

# DIP Merseyside

## An Evaluation of DIP's Impact on Offending

August 2015

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978-1-910725-06-1 (web)

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## FOREWORD

I was very pleased to be asked to write this foreword to the Centre for Public Health's follow-up to their March 2013 report "An Evaluation of DIP's Impact on Offending in Merseyside". The primary aim of Drug Intervention has always been to reduce crime and the importance of engaging offenders in treatment to break the re-offending cycle cannot be over emphasised. The funding landscape that Drug Interventions occupies is a rapidly changing one. No longer benefitting from a central grant as a truly national programme, it is for individual police forces to decide to what extent they wish to involve themselves and to fund it from their own budgets.



Merseyside Police have been involved with DIP since its inception and tests are conducted in all the Force's Custody Suites and, although overall test totals have dropped in line with a reduction in arrests not just in Merseyside but throughout the UK, Merseyside Police still has some of the highest test totals in England and Wales. This research by the Centre for Public Health shows significant reductions in offending by those persons who provided a positive drug test with the most significant reductions being evident amongst those deemed to commit the greatest number of offences.

This report will be of great interest to those of you working in the fields of criminal justice and drug treatment.

*RAWebster.*

Sergeant Richard Webster  
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## EXECUTIVE SUMMARY

Previous reports on this topic produced by the Centre for Public Health (CPH) have provided evidence that coming into contact with the Drug Interventions Programme (DIP) process has a measurable positive impact on clients' offending. The aim of this report was to build on those findings (with a larger cohort of clients to ensure the ongoing robustness of the study) and also to examine whether certain variables relating to clients critically influenced offending more than others. It should further be noted that this report is focused on one of the primary aims of DIP; to reduce offending, and that it is not the intention of the report to make any suggestion about the impact of DIP intervention on the health or drug use of clients.

Findings illustrate that across Merseyside, contact with the DIP process as a whole has an extremely positive impact on offending. The client group examined showed a reduction of 49% in their volume of offending in the 12 months post contact with DIP compared to the 12 months pre contact, a reduction that exceeded the proportions seen among cohorts in all previous reports. The findings also suggest that these levels of reduction are to a degree dependent on the level of DIP involvement with the highest reductions in proportions of offending seen among those clients who had some level of DIP contact following their initial arrest and positive drug test. The data shows the benefits of clients receiving a care plan as a result of their DIP contact, with these clients significantly less likely either re-present to DIP or go to prison in the future than those who were not care planned. Moreover, clients who had meaningful contact with DIP teams post positive test (i.e. undergoing assessments with DIP workers) were significantly less likely to offend in the future than those without DIP contact.

High Crime Causing Users (HCCU's) showed greater reductions in the proportions of their offending (61%) than the overall cohort and this study has shown that the majority of these HCCU's were in the community for the 12 months following their test. This reduction in offending among HCCU's was not seen in a previous national study on DIP, highlighting both the value of the work carried out with this group by all partners in Merseyside and the value to the wider community that DIP has also had.

Overall, the report shows that the DIP process and contact with both Merseyside Police and DIP teams contributes substantially to reducing offending at all levels and demonstrates the continued worth of both Test on Arrest and DIP to the overall criminal justice system. It is hoped that this report will inform Merseyside Police, DIP teams and both public health and commissioning teams within councils as to the effectiveness of the DIP programme in reducing offending among drug using individuals.

## KEY POINTS

- Across Merseyside, individuals' trigger offending (both number of offences and seriousness) was significantly lower in the 12 months following their positive test compared to the 12 months before. The pattern was repeated in all five Merseyside areas examined. In addition, the overall volume of offending among clients in the group reduced by 49% post DIP positive drug test, indicating that involvement with the criminal justice system and the initial stages of the DIP process (drug testing) has an extremely positive effect on trigger offending. This reduction far exceeds those in previous iterations of this report produced at CPH (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b; Cuddy et al, 2013) and also surpasses findings from a Home Office paper (Skodbo et al, 2007) which reported that the overall volume of offending in a cohort of DIP clients nationally reduced by 26% post DIP positive drug test.
- Findings continue to suggest that across Merseyside, clients' offending reduces substantially on DIP involvement but the levels of reduction in offending are not ultimately dependent on the level of this involvement. There were significant reductions in both numbers of arrest occasions and seriousness of offending for clients within the three outcomes groups following their positive test, with those either assessed or care planned (i.e. having a meaningful DIP contact) actually showing higher reductions in the proportions of their offending than those in the no further DIP contact group.
- There were also significant differences in the scale of reductions between the three outcome groups. The assessed and care planned outcome groups saw significantly higher reductions in the number of offences when compared with the no further DIP contact group. This is contrary to the findings in previous iterations of this report, which showed greater reductions in offending among the no further DIP contact group. This finding points to the increased success that meaningful contact with DIP has had on offending behaviour as the programme has progressed.
- There were significant reductions in both the number of offences committed by individuals and the seriousness of their offending in the 12 months following their positive test (compared to the 12 months pre-test) in all three offending categories (low, medium and high) on Merseyside. Findings nationally from the aforementioned Home Office paper (Skodbo et al, 2007) reported substantial reductions in offending following DIP contact for individuals in both the low and medium crime causing categories but also reported that those in the high crime causing category were less likely to see reductions in their offending rates. This finding was also supported by Best et al (2010) in their study on high crime causing users in Coventry. This study showed an entirely different pattern on Merseyside for high crime causing users which mirrored the findings seen in previous studies for Merseyside (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b; Cuddy et al, 2013). Clients across Merseyside who were in the high offending category (those with a matrix score of over 10) showed significantly greater reductions in the number of offences committed and severity of offending than the medium and low offending groups, a finding not seen in either the national study or that from the West Midlands which is overwhelmingly positive from a DIP perspective in the area.

- Previous iterations of this report postulated that with clients from the high offending group making up a substantial proportion of the no further DIP contact group, it was likely that the large reductions in their offending were due to them spending considerable time in prison during the follow up time period. With increased access to police data for this report, we were able to analyse the high offending clients in far more detail and findings were positive from a DIP perspective. Over 60% of the high offending group did not spend any time in prison in the 12 months post-test and indeed only 21% spent in excess of 3 months in prison post-test. Furthermore, the highest reductions in proportions of offending among the high offending group was seen in those who spent no time in prison in the 12 months post-test, with their 61% reduction far exceeding the average of the overall cohort. The findings for these high level offenders are extremely encouraging and demonstrate the success of both DIP and the criminal justice system as a whole in dealing with the offending behaviour of these clients.
  
- In contrast to previous editions of this report, all areas in Merseyside showed far greater reductions in offending among their high offending groups compared to the other two offending groups. This finding is extremely positive, and with only a limited proportion of this reduction down to individuals being in prison, it serves to show that the criminal justice system in Merseyside is having the desired effect on offending behaviour in all areas.
  
- There were significant reductions in both the number of offences committed and the seriousness of offending for clients who had either a positive or negative outcome of their care plan with DIP, with reductions in offending greater among those who exited DIP successfully. The significant reductions observed among those who did not exit DIP successfully were not seen in previous reports, but it is encouraging that once a client engages with DIP, their offending will reduce significantly, regardless of the outcome of their treatment journey. On a national level, the Drug Treatment Outcomes Research Study (DTORS) highlighted that clients who were retained in treatment reported significant and substantial reductions in both their drug use and offending (Jones et al, 2009). In addition, a National Treatment Agency (NTA) study found that clients who successfully completed treatment were less likely to need treatment in later years, with over half of these (57%) not returning to treatment (NTA, 2010). These studies emphasise how important it is for individuals to complete their treatment and the subsequent impact it has on reducing their criminality and it is encouraging to also see this trend among Merseyside clients who complete their treatment journey.
  
- Across Merseyside there was no significant relationship between the length of time on the DIP caseload and levels or seriousness of offending. In addition, changes in offending were seen regardless of drug use (with similar reductions in both the number and seriousness of offending for individuals testing positive for cocaine only, opiates only or both cocaine & opiates). There were, however, significant differences seen in the scale of reductions in both the number of arrests and seriousness of offending among those who tested positive for opiates only, something which was not the case among positive testers for cocaine only or for both cocaine &

opiates. The largest reductions among opiate users were seen among the no further DIP contact group and their levels of offending were actually lower than those who were care planned in the 12 months post-test.

