

Drug treatment and crime:

Cost Effectiveness of DIP in Wirral

Brendan Collins,
Research Fellow in Health Economics
University of Liverpool



Acknowledgments

Kevin Cuddy, DIP Researcher at Liverpool John Moores University

Merseyside Police

ARCH Initiatives

Wirral Council

Crime is a public health issue.

- Crime has an indirect impact on the mental wellbeing of non-victims.
- Fear of crime limits people's ability to participate in their communities and in healthy activities.
- Burglaries and other acquisitive crime disproportionately affect the most deprived, who often have no insurance.
- Hospital admissions for assault are 6 times higher in most deprived compared with least deprived.
- People in drug treatment are twice as likely to come from the most deprived areas.

Drug-related crime is an economic issue.

- Home Office estimate drug related crime costs £13.9bn per year.¹
- Heroin and crack/cocaine users commit between one third and one half of all acquisitive crimes.¹
- Drugs and alcohol are a big factor in many crimes.
- In 2009, the UK spent the biggest proportion of GDP (2.8%) on law and order of any country in the OECD³¹.²
- HO estimate each problematic drug user (PDU) costs £50,000 per annum.³
- HO estimate that, all else being equal, for every £1m taken out of drug treatment there would be c. 10,000 drug-related crimes per year with a social cost of £1.8m.¹

¹ NTA 2012.

² Reform 2012.

³ Singleton et al., 2010.



Public Health
England

Drugs – what needs to be done

1

Prevention measures to build resilience among young people and to promote drug-free environments

2

Develop effective responses to the harm of new drugs, and help people who are addicted to medicines

3

Respond to the growing number of older drug users, many of whom have serious addiction and health problems

4

A package of support (treatment, housing, employment, positive social networks) to help people recover and rebuild families and communities

History of drugs in Wirral



History of drugs in Wirral

- Before 1979 – tea, alcohol and cigarettes. cannabis, amphetamine (speed), a few “hippies” using acid, heroin etc.
- Late 1970s – GPs prescribing lots of diconal, people crushed it up and injected it
- 1979 – a heroin dealer moved from Liverpool to Wirral, by 1982 heroin boom was happening, soon there were c. 4000 users
- Late 1980s – public health response starts on Merseyside, with substitution (methadone and buprenorphine) and needle and syringe exchanges – crime rate stabilises and potential HIV epidemic is prevented
- 1989 – second ‘summer of love’ - ecstasy (MDMA) becomes popular
- Heroin users continue to increase through the early 1990s, fewer new but lots of residual users
- Early 2000s – crack cocaine outbreak – most crack users in Wirral also opiate users

