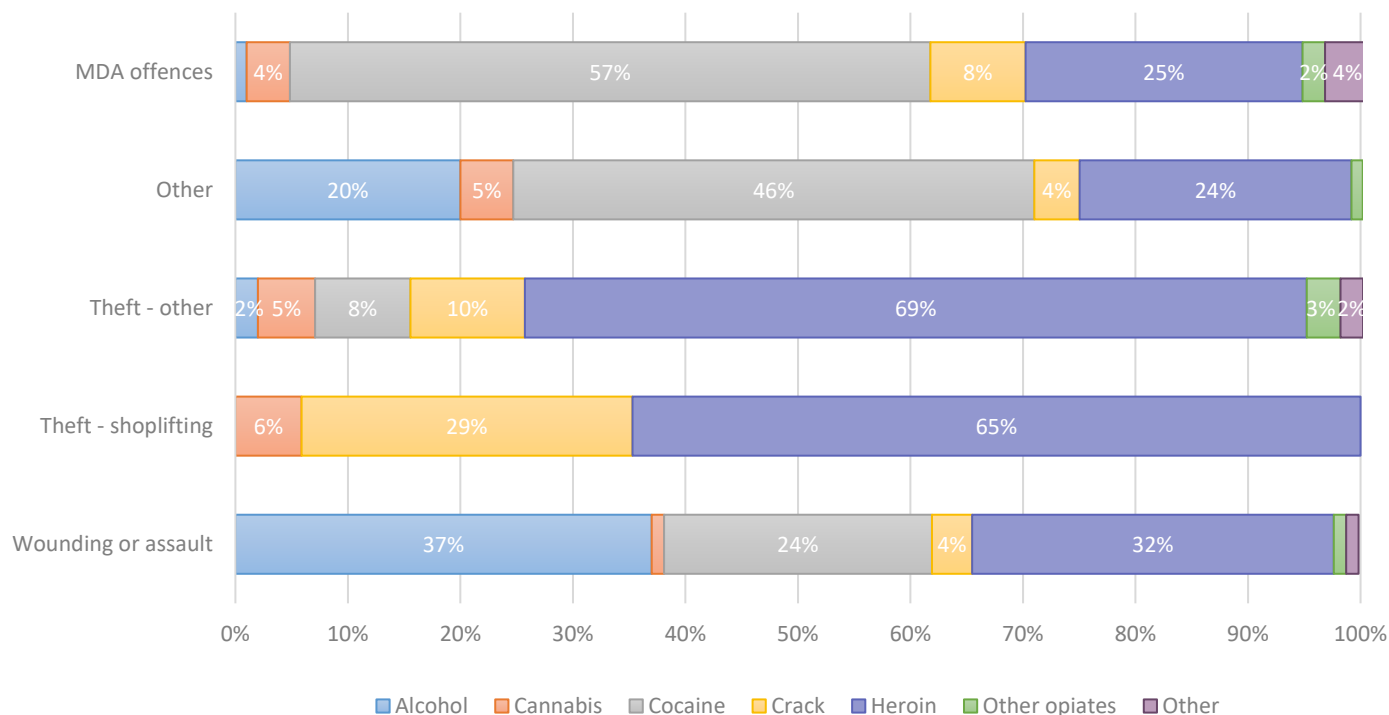


Figure 22 shows the proportions of the main substance for the most common offences recorded for Liverpool CJIT contacts assessed in the year ending March 2022. Alcohol recorded as the main substance was most prominent for those whose contact with Liverpool CJIT was prompted by wounding or assault (37%), followed by other offences (20%), while for cocaine it was MDA offences and other offences (57% and 46% respectively). Of the Liverpool residents whose contact with the CJIT was prompted by theft - other, around seven in ten (69%) reported heroin as their main substance, while for those prompted by theft - shoplifting, just under two-thirds (65%) reported heroin, followed by around three in ten (29%) who reported crack.

Figure 22: Main substance and offence of Liverpool CJIT contacts, 2021/22



INTERVENTIONS

REFERRALS TO STRUCTURED TREATMENT

Of the clients taken onto the CJIT caseload, 159 (149 individuals) were referred to structured treatment in the year ending March 2022 (Figure 23)⁶.