- Regression analysis demonstrated that prolificacy of offending pre-test was an accurate predictor of future offending, as was gender, with males more likely to re-offend than females, mirroring the findings of the Ministry of Justice in their compendium on offending (Ministry of Justice, 2013). In addition, the data predicted that the older a client was, the greater their propensity to re-offend and teams need to be acutely aware of this finding. Older clients are far more likely to be problematic drug users than their younger counterparts (Howarth & Duffy, 2012) and research has shown the complex relationship that exists between chronic health and social issues and offending behaviour for this group (Beynon et al, 2009).
- Regression analysis also predicted that clients who tested positive for either cocaine only or for both cocaine & opiates following their positive test were significantly less likely to offend in the future. Previous research has shown that the vast majority of the cocaine users will not have had any previous contact with the criminal justice system (Howarth & Duffy, 2010), highlighting the benefit of the DIP process in tackling both the drug use and offending behaviour of these individuals at an early stage to ensure less recidivism.
- Findings show that measurable factors of both future DIP contact and clients' likelihood of going to prison post-test had a significant effect on offending outcomes in Merseyside as a whole. Clients who were care planned as a result of their positive test were significantly less likely to either go to prison or have any further DIP contact in the 12 months post-test than those in the other two outcome groups. Research has shown the substantial benefits to society of retaining clients in treatment (Jones et al, 2009; Donmall et al, 2012) and this finding, combined with that of significantly greater reductions in offending for clients who are care planned re-enforces that point.
- Data from all areas, with the exception of Wirral, showed that their assessed groups were mostly cocaine users whose re-offending was low compared to the other outcome groups. For cocaine only clients in all of these areas, there were no significant differences seen in the reductions in either numbers of arrest occasions or seriousness of offending between those assessed only and those that were care planned. This outlines that cocaine using clients may not need an extra level of DIP intervention that care planning provides to influence their levels of offending in these areas, rather the initial intervention at arrest stage may be sufficient.
- In both Knowsley and Wirral, reductions in both numbers and seriousness of offending were greater among the care planned group than among those assessed or those with no further DIP contact. This suggests that care planning in both of these areas does have a more positive impact on offending than either of the other two outcome groups, though it should be noted that the demographic of clients care planned in both areas was by in large young males testing positive for powder cocaine, a demographic that is less likely to re-present by its very nature (Howarth & Duffy, 2010).

- By contrast, Liverpool, Sefton & St Helens had reductions in both numbers and seriousness of offending which were greater among the assessed and no further DIP contact groups than those who were care planned. This finding should be a particular cause for concern in Sefton where the demographic of care planned clients was largely young male cocaine users who by their nature should be less likely to re-present. In contrast, it should be noted that the majority of clients coming onto the DIP caseload in both Liverpool and St Helens were opiate users whose lifestyle may be chaotic as a result of their drug use. The fact that this client group is showing a substantial reduction in its offending behaviour (albeit not as great as the other two outcome groups) in both Liverpool and St Helens is positive as research has shown both the time needed and the difficulties initially encountered in working with chaotic users (Darke, 2011).
  
- The assessed group in Wirral were much older than their counterparts in all other areas. This can be explained by referencing the treatment system in place at the time of this report, where there were two major treatment providers working independently of each other, ARCH Initiatives (who dealt with DIP) and Wirral Drug Service (WDS). Inter-agency policy dictated that when an individual was arrested and tested under DIP, but was a WDS client, they would be assessed by an ARCH worker and then referred back to WDS to have their treatment need re-evaluated accordingly. With a substantial number of these WDS clients being long term drug users and known to treatment services, their demographic is much older and different from the assessed group profile in all other areas.

## INTRODUCTION

There is plenty of evidence worldwide to suggest that drug users commit more crimes when under the influence of drugs than when they are not (Ball et al, 1983, Nurco, 1998). The link between drug use and acquisitive crime is also well established through research (Hayhurst et al, 2013) and addressed within UK Government policy through their drug strategies. Research has demonstrated high levels of drug use among prison populations (Singleton et al, 1999, Liriano and Ramsey, 2003) and arrestees (Holloway and Bennett, 2004, O'Shea et al, 2003) and also high levels of offending among drug treatment samples (Gossop et al, 1998). Acquisitive crime aside, drug misusers frequently come into contact with the Criminal Justice System as the use of illegal drugs makes them liable for arrest (Gossop, 2005). Goldstein's economic necessity model postulated that drug users would offend in order to fund their drug use (Goldstein, 1985) and that reducing drug use should result in a reduction in crime, therefore justifying drug treatment on more than just health grounds.

With regard to drug treatment, there have been two main models which have developed; voluntary and coerced, both with a measure of success. The Drug Treatment Outcomes Research Study (DTORS) was a multi-site, longitudinal study, which evaluated drug treatment across England and found that drug treatment was effective in reducing the harmful behaviours associated with drug use (Jones et al, 2009; Donmall et al, 2012). The study also reported reductions in acquisitive crime; 40% of participants reported having committed an acquisitive crime in the four weeks prior to their interview for the study. This had reduced to just 16% at second follow up stage, which was 11-13 months after their interview. Powell et al (2010) in their study of clients on Drug Treatment and Testing Orders (DTTO) looked at those who had entered coerced treatment between 2000 and 2002. They found that 61% of the sample had reduced their offending when comparing the numbers of offences in the two years prior to commencing the order with the two years post commencement.

The Drug Interventions Programme (DIP) was developed as part of the 2002 Updated Drugs Strategy to break the link between drugs and crime and minimise the harm caused to individuals and society as a whole. Its aim was to develop and integrate measures for directing adult drug-misusing offenders into drug treatment and reducing offending behaviour. The programme sought to bring together both criminal justice agencies and treatment providers, as well as government departments and Drug (& Alcohol) Action Teams (D(A)ATs) to provide tailored solutions for drug misusers who commit crime to fund their drug use (particularly Class A drug users) from arrest, court, sentencing and prison, through to post-prison and post-treatment situations (Skodbo et al, 2007). The programme was expanded in 2006 with the introduction of Tough Choices (The National Archives, 2005) which introduced three new elements into DIP: testing on arrest, required initial assessments and restriction on bail. The intention of Tough Choices was to broaden the scope of early intervention and make it harder for drug using offenders to resist assessment and treatment. As a strategy, DIP contains a coercive strand in the initial phase and develops to become voluntary as the intervention continues.

There is substantial evidence to suggest that clients in the DIP process reduce their offending. In their study on a national level, Skodbo et al (2007) examined offending patterns among a cohort of over 7,000 individuals and found

that the overall volume of offending was reduced by 26% following their contact with the DIP process through a positive drug test. Moreover, around half of the cohort showed a decline in offending of around 79% in the six months following DIP contact. They also noted, however, that offending levels increased following DIP contact for around a quarter of positive testers and that “high crime causing users” saw no reduction in their levels of offending post DIP contact. While these results are broadly encouraging in relation to the effectiveness of DIP, it is important to note that an underlying assumption was made within the study; that a positive test alone would be sufficient to produce a change in offending levels, as there was no examination in the report of what level of intervention the clients actually received following their positive test and the potential impact this may have had. There was also no control group in place for the study meaning that it was not possible to attribute the reduction in offending solely to DIP intervention. For example, the impact of arrest is not explored in the study to see if this was a driver in individuals’ propensity to not re-offend.

This lack of control group was also a limitation in a Home Office study evaluating Criminal Justice Integrated Teams (CJIT) undertaken over a two year period (Home Office, 2007). Interviews with staff across 20 CJIT sites were undertaken and focussed on those who were involved in setting up, managing or delivering CJIT interventions. In addition to this, CJIT clients were also recruited for the study and interviewed across three time periods; 468 were interviewed one to three months after entering the scheme, 512 three to six months after entry and finally 430 between six and nine months after entering the scheme. However, only 209 participants were interviewed on all three occasions. While a decrease in offending was noted among clients recruited into the study, this outcome could not be compared over time due to the lack of a control population; therefore it could not definitively be stated that CJIT intervention was the main reason for this decrease.

As previously mentioned, reducing offending behaviour is one of the main stated aims of DIP. In its 2013 compendium on re-offending, the Ministry of Justice found that offenders receiving conditional discharges in 2010 had lower re-offending rates than those who received community orders in the same year (5.1% lower), showing that more serious offenders are more likely to re-offend (Ministry of Justice, 2013). A process for effectively dealing with more serious offenders, and also an examination of DIP’s effectiveness in dealing with these clients was studied by Best et al (2010) in their evaluation of a project undertaken by West Midlands Police and Coventry DIP accessing High Crime Causing Users (HCCU). Both organisations came together to create an enhanced treatment delivery service for a group of HCCU, termed quasi coercive treatment and involving more intensive therapeutic work with clients and also more intensive police scrutiny. These clients were compared to a control group of HCCU who received the standard interventions through engagement with DIP. Clients who received the enhanced service showed marked reductions in the number of arrests from the year prior to quasi coercive treatment (average of 55%), a reduction not seen among the control group, where offending rates remained similar. It should be noted also that the majority of HCCU’s targeted had previously failed to engage with DIP or mainstream treatment services so the effectiveness of this quasi coercive approach is encouraging and backs up findings from McSweeney et al (2007) in their study on the aforementioned strands of treatment (voluntary and coerced). It also re-enforces the point made by Best et al (2008) who argued that for primary offenders who use drugs, more coercive components of

interventions may be more effective in “gripping” this client group in the treatment process and that voluntary DIP intervention may not be enough.

This report will present an analysis of the data across Merseyside in the first instance and also analysis for each area, with the exception of Liverpool, for whom reporting priorities differ from the other areas. This document should not be read in isolation but in conjunction with other reports detailing through put and trends around the drug using population in Merseyside (Cuddy & Duffy, 2011a; Cuddy & Duffy, 2011b, Howarth & Duffy, 2012). This report is not only intended as an information resource for both D(A)ATs and Merseyside Police but also as a prompt for further investigation. Many key points will require more in depth investigation to fully explain the trends highlighted.

## MERSEYSIDE

Overall, there were 1,558 Merseyside residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 636 went on to be assessed by the DIP teams, 574 went on to be care planned, while 348 had no DIP contact following their initial positive test.