Predictive factors for Heroin outbreak



Naivety of dangers of drug, think that smoking does not lead to addiction

High youth unemployment & disenfranchisement



People injecting Diconal which was easy to get hold of in late 1970s

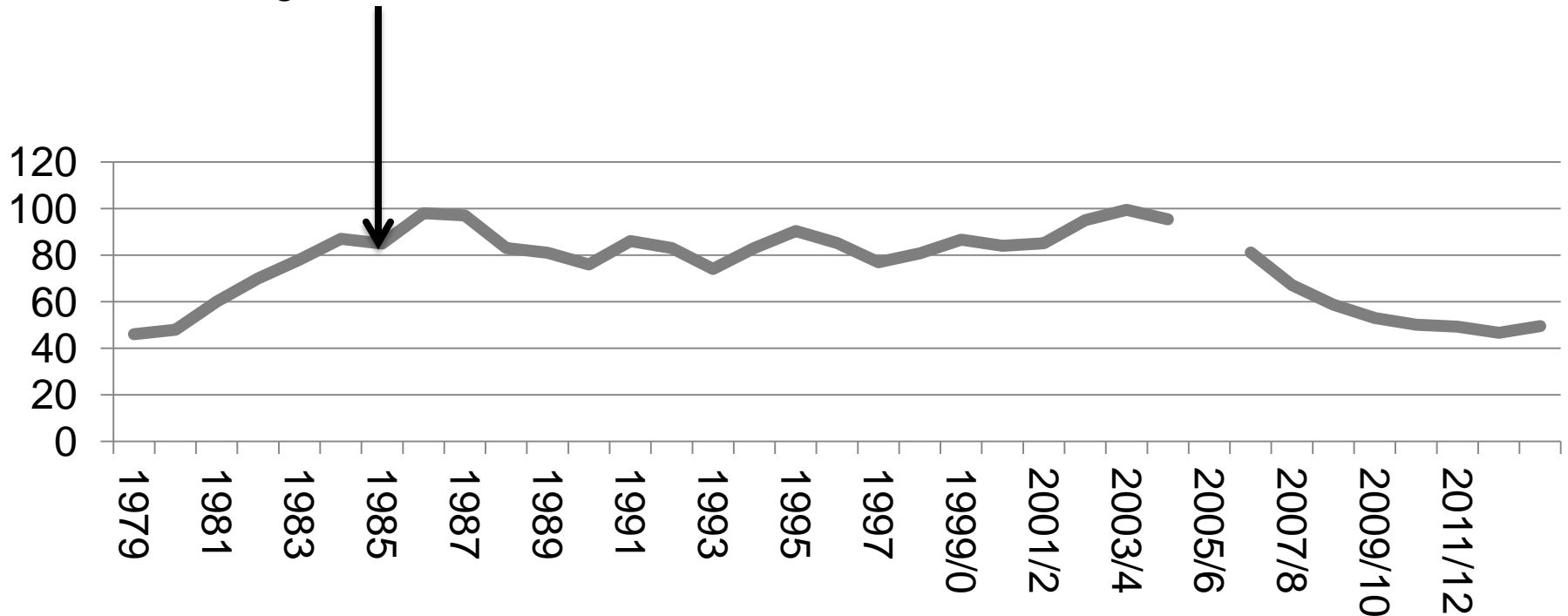
Lack of other drugs – so in a cannabis drought, dealers offer heroin – microdiffusion – users have to deal to get money – pyramid selling scheme

**Initial
Heroin
Use**



History of drugs in Wirral

1985 – crimewave and police crackdown on heroin dealers and users.
50% of burglars were heroin users.



Crimes per 1000 people, Wirral



Now

Still many opiate users, mostly on long term methadone, often with alcohol problems as well

Drug market much more fragmented – increasing prescription drugs (e.g. benzos, Tramadol), cannabis, cocaine, new psychoactive substance (NPS) use, nitrous oxide, huge increase in young men using and injecting steroids and other image and performance enhancing drugs.

Also – increased energy drink consumption, increasing addiction to gambling, computer games, online porn, young people using nootropic ‘brain enhancers’, increased medication for ADHD.

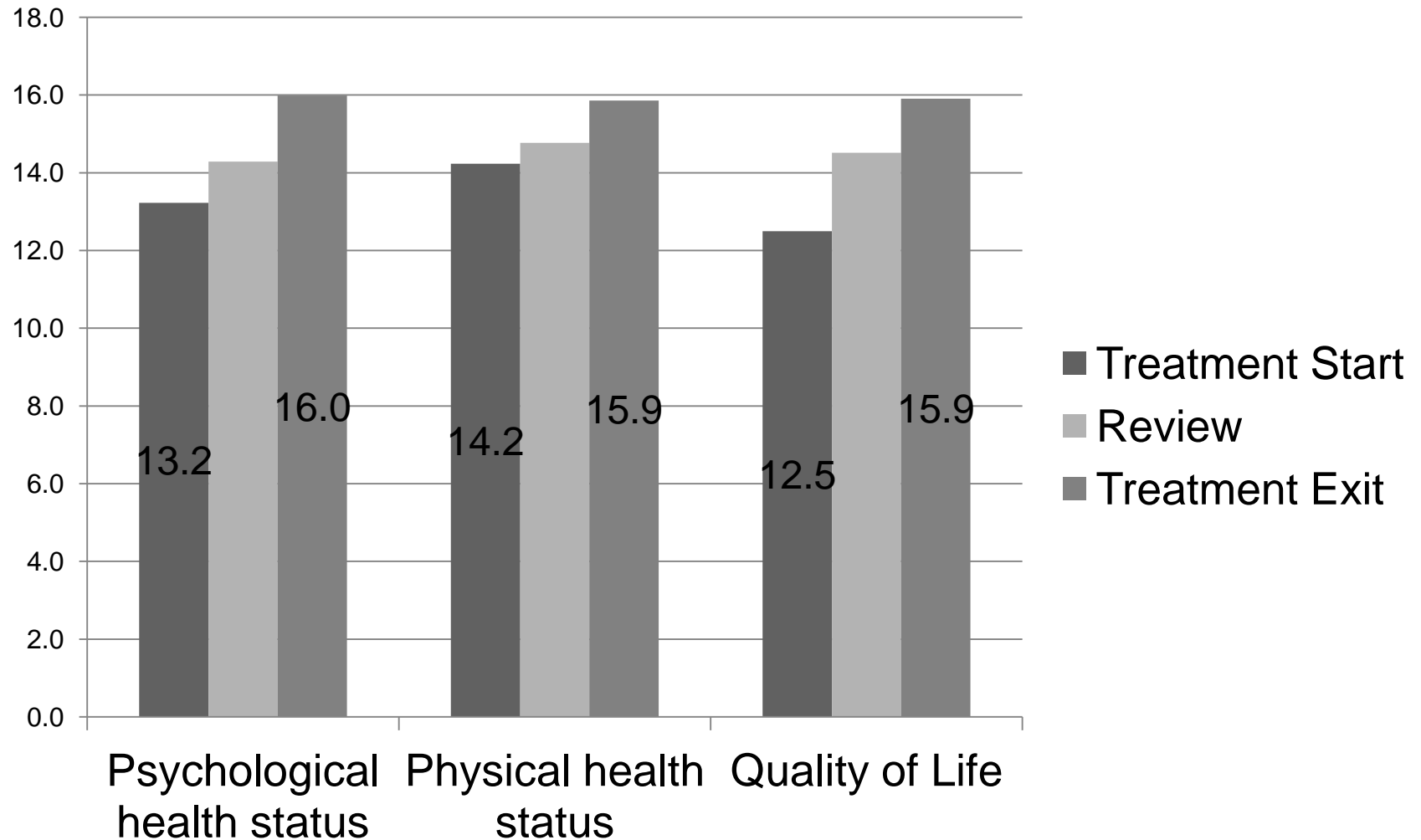
Comparison of cost of crime for DIP clients in Wirral