Figure 23: Referrals to structured treatment for Liverpool CJIT contacts, 2021/22



159

referrals to structured treatment



149

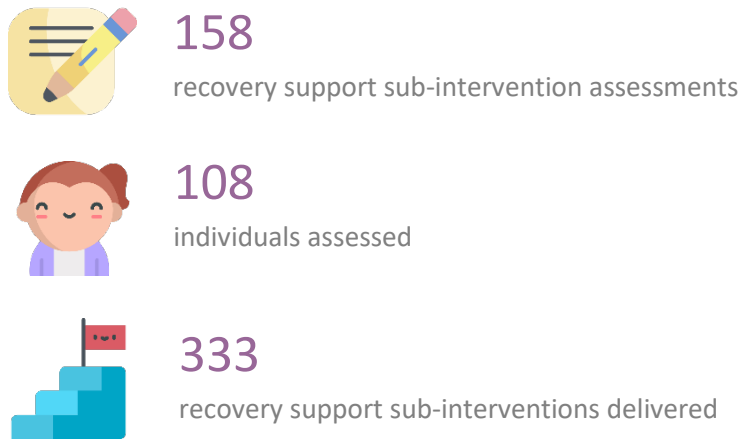
individuals

⁶ 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 23) or recovery support sub-intervention assessments (Figures 24 & 25) 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

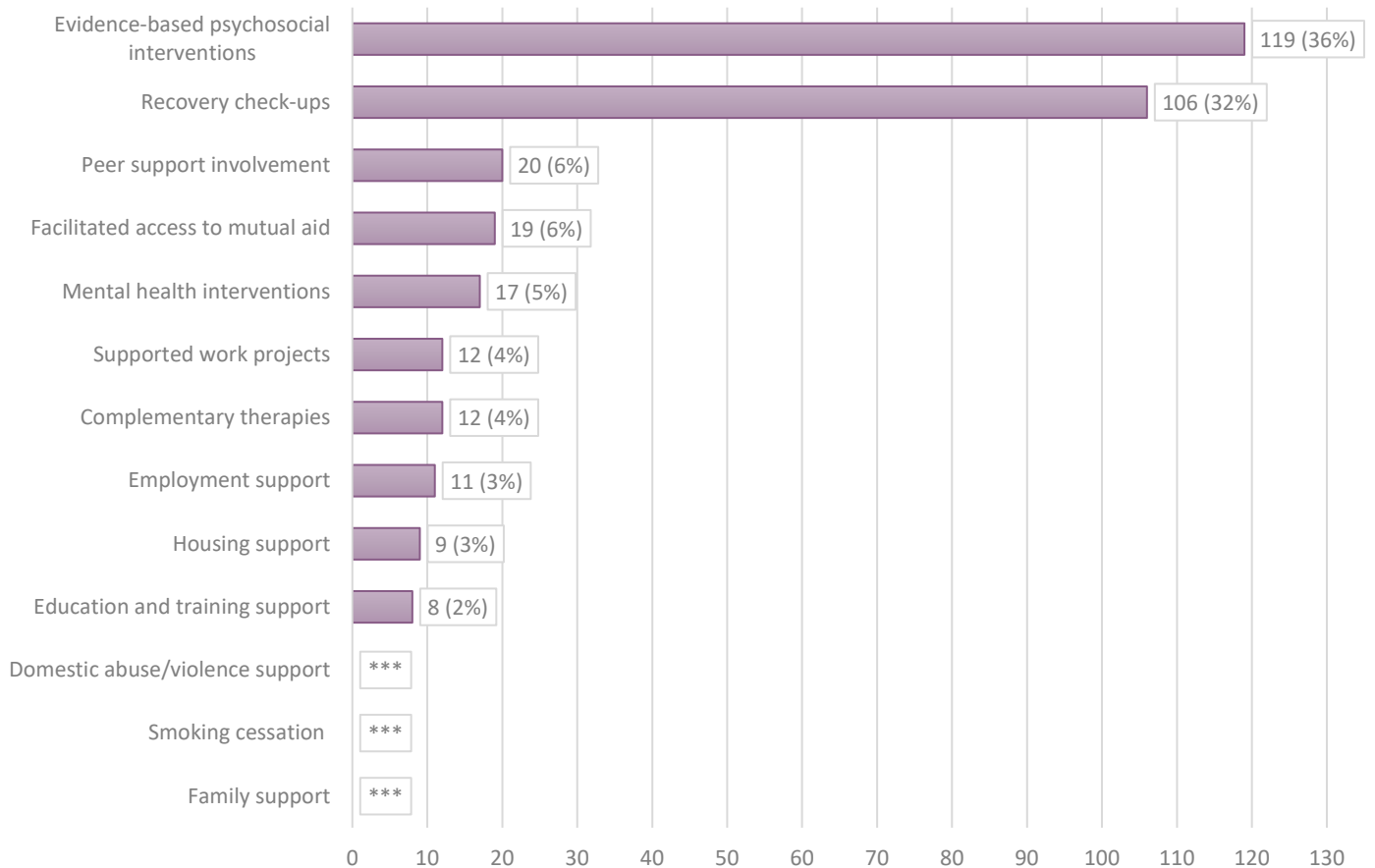
In the year ending March 2022, 158 recovery support sub-intervention assessments (108 individuals) were carried out on Liverpool residents on the CJIT caseload, with a total 333 sub-interventions delivered (*Figure 24*)⁶.