## OFFENDING

**TABLE M1: MERSEYSIDE RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=1,558)</b>	2.5828	1.3184	<b>1.2644</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=636)</b>	2.2390	1.0597	<b>1.1793</b>	<b>p &lt; 0.05</b>
<b>Care Planned (n=574)</b>	2.4303	1.2613	<b>1.1690</b>	
<b>No further DIP Contact (n=348)</b>	3.4626	1.8851	<b>1.5775</b>	

The overall volume of offending of Merseyside residents in the sample reduced by 49.0% post DIP positive drug test. There was also a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences pre and post-test, although the proportional reduction in offending for this group was lower than that of the other two (Assessed 52.7%, Care Planned 48.1% and No further DIP contact 45.6%). There were also significant differences between the three groups in the change in number of offences pre to post-test.

**TABLE M2: MERSEYSIDE RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=1,558)</b>	6.6149	3.1746	<b>3.4403</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=636)</b>	5.9513	2.6525	<b>3.2988</b>	<b>ns</b>
<b>Care Planned (n=574)</b>	6.2317	3.0383	<b>3.1934</b>	
<b>No further DIP Contact (n=348)</b>	8.4598	4.3534	<b>4.1064</b>	

*ns=not significant*

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post-test. There were however no significant differences between the three groups in the seriousness of their offending pre to post-test.

## OFFENDING CATEGORIES

**TABLE M3: MERSEYSIDE RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre-test	12 months post-test			
<b>Low Offending Group (n=836)</b>	1.1089	0.6112	<b>0.4977</b>	<b>p &lt; 0.001</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=464)</b>	2.7909	1.6358	<b>1.1551</b>	<b>p &lt; 0.001</b>	
<b>High Offending Group (n=258)</b>	6.9845	3.0388	<b>3.9457</b>	<b>p &lt; 0.001</b>	

When examining individuals by offending groups, there were significant reductions in the number of offences in all three groups in the 12 months post-test compared to pre-test. There was also a significant difference between the three offending groups in the reduction of the number of offences committed in the 12 months following their positive test compared to the 12 months pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences.

**TABLE M4: MERSEYSIDE RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
<b>Low Offending Group (n=836)</b>	3.0060	1.5179	<b>1.4881</b>	<b>p &lt; 0.001</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=464)</b>	7.2392	3.9009	<b>3.3383</b>	<b>p &lt; 0.001</b>	
<b>High Offending Group (n=258)</b>	17.1860	7.2364	<b>9.9496</b>	<b>p &lt; 0.001</b>	

When examining individuals by offending group, there were significant reductions in the seriousness of offences committed in all three groups in the 12 months post-test compared to pre-test. There was also a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months following their positive test compared to the 12 months pre-test. Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## HIGH OFFENDING GROUP

**TABLE M5: MERSEYSIDE RESIDENTS HIGH OFFENDING GROUP – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
No Prison Stay (n=160)	6.2813	2.4750	<b>3.8063</b>	<b>p &lt; 0.001</b>	ns
Short Term Prison Stay (n=44)	8.4773	4.3636	<b>4.1137</b>	<b>p &lt; 0.001</b>	
Long Term Prison Stay (n=54)	7.8519	3.6296	<b>4.2223</b>	<b>p &lt; 0.001</b>	

*ns=not significant*

There were significant reductions seen among the number of offences committed by these high offenders in all three prison outcome groups in the 12 months post-test compared to the 12 months pre-test. The greatest reductions were seen among those who had a long term prison stay in the 12 months post-test; however the most substantial proportional reductions among high offenders were seen in clients who had no contact with the prison service in the 12 months post-test, with these clients showing a 61% reduction in their volume of offending, far higher than that of the overall cohort in the report (49%) and the reduction for the high offending group overall (56%).

**TABLE M6: MERSEYSIDE RESIDENTS HIGH OFFENDING GROUP – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
No Prison Stay (n=160)	15.9625	6.2437	<b>9.7188</b>	<b>p &lt; 0.001</b>	ns
Short Term Prison Stay (n=44)	19.6591	9.7273	<b>9.9318</b>	<b>p &lt; 0.001</b>	
Long Term Prison Stay (n=54)	18.7963	8.1481	<b>10.6482</b>	<b>p &lt; 0.001</b>	

*ns=not significant*

There were significant reductions seen in the seriousness of offending committed by high offenders in all three prison outcome groups in the 12 months post-test compared to the 12 months pre-test. The greatest reductions among high offenders were seen among those who had a long term prison stay in the 12 months post-test, however those clients who had no contact with the prison service in the 12 months post-test showed the most substantial proportional reductions in the seriousness of their offending (61%).

## CARE PLANNED CLIENTS

**TABLE M7: MERSEYSIDE RESIDENTS CARE PLANNED (OUTCOMES) – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
<b>Positive Outcome (n=403)</b>	2.2680	1.0868	<b>1.1812</b>	<b>p &lt; 0.001</b>	<b>ns</b>
<b>Negative Outcome (n=149)</b>	2.7383	1.7987	<b>0.9396</b>	<b>p &lt; 0.001</b>	

*ns=not significant*

There were significant reductions in the number of offences committed in the 12 months post-test compared to pre-test for clients who exited the DIP caseload with a positive outcome but also for those who exited with a negative outcome. Analysis also showed there were no significant differences between the two groups in the change in the number of offences pre to post-test. Additional analysis was undertaken removing those care planned clients with a negative outcome from the overall analysis detailed in Table M1 (pg 18), to ensure that this group of clients were not adversely affecting indications of offence reduction in comparison to the other two identified groups (No DIP Contact, Assessed). The pattern seen in Table M1 was unaltered as a result of this.

**TABLE M8: MERSEYSIDE RESIDENTS CARE PLANNED (OUTCOMES) – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
<b>Positive Outcome (n=403)</b>	5.9082	2.7122	<b>3.1960</b>	<b>p &lt; 0.001</b>	<b>ns</b>
<b>Negative Outcome (n=149)</b>	6.8255	4.0940	<b>2.7315</b>	<b>p &lt; 0.001</b>	

*ns=not significant*

There were significant reductions in the seriousness of offences committed in the 12 months post-test compared to pre-test for clients who exited the DIP caseload with a positive outcome and also for those who exited with a negative outcome. Further analysis showed there was no significant difference between the two groups in the change in the seriousness of their offending pre to post-test. However, analysis showed that removing clients who had a negative outcome from the Care Planned group did not change the pattern seen in Table M2 (pg 9) where those with no DIP contact post positive test had the greatest reductions in the seriousness of offences pre to post-test.

## TIME ON CASELOAD

Additional tests also showed that length of time on caseload was not significantly associated with level of reduction in offending.

## OFFENDING (COCAINE ONLY)

Among offenders who tested positive for cocaine only there was a significant reduction in both the number of trigger offences committed in the 12 months post-test compared to pre-test and in the seriousness of offending over the same time periods. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in both numbers of offences committed and seriousness of offending. However, there were no significant differences between the three outcome groups when analysed (see Tables M9 & M10).

## OFFENDING (OPIATES ONLY)

Among offenders who tested positive for opiates only, there was a significant reduction in both the number of offences committed in the 12 months post-test compared to pre-test and in the seriousness of offending over the same time periods. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in both the number of offences committed and seriousness of offending. There were also significant difference between the three groups in the reduction in both numbers of offences pre to post-test and seriousness of offending pre to post-test (see Tables M11 & M12).

## OFFENDING (COCAINE & OPIATES)

Among offenders who tested positive for both cocaine and opiates, there was a significant reduction in both the number of offences committed in the 12 months post-test compared to pre-test and in the seriousness of offending over the same time periods. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in both the number of offences committed and seriousness of offending. There was no significant difference between the three groups however in either the reduction in numbers of offences pre to post-test or in the seriousness of their offending pre to post-test (see Tables M13 & M14).

## OFFENDING (GENDER)

There were significant differences in the reduction in the number of offences committed in the 12 months post-test compared to pre-test for females and males. In addition, there were significant differences in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test for both females and males. However, there were no significant differences between the two groups in either the reduction in numbers of offences pre to post-test or in the seriousness of their offending pre to post-test (see Tables M15 & M16).

## **OFFENDING (AGE)**

There were significant reductions in the number of offences committed in the 12 months post-test compared to pre-test for all age groups when examined individually (see Table M17). Those individuals aged between 45 and 49 years of age showed the most substantial reduction in the number of offences committed. However, there were no significant differences between the age groups in the reduction in numbers of offences pre to post-test.

There were also significant reductions in the seriousness of offences committed in the 12 months post-test compared to pre-test for all age groups when examined individually (see Table M18). Those individuals aged between 18 and 24 years of age showed the most substantial reduction in the seriousness of offences committed. However, there were no significant differences between the age groups in the reduction in seriousness of offending pre to post-test.

## **PREDICTORS OF FUTURE OFFENDING**

Regression analysis was carried out to investigate predictors of future offending among the overall client group. Age was a significant predictor of future offending in that the older a client was, the more likely they were to re-offend, as was gender, with males more likely to re-offend than females. In addition, the prolificacy of clients' offending pre-test was a significant predictor of future offending as was the likelihood of clients reducing their offending in the future should they test positive for either cocaine or both cocaine and opiates following a drug test. However, neither being assessed or care planned, nor testing positive for opiates were significant predictors of future offending.