- DIP (Drugs Interventions Programme) began in 2003/04 to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment.
- Offenders are mainly identified and tested for opiates & cocaine.
- We looked at data for 266 Wirral clients who were picked up through the DIP over a six month period, matched to patterns of arrests in the 12 months before and after they were tested.
- Unit costs of crimes from the Integrated Offender Management toolkit (IOM).
- These include costs in anticipation of crime (such as security expenditure), as a consequence of crime (such as property stolen and emotional or physical impacts), and in response to crime (costs to the criminal justice system).

There was a significant reduction in offences

Groups Compared	Mean Number of Offences		Difference	Significance
			(pre – post)	
	12 months pre test	12 months post test		
Overall (n=266)	2.9	1.4	1.5	p < 0.001
Assessed (n=68)	2.3	1.3	1.0	Ns
Care Planned (n=141)	2.7	1.0	1.7	
No further DIP Contact (n=57)	4.1	2.5	1.6	

TOPs outcomes were all improved



The average cost of crimes was lower

Parameter	Average
Average cost of crimes – 12 mths before	£11,626
Average cost of crimes – 12 mths after	£2,717
Change in crime costs (excluding homicide)	£8,909 (£2,034)
Cost of DIP	£924
Cost of drug treatment	£429

Offences fell for cocaine & opiate users

Drug tested positive for	Number of clients	12 months pre test		12 months post test	
		Mean N offences	Mean cost of offences	Mean N offences	Mean cost of offences
Both (Cocaine & Opiates)	54	3.69	£39,207	2.76	£4,246
Cocaine	166	2.63	£4,808	1.02	£2,570
Opiates	46	2.80	£3,348	1.09	£1,334
Total	266	2.88	£11,538	1.38	£2,697

Caveats

- Arrests don't always mean a crime has been committed – not everyone is charged - nationally about 83% of people prosecuted are found guilty.
- But equally only 27% of crimes are detected and most crimes go unsolved.
- Some crimes had no reference costs, particularly misuse of drug act (MDA) which made up around 12% of crimes.
- It may be likely that once people are known to the police they are more likely to be picked up for crimes in future, which means a reduction is more impressive.
- DIP only tests for cocaine and opiates not other drugs, does not differentiate between powder & crack cocaine; many powder cocaine users may be picked up once for MDA crime then never picked up again.

Conclusions

- DIP in Wirral likely to be cost effective through services engaging with clients, challenging the drug user's criminal behaviour, and selling them an alternative lifestyle to drug addiction.
- Clients showed a significant improvement on quality of life measures, and a significant decrease in volume and cost of crime.

Thanks

Brendan Collins

brenc@liv.ac.uk