Figure 24: Recovery support sub-intervention assessments for Liverpool CJIT contacts, 2021/22



Of the total 333 recovery support sub-interventions delivered, evidence-based psychosocial interventions to support relapse prevention (n=119, 36%) and recovery check-ups (n=106, 32%) accounted for the largest proportions (*Figure 25*).

Figure 25: Recovery support sub-interventions delivered to Liverpool CJIT contacts, 2021/22



APPENDIX A: NOTES TO ACCOMPANY THIS REPORT

1. The overview chapter (*Figures 1-3*) are for all Liverpool CJIT contacts in the year, while all other figures (page 6 onwards) are for residents of Liverpool LA only, recorded by Liverpool 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. Although Liverpool had the highest number of individuals in contact with the CJIT in 2021/22, it did not have the largest rate (120.0 per 100,000)⁷.



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
Total Merseyside residents	1,344	117.7

⁷ 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., Liverpool residents recorded by Liverpool CJIT.

REFERENCES

Collins, B. J., Cuddy, K. and Martin, A. P. (2016). Assessing the effectiveness and cost-effectiveness of drug intervention programmes: UK case study. *Journal of Addictive Diseases*, vol. 36, pp.5-13. DOI: 10.1080/10550887.2016.1182299.

Collins, P., Critchley, K. and Whitfield, M. (2017). *Criminal Justice Project: Drug Interventions Programme - Re-offending of clients testing positive for class A drugs across Merseyside*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2017_10_criminal_justice_project_drug_interventions_programme_re_offending_of_clients_test.pdf [accessed October 2022].

Cuddy, K., Collins, P., Whitfield, M. and McVeigh, J. (2015). *DIP Merseyside: An Evaluation of DIP's Impact on Offending*. Liverpool: Public Health Institute, Liverpool John Moores University. Available at: https://www.ljmu.ac.uk/~media/phi-reports/pdf/2015_09_dip_merseyside_an_evaluation_of_dips_impact_on_offending.pdf [accessed October 2022].

HM Government (2022). *From harm to hope: A 10-year drugs plan to cut crime and save lives* [online]. Available at: <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives#> [accessed October 2022].

HM Government (2021). *About Project ADDER* [online]. Available at: <https://www.gov.uk/government/publications/project-adder/about-project-adder> [accessed October 2022].

Home Office (2011). *Drug Interventions Programme Operational Handbook*. London: Home Office. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118069/DIP-Operational-Handbook.pdf [accessed October 2022].

Public Health England and Ministry of Justice (2017). *The impact of community-based drug and alcohol treatment on re-offending*. London: Public Health England and Ministry of Justice. Available at: http://www.drugsandalcohol.ie/28059/1/PHE-Community_based_drug_and_alcohol_treatment.pdf [accessed October 2022].

ACKNOWLEDGEMENTS

With thanks to the drug and alcohol treatment provider in Liverpool and the commissioners at Liverpool City Council for their continued support. Thanks also to Rosie Schofield at the Public Health Intelligence Unit for their help in proof reading this report.

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.