## **COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS**

There were significant differences found when comparing the three groups from the overall sample (Assessed, Care planned, No further DIP Contact) in terms of age, drug use, alcohol consumption, prison contact, future DIP contact and type of offence. There was, however, no significant difference found when comparing the three groups from the overall sample in terms of gender (see Table M19). The potential influence of these differences on overall findings regarding offending is outlined in detail in the key points section.

## KNOWSLEY

There were 97 Knowsley residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 28 went on to be assessed by the DIP team, 49 went on to be care planned, while 20 had no further DIP contact following their initial positive test.

## OFFENDING

**TABLE K1: KNOWSLEY RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=97)</b>	2.2784	1.0412	<b>1.2372</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=28)</b>	2.5000	1.2143	<b>1.2857</b>	<b>ns</b>
<b>Care Planned (n=49)</b>	2.1429	0.8367	<b>1.3062</b>	
<b>No further DIP Contact (n=20)</b>	2.3000	1.3000	<b>1.0000</b>	

*ns = not significant*

The overall volume of offending of Knowsley residents in the sample reduced by 54.3% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in number of offences pre and post-test. However, there were no significant differences between the three groups in the change in numbers of offences pre to post-test.

**TABLE K2: KNOWSLEY RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=97)</b>	5.9485	2.6495	<b>3.2990</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=28)</b>	5.8929	3.1071	<b>2.7858</b>	<b>ns</b>
<b>Care Planned (n=49)</b>	5.8367	2.1633	<b>3.6734</b>	
<b>No further DIP Contact (n=20)</b>	6.3000	3.2000	<b>3.1000</b>	

*ns = not significant*

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in the seriousness of offences pre and post-test. However, there were no significant differences between the three groups in the change in their seriousness of offending pre to post-test.

**TABLE K3: KNOWSLEY RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Low Offending Group (n=51)</b>	1.1373	0.7647	<b>0.3726</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=36)</b>	2.8056	1.3611	<b>1.4445</b>	
<b>High Offending Group (n=10)</b>	6.2000	1.3000	<b>4.9000</b>	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences committed.

**TABLE K4: KNOWSLEY RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
Low Offending Group (n=51)	3.1569	1.8627	<b>1.2942</b>	<b>p &lt; 0.001</b>
Medium Offending Group (n=36)	7.2778	3.5000	<b>3.7778</b>	
High Offending Group (n=10)	15.4000	3.6000	<b>11.8000</b>	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## DRUG USE

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. There were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post-test compared to pre-test in the cocaine only group but not in the other two groups. However, for each drug group there were no significant differences between the three outcome groups (Assessed, Care Planned and No further DIP contact) in changes of the number of offences or seriousness of offending in the 12 months post-test compared to pre-test.

## PREDICTORS OF FUTURE OFFENDING

Regression analysis was carried out to investigate predictors of future offending among Knowsley residents who tested positive during the time period examined. Age was a significant predictor of future offending in that the older a client was, the more likely they were to re-offend. In addition, the prolificacy of clients' offending pre-test was a significant predictor of future offending as was the likelihood of clients reducing their offending in the future should they test positive for cocaine following a drug test.

## COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS

There were significant differences found when comparing the three outcome groups in terms of alcohol consumption with the care planned group containing far higher proportions of alcohol users than the other two groups, future DIP contact with those who were care planned far less likely to re-present than the other two groups and also for clients who went to prison post DIP contact in Knowsley. However, the significant differences between the three groups in terms of prison post DIP contact should be treated with a degree of caution as no clients in either

the assessed or care planned group actually went to prison post contact with the DIP team. By way of contrast, there were no significant differences found when comparing the three outcome groups from the overall sample in terms of age, gender, drug use or type of offence (see Table K5).

## LIVERPOOL

There were 830 Liverpool residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 444 went on to be assessed by the DIP team, 209 went on to be care planned, while 177 had no further DIP contact following their initial positive test.

## OFFENDING

**TABLE L1: LIVERPOOL RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=830)</b>	2.5506	1.3627	<b>1.1879</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=444)</b>	2.2230	1.0586	<b>1.1644</b>	<b>ns</b>
<b>Care Planned (n=209)</b>	2.4689	1.4928	<b>0.9761</b>	
<b>No further DIP Contact (n=177)</b>	3.4689	1.9718	<b>1.4971</b>	

*ns = not significant*

The overall volume of offending of Liverpool residents in the sample reduced by 46.6% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further contact with the DIP team following their arrest showed the most substantial reduction in number of offences pre and post-test. However, there were no significant differences between the three groups in the change in numbers of offences pre to post-test.

**TABLE L2: LIVERPOOL RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=830)</b>	6.6265	3.2892	<b>3.3373</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=444)</b>	6.0541	2.6779	<b>3.3762</b>	<b>ns</b>
<b>Care Planned (n=209)</b>	6.3062	3.5215	<b>2.7847</b>	
<b>No further DIP Contact (n=177)</b>	8.4407	4.5480	<b>3.8927</b>	

*ns = not significant*

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post-test. However, there were no significant differences between the three groups in the change in their seriousness of offending pre to post-test.

**TABLE L3: LIVERPOOL RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Low Offending Group (n=455)</b>	1.0967	0.6088	<b>0.4879</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=234)</b>	2.7436	1.6111	<b>1.1325</b>	
<b>High Offending Group (n=141)</b>	6.9220	3.3830	<b>3.5390</b>	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences committed.

**TABLE L4: LIVERPOOL RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
Low Offending Group (n=455)	3.0220	1.5121	<b>1.5099</b>	<b>p &lt; 0.001</b>
Medium Offending Group (n=234)	7.2393	3.8675	<b>3.3718</b>	
High Offending Group (n=141)	17.2411	8.0638	<b>9.1773</b>	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## DRUG USE

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. There were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post-tests compared to pre-test in all three groups. However, for each drug group there were no significant differences between the three outcome groups (Assessed, Care Planned and No further DIP contact) in changes of the number of offences or seriousness of offending in the 12 months post-test compared to pre-test with the exception of the cocaine and opiates group, for whom there was a significant difference seen in the change in seriousness of offending between the time periods examined.

## PREDICTORS OF FUTURE OFFENDING

Regression analysis was carried out to investigate predictors of future offending among Liverpool residents who tested positive during the time period examined. The prolificacy of clients' offending pre-test was a significant predictor of future offending as was the likelihood of clients reducing their offending in the future should they test positive for cocaine following a drug test but no other factors examined provided statistically significant predictors for this group.

## COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS

There were significant differences found when comparing the three outcome groups from the overall sample in terms of age, gender, drug use, alcohol consumption, prison post DIP contact and also future DIP contact with those

who were either assessed or care planned far less likely to re-present than those with no further DIP contact and also type of offence (see Table L5).

## SEFTON

There were 177 Sefton residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 24 went on to be assessed by the DIP team, 115 went on to be care planned, while 38 had no further DIP contact following their initial positive test.

## OFFENDING

**TABLE S1: SEFTON RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=177)</b>	2.4011	1.3333	<b>1.0678</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=24)</b>	2.6667	1.0000	<b>1.6667</b>	<b>ns</b>
<b>Care Planned (n=115)</b>	2.2696	1.4000	<b>0.8696</b>	
<b>No further DIP Contact (n=38)</b>	2.6316	1.3421	<b>1.2895</b>	

*ns = not significant*

The overall volume of offending of Sefton residents in the sample reduced by 44.5% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were assessed by the DIP team following their arrest showed the most substantial reduction in number of offences pre and post-test. There were however no significant differences between the three groups in the change in the numbers of offences pre to post-test.

**TABLE S2: SEFTON RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=177)</b>	6.1525	3.2429	<b>2.9096</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=24)</b>	7.2500	2.6250	<b>4.6250</b>	<b>ns</b>
<b>Care Planned (n=115)</b>	5.7565	3.4087	<b>2.3478</b>	
<b>No further DIP Contact (n=38)</b>	6.5679	3.1316	<b>3.4363</b>	

*ns = not significant*

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were assessed by the DIP team following their arrest showed the most substantial reduction in the seriousness of offences pre and post-test. There were however no significant differences between the three groups in the change in seriousness of offending pre to post-test.

**TABLE S3: SEFTON RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Low Offending Group (n=94)</b>	1.0851	0.6915	<b>0.3936</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=56)</b>	2.7321	1.7679	<b>0.9642</b>	
<b>High Offending Group (n=27)</b>	6.2963	2.6667	<b>3.6296</b>	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in numbers of offences committed.

**TABLE S4: SEFTON RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
Low Offending Group (n=94)	3.0000	1.7766	<b>1.2234</b>	<b>p &lt; 0.001</b>
Medium Offending Group (n=56)	6.9464	4.0357	<b>2.9107</b>	
High Offending Group (n=27)	15.4815	6.7037	<b>8.7778</b>	

When examining individuals by offending group, there was a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test. Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## DRUG USE

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine & opiates. There were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post-test compared to pre-test in the cocaine only group but not in the other two groups. In addition, for each drug group there were no significant differences between the three outcome groups (Assessed, Care Planned and No further DIP contact) in changes the number of offences or seriousness of offending in the 12 months post-test compared to pre-test.

## PREDICTORS OF FUTURE OFFENDING

Regression analysis was carried out to investigate predictors of future offending among Sefton residents who tested positive during the time period examined. The likelihood of clients reducing their offending in the future should they test positive for cocaine (  $p = 0.001$ ) following a drug test was a significant predictor of future offending but no other factors examined provided statistically significant predictors for this group.

## COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS

There were no significant differences found when comparing the three outcome groups from the overall sample in terms of age, gender and future DIP contact. There were however significant differences found when comparing drug use, alcohol consumption, prison contact and type of offence (see Table S5).

## ST HELENS

There were 188 St Helens residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 72 went on to be assessed by the DIP team, 60 went on to be care planned, while 56 had no further DIP contact following their initial positive test.

## OFFENDING

**TABLE ST1: ST HELENS RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=188)</b>	2.6383	1.1596	<b>1.4787</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=72)</b>	2.0694	0.7917	<b>1.2777</b>	<b>p &lt; 0.05</b>
<b>Care Planned (n=60)</b>	2.2500	1.1833	<b>1.0667</b>	
<b>No further DIP Contact (n=56)</b>	3.7857	1.6071	<b>2.1786</b>	

The overall volume of offending of St Helens residents in the sample reduced by 56.0% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in number of offences pre and post-test. There were also significant differences between the three groups in the change in numbers of offences pre to post-test. Further analysis showed that the significant differences were between the care planned group and both of the other groups, with significantly greater reductions in the number of offences committed by both the assessed and no further DIP contact group compared to the care planned group.

**TABLE ST2: ST HELENS RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=188)</b>	6.7234	2.7340	<b>3.9894</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=72)</b>	5.5000	1.9583	<b>3.5417</b>	<b>p &lt; 0.05</b>
<b>Care Planned (n=60)</b>	5.7667	2.7500	<b>3.0167</b>	
<b>No further DIP Contact (n=56)</b>	9.3214	3.7143	<b>5.6071</b>	

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who had no further DIP contact following their arrest showed the most substantial reduction in the seriousness of offences pre and post-test. There were also significant differences between the three groups in the seriousness of their offending pre to post-test. Further analysis showed that the significant differences were between the care planned group and both of the other groups, with significantly greater reductions in the seriousness of offending among both the assessed and no further DIP contact group compared to the care planned group.

**TABLE ST3: ST HELENS RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Low Offending Group (n=103)</b>	1.0971	0.5825	<b>0.5146</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=53)</b>	2.7925	1.1887	<b>1.6038</b>	
<b>High Offending Group (n=32)</b>	7.3438	2.9688	<b>4.3750</b>	

When examining individuals by offending group, there was a significant difference between the three offending groups in the reduction in the number of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction.

**TABLE ST4: ST HELENS RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
Low Offending Group (n=103)	2.9417	1.4660	<b>1.4757</b>	<b>p &lt; 0.001</b>
Medium Offending Group (n=53)	7.4151	2.7925	<b>4.6226</b>	
High Offending Group (n=32)	17.7500	6.7188	<b>11.0312</b>	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## DRUG USE

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine and opiates. For all three test result groups there were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post-tests compared to pre-test. There were also significant differences for those testing positive for opiates only and for cocaine & opiates in both the change in numbers of offences and seriousness of offending in the 12 months post-test compared to pre-test.

## PREDICTORS OF FUTURE OFFENDING

Regression analysis was carried out to investigate predictors of future offending among St Helens residents who tested positive during the time period examined. Gender was a predictor of future offending in that females in the client group were significantly more likely to offend in the future than males. In addition, the prolificacy of clients' offending pre-test was a significant predictor of future offending.

## COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS

There were significant differences found when comparing the three outcome groups in terms of alcohol consumption and prison contact. However, there were no significant differences found when comparing in terms of age, gender, drug use, future DIP contact and type of offence (see Table ST5).

## WIRRAL

There were 266 Wirral residents who tested positive during the time period examined. These individuals were then allocated into one of the three comparison groups based on their level of DIP contact after this positive test; 68 went on to be assessed by the DIP team, 141 went on to be care planned, while 57 had no further DIP contact following their initial positive test.

## OFFENDING

**TABLE W1: WIRRAL RESIDENTS TESTING POSITIVE – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=266)</b>	2.8759	1.3835	<b>1.4924</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=68)</b>	2.2647	1.3088	<b>0.9559</b>	<b>ns</b>
<b>Care Planned (n=141)</b>	2.6809	0.9858	<b>1.6951</b>	
<b>No further DIP Contact (n=57)</b>	4.0877	2.4561	<b>1.6316</b>	

*ns = not significant*

The overall volume of offending of Wirral residents in the sample reduced by 51.9% post DIP positive drug test. In addition, there was a significant reduction in the number of offences committed by individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in number of offences pre and post-test. However, there was no significant difference between the three groups in the change in the numbers of offences pre to post-test.

**TABLE W2: WIRRAL RESIDENTS TESTING POSITIVE – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=266)</b>	7.0526	3.2744	<b>3.7782</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=68)</b>	5.3235	3.0441	<b>2.2794</b>	<b>ns</b>
<b>Care Planned (n=141)</b>	6.8440	2.4468	<b>4.3972</b>	
<b>No further DIP Contact (n=57)</b>	9.6316	5.5965	<b>4.0351</b>	

*ns = not significant*

There was a significant reduction in the seriousness of offending among individuals in the overall sample in the 12 months post-test compared to pre-test. Those individuals who were care planned by the DIP team following their arrest showed the most substantial reduction in seriousness of offences pre and post-test. However, there was no significant difference between the three groups in the reduction in the seriousness of their offending pre to post-test.

**TABLE W3: WIRRAL RESIDENTS OFFENDING GROUPS – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Low Offending Group (n=133)</b>	1.1654	0.5263	<b>0.6391</b>	<b>p &lt; 0.001</b>
<b>Medium Offending Group (n=85)</b>	2.9529	2.0118	<b>0.9411</b>	
<b>High Offending Group (n=48)</b>	7.4792	2.6458	<b>4.8334</b>	

When examining individuals by offending group, there was a significant difference between the three groups in the reduction in the number of offences committed in the 12 months post-test compared to pre-test. Those individuals in the high offending group prior to their arrest showed the most substantial reduction.

**TABLE W4: WIRRAL RESIDENTS OFFENDING GROUPS – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
Low Offending Group (n=133)	2.9474	1.2632	<b>1.6842</b>	<b>p &lt; 0.001</b>
Medium Offending Group (n=85)	7.3059	4.7647	<b>2.5412</b>	
High Offending Group (n=48)	17.9792	6.2083	<b>11.7709</b>	

When examining individuals by offending group, there was a significant difference across the three groups in the reduction in the seriousness of offences committed in the 12 months post-test compared to pre-test. Those individuals who had been in the high offending group prior to their arrest showed the most substantial reduction in the seriousness of their offending.

## DRUG USE

Additional tests were run for offenders who tested positive for cocaine only, for opiates only and for both cocaine & opiates. In all three drug use groups there were significant reductions seen in both the number of offences committed and seriousness of offending in the 12 months post-tests compared to pre-test. However, there were no significant differences in the reductions in either numbers or seriousness of offending in the 12 months post-test compared to pre-test across the outcomes groups (Assessed, Care Planned, No further DIP Contact).

## PREDICTORS OF FUTURE OFFENDING

Regression analysis was carried out to investigate predictors of future offending among Wirral residents who tested positive during the time period examined. The prolificacy of clients' offending pre-test was a significant predictor of future offending but no other factors examined provided statistically significant predictors for this group.

## COMPARISON OF BASIC CLIENT ATTRIBUTES ACROSS GROUPS

There were significant differences found when comparing the three groups from the overall sample in terms of age, gender, drug use, alcohol consumption, prison contact, future DIP contact and type of offence (see Table W5).

## METHODOLOGY

Data has been taken from three separate sources:

- Information collected by custody suite staff which is submitted to the Home Office in the form of drug testing data. Clients who had a positive test after arrest for a trigger offence in any Merseyside custody suite between April and September 2012 inclusive were included. These participants were matched to DIP assessment forms to determine the level of their involvement with DIP post-test. Any clients who were not Merseyside residents, according to information provided on either the custody suite record or the assessment form, were excluded from analysis.
- Information collected by DIP staff on assessment forms produced by the Home Office.
- Police National Computer (PNC) data sanitised by Merseyside Police to include all identified offenders between April 2011 and September 2013 and the offences they were arrested for.

Analysis from the first two sources of data outlined above then separated the clients into three distinct outcome groups:

- **Assessed** – clients who after their initial positive test were assessed within 28 days by the DIP team but who did not go on to agree a care plan
- **Care Planned** – clients who after their initial positive test were assessed within 28 days by the DIP team and went on to agree a care plan
- **No further DIP Contact** – clients who after their initial positive test had no contact recorded with the DIP team within 28 days of their test

Levels of offending for these clients were then calculated. Data for clients making up the three groups listed above were matched to PNC data to establish how many times a client had been arrested for a trigger offence in the 12 months prior to their positive test and the 12 months post-test. It should be noted that the data only covers offending across Merseyside and that any offending outside the area will not have been taken into account when measuring client's level of offending.

Seriousness of offences were ranked using a disposal gravity factor system, set out in the Final Warning Scheme, drawn up by the Association of Chief Police Officers (ACPO), in conjunction with the Crown Prosecution Service (CPS), the Home Office and the Youth Justice Board (Home Office, 2006). The matrix classified offences on a scale of 1 (low gravity) up to 4 (high gravity) based on the seriousness of the individual offence. Each individual was then given a matrix score which was calculated by multiplying the number of offences committed by the seriousness of offence rating.

In addition, for those clients who were care planned by the DIP teams, both the length of time they spent on the DIP caseload and the reason for leaving the DIP caseload were examined. For all cases, "Care plan or treatment

complete”, “Client is no longer a class A drug user and no longer offending” “Client no longer a class A drug user but still offending” and “Client still a class A drug user but no longer offending” were treated as positive outcomes (as per Home Office guidelines) with any other reason for closure treated as a negative outcome.

Furthermore, levels of offending for clients’ pre positive test were examined and divided into three distinct categories in order to effectively gauge the severity of offending:

- **Low Offending Category** – individuals with matrix score of 4 or less
- **Medium Offending Category** – individuals with matrix score between 5 and 10
- **High Offending Category** – individuals with matrix score of over 10

Statistical analysis was then carried out on the three groups to compare both numbers of arrests and seriousness rating and determine whether there were any significant differences between the three groups i.e. assessed, care planned or no DIP contact. Multivariate analysis of variance was used to test for significance in the data along with chi-squared and Kruskal-Wallis tests. In addition, correlation analysis was undertaken to determine if length of time on caseload was associated with level of reduction in offending. All statistical results are available in more detail from the authors on request.

Additional assistance from Merseyside Police analysts who were able to access Corvus and gather prison data on the 258 clients making up the high offending group meant that we were able to control for prison stays among the group. From this, the group was further broken down into three categories regarding their activity in the 12 months post-test:

- **No Prison Stay** –clients that were not in prison for any period of time in the 12 months post-test
- **Short Term Prison Stay** – clients that were in prison for no longer than three of the 12 months post-test
- **Long Term Prison Stay** – clients that were in prison for more than three of the 12 months post-test

Varying demographic characteristics (age, gender, drug use, alcohol use, offence committed) of clients in each outcome group along with more generic categories (did client go to prison in 12 months post-test, had client contact with DIP post-test) were also examined to determine the effect (if any) that these may have had on offending behaviour. Drug use was taken from drug testing data while offences committed were collated from PNC data and collapsed into three distinct categories:

- **Acquisitive Offences** – all offences categorised as acquisitive i.e. those offences where the offender derives material gain from the offence.
- **Misuse of Drugs Act (MDA) Offences** – the principal offences relating to the misuse of controlled drugs as contained in the Misuse of Drugs Act 1971.
- **Other Offences** – all other offences which do not fall into either the acquisitive or MDA categories.

## STUDY LIMITATIONS

There are a number of caveats that need to be considered when reading this report:

- This report looks only at total number of offences arrested for and not self-reported offending, the latter of which would likely give a higher number of offences. It should not be used to try to provide an indication of the quantity of offending on Merseyside but as we are comparing the same measure of offending pre and post it can provide a suitable basis for assessing the direction of the change in offending.
- We did not have access to full PNC data and as such are only able to assess offending in Merseyside. In addition, it is important to mention that whilst the vast majority of arrests for trigger offences are tested, there are some that are missed on a monthly basis (~1%).
- Arrests for non-trigger offences have not been included in this report due to the fact that DIP was initially set up to deal with trigger offences only. The client group entering DIP has changed over the years and the programme now deals with a more varied range of clients (Cuddy & Duffy, 2010; Cuddy & Duffy, 2012; Howarth & Duffy, 2010; Howarth & Duffy, 2012), so an assessment of the impact of DIP on non-trigger offending may also be warranted in the near future.
- It should be noted finally that this piece of work relies solely on offending data and cannot provide information regarding any potential improvements in health and social functioning that are brought about through contact with the DIP teams.

## GLOSSARY OF TERMS

TERM	NOTES
Statistical Significance	A mathematical technique to measure whether the results of a study are true.
P Value	Statistical significance is expressed as a P value (e.g. $p < 0.001$ ). The smaller the P value, the less likely the results are due to chance; in this instance there is less than a 1 in 1000 chance that the results are random.
Regression Analysis	A statistical process to estimate the relationship among different variables - i.e. forecasting change in one variable on the basis of change in another
Disposal Gravity Factor System	A matrix drawn up by the Association of Chief Police Officers, the Crown Prosecution Service and Home Office to rank offences in terms of seriousness
Corvus	A database used by Merseyside Police to both store and extract crime data

## APPENDIX 1

**TABLE M9: MERSEYSIDE RESIDENTS (COCAINE ONLY) – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=1,094)</b>	2.3510	1.0201	<b>1.3309</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=493)</b>	2.1501	0.8925	<b>1.2576</b>	<b>ns</b>
<b>Care Planned (n=392)</b>	2.2679	0.9133	<b>1.3546</b>	
<b>No further DIP Contact (n=209)</b>	2.9809	1.5215	<b>1.4594</b>	

*ns = not significant*

**TABLE M10: MERSEYSIDE RESIDENTS (COCAINE ONLY) – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=1,094)</b>	6.2395	2.5914	<b>3.6481</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=493)</b>	5.8641	2.3164	<b>3.5477</b>	<b>ns</b>
<b>Care Planned (n=392)</b>	6.0510	2.3878	<b>3.6632</b>	
<b>No further DIP Contact (n=209)</b>	7.4785	3.6220	<b>3.8565</b>	

*ns = not significant*

**TABLE M11: MERSEYSIDE RESIDENTS (OPIATES ONLY) – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=183)</b>	3.0874	1.6175	<b>1.4699</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=60)</b>	2.6333	1.2333	<b>1.4000</b>	<b>p &lt; 0.05</b>
<b>Care Planned (n=66)</b>	3.0000	2.1515	<b>0.8485</b>	
<b>No further DIP Contact (n=57)</b>	3.6667	1.4035	<b>2.2632</b>	

**TABLE M12: MERSEYSIDE RESIDENTS (OPIATES ONLY) – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=183)</b>	7.3989	3.6940	<b>3.7049</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=60)</b>	6.2167	2.9000	<b>3.3167</b>	<b>p &lt; 0.05</b>
<b>Care Planned (n=66)</b>	7.1970	4.7121	<b>2.4849</b>	
<b>No DIP Contact (n=57)</b>	8.8772	3.3509	<b>5.5263</b>	

**TABLE M13: MERSEYSIDE RESIDENTS (COCAINE & OPIATES) – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=281)</b>	3.1566	2.2847	<b>0.8719</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=83)</b>	2.4819	1.9277	<b>0.5542</b>	<b>ns</b>
<b>Care Planned (n=116)</b>	2.6552	1.9310	<b>0.7242</b>	
<b>No further DIP Contact (n=82)</b>	4.5488	3.1463	<b>1.4025</b>	

*ns = not significant*

**TABLE M14: MERSEYSIDE RESIDENTS (COCAINE & OPIATES) – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance
	12 months pre-test	12 months post-test		
<b>Overall (n=281)</b>	7.5658	5.1068	<b>2.4590</b>	<b>p &lt; 0.001</b>
<b>Assessed (n=83)</b>	6.2771	4.4699	<b>1.8072</b>	<b>ns</b>
<b>Care Planned (n=116)</b>	6.2931	4.2845	<b>2.0086</b>	
<b>No further DIP Contact (n=82)</b>	10.6707	6.9146	<b>3.7561</b>	

*ns = not significant*

**TABLE M15: MERSEYSIDE RESIDENTS GENDER – NUMBER OF TRIGGER OFFENCES**

Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
Female (n=240)	2.4917	1.2750	<b>1.2167</b>	<b>p &lt; 0.001</b>	ns
Male (n=1,318)	2.5994	1.3263	<b>1.2731</b>	<b>p &lt; 0.001</b>	

ns = not significant

**TABLE M16: MERSEYSIDE RESIDENTS GENDER – SERIOUSNESS OF TRIGGER OFFENCES**

Groups Compared	Mean Seriousness of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
Female (n=240)	5.8542	2.7750	<b>3.0792</b>	<b>p &lt; 0.001</b>	ns
Male (n=1,318)	6.7534	3.2473	<b>3.5061</b>	<b>p &lt; 0.001</b>	

ns = not significant

**TABLE M17: MERSEYSIDE RESIDENTS AGE – NUMBER OF TRIGGER OFFENCES**

Age Groups Compared	Mean Number of Offences		Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre- test	12 months post- test			
18 – 24 (n=413)	2.5448	1.1646	<b>1.3802</b>	<b>p &lt; 0.001</b>	ns
25 – 29 (n=282)	2.3298	1.2270	<b>1.1028</b>	<b>p &lt; 0.001</b>	
30 – 34 (n=261)	2.6245	1.3410	<b>1.2835</b>	<b>p &lt; 0.001</b>	
35 – 39 (n=212)	2.7075	1.5189	<b>1.1886</b>	<b>p &lt; 0.001</b>	
40 – 44 (n=204)	2.6863	1.5343	<b>1.1520</b>	<b>p &lt; 0.001</b>	
45 – 49 (n=125)	3.0320	1.5440	<b>1.4880</b>	<b>p &lt; 0.001</b>	
50 & over (n=61)	2.1311	0.8033	<b>1.3278</b>	<b>p &lt; 0.001</b>	

ns = not significant

**TABLE M18: MERSEYSIDE RESIDENTS AGE – SERIOUSNESS OF TRIGGER OFFENCES**

Age Groups Compared	Mean Seriousness of Offences	Difference (pre – post)	Difference (pre – post)	Significance	Between Subjects Significance
	12 months pre-test	12 months post-test			
18 – 24 (n=413)	6.9734	3.0920	<b>3.8814</b>	<b>p &lt; 0.001</b>	ns
25 – 29 (n=282)	6.2057	2.9504	<b>3.2553</b>	<b>p &lt; 0.001</b>	
30 – 34 (n=261)	6.6475	3.0996	<b>3.5479</b>	<b>p &lt; 0.001</b>	
35 – 39 (n=212)	6.6368	3.5660	<b>3.0708</b>	<b>p &lt; 0.001</b>	
40 – 44 (n=204)	6.4461	3.5294	<b>2.9167</b>	<b>p &lt; 0.001</b>	
45 – 49 (n=125)	7.0960	3.4720	<b>3.6240</b>	<b>p &lt; 0.001</b>	
50 & over (n=61)	5.4426	1.9344	<b>3.5082</b>	<b>p &lt; 0.001</b>	

ns = not significant

**TABLE M19: MERSEYSIDE RESIDENTS – CLIENT ATTRIBUTES**

Overall (n=1,558)	Groups Compared			Significance
	Assessed (n=636)	Care Planned (n=574)	No DIP Contact (n=348)	
Mean Age	31.9yrs	32.8yrs	33.6yrs	<b>p &lt; 0.05</b>
<b>Gender</b>				
Female	83 (13.1%)	95 (16.6%)	62 (17.8%)	ns
Male	553 (86.9%)	479 (83.4%)	286 (82.2%)	
<b>Drug Use</b>				
Cocaine	493 (77.5%)	392 (68.3%)	209 (60.1%)	<b>p &lt; 0.001</b>
Opiates	60 (9.4%)	66 (11.5%)	57 (16.4%)	
Both	83 (13.1%)	116 (20.2%)	82 (23.6%)	
<b>Alcohol Consumption</b>				
Yes	411 (64.6%)	383 (66.7%)	9 (2.6%)	<b>p &lt; 0.001</b>
No	191 (30.0%)	154 (26.8%)	15 (4.3%)	
Not Known	34 (5.3%)	37 (6.4%)	324 (93.1%)	
<b>Prison Post Test</b>				
Yes	43 (6.8%)	22 (3.8%)	81 (23.3%)	<b>p &lt; 0.001</b>
No	593 (93.2%)	552 (96.2%)	267 (76.7%)	
<b>Future DIP Contact</b>				
Yes	128 (20.1%)	101 (17.6%)	92 (26.4%)	<b>p &lt; 0.001</b>
No	508 (79.9%)	473 (82.4%)	256 (73.6%)	
<b>Offences</b>				
Acquisitive Offences	292 (45.9%)	314 (54.7%)	241 (69.3%)	<b>p &lt; 0.001</b>

<b>MDA Offences</b>	288 (45.3%)	214 (37.3%)	80 (23.0%)	
<b>Other Offences</b>	56 (8.8%)	46 (8.0%)	27 (7.8%)	

*ns = not significant*

## APPENDIX 2

TABLE K5: KNOWSLEY RESIDENTS – CLIENT ATTRIBUTES

Overall (n=97)	Groups Compared			Significance
	Assessed (n=28)	Care Planned (n=49)	No DIP Contact (n=20)	
Mean Age	32.6yrs	31.7yrs	30.7yrs	ns
<b>Gender</b>				
Female	5 (17.9%)	9 (18.4%)	2 (10.0%)	ns
Male	23 (82.1%)	40 (81.6%)	18 (90.0%)	
<b>Drug Use</b>				
Cocaine	25 (89.3%)	41 (83.7%)	14 (70.0%)	ns
Opiates	1 (3.6%)	1 (2.0%)	3 (15.0%)	
Both	2 (7.1%)	7 (14.3%)	3 (15.0%)	
<b>Alcohol Consumption</b>				
Yes	16 (57.1%)	34 (69.4%)	2 (10.0%)	p < 0.001
No	6 (21.4%)	9 (18.4%)		
Not Known	6 (21.4%)	6 (12.25%)	18 (90.0%)	
<b>Prison Post Test</b>				
Yes			4 (20.0%)	p < 0.001
No	28 (100%)	49 (100%)	16 (80.0%)	
<b>Future DIP Contact</b>				
Yes	7 (25.0%)	7 (14.3%)	9 (45.0%)	p < 0.05
No	21 (75.0%)	42 (85.7%)	11 (55.0%)	
<b>Offences</b>				
Acquisitive Offences	15 (53.6%)	25 (51.0%)	13 (65.0%)	ns
MDA Offences	7 (25.0%)	22 (44.9%)	4 (20.0%)	
Other Offences	6 (21.4%)	2 (4.1%)	3 (15.0%)	

ns = not significant

## APPENDIX 3

TABLE L5: LIVERPOOL RESIDENTS – CLIENT ATTRIBUTES

Overall (n=830)	Groups Compared			Significance
	Assessed (n=444)	Care Planned (n=209)	No DIP Contact (n=177)	
Mean Age	30.7yrs	35.0yrs	32.9yrs	<b>p &lt; 0.001</b>
<b>Gender</b>				
Female	49 (11.0%)	33 (15.8%)	37 (20.9%)	<b>p &lt; 0.01</b>
Male	395 (89.0%)	176 (84.2%)	140 (79.1%)	
<b>Drug Use</b>				
Cocaine	374 (84.2%)	114 (54.5%)	117 (66.1%)	<b>p &lt; 0.001</b>
Opiates	23 (5.2%)	29 (13.9%)	22 (12.4%)	
Both	47 (10.6%)	66 (31.6%)	38 (21.5%)	
<b>Alcohol Consumption</b>				
Yes	291 (65.5%)	118 (56.5%)	6 (3.4%)	<b>p &lt; 0.001</b>
No	131 (29.5%)	77 (36.8%)	8 (4.5%)	
Not Known	22 (5.0%)	14 (6.7%)	163 (92.1%)	
<b>Prison Post Test</b>				
Yes	33 (7.4%)	9 (4.3%)	33 (18.6%)	<b>p &lt; 0.001</b>
No	411 (92.6%)	200 (95.7%)	144 (81.4%)	
<b>Future DIP Contact</b>				
Yes	79 (17.8%)	52 (24.9%)	52 (29.4%)	<b>p &lt; 0.01</b>
No	365 (82.2%)	157 (75.1%)	125 (70.6%)	
<b>Offences</b>				
Acquisitive Offences	196 (44.1%)	123 (58.9%)	122 (68.9%)	<b>p &lt; 0.001</b>
MDA Offences	217 (48.9%)	77 (36.8%)	47 (26.6%)	
Other Offences	31 (7.0%)	9 (4.3%)	8 (4.5%)	

## APPENDIX 4

TABLE S5: SEFTON RESIDENTS – CLIENT ATTRIBUTES

Overall (n=177)	Groups Compared			Significance
	Assessed (n=24)	Care Planned (n=115)	No DIP Contact (n=38)	
Mean Age	31.8yrs	31.6yrs	33.8yrs	ns
<b>Gender</b>				
Female	2 (8.3%)	22 (19.1%)	5 (13.2%)	ns
Male	22 (91.7%)	93 (80.9%)	33 (86.8%)	
<b>Drug Use</b>				
Cocaine	20 (83.3%)	92 (80.0%)	21 (55.3%)	p < 0.05
Opiates	2 (8.3%)	7 (6.1%)	6 (15.8%)	
Both	2 (8.3%)	16 (13.9%)	11 (28.9%)	
<b>Alcohol Consumption</b>				
Yes	15 (62.5%)	85 (73.9%)	1 (2.6%)	p < 0.001
No	8 (33.3%)	24 (20.9%)	2 (5.3%)	
Not Known	1 (4.2%)	6 (5.2%)	35 (92.1%)	
<b>Prison Post Test</b>				
Yes	1 (4.2%)	3 (2.6%)	5 (13.2%)	p < 0.05
No	23 (95.8%)	112 (97.4%)	33 (86.8%)	
<b>Future DIP Contact</b>				
Yes	6 (25.0%)	17 (14.8%)	10 (26.3%)	ns
No	18 (75.0%)	98 (85.2%)	28 (73.7%)	
<b>Offences</b>				
Acquisitive Offences	8 (33.3%)	61 (53.0%)	28 (73.7%)	p < 0.01
MDA Offences	13 (54.2%)	45 (39.1%)	5 (13.2%)	
Other Offences	3 (12.5%)	9 (7.8%)	5 (13.2%)	

ns = not significant

## APPENDIX 5

TABLE ST5: ST HELENS RESIDENTS – CLIENT ATTRIBUTES

Overall (n=188)	Groups Compared			Significance
	Assessed (n=72)	Care Planned (n=60)	No DIP Contact (n=56)	
Mean Age	31.7yrs	33.7yrs	32.3yrs	ns
<b>Gender</b>				
Female	9 (12.5%)	14 (23.3%)	6 (10.7%)	ns
Male	63 (87.5%)	46 (76.7%)	50 (89.3%)	
<b>Drug Use</b>				
Cocaine	47 (65.3%)	31 (51.7%)	32 (57.1%)	ns
Opiates	10 (13.9%)	15 (25.0%)	18 (32.1%)	
Both	15 (20.8%)	14 (23.3%)	6 (10.7%)	
<b>Alcohol Consumption</b>				
Yes	53 (73.6%)	38 (63.3%)		p < 0.001
No	19 (26.4%)	20 (33.3%)	4 (7.1%)	
Not Known		2 (3.3%)	52 (92.9%)	
<b>Prison Post Test</b>				
Yes	7 (9.7%)	4 (6.7%)	21 (37.5%)	p < 0.001
No	65 (90.3%)	56 (93.3%)	35 (62.5%)	
<b>Future DIP Contact</b>				
Yes	11 (15.3%)	4 (6.7%)	9 (16.1%)	ns
No	61 (84.7%)	56 (93.3%)	47 (83.9%)	
<b>Offences</b>				
Acquisitive Offences	27 (37.5%)	32 (53.3%)	33 (58.9%)	ns
MDA Offences	32 (44.4%)	18 (30.0%)	13 (23.2%)	
Other Offences	13 (18.1%)	10 (16.7%)	10 (17.9%)	

ns = not significant

## APPENDIX 6

TABLE W5: WIRRAL RESIDENTS – CLIENT ATTRIBUTES

Overall (n=266)	Groups Compared			Significance
	Assessed (n=68)	Care Planned (n=141)	No DIP Contact (n=57)	
Mean Age	39.6yrs	30.4yrs	37.7yrs	<b>p &lt; 0.001</b>
<b>Gender</b>				
Female	18 (26.5%)	17 (12.1%)	12 (21.1%)	<b>p &lt; 0.05</b>
Male	50 (73.5%)	124 (87.9%)	45 (78.9%)	
<b>Drug Use</b>				
Cocaine	27 (39.7%)	114 (80.9%)	25 (43.9%)	<b>p &lt; 0.001</b>
Opiates	24 (35.3%)	14 (9.9%)	8 (14.0%)	
Both	17 (25.0%)	13 (9.2%)	24 (42.1%)	
<b>Alcohol Consumption</b>				
Yes	36 (52.9%)	108 (76.6%)		<b>p &lt; 0.001</b>
No	27 (39.7%)	24 (17.0%)	1 (1.8%)	
Not Known	5 (7.4%)	9 (6.4%)	56 (98.2%)	
<b>Prison Post Test</b>				
Yes	2 (2.9%)	6 (4.3%)	18 (31.6%)	<b>p &lt; 0.001</b>
No	66 (97.1%)	135 (95.7%)	39 (68.4%)	
<b>Future DIP Contact</b>				
Yes	25 (36.7%)	21 (14.9%)	12 (21.1%)	<b>p &lt; 0.005</b>
No	42 (63.3%)	120 (85.1%)	45 (78.9%)	
<b>Offences</b>				
Acquisitive Offences	46 (67.6%)	73 (51.8%)	45 (78.9%)	<b>p &lt; 0.005</b>
MDA Offences	19 (27.9%)	52 (36.9%)	11 (19.3%)	
Other Offences	3 (4.4%)	16 (11.3%)	1 (1.8%)	

## REFERENCES

- Ball, J., Schaffer, J. & Nurco, D. (1983) The day to day criminality of heroin addicts in Baltimore: A study in the continuity of offence rates. *Drug and Alcohol Dependence* 12, 119-142
- Best, D., Hay, E., Homayoun, S., Lenton, H., Moverley, R. & Openshaw, M. (2008) Treatment Intervention in the DIP Programme: Do primary drug users fare better than primary offenders? *Drugs: Education, Prevention and Policy* 15(2) 201 – 209
- Best, D., Walker, D., Aston, E., Pegram, C. & O'Donnell, G. (2010) Assessing the impact of a high-intensity partnership between the police and drug treatment service in addressing the offending of problematic drug users. *Policing & Society*, 20 (3) pgs 358 – 369
- Beynon, C., Roe, B., Duffy, P. & Pickering, L. (2009) Self-reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in Merseyside, United Kingdom. *BMC Geriatrics* 2009, 9:45
- Cuddy, K. & Duffy, P. (2010) *An examination of the characteristics of non-trigger offending DIP clients (September 08 – August 09)*. Centre for Public Health, Liverpool John Moores University.
- Cuddy, K. & Duffy, P. (2011a) *An Evaluation of DIP's impact on Offending in Merseyside 2010*. Centre for Public Health, Liverpool John Moores University
- Cuddy, K. & Duffy, P. (2011b) *An Evaluation of DIP's impact on Offending in Merseyside 2011*. Centre for Public Health, Liverpool John Moores University
- Cuddy, K. & Duffy, P. (2012) *Merseyside DIP Demographics Report 11/12*. Centre for Public Health, Liverpool John Moores University.
- Cuddy, K., McVeigh, J. & Collins, P. (2013) *An Evaluation of DIP's impact on Offending in Merseyside 2012*. Centre for Public Health, Liverpool John Moores University
- Darke, S. (2011) *The Life of the Heroin User: Typical beginnings, trajectories and outcomes*. Cambridge University Press.
- Donmall, M., Jones, A., Weston, S., Davies, L., Hayhurst, K.P. & Millar, T. (2012) The Drug Treatment Outcomes Research Study (DTORS): Research design & baseline data. *The Open Addiction Journal*, 5: pgs 1-11
- Goldstein, P.J. (1985) The drugs/violence nexus: A tripartite conceptual framework. *Journal of Drug Issues*, 39: pgs 143-174
- Gossop, M., Marsden, J., Stewart, D., Lehmann, P., Edwards, C., Wilson, A. & Segar, G. (1998) Substance use, health and social problems of service users at 54 drug treatment agencies: Intake data from the National Treatment Outcome Research Study. *British Journal of Psychiatry* 173, 166 – 171
- Gossop, M. (2005) *Drug misuse treatment and reductions in crime: Findings from the National Treatment Outcome Research Study (NTORS) (Research Briefing No. 8)*. London, Home Office
- Hayhurst, K.P., Jones, A., Millar, T., Pierce, M., Davies, L., Weston, S. & Donmall, M. (2013) Drug spend and acquisitive offending by substance misusers. *Drug & Alcohol Dependence*, 130: pgs 24-29
- Holloway, K. & Bennett, T. (2004) *The Results of the first two years of the NEW-ADAM programme. Home Office Online Report 19/04*. London, Home Office
- Home Office (2006) *The Final Warning Scheme (Annex C & D)*. London, Home Office
- Home Office (2007) *National Evaluation of Criminal Justice Integrated Teams: Summary*. London, Home Office.

Howarth, P. & Duffy, P. (2010) Powder Cocaine and Problematic Drug Users: A comparative study of the characteristics of DIP clients in Merseyside (April 09 – March 10). Centre for Public Health, Liverpool John Moores University.

Howarth, P. & Duffy, P. (2012) Merseyside DIP OCU Report (April 2007 – March 2011). Centre for Public Health, Liverpool John Moores University.

Jones, A., Donmal, M., Millar, T., Moody, A., Weston, S., Anderson, T. & DeSouza, J. (2009) *The drug treatment outcome research study (DTORS): Baseline report (Research Report No.3)*. London, Home Office.

Liriano, S. & Ramsey, M. (2003) *Prisoners' drug use before prison and the links with crime*. In *Prisoners' Drug Use and Treatment: seven research studies*, Ramsey, M. (ed) Home Office Research Study 267. London, Home Office.

McSweeney, T., Stevens, A., Hunt, N. & Turnbull, P.J. (2007) Twisting arms or a helping hand? Assessing the impact of "coerced" and comparable "voluntary" drug treatment options. *British Journal of Criminology*, 47 (3) pgs 470-490

Ministry of Justice (2013) *2013 Compendium of re-offending statistics and analysis*. Ministry of Justice Statistics Bulletin. London, Ministry of Justice.

National Treatment Agency (2010) *A long-term study of the outcomes of drug users leaving treatment*. NTA, London

Nurco, D.N. (1998) A long term programme of research on drug use and crime. *Substance Use and Misuse* 33, 1817-1837

O'Shea, J., Jones, A. & Sondhi, A. (2003) *Statistics from the Arrest Referral Monitoring Programme from October 2000 to September 2002*. Home Office Statistical Update. London, Home Office.

Powell, C., Christie, M., Bankart, J., Bamber, D. & Unell, I. (2010) Drug treatment outcomes in the criminal justice system: What non self-report measures of outcome can tell us. *Addiction Research and Theory*, Early Online 1-13

Singleton, N., Farrell, M. & Meltzer, H. (1999) *Substance misuse among prisoners in England and Wales*. London, Office for National Statistics.

Skodbo, S., Brown, G., Deacon, S., Cooper, A., Hall, A., Millar, T., Smith, J. & Whitham, K. (2007) *The Drug Intervention Programme (DIP): addressing drug use and offending through Tough Choices*. London, Home Office

The National Archives (2005) *Drugs Act 2005*. Her Majesty's Stationary Office (HMSO) London  
Available at: <http://www.legislation.gov.uk/ukpga/2005/17/section/7>